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St. Bartholomew's Hospital Journal,

OCTOBER 14th, 1899.

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

WITH this October number we commence the seventh year of issue of our JOURNAL. At least 115 new readers are added to our *rôle;* to them especially we devote a few words of welcome and offer a cordial handshake. For the next five years, or more, their interests, both as to work and recreation, will be centred in St. Bartholomew's Hospital. To-day they realise but partially, if at all, how closely that institution will ultimately become associated with their life and thought, so much so that for many of them, if our own experiences go for anything, the happiest and most fruitful period of their manhood will be indicated by that same magic word.

Last month we were able to set forth fully what are the primary objects of the JOURNAL. This month we wish to emphasise the fact that its columns are as much at the service of the first year's man as of the veteran amongst us. It is but natural that we should cherish a desire to cater for the interests of the qualified man, far removed from us it may be by the exigencies of general practice or other work, hoping that by our means a link with the old place may be preserved when many another bond becomes of necessity severed. For once a Bart.'s man always a Bart.'s man is a feeling that appeals to all who have left the happy time of actual studentship behind them. But especially are our columns open every month for the discussion of any topic that concerns the hospital life of the students, and for recording any events which are features in its progress. Cigarette ends and fragments of last week's *Pick-me-up* found in the box allotted to the JOURNAL in the smoking-room are difficult matters to make copy of; but short of such editorial impossibilities as these, we are always glad to receive and publish whatever seems of interest to any section of the school.

So much for the place of our JOURNAL in the scheme of things. Turning now to the manner of the work into which our new colleagues have entered, the present position of Medicine, and the hopes of its future progress, we instinctively refer them to Dr. Church's Abernethian address in this issue, so appropriate in this respect. "You are commencing the study of Medicine at an auspicious time," Dr. Church concludes by saying; "the road you will have to travel is not without its difficulties and temptations, and I heartily wish you God-speed on your journey through life." And if, after reading Dr. Church's fascinating retrospect of the past sixty years' advancement in the science and art they have made their life-work, a feeling somewhat akin to despair arise with respect to their own share in the further progress of the future, let them remember that to earnest knocking the gate of knowledge will often open; but that to mere waiting, however patient, it always remains fast closed.

"I have great confidence," Oliver Wendell Holmes once said, "in young men who believe in themselves. When a resolute young fellow steps up to the great bully, the World, and takes him boldly by the beard, he is often surprised to

find it come off in his hand, and that it was only tied on to scare away timid adventurers." And that front which is best to face the world with is also the most promising with which to meet the facts of Medicine, both known and unknown.

The Progress of Medicine during the Reign of Queen Victoria.

An Address delivered before the Abernethian Society, October 5th, 1899.

By Dr. CHURCH, President of the Royal College of Physicians.

WHEN I somewhat imprudently consented to open the present Session of the Abernethian Society I did not at first realise how arduous a task I had undertaken. It was not until I began to consider on what subject I should address you that I became aware of the difficulties that beset me.

Endless subjects presented themselves to my mind, but when I commenced to think over them, I found that either I was incompetent to treat them in a manner worthy of your attention, or that they were not calculated to be of general interest, or that they had been put before you in recent years by those of my colleagues who have addressed you.

After much doubt, I thought it might be both interesting and useful if I passed in brief review some of the greatest changes which have taken place in our daily life and in the progress of our knowledge, not only in medicine but in the arts and sciences as well, during the reign of Her Majesty the Queen—a period almost commensurate with my own life.

I do not intend to trace the marvellous growth and expansion of our Empire nor of commerce and trade which has taken place; but I must allude to what appear to me to have been the principal causes of our national progress and of the vast changes which have taken place in our daily life during the last sixty years.

The principal one of the many causes which have combined to this end is, without doubt, the extraordinary development of the use of steam as a motive power, which will in future ages be the characteristic feature of this rapidly expiring century. I will not attempt to sketch the gradual evolution of the steam-engine and its application to our means of locomotion, although a most interesting hour could be spent in detailing the advances which have taken place in the application of steam as a locomotive power, but I would remind you that it is only ninety-seven years since Messrs. Vivian and Trevethick took out the first patent for a locomotive. This was designed to run on the ordinary roads of the country, and, though found a comparative failure for that purpose, their engine was used for many years on a tram or railroad for drawing coal waggons at Merthyr Tydvil. It is curious to find that after the lapse of nearly 100 years we are still in the tentative stage of steam and other forms of road locomotives. This arises from the gigantic success of railroads. The attention of engineers was at first wholly directed to the improvement of the railroad itself and the engines employed upon it, to the neglect of any attempts to develop the road locomotive. In a very interesting article on "Railroads and Locomotive Steam Carriages," which you will find in vol. xlii of the *Quarterly Review* for the year 1830, the writer, after saying, "Of all the uses to which the power of steam has ever been applied, that of locomotion is the most important," concludes his article with words which have proved truly prophetic: "The country wherein this new system, *i. e.* railroads, of internal communication shall first be extensively established will have gained a start over all others, whether we look to agriculture or commerce, which we may venture to pronounce beyond the means of human calculation. . . . We see in this magnificent invention the well-spring of intellectual, moral, and political benefits beyond all measurement and price. . . . Such a diffusion of intelligence over the whole country as those statesmen who think the most worthily of human nature will be the least afraid to contemplate."

We see and know how completely these prophetic words have been realised. We had the start, and for many years kept it; and it is only now, when other countries have developed their facilities for locomotion in an equal degree, that we are beginning to feel the effects of their competition on our manufactures. Too little of the prosperity and growth of English commerce during the third, fourth, fifth, and sixth decades of the century has been attributed to the facilities for internal communication, and the enormous increase of ocean-going steamers, without which our manufacturers could not have found such ready means of circulation for their goods, not only in our own country, but over the whole world. I need not further allude to the changes which have taken place in maritime locomotion; they equal, if they do not exceed, those by land. The difference between the Sirius or Great Western of 1838 and the Lucania or Oceanic of to-day is not less than that between Stephenson's Puffing Billy and a modern express engine.

I may seem in thus alluding at some length to the marvellous development of steam for the purposes of locomotion to have wandered far from my proper text, but the stimulus thus given to commerce reacted on science. The whole country was aroused, and rapid progress was made in every direction.

Second, if, indeed, it is second, to steam in effecting the wondrous change that has come over the face of the civilised world during this century is electrical force; and its development is almost entirely confined to the last fifty years. It is true that some of the phenomena accompanying the manifestations of electric force had been known and studied for many years. The idea of communication by its means had been present to the minds of many from the time of Galileo, who is said to have hinted at the use of magnetism for that purpose.

The discovery that electric force could be conveyed for a distance along a wire without any sensible lessening of its force was known as long ago as 1753, but it was not until 1836 that Prof. Wheatstone constructed his apparatus by which signals were sent through four miles of wire, and ten more years elapsed before the public use of the electric telegraph was inaugurated The use of the electric telegraph for inland communication was quickly followed by attempts to surmount difficulties of communication caused by the sea, and the first marine cable, that between Dover and Calais, was laid in 1850. Since then the thousands of miles of ocean telegraphs, and the hundreds of thousands of miles of inland wires testify to the enormous value of this means of intercommunication; we have already actually accomplished Ariel's boast: "I'll put a girdle round the world in forty minutes." It is but the other day that the world was startled by hearing that Signor Marconi had succeeded in making practical use of wireless telegraphy, and messages can now be passed across the sea, and from place to place, with as much ease as when a conducting wire is present; the immense value of this means of communication from ship to ship, or from ship to shore, cannot be over-estimated, and it is impossible to foresee what the further development of Signor Marconi's discovery may bring forth.

The use of electricity as a source of power is but a few years old, and is undoubtedly still in its infancy. Already it has been largely applied for locomotive and other purposes—electric trams, railways, and motor cars are seen on all sides, and it has begun to dispute the supreme position of steam. When we have adapted, as I hardly doubt we soon shall, the powers of nature,—the wind, the tides, and running water,—to the production of electric force, the revolution in our daily life will probably equal that which the present generation has witnessed as resulting from the introduction of steam power.

I cannot do more than just notice in passing the telephone and microphone, which are dependent on electrical action for their powers of conveying sounds to a distance.

Closely connected with electricity, or, more strictly, with the light that by its means we are able to produce, are the marvellous properties of the Röntgen rays, by means of which, if we cannot see through a brick wall, we can, at all events, through an oaken plank. Of the value of the Röntgen rays as an assistance to medical diagnosis you have almost daily experience within the walls of the Hospital. It is to be hoped that as our knowledge increases we may be able before long to recognise changes in the tissues and viscera with as much ease and certainty as we can now discover the presence of certain kinds of foreign bodies in our midst. Much progress has already been made in this direction.

I cannot pass by photography without a few words, for if, as some think, it has interfered with the development and advancement of the highest forms of pictorial art, it has added very greatly to the ease and economy with which all kinds of subjects can be illustrated, and has, moreover, rendered valuable aid to the study of the most abstruse astronomical questions.

It is just sixty years since Daguerre first introduced to the world his process, and had the good fortune to have his name permanently associated with it; much and important work in the same direction had been carried on for years by others, especially by Thomas Wedgwood and Sir Humphry Davy in this country, and in France by M. Niépce. The expense and labour of the Daguerreotype process led to its being rapidly superseded when the methods of sensitising paper and collodion films were shortly after brought into notice by Messrs. Fox-Talbot, and Archer.

The adaptation of photography to what is called micro-photography enables us to study at our leisure, as well as graphically to represent, the most delicate tissues, and has thus been of inestimable value to the histologist. When used in conjunction with the rapid motion obtainable by electric means, it has enabled us to study the various muscular acts which take place in animal locomotion. Even the cinematograph, although used chiefly as a means of astonishing the multitudes and of extracting pence from the pockets of the curious, can preserve for future generations an absolutely truthful record of events which are of interest in our national history.

I have neither the time nor the knowledge to allude to the triumphs of chemistry over matter during the period we are considering. The impetus given to trade led to the application of this branch of science to manufacturing purposes, and nowhere has science brought to man a more fruitful harvest than in this connection. We have seen the discovery of numerous unsuspected elements, and by spectrum analysis we have been able to investigate the atmosphere surrounding the solar bodies. The most incompressible gases have been liquefied, and even hydrogen has now been solidified. More interesting, perhaps, to us have been the triumphs of what is termed synthetical chemistry, by which substances have been formed directly from inorganic substances of the same nature as those which but recently were only known as the products of living matter.

I must now return to my more proper subject—medicine, dealing as it does with what man prizes most highly, his own well-being, lays all knowledge under contribution; we care not whence it comes or how obtained, everything which in the slightest degree promises to provide us

with additional means for the prevention or treatment of diseases, or the alleviation of suffering, is at once pressed into the service of our art, as Ovid says:

> Et quoniam variant morbi, variabimus artes,
> Mille mali species, mille salutis erunt.
> Ovid, *Remedia Amoris*, 525.

Hence it was necessary that I should briefly draw your attention to the advances which have taken place in some of the arts and sciences other than medicine.

We must, I think, confess that medicine did not keep pace with the progress made in other directions at the commencement of the Queen's reign. Our knowledge of the causation of disease and our treatment remained very much as it had been during the preceding fifty or hundred years. Our soldiers in the Crimean suffered from the same evils and from much the same causes as in the Peninsular war; fever, erysipelas, and dysentery were as rife as in the days of old, and, in addition, they had the devastation caused by the presence of cholera in Europe.

Bacon, in the *Advancement of Learning*, divides medicine into three parts:

1. The preservation of health.
2. The cure of diseases.
3. The prolongation of life.

He blames the physicians of his own and past times for not paying sufficient attention to the last of these three divisions, but I expect that the physicians were right and that the prolongation of life is in truth included in the first portion, and that Bacon was wrong in thinking that there was a radical difference between what conduces to health and to long life.

Let us now consider Bacon's first division; we shall see that no department of medicine has made more remarkable advances during the last sixty years than that portion which is now commonly spoken of as "preventive medicine," a term not quite so wide as sanitary science.

Sanitary laws of some kind or other have probably existed in all communities sufficiently advanced to have written laws. Moses, who was "learned in all the wisdom of the Egyptians," undoubtedly took many of his sanitary laws from them. Rome appears to have paid greater attention to sanitation than any of the great cities of Greece; at all events, many more notices of sanitary edicts and laws are found in connection with her history than in that of the great city of light and learning—Athens. I cannot attempt to trace the growth of sanitary science in Rome, nor the decline which followed the breaking up of the Roman empire. In some of the earliest records that we have of the city of London we find examples of sanitary regulations. In the thirteenth century numerous rules and orders existed in the city, and among others are mentioned enactments against wandering pigs, those of St. Anthony's House alone being excepted; offensive trades were prohibited, except under certain conditions and in specified localities. Somewhat later, by Royal order, all slaughtering of sheep and oxen and swine were forbidden within the city, and could not be performed nearer than Knightsbridge or Stratford-by-Bow, an order which it is much to be regretted was allowed to fall into oblivion. I need hardly allude to the frequency with which laws as to the segregation of lepers occur in the city's history, and, at a later date, the rules which were enforced in the time of plague. Yet it was not until the eighteenth century that preventive medicine really arose. Its first exponents were Sir Richard Mead, who in 1720 published his short *Discourse concerning Pestilential Contagion and the methods to be used to prevent it.* Sir John Pringle, a little later, treated of *Diseases of the Army and the means to prevent them*, and Dr. Lind did the same for the Navy. Invaluable as the work of these men has proved, and greatly as they added to the knowledge of the profession, I doubt if their writings would have had any effect on the minds of the general public. It required something more stirring to draw attention to the ravages of disease, which, whilst they fell mainly on the poorer portion of the community, yet were the main causes of the general prevalence of fever amongst all classes. It appears to me that it was the noble work of the philanthropic Howard that first drew general attention to the foul and festering centres whence fever spread to the general community. Howard's revelations of the condition of the gaols and their inhabitants aroused public attention. His work, as you know, was mainly done between the years 1770–90, in which year he died; vast as was the improvement in our gaols and the condition of the criminals, I do not know that the labouring classes, so far as habitations and sanitary matters went, were much affected. It needed the rude awakening that the nation had by the visitation of cholera in 1831–32 and 1848–49 to rouse interest in sanitation. Before the recollection of the visitation of cholera in 1848–49 had faded came the horrors of the first Crimean winter and the breakdown of the military medical department, and the third cholera epidemic of 1853–54. Charles Kingsley's novel of *Two Years Ago* was not without influence on public opinion, and his persistence in preaching that cleanliness and health were next to godliness assisted in rousing public feeling.

There was no real sanitary legislation until the reign of Victoria; until then, sanitary science, apart from the treatment of disease and the steps taken for the prevention of the spread of epidemics by a system of quarantine, was not in advance of, even if it was on a level with, that of the Romans. In fact, in the matters of personal cleanliness, and probably the cleansing of our cities, ancient Rome, with her baths for all classes, was distinctly in advance of our own metropolis seventy or a hundred years ago; and one does not feel sure that we are yet on a level with the ancients in those respects.

I should weary you if I mentioned a tithe of the Acts of Parliament passed during the Queen's reign with the object of ameliorating the sanitary conditions of our teeming population. We see how out of evil good has arisen, for there can be no doubt the 1853–54 epidemic of cholera, and the effect of good hospital management, as manifested by the successful labours of Miss Nightingale during the second year of the Crimean war, were the real moving forces which brought before the intelligent portion of the public the need for greater attention to sanitary matters, and rendered the opposition to the necessary legal enactments less stubborn than it had been during the earlier years of Her Majesty's reign.

The mention of Miss Nightingale reminds me that it is to her that the world owes so great a debt for introducing the present system of nursing by properly trained women, who bring the highest aims and aspirations to their work, and have had so great an influence in improving not only the condition of the sick and wounded, but the whole moral atmosphere of our hospitals. I am old enough to remember the old system of nursing here by rough and uneducated women, many of them excellent, good women—and good nurses, too—but the difference between the state of wards now and then is as great as is the difference between the murky gloom of an old-fashioned tallow candle and the brilliancy of the electric light.

I may seem to you to have dwelt too long on preventive medicine when there is so much more to mention; but, when history comes to be written, I believe that the present century, and especially the last half of it, will be memorable as the period when statesmen really thought of the welfare of the people and first clearly perceived that health, which can only be obtained by decent surroundings, is the essential need for the prosperity and happiness of a nation.

Bacon's second division of medicine was the cure of diseases. In his time diseases were looked upon as foreign invaders, which entered our bodies and acted either on the spirits, which played so great a part in the pathology of the physicians of his day, or on the juices of the system; and were either to be driven out by forcible means or, what was nearer the truth, that by diet and regimen the "humours and constitution of the body" should be so regulated that the human body, which he likens to a musical instrument, should be kept in tune and work in harmony.

I think we must confess that during the first half or more of Her Majesty's reign medicine did not make any marked progress in the cure of disease. Great advances were made in our methods of diagnosis, and the use of instruments of precision, such as the stethoscope, ophthalmoscope, laryngoscope, and the thermometer, were introduced into clinical practice. It is difficult to believe how slowly the use of even the stethoscope was adopted by the profession, and even I am old enough to remember when many old-fashioned practitioners appeared to regard it with suspicion. Apart from treatment, diagnosis advanced rapidly, due not only to the means I have just referred to, but also to the much greater attention paid to morbid anatomy and pathology. The work of Matthew Baillie, Carswell and others was continued with increasing devotion, and the names of Bright, Addison, and Jenner will always be associated with diseases of the kidneys, supra-renal bodies, and typhoid fever.

If the medical treatment of disease made but little progress in the forties and fifties, this was not the case with surgery; owing to the introduction of anæsthetics, surgery outstripped medicine, and it was during those years, even before the days of antiseptics, that conservative surgery arose, and that abdominal surgery became, through the labours of Clay, Spencer Wells, and others, firmly established.

We are apt to forget how recent is the introduction of anæsthetics; it seems probable that the Chinese, centuries ago, made use of a preparation of Indian hemp to annul pain, and that the Greeks and Romans used mandragora and opium for a similar purpose. The dangers attending the use of these drugs in quantities sufficient to cause anæsthesia were so great that their use was never general, and was discountenanced by all responsible physicians. Sir Humphry Davy, in 1796, suggested the use of nitrous oxide for this purpose, and a little later Dr. Hickman proposed using carbonic acid gas. The fact that sulphuric ether could produce insensibility was demonstrated by Godwin as early as 1822, but it was not until 1846 that Dr. Morton, a dentist at Boston, N.S., made practical use of it. In the same year, on December 19th, Mr. Liston, in University College Hospital, performed the first operation in this country on a patient under the influence of ether, and the following year chloroform was introduced by Sir James Simpson.

I might occupy much time in describing the many improvements in the treatment and the management of fever, pneumonia, phthisis, and many other diseases, but time forbids me, and before speaking of what I have no doubt will be hereafter regarded as the greatest scientific triumph of the century, I should like to draw your attention to the immense progress made in our knowledge of the structure and functions of the nervous system. There have, in the latter half of the century, been worthy followers of Sir Charles Bell and Marshall Hall. Hughlings Jackson—led on, perhaps, by the observations of M. Broca on the occurrence of aphasia with injury or disease of certain portions of the brain—established by a series of most careful clinical observations the existence of motor centres in the cortical substance of the brain; his clinical records were supplemented and verified by the experimental work of Hitzig and Ferrier, and their experimental work resulted in the practical application of their discoveries by surgeons. In connection with cerebral surgery I ought not to omit to mention the names of Macewen and Horsley.

Nor must I pass by the astonishing results obtained by

thyroid feeding in cases we now know as myxœdema and sporadic cretinism. Not only have we learnt through the researches of Drs. Ord and Murray the treatment of a progressive and fatal disease, but light has been thrown on what was one of the most difficult questions in physiology—the purpose and use of ductless glands. It appears probable that not only the thyroid, supra-renal bodies, and other ductless glands have internal secretions which are indispensable for health, but that other glands, besides the secretions that they pour forth through their ducts, also secrete special substances which play an important part in the economy of the animal body.

In recent years our knowledge of the entozoa, which, during some periods of their existence, make a home in our bodies, has been greatly extended; by learning their life history, and the transformations they undergo, we are better able to protect ourselves from their presence. We now know the true nature of some forms of chyluria and hæmaturia, of certain kinds of anæmia connected with intestinal entozoa, and thanks to the labours of Marchiafava and Bignami in Italy, and Ross and Manson in the tropics, we seem to be within measurable distance of unveiling the mysteries of malaria and ague.

The 27th of December, 1822, will in future centuries be commemorated in a manner similar to that by which we now keep in mind the birthdays of Harvey and Newton, for on that day, in the Rue des Tanneurs, at Dôle, was born Louis Pasteur, who may be said to have revolutionised medicine. Whatever may be the eventual outcome of his work, it is certain that, until he showed the way, we had no knowledge of the causation of infectious diseases. Analogy had led us to speak of certain forms of disease as zymotic, in the supposition that their action on our systems must be due to some cause working in the body, much in the same way that a fermenting body introduced into a suitable medium induced fermentation in the whole mass. This view of the similarity of various forms of disease to fermentation is by no means of recent date, and I will read you the truly prophetic words by Dr. Boyle, written more than two hundred years ago: "The man who shall probe to the bottom the nature of ferments and fermentation will doubtless be much more capable than any other of giving a true explanation of the divers morbid phenomena of fevers, as well as other affections." We have witnessed the absolute fulfilment of this prophecy. Pasteur, who had previously distinguished himself as a crystallographer, and had been engaged in the investigation of some of the most abstruse questions in organic chemistry, was in 1854 appointed Dean of the Faculty of Sciences at Lille, and determined to devote himself to the study of fermentation, with a view of improving the principal manufacture of the place—alcohol from beet sugar. I have not the time nor the requisite chemical knowledge to trace the steps by which he proved that all fermentation was due to the presence of living organic bodies—micro-organisms, as we call them,—and that if they were excluded, putrescible and fermentable substances could be kept unchanged for an indefinite time, and that no living organism ever made its appearance in them. He thus once and for ever disposed of the theory of spontaneous generation which had exercised the minds of philosophers from the earliest ages.

The first application of this discovery to medicine was suggested by Pasteur himself in 1862, when he recommended that the bladder, in cases of fermenting ammoniacal urine, should be washed out with boracic acid. This suggestion was at once carried out by M. Guyon, and is now practised almost daily by our house surgeons.

Our own countryman, Lord Lister, was the first to see the bearing of Pasteur's discoveries on the treatment of wounds and parts exposed by wounds. In and after 1865 Lister made especial study of the means by which the micro-organisms could be excluded from wounds, or if present, destroyed, and thus laid the foundation of modern surgery. Sir James Paget has said:—"It is impossible to estimate the number of the thousands of lives that are annually saved by practices which are the direct consequence of Pasteur's observations on the action of living ferments, and of Lister's application of them. In the practice of surgery alone they are by far the most important of the means by which the risks of death or serious illness after wounds are reduced to less than half of what they were thirty years ago, and of the means by which a large number of operations, such as at that time would have been so dangerous that no prudent surgeon would have performed them, are now safely done." Had Pasteur done nothing else for medicine, and the world, than discover the true nature of fermentation, he would still have deserved most fully the words of eulogy addressed to him by Lord Lister at his jubilee in 1892. "Truly there does not exist in the entire world any individual to whom the medical sciences owe more than they do to you. Your researches on fermentation have thrown a powerful beacon which has lightened the darkness of surgery, and transformed the treatment of wounds from a matter of uncertain and too often disastrous experience into a scientific art of sure beneficence. Thanks to you, surgery has undergone a complete revolution, which has deprived it of its terrors, and extended almost without limit its efficacious power."

In 1865 Pasteur undertook the investigation of the destructive disease which was threatening to destroy the silk industry of France and Italy; for four years he continued his investigations, and not only proved the parasitic nature of pebrine and flacherie, but recommended the means by which the prevalence of these diseases was in a few years stamped out. Possibly it was the work that he had done on pebrine which caused him to turn his attention more particularly to contagious diseases in animals. As long ago as 1850 Rayer and Davaine had found living organisms in the blood of animals affected with anthrax, and in 1865 Davaine satisfied himself that these organisms were the true cause of anthrax, but his conclusions were not generally accepted until Pasteur proved afresh the truth of Davaine's observations. Continuing his labours, Pasteur, besides differentiating the micro-organisms peculiar to particular diseases, found out means of cultivating them outside living bodies, and thus laid the foundations of bacteriology; bearing in mind also the nature and effects of vaccination, he investigated the effects of the attenuation of these micro-organisms when passed through the system of different animals, or when artificially cultivated in different media and under diverse conditions. He found that by inoculations with attenuated virus, animals could be rendered immune to doses of the micro-organisms, which otherwise were certainly fatal. This was the crowning achievement of all his labours.

Pasteur was the pioneer, and it would be impossible for me to mention his followers who have carried on the work which he inaugurated. Koch's name must, however, be especially mentioned, for to him we are indebted not only for the demonstration of the micro-organisms of tubercle and cholera, but for having, by the improvements he introduced into the methods of bacteriological investigation, rendered it possible to obtain the amount of knowledge which we now have of so many of these infinitesimal but most potent organisms.

I have hitherto only mentioned the effect of the micro-organisms themselves when introduced into the body, and the first method of obtaining immunity was by administering the micro-organisms in an attenuated condition. It was gradually found out that the fluids of artificial cultures when freed from all trace of the micro-organisms themselves, *i.e.* sterilised, were capable of producing similar effects to those which followed the introduction of the micro-organisms themselves. In other words, that the effect of the organisms on the animal system was due to the production by them of a poisonous material. To these poisons the name of toxins has been given; it was also found that the gradual introduction of these toxins conferred immunity on the animal from the effect of the micro-organisms. Another and still more surprising result was also gradually discovered,—that the serum of the blood of an immune animal, when injected into the system of another, conferred on it the same immunity as was enjoyed by the animal from which it was taken. In other words, that the blood of the immune animal contained something which counteracted the toxin. We speak of this as "antitoxin." Furthermore, not only does the antitoxin confer immunity, but, in some cases, at all events, it can undoubtedly act as a cure and counteract the effects of the toxin as it is produced by the micro-organism in the system.

Serum-therapy is but yet in its infancy; and although we have not got such satisfactory proof of its efficacy as a means of cure in other diseases as in diphtheria, we have hardly had time to judge of its value. Evidence of its power in conferring immunity in bubonic plague and typhoid fever is daily increasing, and I think we are justified in thinking that the time is not distant when we shall have obtained a measure of control over most, if not all the diseases due to the presence of micro-organisms within us.

The genius of Pasteur and the labours of those who have followed in his footsteps have demonstrated the truth of the germ theory of disease, and have already added greatly to our powers of protecting ourselves from their malevolent action; but still much remains unexplained. What are the circumstances that cause us to be a fertile soil for their development at one time and at others renders us proof against their attacks? Why, when living under exactly the same conditions and exposed to the same influences, are some affected whilst others escape? These and many similar questions which I could put before you are as yet unanswered, but not, we now believe, unanswerable.

I have attempted to night to put before you some of the advances in knowledge that have been made during the last sixty years which appear to me to have had the greatest influence on the progress the world has made during that period, and I have dealt more especially with those connected with medicine.

Those of us who are growing old have lived to see the dawn of what promises to be the most eventful era in the history of medicine, when, for the first time, we have begun to see a glimmering of light thrown on the nature and causation of diseases. The light is growing. You may live to see the sun rise higher and higher, and gradually dispel the darkness which still remains, and enable us to penetrate more deeply into the hidden secrets of Nature.

You are commencing the study of medicine at an auspicious time. The road you will have to travel is not without its difficulties and temptations, and I heartily wish you God-speed on your journey through life.

Notes from the Surgical Out-patient Room.

By H. J. PATERSON, M.B., F.R.C.S.

DO students utilise to the best advantage the large amount of valuable clinical material passing through the out-patient department of the hospital? There is, indeed, no lack of interest in the new cases which arrive daily, but little or no attention is paid to the old cases, at any rate by the majority of students. This is a pity, as much can be learnt from watching the progress of these cases under treatment, and knowledge gained in this practical manner is far more vividly impressed on the mind than information gained by reading. Is it not a fact that in the out-patient department the student's chief

interest centres round the diagnosis of the case? Whether the diagnosis in a doubtful case is proved to be correct, or whether the treatment ordered cures the patient, tends to become a secondary consideration. Perhaps this is to be accounted for by an impression, prevailing to some extent among intending candidates, that in the clinical part of the examinations at the College and elsewhere, the chief requirement is the making of a definite diagnosis of each case. But the mere giving of a definite name to a disease, even if correct, is not everything. It is apt to be forgotten that the candidate's method of examining the cases, powers of observation, knowledge of pathology, not to speak of details of treatment, are carefully considered by the examiners. And further, however interesting from a scientific point of view, and however valuable as a mental training methods of diagnosis may be, diagnosis is, after all, only a stepping-stone to the relief of the patient. Hence, from a practical point of view, the after-progress of the case is of the highest interest, as it tests the accuracy of the diagnosis, and shows the efficacy of the means employed to promote a cure.

On thinking over the request of the Editor for a contribution to the JOURNAL, I have thought I could not do better than briefly record some of the cases which have come under my notice while doing temporary duty in the out patient department. While I trust that these notes may be not altogether devoid of interest to readers of the JOURNAL, my chief object is to suggest that much profit may accrue to students from following with greater assiduity the progress of the various cases which can be seen in this department of hospital work.

I. *Syphilis simulating eczema.*

It is a well-known and remarkable feature regarding the skin affections of syphilis that they do not, as the other exanthemata, keep to one form. Every known skin disease of constitutional origin may be very closely imitated by a rash which is syphilitic in origin.

A woman, æt. 46, came to the out-patient department, having the fingers and palm of her right arm in an eczematous condition. The part affected was reddened, peeling in patches, and much fissured. There was no rash on any other part of her body. There was some œdema of the back of the hand and wrist. It seemed a typical case of eczema rhimosum. Appropriate treatment led to no improvement. After some time, a slightly raised circular reddish patch appeared on the back of the lower forearm. This patch assumed a horseshoe form, and gradually spread in a serpiginous manner. It was now clearly a case of tertiary syphilis, the condition of the hand being an instance of the so-called "syphilitic palmar psoriasis," a most intractable condition to treat. And so it proved, as, although the eruption on the back of the forearm yielded to antisyphilitic remedies, and the œdema on the back of the hand diminished, the condition of the hand improved very slowly, and has been marked by frequent relapses. The term "psoriasis" applied to this condition does not convey an accurate idea of the appearances presented, as there is little tendency to scaly accumulation, but rather to extensive peeling, and sometimes destruction of tissue. Until the appearance of the rash on forearm appeared, the case could scarcely be regarded as other than a typical case of eczema, and it is interesting to note that in this case, as so often happens in some of the more intractable varieties of tertiary syphilis, no history of syphilis could be elicited from the patient by the closest questioning, beyond the statement that she had had a sore throat six years previously.

It is less common for the manifestations of syphilis to simulate other diseases, but the following two cases are good examples of this occurrence:

II. *Syphilis simulating lymphadenoma.*

A man, æt. 32, came to the out-patient room complaining of swellings in his neck. He stated that previously he had noticed a swelling under the right side of his lower jaw. This swelling fluctuated in size, but then gradually got better. Soon afterwards, however, the left side became the seat of a similar swelling, which did not get better, but rather gradually increased in size. Similar swellings then again appeared on the right side. On examination, he was found to have a general enlargement of the lymphatic glands of the neck, some of the glands being as large as a walnut, freely moveable under the skin, not matted together, and fairly moveable over the deeper structures of the neck. The glands in both axillæ were enlarged, and to a less extent the glands in both groins. On the front of both legs were several pale, whitish scars, the results of ulceration three years previously.

From the general distribution and character of the enlarged glands, a diagnosis of lymphadenoma was made. This seemed to be confirmed by the gradual enlargement of the glands, and by the fact that about a month later the spleen could be felt to be distinctly enlarged. About six weeks afterwards one of the glands in the lower part of the right anterior triangle of his neck began to break down. Another diagnosis had now to be sought. The boggy feeling of the breaking-down gland suggested a gumma. On inquiring further into his history, it was found that he had apparently had syphilis seven years previously; he was put on iodide of potassium. When seen four days later, the skin over the breaking-down gland had given way, leaving a typical gummatous ulcer, with sharp-cut edges, deep excavated base, covered with thick, yellow slough. Two other glands were breaking down, and in a few days resulted in similar gummatous ulcers. As the diagnosis of syphilis was now confirmed, he was put on mercury as well as iodide, and within three weeks all the ulcers were quite healed.

It is difficult to see, on looking back on the case, how any other diagnosis than lymphadenoma could have been made, so exactly did not only the physical characters of the case, but also for a time the subsequent course of the case, simulate that disease.

(To be continued.)

Notes.

THE number of entries of new students at the beginning of the Winter Session 1899–1900 maintains our usual high level. The total entries are 184, of which 115 are to the full curriculum, 52 to special courses, and 17 to the Preliminary Scientific Class. The entries for the past five years are appended for comparison:

Year.	Full.	Special, including Preliminary Scientific Class.	Total.
1894 ...	119 ...	74 ...	193
1895 ...	105 ...	82 ...	187
1896 ...	84 ...	81 ...	165
1897 ...	97 ...	91 ...	188
1898 ...	100 ...	89 ...	189
1899 ...	115 ...	69 ...	184

This year there is a big gap between our own entry of men to the full curriculum and that of the next school on the list, the London Hospital with 83. Guy's follow with 79. All other schools are below 60.

ALL "Freshmen" will find a copy of last month's JOURNAL addressed to them at the Cloak Room. In it they will find a full account of our various social organisations. Details concerning one of these, however, omitted last month, we are able to give in this issue. We refer to the Volunteer Medical Staff Corps.

* * *

THE awards of Entrance Scholarships are as follows:

Senior Scholarship, Chemistry and Physics (£75).—E. Likiernik.

Senior Scholarship, Biology and Physiology (£75).—Not awarded.

Junior Scholarship (£150).—H. D. Clementi-Smith and K. S. Wise, æq.

Preliminary Scientific Exhibition (£50).—Not awarded.

Jeaffreson Exhibition (£25).—M. B. Reichwald.

* * *

MR. WILLIAM ODELL, F.R.C.S., has been elected President of the Torquay Medical Society.

* * *

MR. W. L. H. DUCKWORTH, M.A., M.B.(Cantab.), has been appointed to the University Lectureship in Physical Anthropology.

* * *

THE following have been appointed for temporary service with the troops in South Africa: Messrs. W. H. Farmer, R. W. Jameson, W. J. Rowe, C. G. Watson, and P. Wood.

* * *

IT is proposed to hold a "Bart.'s Dinner" at Exeter shortly. Any old Bart.'s men residing within reach, and wishing to participate, are asked to communicate either with Dr. Shelley of Witheridge, Dr. Cutcliffe of North Tawton, or Dr. Curry of Uffculme as soon as possible. The object is a *réunion* of Bart.'s men practising in the West of England.

* * *

MR. HUSSEY, in a letter which we print on another page, draws attention to what he considers the prohibitive price of the Old Students' dinner, an account of which we also give. We believe the question is by no means a new one; still, we should be pleased to offer the Hon. Sec. the necessary space to state his view of the matter, or other old Bart.'s men to the same end.

* * *

MR. BRUCE CLARKE informs us that quite another obstacle than the expenses incurred prevented some old Bart.'s men from attending the dinner—the more insurmountable one of old age. Dr. Wolstenholme, of Abergele, wrote saying he was "too old to go so far to dinner." Dr. Charles Ray, of Tunbridge Wells, excused himself on the ground that he was "nearer ninety than eighty." And DR. Edwin Skeate, of Bath, aged 87, sent his best wishes in lieu of risking so long a journey.

WE learn that the "League of St. Bartholomew's Nurses" already numbers some 220 members.

* * *

WE have received a communication from Dr. Buist, of Cardiff, pointing out that an association exists for the purpose of supplying medical men with instruments and drugs at a little over cost price, and the shareholders of which association are themselves medical men. Were we quite sure no other such companies existed, and that therefore by so doing we should not be running the risk of being asked to advertise them, we would gladly name the association in question. As it is, we have no doubt that Dr. Buist would willingly give any necessary information on the point to any one who communicated with him.

* * *

IT is with much regret that we announce the death of Miss Caroline E. Greenop, much better known to all connected with St. Bartholomew's Hospital as "Sister Abernethy." For many years, up to the time of her retirement on October 31st, 1897, no figure amongst the nursing staff was a more familiar one than Sister Abernethy's. Miss Greenop became a nurse at Bart.'s in 1872; she was appointed "Sister Stanley" in 1875, and "Sister Abernethy" two years later, remaining in this capacity until she had completed a length of service of twenty-five years.

* * *

IT may be interesting to Bart.'s men to know that the Chemical Laboratory is open to Public Health students daily, during both the winter and summer sessions, from 10 to 5; Saturdays, 10 to 1. Candidates for diplomas in Public Health can enter at any time during the year; hours are arranged to suit each individual, the necessary work being spread over a longer or shorter period as desired. This information may be useful to Bart.'s men in practice, who find it inconvenient to attend a class at stated hours.

* * *

Dulce est decipere in loco. But the *rôle* of the mountebank is not the monopoly of the medical student. We must have been sad dogs at some time back in the "Bob Sawyer" stage of our existence to have merited that character which some still hold, and—we cannot help thinking—foster about us. From time to time we see this evidenced in the rather spiteful paragraphs of the cheaper and more sensational press. But it was certainly with some astonishment that we read the following headline in one of the better evening papers—one which still commands a penny, and which *à priori* we should have thought superior to such petty innuendoes:

"ANTI-BOER MEDICAL STUDENTS."

This was an account of the charges at Bow Street following the demonstration in Trafalgar Square, when the pro-Boer protested and patriot prevailed. We naturally looked to see how many of our profession were summoned,

and what awful villainy they had perpetrated. *There was not one medical student charged.* Judge of the perilously apoplectic appearance of our editorial face. Presumably the only claim to the title of the article was "a well-dressed man without occupation," who volunteered the gratuitous information that "he went with three medical students." One might well gather from the heading that medical students were the instigators, or, at any rate, chief offenders in the rowdyism, whereas the inference is obviously unjustifiable and absurd. Surely it is time such petty persiflage were dropped.

Our Social Organisations.

(*Continued from page* 191.)

In the September number of the JOURNAL a descriptive list was given of the various clubs and societies flourishing at the Hospital, and by means of which the student can obtain exercise and enjoyment in many ways. Mention, however, has not been made of one very popular institution at Bart.'s, which is not amalgamated with the Clubs, nor is self-supporting, and this is the Volunteer Medical Staff Corps, corresponding to the Royal Army Medical Staff of the British army.

No. 3 Company of this corps is recruited from three London hospitals, and has for years numbered among its members a strong and enthusiastic Bart.'s contingent; the other hospitals are St. Thomas's and Westminster. The corps offers exceptional opportunities for exercise and recreation to the student, and is very inexpensive, for outside the entrance fee of 10*s.* and the annual subscription of a similar amount, the other expenses are very small.

Twice a year—at Easter and in August—the men go away to camp, and during these times live at the expense of the Government.

A member is required to attend seventy-two drills in his first two years, and the annual inspection is compulsory; beyond these restrictions there is nothing binding or likely to be irksome, as preventing a man from engaging in other pursuits or in interfering with his hospital work; in fact, a special effort is made to arrange drills and parades at times that do not clash with the working arrangements of the medical school.

The company is officered by Bart.'s men, and the majority of the non-commissioned officers are likewise from Bart.'s; the St. Thomas's section is now rapidly increasing, though it has for some time suffered from a falling off in its numbers.

The transport section, formed some four years ago, was taken up with great enthusiasm by Bart.'s men, who, by their interest in volunteer work, greatly contributed to the state of efficiency and smartness to which the section has since attained.

A committee is selected each year from members of the company to conduct the annual dance which, for the last three years, has been so well patronised by members of the medical and surgical staff, Bart.'s students and their friends, that its continuance is assured.

Information concerning the corps can be obtained from Messrs. H. G. McKinney, J. J. Scrase, I. L. R. De Morinni, and F. W. Jackson.

Amalgamated Clubs.

THE YEAR'S CRICKET: A RETROSPECT.

The cricket season of 1899, which has just ended, can hardly be described as a success; but when we consider how very much weakened this year's team has been by the loss not only of the three best men of last year's XI—viz. H. S. Greaves, J. A. Willett, and F. A. Rose, who are all out of this year,—but also of L. Orton, who was away all the summer, and F. E. Brunner, who could only play occasionally, we think that the result is, at any rate, not as bad as it might have been.

The three matches that were won were against Kensington, Addlestone, and Hampstead; and of these our victory against Kensington was by far the most creditable, as they were quite the strongest team we met this year.

The Past and Present match this year was far more of a success socially than it has been for some time, and we hope that next year we may have a still larger gathering.

The Past were decidedly unlucky in not having more time, as with a little more they should have won.

We were sorry not to see more of the XI at the annual Past and Present dinner than we did; but, without any wish to make excuses for the absentees, we should like to point out that the dinner is essentially a meeting of *all* the students of the Hospital, both past and present, and that the cricket team forms only a very small proportion of that total.

In Cup matches we were unlucky in being drawn for our first Cup match against St. Mary's, who were exceptionally strong this year, and ultimately were the winners of the Cup.

Turning to individual performances, and taking the batting averages first, it will be seen that only one member of the team viz. H. E. Scoones—has an average of over 20. His average of 23·25 does not by any means represent the service he has rendered his side, for throughout the season he has been quite the mainstay of the batting, and on more than one occasion he has kept his end up when every one else had failed. This was especially noticeable in the Cooper's Hill match, when he went in first, and was not out at the close.

C. H. Turner, who is next with an average of 19·25, was unfortunately unable to play in the first half of the season, and his absence helped to make the team weaker than it already was.

H. E. G. Boyle, who comes next, shows a great improvement on last year's form, his 89 against Kensington being the highest individual score for the Club this season.

T. H. Fowler, who makes his first appearance in the team, has at times batted exceedingly well, and has also been very useful behind the wickets.

C. A. Anderson, who is another new member, did not play often enough to show his true form.

Turning to the bowling, it will be seen that L. B. Bigg has by far the best average, viz. 36 wickets at a cost of 13·7 apiece.

H. W. Pank has taken the most wickets, at times bowling in his best form, notably against Kensington Park, when he took 8 wickets for 70 runs.

As the majority of this year's team will be available next year, we hope that the record may then be a better one.

At present there are rumours of our having some good "freshers" up for next season, and we sincerely hope that this is true, and that next year we may have some good men to replace those who are out of their year.

We should like next year to see a little more keenness displayed in men going down to practice oftener than they have done this year; and, while we are grumbling, let us also add that we feel sure that if the general members of the Hospital took a little more interest in the doings of the Cricket Club, and went to a few matches, it would act as a considerable stimulus to the team.

While on this subject, we might add that in 1898, when we won the Cup, there were only half a dozen Bart.'s men on the ground, and most of those were personal friends of members of the team.

BATTING AVERAGES, 1899.

Not less than six innings.

	No. of innings.	Not out.	Total runs.	Highest score.	Average.
H. E. Scoones	14	2	279	59	23·25
C. H. Turner	9	1	154	56	19·25
H. E. G. Boyle	17	1	272	89	17·00
T. H. Fowler	15	2	214	57	16·46
C. A. Anderson	6	1	70	44*	14·00
J. C. Sale	13	0	171	47	13·16
J. M. Collyns	6	0	74	28	12·3
H. W. Pank	16	3	153	20	11·76
H. B. Hill	14	3	121	43	11·00
L. B. Bigg	12	0	103	28	8·58
B. N. Ash	6	0	41	18	6·83
C. F. Nicholas	7	1	39	20*	6·5
F. E. Brunner	6	0	23	10	3·83

Not less than three innings.

C. H. Fernie	4	2	36	32*	18·00
G. H. Adam	3	0	52	43	17·3
H. T. Wilson	5	0	82	46	16·4
H. S. Greaves	3	0	42	22	14·00
L. V. Thurston	3	2	31	12*	10·3
H. E. Stanger-Leathes	5	0	36	11	7·2
H. S. Ward	4	1	15	7	5·00

The following also played:—H. Bond, 15; L. B. Rawling, 32; H. Whitwell, 8; W. A. Murray, 0; A. H. Bostock, 0; E. F. Rose, 5 and 6; H. W. Carson, 16; H. W. Masterman, 0*; W. H. Randolph, 7 and 1.

* Indicates not out.

BOWLING AVERAGES, 1899.

	Overs.	Maidens.	Runs.	Wickets.	Average.
L. B. Bigg	173	32	494	36	13·72
H. E. G. Boyle	121	13	418	22	19·00
J. C. Sale	166	29	550	27	20·37
H. W. Pank	305	69	883	43	20·53
C. H. Turner	68	8	263	9	29·2
H. E. Stanger-Leathes	40	5	104	3	34·6
C. Anderson	7	2	24	1	—
H. T. Wilson	13	4	36	1	—
H. E. Scoones	5	0	28	0	—
H. Whitwell	3	1	16	0	—
L. V. Thurston	3	0	18	0	—
H. S. Greaves	24	8	66	3	22
E. F. Rose	23	3	93	0	—
H. W. Masterman	5	2	22	0	—
H. B. Hill	3	0	28	0	—
B. N. Ash	3	0	17	0	—

RUGBY UNION FOOTBALL CLUB.

SEASON 1899—1900.

President.—A. A. Bowlby, Esq., F.R.C.S.

Vice-Presidents.—A. N. Weir, Esq., F.R.C.S., J. S. Sloane, Esq., F.R.C.S.; W. F. Bennett, Esq., M.R.C.S., L.R.C.P.; A. J. W. Wells.

Captain 1st XV.—H. C. Adams.

Vice-Captain.—A. O'Neill.

Hon. Secretary.—A. O'Neill.

Assist. Hon. Secretary.—H. E. Stanger-Leathes.

Captain 2nd XV.—F. Harvey.

Committee.—C. Dix, H. T. Wilson, J. M. Plews, J. B. Gillies, L. R. Tosswill, F. R. Carroll, W. H. Scott, B. N. Ash.

The prospects for this season are somewhat brighter, there being some very promising freshers up this term. Most of last season's forwards are available, and when the outsides have settled down some good results should be shown. The great thing to be desired is that the men who play for the Hospital should endeavour to keep themselves in training as much as possible, as it stands to reason that no team, however good or bad they are, can hope to win matches unless they pay great attention to this point. We have a very promising second team to fall back on.

ST. BART.'S *v.* CIVIL SERVICE.

Played at Richmond on October 7th, Civil Service winning by 2 tries to *nil*.

Although the season opened thus somewhat disastrously, we were handicapped by playing one forward short throughout. We pressed considerably during the first half, and only failed to score more than once through the utter inability of our three-quarters to hold their passes. Early in the second half Ash all but obtained a try, and was only collared close to the line. The forwards visibly tired towards the end of the game, and within the last quarter of an hour our opponents scored twice, the kicks failing on each occasion. Wilson, Adams, and Ranking were the most prominent forwards, whilst Ash was the pick of the outsides.

ST. BART.'S *v.* R.M.C., SANDHURST.

Played at Camberley. R.M.C. won by 2 goals 1 try (13 points) to a goal and a drop goal (9 points).

Once again only fourteen men appeared, and a substitute had to be obtained on the ground. The play was most even throughout, the ball travelling at a great rate from one end of the ground to the other. The game opened with a magnificent piece of passing between the Bart.'s outsides, the ball passing from hand to hand with clockwork precision. This was only a flash in the pan, as afterwards the three-quarters (especially in the centre) failed to show even moderate ability in handling the ball. In the first half Sandhurst scored twice, in both cases the bad marking out of touch being responsible. Half-time found our opponents a goal and a try to the good. Shortly after the interval one of the Sandhurst centre three-quarters was obliged to retire owing to an injured knee. The game remained in our opponents' quarters for a considerable time after this, and our efforts were at last rewarded by Howell dropping a very fine goal. This inspired the team to greater efforts, and after further pressing Drury scored behind the posts; O'Neill converted. In the last ten minutes Sandhurst scored again, and the try was converted. We were very unfortunate in losing, as the forwards almost invariably obtained possession of the ball, and heeled excellently. Wilson, Neligan, and Graham were the pick of the forwards, and the halves also did some sterling work. Team:

St. Bart.'s.—E. S. Marshall (back); F. R. Carroll, G. D. Drury, H. W. Thompson, T. O'Neill (three-quarters); B. N. Ash, T. Howell (halves); H. C. Adams, A. O'Neill, H. T. Wilson, A. R. Neligan, R. Douglas, H. E. Graham, H. E. Stanger-Leathes.

ASSOCIATION FOOTBALL CLUB.

OFFICERS.

President.—W. H. H. Jessop, Esq., F.R.C.S.

Captain.—A. H. Bostock.

Vice-Captain.—L. Orton.

Secretary.—V. G. Ward.

Captain and Secretary 2nd XI.—C. H. Fernie.

Committee.—L. E. Whittaker, J. A. Willett, H. N. Marratt, H. H. Dutcher, C. O'Brien, T. H. Fowler, H. W. Masterman.

We start this season with very good prospects, all of our last year's team except J. A. Willett, last year's captain, being in their year. Our fixture card has been slightly improved, and, thanks to our last year's Secretary, every Saturday and Wednesday is filled up to the end of February. As there are a great many old Bart.'s players up this term, a match, Past *v.* Present, has been arranged to take place on Wednesday, November 8. Among the freshmen up this term R. C. Berryman, J. P. Griffen, and W. S. Nealor have already shown good form.

ST. BART.'S *v.* CIVIL SERVICE.

Played at Neasden on October 11th, and resulting in a win for the Hospital by 4 goals to 2. This was the first match of the season. Civil Service started the game, and as it was a dry day, the game soon became fast. Lister made the first point from an excellent pass by Willett. The back defence was good, although our oppo-

nents might have scored if their shooting had been better. Just before half-time Lister added our second point.

The Hospital started the second half by attacking vigorously. Civil Service got their first point from a scrimmage in front of goal. Very soon after this Lister added our third point. Fowler then came up centre-half and Nealor went back. Our opponents obtained their second point from a corner. The Hospital soon retaliated by a clever goal by Berryman, making the score 4 to 2 in our favour.

Among the forwards Lister and Willett were good, and Berryman made a good first appearance in the team. The combination was never very good. Griffen brought off some excellent saves and cleared very well.

Team.—J. P. Griffen (goal); L. Orton, T. Smith (backs); F. E. Taylor, J. W. Nealor, T. Bates (halves); H. N. Marratt, R. C. Berryman, J. A. Willett, V. G. Ward, F. S. Lister (forwards).

ST. BART.'S *v.* R.M.A., WOOLWICH.

Played at Woolwich on October 14th. Bart.'s 3, R.M.A. 0. The Hospital were not at their full strength. The R.M.A. started the game, and the Hospital immediately began to attack, most of the work being on the left wing. Berryman sent in a hot shot which hit the cross-bar and the ball rebounded into play; it was, however, instantly cleared, and taken down the field. Play began to get fast, and O'Brien, taking a pass sent in from the left, put in a hot goal. Ward added a second point soon afterwards. At half-time the score was 2 to love.

The second half was a great deal slower than the first. The R.M.A. tried hard to score, but Griffen was playing a cool game in goal and saving in excellent fashion. He was soon called upon to save a penalty kick, which was not deserved. After the penalty, which was stopped, a sharp *mêlée* occurred in front of the Hospital goal, but the ball was soon cleared.

Marratt added the third point after running down the ground with O'Brien.

The combination was not good; Lister and O'Brien were the best of the forwards. Nealor and Miller played up vigorously at half. Orton and Fowler were both good, and Griffen played a sound game.

Team.—J. P. Griffen (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, J. W. Nealor, W. Jones (halves); H. N. Marratt, R. C. Berryman, C. O'Brien, V. G. Ward, F. S. Lister (forwards).

HOCKEY CLUB.

The following officers have been elected for the ensuing season:

President.—Dr. H. Morley Fletcher.
Captain.—D. Jeaffreson.
Hon. Secretary.—A. H. Pollock.
Committee.—V. G. Bull, F. H. Beckett, M. O. Boyd, P. Glenny, J. A. Nixon.

Dr. H. Morley Fletcher, the President of the Club, has very kindly promised to present an Inter-Hospital Challenge Cup for hockey this year. This, it is hoped, will induce a greater keenness in the game. We are awaiting the results of the general meetings of the other hospitals to decide which will enter for the cup. It is hoped that all good men will help the hospital to become a first-class team by representing it instead of other clubs. The club has rapidly improved since its formation. The season looks very promising, and there seems every chance of forming a 2nd team, for which some matches have been arranged. The secretary will be pleased to receive the names of all freshmen and others desirous of playing this year.

The following is a list of matches:

Date.		*Club.*	*Ground.*
October	4.—Practice game		Winchmore.
,,	7.—Cheshunt		Broxbourne.
,,	14.—Crystal Palace 2nd XI		Home.
,,	18.—Royal Observatory		Blackheath.
,,	21.—Kensington		Away.
,,	25.—Ivanhoe Wanderers		Home.
,,	28.—Herts County		St. Albans.
November	1.—Blackheath School		Blackheath.
,,	4.—Ilford Park		Ilford.
,,	11.—Waldergrave Park		Home.
,,	15.—Kingston Grammar School		Kingston.
,,	18.—Hitchin		Hitchin.
,,	25.—Brockley		Brockley.
December	2.—Crystal Palace 2nd XI		Home.
,,	9.—Tulse Hill 2nd XI		Home.
,,	13.—Tunbridge Wells		Tunbridge Wells.
,,	16.—West Thurrock		Grays.
,,	23.—Finchley 2nd XI		Finchley.
January	6.—West Thurrock		Home.
,,	10.—Tunbridge Wells		Home.
,,	13.—Hitchin		Home.
,,	20.—Tulse Hill 2nd XI		Tulse Hill.
,,	27.—Waldergrave Park		Twickenham.
February	3.—Cheshunt		Home.
,,	7.—Blackheath School		Blackheath.
,,	10.—Kensington		Away.
,,	14.—Kingston Grammar School		Home.
,,	17.—Brockley		Home.
,,	24.—Norwood		Norwood.
March	3.—Southgate (A.)		Southgate.
,,	10.—Herts County		Home.
,,	17.—Kidbrook		Home.
,,	24.—Royal Observatory		Home.
,,	31.—Ilford Park		Home.

ST. BART.'S *v.* CHESHUNT.

We opened the season well on Saturday, October 7th, by beating Cheshunt at Broxbourne by 7 goals to 2. Our opponents, however, played one short in the second half. From the start our forwards kept the ball by means of excellent combination, Beckett scoring three times in the first half, and Bull and Pennefather once. Cheshunt only once became dangerous, when they scored. In the second half Beckett and Pennefather each scored again for the Hospital, and Cheshunt obtained another goal.

Team.—E. T. Glenny, D. Jeaffreson, H. E. Flint (backs); A. H. Pollock, J. A. Nixon, M. O. Boyd (half backs); A. Hallowes, T. A. Mays, F. H. Beckett, C. M. Pennefather, G. V. Bull (forwards).

ST. BART.'S *v.* CRYSTAL PALACE 2ND XI.

Played at Winchmore Hill on October 14th, and resulting in a win for the Hospital by 5 goals to 1. Crystal Palace turned up one short, but were provided with a substitute. The Hospital attacked from the start and were in our opponents' 25 for most of the first half, Beckett scoring twice and Mays once. In the second half our opponents obtained the ball and, by means of a rush, scored a goal. After this our forwards had most of the game, and, although shooting freely, only scored two more goals—Glenny (1) and Bull (1).

Team.—E. T. Glenny, D. Jeaffreson, H. E. Flint (backs); A. H. Pollock, T. A. Mays, M. O. Boyd (halves); A. Hallowes, J. A. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* ROYAL OBSERVATORY.

Played at Blackheath on Wednesday, October 18th, and resulting in a win for the Hospital by 3 goals to 1. The ground was undoubtedly the worst we have ever played on. At the start R.O. rushed us and remained in our 25, but the backs cleared well, and the forwards, by means of good combination, enabled Glenny to score. From the bully which followed R.O. immediately scored. No more goals were scored up to half time. In the second half the game was very fast, but Muirhead in goal saved well. Glenny scored a good goal from a difficult angle and followed up by shooting another from nearly the same place as the whistle blew.

Team.—A. H. Muirhead (goal); W. Coalbank, H. E. Flint (backs); H. B. Hill, A. H. Pollock, M. O. Boyd (halves); A. Hallowes, Lloyd Jones, E. T. Glenny, H. van Laum, R. C. Wilmot (forwards).

BOXING CLUB.

It is to be hoped that freshmen and others who box, or wish to learn, will use this Club more frequently this year; as, owing to the scarcity of active members, no competition has taken place during the last two seasons. For further particulars apply to—

S. E. CATHCART } *Hon. Secs.*
J. C. S. DUNN }

Old Students' Dinner.

THE Annual Dinner of Old Students was held in the Great Hall on Monday, October 2nd, and was even more successful than usual. This *réunion* has always recommended itself to Bart.'s as a more satisfactory way of beginning the new season than a formal inaugural address. And as the Abernethian Society provides us with an excellent address at its opening meeting, this plan has much to recommend it. When Dr. Lauder Brunton took the chair shortly after 7 p.m., it was found that 167 old students and guests were assembled. This number has only been exceeded twice; once, about twenty years ago, when Sir James Paget occupied the chair the attendance was 171, and two years ago, under the chairmanship of Sir Thomas Smith the record was reached at 174. The guests included Sir William Mac Cormac, Prof. Clifford Allbutt, Dr. Jameson, Director-General of the Army, the Master of the Society of Apothecaries, Sir Frederick Abel and Dr. Russel, both former lecturers on chemistry here, Sir Norman Lockyer, Mr. Briton Riviere, and Mr. W. H. Cross.

The dinner was supplied by Messrs. Ring and Brymer, and was, as usual, excellent. After the loyal toasts Professor Clifford Allbutt proposed "The Hospital and School" with his accustomed grace. Dr. Brunton was accorded a hearty reception on rising to reply to this toast. While claiming that this hospital had the best possible equipment in the wards, he felt that at present the school was greatly hampered on its scientific side by inadequate space and resources. He had recently visited Marburg, and though the hospital wards seemed decidedly inferior to those we are accustomed to, he was much struck by the well-equipped clinical laboratory attached to each ward. At present the Pharmacological Department here was housed in a room 14 feet by 8½. It was impossible for us to keep abreast of the advances made daily in pharmacology in a room of these dimensions. The first care of the governors must necessarily be the patients, but if we were to give the patients all the advantages derived from the progress of scientific medicine greater facilities for research must be found. He appealed for funds to equip research laboratories in connection with the Hospital and Medical School, of which we were all naturally so proud.

Sir Dyce Duckworth proposed the toast of the Navy, Army, and Reserve Forces, on whom at the present crisis we had to depend so much, and in whom we felt so much confidence. The Director-General in his reply denied with some warmth the truth of the aspersions which had been cast on the Royal Army Medical Corps at the recent meeting of the British Medical Association.

Dr. Church proposed the health of the visitors, and Sir Norman Lockyer responded. The Treasurer, Sir Trevor Lawrence, proposed the toast of the Chairman. Dr. Lauder Brunton in a humorous reply said that it had been the wish of his life to be tall. This wish had not been gratified; but once when he looked at his reflection in a concave mirror he was delighted, for he saw himself as he would like to be. Listening to Sir Trevor's complimentary remarks he felt that he heard his character stated not as it was, but as he would like it to be.

The last toast was the health of the Secretary, Mr. Bruce Clarke, whose excellent arrangements had contributed so much to the success of the evening. Sir Thomas Smith, who proposed this humorously, thanked Mr. Bruce Clarke for assisting so ably in the abdominal operations which the diners had just completed. Mr. Bruce Clarke replied suitably, and a move was made to the Library, where coffee and conversation occupied the attention till a late hour.

Abernethian Society.

Founded 1795. *Winter Session*, 1899–1900.

COMMITTEE OF MANAGEMENT.

Presidents:—Mr. A. R. J. Douglas, Mr. L. B. Rawling.
Vice-Presidents:—Mr. W. T. Rowe, Mr. H. D. Everington.
Treasurer:—Mr. A. Willett, F.R.C.S.
Hon. Secretaries:—Mr. E. M. Niall, Mr. Reginald Bigg.
Additional Committeemen:—Mr. E. C. Williams, Mr. J. Corbin.

This Society, composed of the Teachers and Students of the Hospital, holds its Meetings in the Abernethian Room every Thursday evening, at 8 o'clock precisely, during the Winter Session, for the Reading and Discussion of Papers on Subjects of Medical Science or Practice, and for the Exhibition of Clinical Cases and Pathological Specimens.

LIST OF PAPERS TO BE READ BEFORE THE SOCIETY.

1898.	*Author's Name.*	*Subject of Paper.*
July 6,	—Dr. Klein, F.R.S.	The Relationship of Bacteriology to Medicine.
Oct. 5,	—Dr. Church	The Progress of Medicine during Reign of Queen Victoria.
,, 12,	—Dr. W. E. Lee	Six Months with Her Majesty's Forces.
,, 19,	—	Discussions, Clinical and Pathological.*
,, 26,	—Mr. R. D. Parker, M.B.	Concerning the Arthritic Diathesis. A preface and some figures.
Nov. 2,	—Mr. F. Womack, M.B., B.Sc.	Some Cases in Toxicology.
,, 9,	—Dr. A. E. Garrod	Some Clinical Aspects of Children's Diseases.
,, 16,	—Dr. Wilfred B. Warde	Ringworm and Favus considered in the Light of Recent Researches.
,, 23,	- Mr. Stanley B. Atkinson, B.Sc., LL.B.	Libel and Slander in Relation to the Medical Man.
,, 30,	—Mr. C. S. Myers, M.B.	The Treatment of Diseases by the Natives of Torres' Straits and Borneo (illustrated by Lantern Slides).
Dec. 7,	—Mr. Stephen Paget, F.R.C.S.	Adenoids.
,, 14,	—Mr. C. G. Watson, M.R.C.S.	The Surgical Sequelæ of Otitis Media.
1900.		
Jan. 11,	—Dr. Calvert	The Office of Warden.
,, 18,	—Mr. T. J. Horder, M.B., M.R.C.P.	Notes from the Casualty Department.
,, 25,	—	Discussions, Clinical and Pathological.*
Feb. 1,	—Mr. J. H. Churchill, M.R.C.S., L.R.C.P.	Some Features of Blood Pathology.
,, 8,	—Mr. J. L. Maxwell, B.S.	On the Treatment of Pelvic Diseases by Posterior Colpotomy.
,, 15,	—Mr. L. B. Rawling, M.B.	New Growths of the Œsophagus.
,, 22,	—	Discussions, Clinical and Pathological.*
Mar. 1,	—Mr. W. E. Miles, F.R.C.S.	Abscesses in the Peri-anal and Peri-rectal Regions.
,, 8,	—Dr. T. Thursfield	The Enlargement of Spleen in Children.
,, 15,	—	Annual General Meeting.

* At these Meetings short communications may be made to the Society, with or without illustrative cases or pathological specimens. At all Meetings Members are invited to show cases of interest.

Correspondence.

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

DEAR SIR,—The beginning of another winter session has come and gone, and with it the usual gathering together of men who rejoice in the common title of "Old Bart.'s Students." I am glad to hear that this year's "Old Students' dinner" was as great a success as ever; but I should like to call attention, through the columns of the JOURNAL, to one fact which prevented it from being an even greater success—the very considerable expense attaching to it.

The cost of the dinner itself is a guinea, and for the many men who live at a distance there has to be added the expense of a railway journey, and very possibly of staying the night in London.

It seems to me that the fundamental feature of such a gathering should be representativeness. It should be possible for any old

Bart.'s man to take advantage of this, one of the few opportunities for rejoining his former friends. Yet, to my own knowledge, numbers of men are not present at the Old Students' dinner simply and solely because they do not consider the expense justifiable. If it were necessary it would be another matter, but that it is not necessary seems to be proved by the fact that other dinners connected with hospital institutions, not less enjoyable and enthusiastic, are carried out on far more economical lines.

Cannot some alteration be made to remedy this drawback? It surely cannot be the fact that the possessors of unlimited guineas would mind having for once a less elaborate *menu* if thereby the annual gathering in the Great Hall could be rendered more really the "Old Students' dinner."

Yours, etc.

JAMES HUSSEY.

The Malingerer.

[A COSTER DITTY.]

(From *Bartholomew Ballads*. By F. W. GALE.)

NOW wot oi sez is this, sez oi, as 'orspitals is rotten,
And Doctors aint no bloomin' kind of good;
Oh yuss oi does, you bet oi does, oi knows a bit abaht 'em!
And oi'd show 'em up, so'elp me, if oi could.
Oi goes into 'em reglar, when the rhino aint so ready
They're 'andy institootions for *that* gime:
But Lord it ain't no lavender, they makes you keep so steady,
There ain't no fun, it's all so bloomin' time.

It's all very well when a feller's *really* bad,
But when a bloke wants nothing but a rest,
'e don't want stoodints messin'
All arahnd 'im wiv their dressin'
And a 'ammering and a bangin' ov 'is chest.

The diseases that oi've 'ad, well it's a wonder oi ain't dead,
Oi've tiken all their physics every ways;
The safest thing oi've struck as yet's a toomer in the 'ed
Them paralytic fikes most always pays.
Oi remember once oi tried a bloomin' toomer in the chest,
But you bet your life oi don't try *that* no more;
They said oi'd got a rism' and oi needed puffect rest,
When oi thinks of 'ow they starved me oi feels sore.

It's all very well when you're aht and abaht,
You can git yer bit ov 'addick on the sloi,
But when they kips you quoiet,
And yer lives on Tufnell's doiet,
It mikes a feller want ter doi.

Then another thing abaht them rotten 'orspitals yer know
They're much too free a messin' with the soap:
When us fellers gets the management of London—well we'll show
Them 'orspitals a thing or two, I 'ope.

It's a dahnright degredation to the 'onest workin' man
For to go and troy to foind 'is buried shirt;
'Oi don't 'old wiv this yer washing—'Oi 'atcs the water can,
It's me mark of 'onest labour is the dirt.

It's all very well when a feller *needs* a wash
(Tho' washin' ain't so 'elthy as they say),
But to take and put 'im in it
Every other bloomin' minut'—
Yer gits nothin' but the shivers all day.

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Lodge was held at Frascati's Restaurant, on Tuesday, October 10th, 1899, W. Bro. R. J. Reece, the W.M., being in the chair. Bro. Stack was raised to the third degree, and Bros. Slater, Cornish, Tunnicliffe, Austen, and Heath were passed to the second degree.

Bro. J. W. Haines's resignation, on account of distance from London, was accepted with regret.

Forty brethren and their guests afterwards dined together.

Reviews.

SURGERY: a Treatise for Students and Practitioners, by THOMAS PICKERING PICK. (Longmans, Green, & Co., London. Price 25*s*.).

During the last few years a large number of new text-books of surgery have been published, many of which have only received a small amount of patronage, whilst others have firmly established themselves as indispensable to the student preparing for examination, and valuable as works of handy reference to the practitioner. We think there is little room for a new text-book, unless it can show points of decided superiority over the existing books. The nature and scope of the latest book, now before us, is well explained by the following extracts from the preface:

"This book is the substance of lectures on surgery, which I delivered at St. George's Hospital for fifteen years, modified, of course, from time to time in accordance with the advances made in the science and art of surgery." . . . . "The book has been written mainly for students, but I hope that practitioners will find it a useful work of reference" . . . . "The work may be regarded as the outcome of the experience of a hospital surgeon and teacher for nearly thirty years." . . . . "For the most part I have only described the treatment which in my experience has proved most beneficial, and have merely incidentally alluded to other plans, or have omitted them altogether." Thus, we see that the book caters for two classes of readers, the requirements of which differ considerably. The practitioner requires little theory or pathology, but well-drawn clinical pictures and a discussion of treatment, to which he can turn and find all the necessary details. We think he will not here be often disappointed. The student, on the contrary, wants not so much the detailed opinions of one man—no matter how excellent—as a *résumé* of *all the recognised opinions* of different schools. His examiners are human, and do not relish the advocacy of opinions which they oppose, especially if the candidate knows nothing of their own particular views. And from this standpoint we think the student will find the book deficient. For example, treating of fractures of tibia and fibula near the ankle-joint, the author recommends the use of back-splint, with foot-piece and two side splints. (We note, by the way, that the use of a cradle is not mentioned.) He says, *apropos* of other methods of treatment, ". . . . personally I have never seen a case which required any special treatment." This may be true, but a candidate who does not know more of Cline's, Roughton's, and Dupuytren's splints than the author gives him will not favourably impress the examiners.

The book is conveniently arranged into four sections: (1) Inflammation; (2) General injuries; (3) General diseases; and (4) Injuries and diseases of special tissues and organs. There is a very good appendix dealing with amputations.

We are glad to see that there is no attempt to dismiss the subject of diseases of the eye in the few pages usually devoted to the subject in other text-books. It is utterly impossible to teach anything worth knowing in the space which can be spared in such a text-book as this. The example might well be followed by other authors.

The chapter dealing with sapræmia, septicæmia, and pyæmia is accurate and quite up to date, but is so confused that we fear the student approaching the subject for the first time will form no clear views as to the essential differences between the three conditions.

We expected the chapter on fractures to be the best in the book, but in this we are disappointed. The points to be attended to in diagnosing the nature of an injury are often very meagrely discussed; and the various methods of treatment, a knowledge of which is expected by the authorities on the Embankment, are often only mentioned, all the discussion being devoted to the author's particular method.

The article dealing with fracture of the patella is excellently written, and the relative applicability to different classes of cases of treatment by apparatus or operation is argued most clearly and fairly.

We notice that the author recommends the treatment of fracture of the shaft of the femur without weight extension, a method which we think will, in the hands of most men, not yield satisfactory results.

The chapter on tumours is well written and clear, though we think it unwise to speak of a "parostial lipoma" without explaining why the tumour is not called periosteal.

The subject of hernia occupies forty-three pages, the classifications being good and clear, and the treatment well described. One criticism we would offer is, that in view of the awful disasters brought about by opium in cases of complicated herniæ, its use ought never to be recommended without pointing out its dangers. The author advises opium for obstructed hernia, treatment which is unobjectionable provided the diagnosis is correct. But if the practitioner gives opium to a case of strangulated hernia, thinking it to be merely obstructed (a mistake that is constantly made, and often difficult to avoid), serious results follow. No doubt the experienced hospital surgeon is unlikely to make the mistake, but the student or practitioner only too readily flies to opium, and wraps himself in a disastrously false security. The operative surgery of the alimentary canal is very fully described, and brought quite up to date. Very clear descriptions of end-to-end anastomosis of intestine are given, the explanatory diagrams being particularly clear.

Diseases of the thyroid gland are treated very inadequately, and the account is very likely to lead the reader into mischief. The subject of treatment of simple tumours (adenoma, etc.) is dismissed in fifteen lines, two being devoted to treatment. Speaking of cystic bronchocele, we are told as the first treatment that "the cysts may be treated by tapping them, and injecting a solution of iodine or iron, and leaving the cannula *in situ* until suppuration is established. This plan of treatment is attended with risk . . . . ." We endorse this opinion so strongly as to regret its being suggested. Speaking of division of the isthmus of the thyroid, the author says, "This operation should always be first tried in those cases where both lobes are equally enlarged." We consider the operation a bad one, especially when dyspnœa is the indication for treatment, because it allows the lateral lobes to still further increase their pressure on the trachea. If the dyspnœa arose from antero-posterior pressure the operation might do good, but this is not so. No mention is made of the dangers arising from the administration of general anæsthetics, and the advisability and practicability of using cocaine or eucaine in operations on goitre. This leads us to the remark that there is no chapter on anæsthetics, and nowhere we come across any reference to the advantages of cocaine or eucaine in minor surgery.

The chapters on diseases of the ear and nose and diseases of the female genital organs are, of course, in a book of this kind very brief (for example, the subject of parametritis is dismissed in less than half a page), and makes us wonder whether, when the book must be kept within certain limits, it would not be better to leave them out altogether, for the accounts given are so meagre as to be almost useless, if not misleading.

The illustrations are the weakest part of the book; with few exceptions (*e. g.* figs. 32, 179, 301, etc.) the drawings are sketchy to a degree, do not help the reader at all, are often difficult to understand, and in a few cases border on the ludicrous (figs. 49, 239, 342, 414, etc.).

The book as a whole, however, is a very good one, and we can recommend it to both classes of readers catered for. It lies midway between the mere catalogue-like compilation on the one hand, and the exhaustive treatise on the other. The subjects are discussed in very pleasant readable English, the printing is good, each paragraph being headed with large type, which makes rapid reference easy. The index is also good.

BARTHOLOMEW BALLADS. (Written, composed, and sung by FREDERICK W. GALE at the Concerts of the St. Bartholomew's Hospital Smoking Concert Club, 1893-5. Printed for private circulation.)

We have been looking forward to this little book for some time, and we are glad to inform our readers at last that those of them who care to forward name, address, and Postal Order for 2*s*. 6*d*. to the author, Kaikoura, New Zealand, will receive a copy by return of post.

Mr. Gale "respectfully dedicates" his collection of songs ("without their permission") to Howard Marsh, Esq., F.R.C.S., and W. J. Walsham, Esq., F.R.C.S., "to whose active patronage the Smoking Concert Club owed the popularity it possessed in 1895." The author's preface is so characteristic that we quote it in full:

"The title of this great work has a resonant kind of sound, and I regard it as rather a neat thing in the way of titles, but I am afraid it will cause confusion. Worthy persons who do not frequent Smoking Concerts will perhaps wonder which are the 'ballads.' I looked up 'ballad' in Webster, and found that it is 'a popular song, in simple verses;' the word comes from the Spanish 'balladore,' or bally something or other. Then I thought I had better call them 'Comic Songs,' but the word 'comic' might lead to strife. I finally decided to let them go as 'ballads' and take the consequences, as some of them were popular, and they all verge on the simple, if they do not overstep this limit. They are the words of songs which have been sung before a Bart.'s audience, and may be interesting to those who have heard them from the platform; and it is for these persons that I have had them printed, as I do not imagine for one moment that they contain any flights of 'poetry' that will commend them to any one else.

"As I understand that the 'Smoking Concert Club' is now defunct, I have also inserted a copy of the programme and press notices of the last 'Smoker' at which I was present. This, not so much for my own glorification, as to show that there was once a good Smoking Concert Club in existence at St. Bart.'s, with distinguished support from the authorities. It took us a long time to convince the said authorities that we could attend a concert outside the sanctuary of the Library, without necessarily spending the balance of the evening at the nearest Police Station—but we did it—and I regret to hear that the good old club is no more."

All the old familiar songs are here, with the addition of half a dozen new ones. Some of them have already appeared in the columns of the JOURNAL, and, if a somewhat free use of them as "copy" for our contemporaries is any indication of their popularity, they well merit publication in this new and permanent form. We have little doubt that Mr. Gale will quickly be inundated with orders for the book from past and present Bart.'s men, so much so that we trust the contingency of which he whispers in our private ear, that "the children will have to go without jam for awhile" to cover the expenses incurred, will not arise. It is to be regretted that Mr. Gale could not see his way to print the music of the songs, but we can readily understand that such an enterprise would involve considerable outlay, and perhaps risk much more than the children's jam. As frontispiece to the book is a reproduction of a very faithful likeness of the author.

As for criticism, what critic would dare to risk his neck by the least word of dispraise, when the acclamation of successive years of Bart.'s men has been freely accorded to Mr. Gale's efforts? The safest criticism of these songs is the memory of them that still lingers as a household word in the talk of the Square and the smoking room, and wherever Bart.'s men do congregate.

Mr. Gale concludes his collection by "A Message," which we are pleased to be able to reproduce in full:

Far away 'n the South Pacific,
In a land that's passing fair,
I often sigh for the days gone by,
And a sight of the dear old Square.
Oh for an hour on the fountain's rim,
With a pipe and the "Special" *Star*
On a June day clear, with never a fear
Of the Surgical Registrar.

Ah me, I fear 'tis a fancy dream,
If ever there comes that day,
The fountain dear, will be there to cheer—
But my pals—oh where are they?
Some are qualified, some are dead,
But they've all of them gone away.

* * * * * *

There are some of my "pals" on the wild Karoo,
There are some on the Indian plains,
There are some do well, in a gold Court hell,
That is—until it rains!
We're scattered all over the world we are,
But wherever we live, our hearts
Are always stirred, at the sound of that word,
The sound of that word—"St. Bart.'s."

Examinations.

CONJOINT BOARD.

Practical Pharmacy.—Hawes, C. S., Stanger-Leathes, H. E., Seagrove, G. M., Serpell, J. S., Williams, E. C.

Anatomy and Physiology.—Miller, G. W., Slade, H. J., Parbury, F. D., Plews, J. M., Hughes, E. V., Coare, R. B., Acres, G. C. J., Fowler, T. H., Hanbury, R. J., Davis, C. N., Wilmot, R. C.

UNIVERSITY OF DURHAM.

The degrees of M.B. and B.S. have been conferred on C. W. von Bergen.

Appointments.

ADAMSON, H. G., M.D.(Lond.), M.R.C.S., L.R.C.P., appointed Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

* * *

BRICKWELL, F., M.B., L.R.C.P.(Lond.), M.R.C.S., has been appointed House Surgeon to the Windsor Infirmary.

* * *

COLLYER, B. J., M.R.C.S., L.R.C.P., appointed Surgeon to ss. Ulysses (Holt Line).

* * *

DAVEY, E. L., L.R.C.P.(Lond.), M.R.C.S., has been re-appointed Medical Officer of Health by the Walmer Urban District Council.

* * *

GREAVES, H. S., M.R.C.P., L.R.C.P., appointed House Surgeon to Out-patients at the Hospital for Children, Great Ormond Street.

* * *

HAYES, A. H., M.R.C.S., L.R.C.P., appointed House Surgeon to the East London Hospital for Children, Shadwell.

* * *

MCLEAN, W. W. L., M.R.C.S., L.R.C.P., appointed Surgeon to ss. Dunottar Castle

* * *

MITCHELL, A. M., M.A., M.D., B.C.(Cantab.), D.P.H.(Camb.), appointed Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

* * *

SEWELL, F. P., M.B., B.C.(Cantab.), appointed Assistant House Surgeon to the Wolverhampton Hospital.

* * *

SHELLEY, P. W. G., L.R.C.P.(Lond.), M.R.C.S., has been appointed Medical Officer for the Cruwys Morchard Sanitary District of the Tiverton Union, *vice* G. F. Welsford.

* * *

SLATER, ALAN, M.B., C.M.(Edin.), M.R.C.S., L.R.C.P.(Lond.), appointed Assistant House Surgeon to the Royal Portsmouth Hospital.

* * *

THOMAS, C. J., B.Sc., M.R.C.S., L.R.C.P., appointed House Surgeon to out-patients at the Hospital for Children Great, Ormond Street.

THOMAS, H. S., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Royal Hospital, Guildford.

* * *

TURNER, E., M.B., B.S., B.Hy.(Durham), M.R.C.S., L.R.C.P., appointed an Assistant Medical Officer to the Fountain Fever Hospital.

* * *

WHINCUP, F., M.R.C.S., L.R.C.P., appointed House Surgeon to the Stroud Hospital.

Changes of Addresses.

ACKLAND, R. C., from 13, Savile Row, to Brook Street, W.

BERRY, J., from 60, Welbeck Street, to 21, Wimpole Street, W.

DICKENS, S. J. O., from Peterborough to Cowfold, near Horsham, in partnership with W. Homewood Gravely.

HORDER, T. J., from 29, Constantine Road, Hampstead, to 41, Savernake Road, Hampstead.

POYNDER, F. C., from Bedford to Sackville House, E. Grinstead.

TATHAM, E. J., from Halesowen to Hornby House, Cambray, Cheltenham.

Births.

BROADBENT.—On October 9th, at The Hall, North Collingham, Newark, the wife of Frank Broadbent, Esq., of a daughter.

BUTTAR.—October 6th, at 10, Kensington Gardens Square, W., the wife of Charles Buttar, M.D., of a daughter.

FINCHAM.—On Thursday, October 19th, 1899, at 17, John Street, Bedford Row, W.C., the wife of Ernest C. Fincham, M.R.C.S. (Eng.), L.R.C.P.(Lond.), of a son.

GILES.—September 22nd, at 340, Glossop Road, Sheffield, the wife of Leonard Giles, M.B., F.R.C.S., of a daughter.

JOWERS.—October 12th, at 55, Brunswick Square, Brighton, the wife of Reginald F. Jowers, of a daughter.

REECE.—October 16th, at 62, Addison Gardens, W., the wife of Richard J. Reece, M.A., M.D., of a son.

STOCKER.—On August 24th, at Clevedon, the wife of E. G. Stocker, M.R.C.S., L.R.C.P., of a son.

Marriage.

NEWTON—ADAMS.—On September 7th, at St. Stephen's, South Dulwich, by the Rev. F. E. White, M.A., Vicar, assisted by the Rev. G. Searle, M.A., Curate of Feltham, Herbert William Newton, M.R.C.S., L.R.C.P., eldest son of the late Rev. W. A. Newton, M.A., Chaplain of the Middlesex Industrial Schools, Feltham, to Florence Beatrice, youngest daughter of Frederic Emilius Adams of West Dulwich, and grand-daughter of the late Captain Cobb, R.N., of New Romney, Kent.

Death.

PALMER, EDWIN CHARLES, M.A., M.B., B.C.(Cantab.), on October 21st, at Lancaster House, Lincoln, in his 35th year.

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

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NOTICE.

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St. Bartholomew's Hospital Journal,

NOVEMBER, 1899.

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

A Lecture on the Principles and Practice of Medicine.

Delivered on October 3rd, 1899,

By NORMAN MOORE, M.D.

THE first lecture of the course on "The Principles and Practice of Medicine" may properly be devoted to some consideration of the general method of study of the subject. How ought so vast a subject to be arranged so as to make it clear? It is the duty of a lecturer to keep constantly before his mind this one object of making the matter of his lectures clear and easily retained by those who listen to him. The only valuable part of his lectures is that which remains in the minds of his hearers.

Hájí Mullá Hádí, of Sabzawar, in Persia, who died in 1878, was one of the most famous teachers of his time in the East. He taught philosophy, and each course of his lectures lasted seven years, with two lectures a day, each of two hours' duration. The veneration in which he was held by his pupils, of which we are told by that learned Persian scholar and ornament of St. Bartholomew's, Dr. Edward Granville Browne, who himself studied under a pupil of the Hájí, shows how valuable and how thorough was his teaching.

Medicine is, like philosophy, a subject without limits; but, as far as its acquisition by lectures is concerned, is limited indeed. How, then, can these few hours be best spent? This is the question which I wish to consider to-day.

Dr. William Heberden, who died in 1801, is rightly considered one of the greatest of English physicians. His *Commentaries on the History and Cure of Diseases* is a book which can never become obsolete or cease to be worth reading by a student of medicine, so absolutely is it based on an exact personal observation of disease. Before he settled in London he gave lectures at Cambridge, where he was a Fellow of St. John's College. Dr. Erasmus Darwin, a physician of repute in his day, the author of many ingenious scientific ideas, famous in his own time as a philosophical and botanical poet, but in our time best known as the grandfather of Charles Darwin, attended Heberden's lectures in 1752.

Some years ago my friend Mr. Francis Darwin, now a Fellow of Christ's College, Cambridge, lent me the book in which his great grandfather had made notes of these lectures.

It is interesting to see how so great a physician as Dr. Heberden advised students to study medicine. He begins on the subject of introductory books:

"Whoever thus devotes himself to this useful study, and would make the greatest advantage of this short life in the pursuit of so extensive an art, should first take a general view of its rise and progress and present state. But I should premise he is supposed to come to this study sufficiently

versed in the Latin and Greek, and able to read one or two modern languages; and though his character as a scholar (for such every physician is expected to be), besides his acquaintance with the ancient classical writers, demands that he should not be ignorant of geography, chronology, history, logic, metaphysics, ethics, mathematics, and natural philosophy, yet of all these, the two last require his especial attention if he would be secured from error and superstition, from mistaken theories and ill-guarded practice. Thus prepared, then let him, as was said before, take a general survey of the ancient and present state of Physic."

Dr. Heberden then advises that the student should do this by reading Daniel le Clerc's *Histoire de la Médecine* (1702) and Dr. John Freind's *History of Physick from the time of Galen to the beginning of the Sixteenth Century* (1725).

Freind praises Le Clerc's history up to the time of Galen, but wrote his own book because of the defects of the subsequent history in the second edition of Le Clerc. Freind's work is remarkable as a history of our subject by a physician of the first rank, who knew great things from small in medicine; while, unfortunately, most of the other histories of medicine which have appeared in England are the works of men of no profundity in medicine, and therefore incompetent to set forth its progress in successive ages.

Dr. Heberden recommends constant reference to lexicons—Gorræus *Definitiones Medicæ* (1622) and the lexicon of Bartholomæus Castellus (1628) for ancient terms, and that of Quincy (1717) for modern words.

Sometimes you may buy Castellus on a bookstall for a shilling. You will find him a mine of interesting information. With him by your side you can correlate the obsolete pathological expressions of past times with our modern ideas, and so see the meaning of many observations worth comprehending for the truth they contain, which without this explanation is concealed from our view.

Dr. Heberden next suggests Conringius's introduction to the *Whole Art of Medicine*, especially the last edition of 1726, with a preface by Hoffman, and Schelhammer's notes. Lindenius' *de Scriptis Medicis* is, he says, valuable, and it is best to use Mercklin's edition of 1686, always remembering that in the index he uses the prænomen of authors, calling Galen Claudius, and Sydenham Thomas. Lastly, the *Bibliotheca Scriptorum Medicorum* of Mangetus (1731) is to be consulted.

Dr. Heberden then mentions what books should be read on botany, chemistry, materia medica, pharmacy, anatomy, and physiology, and how those subjects should be studied outside books. In physiology the aphorisms of Sanctorius (1642), Bellini on the pulse (1685), Borellus' *De Motu Animalium* (1710), are to be perused, "while the celebrated discovery of the circulation of the blood would make anyone desirous to read the discoverer's treatise to prove it—Harvey, *De Motu Cordis*,—though all are at present sufficiently persuaded of this truth." "Besides," he adds, "Dr. Harvey was so diligent and sagacious an anatomist that all his works abound with new and useful observations."

Dr. Heberden goes on to recommend books on medicine: Boerhaave's *Aphorisms* (1728), Hoffman (1740), Freind's *Emmenologia* (1703), Archibald Pitcairn (1717), the *Opusculum Aureum* of Lommius (1739), John Allen's *Synopsis* (1729), Turke's *Conspectus* (1727).

He admired Sydenham, "whose merit is that he is an original one, giving only what himself had observed of diseases." The *Puretologia* of Morton (1694) is "in a great measure taken from nature, but dangerous to follow in his method of cure, it being made to hang upon an hypothesis about the oppression and expansion of the spirits."

Dr. Heberden advises that too much faith be not put in general treatises, and that many particular descriptions should be read, as Bellini, "De morbis capitis" (1685), Ramazzini, "De morbis artificum" (1700), Wepfer, "De apoplexia" (1675), Floyer, on the asthma (1698), Astruc (1740), Turner "De morbis cutaneis" (1714), Highmore. "De passione hysterica" (1660), Musgrave, "De Arthritide" (1703), Clericus, "De lumbrico lato" (1715), Harris, "De morbis infantum" (1698).

Heberden pithily and justly says of this, the first book by an English physician on children's diseases, that it is "small, but the whole of what he says might be contained in less compass."

Mauriceau (1688) and Deventer (1725) on Diseases of Women; Glisson on rickets (1650); Tulpius (1685), whom he commends as nearly all original; Schenckius (1609) and Forestus (1653), the consultations of Hoffman (1734), and the Scotch medical essays (1746).

"Heister (1739), Turner (1741), and Sharp (1739) are all the chirurgical books he will want."

He should read the lives of physicians, to learn the right method of address to patients, and finally the ancient Greek and Latin medical writers, Hippocrates, Celsus, Scribonius Largus, Soranus, Dioscorides ("he will find," says Heberden, "the reading of Dioscorides go off very heavily"), Rufus of Ephesus, Xenocrates, Aretæus, Cœlius Aurelianus, Galen, Vindiceanus, Theodorus Priscianus, Marcellus, Oribasius, Ætius, Alexander Trallianus, and Paulus Ægineta.

Such is the long and laborious course of reading advised by Dr. Heberden in 1752.

It may interest you to know what kind of examinations students intending to be physicians had to pass in the period when they studied the authors whom Heberden recommends. Dr. Munk, the late librarian of the College of Physicians, a man of much curious information about the fellows and licentiates of the College in past times, once gave me a manuscript account of such an examination which he had found in the diary of Dr. James Yonge, F.R.S., who was born in 1646 and died in 1721.

Mr. Yonge, after giving an account of his being elected

Fellow of the Royal Society at Gresham College, where he met Mr. Boyle, says:

"My Friend, Dr. Charleton carryed me to Sir Thomas Millington's the President of the Physician's Colledge, living in Lincoln Inn field, who he told me desired to see me. I wayted on him, and met a very kind reception, and never saw in my life so genteel and civil an old Gentleman; he first gave me thanks for my defence of the Colledge agst Salmon, then entertained me with a very particular act of a stone cutt from him by a Dutch lithotomist, Cyprianus, after he was 70 years old, and as we were parting Dr. Charleton proposed to make me a Licentiate, and the President readily concurred. I told them I was licensed already by the Bishop of the Diocess, and so was safe; that it would be but a feather in my capp, would cost more money than worth, and that I was too old to be catechised. They Both sd my licens from the Bishop was nothing with theirs—that it was an Honour few obtained, and so no feather; and as to the catechising, they knew I could do that well enough, but however, for the sake of my modesty, the questions should be playn, and the cost should be lowest that ever was pd. I desired time to consider of it; they told me they would omit the fees of examination, but that the statutes obliged them to the contrary. Some days after I sent a letter to Dr. Charleton to acquaint him that would take their licence what day they pleased. 23rd of may was appointed at the President's House. At 4 o'clock they began, and held me to it till half past 5. When they had done they desired me to withdraw, and in 4 minutes called me in and told me they were satisfyed of my abillities, &c., and would give me their licence and testimonial, which they did in Parchment, sign'd and seal'd and writ in these words.

"Sciant omnes, nos Thomam Millington militem in medicina Doctorem, Præsidem Collegii Medicorum Londinensium, una cum consensu Gualteri Charleton, Samuelis Collins et Richardi Torlesse Collegii Sociorum et electorum, auctoritate nobis a Domino Rege et Parliamento concessa, examinasse et approbasse, vicessimo tertio die Maii Anno Domini Millessimo septingentessimo secundo, Doctum et probum virum Jacobum Yonge de Plymouth in comitatu Devon, bene in Praxi medicinæ exercitatum, eumque dignum judicamus, qui admittatur ad Praxin Medicinæ extra urbem Londini et circum circa septem miliaria, juxta formum statutorum ad hoc editorum in cujus rei fidem et testimonium sigilla nostra apposuimus et nomina adscripsimus, datum Londini in Collegio nostro die mense et anno supra dictis:

"Tho. Millington, Præses. O
Gualt. Charleton O
Sam. Collins O
Richd. Torlesse O
Thos. Gill, Registrarius. O

"They told me it was in the most ample form they ever gave, I payd them each a Guinea, and the other fees were to the Treasurer, £ 6 8—Beadle 3 4—The Licence 10—Stamp, 3—Porter, 5—College Treasurer, 5 Guineas—in all £11 15s. 6d.

"In the examination the President began, and his question was the history of nutrition from mastication; I gave it him in short, viz. that the meat chewd was concocted in the stomach, and the chile of it suckt in or insinuated itself to the lacteal veyns, by them convey'd to the Receptaculum chili, thence in the left subclavian by the Ductus Thoracicus, and circulating with the Blood was by it assimilated; that the most spirity part of this mass convey'd by the arteryes, was thro' the Brain sepparated and streyn'd into the nerves, and was the liquor which we call the succus nervosus, and this was the immediate matter of all nutrition; the Blood could not be it, for that circulated and never extravas but in the Brain, whereas the nervos liquor never returned, but by the terminations of the nerves was deposited in the several parts for nourishment and growth. He asked how the stomach was made to chilify. I told him by a particular condiment of its own, but chiefly to the juices and saliva which the meat was imbued with out of the Glands and spitting Ductuses of the mouth and throat.

"Then he ask'd me how the vices of those juices was to be rectifyed when distempered; I told him by remedying the causes which might be various, as Cachexy, Obstructions, or too great profluence, and that in all of them I thought Chalybeats a great remedy. Then he askt me what diseases the stomach was most incident to. I told him cardialgia, dolor, nausea, &c. He enquired what Remedyes were best for Indigestion or defect of concoction; I told him all the Bitters, some fine preparations of steel, spices, and some specifiques, Tinct. Sal, Tartar, Sal Vol., Ol. Elix. propriet, &c. &c. He then askt how vomits operated; I told him by contracting the various fibres of the coats of the Stomach according to the notion of Dr. Willis. He told me that was much disputed, and that some were of opinion that vomiting was caused by squeezing the stomach between the Diaphragm and muscles of the belly. I presumed presently to reply that that motion of squeezing must be begot by a contraction of those muscles, and that then the operation of the antimony or whatever emetic was given must be made on those parts, which seemed impossible, but that a greater objection was that before vomiting, or any pressure, the stomach was always very sick, and the Midriff nor Belly at all concerned: on this occasion the Doctors fell into dispute among themselves for above a quarter of an hour on that notion.

"Then Dr. Charleton spoke and began his examination with this Compliment, that if the statutes of the Colledge did not oblige him to it, he would ask me no questions, being so well assured of my abillitys; but since I can't avoid it, said he, and that Mr. President hath put you on the History of nutrition, tell me of what use the circulation

of the Blood was. I told him that it was the common opinion to convey heat and life to the parts, but I thought there were many other benefits by it—viz. to propel that part which made the succus nervosus, or succus nutritius, to maintain its fluidity and hinder its putrefaction, and many more. He then askt me what was the effect of want of circulating of the Blood. I told him if it was total, it was Death of the whole Microcosm—if partial, then a mortification of that part. He askt me what difference was between a Gangren and a Sphacelus. I told him one was sideration of all the parts not curable but by amputation, the other of the fleshy parts and otherwise to be cured. He then askt me the method of curing Gangren without amputation. I told him at large which I shall not write, being too common. He askt me if we reckoned Gangrens among Tumors or Ulcers. I told him they were sometimes both--sometimes neither. They all seemed to look up upon me at that, which I observed and went on, mortifications do sometimes arise, on phlegmons Ecchymosis, &c., and sometimes by affluence of a venomous or critical humor, and so beget a tumor or mortification, that sometimes vesicat and break out into dead ulcers, but sometimes a Gangren was so far from being tumor or ulcer, that the part did shrink and the skinn keep whole and this we called Gangrena sicca.

"They seemed pleased with this; then the Doctor askt what the cause and cure of a Sciatica was. I told him the causes were various—many times, Scrophulous, &c., and that the Remedyes were to be accordingly—hat in general cautery Epispasticks, Fontanelles, internall anodynes, external, external corroborators, and nervous applications were to be used.

"Then Dr. Collins, a grim, sower old man, stood up, and with less civility than the President or Dr. Charleton, askt me the cause of the Heart's motion. I told him I thought it was known to none but him that made it. He askt me then if it were one muscle or more. I told him I was not provided nicely to answer that question, but I thought if it were not more than one, that must have different motions and might be a double Belly'd muscle. He then askt me how the heart moved, whither by a motion like other muscles, or a distension from the Belly. I said I thought the latter, because, like most other muscles, it had not a basis or solid part on which its head and tayl was fixed. Dr. Gill said, yes the Heart is fastened to the Back bone at the head. Then he askt me what the difference was between Syncope, Tremor, and Palpitation, or rather Abolitus, Tubolitus, and one Litus more, the which I forget. I told him I thought it to be 3 degrees of Defect in the Heart's motion—but, sir, said I, finding him so hard and earnest upon me, I came here to pass examination for a licence to practice Physic, and I thought the subject would have been wholly practical, but you are all upon Theoryes and anatomicall difficultyes, as if I stood here for a Doctors degree or to be chosen Fellow Censor or President of the Colledge. The old snarler then with a more placid face said, putting his hand on my shoulder, Mr. Yonge ought to be askt no vulgar questions, and so sat down. Dr. Torlesse then sayd, you have been long examining and answer so well that I shall ask you but a short question or two wholly practical; pray when a Pleurisy empyemates, how do you know when to make a Paracentesis, where do you make it, and when do you use injections; and if you do, of what nature are they? This was spoken in so civill a manner that I made him obeysance. I told him that I was sure Empyemas have been cured without opening the Breast, that the precise time of doing it was uncertain. But, said he, what signes have you when it's to be done? I answered sometimes the matter extruded the Flesh. He took me off from that; Sir, sayd he, when concoction is made, the pain and heat ceaseth as in other Apostumations. Then, bowing, I told him the place was to be as near the Diaphragm as possible, and that was commonly between the fourth and fifth ribs; that injections was to be used, and their nature Balsamous. He quickly said pectoral and vulnerary, and I as quickly replied all Balsamous things are both. Then he said he had done with me. There was something transitorily said of the cause or cure of a Diabetes. I observed the Register, Dr. Gill, who was bread a Surgeon, askt no questions, but took minutes on a paper which Dr. Charleton took up and lookt on as I went out after examination. I must not omit that the President urged me to sitt at my examination, but I, having been told that it was not usuall, persisted to refuse it, only kept one hand on the back of his chair, I standing between him and Dr. Collins.

"When I received their Licence, they all complimented me and made me sit down among them, at which time my friend Dr. Goodall came in. We sat 2 hours drinking good ale and clarret, and talking sometimes of news, sometimes of art. I discoursed Dr. Charleton on Fermentation and Diuretics, Dr. Gill on Cancers (I being 6 days before called to a Lady with a cancerous Breast, his Patient). I talkd with all the boldness and freedom I could, on purpose to let them see all I could to my advantage. Gill is a good Physician, but a great Opiniator, Positive and impatient of contradiction: but sweeter men than the President and Dr. Torlesse I never met; the former is a man long famous for learning, and twenty years since, when I first saw him at Mr. Hobbes', was accounted the genteelest Physician in England, and had the same reputation at the University. Charleton's age, hard study, and misfortunes hath somewhat sowered him; he was now 82 years old, yet strong and healthy, a genteel man in his behaviour, full of compliments, and was the civiller to me in grattitude to the like I shewed him at Plymouth 9 years since, when going over to Jersey bad weather drove and detained him here; and I do not a little value myself on his carracter, who is one of the greatest schollars in the world.

"In the year 1700, writing to Mr. Ellice of Totnes, he mentions me in these words, the original of which is fastened to the Title page of his anatomical prælections: 'If any occasion call you to Plymouth, pray oblige me by recommending my love of and devotion to Mr. Young, who, for his great learning, constant fidelity to his true Prince, singular humanity to all men, and generous treatment of me, a stranger, deserves to be loved and honored by all men. Adieu.' And after my return from this journey he sent me a letter from Tunbridge, dated July 25th, full of the same kind expressions, adjuring me to command him on all occasions, and assuring me that the President and Censors were all my cordial friends, which letter lyeth in the front of the said Book. Dr. Collins is very old and rustick; he was well pleased with my discourse after the examination, and when we parted wisht me happyness in my Practice and all things else, and advised me to consult his Book. I told him I met it at Mr. Elliots, while I attend him at his house, and had bestowed time on it, and next opportunity would do more. All brought me to Dore and gave me their Benediction, especially Dr. Charleton."

The general object of Dr. Heberden's proposed course of reading was that the student should bring to the bedside a well-trained mind, full of all that was known in medicine, and his own example shows that he considered these book-studies should be followed by close, exact, and lifelong observation of disease. It is interesting to consider why he advises so much reading of both ancient and modern authors. If you study his *Commentaries* on disease, you will see that his bedside knowledge and his attention to that sort of observation is not exceeded by that of any physician of our time. The reason why he spent so much time in the world of books is explained by the history of medical study.

Hippocrates, in the fifth century before our era, and his followers, held that the chief source of knowledge in medicine was the observation of patients. He and his scholars tried to learn the nature, the course, and the treatment of disease at the bedside. They were at home in the world of books, and were the intellectual associates of the philosophers, and men of letters, and statesmen of their time, but it was from Nature that they tried to learn medicine.

Galen, in the second century of our era, himself a clinical and pathological observer of the first order, was filled with admiration for the true natural knowledge of medicine shown in the Hippocratic writings. He understood their object and followed their method; yet his works, containing the full exposition, discussion, and praise of the Hippocratic writings, had the effect of elevating Hippocrates from a great example of how medicine ought to be studied into a supposed infallible authority on the subject.

With the overthrow of the Roman Empire, Greek, which was the language of science in Rome, became almost unknown in the West. Learned men in France and England sometimes knew the Greek letters, some of them could write the Lord's Prayer in Greek, and had a vague acquaintance with a few Greek words, such as is shown in this verse, written, perhaps, at the end of the seventh century:

Notologicus est gibra,
Et obtalmus ut talpha,
Non agens Dei mandata.

[Deaf is a man,
And blind as a mole,
Who does not follow God's commands.]

Most of the learned had heard of Greek, of Hebrew, and of Arabic, but they had read few books except Latin ones.

Thus, through the Latin translations of his works, Galen, with the parts of Hippocrates contained in his books, became the supreme authority in medicine. To deny such authority seemed, then, impossible; to add to such comprehensive learning a hopeless task. Commentary was the sole employment left, and it is to the credit of these devoted commentators that they now and then did almost unintentionally write down also a few observations which they had made from Nature. Such, even under every disadvantage, is the enlightening force of the study of medicine.

Greek learning at last reappeared in Western Europe. At the time of the battle of Agincourt there were a few men in Italy who knew something of Greek books, and by the end of the fifteenth century Greek literature was again open to the world, and became the study of physicians in common with the rest of the learned world. The truth to nature of the pure Hippocratic writings and of Galen's books struck every one who studied them. To read them became the way to acquire the grounds of medicine. This reading brought men at once to the bedside to learn about disease as Hippocrates and Galen had learnt. It was soon found how much of the knowledge of disease remained untouched by the Greeks, and thus, having learnt from the ancients how to study medicine, men gave more and more of their time to bedside observation, and to autopsies, and less to books. They put in practice what they now knew was the true method of learning about disease. They were sure with Harvey that "*αὐτοψία* non mentis agitatio" was what would reveal truth.

But as this method of observation had sprung from the study of Greek books, for a long time students gave more time to books than they do now. Such is always the influence of predecessors on every age, even when ideas are changing, and even when different habits of mind have been well established.

I hope I have made clear to you why Dr. Heberden, exact and untiring observer as he was, advised Erasmus Darwin and his other hearers to read so many and some such old books.

In these lectures I shall try to found my assertions on what I have seen and you can see in the wards and post-mortem room of this hospital. I shall try to enable you to see with enlightened eyes all that can be seen in them, and so to found for each of you that continuous, life long study of

medicine, without which no man ought to practice it. When you have marked the vastness of the study and its innumerable aspects, you will see that your own observations may be enlarged and made more thorough and more useful to you by the study in books of the observations of men who have pursued the same study before. Every book written by a real student of medicine is worth reading if you know enough medicine to profit by it. Therefore, all through life read as much as you can. Enter the subject by the way of observation, and reading will increase your power of observation.

Pursued in this way, medicine is not only a professional study, it is a branch of learning surpassed by none in its power of improving every part of the mind. It is a study to which a man must give his life, and the more thoroughly he does so the more will he feel that, both as regards himself and others, his life is worthily spent.

Some Clinical Aspects of Children's Diseases.

An Address delivered before the Abernethian Society, November 9th, 1899,

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NO doubt you all know the story of the man who, when asked as to the progress of his medical studies, replied that he thought that he was already capable of curing a child.

I have no fear that any member of my present audience fails to appreciate to the full the absurdity of this answer, but I hope, nevertheless, that you will pardon me if I devote the time at my disposal this evening to the attempt to point out why the study of children's diseases is rightly regarded as a special branch of medicine; if I endeavour to impress upon you the importance of neglecting no opportunity of carefully observing the many sick children who come under your notice in the wards and out-patient rooms of a great general hospital such as this, and if I call your attention to some of the special difficulties which are encountered in the study of such cases.

Those of you who enter upon general practice will find that a large proportion of the patients whom you are called upon to treat will be children, and a knowledge of the maladies to which they are liable will enable you to be the means of sparing much suffering to a class of patients who cannot fail to appeal strongly to your sympathies, and whose diseases cannot be ascribed to any fault of their own, but are too frequently attributable to the ignorance and even the neglect of their elders. Moreover, the diseases of children are often of very great clinical interest, and they offer for solution problems of no little complexity, which may tax to the utmost the diagnostic faculties. Again, to take an altogether lower standpoint, success in the treatment of sick children is no mean portal to success in practice generally.

I do not propose to dwell at any length upon the minor difficulties which are met with in the medical examination of children, and which are simply due to the peculiarities of child nature, and the failure of our little patients to appreciate the efforts which we are making on their behalf. Such difficulties may almost always be overcome by the exercise of tact and patience. Above all avoid frightening your patient. A short time spent in making friends before the examination is begun is not wasted, and often makes all the difference.

It is often a good plan to examine the back of a young child as it sits upon its mother's or its nurse's knee, or is held in her arms, before attempting to examine the front of the chest. In this way one may often learn much that one wishes to know before the patient realises what is going on, and has his apprehensions aroused.

More serious difficulties arise from the inability of young children to describe what they feel, and from the unwillingness of older children to answer questions; but in most instances the history supplied by the mother, and the results of physical examination, supply sufficient material for the construction of a diagnosis.

If you study a large number of sick children, you will find that their maladies fall, for the most part, into a small number of main categories.

The largest group is formed by the diseases which are of microbic origin. It is an obvious fact that the tissues of children offer a specially favourable soil for the development of many bacteria. Hence the special liability of children to the exanthemata and other infectious disorders, although their comparative infrequency in adults is doubtless in large measure due to immunity acquired during childhood. But the infectious diseases are far from constituting the entire group under discussion, the boundaries of which are still undefined, and will doubtless be extended as bacteriology gains still further triumphs. We may certainly include in it tubercle, with its many manifestations, which is responsible for so large a share of deaths in childhood, and also empyema, gastro-enteritis, and broncho-pneumonia. It is widely held that infantile paralysis may be added to the list, and rheumatism is now by many believed to be an infective malady. If this be a correct view of its pathology, we must so extend the boundaries as to include the cardiac manifestations and sequelæ of rheumatism, which occupy so prominent a position among the diseases of children.

In a second group may be classed the disorders which result from errors of diet both negative and positive. There may be withheld from the growing organism constituents of diet which are essential to its proper nutrition and to the development of the tissues, or substances may be introduced into the alimentary canal which are not only useless as foods, but are actually deleterious in their effects. Both classes of errors probably contribute to the production of rickets; but do not forget that rickets is not simply a food disease, and that other factors, maternal and hygienic, have a share in its causation. Infantile scurvy may be quoted as a disease resulting from dietary errors of a negative kind; whereas some forms of diarrhœa and alcoholic cirrhosis of the liver result from deleterious articles of diet.

A far more restricted group embraces congenital malformations and their results. Many minor abnormalities are quite compatible with long and vigorous life; extreme malformations do not permit of survival. Between these extremes is a class of defects, of which many forms of congenital heart disease offer examples, which may allow of survival, but when they do not themselves ultimately prove fatal, may render the patient liable to succumb to intercurrent disorders which would have no serious effects upon normal children.

Lastly, there is a small group of maladies, rarely met with, which tend to attack several members of a family, and are apt to develop in early life. Of these, pseudo-hypertrophic paralysis and hæmophilia may be selected as examples.

Let us now consider for a moment the diseases which do not occur in childhood, or which are so rarely seen in children that very strong evidence is required to establish their diagnosis. Prominent among these are the diseases of the degenerative period. Chronic interstitial nephritis and its attendant cardio-vascular changes fall under this head, but even granular kidneys have been met with in rare instances in quite young children. Aneurysm is, as far as I am aware, unknown in children, except it be of the embolic or traumatic varieties.

Gout does occasionally appear in very young subjects, who are almost always the offspring of very gouty parents. In hospital practice I have never met with it. I *have* seen a schoolboy who was said to suffer from definite attacks of gout in the great toe joints, but I did not see him during an attack. Rheumatoid arthritis of the generalised type is far less rare, but it is open to question how far the so-called rheumatoid arthritis of children is identical with that of adults; and even among adults there are probably several distinct conditions included under this heading.

Diabetes is very uncommon in young children, as also are leucocythæmia, Addison's disease, and exophthalmic goitre. Carcinoma is almost unknown, but sarcomata, and especially renal sarcomata, occur in very early life. Indeed, sarcoma of the kidney is more frequently met with in children than in adults.

This brings me to the first point which I specially desire to emphasise, viz, the necessity of acquiring a knowledge of certain diseases which are either peculiar to childhood, or are much more commonly met with in children than in adult patients.

There is even a group of maladies which are only met with in newly-born infants, such as *icterus neonatorum*, and the remarkable affection known as *sclerema neonatorum*, which is characterised by a peculiar induration of the integument, and in severe cases by a phenomenal lowering of the body temperature. This affection is much commoner in some Continental countries than in our own, but in its slighter forms, which tend to recovery, it is not very rare in London.

A little later develop the early manifestations of congenital syphilis, the early recognition and prompt treatment of which are matters of extreme importance. Rickets, too, begins to appear in the early months of life, and runs its course in early childhood, although it may leave behind it deformities which persist through life. Of infantile scurvy I shall have occasion to say something later on.

Infantile paralysis is an important disease of childhood, and one should be able to recognise such rare maladies as pseudo-hypertrophic paralysis and the allied myopathies, and Friedreich's hereditary ataxia, which also commence in early life. Then there are certain traumatic conditions connected with birth, such as the congenital spastic paralyses, paralysis of the arm from injury to the brachial plexus, and hæmatoma of the sterno-mastoid muscle.

I must not omit to mention intussusception,—one of the gravest accidents of early life,—hydrocephalus, and the chronic post-basal meningitis of Gee and Barlow, which is usually characterised by pronounced retraction of the head, and may even produce such extreme opisthotonos that the occiput comes in contact with the buttocks. This disease has been recently shown by Still to be due to infection with a diplococcus.

This list includes only a few of the maladies which are more specially met with in children, but enough has been said to show that the pathology of early life is a somewhat wide subject.

The second point to which I specially desire to direct your attention is the different forms which some diseases assume in childhood and in adult life respectively. An excellent example of such differences is afforded by rheumatism, and it will be worth while to dwell for a few minutes upon this subject.

Do not forget that rheumatism is not merely a disease of the joints with visceral and other complications, but is a constitutional malady of which an acute arthritis, of a peculiarly transitory character, is a prominent manifestation—prominent in adult life, that is to say, for in children arthritis is often one of the least conspicuous of the phenomena of the disease, and in some of the gravest cases is practically absent. Acute rheumatic arthritis assumes increased prominence as age advances, and in patients over thirty is, with fever, as a rule the only manifestation.

The reverse is true of the cardiac lesions, and it is not going too far to say that in childhood endo- and pericarditis are the chief local signs of the disease, and that as age advances the liability to implication of the heart steadily decreases, until in patients over thirty it is very slight indeed. This is why we so often fail to obtain a clear rheumatic history in cases of chronic cardiac disease which appear to be almost certainly of rheumatic origin. The initial attack may have had none of those features which lay minds are apt to associate with the name, for there is no question that for the laity rheumatism connotes pains, in so far as it connotes anything at all definite.

On the other hand, there are certain ab-articular manifestations of rheumatism which are common in childhood, but are comparatively rare in adult life, and are practically unknown in and after middle life.

Chorea is one of these, and believing that the phenomena of rheumatism are best explained on the supposition that it is a zymotic disease, I strongly suspect that chorea is due to one of the toxic products produced by the micro-organism, and that it stands to acute rheumatism in somewhat the same relation as that of diphtheritic paralysis to diphtheria. That chorea is, in the great majority of cases, of rheumatic origin seems hardly doubtful; that it is invariably of such origin we are not justified in assuming.

Rheumatic subcutaneous nodules are seldom met with, except in children; they develop and disappear, often with remarkable rapidity, and according to the most recent investigations they appear to be rather deposits of lymph in the fibrous tissues than actual fibrous growths as was formerly supposed. Even when large and conspicuous during life, they are often not easy to find *post mortem*. Their numbers vary greatly; there may be only two or three, or they may occupy almost every bony prominence in the body.

The varieties of erythema polymorphe are not very uncommon accompaniments of acute rheumatism in young adults, but in children they much more frequently form part of the symptom-complex.

In the rheumatism of children we meet with all possible groupings of these various manifestations of the disease. In one case we may have the association of cardiac lesions, chorea and nodules, without articular pains, in another erythema and arthritis, and sometimes we see the entire series developed in succession in the same patient. In one case which I have seen, and which was recorded by the late Dr. Hadden, typical subcutaneous nodules were for some time the only obvious manifestations of rheumatism.

It is remarkable over how long a period evidences of the activity of the rheumatic process may extend, and rheumatic nodules may continue to develop in successive crops so that the patient is never free from them for years together.

Enough has been said to show you that rheumatism is apt to present a very different appearance in children from the ordinary rheumatic fever of adults; but in order to avoid giving a false impression, let me add that in a considerable number of cases children suffer from articular pains and swelling, with febrile disturbance and nothing further—in a word, from acute rheumatism of a quite ordinary type.

I may further illustrate my present thesis by the example of infantile scurvy, usually known as scurvy rickets, and in Germany as Barlow's disease.

In this country this is now-a-days the commoner form of scurvy, although itself a somewhat rare condition. The signs of rickets are practically always present in scorbutic infants to a greater or less degree, as is only to be expected, seeing that scurvy is due to grave errors of diet; and there are present in addition a well-defined group of scorbutic symptoms, viz. spongy purple gums, pains in the limbs which cause the child to scream when it is moved, or even from apprehension of being moved, and as a characteristic lesion of this form of scurvy, subperiosteal hæmorrhages producing swellings over the long-bones.

The affection of the gums is seen in the neighbourhood of the teeth, and if the teeth have not yet been cut, will be entirely absent. Its absence renders the diagnosis less easy, as we have to rely upon the general tenderness and the periosteal swellings, taken in conjunction with erroneous feeding. Indeed, in some cases, which are in all probability slight and early examples of scurvy rickets, the general tenderness is the only diagnostic sign, and such tenderness has been described as a symptom of rickets itself. Such cases are usually quickly cured by antiscorbutic diet.

The worst cases of scurvy rickets occur in children entirely deprived of milk; but almost any treatment of milk, and even mere sterilisation, deprives it to some extent of its antiscorbutic properties, a fact which must be borne in mind in connection with the slighter forms of this disease.

The subperiosteal hæmorrhages are sometimes very extensive, and the distension of the periosteal sac with blood may even lead to the separation of the epiphyses of a long-bone. Again, ossification is apt to occur in the separated periosteum, so that the mass of blood-clot becomes enclosed in a bony case.

Tubercle, again, is apt to have a different distribution in children, and certain tubercular affections, such as meningitis and cerebral tumour, are far more common in childhood than in adult life.

We are apt to speak of tubercular meningitis as if it were an isolated tubercular lesion; but if it be ever a primary lesion, such an occurrence is certainly very rare. I cannot recall any post-mortem examination which I have made on such a case in which there was not a tubercular focus of some standing elsewhere in the body, but often enough the only evidence of the older trouble is caseation of one or more of the bronchial glands. It is often stated that in young children the usual point of entry of the tubercular infection is the alimentary canal, but at the recent meeting of the British Medical Association several speakers maintained that this is not the case. What I have seen when making post-mortem examinations in this hospital leads me to take my stand with those who hold that, even in early childhood, the channel of tuberculous infection is in the great majority of instances the respiratory tract; and even when, as is often the case, the lungs escape, the bronchial glands are far more often the seats of caseation than are the glands of the abdomen. On the other hand, tubercular peritonitis is certainly commoner in childhood than in adult life.

The next subject upon which I propose to touch is the different significance of many symptoms when observed in children and in adults respectively.

I might select œdema as an example in point, and call your attention to the œdema which is often met with in children who are in the last stages of such grave disorders as tuberculosis; to that which sometimes accompanies infantile diarrhœa, and may extend

over the entire trunk; to the œdema associated with urticaria, and so on, but I prefer to take paralysis of limbs as my chief example.

In considering the paralytic affections of children, it is necessary, in the first place, to exclude certain pseudo-paralytic affections of infants, in which the immobility of the limbs is simply due to the pain which results from movement. The mothers of children with scurvy rickets, or with syphilitic epiphysitis, will often tell you that their infants have lost the use of their limbs, when the truth is that they greatly prefer not to move them.

In diagnosing the case of a child who is wholly or partially paralysed, the conditions which will pass through your mind are these:—Infantile paralysis, which is usually easily recognised by its distribution, and by the condition of the affected limbs; diphtheritic paralysis, which may develop after a sore throat which has attracted little or no attention, and in which the affection of the soft palate and the ocular phenomena, such as loss of accommodation, will be your chief guide; the paralytic form of chorea, in which the movements are very slight and the loss of power conspicuous, and which may assume a hemiplegic distribution; and the various types of spastic paralysis which call for some special notice.

Other varieties which call for mention are hysterical paralysis (and hysteria is by no means rare in children and may assume puzzling and bizarre forms), embolic hemiplegia associated with valvular heart disease, the paraplegia which results from Pott's disease of the spine, and paralyses due to cerebral tumours or meningitis.

Hemiplegia in children may result from lesions of various kinds, and may be of any degree from complete loss of power to a slight paresis which is only revealed by a dragging of the affected leg and an inability to pick up a small object such as a pin. I have already alluded to embolic hemiplegia and to the paralytic form of hemichorea. Infantile paralysis may affect the arm and leg of the same side but the face escapes, and you are not likely to mistake it for true hemiplegia.

Hemiplegia of gradual onset may result from a cerebral tumour, but since the commonest intra-cranial tumours are the tubercular, and their commonest seat is the cerebellum, hemiplegia in children does not very often result from this cause.

There are two forms of hemiplegia in children which are commoner than the others, and are therefore of special importance. One of these is congenital spastic hemiplegia, and the other is best described as the hemiplegia of sudden onset of early childhood.

Congenital spastic hemiplegia is identical in its nature with the other forms of congenital spastic paralysis, such as spastic diplegia or double hemiplegia, and the form in which the legs alone suffer, but which, although a paraplegia, is of cerebral and not of spinal origin.

Such paralyses are usually first noticed when the time comes for the child to begin to walk, and conspicuous rigidity of the limbs, often leading to cross-legged progression, ere long develops. They are almost certainly due to meningeal hæmorrhage at birth, and according to the extent of the hæmorrhage the paralysis is unilateral or bilateral. This view of their pathology is based upon the facts that meningeal hæmorrhages certainly do occur at birth, and that the children who exhibit spastic paralyses are very frequently first children, or infants whose birth has taken place under just such conditions of special difficulty as might be expected to cause meningeal hæmorrhages. If, however, the patient survives long enough for the development of definite spastic paralysis, he usually survives until all traces of the hæmorrhagic lesion have been obliterated, and sclerosis of the motor convolutions is the usual lesion found *post mortem* in such cases. Such children present, as a rule, a greater or less degree of mental deficiency.

The hemiplegia of sudden onset usually comes on after the child has already learned to walk. Its onset is, as a rule, attended by convulsions, and often by a more or less prolonged period of unconscious ness. It is believed that in such cases the lesion present is thrombosis of cortical vessels, but Strümpell suggested that it might be an inflammatory lesion of the cortical grey matter of the brain, a polioencephalitis, similar in its nature to the familiar polio-myelitis.

Another symptom which serves to illustrate the different significance of certain symptoms in children and adults is anæmia. In children pernicious anæmia is unknown, chlorosis of the ordinary type is not developed, at least in early childhood, and leucocythæmia is decidedly uncommon; but we meet with at least two well-marked varieties of anæmia, namely that which occurs in rickety children with moderate splenic and hepatic enlargement, and the so-called splenic anæmia, in which great enlargement of the spleen is a conspicuous feature, and the pathology of which is still but little understood.

One other example may be selected to illustrate this thesis. Hæmorrhage from the bowel, usually slight, is often seen in cases of infantile diarrhœa, or in connection with prolapse of the rectum. The passage of blood-stained mucus is a most important symptom of intussusception of the bowel; but in older children the passage of bright blood in the stools is not uncommon, apart from any obvious deviation from health, and in not a few instances it is traced, on examination, to the presence of a rectal polypus, the removal of which effects a cure. On one occasion the mother of one of my out-patients brought with her a blood stained motion, in which was found such a polypus, passed spontaneously after rupture of its narrow pedicle.

It is not necessary to do more than point out that the above are not the morbid conditions which would be suggested by the passage of blood-stained motions by an adult.

Lastly, certain special diagnostic difficulties are encountered in examining children which are not easy to explain. For example, it is certainly more difficult to distinguish between consolidation of lung and pleural effusion in children than in adults. Anyone who has had experience bearing upon the point will recognise this difficulty; and the wider his experience, the less will he be prepared to pronounce a definite opinion in many cases.

There is hardly a physical sign of these conditions which may not be falsified in a child. Bronchial breathing affords no guidance in this matter, and one relies chiefly upon the character of the percussion note and of the sensation of resistance. Often the exploring needle alone answers the question; and if one be inclined to pride one's self upon one's acumen in making a correct diagnosis in a particular instance, one is as likely as not to prove completely wrong in the next case met with.

Still greater difficulty surrounds the diagnosis between empyema and serous effusion. In some cases the position or limitation of the effusion, or the patient's appearance strongly suggests an empyema; but if you are wise you will reserve your judgment until the exploring needle reveals the nature of the fluid.

Do not fall into the error of supposing that because an effusion has existed for some time in the chest of a child it is bound to be purulent. There is every reason to believe that an empyema is purulent from the first, unless infection has taken place from the exploring or aspirator needle.

Purulent pericarditis is another condition which presents special diagnostic difficulties. As a matter of fact, this affection is seldom diagnosed in children during life. This is not a question of distinguishing between serous and purulent effusions, but of recognising that a child with pus in its pericardium has pericarditis at all. Why this is so I am not prepared to say; but the fact remains, and one is sometimes inclined to suspect the presence of purulent pericarditis when a child is obviously acutely ill, but no adequate cause can be detected which will account for its condition.

Even at the risk of exhausting your patience, I cannot forbear saying a few words in conclusion on the subject of treatment.

Do not forget the important part which diet plays in the treatment of sick children. Many such children require no medicinal treatment at all, but will rapidly recover if fed in an intelligent manner. Much may be done by the selection of suitable foods, by the avoidance of starchy foods at a too early age, and by the substitution for them of some of the well-known malted preparations. The use of artificially digested food for not too long a period is often of the greatest service where the powers of assimilation are defective. Where there is any suggestion of a scorbutic tendency, orange juice and raw meat juice are most valuable adjuncts to fresh milk.

Do not forget that milk, and especially human milk, is the correct diet for infants of tender age. When cow's milk is employed, it must be diluted; and its liability to form massive curds in the infant's stomach is largely prevented by dilution with barley-water or lime-water. Remember, too, that in subjecting milk to boiling or to sterilisation, we are choosing the lesser of two evils; in avoiding the well-known dangers of infection from unboiled milk we are sacrificing some of its antiscorbutic properties.

Fresh air and change of air are potent weapons in the treatment of children. Even in London children should get out as much as possible when the weather permits, and a change into the country or to the sea-side is often a therapeutic measure of the highest value.

Do not neglect the important matter of clothing; and in the clothing of many children—and not only those of the poorer classes—you will find abundant matter for criticism. The clothing should be of good materials, adequately warm, but adapted to the season, and uniformly distributed over the body and limbs. This last requirement is especially apt to be neglected.

When you prescribe medicine for children, do not omit to make it as palatable as possible. A child will not value your medicine more because it is nasty, as some adults would seem to do; and if it be too nasty, the chances are that but little of your physic will find its way into your patient's stomach.

Remember, too, that children are particularly sensitive to certain drugs. Opium is an important case in point. On the other hand, they are peculiarly tolerant of belladonna. Some children, as also some adults, develop drug rashes with extreme facility. The worst bromide rash I ever saw was in a child who had only taken 60 grains of bromide of potassium in its life. The rash has left scars which will persist through life.

I am very conscious that I had set before myself this evening an impossible task in attempting to touch, in so short a time, upon even a few of the clinical aspects of children's diseases, but I shall not have wholly failed in my object if I have been able to bring home to any of you the importance of the subject which I have tried to sketch, and have succeeded in awaking in some of you a desire to look further into what I would venture to call a most fascinating branch of clinical medicine.

Notes from the Surgical Out-patient Room.

By H. J. PATERSON, M.B., F.R.C.S.

III.—SYPHILIS SIMULATING "RHEUMATISM."

DURING the secondary stage of syphilis, it is common for patients to suffer from pains in various bones—the so-called osteocopic pains; these, however, are transitory in nature, and rarely accompanied by definite nodes. Their true nature is readily recognised by the co-existence of other manifestations of secondary syphilis. During this period "rheumatoid" pains are not unusual, and occasionally are severe. During the tertiary stage of syphilitic disease, it must be rare to get such pains present without early evidence of periostitis or the formation of nodes. In the case related, not only was there considerable pain, apparently rheumatoid in origin, before the discovery of any bony lesion, but it existed for a considerable interval before its true nature was discovered.

A man æt. 26 complained of pain about the left elbow-joint and in the left forearm. He stated that the pain was considerable at times, and especially at night. No swelling of the joint could be detected, although there was some tenderness on movement. There was no swelling or tenderness along the course of the ulna or radius. The pain was thought to be rheumatic in origin. He underwent appropriate treatment in the Medical department without apparent benefit. After six weeks a small nodule was noticed on the subcutaneous aspect of the ulna two inches from the olecranon. This, of course, was not inconsistent with the diagnosis of rheumatism. Four weeks later the nodule began to increase more rapidly in size. Shortly afterwards a boggy swelling, suggesting a gumma, appeared in the upper part of the forearm. This quickly broke down, leaving a typical gummatous ulcer on the front aspect of the forearm. Through the base of the ulcer a probe could be passed down to the periosteum of the ulna. Two other smaller gummata appeared about the same time. He was put on mercury and iodide of potassium, and the ulcer began to heal up rapidly. No signs of previous manifestations of syphilis could be discovered, and there was absolutely no history of that disease obtainable.

The interest in this case lies in the fact that the pain preceded by a considerable interval any evidence of periosteal trouble, and there was nothing whatever in the first instance to suggest that the pain was syphilitic in origin; and, further, the case illustrates a point that has been already emphasised, namely, that in many cases of tertiary syphilis the primary and secondary stages have been so slight as to escape the patient's observation.

IV.—SYPHILIS RESEMBLING MALIGNANT DISEASE.

The following case, although the diagnosis was clear when the case was fully examined, is still of interest on account of the curious local condition which led the patient to come to the Hospital. This local condition, although due to syphilis, looked at alone strongly suggested a malignant growth.

A woman æt. 23 complained of a sore at the navel, from which there was a slight blood-stained discharge. On examination the recess of the umbilicus was found to be occupied by an indurated warty growth about the size of a sixpence. She stated that she had noticed it for about five months. There was some infiltration of the surrounding tissues, extending also apparently deeply into the abdominal wall. This induration rather suggested a carcinomatous growth, possibly secondary to some primary visceral growth, such a condition being not uncommon. In such cases the primary growth may be in the liver, or rectum, or other part of the alimentary tract. On proceeding to examine the rectum to exclude a primary growth in that site, the diagnosis was at once cleared up by the finding of a well-marked squamous syphilide surrounding the anus, and extending on to the buttocks. After some questioning the patient admitted exposure to contagion six months previously. Six weeks subsequent to this she "had spots all over," which gradually disappeared, except at the navel, where they persisted, the present condition gradually resulting. She was put on mercurial treatment, and in about one month the rash about the buttocks had entirely disappeared, while the condition about the navel was almost well.

This curious condition probably started as a simple squamous syphilide, which had persisted in the umbilical recess after the rash on the trunk had disappeared. The rash then became condylomatous owing to the moisture of the part, and finally had become inflamed and indurated. This induration persisting after the subsidence of the local inflammation gave rise to the characteristics presented by the case when first seen.

V.—SYPHILITIC EPIDIDYMITIS.

Syphilis affecting the testicle usually involves the body of that organ, the epididymis and cord being usually unaffected. According to Hutchinson, syphilitic disease of the testis is seldom seen in early secondary or later tertiary periods. It is, as a rule, an affection of the intermediate group of symptoms, like the so-called "palmar psoriasis" to which reference has already been made.

Generally speaking, it will be found that when both testes are involved, this affection succeeds the primary stage at no very long interval; while if only one organ is the seat of disease, several years may have elapsed since the time of infection. Occasionally, instead of the body of the testicle being involved, there is irregular enlargement of the epididymis, with or without nodular deposits. The true nature of this condition, when unilateral, is not always at first sight clear.

A man æt. 38 came to the out-patient room complaining of a tender swelling in the scrotum. On examination the right testicle was found enlarged to about the size of a small hen's egg. The

enlargement was almost entirely confined to the epididymis, the globus major being chiefly involved. The cord was thickened. There was some tenderness to touch. He had noticed the swelling about a week. This condition hardly suggested syphilis. The history was too short, the swelling was tender, there was practically no enlargement of the body of the testis, and the cord was involved. As regards syphilitic history, ten years previously the patient had had a sore on the penis, which had got quite well in less than a month, and was followed, so far as he was aware, by no secondary symptoms. The physical signs of the case rather suggested a urethral epididymitis, but there was no evidence that the patient had had gonorrhœa or other urethral discharge. There was no urethral stricture. The diagnosis was thus confined to either tubercle or syphilis. When seen two weeks later the diagnosis was clear. There was a considerable increase in the size of the swelling, while all tenderness had disappeared. The epididymis was more nodular and hard, and quite painless on firm pressure. The body of the testis was now enlarged, and there was increased fluid in the tunica vaginalis.

This proved then to be one of the cases where syphilitic disease of the testicle primarily involves the epididymis, instead of, as is usual, the body of the gland. The diagnosis in this case was made difficult at first by the fact that on the patient's first visit the swelling was tender and the cord involved. This was probably due to an accidental inflammation of the part, as it had entirely disappeared when the patient was seen subsequently.

(To be continued.)

Notes on Two Cases of the Successful Use of Antistreptococcic Serum.

By MARK R. TAYLOR, L.R.C.P., M.R.C.S.

CASE I.—Mrs. L—, widow, æt. 55. First seen on February 26th, 1898. Found her with a brawny swelling surrounding the whole neck, and completely filling up the hollow between the head and chest. Behind was a deep groove, marking the line of the vertebræ. Patient complained of intense pain and inability to move the head or open the mouth. Temp. 104·8°; pulse 105, with great collapse.

Patient is a very stout woman, with some aortic regurgitation, and at this time had just recovered from a severe attack of pleurisy, following influenza.

Dr. Norris, of this place, saw her with me, and agreed to the impossibility of diagnosing the cause of the condition in the absence of any local signs of softening or redness.

27th.—Swelling greater; no sign of redness or any soft spot; pain very intense. Temp. 104·2°. Injection of 5 c.c. of antistreptococcic serum.

28th.—Pain less; swelling generally softer; no fluctuation. Patient able to open mouth a little and move head slightly. Slept without opiate. Temp. 101·8°. Injection of 5 c.c. serum.

March 1st.—Swelling almost gone in front and at sides of neck. A dull red tender patch formed at right side behind. Temp. 99·6°. Injection of 5 c.c. serum.

2nd.—Skin giving way at red point; dark brown slough showing; general appearance of a carbuncle; no pain. Temp. 99°. Injection 5 c.c.

3rd.—Slough beginning to separate. Temp. normal. Injection of 5 c.c.

4th.—Slough almost gone, leaving hole about 1½ inches by ¾ inch. Injection of 5 c.c.

5th and onward.—Uninterrupted recovery. Able to walk downstairs in eight days from beginning of attack.

CASE II. Thomas M , labourer, æt. 60, had been to me at intervals for last two months for chronic purulent catarrh of left ear of many years' standing. No treatment did any good.

October 20th, 1899.—Sent for me. Found him in great pain in left ear; slight thick foul-smelling discharge; some relief on syringing. Opium and fomentations.

21st to 24th.—Gradual increase of pain and quantity of discharge, latter growing more and more offensive. Mastoid tender on tapping.

25th.—Tenderness to touch over mastoid; whole area red and swollen; ear bulged out; very profuse stinking discharge; pain intense; patient very ill. Temp. 103·4° (in evening).

26th.—Symptoms generally more acute. Temp. in morning 102·8°. Injection of 5 c.c. antistreptococcic serum.

27th.—Pain less; slept for first time for a week without opiate. The discharge less and thinner. Temp. 100°. Injection 5 c.c.

28th.—Very little pain. Swelling, redness, and tenderness all going. Discharge less, and less fœtid. Temp. 99·2°. Injection of 5 c.c.

29th.—Practically no pain or tenderness; discharge nearly inodorous and very slight. Temp. normal. Injection 5 c.c.

30th.—Improvement continued. Injection of 5 c.c.

November 10th.—No discharge; slight perforation, with healthy edges. Patient able to hear better than for months past.

There was a slight attack of urticaria about November 5th, five days after the last injection.

Comments.—In both cases the cessation of pain and rapid improvement in the general conditions were really marvellous.

In the first case Allen and Hanbury, and in the second Burroughs, Wellcome and Co., supplied the serum.

Owing to the expense of treating club patients at the rate of half-a-crown a dose, I only used half a dose—5 c.c.—at a time.

A very efficient syringe (at about one tenth the price of the special ones) can be made out of an ordinary glycerine syringe, a hypodermic needle, and a piece of rubber tubing.

Both cases were in small cottages, where it would have been most inconvenient to operate, and impossible to have had any proper nursing; so that the use of the serum seems to be likely to be particularly useful to country practitioners who are not within easy reach of any hospital.

Notes.

DR. W. D'ESTE EMERY, late Lawrence Student, has been appointed Assistant Surgeon to the Birmingham and Midland Skin and Urinary Hospital.

* * *

THE University of Durham has awarded the Stephen Scott Scholarship to P. E. Turner, M.B., B.S. (Dunelm), for his essay on Hypopyon.

* * *

MR. A. GRANVILLE has been elected a Vice President of the Abernethian Society in the place of Mr. W. T. Rowe.

* * *

A NEW edition of the Hospital Pharmacopœia is in progress, adapted to the changes made in the 1898 British Pharmacopœia.

* * *

THE Annual Exhibition of the Photographic Society will be held on Wednesday, December 6th. Hon. Sec., Mr. Hanbury.

* * *

DURING the past month Death has been busy amongst the ranks of old Bartholomew's men. On November 8th Dr. Reginald Southey, a former physician to the Hospital, breathed his last, after only a few days' illness. We hope to print a short memoir of Dr. Southey, from the pen of one of his former colleagues on the staff, next month.

* * *

ON October 18th we were saddened by the news of the

rather sudden death of Mr. F. H. Lewis, who succumbed on the fifth day of his illness to a bad attack of scarlet fever, at the London Fever Hospital, Hampstead Road.

Lewis was the son of a medical man. He was educated at Queen's College, Taunton, and came up to Bart.'s in 1885. After passing in physiology and anatomy at the Conjoint Board he proceeded to Cambridge, where he took his B.A. in 1891 with honours. He then returned to Bart.'s, and took the M.R.C.S., L.R.C.P. in 1892, and the M.B., B.C. in 1893. He was appointed house physician to Dr. Church, and subsequently held the posts of extern midwifery assistant and junior assistant chloroformist. This last-named appointment he held for two years, and then went to Vienna to study diseases of the ear, nose, and throat. He had previously been house surgeon to the Royal Victoria Hospital for Children at Brighton.

On returning from Vienna Lewis went to Brighton for a few months, but came back to town and became house surgeon to the Central Throat Hospital in Great Portland Street. He was working in this capacity at the time he contracted his fatal illness.

His loss will be much felt by his friends, and among that number may be reckoned all those who had the privilege of working either with him or under his supervision. He was very popular with his clerks whilst holding appointments at Bart.'s. He was kind and considerate to them, and, though willing enough to put them right when occasion demanded it, wished them to find out independently the secrets of the profession, especially that great one of showing consideration to poor patients.

In his social relations he was very happy, modest, and retiring. He showed great aptitude for music, being an excellent performer both on the violin and on the 'cello. His knowledge of human nature was considerable, and travel had made him a pleasant and broad-minded companion. His early death has removed one who would surely have risen to eminence in his profession.

* * *

THE gloom that fell over us on account of the above unexpected event became intensified on learning that another of Dr. Church's former house physicians had passed away. We refer to Mr. A. Woodward, who died of enteric fever in Madras early in October.

Arthur Woodward will be well remembered by many of the present students at St. Bartholomew's. During his student days he took a keen interest in the sports of the Hospital, and especially in Association football, at which he was an excellent player. His school work was not, however, neglected; and testimony is borne to the excellence of his work in the fact that soon after his qualifying, which he did in 1895, he was nominated house physician to Dr. Church. As a house physician he was very successful, both with the patients and among those who worked with him in the wards. He was subsequently house surgeon at the Metropolitan Hospital.

Recently he proceeded to India as a special plague officer, and was sent to Madras. There he was advanced rapidly, having at the time of his death part charge of the General Hospital at Madras.

One friend of his, who worked with him during the worst period of the plague, speaks of the dread he always had of contracting typhoid fever; and it is a melancholy fact that his sad end from typhoid justified his apprehensions.

His loss will be much regretted by all that knew him, both for his professional ability and for his good qualities as an excellent friend.

* * *

A FOURTH loss from our ranks came with the death of P. S. Kesteven, which took place on the Amazon recently.

* * *

WE publish some notes of a couple of cases "of the successful use of anti-streptococcic serum," which perhaps call for some comment. We could not help being struck with the fact that in each case there seemed to be indications for an older and usually very successful mode of treatment—surgical evacuation of the pus or septic matter. To have trusted to a doubtful and new mode of treatment when a more sure, and certainly more tried remedy was at hand appears somewhat strange. But we publish the cases because, until further observations of the kind are available, Mr. Taylor has, perhaps, as much right to regard the results as *propter hoc* as we have to suspect them to be merely *post hoc*.

* * *

IT is several years since the Lord Mayor's Show favoured West Smithfield with a sight of its pageantry. This year, however, we once more found ourselves *en route*. In consequence the Library windows were unscrewed and thrown open, that the fair friends of St. Bartholomew's men might be provided with "front seats." Similar use was made of the windows of the Physiological Laboratory. The roof of the Surgery and the adjoining parapet swarmed with eager students, who showed an intense desire to know the reason why any City functionary who chanced to pass in the procession failed to do obeisance to the City Hospital.

* * *

DID anyone during the past few years seek to know why the Library windows on the Smithfield side were firmly screwed and bolted, the librarian would "a tale unfold" that did little credit to the students who greeted the Lord Mayor on the occasion of his last passing the Hospital. This year can provide him with no such harrowing reminiscences. Nevertheless we believe that the man in the street was not altogether satisfied with the state of affairs, for we ourselves saw the Warden engaged later in earnest conversation with a certain gentleman whose function it is to preserve the peace. We *hear* he was trying to convince

that gentleman that a certain member of the surgical staff, whose name he had taken, was *not* a student, nor likely to have thrown coppers from the parapet at the crowd below. But this is only rumour.

* * *

NATIONAL ANTI-VIVISECTION HOSPITAL.

TRUSTEES.

The Dowager Countess of PORTSMOUTH.
Lord HATHERTON, C.M.G.
Viscount HARBERTON.
A. WALL, Esq., L.R.C.P., M.R.C.S.
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NO VIVISECTORS ON ITS STAFF.
NO VIVISECTION IN ITS SCHOOLS.
NO EXPERIMENTS ON THE POOR.

A Friend has promised £1000 if 10 sums of like amount are given, and Lord Hatherton has promised another £50 if 19 similar sums are given.

The Committee of the above Fund earnestly appeal for help for the Hospital which is about to be established.

Contributions thankfully received by Hon. Secretary, 32, Sackville Street, Piccadilly, W.

We have the magnanimity to insert this advertisement free of charge. "No vivisection in its schools" is distinctly good; we can almost guarantee that ourselves, seeing how more than remote is any possibility of the "schools." For the other two vetoes we pray as fervently as the most ardent anti-vivisector himself, only for quite other reasons: "no vivisectors on its staff" because—no staff; and "no experiments on the poor" because—no poor! And the motive of our prayer is simple; a staff declining to make use of knowledge gained by vivisection would be a sadly incompetent staff, and treatment of the poor on similarly ignorant lines would be fatally experimental.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

ST. BART.'S *v.* PARK HOUSE.

Played at Winchmore Hill on Saturday, October 21st, and resulted in a win for the Hospital by 2 goals and 1 try to *nil*. Owing to a fog, Park House did not turn up until very late, and consequently short time had to be played. Our opponents nearly scored twice in the first ten minutes, but after this our forwards asserted their superiority and worked the ball into the Park House "25." Thompson soon made a good run along the touch-line, and, when stopped, passed in to Tosswill, who scored behind the posts; O'Neill converted. Immediately after the kick out Wilson obtained the ball after some loose play, and ran in with a try, which was again converted. There was no more scoring up to half-time.

After the interval we did most of the pressing, but Godfray once very nearly scored, a disaster being averted by Marshall, who brought off a good collar. Towards the end Gillies picked up neatly in Park House "25," and, after a clever run, scored far out. O'Neill failed with the kick. Team:

St. Bart.'s.—E. S. Marshall (back), J. B. Gillies, H. W. James, T. Howell, H. W. Thompson (three-quarters); B. N. Ash, T. O'Neill (halves); H. C. Adams (captain), A. O'Neill, L. R. Tosswill, H. T. Wilson, A. R. Neligan, H. E. Graham, R. I. Douglas, H. W. Thomson (forwards).

ST. BART.'S *v.* R.N.C.

Played at Greenwich on Wednesday, October 25th, and resulted in a win for the Hospital by a goal and a try to a try. The play was of a distinctly ragged character, the chief feature of the game being the resolute tackling on both sides. After a quarter of an hour's desultory play, Howell got the ball from a "scrum," and dashed over. The try was converted by O'Neill. Our halves were frequently penalised for picking the ball out of the "scrum," but we think that this was mainly due to the off-side tactics of the opposing halves. Close on half-time Jolly scored in the corner after a good run. The attempt at goal failed. We all but scored again just before the whistle blew.

Soon after resuming, Ash, who was now playing half, eluded his opponents, and on reaching the back passed to O'Neill, who ran in, but failed to kick the goal. There was no further score. Jolly and Clayton played well for R.N.C., and Wilson, Adams, and Marshall played well for us. Team:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, H. W. James, T. Howell, H. W. Thompson (three-quarters); B. N. Ash, D. Stone (halves); H. C. Adams, A. O'Neill, H. T. Wilson, L. R. Tosswill, A. R. Neligan, H. E. Graham, R. I. Douglas, H. W. Thomson (forwards).

ST. BART.'S *v.* ROSSLYN PARK.

The Hospital were not at full strength in this match at Richmond on Saturday, October 28th, and consequently had to acknowledge defeat by 4 goals and 2 tries to *nil*. A. O'Neill was absent assisting Devon, which made a considerable difference in our forward rank. T. Howell, one of our halves, was unable to turn out at the last moment owing to an injured knee, so consequently we had to play one short all through. In the first half of the game, by good tackling, we kept our opponents out fairly well, only 1 goal and 1 try being scored at half-time.

In the second half, Orpen, Bailey (2), and L. M. Murdoch scored tries, three of which Pooley converted, leaving Rosslyn Park winners as stated above. Teams:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, H. W. James, H. W. Thompson, H. E. Stanger-Leathes (three-quarters); B. N. Ash, T. O'Neill (halves); H. C. Adams (captain), H. T. Wilson, L. R. Tosswill, A. R. Neligan, H. W. Thomson, G. M. Levick, E. G. Milsom (forwards).

Rosslyn Park.—A. K. Tasker (back); L. Hood, L. Y. Orpen, H. P. Gaze, G. Bailey (three-quarters), H. H. Cobb, E. S. Bailey (halves); J. M. Pooley, F. S. Young, C. E. Witt, E. H. Maddocks, H. G. Finch, P. King, L. M. Murdoch, H. B. Murdoch (forwards).

ST. BART.'S "A" *v.* CIVIL SERVICE "A."

This, the first match of the season, was played at Winchmore Hill on Saturday, October 7th. The Hospital had much the best of the game, and won easily by 3 goals and 5 tries to 1 try. Tries for the Hospital were scored by S. Mason, W. H. Scott, L. M. Rosten, D. Stone. N. M. Wilson scored the only try for the Civil Service. Team:

St. Bart.'s.—H. W. Pank (back); T. O'Neill, S. Mason, L. M. Rosten, C. G. Martin (three-quarters); W. H. Scott, D. M. Stone (halves), F. Harvey (captain), H. E. Stanger-Leathes, E. G. Milsom, N. Conolly, H. W. Thomson, J. Corbin, T. Bates, H. M. Huggins (forwards).

ST. BART.'S "A" *v.* SURBITON "A."

Played at Winchmore Hill on Saturday, October 14th, and ended in a win for the Hospital by 3 goals and 2 tries to *nil*. Tries were scored by Scott, Corbin, Hamilton, and Bates. Team:

St. Bart.'s.—H. W. Pank (back); L. M. Rosten, S. Mason, — Ellett, J. Corbin (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), W. H. Hamilton, E. G. Milsom, N. Conolly, T. Bates, H. M. Huggins, C. F. Nicholas (forwards).

ST. BART.'S "A" *v.* PARK HOUSE "A."

Saturday, October 21st, at Kidbrooke; had to be abandoned owing to a thick fog.

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S *v.* R.M.C., CAMBERLEY.

Played at Camberley on October 21st. We arrived at Camberley at three o'clock, being very late owing to a thick fog down the line. Lunch was kindly provided, and a start was made soon after. The ground was dry and bumpy. Fortunately there was no fog until the last five minutes of the game. The Hospital started down the hill and attacked, the forwards playing fairly well together. We were soon rewarded by a side shot of Berryman's, which scored our first point. Our opponents soon replied by a good side shot from the left wing.

In the second half we scored two successive points, one from an excellent corner by Miller, and the other from a scramble in front of goal. The weakness of our backs—Orton and Fowler being both away—showed itself at this point, and our opponents made good two more goals. For the next ten minutes the game was very vigorous, but nothing more was scored, so the match was drawn (3—3). Team:

St. Bart.'s.—J. P. Griffen (goal); F. E. Taylor, W. J. Nealor (backs); G. W. Miller, H. W. Masterman, and a sub. (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards).

ST. BART.'S *v.* EASTBOURNE.

Played at Eastbourne on October 25th, and resulted in a win for the Hospital by 2 goals to 1. The first goal was scored within the first minute of the game. Lister took the ball down the left wing, and O'Brien put it through. The Hospital had by far the best of the first half, but did not score owing to erratic shooting.

In the second half Eastbourne played up harder, and the game became more vigorous. They scored their one and only point from near the goal line. The score was then 1 all, and a draw seemed probable. The second and last point was scored by Ward, after a good combined run by the forwards. The forwards played a very much better game, and their erratic shooting may be put down to the bumpiness of the ground and the slippery ball. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, A. N. Other (backs); G. W. Miller, H. W. Masterman, W. J. Nealor (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards).

ST. BART.'S *v.* IDLERS.

Played at Wanstead on October 28th, and resulted in a win for the Hospital by 3 goals to 1. The Hospital won the toss, and started up a steep hill and against the wind. Soon after the start Fernie scored the first point from a centre from the right wing. The next point was scored by O'Brien after a combined run by the forwards. These were the only goals scored in the first half. Considering their weakness, Marratt and Lister being both away, the forwards played a good combined game.

In the second half the Idlers scored their only goal about ten minutes after the start. Soon after this Miller put in an excellent corner, and Ward scored the Hospital's third goal. The backs defended well in the first half against the wind, and Waterfield and Jones played up well at half. Team:

St. Bart.'s.—H. H. Butcher (goal); L. Orton, T. H. Fowler (backs); J. W. Jones, W. J. Nealor, N. E. Waterfield (halves); G. W. Miller, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, C. H. Fernie (left) (forwards).

HOCKEY CLUB.

ST. BART.'S *v.* KENSINGTON.

This match, which resulted in a draw of 2 goals all, was played in a thick fog, in consequence of which very little of the game could be seen. In the first half the Hospital attacked pretty freely, but only scored twice, as combination was impossible, Beckett obtaining both goals for us.

In the second half Kensington sent in a good many hot shots, but failed to score for some time; but, owing to an unlucky accident, one of our halves put the ball through our goal, and on the call of time, Crawford, by means of an excellent shot from a corner, obtained another goal for Kensington. Team:

St. Bart.'s.—A substitute (goal); E. T. Glenny, D. Jeaffreson (backs); A. H. Muirhead, M. O. Boyd, J. A. Nixon (halves); A. Hallowes, Lloyd-Jones, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* IVANHOE WANDERERS.

This match, played at Herne Hill on October 25th, resulted in a win for the Hospital by 4 goals to *nil*. At the start the Wanderers pressed our goal, but were unable to score. Glenny, however, soon obtained the ball, and, by means of good combination of the forwards, took it into our opponents' circle; but for some reason no one seemed able to shoot straight, and our goal was very soon attacked again. But our forwards, waking up to the situation, combined well, and enabled Glenny to score the first goal. Nothing further was scored before half-time.

In the second half, although we had the hill against us, an excellent combined game was played, and Gray had bad luck in hitting the post with a good shot. After this the Hospital attacked pretty freely, the right wing being especially conspicuous. Glenny scored twice with excellent shots, and just before time followed them up with another very ferocious one, which broke the back net. Hallowes, Glenny, and Hill played well for the Hospital. Team:

St. Bart.'s.—A. H. Muirhead (goal); M. Coalbank, D. Jeaffreson, H. B. Hill, M. O. Boyd, H. E. Flint, A. Hallowes, H. C. van Laun, E. T. Glenny, H. Gray, R. C. Wilmot.

BOXING CLUB.

The Boxing Club has sustained a great loss this year in the death of Alec Roberts, its late instructor. His good humour and excellent teaching were appreciated by all who knew him. He had been instructor here for more than eight years.

Freshmen and others are cordially invited to come down to the rooms. It is excellent exercise, and good training for football, etc. The Club rooms are open at 4.30 on Mondays, Wednesdays, and Fridays.

The instructor comes on Wednesdays, but some one will be down there on any of those days.

For further particulars apply to either of the Hon. Secs., C. L. C. Owen, F. Whitaker

The Rahere Lodge, No. 2546.

AN emergency meeting of the Rahere Lodge was held at Frascati's restaurant, Oxford Street, W., on Tuesday, November 14th, 1899, W. Bro. R. J. Reece, M.D., in the chair. Mr. Henry Evans Thompson, M.B., and Mr. C. A. Worth, F.R.C.S.Eng., were duly elected members of the Lodge, and were initiated into Freemasonry. Bros. C. J. Heath, Tunnicliffe, and Austen were raised to the third degree. A vote of condolence was passed with Mrs. Canti on the recent death of her son, Bro. Frederick Henry Lewis, B.A., M.B.Cantab., who was initiated in the Lodge last January. The Brethren, with their guests, afterwards dined together.

Abernethian Society.

AT the first ordinary meeting, held on Thursday, October 12th, Mr. W. E. Lee, F.R.C.S., read a paper entitled "Six Months with Her Majesty's Forces." In it the speaker drew attention to the little knowledge which was possessed by the men at the hospitals of the true position of the medical man in the army. The working of the medical arm of the force was explained. The duties and daily routine of life at a home station were illustrated by the experiences of the speaker. Mention was made of the power that the medical officer possessed, and it was often to the misuse of this that the friction which sometimes occurs between the medical men and the combatant officers arose. The particular forms of disease met with were mentioned, attention being called to the prevalence of venereal disease amongst the troops. An interesting discussion followed.

On October 12th a clinical evening was held. Mr. Pollard showed a well-marked case of lymphadenoma in a boy æt. 11, who was being treated with arsenic in gradually increasing doses.

A case of an ossifying enchondroma, growing from the upper end of the shaft of the right humerus in a young man æt. 22, was shown by Mr. Niall, the case being one of interest owing to the size of the tumour, which was about two inches in its longest diameter.

Dr. J. H. Thursfield showed the brain of a child, æt. 2 years, which had died of posterior basal meningitis; also specimens of double urethra, and two kidneys showing numerous septic infarcts.

Mr. J. L. Maxwell exhibited some microscopical specimens of tuberculous salpingitis. He made some remarks upon the cases from which the specimens were taken, expressing the view that primary tuberculous disease of the Fallopian tubes was not so rare as it is supposed to be.

At the meeting held October 26th, Mr. R. D. Parker read a paper entitled "The Arthritic Diathesis, a preface and some figures."

On November 2nd Mr. Womack read a paper entitled "Some Cases of Toxicology."

A full account of both these papers will appear next month.

On November 9th Dr. A. E. Garrod read a paper on "Some Clinical Aspects of Disease in Children," a full report of which appears in another part of the JOURNAL.

A Lecture and a Query.

[*The St. George's Hospital Calendar* for 1899 states that the Lectures on Forensic Medicine will include "one course of Clinical Insanity."]

A SUBJECT full of interest but, gentlemen, most sad,
Is that which next engages our attention,—
I mean the painful study of the clinically mad,
Some types of which I now propose to mention:
First the newly qualified M.D. with egotism fired,
Complacent, full of diagnostic vanity,
Convinced as well that all his views on treatment are "inspired"—
A common type of clinical insanity.

Next we see the portly imbecile of riper mien and age,
Whose mental state is often undetected
By men who view stolidity and blatant verbiage
As signs of wisdom much to be respected:
Who preaches dietetics, writes prescriptions by the sheaf,
Concealing 'neath a mask of suave urbanity
An ignorance so gross as to be almost past belief—
A monument of clinical insanity.

Then of busily delirious practitioners beware,
Who think it is the part of a physician
To chatter at the bedside trivialities, or air
His views on the political condition;
Who babble on, regardless of their patient's frame of mind,
With gibbering and twittering inanity,
Exhibiting what irritable people often find
A trying form of clinical insanity.

Lastly, view the wild delusions of the theorising crank,
Who cares not what the worth of any fact is,
But catches up with glee the latest therapeutic prank,
And tests it on the remnants of his practice;
Who lights up every orifice with lamps appropriate—
A proceeding most conducive to profanity—
And goes through life triumphant, little dreaming that his state
Is really one of clinical insanity.

Oh, reader! are we Pharisees?
Let's pause before we cry
Our thanks that we are "not as these;"
Are *you* so sane?—am I?

G. H. R.—*St. George's Hospital Gazette.*

Reviews.

PRACTICAL NURSING: by ISLA STEWART and HERBERT E. CUFF, M.D., F.R.C.S. (W. Blackwood and Sons, London. In 2 vols. Vol. I, crown 8vo; 3s. 6d. net.)

We believe we are correct in saying that the nursing profession has been looking forward to the appearance of this book with no small amount of interest. If so we feel sure that the work will more than fulfil any anticipations which may have been entertained of it. We have not yet met with any book on the subject that is so thoroughly practical, so precise, or so free from unnecessary or debatable matter. To include clear accounts of subjects with which every nurse who is ambitious to make her duties something more than mere rule-of-thumb procedures ought to be acquainted, and withal to exclude references to purely medical topics, which must inevitably be but half-truths at best, is no simple task, yet the authors have certainly succeeded. The volume before us deals with the "nurse's work from a general point of view;" in the second volume the authors propose "to consider in detail the nursing of the various medical and surgical ailments." Here we foresee that the task will be still more difficult, yet we trust the result will be as satisfactory.

Miss Stewart (we surmise) begins with an excellent chapter upon "Nursing as a Profession," which we heartily recommend to the consideration of all who are starting in this particular sphere of action. The qualifications for succeeding are not few, nor are they too common: "To become a good nurse a woman must possess considerable intelligence, a good education, healthy physique, good manners, an even temper, a sympathetic temperament, and deft, clever hands. To these she must add habits of observation, punctuality, obedience, cleanliness, a sense of proportion, and a capacity for and habit of accurate statement. Training can only strengthen these qualities and habits, it cannot produce them." "A sense of proportion" is a host of good qualities in itself, to which a "capacity for accurate statement" is but a corollary, though so important a one that we are glad to see a special reference to it. We should be inclined to place it not far from the chief desideratum of a successful nurse. But we fear not a few would-be nurses, as they read the list of necessary virtues, will heave the psalmist's sigh and say, "It is high; I cannot attain unto it." But it by no means follows that the reader who soliloquises thus will not succeed; she will at least not develop into a type of nurse "who," we learn, "so often brings her profession into disrepute; for to a curious ignorance she often unites a most consuming confidence in herself." Of obedience we read that it "is the first duty of a nurse and the best test of her training." As part of a discussion upon "A nurse's duty to herself" she is told that "her pleasures should be lightly held, tasted with enjoyment, and easily put aside; her duties grasped firmly, and unswervingly followed"—in which advice there is a ring of genuine philosophy. The "etiquette of hospital life" is wholesomely described as "nothing more than common politeness officially expressed,"—good food for reflection for such as are fond of conceiving all sorts of imaginary conduct—situations in the life of a hospital nurse that never fall to the lot of other women. We are therefore glad to see that a discussion of the various so-called "evil tendencies" of hospital life is conspicuous by its absence. We have got past the old debate as to whether the study of medicine makes a man "callous"—that was always the favourite word,—and it is quite time we began to see the last of a similar debate concerning the effect of the nurse's training upon a woman. A man will be either a cad or a gentleman be his profession shoeing horses or healing the sick; and a woman will neither be saved from unwomanliness nor prevented from attaining the highest ideals possible to her sex, by adopting the profession of nursing.

In the succeeding chapters the authors deal with such important subjects as "The Hygiene of the Ward," "Personal Care of the Sick," "Observation of the Patient," "Diet in Disease," "Cold and Hot Baths and Packs," "Hot and Cold Applications," "Syringing," "Enemata," "Administration of Medicines," "Nursing and Feeding of Sick Children," "Contagion and Infection," and "Surgical Cleanliness."

We specially praise the sections dealing with ventilation, mode of application of cold and heat to the patient, the giving of enemata, and the principles of asepsis. The accounts are in each case both thorough and simple, and nowhere wander into regions of abstruse scientific disquisition. There is no attempt to advertise a depth of knowledge on the part of the authors that could yield no possible assistance to the nurse in search of practical information. Yet to write so lucid an account for the use of beginners presupposes a close acquaintance with many facts that are wisely withheld.

The chapter on "Diet in Disease" contains many particulars concerning invalid regimen, and its chief value is that it does not skip common points in the preparation of the various articles of food. The making of tea, however, we notice, is allowed to pass, probably on the principle of *cela va sans dire*, which is a pity. A note to the effect that anything not got from the dried leaves by merely pouring *boiling* water over them is injurious, however tasty, might save sundry symptoms of dyspepsia, as well as the doctor's veto at his subsequent visit. We read that a "good nurse will often be able to give her patients a drink of milk without fully waking them;" but there are cases in which so skilful a procedure might be far from desirable, not to say risky. In all cases where there is any difficulty of swallowing, tendency to coma, or even in ordinary hemiplegia, the danger of deglutition pneumonia must be remembered.

The descriptions of poultice and fomentation making are excellent. The subject of enemata we have already referred to. In the paragraph dealing with "drugs which may produce symptoms of poisoning" we do not consider the warning that "arsenic may injuriously affect the nerves of the arms and legs, causing those members to be paralysed; any obvious increase in weakness of the limbs should be carefully looked for and reported," is well advised. If an early sign of such toxic effect were needed, surely the occurrence of unwonted pains and other sensory phenomena would be preferable; but we hope no doctor would be so unwise as to trust the nurse for signs of arsenical neuritis in his patient. The same remark applies to the administration of digitalis.

In speaking of belladonna poisoning, the possibility of delirium should have been mentioned as occurring in even mild cases, especially in women, and that it may be the first symptom noticed. It does *not*, however, indicate "an extremely dangerous state of affairs;" such an opinion would distress the patient's friends quite unnecessarily. A cessation of the medicine, or plaster, or liniment is generally all that is needed to effect a cure.

In the chapter on feeding children the method of injecting the food into the nose in tracheotomy cases would be better omitted; the account of nasal feeding by passing a flexible tube into the stomach is all that could be desired. In the section dealing with "surgical nursing" there is no mention of such possible contingencies as hæmorrhage after operations, etc.; but perhaps in this we are anticipating the contents of Vol. II.

In conclusion, we may add the assurance that the doctor who finds he sometimes has to be the nurse as well, and the doctor who does not, can neither of them fail to read this little book without some addition to his stock of useful knowledge, and therefore to his power in the sick-room.

AN INTRODUCTION TO DISEASES OF THE NERVOUS SYSTEM, by H. CAMPBELL THOMSON, M.D., M.R.C.P. (Baillière, Tindall, and Cox. Demy 8vo, pp. 124. Twenty-five illustrations. Price 4s.)

"This book is intended as an introduction to the study of diseases of the nervous system.' We quite agree with the author that "in writing a book of this description it is difficult to decide what to include and what to leave out." On the whole, we consider the book has merits and, for the first in the field, is deserving of praise. The division of the subject-matter is good, tending to give clear ideas upon the various sections dealt with. The pictures are helpful, and so are most of the diagrams. We should have thought, though, that the "diagrammatic representation of a neuron" on page 10 might as easily be made accurate as not. Thus the axon is represented as having a broader origin from the cell than the dendrites, and its collateral and terminal endings—really parts of the neuron—are conspicuous by their absence. Nissl's method of staining, by the way, does not involve the use of *methyl* blue.

There is a looseness of phraseology here and there which is to be regretted in a book intended for the beginner, in teaching whom the accurate use of terms means everything. We append illustrations: "Sensation may be subjective or objective. Subjective sensations are those felt by the patient, but which cannot be demonstrated by any outward sign; while the objective ones are those elicited on examination. A headache is an example of the former. The patient describes it and feels it, but beyond that it cannot be demonstrated to anyone else; whereas in objective changes patches of anæsthesia or analgesia may be clearly marked out, and demonstrated to all." (To speak of anæsthesia as an objective sensation is surely a sad misuse of words.) . . . "Wrist-reflex, or wrist-tap, as it is often called, is obtained by tapping the radial border of the wrist."

Undue prominence seems given to some parts of the subject, and scant allowance to others which are of equal importance. Thus five and a half pages are devoted to conjugate deviation of the eyes, whilst the various possible pupil phenomena are dismissed in eight lines. Consensual reflex defects are not even mentioned, and nystagmus suffers a similar fate.

There is undoubtedly room for a work whose aim is that of Dr. Thomson in the book before us. We can only hope that a future edition may fill the gap better.

DIFFICULT DIGESTION DUE TO DISPLACEMENTS, by A. SYMONS ECCLES, M.B. (Baillière, Tindall, and Cox. Pp. 138. 27 illustrations. Demy 8vo. Price 4s.)

This little book contains, besides an introduction, four chapters, dealing respectively with "Gastroptosis," "Moveable Kidney," "General Enteroptosis," and "Prolapse of the Sigmoid Flexure." The introduction consists of an attempt to justify the importance attached by the author to small degrees of descent of one or several abdominal organs. Each chapter may be summarised as, firstly, a similar attempt with regard to the particular organ discussed; and, secondly, the enumeration of a set of cases illustrating the author's contention. The author concludes the introduction by remarking that "the relationship between uterine displacements and disordered digestion has not been dealt with, for the reason that the subject appears to belong more properly to the realm of gynæcology." The reference to these displacements of the uterus reminds us forcibly of the pernicious influence which the attaching of an undue importance to such (often) trivial conditions produces on patients' minds. It is true that a school of gynæcologists has arisen since Matthew Duncan's day, which is endeavouring to counteract by its strenuous tuition the errors of its predecessors; but the number of women who are still kept upon the brink of hypochondriasis by the knowledge of some uterine tilt or bend is still legion. To these are now added quite a significant company of martyrs of the same sex, unfortunately,—into whose lives there bulks the idea of the possession of a floating kidney. The mental and nervous effects of such information, too often carelessly vouchsafed to neurotic patients, are sometimes exceedingly bad, and are sometimes quite uncured, too, by an attempt at nephrorrhaphy. We recently came across a cook and a housemaid who were fellow-servants, and who had both been attending the out-patient department of a hospital for several weeks. The disease in each case consisted of a slight degree of dyspepsia with anæmia, and a marked degree of neurotic interest in the state of a supposed floating kidney. It is not difficult to imagine how this interest would be kept mutual by the "one touch of nature." If, now, to the uterus and the kidney are added the stomach, colon, and sigmoid flexure—not to omit the liver, spleen, and even pancreas—as possible varieties of displacements, where is any end to hysterics?

That these things occur—nephroptosis, gastroptosis, and the other forms of splanchnoptosis—we are quite ready to admit; but that they can be proved to produce, in the majority of instances, any symptoms sufficiently important to merit their being regarded as separate entities in the classification of diseases we do not admit. Gastroptosis *plus* gastrectasia is, of course, both a well-marked and an important condition; nephroptosis *may* be also of quite as great significance. But, for the most part, a stomach, a transverse colon, or a sigmoid a few inches higher or lower probably does not mean more than that there are potential differences in the positions of these organs referable to different individuals, and also to different states of health of the same individual. Thus a fat person naturally keeps his abdominal organs more "taut" than does a very thin one, as also does a person with well-nourished abdominal muscles than one having these in a state of flaccidity. But to assume that (say) a condition of dyspepsia is the *result* of any falling of an organ rather than the *cause* of it—acting, it may be, through both the loss-of-fat and the flaccid-muscle factors—appears to us unwarrantable. As an illustration of the (to us) fallacious logic of the author in this respect, we seem to be able just as easily to make his cases of sigmoid prolapse dependent upon the "obstipation," which was the main symptom, as to accept his assertion that this special form of enteroptosis produced the "obstipation."

With so much dissent from the main purpose of the book, references to other matters are scarcely necessary. But we cannot help remarking upon the baldness and sometimes even total omission, of the details of treatment in the cases mentioned; so much so that prejudiced readers can scarcely avoid the conclusion that the cases described are regarded by the author himself as demanding a specialist's attention. Moreover, in 120 pages a dozen foot-note references to the author's other publications are too many, and might tend to support the conclusion mentioned, besides adding a distinct idea as to what specialist the author recommends. All which is much better avoided in any work that aims, as this one does, at being "a contribution to the clinical study of conditions which are not altogether without importance."

A POCKET MEDICAL DICTIONARY, by GEORGE M. GOULD, A.M., M.D. (H. K. Lewis, London.)

This small work originally hails from Philadelphia, and that it is an American production is obvious, quite apart from the information gleaned from the author's preface. "Bronchorrhea," "diarrhea," "dyspnea," "leucemia," "melena," "center," "liter," and "meter" proclaim the orthography to be Columbian. We expected, after this, to find "appendiketis," but were agreeably disappointed; we are let off with the hybrid in its Anglicised form. Phthisis, however, is given as "ti'-sis," which, though nearer the true etymological pronunciation than our own accustomed usage, will, of course, never find favour on this side the Atlantic. "Shadowgram" is as unnecessary and inaccurate as it is barbarous. "Neurasthenia" carries the penultimate accent. "Noli me tangere" is given as a synonym for rodent ulcer, and a "baby-farm" must be a somewhat more creditable concern in America than it is here, for we learn that it is an "institution for raising orphans." "Werlhop's disease" is probably endemic, which would account for our being unfamiliar with it.

Correspondence.

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

DEAR SIR,—I was pleased to see Dr. Hussey's letter on the prohibitive price of tickets for the Old Students' Dinner. It is a subject which has exercised me ever since I left St. Bart.'s; I, for one, have never been able to be present at the dinner since I left St. Bart.'s in 1870. I have made a strong protest yearly to the Hon. Sec. on the matter, but in vain.

If the price of a ticket were *7s. 6d.* exclusive of wine, many men would attend who are now debarred. It seems manifestly unfair that men who drink little or no wine should pay heavily for wine which they do not partake of. A sufficiently good menu can be provided at *6s.* or *7s. 6d.* a head, as can be proved by the Cambridge Medical Graduates' dinner, or the dinner provided for any of the provincial medical societies.

Yours truly,
G. F. J. CRALLAN.

Examinations.

UNIVERSITY OF LONDON.

M.B. Examination.

First Division.—Danks, W. S., Scott, S. R.

Second Division.—Everington, H. D., Hirst, W. C., Rhodes, J. H.

UNIVERSITY OF DURHAM.

The degrees of M.B., B.S. have been conferred upon E. S. Wilkinson. Mr. Wilkinson's name was omitted last month.

CONJOINT BOARD.

The following, having completed their examinations, have received the diplomas of M.R.C.S., L.R.C.P.:—Cooke, J. G., Whitaker, L. E., Dyer, W. P., Ridout, C. A. S., Pridham, A. T., Burnand, W. E., Sanger, F., Wethered, E., Fisher, C., Hutt, H. A., Higgins, A. G., Gandy, T. H., Grenfell, P. B., Goodman, H., Pugh, A. B., Penrose, A. W., Worley, W. E. A., Lobb, H. P., Randolph, W. H., Hamilton, W. G., Davies, H., Bond, H., Thompson, C. C. B., Walker, H., Von Bergen, C. W.

SOCIETY OF APOTHECARIES.

Surgery.—Pickering, H. J., Wortley, E. D.
Midwifery.—Williams, C. H.
Medicine.—Ellery, R. F.
Diplomas.—Pickering, H. J., Wortley, E. D.

Appointments.

ANSORGE, W. J., L.R.C.P.(Lond.), M.R.C.S., has been appointed Medical Officer in the Niger Coast Protectorate.

* * *

EDDISON, F. K., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Free Hospital.

* * *

EMERY, W. D'ESTE, M.D.(Lond.), has been appointed Assistant Surgeon to the Birmingham and Midland Skin and Urinary Hospital.

* * *

EVERINGTON, H. D., M.R.C.S., L.R.C.P., appointed Casualty House Surgeon to the Royal Free Hospital.

* * *

HUTCHENS, H. J., M.R.C.S., has been appointed Medical Officer at Beenleigh, Queensland, *vice* A. Sutton, resigned.

* * *

LEVISON, H. A., M.D.(Columbia University), M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to Queen Charlotte's Hospital for Women.

* * *

PETHYBRIDGE, WALTER LEY, B.Sc., M.D.(Lond.), L.R.C.P.(Lond.), M.R.C.S., has been reappointed Physician's Assistant at the Plymouth Public Dispensary.

PUGH, A. B., M.R.C.S., L.R.C.P., appointed House Surgeon to the County Hospital, Huntingdon.

* * *

QUENNELL, A., L.R.C.P.(Lond.), M.R.C.S., has been appointed Medical Officer for the Mountnessing Sanitary District of the Billericay Union, *vice* P. Johnson, resigned.

* * *

WARD, J. P. STEPHENS, L.R.C.P.(Lond.), M.R.C.S., has been reappointed Assistant Physician at the Plymouth Public Dispensary.

* * *

WHITEFORD, C. HAMILTON, L.R.C.P.(Lond.), M.R.C.S., has been reappointed Medical Officer to the Provident Department of the Plymouth Public Dispensary.

* * *

WILKINSON, E. S., M.B., B.S.(Durh.), appointed Junior Assistant Medical Officer to the Fulham Union Infirmary.

* * *

WOODBRIDGE, G. W., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the County Hospital, Lincoln.

Births.

ARMSTEAD.—On October 20th, at Chepstow Villas, W., the wife of H. W. Armstead, M.D., F.R.C.S., of a daughter.

HOLDEN.—On November 6th, at 168, Castle Hill, Reading, the wife of George Herbert Rose Holden, M.A., M.D.(Cantab.), of a son.

REECE.—On October 16th, at Addison Gardens, W., the wife of Richard J. Reece, M.A., M.D., of a son.

Marriages.

GIBLIN—MAXWELL.—On September 6th, at All Saints' Church, Hobart, Tasmania, by the Rev. S. Bucknell, M.A., Wilfrid Wanostrocht Giblin, M.R.C.S., L.R.C.P., to Muriel Gertrude, daughter of the late C. M. Maxwell, Esq., of Hobart.

WEBB—CHAMBERLAIN.—On October 5th, at the church of "Our Lady of Good Counsel," Stoke Newington, N., by the Rev. Henry Cutajan, assisted by the Rev. C. J. Biale, Frederick E. Apthorpe Webb, M.R.C.S., L.R.C.P., of Cambridge, to Ada Charlotte, second daughter of Henry Burton Chamberlain, Esq., of Stoke Newington.

WHARRY—COLLMANN.—On October 28th, at Holy Trinity, Upper Chelsea, Henry Gordon Wharry, M.R.C.S., younger son of Captain Wharry (late R.A.), to Margaret (Madge) Collmann, only child of John S. Collmann, of Sloane Gardens, S.W.

Deaths.

LEWIS.—On October 26th, at the London Fever Hospital, of scarlet fever, Frederick Henry Lewis, B.A., M.B., M.R.C.S.(Eng.), and L.R.C.P.(Lond.), of 40, Weymouth Street, W., son of the late Dr. Frederick Lewis, of Gloucester Place, N.W., and stepson of G. F. Canti, of 71, The Drive, Hove, Sussex, aged 32 years.

SOUTHEY.—On November 8th, at Sutton Valence, Reginald Southey, M.D.(Oxon.), late one of H.M. Commissioners in Lunacy, aged 64.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review* (formerly *The Medical and Surgical Review of Reviews*), *The Practitioner, University College Magazine, The Student.*

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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.,* BEFORE THE 1ST OF EVERY MONTH.

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

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

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

St. Bartholomew's Hospital Journal,

DECEMBER, 1899.

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

AN event of more than usual interest in connection with the Cape war is the recent equipment of an ambulance hospital for service at the seat of military operations. Established through the instrumentality of private charity, and with a staff purely civilian, the effort is quite unique in the history of campaigning.

The arrangements connected with the Portland Hospital have been specially interesting to us at St. Bartholomew's, inasmuch as both its medical and nursing staff have drawn upon our resources for their chief representatives. The Senior Surgeon is Mr. Bowlby, one of his two junior colleagues being also a Bart.'s man Mr. E. J. Calverley. Dr. Tooth's appointment as physician is exceptional in that it is the first instance of a consulting physician being "sent to the front." To the nursing staff St. Bartholomew's contributes Miss Edith Pretty (late Sister Surgery), and Sister Faith (Miss Cox-Davies) is associated with her.

As regards the other arrangements connected with the Portland Hospital, Surgeon-Major C. R. Kilkelly of the Grenadier Guards was appointed to the military command of the hospital, and of the non-commissioned officers and men of the Royal Army Medical Corps. He also superintends the commissariat and transport.

Major-General the Hon. H. F. Eaton was appointed by the War Office to supervise and control the arrangements for the equipment, and the dispatch of the Portland Hospital took place on December 13th by the transport Majestic.

The hospital is fitted for the treatment of one hundred and four patients. With the exception that the medical and surgical staff are civilians, the hospital is equipped in all respects as a military hospital, and will be at the disposal of the Commanding Officer in South Africa, to be used either as part of a "base hospital" of fifty-two beds, or else as a separate "stationary hospital" on the line of communications. It will be provided with its own tents and ambulance waggons, and its own medical and surgical equipment.

Considerable enthusiasm naturally prevailed at Bart.'s as the time for the "send-off" approached. But a cruel change in the time of departure of the staff from Euston saved it from the hurrahs and other demonstrations of good-will that were awaiting it; so that the few eager students who, left uninformed of the sudden alteration, turned up at the terminus at midnight, were compelled to pursue a shivering return home, pondering man's ingratitude.

We received the following letter from Mr. Bowlby the day after his leaving London:

R.M.S. MAJESTIC: *Dec. 13th, 5 a.m.*

You will be glad to hear that we are safely off. We embarked in a very wintry scene, with snow lying all round us, and a keen wind from the S.E.

The Portland Hospital orderlies paraded at 9.15 a.m., and the Duke of Portland came with us to inspect them before they went on board.

They are a very serviceable lot, and very well turned out. We take up on board another hospital of the R.A.M.C., and about 2000 men, with a lot of ammunition and stores.

We coal at St. Vincent in about eight days, and expect to arrive at the Cape on the 28th.

We will not keep our return so quiet as our departure.

Yours truly, ANTHONY A. BOWLBY.

Primary General Acute Gout.

By DERWENT PARKER, M.B., Resident Medical Officer to the Royal Mineral Water Hospital, Bath.

WHEN inquiring into the past histories of patients suffering from chronic gout, it seems to me that the frequency with which they make the statement that they have had rheumatic fever is somewhat remarkable. I was particularly struck with the case of a patient aged 50, who had chalkstones ulcerating out of the tissues about his right great toe-joint, and bony ankylosis of the middle joint of the index finger of his left hand. He said, "I have never really got the rheumatics out of my system since my first attack of rheumatic fever nearly fifteen years ago." Before that, as far as he could remember, he had never had any rheumatism or pains about him at all.

He could not tell me very much about his illness, but remembered that he had been confined to his bed for over three months. His pains were all over him, but especially severe in the feet and hands. During some part of his illness he was light-headed. Since his first illness he had general attacks every winter, starting about a week before Christmas "as regular as clockwork."

Upon inquiry, since his first general attack he had many small attacks, which used not prevent him working. These at first were in the right great toe-joint. More recently these small attacks have been mostly in his right radio-carpal joint.

His heart was free from murmurs.

This was but an isolated case, but I thought I remembered others of a similar nature, so examined my notes of 100 cases of gout to find out the actual number who had suffered from rheumatic fever. I found histories of it in twenty-eight cases. Some of the diagnoses of acute rheumatism were made in London hospitals. In these patients I naturally made the diagnosis of gout with extreme diffidence, and especially so because they were rarely suffering from tophaceous gout. This, however, is not remarkable, for tophaceous gout is itself rare nowadays. But of most of them, even their exacerbations do not show *typically* the clinical features of acute gout.

They are almost invariably sent in as cases of rheumatoid arthritis. Twenty years ago they would, probably, most of them have been called rheumatic gout. This would have been a better diagnosis, as it would have at least indicated that they had a form of gout, instead of leading us to surmise that they were suffering from a disease in which we are to look for * "the ovoid face, the melasmic tinge under the eye, the shining yellow smear on the forehead," to feel enlarged glands or spleen, or a morbidly sweating skin. Most of them have nodules about their joints which feel like osteophytes. In most of them the joints creak and grate upon movement. I suppose upon this the diagnosis of rheumatoid arthritis is made. The only thing, however, which is at all clear about them is that they have gout.

Why should we postulate rheumatism or any other modifying factor? This is now the common form of chronic gout. The typical form is rare. Of chronic gout, according to Osler, I have seen five cases, but of men with chronic arthritis and tophi in their ears I have seen at least ten times that number. Any form of arthritis, in a patient certainly suffering from gout, I should be inclined to call gouty arthritis, unless I could find certain and definite signs of its being of some other nature.

From this reason, therefore, I should be inclined to consider these attacks of general acute pain with arthritis to be gout, simply because it seems foolish to postulate one form of disease which causes arthritis in a patient whom you see actually suffering from another disease, itself capable of causing arthritis; and especially so if the attacks appear to have been one long unbroken chain.

But before proceeding to consider the character of the attacks I feel I ought, as far as possible in so very brief a paper, to give the evidence that these twenty-eight patients were, at the time I saw them, suffering from gout. Seventeen of them had tophi in their ears; six had irregular margins to their ears, but I could not be sure that they were due to urate of soda; five had smooth margins to their ears.

Of those six with irregular margins to their ears, in three the first attack was in the great toe. In all the great toe was affected at some time in the disease. In two the great toes were almost immoveable from adhesions, thickening of the capsule, and lapping of the articular surfaces. Three had a peculiar fine dry grating without any jolting in the knees, which seems to me only to occur in gout.

Of the five patients who had smooth margins to their ears, in two the first joint affected was the great toe; one of these had fine dry grating in his knees. His great toe was fixed, and partially dislocated backward. The other had fine dry grating in both knees and toes. He, moreover, stated voluntarily that his toes got red and hot.

Of two more, in both the great toe had been affected at some time. In one of them the knees grated, and the middle joints of both his great toes showed lipping and grating. The other had lead poisoning, desquamating ears, and a fairly typical acute attack in the hospital.

Of the last one who had no tophi, he had marked aortic and mitral disease, but his right olecranon bursa was thickened and contained fluid, and gout has a partiality for the olecranon bursa; also his general appearance was so very gouty that I was led to diagnose his case as rheumatism and gout. He confirmed the diagnosis of gout by having an acute attack, in his hand, in the hospital. If first we

* Allbutt's *System of Medicine*, vol. iii, p. 97.

regard these attacks as true rheumatism, I don't know what percentage of people past middle age would give a history of rheumatic fever, but is not 28 per cent. rather high? Are we, then, to think that rheumatism predisposes to gout, and gout to rheumatism? Are we, with Dr. Haig, to regard both gout and rheumatism as manifestations of an uric acid diathesis?

I think, still supposing they are true attacks of rheumatic fever, it would indicate a similarity of diathesis, but that does not at all necessarily imply a uric acid diathesis. Even in the case of gout a mere over-production or defective excretion of uric acid leaves very much unexplained. And in the case of rheumatism the uric acid theory has been so long before the public, and yet so little direct evidence for it has been produced, that I view it with increasing suspicion.

The closeness of the relationship between gout and rheumatism was pointed out by Charcot. In his * *Maladies des Vieillards* he says, "We are led then, almost in spite of ourselves, to touch on a question of doctrine, and ask ourselves if we ought not to merge these two diseases into a common description." His decision is against this common description, but he lays stress upon the occurrence of what is practically unnoticed in English text-books—the occurrence of general acute gout. He says (p. 51), "In general acute gout, which is so much like rheumatism, all the joints may be attacked, even the big ones." All authorities acknowledge this, but they generally consider it a late stage in the disease.

Sir Alfred Garrod,† under the heading "exceptional cases," records two cases and quotes two more, which are interesting in this connection.

The first was a man who had seven attacks of acute rheumatism, the attacks being of increasing frequency. At the time the notes were made the first phalangeal joint of his right little finger was flexed and almost ankylosed. He had no visible gouty deposits, but after being cupped the "thread experiment" showed a moderate number of crystals of uric acid.

Sir Alfred Garrod does not give any description of the attacks, which he considers to have been rheumatic fever, and does not record the condition of the heart.

The other case he records was in a man who was admitted with fractured ribs.

He had pain and swelling in his left elbow, wrist, fingers, and little toe, right index finger, knee, and ankle. The description of the local condition of the joints is far more suggestive of gout than of rheumatism. However, this patient was for three days regarded as suffering from rheumatic fever.

His blood after cupping was rich in uric acid. The duration of the attack is not recorded. Subsequently it was discovered that he had suffered from gout in his foot fifteen months earlier.

Two other cases, which he regards as general acute gout, he quotes from Sir Spencer Wells. They both occurred after a chill, in gouty elderly men. One lasted twelve, the other fourteen days.

In no case does he record the condition of the heart. In only one, then, of these cases we have general acute gout early in the disease, and even in that it was not the primary manifestation.

But in examining my twenty-seven cases I find that the general acute attack was in fifteen, the first record in the history. This would demand that we should regard primary general acute gout as a not so very rare disease.

This is not, so far as I know, generally recognised as even a possible occurrence, but Charcot again says, "Lastly, there is a form of the disease which demands our special attention, for it presents the greatest analogy to acute articular rheumatism, at least in its outward appearance; I mean primary general acute gout which from the beginning affects several joints at once; a large number, both great and small, may be affected simultaneously. . . . How often have not these symptoms been referred to acute articular rheumatism?" *

But supposing that these cases are not true rheumatic fever, is it possible to distinguish them at the time? If they were anything like Sir Alfred Garrod's case, I think the local condition of the joints might raise a strong suspicion. And in my cases, even in the histories, there are some suggestive differences. The pain seems to be, if anything, even more severe than that of acute rheumatism.

In one case, which seemed to me exceedingly clear, for the great toe appeared to have been ankylosed from this very first attack, the man said he could not move hand or foot to save his life, nor bear the sheet to touch him. But in no case did this pain seem to have been markedly relieved by medicines. This, together with the fact that the great toe was usually involved along with the other joints, might raise a suspicion. Another point which I think might help is this. In the exacerbations of patients suffering from chronic gout where two or three joints have been involved, I have noticed that although the knee or elbow might show neither redness, shininess of skin, nor œdema; possibly showing no signs of inflammation, possibly a little increased heat, and engorgement of the neighbouring veins, or a little effusion into the joint, yet in the same patient, at the same time, if either feet or hands were affected they would show to a much greater extent the classical signs of gout. So, in any such case, I should pay especial attention to the feet and hands. Another point is the *age of the patient*. The average age of my patients whose first attacks were general and acute was 33·2 years. The average time

* *Lectures on Senile Disease*, New Sydenham Society, p. 49.
† *Gout and Rheumatic Gout*, p. 46.

* *Lectures on Senile Diseases*, p. 74.

they had to stop in bed was just twelve and a half weeks. The shortest was six weeks. One had become so crippled in his first attack that he stopped in bed entirely. Him I did not count in the averages.

If we take the general acute attacks following gout of single joints, the average age was just over forty-nine. The average stay in bed was fourteen weeks. Again, the shortest period of confinement in bed was six weeks. One of these patients also was too crippled after his general acute attack to get out of bed unaided, so it was not possible to use him in trying to find out the ordinary duration of such an attack. The fever, so far as one can judge from patients' reports of themselves, does not seem to have been very high. One patient, who was in bed five months in Gloucester Infirmary, was kept on milk diet during the first three months, and said he did not feel to want any more. Two said they were light-headed.

With respect to affection of the heart, it is not so very rare to hear a systolic murmur at the apex in old gouty patients. I examined the notes of 100 cases of gout, taken by previous medical officers at this hospital, and found a record of heart murmurs in ten.

It happens that this is exactly the number I find in my 100 cases. I also noted in two more prolonged first sounds, making twelve cases in all. Of these twelve cases in the 100, six were among the patients who had general acute attacks. Two of these had both mitral and aortic disease, two had mitral stenosis alone; two more had apical murmurs with and prolonging the first sound, indicating, I think, more mitral stenosis. This gives morbus cordis in 22·2 per cent. of the cases of gout who have had general acute attacks, but the percentage of morbus cordis in people who were admitted to this Hospital suffering from rheumatism, and who have had acute attacks, in 233 cases I collected from the reports was 68·2—a remarkable difference. Possibly 22·2 is about as high a percentage of heart disease as would be found in rheumatic patients who had never had an acute attack before about the age of forty, but the interpretation of this fact itself opens up debatable ground.

In conclusion I think, then, that although there is a strong resemblance, there are also decided points of difference between these general acute arthritic attacks in people who later show certain evidence of gout and ordinary attacks of acute rheumatism.

I have myself so far taken this view that I have begun to establish a vicious circle, and to think that a patient who reports a prolonged and intractable attack of acute rheumatism commencing late in life is probably gouty. But the diagnoses of the cases I have given you were made on other grounds, and most of them before I had ever heard or thought of primary general acute gout as a possibility.

The Sanatorium Treatment of Pulmonary Tuberculosis:

A Paper read before the Bradford Medico-Chirurgical Society on December 3rd, 1899,

By RALPH H. CROWLEY, M.D., M.R.C.P., Hon. Physician, Bradford Royal Infirmary; Visiting Physician, Bradford Union Hospital.

THE treatment of pulmonary tuberculosis is a question which is always—daily, indeed—presenting itself to the physician; and our present modes of treatment—our symptomatic treatment, as it largely comes to—cannot, I think, bring complete satisfaction to any of us.

True, we come across patients who have been practically cured, across a larger number in whom the disease is kept in check; but our too frequent experience is that the disease once diagnosed—slowly, perhaps, but certainly surely,—progresses, and we seem powerless to effectually stay it.

The lines of treatment, the drugs proposed, have been legion; and we have, it is true, the satisfaction of knowing that pulmonary tuberculosis has steadily declined in our country. But even now the mortality reaches an enormous figure, and in our own city, on the average, a patient dies daily of the disease.

These facts are surely quite enough to make it necessary for us to maintain an open mind, and to test carefully and to look critically into any proposals that may be brought before us, whether emanating from our own country or from another, which shall claim to enable us better to treat our patients suffering from this disease.

To no one here is this sanatorium treatment new; and even if we have no practical acquaintance with it, we have at any rate read some of the literature that has been poured out upon it in the columns of our journals and elsewhere; and all that I hope to do this evening is to bring the question to a focus, and to assist, perhaps, in making us realise that the subject is one in which we all ought to take a very practical interest.

Into the history of the subject I do not propose to enter. For now several years these sanatoria have been carried on abroad, especially in Germany; and it is to the success of some of these situated in parts of Germany, in a climate which would seem at first sight a bad one for the purpose, that the advocation of similar institutions is now made in England.

What, then, do we exactly mean by sanatorium treatment? It is an important question, for it is on the right apprehension of this that, I believe, success or failure is going to follow our efforts in England.

I have entitled my paper *sanatorium* treatment advisedly, for I know of nothing else that adequately expresses it. Most unfortunately we have got into the habit of talking of the *open* or *fresh-air* treatment; but, however important a part of the treatment this may be, it is very far from being the whole. The name, however, is not ideal, as it implies that the mode of treatment cannot be carried out apart from a special establishment for the purpose. Theoretically, of course, it could be, but in the vast majority of cases, to carry it out in a whole-hearted manner is, for various reasons, out of the question in the home, though undoubtedly the more its principles are applied in our homes the better.

It is of the greatest importance that we should keep clearly in our minds what these essential root principles are which are involved in the idea of sanatorium treatment. It is obvious that as far as possible all treatment should be based upon the pathology of the disease, that in cases where it is possible we should remove the cause; if this cannot be done, that we should check its continued action and, where possible, counteract the ill effects produced. But this is not all. The paramount importance of the treatment of the patient, viewed not merely from the point of view of his disease, comes out strongly in pulmonary consumption. Hence must be studied not only the *pathology*, but also the *psychology* of the disease. Successful and rational treatment, then, must meet all the indications given us by pathology and psychology.

What are these indications? We now know that the *fons et origo* of the disease, without which there is no tuberculosis, is the bacillus of Koch; and we have learnt a great deal of the conditions under which it grows—the favourable and the unfavourable. Hence are marked out for us some plain lines of treatment.

Since vitiated air, and all that makes air vitiated, favours its growth, we must place our patient in good *fresh air*. Since it is a lover of darkness, we must give our patient as much *sunlight* as possible. Since it thrives best when the patient is inadequately fed as regards both quantity and quality of food; we must *feed* our patients well. Then the influence of the mental condition of the patient is very striking. In no disease is the interaction of body and mind more noticeable or important. Excitement of all kinds is favourable to the bacillus; and hence comes another indication for treatment—*mental and bodily quiet*. Then there is a characteristic which has been long recognised, viz. *hopefulness*, and this in spite of all that might tend to make the patient the reverse; and recognising this characteristic helps much in the treatment. It is a trait that must be encouraged; and, given the conditions for successful treatment, we can confidently do so.

And this brings me naturally to the direct influence of the medical man on his patient. It is quite impossible to over-estimate this in successful treatment. Confidence in the medical man is important in all treatment, but perhaps in no disease is it of more importance than in this. This influence can be exercised to a greater or less degree in ordinary private practice, but one of the great advantages in a sanatorium is that it can be carried out to the full. Every detail of our patient's life must be regulated. He must be told whether he is to keep his bed, sit up out of doors, or take exercise; he must take the food, both in quantity and quality, considered good for him; he must submit to all steps considered necessary for his mental quiet. To the natural man this sounds very irksome, and one often hears people say, "The patients won't stand it; it may do for militarily-drilled Germans, but not for free Englishmen."

But let us beware of mistaking our prejudices for facts. That Englishmen will stand it has been abundantly shown. A very good demonstration of the fact is given at, for instance, Dr. Thurnam's Sanatorium in the Mendip Hills, which I had the privilege of visiting this last Whitsuntide. Here are upwards of forty patients in all stages of the disease—for they are admitted in order of application.—all submitting, and cheerfully submitting, to the requirements and directions of their head, an enthusiast in sanatorium treatment—and no wonder, for he himself, suffering from advanced phthisis, was cured at Nordrach, and then remained there for some time as assistant to Dr. Walther. And, indeed, *a priori*, we should expect our patients to submit on account of the quality I laid stress on above—their hopefulness and their willingness to do anything when they find themselves improving.

You will see from this that sanatorium treatment is not merely placing a patient in fresh air, nor merely feeding him up well; but it implies something far more. The personal equation involved is, perhaps, not sufficiently insisted upon; but without this you may have an open-air treatment, or a full-diet treatment, or whatever else you like, but you will not have a true sanatorium.

Having now spoken of the essentials of the treatment, I will outline the conditions necessary for the establishment of a sanatorium.

First, as regards the *climate*. I believe we shall need to do away with a good many preconceived ideas about this, as also about other features of the treatment of tuberculosis. Our prejudices are very deeply rooted; and this has many advantages, and no doubt prevents us from running hastily after every new thing that turns up; but still it has its drawbacks. We think at once of the great superiority of mountain air, where a maximum amount of sunshine is; and doubtless this sort of climate is suitable for certain forms and for certain stages of pulmonary tuberculosis. On the other hand, this sort of climate is positively injurious to some, and they are better suited, as experience has shown, by a less elevated, moist, and humid climate. I believe that the future will show that, taking all cases together, our own much-abused climate will not be found so unsuitable after all; and though one might be able to do better by sending each patient to a climate we thought best suited to his particular case, it would be a practice, of course, quite impracticable. There is little doubt that the question of climate has bulked much too largely in our minds; and now that other considerations are claiming our attention, this one will take its proper place.

Given, then, that we need not be prevented by considerations of climate from establishing a sanatorium, what are the conditions for a suitable *site*? The main essentials are easily summed up:

1. The *air* should be pure and absolutely free from all soot of large towns and from dust.
2. The *soil* should allow the water readily to drain away.
3. There should be *shelter* from prevailing winds, best obtained by building on the slope of a hill, so that the summit affords the shelter; or it should be obtained by a bank of trees.
4. There should be a maximum amount of *sunshine*.

Into details of building I do not propose here to enter, as it would take up far too much time, and I am more concerned to-night with the principles of the treatment than with the details of carrying it out.

Next, with regard to *cases suitable*. On this point there are many different views held. It seems to me simply a matter of accommodation. Since this is very small, and must remain so for some time to come, it will be well to reserve it for the earlier cases, where the chances of a definite and a comparatively speedy cure are the greater; but we must not forget that this form of treatment is just as suitable for patients in whom the disease is considerably advanced. There are many cases where well marked cavities have become quiescent, and the patients have been restored to, and have continued in, perfect health.

Then the question of *results* is always, and rightly so, a question uppermost in our minds when treatment is involved. The success of any form of treatment must be judged by what we expect from it. What are our expectations? Unhesitatingly must we answer, to cure our patient, given a sufficiently long stay; or, failing this, to put him in the way of continuing his cure. We need to look boldly upon a very large number of cases of pulmonary tuberculosis as being curable, and not merely those which we term incipient phthisis. A patient is cured when there are no longer any signs or symptoms of active disease. The maintenance of this condition will, of course, depend upon the kind of life he is subsequently able to live. To attain this condition in a sanatorium will need a stay proportional, roughly, to the extent of the disease. Some patients may be cured, and remain cured, after six months under treatment; others, say, after a year; others would need a considerably more prolonged stay. For a large number this will obviously not be practicable; but if we cannot cure them, we can do the next best thing—teach them upon what lines they must proceed if they wish to become cured; teach them how to manage their lives. They must be drilled—drilled into a mode of life the exact opposite in many cases to that to which they have been accustomed,—and they must be so effectually drilled that the new mode will become to them a second nature. Undeniably to carry out much of what they have learnt will be very difficult when they leave the sanatorium; but still a good deal can be done, and we may also expect much indirect benefit to other people from such patients returning to ordinary life. One may remark in passing that this phase of the question brings into strong relief the necessity for unity in our work. Tubercle must be attacked from all sides. It would be almost useless to treat tuberculosis in specially constructed sanatoria if we did not at the same time take all measures possible to improve the general hygiene of life in every department.

Of sanatoria in England we have at present very few, though there are many places where open-air treatment is carried out, and where more or less satisfactory results are obtained. The system in its entirety is, perhaps, best seen at Dr. Thurnam's sanatorium, my visit to which I have already mentioned. I have also visited Dr. Pruen's establishment on the Cotswold Hills, then accommodating only seven patients, but now much enlarged.

Seeing that pulmonary tuberculosis is a disease of all classes, it is obvious that provision should be made for all. In the case of patients who can pay several pounds a week, the financial difficulty obviously does not come in; but for the very large majority, either private charity or the State will have to intervene. Into the detailed question as to who are the right people to move in this matter I do not propose to enter this evening.

Lastly, then, let me add a few words regarding the *management* of a sanatorium. From what has gone before, I need not dwell on the absolute necessity of getting the right man at the head. It is a fundamental point, and one we are in danger of not grasping sufficiently. He must be given a free hand in the treatment of his patients. This follows from what I have already said with regard to the psychology of the disease. We do not want to set up in England mere dividend-paying hydropathic establishments nor convalescent homes. It is a serious business this curing of consumption, and there are indications all round that we are taking it up in far too light-hearted a manner. Our business is not to please our patient, but to cure him. The battle is one in which all the necessities for victory must be closely observed, patience, perseverance, strictness, and cheerful obedience to orders, for there are no short cuts to success.

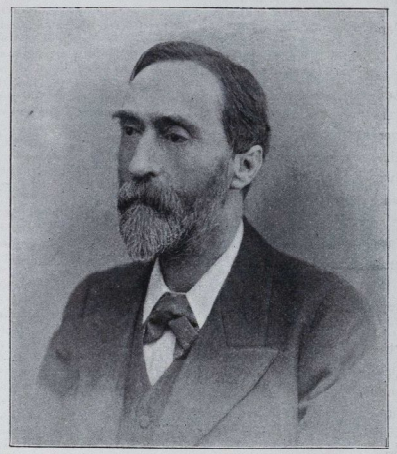
In Memoriam.

REGINALD SOUTHEY, M.D.

By Dr. CHURCH.

SIXTEEN years is a large portion out of any man's life; and although to his former colleagues it seems but the other day when Dr. Reginald Southey was among them in the wards of the Hospital, many generations of Bartholomew men have passed through their student courses without any personal acquaintance with Dr. Southey, and many without having even heard his name or of his former connection with our School.

In 1883 Dr. Southey accepted the post of a Commissioner in Lunacy, and resigned the offices he held in our Hospital and School, and since that time was but little known in professional circles in London. His old friends and contemporaries at the College of Physicians occasionally had the pleasure of seeing him at the College Comitia, and when in town he was a pretty frequent attendant at the College Club, but his frequent and long absences from London on his visits of inspection prevented his taking an active part in medical life in London.



Reginald Southey was one of a large family, being the fifth son of Dr. Harry Herbert Southey, a brother of Robert, the Poet Laureate. His father was a man of mark, and attained to considerable eminence in his profession. He was a Doctor of Medicine of Edinburgh, and the honorary degree of D.C.L. was conferred on him by the University of Oxford in 1847. He was physician in ordinary to King George IV, and physician extraordinary to Queen Adelaide, but his professional practice was rather in connection with lunacy than general practice, his position as Lord Chancellor's referee in cases of lunacy naturally leading to his being consulted in mental cases.

Reginald Southey himself was born in Harley Street on September 15th, 1835. When ten years of age he was sent to Westminster School, then under the Headmastership of Liddell, and from Westminster he passed on to Oxford, matriculating at Christ Church in October, 1853. Undeterred by the difficulties that then existed in the study of science at Oxford, he devoted himself to its pursuit so successfully that he graduated with a First Class in the Natural Science School in the Michaelmas term, 1857, and that same autumn entered as a student at our Hospital.

At school and at the university Southey was a wet bob—his light weight enabled him to fill the responsible position of coxswain for his school eight at Westminster and occupy the same position at Christ Church. He was also an accomplished sculler, and was as good a man in the water as on it, being a most fearless swimmer. After his university days he still retained his fondness for bathing and for the river, and his greatest pleasure was to escape from town for a brief holiday and spend it on the river with some of his old companions.

In 1860 Southey was elected Radcliffe Travelling Fellow, and in accordance with the terms of that Fellowship spent much of the year 1861 abroad, residing chiefly in Berlin, Vienna, and Prague, and gaining that familiarity with the German language which enabled him afterwards to translate into really good English the articles on renal diseases in Ziemssen's *Cyclopædia of the Practice of Medicine*. Whilst in Berlin he attached himself more particularly to the scientific work then being carried out by Virchow, whilst at Prague he more particularly attended to clinical work and auscultation as taught by Skoda and Oppoltzer.

In 1860 he passed the Membership examination of the Royal College of Physicians, and the following year he took his Bachelor of Medicine degree at Oxford.

In the summer of 1862 Dr. Southey went for two months to study leprosy in Norway, spending most of the time with Professor Danielsen at the Leper Hospital at Bergen.

Never very robust, and suffering at times from pulmonary troubles, his chest symptoms about this time became more serious and alarming, and he spent the winter of 1862 in travelling in South America, and the following winter of 1863 in Madeira. These steps were followed by the happiest results, and in 1864 Southey returned to London and to hard professional work. He became Physician to the Royal General Dispensary, and Assistant Physician to the City of London Hospital for Diseases of the Chest, posts which he resigned the following year on being appointed Assistant Physician to our Hospital.

In 1866 he took the degree of Doctor of Medicine at Oxford, and was the same year elected a Fellow of the College of Physicians, and the following year as Gulstonian Lecturer delivered to the College his lectures on the "Nature and Affinities of Tubercle."

The unusually rapid changes which took place in the Senior Staff of the Hospital led to Dr. Southey, in 1868, undertaking to deliver the annual course of lectures on Forensic Medicine, vacant by the resignation and subsequent death of Dr. Edwards, a course which he continued to deliver for fourteen years; and two years later, 1870, he was appointed full Physician to the Hospital.

Besides his post at St. Bartholomew's Hospital from 1877 to 1883, he was Physician to the Hospital for Incurable Children at Cheyne Walk.

After serving upon the Council of the College of Physicians in 1878–9, Dr. Southey was appointed Lumleian Lecturer in 1881, and chose for his subject "Bright's Disease." His Lumleian Lectures were an able review of this subject, and attracted considerable attention at the time of their delivery.

In 1883 he resigned all his appointments at the Hospital on being appointed a Commissioner in Lunacy. This office he continued to hold until last year, when failing health warned him that he was no longer able to undergo the fatigues which it entailed; his duties necessitated long journeys in all weathers, and frequent absence for lengthened periods from the comforts of home life.

Dr. Southey married early in life Miss Frances Marianne Thornton, daughter of the Rev. Watson Thornton, Prebendary of Hereford Cathedral and rector of Stanwarne. He commenced his married life in 32, Montague Place, W.C., but moved in 1871 to No. 6, Harley Street, the next house to his old home.

At that time Southey was an active member of many of the London medical societies, being a Fellow of the Royal Medical and Chirurgical and Member of the Pathological and Clinical Societies, to all of whose *Transactions* he contributed papers; he took perhaps the warmest interest in the Clinical Society, of which he was an original member, Medical Secretary for the years 1873–5, and Vice-President in the years 1883–4. He communicated to the Clinical Society in 1879 his method of draining anasarcous limbs by means of his trocars and tubes, a method which has stood the test of years, and has become widely and extensively known.

Dr. Southey possessed much personal charm of manner, and it was remarkable how warm was the affection which his old school and college friends continued to feel for him throughout life. So far as the writer of these notes is aware, he had, comparatively speaking, but few other intimate friends. Many of these yet remain, who, with his other friends, mourn the loss of one who ever proved himself a pleasant companion and a steadfast friend.

Dr. Southey died at his country residence in the village of Sutton Valence, November 8th, 1899.

Ringworm and Favus in the Light of Recent Research.

A Paper read before the Abernethian Society, November 16th, 1899,

By WILFRID B. WARDE, M.D.

A WELL-ESTABLISHED ringworm is usually unmistakeable. At times the diagnosis is obscured owing to the presence of other skin disorders. Yet even in such cases a reasonably attentive study of the case will clear it up.

Unfortunately ringworm is far too often overlooked. The mistake may prove disastrous. Much valuable time may be lost when the disease is still readily influenced by treatment. Many other children may be infected, and so be deprived of their school privileges. And the credit of the man who makes the mistake may be greatly injured. No case need be overlooked if doubtful hairs be placed under the microscope.

Historical.—The study of diseases of the skin caused by fungi really commenced in 1839 with Schönlein's discovery of the fungus causing favus. A few years later the true cause of ringworm was discovered by Malmsten of Stockholm, and by Gruby of Paris. The latter observer differentiated the three types subsequently discovered by Sabourand, but owing to misuse of words his discoveries were discredited. For many years after the opinion was held that ringworm was due to a single fungus. Gradually the impression gained ground that there were several distinct varieties concerned, and finally Sabourand established the plurality of fungi beyond all possibility of doubt. The result of this observer's industrious work has been disastrous for the student of the future, for he announces the discovery of nineteen distinct varieties, and expects, as time goes on, to add to the list.

Many of these varieties are distinguished by slight differences of colour and form in culture, and it is not unreasonable to suppose that in time they will disappear from the list. But even then a sufficient number of absolutely distinct varieties will remain to keep future observers busy. Sabourand's classification is as follows:

A. Small spore.
   Microsporon Audouini.
B. Large spore.
   (*a*) Endothrix.
      1. With resistent mycelium and crater cultures.
      2. With fragile mycelium and acuminate cultures.
   (*b*) Ectothrix (of animal origin).
      1. White or pyogenic of horse (really has small spores).
      2. Violet.
      3. Rose.
      4. Yellow.

It will clear the ground if I now say a few words concerning the spores that we speak about so often. A common mould consists of several parts. There is an intricate network made up of chains of vegetable cells, and known as the mycelium. From this two sets of branches are given off. One set penetrates the medium on which the mould is living; the other and more important grows up into the air, and forms the aërial hyphæ. Some of these hyphæ are specially differentiated, and produce the true fine of external spores. It is by the characters of this spore-bearing apparatus that the mould is recognised and classified. For one mycelium differs little from another.

In the parasitic life the last set of branches are absent, and only the mycelium and submerged hyphæ present. When growth is free the individual segments of the chain forming the mycelium are much longer than they are wide, and possess a very thin cell wall.

Under certain conditions, *e.g.* poor soil or growth under pressure, the form of the individual segment or unit may undergo a marked change. They become much shorter, so that the two diameters become equal, and in proportion as this change takes place the cell wall becomes thicker, the union between any two segments loosens, and the vitality or resisting power infinitely greater. It is this form or mycelial spore that we are dealing with in the hair. Each of these segments can reproduce the plant, and may fairly be called a spore if we only remember what it really is. It will be readily understood that the botanical position of the plant cannot be ascertained by spores such as these.

We will now pass on to a consideration of the various forms, adopting Sabourand's classification.

I. Microsporon Audouini, *or the Small-spored Fungus of Gruby.*

This comes first in point of view of numbers and of importance. It is the common form—the ringworm of schools. Sabourand found it to be 65 per cent., Fox and Blaxall, 80 90 per cent.; my own investigations, nearly 94 per cent.

It must be remembered that ringworm has, during the past year, been very uncommon, and that as a natural consequence the relative proportion of microsporon in the others must be greater. It is essentially a disease of infancy, and more particularly of early infancy. Maximum is met with between five and seven.

Competent observers declare that the disease tends to cure spontaneously at or near the age of puberty, when the character of the hair changes. But if this change of the hair is delayed, or does not appear, the disease may continue longer, and attack adults. One certain fact is that the disease as concerns the scalp is very rare in adults. I have met with a case in a baby of six weeks, and another in a baby only eighteen days old. The oldest infected child I have seen was a boy of thirteen. But the disease not uncommonly appears in adults as a Tinea circinata of the body.

I propose, in dealing with these groups, to take first the clinical features, then the microscopic character of the hair, and finally the appearance of the cultures.

Clinical.—The vast majority of cases when first seen have already been under treatment some time; yet even these can generally be diagnosed. When untreated the diagnosis is easy. There are, on a young child's head, one or many irregularly round, dry, scaly patches, showing a decided loss of hair. The loss of hair is peculiar; it looks as though some animal had gone grazing on the scalp, and had eaten down the hairs to a lower level. Here and there long hairs stand out, but they are not frequent.

The next point we note is the marked scaliness. Dry greyish scales cover the patch, or in extensive cases the whole of the top of the head.

An attentive study of the short hairs shows that each is invested at the base by a grey-white sheath for a short distance above the orifice. Sometimes the sheath is extraordinarily developed, and unless treatment has been very active it can always be made out on a few of the hairs. The diseased hairs look grey and dull; they have lost their cuticle, and present an uneven, frayed appearance. They project above the orifice about a quarter of an inch, and almost invariably break off on epilation at some point above the bulb. In babies a narrow red raised margin is visible, on which small vesicles may appear. In older children this red margin is sometimes seen, but is usually inconspicuous, and has to be specially sought for.

It is common to find irregular red furfurations on the child's face, neck, and arms. They are generally small, but I have seen nearly the whole face swollen, red, and scaly.

A case presenting features as described can be mistaken for nothing else.

Unfortunately treatment obscures many of the features. For instance, one or two good frictions with ointment will rub off many of the hairs, most of their parasitic sheaths, and all the scales.

Sabourand said that if any dermatitis appeared, or abscesses, he expected to find a large-spored form. This is obviously absurd, for I have seen quite a number of long-standing microsporon cases untreated show some seborrhœic eczema, and some have presented abscesses. Still, the fact remains that the fungus excites wonderfully little irritation, and if left alone the scalp remains dry and free from obvious inflammation.

Microscopically.—I need scarcely say that it is essential to choose the right hairs. Men seem to me often to go out of their way to choose the wrong. The short, rough, discoloured hairs must be taken, they can be placed in Liq. Potassæ, warmed for a few moments over a flame to hasten the clearing, and examined at once. I may as well say here that the method of staining is far inferior to the examination of the fresh hair, and I now much regret the time I have wasted upon it. There is nothing the stained specimens show that cannot be equally well seen in the fresh, and when the fungus is abundant the fresh method is infinitely superior.

The appearance of the microsporon hair is most characteristic. The base looks rough, and has clearly lost its cuticle. The cortical substance is frayed out, and the central canal generally obliterated. The base of the hair is seen to be more or less completely surrounded by a thick sheath of small polygonal cells. In places the sheath is broken, and it can be seen that the cells are not arranged in chains, but form a sort of mosaic. In other places the sheath is thin, and here one can see fine mycelial threads passing down in the substance of the hair. The sheath thins off above and below. In good specimens it is possible to see at the lower end a terminal finger of narrow mycelium running down to the junction of the bulb and shaft or even to the end of the bulb. These threads are even and straight. They generally have bulbous ends and are in the substance of the hair, *i.e.* beneath the sheath. The same fringe may be met with above, but is rarer. One notices how closely the sheath clings to the hair. It has destroyed the cuticle, and the fungus is steadily eating up the whole hair.

Specimen No. 60 shows well how the early irregularly segmented threads force their way between the overlapping cells forming the cuticle, and then rip the cuticle off. This portion is consumed, and the threads, owing to pressure and other causes, break up into the isolated spores that compose the sheath. There are many other interesting features, but time will not allow of their discussion.

One negative point is of the utmost importance. Mycelial threads are never found ramifying outside the sheath between it and the wall of the follicle. This is one of the most important distinguishing features between microsporon and, if you will allow me to say so, the small-spored large-spored variety.

Cultures.—These also are characteristic. Growth commences from tenth to fourteenth day; an inoculation I made from pus of a kerion case started on the seventeeth day. They commence as sun-growths, *i.e.* from a centre radiate out closely set, shining transparent rays in the depth of the medium. In about a week a tuft of white down appears on the surface of the centre, and this remains permanent.

As time goes on the whole surface becomes covered with more or less abundant fine white down. In this respect great variations are met with. Sometimes the growth is very abundant, sometimes scarcely perceptible. Often a ringed arrangement is noticeable. These differences depend largely on the soil in which it is grown. Sabourand discovered the most suitable one, namely, maltose 3·5 per cent., peptone ·5 per cent., agar 2 per cent., water 100. On this medium growth is very abundant.

On potato the gowth is quite characteristic. The potato is stained red-brown, and on its surface a fine white mycelium appears. None of these growths become powdery, and secondary colonies are rare.

I have here another specimen, probably intermediate between microsporon and the small-spored form that Sabourand has classed amongst the large. You see its growth is much more abundant, and there is a tendency for it to become powdery.

The growth on potato does not stain the medium, and is much more abundant. Time will not allow me to describe the hanging drop appearances of these fungi.

II. *The Large-spored Fungi or Trichophytes.*

Unfortunately these cases have been very scarce. I have so far only met with five. One I could not obtain a culture from, because all the hairs were spoilt and the case never turned up again. The last two have come so recently that I have not been able to make proper use of them. However, I can show the microscopic appearances stained or unstained of all, and they are of sufficient interest to merit your notice.

At the outset I must again warn you that Sabourand has classed among the megalospores a type that has small spores, and appears to be much more closely allied to microsporon than to the group in which it is placed.

In the study of these fungi I recognise two important types.

1. A type showing in the hair small spores and a fine mycelium, tending to destroy the cuticle, and giving cultures covered by pure white hyphæ, that in the more active forms become covered with powder—the microsporon type.

2. A type showing chains in or around the hair of much larger square or oval spores, with remarkably thick wall. These give cultures that take the form of cakes or masses of powder, and on the surface show short bristling hyphæ. This I would call the macrosporon type.

However, the authority of Sabourand is great, and I am not yet in the position to prove the relationship that I so strongly suspect.

Those of you who have studied the specimens will see clearly what I mean, and how closely the white ectothrix is allied to the microsporon.

Trichophyton megalosporon endothrix. The name implies that the fungus is altogether within the hair, and to the eye it certainly does appear to be. But I fancy that in time this conception will give way, and that the presence of the fungus in the wall of the follicle will be more and more frequently demonstrated.

The fungus comes from without, and to get to the hair it must pass into the follicle or else course along its wall. It is said that the extra-pilar part soon dies away. My impression is that it is left behind in the scalp. The hairs of these cases have no sheaths; most probably the sheath is left behind. Still the name implies the condition usually found, and so is suggestive. This is still a disease of children, but it usually attacks children in second infancy, *i.e.* from eight to ten upwards. It can attack adults.

Taking its features in order:

Clinically the cases are usually quite distinct, and they can scarcely be confused with microsporon. There is an early circinate ring on the scalp that quickly disappears, leaving the scalp apparently normal. There is an entire absence of the abundant grey scales so characteristic of microsporon.

The hairs are swollen and often dark. They break off close to the scalp, and many appear in the orifice merely as black points. There is no parasitic sheath round the hairs as in microsporon.

Inoculation of other parts is extremely common. A large bright red, succulent, circinate lesion on hairless parts would at once suggest a large-sporod variety.

As to the appearance of the scalp as a whole, Sabourand distinguishes two types.

1. With extensive bald plaques and numerous small secondary inoculations the hairs appearing as above described, *i.e.* large, dark, free from parasitic sheath, and breaking close to scalp. This form he associates with a fungus composed of chains of large oval or round spores, very loosely attached to one another, and hence called fragile. The fungus gives acuminate cultures.

2. With scattered small nail-sized plaques, or isolated stumps appearing all over the head. This he declares corresponds to a fungus growing as chains of square-shaped thick-walled segments, and giving highly characteristic crateriform cultures.

Endothrix cases are exceedingly rare in London. Fox and Blaxall, out of over 400 cases, found no instance of the first type, and only seventeen of the second.

I shall describe the second, and only briefly mention the first.

Clinical as given above. The chief feature is the occurrence of single diseased hairs, or of small groups scattered all over the scalp. A few nail-sized patches occur. In only three of seventeen cases did Fox and Blaxall find a circumscribed area that could be called a patch, and these were covered with short stumps or black dots filling the orifices. The hairs are swollen, dark, very brittle, and so hard to extract. They have no parasitic sheath.

Microscopically.—Equally striking. The hair retains its cuticle. I may as well impress on you here that this is characteristic of all megalospores. None of them are cuticle destroyers, whereas the small-spored forms, including the white ectothrix, are active destroyers.

The hair appears very large, and is crammed with chains of large, square, thick-walled segments of singular regularity. The chains are obviously more abundant on the outer aspects of hair, but as a rule they fill the whole; they run straight up the hair. In these three features there is a marked contrast with Favus in which the chains are very wavy, few are seen, and they are far from regular. The chains are contained within the cuticle. Occasionally a filament runs up outside the hair. Then, as a rule, the spores are smaller and of a different shape.

Cultures.—I have explained that the microsporon cultures start growing as small sun-like transparent growths, and that colonies take from seven to fourteen days or more to become visible. I shall show later on that one common variety—the white ectothrix, classed amongst the large-spored group—does the same, but the true large-spore colonies commence in an entirely different fashion; so that, bearing in mind the reservation just made, they can at once be distinguished. Growth starts on sixth or seventh day. The tiny colonies differ. They are opaque from the start, and resemble stars, in that the rays are more divergent and of irregular length. Then, also, the rays are from the start powdery and thick, not transparent and thin, as in microsporon. The fungus grows in form of cakes—irregular masses like plaster—generally covered by powder, and secondary colonies are frequent.

Malted agar.—Form a cake of yellow or cream-coloured powder. This is gradually heaped up to form a central boss, and towards the end of a month this boss appears to be invaginated, so that a deep central depression is formed. This is why these cultures are called by Sabourand crateriform. I am not yet in a position to verify these facts, but they have been fully confirmed by Fox and Blaxall.

Potato.—Commences as many small yellow or cream-coloured powdery stars. A flat raised powdery surface is formed, that eventually becomes covered by short white down. No discoloration as a rule.

I will now just mention the other variety, that so far has not been seen in this country. I have already alluded to its clinical and microscopical appearance.

The cultures on malted agar are said to resemble cones, and to be cream-white in colour, shaded by circles, grey, rose, or ochre. The surface shows eight or nine radiating fissures. The whole is surrounded by fine rays buried in the medium. On potato brown streaks covered by light brown powder.

III.—*Ringworms of animal origin; Trichophyton meg.; Ectothrix.*

This group contains a number of absolutely distinct varieties; in fact, they have only two features in common, namely—

1. Their assumed animal origin; not proved for all.
2. The fact that the fungus grows in chains outside the hair between the hair and follicular wall.

Whereas microsporon scarcely ever attacks adults, this form often does, and is comparatively rare on the scalp of children. These fungi are chiefly met with in ringworm of the beard, or of the hairless parts, or of the nails.

Tinea sycosis is very rare now. So far I have not encountered a single case. The specimens I show you were obtained from the heads of children.

There is another feature very suggestive of ectothrix. I refer to the tendency they have to excite inflammation round the follicles, and even suppuration. If an untreated ringworm appears red and irritable-looking; if it is studded with small follicular abscesses, or has assumed the appearance of kerion: and if with this there are circinate lesions in other parts of the body—you may strongly suspect to find some rarer form, some member of this complex group. I cannot generalise further. The various members are so dissimilar that they must be taken one by one and described separately.

(*To be continued.*)

Notes.

We are desirous of adding our deep regret to that already universally expressed at the rather sudden death of Sir Richard Thorne Thorne, which took place on December 18th. We hope to publish an appreciation of our late Lecturer on Public Health next month.

* * *

In consequence of the above sad event, the Annual Medical and Teaching Staff Dinner has been omitted this year.

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Dr. Hubert Roberts has been appointed Physician to Out-patients at Queen Charlotte's Lying-in Hospital.

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The degrees of M.B., B.C.(Cantab.) have been conferred upon H. F. Bassano.

* * *

Mr. James Berry is at present acting as *locum tenens* for Mr. Bowlby during the latter's absence at the Cape. We are very pleased to see Mr. Berry's familiarly energetic figure amongst us again. No doubt many a keen dresser will be the wiser for watching Mr. Berry operate upon the living, as the older students amongst us were for watching him operate upon the dead.

* * *

The Mid-Sessional Abernethian Address will be given by Dr. James Calvert in the Anatomical Theatre on January 11th; subject, "The Office of Warden."

* * *

The Fourth Annual Ball, given by the members of the Volunteer Medical Staff Corps, will be held at the King's Hall, Newton Street, Holborn, on Monday, February 5th

1900. Dancing, 8.45 p.m.; Supper, 11.45 p.m.; Carriages, 3.30 a.m. Mrs. Walsham, supported by several other ladies, will receive the guests. The Committee and Stewards include Surg.-Capts. H. Work Dodd, G. Sims Woodhead, the Rev. Sir Borradaile Savory, Surg.-Lieut. W. E. Miles, and others. Music by the band of the Royal Artillery. Tickets—including Supper—Single: Gentlemen, 10*s.* 6*d.*; Ladies, 7*s.* 6*d.*; Double, 15*s.* 6*d.* This Ball is becoming increasingly popular year by year, and we hope that there will be no lack of interest next February. Further particulars from Sergt.-Major J. C. S. Dunn.

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IN connection with this notice, it should be stated that it was the intention of the Committee to postpone the Dance owing to the unfortunate condition of affairs in South Africa. It has been decided, however, that in view of the great popularity of the Dance in the Hospital it would be better to carry out the original programme, and devote any surplus to the fund that has been opened for the benefit of the wives and orphans of officers killed during the present campaign. It will be remembered that the members of the company contributed last year's surplus to the Kanthack fund, and no doubt the increased support which is expected this year will enable the Committee to make a handsome contribution to the fund previously referred to.

* * *

THE Annual Christmas Entertainment given by the members of the Hospital Amateur Dramatic Club will take place on Thursday and Friday, January 4th and 5th, 1900, at 7 o'clock, in the Great Hall. The following is the programme:

Overture . . . . . .

"MY TURN NEXT."

A Farce in One Act.

By THOMAS J. WILLIAMS.

Taraxicum Twitters (a Village Apothecary)	Mr. C. J. Meade.
Tim Bolus (his Professional Assistant)	Mr. S. E. Crawford.
Tom Trap (a Commercial Traveller)	Mr. C. S. Hawes.
Farmer Wheatear (from Banbury)	Mr. G. F. Furley.
Lydia (Twitters' Wife)	Mr. H. S. Ward.
Cicely (her Niece)	Mr. R. C. Elmslie.
Peggy (Twitters' Maid-servant and Housekeeper)	Mr. L. Morris.

Scene—A Country Apothecary's Shop Parlour.

Selection . . . . . .

"OLD CRONIES."

A Duologue Comedietta.

By S. THEYRE SMITH.

Dr. Jacks	Mr. T. Talbot.
Captain Pigeon	Mr. A. R. Tweedie.

INTERVAL OF TWENTY MINUTES.

Overture . . . . . .

"POOR PILLICODDY."

A Farce in One Act.

By J. M. MORTON.

Mr. Pillicoddy (Nurseryman)	Mr. H. S. Ward.
Captain O'Scuttle	Mr. S. E. Crawford.
Mrs. Pillicoddy	Mr. L. Morris.
Mrs. O'Scuttle	Mr. R. C. Elmslie.
Sarah Blunt	Mr. H. H. Raw.

Scene—Pillicoddy's Nursing Pounds.

Stage Manager	Mr. T. Talbot.
Assistant Stage Manager	Mr. A. R. Tweedie.
Acting Manager	Mr. S. E. Crawford.

MUSIC BY THE HOSPITAL ORCHESTRAL SOCIETY.

* * *

AT the recent Supper and Smoking Concert given by the Hospital members of the Volunteer Medical Staff Corps much interest was shown in a speech by Mr. Murray, a colonist from Natal, now studying medicine at this Hospital. His remarks are interesting as showing the strong feeling that exists in South Africa at the present time. In the course of his speech Mr. Murray said that as a Cape Colonist he was glad to say a few words in reply to the toast of "Our Comrades in South Africa." "A good deal had been said lately about the disloyalty of the Cape, but he hoped no one there that night thought that the English section of the inhabitants shared at all in that sentiment. They were, he was proud to say, willing, if England would but give them the chance, to actively show their loyalty to the Queen and the cause. (Loud cheers.) The arrogance and flaring injustice of the Transvaal Government had become intolerable. (Hear, hear.) When England and England's soldiers had remedied this they would have won the undying gratitude of all loyal South Africans." (Loud cheers.)

* * *

THE thirty-fifth volume of the *St. Bartholomew's Hospital Reports* will be issued to subscribers about the end of January. It contains papers by Sir Dyce Duckworth, Dr. Herringham, Mr. Willett, Mr. Cripps, Mr. Bruce Clarke, Mr. D'Arcy Power, and Mr. Jessop. There are two interesting papers by Mr. C. S. Myers on the "Conditions of Life on a Torres Straits Island," and on "Malay Midwifery," the outcome of his work with the Cambridge Anthropological Expedition to the Torres Straits and Borneo in the early part of the year. Mr. Laurie Lawrence contributes a new theory on the function of the middle ear, and Mr. Kent Hughes, of Melbourne, an account of a new kind of talipes. There are also papers by Dr. Horder, Mr. Auden, Mr. Forbes, and the Stephen Scott Prize Essay on Hypopyon by Mr. Percy F. Turner. Mr. Henry Power has written an obituary notice of Dr. Southey, and Mr. Bowlby eulogises the late Professor Kanthack. The volume also contains more illustrations than usual. Intending subscribers should give in their names at once to Mr. P. F. Madden at the Library, if their names are to be printed in the list of subscribers which is appended to the volume.

* * *

WE take this opportunity of pleading for a more widespread interest in the *Reports* by Bart.'s men. As we are assured that some hospital reports are subsidised, and others are taken under compulsion, it is, perhaps, unfair to make comparisons between our own list of subscribers and those of other hospitals. Still, we cannot avoid the conclusion that with so large an output of qualified men from St. Bartholomew's, a subscription list amounting to less than 500 is very paltry. A glance at the same list for 1878 shows that there has been an increase of only about sixty subscribers during the past twenty years.

* * *

That the fault is not entirely on the part of the subscribers is probably true. Of late years the volume has shown a strong inclination to almost indefinite postponement of publication; and a refusal to illustrate contributors' articles, or even to print temperature charts, except at the authors' expense, demonstrated a sad lack of enterprise. However, we are glad to say that these matters are being revolutionised. Last year's volume was in the hands of the chairman on the evening of the Christmas Staff Dinner, and the forthcoming volume is promised for January. We would remind such of our readers as are ambitious that the *Reports* are still a good medium for publication, and articles appearing in them are (when of sufficient merit) largely quoted in current medical works. We feel sure that this fact is due to the former prestige of the *Reports*, in the pages of which many epoch-making articles have appeared. We must not lose this reputation for the want of a little more whole-heartedness, either on the part of subscriber, contributor, or editor.

* * *

THE following paragraph appeared in one of the evening papers recently:

JUDGE FRENCH ON DOCTORS' BILLS.

In the Bow County Court, yesterday, Alice Webb, a domestic servant, of Canning Town, claimed £50 damages from the Great Eastern Railway for a contused back and knee, injuries sustained by being knocked down by a porter at Tidal Basin station. The doctor's bill came to £3 13s. 6d., the visits being charged at 2s. each.

Judge French: Preposterous! A shilling a visit is quite enough for attending a servant girl. I shall only allow a guinea for the doctor's bill, and ten guineas damages for the plaintiff.

Counsel for defendant company: We offered £20, but they would not accept it.

Judge French: A very generous offer indeed.

Assuming Judge French to have been correctly reported, his estimate of the value of a doctor's services is somewhat interesting. Yet we can easily conceive him to be the kind of man who would be righteously indignant if it were proved that the attendance upon "a servant girl" lacked aught in thoroughness or skill. One thing we may safely surmise: Judge French has not paid for the education of a son as medical practitioner.

* * *

WE have received a copy of a "Report on Plague in Calcutta," by J. Neild Cook, D.P.H., Health Officer. The report contains a spot map of the city, showing the distribution of the cases, as well as charts of plague attacks, with deaths, mean weekly rainfall, and temperature.

Amalgamated Clubs.

THE RUGBY FOOTBALL SEASON.

The Rugby team must be congratulated on the result of the season so far. Five matches have been won and seven lost. True, the number of defeats exceeds the number of successes, but the record is a decided improvement on that of the same time last year, and the play has been consistently good. Some of the losses, too, have been against teams avowedly strong this season, as the R.I.E.C. and Rosslyn Park. Northampton beat us heavily, though we gave them a good game, in which our forwards were stronger, but their three-quarters were much too good for us. The other losses were against the R.M.C., Lennox, Old Merchant Taylors (by a try), and Civil Service. The Old Leysians, R.M.A., Park House, R.N.C., and Upper Clapton have been beaten. The last match of the term (*v.* Catford Bridge) was scratched through the frost; this was unfortunate, as it was a probable win. The forwards have been the strong point of the team, though Ash, Howell, and Stone have always held their own at half. The three-quarters have not had enough chances of playing together, and Marshall has generally proved safe at full back. O'Neill is to be congratulated on getting his Devon cap.

The 2nd XV has been most successful. Nine matches have been won, three lost, and two drawn, and the points scored are 189 for and 28 against.

Next term come the Cup Ties, and the team should make a good show. We have drawn a bye, and in the second round will probably meet Guy's (the holders), who are drawn with and should defeat George's in the first.

ST. BART.'S *v.* R.M.A.

Played at Woolwich on Saturday, November 4th, in wet weather. The Hospital started well, pressing from the very first. We obtained the ball much more often than our opponents, and several times were near scoring. O'Neill just missed a goal from a penalty kick, but soon after he scored after a good run by T. O'Neill. The kick was successful, though from a difficult angle. There was no more scoring up to half-time.

About the middle of the second half, Price, after a long run up the touch-line, scored far out; the goal was not kicked. Soon after this we should probably have scored again if the opposing back had not collared Tosswill after he had dribbled past him. In the last ten minutes Marryat scored for Woolwich, the kick at goal failing. There was no further score, so the result was a good win for the Hospital by a goal and a try to a try (8—3). This was especially satisfactory, seeing that we were without James, Ash, Howell, and Neligan, and they had a full team. Team:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, C. Dix, E. W. Price, H. W. Thompson (three-quarters); D. Stone, T. O'Neill (halves); H. C. Adams (captain), A. O'Neill, H. T. Wilson, I. R. Tosswill, H. E. Graham, R. I. Douglas, H. W. Thomson, E. C. Hodgson (forwards).

ST. BART.'S "A" *v.* ST. MARY'S HOSPITAL "A."

Played at Winchmore Hill on Wednesday, October 25th, and resulted, after a most keenly contested game, in a win for St. Mary's by 1 goal and 1 try to 2 tries. Bart.'s were unfortunate in having to play two men short through injuries. E. G. Drury and W. H. Scott scored the tries. Team:

St. Bart.'s.—C. G. Martin (back); A. F. Henty, L. M. Rosten, G. D. Drury, J. Corbin (three-quarters); W. H. Scott, T. O'Neill (halves); F. Harvey (captain), H. E. Stanger-Leathes, W. H. Hamilton, E. G. Milsom, E. C. Hodgson, N. Conolly, T. Bates (forwards).

ST. BART.'S "A" *v.* LONDON IRISH "A."

Played at Winchmore Hill on Saturday, October 28th, and resulted in an easy win for the Hospital by 1 goal and 6 tries to *nil*. Team:

St. Bart.'s.—L. M. Rosten (back); G. D. Drury, — Ellett, A. F. Henty, N. M. Wilson (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), E. C. Hodgson, N. Conolly, L. Arnould, P. Gosse, H. M. Huggins, C. V. Nicoll, C. F. Nicholas (forwards).

ST. BART.'S "A" *v.* ST. THOMAS'S HOSPITAL "A."

Played at Chiswick on Wednesday, November 1st, and, after a very hard-fought game, resulted in a win for St. Bart.'s by a goal and

a penalty goal to *nil*. This result was mainly due to the fine play of the Hospital forwards, H. T. Wilson especially. The goals were kicked by H. W. Pank. Team:

St. Bart.'s.—H W Pank (back); G. D. Drury, T. O'Neill, L. M. Rosten, F. R. Carroll (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), H. T. Wilson, H. E. Stanger-Leathes, H. W. Thomson, F. H. Noke, N. Conolly, E. C. Hodgson, L. Arnould (forwards).

ST. BART.'S "A" *v.* OLD CHARLTONIANS.

Played at Winchmore Hill on Saturday, November 4th, and ended in a somewhat lucky win for our opponents by a dropped goal to *nil*. The Hospital had very bad luck in not scoring. Team:

St. Bart.'s.—C. G. Martin (back); L. M. Rosten, — Ellett, A. F. Henty, J. Corbin (three-quarters); W. H. Scott, F. R Carroll (halves); F. Harvey (captain), H. E. Stanger-Leathes, J. C. Rigby, N. Conolly, L. Arnould, W. H. Hamilton, H. M. Huggins, P. Gosse (forwards).

ST. BART.'S "A" *v.* MERCHANT TAYLORS' SCHOOL.

Played at Winchmore Hill on Wednesday, November 8th, and ended in a win for the Hospital by 3 tries to *nil*. Tries were scored by F. Harvey (2) and W. H. Scott. Team:

St. Bart.'s.—H. W. Pank (back); S. Mason, T. O'Neill, L. M. Rosten, F. R. Carroll (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), H. E. Stanger-Leathes, W. H. Hamilton, L. Arnould, E. G. Milsom, N. Conolly, J. Corbin, — Wise (forwards).

ST. BART.'S "A" *v.* ROSSLYN PARK II.

Played at Winchmore Hill on Saturday, November 18th, and resulted in a win for the Hospital by 6 goals (one penalty) and 1 try to *nil*. Tries were scored by Stone, Scott, Mason, and Carroll. The goals were kicked by Scott. Team:

St. Bart.'s.—G. G. Ellett (back); S. Mason, J. Corbin, F. R. Carroll, N. M. Wilson (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (capt.), H. E. Stanger-Leathes, L. Arnould, E. G. Milsom, N. Conolly, K. S. Wise, H. M. Huggins, C. F. Nicholas (forwards).

ST. BART.'S "A" *v.* ST. THOMAS'S HOSPITAL "A."

This match should have been played at Winchmore Hill on Wednesday, November 22nd, but St. Thomas's Hospital were unable to raise a team.

ST. BART.'S "A" *v.* UPPER CLAPTON "A."

Played at Winchmore Hill on Saturday, November 26th. Owing to the late arrival of the visitors the game was left unfinished, darkness stopping play. In the first half there was no score.

Soon after half-time Upper Clapton scored a try. Bart.'s were pressing for the remainder of the time, when darkness stopped further play. Team:

St. Bart.'s.—G. G. Ellett (back); S. Mason, L. M. Rosten, C. Dix, A. F. Henty (three quarters), W. H. Scott, N. M. Wilson (halves), H. E. Stanger-Leathes, E. G. Milsom, J. Dunn, E. C. Hodgson, J. Corbin, N. Conolly, L. Arnould, K. S. Wise (forwards).

ST. BART.'S "A" *v.* UNIVERSITY COLLEGE SCHOOL.

Played at Winchmore Hill on Wednesday, November 29th, and resulted in a win for the Hospital by 5 goals and 6 tries (43 points) to 1 goal. Tries were scored by Wilson (2), Carroll, Dix, Stone, Scott, Stanger-Leathes, Hamilton, Adams, and Corbin. Team:

St. Bart.'s.—G. G. Ellett (back); F. R. Carroll, C. Dix, L. M. Rosten, J. Corbin (three-quarters); W. H. Scott, D. M. Stone (halves); H. E. Stanger-Leathes, W. H. Hamilton, H. C. Adams, H. T. Wilson, E. C. Hodgson, N. Conolly, K. S. Wise, P. Gosse (forwards).

ST. BART.'S *v.* STREATHAM "A."

Played at Winchmore Hill on December 2nd. The Hospital had rather a weak team out for this match, and added to this they had to play one short, but by good tackling on the part of our three-quarters we managed to keep our opponents from scoring, and the game ended in a pointless draw. Team.

St. Bart.'s.—H. W. Pank (back); S. Mason, J. Corbin, A. F. Henty, N. M. Wilson (three-quarters); D. M. Stone, T. O'Neill (halves); N. Maclaren, E. G. Milsom, N. Conolly, L. Arnould, H. M. Huggins, P. Gosse, H. V. Wenham (forwards).

ST. BART.'S "A" *v.* R.I.E.C. "A."

Played at Cooper's Hill on Wednesday, December 6th, and after a splendid game resulted in a win for the Hospital by 2 tries to *nil*. Tries were scored by O'Neill and James. For the Hospital H. T. Wilson, Drury, and Tosswill played well. Team:

St. Bart.'s.—N. M. Wilson (back); L. M. Rosten, H. W. James, E. G. Drury, J. Corbin (three-quarters); D. M. Stone, T. O'Neill (halves); H. T. Wilson, L. R. Tosswill, H. E. Stanger-Leathes, E. C. Hodgson, N. Conolly, K. S. Wise, P. Gosse, A. N. Other (forwards).

ST. BART.'S "A" *v.* UPPER CLAPTON "A."

Played at Clapton on Saturday, December 9th, and after a very closely contested game resulted in a win for the Hospital by 1 try to *nil*. F. C. Mackay scored the only try. Our opponents were somewhat heavier forward, but the Hospital outsides played splendidly. Team:

St. Bart.'s.—N. M. Wilson (back); L. M. Rosten, E. G. Drury, A. F. Henty, J. Corbin (three-quarters); W. H. Scott, E. C. Mackay (halves); H. E. Stanger-Leathes, N. Maclaren, T. Bates, L. Arnould, H. M. Huggins, K. S. Wise, P. Gosse, H. V. Wenham (forwards).

ST. BART.'S "A" *v.* GUY'S HOSPITAL "A."

On Wednesday, December 13th, was scratched by our opponents, owing to the University match.

ST. BART.'S "A" *v.* SIKEATHAM "A."

On Saturday, December 16th, was scratched owing to frost.

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S *v.* HERTS COUNTY.

Played at St. Albans on October 28th, and resulted in a win for the County by 2 goals to 1. This was a fiercely contested match, and up to within five minutes of half-time nothing was scored. Herts County, obtaining the ball from a bully, combined well, and scored their first goal.

After half-time the Hospital had several good shots at our opponents' goal, but failed to score until Nixon, obtaining the ball, took it up himself and scored a well-deserved goal. Very soon after the County scored again with a good shot, and we lost our first match this season. Team:

St. Bart.'s.—A. H. Muirhead (goal); E. T. Glenny, D. Jeaffreson (backs); A. H. Pollock, S. A. Mayo, M. O. Boyd (halves); A. Hallowes, J. A. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* BLACKHEATH SCHOOL.

Played at Blackheath on November 1st, and resulted in a win for the Hospital by 15 goals to *nil*. Wilmot opened the attack ten minutes after the start with a good shot from the edge of the circle, and from then till the end of the game we stayed in the School "25."

At half-time the score was 8 to *nil*, and in the second half 7 more goals were added. The game was a very unevenly contested one throughout, the School having lost several of their best men this season. Goals—Ash, 7; Beckett, 5; Wilmot, 2; Pennefather, 1. Team:

St. Bart.'s.—A. H. Muirhead (goal); M. Coalbank, H. E. Flint (backs); H. B. Hill, A. H. Pollock, M. O. Boyd, A. Hallowes, C. M. Pennefather, F. H. Beckett, B. N. Ash, R. C. Wilmot (forwards).

ST. BART.'S *v.* WELLINGBOROUGH MASTERS.

Played at Wellingborough School on November 1st, and resulted in a drawn game of 4 goals each. Bart.'s won the toss, and started with the wind and sun behind them. Our opponents attacked first, and started a fast combined game; this gave our backs a good deal of trouble. They soon opened the score, but Bart.'s quickly replied by Ward. They again scored, Bart.'s again replying, this time by Berryman.

After half-time the "Masters" got the game completely into their own hands, and quickly put on two goals, thus making the score 4 2. About five minutes before time Bart.'s suddenly woke up and began pressing hard; they were soon rewarded by a goal by Berryman. There was still time to avert a defeat, and this was done by a goal from Ward just before the whistle blew.

It was a keen and enjoyable game throughout. The Hospital was rather weak behind, and the forwards were not quite up to form. Masterman played a hard energetic game.

Our opponents were the best team we have as yet played this season. We were very hospitably entertained after the match. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, W. S. Nealor (backs); J. W. Jones, H. W. Masterman, C. H. Fernie (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards).

ST. BART.'S *v.* OLD CRANLEIGHANS.

Played at Catford on November 4th, resulting in a draw of 1 goal all. Bart.'s took down a weak team, Fowler and Masterman being both away. The ground was very wet and slippery. Bart.'s started with the wind. In the first half the ball was almost entirely in our opponents' quarters, but no goal was scored, due principally to a lack of shooting, and also to the absence of combination.

Just at half-time Jones had the misfortune to have his collar-bone "fractured," and had to leave the field; up till then he had been playing a very good game. Lister retired to centre half. Bart.'s played much better against the wind. Our opponents soon registered their only point, and after this Marratt scored for the Hospital. Nothing was scored after this, although we made some good attempts, especially a shot by O'Brien, which nearly scored. Miller and Nealor were both good. Team:

St. Bart.'s.—H. H. Butcher (goal); L. Orton, W. S. Nealor (backs); G. W. Miller, J. W. Jones, N. E. Waterfield (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards)

ST. BART.'S *v.* TUNBRIDGE WELLS.

Played at Tunbridge Wells on November 11th, resulting in a draw, 2—2. Bart.'s won the toss, and started with a strong wind at their backs. The ground was in a slippery condition; this seemed to favour the usual short-passing game of the inside forwards, which on occasions was very good. The first goal was scored by O'Brien, who broke away in mid-field, and scored by a very well-placed shot from one side. In the first half our backs were seldom passed. Our second goal was scored by Marratt with a long dropping shot, which aided by the wind gained the net.

In the beginning of the second half our forwards could make no headway against the wind, which was getting stronger every minute, so that Tunbridge Wells had all the game, and scored with a shot at which Griffen had little chance. Their second goal was unfortunately put through by Nealor, who in trying to kick across only half caught the ball, which, being swerved round by the wind, gained the net. A new aspect then suddenly came over the game, Bart.'s pressing hard, and although they did not score they kept the ball in front of the Tunbridge Wells goal for the rest of the game. The backs played a very strong game, and Masterman also was very good. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, H. W. Masterman, W. S. Nealor (halves); H. N. Marratt, V. G. Ward, C. O'Brien, R. C. Berryman, T. A. Killby (forwards).

ST. BART.'S *v.* IPSWICH.

Played at Ipswich on November 18th, resulting in a draw, 2—2. The Hospital took a weak team down to this match, none of the usual halves playing. A moderate crowd watched the match. For the first ten minutes Bart.'s pressed, and Ward scored. Ipswich at once replied after being let in by Orton missing his kick. They soon scored another goal with a very hot shot, which rebounded off the crossbar on to a forward's head, and then dropped into the goal. Towards the end of the first half Bart.'s forward play seemed to go off, but just before half-time Marratt scored with a dropping shot from close to the line.

During the second half nothing was scored. Bart.'s made a great many likely attempts, but offside seemed to be given against them every time they looked like getting through.

Considering the weakness of the team we were lucky in coming home unbeaten. Marratt, Nealor, and Waterfield were the pick of the team. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, W. S. Nealor (backs); N. E. Waterfield, T. W. Godsell, F. W. Jackson (halves); H. N. Marratt, V. G. Ward, C. O'Brien, R. C. Berryman, T. A. Killby (forwards).

ST. BART.'S *v.* EWELL.

Played at Ewell on November 25th, and resulted in a win for Ewell. This was our first defeat this season. There was a fair attendance of spectators, the gate-money being devoted to the Widows and Orphans Fund. Bart.'s started down the hill, and after a few minutes scored the only goal they were destined to obtain. Ewell soon replied; this was all the scoring done in the first half, but Butcher had a lot of work in goal to do.

In the second half Ewell had the most of the game, and about halfway through scored three goals in quick succession. Bart.'s tried hard to catch up, Marratt especially sending in some excellent centres, but O'Brien failed to make any use of them. The score, 4—1 in Ewell's favour, does not properly represent the play. Killby obtained the Hospital's goal. Team:

St. Bart.'s.—H. H. Butcher (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, F. E. Taylor, W. S. Nealor (halves); T. A. Killby, R. C. Berryman, C. O'Brien, V. G. Ward, H. N. Marratt (forwards).

ST. BART.'S *v.* CHESHUNT.

Played at Cheshunt December 2nd, resulting in a win for Cheshunt by 6 goals to our 4. This was our second defeat this season. The first item of interest was a good run down by our opponents, who almost scored. Bart.'s soon got together, and Killby getting through scored a pretty goal. Cheshunt then notched a point. Soon after this Griffen unfortunately let a soft shot trickle through under his hand. Cheshunt were then awarded a penalty kick, owing to Fowler handling the ball; a goal was obtained, Griffen apparently having no chance at the shot. Cheshunt notched a fourth point just before half-time, just after a goal by Ward.

We crossed over, the goals being Cheshunt 4, Bart.'s 2. The Hospital instantly began playing up hard, determined to wipe off the margin of two goals. Their efforts were soon rewarded by a well-placed shot of O'Brien's. It seemed as if we were going to win after all, as we were having most of the game, but suddenly Cheshunt put on two goals in quick succession. Just before time Ward rushed the goalkeeper, who was fumbling a shot of O'Brien's.

The Cheshunt forwards were rather too fast for our backs. Nealor played a good game. Griffen was weak in goal. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, H. W. Masterman, W. S. Nealor (halves); H. N. Marratt, V. G. Ward, C. O'Brien, J. A. Willett, T. A. Killby (forwards).

Unfortunately we lose the services of H. W. Masterman after this match, as he has been called out to serve in the militia

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HOCKEY CLUB.

ST. BART.'S *v.* HERTS COUNTY.

Played at St. Albans on October 28th. This match resulted in a win for the County by 2 goals to 1. In the first half the County pressed us a good deal, but only got one shot in, which went through the posts.

In the second half the game was very even, but Nixon obtaining the ball scored for us after a good run. The Hospital forwards made several excellent shots, but owing to the splendid saving of the County goalkeeper failed to score again. Soon after the County scored again, thus winning a very keenly contested game. Team:

St. Bart.'s.—E. T. Glenny (goal); D. Jeaffreson, H. E. Flint (backs); A. H. Pollock, T. A. Mayo, W. E. Fowler (halves); C. Hallowes, J. G. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* BLACKHEATH SCHOOL.

Played at Blackheath on November 1st, and resulted in a fiasco, the Hospital winning by the ridiculous margin of 15 goals to *nil*. The school have evidently lost most of last year's men. No further description of this match is necessary. Team:

A. H. Muirhead (goal); M. Coalbank, H. E. Flint (backs); H. B. Hill, A. H. Pollock, M. O. Boyd (halves); A. Hallowes, C. M. Pennefather, F. H. Beckett, B. N. Ash, R. C. Wilmot (forwards).

Referee.—E. Leverton Spry.

ST. BART.'S *v.* WALDEGRAVE PARK.

Played at Winchmore Hill on November 11th, resulting in a win for the Hospital by 3 goals to *nil*. Mayo was the first to score for the Hospital, after which the game was very even in spite of the rain, which at times was blinding; there was no further score before half-time.

In the second half Bull and Nixon each scored for the Hospital, and up to the finish the Waldegrave defence had plenty to do. Team:

St. Bart.'s.—A. H. Muirhead (goal); W. E. Fowler, D. Jeaffreson

(backs); A. H. Pollock, M. O. Boyd, H. B. Hill (halves); A. Hallowes, J. G. Nixon, T. A. Mayo, G. V. Bull, R. C. Wilmot (forwards).

Referee.—E. L. Spry.

ST. BART.'S *v.* WANSTEAD.

Played at Wanstead on November 8th, and resulted in a win for the Hospital by 5 goals to 2.

In the second half H. E. Flint had the misfortune to get his clavicle fractured, which we are very sorry to say will incapacitate him from playing till after Christmas. Team:

St. Bart.'s.—A. H. Muirhead (goal); E. T. Glenny, D. Jeaffreson (backs); H. E. Flint, M. O. Boyd, H. B. Hill (halves); A. Hallowes, H. C. van Laun, F. H. Beckett, R. C. Wilmot, A. N. Other (forwards).

ST. BART.'S *v.* HITCHIN.

Played at Hitchin on November 18th, and resulted in a win for the Hospital by 3 goals to 2. Beckett opened the score for the Hospital, but Hitchin responded very shortly after, and at half-time the game was a draw of 1 all.

In the second half Beckett scored by a good shot, and immediately after from the bully Hitchin scored, thus getting level again. Nothing further was scored for some time, a great deal of give and take going on, but Hallowes getting the ball passed to Nixon, who enabled Beckett to score his third goal, the Hospital thus scoring a very satisfactory win. Team:

St. Bart.'s.—A. H. Muirhead (goal), E. T. Glenny, D. Jeaffreson (backs); A. H. Pollock, T. A. Mayo, M. O. Boyd (halves); H. C. van Laun, J. A. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

Abernethian Society.

ON November 16th Dr. Wilfred B. Warde read a paper entitled "Ringworm and Favus considered in the Light of Recent Researches," a full report of which appears in another part of the JOURNAL.

The paper was illustrated by numerous microscopic specimens and cultures, some of which were very beautiful, and the whole was probably the best collection of specimens of their kind existing in London.

On November 23rd Mr. Stanley B. Atkinson, B.Sc., LL.B., read a paper entitled "Libel and Slander in Relation to the Medical Man." A medical man, he said, is a citizen subject to the general common law, but as a registered practitioner he is a species of civil servant subject to special legal duties and privileges. The law of defamation of character deals with the publication of statements *vivâ voce*, —*i.e.* slander, and fixed representation to the eye, *i.e.* libel. A number of technical differences between these modes of defamation were described. A medical man may be passively defamed, or he may actively defame another person. Well-known instances of the former were given, and the general question of the implied pledge of secrecy in confidential professional relations was discussed, and led up to an enumeration of the cases when medical secrets are, in fact, liable to disclosure, with or without impunity; briefly, they may be either private and personal occasions (privileged if malice is not exhibited), when the motive may be moral, social, criminal, or indefinite, or public and forensic occasions (privileged absolutely) when a medical man may either have to volunteer as a public informer, or be compelled to give evidence in court with reference to facts reaching him in the course of his professional duties. The disputed duties of medical men in such cases were discussed. A series of practical instances illustrating preceding statement concluded the paper.

On November 30th Mr. C. S. Myers, M.B., showed his series of lantern slides illustrating the types of inhabitants and their mode of life of the islands in Torres Straits and in the island of Borneo. He also read a paper on "The Treatment of Diseases" by the natives of those islands.

On December 7th Mr. Stephen Paget, F.R.C.S., read a paper on "Adenoids," which we hope to be able to print in full at a later date.

December 14th, the meeting of the Society was devoted to discussions, clinical and pathological. Mr. P. W. Rowlands showed two cases: a case of pseudo-hypertrophic paralysis in a young boy of nine. Every feature of the disease was well marked, and the case was in every way typical. The second case was that of a woman who had come into the hospital with a multiple arthritis. Three years ago the first joint became affected, then both elbows became painful and then swollen. There was then a pause for six months, when both knees and ankles became swollen and painful. On admission to the hospital these joints were swollen, and movement in them was limited, and there was pain in some of them, not in all, upon movement. In one elbow and knee distinct lipping was thought to be felt. A good deal of discussion arose as to the nature of the case, but the majority took it to be a case of osteo-arthritis.

Mr. Murray made a short communication upon a case of emensio mensium, which had lately occurred in the Gynæcological Department.

Mr. Myers read the notes of a case of a woman aged twenty, single, who was at the time in the Hospital suffering from a continuous fever of between 102° and 103°, enlarged spleen, and swellings of the right shoulder and both elbow-joints.

The President, Mr. A. R. J. Douglas, showed a number of most interesting pathological specimens.

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Rahere Lodge, No. 2546, was held at the Restaurant Frascati on Tuesday, 12th December, 1899, W. Bro. R. J. Reece, M.D., W.M., in the chair. Bros. Bennett and Worth were passed to the second degree, and Bro. Sydney Cornish was raised to the third degree in freemasonry. A vote of £100 was made from the Lodge funds towards the relief of the sick and wounded, widows and orphans, in the Transvaal war. Twenty guineas was voted to the British Medical Benevolent Fund, and a sum of £1 1s. towards the maintenance of "Our Brother's Bed" at the Home for the Dying. A steward was appointed for each of the three masonic charities, and a sum of £10 10s. was voted for the list of each steward. The brethren and their guests afterwards dined together, and the evening was enlivened by music and song, some of the Thespian Glee Singers, Bro. Burns, and Bro. Harold Austen contributing to the harmony.

Volunteer Medical Staff Corps.

THE military members of the Hospital were well represented at the Annual Supper and Smoking Concert given by the members of the St. Bartholomew's and St. Thomas's Hospitals' Company of the V.M.S.C. at headquarters on Wednesday last. Surgeon-Captain Work-Dodd, F.R.C.S., presided, and was supported by the commanding officer, Surgeon Lieutenant Colonel J. E. Squire, M.D., Surgeon-Lieutenant Granville and other officers. After due justice had been done to the fare provided, the toast of "The Queen" was proposed by the Chairman, and the musical portion of the programme was commenced with an excellent pianoforte solo by Mr. Soyer, F.R.C.O. Lieutenant and Quartermaster Purcell next sang the "Absent-minded Beggar," and was rewarded with an encore. The toast of "Our Comrades in South Africa" was proposed by Lieutenant and Quartermaster Purcell, and was responded to by Mr. F. E. Murray, a South African member of St. Bart.'s Hospital. He particularly referred to the feeling of gratitude of the inhabitants generally towards England, and said their loyalty was unquestionable. His interesting speech was followed throughout with great attention.

A great ovation was accorded Miss Rosie Wood, who was loudly applauded in her capital song "The Lady Doctor." She received an unanimous encore, and effectively sang "Sunshine after Rain," assisted by her brother Master Sydney Wood. Miss Wood is always willing to assist the Company in its musical entertainments, and, as a slight acknowledgment of her kindness, she was presented on this occasion with a handsome bouquet, and her brother with a malacca cane. Mr. Atkinson followed with "Mandalay," after which Staff Sergeant Scrase in an excellent speech proposed the toast of the "Officers of the Corps," and the Commanding Officer and Surgeon-Lieutenant Granville duly responded. Mr. Harry Hudson afforded much amusement by his rendering of "Old Brown," and received a well-merited encore.

In a humorous speech Sergeant May proposed the toast of "Past members of No. 3 Company," and Mr. Grenfell suitably responded, Corporal Fraser, of the Edinburgh Medical Company, sang a genuine Scotch ditty that was reminiscent of the Company's camping-out days and was acknowledged accordingly. The toast of the "Visitors" was merrily responded to by Lieutenant Izard, and as an interlude Private Dawson provided great amusement with a brief musical sketch and a Krugerite speech. Sergeant Iles and others also added to an enjoyable programme, and after Staff-Sergeant McKinney had proposed the health of the Chairman the evening's entertainment concluded with the national anthem.

The League of St. Bartholomew's Nurses.

THE following account of the Inaugural Meeting is extracted from the *Nursing Record*.

An air of keen anticipation pervaded the precincts of the Nurses' Home of St. Bartholomew's Hospital on Monday last (December 4th), when no less than seventy past and present nurses of the hospital met on the occasion of the inaugural meeting of the new League. Many old friendships were renewed, and the moments passed quickly before the business of the afternoon began.

The Chair was taken by Miss Isla Stewart, the Matron of the Hospital, and she was supported by the following members of the Provisional Committee:—Mrs. Walter Spencer (formerly Sister Stanley), Mrs. Launcelot Andrews (formerly Sister John and gold medallist of her year), Miss Emmie Lofts, Matron of the Lewisham Infirmary, Miss Kathleen Burleigh, Matron of the Fountain Fever Hospital, Miss Finch, Matron of the New Hospital for Women, Miss Davis (Sister Ophthalmic), Miss Ellen Greenstreet (Sister Mark), and Miss Waind (formerly Sister Stanley).

THE CHAIRMAN'S ADDRESS.

Miss Stewart opened the proceedings by expressing her great pleasure at seeing so many of the old nurses of the hospital assembled. They had all, she thought, severed their connection with the Hospital with regret and even sorrow, and she desired to assure them of the pleasure and pride which she felt in welcoming them there to form themselves into an association. She hoped that the League now formed would, amongst other things, be the means of knitting up old friendships which had sometimes dropped, only surely for lack of opportunities of meeting. But the League was not only for pleasure, but also for profit, and she desired to impress upon the members that in associating themselves together they were assuming a great responsibility. They were nearly all of them the certificated nurses of this great Hospital, and in the future, when nursing matters were under discussion, the dictum of so important a society could not be lightly passed over.

Secondly, she wished to point out that there must be unity in their action. All associations of nurses in the past had not got on excellently well. In the League there might and would be differences, but they must avoid disagreement.

Further, if the League succeeded, as it must succeed, the other great training schools must follow suit, and organise similar societies. Great responsibility, therefore, devolved upon this first League, and she desired to emphasise this point. At the same time she felt sure that, in the fulfilment of their duty, they would find the pathway of pleasure.

Miss Stewart then read letters of regret from members who were unable to be present.

THE REPORT OF THE EXECUTIVE COMMITTEE.

She then explained that the Hon. Secretary of the Provisional Committee, Miss Cox-Davies (Sister Faith), had been appointed a member of the nursing staff of the Portland Hospital, and was leaving for South Africa almost immediately. Miss Sleigh (Sister Lucas) had undertaken her duties, and she therefore called upon her to read the report of the Provisional Executive Committee.

The adoption of the Report, which was carried unanimously, was moved by Sister Mark, and seconded by Sister Casualty.

THE CONSTITUTION.

The Constitution was then considered, and, after full discussion, amended as follows:

1. The Association shall be called "The League of St. Bartholomew's Nurses."

2. The objects of the League shall be—

(*a*) By union, to encourage the members to maintain a high standard of work and conduct.

(*b*) For mutual help and pleasure.

(*c*) To promote the establishment of a fund for the relief of former nurses of the Hospital who are in distressed circumstances, and need either temporary or permanent help.

3. The qualification for membership shall be the certificate of the Hospital.

4. Within six months from the foundation of the League—that is until the 4th of June, 1900—the members in general meeting assembled, or the Executive Committee, may elect as members of the League any nurses who, although not holding the certificate, have filled, or are filling, positions of responsibility in the Hospital.

5. The League shall be governed by an Executive, which will manage the business of the League, and will present a Report and a Financial Statement at the Annual Meeting of its Members. This Committee will also, when necessary, inquire into and lay before the Members any case of misconduct which may come under its notice.

6. The Committee shall consist of a President, Vice-President, Secretary, Treasurer, and twelve other Members, all of whom, on the occasion of the first election, shall be appointed for a term of three years. At the end of that period the Members generally shall consider and determine whether any modification shall be made in the tenure of those offices. During the first three years, any vacancy occurring amongst the foregoing Members (except the office of President) shall be filled up by the remaining Members of the Committee. The President shall always be chosen by the Members of the League in General Meeting assembled.

7. The annual subscription shall be 2*s.* 6*d.*

8. There will be an Annual Meeting for the transaction of business, and at least two social gatherings.

9. There will be a half-yearly journal published for at least two years, containing a list of Members, with their addresses and official positions. Members would be at liberty to send literary contributions or such details of their career as would be interesting to the League. It will be sold at a cost which will cover expenses.

It was then proposed by Miss Armitage (Sister Surgery), seconded by Miss Greenstreet (Sister Mark), and carried by acclamation, that Miss Stewart be asked to accept office as President of the League.

Miss Stewart said she could assure the Members that she was very proud of the honour they had done her in appointing her their President. She wished to assure them that she would do her best to make the League a success.

Mrs. Howard Marsh was then proposed as Vice-President by Mrs. Spencer, seconded by Mrs. Segundo, and accepted office, expressing her appreciation of her appointment.

Mrs. Andrews was proposed as Treasurer by Miss Waind, seconded by Mrs. Groves, and Mrs. Spencer as Secretary, proposed by Sister Ophthalmic, and seconded by Mrs. Gray.

Miss Stewart then announced that the voting papers showed the Committee proposed had been elected by a large majority, but that Nurse Roberts declined office, as she was so seldom in London.

The Members nominated for office as members of the Executive Committee were Miss Lofts, Matron of the Lewisham Infirmary, Miss Finch, Matron of the New Hospital for Women, Miss Mollett, Matron of the Royal South Hants Infirmary, Miss Barling, Matron of the Infirmary, Kidderminster, Sisters Ophthalmic, Mark, Elizabeth and Surgery, Miss Mossman (St. George's Hospital), and Nurses Hare and K. A. Scott.

It was proposed by Miss M. Breay, seconded by Miss Polden, and carried unanimously, that this Executive be appointed.

BADGE.

Designs for a badge were then submitted to the inspection of the Members, and one decided upon. Proposed by Sister Mark, and seconded by Miss MacVitie. Votes of thanks to Miss Stewart for presiding, and to Miss Cox-Davies and Miss Sleigh for performing the secretarial work, brought the business part of the proceedings to a close.

The meeting was animated throughout, the following Members, amongst others, taking part:—Sisters Mark, Casualty, Miss Margaret Rodgers, Miss Launcelot Andrews, Miss Finch, Mrs. Staples, Mrs. Gray, Miss Lofts, Mrs. Groves, Miss Todd, Miss M. Breay, Miss Polden, Miss Armitage, Mrs. Segundo, Miss Waind, Miss MacVitie, Mrs. Scott.

Reviews.

A MANUAL OF SURGICAL TREATMENT, by W. WATSON CHEYNE, M.B., F.R.C.S., F.R.S., and F. F. BURGHARD, M.D., M.S., F.R.C.S. (Messrs. Longmans, Green & Co. In six vols. Vol. II.) Price 10s. 6d.

This volume is, in our opinion, a great improvement on the first, and if the succeeding four volumes are equally good the work will be a valuable one.

About a third treats of deformities, reads well, and is up to date. Especially can we recommend the chapters on congenital dislocation of the hip and coxa vera. In the former there is a clear and lucid account of Lorenz's operations.

The authors evidently have but a poor opinion of osteoclasia for rickety legs. This operation is not considered worthy even of mention for rickety tibiæ, and is curtly dismissed as unsuitable for genu valgum. This opinion we do not at all agree with. Osteoclasia is very frequently done at this Hospital for the former, and often in the young for the latter affection, and the results are excellent. The accidents said to happen are excessively rare, and untoward results are certainly not more frequent than in the open operation. Some surgeons scorn the osteoclast as unsurgical and brutal, but after all the result proves whether the surgery is good or bad, and we are perfectly confident that, except in extreme cases, osteoclasia gives as excellent results as osteotomy.

The articles on hallux valgus and Dupuytren's contraction are also very good. A marked feature in this book, and one that is absent in many large text-books, is that the authors invariably lay great stress on what they consider the best treatment in each case. This cannot but be of great use to the reader.

The illustrations are not so good as the text. In the diagram on p. 138 the incision as drawn would pass over the great trochanter.

Rheumatic nodules are described as fleeing before the onset of salicylates; if it is necessary to mention them at all in a work on surgery, it would be as well not to link them with such a misstatement.

We take exception to the inordinate length to which the authors carry their descriptions of operations for the injuries of muscles, tendons, and nerves. Many of the manœuvres they describe for lengthening tendons and transplanting nerves sound impracticable, while the surgeon who operates on all ruptured muscles will be kept busy. Yet an operation sounds far less formidable for a ruptured plantaris than durance vile for three weeks in the collar and strap of the illustration.

The classification of tuberculous teno-synovitis as (1) with and (2) without melon-seed bodies is unscientific.

We venture to suggest that the cause of crutch palsy is absence of properly fitting handles, and the condition is never due to excessive length or hardness of the supports.

The article on varicose veins is complete and thorough, and so are the various chapters which include the treatment of aneurism. But distal ligature ought not to be called Wardrop's operation; it was first described by Brasdor, and Wardrop's operation is merely a variation of the older surgeon's procedure.

SURGICAL WARD WORK AND NURSING, by ALEXANDER MILES, M.D., C.M., F.R.C.S.(Edin.).

This book is written for the junior student and the nurse probationer, and to the latter we can recommend it. The work is in four sections, the first of which is on antiseptic surgery, and gives a short yet concise account of the objects in view. In Section 2 the author describes and gives illustrations of the instruments used in the more common surgical operations, with hints as to the after treatment. Sections 3 and 4 are on "The use of rest in surgery," and "Bandaging." The book reads well, the printing and illustrations are good, and the price is very moderate.

We consider that a knowledge of this work will help the probationer very much in her ward work.

Examinations.

UNIVERSITY OF LONDON.

M.D. Examination.

Medicine.—Box, S. L., Cornish, S., Currie, J., Horder, T. J., Huggins, S. P., Maxwell, J. L., Robertson, F. W., Slater, G. N. O.

State Medicine.—Gully, R. C., Weir, H. N.

M.B. Honours Examination.

Medicine.—Second class, S. R. Scott; third class, W. C. Hirst.

Obstetric Medicine.—Second class, S. R. Scott.

Forensic Medicine.—Second class, S. R. Scott.

UNIVERSITY OF OXFORD.

Diploma of D.P.H.

P. E. Turner, M.B., B.S.(Dunelm).

ROYAL COLLEGE OF SURGEONS.

Diploma of Fellow.

First Examination.—Brewerton, E. W., Carpenter, E. G., Cunning, J., Fairlie-Clarke, A. J., Rawling, L. B., Shaw, J. C., Steward, E. S.

Final Examination.—Carson, H. W., Laming-Evans, E., Hartigan, T. J. P., Mundy, H., Ralston, R. G., Stawell, R. de S., Smith, Gilbert.

Appointments.

GOW, WM. J., M.R.C.P., M.R.C.S., M.B.(Lond.), has been appointed Physician to In-patients, Queen Charlotte's Hospital, Marylebone, N.W.

* * *

HERRINGHAM, W. P., M.D.(Oxon.), F.R.C.P.(Lond.), M.R.C.S., has been appointed Physician (Non-obstetric) to Queen Charlotte's Hospital, Marylebone, N.W.

* * *

MEACHER, J. H., M.R.C.S., L.R.C.P., has been appointed Medical Officer and Public Vaccinator to the No. 2 District of the Bodmin Union.

* * *

ROBERTS, CHAS. HUBERT, M.D., M.R.C.P.(Lond.), F.R.C.S.(Eng.), has been appointed Physician to Out-patients, Queen Charlotte's Hospital, Marylebone, N.W.

* * *

WAGGETT, ERNEST, M.B., B.C., has been appointed Surgeon to the London Throat Hospital.

Births.

FURBER.—On November 26th, at Beechcroft, Oxted, the wife of Edward Price Furber, L.R.C.P.(Lond.), M.R.C.S., of a daughter.

HEDGES.—On November 28th, at Newport, Salop, the wife of C. E. Hedges, M.D.(Cantab.), of a daughter.

Marriages.

MAXWELL—JONAS.—On December 16th, at the Cathedral, Hongkong, John Preston Maxwell, M.B., B.S.(Lond.), F.R.C.S., to Lilly E. Isaacson Jonas, Cordova, Burnt Ash Hill, Lee, S.E. (*By telegram.*)

WYNDHAM—HOWARD-HODGES.—On October 28th, at St. Mary Abbots, Kensington, by the Rev. Lancelot Rawnsley, assisted by the Rev. George Lewis, Thomas Lancelot Wyndham, of Bromley, Kent, to Winifred Harriott Howard-Hodges, only child of Howard Howard-Hodges, of Goring-on-Thames.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review* (formerly *The Medical and Surgical Review of Reviews*), *The Practitioner, University College Magazine, The Student.*

St. Bartholomew's Hospital Journal.

VOL. VII.—NO. 4.] JANUARY, 1900. [PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.,* BEFORE THE 1ST OF EVERY MONTH.

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, *Advertising Agent, 30, Holborn, E.C.*

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

St. Bartholomew's Hospital Journal,

JANUARY, 1900.

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

IT falls to this number of our JOURNAL to register the loss of two of the most distinguished men St. Bartholomew's Hospital has ever added to the *rôle* of great names in medicine. Widely different in so many points, they resemble each other in the fact that they were both men of cosmopolitan reputation, who had long ago sailed far out beyond the shores of mere parochial fame, to give the fruits of their labours to other countries than their own. Both, too, were pioneers in their respective fields of work, discovering, for fuller elaboration by others, methods and principles till then unknown.

Sir James Paget had for many years held quite a unique place in surgery. That instinct of Englishmen which loves to be able to set some one name at the head of the profession, and which feels baffled and unhappy if it cannot, found itself readily served by the great surgeon almost any time during the past half century. And in the councils of the nations the same consensus of opinion prevailed. To medicine generally Paget has contributed a series of services that can only be properly estimated by medical men themselves; but to the character and prestige of the profession he adorned so long, the contribution of his noble and high-toned life can be seen and felt by layman and doctor alike. To mention specific instances of his epoch-making additions to medical science is to-day unnecessary; they have become a part of the history of medicine that every student learns, for they have already had the seal and confirmation of time placed upon them. He was the first to place surgery upon that rational and sound basis of pathology without which it must have remained the unsteady and dubious thing he found it.

And he lived to see the results of his work: work that, together with Lister's illustrious discovery, combined to give the impetus to surgery that has produced its great and rapid advances during the past twenty years. Allowed thus to remain far past the "natural term," we have watched him—

"Like ripe fruit drop
Into his mother's lap,"

full of honours and renown.

Associated with Sir Richard Thorne Thorne's somewhat sudden death is much more of regret. For he was still in the midst of his work, with possibilities still before him of active service and skilful advice. In him we lament, too, the loss of a lecturer in public health who can scarcely be excelled for forcible and lucid teaching of his subject. His name is intimately bound up with all the conspicuous advances,—nay, with the very birth itself—of preventive medicine. For it may be justly said that he was enabled to watch, and latterly to tend, this latest child of the healing art from the very cradle to its present state of youthful strength and promise. For many years at the head of a government department controlling affairs of the greatest importance to the country's health, Thorne earned the reputation of being a perfect "chief."

Of both these great men we may safely say we shall not quickly look upon their like again.

In Memoriam.

SIR JAMES PAGET.

By HOWARD MARSH.

MANY who will read these lines never saw Sir James Paget; they can have known him only by his reputation as the great teacher and master, whom all revered and held in affectionate regard. But to those who were students at the Hospital, or engaged in practice, between 1850 and 1885 it would have seemed difficult to imagine either the work in the School or the routine of professional life without Mr., or, as he became in 1871, Sir James Paget. During all these years Sir James was without a rival; his position was as assured as it was unique. In his early days he had entered the fields of physiology and pathology, and had been associated with such men as Müller, Rokitansky, Lebert, Billroth, and the illustrious Virchow. In this group, every one of whom enjoyed a European reputation, it was well known that Paget occupied a foremost place. This in itself was fame. But there was much more; he was not only a master in two of the subjects which lie at the very foundation of surgery, but he was both a lecturer and writer of quite singular skill and grace; while in himself he was gifted with every quality which could make his fellow-men respect and sincerely admire him.

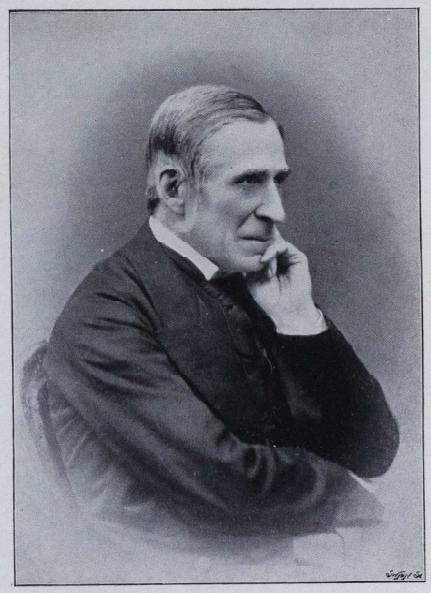
As one who was intimately associated with him, for two separate periods, as his assistant in his private practice, and as the editor of one of his works, I have been asked by the editor of the JOURNAL to write an appreciation of Sir James Paget. The position I have just mentioned, like that of private secretary, no doubt gives the junior full opportunities of forming an estimate of his senior from every point of view, and I have promised the editor to do my best. Yet I make the attempt with unfeigned diffidence. Time and mental leisure are both wanting, and I can only ask those who have known Sir James Paget, and who cannot fail to notice my omissions and defects, to remember that I am only too conscious of them, and that others, under more favourable circumstances, will supersede my hurried and crude sketch by a fuller and more adequate picture of the great figure who has just departed from amongst us.

From my earliest associations with him I learnt that Sir James Paget was a man not only of a strong, but of an unflagging and even vehement determination. Like one of the forces of nature, his will never slept and never faltered, and nothing ever turned it to the right hand or to the left. What he had undertaken to do, whatever he thought was right, or what he considered he had a right to do, that he would do at whatever cost, especially if the cost fell upon himself. He ruled himself with a rod of iron. Of his personal comfort and convenience, or even safety, he took no account; even when he was most severely overworked and exhausted by fatigue, he would deny, both to his friends and to himself, that he was even tired. Once, but once only, I made the mistake of saying, after he had been ill, that I was glad to see him looking well again. He turned upon me almost fiercely, and desired me never to make a remark of that kind to him. He seemed to think, however, that he had been harsh, and in a minute added, with a friendly smile, "Don't you remember what Lawrence's * reply was to some one who told him he was delighted to see him looking so well? 'I don't know, sir, why I should not look just as well as you do.'" Sir James never allowed himself to wear slippers in the evening, and he never sat in an easy chair. I do not think he had one. He never went to bed till every letter was answered, and all his affairs were so completely in order that had he died suddenly it would have appeared that he had anticipated the event.† I have many times sat with him writing letters from 11 p.m. till half-past 1 or 2 o'clock. As I used shorthand, he would dictate two or three letters, and while I copied these he would write others, and thus we got through twenty or thirty, and I went home feeling I had had quite enough of it, but with orders to meet him at 8, or even at half-past 7 the next morning, to go into the country, or to Brixton, or Islington, to help him at an operation—nursing homes in Welbeck Street or Upper Wimpole Street had not then been dreamt of. One sometimes hears it said by men who do not know what a hard day's work is that they have no time for this or that. I very much doubt if there was a single occasion on which Sir James Paget declined to do what he was asked on the ground that he had not time. He never allowed time to cross his path. What he regarded as his duty, that he did, either in the course of the day or in the small hours of the night. During his busiest years of practice he was President of the College of Surgeons, and of the Medical and Chirurgical, and the Clinical Societies, served on more than one Royal Commission, and helped very largely to prepare a new catalogue for the Pathological Museum of the College of Surgeons. In all these offices he discharged his duties thoroughly well. He not only contrived to be, with remarkably few exceptions, in his place to the minute, but to keep himself so fully posted up that no one was better informed or more ready with mature advice. His indomitable will was shown even in his illnesses. When I was his assistant he had two attacks of what Sir Thomas Watson and Sir George Burrows agreed was gouty pneumonia; he was desperately ill, and on both occasions it seemed to me he lived because he *would not* die, and on both occasions he was down again, in what seemed a dangerously short time, in his study, without leave, seeing

* The late Sir William Lawrence.

† The Duke of Wellington told Lord Stanhope that he always did the business of the day in the day (Sir Herbert Maxwell's *Life of the Duke of Wellington*, vol. i, p. 67).

ST. BARTHOLOMEW'S HOSPITAL JOURNAL, JAN., 1900.



Sincerely yours
James Paget.

Adlard & Son, Imp.

lerate. I remember that a patient
ed for a fissure, having a return of
a surgeon of twice my age, and
took the case into his own hands
I mentioned this to Sir James Paget
— do that? I am very sorry to

wments were such that, look where
ily one here and there who excelled
. He had a strong and clear under-
standing, imagination (or, in other words, the creative faculty), keen observation, and remarkable astuteness and mental accuracy. Such gifts would undoubtedly, by selective cultivation, have placed him in the first rank in Parliament, diplomacy, the law, the Church, pure science, or, as I venture to believe, in many walks of literature. But he had two other gifts to which his renown was largely due. As a writer on medical subjects he was, with the doubtful exception of Sir Thomas Watson, without a rival, and he was one of the very best speakers of his time, not only in the profession, but beyond its ranks. In his 'Surgical Pathology' his descriptions of disease are, as word pictures, so singularly perfect in clearness, completeness, and artistic form that they afford his
f delight and charm that they might
of some gem in water-colours by
nme. From cover to cover of this
e common-place, obscure, or unin-
be found. Like Swift, Sir James
y of pure Saxon, and used mono-
ble. Latin admixtures he avoided,
in that the word "lesion," for ex-
found in any of his writings: at least,
had used it he made me cross it out.

In Memoriam.

SIR JAMES PAGE

By HOWARD MARS

MANY who will read these lines
Paget; they can have know
reputation as the great teach
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professional life without Mr., or, as he
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out a rival; his position was as assure
In his early days he had entered the
and pathology, and had been associate
Muller, Rokitansky, Lebert, Billroth,
Virchow. In this group, every one o
European reputation, it was well known
a foremost place. This in itself was
was much more; he was not only a r
subjects which lie at the very foundatio
was both a lecturer and writer of quit
grace; while in himself he was gifted
which could make his fellow-men res
admire him.

As one who was intimately associa
two separate periods, as his assistant in
and as the editor of one of his works,
by the editor of the JOURNAL to write
Sir James Paget The position I hav
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others, under more favourable circumsta
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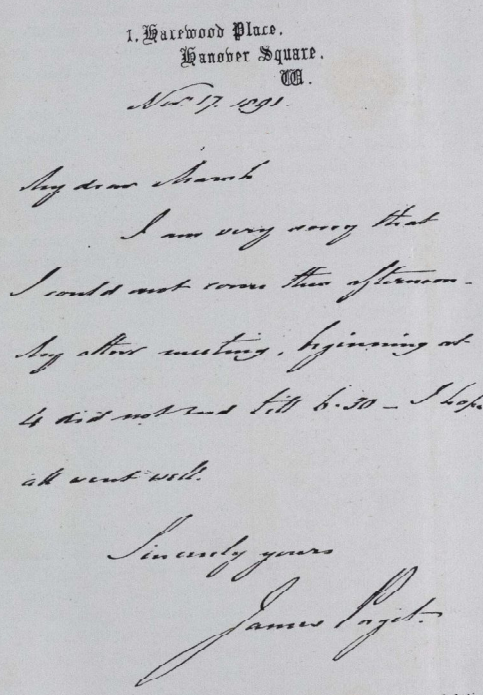
picture of the great figure who has ju
amongst us.

From my earliest associations with hi
James Paget was a man not only of a
unflagging and even vehement determi
of the forces of nature, his will neve
faltered, and nothing ever turned it to th
the left. What he had undertaken to do, w
was right, or what he considered he h
that he would do at whatever cost, esp
fell upon himself. He ruled himself w
Of his personal comfort and convenien

patients, declaring that he was quite well again, and writing with painful care, so that it should not be seen that his hand was shaking.

It might be supposed that so strong willed a man would have many enemies. In the early part of his career there was, it is true, no love lost between himself and one or two of his competitors. But he went his way, and took no open notice. As he said, it takes two to make a quarrel, and he was determined not to be one of them. The only part he ever took in disputes and angry discussions was to advise his friends how best to act—and this he did with unerring judgment—and do his best with both parties to induce them to compose their differences and be friends. He was frequently asked to act as an arbitrator, and almost invariably both sides accepted his advice. He thoroughly disliked quarrels, for, he would remark, they were generally foolish, they brought out a man's worst qualities, and they interfered with work. But there was another reason. Sir James Paget was a man of refined and correct taste, very sensitive, and, as his intimate friends knew, he had a very warm heart, so that strife was a worry to him, and all his impulses were towards tolerance and peace. Indeed, though he treated himself with so little consideration, or even mercy, he was so concerned when others were in trouble that he was sometimes kind when he should have been severe; and from over-kindness, which, however, to some seemed a want of moral courage, he procured an acquittal when sterner justice would have awarded a sharp punishment. Probably it never occurred to anyone to quarrel with Sir James himself; his personal modesty, his scrupulous fairness, his high-toned courtesy, and his chivalrous self-denial kept even rough hands off him, and made every one respect him. To his juniors he was always loyal and considerate. I remember that a patient on whom I had operated for a fissure, having a return of the trouble, consulted a surgeon of twice my age, and in large practice, who took the case into his own hands and operated. When I mentioned this to Sir James Paget he remarked, "Did —— do that? I am very sorry to hear it of him."


1, Harewood Place,
Hanover Square.
W.
Nov 17 1891
My dear Mant
I am very sorry that
I could not come this afternoon.
My other meeting, beginning at
4 did not end till 6.30 — I left
at once with
Sincerely yours
James Paget.

His intellectual endowments were such that, look where we might, there was only one here and there who excelled him in natural capacity. He had a strong and clear understanding, imagination (or, in other words, the creative faculty), keen observation, and remarkable astuteness and mental accuracy. Such gifts would undoubtedly, by selective cultivation, have placed him in the first rank in Parliament, diplomacy, the law, the Church, pure science, or, as I venture to believe, in many walks of literature. But he had two other gifts to which his renown was largely due. As a writer on medical subjects he was, with the doubtful exception of Sir Thomas Watson, without a rival, and he was one of the very best speakers of his time, not only in the profession, but beyond its ranks. In his 'Surgical Pathology' his descriptions of disease are, as word-pictures, so singularly perfect in clearness, completeness, and artistic form that they afford his readers the same kind of delight and charm that they might derive from the study of some gem in water-colours by Birket Foster or Old Crome. From cover to cover of this volume there is not one common-place, obscure, or uninteresting sentence to be found. Like Swift, Sir James cultivated the simplicity of pure Saxon, and used monosyllables as far as possible. Latin admixtures he avoided, and I feel nearly certain that the word "lesion," for example, is nowhere to be found in any of his writings: at least, I remember that when I had used it he made me cross it out.

On the occasion of one of her birthdays, he presented to his elder daughter an excellent likeness of her mother, and beneath it he wrote—

"Be as like as this."

What more appropriate inscription could have been chosen, or how could it have been more happily expressed?

As a lecturer and speaker Sir James Paget must under any circumstances have excelled, for he had a natural facility in the use of language and a beautiful voice, which, in singing, was a tenor of rare quality. But few were perhaps aware with what care and diligence he prepared his public speeches and addresses, first selecting and arranging his material, then elaborating and perfecting the form in which he would present it, and then committing every word to memory so securely that, for instance, he could deliver without a note the Hunterian Oration, with H.R.H. the Prince of Wales and the Duke of York a few paces in front of him, and Mr. Gladstone, as the theatre was crowded, literally within four feet of his nose, without hesitation over a single word; but with such propriety of emphasis, such correct modulation of the voice, and in every particular such an appearance of spontaneity, that it was difficult to believe *ars celare artem* could be so perfectly achieved.

Sir James once told me that in three weeks he could make certain of learning by heart an address which would occupy an hour in its delivery: and I know that, just before he was to give the address at the opening of the International Medical Congress in 1881, he spent a morning in Richmond Park in order to be sure that his preparation was complete. Many, when they learnt how Sir James Paget invariably produced such an ideal result, were inclined to think less highly of his powers. But was not this a mistake? I believe the method he adopted was the only one by which, on such occasions, he could have approached so nearly to perfection. No doubt when a speaker has his subject at his fingers' ends, and when he has some argument to press home or conclusion to enforce, he may, in an extempore appeal, by his earnestness which he makes contagious, his animated voice and appropriate gestures, act upon his hearers like the strains of martial music. But in a scientific lecture or address in which not only every sentence, but every word, must be part of a carefully elaborated context, that which has first been written, and is then exactly reproduced, must be the best that can be done. Had Sir James been in Parliament, or at the Bar, where speaking must often be entirely extempore, he would, there seems no reason to doubt, by cultivating a different method, have attained an equal measure of success.

His Hospital lectures, though not written out, were yet in almost every instance carefully prepared, and he had his specimens so arranged that they served to remind him of the order in which his subject was to be treated. Sometimes, however, I knew he had been so pressed with incessant work that preparation had been impossible, and on these occasions, when, by a rush, he just managed to be in time, under the stimulus of necessity, he would give an admirable lecture, couched in such clear and telling language that every member of his class was delighted.

Sir James Paget's work in general pathology, his reputation in the field of science, and his position as the first surgeon of his time, may have somewhat overshadowed and thrown into the background his numerous clinical papers. But almost all of these were completely original, and were additions of great value and importance to surgery. Let all first year's students remember that Sir James conferred a lasting honour upon their order by his discovery, when he was a student of less than three months' standing, of the *Trichina spiralis*.

His papers on osteitis deformans, senile scrofula (tuberculosis), the sequelæ of typhoid fever, glossy fingers (one of the earliest notices of the results of injuries of peripheral nerves), chronic pyæmia, and others—each taught what before was quite unknown, or had never been clearly recognised or adequately described.

Nothing could have more clearly shown that Sir James Paget was one of the most gifted, and, to good judges, one of the most attractive men of his time than the fact that there was scarcely anyone of real distinction with whom he was not on more or less intimate terms of friendship. Her Majesty the Queen, to whom he was Sergeant-Surgeon, was graciously pleased to confer many favours upon him, and their Royal Highnesses the Prince and Princess of Wales, to whom he was Surgeon-in Ordinary, treated him with the greatest cordiality. Only a few months ago they made him very happy by paying him a visit at his house in Park Square West; while Tennyson, Browning, Cardinal Newman, Darwin, Huxley, George Eliot, Gladstone, Charles Kingsley, Millais, Lowell, Oliver Wendell Holmes, Langenbeck, and many of the chief people on the Continent and in America were his friends and intimates.

To me Sir James Paget was in many ways the most interesting man I have ever known. Many men who attain distinction, however worthy, are quite commonplace. They owe their success to their birth, their wealth, their capacity for the ordinary forms of business, their dogged perseverance along some narrow line, their low-level shrewdness, or even to mere good fortune. Sir James was different from all these. He belonged to a higher order, and possessed, in their best forms, qualities of which many men are mainly or wholly destitute. Most men when they met him felt they were in the presence of one who was—though he himself seemed quite unconscious of it—much their superior, and who had depths which they could not plumb. Although there were many things of which he knew nothing, yet there were others of which he knew nearly everything; while the impression arose that there were few in which, had the occasion offered, he might not

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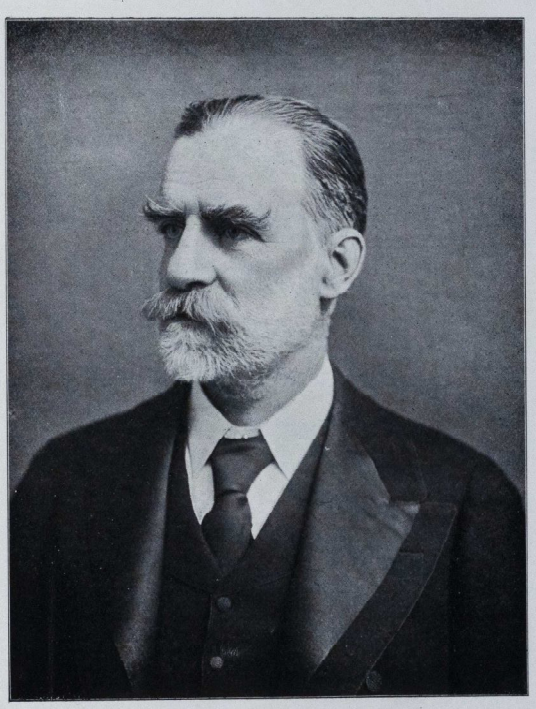
ST. BARTHOLOMEW'S HOSPITAL JOURNAL, JAN., 1900.



Sincerely faithfully Yours
T. Thorne Thorne.

Adlard & Son, imp. From a photograph by Messrs. Bassano.

have been a master. His time was too fully occupied to allow him to become technically proficient in art, music, or other forms of culture. Yet it was evident that he had full capacity for success in all. As it was, he had a considerable knowledge of music, and his water-colour drawings, though few in number, were, I have been told on good authority, excellent. To a wide acquaintance with literature or to classical scholarship he had, and certainly made, no claim, and to many things by which men are usually interested he was a total stranger. Of many sports and pastimes he knew nothing, while of others the little he knew made him thoroughly dislike them. Whist, which he played with considerable skill, was, I think, his only game. But he had a born naturalist's love for the country and all he found there. He was a good botanist and geologist. In his country holidays he was a great walker, and, in the experience of all his friends, a charming companion.

We all owe Sir James Paget a deep and lasting debt of gratitude for the part he played in representing the profession in the eyes of the public. On every occasion and in every way he brought us great honour; and he did more than anyone else to advance our reputation and secure us just recognition. For many years, wherever scientific culture, good taste, and unsullied integrity existed, he was regarded as a chief exponent of them all. Every member of the profession felt that no greater service could have been rendered to us. We all heartily thanked him, and we all hoped that a knowledge of our gratitude to him afforded him one of the quiet pleasures of his life.

SIR RICHARD THORNE THORNE.

By F. W. ANDREWES.

THE death of Sir Richard Thorne Thorne on December 18th last is a national loss. Even before his appointment to the chief Public Health post in this country he was recognised as one of the "statesmen" of preventive medicine, and there are few Englishmen who have exercised, in this branch of medicine, a more widely reaching influence throughout Europe. To St. Bartholomew's Hospital the loss is of a more intimate and special kind; every Bart.'s man was proud of Sir Richard's long connection with the Hospital. One of its most distinguished alumni has passed away, and our Medical School is the poorer by one of its most authoritative teachers.

Richard Thorne Thorne was born in 1841, and was thus only fifty-eight years of age at the time of his death. Much of his school life was passed abroad, and the thorough knowledge of French and German which he thus acquired was of infinite value to him in his after career. After serving an apprenticeship to a general practitioner in Leamington, his native town, he entered as a student at this Hospital, where his energy and abilities secured him a prominent position. In 1866 he took the degree of M.B. in the University of London, attaining first-class honours in more than one subject. At the Hospital he had been Midwifery Assistant as early as 1862, and he was at one time President of the Abernethian Society. In the Medical School he acted as Demonstrator of Microscopic Anatomy, and for a time gave lectures on Psychology. He was appointed Casualty Physician in March, 1870, but resigned that post in rather less than a year in consequence of his appointment as one of the Public Health Inspectors to the Privy Council Office. For a time he had also been Physician both to the City Road Hospital for Diseases of the Chest, and to the London Fever Hospital. We may well believe that the latter appointment was one of some moment in determining the bent of his mind, and directing it towards the problems of preventive medicine.

In recent years Sir Richard's connection with the Hospital was confined to his lectureship on Public Health. In 1879, at the request of the Staff, permission was accorded to him by the Hospital authorities to deliver a course of lectures on this subject, and this permission was annually renewed up to 1891, when he was permanently appointed Lecturer on Public Health. Many of the readers of this JOURNAL will remember with pleasure the directness and strong common sense of his style as a lecturer, and the great interest with which he contrived to invest his subject.

There can be no doubt that, had he remained in ordinary practice, Thorne Thorne's abilities would have been rewarded with success. But he was destined for a wider sphere of usefulness. At an early period in his career he attracted the notice of Sir John Simon, then at the head of the medical department of the Privy Council, a department transferred in 1871 to the Local Government Board. At the instance of this department he undertook certain inquiries, which he carried out with such marked ability that a permanent post was offered to him in February, 1871. Thus commenced his career in the sphere of preventive medicine, a branch for which his attainments fitted him in no ordinary manner. He combined an excellent knowledge of medicine with sound scientific training, and with good administrative powers. Moreover, as has been pointed out in many of the obituary notices which have appeared since his death, his mastery of foreign languages specially qualified him for dealing with questions of international hygiene. Once on the permanent staff of the central health office, these abilities found full scope, and he gradually rose, by merit no less than by seniority, till in 1892 he succeeded, on the retirement of Sir George Buchanan, to the post of Principal Medical Officer to the Local Government Board. His knighthood, in 1897, was a well deserved recognition of his labours, and was a source of gratification to himself no less than to his friends. The

Fellowship of the Royal Society had been previously conferred upon him.

If Sir Richard Thorne Thorne's reputation rests specially upon his work in matters of national and international importance in public health, it is not because he was unmindful of detail. On the contrary, it was his minute and almost pedantic attention to detail which was the secret of his success in questions of broader moment. We must pass over his earlier and less known work (such as his admirable report on the outbreak of enteric fever at Caterham, published in 1879) to consider those points on which his reputation chiefly rests.

One of the earlier pieces of his work which exercised a wide influence on sanitary science was an exhaustive report on the use of hospitals for infectious diseases which appeared in the Local Government Board's report for 1881–2. In this report he dealt in detail not only with the utility of such hospitals and their effect upon public health, but with the proper plans for their construction and rules for their conduct. This valuable contribution must be regarded as having exercised a very notable influence both in calling into existence numerous infectious hospitals in places where none had been before, and also in ensuring their proper planning and arrangement. The report may still be consulted as a model of clearness and excellence.

It is probable that the subject with which, or rather in opposition to which, Sir Richard Thorne Thorne's name is best known throughout Europe, is that of quarantine. England has been the pioneer in most branches of sanitary reform, but in none more conspicuously than in the quarantine question. We have long maintained the futility of endeavouring to check the spread of disease by the vexatious delays of a system of quarantine, which experience has invariably shown to fail when reliance has been placed on it. Our own house has, indeed, been more or less put in order as compared with other countries of Europe, and we can afford, better than some others, to rely on cleanliness combined with efficient notification. But it took a long time to persuade other European countries even to consider the possibility of our point of view, much less to adopt it, and Thorne Thorne was the man who, more than any other, brought about such change as has occurred. During the past fifteen years a series of international conferences has been held with the object of securing some degree of uniformity in the regulations designed to prevent the importation of infectious disease, and particularly of cholera from the East, through the Suez Canal, into Europe. At all these conferences he was a representative of this country, and took a prominent part in the discussions, maintaining the views to which we have alluded above with a vigour and insistence born of strong personal conviction. At each successive conference some points were gained for Great Britain, largely through Thorne's strenuous advocacy; and it may now be asserted that the principal nations of Europe have in large measure fallen into line with this country, and that the old-fashioned senseless reliance on quarantine alone is practically abandoned. What this means in the saving of time and of annoyance of every description is perhaps known only to those who have personally undergone the infliction of quarantine, and there can be little doubt that the gain to public health has been equally great.

To turn now to quite another side of Sir Richard's work, the scientific rather than the diplomatic, his labours on the subject of diphtheria, embodied in his celebrated Milroy Lectures in 1891, deserve very full recognition. He had at hand an enormous mass of statistical detail, embodied in innumerable official reports; he had further at his command the light recently shed by bacteriological research upon the true nature of the diphtheritic virus. From these resources he built up, with painstaking ingenuity, an admirable picture of the natural history of the disease, and showed by shrewd and careful reasoning the probable share borne by elementary schools in the dissemination of the disease, chiefly by the agency of unsuspected cases. This view, then for the first time clearly enunciated, has since received strong confirmation both from the statistical side, as in Shirley Murphy's statistics, and from the bacteriological side, for the truly diphtheritic nature of many apparently simple sore throats is now freely admitted upon good bacteriological evidence.

From the time when he became Principal Medical Officer to the Local Government Board much of Sir Richard Thorne Thorne's time was necessarily occupied with official and routine work. But in all the important matters which came up for consideration during that period—and they were numerous as well as important—he took a leading share. It is not always possible for an outsider to estimate the precise share which he took, for his position rendered him often a neutral in questions where his natural bias would strongly have dictated to him a very pronounced opinion. But it may safely be asserted that the Government had in him an adviser of great wisdom and acuteness, and that in such matters as the new Vaccination Act he loyally did his best both for the Government and for the profession to which he belonged.

His writings were numerous, but nearly all included in official Reports and Blue-books. The series of investigations included each year in the supplement to the Local Government Board Report is prefaced by a summary and critical survey of their contents from the pen of the Principal Medical Officer, and a very good idea both of Thorne's literary style and of his capacity of grasping and assimilating the work of others may be obtained by a perusal of these reports for the last few years.

The Portland Hospital.

WE have received the following letter from Mr. Bowlby, containing some interesting news connected with the Portland Hospital at the Cape.

PORTLAND HOSPITAL, RONDEBOSCH,
Tuesday, January 9th.

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

DEAR SIR,—This letter is in fulfilment of a promise I made you before I left England that you should hear of our doings in South Africa, where we arrived after a very comfortable voyage on December 29th. The whole of our equipment and stores did not come till January 2nd, and it was only on last Wednesday that about fifty tons of stores, waggons, tents, etc., were deposited at this place.

Rondebosch is about six miles from Cape Town, and is situated in country exactly like that near Aldershot and Wokingham, with a sandy soil and fir and pine trees. Our camp is a common-like piece of land, which is really a clearing, and the situation is perfect, both from a scenic and a sanitary point of view. The weather is decidedly hot, with a cloudless sky on most days, a strong south-east wind and a blazing sun.

I need scarcely tell you that pitching tents for the first time, and unpacking stores, and fitting one tent for operations, and another for a dispensary, and a third as an office, etc., required a great deal of time and work, but we managed to do it all in five days, and so were ready when our first thirty-three cases arrived at 8 a.m. yesterday.

They comprised three officers and thirty men, mostly from the cavalry and artillery in French's division, now at Colesberg, but a few came from Methuen's division. They had mostly been wounded on January 4th, some on the 1st and 3rd, and were brought here in one of their invalid trains, which are excellently fitted and built. All these wounded had been originally dressed with the antiseptic gauze, which each man carries as a field-dressing sewn into his tunic, and which is applied as soon as he is found on the field. Some had been also dressed at the field hospitals or in the trains. As a result most of the wounds were quite aseptic, though the skin was often as dirty as dust, powder, and sweat could make it, and in spite of much oozing in many cases. I have now seen some one or two hundred gunshot wounds in the various hospitals here, and from my own experience, which is very short, and from that of others, which is longer, I can tell you that almost all our previous axioms about bullet wounds have got to be revised. In very many patients the wounds of exit and entry caused by Mauser bullets, which greatly resemble our own Lee-Metford, are quite small and practically alike. Many bones are perforated, even in the shafts, without fracture. Many joints are shot through without suppuration, and there are already plenty of cases of penetrating wounds of the abdomen, thorax, and head which have caused no symptoms or after trouble. You can well believe there are many more of which these things cannot be said; and our death-roll bears eloquent testimony to the effects of rifle fire.

Here are a few of our most interesting cases now in hospital.

1. A shot through the right eye whilst the patient was lying down, passing through the palate, and out of the left side of the neck through the trapezius. No symptoms apart from destruction of the eyeball.

2. A shot through the left sterno-clavicular joint, passing out through the spine of the left scapula, but no hæmoptysis or other symptoms, and already nearly healed.

3. A shot through the lip, the palate, and out at the neck just to the right of the atlas, causing a stiff neck and headache.

4. A shot through the trunk, entering in splenic region on left and passing out in right renal region without symptoms.

5. An officer shot through left humerus, which is punctured; left thigh in adductor region, passing out near the anus; right foot; and two wounds in the back. He was surprised when on outpost duty, and though he is bad I think we shall pull him through.

6. A very bad case. A Hussar shot at five paces through right forearm and leg. The entrance wounds are small, but the exit wounds are terrible examples of the so-called "explosive effects" of bullets. He is said to have been shot with an express rifle, but it may well be that it was a Mauser with a soft bullet. We had him under chloroform this morning, and found the bones of leg and forearm shattered, innumerable fragments driven into muscles and fascia while the latter were also torn to shreds, and extended through rugged wounds as large as the palm of one's hand. We put him up in splints, but it is doubtful if we shall save his limbs.

In conclusion, I should like to say that the general arrangements for the dressing of wounded men on the field of battle, and for their transference by train, are probably better than anything ever before achieved by any nation, and reflect the greatest possible credit on the R.A.M.C., who have saved our soldiers untold sufferings and many lives.

We are all very fit and well, and expect to remain here for the next month or two, as until our front is more secure all the most serious cases are sent directly to this place and to Wynberg; it is at these that all the chief work has to be done. You shall hear more of our doings in time for your next issue.

Yours always truly,

ANTHONY A. BOWLBY.

Notes from the Surgical Out-patient Room.

By H. J. PATERSON, M.B., F.R.C.S.

VI.—NOTES ON LUMBAGO.

THE term lumbago is somewhat vaguely used to express a dull aching pain in the loins. In its severer forms it may be indicative of renal calculus. The more common variety is usually regarded as a myalgia (or, as it is loosely called, muscular rheumatism), affecting the lumbar muscles. The stiffness of the back and discomfort in stooping, and the frequency with which the condition appears to follow a chill, lend support to this view. But, as Fagge pointed out, the pain is very quickly relieved by full doses of citrate of potassium. The condition is therefore much more probably the expression of a too acid state of the urine, or even an actual sediment of uric acid in the pelvis of the kidney, which is redissolved when the urine becomes alkaline. In favour of this latter view it is pointed out that the pain is sometimes only present after the patient has been in the recumbent position for some hours, and ceases after he has begun to get about. On this ætiology the condition may readily follow a chill, which acts by throwing the digestive and assimilative processes of the body out of gear, but equally errors in food or drink may lead to a similar result. In many cases doubtless both causes are at work, but the errors in diet are apt to be overlooked. Lumbago not infrequently follows a day on the river. It is then attributed to a chill caught in the evening, when resting from a spell of rowing. But it must be borne in mind that the preceding champagne luncheon is at least an accessory before the fact.

In the following case the symptoms were so severe and persistent as to actually suggest spinal mischief:

A man, aged 38, was sent to the hospital by his doctor on account of pain and stiffness in the lower part of the back, suggesting spinal disease. Certainly the patient's movements and attitude suggested some serious disease of the vertebral column. He walked with a slow short step, placing his feet on the ground with considerable deliberation, and on sitting down he supported his body by resting his hands on the stool. He complained of a continuous dull aching pain in his loins, which had persisted for six months. There was tenderness over the lumbar spine, but if his attention were first distracted, firm pressure could be made over all the lumbar spines without apparently causing him any discomfort. Firm pressure on the shoulders did not cause pain. He could bend forwards slowly, but recovery was accomplished with difficulty. He looked ill and sallow. For some months he had been suffering from dyspepsia. He was put on twenty-grain doses of citrate of potassium, with a dose of Mist. Alba every morning. His improvement was very marked. When he came again in three days the pain was much less, he could walk and sit in comfort, and in a week he stated that the pain had quite disappeared. He remained under observation for some time without any return of his symptoms.

VII.—CONCLUSION.

The foregoing cases have been related mainly with the object of showing that many interesting points in diagnosis may be learnt by following the subsequent progress of cases in the out-patient room. Cases might also be related to illustrate how various points of detail and variations in after treatment may be similarly learnt. A few words on this subject may suffice. By carefully following a case during the whole time of treatment we learn how long a period is required for the cure of that particular disease. By watching several cases of the same disease we gain an idea of the average time occupied in cure. By the experience thus gained we are able to prognose the probable duration of the disease when we encounter it on another occasion. By following the treatment also we see the disease at the various stages of improvement, and are thus able to recognise in another case whether the same remedy is acting as efficaciously as it should do.

Further, we learn that certain types of a particular disease are benefited by a particular line of treatment; and we learn, too, under what circumstances the ordinary treatment of any disease should be modified, and in what way. For, however full the directions for treatment we read, these directions often require modification when applied to a particular case. Nothing but experience gained by carefully watching many cases under treatment can teach us to successfully carry out the principles laid down. Take, for example, the case of eczema, the commonest of all skin diseases, of which a very large number pass through the out-patient department. The treatment is not altogether so easy to carry out as would appear from our reading about it. The treatment is divided into two heads—local and constitutional. As regards the local treatment, it is laid down that acute eczema should be treated with soothing applications, chronic eczema with stimulating ones. But in treating an acute eczema which has persisted for some time it is not always easy to determine the right moment at which to substitute a stimulating for a soothing application. Thus the progress of a case may be retarded in one instance by too long use of a soothing application, in another by too early use of a stimulating application.

As regards constitutional treatment, notwithstanding that some authorities would have us believe that eczema is sometimes parasitic in origin, it is probable that the general or constitutional causes of eczema are of greater importance than the local. It is not always easy to discover the constitutional cause at work in a particular case. The association of eczema with gout and rheumatism is generally recognised. Weak digestion, injudicious diet, imperfect assimilation of the food, are also fertile causes of eczema, and it may not be easy even for an experienced observer to detect in which of these the mischief lies. In a woman recently under treatment in the out patient room for chronic eczema, the only point suggesting anything with her digestive apparatus was the fact that she was steadily losing weight. Subsequently she developed other signs of dyspepsia. In such a case it is true the disease may sometimes be alleviated temporarily by local means alone, and this is what happened in this particular case. It was only when she was treated for her dyspepsia by drugs and careful dieting that she was completely relieved.

I will end by repeating the suggestion made in the first article—Follow the after-progress of the cases in the Out-patient room. I trust the foregoing notes have in some measure shown the advantage of so doing. The hope that they would do so is my sole justification for having written them.

In conclusion, I have to thank Mr. Harrison Cripps and Mr. Bowlby for permission to make use of the notes of those patients attending in their departments, who came under my observation while on duty in the out-patient room.

Ringworm and Favus in the Light of Recent Research.

A Paper read before the Abernethian Society, November 16th, 1899,

By WILFRID B. WARDE, M.D.

(*Concluded from page 41.*)

THE commonest—forming as it does about 50 per cent. of the group—is the white or pyogenic ectothrix of the horse.

1. *The White Ectothrix of the Horse.*

The evidence that this fungus is derived from the horse is overwhelming. Sabourand has isolated a similar fungus, showing minor differences, from the cat.

Clinically.—We have seen that microsporon can, if irritated, cause suppuration, and that even untreated cases may be accompanied by eczema of the scalp.

The type we are now discussing is always followed by more or less acute inflammation, ending, as a rule, in suppuration. In the scalp and beard it is apt to cause the condition known as kerion. Most of you know what a kerion is, but as some may not have seen one, I will give you a brief description.

Somewhere on the scalp or beard there is found a rounded, sharply elevated, doughy swelling. This is evidently inflammatory, and feels as if there were a deep collection of pus. This, however, is not the case. The swelling is a phlegmon. Examination of the surface will show it to be studded over with small follicular abscesses. The hairs come out entire with bulb and sheath. In some cases a permanent bald patch may result. On hairless parts the swelling is often larger, less raised, and shows on surface numerous vesicles and pustules. It is clear that the conditions described are merely the reaction of the tissues to any deep-seated irritant, and not, as Sabourand has maintained, the specific result of the ectothrix fungus.

Microscopically.—Many of the central hairs will only show folliculitis, but some taken from the periphery will generally reveal the fungus. The hairs are not broken short, as in microsporon; they are generally long.

The base of the hair is irregularly covered by a sheath of small round spores, differing in no respect from those of microsporon. As in microsporon, the spores clearly pass the orifice. Where the spores are the cuticle is destroyed, as in microsporon. The chief difference is an abundant growth of fine mycelium with long segments outside the hair, between it and the follicular wall. If this mycelium were stripped off and left in the follicle, it would be absolutely impossible to distinguish the two groups.

Cultures.—Very distinctive; commence early third or fourth day. Form a sun colony resembling microsporon. At same time a plentiful growth of white down springs up from the point of inoculation. The growth is extraordinarily rapid.

After a varying amount of time (my specimens took from one month to six weeks) a light-brown powder appears on the surface, most abundant wherever hyphæ are thickest.

Secondary colonies are numerous, and their growth remarkable. When mature, Sabourand has aptly likened it to a cobweb. Examination of the brown powder shows it to be made up of brown spindle elements, known as chlamydospores. These have thick walls, and are divided by septa into from six to eight segments.

Fox and Blaxall declare that they have found bodies like these in microsporon and in the cat cases, as well as in the one we are describing. Others have not done the same. Confirmation of their works would go far to establish the distinction of the two types that I have separated, and to simplify the study of these fungi considerably.

2. *Large-spored Endo-ectothrix,*

giving rise to violet cultures, and, according to Sabourand, presenting the same clinical features as the common endothrix.

You will remember that these consisted of numerous isolated dark stumps or black points and scattered finger-nail patches, on which the hairs have broken off close to the orifice.

Sabourand also describes another variety, giving rose cultures; and it is a curious fact that this type and my violet type correspond in every way down to the most minute detail save in colour. I obtained a white culture from this closely resembling the other, apparently identical.

Fox and Blaxall had three violet growths. Two of them were contaminated by yeasts, and eventually pure white growths were obtained, and discovered to be ordinary endothrix cases, thus corresponding to Sabourand's violet form.

The third they have never been able to obtain free from colour, but its microscopic features closely correspond to my violet and Sabourand's rose cultures. They obtained their case from a case of sycosis; I obtained mine from a case of kerion, and both were suppuration cases.

Now I have obtained a white culture from mine, and it is apparently not the ordinary endothrix.

The study of this form may eventually throw a good deal of light on the whole subject. It is probable that the colours of this form and of the next I shall show you are due to other forms of vegetable life—yeasts, sarcinæ, etc., closely blended.

Clinical features.—I have already said that the case noted by Fox and Blaxall and my case were attended by suppuration.

Microscopic features.—Appearance distinctive. The hair is crammed full of chains of large, square, thick-walled segments.

Chains of spores are met with outside the hair, and the specimen I have shown you illustrates well a characteristic feature of ectothrix cases. The further one passes from the hair, the finer the mycelial threads and the longer the segments; the truth being that the conditions of growth in the epithelium of the follicular wall resemble those met with on the surface of the skin, and on culture media.

In the specimen in question you see fine mycelial threads running in all directions round the wall of the follicle.

Cultures.—Commence on fifth or sixth day as pure white star colonies. In about one week the centre becomes violet. The marginal rays at that time are pure white, and a very beautiful effect is produced. Gradually a shining cake is produced, marked by shallow furrows and a strawberry-tinged fringe; then growth ceases.

On potato small acuminate white colonies covered with bristling white down. In a few days more the growth becomes decidedly purple. The specimen I send round has faded considerably. The white colonies give precisely the same growths, with one or two important differences:

(1) They do not become coloured.
(2) The surface does not shine.
(3) The growth does not cease so soon.

It suggests that something inhibiting the growth has been removed.

3. *A Third Form of Ectothrix giving Yellow Cultures.*

I am fortunate enough to be able to show you a specimen of this form, though I have not had time enough to investigate it properly. Sabourand gives this clinical description of this case:

Clinical.—Lesion shows many small patches on which the epidermis is exfoliated as by a blister, leaving a surface covered with a slight serous effusion. Here and there small abscesses as points of induration appear. The hairs are large, grey, and break on epilation. The roots show to the naked eye a parasitic sheath. The hair is much less invaded than the parasitic sheath.

I noted circinate lesions, about six in number, on face, neck, and arms; scalp extensively affected; one large irregular patch, showing

a multitude of greyish projections from hair-follicles. The hairs are large and grey, and possess a well-defined external sheath. There were smaller patches all over scalp, showing same features, and I noted a general moistness and an absence of the scaliness of microsporon.

Microscopically.—The hairs in potash show abundant chains of oval and round large spores, some finer chains of square spores within.

Cultures.—Potato, a trail of which powder, very thin, covering incompletely the medium, and allowing a brown or brown-red to show through.

Malted agar.—A fissured cake made up of cerebriform convolutions, showing on its surface ray-like folds nearly regular. This is surrounded by a powdery circle, and that in turn by fine rays buried in the medium. This form I believe to be identical with Sabouraud's endothrix, with fragile mycelium and acuminate cultures.

Favus.—I must make my remarks on this curious disease very brief. Its distribution is strange, and cannot be accounted for. In Scotland it is not uncommon. In England it is rare. It is rare in Paris, and yet at Lyons it is common. Favus attacks adults as well as children, and under ordinary circumstances does not cause infection very readily.

Clinically.—The disease gives rise to very special and characteristic lesions, that once seen can never again be mistaken. There are four characteristic features:

1. The favus cup or scutulum, *i. e.* a rounded yellow crust, with a depressed centre that surrounds the hair at its point of emergence, and for a considerable time remains covered by a thin layer of epidermis.
2. The hairs do not break off, but are cast off bodily, and can be epilated with bulb and a greasy sheath attached. The base of hair is always discoloured.
3. The tendency to form scars with permanent alopecia.
4. The mousy smell.

When an extensive case is seen the scutula may be very large, size of half-a-crown or more, and may very nearly cover the whole scalp. At the commencement they are seen as tiny white circles surrounding the hair, deep down in epidermis. In time they rise to the surface, and the edge becomes raised; many unite to form very thick yellow crusts.

Favus may affect any part of body and nails. In one remarkable universal case the fungus was obtained from swellings in the stomach.

Microscopic features.—Very characteristic. The hairs are long; they have a greasy yellowish-white sheath. The base is discoloured grey. The bulb is still adhering, a thing rare in ringworm. A very striking feature is that the base of the hair shaft is full of air columns, which empty spaces soon become full of the fluid in which the hairs have been placed.

In the shaft we see a few mycelial chains of very irregularly segmented spores. These pass up the hair, not straight as in endothrix, but in a wavy uncertain direction.

The chains present another feature, in that the envelope is hard to demonstrate. There is not the marked double contour met with in ringworm.

You may be fortunate enough to note another characteristic, namely, that these single threads break up abruptly into three or four filaments, so that in places there is a great and sudden increase in their number.

The fungus then penetrates the cuticle, and grows outward and upward into the cells lining the follicular wall. Where this penetration takes place you see the outer aspect of the hair surrounded with enormous round or oval spores. In growing thus outward the fungus pushes aside the deeper layers of corium, and comes near the surface under the superficial layers of the epidermis. It is this that creates the favus cup.

Examination of the crust broken up shows the very varied mycelial threads, their division into clumps of filaments, and an enormous number of large spores.

I should mention that when once the fungus has destroyed the epidermis it climbs up the hair, forming a dense sheath, composed entirely of parasitic element. Mr. Churchill has most kindly lent me a very fine specimen stained by himself some years ago, and showing the condition I speak of remarkably well.

Cultures.—There are said to be three distinct varieties of favus. The separation into three forms comes from Vienna, where favus is common; hence it cannot be ignored. However, there is one common form, and it is that form we see over here.

On malted agar it commences as a star colony. Growth begins immediately, and is visible on second or third day.

The colonies have a dirty yellow appearance; they form rounded cakes fringed by a margin of thick buried rays. In some they are covered by short white bristles, and later on the surface becomes covered with fine pure white powder. The medium presents a curious flocculent appearance.

Potato.—Forms cream-coloured masses resembling plaster.

Treatment.—I have purposely left the consideration of the treatment till the last, in order to avoid unnecessary repetition. Even now time will only permit me to state some of the broad principles that should guide us in the treatment of these diseases.

1. In the first place, I can say with confidence that the length of treatment will bear an inverse ratio to the care you give and the intelligence you bring to bear on the case. These cases cannot all be treated alike; routine treatment is apt to become very pernicious. It is your duty not so much to adopt a general treatment for the disease, but to treat the disease in the particular person who suffers from it. Those of you who follow this principle will secure better results than they who do not.

2. In the second place, I would refer to the comparative uselessness of germicides. All have been tried, and all in turn have failed. The reason is obvious; the fungus lies down in what we may for the moment call a deep well. The lumen or cavity of the well is blocked up by (1) the swollen hair; (2) the fungus surrounding it; and (3) by the swollen follicular wall.

It has been found that even the most diffusible agents used with every precaution to secure success only penetrate about one third of the depth of the hair-follicle. Hence the main use of germicides is to destroy the fungus on the surface. When they have accomplished this object they can be temporarily discontinued in favour of some less irritating application.

3. The best objects to keep in view are—
   (*a*) To promote the expulsion of the hair, and of the fungus attached to it.
   (*b*) To promote the active growth of the healthy new hairs that replace the old, and tend to push the fungus out of the follicles.

(*a*) The first object is most efficiently accomplished by—
   (*a*) Thorough epilation—an excellent measure, or by shaving the head; followed by—
   (*β*) The free application on several occasions of liniment of iodine.

Epilation removes in a moment quite one third of the fungus. The iodine, used with reasonable care, sets up a subacute catarrh of the surface and follicles, and this promotes the rapid expulsion of the hair, fungus, and follicular wall. The applications possess several other advantages. They most efficiently destroy the fungus on the surface, and I may take this opportunity to tell you how efficient alcoholic applications are to the scalp.

Another advantage is that the iodine picks out all the diseased patches, and stains them a deeper brown than the surrounding skin. I need scarcely dwell upon the advantages of such an exposure; it tells you in a moment the full extent of the disease.

(*b*) The second object (*i. e.* the promotion of a new growth of hair to replace the old) is best attained by the continued use of some suitable irritant. There are many such; in fact, you have half a hundred to choose from. I will merely suggest a few considerations that may guide you in your choice. In the first place, the close observation of a number of cases under treatment has convinced me that the prolonged application of ointments, more particularly when they are well rubbed in, has a harmful effect on the human scalp. The scalp becomes sodden. The ointment clogs up the mouths of the follicles, and is gradually forced down and into the depths. It is obvious that such a condition must check, and may completely arrest the natural functions of the part so healed. Waste matter—the *débris* of scales and dirt—the natural secretion of the sebaceous glands,—all these are supposed to be cast off, and the ointment must seriously interfere with the process. And these remarks apply with still greater force when some highly poisonous substance—such, for instance, as carbolic acid, salicylic acid, or perchloride of mercury—is incorporated in the ointment. Then the preparation may not only clog the scalp, but seriously interfere with the growth of new hair. After prolonged use of such applications as these I have seen the whole scalp so sodden and unhealthy, that hairs could be extracted at almost any spot with the slightest degree of traction, and what is more, with the follicular wall and bulb intact.

The best plan is to use some irritant that is not poisonous. Ointments may certainly be used, and when the scalp feels harsh and dry they are decidedly beneficial; but their use must not be continued too long. They must in time be replaced by some paint or solution.

I can, from experience, strongly recommend chrysarobin, but it must be used with intelligence, and the applications should be weak. Chrysarobin gr. v to chloroform ʒj is an excellent application. Collodion or gutta-percha solution may replace the chloroform. Patients must be warned to discontinue its use if an erythema is caused.

Boracic acid dissolved in spirit, with or without ether, is another excellent application, about gr. x ad ʒj, or still better worked up with soft soap, and rubbed in as a lather; sulphur, creasote, oil of cade, creolin, etc., do well.

4. The fourth guiding principle is an obvious one, and yet almost entirely disregarded. It is to note and mark the position and extent of the disease, and to treat the diseased parts. When the head is shaved and painted with iodine the extent of the disease is obvious at a glance. The parts affected should be indicated in some way. They can be mapped out by some strong stain, such as fuchsin, and then the parents should be instructed to treat the part so mapped out, and to occasionally paint the remainder with Lin. Iodi half strength, in order to destroy any spores that may fall upon it.

5. Lastly, the great dispute as to washing the head must be settled by your own common sense.

Gentlemen, I have sorely tried your patience, but I have nearly finished now. There are one or two remarks that I cannot well omit, referring, as they do, to special points I have not had time to dwell upon.

Ringworm of the nails is fortunately rare. It is not easy to diagnose, and very hard to treat. The nails become dull, thickened, and brittle; and, occurring in a person suffering from ringworm, this should excite suspicion.

The treatment is either—
   (*a*) Surgical, *i.e.* the complete removal of the affected nails, producing instant cure.
   (*b*) Slow medical, *i. e.* gradual scraping away and strong applications.
   (*c*) Quick medical, *i. e.* the quick evulsion of the nails by continuous strong applications, *e. g.* pyrogallic acid, 50 per cent.

Isolated diseased hairs may be destroyed by electrolysis, or by careful application of croton oil with a fine needle. You must take care that no drop remains on needle, which must be pushed down the follicle.

The results of treatment are most uncertain; some get well in a few weeks, others resist treatment for years. Microsporon cases are most obstinate, and for obvious reasons; but endothrix can be very resistent. The ectothrix or animal group generally get well quickly.

Nature suggests the best treatment for favus. As the hairs come out entire with the fungus attached, epilation is the only rational treatment, and it is very successful. The hairs must one and all be pulled out, and later on the process may have to be partially repeated.

Additional Notes.

I. *How to stain the fungus.*—It is comparatively easy to obtain good stained specimens of the microsporon fungus. The best cases to select are those occurring in fair-haired children.

It is also sometimes easy to get good specimens of ectothrix, provided the sheath of spores be not too dense.

It is much more difficult to obtain good specimens when the fungus is altogether or largely contained in the hair.

The following method has, in my hands, given very good results:

1. I place the hair in Liq. Potassæ (5—10 per cent.), put on a cover-slip, and gently press it down. The slide is put away for a few days till the fluid has all evaporated, and the hair quite dry. The advantages gained are—(*a*) that the best hairs can be selected; (*b*) the hair is acted upon by the Liq. Potassæ, and flattened out while still soft; (*c*) when dry it hardens again, and can be freely handled.

2. The hair is then placed in water for a few minutes to dissolve out the potash.

3. Transferred to solution of aniline gentian violet. Microsporon hairs only require five minutes, ectothrix about ten minutes, and endothrix hairs can be stained for twenty minutes.

4. The ordinary Gram-Weigert method is then followed,—that is to say, the stain is fixed in Gram's solution, and the hair slowly decoloured with aniline oil. The process can be watched under a low power, and stopped when the specimen is sufficiently light. The hair is then cleared in xylol, and mounted in xylol balsam.

II. *How to obtain pure cultures.*—This is easily done in microsporon. The lower half of the parasitic sheath can be cut off from the rest, sterilised instruments being used. The fragment is then placed on agar, and often appears pure from the commencement. To insure absolute purity this growth can be treated as described below.

Most of the large-spored forms are greatly contaminated, and special precautions must be taken to secure pure cultures. The following simple method has, in my hands, given excellent results:

The impure colonies are allowed to grow for about fourteen days on agar or potato, preferably the former. Then the colony showing most active growth is dug out whole, and well washed in sterile water.

The mycelium is easily recognisable, and pieces of it can be transferred to clean water several times. The pieces selected are then crushed up and placed on a sloping agar tube. This time, as a rule, the fungus grows more abundantly, and the contaminating colonies are fewer.

The purest part of the growth is, after a week, again dug out, well washed, and then rubbed up as finely as possible in a few drops of sterile water. Four or five loopfuls are then added to a tube of melted gelatine, thoroughly incorporated with it, and the mixture is poured out to form a thin layer in a Petri dish. The dish is placed in the cool incubator, and after a varying time the small colonies can be picked out and placed on various suitable media. I have found this method simple, successful, and one requiring a small amount of material.

Notes.

A Happy New Year to all our readers, and, to such of them as have decided the vexed question that way, a Happy New Century also.

* * *

The New Year suggests, amongst other things, New Year's Honours, and these lead us to offer our hearty congratulations to Sir Thomas Lauder Brunton. Our genial physician would be the first to suggest that the honour due to him and the profession he represents is also due to St. Bartholomew's. We can only say that as we watch the process of alteration in the name on the boards at the entrance to the blocks, we feel that Her Majesty might be worse advised than to give the painter more practice from time to time in just that particular piece of work.

* * *

Twenty-eight years have elapsed since Sir Thomas Brunton became attached to the Medical and Teaching Staff of St. Bartholomew's, for it was in 1872 that he was appointed Casualty Physician to the Hospital, and Lecturer on Materia Medica in the School. In the former office his colleagues were Dr. Hollis and Dr. Wickham Legg, and in the latter post he was associated with Dr. Farre. In recognition of his labours in Therapeutics and Physiology, in which sciences Dr. Brunton had already made conspicuous advances before leaving Edinburgh for London, the Royal Society made him a Fellow in 1873. He was appointed Assistant Physician to St. Bartholomew's in 1874, and full Physician in 1895. It is quite unnecessary to describe Sir Thomas Brunton in these columns, or even to eulogise him; verily, for a man not to know him argues himself unknown.

THE Annual Ball of the Volunteer Medical Staff Corps, which we announced last month to take place on February 5th, has been postponed on account of the anticipated departure of so many of the Committee for South Africa.

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FROM the *London Gazette* of December 19th last we learn that Surgeon Lieut. Martin A. Cooke, 2nd Volunteer Battalion, Gloucester Regiment, becomes Surgeon-Captain.

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MR. J. B. CHRISTOPHERSON has been appointed one of the Surgeons to the Imperial Yeomanry Hospital at Cape Town.

* * *

MR. R. D. PARKER and MR. G. H. ELLACOMBE have been appointed Civil Medical Officerss to the South African Field Force.

* * *

WE are asked to state that one or two Surgeon-Lieutenants would be warmly welcomed in the Tower Hamlets' Royal Engineers, one of the three Volunteer Engineer Corps in London. Applications to Surgeon-Captain Dingle, 46, Finsbury Square, E.C.

* * *

ON January 20th Sister Hope (Miss Skillman) left Bart.'s for service at the Cape. She goes as one of the Princess of Wales' Nurses, in company with eleven other experienced sisters from other London Hospitals. Sister Elizabeth (Miss Rolleston) is expected to leave shortly for nursing duty in connection with the Imperial Yeomanry Hospital. The sacrifices made at home for the benefit of our soldiers at the front can never earn any other comment than the "splendid" which General Buller gives his men. The country has not hesitated to send its best, and an efficient "best"—in the matter of medical, surgical, and nursing skill, whatever faults may be laid at the doors of those who are responsible for the purely military organisation of the war. And as we go to press the first despatches of the General in Command tell how the work is being done. Lord Methuen is even "glad to have been slightly wounded, because in no other way could I have learnt the care taken of the wounded, and there was nothing officer or private soldier required that was not provided at once, and the medical officers never tired in their endeavour to alleviate suffering."

* * *

HEARTY congratulations to Dr. Meakin, sometime editor of the JOURNAL, upon the occasion of his marriage.

* * *

IN response to the appeal made by the Government, the Treasurer and Governers of the Hospital have offered fifty beds for such sick and wounded soldiers returning from South Africa as may require that kind of active treatment supplied at St. Bartholomew's. We are glad to see that the authorities have exercised their customary wisdom in framing the words of this offer so as to make the help afforded by the Hospital not the mere catering for a certain number of convalescents, but the skilled treatment and nursing usually given within its walls. But even with this understanding, the loss to the sick poor of London necessitated by such a project as that suggested by the Government has been regarded in some quarters with alarm. And we cannot but think that some special arrangements might have been made to meet this special case, leaving the already none too extensive accommodation for the London poor untouched. Some two or three public buildings, for instance, might be converted into temporary hospitals, and efficiently superintended by temporary medical staffs.

* * *

WILLIAM THE THIRD'S consort is said to have endeared herself to the hearts of the people of England by putting her palace at Greenwich at the disposal of her husband's wounded sailors. Here is a chance for any of our aristocracy for whom, as yet, the people's hearts may have no very intense affection. Will they avail themselves of the opportunity?

* * *

ON January 11th Dr. James Calvert gave the Mid-Sessional Abernethian address upon "The Office of Warden" in the Anatomical Theatre. The speaker's name and his subject gave the promise of an enjoyable evening, which a large audience found was more than fulfilled. For just an hour the present popular holder of the said office kept us deeply interested and vastly amused by his historical retrospect of the relations of the College to the School and Hospital, and by his own personal experiences as Warden,—all being told in his own quiet and inimitable style. Particularly interesting were some extracts from the annual reports made by Sir James Paget, who himself was the first to hold the office of Warden. And particularly amusing were some specimen letters illustrating the multifariousness of the Warden's duties. We hope to publish the text of Dr. Calvert's address at an early date.

* * *

ON another page we print an account of the Christmas entertainment, which proved as thorough a success as usual. Were we inclined to risk an excursion into dramatic criticism, we should venture the opinion—to speak only of one actor and his part—that Mr. Talbot's presentation of Dr. Jacks in the duologue, 'Old Cronies,' deserves all the commendation that can possibly be accorded it. We certainly should not have suffered much disappointment if, as as an under-study to Mr. John Hare, instead of the distinguished manager of the Globe's treatment of this particular character we had met with Mr. Talbot's. The dresses, which, we learn, were the careful work of Miss Carson, deserve a special word of praise.

THOSE of our readers who have not as yet heard the sad news will learn with much regret that Harry Bond, one of the most familiar and popular of our recently qualified men, passed away on January 13th at Greenwich Infirmary, where he was acting as one of the resident medical officers. He succumbed to a brief but very severe attack of pneumonia. Not only the athletes of the School, for the success of whose games Bond did so much, but all who came into touch with him will deplore the loss of one who infused both life and spirit into everything he took up. Next month we hope to publish a memoir by two of his more intimate friends.

* * *

THREE other deaths since our last issue come to swell the full list of our losses at Bart.'s—losses which range from our world-renowned Consulting Surgeon to the ranks of our junior students. On December 28th a cable from Axim States brought news of the death of J. Francis Bill, which took place the day after Christmas. Bill was acting as medical officer to the S.S. Congo, and had only been ill three days with malaria. On January 15th, S. de Carteret, who had been warded for some days in Matthew, died of phthisis; and E. A. Gribbon, on January 23rd, fell a victim to typhoid fever.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

UNITED HOSPITALS *v.* STADE FRANCAIS.

Played at Bècon on Sunday, January 14th. This was the first match played by the Stade with an English team since the beginning of the season and the war. London Irish went over earlier in the season to play the Racing Club, and managed to make a draw of it. On Saturday afternoon sixteen of us collected at Charing Cross, and started by the 2.45 train for Folkestone. Two more, Tucker and Bailey, of St. George's, were coming over by the night boat, whilst R. B. Ainsworth, Hon. Sec. of the U.H.R.F.C., was in charge of the party, and Crimp's younger brother came as a spectator. We had, fortunately, a perfect passage to Boulogne, and eventually arrived in Paris about 11.30, after a rather tedious journey from Boulogne, enlivened by whist, nap, etc., played in a dim religious light; it was also very cold without and very hot within the carriage. We found Bellencourt (one of the Stade team) and the "man from Cook's" waiting for us at Paris, and we then drove off to the Bedford Hotel, where we were to stay. Next morning, after a stroll to the Madeleine, Place de la Concorde, and Arc de Triomphe, we had déjeuner, and then changed. Bellencourt called for us, and we walked to the station, which was close by. Both in the streets and in the station we seemed to cause considerable amusement to the people we met. We then started for Bècon, and although the journey only took about fifteen minutes, we managed to have what was very nearly a fracas with the railway officials. It arose in this way: we, knowing nothing about it, got into a buffet carriage; soon after we started the waiter came round and asked what we would drink. But many of us didn't want a drink just before the match, and so refused to have one. A commotion then ensued, and when we arrived at Bècon there were two waiters, one manager, and two gendarmes trying to make us have drinks, and gesticulating wildly, whilst we were explaining to them at great length *in French* that we didn't understand, and only spoke English. However, we got to the ground all right, to find a second team match being played. The ground was frozen very hard indeed, and all the players were bleeding freely from knees, elbows, etc. After we had been photographed the match began before a crowd of about 1500 people. Da Silva kicked off, the ball went straight to Griffith, who unfortunately dropped it, and before anyone knew what was happening Gautier, the hundred yards champion, scored. Da Silva kicked the goal. This was rather an upset for the Hospitals to begin with; however, they bucked up after this, and the play was pretty even for a while. Soon after this, however, Trupel, taking a good pass from Amand, nearly scored, but went into touch close to the goal line. After the drop out Marchand and Bellencourt got the ball, and between them got the second try for France. This try was however unconverted. Soon after this a very unfortunate accident happened, as Bailey, after a good run down the touch line, was thrown heavily on to the cycle track which surrounded the ground, and cut his knee so badly that he had to retire for the rest of the game. After this the Hospitals played up, and a penalty kick being given them in front of goal, Pooley opened the score with a penalty goal. Philbrick and Bousfield had each already tried to drop a goal, but both attempts fell short. Score at half-time 8 points to 3.

After kicking off, the ball was well returned by De Brun, but Crimp got hold of it, and gained a lot of ground by a long kick. Philbrick followed up well, and got our first try; Pooley converted it. Very even play followed this, till Audonard passed wildly to Philbrick, who went off at a great rate, followed by Pooley. The latter eventually scored, but did not kick the goal. After this the play was fast and furious; the scrum beginning to feel the loss of Mullings (who went out three-quarters when Bailey was hurt) very severely. Just at the end Dedet, following up a kick of Henriquez, scored in the corner. The try was not converted, and soon after the whistle blew. The match was thus drawn, 11 points all. For us Graham, Pooley, Philbrick, were good, and Morris at back was excellent. For them Amand, Gautier, and Da Silva were good, and I feel sure that all who saw Dedet's play, especially out of touch, will not forget it for a very long time. It is only fair to say that the Hospitals had nothing like a full team, Susman and several others failing at the last minute. After the match we dined with the Stade XV at the Café Voltaire, and found that they were quite as good fellows out of the field as they were on it. "La Marseillaise" and "God Save the Queen" concluded the dinner. We returned to London on Tuesday morning, as it was too rough to cross on Monday night. Teams:

United Hospitals R.F.C.—F. W. Morris (London), back; L. D. Bailey (George's), G. L. Crimp (London), G. R. H. Crozier (Mary's), J. H. Philbrick (London), three-quarters; E. T. Holland (Thomas's), L. D. Bousfield (London), halves; R. Griffith (London), C. J. Graham, J. M. Pooley, C. R. T. Worthington (Mary's), W. E. Tucker (George's), H. C. Adams (Bart.'s), C. H. R. Coltart (Westminster), W. T. Mullings (Charing Cross), reserve; L. R. Tosswill (Bart.'s).

Stade Français.—Favereau (back); Henriquez, P. Da Silva, A. Giroux, R. de Brun (three-quarters); H. Amand, L. Audonard (halves); G. Gautier, Muir, Blanchard, Bellencourt, Trupel, Morin, L. Dedet, and A. Ledue.

Referee.—Mr. M. T. F. POTTER (America).

ST. BART.'S *v.* PORTSMOUTH.

Played on Saturday, January 20th, at Portsmouth, in wet weather. The Hospital were without the services of Adams, who could not play owing to an injured knee. Portsmouth kicked off, and play settled down just inside the Bart.'s territory; but, owing to some good rushing work by the forwards, the ball was taken right up to the Portsmouth line, when Tosswill dribbled over and obtained a try far out, which was not improved upon. Upon resuming the home team had much the worst of the play for a time, until Gould, by a very fine piece of play, evaded all opposition, and scored between the posts, but made a wretched attempt at goal. Soon after this Bart.'s came right away with a strong rush, and, Wilson picking up, scored a good try, which was converted. A little later, Gould, profiting by a knock on, ran clean away and scored in the corner, but failed to convert. Bart.'s played up with increased vigour, and rushed the ball over the half-way line. On the ball being sharply heeled, a grand piece of combination was shown amongst the outsides, which resulted in Gillies scoring between the posts, O'Neill converting. Soon after this half-time arrived, with the score—Bart.'s, 2 goals and 1 try (13 points); Portsmouth, 2 tries (6 points).

In the second half the game was fast and loose, first one side and then the other gaining the advantage. A dash by the Portsmouth three-quarters was counteracted by a splendid bit of passing by the medicos. The Portsmouth forwards now tired visibly, although the slope was in their favour. In some loose play Jackman scored behind the post, the kick failing. The Hospital again forced matters, Plews putting on the final try, no goal resulting. The home team were clearly the inferior, the passing among the Bart.'s three-quarters being superb. No side arrived with the score—Bart.'s, 2 goals, 2 tries (16 points); Portsmouth, 3 tries (9 points). Team:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, G. G. Ellett, E. G. Drury, H. W. Thomson (three-quarters); B. N. Ash, W. H. Hamilton (halves); A. O'Neill, L. R. Tosswill, H. T. Wilson, A. R. Neligan, J. M. Plews, F. Harvey, W. H. Scott, E. C. Hodgson (forwards).

Vice-President A. J. W. Wells officiated as touch-judge.

ASSOCIATION FOOTBALL.

ST. BART.'S *v.* CHESHUNT.

Played at Cheshunt on January 13th, resulting in a win for Cheshunt by 2 goals to nothing. Bart.'s took down a weak team, and were lucky in not having more goals scored against them. It was the first match after Christmas, which presumably accounted for the general slackness of the forwards. The play during the first half of the game was of an even character, and rather wild, owing to the hard ground and light ball. The centre-forward scored Cheshunt's first goal when he was badly off-side.

In the second half, the game, which, under the existing conditions, should have been of a fast character, became slow and lifeless. Cheshunt's second goal was scored by their centre-forward about half-way through. Orton and Taylor both played very well at back, and it was due to their efforts that we got off so easily. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, F. E. Taylor (backs); J. W. Miller, W. J. Jones, C. H. Fernie (halves); T. A. Killby, R. C. Berryman, C. O'Brien, V. G. Ward, H. N. Marratt (forwards).

DRAW FOR HOSPITAL CUP.

First Round.

A. St. Mary's *v.* Charing Cross.
B. Middlesex *v.* St. Bart.'s.

Second Round

A. St. Thomas's *v.* University.
B. Winner of A *v.* London.
C. St. George's *v.* Westminster.
D. Winner of B *v.* Guy's.

Byes—St. Thomas's, University, London, St. George's, Westminster, Guy's.

Semi-final.

Winner of B *v.* winner of D.
Winner of C *v.* winner of A.

First round to be played off before January 20th.
Second round before February 3rd.
Semi-final before February 17th, at Ealing.
Final before March 3rd, at the Crystal Palace.

Three Bart.'s men—Orton, Ward, and Griffin—have been chosen to represent the United Hospitals *v.* Middlesex, and four—Marratt, O'Brien, Fowler, and Nealor—as reserves.

INTER-HOSPITAL CUP.—FIRST ROUND.

St. Bart.'s beat Middlesex, 4–1; St. Mary's beat Charing Cross 5–0.

ST. BART.'S *v.* MIDDLESEX.

Played at Honor Oak Park on January 17th, and resulted in an easy win for Bart.'s by 4–1. Bart.'s were without the services of Thomas, Masterman, and Nealor, all of whom we hope to get for the next Cup-tie. The ground was in a shocking condition, being in parts under water. Bart.'s started pressing, and soon scored by a goal from Ward. They then forced two corners. Some easy chances were missed, one of which O'Brien should certainly have taken. The game then opened up a bit, and the Middlesex men played with a lot of dash, but at no time looked very dangerous. Soon after this Griffen slipped on to the ball and the referee gave it a goal. It was rather a rash decision, as the referee was in mid-field at the time. After half-time Bart.'s had the game in their hands, and ran up four goals by Killby, O'Brien, and Ward—the result thus being 4–1.

Team.—J. P. Griffen (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, F. E. Taylor, T. Bates (halves); T. A. Killby, R. C. Berryman, C. O'Brien, V. G. Ward, H. A. Marratt (forwards).

HOCKEY CLUB.

ST. BART.'S *v.* BROCKLEY.

Played at Ladywell on November 25th, resulting in a win for the Hospital by 11 goals to 2. This might be defined as a field day for the Hospital, as the game consisted principally of shooting. Brockley broke through our defence twice, scoring each time. Team:

St. Bart's—A. H. Muirhead (goal); E. T. Glenny, D. Jeaffreson (backs); A. H. Pollock, M. O. Boyd, H. B. Hill (halves); A. Hallowes, J. A. Nixon, F. H. Beckett, G. V. Bull, F. A. Lloyd-Jones (forwards).

Goals.—Beckett (7), Hallowes (1), Nixon (1), Bull (1), Lloyd-Jones (1).

ST. BART.'S *v.* CRYSTAL PALACE II.

Played at New Beckenham on December 2nd (another field-day), the Hospital winning by 11 goals to 1. Nixon opened the score by shooting four excellent goals in quick succession, Beckett followed suit with another shot, and Bull made a good shot from a corner; then the Palace broke through our defence, and by means of some good combination on the right wing scored a goal. Nixon and Beckett each scored again for the Hospital before half-time, when the score stood at 8 to 1.

In the second half we attacked all the same, but only managed to add three more goals to our score, Hallowes (1), Beckett (1), Nixon (1). Team:

St. Bart.'s.—A. H. Muirhead (goal); E. T. Glenny, D. Jeaffreson (backs); P. A. Lloyd-Jones, A. H. Pollock, W. E. Fowler (halves); A. Hallowes, J. A. Nixon, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* TUNBRIDGE WELLS.

Played at Tunbridge Wells on December 6th, and after an excellent and keenly contested game resulted in a win for Tunbridge Wells by 3 goals to 2. Le Fleming was the first to score for Tunbridge Wells after a good run, after which our goal was attacked several times, but the backs cleared well. Murton, however, got in a hard shot, which was going wide, but in trying to stop it one of our halves accidentally put it through. Tunbridge Wells continued to press, but Muirhead saved well in goal; the backs cleared, Hallowes obtaining the ball passed to Pennefather, who enabled Beckett to score. Shortly after Le Fleming scored again for Tunbridge Wells, and half-time was called. Score 3 1.

In the second half the Hospital certainly had the best of the game, shooting repeatedly, but failing to score; then Tunbridge Wells pressed us again, but by some good combination on the right wing Beckett was enabled to score again. Just before time was called Beckett made an excellent shot, which unluckily hit the edge of the post and rolled outside.

Jeaffreson repeatedly cleared well, and played a sound game for the Hospital. Beckett was also conspicuous. Team:

St. Bart's—A. H. Muirhead (goal); E. T. Glenny, D. Jeaffreson (backs); A. H. Pollock, M. O. Boyd, W. E. Fowler (halves); A. Hallowes, C. M. Pennefather, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S *v.* HITCHIN.

Played at Winchmore Hill on Saturday, January 13th, and resulted in a win for the Hospital by 4 goals to *nil*. Owing to the frost the ground was very uneven, but notwithstanding, the game was fast and interesting. Hitchin attacked first, but failed to score, and even play ensued till close upon half-time, when Glenny scored for the Hospital, and owing to some mistake the Hitchin goal made no attempt to stop it. During the second half the Hospital had the better of the game, and Glenny added 3 more goals to the Hospital score, the first of these being an exceptionally good shot.

Team.—A. H. Muirhead (goal), F. Furber, D. Jeaffreson (backs), H. B. Hill, A. H. Pollock, W. E. Fowler (halves); H. C. van Lann, J. A. Nixon, E. T. Glenny, G. V. Bull, R. C. Wilmot (forwards).

We must apologise for an oversight in our last issue, by which a couple of Hockey matches were doubly reported, the duplicate account making them appear as Association Football matches.

Junior Staff Appointments.

The following appointments have been made for April, 1900:

HOUSE PHYSICIAN TO—	*Dr. Church*	F. A. Bainbridge.
,, ,,	*Dr. Gee*	C. J. Thomas.
,, ,,	*Sir D. Duckworth*	K. R. Hay.
,, ,,	*Dr. Hensley*	H. S. Greaves.
,, ,,	*Sir T. L. Brunton*	A. C. Jordan.
INTERN MIDWIFERY ASSISTANT—	April	F. K. Weaver.
EXTERN ,, ,,	April	W. S. Danks.
,, ,, ,,	July	S. P. Pollard.

The Rahere Lodge, No. 2546.

AN Ordinary Meeting was held at Frascati's Restaurant on Tuesday, January 9th, when Bros. Worth and Slater were raised to the degree of Master Mason. The death of Bro. Bill was announced, and a vote of sincere sympathy and regret, proposed by the Worshipful Master, and seconded by W. Bro. Godson, was unanimously passed. The following grants, made at the last meeting of the Lodge, were approved: (i) £50 to the Soldiers and Sailors' Families' Association, 23, Queen Anne's Gate, S.W.; (ii) £25 to the Depôt Mobilisation Relief Fund, for the Relief of Orphans and Widows of the R.A.M.C; (iii) £25 to the Orphans and Widows of Officers Fund; (iv) £21 to the British Medical Benevolent Fund; (v) One Guinea to "Our Brothers' Bed" at the Home for the Dying; (vi) Ten guineas to each of the three Masonic Charities, to be placed in the lists of Bro. Robinson, Bro. West, and Bro. Burns, Stewards to the old people, the girls, and the boys respectively.

After the meeting twenty brethren dined together.

St. Bart.'s Hospital Photographic Society.

THE Annual Exhibition of the Society was held on the afternoon of Wednesday, December 6th, in the electrical department. There were a very fair number of visitors considering the bad weather.

An attractive poster, which was designed and painted by Mr. Geoffrey Webb, nephew of the well-known architect, Mr. Aston Webb, announced the time and place of the Exhibition to all who entered the College, and was responsible for not a few visitors.

We are allowed to reproduce this same artistic poster by the courtesy of the editor of *The Amateur Photographer*, in the columns of which it originally appeared with a very complimentary notice of the Exhibition.

There was a great variety of pictures, ranging from the artistic blur to the clearly defined.

Among the pictures that were the most popular may be mentioned Dr. Lewis Jones's river and sea photos; "A Seaside Study," by Mr. Fincham; Mr. Tatchell's yachting photos; Mr. Cook's sporting picture, "A Day's Ratting;" and Mr. Hanbury's photos of a "Garden within 41 miles of the Bank of England." Among the unframed photos, Mr. Brown and Mr. Gilbert Smith exhibited some good work. The quality of the exhibits was on the whole very fair.

The Christmas Entertainment.

AMID the customary, but always interesting surroundings, the 17th Annual Christmas, or, to speak more correctly, New Year's Entertainment to the Nursing and Resident Staff of the hospital took place on the 4th and 5th of January.

The Dramatic Club, for the first time in its career, presented a triple bill; and though the programme was somewhat lacking in the interest which an important production of two or three acts gives it, the items were amusing enough, and were played on the whole excellently well by the members of the Club.

The organisers of the entertainment may be congratulated on being able to bring the programme to a close at a reasonably early hour, as indeed they did also in 1899. Too frequently the audience, assembled by 7 o'clock, have not dispersed till 11. This made too large a demand on the patience of the guests, and sometimes doubtless detracted from the pleasure of witnessing what was often a very good performance. However, both this year and last the audience went home unexhausted, and with a sense of regret that the entertainment was at an end, a feeling which is highly complimentary to the entertainers.

After the overture "Tancredi," ably played by the Hospital Orchestral Society, the curtain rose on T. J. Williams's farce "My Turn Next." Mr. C. G. Mead, as Taraxicum Twitters, entered into the spirit of the part, and, though a little unequal, parts of his performance (like the now famous Curate's Egg) were excellent. Mr. S. E. Crawford, wonderfully made up as the Apothecary's Assistant, confirmed the impression formed of him last year. He is developing into a good character actor, and what is more, with a style of his own. The Farmer Wheatear of Mr. G. F. Furley was marvellous to look at, and histrionically was his best effort so far, though the part was small. Mr. H. S. Ward, as the Apothecary's Bride, was sound, distinct, and moved naturally. He made the most of his chances. Mr. Elmslie, as Cicily, looked charming, and was quiet and ladylike; while Mr. C. S. Hawes, as the Bagman, and Mr. L. Morris gave efficient help.

After a selection from "The Gondoliers," Theyre Smith's commedietta "Old Cronies," was played, and admirably, by Mr. E. Talbot and Mr. A. L. Tweedie. The piece is perhaps one of the best two-character sketches ever written, and as given by the above-named gentlemen was from start to finish an artistic performance. Mr. Talbot's Dr. Jacks was excellent. He gave his lines with admirable effect, and invested the character of the lovable old etymologist with great charm. There was never a wrong movement, never a false note from first to last. Mr. Tweedie was as bluff and irascible as he should have been, and never missed one of the many points. He preserved the contrast between the two characters well.

After the usual interval for refreshments, and after Auber's "Crown Diamonds" by the Orchestral Society, Maddison Morton's farce "Poor Pillicoddy" brought the entertainment to a close. Mr. Ward in the name part sustained a character which made many demands upon its representative with credit. He played up well, and in the opium poisoning scene was immense. Mr. Crawford, as Captain O'Scuttle, made up to resemble a certain ferocious hero of monthly magazine fame, again scored well. His "Ha! No!" given in a voice which is certainly the biggest ever possessed by a member of the A.D.C., was very amusing. Mr. Morris as Mrs. Pillicoddy gave the best performance he has so far treated the club to; and Mr. Elmslie for the second time acted quietly and without exaggeration. Mr. H. H. Raw showed an appreciation of fun, and played up loyally.

We missed Mr. J. Valerie from the boards, but the club is greatly indebted to him for much ungrudging help, as also to Mr. S. Townesend, who most kindly came up as often as he could to assist. The value of these kindnesses was greatly appreciated, as the stage manager, Mr. Talbot, was prevented by professional duties from giving the time necessary to the preparation of the plays.

It is long since there has been an outside entertainment. Surely, with the talent now in the Club, and with so deserving an object as the Samaritan Fund, always requiring help, there should be no difficulty in giving a performance in its aid as in 1893.

The farces "Old Cronies" and "Poor Pillicoddy" were played on Friday, January 19th, at the Hospital Convalescent Home, Parkwood, Swanley, at the request of the Matron of the Home. The performance was most kindly received; and the members of the Club were afterwards very hospitably entertained by Miss Campbell, the Matron, and her staff. The cast was the same as that for the

Christmas Entertainment, with the exception of Mr. Raw, who was unable to get away, and whose part (Sarah Blunt) was played with much spirit by Mr. Tweedie at very short notice.

On Monday, January 22nd, "Poor Pillicoddy" was played to the Hospital scrubbers in the Nurses' Home, with the same cast as in the Christmas Entertainment. The performance was followed with close interest by a most appreciative audience.

Christmas in the Wards.

CHRISTMAS this year was spent in the way which is customary of St. Bart.'s. The wards had all been decorated with tasteful care by the nursing staff, assisted by the students. The day's festivities for the patients commenced with the dinner; roast turkey and plum pudding being the fare provided, and much appreciated it was. "Ah! a nice tender bird that was too," said one of the patients next day to his dresser; "I could do with another like it; and the sauce, why it was worth coming in for that alone." Having had time, so that no one's digestion or appreciation of the good fare provided should be spoiled, and to give the patients a keen appetite for the Christmas tea later in the afternoon, the entertainments in the wards commenced. Phonographs and gramophones were numerous, and each was appreciated much by the audiences. Tea was served at four o'clock; all kinds of bread and butter, cakes, biscuits, and sweets, were laid before those who could assemble around the tables. The wards had been lighted up with fairy lamps. The sight was very pretty, the convalescents enjoying everything immensely; the youngsters pulling crackers, eating sweets,—their appetites being immense, and showing no signs of decreasing for some time,—really made one wonder whether they would live to see the morrow; one was thankful that Christmas came only once a year.

After tea the entertainments started anew, magic lantern shows, hanjoists, conjurors, and a Pierrot's troupe visiting the different wards. Each was greatly appreciated, the conjurors evoking rounds of applause. The thanks of the Hospital are due to those who each in their way did much and devoted so much of the evening to entertaining the patients. To the Pierrot's troupe and Nurse Barlow, whose songs were received with delight, and to Mr. Adams, who ably accompanied her on the banjo, special thanks must be given.

The wards were decorated in many different styles, though each in its own way looked well, and many very effective. The combination of the bright berried holly with flags and brightly coloured tinsel paper, which seemed to be so much in vogue this year, was very effective.

To say which ward looked the best would be difficult, as the styles were so various, but each in its own way looked well. Lawrence with its large flags and abundance of holly about the ward looked very well. Mark and President both looked well; Mark, with its large Union Jacks strung over the archway, echoed the feeling of most of those present, but it was not until we got to Luke that we were to be brought face to face with realistic representation. The slab in the back ward had been turned into a very effective view of a portion of Northern Natal. Mountains, the kopjes, the difficult roads and the presence of water, with a view of the veldt, had been faithfully depicted. Scattered over part of the scene was a division of the British force, and not far distant was a Boer encampment, which looked realistic. The whole was most effective and exceedingly well done, and reflected great credit upon the originator of the idea. It was the novelty of this year's decorations.

Martha, though empty of patients, looked summer-like with its yellow gauze decorations and white and yellow flowers.

Hope, Mary, and Colston were all pretty. In Casualty, Sister was busy catching the unwary with her toy horse. The bower in Abernethy was really the prettiest piece of decorating in the Hospital. It looked charming, is all we can say for it. The huge Christmas tree in Lucas was the delight of all those who visited the ward. Eyes was pretty, and its donkey caused much amusement. Paget with its bazaar and Japanese attendant was attractive and looked very well. The bran tub in Sitwell was a great attraction. In fact all the wards were pretty with fairy lights and decorations, and made us feel when we had visited them that Christmas day in Bart.'s was a thing to be wished for rather than dreaded.

Appointments.

BASSANO, H. F., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed House Surgeon to the West London Hospital.

* * *

HIGGINS, ALEX., M.R.C.S., L.R.C.P., appointed House Surgeon to the West Kent General Hospital, Maidstone.

* * *

VAUGHAN, A. Ll., appointed Assistant House Surgeon to the Norfolk and Norwich Hospital.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Anatomy and Physiology.—Coare, R. B., Ellett, G. G., Ellis, G. A., Gregory, C. H., Naish, W. S., Nedwill, Ch., Statham, H., Whale, H. C., Whitaker, F.

Surgery and Midwifery.—Atlee, W. H. W., Brown, G., Brunner, F. E., Fletcher, W. M., Hill, A. Croft, Izard, A. W., Knobel, W. B., Malin, J. W., Shrubsall, F. C., Worthington, R. T.

Medicine.—Branson, W. R. S., Curl, S. W., Gillespie, T., Inchley, O., Nixon, J. A., Rigby, J. C. A., Talbot, E., Truman, B. R. B.

CONJOINT BOARD.

Diploma of Public Health.—Henshaw, H. W.

First Examination:

Chemistry.—Binns, J. B., Cooper-Smith, E. J., Hamilton, W. H., Kemp, J. R., Mountain, F. G., Scott, H. B., Verry, J. T

Practical Pharmacy.—Wilmot, R. C., Martin, P. J., Farrington, A.

Elementary Biology.—Crookes, T. H. J., Hill, W. de M., Marshall, E. S.

Second Examination:

Anatomy and Physiology.—Hughes, G., Kingston, C. S., Harvey, C. W. C., Couldrey, T. R., Alment, E. W., Bennett, S., Hodgson, E. C., Smith, F. R., Orton, L.

Anatomy only (4 years curriculum).—Wilding, J.

Births.

BEATTIE.—On January 8th, at Newland House, Banbury, Oxon., the wife of Henry Beattie, jun., L.R.C.P.Lond., etc., of a son.

STEPHENS.—On November 6th, at Cape Town, South Africa, the wife of H. W. Stephens, M.R.C.S., L.R.C.P., of a son.

Marriage.

MEAKIN—BALL.—5th inst., at St. Giles's Church, Cambridge, by the Rev. A. F. Cooke, King's College, assisted by Rev. J. Frank Buxton, Vicar of St. Giles, Harold Budgett Meakin, M.D., of the Indian Medical Service, to Frances Amelia, eldest daughter of Sir Robert Ball, Observatory, Cambridge.

Deaths.

BOND.—On January 13th, at Greenwich Infirmary, Harry Bond, M.R.C.S., L.R.C.P. (St. Bartholomew's Hospital), of pneumonia, after a short illness, aged 26 years.

DE CARTERET.—On January 15th, at St. Bartholomew's Hospital, of complications following influenza, Sylvester de Carteret, student, aged 23, third son of Frederick de Carteret, Le Village, Guernsey.

FABER.—On January 2nd, at Stockton-on-Tees, John Gray Faber, M.R.C.S.Eng., L.R.C.P.Lond., S.S.A., aged 30 years.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review* (formerly *The Medical and Surgical Review of Reviews*), *The Practitioner, University College Magazine, The Student, The Hospital, Le Mois Médico-Chirurgical, Bollettino della Associazione Sanataria Milanese.*

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NOTICE.

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St. Bartholomew's Hospital Journal,

FEBRUARY, 1900.

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

SIR MICHAEL FOSTER'S return to Parliament as representative of the University of London is a matter for congratulation to all concerned. A good deal has been said about the undesirability of sending a man to the House of Commons more on account of his eminence as a scientist than as possessing any claims to be called a politician. But the representative of a University should at least be eminent as something,—this every one must admit. And from all that we see it would scarcely seem to bode ill for English legislature if our Parliament contained fewer politicians and more eminent men. At least, we should ourselves be quite Radical enough not to fear the consequences of such an experiment being made. Moreover, the question as to whether Sir Michael's attitude is "safe" towards the War or towards Home Rule is of much less importance, in the light of his constituency, than the influence he will wield on matters of education; and most will agree that this is likely to be at least as great as that of either of his less eminent opponents.

And even at the lowest estimation, outside any consideration of eminence at all, Sir Michael Foster has rendered a public service of no mean sort by saving us from the calamity of seeing an anti-vaccinator sent to Westminster as the representative of a University who is justly proud of her medical education, and reasonably jealous of her medical reputation. The public is sufficiently awake to the weakness of our system of party government to know that the "conscience clause" was only a passing shibboleth to catch votes. But if the University of London returned to Parliament a medical man who signed the Minority Report the laity might reasonably doubt the practical unanimity of the profession upon the question of vaccination.

It was not to be supposed that the anti-vivisectors would let slip the opportunity of venting their spleen upon so distinguished a physiologist as Sir Michael Foster, and their manifesto against his candidature came duly to hand as expected. The circular began by "respectfully offering for the consideration of the members of Convocation certain information concerning the labours of this distinguished gentleman." These labours seem, according to the paragraphs that follow, to have been chiefly the joint-editorship of a book resembling a "cookery book of receipts, with the difference that the flesh which the students are instructed to cut, saw, and pick to pieces, is to be still living and quivering," and the leadership in the "vivisectional work for which Cambridge has obtained a painful notoriety." Were the members of Convocation as ignorant of Sir Michael Foster's "labours" as the compilers of the letter in question, they might have thought, from the descriptions given of it, that his life work was hardly based upon the most approved ethical standard. But the circular hastens to add that "with his moral opinions and conduct we have no concern, and believe them to be highly correct." Which opinion, despite the inconsistency involved, was of course most timely.

A Clinical Lecture on a Case of Crossed Hemiplegia with Hemianæsthesia.

By Dr. GEE.

(Reported by T. J. HORDER.)

GENTLEMEN,—By hemiplegia is meant paralysis of movements on one side of the body. But hemiplegia is never universal, but particular, only some of the movements being paralysed. Therefore there is a large variety of hemiplegias, unlike each other, according to the different movements that are paralysed. Now the ordinary form, the standard of hemiplegia because the most frequent form, is the following:—The highest movements paralysed are those of the lowest part of the face, *i. e.* movements of mouth, nose, and cheek of one side, not of the eye or forehead; then movements of the tongue, so that the muscles on the unaffected side push it over to the affected side; all the movements of the arm and of the leg. This is the ordinary form of hemiplegia, and when you get this form you may be quite certain the disease causing it is somewhere in the pyramidal tract between the corpus striatum and the pons Varolii. The most usual situation is the corpus striatum, seldom the pons, and still more seldom the crus cerebri. When such a hemiplegia affects the right side, and if it be associated with aphasia, you may be tolerably certain that the disease is obstruction of the left cerebral artery supplying the corpus striatum and the cortex with its underlying part of the brain. This is nearly always the cause, and is due to arteritis or embolus.

Before reading you the notes of this case I will say a few words about two conditions which it is necessary for you to understand before you can properly enter into it.

(1) *Crossed hemiplegia*, that is ordinary hemiplegia associated with paralysis of one of the cranial nerves on the other side; for instance, ordinary hemiplegia on one side, and paralysis of the seventh nerve on the other side. Here *all* the muscles supplied by the seventh nerve are paralysed. A crossed paralysis may involve almost any of the cranial nerves,—the third (not common) in disease of the crus cerebri, the fourth and sixth again (but also uncommon), the fifth in disease of the pons, and the seventh also.

(2) *Hemianæsthesia* is sometimes associated with hemiplegia, but seldom, and this hemianæsthesia associated with hemiplegia is either due to structural disease of the brain—organic, visible disease,—or is hysterical. Hemianæsthesia due to structural disease of the brain is usually associated with hemiopia. In hysterical hemianæsthesia the sight *is* affected, but so far as I have seen in a different way: not hemiopia—half-blindness of the field of vision—but an amblyopia of the eye on the same side as the hemianæsthesia. If the hemianæsthesia is on the right side, sensibility is lost in the leg, arm, trunk, face, scalp of that side, and vision of the right eye, hearing of the right ear, taste and smell on that side are bad. If the hemianæsthesia be due to structural disease it is not the sight of the right eye only that is bad, but the loss of vision—the hemiopia—is for both eyes. I gave a lecture some time ago on a case of the former kind of hemianæsthesia: a man who had left hemiplegia and anæsthesia exactly limited by the middle line, involving touch, pain, heat, and cold; smell defective on the left side; sight, marked contraction of the field of vision for the left eye; taste also defective; hearing, the test discounted on account of old ear disease. Though the patient was a man I considered him to be hysterical, and this was proved by the fact that he soon left the hospital quite well, except that the field of vision was still contracted.

You are now prepared to enter into the points of this case. The patient, a married woman aged 38 years, was admitted to Hope Ward for paralysis and inability to speak.

She had had much mental trouble recently, having nursed a daughter who died fourteen days previous to patient's admission. Since that she had eaten little, and had taken much brandy. On February 5th she went out walking with a friend; she told her friend that she "felt bad." Ten minutes later the present attack commenced. She felt as if she were going to be choked, and as if her jaw would be locked. Then her friend noticed that the patient's left arm and leg and the left side of the mouth were "drawn stiff." She did not fall, but with assistance entered the house. She did not lose consciousness. Her left arm and leg were found helpless, and she could not speak. An hour later she said with some difficulty a few words to her friend; she also spoke in the evening. On February 6th she could not speak. Since the attack she has been able to swallow liquid food, and she has consciously passed urine and fæces into the bed.

As regards her previous history, we learnt that she had been accustomed to the abuse of alcohol for many years, and especially lately. She had suffered from vomiting for many months, with slight hæmatemesis occasionally in the morning; all this doubtless due to the drink. The husband described several "drunken fits."

The condition on admission was as follows: Stout, muscular, healthy looking woman; temp. 98 6°; pulse 96, regular, small, and soft; arteries not thickened; respirations 25, regular, somewhat laboured, the left ala nasi working more strongly than the right (*i. e.* the right was paralysed). She lies on her back with legs extended; she is fully conscious and intelligent, but is unable to utter any word. She answers questions readily by movements of the head. She can read, and can execute a written order. When told to write she wrote with a trembling hand, "I want to speak." (We have a specimen of her handwriting, which shows nothing in particular.) Face:—The cheeks are flushed; the naso-malar and labial folds are obliterated on the right side; they are highly marked on the left side; the mouth is distinctly drawn over to the left side; the upper part of the face is natural. When told to frown she moves the muscles naturally and equally on the two sides; she can raise the brows and close the lids with equal force on the two sides. (No paralysis, you see, of the upper part of the face.)

The masseter and temporal muscles are equally forcible on both sides. The tongue is large and covered with white fur; it can be protruded for a short distance and directly forwards. (So the paralysis was restricted to the lower part of the face on the right side.) Eyes:—pupils, natural; no deviation of eyes; no nystagmus; visual field, estimated with two fingers, natural in the right eye, and without doubt much contracted generally in the left eye; discs, natural. Chest and abdomen:—nothing abnormal. Limbs:—no wasting. Right arm: movements natural but tremulous. Left arm: helpless; a faint muscular contraction of the flexor muscles is the utmost that can be obtained. Sometimes there is distinct rigidity of the elbow and wrist, at other times there is none. Right leg: in every way natural. Left leg: lies helpless in an everted and abducted position with foot-drop. The knee is held rigidly extended when the leg is raised. Knee-jerks brisk and equal on both sides. (Let us recall what we have arrived at: the lower part of the right side of the face, the left arm and leg, were paralysed; contraction of the field of vision of the left eye.) Sensation: on the right side of the body this is natural, but on the upper part of the left side of the face there is deficient sensation of touch and pain, and complete anæsthesia and analgesia on the left side of the face, the left side of the body, and the left limbs. (We have to add, therefore, hemianæsthesia on the left side, that is on the same side as the paralysis of the arm and leg.)

In this state I saw her, and then I reflected thus:—She has paralysis of left arm and left leg, and she is aphasic. Now aphasia very seldom accompanies left hemiplegia; it was a great anomaly at any rate. Then, examining more carefully, we found a greater anomaly, the arm and leg were paralysed on the left side, and the face on the other side. And the question arose, Is this a crossed hemiplegia? The answer was soon ready: No, because the paralysis did not affect *all* the muscles supplied by the seventh nerve; it was not a paralysis affecting the whole nerve, but a branch only. There were thus two very great anomalies, and I felt quite convinced it was a purely hysterical, functional disorder. If I had known what was afterwards found, I could have added this third anomaly to the others, that the hemianæsthesia was of the character of hysterical hemianæsthesia, *i. e. no* hemiopia, but amblyopia of the eye on the side of the anæsthesia. Thus we had three reasons for believing the patient to be hysterical. There were other points of less importance confirming this view. (*a*) The aphasia varied; for sometimes she could talk, and sometimes she could not. This was not like ordinary aphasia. (*b*) There was variable rigidity of the limbs, and in this very early stage of the hemiplegia.

To continue the notes of the case:—

The urine was natural. The bowels acted naturally. Patient vomited after taking some milk, and complained of much flatulence. Later she was found sobbing, and when asked to write down the cause she wrote the name of her recently dead daughter. After many efforts at articulation she distinctly said the word "dead." Two hours afterwards she said the word "pain." Later she said other words. (So the aphasia soon passed off.) Next day she could talk without much difficulty. The hemianæsthesia disappeared. The left arm and leg could be moved slightly, and objects could be feebly grasped with the left hand. Next day the left visual field was natural, the movements of the left limbs were weak, but the facial movements were natural. The day after that the patient insisted on going out (which we allowed, because she was quite well).

So the course of the disease showed that it could not be due to structural change, although there was a close similarity to what we get as the result of this. What with the illness of the daughter, her death, and flying under these circumstances to drink,—all these tended to provoke hysteria, and particularly in a woman, though hysteria is not peculiar to women.

Now hysterical hemiplegia, for some reason or another, is much commoner on the left side. I looked up a text-book which probably many of you use, and I found two statements with which I entirely disagree.

(*a*) That the face is not affected in hysterical hemiplegia. But here it was; and the statement is not true. You may have the face affected.

(*β*) That in hysterical hemianæsthesia you get hemiopia. Now I do not think you do, or rather, if you do, I do not know of it. The affection of sight I have seen has always been amblyopia on the same side as the hemianæsthesia.

This was an interesting case for several reasons. If you were called to a case of a woman who had lost her speech, and had become paralysed, you would be asked for your opinion. My opinion was very favourable: "I do not think there is any disease of the brain, and the patient will probably get quite well." Again, the case raises many points connected with hemiplegia which cannot be understood without carefully studying such cases, and which are the only grounds upon which you can base a reasonable diagnosis or prognosis.

The Portland Hospital.

WE have received the following letter from Mr. Bowlby, containing a further account of the work of the Portland Hospital:

RONDEBOSCH CAMP; February 5th, 1900.

DEAR SIR,—Since I wrote you my first letter the Portland Hospital has had many fresh arrivals, and not a few of our first patients are back at the front again, none the worse for their injuries.

I have now had the opportunity of seeing a great many cases of gunshot wound here and at the three large military hospitals in this neighbourhood; and, as I can now write with more personal knowledge than I could do previously, I will tell you what general conclusions can be safely drawn at this stage.

In the first place, it may be stated that the large majority of the wounds are caused by the Mauser bullet, which has a diameter of ·297 inch, and is a leaden bullet weighing about half an ounce, with a mantle or envelope of hard nickel steel, enclosing the lead and preventing it spreading on impact. It is about as thick as a common lead pencil.

In some cartridges the Mauser bullet is composed of soft uncovered lead, which "spreads" on impact, and causes extensive laceration of soft tissues and smashing of bones. These bullets are manufactured for sporting purposes, and are used to stop big game.

The other rifle, used by a considerable number of the Free Staters, is the Martini-Henry, which has a much larger calibre than the Mauser, and throws a bullet measuring ·45 inch, composed of hardened lead, without any mantle to enclose it, and weighing about one ounce.

The very large majority of the wounds are caused by Mauser or Martini-Henry bullets, but those caused by the soft or so-called "sporting Mauser" are quite rare.

The wound of entry of the common Mauser bullet is a very small round aperture, with edges which are commonly rounded and dark brown or black. The exit wound is usually exactly the same size as the entrance wound, and the two cannot be distinguished from each other.

The wound caused by the Martini-Henry bullet is at least twice the size of that caused by the Mauser, and is less regularly circular. Its exit wound is usually larger than that of entrance. The wounds caused by these bullets can almost always be distinguished from those caused by the ordinary Mauser.

Bullet wounds of soft tissues.—In cases where the wound does not involve the viscera or the large vessels, and so is not rapidly fatal, the natural course is that a copious blood-stained discharge exudes from both openings for a week or ten days, the amount of fluid being proportionate to the bulk of the tissues traversed by the bullet. A small slough separates, and the wound then rapidly dries up and heals, the scar caused by the Mauser bullet being often so minute that it cannot readily be perceived. The amount of the discharge and the length of time occupied in healing are both greater in the case of the Martini-Henry than in that of the Mauser.

It is so much the exception for these wounds to suppurate that we have not had a single case in the Portland Hospital, and in the other hospitals it is just as exceptional. The explanation is not very apparent, but it is no doubt in large part due to the excellent arrangements for dressing wounds on the field. Each man has sewn to the inside of his tunic an antiseptic dressing, and this is often applied within a few minutes of the receipt of the injury by an officer or orderly of the Royal Army Medical Corps, or else by one of the comrades of the wounded man.

It rather upsets preconceived ideas of the necessity of preparing the skin before operation to find that a wound inflicted on a man begrimed with dust and sweat and powder heals without the least suppuration or pyrexia if properly dressed at the time of injury, and if the soaked dressings are often enough changed. It is quite possible that the very dry pure air of the districts where these wounds are mostly inflicted may account for some of this immunity from sepsis, but this is impossible to affirm or deny at present.

Wounds involving bones.—The Mauser bullet inflicts the minimum of injury on a long bone. In most cases it causes a transverse or slightly oblique fracture at the point struck, and does not cause extensive comminution. The shorter the range the more is the bone splintered as a rule; but there are numerous exceptions. Much more rarely the compact tissue of the shaft of a long bone is simply drilled through without solution of continuity, and though this is frequently spoken of as if it were a common occurrence, I think it is quite undoubted that such an injury is really rare, although perforation of cancellous tissue is not very uncommon. Wounds complicated by fractures usually heal with no more trouble than simple flesh wounds if they are properly dressed and splinted.

The Martini-Henry bullet is liable to cause much more comminution of bone, and it probably never simply perforates a bone.

The soft-nosed bullet of the sporting Mauser, and the various bullets which, like the "Dum-dum," are concave at the extremity, or have a tunnel bored down the centre, all "spread" or "mushroom" on meeting with any resistance, so that although their wound of entry may be small, they plough large cavities in the parts through which they pass, and if they strike a bone they smash it into many fragments, both large splinters and minute particles being driven into the neighbouring tissues. The wound of exit caused by such a bullet may be as large as the palm of the hand, and may either be concave, or may be occupied by a mass of muscle and fascia blown out and extruded by the expansive force of the projectile, the fragments of bone being driven into the parts around by the impetus given to them by the expanding bullet. Wounds such as these look as if they had been caused by a real explosion.

Wounds of joints.—Nothing is more surprising than the way in which joints may be perforated without serious consequences if the bones be not comminuted. We have now in hospital three cases illustrating this.

(*a*) Ankle-joint. Entry wound just below the internal malleolus, with exit through the fibula an inch above the articulation, the bullet passing directly through the joint, which is perfectly moveable within three weeks of the injury, the patient walking with hardly any limp.

(*b*) Wrist-joint. Entry wound over posterior surface of ulna, and exit wound in mid-palmar aspect, an inch below the articulation, the bullet traversing the interarticular cartilage. The wound healed in a few days, and the wrist is moveable and quite useful.

(*c*) Shoulder-joint. Bullet wound passing directly through the joint from before backwards. The joint was so perfectly recovered in three weeks that we sent the man back to his work with a battery of artillery.

All these injuries were caused by Mauser bullets, and I think that none of them could have been caused by the Martini-Henry. No doubt when the articular surfaces are comminuted movement must be impaired, but even when the bones are fractured the opening of the joint itself causes but little trouble in most cases. It depends almost entirely on whether the wound remains aseptic.

There have been many interesting cases of injuries of nerves and vessels, but I will write of these on another occasion.

We have had plenty of work lately, and as we are expecting a convoy of sick this afternoon I think that for to-night we shall be already over-full with about 106 cases; but some of our patients leave to-morrow, so that we shall not be too crowded. There have been plenty of medical as well as of surgical cases, and Dr. Tooth had intended writing to you an account of them, but he has been asked to go and see some of the patients in hospital at the Modder River, so that his letter must be postponed, although when it does arrive it will be all the more interesting.

Like all the other hospitals in Cape Colony, we are waiting for the advance of our troops into the Free State before we can be moved up; but I think it is very possible that my next letter may be from the enemy's country—I hope Bloemfontein,—for that would mean both a change of scene for us and a victorious advance for our troops.

Meantime there is much of interest here in addition to hospital work. The constant arrival of fresh troops, the accounts we get from officers and men from the front, and the opportunities of discussing Cape Colony affairs with men who live here are all attractive; added to which we have visits from very many people who are much interested in our camp and its equipment. Of our numerous visitors I will only mention two, namely, Lord Roberts and Sir Alfred Milner, the latter of whom has been out here on two occasions, in spite of the many calls on his time.

Of the war itself I can give you no more news than you have at home. Of Natal we hear less than you do, whilst we are all very anxious about Ladysmith. It is hoped that an early advance will be made here, for General Kitchener has been arranging the transport so as to make our movements independent of the railways, and when that is done we shall be able to choose our own line of march, and no longer leave it to the Boers to decide at what point on the railway they can most effectually stop us; for our progress by rail has allowed them hitherto in every case to choose and prepare the battle-field, and to mark all the ranges and prepare a line of retreat. I trust this is now a thing of the past. As to the Boer losses, it is impossible to get at the truth, but there is no doubt that there is much enteric fever in their lines as well as dysentery, both at the Modder River and round Ladysmith.

As for ourselves, we are all very well, and our camp continues to prove most sanitary. Both Watson and Jameson, who were recently on our Junior Staff, are at No. 1 Hospital, Wynberg, and high in the esteem of the Army Medical head-quarters; whilst two other old Bart.'s men, Molteno and Wright, are in private practice at the same place. I suppose there are not many places in the world where there is not some representative of our School.

Yours always truly,

ANTHONY A. BOWLBY.

Certain Cases in Toxicology.

A Paper read before the Abernethian Society, November 9th, 1899.

By F. WOMACK, M.R., B.Sc.Lond.

TOXICOLOGY, as a subject of medical study, is one of subsidiary importance, and rightly so, as its practice involves a degree of technical acquaintance with chemical processes which can by no means be fairly expected of the general medical practitioner, who has only limited opportunity either during his hospital or later career of coming into contact with cases of poisoning. But though this is the case, it can hardly be entirely omitted from the curriculum of medical study. Every practitioner is likely at some time to meet with cases of opium poisoning, of lead poisoning, or of carbolic acid, and these and a few others may be advantageously studied, particularly from the point of view of treatment.

Before proceeding to speak of my own experience—now extending officially over some five years—of poisoning cases occurring within the London area, it will prove, I think, not uninteresting to refer to forms of poisoning employed at earlier periods than the present.

The poison which was probably first known, or of which we have the earliest record, is *hydrocyanic acid*. This poison, it would appear, was used officially by the Egyptians. There is a papyrus at the Louvre in which occurs the sentence, "Utter not the name of IAO, under penalty of the peach," which implies that a publication of certain secrets of the priesthood was punished by compelling the

accused to drink a distillate made from leaves or kernels of the peach.

The employment of some preparation containing prussic acid was continued during the earlier period of the Roman empire, if we may infer this from the sudden character of the death in certain cases recorded of accusation of treason.

More than 2000 years ago two treatises were written by Nicander (204 to 138 B.C.), one on snake poison, and the other giving an account of various poisons of vegetable origin, amongst which are named aconite (so called from the town Akon in Heraclea), opium, hemlock, colchicum, henbane, and certain fungi.

Some century and a half later Dioscorides (40—90 A.D.) wrote on these and other poisons, amongst which latter were elaterium, a preparation known as mandragora (probably from different species of Solanum), cantharides, sulphate of copper, and compounds of mercury, lead, and arsenic. Hellebore, black and white, were known and used by the Romans, who probably poisoned their arrows with a preparation from these plants. The natives of India were also familiar with many vegetable poisons, and it has been suggested that the immolation of the Hindoo widow on the funeral pyre of her husband was a religious rite initially ordered to put a stop to the practice of husband poisoning formerly so rife amongst that race. It would appear that this method of punishment was successful in stamping out the practice.

But it was in Europe during the Middle Ages that poisoning was raised to absolutely a fine art. Its practice was certainly prevalent for fully three centuries, and *arsenic* seems to have been the favourite poison for administration. Nor is this surprising when one recollects the characters of this substance (arsenious oxide), its innocent appearance, its nearly perfect tastelessness, its consequent ease of administration in food, its very small fatal dose, and the then impossibility of detection. Besides this the symptoms following its imbibition are such as are met with in many common illnesses—vomiting, diarrhœa, cold sweating.

Among the many instances that might be cited, perhaps the most striking is that of Charles the Bad, King of Navarre. This worthy gave a written commission, now extant and kept at Chartres, to a minstrel named Woudretton to poison Charles VI and the Duke of Valois (the King's brother), and also his three uncles, the Dukes of Berry, Bourbon, and Burgundy—of which the following is an extract:*

"Tu vas à Paris, tu porras faire grand service se tu veulx. Se faire ce que je te diroy, je te feroi tout aisé et moult de bien. Tu feras ainsi: il est une chose qui se appelle arsenic sublimat. Si un homme en mangeoit aussi gros qu'un poix, jamais ne vivroit. Tu en trouveras à Pampelune, à Bordeaux, à Bayonne, et par toutes les bonnes villes ou tu passeras, ès hotel des apothicaires. Prends dela en et fais en de la poudre et quand tu seras dans la maison du roi, du comte de Valois son frère, des ducs de Berry, Bourgoigne et Bourbon, tray toi près de la cuisine, du dressouër, de la bonteillerie ou de quelques autres lieux où tu verras mieulx ton point, et de cette poudre mets es potages, viandes ou vins, au cas que tu pourras faire à la seureté, autrement ne le fay point."

Woudretton was detected and executed in 1384.

King John of England is supposed, according to the Records of the Tower of London,† to have poisoned Maud, the daughter of Earl Fitzwalter, whom he seized from her father's house, imprisoned in the Tower, and made illicit overtures to.

But poisoners are rare amongst English monarchs; this method of removing enemies was more common amongst foreign princes.

King Charles IX of France was even an experimenter in toxicology, for his cook having stolen two spoons was made to swallow a dose of corrosive sublimate, and afterwards given a substance named bezoar in order to see whether this was an antidote. The man, however, died in seven hours. And not 100 yards from where we are now sitting one Margaret Davie was in 1542 boiled alive in Smithfield for poisoning persons in three households with whom she had resided.

But the practice of poisoning reached its zenith in the fifteenth to the seventeenth century in Italy. Every one knows of the terrible use made of arsenic by the Pope Alexander VI, Lucrezia Borgia, and other members of the Borgia family. In the fifteenth century a school of poisoning existed at Venice, formally recognised by the State, and which made use of this criminal school for the purpose of removing princes, dukes, and other notabilities. Records still exist of procedure and votings of the "Council of Ten," the reason for the crime, and the price to be paid to the poisoner.

In 1513 a Franciscan monk, John of Ragubo, submitted a number of poisons to this Council, offering to undertake the office of State poisoner. He was given a retaining fee of 1500 ducats yearly, to be increased if his services were satisfactory, and was deputed to perform first on the Emperor Maximilian. He drew up a tariff, which was accepted by the Council—viz. for the Sultan 500 ducats; King of Spain, 150 ducats; Pope, 100 ducats; Duke of Milan, 60 ducats; Marquis of Mantua, 50 ducats; travelling expenses to be allowed for all journeys. The performances of this Council seem only in a few cases to have been successful; but when this was the case there appears in the records the laconic marginal mark, "*factum.*" Probably arsenic was the commonly used poison of the Venetian school.

In the sixteenth and seventeenth centuries an Italian school of poisoning was founded, and by that time further toxicological knowledge had been gained from published works, and notably that of J. Baptista Porta, appearing under the title of *Natural Neapolitan Magic*. In this work, in the chapters on "Cooking," he incidentally gives considerable information on the preparation of poisonous foods. He specially mentions belladonna, of which he recommends a port wine tincture, various Solanaceæ, and also nux vomica, aconite, and other poisonous plants. Another concoction of his was boluses or pills made of the powdered leaves of a species of aconite *Taxus baccata*, powdered glass, quicklime, sulphide of arsenic, and bitter almonds, all made up with honey.

Of the same period is the notorious Toffana, who is supposed to have poisoned at least three hundred persons with a preparation of arsenic which she called "acquetta di Napoli," or "acqua Toffana." Amongst her victims were two Popes—Pius XII and Clement XIV. This woman was tried at Rome in 1718, but managed to escape to a convent, where she continued to sell her drops for some twenty years longer. Another similar preparation of arsenic, known as "acquetta di Perugia," was also used at the same time. This woman Toffana had a number of disciples, who formed amongst themselves an association of young women poisoners.

This practice has by no means disappeared, records of husband poisoning on a large scale in Hungary so recently as last summer being obtainable. The trial has not yet begun of these prisoners.

In the seventeenth century we first begin to hear of corrosive sublimate as an important poison. Otto Tacken, of Westphalia, but usually living at Venice, gives details of the process of making this body, and refers to its poisonous properties.

Another Italian, named Exili or Eggidi, when imprisoned in Paris, taught M. de St. Croix, and he taught his paramour, Marguerite d'Aubray, Marquise de Brinvilliers, who poisoned her father, brothers, sisters, and many others. St. Croix himself died at the date of the death of Thérèse d'Aubray, according to public rumour as the result of a laboratory accident while making some poisons, probably AsH_3. Brinvilliers escaped abroad, but was eventually captured by a ruse, which induced her to leave a convent in which she had taken refuge. After trial she was tied to a rack and submitted to the water torture (*i. e.* distended by compulsory swallowing of several gallons of water), and finally beheaded and burnt in 1676.

Despite this case, poisoning became so frequent in France that a special court (*chambre ardente*) was formed in 1680 to deal with cases of this kind.

A poisonous plant, *Spigelia anthelmia*, discovered about this time, was named Brinvillière, after the notorious poisoner.

A succession of French poisoners of this period—La Voisin, Vaneur, Saint Colombe, Bachimont, and others—trafficked not only in poisons, but also in abortives, aphrodisiacs, and other abominations.

Throughout this period eminent persons were in constant fear of being poisoned. Henry VII, according to the historians, adopted the most elaborate precautions to prevent the Infant Prince of Wales from poisoning, and he in turn was in mortal terror of being poisoned by Anne Boleyn.

It must be borne in mind that at that time there was no science of toxicology, and it is doubtless in the main due to the growth of knowledge of means of detection that homicide by poisoning has so largely diminished. At the present time eminent persons hardly fear poisoning as a method of attack, and this is no doubt attributable to better diagnosis, if not to greater knowledge of treatment.

In these times poisoning—in which term I include accidental as well as suicidal and homicidal administration—varies considerably in character from one country to another, and changes also in one country from one period to another.

Thus in France and Germany carbonic oxide poisoning from charcoal burners is very common; while in England, except in the form of poisoning by coal gas, it is extremely rare.

In France, from 1825 to 1880 the recorded cases of *criminal poisoning* amounted to 2123, of which arsenic and phosphorus were by far the most numerous.

	Cases.
Arsenic	823
Phosphorus	336
Copper salts	204
Sulphuric acid	67
Cantharides	59
Strychnine	28
Opium	21
Nitric acid	15
Mercury compounds	13
Hellebore, etc.	467
Total	2123

In *England* during the last ten years the number of recorded cases (including accidents and those arising from trade occupation) amounted to 6616, of which, however, only 42 were homicidal.

It is noteworthy that in this country opium and its preparations stand so much higher, and also carbolic acid and oxalic acid. This, no doubt, largely depends on the ease with which these bodies are purchased. Strychnine and phosphorus stand relatively high in the list, from the facile conditions of our Acts relating to patent preparations, and the occurrence of these in insect and other vermin killers.

	Cases.	
Opiates	1379	
Lead	1043	
Carbolic	762	(490 suicides)
HCN, etc.	260	(222 „)
Oxalic	223	
HCl	204	
Strychnine	201	(150 „)
KCN	166	(122 „)
Vermin killer	127	(118 „)
Chloral	127	
Arsenic	120	
Chloroform	113	
Alcohol	108	
Ammonia	98	
H_2SO_4	93	
Belladonna	76	(20 suicidal)
Mercury preparations	60	
Aconite	50	(19 „)
Total	6616	

Excluding poisoning by misadventure, we find that amongst suicides the order is as in the adjoined table, where arsenic is seen to lie low in the list.

Carbolic	290	Strychnine	150
Opiates	281	Vermin killer	118
HCN	222	Phosphorus	84
Oxalic	200	Arsenic	77

In Germany oxalic acid ranks low, as also does opium and carbolic acid, a table for three years for Berlin alone being—

Charcoal vapour	155	Oxalic acid	19
Corrosive acids	93	Arsenic	12
Phosphorus	41	Opium, etc.	12
KCN and HCN	38	Carbolic acid	2

It is also of interest to note—and important, as showing the effect of legislation—that in England up till 1880 carbolic acid was an unimportant body, while now, owing to the ease of obtaining it or its trade preparations, it is by far the most commonly used substance for suicidal poisoning.

Our toxicological knowledge necessarily is concurrent with the growth of chemistry. Boyle, in 1664 (*The Usefulness of Natural Philosophy*), makes shrewd observations on certain toxicological points.

Stahl, Marggraf, Brandt, Bergman, Berthollet, Priestley, and Lavoisier laid the foundations of toxicological chemistry. Thus Scheele discovered HCN, though he did not note its poisonous properties. He prepared oxalic acid from sorrel, and found that As unites with H, forming a fœtid decomposable gas.

The first suggestion of the test now known as Marsh's test was by Proust in 1798, and the test was gradually improved by various chemists, and completed in 1836 by Marsh, who published a memoir on the subject.

Orfila, in Paris (1814–51), made an immense number of experiments, giving weighed doses to animals, and subsequently recovering the poisons from their tissues.

The discovery of alkaloids dates from about the beginning of this century, that of ptomaines and toxalbumins by Selmi.

My own experience in toxicology is necessarily somewhat limited in character. Cases of accidental poisoning, so frequently met with in injurious trade occupations—such as lead poisoning, mercurialisation, phosphorus necrosis,—rarely come under my notice, partly since they are rarely fatal, and are therefore met with and treated by the general practitioner, and partly because the cases in which a coroner's inquisition requires toxicological analysis are almost always those of suicide or homicide, or (unfortunately for the analyst) merely a groundless suspicion of such mode of death.

The recognition of most poisons, if inorganic, is usually straightforward enough, and in many cases the tests are so delicate that $\frac{1}{10000}$ grain can with certainty be detected *after the poison has been separated*, though such a minute quantity as this cannot be recovered from the tissues.

A complaint which the analyst may very justly make is that he is often given no information as to the post-mortem appearances, the nature of the attack or illness preceding death, the character of the death, the position and aspect of the body. Certain coroners with whom I come into contact, and particularly those whose training is purely legal, are (apparently purposely) unwilling to supply this information to the analyst,—partly, perhaps, from the idea that he should determine the poison, if any, without prejudice, but which, if the coroner could only appreciate how much labour is frequently saved the analyst by such knowledge, he would, I feel sure, be less loth to supply. Quite three fifths of the London coroners I have to lodge this complaint against; and those who, on the other hand, willingly give this knowledge to me, or send me the depositions at the initial inquiry, are either those who have had medical training or who are more or less directly connected with the medical profession.

To give you an example: in poisoning by HCN the death is so typically sudden that the analyst may frequently conclude the nature of the poison, and a prompt distillation of the stomach contents may detect; but if there has been some delay in making the post-mortem or in sealing up the viscera or stomach contents, the opportunity for detecting this body is much reduced. Such delay, owing to redtapism, usually occurs, and the detection of the poison rendered sometimes impossible.

In my own experience, out of 127 cases (in 45 of which there was no poison, and excluding also alcoholic coma) I have had more cases of ptomaine poisoning than of any other, and next most of oxalic acid and of cyanide.

I propose to draw the attention of this meeting to a number of points I have observed, to which no reference whatever is made in any of the text-books on the subject, or in which features observed differ essentially from those generally recorded.

KCN.—In poisoning by cyanide of potassium, if the dose swallowed has been large, a notable feature is the retardation of putrescence. In one case (D. S—) I found 3·27 grains KCN in the stomach, and after the analysis was completed the stomach was put aside in a corked jar, and by inadvertence was not at once destroyed, but was left for three months in the chemical laboratory here, at the end of which time the viscera were found to show no sign of putrescence. This does not, however, occur if the dose is small. In these cases there is also much irritation of the mucous surface of the stomach, extravasation of blood, and erosion, probably from the action of the alkaline K_2CO_3, which exists so largely in commercial cyanide. Most of the text-books do not refer to this, but state that the appearances resemble those of prussic acid poisoning. Where the quantity of KCN is small it is hopeless to expect to detect it by smell, even after distillation: the fatty acids which distil over at the same time mask it completely, and the naked-eye test with $AgNO_3$ is liable in consequence to be very misleading. The microscopic recognition is better, and fortunately the Prussian blue reaction is very dependable even in minute doses.

In another case (C. G—) six days elapsed between death and the commencement of the analysis, and I nearly failed to identify KCN in consequence. No smell, reaction with $AgNO_3$ uncertain, also that with $Fe'''(SCN)_3$; but Prussian blue test, under low microscope power, was most characteristic.

Another case was typical (J. H. C—). He had been employed at

* Hoefer, *Histoire de la chimie.*

† Hepworth Dixon, *Her Majesty's Tower*, 1869.

Maple's, and, being suspected of conspiracy, was discharged. Before leaving he ripped up and otherwise destroyed about £150 worth of furniture. On being arrested at his home he excused himself from the detectives and took poison in the water-closet, and was a few minutes later found *in extremis*. There could have hardly been any doubt of the poison. Here in this case no smell was detectable, and the stomach showed *white* patches in places, while the stomach contents were actually *acid* in reaction. This man was an amateur photographer, and had cyanide in use, besides several other poisons. The evidence was very precise as to times of the incidents preceding death, and it appears that he had taken the cyanide more than five and less than ten minutes preceding death.

Oxalic. In the next most frequent of my own cases viz. those of oxalic acid poisoning—the appearances are usually fairly characteristic. The death, if directly due to the drug, is usually rapid—ten to twenty minutes,—and the stomach contents are of an undescribable brown coffee grounds-like appearance, probably mainly due to extravasated blood. This, together with excessive vomiting, frequently of blood, would alone be sufficient to indicate the poison; but fortunately there is nearly always a peculiar but highly characteristic bleaching and thickening of the mucous membrane of the œsophagus, mouth, and tongue, but rarely of the stomach. This poison is always readily detected.

Incidentally I should like to remark that it would be a distinct gain if in all cases of coroner's inquisitions the autopsy were made by a permanently appointed pathologist. I have had several cases of oxalic acid poisoning in which the post-mortem notes record absolutely nothing abnormal as to the appearance of the stomach surface and contents, though even when seen by me six or seven days after death the appearance is almost typical.

One of the saddest cases within my experience was that of a young lady (E. R—), where the quantity taken must have been very great, and the poison was readily found on veil, gloves, the fern-leaves round her mouth, on handkerchief, and, in fact, nearly every article of clothing.

This poison, in fact, is much too easily obtained, considering the absolutely fatal character of it and the little opportunity of giving an antidote. The poison can be obtained at any chemist's on the flimsiest pretext, and is, without doubt, very generally—though illegally—sold by oilmen and grocers, and should certainly be included in Schedule I of the Poisons Act. A dose of one to two drachms, despite the excessive vomiting, is almost certainly fatal, and it is little less dangerous than potassium cyanide.

It is, of course, often urged that it is impossible to legislate against suicide, and that if a person is baulked of one method he or she will adopt another. To this argument I strongly demur. The temptation to commit suicide in many cases is proportional to the ease of execution; and the last case referred to, where depression after influenza was the cause, is one very much to the point.

In oxalic acid poisoning I have frequently observed arrest of putrefactive changes in the stomach and intestines, though the substance which produces this more than any other is, without doubt, arsenic.

It is singular that the popular idea should be so general that decomposition of the body is more rapid after death from poisoning than from natural causes.

As.—Many cases are on record of prolonged arrest of decomposition; one of arsenical poisoning mentioned in Taylor is of seven years' preservation of a corpse after burial.

One case is that of H. S—, in which death took place in eighteen hours. The stomach contained, despite sickness and that no food had been taken during illness, no less than 30 ounces of fluid, and these, when examined six days after death, were not in the least fœtid. The quantity found was not large, and in consequence in the first examination it was overlooked, owing to its volatilising while the organic matter was being destroyed. There were patches of inflammation, but no white or yellow deposit, so often mentioned as occurring in these cases, and no petechiæ or punctiform hæmorrhages. I should conclude that a solution of arsenious oxide was swallowed, but the case was eminently unsatisfactory, as nothing was elucidated as to the way in which the As was obtained. There was a report that he had drunk ginger beer from a street barrow, but whether the death was one of misadventure or of suicide the evidence did not disclose. This is, in fact, one of the unsatisfactory features of toxicological work. It may be said that the duty of the analyst ceases with the determination of the poison, if any; but it is somewhat surprising the large proportion of cases in which the evidence is inconclusive, largely owing to reticence of relatives or other witnesses; and the police themselves do not assist in the investigation unless there is strong reason to suspect homicide.

Another instance (E. W—). Death occurred after three days, but the As was readily recognised, although only one dose had been taken, and there had been continuous vomiting. In this case the poison was one sold publicly without questioning as rat poison, and consisted simply of grains of wheat slightly crushed, and with which As_2O_3 was roughly mixed. The stomach surface showed nothing characteristic—only a slight general reddening. There was no diarrhœa.

Opium.—Of cases of poisoning by opium preparations I meet with less than normal of cases. This is probably due to the fact that the medical man who is called is usually able to testify to opium poisoning from evidence of bottles or of the deceased or relatives.

One of my earliest cases was that of an infant aged eighteen days (F. P), whose death was attributed in the neighbourhood to be due to poisoning owing to a mistake by the medical man who made up the medicine, and who was accused of being drunk at the time. My own opinion is that the child died from bronchial catarrh and asphyxia, causing simulation of narcotic symptoms. I found no evidence of opium or morphine in the stomach, but the medicine, which I also examined, undoubtedly contained morphine in small amount. Here was a difficulty, as it involved the reputation of the medical man. I spent an unconscionable amount of pains over this analysis, but the conclusion was undoubted, and I had to leave it to be cleared up, if possible, later. It subsequently turned out that the parents took a bottle themselves to the dispensary for their child's medicine, which had previously contained a cough linctus, and that no one had thought of washing the bottle out.

Strychnine.—Strychnine poisoning is so characteristic that if the deceased is seen before death there is hardly any necessity for chemical analysis. A certain number of cases arise, however, in which the deceased is merely found dead, and seven such cases I have had under examination.

Apart from any helpful evidence of mode of death, the analyst's attention is directed to strychnine, sometimes by the presence of pigment—either lamp-black or Prussian blue. There are several vermin killers on the market in which strychnine is mixed with flour and pigment. The only analytical difficulty arises, then, from the stomach being full and the poison being more diluted. On account of the trouble of separating from other organic matter, and the tediousness of the operations, the colour reactions for this alkaloid are often hardly dependable, and the most reliable tests are microscopic ones, such as the formation of strychnine picrate, or crystals with KCNS, or K_2CrO_4, or $K_3Fe(CN)_6$, and the physiological test on the frog.

In most of these cases the strychnine was obtained in Battle's and other similar vermin killers, but in one suicidal case the deceased had swallowed a considerable number of nux vomica pills.

Phosphorus.—The cases of phosphorus poisoning are few, and invariably (in adults) are those of self-murder.

The recognition of this poison chemically is one of great difficulty, as the fatal termination is usually long delayed, death resulting from secondary causes. The shortest termination of a case I have had is one week, but in this case, despite the lapse of time, I was able to obtain evidence of phosphate, and especially of phosphite, which aided materially the determination. Not that there is often doubt; the pronounced fatty degeneration of all the organs is typical. I regret that in the cases I have had I have not been able to add specimens to the museum. Owing to the lapse of time between autopsy and chemical examination decomposition has in each case advanced too far for the specimen to be of any service in the museum. In no case has distillation of stomach contents been of any service; the time elapsed has resulted in complete oxidation of the phosphorus. Jaundice is not by any means a constant symptom, despite the extreme degeneration and infiltration of the liver which usually sets in about the second or third day after.

In one case the deceased was an in-patient of St. Thomas's Hospital for a week before death, but obstinately refused to give any information. The autopsy made the matter sufficiently clear, however, apart from chemical reactions.

Carbolic.—Cases of carbolic poisoning are very frequent, but their nature is so evident, and the appearances so characteristic, that they rarely come to the toxicological analyst. Apart from these, however, which present no special feature of interest, I have had at different times three cases of poisoning by Jeyes' fluid. It is only right to say that this preparation contains no carbolic acid, a fact of which the firm makes the very most in its advertisements, failing to mention, however, that the carbolic acid has been removed because of its intrinsic commercial value. Subsequent to the removal of the phenol the residue has added to it 20 per cent. by volume of commercial "cresol," containing, *i. e.*, higher substituted phenols, cresylic acid, etc., and which are stated to be non-poisonous. Although not poisonous in quite the same manner as phenol, this preparation from coal-tar, which is extensively advertised as harmless, is, however, a very poisonous product. It produces, when swallowed, very much the same appearances—hyperæmia of the stomach and intestines, local capillary hæmorrhages, and contracted pupil. On each of these occasions I have drawn the attention of the solicitor of the company to this misrepresentation on its labels and wrappers, but have been unable to induce the firm to omit this mendacious statement of its harmlessness. On one occasion I was confronted with two chemists permanently on the staff of the company, and who swore that the preparation was innocuous, but they declined to test their statement by publicly swallowing a wine-glassful of the concoction. Here, again, is a case in which the law relating to the sale of poisonous chemicals requires reinforcing. It may be urged that a person would not drink so filthy-looking a liquid as Jeyes' disinfectant except for purposes of suicide; but, on the other hand, if the substance is described as harmless and non-poisonous, there is a tendency to leave bottles of it about, where it may come into the hands of children, or occasionally be swallowed by misadventure.

NH_3.—I have had one case of death from swallowing Scrubb's cloudy ammonia. Here, fortunately for both the deceased and the analyst, the quantity swallowed was considerable, death being rapid, and the recognition of the substance was easy. The small intestine was almost black along its whole length from extravasated and altered blood. There was no recognisable smell of ammonia, this being masked by putrefaction, but there was unusual alkalinity, and the NH_3 was readily obtained by distillation. The objection is frequently raised that NH_3 can always be obtained by distillation of putrid tissues, but in this case the amount recovered was so considerable that putridity was out of the question as a cause. The medico-legal interest in the case lay in the evidence that the deceased complained of pain at the pit of the stomach; that *there was no vomiting*, but very persistent diarrhœa, one motion being passed in bed. Here, again, there was an attempt by the relatives to hide the cause of death; and, despite the serious illness, no medical man was called in until the patient was on the point of death, and no information was given of what the deceased had done. It was not until I found NH_3 that a search of the house was made, that a bottle of Scrubb's ammonia was found, and that the information was elicited from the relatives that the deceased admitted that she had swallowed "something out of a bottle in the bath-room."

Rue.—One case I had was of attempted abortion by taking of infusion of rue and savin prepared by a woman herbalist. I have no doubt that in this case instrumental means were also adopted for procuring abortion, but the accused could not be convicted of this; nor should I have been able to make anything of the analysis but for the fortunate circumstance that a few leaves and vegetable *débris* were left in the infusion, which I was able to identify by comparison with others. The case was, however, singularly, also complicated by typhoidal or tubercular ulceration of the lower end of the small intestine and the existence of a perforation near the ileo-cæcal valve, with consequent suppurative peritonitis, and, despite the evidence of procuration of abortion, the accused woman was given the benefit of the doubt.

H_2SO_4.—It has not been my fortune to see a case of H_2SO_4 poisoning. During my student days here there was a case of very unusual character, where the deceased (who had frequently before attempted suicide) actually succeeded in swallowing half a pint of *oil of vitriol*. He lived for two hours, probably unconscious in the latter part; but it seems an anachronism that it was illegal to hasten the certain end. The acid destroyed nearly all the abdominal viscera, the liver being carbonised except for a piece in the middle about the size of a small apple, and worked its way through the thick dorsal muscles on to the slate slab in the post-mortem room.

Ptomaines.—The greater number of cases, and of which the proportion yearly increases, are those of ptomaine poisoning. I am very doubtful if this is a proper description: certainly the intense gastro-enteritis usually resulting cannot be caused by the small quantity of these basic substances actually swallowed, and the death is almost always due not to the toxic character of the ptomaines as to exhaustion consequent on persistent diarrhœa and vomiting and inability to retain food.

The recognition of these bodies is always a matter of extreme difficulty. In the present surroundings I have no hesitation in admitting that for these bodies and for the various toxalbumins there are no individually decisive chemical tests. In the main the reactions are merely the general ones of alkaloids, and it is only by detailed elimination of these in the first place that ptomaines can be definitely ascertained to be present. Brouardel describes a test depending on the reducing action of these bodies and formations of Prussian blue, which he regards as distinctive; but this is not the case. Moreover the growth of bacteria, whether in the intestinal tract or under artificial conditions of culture, produces a number of nitrogenous products of disintegration of albumen, all of which possess reducing action.

Identification of ptomaines is almost impossible, as usually a number of these are formed simultaneously as disintegration products of albumen.

Notes.

WE have been asked by the Committee of the R.A.M.C. South Africa Fund to collect a shilling subscription amongst our readers. The object of the fund is to send out to South Africa presents of suitable clothing and other comforts for the men of the Royal Army Medical Corps, now serving with the forces there. Articles in support of the fund have already appeared in the *Lancet* and the *British Medical Journal*. Sir Dyce Duckworth is a member of the Executive Committee of the Fund. Shilling subscriptions may be left with Mr. Madden in the Library, where a list will be found, or may be sent to the Editor of the JOURNAL. They will be acknowledged in the *Times*.

We have asked our Poet to help us in this appeal, and he has come to the rescue as follows:

"THE DOCTOR" AT THE FRONT.

The strife still raged at its highest,
Though kopje on kopje was won.
And to many a gallant soldier
The work of his life was done.
'Mid the groans of the dead and the dying,
'Mid the shriek of the shot and the shell
Went the doctor: he's only a doctor,
Unmoved by the anguish of hell.

With a cheery word to the wounded
And a reverent hand to the dead,
He closes the eyes of the latter,
The former he lifts by the head.
When the terror of death should appal him,
His missions of mercy he fills;
He's the doctor, only the doctor,
Who looks to the poor Tommies' ills.

The soldiers who fight for their country
Are honoured again and again;
Officers, Tommies, and troopers—
At least, that is, all that remain.
But the man who has vied with the bravest,
And done it—well, just for a whim,
Is the doctor, only the doctor;
What honour and credit for him?

If you speak to the average Tommy,
And ask his opinion on this,
He will think of the pains he has suffered,
He will think of the bullet's dread hiss;
And he'll say, "You don't know what we think, sir,
You don't know the things we would do
For the doctor, Gawd bless 'im, the doctor,
'E's a good 'un, between me an' you."

C. V. L.

* * *

LIEUT. H. K. PALMER, who is with No. 11 Field Hospital, accompanying General French's Cavalry Brigade at Rensburg, writes asking for such comforts as Magazines, Pipes, Tobacco, Cigarettes, and Warm Clothing, for his

Hospital. Mr. D. B. Keown, 88, Eaton Terrrace, S.W., would gladly receive and forward any such articles.

* * *

We omitted to state last month that we were indebted to the *British Medical Journal* for the photograph of Sir James Paget which we published. We take this opportunity of expressing our thanks for the opportunity afforded us of giving our readers such an excellent likeness.

* * *

THE Milroy Lectures for 1900 will be delivered by Dr. F. J. Waldo, on March 8th, 13th, and 15th; subject: "Summer Diarrhœa, with special relation to Causation and Prevention." The Goulstonian Lectures will be delivered by Dr. P. Horton-Smith on March 20th, 22nd, and 27th; subject: "The Typhoid Bacillus and Typhoid Fever."

* * *

MR. D'ARCY POWER has been appointed an Examiner in Surgery at the University of Durham.

* * *

DR. SAMUEL WEST has been appointed Treasurer of the British Medical Benevolent Fund.

* * *

MR. W. LANGDON BROWN has been appointed Casualty Physician, *vice* Mr. Jobson Horne.

* * *

E. GANE, an old member of the Resident Staff, has been elected Honorary Visiting Physician to the Christchurch Hospital, New Zealand.

* * *

G. V. WORTHINGTON has been appointed Surgeon to the Princess Christian Hospital, Cape Town.

* * *

SURGEON SKEY, R.N., has been appointed to H.M.S. Excellent, Gunnery School, Portsmouth.

* * *

H. S. THOMAS has been appointed Civil Medical Officer to the South African Field Force, 5A General Hospital, and sails on March 1st.

S. R. SCOTT has a similar appointment in connection with the 3rd Yorkshire Regiment, and is due to sail on February 28th.

* * *

The following Bart.'s men have been admitted to the membership of the Royal College of Physicians: Messrs. W. LANGDON BROWN, CLIVE RIVIÈRE, R. JONES, and VINCENT.

* * *

The thirty-fifth volume of the Hospital Reports, of which we publish a full review on another page, has many features to commend it. The punctuality of its appearance is not the least. We are glad to notice a tendency to introduce more illustrations, *not* produced, we sincerely hope, at the expense of the contributors. The increase in the number of subscribers is but small, and the number still falls far short of 600. We could name at least three gentlemen who hold lectureships at St. Bartholomew's whose names do not appear on the list. Surely this defect only needs pointing out to them to be at once remedied.

* * *

DR. ELIZABETH BLACKWELL writes to us as follows:

"No obituary notice of the distinguished member of St. Bartholomew's Hospital Sir James Paget would be complete without a record of the intelligent and large-hearted welcome which he gave to the entrance of women into the medical profession. This movement is now so well established in public favour, that it is difficult to recognise the distrust or hostility that had to be encountered by women, both in England and America, when the first attempts were made by them to obtain a regular and complete medical education.

"It was in 1850 that Mr. James Paget, then Warden of St. Bart.'s, with the cordial approval of the House Committee (of which Sir Sidney Waterlow was Chairman), admitted me to study at St. Bartholomew's Hospital. During my attendance at St. Bart.'s he welcomed me to his valuable lectures on Pathology given in the College; invited me to his house, where I was introduced to Professors Kölliker, Carpenter, and other distinguished scientific men, and gave every facility in his power for the acquisition of complete medical knowledge.

"In later years his professional advice and assistance were always cordially rendered to those lady physicians who desired to consult him.

"When I called on my old Professor in 1897 he welcomed me with his well-known cordiality; and his hearty parting words—'You are a credit to the Profession'—will always be gratefully remembered as a benediction on our work."

Dr. Elizabeth Blackwell was one of the pioneers in the movement of medical education among women. She graduated at Geneva and in the United States in 1849.

* * *

THE *Daily Chronicle's* "Parliamentary representative" is more curious upon matters medical than it is wise for him to exhibit to the public. Speaking on February 9th of Mr. Gerald Balfour's illness, he said "he developed a few days ago two small thromboid growths in the veins of the leg, and on Wednesday one of these passed out through the lungs, the other passed to the heart, and had it been but a pin's head larger the worst consequences might have happened." Perhaps it was the same fruitful imagination we had to thank for that much better thing said in the columns of the same paper, when the breathing of a certain distinguished statesman during his last illness was described as having the "change-stroke" character.

In Memoriam.

HARRY BOND.

THERE could have been few people who were present at the Christmas Entertainment on January 5th who realised that it was the last appearance of Henry Bond at St. Bartholomew's Hospital.

On January 7th the news first arrived that he was seriously ill, and his friends heard through one of the senior physicians that he was in a dangerous condition. For the remainder of the week the war news was discarded, and the men discussed in the Square the various dangers of a double lobar pneumonia. However, at first hardly anyone doubted that a strong man like "Henry" would "pull through." Yet every morning they stood about waiting for news from Greenwich before starting any work, and each day the fears became greater, and although partly prepared, when his death occurred on Saturday, January 13th, it came as a great shock to every one at Bart.'s.

"Henry" was one of the most familiar and popular figures of late years at St. Bartholomew's Hospital. Coming to us direct from "Blundell's," he at once actively associated himself with the sports of the place, and during his career as a student did much to promote and improve many of the games. He represented the Hospital at Rugby and cricket, and eventually held the offices of Secretary and Captain of both teams. Under his leadership the cricket team secured the Inter-Hospital Cup for the first time. He also acted in 1897 as the energetic Secretary of the Amalgamated Clubs, and it was during this time that the ground at Winchmore Hill was opened. Doubtless the present excellence of that ground is due in part to his energy.

As Secretary to the "United Hospitals" he ably represented one of the greatest of those London institutions. He had a marvellous turn for all games, and enjoyed them thoroughly. Perhaps Rugby was his best. Every one who saw him playing back for the only London football club, as he used to call Blackheath, cannot fail to have admired the dash and the pluck, combined with steadiness of resource, which he always showed in that trying position.

He was always exceedingly popular with the crowd, and in this connection one recalls a match when, for some reason or another, he was figured on the card under an assumed name. This was some little time after he retired from Blackheath football. However, the crowd were not deceived. "That ain't no Buckingham," they said; "it's Harry Bond back again."

As a cricketer he was almost as good as he was at Rugby, and these were his two chief games. He was a very fine left-hand bat, and thought nothing of making his 100; in fact, he was one of those cheerful people who rather expected it. He was a member of the Incogniti, and was always rather proud of representing them.

Association was a game that he did not care very much about, and he only played on rare occasions. One remembers his going to the Crystal Palace when the Final of the English Cup was played there, and wandering round the ground trying to get a view of the game. After having been there some time and not having even seen the ball, he remarked to his companion, "Oh, never mind, old chap, it's only soccer." It was quite a typical remark, and showed one of his chief characteristics, that he was always cheerful, and seldom disturbed by anything.

With regard to his work, he was one of those very quick people with an absolutely clear mind. He was exceedingly observant, with plenty of common sense and a keen sense of humour. He qualified in October, 1899, and soon afterwards took his first appointment as R.M.O. at Greenwich Infirmary. After being there for about a month he developed an attack of influenza; this he unfortunately neglected. It was followed by double pneumonia, which was responsible for his death.

As a student he gave up much of his time to games; had he lived, he would have shown that he could do his work with equal ability. When the news of his death arrived at Bart.'s it caused the deepest sorrow to all who knew him. It was difficult at first to conceive that the news was true.

His friends, both at Bart.'s and elsewhere, realise that they have lost one who was unswerving in his loyalty as a friend, and impossible to replace as a companion.—W.D.H.

A Case of Poisoning by Cannabis Indica.

By EDWARD F. PALGRAVE, L.R.C.P.Lond., M.R.C.S.

THE toxic effects of cannabis indica are somewhat rare phenomena to witness, owing to the great caution usually exercised in exhibiting the drug, and therefore the following case seems to me worthy of narration.

The patient, a young man of about 25, fired apparently by some descriptions he had read of the fascinating mental symptoms incident on the taking of cannabis indica, had procured a supply of the drug wherewith to experiment. He sat down with a friend and together they made the following, it must be owned, patient and thorough investigation: first they each took 20m of the tincture; after an interval of half an hour another 20m each, and again a similar dose after a like period of waiting; in all 3j each in the space of an hour. After another latent period, during which nothing occurred, they each took 3ss; again disappointment and again 3ss, making a total of 3ij each. As the hour was now getting late they decided to take a final dose each and retire for the night, wherefore, nothing if not thorough in their measures, one took 3j as a dose and the other 3iss.

My patient had not long been in bed when the drug, beginning to assert itself, made it evident to him that he had overshot the mark, and that the pleasurable dreams he had anticipated were to be entirely subservient to most unpleasant sensations and impulses. He tells me that the first deviation from the normal was an extraordinary sense of exaggeration; the bed-clothes seemed heavy as if made of lead, and threatened to crush him; wishing to drink some water, he found the tumbler so weighty he could barely lift it, and a small "ruck" in a mat presented an obstacle of such height that he fell over it. As the minutes passed he became aware of a constant struggle between his normal will-power and the drug for the mastery. While the latter held the upper hand he was impelled to such acts as trying to get out of the window to see if he could fly; getting out a razor with a view to dissecting himself, and similar performances, all with a distinctly prejudicial ending; in each instance he had just sufficient sense left to avert a catastrophe after a severe mental struggle, but recognising that his power of resistance was fast ebbing he utilised the next lucid interval to send for medical aid. The last thing he remembers clearly is that he was the Deity, floating along off the ground; he told me subsequently that he was much annoyed that any one should have the presumption to speak in his presence.

When seen he was in a state bordering upon mania; his face was flushed, his eyes were bright with widely dilated pupils, and he kept up a perpetual flow of more or less incoherent nonsense. Vision and hearing were extremely acute; he noticed everything and easily distinguished some whispered instructions given outside the room in which he was; his pulse was rapid and full. Every now and again he gave what was to the onlooker a slight start in one or other of his limbs; he himself said afterwards that he thought he had been severely convulsed. This idea was probably in part due to his exaggerated perceptions, and partly to the fact that he had been reading an account of the drug prior to taking it, and had been struck with the mention of the convulsant action of one of its active principles, titano cannabine; the remembrance of this doubtless helped to intensify the notion he conceived as to the extent of his movements.

He was given a large dose of caffeine, which certainly appeared to act beneficially. In the midst of a most flowing and incoherent discourse on nothing in particular and everything in general, he sank back in his chair in a drowsy condition. The transition from delirious excitement to sudden stupor was so definite and well marked that I think, in relation to the caffeine, it may be asserted that it was "*propter*," not only "*post hoc*."

Being conveyed to bed, the patient slept soundly and awoke almost well the next morning, the only trace of his over-night escapade that was left being a slight disposition towards mental and bodily restlessness.

It is interesting to note that the only effect of the larger dose (5iiiss) of the drug on the other investigator, who was, perhaps, of a more stolid and less imaginative temperament, was that of a pure hypnotic, and he passed a good night undisturbed by any untoward event.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

ST. BART.'S *v.* OLD MERCHANT TAYLORS.

Played at Richmond on December 9th, in bitterly cold weather, on a ground hardened by frost. The result—a win for O.M.Ts. by a try to *nil*—was most satisfactory, as O'Neill and Ash were not playing, and as it was generally expected that we should be beaten rather badly. Gillies arrived late, and we played short for the first ten minutes. The Hospital forwards were very ragged, and the Taylors gave us rather a bad time. The three-quarters and Stone, however, defended well, and the only score in the first half was a try by Buck after a quarter of an hour, which was not converted. On changing over, however, the forwards improved immensely, getting the ball time after time in the scrummages, and gaining a lot of ground by loose rushes. Both sides came near scoring, but the defence was always better than the attack, and so the game ended in the O.M.Ts. winning by a try (3 points) to *nil*. Adams was hurt in the last ten minutes, and had to stop playing. Team:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, C. Dix, G. W. James, H. W. Thompson (three-quarters); H. Howell, D. Stone (halves); H. C. Adams (captain), L. R. Tosswill, H. T. Wilson, A. R. Neligan, H. E. Graham, H. W. Thomson, W. H. Hamilton, E. C. Hodgson (forwards).

ST. BART.'S *v.* KENSINGTON.

Played at Wood Lane on January 13th. A series of disasters befell the team in this match. First of all Adams, O'Neill, Tosswill, Gillies, and Ash were unable to play; and as if this was not bad enough, three of the team took the wrong train, and did not turn up at all. It is said that they eventually reached Ealing! The remaining twelve, however, played their very hardest, and during the first half had actually more of the game than the full Kensington XV. Hamilton played half with Howell, and distinguished himself greatly. The five forwards worked like horses, and the backs—especially Price—kicked splendidly. Wilson once very nearly landed a penalty goal from near the touch-line. The only score was a penalty goal to our opponents—a very fine kick from nearly half-way.

After half-time numbers began to tell, and Kensington scored a try almost immediately. They continued to press, but it was not till towards the end that they ran in twice, and one try was converted. We were down in their "25" when the whistle blew. Kensington, therefore, won by 2 goals (1 penalty) and 2 tries (14 points) to *nil*. As it will be seen that only Wilson and Neligan of the regular forwards were playing, and that we had a forward at half, this result may be put down as very creditable. Team:

St. Bart.'s.—E. S. Marshall (back); H. W. Thompson, G. G. Ellet, E. W. Price, P. James (three-quarters); H. Howell, W. H. Hamilton (halves); H. T. Wilson (captain), A. R. Neligan, J. M. Plews, E. C. Hodgson, L. Arnould (forwards).

ST. BART.'S *v.* STREATHAM.

Played at Streatham on Saturday, January 27th. The ground was in very bad condition owing to the recent rains, one corner being completely under water. The Bart.'s forwards were not nearly so well together as on the previous week at Portsmouth, some of the attempts at heeling being very poor indeed. We were pressing nearly the whole of the first half, but the Streatham defence was very sure, and it was only just on the call of half-time that Ash scored between the posts from a pass by Stone. O'Neill converted. The first quarter of an hour of the second half was very even until from a good forward rush Harvey dribbled over the line and scored. O'Neill's kick was charged down. Before the end Ellett would have scored if he had not unfortunately been obliged to wade through water and mud, which considerably retarded his progress. The final score was—Bart.'s, 1 goal, 1 try (8 points); Streatham *nil*. Team:

St. Bart.'s—E. S. Marshall (back); J. B. Gillies, G. G. Ellett, E.G. Drury, H. W. Thompson (three-quarters); B. N. Ash, D. M. Stone (halves); A. O'Neill, L. R. Tosswill, H. T. Wilson, A. R. Neligan, J. M. Plews, F. Harvey, E. C. Hodgson, W. H. Scott (forwards).

INTER-HOSPITAL RUGBY UNION CHALLENGE CUP.

Second Round.

ST. BART.'S *v.* GUY'S (Holders).

This match was played at Richmond on Tuesday, February 6th, before a crowd of over 1000. Bart.'s winning the toss elected to play with the wind. On starting, the Bart.'s forwards, who were heavier than Guy's, played up in good style, and fairly carried the scrimmages into Guy's "25," but would not heel out quickly enough; in consequence of this, the three-quarters had very little chance. Once Gillies had a chance, but after a good run was pushed into touch. Two free kicks were given against Guy's halves for off-side play, but O'Neill failed to kick either goal.

On crossing over, Guy's certainly played a better game forward than did our men, and from a good heel out and a smart pass from Thomas, Lime scored far out. The kick was unsuccessful. We had the ball out more often in this half of the game, and Ash and Gillies made some good runs. Guy's forwards at one time rushed the ball into our "25," and our defence was sorely tried, but a good kick eventually cleared. Soon, however, a kick was charged down, and Guy's added a second try through Wall. The kick was again unsuccessful, and nothing further was scored. Thus ended a close and exciting game, in which O'Neill, Tosswill, and Wilson, forward, and Ash at half, especially distinguished themselves: Guy's winning by 2 tries to *nil* (6–0). Teams:

St. Bart.'s.—E. S. Marshall (back); J. B. Gillies, G. G. Ellett, G. Drury, H. W. Thompson (three-quarters); B. N. Ash, F. R. Carroll (halves); H. C. Adams (capt.), A. O'Neill, L. R. Tosswill, H. T. Wilson, A. R. Neligan, J. M. Plews, G. H. Adam, F. Harvey (forwards).

Guy's.—E. M. Harrison (back); F. W. Sime, C. D. Pye-Smith, F. D. S. Jackson, E. Morgan (three-quarters); M. G. Louisson, S. Brown (halves); R. C. Mullins (capt.), D. H. Trail, T. P. Thomas, H. A. Cutler, P. T. Manson, K. V. Trutshaw, A. H. Wall, R. C. Lawrie (forwards).

Referee.—Mr. E. V. GARDNER.

IN the recent examination for the Navy, J. O'Hea obtained the fifth and P. Dyer the seventeenth place.

Abernethian Society.

ON January 25th a Clinical Evening was held, Mr. A. R. J. Douglas in the chair.

Mr. Morland was declared elected vice-president in the place of Mr. A. Granville.

Mr. Morland showed a case of mycosis fungoides, and made some explanatory remarks upon the case.

Mr. Douglas showed numerous pathological specimens, which excited much interest.

Numerous microscopical specimens were shown by members.

On February 1st, an ordinary meeting, the president, Mr. L. B. Rawling, being in the chair, Mr. J. H. Churchill read a paper on "Some Features of Blood Pathology." The speaker in the first part of the paper discussed the common features of pathological blood. He stated that he had made the high count of 10,080,000 red blood-corpuscles per c.mm. in a case of congenital heart disease, and compared it with the polycythæmia found in the altitudes where the oxygen pressure is much diminished; he alluded to the apparent increase in red blood-corpuscles due to the loss of plasma, *i.e.* in ascites, sweating, diarrhœa. He laid stress on the probability of chlorosis and pernicious anæmia being ultimately classed as secondary anæmias, instancing one case of a woman whose blood was in a condition of pernicious anæmia, but in whom there was reason to believe the co-existence of malignant disease. He discussed the meaning of the large size of many of the red blood-corpuscles, their extreme variation in shape, and the presence of large nucleated reds which are features of pernicious anæmia; contrasting the relation of hæmoglobin to the red corpuscle count, as expressed by the colour index in pernicious anæmia and chlorosis, he pointed out the relative excess of hæmoglobin in pernicious anæmia when the patient was losing ground, and its relative deficiency in chlorosis and secondary anæmias, and thought that the colour index in chlorosis was a better guide to the condition of patient than corpuscle count, suggesting that rapidity in the loss of hæmoglobin was the important factor in the severity of the case.

Leucocytes, their characters and proportions in normal blood, and leucocytosis, were dealt fully with. The pathological causes were described at length.

A case was cited of a boy with a mediastinal tumour, whose blood acquired two or three weeks before death the condition of lymphatic leukæmia, and another case of an infant with a mixed leukæmia, who is about and well now; two younger members of the family having subsequently suffered from a disease apparently similar in all respects, except that they lacked the enormous number of leucocytes. He pointed out the position these cases occupied between leukæmia and other conditions, and concluded by drawing attention to two of the specimens shown, one of a lymphocyte dividing in the blood, and the other of a case of splenic leukæmia with 9 per cent. of basophile corpuscles.

A number of microscopical slides illustrating the various pathological conditions of the blood were exhibited.

An interesting discussion followed upon the paper.

On February 8th, an ordinary meeting, the president, Mr. A. R. J. Douglas, being in the chair, Dr. J. L. Maxwell read a paper on the "Comparative Values of the Vaginal and Abdominal Routes in the Operative Treatment of Pelvic Diseases." Dr. Maxwell spoke at length upon the great value of the vaginal route, and considered that in most cases it was the safest to employ. The cases upon which operative treatment was required he divided into three classes:

1. Those in which the vaginal route was the safest.
2. Those in which both routes had certain points in their favour.
3. Those in which the combined route was the best.

These classes he illustrated by the notes of cases which he read, showing that the vaginal route was, on the whole, the more satisfactory, the recovery of the patients being quicker, and, on the whole, more complete.

A lengthy discussion followed.

We hope to be able to print Dr. Maxwell's paper *in extenso* at an early date.

On February 15th, an ordinary meeting, the vice-president, Mr. Morland, being in the chair, Mr. L. B. Rawling read a paper on "Cancer of the Œsophagus." Mr. Rawling, in a most interesting paper, gave a lengthy *résumé* of the pathological conditions of the disease. From the notes of 110 cases which he had collected from the hospital records, he found that the earliest age at which it occurred was twenty-eight, and the latest seventy-four. From the notes

he pointed out the great difficulty often arising in the diagnosis, and condemned strongly the use of the œsophageal bougie. The cause and treatment of the disease were then fully discussed. The average duration of the disease was eight months, and secondary growths in the glands of the neck occurred in 80 per cent. of cases.

In the discussion which followed the question of treatment was freely gone into.

The Rahere Lodge, No. 2546.

A MEETING of the Rahere Lodge, No. 2546, was held at Frascati's Restaurant, on Tuesday evening, February 13th, 1900. W. Bro. R. J. Reece, M.D., the W.M. in the chair. Bro James Calvert, M.D., of the Alliance Lodge, No. 1827, Warden of the College, St. Bartholomew's Hospital, was elected a Joining Member, and Bro. E. H Thompson was passed to the second degree in Freemasonry. W. Bro. E. C. Cripps, P.P.G.D.C.Glouces., delivered the second section of the second lecture in a most impressive manner. The brethren with their guests afterwards dined together.

Reviews.

ST. BARTHOLOMEW'S HOSPITAL REPORTS, Vol. XXXV, edited by NORMAN MOORE, M.D., and D'ARCY POWER, F.R.C.S. (London: Smith, Elder, & Co., 1900.)

The thirty fifth volume of the Hospital *Reports* has just appeared, under the editorship of Dr. Norman Moore and Mr. D'Arcy Power. At the outset we may remark that a very instructive portion of the book is the list of subscribers. We find the total number is 518—surely a most meagre and altogether inadequate figure! We would urge the claims of the *Reports* upon all the readers of the JOURNAL; the efforts of the Editors to make them worthily representative of our Hospital deserve much more generous support.

The earliest page—the frontispiece itself—reminds us of a recent and irreparable loss; for we have thereon an excellent portrait of the late Professor Kanthack. This is accompanied by a sympathetic appreciation, signed with the familiar initials A. A. B. There is also a brief obituary of Dr. Reginald Southey, who, although he resigned his appointments here in 1883, is still remembered among us.

Turning to the scientific articles, we find an interesting record of the cases of abdominal section performed during 1898 by Mr. Harrison Cripps in the Martha Theatre. During this period twenty-seven ovariotomies and seven hysterectomies were performed, all ending in recovery; and seventeen miscellaneous cases, with thirteen recoveries and four deaths. Of the four fatal cases, one was extensive malignant disease in the pelvis, one a pyosalpinx communicating with the rectum and complicated by a dermoid cyst of one ovary, and one was for ruptured uterus with profuse antecedent hæmorrhage. The remaining fatal case was a death from chloroform.

Mr. D'Arcy Power publishes an instructive article on the operations he performed during the sixteen months following his appointment as Assistant Surgeon, and the lessons to be deduced therefrom. The total number is 224, and includes twenty-four cases of abdominal section, which form an interesting series.

Mr. Rundle has a well-timed and sensible contribution on varicocele in relation to admission to the Services. He points out that varicocele exists in a large number of young people—probably 18 to 20 per cent.,—and does not produce any physical discomfort, and that it ought not to be considered a cause for disqualifying them, except in rare and pronounced cases, from entering the Services. Ordinary cases do not demand operation; the pronounced cases, which do, only form about 1 per cent. of the total number. Yet at present the average number per cent. of candidates rejected for varicocele is 16·2. We wish we could think that Mr. Rundle's much-needed protest will produce the desired effect. In cases where operation is required he is strongly in favour of ligature and excision of veins by the "open" method.

Dr. Auden's article on arteritis in relation to enteric fever is an admirable account of what is known of this rare complication. The clinical cases, which came under his own observation, are full of interest.

Mr. C. S. Myers relates what he has seen of the conditions of life on a Torres Straits Island, and what he could glean of Malay midwifery. It is their custom to express the placenta, and not to employ traction, so that a few years ago they could have claimed a more scientific method than that which was in vogue in this country. We doubt, however, if their treatment for retained placenta will ever find much favour here, for in this case the mother goes out into the sea. It is not surprising to learn that a daughter of one of the present kings of the island died a few years ago under this treatment.

Dr. Herringham records an interesting case of Graves' disease in a man with extreme emaciation. Of the extremity of the emaciation the reader can judge from a series of photographs. Dr. Herringham leans to the view that the fundamental lesion in Graves' disease will be found in the parathyroids. But surely, knowing as we do the extraordinary influence of thyroid extract in the reduction of obesity, his case of extreme emaciation lends support to the "hypersecretion" theory. At least the suggestion is tempting.

Dr. Parkes Weber's article on congenital valvular defects on the left side of the heart will repay careful reading. He gives reasons for believing that such defects are much more common than is usually supposed. "One of the difficulties in recognising defects of the semilunar valves due to fœtal endocarditis on the left side of the heart, is that the minor results of the fœtal endocarditis may closely resemble the results of later endocarditis. Moreover . . . . rheumatic endocarditis occurring at any period after birth, when it affects aortic valves previously damaged by fœtal endocarditis, may produce such alterations that at a subsequent post-mortem examination the changes caused by the fœtal disease cannot be distinguished amongst those due to the latter disease. Sir James Paget was, I think, the first to call attention to the frequency of disease affecting the aortic and pulmonary orifices when there were congenitally only two instead of three semilunar valves. . . . . In many cases of mitral stenosis in young persons no history of acute rheumatism can be obtained, and a congenital origin for the disease has been suggested."

Another article of decided interest is Dr. Horder's, on chronic Bright's disease as a cause of sudden death, with some remarks upon sudden death generally. To summarise his principal conclusions, it appears that this disease is a not infrequent cause of sudden death, apart from any associated condition known to lead to this result. In his collected cases it was responsible for 16·6 per cent. Further, chronic Bright's disease is an extremely frequent accompaniment of the various vascular cardiac and respiratory diseases found to produce sudden death; and this frequency is greater in these diseases when thus terminating, than when they lead to death which is not sudden—the frequency being 62·5 per cent. The variety of Bright's disease thus found is chronic interstitial nephritis. The age incidence in cases of sudden death shows two periods of life during which the condition mainly occurs—(i) from birth up to three years; (ii) from thirty years onwards. From three to fourteen there is practical immunity. There is a large excess of males over females among the adult cases (10 to 1), and a conspicuous excess of females over males in the case of children (5 to 3).

There are other articles worthy of notice, but our space is exhausted. A passing reference to the statistical tables prepared by the Medical and Surgical Registrars is imperative, however. The enormous labour entailed therein is too little recognised or taken too much for granted, and it is not out of place to express our gratitude for these careful records of our clinical storehouse.

A MANUAL OF SURGERY, for Students and Practitioners, by WM. ROSE, F.R.C.S., and ALBERT CARLESS, F.R.C.S. Second edition. (London: Messrs. Baillière, Tindall & Cox.) Demy 8vo; pp. 1190; price 21s. net.

A second edition of this manual within fourteen months of its original appearance bears testimony to its deserved popularity. The additions recently made to the older and, it must be confessed, somewhat unsatisfactory one-volume text-books have been both numerous and ambitious; but there seems no doubt that the work before us has given its rivals in the same field a keen struggle for existence.

The revision now made is thorough and well justified. There are some very helpful new diagrams added, particularly worthy of note being those reproduced from the College of Surgeons' pathological specimens; but the skiagraphs are also successful—a merit this form of illustration by no means always possesses in text-books,—and should prove of value to the student as helps in the interpretation of actual negatives. We notice a very liberal recommendation of the antistreptococcus serum as a preliminary measure before certain operations, as in abdominal section, "it there seems a likelihood of streptococcal infection."

We can cordially repeat the recommendation of this manual which we gave it at the time of its first edition.

THE PATHOLOGIST'S HANDBOOK: a Manual for the Post-mortem Room, by T. N. KELYNACK, M.D., M.R.C.P. (London: Messrs. J. and A. Churchill.) Pp. 186; price 4s. 6d.

This handbook is the outcome of "many years' experience of teaching in the pathological department of the Manchester Royal Infirmary;" yet our verdict upon it, remembering Dr. Kelynack's contributions to pathology, and controlling any tendency to be hypercritical, is that we are utterly disappointed with the result. The very name is a misnomer, for the book deals solely with the manipulations of the deadhouse, and as a practical guide to the post-mortem room the book is totally inadequate. If it made up for its hopeless brevity of description by the virtue of its illustrations, of which it boasts a great wealth, we might pardon it; but it does not. Out of 126 figures, the first fifty are of instruments, the majority of which in post-mortem work are quite superfluous, if not worse. Thus we have such unnecessary things depicted as "scissors with angular blades,' "Tiemann's double-bladed section knife," "trowel-shanked section knife," "long metacarpal saw," and a host of other weapons. And the implements that *are* necessary hardly need the amount of space allotted to their representation. The photographs of various morbid viscera are amateurish to a degree, useless in consequence, and but a waste of the pages containing them. Even the glitter of the fluid upon the surface of the objects photographed (a fault easily avoided by any but the beginner) has received no attention from the operator. As for the photographs intended to illustrate certain methods of post-mortem procedure, they are even worse still. In Fig. 83, showing "method of opening intestines,' something might possibly be learnt if the intestine could be seen. The same remark applies to Fig. 87, showing (1) "method of opening bladder and urethra in position," where a director, which is quite undiscoverable, "indicates the necrotic bladder." And there are others as bad. We see by the preface that the photographs are by Mr. W. S. Kelynack. The name may be a coincidence merely, but if it is not, it is surely a pity to spoil what might possibly have been a successful enterprise by not going further afield for help.

MEDICAL GYMNASTICS: a Text-book of Massage and Mechanical Therapeutics generally, by AXEL V. GRAFSTROM, M.D., B.Sc. (London: The Scientific Press, Limited.) Price 2s. 6d

This little book presents the subject of "mechano-therapy" in a concise form, so that it may be grasped in its essential details by the ordinary student. The book should prove specially useful to nurses, male and female, of whose equipment massage comes to be nowadays a not insignificant part. The descriptions of the various movements are lucid, and there are some good diagrams in the text. The author's English is curious in places. Thus, speaking of displaced kidney, he says, "Women suffer from it more than men, and virgins, nulliparæ, and multiparæ being alike its victims."

The book fills a long-felt want, and can be confidently recommended.

THE following paragraph appeared in the *Evening News* of February 21st:

LOGIC THAT FAILED.

In a case at the Shoreditch County Court the defendant, who was sued by a doctor for £9 4s., due for attendance on defendant's son, raised some curious points as a defence.

In the first place, he said the doctor, after attending the boy for some time, sent him to the hospital; ultimately the boy died. When told that the doctor did not guarantee a cure, and charged merely for the treatment he had given, defendant said the lad was treated for Bright's disease, whereas he was really suffering from dropsy. Could the doctor charge for wrong treatment and useless physics?

His Honour: No doctor can be certain of a complaint. He does the best for what he believes to be the trouble.

Judgment for plaintiff with costs.

Correspondence.

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

DEAR SIR,—Publicity is an arm whereby the greatest constitutions seek to remedy their defects, and I trust you will allow the following facts—at first sight unconnected—to appear in your columns.

(*a*) The library does not contain the collection of medical literature which the late Dr. Andrews bequeathed to the Hospital.

(*b*) The northern approach to the Anatomical Theatre is at present blocked with a heap of ponderous packing cases.

On inquiry I find these conditions to be mutually interdependent. Truly sings the poet:

"Full many a leaf of richest thoughts serene.
The dark unhallowed haunts of Morris bare;
Full many a page remains unread, unseen,
And wastes its lesson 'neath the theatre stair."

Yours truly,
Tænia Bibliocephalus Latus
(Vulg.: The Bookworm).

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

DEAR SIR,—Would you allow me to ask in your columns for copies of the JOURNAL for December, 1894, and January, 1895, as they are no longer obtainable from the manager?

Yours truly.
ALEX. R. TWEEDIE.

New Addresses.

CLARK, W. GLADSTONE, from Surbiton, to 6, Nicholas Street, Chester.

COOKE, MARTIN A., from Badbrook House, to 19, Lansdown, Stroud, Gloucestershire.

FISHER, C., 5, Dicconson Terrace, Lytham.

GOWRING, B. W., from Victoria Place, to The Knoll, Stow Park Avenue, Newport, Mon.

HEMMING, J. J., 2, Grosvenor Villas, Margate.

HUGGINS, J. P., 3, Wallace Road, Canonbury.

KEOWN, D. B., from Ebury Street, to 88, Eaton Terrace, S.W.

MILES, W. E., from Ladbroke Grove, to 17, Devonshire Place, W.

ORMEROD, E. W., 87, Lansdowne Place, Hove.

PENNY, A. GERVASE, from 9, Queen's Avenue, to 40, Queen's Avenue, Muswell Hill, N.

POWELL, H. E., from Glencarn House, to 31, Upper Clapton Road, N.E.

POWELL, J. C., from Stoke-on-Trent, to 10, Victoria Terrace, St. Leonards-on-Sea.

ROLLESTON, H. D., from Harley Street, to 55, Upper Brook Street, W.

WYLLYS, W., 27, Nelson Road South, Great Yarmouth.

YOUNG, H. W. P., Eastleigh, Norbury, S.W.

Appointments.

BAILEY, B. E. G., M.R.C.S., L.R.C.P., appointed House Physician to the Victoria Park Chest Hospital.

* * *

COLEMAN, F., appointed House Surgeon to the Dental Hospital, Leicester Square, W.

GANE, E., has been elected Honorary Visiting Physician to the Christchurch Hospital, New Zealand.

* * *

GOODMAN, H., M.R.C.S., L.R.C.P., appointed House Surgeon to the Beckett Hospital, Barnsley.

* * *

HORNE, J. A., M.R.C.S., L.R.C.P., appointed Ship's Surgeon to the Cunard ss. Ultonia.

* * *

ILLIUS, J. W., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Southampton Infirmary.

* * *

ST. STEPHENS, W. T., M.R.C.S., L.R.C.P., Ship's Surgeon to the Royal Mail ss. Servia.

* * *

THOMAS, H. S., M.R.C.S., L.R.C.P., appointed Civil Medical Officer to the South African Field Force.

* * *

WORTHINGTON, G. V., B.A., M.B., B.C., appointed Surgeon to the Princess Christian Hospital, Cape Town.

Examinations.

UNIVERSITY OF LONDON.

Preliminary Scientific Examination.

Chemistry and Physics.—Moss, B. E., Powell, N. B., Trist, J. R. R. *Biology.*—Gooding, F.

Intermediate Examination in Medicine.

Entire Examination: Second Division.—Pringle, E. G., Wenham, H. V.

Excluding Physiology: First Division.—Williams, E. C. *Second Division.*—Low, G. H., Smith, E. B., Waugh, R. J.

CONJOINT BOARD.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:—Izard, A. W., Inchley, O., Peters, C. A., Grace, N., Pinker, H. G., Nixon, J. A., Truman, B. R. B., Gillespie, T., Branson, W. P. S., Cornish, C. V., Collyns, J. M., Nunn, J. W., Valerie, J., Illius, J. W., Pennefather, C. M., Gomez, G.

Birth.

WILLIS.—On February 2nd, at Fairlawn, Bromley Common, the wife of Cyril H. Willis, M.R.C.S., L.R.C.P.Lond., of a daughter (Rhoda Thring), who survived her birth two hours.

Marriage.

BROCK—FLEMING.—On February 7th, at St. George's Presbyterian Church, Southport, by the Rev. J. Mellis, John Brock, Assistant Medical Officer, Uganda Railway, B.S.A., youngest son of the late Mr. Jas. Brock, of Bishopsteignton, Devon, to Ethel, youngest daughter of the late Rev. R. D. Fleming, of Coleraine, co. Antrim.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette. The Nursing Record. The Stethoscope. St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette. Middlesex Hospital Gazette. The Broadway. St. George's Hospital Gazette. The Polyclinic. The Medical Review* (formerly *The Medical and Surgical Review of Reviews*), *The Practitioner, University College Magazine, The Student, The Hospital, Le Mois Médico-Chirurgical. Bollettino della Associazione Sanataria Milanese.*

St. Bartholomew's Hospital Journal.

VOL. VII.—NO. 6.] MARCH, 1900. [PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.,* BEFORE THE 1ST OF EVERY MONTH.

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY, *Advertising Agent, 30, Holborn, E.C.*

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St. Bartholomew's Hospital Journal,

MARCH, 1900.

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

ON the next page we lay before our readers the salient features of the reconstruction of the London University as decided by Statutory Commission. It will be seen at once that so far as our Medical School at St Bartholomew's is concerned we face a most critical juncture, and one the importance of which can hardly be too seriously estimated. It behoves every one connected with the School in any of its branches, and all who are interested in its future, to give their careful attention to the facts we have set forth, for upon our present attitude towards the reconstruction scheme depends not only our existence as a definite unit of complete medical education, but our influence as a centre of tuition of medicine, surgery, and midwifery.

The principle of "concentrating" the preliminary subjects of medical education at two or three centres is doubtless fraught with great advantages for the smaller medical schools; and it was to these that the original recommendation of the Cowper Commission referred. But in the present scheme no notice has been taken of the efficiency of such a school as St. Bartholomew's for the teaching of these subjects, and we find ourselves dealt with in just as summary a manner as schools where this branch as well as all the other branches of medical tuition have an acknowledged struggle for existence. Nor has any attention been paid to the number of students annually graduating at the University, who have received their whole training at St. Bartholomew's.

From the wording of the Statutes it is evident that the only centres where "concentration" is to take place are University College, King's College, and the Royal College of Science.

Not only is it proposed to concentrate the subjects of physics, chemistry, and biology, but anatomy, physiology, pathology, bacteriology, pharmacology, and hygiene are also to be dissevered from their connection with medical tuition at the hospital schools. The danger of teaching anatomy and physiology without sufficient regard to the future requirements of the medical student during his clinical work is already great, but with the subjects entirely dissociated from hospital tuition and placed in the hands of teachers who may easily be quite ignorant of medicine, the danger becomes intensified. It is good to have certain men devoting themselves entirely to the study of pure physiology and pure anatomy, and these will work more conveniently away from hospitals than at them, but for the student who is primarily a student of medicine, and only a student of anatomy and physiology as a means to this end, the present system has manifest advantages. And if this be so of anatomy and physiology, how much more forcibly does the argument apply to pathology, bacteriology, and public health.

We draw attention in our article to various anomalies in the work of the Commissioners that seem to make one thing certain, that the position as it stands at present is quite

an untenable one for our School, however desirable it may be for smaller institutions. What, then, are the alternatives before us? It is open to lodge a petition before Her Majesty's Privy Council and advertise our grievance as in a court of law. If so formidable a proceeding as this seem undesirable, a full statement of the reasons why the present position offered to St. Bartholomew's is considered totally inadequate might be addressed to the Commissioners, to the Senate, and to the public, and a protest made against inclusion as a School of the University in the Faculty of Medicine only. Or, as a third alternative, it is open for us to accept the Commissioners' offer with the distinct understanding, properly formulated and laid before the Senate, that if the present position of the School be endangered at any future time by any of the proposals hinted, but not now enforced, for "concentration" at other centres, we retain the privilege of becoming an External School whenever desired. No other mode of action seems possible than one of these. Certainly it would seem absolutely necessary that, in the absence of any guarantee of our integrity as a complete School on the part of the present Statutes, we must ensure a guarantee ourselves. To this end we trust the wisdom of our School Committee, feeling quite confident that its members are fully alive to the gravity of the situation, and relying upon them to effectually safeguard our interests.

The University of London.

THE NEW STATUTES AND REGULATIONS.

THE Report of the Commissioners appointed under the University of London Act, 1898, with the Statutes and Regulations framed by them, are now published, and are open to the criticism of all who have been anxiously awaiting these documents.

Our readers will remember that in 1892 the Cowper Commission was appointed to consider the draft charter for the proposed Gresham University in London. In their report the Commissioners made a series of recommendations with respect to the reconstitution of the University of London, and advised the appointment of a Statutory Commission for that purpose. It is the work of this same Statutory Commission that now needs consideration. We propose to lay before our readers such results of the work as affect the medical student especially, and our School at St. Bartholomew's particularly. It will be readily seen from our extracts and the comments we feel called upon to make upon them, that, whatever view we take of the prospect before us, our School is to-day placed in a very critical position, and one to meet which requires all the care and forethought available. Any italics occurring in the extracts are our own, used to emphasise significant passages.

I. *The Report.*—This deals with the origin of the Commission and its method of work. It also asserts that the Commissioners "have endeavoured to follow as closely as possible the recommendations" of the Cowper Commission for the Gresham University, though we shall have cause to show later that this endeavour, with regard to the teaching of medicine, has considerably failed of its purpose. Then follows a discussion of the vexed question of preliminary medical education, which occupies the major part of the Report, and which is of such fundamental importance that we shall abstract it at some length. Attention is first drawn to Sect. 80 of the Statutes, which reads as follows:

> 80. With a view to greater efficiency and economy the Senate may make arrangements with the Governing Bodies of any Schools of the University to provide common courses of instruction for matriculated Students in such Schools in one or more subjects by Appointed or Recognised Teachers and to enable such Schools to interchange their matriculated Students for the purpose of instruction and in particular the Senate shall use its best endeavours whenever practicable to secure such common courses of instruction for Internal Medical Students in the preliminary and intermediate portion of their studies under Appointed or Recognised Teachers at one or more centres.

This Statute, the Commissioners state, is the result of the following considerations:

> Before commencing his strictly professional studies in the wards of a hospital the student of Medicine is required to have studied, and in most cases to have passed an examination in certain introductory sciences, namely, physics, chemistry, general biology, anatomy, and physiology. These are sciences which cannot be adequately studied without practical instruction in a laboratory, dissecting-room, or museum. At the present time each of the Metropolitan Medical Schools, besides supplying professional instruction in the wards of its hospitals, affords *more or less complete* teaching in each of the above sciences; and this practice has prevailed for many years.
>
> In the second part of their Report (p. xlii) the Gresham Commissioners made the following recommendation:—"It is very desirable that *with regard at least to the smaller medical schools* the teaching of physics, chemistry, biology, anatomy, physiology, pharmacology, and materia medica, pathology, hygiene and public health, and forensic medicine, should be concentrated into one or two institutions. At *some* of the medical schools the number of students attending these several classes is very small, and there is often great difficulty in obtaining teachers properly qualified for the work. As a rule the best men are not anxious to accept these appointments. There is little or no remuneration or encouragement to exertion. But if the several classes in these subjects could be fused together, the individual classes so resulting would be of sufficient magnitude and importance to secure the services of the best teachers. It can hardly be doubted that considerable improvement in medical education would result from this arrangement, while, by the saving of time and expense and concentration of force, the several schools would be set free from what must now be a burdensome weight, and would be enabled to devote all their energies to the teaching of the clinical subjects of medicine and surgery, which in all their various branches have largely developed of late years. If such a plan as this were adopted, the further question would be considered whether each of the several subjects should not be entrusted to more than a single teacher. The classes would probably be large enough and the remuneration sufficient to admit of this division of labour."
>
> We have received from various quarters expressions of opinion, on the one hand opposed to, and on the other hand in favour of, this recommendation of the Gresham Commissioners.
>
> In support of making no change in the existing practice the following arguments have been used. It has been urged that the teaching of these sciences ought to be conducted with the object of preparing the student for his later professional studies, and not of educating him for a scientific career. So long as these studies are closely attached to a hospital, and are carried on under the immediate direction of teachers in charge of more strictly professional studies, there is no danger of this object being disregarded. But such a danger would arise if these introductory studies were carried on in an independent centre, free from hospital control. Further, in every Medical School great benefits result from continuous personal intercourse between teachers and students, and from the establishment of an *esprit de corps*. These benefits would be greatly diminished if the student did not join a hospital until after a considerable portion of his studies had been completed, and if his connection therewith were thus proportionately shortened.
>
> The advocates of concentrating the teaching of these introductory sciences are numerous, and prominent among them are many of those younger members of the several hospital staffs who bear the greater part of the burden of medical tuition. They point out, in the first place, that the adequate teaching of the sciences in question entails heavy expenses, especially for the provision of properly equipped laboratories and other accommodation. The provision thus demanded becomes every year more elaborate and the outlay greater. A system of concentration would, they contend, obviously furnish at the same expenditure far better accommodation than is afforded by the present system. *At no one School, as a matter of fact, is the accommodation wholly adequate in respect of the sciences in question*, and in many Schools it falls very far short of this standard. In the case of some of the smaller Schools, the number of students needing instruction in these sciences is so small that the fees paid by the students for the courses of study are insufficient to defray the expenses. The maintenance of the instruction thus becomes a heavy tax on the general resources of the School, and naturally tends to an undesirable economy of accommodation and equipment. Yet the total amount of money actually spent at the various Schools, if expended on a system of concentration, would probably provide accommodation and equipment leaving little to be desired. In this respect it must be borne in mind that the Provincial Schools of Medicine, supported as they are in many cases by generous endowments, representative of local sentiment, are in the completeness of their equipment rapidly outstripping the Medical Schools. If the latter are to maintain themselves against this competition, a much more liberal equipment than now obtains in any one of them will have to be secured.
>
> It is urged, in the second place, that *the sciences in question are not, and indeed cannot be, taught at the present day, as they were formerly, by men looking forward to the pursuit of a medical career.* They are now taught, and must perhaps to a still greater extent in the future be taught, by men who propose to devote themselves to a career in the sciences which they teach. But owing to the multiplicity of posts under the present system the emoluments of each post are, in most cases at least, too small to support the holder of it. These posts are regarded as stepping-stones to other posts, or as mere adjuncts to other duties. The result is that the teachers of these sciences in the Medical Schools are called away when they rise to eminence, or, if they remain, bestow only a portion of their energy upon the Medical School to which they continue to belong. The teaching in the Medical Schools suffers under this system, more especially in all that relates to the encouragement of research. Moreover, the multiplicity of posts and the smallness of the emoluments leads, more particularly in the smaller Schools, to the undesirable practice of the same teacher attempting to teach two or more branches of knowledge which cannot advantageously be taught by the same person. This depreciation of teaching and this lack of opportunity for research form a real and pressing evil, far outweighing any danger that would be likely to arise from any diminution in the practical direction of these introductory studies. Indeed, it is maintained that such a danger is illusory, and that from a system of concentration in which the teaching was directed by eminent and experienced men better and more practical results might be expected than from the present system, under which the teaching is often entrusted to young men whose enthusiasm for their subject is apt to lead them to disregard all other interests.
>
> In the third place, it has been urged that were the teaching of these introductory sciences concentrated at one or more centres the laboratories and appliances now used for them, and not only the laboratories but also some of the teaching power, might be used to supply another and a pressing need. The development of medical science in the present day requires that each properly equipped hospital should be provided with what are called clinical laboratories, in which elaborate microscopic, chemical, and other investigations may be carried on in close proximity with the wards. In this provision the Metropolitan Medical Schools are markedly falling behind the Schools, not only of the Continent and of the United States, but even of the English provinces. The concentration proposed would allow the laboratories now used for preliminary and intermediate studies to be employed as clinical laboratories; it would improve the teaching in those studies; and it would at the same time tend to remove what is rapidly becoming a reproach to the Medical Schools in London.
>
> Weighing these and other arguments which have been brought forward on one side or the other, we have come to the conclusion that some kind of concentration is desirable, and we should have preferred to have ourselves framed Statutes for at once effecting it. But we found from the representations made to us on behalf of the Medical Schools that there was not at present any such consensus of opinion in regard to the mode in which concentration should be carried out as would enable us to do so. In these circumstances such a step would involve the consideration of details which lie outside our province, and the adoption of a course of action which exceeds our powers. It must rest with the Senate of the reconstituted University to deal with the whole of this question, *and we have empowered and recommended the Senate to proceed as soon as may be in the desired direction.*
>
> The sciences named by the Gresham Commissioners as those in which they thought concentration of teaching to be desirable may be divided into three or four groups:—(1) The science of physics, chemistry, and general biology, partaking as they do to some extent of the character of general education, form one group, and are spoken of in the Statutes as "preliminary studies." (2) The sciences of anatomy and physiology, although they exist independently of the medical profession, are closely allied to that profession, and form a second group, spoken of in the Statutes as "intermediate studies." (3) A third group, which may to some extent be described as belonging to "intermediate studies," is supplied by the sciences of pathology, that is to say, general pathology including certain departments of bacteriology, and pharmacology. These sciences resemble those of the two former groups in so far as the study of them on the one hand requires adequate laboratory accommodation, and on the other hand can be pursued apart from a hospital; but they are of a more strictly professional character. (4) The science of hygiene and all studies relating to public health may be regarded as a fourth group, which would, perhaps, best be described as ancillary rather than as introductory to medical studies. In some respects this group forms an independent branch of study, and ought to be so treated.
>
> The advantages of concentration are greater and the difficulties and disadvantages less in the first group than in the second, and in the second than in the third. Indeed, the arguments in favour of concentration in the case of the first and second groups of studies are so strong that we feel very confident that the Senate will be able at no distant date to give effect to our recommendations in regard to one or both of these groups. In recognising teachers of the University we have accordingly thought it expedient to place the teachers of these two groups of subjects at Medical Schools in a separate list. We have recognised them only "provisionally," in the desire to facilitate the work of the Senate in carrying out a scheme of concentration.
>
> In so doing, however, our sole object is to give emphasis to our opinion that concentration in these groups ought to be effected without delay; *and it is not to be inferred that in our judgment concentration in the other groups is undesirable or impracticable.*

II. *The Statutes.*—These set forth the purposes and constitution of the University. In Sect. 12, dealing with the formation of the Senate, we note that the Hospital Schools, other than University College and King's College, have no direct representation, but only a possible representation of three in all through the Faculty of Medicine. University College and King's College each sends two representatives.

Sect. 28 provides for three Standing Committees of the Senate:

1. The Academic Council.
2. The Council for External Students.
3. The Board to promote the Extension of University Teaching.

The functions of these Standing Committees shall be advisory.

The admission in whole or part of duly qualified institutions, or Schools of the University, and the assignment of

funds in such Schools, are among the powers vested in the Academic Council. Another matter assigned to the same body is the equalisation, as far as possible, of the standards of knowledge and attainments presented for the degrees conferred upon Internal and External Students respectively.

In the Statute dealing with "Faculties and Members of Faculties," Sect. 61 reads:

61. In admitting Teachers to be members of Faculties the Senate shall take care that as far as possible all sections of Teachers are represented.

The Statute dealing with "Schools and Teachers of the University" naturally interests us most. We abstract—

70. The Schools of the University shall be:
(i) The public educational institutions hereinafter named as the first Schools of the University;
(ii) Such public educational institutions situate within the administrative County of London including the County of the City of London as the Senate shall from time to time admit either in whole or in part as Schools of the University.

71. The following persons shall be Teachers of the University (that is to say):
(i) The Professors Assistant-Professors Readers and Lecturers of the University appointed as Officers of the University by the Senate (herein called "Appointed Teachers");
(ii) Such members of the teaching staffs of public educational institutions within the appointed radius whether Schools of the University or not as on the day fixed for the coming into force of these Statutes shall have been recognised as Teachers of the University by the Commissioners or shall thereafter be so recognised by the Senate (herein called "Recognised Teachers").

72. *The Senate may admit a department or branch of any institution aforesaid as a School of the University without admitting the whole of the institution.*

73. *In deciding on the claim of an institution to be admitted in whole or in part as a School of the University in which courses of instruction may be pursued by Internal Students the Senate shall have regard to the matters following viz.* (a) *the general character and financial position of the institution* (b) *the adequacy in number and qualifications of the teaching staff* (c) *the University standard of the teaching* (d) *the adequate provision of laboratories and other appliances necessary for giving instruction in the subjects in respect of which the institution seeks to be admitted* (e) *the conditions as to age and attainments on which students are admitted* (f) *the number of students proceeding or likely to proceed to degrees in the University* (g) *the relation of the institution to any other University.*

75. If the Senate shall decline to admit an institution or department or branch of an institution as a School of the University the institution in question may appeal to the Visitor against the decision of the Senate.

76. All Schools of the University shall be open to the visitation of the University and for that purpose the Senate shall make arrangements for obtaining reports at prescribed intervals of time on the efficiency thereof. A copy of the report on any School of the University shall be forwarded to the Governing Body of that School with such remarks thereon as the Senate may think fit to make. Provided always that the Senate shall have no power of interference with the course of study of any students therein other than Internal Students.

79. The Senate with the consent of the Governing Body may nominate any teachers in a School of the University to be Appointed Teachers either temporarily or permanently and subject to any prescribed conditions may allocate funds for the erection or extension of buildings or the remuneration of Appointed or Recognised Teachers or the provision or improvement of the equipment in a School of the University as a place of instruction or research and may provide generally for its assistance or benefit.

Sect. 80 we have already quoted under the 'Report.'

82. The following shall be the first Schools of the University (that is to say):—

In all the Faculties in which they respectively afford instruction—
University College, London.
King's College, London.

In the Faculty of Medicine—
The Medical School of Saint Bartholomew's Hospital.

and the nine other London Medical Schools.

86. Appointed Teachers shall lecture or teach in such places as may be from time to time determined by the Senate.

88. *In appointing or recognising a Teacher of the University the Senate shall specify the subject that is to say the branch or branches of knowledge for which he is appointed or recognised, and shall take care that no Teacher is appointed or recognised for two or more branches of knowledge unless those branches are of such a kind that in the opinion of the Senate instruction in them of a University standard can with advantage be given by the same person.*

93. *The Senate shall take care that only such persons are recognised as Teachers of the University as being duly appointed members of the teaching staff of a public educational institution are regularly engaged in giving at the institution to which they belong adequate courses of instruction of a University standard and are provided with such laboratory accommodation apparatus and other appliances as may be necessary for the instruction which they give.*

The Statute concerning "Degrees" contains the following:

110. Internal Students and External Students alike shall be eligible for all the above degrees but in Medicine and Surgery no Students shall be admitted to the examinations for a degree who have not gone through the prescribed course of study in a Medical School of the University or a medical institution or school in the United Kingdom or any Dependency of the British Crown or in foreign parts recognised by the Senate with the approval of Her Majesty in Council as an institution or school whose students may be admitted as candidates for a degree.

The Statute referring to "Examinations" contains the following:

123. The Senate may make arrangements with the Royal College of Physicians of London and the Royal College of Surgeons of England or either of them to conduct jointly with the Senate examinations in such portions of the subjects included in the course of study for a medical degree as may be agreed upon between the Senate and those Colleges or either of them and may also make similar arrangements with other corporations and institutions holding professional examinations in subjects included in other courses of study.

Under the heading "Definition of Terms" we read that—

"Internal Students" of the University mean Students who have matriculated at the University and are pursuing a course of study approved by the University in a School or Schools or under one or more of the Teachers of the University.

"External Students" mean all other matriculated Students.

III. *The Regulations.* These are provisions recommended by the Commissioners for the carrying out of the Statutes. They are open to repeal or alteration by the Senate. They first define the various Boards of Studies. Those connected with Medicine are—

A Board of Preliminary Medical Studies.
A Board of Intermediate Medical Studies.
A Board of Advanced Medical Studies.
A Board of Dentistry.
A Board of Pharmacy.
A Board of Hygiene and Public Health.
A Board of Physiology and Experimental Psychology.

They then proceed to the selection of a list of "recognised Teachers of the University for the several subjects specified." At University College and King's College, besides the Faculties of Arts, Laws, Medicine, and Engineering, the Faculty of Science has its full complement of teachers recognised. At the various other Medical

Schools, however, the teachers of science subjects are omitted. The list at the Medical School of St. Bartholomew's Hospital is as follows. (In this and the following list we omit qualifications in order to save space):

Andrewes, Frederick William (*)	Pathology and Bacteriology.
Bowlby, Anthony	Surgery and Laryngology.
Bruce Clarke, William	Surgery.
Brunton, Sir Thomas Lauder	Medicine.
Butlin, Henry Trentham	Surgery.
Calvert, James	Materia Medica.
Champneys, Francis Henry	Midwifery.
Church, William Selby	Medicine.
Cripps, William Harrison	Surgery and Dermatology.
Cumberbatch, Alphonso Elkin (†)	Aural Surgery.
Duckworth, Sir Dyce	Medicine.
Gee, Samuel Jones	Medicine.
Griffith, Walter Spencer Anderson	Midwifery.
Hensley, Philip John	Medicine.
Herringham, Wilmot Parker	Medicine.
Jessop, Walter Hamilton Hylton	Ophthalmology.
Langton, John	Surgery.
Lockwood, Charles Barrett	Surgery.
Marsh, Howard	Surgery.
Moore, Norman	Medicine.
Ormerod, Joseph Arderne (†)	Medicine.
Paterson, William Bromfield	Dental Surgery.
Power, D'Arcy	Surgery.
Shaw, Thomas Claye	Mental Diseases.
Tooth, Howard Henry (†)	Medicine.
Vernon, Bowater John	Ophthalmology.
Walsham, William Johnson	Surgery.
West, Samuel (*)	Medicine.
Willett, Alfred	Surgery.

Also at :—
(*) The London School of Medicine for Women.
(†) The Hospital for the Paralysed and Epileptic.

As incidental errors we notice Mr. Cripps entered as teacher of Dermatology (a post vacated by him some six years ago), whereas Sir Thomas Lauder Brunton's lectureship in Materia Medica, Pharmacology, and Therapeutics, and Dr. Hensley's lectureship in Medical Jurisprudence, are omitted altogether.

A strange anomaly is the reference to the members of the Staff of Great Ormond Street Hospital as teachers of "Diseases of Children," whilst their neighbours at Queen Square are referred to as teachers of "Medicine," as also are the physicians on the Staff of Brompton Chest Hospital.

Sect. IV of the Regulations allows that—

The following members of the teaching staffs of public educational institutions within the appointed radius shall severally be *provisionally recognised* as a Teacher of the University for the subject specified *until such time as the Senate may make arrangements to secure common courses of instruction for Internal Medical Students in such subject at one or more centres.*

This, of course, refers to the "concentration" scheme. At University College and at King's College only the Anatomy and Physiology professors are given this "provisional recognition," the professors of Chemistry, Physics, Botany, and Zoology having, as we saw above, been included in the list of "recognised Teachers." At our own School, however, *all* the subjects of preliminary medical education are included in the "provisional recognition" list:

Bruce Clarke, William	Anatomy.
Chattaway, Frederick Daniel	Chemistry.
Edkins, John Sydney	Physiology.
Klein, Edward Emanuel	Physiology.
Lockwood, Charles Barrett	Anatomy.
Shore, Thomas William	Biology.
Womack, Frederick	Physics.

Lastly, Sec. 5 gives a list of the "members of the respective faculties." But in the faculty of science, though the names of the University College and King's College teachers of Chemistry, Biology, and Physics occur, we look in vain for those of our own lecturers in these subjects.

From a consideration of the above points it is quite obvious that our Medical School at St. Bartholomew's stands in a very unsatisfactory position with regard to the new Statutes and Regulations, and, which is more important, that it is capable of being thrust into a still more unsatisfactory position in the future. The following comments are merely outlined objections to some of the results of the scheme from our own point of view:

1. The Cowper Commission Report, when recommending some form of concentration of the preliminary medical subjects, spoke of it as desirable "with regard, at least, to the smaller medical schools," where "the number of students attending the several classes is very small, and there is often great difficulty in obtaining teachers properly qualified for the work." Neither of these considerations apply to St. Bartholomew's, but in the Statutes and Regulations before us no distinction whatever is made between our own School, the largest in London, and the smallest and most struggling of the other Medical Schools.

2. Despite Sec. 73 of the Statutes, the Commissioners have taken no notice whatever of relative efficiency of the different institutions selected or schools of the University, nor of "the number of students proceeding to degrees in the University." In April of last year a representation was forwarded by our Medical Officers and Lecturers, through their Delegate, Dr. Shore, and the Warden, Dr. Calvert, giving a complete statement of our efficiency as a teaching Institution, and particulars of our successes at the London University examinations. This, however, the Commissioners have elected totally to ignore, and without inquiry they assert that "at no one school, as a matter of fact, is the accommodation wholly adequate in respect of the (introductory) sciences."

3. In their selection of "recognised teachers of the University" the Commissioners have entirely omitted the lecturers (often men of high repute) in preliminary subjects at the larger medical schools, whereas at University College and King's College teachers of less experience and repute are fully recognised.

4. University College and King's College are admitted as Schools of the University "*in all the faculties in which they respectively afford instruction.*" The Medical School of St. Bartholomew's Hospital is admitted as a School of the University "*in the Faculty of Medicine" only.*

5. St. Bartholomew's is no longer to be recognised as a School of Science, but its teachers are "provisionally"

recognised in the preliminary scientific and medical subjects,—Chemistry, Physics, Biology, Anatomy, and Physiology, until such time as the Senate shall "concentrate" these subjects. This is quite irrespective of the large sums of money spent in equipping St. Bartholomew's for tuition in these subjects, and rendering the opportunities of teaching them at least equal to any in London. These considerations, as also those of efficiency of the lecturers in these subjects, as we said, have not influenced the Commissioners whatever.

6. The only possible institutions where these subjects can be "concentrated" are University College, King's College, and the Royal College of Science. And the Senate may provide funds for the fuller equipment of these Institutions at any time.

7. The ill-adjusted representation of the various institutions is well seen in the lists of members of the faculties. In the Faculty of Science, for instance, Dr. Klein and Dr. Waller (St Bartholomew's and St. Mary's Medical Schools) have no place, whereas Dr. Halliburton and Dr. Starling (King's and University Colleges) are admitted. Other instances might be given. In the Faculty of Medicine Mr. Bowlby, Mr. Lockwood, and Mr. D'Arcy Power are not included, being Assistant Surgeons at St. Bartholomew's; but their late pupils at small hospitals, like the Royal Free, are. Neither Mr. Vernon nor Mr. Jessop attains the distinction; nor does Dr. Ormerod, Dr. Herringham, or Dr. Tooth. Dr. West, our Demonstrator of Practical Medicine and Assistant Physician, is not a member of the Faculty on those merits, but as Physician to the Royal Free Hospital he is. We could name a small hospital whose entry last year was fifteen students, to which we have ourselves recently sent a Midwifery Assistant and a House Surgeon, that is almost as fully represented, in point of numbers, as we are. Such a school obviously has nothing to lose but much to gain from the reconstruction scheme.

How Disease is spread in China.

By J. PRESTON MAXWELL, M.B., F.R.C.S.
(With an Illustration.)

No. I.—THE BARBER.

IT is my purpose to bring before you in the few following papers the principal means which combine to make China a perfect paradise for infectious and contagious disease. And in this paper, the first of a series which I hope to write, we meet a man whose occupation enables him to produce the striking result, that one *hardly ever meets* a man in this country who does not bear the scars and traces of ringworm, even if the disease itself is not present.

I fear it is not from this cause, however, that the barber is one of the most despised of mortals in the great central kingdom round which (by its inhabitants) the world is supposed to revolve. Despised, did I say? I might almost use a stronger word, for to the third generation no child of his can hold public office.

Let us now take his measure. He may be a boy of eleven or twelve, or a full-grown man. In the former case he will probably tramp about with his stock-in-trade, while in the latter he will open a shop on a main street. Here he works in full view of the passers by, who can stop at their pleasure and converse with either employer or employé. But whether he plies his trade as an itinerant or a shopkeeper his implements and accessories are ever alike, so that a double description is unnecessary.

Looking at our illustration, we see an itinerant barber, aged about sixteen, plying his trade in the Changpoo Hospital, his victim being a patient of my own. To the left is seen the barber's stand, with a wooden basin containing dirty water, a shelf below it for cloths, also far from clean, and attached to the upright some of the thread which is woven into the pigtail to set it off, and give it a more stylish effect. The other article of furniture is shaped like a large wedge, set up on its broad end, and containing four drawers diminishing in size as we mount upwards. At the top the edge is flattened out into a narrow seat, on which the person to be shaved sits. In these drawers are the instruments he uses.

Firstly, there are two combs, one used for the rough work of smoothing out the pigtail, and the other used for the fine finishing touches. Neither of these is ever washed, and my friend in the picture acknowledged without hesitation that there were five years' remnants in the interstices.

Secondly, there are four razors. Two are large and triangular, one used for the rough work, and one for the final shave. These are kept well sharpened, and the shaving is excellent, quite up to the best English standard. Then there are two small narrow ones, with long blades, one for shaving the interior of the nostril, and the other for performing the same office for the external ear.

Thirdly, there are a scoop, a fine feather brush, and a short wire with a small smooth knob at the end of it. The first-named is used for removing wax from the ears: the second, revolved rapidly between the fingers, serves to brush out the same cavity; while the third, placed parallel to the palpebral fissure, with the knob on the inner canthus, is twirled rapidly, the object being to set up a subacute conjunctivitis, which is supposed by the Chinese to improve the appearance of the eye, and is specially done before a feast.

Soap is never used. With a brush like that used in England for cleaning silver, or a dirty cloth, water is dabbed all over the part to be shaved, and the razor is immediately applied. So dexterous are they that I have never seen a head cut while shaving was proceeding. This brush and

ST. BARTHOLOMEW'S HOSPITAL JOURNAL, MARCH, 1900.

"THE BARBER."

To Illustrate Mr. Maxwell's Article.

Ballard & Son, Imp.

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The foregoing description will enable my readers to graphically conceive what happens. A boy with his head covered with favus or tinea tonsurans comes along, and the cloth and razors are used on his head; the next customer is treated in the same manner, with the same cloth and razors, and so on *ad infinitum*.

Is it wonderful that the vast majority of the population suffer from ringworm? A secondary consequence is that many in China are prematurely bald. I have often seen children with only a thin coating of hair on their heads, five sixths of the hair bulbs having been destroyed in the course of the disease, and medicine "to make the hair grow" is in frequent demand.

And what of the damage done by the reckless use of eye and ear instruments? As to the eye, the conjunctivitis may pass into a purulent ophthalmia, and this into a chronic conjunctivitis and keratitis, most difficult to treat satisfactorily, and leaving behind it a permanently impaired vision. As to the ear, furuncles, impetigo and eczema are not uncommon, whilst among the greater evils perforation is a common event. And yet, for some unexplained cause, middle-ear suppuration is by no means common.

Such is a short account of the mischief caused by the barber. In my next paper I hope to deal with the doings of the common agriculturist.

A word or two about the illustration may not be amiss. While out fishing one day the patient was bitten by a poisonous snake; he suffered from drowsiness and general œdema, which came on shortly after the bite, and lasted some forty-eight hours, the boy being intensely ill. Then the skin of the forearm sloughed (he was bitten on the wrist), and when he came under my care a month after the event the hand was gangrenous and full of maggots, the whole of the skin from just above the elbow downwards was gone except for a very small strip on the anterior surface of the forearm, and the patient was in a septic condition. Amputation was performed through the middle of the arm, and the patient made a good recovery.

"The Doctor" of Fiction.

By L. R. TOSSWILL.

"FICTA *voluptatis causa sit proxima veris*"—"Few men have imagination enough for the truth of reality." So says Goëthe, and it certainly would seem to be the case where medical men are described in fiction. In the first place, the number of medical men who pose as heroes is very small; this is probably due mainly to the fact that it is almost impossible for a layman to really understand, and so to tell, the story of a doctor's life. On the other hand, few of the profession have time for writing outside their own work. Secondly, we must consider the doctor as a subordinate character. Until comparatively lately authors have seemed rather to avoid the medical faculty, possibly because they were afraid of committing themselves, but more probably because they did not consider the doctor sufficiently interesting as a class. Whilst bravery was represented by the soldier, adventure by the sailor, piety by the cleric, secrecy by the law, etc., hard work, as represented by the doctor, found no place in the realms of fancy and romance. His was a nature far too real and sordid to please the gentle reader. But now, in these days of so-called universal education, the doctor is a convenient peg on which an author with a smattering of science can hang his most extravagant ideas; he is, in fact, the scapegoat of scientific sins. To invent new and original adventures for the hero of the story is not always easy; but let him be a doctor, let him experiment (if possible) upon his fellow-creatures, lead up to a crime, and hey presto! we have run through two editions before we know where we are.

Perhaps one of the earliest appearances of the doctor in fiction is in Chaucer's *Canterbury Tales*, in which the "Doctour of Phisike" tells the story of Virginius:

> Well knew he the old Esculapius,
> And Deiscorides, and eke Rufus,
> Old Hippocras, Haly and Galien.

So we are told in the "Prologue."

Taking next those who occur in Shakespeare's works, there is Dr. Caius in "The Merry Wives of Windsor," who has a leading part, though he is not much more than a buffoon. Then there is Dr. Butts in "Henry VIII," who spies upon the Cardinal; but there are no others of any importance. There is a doctor in "Cymbeline" and "King Lear," and the starving apothecary who sells Romeo poison, and the doctor in "Macbeth," to whom Macbeth makes that memorable appeal, "Canst thou not minister to a mind diseased?" Then, in the early part of the seventeenth century, we meet Dr. Rezio in Cervantes' immortal book. Dr. Rezio was of Barataria, and forbade Sancho Panza to taste any of the good things set before him—"Roasted partridge was forbidden by Hippocrates, rabbits are a sharp-haired diet, veal is prejudicial to health; but the governor might eat a few wafers and a thin slice or two of quince." Nearly a hundred years after Gil Blas became the pupil of Dr. Sangrado, of Valladolid—a tall, solemn man, of whom it is said "his reasoning was geometrical and his opinions angular." He favoured a simple diet—water and boiled apples,—and informs us that it is a gross error to suppose that blood is necessary for life. After this original remark he solemnly took six porringers of blood from a patient on three successive days, and ordered him to drink three pints of warm water every two hours. The

patient died—"from obstinacy." In 1749 Fielding's greatest work *Tom Jones* appeared. In this he tells us of a learned surgeon who was called in to attend Mr. Jones after his accident. After the surgeon's examination of the patient, Jones's friend the lieutenant has the following instructive conversation with him. "I hope, sir," said the lieutenant, "the skull is not fractured." "Hum," cries the surgeon, "fractures are not always the most dangerous symptoms; contusions and lacerations are often attended with more fatal consequences than fractures. I had rather see a man's skull broken all to pieces than some contusions I have met with." He further remarks, "Symptoms are not always regular nor constant. I have known very unfavourable symptoms in the morning change to favourable ones at noon, and return to unfavourable again at night. Of wounds, indeed, it is rightly and truly said, *Nemo repente fuit turpissimus*. I was once, I remember, called to a patient who had received a violent contusion in his tibia, by which the exterior cutis was lacerated, so that there was a profuse sanguinary discharge, and the interior membranes were so divellicated, that the os or bone very plainly appeared through the aperture of the vulnus or wound. Some febrile symptoms intervening at the same time (for the pulse was exuberant and indicated much phlebotomy), I apprehended an immediate mortification; to prevent which I presently made a large orifice in the vein of the left arm, whence I drew twenty ounces of blood, which I expected to have found extremely sizy and glutinous, or, indeed, coagulated, as it is in pleuritic complaints; but to my surprise it appeared rosy and florid, and its consistency differed little from the blood of those in perfect health. I then applied a fomentation to the part, which highly answered the intention; and after three or four times' dressing, the wound began to discharge a thick pus or matter, by which means the cohesion—— But perhaps I do not make myself perfectly well understood." This is an excellent example of what—in the words of a well-known lecturer—is known as "doctors' talk." Doubtless many surgeons have benefited by this extremely useful dissertation upon wounds! We must not forget either Dr. Diaforius in Molière's "Malade Imaginaire," who used to say that what was good enough for his ancestors was good enough for his posterity, and that he had no patience with the new fads about the rotundity of the earth, its motion round the sun, the circulation of the blood, and all such stuff. It will be noticed that so far the doctor's part has usually been that of a buffoon or laughing stock; he is generally as ignorant as he is pedantic,—

> By nature madman, and by study fool,
> Bavius turns doctor, and destroys by rule.

Turning next to the early part of the present century, we naturally think first of Dickens, by whom Ben Allen, Bob Sawyer, Jack Hopkins have been immortalised in *Pickwick Papers*. Let me just quote the description of Bob Sawyer: "Mr. Bob Sawyer—who was habited in a coarse blue coat, which, without being a great-coat or a surtout, partook of the nature and qualities of both—had about him that sort of slovenly smartness and swaggering gait which is peculiar to young gentlemen who smoke in the streets by day, shout and scream in the same by night, call waiters by their Christian names, and do various other acts and deeds of an equally facetious description." Although, of course, these characters, like all Dickens' characters, are caricatures, yet there was a groundwork of truth upon which the caricature was built; and it is to be feared that at this time the medical profession was not held in very high esteem by the general public. It was not so very long since it was written that—

> The king employed three doctors daily—
> Willis, Heberden, and Baillie;
> All exceeding skilful men—
> Baillie, Willis, Heberden;
> But doubtful which most sure to kill is—
> Baillie, Heberden, or Willis.

Dickens also describes a fashionable physician in *Dombey and Son*. This is Dr. Parker Peps, who calls every one by some title, to give the impression that all his patients are of high degree. Thackeray has very few doctors in his works. There is Dr. Firmin in *Philip*, Dr. Goodenough in *Pendennis*, and others in *Vanity Fair*, but none of very particular interest. About this time, too, Charles Reade wrote one of his books with a purpose—*Hard Cash*—against the abuse of their power by medical men, and the cruel use of lunatic asylums as convenient places for sending people who were in the way.

Valentine Vox, another novel with the same object, describes the imprisonment and ill treatment of an old man, who has been placed in a private asylum that his relations may get at his money. A capital picture of a narrow-minded, conceited country doctor, Mr. Pilgrim, is given in *Scenes of Clerical Life* by George Eliot. Then, too, the navy surgeon is well described by Marryat in the person of Dr. O'Brien, and as an example of the apothecary-surgeon of the old days is Japhet in *Japhet in Search of a Father*. One of the best characters in *Treasure Island* is dry, tough old Dr. Livesay. Then, too, there is a wonderful study of the double personality in *Dr. Jekyll and Mr. Hyde*. But perhaps Stevenson's best description of a medical man is in *The Wrong Box*. This is Sir Faraday Bond, who had opinions both as to diet and as to clothes, thus: "Avoid tea, madam; avoid tea, fried liver, antimonial wine, and baker's bread. Retire nightly at 10.45, and clothe yourself (if you please) throughout in hygienic flannel. Externally the fur of the marten is indicated. Do not forget to procure a pair of health boots at Messrs. Dall and Crumbie's. I had forgotten one caution—avoid kippered sturgeon as you would the very devil!"

A good study of (it is to be hoped) a rare type is found in R. D. Blackmore's *Christowell*. Dr. Perperaps, whose profound ignorance is only equalled by his impudence, tries to impose upon his patients by using long words, but he generally succeeds in making himself ridiculous; his daughter "Spotty" is the practical partner of the firm. The hero of *The Sowers*, Prince Paul Alexis, learns medicine that he may attend the peasants on his huge estate in Russia. This he does, disguised as the "Moscow Doctor," in order to allay the suspicions of the Government. For one who has studied in a purely amateurish spirit, he is singularly successful in his treatment of the cholera and other terrible plagues, which seem to be continually sweeping over the White Empire. Merriman also, with one of his happy touches, describes in *With Edged Tools* a doctor on the West Coast of Africa, who takes "an almost too personal interest" in his patients.

A book which deals with that vexed question, anti-vaccination, is *Dr. Therne*, by Rider Haggard. This is the story of a clever man, whose whole sympathies and reason protest against the anti-vaccination party, but who, falling on evil days, is induced, for the sake of money, to come forward as the champion of their cause. The horror he feels at being compelled to advocate a cause which he knows will probably cost thousands of lives reaches a climax when his only daughter dies of smallpox.

Of a very different kind is Ian Maclaren's *Doctor of the Old School*. Dr. Maclure is the idol of Drumtochty. No distance is too great, no weather is too bad for the old doctor and his pony Jess. They labour through the snow on their errand without a thought of turning back. Self-denying, tireless, and as devoted to his patients as they are to him, he is perhaps as noble a type as any that can be found. That his fees were not exorbitant may be judged from the following extract. Jamie Soutar, the Drumtochty cynic, is condoling with a miserly neighbour, who thinks he has been overcharged. "What, thirty shillings for twal' veesits, and him no mair than seeven mile awa'! an' A'm telt there werena' mair than four at nicht! Ye'll ha'e the sympathy o' the glen, for a'body kens yir as free wi' yir siller as yir tracts!"

Another well-known and essentially modern character is "Dr. Nikola." This book is the story of a man—half mesmerist and wholly mysterious—who penetrates in disguise into a monastery in China, where secrets are divulged which are supposed to be of profound importance. After witnessing some very extraordinary things, including the restoring to life (temporarily) of a man who has just died—electricity being the useful means by which this is done!—he manages to escape, but, unfortunately, has to retire into such close concealment that the world is no richer for his discoveries. The sequel of this book—*Dr. Nikola's Experiment*—is, of course, an experiment of the same sort by Dr. Nikola himself, which is not altogether successful, some entirely unforeseen complications arising. It is unfortunate (but perhaps it is inevitable) that the description of the methods and apparatus is so vague in this sort of book.

Rudyard Kipling describes the adventures of an American doctor in *The Day's Work*. This doctor, by mistake, gives a very large dose of a strong emetic to a very powerful and drunken navvy, under the impression that he has just drunk a bottle of laudanum. The results are disastrous both to patient and doctor.

Lastly, there have lately been a succession of short stories, semi-detective in nature, in which a doctor plays a principal part. Such stories have been written by L. T. Meade, Grant Allen, and Dr. Conan Doyle. The "Story of the Speckled Band" in *The Adventures of Sherlock Holmes* is one of the best of these. There is also Dr. Watson, the friend of Sherlock Holmes, who has such a convenient practice, and can leave it at a moment's notice for a day or two or a week, as the case may be, in order to go with his friend to some interesting case.

Two capital pictures of the everyday life of a doctor, however, have been written by Dr. Conan Doyle. These are *Round the Red Lamp* and *The Stark-Monro Letters*. The former is a collection of short stories, one of the best of which is "His First Operation." The latter are a series of letters from a man who has just set up his plate in a large town in the north, and describe his early struggles, his delight when the first patients arrive, and his dismay when he finds that they are too poor to pay him any fee; he even has to give them medicine for nothing.

We must not forget the famous scene described by Ouida, in which a doctor rushed up to the hero of the story and, placing his hand upon the femoral artery, exclaimed, "He lives!"

A different class of doctor again, who undoubtedly only exists in fiction, is the character present in the minds of newspaper reporters. The varieties of this strange genus are legion, and I must leave them, merely quoting one of his latest vagaries. A man had cut his throat, and the reporter was assured by the surgeon in attendance that he "had cut all the arteries of his jugular vein!"

The above few selections will, I think, show that the doctor is, at any rate at the present day, a not unimportant character in fiction. As to what his place in fiction will be in the future, who can tell? Perhaps even one day he will not appear except as an extinct type—a sort of human dodo, which disappeared about the end of the twenty—th century. *Absit omen!*

The Office of Warden.

The Mid-Sessional Address, delivered before the Abernethian Society, January 11th, 1900,

By Dr. JAMES CALVERT.

MR. PRESIDENT AND GENTLEMEN,—When your Hon. Secretary, Mr. Niall, asked me to give the Mid-Sessional Address, I at first instinctively begged to be excused, pleading—and I am sure you will agree that the plea was a reasonable one—that my many duties at St. Bartholomew's Hospital made me afraid of undertaking any extra work whatsoever. But presently, sensible of the honour you had done me, a member of the Abernethian since my Prelim. Scientific days, and afterwards its President, I put aside my fears, accepted gratefully, and looked about forthwith for a suitable subject—a subject not purely scientific, but of more general interest, seeing that on these occasions we are honoured by the presence of those who, although unfortunately they cannot be members of the Abernethian Society, are not allowed to grow fond of the place—as some of you are—by sitting round the fountain, yet form an essential and important part of our Medical School; just as proud of belonging to St. Bartholomew's as we are, and every bit as prone as we are to let their friends and acquaintances at other hospitals know it.

Well, last year Mr. Berry, as Surgical Registrar, chose for his address the subject of "Dressers and Dressing," and, as Medical Registrar, I might have chosen "Clerks and Clerking;" but the merry clerk is very much the same as the merry dresser, and evidently Mr. Berry had exhausted the subject, so that I turned my thoughts to another of my functions.

I remembered that I was Lecturer on Materia Medica, Pharmacology, etc. Now materia medica and pharmacology is, as you know, a soul-inspiring subject, especially pharmacology, at nine o'clock on Saturday mornings in the summer-time. I thought the changes introduced into the new British Pharmacopœia might form the basis of a useful discourse; but on reflection I came to the conclusion that it would be too wildly exciting, and might injuriously affect the nerves of my hearers, and might even compel them, against their will, to creep out at the top there when I was not looking. So that at last I turned to the office of Warden; and being by this time in somewhat mournful mood, "The Sorrows of the Warden" seemed to me an attractive title.

It seemed like the title of a really good tearful, sobbing sort of novel; and yet the title appeared somewhat familiar. And then I remembered, and in my mind's eye I saw the notice-board in the hall, on which was announced that I would give the Mid-Sessional Address on "The Sorrows of the Warden;" but some wag had altered the last word, and it read "The Sorrows of Satan." I gave the title up; it was too dangerous, for there may be a few people about this place who think that the Warden and the other gentleman are practically identical. So finally I chose the wider title, "The Office of Warden," and now I will proceed to tell you something about it.

On June 1st, 1842, the medical officers wrote a letter to the Treasurer and Almoners. The letter was signed by C. Hue, G. L. Roupell, George Burrows, Wm. Lawrence, and Edward Stanley. No doubt there were other medical officers, but in these times assistant physicians and assistant surgeons were of no account; they considered themselves lucky if, when they passed through the Hospital gates, the porter did not stop them to ask their names.

The letter urged "that a collegiate establishment would render St. Bartholomew's Hospital a much more efficient institution for medical education, and would also be productive of great benefit to society at large."

The Treasurer and Almoners took the greatest interest in the proposal, and after consultation with Mr. Paget—"a gentleman whose long connection with the Medical School enabled him to furnish very important information"—they recommended to the House Committee "that six houses in Duke Street should be appropriated to the purpose; that they should be very neatly and plainly fitted up at the expense of the Hospital; and that the present doors in Duke Street should be entirely closed."

To what purpose these houses had been put before this time I cannot tell you; it is said they were the residences of the Hospital porters. But Mr. Cross assures me that they were never used for this purpose. However, there they are in all their ancient grandeur.

In January, 1843, the House Committee elected the first Collegiate Committee. The Collegiate Committee exists to this day. Eight gentlemen were appointed, one of whom was Peter Mere Latham. The Collegiate Committee at their first meeting resolved—

(1) That the rooms on the first floor be fitted up in a superior manner to the others.

(2) That the building shall be called the St. Bartholomew's Collegiate Chambers.

(3) That an officer be appointed to take charge of the chambers and the diet, and that he be called the Manciple.

(4) That a superior officer be appointed to have the general charge of the discipline of the establishment, and that he be called the Warden.

The next step was to fix the price of the rooms and food; and in order to give the authorities some guidance in the matter, Mr. Ormerod and Mr. Paget drew up an exhaustive report on the expenses of medical students living in lodgings, arranged under the heads of (1) rooms, (2) coals, (3) attendance, (4) food.

In this report they say—and I am sure you will be glad to know it,—that "nearly all the students lunch in some way or other, the great mass at the neighbouring bakers, and the remainder at the public-houses. This meal consists with the majority of biscuits or bread in some form, with pastry; whilst those who go to the public-houses resort there more for beer than food."

They made many recommendations for use in the collegiate establishment, but they especially utter this warning: "The addition of beer is of very questionable propriety, and is liable to very great abuse." What a side-light on the medical students of that day, or rather on some of them!

On August 10th, 1843, Mr. James Paget, Lecturer on Physiology, was appointed Warden—"a gentleman eminently qualified for the appointment."

In the following October, at the beginning of the Winter Session, the Collegiate Establishment was opened by the Warden and sixteen students, and after a certain interval the Collegiate Committee ended their very full account to the House Committee by reporting that "they have not considered it expedient to make daily attendance at the church imperative on the students, but they are gratified in being able to state that many of the pupils have been constant in their attendance." I wish we could say the same to-day. I mention this minute because it shows very clearly what a broad view of the situation was taken by the Collegiate Committee and the Warden, how sincerely anxious they were to ensure, in so far as they could, the welfare of the students.

The Collegiate Establishment under Mr. Paget proved a great success; it was always full, and was presently enlarged.

At first every six months, and later once a year, the Warden made a report to the authorities. He always reported at great length, evidently because the Governors had made an experiment, and it was necessary to show them that their experiment was a complete success. And I can easily imagine how great an impression his reports must have made; they are written in very beautiful language, and they are an eloquent index to the great character of the man who wrote them, and I trust that whoever may write the life of Sir James Paget will first read through the Collegiate Committee's minute-books.

Nowadays the Warden's report to the Collegiate Committee is a very matter-of-fact affair, and covers perhaps a sheet of note-paper, but no one nowadays doubts the usefulness of the College.

From these reports I have made two extracts which I thought might interest you. The first one was written in May, 1845, that is when Mr. Paget had been Warden for a little more than eighteen months, and it is as follows:—"Though the collegiate system cannot make all pupils industrious, it is of great avail in preventing the idle from becoming dissolute." In the second one, written after five years' experience in his office, he says "the College should not be regarded as a place for reforming those who are disposed to be idle. It is excellently suited for industrious students, and for those who are inclined to follow good examples, but I can only see reason to regret that under the pressure of solicitations from friends and parents any others have ever been admitted."

The first extract scarcely appeals to us in these days; we are not afraid of our students becoming dissolute, either in College or elsewhere. But with this second extract I am in complete accord; it is as true to-day as it was in Mr. Paget's time. The College is not the place to lodge a student hopelessly idle; there is always the danger that he will find some other to help him in doing nothing. Isolation, preferably in the house of one of the teaching staff, is the condition in which he will flourish, if there be any chance at all of his flourishing.

So far, then, I have attempted to give you some idea why and by whom the College was started.

Mr. Paget remained its Warden until October, 1851. He was eight years in office,—years full of hard labour, as those of a pioneer must always be, and full, I am afraid, of disagreeable incidents, for the men of that time were not as they are now, and the Warden suffered many things. And yet they were very happy years, sustained as he was by the sympathy of the best of the students, and by the certain knowledge that he was doing great work for the School. And we must all feel glad that he lived long enough to see how great a change has been wrought in the student of medicine, and to know that at least some part of it was due to his own prolonged endeavour.

The next Warden was Dr. Black. Mr. Savory, afterwards Sir Wm. Savory, applied for the post at the time he was tutor to the first year's men—but he was ineligible because the Warden must be either a lecturer or a demonstrator in the medical school.

After Dr. Black came Dr. Martin, who was already Assistant Physician to the Hospital. Smithfield Market was not a dead meat market in those days, and it is said that one of Dr Martin's great troubles was the frequency with which the cattle driven along Duke Street thrust their horns through his dining-room windows.

Then came Dr. Andrew. It was he who suggested that "if the students in College had a pecuniary interest in the preservation of the furniture it would strengthen the financial position of the establishment." I think you will agree that it was very nicely put, and caution-money was in future imposed. No doubt the imposition was necessary, and it is only by little side-lights of this kind that we can judge of any wild doings in the College. The minutes of the Collegiate Committee give no indication of disturbances, the Warden's reports always insisting that the conduct of the majority of the students was most exemplary, whilst they are discreetly silent about the conduct of the minority.

After Dr. Andrew came Mr. Willett, and after him Mr. Morrant Baker.

When Mr. Baker resigned he was distinguished by quite an original vote of thanks from the authorities. His predecessors seemed to have been peculiarly alike, because they were all thanked for having displayed exactly the same virtues in exactly the same manner under exactly the same circumstances. It was a little worrying until I discovered that Mr. Cross had in the meantime come on as Clerk to the Hospital, and that instead of turning up the last vote of thanks, as his predecessor evidently had always done, he actually drafted a new and original one of his own.

Dr. Norman Moore succeeded Mr. Baker; then came Dr. Shore, and then I came. You see I have made no attempt to give you a history of the work of the various Wardens; it would be unbecoming of me to do so, because some of them are still among us. And I dare say you would like to know what my experience of the College has been. Well, of course I need scarcely tell you that the conduct of the majority of the students has been most exemplary; and as to the conduct of the minority, it is occasionally playful, nothing further. It occasionally ties itself up in a knot on the floor of somebody's room in the College, and it does not do this altogether in silence—delightful to watch on the football field, but undesirable in so cramped a place; innocent enough, yet wholly to be discouraged, were it only for the sake of those senior men who have learnt how serious a thing is the study of medicine, men who are perhaps within a month of their final examination, and naturally resent a disturbance which prevents their steady pursuit of a success which in the majority of cases is of the most serious importance.

The fact that the Warden may have to drag out of bed, to hold low and tender converse with these youngsters, is of course a minor consideration, and one not in the least likely to influence the view of any equal-minded Warden,—that the College is a place for work, and that disturbance, however innocent, must be prevented.

However, if the superintendence of the College were the Warden's only duty his post would not be a heavy one, but he has also upon his shoulders the care of the whole of the Medical School. Indeed, it would be impossible for me to enumerate all the functions the Warden is called upon to perform. It would be easier for me to tell you what he has *not* to do.

One of his chief duties of course, and by far his most pleasant one, is to receive as the representative of the Medical School the new men when they first arrive at the Hospital; to act as their guide, philosopher, and friend, so far as he can; and to wish most sincerely that he could do much more for them. He cannot pass their examinations for them, though without doubt, if such things could be done by proxy, the duty would surely fall on the Warden. Thus he gets to know every student, and this of course is very nice for the Warden, though it may not be always equally agreeable to the student.

There are about 600 students attending the Hospital, and each one of these may any day want something, or think he wants something; or he may perhaps feel lonely, and therefore he comes to see the Warden; and very glad the Warden is to see him, or to answer his letters if he prefers to write. But at times it may become a little trying. Just to give you one example: there is a sweet and thoughtless sort of person who, preferably on Saturday nights, loves to wander about the place until 8 or 9 or 10 o'clock, and then finds he has left his hat in the cloak room, and hastens to ask the Warden if he will be so kind as to open the School, to open the cloak room, and to hunt about for what the Warden on one occasion with inexcusable sarcasm and want of originality called not a hat, but "the covering of what you are pleased to call your head."

Then each of these 600 men may have a father or a mother, or sisters, brothers, cousins, aunts, etc., who take an interest in his welfare, and they may call singly or in small armies to inquire about him; and again the Warden is very pleased to see them—an excellent training for him, it enlarges his sympathies.

These interviews with relatives are not entirely free from danger, because the Warden, like the rest of the world, may make a mistake. About three months ago a gentleman arrived to make inquiries about a student whose people lived in Australia. He gave me the student's name, and by some curious mental obliquity I saw in my mind the wrong man, and I gave him the character of the wrong man, and it was rather a bad one. The gentleman went away much grieved and without leaving his address, and before he had been out of the house five minutes I saw the mistake I had made and was powerless to correct. The Australian post went out that night, and with it a letter carrying dismay to a far distant home. The only thing to be done was to get hold of the student involved, and tell him what had happened. Well, he laughed, and seemed to think that it was rather funny. Anyhow he was very nice about it, and undertook to write without fail by the next mail, so that I hope no great harm was done. Sometimes even tailors and things call, anxious to know the private address of some student, but these last interviews cannot be said to take up much of the Warden's time, they are so very short.

Then you will remember that the Calendar directs that all communications concerning the Medical School should be addressed to the Warden. This is an invitation of which the world at large takes liberal advantage, not only in matters medical, but on any other subject in which they may happen at the time to be interested. So that the Warden stands to be shot at on any subject, from the entrance of a student to the question recently asked as to whether cheese is really a suitable article of diet for a child three weeks old.

Curiously enough, the Warden never receives letters begging for money; perhaps this is due to the fact that previous Wardens have always maintained a very firm attitude in this respect.

I will presume upon your patience for a short time in order to read you a few samples of the letters received by the Warden during the last few months.

"DEAR SIR,—Having read in the *British Medical Journal* of 27th August, 1898, page 559, under heading 'Degrees for Practitioners,' that registered medical practitioners of not less than three years' standing and not less than twenty five years of age who shall pass or have already passed the matriculation and preliminary scientific examinations could proceed to the intermediate and M.B. examinations, without the intervals, etc., I shall thank you to let me know whether my case satisfies the above requirements.

"I am a Licentiate of the Ceylon Medical College, and have served under Ceylon Government in the capacity of a medical officer for fully six years. My age is twenty-nine years. Before registration I passed the Cambridge Junior Local Examination held in Ceylon in December, 1886, in religious knowledge, English, mathematics, Latin, and Greek, at one and the same time. I have not passed the London matriculation. If I reach London next February, 1899, will I be able to prepare for the London matriculation and the preliminary scientific at the same time in your College, and appear for them in June and July respectively? Is it possible? Granting I pass in both, will there be any special classes to coach me up for the intermediate examination to be held in January, 1900, and for the final examination to be held in October of the same year? Are there special classes held for the above examinations every six months? What are the fees for the lectures on each of the subjects or for the special classes for the above examinations, including practical work in the laboratories and dissections?

"What are the fees for hospital practice? Will I be eligible to

all the appointments open to the students, and how many such appointments, salaried or not, are there available in your hospital? In the selection of students for the appointments, will any preference be shown to me in consideration that I am already a registered medical practitioner; or will I be shut off from the competitive examinations where such are held for the appointments?

"Is there a boarding attached to your College, and what are the fees charged? If none, what cheapest arrangements could be made for me, and what will it cost me for a month?

"Please send me all the necessary information, with the syllabus in each subject for the above examinations and for the London matriculation to be held in June next. What are the text-books recommended for each subject?

"Please take my special case into consideration, and let me know whether I could obtain all facilities to get through M.B., B.S.(Lond.) within the least possible time, say two to two and a half years.—I am, sir, yours, etc."

"DEAR SIR,—I am writing to inform you that one of your students, Mr. A—, has ordered from me an Amalgamated Clubs' jacket, which has been duly made according to his correct measurements. He called to-day and tried the coat on, and, after a deal of controversy, was unreasonable enough to assert that the sleeves were fully one inch too short for him.

"He at the same time agreed that the coat he was wearing was a good fit. Upon measuring the sleeves of this coat I proved to him that the sleeves of my coat were an inch and three quarters longer than his, but he still insists upon the fact that my sleeves are one inch too short. I suggested to him that had he acquainted me with the fact that he wanted sleeves to reach his knuckles, such as night-shirt sleeves, he should have stated so at the time of ordering; not to have been so unreasonable as to throw the coat on my hands for unnecessary alteration at the last moment.

"No doubt he will communicate the affair to you, and I shall be glad if you will put the matter before an independent person and have the matter thoroughly thrashed out.

"I consider Mr. A— most unreasonable, and at the same time very unbusinesslike.—I am, sir, yours, etc.

"To the Warden, St. Bartholomew's Hospital."

"'The Rest' (!), C— Road, S—.

"DEAR SIR,—We have had a young fellow passing by the name of V. C. H—, as a student of your institution; light hair and eyebrows, fair, but tanned, and representing that he is the son of a physician, Dr. H—, of Harley Street, W., whose name, however, I fail to find in the Medical List. He has been staying with us some few days, and has decamped with several articles of value. He is of stout build, and about five feet eight inches in height. He professes to have been through your medical department, and now for the last six months in the surgical. He is, or at least says he is, of American extraction, and is now in training (during his two months' vacation from your hospital) for a road race from Rouen to Paris and back, which race he has already won for two years in succession.

"I should very much like a line from you as to whether such an individual has ever been within your walls. I enclose a stamped envelope, and apologise for troubling you, but I know for the honour of your institute and the profession you will do the best you can in the matter for me. Yours, etc.

"P.S.—The young fellow is clean-shaved, says he has made the eyes a special study; and I find his name should be C. V. H—, aged twenty-three or twenty-four."

"'The Homestead' (!), S— Road, B—.

"To PRINCIPAL,—Dear Sir or Madam, a young man came here a week ago to-day Saturday and took 2 rooms 1 sitting room 1 Bedroom for 6 weekes at 35 shillings per week onclusive, and said another student from there were coming on Saturday for a Month and he would share the double bedded room with him and pay the same as himself, friday he hired a Ladies bicycle for the day and in the evening he gave it to Mrs. James of the Fox in Terrace Rd. and he was locked up for it Friday night I waited for him until 10 minutes past 12 o'clock and Saturday morning a policeman fetched the young Gents bicycle and he is remanded till Monday the 21st and he will not give his name or address, the name he gave me was Mr. C. V. H—, Doctor H—son Harley Street, London, will you kindly see and tell me if his statements are true. am sorry if I am giving you so much trouble, but you will greatly Oblige yours truly.

"P.S. he has not any money so could not pay me."

"TO THE WARDEN OF THE COLLEGE ST. BARTHOLOMEW'S.—Miss J. C— will be much obliged if he will send her a handbook of the hospital.

"September 2nd."

"TO THE WARDEN OF THE COLLEGE,—Miss J. C— begs to thank Dr. Calvert for his kind letter and the handbook which she has just received.

"She is afraid she has made a mistake in applying to him for the prospectus and rules, as it is not as a 'student' but for Nurses' training that she desired information.

"She is sorry to have troubled Dr. Calvert unnecessarily.

"September 5th."

"DEAR SIR,—I am told that you are sometimes in want of guinea-pigs (at the Hospital). I have some I wish to dispose of, and shall be glad if you could take some from me. I would sell them for a small sum each.—I am, yours truly,

"July 26th. "MAY R—.

"The guinea-pigs are in perfect health."

The Warden is the person chiefly responsible for the discipline of the School; he is a prominent member of the most popular Committee in the Hospital, the Discipline Committee, a committee which is certainly no exception to the majority of committees in this respect, the seldomer it meets and the less work it has to do the better it is pleased.

The Warden is one of the Treasurers of the Amalgamated Clubs; the other is Mr. Bowlby, who, as you know, has left his country for his country's good, and he stands in somewhat similar relation to the Abernethian Society, although of course the Abernethian Society has a Treasurer of its own as well. When I came up to the Hospital the subscription to the Abernethian was optional, and it depended largely on the energies of the secretaries and additional committeemen how many people were induced to join.

At that time the great day for the Abernethians was the day appointed for the election of officers—and the Society was blest with an organised and very healthy opposition, who used to put up candidates for all the offices against those nominated by the government. For days before there used to be great canvassing and much excitement, which culminated of course at a very crowded meeting held always in the evening, and not, as at present, preceded by a ballot during the day; so that if a man wished to vote he had to come down and be actually present.

Well, I joined the Abernethian simply and solely to be present at this meeting, and a very enjoyable evening we had.

A past House Physician was in the chair. The room was packed. The minutes were read and approved without comment; every one was anxious to get on to the real business of the evening. And, perhaps because they were so anxious to get on, a simple, but essential ceremony, was overlooked by the President. He omitted to say—"If there are any gentlemen present who have not been admitted members of the Society, I will be pleased to admit them now." And then follows, as you know, "In the name of," etc.—you shake hands with the President, and you are then, and not until then, legally a member.

Well, this, as I say, was omitted, and we proceeded to the election of a President; the Government nominee and the opposition nominee were duly proposed and seconded in speeches detailing at length their respective merits. They were both present, and heard their praises sung with all fitting modesty. And after much discussion we proceeded to vote, and our new President was elected. Thereupon a supporter of the unsuccessful candidate got up and addressed the chair. He presumed that all the gentlemen who had voted had been duly admitted as members.

The Chair was sure that no one who had not been formally admitted would have voted. Upon which I rose and explained how sorry I was, that I did not know any better, that I had not been formally admitted, but that I had certainly voted; and so said many others. Then a supporter of the newly elected President got up, and said he thought it was a poor thing to try to upset his man by a mere technical quibble. Then some one on the other side asked was it legal or was it not? he for his part took his stand on the law, it was the only safe thing to do. Then most people began to talk all at once, the Chair got flurried, gave a very decidedly wrong ruling, and there we were with all the elements of a very enjoyable evening. You must not think there was any row in the usual sense of the word. On the contrary, we were all sticklers for the correct conduct of the debate, and therefore the evening was very instructive as well as amusing, and I hold that one of the chief uses of the Society should always be to accustom men to speak, and to give them a good idea of the rules to be observed in the conduct of meetings.

Well, of course all this was an excellent advertisement for the Abernethian; it stimulated interest in its proceedings, and therefore brought in subscriptions, so that the opposition was a very good thing, and so long as an opposition is healthy and honest it is a good thing.

Again, when I was President I remember a deputation came to us and invited us to give a conversazione with Buszard cakes—even as the preceding administration had done. We replied that the funds of the Society would not justify us in doing so, whereupon they summoned an extraordinary meeting of the Society, to censure us and to compel us to give a conversazione with Buszard cakes. Here, again, the room was packed, and the opposition pointed out that the preceding administration had handed over to us a balance of £13 odd, and that if we could not afford to give a conversazione it must be that we had been lazy and indifferent, and that in consequence the subscriptions had fallen off, and that the Society was evidently in a bad way. But we were ready for them; we proved that our predecessors had submitted to the auditors a very naïve balance-sheet on this principle—they paid their debts until they had £13 odd left of their year's income, then they handed over the balance to us, but forgot entirely to mention that some £70 or £80 of their debts were still owing. We had to pay this £70 or £80, and we came to the meeting armed with the receipts. So there were no Buszard cakes that year.

Well, gentlemen, it seems to me that I have wandered away from my subject into stories about the Abernethian Society. It is now ten minutes past nine, and I know that coffee was ordered for a quarter to nine, so for the rest I will tell you only this one thing about the office of Warden: its demands on my time are so numerous, and often so unexpected, that there has been little time for me to think about the matter, much less to write about it; but you remember what Shakespeare says, "There is nothing either good or bad, but thinking makes it so."

If you will out of your charity think very hard that I have said all that ought to have been said, some of you may perhaps be persuaded that my address has been what I wish I could have made it—worthy of my very large audience.

Two Cases of Enteric Fever with Unusual Complications.

By JOHN CURRIE, M.D.

SIDNEY B—, æt. 8, a healthy, well-nourished boy, came home from school on January 24th complaining of not feeling well; he was not feverish, and had no diarrhœa, but was suffering from pain in the abdomen.

January 26th.—Pain in abdomen continued; he vomited once, and he was a little feverish.

27th.—He was seen professionally for the first time. He complained of pain, referred to the umbilical region. Temperature was raised (101°), the tongue was furred; there were no spots; the spleen was not palpable; there was no abdominal tenderness, and there was no diarrhœa. He had slight cough, but there were no physical signs in the chest. It was thought that his symptoms were perhaps due to the presence of ascarides in the intestine, and santonin gr. ij, with Hyd. ♁ Cret. gr. iij, was prescribed.

29th.—Five large worms were passed; patient vomited once; the general symptoms remained unchanged.

31st.—Patient again passed five worms.

February 2nd.—Three worms were passed. The general condition remained unchanged. Two doubtful spots were noticed on this day. A specimen of blood was taken and sent to the Pathological Laboratory at St. Bartholomew's, and Widal's reaction was immediately obtained.

7th.—The morning temperature was normal. There was no pain; the tongue was still furred, and there was still a little cough.

22nd.—Temperature was normal, and the tongue clean.

25th.—Patient was convalescent.

This patient lived in a cottage next to, but detached from, one in which there had been three fatal cases of enteric fever last November; the excreta had, I believe, been thrown on to a manure heap which had overflowed the wall dividing the two gardens. The attack of fever was so mild in my patient, that had it not been for the occurrence of it next door, it might have been easily overlooked, and the whole of the symptoms ascribed to the presence of ascarides.

Oliver P—, æt. 30, a collier, lodging in a cottage in which there had been three cases of enteric fever with one death.

December 21st.—He was seen professionally, and said he had been working up to December 19th, although he had not been well for some days, but had been unable to work since. On the 21st he was suffering from diarrhœa; his tongue was furred, and his temperature 102°. No enlargement of the spleen was noticed, and there were no spots on this date, although they appeared afterwards. There was no cough. He was probably in the second week of the disease. The disease ran a mild typical course until January 5th, when the temperature, which had been 100° on the previous visit, was found to be 103·5°, and the patient then drew attention to his left testicle. It was swollen to the size of a hen's egg, very painful and tender: there was no enlargement of the epididymis or cord. There was not at this time any urethral discharge, and the patient denied having had any. An ointment of belladonna was prescribed for local application, and the condition gradually subsided, until by January 17th the patient was convalescent.

Orchitis is one of the rarer complications of enteric fever; Osler, in the last edition of his book, states that Sadrain has collected sixteen cases from the literature, but does not state that he has himself met with the complication; he also says that it is usually accompanied by a catarrhal urethritis, which was absent in my case.

Notes.

THE Bradshaw Lecture before the Royal College of Physicians will be delivered this year by Dr. A. E. Garrod.

* * *

MR. W. LANGDON BROWN has been appointed Assistant Physician to the Metropolitan Hospital.

* * *

MR. P. LEGG has been appointed Senior Surgical Registrar and Surgical Tutor to King's College Hospital and Medical School.

* * *

CAPT. F. O. KINEALY sends us the following:—The Third Annual Dinner of the Bart.'s men in Bengal was held at the United Service Club, Calcutta, on the evening of Thursday, December 21st, 1899, and was more largely attended than either of the previous ones. The following were present:—T. H. Hendley (1865) in the Chair, G. Ranking (1874), J. Neild Cook (1876), E. C. Pettifer and F. P. Maynard (1880), J. Lloyd Jones (1881), F. O'Kinealy and R. Bird (1883), H. J. Walton and A. D. Humphry (1886), E. A. R. Newman (1888), and W. D. Hayward (1893). The toast of the evening was proposed by the chairman, who referred with much regret to the absence of H. W. Pilgrim and B. C. Oldham, both of whom had been present at the last dinner, but were unfortunately prevented from attending on this occasion by illness contracted in the course of their duties. It was to be hoped that they would both be seen fully restored to health at the next dinner. In the course of his remarks he noted with great satisfaction the increasing number of Bart.'s men who year by year choose India as the

field of their labours, and trusted that they would continue to do so, as he felt sure that their work was appreciated, and that they would prove themselves to be second to none in the profession. The *Alma Mater* was drunk with much enthusiasm, and many Bart.'s yarns were spun before the meeting broke up.

* * *

WE extract the following from the *Daily Chronicle* of a recent date: "At University College Hospital, and probably at other hospitals, a mysterious set of initials is used when a case arrives which defies the first hurried diagnosis. It is entered in the patients' book as G.O.K., which signifies that only the Maker of the man knows what is the matter with him."

* * *

"L'ENVOI."

(With apologies directed to the proper quarter.)

When the last exam. is accomplished, and the register fee has been paid,
And the ghost of the last examiner has once and for ever been laid,
We shall rest, and faith we shall need it; just slack for a fortnight or two,
Till the pangs of gastrodynia shall force us to work anew.

And they that want work, they shall get it, they shall work by night and by day;
Then send in accounts for "attendance," but they'll have to wait long for their pay;
They'll diagnose just as they fancy, with disease and disaster they'll cope,
But they'll learn that the office of doctor is Charity, Faith, and Hope.

* * *

THE advertisements of the London Temperance Hospital contain a sentence which is somewhat difficult of interpretation. After stating that every case in which alcohol is prescribed is exceptional, and is made the subject of a distinct report, we read that "the number of such cases from the commencement has been *under thirty-one*."

* * *

WE cull the following choice paragraphs from our contemporary, the *Westminster Hospital Gazette*:

We wonder who the probationer is who lately danced into Henry Hoare with the remark, "Good-night all! I've got to do some washing to-morrow, and I've never washed on Sunday before." "I did think 'ow as she 'ad been brought up as a laidy," remarked one of the patients. . . . .

It would be deemed a favour if those nurses carrying sausages upstairs would keep a close watch on them and also muzzle the cheese, as it is absolutely dangerous allowing it to wander about promiscuous like.

* * *

Our contemporary once referred to our columns as 'eminently respectable" and "*Times*-like." On the whole, and after careful consideration, we cannot say we regret the choice we have made, if the other alternative is the one adopted by *The Broadway*. We have often had occasion to commend the fitness of our contemporary's title, and some recent utterances, which we cannot reproduce here without risking a likeness to *The Pink 'un* rather than the *Times*, quite bear out our commendation.

* * *

READERS' tastes differ, and editors must change, but a small minority that would fain see their Hospital Gazette become a poor imitation of the front page of the sporting paper above mentioned will probably last for ever. For our JOURNAL we confess to having had a loftier ambition, and on vacating the editorial chair this month it is with the confident hope that the only change will be a more successful realisation of our aim for its next occupant.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

SEASON 1899-1900. FIRST XV.

Matches played, 20. Won, 7; Lost, 12; Drawn, 1.
Points for, 107; Points against, 162.

Although not many matches have been won, the season has nevertheless been fairly successful. Our defeats of the R.M.A., Old Leysians (1st match), and especially Portsmouth, were very creditable. We were only beaten by 1 try by Bedford and O.M.Ts., and we drew with Harlequins. The other clubs that went down before us were Park House, R.N.C., Upper Clapton, and Streatham. In the Cup Ties we deserved to be nearer the Final, though fairly beaten by Guy's. Next year should see us with any luck in the Final at least. H. C. Adams, this year's captain, will unfortunately be out of his year next season; all the other members of the team will, however, be available.

ST. BART.'S "A" *v.* KENSINGTON "A."

Played at Winchmore Hill, Saturday, January 13th, and after a fast and even game on a frost-bound ground ended in a win for the Hospital by 1 goal to *nil*. The try was scored by Carroll after a good run. Team:

St. Bart.'s.—N. M. Wilson (back); C. Dix, G. D. Drury, J. Carben, N. Conolly (three-quarters); F. R. Carroll, T. O'Neill (halves); F. Harvey (captain); H. E. Stanger-Leathes, W. H. Scott, G. Pinker, N. Maclaren, K. S. Wise, H. M. Huggins, H. V. Wenham (forwards).

ST. BART.'S "A" *v.* ST. MARY'S HOSPITAL "A."

Played at Acton on Wednesday, January 17th. A very one-sided game resulted in a win for Bart.'s by 4 goals and 8 tries (44 points) to *nil*. Team:

St. Bart.'s.—E. S. Marshall (back); C. Dix, G. D. Drury, B. N. Ash, G. G. Ellett (three-quarters); F. R. Carroll, D. M. Stone (halves); F. Harvey (captain); H. E. Stanger-Leathes, E. C. Hodgson, N. Conolly, W. H. Scott, J. M. Plews, W. H. Hamilton (forwards).

ST. BART.'S "A" *v.* ILFORD WANDERERS.

Played at Winchmore Hill on Saturday, January 20th. The visitors brought a very strong team down, and consequently the Hospital had to acknowledge defeat by 3 tries to *nil*. The ground was in a terribly wet condition, and the play was confined almost entirely to the forwards. Team:

St. Bart.'s.—C. L. Nedwill (back); H. E. Stanger-Leathes, C. Dix, N. M. Wilson, G. Pinker (three-quarters); F. R. Carroll, D. M. Stone (halves); M. B. Scott, F. G. Milsom, L. Arnould, J. A. West, T. B. Davies, N. Maclaren, H. M. Huggins, H. V. Wenham (forwards).

ST. BART.'S "A" *v.* GUY'S "A."

Played at Honor Oak on Wednesday, January 24th, and resulted in a win for Bart.'s by 2 goals 4 tries to 1 goal 2 tries. The first half of the game was very evenly contested. Bart.'s scored first, then Guy's scored 2 tries in quick succession, half-time arriving with Guy's 2 tries, Bart.'s 1 try. Soon after half-time Guy's scored a goal; after this Bart.'s pressed for the rest of the time, and scored 2 goals (one penalty) and 3 tries, leaving them winners as stated above. For St. Bart.'s Carroll played well, scoring 3 of the tries. Team:

St. Bart.'s.—C. L. Nedwill (back); C. Dix, E. G. Drury, G. G. Ellett, T. O'Neill (three quarters); F. R. Carroll, D. M. Stone (halves); F. Harvey (capt.), L. R. Tosswill, H. E. Stanger-Leathes, M. B. Scott, T. Bates, K. S. Wise, E. C. Hodgson, A. N. Other (forwards).

ST. BART.'S "A" *v.* MERCHANT TAYLORS' SCHOOL.

On Wednesday, February 7th, was scratched on account of frost.

ST. BART.'S "A" *v.* OLD CHARLTONIANS.

On Saturday, February 10th, was scratched on account of frost.

ST. BART.'S "A" *v.* HARLEQUINS "A."

On Saturday, February 17th, was scratched, the ground at Winchmore Hill being unfit for play.

RESULTS OF MATCHES FOR THE SEASON.

Played, 19. Won, 12; lost, 5; drawn, 2; points for, 260; points against, 60.

ASSOCIATION FOOTBALL CLUB.

The season 1899-1900, if we exclude the terrible fiasco in the semi-final of the Hospital Cup Ties against London, has been fairly successful. We have had a most unfortunate succession of losses, which deprived us of four of our best players, and the team, which at the beginning of the season promised to be a really good one, ended by being distinctly below our usual standard. A. H. Bostock owing to an injured knee was never able to play for us; then F. S. Lister, who had been chosen to play for Middlesex, also injured his knee early in the season, and has not played since. H. E. Thomas has not been available, and H. W. Masterman was called to the front after the second round of the cup ties. In the Hospital Cup Ties, after beating Middlesex somewhat easily by 4 goals to 1, we played Guy's in a snowstorm, and defeated them by a goal to *nil*. Then came our defeat by London by 9 goals to *nil*. Excuses for such an overwhelming defeat are useless; nobody played up to form, and we played like a beaten team from the start.

In ordinary matches the result is distinctly good,—11 games won, 3 lost, and five drawn. The only teams that beat us were Cheshunt (twice) and Ewell. The goal average is 50 goals to 36. This average is far below that of last season, the chief reason being that the quality of our defence has been persistently better than the forwards. The weak points in the team have been in the half-back line. Orton, who has captained the team since Bostock resigned, has played an energetic and strong game throughout. The bulk of the forward work has fallen on Ward and O'Brien, who, although neither scored as many goals as last year, have played consistently well.

HOSPITAL CUP TIE.—SECOND ROUND.

ST. BART.'S *v.* GUY'S.

Played at Old Deer Park, Richmond, and resulted in a win for Bart.'s by 2 goals to 1.

This tie was played in weather of the most wretched description, as sleet and snow fell during the whole of the game, which was witnessed by only a small company of spectators, there being about thirty-five Bart.'s men and twenty London men.

Bart.'s started against the wind, and soon gave evidence of superior combination. About a quarter of an hour after the start a corner was forced after a good run down by the right wing. Miller put in a good corner, and Berryman, taking on the full pitch, notched a clever goal. We continued to have the better of the exchanges, and should have scored two or three times, O'Brien twice shooting wild and high. Just before half-time Barber, after a short dribble, shot a clever goal right through the backs.

After half-time Bart.'s, playing with the wind, became more dangerous; and the forwards, well backed up by the halves, made several fast runs. Ward once shot through from an excellent centre of Berryman's, but was ruled off-side. O'Brien gained our second point after getting away by himself. The backs played a very good game, especially in the first half when against a strong wind. Masterman, who had come up from Wales especially to play, played an excellent game. The combination among the forwards was good, but the shooting was weak. Team:

St. Bart.'s.—J. P. Griffin (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, H. W. Masterman, W. S. Nealor (halves); T. A. Killby, R. C. Berryman, C. O'Brien, V. G. Ward, H. N. Marratt (forwards).

SEMI-FINAL.

ST. BART.'S *v.* LONDON.

Played at Ealing on February 22nd, and resulted in a victory for London by 9 to 0.

London kicked off, and for the first ten minutes the game was fairly even; but London soon got together, and their forwards, led by G. P. Wilson, combined admirably and kept the ball in our half almost continuously. Bart.'s were unlucky in losing Fowler, who strained his leg in the first few minutes, and was obliged to leave the field after twenty minutes' play. London rapidly commenced to put on goals. Hutchinson scored the first from a good pass by Wilson, and Fletcher headed the second from a corner. Griffin saved a hot shot from G. P. W., but the latter soon got away by himself and scored. Before half-time Hutchinson again scored with a good shot. Marratt and Ward then broke away and forced a corner, from which Bart.'s were unlucky in not scoring.

On restarting London continued to attack, and, except for occasional breaks away by the Bart.'s forwards, they kept the ball in the Bart.'s half. Wilson put on two more goals, Hutchinson and Gogens one each, and Jacob, from a long shot from half, further increased the score.

London surprised their own supporters by the game they played. Their forwards, led by G. P. Wilson, played well together, and were well fed by their halves. For Bart.'s Orton played a great game at back. Griffin saved some hot shots, but although the ground was against him he did not clear well. Miller was the best of the halves, while the forwards found the opposing backs and halves too strong for them.

We were very unfortunate in not being able to get Masterman or Thomas, and also losing Fowler after the first few minutes, which necessitated playing four forwards. Team:

St. Bart.'s.—J. P. Griffin (goal); L. Orton, T. H. Fowler (backs); G. W. Miller, F. E. Taylor, W. S. Nealor (halves); T. A. Killby, R. C. Berryman, C. O'Brien, V. G. Ward, H. N. Marratt (forwards).

HOCKEY CLUB.

ST. BART.'S *v.* HERTS COUNTY.

Played at Winchmore Hill on Saturday, March 10th, and resulted in a win for the Hospital by 1 goal to *nil*. At the start the game was very even, but the Hospital soon started the attack. Although shooting several times they were unable to score. The backs of both sides cleared well.

In the second half the game was very fair, but neither side scored till within a quarter of an hour before time, when Beckett scored for the Hospital. The County backs played a sound game. Glenny for the Hospital was in excellent form. Team:

St. Bart.'s.—L. Dickson (goal); F. T. Glenny, L. Furber (backs); A. H. Pollock, W. E. Fowler, M. O. Boyd (halves); A. Hallowes, G. V. Bull, F. H. Beckett, H. Gray, R. C. Wilmot (forwards).

SWIMMING CLUB.

At a meeting of the Swimming Club held on March 6th the following officers were elected:

President.—Howard Marsh, Esq., F.R.C.S.

Vice-Presidents.—W. P. Herringham, Esq., M.D., L. Thorne-Thorne, Esq., M.D., P. Furnival, Esq., F.R.C.S., Fay Bennett, Esq., M.R.C.S., L.R.C.P.

Captain.—Mr. L. B. Scott.

Secretary.—Mr. A. H. Bloxsome.

Committee.—Messrs. L. B. Scott, A. H. Bloxsome, E. M. Niall, A. M. Amsler, M. G. Winder, C. Dix, V. J. Duigan, W. H. G. Thorne, D. M. Stone.

RIFLE CLUB.

The annual general meeting of the Club was held on Thursday, December 8th, 1899, when the officers for 1900 were elected:

President.—H. J. Waring, Esq.

Vice-Presidents.—Howard Marsh, Esq., Dr. Edkins, E. W. Miles, Esq., W. R. Read, Esq.

Captain.—R. J. Morris.

Secretary.—Norman Maclaren.

Committee.—C. R. V. Brown, E. F. Travers, C. F. Feilding.

The following matches have been arranged:

Wed.,	May	16	Silver Spoon Competition ...	Runemede.
,,	,,	23	Dulwich College	,,
,,	,,	30	Silver Spoon Competition ...	,,
,,	June	6	Royal Indian Engineering Col.	,,
,,	,,	13	Inter-Hospital Match	,,
Mon.,	,,	18	Whitgift Grammar School ...	Woldingham.
Wed.,	,,	27	Silver Spoon Competition ...	Runemede.
,,	July	4	Rifle Club Prize Meeting ...	,,
Thurs.,	,,	12	Inter-Hospital Challenge Cup	Bisley.

The regulations for the Silver Spoon Competitions will be the same as last year.

Correspondence.

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

"PERNICIOUS ANÆMIA."

SIR,—In the recent volume of *St. Bart.'s Hospital Reports* I see an interesting account of a curious condition of colitis found at the post-mortem of a case of pernicious anæmia (see p. 299). I attended a patient, female, aged 44 at death, who had all the clinical signs of pernicious anæmia. For several years she frequently passed masses of gelatinous and fibrinous-looking mucus, strongly suggestive of some form of colitis. I sent some of this material to the laboratory of this Hospital, and the report was, it *might* come from a case of malignant disease of the bowel, but there was nothing very definite to make out. I had specially asked to have it searched for evidence of *Anchylostoma duodenale*, the reply being in the negative. Now this case lasted long enough to quite remove the suspicion of there being any malignant disease. Twice the patient rallied so as to place in doubt the diagnosis of pernicious anæmia, but eventually the anæmia and enlarged spleen with other classical signs proved the truth of the diagnosis. The patient died of colliquative diarrhœa in Scotland, and although I telegraphed to have a post-mortem, unfortunately it was refused. The changes in the blood-cells under the microscope were very marked, and yet improved when the last rally occurred under forced feeding with chopped underdone beef, port wine, red marrow extract, and Liq. Sodii Arseniatis. Even the spleen could scarcely be felt during this rally. In the early stages of this case the symptoms pointed to an undoubted gastric ulcer, but when bismuth and morphia were administered the constipation with anæmia increased to an alarming extent. Also when iodoform in any form or hæmoglobin was administered the lemon-tinted anæmia with sickness and headache would be more marked. Castor oil in dram doses, alternated with simple warm water enemas, gave the greatest relief to the aspect and feelings of the patient.

In certain books the condition of the bowels is said to be a consequence of the disease, but after watching this patient I felt convinced there is some association between a diseased large bowel having something to say to the production of an animal poison, which by its absorption destroys the blood and produces the entity called pernicious anæmia. I tried to get the relationship of the organic to the inorganic sulphates of the urine made out, but the Clinical Research Association failed to carry out the research. In any case this patient's urine did not yield the usual excess of pigments seen in pernicious anæmia. In private practice so few cases of this disease are met with, that it is impossible to make useful comparisons. My chief object in writing is to direct the attention of those attending the post-mortem room to make further observation on the condition of the intestinal tract in all cases of pernicious anæmia, as, in spite of the great researches by Dr. Hunter on this disease, its cause is still unknown.

Yours truly,

March, 1900. J. KINGSTON BARTON, M.R.C.P.

Appointments.

BROOK, CHARLES, M.R.C.S., appointed Consulting Surgeon to the Lincoln County Hospital.

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BROOK, W. H. B., F.R.C.S., M.D., B.S.Lond., appointed Surgeon to the Lincoln County Hospital, *vice* Charles Brook, appointed Consulting Surgeon.

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BROOK, W. H. B., F.R.C.S., M.D., B.S.Lond., appointed Coroner for the Lincoln North District, *vice* Dr. George Mitchinson, deceased.

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RANDOLPH, W. H., M.R.C.S., L.R.C.P., appointed House Surgeon to the Gravesend Hospital.

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LEGG, T. P., F.R.C.S., M.B.Lond., appointed Senior Surgical Registrar and Tutor at King's College Hospital.

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DRUITT, A. E., M.R.C.S., L.R.C.P., D.P.H., appointed House Surgeon to the Torbay Hospital, Torquay.

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CORNISH, C. V., M.R.C.S., L.R.C.P., appointed House Surgeon to Out-patients at the Hospital for Children, Great Ormond Street.

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SEWELL, E. P., M.B., B.C.Cantab., nomination to R.A.M.C.

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ADAMS, P. E., M.D.Lond., M.R.C.S., L.R.C.P., appointed Civil Medical Officer to the South African Field Force.

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EVANS, LAMING, M.B., B.C.Cantab., F.R.C.S., appointed one of the Surgeons to the Welsh Hospital for South Africa.

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JONES, T. C. LITLER, M.R.C.S., L.R.C.P., appointed Civil Medical Officer to the South African Field Force.

New Addresses.

EMERY, W. D'ESTE, Esq., Rosslynn, School Road, Moseley, Birmingham.

HULSI, OTTO, Esq., from 20 to 20 Upperton Gardens, Eastbourne.

OLDFIELD, JOSIAH, Esq., from 122 to 30, Harley Street, W.

STAWELL, R. DE S., Esq., from 22, Margaret Street, W., to St. Mary's Court, Shrewsbury.

Birth.

BEST.—On March 18th, at The Firs, Waltham Cross, Herts, the wife of F. H. de Graves Best, M.R.C.S., L.R.C.P., of a son.

Marriage.

JONES—BURMAN.—On February 16th, at St. Matthew's Church, Upper Clapton, by the Rev. J. Cullin, M.A., William Black Jones, M.D., B.S.Lond., of Llangammarch Wells, Breconshire, eldest son of the late Rev. William Mead Jones, D.D., to Elizabeth Ada, third daughter of William Kimin Burman, of Clapton, N.E.

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