

### Appointments.

BERRY, H. S., M.R.C.S., L.R.C.P., appointed House Physician at the Westminster Hospital.

BURRA, L. T., M.B., appointed R.M.O., Royal National Hospital for Consumption for Ireland, Newcastle, co. Wicklow, Ireland.

HUDSON, BERNARD, M.D., M.R.C.P., appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

OLEF-SKAW, H. W., M.R.C.S., L.R.C.P., appointed Medical Inspector of Schools under the Hendon Education Committee.

PALGRAVE, E. F., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer of Schools, Middlesex County Council.

WILLIAMSON, J. S., M.R.C.S., L.R.C.P., appointed Clinical Assistant at the Holborn Union Workhouse Infirmary.

### New Addresses.

AMSDEN, W., Potters Bar.

BAINBRIDGE, F. A., 9, Rugby Mansions, Kensington, W.

BOYAN, Staff-Surgeon J., H.M.S. "Defiance," Devonport.

BRANSON, W. P. S., 21, Upper Wimpole Street, W. Telephone: Paddington 3885.

BURRA, L. T., Royal National Hospital for Consumption, Newcastle, co. Wicklow, Ireland.

COLT, G. H., 4, Priory Court, West Hampstead. Telephone: P.O. Hampstead 2620.

DAVIES, A. T., 9 and 10, Tokenhouse Yard, E.C.

DUDLEY, HUGHES, c/o Dr. Giles, Caxton, Cambs.

FIELD, F. A., Taneta, Birchington-on-Sea.

GEORGE, H. T., 2, St. Andrew's Place, Cardiff.

HAMILTON, W. G., Capt. I.M.S., Central Jail, Bhagalpur, Bengal.

HUMPHREYS, A. A., 98, Caledonian Road, N.

LEONARD, W. H., Capt. I.M.S., c/o T. Cook and Sons, Ludgate Circus, E.C.

MONKTON, V. G., North-Western Fever Hospital, Hampstead, N.W.

ROWLANDS, B., Lydbrook House, Regent's Park Road, Finchley.

SHERIDAN, N., Adderley House, Eloff Street, Johannesburg.

WILLIAMS, A. SCOTT, c/o Holt and Co., 3, Whitehall Place, S.W.

WILLIAMSON, J. S., Holborn Union Workhouse Infirmary, Archway Road, Upper Holloway.

### Births.

MICKLETHWAIT.—On the 30th January, at Crewe Cottage, Haslington, Crewe, the wife of George W. Micklethwait, M.D., of a son.

TANNER.—On the 4th February, at Farnham, Surrey, the wife of Charles E. Tanner, M.D., F.R.C.S., of a son.

THOMAS.—On the 19th October, 1907, at Whitehouse, Cape Colony, the wife of H. E. Thomas, M.B. (Lond.), of a daughter.

WILLIAMSON.—On the 24th February, at The Limes, Epsom, the wife of J. Williamson, M.D. (Lond.), of a daughter.

### Marriages.

BOYAN—CATTY.—On 18th December, at St. Joseph's, Newbury, Berks, by the Very Rev. Canon J. Scannell, D.D., Staff-Surgeon John Boyan, Royal Navy, eldest son of John Boyan, Esq., Rathmines, Dublin, to Pearl Alexina, younger daughter of the late Major-General Charles Parker Catty and Mrs. Taylor, of The Rest, Southsea.

LOCKWOOD—WALLACE.—On the 18th February, at Christ Church, North Finchley, by the Rev. J. T. Lang, Vicar, and the Rev. B. Irvin, Vicar of Salburn, Charles Barrett Lockwood, of Upper Berkeley Street, son of the late George Lockwood, of Stockton-on-Tees, to Florence Edith, second daughter of W. D. Wallace and Mrs. Wallace, of North Finchley.

STEVENSON—HOWARD-SAUNDERS.—On the 29th January, at St. James's Church, Sussex Gardens, by the Rev. G. F. Prescott, M.A., assisted by the Rev. Marcus Rainsford, M.A., Vicar of the Parish, E. Bruce Stevenson, youngest son of Nathaniel Stevenson, of 51, Wimpole Street, to Maud Rita, younger daughter of the late Howard Saunders, of 7, Radnor Place, Hyde Park.

WHITTLE—CAFE.—On the 20th January, at the British Vice-Consulate, Las Palmas, Grand Canary, Ed. George Whittle, M.D. (Lond.), to Violet Isabel Harriet, daughter of Col. C. H. W. Caffe (late Royal Sussex Regiment), and adopted daughter of Deputy Inspector-General S. Sweetman, R.N.

### Deaths.

CHARLES.—In September, 1907, Capt. G. E. Charles, I.M.S.

GOODCHILD.—In January, N. Goodchild, Highgate Road.

HARRIS.—On the 3rd February, at 17, St. John's Wood Road, N.W., Benjamin Harris, M.R.C.S. Eng., L.S.A. (Lond.), fourth son of the late William Harris, of 55, Park Street, Grosvenor Square, W., aged 70 years.

ORMEROD.—On the 15th February, at 25, Upper Wimpole Street, Elizabeth Katharine, second daughter of Dr. and Mrs. Arderne Ormerod, after a short illness.

### Acknowledgments.

The All India Hospital Assistants' Journal, British Journal of Nursing, L'Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, The Hospital, Charing Cross Hospital Journal, Journal of Laryngology, Rhinology, and Otolaryngology, London Hospital Gazette, New York State Journal of Medicine, Nursing Times, Medical Review, Middlesex Hospital Journal, St. George's Hospital Gazette, The Stethoscope, The Student, St. Mary's Hospital Gazette, University of Durham College of Medicine Gazette, St. Thomas's Hospital Gazette, Practitioner, Indian Medical Gazette, British Journal of Nursing, Le Mois Médical Chirurgical, The Eagle, Mitterlungung aus der Medizinischen Fakultät der Kaiserlich-japanischen Universität zu Tokyo, Polyclinic.

Formamint Tablets, Ilford X-ray Plates.

Wellcome's Photographic Exposure Record and Diary.

### 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.

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 ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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.

VOL. XV.—No. 7.]

APRIL, 1908.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

APRIL 1st, 1908.

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

### Calendar.

Wed.,	April 1.	—Exam. for D.P.H. Cambridge begins.
Thur.,	" 2.	—Final Exam. Conjoint Board (Midwifery) begins.
Fri.,	" 3.	—Final Exam. Conjoint Board (Surgery) begins. Dr. Herringham and Mr. Lockwood on duty.
Tues.,	" 7.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Fri.,	" 10.	—Dr. Norman Moore and Mr. Cripps on duty.
Mon.,	" 13.	—I.S.A. Final Surgery Exam. begins.
Tues.,	" 14.	—Dr. Samuel West and Mr. Bruce Clarke on duty.
Fri.,	" 17.	—Good Friday. Dr. Ormerod and Mr. Bowlby on duty.
Mon.,	" 20.	—Easter Monday. L.S.A. Final Medicine, Forensic Medicine, and Midwifery begins.
Tues.,	" 21.	—Dr. Herringham and Mr. Lockwood on duty.
Wed.,	" 22.	—Summer Session begins.
Thur.,	" 23.	—Part II of 3rd Exam. for M.B. (Cantab.) begins.
Fri.,	" 24.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Tues.,	" 28.	—Dr. Norman Moore and Mr. Cripps on duty.
Fri.,	May 1.	—Dr. Samuel West and Mr. Bruce Clarke on duty.
Tues.,	" 5.	—Dr. Ormerod and Mr. Bowlby on duty.

### Editorial Notes.

**T**HIS, the April number of the JOURNAL, is destined to have a wider circulation than ordinary issues, in so far as it is sent to all old Bartholomew's men and not only to those who are subscribers. Would that the two were synonymous! The JOURNAL is the organ of the Students' Union, and as such endeavours to keep all past students of the Hospital informed of matters

of interest taking place there. It contains from time to time, in addition to many special lectures and articles of interest by acknowledged authorities, a record of all recent appointments in the Services and at various institutions, so that by perusal of its columns readers are the better acquainted with the doings of men of their own time, and the *esprit de corps*, which is, and always has been, so prominent among St. Bartholomew's men, is thus fostered.

We would urge that to be reminded of one's student days is to perpetuate one's youth, and therefore in the strength of this conviction, we recommend, with all deference, perusal of the pages of the JOURNAL as a prophylactic against threatening arterio-sclerosis; subscribing to the JOURNAL thus becomes a short cut to longevity!

THE First Annual Dinner of the Students' Union was held at the Trocadero Restaurant on Tuesday, March 17th, Dr. Herringham, President of the Union, was in the chair. Suffice it to say that from first to last the dinner was eminently successful, and it is hoped that this event will be attended, year by year, with ever-increasing interest. Further details will be found in another column.

IN the pages of one contemporary, the *Graphis*, we note with interest a delightful account of student life at St. Bartholomew's. The description of the Medical School and of the medical curriculum as it obtains there, is concise, clear, and truly representative. The illustrations, too, are excellent. The one of the Out-patients' Hall hardly does justice to the size of the building. We could have wished also that the "Square" had been included.

We heartily congratulate Mr. J. D. Davis on being elected to the Luther Holden Scholarship in Surgery; we also note with pleasure that he is the first to fill the newly-made appointment of Resident Medical Officer to the City of London Lying-in Hospital.

THE Concert, in aid of the new Nurses' Home, we referred to in the March issue will take place in the Great Hall of the Hospital on May 21st. Circulars will shortly be issued giving full particulars, together with application forms for tickets. Her Royal Highness the Princess of Wales has graciously consented to give her patronage.

WE regret to have to announce the death of Nurse Senior, which occurred on Sunday, March 29th, in President Ward. Nurse Senior has been known to many generations of St. Bartholomew's men as a nurse in the Out-patient Department, and by her kindness and tact endeared herself to all. A largely-attended Memorial Service was held on March 31st, in the Hospital Church.

WE have been asked to announce that an Athletic Union is being formed in connection with the University of London. The object of the Union is to promote the athletic side of the University as a whole, and to run Annual University Sports and cricket and football teams, thus following the example of the older Universities.

THE Boxing Club has once more risen into being, and from all accounts with brighter prospects than have fallen to its lot heretofore. Among the unfavourable conditions in the past was the uncomfortable accommodation, in marked contrast to which is the almost unlimited space in the old surgery now at the disposal of the Club. Accomplished exponents of the art are not lacking in the Hospital, and the number of beginners who have already put in an appearance is very encouraging. It is to be hoped that the Club will now be a permanent unit in the Students' Union, and win laurels in inter-hospital competitions.

DURING the last month or two we have received quite a number of unsigned contributions of considerable merit, some of poetry, some of prose, but efforts which, as the authors had not the courage to add their names (not necessarily for publication), we are, unfortunately, debarred from publishing, and so affording our readers the benefit of these illuminating contributions.

#### List of Books Added to the Library during March.

- Glazebrook, R. T., M.A., F.R.S., and Shaw, W. N., M.A., F.R.S. Practical Physics. (New Edition.) Lond., 1905.  
 Watson, W., A.R.C.S., D.Sc.(Lond.), F.R.S. A Text-book of Physics, including a Collection of Examples and Questions. (Eighth Impression. Fourth Edition.) Lond., 1907.  
 Aldous, Rev. J. C. F., M.A. An Elementary Course of Physics. Lond., 1907.  
 The following were presented by the authors:  
 Williams, Leonard, M.D., M.R.C.P. Minor Maladies and their Treatment. (Second Edition; revised and enlarged.) Lond., 1908.  
 Compton, Alwyne, F.R.C.S. Essentials of Surgery. Lond., 1908.

#### On Whooping-cough.

A special subject lecture delivered at St. Bartholomew's Hospital.

By H. MORLEY FLETCHER, M.A., M.D., F.R.C.P.



ENTLEMEN,—I have chosen whooping-cough as the subject of my lecture to-day, because it is one of the commonest diseases of childhood, and for this reason a brief account of some of its chief clinical features should be of greater advantage to you than would have been the consideration of some rarer condition.

Although the disease is one of the commonest, I fear the majority of those qualifying at this Hospital go through their student course without gaining any practical knowledge of this very prevalent complaint. Its importance, as regards its recognition, complications and general treatment, can hardly be over-estimated either from the point of view of the patient or of the practitioner. I propose to confine my remarks chiefly to these points, as, owing to the short space of time at my disposal, it would be impossible to deal adequately with the whole subject.

The etiology of whooping-cough I shall consider very briefly. It is a disease of childhood, and the great majority of cases occur in children under seven years of age; of these more than a half occur at the age of two years or under. Cases are occasionally met with in adults, both old and young, and some of you may remember recently seeing a typical case occurring in a man of sixty-five, who attended my Medical Out-patient Department during last summer.

The disease is most prevalent during the coldest periods in the year—that is, the months of late autumn, winter, and spring.

There can be very little doubt as to the specific infective character of the disease. It is most highly contagious, and the contagion would appear to be conveyed by the sputum and the breath. There is still considerable uncertainty as to the nature of the infection—a small bacillus somewhat resembling the influenza bacillus has been described by Koplik, a diplococcus by Burger, and a streptococcus by others.

Children in debilitated conditions, especially those who have recently suffered from some disease, such as measles, are particularly liable to contract whooping-cough.

Very little need be said about the morbid anatomy, as the only characteristics of the disease, apart from complications, consist of swelling and hyperæmia of the tracheal and bronchial lymphatic glands, and signs of a varying degree of catarrhal inflammation of the larger air-passages.

The incubation period is variable, usually seven to ten days, but it may be occasionally as long as a fortnight. The disease is most infectious during the first week or fortnight, the "catarrhal stage," and the risk of transmission to others diminishes as time goes on. Though it is probably not

contagious after the sixth or seventh week quarantine should be maintained for at least two months or longer if the spasmodic cough continue, as we have at present no means of determining when the potentiality of infection ceases.

I must remind you here of the chief clinical points. The course of the disease is conveniently divided into two stages. The *first*, the initial or catarrhal stage; the *second* the "spasmodic" stage.

There is nothing characteristic in the catarrhal stage; the child has a feverish cold with cough, often slight coryza, and some pyrexia. Usually at the end of a week the cough becomes more violent and eventually spasmodic in character, and the patient then enters the second stage of the disease. The typical cough consists of a rapid series of short expirations, followed by a loud long-drawn inspiration, which causes the characteristic "whoop." During the expiratory period of the cough the face becomes turgid, and cyanosed, the eyeballs protrude, one paroxysm may follow another, and at last sticky mucus, often mixed with the contents of the stomach, is brought up. Not infrequently urine and fæces are involuntarily passed during a severe paroxysm.

Puffiness of the face and eyelids often follows severe paroxysms, and the swelling may be sometimes so marked as to closely simulate the œdema of nephritis.

The attacks tend to be more frequent by night than by day. As time passes the paroxysms become less frequent and greatly diminished in severity, and this period in the disease is sometimes called the *stage of improvement or of decline*, and it terminates with the cessation of the fits of coughing.

In some cases the cough may continue for weeks or even months, and it may be suggested that in a few it may be due to the establishment of a habit.

Many slight causes may induce a paroxysm, such as a draught of cold air, food or drink, crying, etc.

Relapses during bad weather often occur, with a temporary increase in the severity and frequency of the paroxysms.

It is curious to observe in a whooping-cough ward how common it is that if one child begins to cough others immediately follow its example.

In an uncomplicated case the only physical sign present in the lungs is that of a slight degree of bronchial catarrh as shown by the presence of occasional rhonchus or of a few coarse râles at the bases.

*Diagnosis.*—It is highly important to bear in mind that a spasmodic cough, closely resembling whooping-cough, may be met with in other conditions. I have met with several instances of this in cases of empyema in which the cough disappeared after evacuation of the pleural cavity, in cases of tuberculous bronchial glands, and in one case with a congenital cyst of the right bronchus. The cough may also be simulated in pulmonary tuberculosis, pleurisy, cases of

enlarged thymus, gastric disorders, and foreign body in the bronchus.

The following points will be found of considerable assistance in confirming the diagnosis of the nature of the cough. The sudden onset, and the termination accompanied by the expectoration of tenacious mucus or by vomiting; the redness or cyanosis of the face during the paroxysms, followed in many cases by puffiness or swelling of the eyelids, the occurrence of epistaxis and hæmoptysis, the history that attacks are more frequent by night than by day, and the absence of any very definite signs in the lungs. Sometimes the characteristic whoop may be absent, but generally this does not render the diagnosis uncertain.

In slight cases in children and in adults some difficulty as to diagnosis may arise, but the long duration of the cough should arouse suspicion as to its nature. Careful enquiry should be made as to the history of the case and the possibility of exposure to infection.

Examination of the blood should be of assistance in diagnosis, as the blood changes are characteristic. There is a definite and constant lymphocytosis. In the paroxysmal stage, Meunier (quoted by Cabot) gives the average leucocyte count in 102 cases as 40,000. Leucocytosis is far more intense in children under four than in older children. Over four it varies from 12,000 to 18,000. There is a true lymphocytosis, possibly due to stimulation of the lymphatic glands, and this persists into convalescence; others have since confirmed these observations.

*Prognosis.*—This depends—(1) On the age of the child. It is much worse in young infants than in older children, owing to the weakness of the respiratory muscles and ribs, and the greater tendency to pulmonary collapse.

(2) On the presence of complications, especially those involving the respiratory system.

(3) On the child's general condition. The prognosis is bad when associated with severe rickets, post-operative conditions, such as empyema undergoing treatment, etc.

*Treatment.*—I now propose to give you an account of the treatment of an uncomplicated case of whooping-cough. The consideration of the complications I shall leave till later.

The chief objects of treatment are—1st. To prevent the onset of complications; 2nd. To reduce the frequency and severity of the paroxysms; and 3rd. To prevent infection of others.

Too much stress cannot be laid on the importance of the first of these items, as the prognosis of the case largely depends on the way in which it is carried out.

The child should be isolated as soon as the nature of the illness is recognised and placed in a well-ventilated room, the temperature should be equable and about 65°. Plenty of fresh air should be allowed but direct draughts should be kept from playing on the child's cot by means of screens. The windows need not be closed except in time of fog.

*The diet.*—This should be abundant and adapted to the child's age. Much may depend on the way in which the patient takes his food. The meals should be at two-hourly intervals by day, four-hourly by night. The body weight should be carefully watched. If vomiting frequently occurs in the paroxysms a drink of milk may be given as soon as the child has quieted down again.

The *clothing* must be loose, no stays or binders should be allowed as these only hamper the free movement of the thorax. Care must be taken in the case of small infants to see that the hands and feet are kept thoroughly warm. It is important that the child should be well wrapped up in blankets when it is taken out of bed.

*Management of the paroxysm.*—Older children do not require much special attention but infants should be taken out of their cots at the onset of the coughing and held in the nurse's arms and the back gently patted, the thick tenacious mucus sometimes sticks in the fauces and may be cleared with the finger to the relief of the child. In cases in which respiration ceases after the cough owing to laryngeal spasm, Dr. Eustace Smith has shown that relief usually results at once by placing the child's hands in cold water.

It is often advisable to rouse small weakly children at regular intervals during the night; not only for purposes of feeding but also on account of the crying and cough which may ensue and thus help to prevent the pulmonary collapse which is so often a danger in such cases.

Many cases on the other hand get too little sleep in the early spasmodic stage on account of the great frequency of the attacks, and in these (excluding infants) potassium or sodium bromide, gr 5—gr 10, according to age, may be given with great advantage before settling the child for the night, or this amount may be added to the last dose of the mixture it is taking during the day.

Much may be done to reduce the severity and frequency of the paroxysm. Various substances such as creosote, cresolene, naphtholene, and others are volatilised in a special apparatus, so that the air of the room is kept impregnated with the fumes both night and day, more particularly the former. I have seen great benefit derived from the use of the first two of these drugs.

As regards drugs taken *internally*, I should place belladonna first in the very long list one might detail. It is given preferably as the extract, in doses of gr.  $\frac{1}{4}$  to an infant of twelve months every four hours, and gradually increased up to gr.  $\frac{3}{4}$  every two hours if the paroxysms do not lessen in frequency. The drug is borne very well by children, and rarely produces any ill-results beyond the characteristic rash. If there is much bronchial catarrh the belladonna may be given in a simple expectorant mixture.

Other drugs which have been much used in the spasmodic stage are Butyl chloral hydras. gr. 1 every four hours for a child of one, but, personally, I am not in

favour of this drug in very young children or when there is a tendency to cyanosis.

A preparation much used in America, and advocated by Dr. E. Smith, is the liquid extract of grindelia given in  $\text{Mx}$  doses to infants of one year. It is a useful drug, especially in the later weeks of the spasmodic stage.

Quinine is sometimes given in very large doses—grs. 11 to 15,—but it has not been of much use in my hands.

Antipyrin is often useful in doses of gr. 1 per year in cases without severe pulmonary complications or cardiac depression.

Bromoform, 1 drop on a piece of sugar every four hours, is sometimes useful when other remedies fail or have lost their effect.

In the later part of the spasmodic stage recovery is rendered much more rapid by a change of air to the seaside, and this has a most beneficial effect on the child's general health after the confinement. No special drugs are required, but it is advisable to give iron, and perhaps cod liver oil at this stage, as the patient is usually anæmic.

#### THE COMPLICATIONS OF WHOOPING-COUGH AND THEIR TREATMENT.

*Alimentary system.*—It is exceedingly common to find a small sublingual ulcer in the mouths of small babies who have cut only the lower incisors, but not in toothless infants. Care should be taken to keep the mouth very clean in all cases with a simple mouth wash, as occasionally a severe form of ulcerative stomatitis may arise in connection with such ulcers. Gastro-intestinal catarrh is often present in the early stages of the disease, and must be met by careful dieting, and diarrhoea should be checked by a preliminary dose of *Ol. Ricini* followed by an astringent mixture.

*Respiratory system.*—Pulmonary affections form by far the most formidable and commonest complications of the disease, and are the greatest dangers to the life of the patient. They are as follows:—Bronchitis, emphysema and collapse of the lungs, broncho-pneumonia, and, less commonly, lobar pneumonia and pleurisy. Hæmoptysis and epistaxis are so common that they can hardly be regarded as complications. The pulmonary complications are best combated by the most watchful care on the part of the physician and nurse. Belladonna with *Ipecacuanha* and Ammon. Carb. makes a useful mixture. Infants should be roused and sat up occasionally to prevent collapse. In severe cases *Liq. Strychnine*  $\text{Mj}$  is given hypodermically when respiration is failing. The rare complications of interstitial, mediastinal, and general surgical emphysema cannot be dealt with, and usually terminate fatally.

*Cardio-vascular system.*—Right-sided dilatation of the heart is a serious danger attendant on the pulmonary complication. Increased lividity and poor pulse are met

by inhalation of oxygen and strychnine injections, and brandy  $\text{mxxx}$  every four hours.

Rupture of capillaries may occur, giving rise to cutaneous and conjunctival hæmorrhages, and more rarely to cerebral hæmorrhage.

*Nervous system.*—Convulsions not infrequently occur as the result of engorgement of the cerebral cortex, and from the same cause, in older children, severe headache, and sometimes deafness, may occur. I have seen retraction of the head ("pseudo-meningitis") occur in a few cases without any definite P.M. change. Meningeal hæmorrhages may result from rupture of a vessel and paralysis may follow. Hemiplegia and monoplegia are both described as possible sequelæ.

*Urinary system.*—Nephritis occasionally occurs and also glycosuria, but both these must be regarded as very rare complications.

#### Students' Union Dinner.

THE first Annual Dinner of the Students' Union was held at the Empire Rooms, Trocadero Restaurant, on Tuesday, March 17th. Dr. Herringham was in the Chair.

Gastronomically and socially the dinner proved an unqualified success. The attendance reached the total of one hundred and twenty.

The Chairman received the diners, and there was a large muster of the Visiting and Teaching Staffs. Drs. Champneys, Tooth, Calvert, Morley Fletcher, Drysdale, and Griffiths, and Messrs. Bruce Clarke, Waring, Bailey, and Gask were amongst those present.

The usual loyal toast having been duly honoured, the Cricket and Rowing Cups which had been brought to the Restaurant, in spite of frequent molestations from suspicious policemen, were much appreciated as Loving Cups.

A humorous sketch followed, by Mr. W. C. Ison, and was received with acclamation.

The President proposed the toast of "The Student's Union." The Union was formed, he said, to promote good fellowship and public spirit amongst the men of the Hospital. Corporate life was the salvation of the individual from himself. The ties of association and the claims of the Hospital should play a very large part in the life of every Bartholomew's man. He also deprecated the difficulty experienced in raising teams to represent the Hospital last year, and rejoiced in the awakening spirit of keenness as evidenced by that enthusiastic gathering. The people who do most are always those who are busiest.

Mr. Trevor Davies replied on behalf of the Students' Union.

Dr. Morley Fletcher proposed the toast of "The Guests." He referred to the strenuous efforts of those

clubs that had *not* been successful in bringing home their respective Inter-Hospital Cups. The Rugby team was one of the finest the Hospital had possessed since the days when Mr. Bowlby was a member of it, and when the much-coveted Cup was last seen in the Library. The Shooting and Boxing Clubs with their new advantages were certain to do great things in the future. Whether to speak of the Cricket or the Rowing Club first he did not know, but as it was St. Patrick's Eve and the emblem of St. Patrick was a four-leaved shamrock, he thought the fates decreed first mention of the four-oared rowing crews. After mentioning the athletic prowess of each member of the successful teams, the speaker gave the toast of the guests coupled with the names of Mr. H. D. Gillies and Mr. G. Viner. The toast was enthusiastically received. Mr. Gillies and Mr. Viner responded.

Mr. A. Miles, in proposing the health of the President, in true Celtic eloquence, referred to the good work Dr. Herringham had done for the Union, and how he had acted as an intermediary between the Union and the Hospital authorities.

Dr. Herringham replied, and said he held the secretaries in the main responsible for the success of the Union.

The health of Mr. Bruce Clarke was proposed by Mr. H. T. H. Butt. He pointed out what Mr. Bruce Clarke had done for Winchmore Hill Athletic Ground, and how highly his services and interest were appreciated.

Mr. Bruce Clarke, in reply, avowed his intention of continuing his interest in the Athletic Ground.

During the evening songs and recitations were very kindly rendered by Messrs. Ison, Verry, Waldo, Leawin, Evans, and Clifford.

Not the least interesting feature of the evening was "Widdicombe Fair," so ably rendered by Mr. A. J. Synnes.

#### Art and Medicine.

By LEONARD MARK, M.D.

*Abstract of a Lecture delivered February 26th, 1908.*

MEDICINE may find a place in paintings for several reasons. Some touching episode in a domestic or historic drama may be represented, in which one of the details is of a medical nature, and must find a place to explain the rest. Or it may be brought in for *contrast*, as when a deformed or diseased person is depicted, so as to act as another fine or well proportioned figure.

The pictures spoken of in this paper might be roughly divided into two large groups.

First, those of the old masters, dealing mostly with heroic, biblical, and religious subjects, in which the plague and leprosy with their sores, the martyrdom of saints, and death in its many aspects have to be represented.

Secondly, those of modern painters which seem mostly

to have been inspired by subjects from the drama and romance.

Whenever medicine is brought into art, good taste demands that any morbid detail should be but an accessory. It must not be painted as the essential part, or in such a manner as to take away the attention from the main idea which the painter has to express. But a medical man likes to see medical details in a picture carried out faithfully, just as a military man likes to see military details treated properly in a battle scene, or a sailor the details in the rigging of a ship. If it be true that the highest art is to hide art, it is often also true that it is high art to hide a morbid detail.

The Nineveh Gallery at the British Museum contains the bas-reliefs which used to line the walls of the ancient palace of Sennacherib. One series of them represent an Assyrian king at a lion chase. The picture of one lioness is very striking. She has been wounded by several spears, one of which has pierced the middle of the spine. The blood is seen gushing from the wound. The animal is raising herself on her fore limbs to attack the huntsmen, but her hind quarters are paralysed and are dragged helplessly behind her. This is shown with great skill and accuracy by the artist, who must have been a very acute observer of nature.

In Raphael's cartoon of St. Peter healing the lame man at the gate of the temple, the figure of the latter is an interesting study. His legs are doubled up, the knees being flexed at an acute angle, especially the right one, which is raised so as to bring into view the right foot, which is so extremely distorted that the plantar surface is looking upwards. The muscles are wasted, and the large pendulous toes look livid. The model chosen was probably a beggar who had suffered from infantile paralysis, and also perhaps from rickets.

In this picture Raphael must have made a very exact copy of the deformity of his model, but has brought it in merely as an accessory. He has studiously thrown a veil over all the morbid part of the cripple's legs by means of a cast shadow. It seems to have been part of his design in painting the two much criticised columns which cut up the subject of his picture into three groups, to bring a shadow over the more hideous parts of his subject.

St. Roch and St. Sebastian have been frequently represented in statuary and painting, often as joint protectors against the plague.

St. Roch is at once recognised by his habit of a pilgrim, holding his staff in one hand, while with the other he lifts the corner of his cloak to show the plague spot on the upper part of his thigh, or points to it. This is sometimes seen as an inflamed bubo or large wound, and sometimes, as in Morando's picture at the National Gallery, it is merely indicated by a thin ray of light which illuminates the folds of the cloak with a mysterious sort of glow.

St. Sebastian appears in nine different pictures at the National Gallery. He is always known as the saint who is

pierced by several arrows, sometimes as tied to a stake. One of the finest examples of the subject is the picture by Guido at the Dulwich Gallery. Here the human form in all its beauty is shown, and the pose of the figure is a striking one for its grace. There is only one arrow depicted, and that attracts very little attention, as it penetrates the side, in the shade, just below the ribs.

St. Sebastian acquired in the art of the early ages of Christianity a place similar to that occupied in heathen art by Apollo, the father of Æsculapius. This divinity was always represented with a bow and arrows, and he had the power of sending sudden death and the plague to mortals for their punishment, but at the same time of delivering them if duly propitiated.

St. Sebastian must not be mistaken for St. Edmund, one of the early christian kings of East Anglia, who during one of the Danish invasions was tied to a tree and pierced with arrows. His martyrdom is represented on a carved tomb in Ely Cathedral. Carlyle has created an extra halo of glory for this saint, and fresh radiance was added to it last summer by the pageant which took place at Bury St. Edmunds.

Wounds are sometimes represented in paintings in a purely conventional manner, or they may be merely indicated. A very good example of a real wound is seen in Ribera's fine picture of a dead Christ at the National Gallery. Here a real wound on the instep of the left foot is painted, but it is one that has obviously been made in the flesh of the model after death. It is a clean cut incision about two inches long. The edges of the skin are gaping, and show the subcutaneous tissue perfectly free from any extravasation of blood. One sees the deep fascia covering the muscles of the dorsum of the foot. There is no trace of any tearing or bruising. The foot in this picture might serve as a good illustration for a book on forensic medicine, as a type of a wound made in the skin after death.

Leprosy was the other disease which, owing to its prevalence some centuries ago, was bound to find its place in art. There is a very vivid representation of two sufferers from it in Van Dyck's picture in the Royal Collection at Windsor Castle, called "*St. Martin dividing his cloak.*" The Roman soldier (decked in the armour of the sixteenth century) is seen on horseback cutting off with his sword a portion of his bright scarlet cloak to give to a beggar. This man has some nodular ulceration on the left eyebrow. The bridge of his nose has fallen in. The nodular condition is apparent on the ala of the nose, round the mouth, and on the pinna of the left ear. There is apparently an atrophic condition of the left foot and ankle. The other man, who is turning his back to the observer, appears to have some ulceration on the right ear. His left hand, which is grasping the edge of the cloak, is thickened, and the fingers seem to be ulcerated. Dr. Phineas Abraham,

one of our great authorities on the subject of leprosy, with whose friendly co-operation the above observations were made, looks upon the two figures in this picture as typical representations of lepers.

Hogarth's large paintings, which form part of the decorations of the wall on the staircase leading up to the Great Hall at St. Bartholomew's Hospital are full of interest to the medical man. The picture known as "*The Pool of Bethesda*" contains a whole group of sufferers surrounding the Saviour who stands near the edge of the pool. The cripple is seen sitting up on his bed in the middle of the foreground. Amongst the other patients, going from left to right, we notice a man with thin, pale face, and painful expression with his right hand on his swollen abdomen, possibly a sufferer from cancer of the liver. Then a woman with patches of psoriasis on both knees and on her elbow. She is turning her face away from the Saviour. The tradition of the Hospital is that this is a portrait of a well-known courtesan, Mistress Wood, who lived at the time in the city. The woman at her side is her maid. Then comes a woman with a baby who obviously has rickets. Immediately behind the Saviour stands a woman with painful countenance raising her arm to her head and exposing an abscess in her breast. The man with his hand bandaged up has the face of a hard drinker, and suggests a case of gout. The woman in the background must have acute melancholia. The next case is not so clear, and it is only on referring to the lines of Scripture which are written below, and finding that the blind are mentioned first amongst the impotent folk, that one ventures on a diagnosis.

Hogarth has been very successful in representing the sufferers, and no doubt had excellent opportunities for choosing his subjects from patients in the hospital, as he lived just outside the gates.

These two pictures are also interesting, because they are the first and only great pictures by Hogarth devoted to serious subjects.

The Royal Collection at Buckingham Palace contains a picture of a somewhat lighter character than those just mentioned. It is generally known as *Le Mal d'Amour*, and is by Gerard Dou, the famous Dutch artist whose best known picture, now in the Louvre, is of a somewhat similar subject, and goes by the name of *La femme hydrobique*. The present one shows the doctor raising the urine glass to the light while he holds his fair patient's hand; but she does not look seriously ill, nor show any of the signs of dropsy, like the patient in the Paris picture. She strikes one as being chlorotic, and the paleness of her face is enhanced by the fly blister which is applied to her temple, no doubt to relieve a sick headache. Her hand, placed upon her heart, lets the observer into the secret of her trouble, whilst the quaint, suspicious look which she directs towards the glass held up by the doctor, suggests that she is afraid he may fathom her secrets more deeply than she

would like. On the table is the love-letter she has just been reading. All the details are highly finished, as is usual in Dou's pictures.

This is a very fine example of the innumerable paintings by Dutch artists of this subject. The urologist played a very important part in the seventeenth century, and was frequently represented in pictures.

An interesting example of the urologist and patient, but one in which the art is very rudimentary, is to be seen in the carved sign-board of a doctor of the seventeenth century, now placed in the hall of the Royal College of Surgeons. It contains several panels showing the doctor at his work. The middle top panel is the most interesting. Here the doctor is holding up the urine glass, while the patient, who is lying in bed wrapped up in blankets, is evidently dropsical and suggestive of "the large white man with the large white kidney." The grouping in this division has no doubt been inspired by some Dutch artist's picture of the urologist.

The diseases and infirmities of some of our sovereigns and other famous personages have often found a place in history, and occasionally have done so in art.

In the Bayeux tapestry, which is looked upon as a very faithful and graphic record of the Norman Conquest, although very rudimentary in point of art, there is a figure which affords an interesting study to the curious. It is that of a dwarf who is holding the reins of the two horses of the ambassadors who have been sent to England by William of Normandy. He is less than half the height of the other figures. He has a fully developed head and is long in the body, but his limbs are short and his arms specially so. His head is closely shaven, which distinguishes him as one of the Normans, and he has a full beard. His appearance is suggestive of a case of achondroplasia, one of the conditions included in the category of congenital rickets. His name *Turol* is conspicuously written over his head between two lines, showing him to have been an important character, and his peculiarities must have struck the designer of the work, who had to find a place for him in the picture.

Artists seem at all times to have been fascinated by these dwarfs with achondroplasia. We see them in some of the ancient Egyptian paintings, and amongst the Greek terracotta statuettes. They have been painted by the Old Masters, and many times by Velasquez. There is a striking resemblance amongst them all. One of their peculiarities is the strange shape of the hand, which has no breadth and seems to have no knuckles, with fingers growing from it in such a way that they are widely separated and that their tips do not meet, producing the effect of the prongs of a trident. This is very well indicated in one of the dwarfs painted by Velasquez.

Passing on to the great subject of death, in its many aspects, whether before or after the supreme moment, one finds that it has called forth the abilities of artists in all ages and in all countries.

One of the best known pictures of a dying person is the one by Copley at the National Gallery, called "The Death of the Earl of Chatham." The scene represents the old House of Lords, just when the Earl has fainted from the effort of making a speech on the Independence of the American Colonies. In this picture the artist's aim seems primarily to have been to produce a grand theatrical effect. He has displayed great skill in the arrangement of the peers, whose brilliant scarlet robes form a great contrast to the pale face of the Earl. There is little, however, to be noticed about his face, which is expressionless.

After death the muscles become flaccid, and what is designated *the gravity of the limbs* causes the body to sink down. What goes under the name of *the stiffness of death* often leads the lay mind into errors. It seems as if immobility must be mistaken for stiffness. The real stiffness or rigor mortis which comes on after an interval of time is wonderfully well represented in Ribera's picture of *the dead Christ*. The body is seen at the moment when it is most marked, notably in the trunk and the neck. The head and shoulders are being raised from the ground by one of the disciples, and the flexure of the body takes place at the hips, not in the spine. This detail and the position of the hands, which are slightly pronated, with the thumbs drawn towards the palms, give a very realistic appearance to the picture.

These pictures, to which the name *Pietà* has been given, representing the dead Christ, are so frequently seen in the continental churches and galleries because the subject must have been such a favourite one for artists, owing to the fascination of painting from a model which remained completely still.

A very fine specimen of a *Pietà* by an old master is to be seen in the Hospital, hanging up over the fireplace in Mark ward. It is attributed to a pupil of Van Dyck's. The record of it was lost after it was presented to the ward by Dr. Hughes, a former physician. Here the blood of the dead Christ is seen oozing from the wounded side. One of the women kneeling in the foreground is holding up a finely chiselled chalice, in which no doubt she has been collecting the blood. The artist probably wished to represent here the origin of the legend of the Holy Grail.

There are several pictures of death scenes amongst the works of modern artists at the Tate Gallery, about which one would like to make some remarks. One of the most striking is the *Death of Chatterton*, by Mr. Henry Wallis, showing the young poet who has taken poison lying near an open window. One cannot help being struck by the forcible rendering of the pallor of the face and neck, with its shadows of a leaden hue.

Millais's picture of *Ophelia* often calls for the remark that the body is floating too high on the water. Another mistake seems to be that the plump cheeks and rosy lips give the maiden far too healthy an appearance.

The most popular picture at the Tate Gallery is no doubt *The Doctor*, by Sir Luke Fildes. The little which one can see of the child, with its flushed face, well-nourished limbs, and extended arm, suggests some acute chest complaint, probably pneumonia. In this picture morbid details are conspicuous by their absence. The whole interest of the subject, the critical condition of the child, is conveyed to the observer by the distress depicted in the face of the father, by the mother's attitude of despair, and by the kindly look of the doctor, which is expressive of deep concern for the recovery of his little patient.

### Socialism at St. Bartholomew's.



HAD not dreamt for a very long time. The increasing stress and burden of general practice seemed to have taken away my aptitude for dreaming. But one afternoon not long ago I re-visited, for a little while, the haunts of yesterday, and sat again beside the cool waters of the Fountain and renewed my youth. And when the night came, and I was once more beneath the blankets at the uttermost end of the tube, I fell peacefully asleep and dreamed as in days gone by, when Bloomsbury was my kingdom and Clerkenwell my hunting ground.

Swiftly I traversed the vapours of dream-land—backward through space, onward through time—until I alighted without discomfort or any sense of incongruity, upon the ledge of the old water-spray in the yard of the Smithfield Municipal Sick-house, during the month Fructidor of the year fifteen of the Republic of Little Britain. That comes, I suppose, of reading *The Clarion* at supper after an unaccustomed visit to St. Bartholomew's. But, whatever the reason, there I was.

As I sat alone, adjusting my spiritual accommodation to the changed landscape, an unshaven youth in semi-convict clothes drew near and nodded in a familiar but depressed manner. I drew my dressing-gown around me, and bowed stiffly.

"Morning, comrade!" said he, expectorating with considerable sadness.

"Good morning," I replied without enthusiasm.

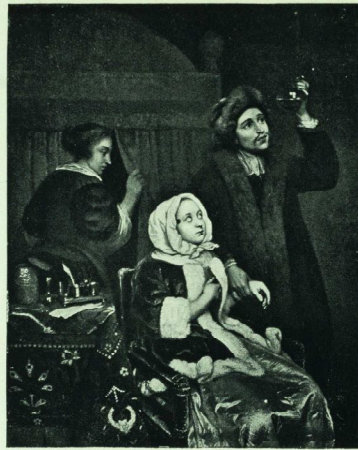
He remained silent for a time, eyeing me suspiciously. I noticed that he was young and strongly built, and presently I thawed a little.

"What about the Cup Tie?" I asked, "did we beat Guy's in the second round after all?"

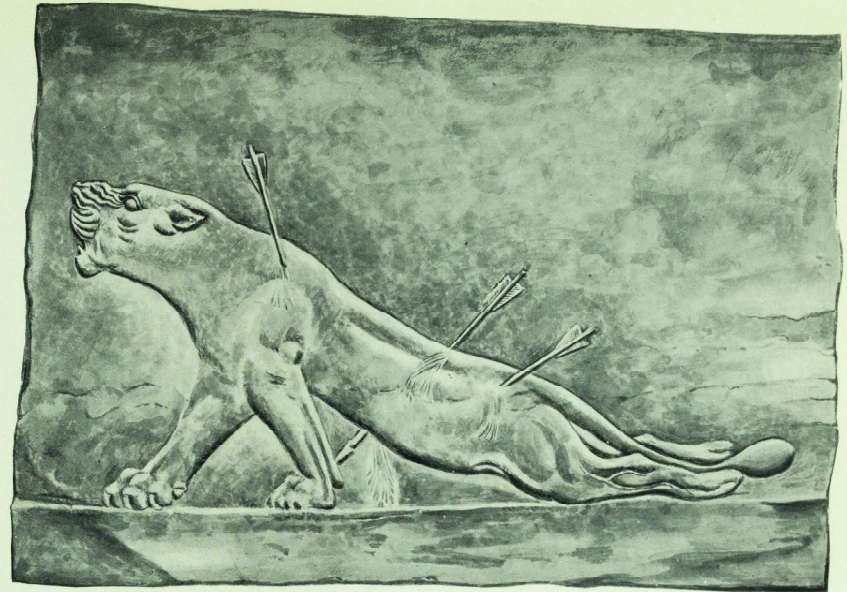
"Cup Tie?" he replied, "Merciful Republics! What should we do with Cup Ties? Why, bless my Reason, there hasn't been such a thing for eighteen years! If any of the others heard you, you'd catch it. Cup Ties indeed!"



Raphael. THE LAME BEGGAR.



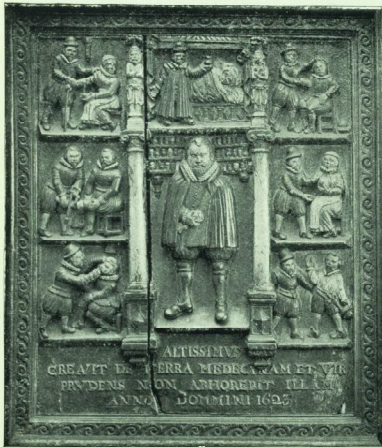
Gerard Don. LE MAL D'AMOUR. Buckingham Palace.



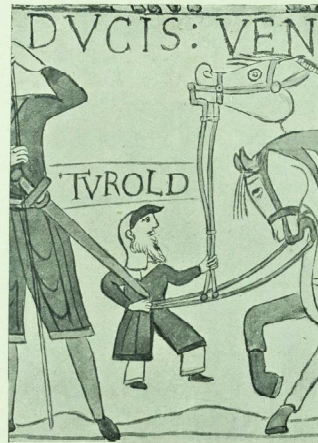
Bas-relief.

WOUNDED LIONESS.

Nineveh, Gallery British Museum.



THE DOCTOR'S SIGN-BOARD. Royal College of Surgeons.



DWARF. Bayeux Tapestry.



ST. ROCHE. Morando. National Gallery.



ST. MARTIN DIVIDING HIS CLOAK. Van Dyck. Windsor Castle.

"You astound me, gentle stranger. Have Guy's and St. Thomas's then ceased to exist?"

"I suppose you mean the Borough Relief Station and the Lambeth State Infirmary. The old individualistic names were abolished years ago. Surely you know the motto of the Republic? 'Everything for everybody, and deuce take the foremost.' You can't have competition in an ideal constitution. we're all equals nowadays. I can't think where you've been not to know all this. It's lucky for you that you met me here, and not one of the others."

"Dear, dear! you absolutely bewilder me," I gasped. "Tell me, you're a medical student, aren't you?"

"Yes, of course."

"And I suppose you'll soon be qualified—eh?"

"Qualified? Of course I shall be: with the other fellows of my year are qualified: we're all equals. Can't you understand? The pace of the machine is the pace of the slowest cog-wheel, and there's no need for any one to hurry."

"But isn't that rather a strain on your father's resources?"

"My father? Oh, that's too ridiculous! Why I shouldn't know him if I saw him. The State is my Father—and my Mother, too. You're twenty years behind the times, comrade. 'From each according to his wishes, to each according to his desires'—that's the law of rational existence, and the sooner you grasp it the better."

"But tell me," I asked in bewilderment, "if you have abolished everything, what have you left to work for?"

"The State, One and Indivisible!" answered the youth in ringing tones, with a backward glance towards the Great Hall, as though he suspected a concealed audience.

"Well," said I after a pause, "It strikes me you're distended with catchwords, and precious little else. You say you've done away with parents, and Cup Ties, and property, and competition, and all the old things. As between man and man, now, wouldn't you like to wear a clean heliotrope tie every day, and an emerald suit with expressive turned-up trousers—just to sacrifice the species to the individual for once—and worship the rich man's daughter, and marry her, and teach her the rudiments of Mrs. Beeton, and live happily ever after in a snug little suburban practice, surrounded with olive branches, and, perhaps, at the last a churchwarden? Those were our ideals, when I was a lad. As man to man, now, aren't they your's too?"

For a moment he shuffled his feet in sullen silence.

"I'm not a man," he answered, "I'm a State unit."

"Yes, but what do you really wish for?"

"Such questions are beside the mark. Uniformity and co-operation are both the means and the end. Equal opportunity for—"

"More phrases!" I exclaimed in annoyance. "Let me offer you a few in return, for what's sauce for the individualistic goose is sauce for the socialistic propaganda."

Miserable invertebrate State unit! Downtrodden dupe of tyrannous officials! I blush for you, indeed I do."

"Hold!" said a voice. I turned and saw a villainous creature in an ensanguined neckerchief creeping round the edge of the basin.

"Come along with me," he continued, with a sinister leer. "You'll get it hot, when Citizen-Deputy Victor Blatchson hears of this. Irregular costume and seditious conversation—caught in the act. Come along and be hanged!"

"Thank you, comrade," I replied, "I shouldn't dream of doing such a thing."

And I didn't.

N. G. H.

### Obituaries.

SIR ALFRED COOPER, 1838—1908.



ALFRED COOPER was born at Norwich, on December 28th, 1838, the son of William Cooper, B.A., of Lincoln College, Oxford, a barrister-at-law, who was afterwards Recorder of Ipswich. Cooper entered Merchant Taylors School, then situated in Suffolk Lane, close to the present Cannon Street Station, in 1850, and was afterwards apprenticed to Mr. W. Peter Nichols, at Norwich, where his paternal grandfather lived. It is probable that his master's position first directed young Cooper's attention to surgery, for Nichols was surgeon to the Norfolk and Norwich Hospital from 1850—1872, and is still remembered there as the only member of the staff who has been appointed at once to the senior staff without probation as an assistant surgeon. Nichols, too, was Mayor of Norwich. Cooper thus had many opportunities of attending the practice of the great East Anglian Hospital, and must have been familiar with the surgical routine of the time when he returned to London in October, 1858, and entered himself a student at St. Bartholomew's Hospital. He was admitted a member of the Royal College of Surgeons of England on 29th January, 1861, and in the same year he obtained the licence of the Society of Apothecaries. He then went to Paris in company with (Sir) Thomas Smith to improve his surgical knowledge by taking out a course of operative surgery, and on his return he was appointed Prosecutor at the Royal College of Surgeons of England, a post which was then coveted and for which there was considerable competition.

Cooper started practice in Jernyn Street, and was appointed surgeon to "The Devil's Oven," or the Inns of Court Rifle Volunteers, where his genial temperament soon gained him many warm friends. His interest in the Reserve Forces thus early roused continued until the end of his life. He obtained the volunteer decoration, and was for some years Surgeon-Colonel to the Loyal Suffolk Hussars.

Practice, as usual, came slowly at first, until, as it is said, Cooper was summoned by chance to attend a rich man living near his consulting rooms in Jernyn Street. The patient was so satisfied with the appearance of the young surgeon, as well as with his manner and methods of treatment, that he afterwards befriended him until he was on the high road to prosperity. But his success in private practice rather stimulated than retarded his ardour for surgery. He was elected Surgeon to St. Mark's Hospital for Fistula in April, 1864, resigning in 1897; he was Surgeon to the West London Hospital from 1867 until 1884; to the City Road Hospital for Diseases of the Chest, and to the Lock Hospital. At the latter institution he laid the foundations of that sound knowledge of syphilis with which his name is principally associated. His work at each of these institutions was recognised on resigning active work by the graceful compliment of appointment as Consulting Surgeon. The hospital appointments made it necessary for Cooper to acquire a higher surgical qualification. He presented himself for examination, and was admitted a Fellow of the Royal College of Surgeons of Edinburgh in 1868, and received the Diploma of Fellow of the Royal College of Surgeons of England on 9th June, 1870.

But Cooper was not destined to spend his life in the drudgery of hospital practice. He early gained the friendship of the twelfth Duke of Hamilton, who afterwards presented him with Cooper-Angus Lodge, Whiting Bay, in the Isle of Arran, where he always spent his holidays, and which he made his home when he retired from practice two years ago.

H.R.H. the Duke of Edinburgh appointed Cooper his Surgeon-in-Ordinary when he succeeded to the title of Duke of Saxe-Coburg-Gotha, and on the Duke's marriage at St. Petersburg in 1874, Cooper was present in medical attendance upon H.R.H. the Prince of Wales, now His Majesty the King. The Czar gave him the honour of knighthood of the Russian Order of St. Stanislas, and in 1902 he was dubbed Knight Bachelor in honourable commemoration of the coronation of His Majesty King Edward VII.

He married in 1882 the Lady Agnes Cecil Emmeline Duff, third daughter of the fifth Earl of Fife, and sister of the present Duke, by whom he had four children, three daughters and a son.

Sir Alfred Cooper, who had been in failing health for some time, died at Mentone on March 3rd, and was buried there in the English cemetery. He may fitly be considered as one of the best types produced by the training and traditions of the Medical School at St. Bartholomew's Hospital. Born a gentleman, he inherited many of the traits of character associated with knighthood in the best days of chivalry. Above the ordinary height and of noble aspect, his good nature and great social qualities made an instant impression in his favour. More intimate knowledge confirmed the prepossession. Behind the external qualities were absolute honesty, a determination of purpose, and a disposition to help the poor and distressed, which are rarely found in combination. A wide knowledge of the world, gained partly at Courts, partly in the out-patient rooms of hospitals, and partly in the exercise of a branch of practice which, more than any other, lays bare the folly and frailty of mankind, made him a keen and accurate judge of men. He knew the motives by which they were chiefly swayed, and was able by skillful appeal to bring their best qualities into action. He was thus a sound adviser and a most valued advocate, and when once his interest was aroused, he seldom failed to carry his projects to a successful issue.

These qualities in the man served Sir Alfred equally well as a surgeon. He was accustomed to take a wide and broad view of the cases which came under his care, and his views, as they are expressed in his works on syphilis and the diseases of the rectum, have met with a wide acceptance in all parts of the world. The doubtful blessing of a competence prevented him from throwing himself as heartily into surgery as his undoubted ability would otherwise have caused him to do. But the general repute in which he was held by the profession was twice shown by his election to the Council of the Royal College of Surgeons of England, on one occasion at the top of the poll, as well as by his co-optation to the office of Vice-President in that important body. Freemasonry appealed to him throughout his life. He held high office in the United Grand Lodge of England, and he took an active part in the formation of the Rahere Lodge, whose success was assured masonically when he consented to act as its second master.

D.A. P.

REGINALD HARRISON, F.R.C.S.Eng., 1838—1908.



HE news of the death of Mr. Reginald Harrison, at the ripe age of seventy years, has been received with widespread feelings of regret by his many friends and associates, by whom he was beloved for his amiable character and social charm, no less than he was admired for his skill as a surgeon, and his ability as an original worker and an inspiring teacher.

Reginald Harrison was the eldest son of Thomas Harrison, Vicar of Stafford, and was educated at Rossall School and St. Bartholomew's Hospital. He took the diplomas M.R.C.S.Eng., L.S.A. in 1859, and was soon afterwards appointed House Surgeon to the Northern Hospital, Liverpool, and later became Senior House Surgeon to the Royal Infirmary.

In 1862 he was appointed Surgeon to the Cyforthfa Ironworks, Merthyr Tydfil, a post which he soon relinquished, and returned to Liverpool, where he commenced private practice in 1864.

The same year he was appointed Surgeon to the Blue-coat School, and he commenced his long connection with the Royal Infirmary School of Medicine in the capacity of Demonstrator of Anatomy and later Registrar and Lecturer on Surgical Anatomy. In 1866 he obtained the F.R.C.S.Eng., and was appointed Assistant Surgeon to the Northern Hospital, Liverpool. About this time he held the

important position of private assistant to Mr. Edward Bickersteth, who then, and for many years afterwards, enjoyed a unique reputation as a surgeon in Liverpool and the county round.

In 1867 he was appointed full Surgeon to the Northern Hospital, and was appointed to the much valued post of Quarantine Officer to the Port of Liverpool. In 1868 he was appointed Assistant Surgeon to the Royal Infirmary, and about that time he began to lay the foundations of his great reputation as an authority on genito-urinary surgery. In 1872 he became Lecturer on the Principles and Practice of Surgery in the School.

Mr. Harrison took an active part in the development of the Liverpool School of Medicine, and was a keen and enthusiastic teacher throughout the many years of his connection with that School.

In 1874 he was promoted to be full Surgeon to the Royal Infirmary, an office which he held until he removed to London in 1889. In the October of that year Mr. Harrison was appointed Surgeon to St. Peter's Hospital for Stone and Other Urinary Diseases, and his practice in London was more particularly devoted to the speciality with which his name had become associated.

In 1891 he was appointed Hunterian Professor of Surgery and Pathology, and delivered a course of lectures on Stone in the Bladder and Urethral Structure. He retired from active work at St. Peter's in 1895, and was appointed Consulting Surgeon.

In 1896 Mr. Harrison was elected a member of the Council of the Royal College of Surgeons. He also was the official representative of the Royal College for the inspection of the School of Medicine in Cairo. It was largely owing to him that the Cairo School was recognised by the College as a teaching institution.

Travelling was his chief recreation, and wherever he went he made many friends. In 1904 Mr. Harrison became President of the Metropolitan Street Ambulance Association, an institution in which he was always much interested, and it is largely owing to his energy and enterprise that the Street Ambulance in London owes the perfection to which it has obtained.

Mr. Harrison frequently visited Liverpool after he went to reside in London, and up to the end took a lively interest in all that concerned the Royal Infirmary there—an institution with which he was for so long associated.

GEORGE GRIGSON ELLETT.



HE news of the untimely death of Dr. George Grigson Ellett at the early age of 31 has been received with feelings of the profoundest regret by his many friends at Cambridge University and at St. Bartholomew's Hospital. Though there was nothing dramatic in its circumstances, both it and the long and painful illness which preceded it were as truly and as surely the outcome of duty as the death of any soldier who meets his end in the forefront of battle.

Dr. Ellett died as the result of one of those accidents, risk of which constitutes a feature of medical life. In the performance of his duties he received a scratch which permitted the entrance of the infecting organism which ultimately put an end to his life.

Ellett was a Graduate of Cambridge University. He took the B.A. degree in 1899, and the professional qualification four years later, and only a few weeks previous to his death he took the M.D. degree.

Meantime he had entered the School of St. Bartholomew's Hospital, and became M.R.C.S., L.R.C.P. in 1902.

At St. Bartholomew's Ellett was well and widely known and appreciated. He took a prominent part in the social life of the Hospital, and was a prominent member of the Cricket Eleven and of the Rugby Football Team.

After serving as Assistant Medical Officer to the London Temperance Hospital and Clinical Assistant to the Royal Eye Hospital he was appointed Assistant House Physician, and later House Physician to the Metropolitan Hospital, and it was during his tenure of office as House Physician that, while dressing a case of empyema, he scratched his finger against the sharp edge of a rib—a wound sufficiently trivial in itself, but which ultimately caused his death.

After an interval he developed pyæmia, and the inevitable outcome was a very long illness, during the course of which many operations had to be performed. After about a year of continuous suffering he recovered to some extent, and at length his health became sufficiently good for him to be able to undertake a certain amount of work, and

just prior to the onset of his final illness he was contemplating the responsibilities of practice. He was never, however, entirely free from the after-effects of his illness, and every three months or so some fresh form of the disease would show itself, and he finally died in the Metropolitan Hospital, the institution which he had so long served.

Ellett's scientific predilections lay in the direction of pathology and bacteriology, and a useful note on the effect of bodily exertion on the opsonic index of healthy persons, embodying the results of recent work done in the bacteriological laboratory at Cambridge, was recently published.

## The Clubs.

### ANNUAL GENERAL MEETING.

The Annual General Meeting was held on Tuesday, March 10th, at 1 p.m., in the Abernethian Room, Dr. Herringham presiding. The capacity of the Room was tried to its utmost, a far larger attendance than usual being present.

The Junior Secretary, Mr. H. T. H. Butt, read the minutes of the last General Meeting, which were carried *nem. con.*

The Treasurer's Report and Balance-sheet was read by Mr. Gask, and showed a fairly satisfactory state of affairs, though the expenditure had been considerably greater than that for the previous year. He accentuated the need for a greater support of the JOURNAL amongst newly-qualified men. The JOURNAL was the greatest asset the Union possessed, and, as such, demanded the support of every member thereof. There had been a considerable falling off in the subscriptions during recent years and he hoped that the plea he put forward would meet with a very hearty response.

The nomination of Dr. Herringham for the post of President for the forthcoming year by the Medical School Committee was confirmed with acclamation.

The result of the Students' Union Election was read by Mr. Butt, and will be found in the Annual Report below.

The Senior Secretary, Mr. Trevor Davies, then read the Annual Report, which is fully reported elsewhere, and which was unanimously adopted.

Mr. Girling Ball proposed, and Mr. Gillies seconded, a very hearty vote of thanks to the Auditors, Messrs. Drysdale, Rawling, and Boyle, for the generous way in which they had given so much of their valuable time to the successful performance of their arduous duties. This was carried with applause.

The meeting then adjourned with a hearty vote of thanks to Dr. Herringham for his able conduct in the chair.

### FOURTH ANNUAL REPORT, 1907-8.

GENTLEMEN.—We have much pleasure in presenting to you our Fourth Annual Report. The past year has been a record one in the progress and continued usefulness of the Students' Union.

Perhaps the event of chief importance to us as students has been the occupation of our spacious quarters in the New Building.

This took place in April, 1907, and our grateful thanks are due to the Medical School Committee for the generous manner in which they have furnished and equipped the Abernethian and Committee Rooms, and for the ready way they have listened to any suggestion we may have laid before them in respect thereto.

The Committee Room has been utilised as a Writing Room, and free note-paper has been provided for the use of our members.

This innovation has met with the greatest appreciation, and will be continued as long as the privilege is not abused.

The Librarian has courteously consented to continue the provision of stamps to those requiring them.

We have again to record our increasing debt of gratitude to Mr. Bruce Clarke for his untiring energy and wisdom in the work of improving our ground at Winchmore Hill.

As the active representative of our ground landlords he has shown the greatest interest, and his frequent early morning visits, well calculated bargaining, and business acumen, have been of the greatest benefit to us. He has spent over £100 in ground improvement during the past year.

A gravel path has been walked from the pavilion to the station end of the ground, and first-rate gravel has been discovered and raised in sufficient amount to supply all requirements for some time to come.

The tangled mass of brushwood and undergrowth along the main road fence has been cleared, pruned, dug up, and planted with evergreens and trees.

Large portions of the Rugby Football ground have been levelled, drained, and re-turfed, and it is hoped to treat the Association Football ground similarly next year.

In the summer the beds were gay with flowers.

The pavilion tea-room has been thoroughly done up, a matchwood dado and a picture rail having been skilfully put up by Last under the guidance of Mr. Bruce Clarke.

The team photos, which formerly graced the old Abernethian Room, have found a more suitable home in the pavilion.

A telephone has been installed (Palmer's Green, No. 60), the rate being 2d. per call.

Owing to the opportune, long-looked-for, and carefully nurtured leakage of our old boiler, a new one is to be inserted, of such a size as to permit of four additional baths being added in due course.

The tea-room tariff has been revised and added to, and the 6d. teas now provided are very popular.

D. H. Last, the Groundman, has given continued satisfaction in every respect, proving himself a skilful and capable artisan. It has been decided to charge a gate, ladies excepted, for all matches on the ground next year, in the hopes that we may be able to better entertain our visiting teams.

The Third Edition of the *Year Book* was issued in 1907 by a special Year Book Sub-committee, assisted by a salaried clerk, and proved as much appreciated as former editions.

Two special lectures have been given during the year, one by Dr. Herringham on "Some Views of India," and the other by Dr. Leonard Mark on "Art and Medicine." Both were very well attended and much enjoyed. Refreshments in the Library afterwards added sociability to both evenings.

No Smoking Concerts were held during the past year, but the newly instituted Annual Students' Dinner to be held in the Empire Rooms, Trocadero Restaurant, on March 17th next, promises to be well attended.

The Annual Dance was held on December 4th, 1907, in the Wharnciffe Rooms, and proved a phenomenal success, 333 being present. Our thanks are due to Lady Ludlow, who acted as hostess, to the Ladies' Committee, and to the General Committee under the chairmanship of Dr. Samuel West, all of whose efforts contributed greatly to the success of the function.

Two new clubs have been added to the Union, the Rowing and Boxing Clubs. The former was revived in April, 1907, and signalled its revival by carrying off both the first and second U.H. Rowing Fours Cups.

The Boxing Club was revived in December last, and its meetings are held, by the courtesy of the Hospital authorities, in the old surgery.

Steps are being taken to institute a Golf Circle for the arrangement of periodical tournaments in connection with the Hospital. We have to congratulate the Cricket and Rowing Clubs on winning their respective U.H. Cups, and venture to hope for their continued success.

The Rifle Club rejoice in the possession of a splendid miniature rifle range in the unexplored depths of the new out-patient department, and great improvement in the accuracy of the shooting in future Armitage Cup competitions is confidently expected. A uniform outer cover for all Club's fixture cards has been decided upon, the annual saving thereby amounting to over £7.

The Finance Committee's report and balance sheet show that the financial state of the Union is in a satisfactory condition. The system of accounts has been entirely reorganised and placed on a sound business footing.

A chartered accountant was employed for the recent Union audit, and several suggestions put forward by him have been adopted.

New account books, with special instructions to facilitate the keeping of accounts in a business-like manner, have been issued to all club secretaries, and the accountant will perform the audit at the end of each financial year.

### THE JOURNAL.

Since the last Annual Report was issued Mr. N. G. Horner has resigned the post of Editor. During his term of office a special number of the JOURNAL was issued (August, 1907) in commemoration of the opening of the New Out-patient and Casualty Block by H.R.H. the Prince of Wales on July 23rd.

Dr. Pritchard was appointed Editor in October, 1907.



There has been a falling off in the number of subscriptions to the JOURNAL during the year 1907-8 (as compared with the previous year). It is a matter for regret that many men on qualifying leave the Hospital without becoming subscribers.

The Year-book was issued in October, 1907, under the Editorship of Mr. J. E. Haistone.

## CRICKET CLUB.

The past season has been a great success. We won the much coveted Cup, after having been in the Final three years running. We beat London, University, King's, and St. Thomas's; the latter, which proved to be the best match of the season, being a splendid fight, in which the luck veered round on the afternoon of the second day in our favour, and we finally won after two and a half day's grim struggle. It is very satisfactory to record the great keenness shown the whole season; this has been increasing greatly the last few years, and we trust it will continue. We were a team without a tail, as the records for the season show; for when the few first men failed, the remainder generally pulled the game out of the fire. The Past v. Present was another great success, and the Present won after the most exciting game for some years by 3 runs. It must have been very pleasing to those who had the arduous task of running this affair to see a record crowd, both of visitors and students.

The 2nd XI had a good season from a social point of view, but, owing to slackness on the part of many men, the last few matches had to be scratched. It was very disappointing to see several promising freshmen lose their form after the first few matches. This is not a hopeful sign for the first team, who rely on these coming cricketers. We would suggest that more keenness be shown, by practice at the nets. We beat London in the first round of the Junior Cup, but lost to Guy's in the semi-final.

## ROWING CLUB.

At a meeting of the Club, held on March 19th, 1907, the following officers were elected:—Mr. Bowlby consented to be President; Mr. Etherington-Smith was elected Vice-President; Mr. Donaldson, Captain; Mr. Gillies, Hon. Sec.

It was decided to enter two fours, senior and junior, for the Inter-Hospital Cup. The races for this event took place on May 29th between Putney and Hammersmith. At the last moment London were obliged to scratch their junior crew. In the senior event the St. Bart.'s crew began to draw away soon after the start, and won easily by five lengths. The junior four rowed over.

## BOXING CLUB.

After several unsuccessful attempts at a revival of the Boxing Club during the past three years, a determined effort was made during the early part of the Winter Session to obtain a room in the Hospital which could be open all day to members of the Club.

Our thanks are due to the efforts of Mr. Bruce Clarke and the courtesy of the Hospital authorities for allowing the east end of the old Surgery to be fitted up as the Club room.

Four practice rings are always up, two of which can be replaced by a regulation ring 18 ft. square when necessary.

The lighting has been renovated, and a shower bath fitted in the old female duty room. The changing rooms include this and the three medical rooms.

The first meeting took place on February 11th, when Charley Allum was chosen to be instructor.

Up to the present there has been a constant attendance, the room being open from 12 to 7.30, except on Wednesdays and Saturdays; over fifty members have attended.

## RIFLE CLUB.

The past season has not been so successful as was hoped. Owing to the absence and illness of members of the team the Armitage Cup had to be abandoned after the second shoot. The Club was also unable to send a team to Bisley to compete in the Inter-Hospital Cup.

The Aggregate Cup (Mrs. Waring Cup) was won by Mr. Nash-Worham, other prizes by Messrs. Owen, Andrews, Maclaren, Backus, and von Braun.

The New Miniature Range is almost complete, and is to be opened shortly, probably by the Treasurer, Lord Ludlow. The thanks of the Club are due to the Hospital authorities, who have very kindly born all the expenses connected with the range; also to Mr. Waring,

the President; Mr. Rawling; Mr. Owen, the Captain; and Mr. Maclaren, the Secretary, who have devoted so much valuable time to planning the range.

## ATHLETIC CLUB.

During the year 1907 the Hospital fully maintained its reputation in the United Hospital Sports, which were held at Stamford Bridge. Although we were not fortunate enough in regaining the United Hospital Shield, we were a close second.

F. J. Gordon, who ran well, finished second in the Quarter-Mile, being beaten just on the tape.

Young once again won the Putting the Shot. L. F. K. Way secured the first prize for Throwing the Hammer, and was also second in the Long Jump event.

The prospects of regaining the Shield this year are bright. We live in hope.

S. TREVOR DAVIES,  
H. T. H. BUTT.

## REPORT OF ABERNETHIAN SOCIETY FOR SESSION 1907-'08.

The Winter Session 1907-'08 of the Abernethian Society consisted of twenty meetings.

Fifteen papers have been read before the Society, many of them of unusual interest, and four Clinical Evenings have been held.

Of the fifteen papers, five were delivered by members of the Visiting and Teaching Staffs, one by a General Practitioner, and the remainder by members and late members of the Resident Staff.

The meetings have been well attended, the average attendance being well above that of former years, the increase being due in part to the better accommodation of the Societies meetings in the new Abernethian Room.

The election of officers for the coming year will take place on the day of the Annual General Meeting, March 19th.

S. DIXON,  
A. J. W. CUNNINGHAM, } Hon. Secs.

## RUGBY FOOTBALL CLUB.

## CUP-TIE. 2ND ROUND.

ST. BART.'S v. GUY'S.

This match was played at Richmond, on Monday, February 24th, before a rather small attendance. There was only two changes from the side which defeated St. Thomas's in the first round, Von Braun coming into the pack instead of Butt, who was indisposed, and Richards taking Ferguson's place at full back. It was hoped that Gibson would be able to make a reappearance, but he was not able to, and Bilderebeck again took his place. Bart.'s lost the toss, and had to play against a strong wind. From the beginning, in spite of playing against the wind, Bart.'s held the upper hand, the forwards beating the opposing pack both in the tight and the loose. The backs on both sides defended well, Richards in particular kicking capitally, but they made very little ground when attacking, passes being too frequently given with the whole line standing still instead of when on the move. Half-time arrived with no score, and there seemed a good prospect of a win for Bart.'s, who on changing over had the help of the wind, which had not fallen. For the first quarter of an hour of the second half Bart.'s attacked persistently, and on several occasions looked like scoring, but just failed to put the finishing touches. Up to this point Bart.'s had had decidedly the better of the game, but now a heavy storm of rain and hail broke over the ground, and very soon made a marked difference in the game. The heavier Guy's pack showed themselves far more at home in the wind, and beating us for the ball brought off many excellent loose rushes which brought them very near scoring. The remainder of this half consisted of a desperate scramble in mud and water, which Guy's had considerably the best of. During the last five minutes the weather cleared a little, and Bart.'s recovered and pressed again, but could not break through the Guy's defence, and when time was called neither side had scored. The whole team played splendidly, and it is hard to single out particular players. Grandage led the forwards in his best style, and was finely backed up by Folitt, Weddell, and Trewhy. The backs all defended well,

Oulton being in great form, but were ineffective in attack. Richards at full back made no mistakes. Team: E. D. Richards (back); E. V. Oulton, P. A. With, C. E. Bilderebeck, F. J. Gordon (three-quarters); H. M. Coombs, A. Chillingworth (halves); W. B. Grandage, A. B. Folitt, H. A. Harris, F. Trewhy, J. M. Weddell, J. Van Schalkwijk, R. von Braun, J. W. Adams (forwards).

## CUP-TIE (REPLAYED). 2ND ROUND.

ST. BART.'S v. GUY'S.

The replay took place on Wednesday, March 4th, at Richmond. Gibson made a welcome reappearance, taking the place of Bilderebeck. Otherwise the team was the same as that which did duty in the previous game against Guy's. The ground was in perfect condition, and there was hardly any wind. As in the previous game, Bart.'s started well, beating the Guy's forwards at getting the ball and in the loose rushes. The backs were more dangerous in attack, and play was kept well within the Guy's half of the ground. At last, after compelling Guy's to touch down two or three times, we scored a lucky try. An abortive drop at goal did not go dead as everyone expected, and With rushing up scored an easy try just outside the posts. Oulton failed to convert. Half-time arrived with Bart.'s leading by a try to nil. In the second half the Bart.'s forwards did not get the ball so well in the scrums, and Guy's were frequently very dangerous, but were kept out by strong tackling. However, towards the middle of this half Bart.'s recovered and again began to attack. About ten minutes before time, when we were still leading by a try to nothing, Grandage, who had been leading the forwards in his best form, got hurt and was practically useless for the rest of the game, though he pluckily continued for a time. With only seven forwards Bart.'s did badly, and Guy's scored after a short dribble by Archer. The try was not converted. A moment later Richards, who had played a capital game, miskicked, and Sane, gathering the ball, scored a soft try. It was not converted. Guy's continued to press, and just before time Stringer dropped another lucky goal, and we retired, defeated by 10 points to 3. It should be mentioned that when Richards miskicked he was at the same moment winded, or he would easily have stopped the second try. This and the accident to Grandage were great factors in our defeat. It is impossible to single out individuals in a criticism of the game, as everyone seemed to be at their best. Team:

E. D. Richards (back); E. V. Oulton, T. S. Gibson, P. A. With, F. J. Gordon (three-quarters); H. M. Coombs, A. Chillingworth (halves); W. B. Grandage, H. B. Folitt, H. A. Harris, F. Trewhy, J. M. Weddell, J. Van Schalkwijk, R. von Braun, J. W. Adams (forwards).

## JUNIOR RUGBY CUP. FINAL TIE.

ST. BART.'S v. GUY'S.

This tie was played on Monday, March 16th, on the St. Thomas's Ground at Chiswick. The state of the ground was good, and ensured good going with a dry ball. Bart.'s lost the toss, and kicked off with what little wind there was in their favour. From the first scrum it was manifest that Guy's were much superior forward, both in weight and getting the ball. The Bart.'s forwards seemed to have no idea as to the rudiments of packing, and even when the front row had gained possession of the ball the back rows failed to let it out smartly. There was too much talking in the scrums, and not enough hard pushing. The forwards did not break away quickly enough, nor did they follow up hard enough. Adams and Trevor Davies were conspicuous for following up and hard, clean, tackling. Apart from two or three good forward rushes, in one of which Ormsby shone, our work in the loose was poor. At half Guy's were the better, although Vivian played a very sound all round game. Craddock did many good things, but he marred his performance by a marked tendency to play off-side. Of the three-quarters Keats and Tressider were good, Keats' touch finding being particularly brilliant, while Burn, at back, has played much better games; he must learn to take the ball full pitch, and not on the bounce. He did some good kicks, but generally failed to find touch. Guy's were the better team in all divisions, and two of their tries which were converted being due to faulty marking.

The touch finding of their backs was very good, so good, indeed, that Bart.'s might take a lesson from it.

Gibson scored the only try for Bart.'s, the result of a piece of

good dribbling. Keats converted. For Guy's tries were scored by Monaghan (2), Medlock, Strachmah, and Covell. Medlock, whose goal kicking was excellent, converted four of these, and also kicked a good penalty goal.

Thus, after a disappointing display, Bart.'s were beaten by 4 goals, 1 penalty goal, and a try (26 points) to a goal, 5 points. Team:

R. Burn (back); B. A. Keats, G. F. Tressider, R. W. B. Gibson, and R. B. Bridgeman (three-quarters); F. J. Craddock and R. T. Vivian (halves); J. Wrath Adams, S. T. Davies, H. M. Gilbertson, R. Brewitt, E. N. Russell, G. V. Ormsby, N. A. Scott, R. E. S. Waddington (forwards).

## ASSOCIATION FOOTBALL CLUB.

ST. BART.'S v. GUY'S (REPLAYED CUP-TIE).

The above match was played at Honor Oak Park on Thursday, February 20th, and resulted in a win for Guy's by 6-1. Our opponents won the toss, and Cullen kicked off for us against the wind. From the start Guy's pressed, and, indeed, we seldom got over the half-way line during the first half. The Guy's forwards and wing halves were very good, and kept up an incessant attack, and scored at regular intervals after the first ten minutes, Birks scoring twice and Whitley once; our forwards only got away once, and then failed to score. Opening the second half, Guy's went right away and scored their fourth goal. After that our forwards, well backed up by With at centre half, got going, and, after several kicks behind, Gordon fastened out a good centre by Dale, and made no mistake with a very good shot. From this point onwards we had as much of the game as Guy's, but were unable to score again, whereas Guy's added two more points. The result, therefore, was 6-1 against us. In justice to the losers, it should be mentioned that our forwards were value for more than one goal in the second half. The match was lost entirely owing to the inability of our forwards to adapt themselves to the wet condition of the ground; they were utterly at sea, and exhibited no sort of combination. The best of the line were Ritches and, for a short period in the second half, Gordon. With was the best of the half-back line, and played a really fine game. The wing halves were also good, but were not as clever as their centre. At full-back Norman was good, and kicked finely. Rimington was handicapped through being badly kicked during the first half. Forrester, as usual, kept a good goal, and had no chance at all with four of the shots that scored. Team:

A. T. W. Forrester (goal); N. F. Norman, H. Rimington (backs); C. R. Woodruff, P. A. With, B. H. C. Wilson (halves); W. C. Dale, F. J. Gordon, W. Cullen, R. G. Ritches, and L. S. Hodge (forwards).

ST. BART.'S v. TROJANS.

This match was played at Winchmore Hill on March 14th. We had a very weak team out, but we managed to draw 1-1. At back Rimington and Miles played well.

ST. BART.'S v. OLD TOLLINGTONIANS.

Played at Winchmore Hill on March 14th. We had very nearly a full team out, but, in spite of this, we were beaten by rather a weak team by 3-1. It was a poor game. Everybody seemed very slack, though the conditions for a good game were favourable. Our only goal was scored by a penalty, which was kicked by Gordon. Team: A. J. W. Forrester (goal); H. Rimington, P. Cole (backs); C. R. Woodruff, P. With, B. H. C. Wilson (halves); W. C. Dale, F. J. Gordon, A. E. Cullen, R. G. Ritches, C. A. Hooton (forwards).

## HOCKEY CLUB.

## CUP-TIE. SEMI-FINAL ROUND.

ST. BART.'S v. LONDON HOSPITAL.

The semi-final of the Cup-tie was played on the Hampstead Ground at Richmond, and resulted in a win for us by 5 goals to 3. We lost the toss, and played with the hill and wind in our favour the first half. We quickly assumed a lead, Glenny scoring 2 goals in quick succession by good individual play. Shortly afterwards Gaskell scored a goal after a good dribble and centre from Stathers. Before the whistle blew for half-time Glenny added another goal, and London also managed to get through, and score once, so that at the interval we had a good lead of 4 goals to 1. During the first half the ball was almost entirely in our opponents' half. Our halves played well up, and gave the forwards some good openings.

In the second half London got together and pressed heavily for the first twenty minutes, during which they managed to score 2 more goals. In this they were favoured by a shower of rain, which made the ground very greasy. Our defence fell off, and seemed continually to be missing the ball. In the last quarter of an hour, however, we pulled ourselves together and pressed their goal strongly, getting through at last by a good shot from Gaskell in the last minute of the game.

There was not enough combination amongst the forwards, Glenny being particularly at fault in this respect, though his individual play was very good. Gray at right half played a good game throughout, but he did not have a great deal to do, as the London outside left seldom got the ball. Team:

H. F. Griffith (goal); A. G. Turner, G. Viner (backs); L. F. G. Lewis, G. F. Page, G. C. Gray (halves); G. N. Stathers, J. Gaskell, H. E. Robinson, E. T. Glenny, and R. T. Vivian (forwards).

#### CUP-TIE FINAL.

We met Guy's in the final on Monday, March 2nd, on the Mid-Surrey Ground at Richmond, and after a very close game lost by 1 goal to nil. Whether it was that we were off our game or else too confident there is no doubt that the better side did not win. Throughout the game we were pressing, but seemed to fail at the critical moment. We played down hill in the first half, but failed to get through their defence. In the second half the game became somewhat erratic, and a good many fouls were given against the Guy's backs. The only goal that was scored was due to a piece of ill-luck for us as a hot shot had been well saved by Grithth, who cleared, but the ball cannoning off two or three players came to Titchhurst, who was unmarked, and put it through with a hard shot. We played up better after this, and Glenny had hard luck in not scoring from a penalty bully shortly afterwards, the ball missing the goal-post by less than two inches. But in spite of many chances we failed to score, and thus Guy's were the winners for the second year in succession. Page played a splendid game throughout, and the forwards ought to have made better use of his fine passes. Viner also played well at back, and Glenny was very useful in the forward line. Griffith saved well, but could not hope to save the shot which won the match.

ST. BART'S v. ST. ALBANS, Saturday, February 22nd.

In view of our approaching Cup-ties we managed to take down a full team, and defeated St. Albans, who were unfortunately weak, by a handsome margin of 8 goals to 1. We tried Lewis at left half and Stathers outside left, and as this worked well decided to keep to that arrangement in the Cup-ties. We pressed hard the whole time, and were seldom out of their "25." A great many shots were badly missed, but this was in some part due to the ground, which was very slippery. It is impossible to criticise the play of any member against such a weak team, but the forwards were far too selfish. The goals were scored by Glenny (3), Robinson (3), Gaskell (1), and Stathers (1). Team:

H. F. Griffith (goal); A. G. Turner and G. Viner (backs); L. F. G. Lewis, G. F. Page and G. C. Gray (halves); G. N. Stathers, J. F. Gaskell, H. E. Robinson, E. T. Glenny, and R. T. Vivian (forwards).

The past season has not been entirely satisfactory. Although we had eight of last year's team playing for us it has been very difficult to get a representative team out, and on only three occasions have we had a full side out, viz. against Architectural Association, Hendon, and St. Albans, when we won respectively by 6-1, 4-1, and 8-1. We had hard luck in not beating Guy's in the Final, as we had the best of the game all through, but were weak in the circle. Page has deserted us for Southgate, and leaves a vacancy very difficult to fill. Sylvester was unfortunately unable to play during the latter half of the season. We welcome G. N. Stathers, last year's outside left for Cambridge, and hope he can be persuaded to turn out regularly for us next season. There seems to be a great lack of good forwards at present, but we hope for some green freshers next October.

### Correspondence.

#### SPECIFIC INOCULATION—AN EPICRITICISM.

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

SIR,—Mr. Noon's letter in your March issue calls for some reply. But I find it difficult to decide how seriously the writer intends himself to be taken. It is disappointing to find that the preface of his

letter, promising as it does a clear statement which shall traverse my own criticism of the "opsonic" hypothesis, suddenly passes into an anticlimax of Merdithian allegory to which, however much the effort may be admired from a literary point of view, the subject in hand scarcely seems to lend itself. Yet I take Mr. Noon seriously, as we take the author of *Richard Feverel* seriously, for the letter, like the book, shows signs of care on the part of the writer.

"Dr. Horder . . . tells us he has attained the end which Koch attempted, namely, the successful treatment of bacterial diseases by specific inoculation." (Let me bracket with this the other reference to Koch and myself, that I may be freed from the discomfort of my blushes during the remainder of my letter.) " . . . a system which brought disappointment to Koch and success to Dr. Horder." Careful perusal of my paper will show that I refrained from all systems and generalisations. I spoke of the treatment of individual cases, not of "bacterial diseases." To speak of my success and of Koch's failure is but to say—

"This low man seeks a little thing to do  
Sees it and does it:

This high man, aiming at a million  
Misses an unit."

It was, as I remarked, to the genius of Koch that we owe the principle of specific inoculation; and of all us, whether "opsonists" or not, are in this respect his followers.

The sole point at issue, I take it, is the "control" of therapeutic inoculations by the "opsonic index." I have failed to find that the "opsonic index" affords any sort of control. Mr. Noon considers the "opsonic index" essential to this method of treatment. There is, if I mistake not, a suggestion in Mr. Noon's letter that my neglect of "opsonic" determinations is born of the labour involved in them. But I can assure Mr. Noon that, although I have never seen any virtue in *work qua work*, I can conceive of no better way for a physician to spend his time than in determining exactly the *locus standi* of his patient with regard to the particular infection from which he suffers. As, however, I have come to the conclusion that "opsonic" determinations, when undertaken for the purpose of controlling vaccine-therapy, are "blind guides" and therefore untrustworthy, I omit them. I can also assure Mr. Noon that laboratory work is not, as he suggests, irksome to me. On the contrary it is quite attractive, and would engage my time much more than it does were it not that sick folk are so inconsiderate in the matter of wanting to be cured of their diseases. They, at least, would scarcely challenge Mr. Noon's novel statement that "a physician's business is with his patients, they wait treatment." So persistent, indeed, is their cry for healing that the opsonist himself has long since yielded to their importunity and has magnanimously left his laboratory, doubtless at great personal sacrifice, and has become even as one of us—mere physicians whose business is with our patients.

Mr. Noon warns me against a fall as I ride pleasantly through the fields, keeping in sight the high road where the opsonists are strenuously pedalling. I accept the metaphor. But I am unaware that cycling, as a mode of exercise or locomotion, is less fraught with accidents than is horse riding. That the view across the fields is clearer than along the dusty road I am certain. Will not the opsonist even yet drop this bogey of "risk to the patient"? He has himself demonstrated many times that it is a bogey. But, like the greedy schoolboy, he wants to have his cake and eat it too. In writings off, and in lectures many times, he proclaims it criminal to inoculate without opsonic estimations; in actual practice again and again he proceeds along lines of the grossest empiricism. What then determines, in a particular case, whether the opsonist shall control the vast powers for evil or for good that lie in his vaccine by the beneficent guidance of an opsonic determination, or, like the crazy ignoramus at whose audacity he shudders, shall "cry havoc and let loose" the contents of his ampoule to the possible destruction of his patient?

"Twas a pretty conceit, this of the "opsonic index as a control of vaccine therapy," and no doubt for several reasons it causes a wrench to let it go. But go it must, for the hypothesis is out of harmony with facts. The tool has been hurried from the workshop all too soon, and the hard tests of practice show it to have flaws. The vessel is too small to hold the flood that is poured into it. The hypothesis was the leap which science, any more than nature, does not take. Too trivial in its essence, it was from the first unconvincing, and the surprise would be, not that it failed to serve as a measure of immunisation against bacterial infections, but that it succeeded in so doing. Out of the ashes of this hypothesis, how-

ever, there rises anew the principle of vaccine-therapy, more tangible and more clearly defined than before,—a phoenix which we owe—I repeat the tribute despite Mr. Noon's resentment—to the energies of Sir A. E. Wright.

As regards future developments: instead of that "superior calm" of which I am accused, I really suffer the same "divine discontent" with which I credit Mr. Noon. A true criterion of dosage of bacterial vaccines is a thing to work for and to hope for. But it has not yet arrived. The problem of immunity lies still before us, sphinx-like, silent, much of its riddle yet unread.

T. J. HORDER.

### Review.

A SYSTEM OF MEDICINE. Ed. by WILLIAM OSLER, M.D., F.R.S., and THOMAS McCRAE, M.D., F.R.C.P. Vol. II. Infectious Diseases. (The Oxford Medical Publications, 1907.)

The second volume of this important work amply maintains the reputation gained by its predecessor. A great opportunity lay before the editors in the matter of selection of authors for these chapters dealing with infectious diseases, and the selection has been most apt. The bulk of the advance made of late years in medical science has been seen in the regions of bacterial invasion of the body, so that it was essential to the success of this volume of the System that men should be chosen who had been responsible for these advances.

The volume opens with a very apposite "introduction to the study of infectious diseases" by Professor Hektoen. Within the short compass of 70 pages Dr. Hektoen manages to include the facts relating to bacterial infection in a manner so masterly that a careful perusal of the chapter prepares the reader for the study of the specific diseases dealt with in the volume without involving him in a maze of half-digested hypotheses. To Thomas McCrae, who has for several years made this disease the object of his special attention, are given the all-important sections dealing with typhoid fever. The accounts of its etiology, pathology, symptoms, diagnosis and prognosis, prophylaxis and treatment, form five separate chapters, and cover altogether some hundred and thirty pages. The whole article illustrates in a striking degree the assertion of Prof. Osler that "of no other disease can we read as full a history from American sources alone." The same author contributes two short chapters on Relapsing Fever and Iyphus. Professor Councilman writes on Smallpox and Chicken-pox. Professor Dock adds a chapter on Vaccination,—a difficult subject lucidly exposed.

The account of cerebro-spinal fever has been contributed by Dr. Koplik. It is a most suggestive article, and contains valuable information, born of wide experience, on matters of treatment. The question of the value of lumbar puncture, and its indications as a therapeutic measure, is fully dealt with. It is interesting to read, in a short appendix on "posterior basic meningitis," that the author emphasises the opinion that this disease is due to "the same essential cause as the form of the disease in older children and adults." That this is so is a fact quite established by recent work in connection with the strains of meningococci obtained from these sporadic cases.

One of the most important sections of the volume is that relating to lobar pneumonia, quite rightly included amongst the infectious diseases. Three chapters are devoted to this subject, dealing respectively with (1) the etiology and pathology, (2) the clinical features, and (3) the treatment of the disease. The section is relegated to Drs. Musser and G. W. Norris, and certainly forms the most complete account of pneumonia to be found in the literature. To Dr. Poynton falls the task of writing on the difficult questions relating to rheumatic fever—a significant tribute to this author's many important researches into the etiology of the disease, and, incidentally, a graceful compliment on the part of the editors to English medicine and pathology. Dr. Poynton alone represents Great Britain in this volume. Although we cannot accept Dr. Poynton's view that the "diplococcus rheumaticus" is the established causal factor of acute rheumatism, as distinct from certain secondary streptococcal complications, we regard this account of rheumatic fever as a most skillful and inclusive exposition of the various features of the disease. We commend it to our readers most cordially.

A chapter on "toxæmia, septicæmia and pyæmia" from the pen of Dr. Richard Pearce amply repays perusal, although the subject-matter is scarcely ripe for dogmatism. Dr. Shiga's article on bacillary dysentery will naturally be read with avidity by all inter-

ested. This is, as would be expected, the work of a master of the subject.

Reference should be made to the coloured plates, over twenty in number, reproduced from photographs, which are liberally bestowed in this volume. They deserve the utmost praise, and are nothing less than works of art. Reproduction of temperature charts are not spared. The whole "get up" of the book calls for highest commendation to the publishers, as the subject-matter does to the editors and their distinguished collaborators.

### Royal Naval Medical Service.

The following appointments have been made since February 20th, 1908:

Surgeon L. E. C. Murphy to the "Vernon," additional for the "Furious," to date March 10th, 1908.

Surgeon H. C. Adams to the R.N. Hospital, Haslar, to assist in instruction of surgeons on entry, to date April 7th, 1908.

Promotion:

Surgeon John O'Hea to be Staff Surgeon with seniority of February 26th, 1908.

### Royal Army Medical Corps.

Lt.-Col. F. H. Treherne has been selected for increased pay of his rank.

Lieuts. H. S. Dickson and J. R. Renshaw are confirmed in that rank.

Majut J. Giviu has arrived home from West Africa, and Capt. M. G. Winder from South Africa.

Capt. M. F. Grant is home on leave from India.

Lieut. A. S. Williams has embarked for India.

Capt. J. B. Cautley, on arrival in India, is posted to the 8th (Lucknow) Division, and Lieut. E. W. M. Paine to 9th (Secunderabad) Division.

Capt. A. O. B. Wroughton is returning from India.

Capt. M. G. Winder is posted to the Eastern Command, and Lieut. J. R. Lloyd is transferred from Western Command to London District.

Correction:

Major F. M. Mangin appointed Officer-in-Charge, Medical Division, Cambridge Hospital, Aldershot.

### Indian Medical Service.

Capt. W. H. Cazaly, M.B., B.S., I.M.S., to act as Deputy Sanitary Commissioner for the Central Registration District, Bombay.

Lieut. A. F. Hamilton, I.M.S., has been appointed to act as Civil Surgeon of Ahmednagar in addition to his own duties.

Capt. F. V. O. Beit, M.B., I.M.S., on return from leave is transferred from Maymyo to civil medical charge of the Torngoo District, Lower Burma.

Lieut.-Col. C. J. Bamber, I.M.S., Sanitary Commissioner, Punjab, has obtained leave for three months.

Lieut.-Col. F. P. Maynard, M.B., F.R.C.S., I.M.S., is appointed a Fellow of the Calcutta University.

Capt. R. A. Lloyd, I.M.S., acted as Civil Surgeon of Jhelum from October 8th to 30th, 1907.

Dr. J. L. Hendley returned to Daltongunge in December as Civil Surgeon.

### Examinations.

UNIVERSITY OF OXFORD.

The following completed the Examinations for M.B., B.Ch., Oxon., in December, 1907:—S. Hartill, B. G. Klein.

## UNIVERSITY OF CAMBRIDGE.

The following completed the Examinations for M.B., B.C. Cantab., in December, 1907.—J. W. R. Bean, H. S. Berry, R. N. Chopra, F. W. W. Griffin, M. W. B. Oliver, E. V. Oulton, P. J. Verrall, K. M. Walker.

## CONJOINT BOARD.

The following have completed the Examinations for the Diplomas of M.R.C.S., L.R.C.S., in January, 1908.—T. R. H. Blake, E. P. Carmody, H. Blakeway, J. M. Eckstein, H. D. Gillies, A. E. Gow, H. Gall, C. O. O. Williams, M. R. Sawhney, R. E. Price, W. C. Wigan, F. C. Searle, J. S. Williamson, N. H. Vakeel, S. T. Davies, T. M. Miller.

## Appointments.

BARRIS, J. D., B.A. (Cantab.), M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the City of London Lying-in Hospital, City Road.

BURROWS, HAROLD, M.B., B.S., F.R.C.S., appointed Assistant Surgeon to the Royal Portsmouth Hospital.

HADWEN, J., M.B., B.S. (Lond.), appointed Surgeon to the ss. "Egypt" (Peninsular and Oriental Steam Navigation Company).

HARTILL, S., M.B., B.Ch. (Oxon.), appointed Assistant House Physician to the Leicester Infirmary.

KEMP, C. G., M.B., B.S. Durham, appointed Casualty Officer to the Royal Infirmary, Bristol.

LAURIE, CASPAR ROBERT.—The King has been graciously pleased to sanction the following appointment to the Order of the Hospital of St. John of Jerusalem in England: as Knight of Grace, Surgeon-Major Caspar Robert Laurie (from Honorary Associate).—Extract from the *London Gazette*, March 6th, 1908.

RUNDLE, HENRY, F.R.C.S. Eng., has been appointed Consulting Surgeon to the Royal Portsmouth Hospital.

SCOTT, W. H., M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Raphael."

SCOTT-RIDOUT, C. A., M.S. Lond., F.R.C.S. Eng., has been appointed Assistant Surgeon to the Royal Portsmouth Hospital.

SEARLE, F. C., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Finsbury Dispensary, Brewer Street, E.C.

WELLS, W. W., M.B., B.Ch. (Oxon.), appointed Casualty Officer at the East London Hospital for Children, Shadwell.

WILLIAMSON, H., M.B., B.C. (Cantab.), M.R.C.P., appointed Physician to In-patients, City of London Lying-in Hospital.

## New Addresses.

HARTILL, S., The Infirmary, Leicester.

HENDLEY, H., Lt.-Col. I.M.S., Roseneath, Queen Street, Hammer-smith, W.

HOGAN, C. E., Dunstaffnage, 4, Heath Hurst Road, Hampstead, N.W.

KLEIN, E., Lyndhurst, Willow Grove, Chislehurst.

LEONARD, N., Poste Restante, G.P.O., Wellington, New Zealand.

LOWRY, E. W., 53, Kew Bridge Road, W.

ODLE-BRAN, A. W., Audmont, Audley Road, Hendon, N.W.

SANKEY, R. H., 35, St. Giles, Oxford.

WATERHOUSE, R., 28, Gay Street, Bath.

WINDER, M. G., The Grand Hotel, Dover.

WOOLLCOMBE, A., Staff Surg. R.N., H.M.S. "Argonaut," Portsmouth.

## Births.

ATKINSON.—On Sunday, the 1st March, at 33, Church Street, Saffron Walden, to Dr. and Mrs. W. H. Atkinson—a daughter.

HOBBS.—On the 6th March, at Burke House, Beaconsfield, the wife of Geoffrey Charlstrom Hobbs, L.R.C.P. (Edin.), L.S.A., of a daughter.

LEE.—On the 19th March, the wife of William Edward Lee, M.D., F.R.C.S., of 45, Muswell Rise, N., and 36, Finsbury Pavement, E.C., of a son. Indian papers, please copy.

LOYD.—On the 23rd January, 1908, at Hatting Spruit, Natal, the wife of J. Allden Lloyd, M.B., L.R.C.P. (Lond.), M.R.C.S. (Eng.), of a son.

MAXWELL.—On the 3rd February, at Yung-chun, Fuhkien Province, China, the wife of J. Preston Maxwell, M.B., F.R.C.S., of a daughter.

MAYO.—On the 7th March, at 6, Parade, Cowes, the wife of T. A. Mayo, F.R.C.S., of a son.

MOORE.—On the 7th March, at Arlington Lodge, Eastbourne, the wife of S. J. Moore, M.D., of a son.

PHILLIPS.—On the 15th March, at Cairo, the wife of L. C. P. Phillips, M.D., of a daughter.

PRINGLE.—On the 14th March, at 195, Croydon Road, Anerley, S.E., the wife of E. G. Pringle, M.D. (Lond.), of a son.

TURNER.—On the 20th February, at Nagercoil, Travancore, India, the wife of Percy E. Turner, M.B., B.S., D.P.H., Senior Medical Officer, Salvation Army Hospital and Training School, of a son.

## Marriage.

HAMILTON—CUNNINGHAM.—On February 23rd, at St. Thomas's Cathedral, Bombay, by the Rev. H. Foote, M.A., William Lewin Hamilton, Captain Indian Medical Service, to Louise, youngest daughter of the late John Allison Cunningham, of Peterborough.

## Deaths.

ALLEN.—H. H. Allen, M.R.C.S., L.R.C.P., February, 1908.

ATFIELD.—On the 23rd March, at San Remo, Italy, in his 42nd year, after suffering for five years from consumption, and recently from influenza, Donald Harvey Atfield, M.A., M.B., formerly Medical Officer of Health at Watford, and afterwards for several years Chief Maritime Medical Officer of Health for the Egyptian Government at Suez, son of Professor Atfield, F.R.S., of Watford.

BICKERSTETH.—On the 7th March, at Liverpool, Edward Robert Bickersteth, F.R.C.S., of 2, Rodney Street, Liverpool, and of Craigydon, Anglesey, in his 80th year.

ELLETT.—On the 28th February, at the Metropolitan Hospital, London, George Grigson Elliot, M.D., aged 31.

HARRISON.—At 6, Lower Berkeley Street, Portman Square, Reginald Harrison, F.R.C.S., aged 70.

## Acknowledgments.

*British Journal of Nursing, Broad Way, Giornale della Reale Società Italiana d'Igiene, Indian Medical Gazette, Guy's Hospital Gazette, L'Echo Médical du Nord, La Presse Médicale, Eastbourne's Annual Report of Health of Borough, Le Mois Médico-Chirurgical, London Hospital Gazette, Medical Review, Magazine of London (Royal Free Hospital) School of Medicine for Women, Nursing Times, New York State Journal of Medicine, Journal of Laryngology, Rhinology, and Otolaryngology, Practitioner, St. Thomas's Hospital Gazette, St. George's Hospital Gazette, Student, St. Mary's Hospital Gazette, Stethoscope, University of Durham College of Medicine Gazette, World of Travel, Zoophilist and Animal's Defender.*

## 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. 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 ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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.

VOL. XV.—No. 8.]

MAY, 1908.

[PRICE SIXPENCE.

## St. Bartholomew's Hospital Journal,

MAY 1st, 1908.

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

## Calendar.

Fri.,	May 1.	Clinical Lecture, 12.45 p.m. Dr. Norman Moore. Dr. Herringham and Mr. Lockwood on duty.
Mon.,	" 4.	Exam. for M.B., B.S. (London) begins. Special Lecture, 1 p.m. Mr. Cumberbatch.
Tues.,	" 5.	Dr. Tooth and Mr. D'Arcy Power on duty.
Wed.,	" 6.	Clinical Lecture, 12.45 p.m. Mr. Cripps.
Thur.,	" 7.	Primary F.R.C.S. Exam. begins.
Fri.,	" 8.	Clinical Lecture, 12.45 p.m. Dr. West. Dr. Norman Moore and Mr. Cripps on duty.
Mon.,	" 11.	Special Lecture, 1 p.m. Dr. Lewis Jones. Exam. for L.S.A. (Surgery) begins.
Tues.,	" 12.	Dr. Samuel West and Mr. Bruce Clarke on duty.
Wed.,	" 13.	Clinical Lecture, 12.45 p.m. Mr. Cripps.
Fri.,	" 15.	Clinical Lecture, 12.45 p.m. Dr. Herringham. Dr. Ormerod and Mr. Bowlby on duty.
Mon.,	" 18.	Special Lecture, 1 p.m. Dr. Ormerod. Exam. for L.S.A. (Medicine, Forensic Medicine, and Midwifery) begins.
Tues.,	" 19.	Dr. Herringham and Mr. Lockwood on duty.
Wed.,	" 20.	Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Thur.,	" 21.	Concert in aid of Fund for Nurses' Home.
Fri.,	" 22.	Final F.R.C.S. Exam. begins. Clinical Lecture, 12.45 p.m. Dr. Ormerod. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon.,	" 25.	Exam. for Matthews Duncan Medal. Special Lecture, 1 p.m. Dr. Garrod.
Tues.,	" 26.	Dr. Norman Moore and Mr. Cripps on duty.
Wed.,	" 27.	Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Fri.,	" 29.	Clinical Lecture, 12.45 p.m. Dr. Tooth. Dr. Samuel West and Mr. Bruce Clarke on duty.

## Editorial Notes.

**T**HE Concert in aid of the Fund for the New Nurses' Home will be held in the Great Hall of the Hospital, on Thursday, May 21st, at 8.30 p.m.

We thus take this, our last opportunity of again drawing our readers attention to this announcement.

A new Nurses' Home has become a crying necessity, and we beg to urge all who are interested in the welfare of St. Bartholomew's to do what they can to ensure that this Concert shall be attended with unqualified success.

FURTHER contributions to this Fund are badly needed. The building proposed will probably cost about £80,000. Up to date the amount received is £5881 16s. 6d.

An admirable programme has been provided, and artistes have been secured whose names are in themselves a guarantee of excellence. We go to press feeling confident that the attendance at this Concert will be a record one, and that there will be every call upon the accommodation provided. We are just conscious of the feeling of regret that the Great Hall is not even larger.

Tickets, price £1 1s., and a limited number at 10s. 6d. and 5s., may be obtained from the Hon. Secs. at the Renter's Office.

ONCE again View Day is almost upon us. Time-honoured custom fixes the date for the second Wednesday in May (13th).

This year's ceremony should attract an even larger gathering than usual, for progress has been rife at St. Bartholomew's during the last twelve months. A royal feast of recent additions to the Hospital's equipment awaits all those who foregather on this day. The new out-patient building has now been a scene of activity for some months. To those working at the Hospital it is no longer new and strange—it has become as part of us. In the

light of the present working facilities it is hard to realise how the Hospital out-patient work was ever carried on in the Old Surgery with all its attendant disadvantages and discomforts, and this will appeal all the more forcibly to those who have been absent from the Hospital for some time.

\* \* \*

THE new Pathological Block—the building which has gradually been developing its present proportions during the last twelve months—will also be available for inspection on View Day. It is hoped that many will take the opportunity of seeing this building, at once prominent and imposing, and thus truly representative of the place which pathology takes in the medicine of to-day.

\* \* \*

THE Annual Past and Present Cricket and Tennis Matches, with their attendant Garden Party, have been fixed for Wednesday, June 24th (Midsummer Day) at Winchmore Hill. Those wishing to play cricket for the *Past* should communicate with Mr. H. E. G. Boyle, 4, Tenby Mansions, Nottingham Street, W., and the tennis players with Mr. R. T. Crawford, St. Bartholomew's Hospital, E.C.

\* \* \*

THE attendance at last year's matches was a record one, and intending visitors this year will learn with satisfaction that the refreshment arrangements will not be neglected, and that specially large strawberries will be secured.

\* \* \*

THE Cricket and Tennis Clubs have as yet lain dormant through the ravages of snows and floods, but we hear the Swimming Club have braved the elements and already had two practices in the Marylebone Baths.

\* \* \*

THE Athletic Sports, organised by the Athletic Club, and open to all students, will be held on Wednesday, June 10th.

\* \* \*

By the time this number is before its readers the Miniature Rifle Range will have been opened by Lord Ludlow on May 4th. The Range is situated beneath the New Surgery. It is reached by a door leading from the open space outside the Dining Hall. The Range is twenty-five yards in length, and there is room for four competitors to fire simultaneously.

The Rifles are Army Service Pattern, converted by Messrs. W. W. Greener to fire .22 ammunition with Martini action.

Targets, N.R.A. standard pattern (equivalent to 500 yards open range firing), are so arranged that they can be mechanically brought back to the firing point for inspection.

Members are invited to use their own rifles, but must purchase their ammunition from the Club. The long .22 is the ammunition supplied, and rifles should be of that calibre.

\* \* \*

THE construction of the Range has been largely carried through by the keenness and enthusiasm of the Treasurer and Almoners, and the successful outcome is, in a great part, due to the efforts of Mr. Waring (President of the Rifle Club), with the assistance of Mr. D'Arcy Power, Dr. Drysdale, Mr. Rawling, and Mr. Hayes, the Vice-Presidents.

\* \* \*

THE Range is the property of the Students' Union, and should prove an asset of the utmost value. Every student should seek the opportunity of obtaining at least minor proficiency. The Range is to be in charge of a competent man, who will be in attendance during the daily period set aside for its use. Ammunition will be supplied at a small charge, and rifles free of charge. Various competitions will be organised according to the demand for the same.

\* \* \*

WE have pleasure in announcing that His Royal Highness the Prince of Wales has been pleased to appoint Mr. D'Arcy Power a hospital visitor of the King Edward Hospital Fund for London for the year 1908.

\* \* \*

WE heartily congratulate Dr. Langdon Brown on his election to the Fellowship of the Royal College of Physicians.

\* \* \*

WE publish in another column an article which deals with the constitution, aims, and objects of the Research Defence Society.

This new Society may be regarded as the first organised attempt to deal with the question of "vivisection" from the standpoint of its bearing upon the welfare of the community. The list of members of this Society, which came into being only a few months ago, has already assumed gigantic proportions, and includes many of those whose position is undoubted in Medicine, Art, Science, Literature, and Theology.


We can conceive of no more efficient way of educating the uninitiated populace with regard to the advantages of animal experiment.

When one considers of what vital importance this method of research is to the advancement of medical science, and when one pauses, but for a moment, to realise its far reaching effect in the treatment of disease, conviction must follow that we as medical men ought to give this Society our unanimous and whole-hearted support.

### Extracts from the Memoirs of a late Physician.

By W. P. HERRINGHAM, M.D., F.R.C.P.

(Continued from p. 83.)

“T is also the custom to probe the physicians by trickeries, in order to be assured of their ability and of their recognition of diseases. Another adventure took place with the princess. She made out she was ill, and caused to be sent to me a vessel full of urine with an inquiry whether I could recognise from it the disease she was suffering from.\* Seeing that the liquid was green, and seemed to have some drug mixed with it, I set my imagination to work, and answered with a smile that the urine came from a person who had eaten largely of green stuff the night before. As soon as I pronounced these words there was a great outburst of laughter behind the curtains of the bed, and they said I was a great doctor. In the end they informed me it was the urine of a cow.”

A certain nobleman was pronounced mad, and Shah Alam, Aurangzeb's son, put him under Manucci's care. “With the permission of God I cured this lord in a few days. To reward me for my trouble and for any expense I had incurred, he sent me a horse with very good paces, but made no other payment. The reason of such a meagre present was his miserliness. On my side I was much put out at getting so little for all the trouble I had taken. So, without any words of thanks, I sent the horse back, telling the groom who had brought him, when many men were present, that his master was in no state to send gifts before he had recovered his reason perfectly, and when he had recovered his health I would accept what he sent to me. He had hardly heard my message when he sent me the same horse with a thousand rupees and a very handsome set of robes. The truth is that he did not send me the present willingly, but felt constrained to do it for fear I might tell every one he was still mad.”

“I also cured a noble from Balkh called Fath-ullah Khan, a title conferred on him by the King. He had afterwards married an extremely pretty woman, who had served up to him nothing but delicious *plats* until he had got ill and lost his appetite. He grew so thin that he looked like a skeleton, and no physician was able to do him any good. In the end Shah Alam ordered me take charge of him. I knew the constitution of these savages,† so I gave him a comforting syrup, which could do him neither harm nor good. Then I ordered him to get his stews made of horse-flesh, and by this means he was in a short time restored to his former rude strength.”

\* *Falstaff*.—Sirrah, you giant, what says the doctor to my water? Page.—He said, sir, the water itself was a good healthy water; but for the party that owed it, he might have more diseases than he knew for. (Henry IV, Pt. II, Act I, sc. 2.)

† Balkh is in the wild mountainous country north of Afghanistan.

“The Mahomedan and Hindu physicians were very much provoked” (at M.'s success), “for their interests were involved, and they lost their practice. However, as they saw they could not injure me directly, they started the rumour that I drank the blood I drew from the Mahomedans; that it was by this means I was made so brisk and energetic, and had such a high colour. All this was simply to hinder people coming to me to be treated. Everybody supposed that what they had published was true, and great repugnance was shown to be bled by me. Aware of what it was that troubled them, I told them to bring with them a china vessel, and all they had to do was to carry the blood home, and then bury it, for fear any cat or dog might consume it; for if that happened, they would make noises exactly like those animals. By this measure I put an end to the false rumours, and they were no longer spoken of.”

One of these physicians, his enemies, “had a daughter who became with child, and at the term she failed to be delivered, and was in danger of death. Neither the father nor the other doctors could relieve her. They called in the cleverest and most experienced in their profession. They even made use of sorcerers, yet neither the one set nor the other could do anything to relieve her. At last they were forced to come to me; embracing me and flattering me, the father begged me to succour his daughter if it were in my power. At once I informed him of a very easy treatment, which was to anoint her navel. This brought on her accouchement at once.”

“Being credulous in matters of sorcery, they (the Mahomedans) began to bruit abroad in all directions that the Frank doctor had the power of expelling demons, including dominion over them. This was enough to make many come, and among them they brought before me many women who pretended to be possessed (as is their habit when they want to leave their houses to carry out their tricks, and meet with their lovers), and it was hoped that I could deal with them. My usual treatment was bullying, tricks, emetics, clysters, which caused much amazement, the actual cautery, and evil-smelling fumigation with filthy things. Nor did I desist until the patients were worn out, and said that now the devil had fled. In this manner I restored many to their senses, with great increase of reputation, and still greater diversion for myself.”

“When the men of Bijapur caught any unhappy persons belonging to the Moguls they did not kill them, but cut off their noses. Thus they came back into the camp all bleeding. The surgeons belonging to the country cut the skin above the eyebrows, and made it fall down over the wounds on the nose. Then, giving it a twist so that the live flesh might meet the other live surface, by healing applications they fashioned for them other imperfect noses.”

"When I bled the king's wife, she put her arm out from the curtain, but wrapped up leaving only one little spot uncovered, about as wide as two fingers, close to the veins. For that attendance I got from her four hundred rupees and a set of robes as a present, and I bled her regularly twice a year. It is just the same when they want themselves bled in the foot, or have any wound or fistula dressed. Nothing is ever shown but the part affected, or the vein they wish opened."

### The Open-air Treatment of Phthisis and other Tuberculous Affections by an Improved Form of Shelter.

By H. NORMAN MARRETT, M.R.C.S., L.R.C.P.

**T**HE treatment of tuberculosis in its innumerable forms is such an important and interesting subject that I venture to hope the few following remarks may be of general interest.

The present day treatment of tuberculosis, as far as non-specific measures are concerned, has resolved itself roughly into three essentials:

1. Fresh air and light.
2. A suitable diet.
3. Rest.

It is with the first of these that I propose to deal in this short paper.

In most up-to-date sanatoria of the present day some form of shelter or verandah is in use. Recognising the good results obtained by Finsen and others in the "Light Treatment" of lupus, it appeared only reasonable that not only was fresh air required in conjunction with rest and good feeding, but that light might play a very important part in affecting a cure in pulmonary and other forms of tuberculosis.

With these objects in view, shelters were constructed on the following lines. (See photographs.)

The roof, sides, and doors are made entirely of canvas supported by a framework of wood. The floor is constructed of  $\frac{3}{4}$  in. planks laid upon joists. For a light shelter of this description the joists need not be of larger dimensions than 4 in. by 2 in. To facilitate transport the writer has found it convenient to make the boards of the floor in four sections, each of them being 6 ft. square. The joists rest at their ends upon the framework of the shelter, and are prevented from sagging in the middle by two or three bricks placed upon the ground. In this way the floor is raised some 12 inches from the ground, thus permitting a free current of air to circulate beneath the shelter.

Sufficient stability is given to the structure if the four

corner posts are fixed from 2 to 3 ft. into the ground. It is, perhaps, almost superfluous to add that the portions of the post buried in the ground should be previously tarred or, better still, creosoted. The various portions of the framework are held together by mortise and tenon joints. The canvas that forms the roof is nailed directly to the framework. The arrangements of the sides of the shelter is more complicated, as several essentials have to be borne in mind. Two of these are of great importance, namely, that it shall be possible to close separately any one of the openings, and that means shall be provided to prevent noise and draught caused by flapping of the canvas. The first of these points can best be appreciated by careful study of the accompanying illustrations. The second desideratum is achieved by fixing the canvas in such a manner as to render it taut. As shown in the illustrations, all skirting is avoided in the construction of these shelters; there is, therefore, no possibility of the accumulation of dust. The shelters are made 12 ft. square; this is found to give ample room for the requirements of treatment. The roof is slanting, the highest part being 8 ft., and the lowest part 5 ft. 6 in. above the floor. The canvas forming the roof is treated in such a manner as to render it waterproof, but yet so as to enable light to pass through it. This is best done by obtaining some ordinary linseed oil, boiling it without the addition of any other substance, and then filtering it through gauze so as to remove all gross impurities.

The canvas shutters and blinds are raised and lowered as desired by a very simple arrangement of cords and pulleys. The canvas used is of such a mesh as to prevent the pores being closed when the canvas becomes wet with rain or snow. It is a curious fact that when the canvas is wet it becomes more transparent to light. It is thus seen that by these means the great object of surrounding the patient with the maximum amount of light and air is obtained.

Now comes the question of draught. As has been already stated, this is a most important matter, and it plays no small part in influencing the progress of the cure. Wooden shelters are made to work either on a pivot or not. If worked on a pivot to avoid the wind it is almost impossible to avoid a draught at certain times, as no matter how much care is taken in altering the position of the shelter, it is very difficult to keep pace with the vagaries of the wind by day and quite impossible by night. Draughts cannot be avoided where the verandahs and fixed shelters are used. It is obvious that on some days, according to the wind, there may be no draughts either in a wooden shelter or a verandah, but on other days a draught occurs which cannot be avoided.

In the case of canvas shelters on the other hand, neither the light nor the air can be excluded from them, and further if they are correctly located and manipulated it is impossible for the inmates to be in a draught. It is interesting to note

that intercatarrhal conditions and so-called "colds" do not occur in patients treated in shelters as above described.

The shelter may be entirely closed, yet it will be still flooded with light. It may be kept open or it may be kept closed; in neither case can the air be excluded, nor can a draught be created, if, as I have just now said, the shelters are properly manipulated.

The position of the patient's bed, together with the canvas blinds and shutters, is, of course, varied according to the direction from which the wind or rain is coming. See photograph II, which shows a shelter partly closed, illustrating how the patient can be protected from wind and rain when necessary.

A further advantage of this form of shelter is that no fog or mist can enter it, no matter how foggy or misty the external atmosphere may be. Experience shows that provided the nurse be instructed to close the shutter or shutters on the side or sides in the direction from which the wind is blowing no fog or mist will enter the shelter notwithstanding that the rest of the shelter remains wide open. The explanation of this fact is that the canvas acts as a filter to the air. The air passes through, but the particles of moisture are arrested. Air laden with moisture must be, and is, most detrimental to the patient. The walls of wooden shelters and so-called "open-air hungalows" may often be seen streaming with moisture. Scissors, penknives, keys, etc., cannot be kept in a wooden shelter without very soon showing signs of rust, whereas in a canvas shelter they maintain their bright appearance for a considerable time.

The main object in view is to have the shelter kept as open as possible; this applies equally to night and day. In choosing a site for a shelter proximity to trees, hedges, and buildings should be avoided, and a position as open as possible chosen.

The shelters give rise to little or no inconvenience to the patient in the matter of cold. An extra blanket or two and a hot-water bottle are all that are required even in the severest weather to keep a patient comfortably warm. My patients have remained in them night and day through spring, summer, autumn, and winter.

Apart from the occasions on which the shelter is closed to allow the patient to wash and to perform other needful functions it ought never to be necessary to raise more than two sides of the shelter at once, and then only on account of wind and rain.

With regard to furniture in the shelter. Besides the bed only what is absolutely necessary for the comfort of the patient should be allowed, such as a lounge chair, writing table, cupboard, and commode. The floor should be covered with linoleum of good quality. Rugs and other woollen materials are inadvisable. A shelter such as I have described above, with fittings complete, can be made for about £25.

Apart from the fact that cases treated by this shelter

system give far better results than those treated in wood or brick and mortar buildings, there is the enormous saving in expense when this particular shelter system is employed. Not only are the results better, but the method is more economical.

Although these shelters were designed primarily with the object of treating phthisical patients, all tuberculous cases, both surgical and medical, do well in them. I should like to mention in particular that I have noticed that patients suffering from tuberculous laryngitis do astonishingly well; I have also seen cases of tuberculous peritonitis benefit greatly from treatment in these shelters.

In this brief article I have purposely confined myself to the question of fresh air, but I would add that no matter what system of "open air treatment" is adopted, it is absolutely essential that it should be combined with unremitting care and attention to details together with the immediate personal supervision of each individual patient, and that this is only possible where a very limited number of patients are treated at one and the same time, but quite impossible when an attempt is made to treat patients wholesale in large sanatoria.

In conclusion I ought, perhaps, to say that the main idea of these shelters originated with my former colleague and partner, Dr. A. E. Lyster. Since Dr. Lyster's first shelters were made I have been able to effect certain improvements, particularly as regards the raising and lowering of the canvas sides. I believe that the shelters may now be considered a very valuable means of treatment of patients suffering from tuberculous affections. It is on this account that I have thought a description of the shelters with the accompanying illustrations may be of interest to readers of the *St. Bartholomew's Hospital Journal*.

### Medical Consultations.

A Case from Hope Ward. Shown by Dr. NORMAN MOORE.

**D**R. NORMAN MOORE said: This is a case of spasmodic movements—chorea. The patient, *et. 13*, was admitted on the 6th of April, and I do not think her movements were very much greater then than they are now. I could hear a systolic murmur over almost all of the cardiac area. She had an attack of what appeared to be rheumatism in September, with pain in her joints, especially the right hand and the right knee. These are the chief points in her history. Her temperature since she has been admitted has never been above normal, except on the day she came in. Her movements have been very scanty, occasionally more frequent than these seen now, though very slightly. The point on which I ask the opinion of my colleagues is: Is this a true case of what is often called rheumatic chorea? In the very large proportion of cases of the kind of movements that we call chorea there are other conditions which are associated with rheumatism—occasionally pain in the joints, much more often heart disease, and these cases yield to the salicylate of soda. Is this a case belonging to that group? She has been in the Hospital three weeks without any rise of temperature during that time, and she has been taking salicylate of soda. She has had a faint murmur of the mitral valve.

Dr. DRYSDALE.—I think this is a case of true chorea, that all cases of true chorea are rheumatic, and that rheumatic manifestations are often afebrile. I think she has a mitral lesion of an organic nature.

Dr. FLETCHER.—I entirely agree with Dr. Drysdale that this is a case of rheumatic chorea. With regard to medicinal treatment I have never yet seen choreic movements influenced by the taking of salicylate of soda. I think this is a very good illustration of those cases which show improvement from residence in hospital.

Dr. HERRINGHAM.—I do not think the absence of fever in any way rules out this case of chorea from being one of an atetritic disease affecting the cerebral cortex. My opinion is that there is no organic lesion of the valves—the murmurs are really haemic murmurs. The loudest murmur I can hear now is in the first space, and just above the aortic valve. The systolic murmur being in this situation there is nothing to lead me to suppose that there is aortic stenosis, though, of course, there may be some vegetations on the aortic valve, but even that, I think, is uncommon unless it is accompanied by marked mitral disease, but I do not think there is sufficient evidence to make the diagnosis of mitral disease, so that I am rather inclined to think it is a functional or haemic murmur. I have tried loads of things—I have tried aetenic in large doses—but I do not think I have found any drug which can be relied on, and very often I think these slight cases (this is a slight case) very obstinate. I have found a cold douche down the spine has been better than anything else, and I should suggest that you treat the case by hot baths and cold douches.

Dr. MOORE.—I am extremely obliged to my colleagues for their suggestions. My experience is that many cases that come into the wards as chorea have some rise in temperature, and therefore my experience may prejudice me a little with regard to the temperature chart, but I agree that in a considerable number of cases of chorea you get no rise of temperature. I am obliged to Dr. Herringham for his suggestion of cold douches, which I shall certainly try, and I entirely agree with him that some of these cases which are not very severe are extremely difficult to cure.

A Case of *Syngomyelia* from Colston Ward. Shown by Dr. HERRINGHAM.

Dr. HERRINGHAM said: This is a man 21 years of age. He was in good health until two years ago, when he bathed one evening in the river, and says he was very cold on getting out. The next morning he was unable to straighten his left arm, and the fingers of his left hand were all drawn up. There was no loss of sensation, but in the left arm some tingling. He went to the Portsmouth Military Hospital, where he was treated for nine months—had massage and electrical treatment, which he says did him no good. Since then he has been working in South Wales in coke ovens, but he gave that up because, he says, "owing to the paralysis, he could not move his hand out of the reach of the hot irons quick enough." He looks a healthy man and, as you see, has a strong, broad chest. The left pupil is smaller than the right, and he has a slight degree of narrowing of the palpebral fissure on the left side. He has lateral curvature in the upper dorsal region. His left hand is wasted, and here you see the scars he has got through not being able to move away from the hot irons quick enough. He has also a slight spastic gait and weakness in his lower limbs with dissociated anaesthesia, i.e. pain and sense of heat are not preserved over each forearm and the sole of each foot, though common sensation remains. This of course explains the burns. He does not feel when they occur.

Dr. MOORE.—He was in the army, and would, therefore, have been very carefully examined before entry, so that we may take it he was in perfect health at that time?

Dr. HERRINGHAM.—Yes. His plantar reflex is flexor. He walks quite well, and has no difficulty in standing with his eyes shut. The muscles of the left hand show the reaction of degeneration. The pupils react to light, but their condition is unequal—the left pupil never becomes so dilated as the right.

Dr. DRYSDALE.—I saw this man in the surgery, and found there that he was not very clear about his symptoms, and that is what makes one rather suspicious about the history of the onset. He told me very definitely that he could distinguish heat and cold quite well. As this has been shown to be incorrect, I have no doubt he has syngomyelia.

Dr. MOORE.—The wasting of the left hand strikes me as very interesting. I have had three cases in Mark Ward, two of whom had quite definite symptoms of syngomyelia, whilst the symptoms in the third were not quite so definite, but in all of them there was some wasting in the muscles of the hand like this man.

Dr. HERRINGHAM.—I thought that paralysis of the cervical sympathetic was very uncommon in syngomyelia, but in *Albutt's System of Medicine* it is put down as a common symptom. I think the site of the lesion is from the sixth cervical to the second dorsal nerve, and, as to his history, I conjecture that there was some

sort of haemorrhage which took place in a lesion which had been there before.

A Case from Colston Ward. Shown by Dr. HERRINGHAM.

Dr. HERRINGHAM said: You have seen this man before. He was in Colston six months ago, and he has now what he had then—a large spleen, pigmentation over the body, and a very peculiar condition of his blood, i.e. he has got almost a full proportion of the red cells, a much higher proportion of haemoglobin, and his white cells are persistently below the level of what is natural.

The following was the report of the blood examination made on April 28th:

Red cells = 5,020,000 per c.m.  
White cells = 2200 per c.m.  
Haemoglobin = 108% (Haldane)  
Colour index = 1.075.

At the time he left us he went to Swanley to recoup. Whilst there he was treated with Liq. arsenicalis minimis to three times a day. On leaving Swanley he went back to work much improved—in fact, quite in his usual health. He had not been at work very long, however, before he again became weak and ill, complained of pain in his stomach and dizziness, gave up his work at Aldershot and returned to us here.

There is some change in the hands, the pigmentation is not nearly so marked as it was. There is the same pigmentation of the scrotum and penis.

Dr. MOORE.—No pigmentation has developed in the mucous membrane of his mouth?

Dr. HERRINGHAM.—No; his mouth is quite normal.

Dr. DRYSDALE.—When this patient was here last time, I was very anxious not to express any very definite opinion. I thought it was possible he had splenic anaemia, but I had an opportunity of seeing him lately in your absence, and I really think splenic anaemia can be put out of court. I do not think a patient with splenic anaemia, even supposing the anaemia were considerable, would ever have the colour index this patient has. I think the considerable enlargement of the spleen dismisses the diagnosis of Addison's disease. It is possible he may have haemochromatosis. He may have a cirrhotic condition of his spleen and liver. The only thing I know against it is that he has got no sugar in his urine, and that is often a late symptom.

Dr. FLETCHER.—When I saw this patient in the summer, I believe I expressed the opinion to you that I thought the diagnosis lay between splenic anaemia and haemochromatosis. I think the examination of the blood and the large size of the spleen excludes Addison's disease. I might point out how little is known about splenic anaemia and the various forms included in that term. I think it will probably be found there may be great variations in the blood, and therefore I feel we are rather on shaky ground if we exclude splenic anaemia. On the other hand, nothing is known of the blood count in haemochromatosis—most cases being post mortem cases. I was going to ask whether the urine has been frequently examined at short intervals for sugar; there is no doubt small traces of sugar do make their appearance at intervals before glycosuria is established. There is no evidence of cirrhosis of the liver. I think the diagnosis rests between splenic anaemia and haemochromatosis. There is only one specimen of this condition in our museum, which was placed there whilst I was assistant curator.

Dr. MOORE.—I do not feel able to arrive at a conclusion. I remember a case of a man who was in John Ward when that was a male ward, who, on his admission, was thought to have Addison's disease. Well, he got very much better, and after a time he went out of the hospital. He played in an itinerant band which went round the watering places, and he played the whole of that summer. Then he was admitted again. Again thought to have Addison's disease, and so he was about the hospital more or less for eight years. It certainly could not have been a true case of Addison's disease. It must have been an unexplained anaemia of some kind, and the condition of this patient's skin reminds me of that particular man. I do not feel in possession of sufficient material to arrive at a diagnosis.

Dr. HERRINGHAM.—I think this is a most extraordinarily interesting case, which we are all in doubt about. There is nothing suggestive of Addison's disease except the history and pigmentation. Progressive weakness, vomiting, and pigmentation (so weak that he could not move his hands); this is exactly the history of Addison's disease. But directly we found his big spleen we knew that could not be the case—nothing would explain that consistently with Addison's disease.

Has he got splenic anaemia? If he has, it is quite an unusual case of splenic anaemia. Splenic anaemia is a disease that is not absolutely understood; there are some variations in it, and there are some cases which temporarily have no anaemia at all. I do not think there are many cases where the haemoglobin is as high as in this man, but there are certainly cases where the blood is as full of red cells as it should be, at least 4,300,000 as in fact—red cells. The excessive colour index, with an extremely small number of leucocytes. The very small number of leucocytes is very characteristic of splenic anaemia; the excessive colour index is not. Haemochromatosis is in the first place a cirrhosis, besides that you have a fairly large spleen, but usually the enlargement of the spleen is not nearly so marked as that of the liver. There is not a trace of evidence of cirrhosis of the liver.

### The Research Defence Society.

By STEPHEN PAGET, F.R.C.S., *Hon. Secretary.*

THE editor has asked me to give a short account of the Research Defence Society and of its objects. The Society was formed on January 27th, 1908, but, of course, things had been moving to its formation long before this year.

In 1906, at the time of the appointment of the Royal Commission on Experiments on Animals, a meeting was held of delegates of scientific and medical societies to consider the course of affairs. At this general meeting a Committee was appointed to ensure that the evidence of the value and the necessity of experiments on animals should be presented in proper order and method without undue repetition. Professor Starling was the Chairman of this Committee, and in the blue-books published by the Royal Commission it is referred to as "Professor Starling's Committee." Its meetings were held at University College. Its business was to submit a list of witnesses to the Royal Commission, to prepare and print *precis* of their evidence, and generally to note the events and phases of the whole inquiry.

If anybody will compare the evidence before the first Commission (1875) with the evidence before the present Commission he will see a great contrast between them. Thirty years ago it was possible for a man to speak with authority on the whole subject of experimental medicine. There was no bacteriology in 1875, or next to none; and the field of physiology was about one half of its present size; and pathology was unable without bacteriology to acquire fresh territory. One science cannot run ahead of the rest; each must wait, again and again, till another comes up with it. Since 1875 the work has been so divided and extended that there are few men who would care to speak with authority on the whole body of the medical sciences. In brief, Professor Starling's Committee had to submit to the Royal Commission, in a manner worthy of the occasion, a record of thirty years of incessant, difficult, and very successful work. Every member of the

Committee was pleased at the prospect. Here was a grand opportunity at last for presenting at full length, with an infinity of instances, facts, and references, the whole history of the experimental method in medicine. The Committee's list of witnesses was of prodigious length; and they were prepared to continue the work of testimony for any number of years. They were not minded that the public should hear only a part of all that they had to say. If the public really wanted to learn what it owed to experiments on animals, then the public must listen patiently to a full explanation how it had incurred that very considerable debt. One and all, the witnesses were determined that they would compel the public to recognise its obligations, to understand the vital necessity for the experimental method, and to learn what experiments actually are in this country, at this present time, under the restrictions of the Act and the additional restrictions imposed by the Home Office. Also they were determined, so far as possible, to save the public from the misery of believing the false statements made by certain societies.

The work of Professor Starling's Committee came to a natural end when the Royal Commission agreed that it did not want any further evidence. But it seemed a pity to break up such a valuable machine; so the Committee met once or twice more, and decided that it would continue to exist as a new society for the old purpose of informing and disabusing the public mind, and on January 27th, 1908, it called itself the Research Defence Society, and set to work.

It has now (May 7th) 1050 members, of whom 74 are ladies. Lord Cromer is President, and Mr. Pattinson and Dr. Sandwith are the Hon. Treasurers. There is a Committee of representatives of science, practice, hospital administration, and literature, and a Sub-committee. The President announced the work of the Society in a letter to the papers on the 24th of last month. The Vice-Presidents of the Society include the Presidents of nearly all the great Hospitals of London, and the Secretaries of the King's Hospital Fund and the Metropolitan Sunday Fund. Among the clergy we have the Bishops of Exeter, Edinburgh, Chester, Oxford, Grantham, Wakefield, and North Queensland; the Deans of Canterbury, Salisbury, Christ Church, Chester, Ely, and Ripon; the Principal of Mansfield College, Oxford; the Master of the Temple; and many canons and other distinguished clergy. Among artists, Sir L. Alma-Tadema, Sir Luke Fildes, Mr. Britton Rivière, Mr. Collier, and Mr. George Joy; among men of letters, Sir Conan Doyle, Mr. Edmund Gosse, "Anthony Hope," Canon Beeching, Dr. Arthur Shadwell, Mr. Arthur Morrison, and Mr. W. W. Jacobs. The Universities are represented by the Chancellor of Dublin University, the Vice-Chancellor of Edinburgh, the Vice-Chancellor of Birmingham, and by Heads of colleges and Professors innumerable. But indeed the list of our Vice-Presidents

speaks for itself. The following names must be added to those which were published with the President's letter: Lord Ludlow, Briton Rivière, Earl Egerton, the Marquis of Salisbury, Sir William Turner, Lord Fortescue, Sir Thomas Fraser, Sir John Banks, Count Plunkett, the Bishop of Chester. By the death of Lord Poltimore the Society has lost a good friend.

I should like to say something about the general tone of the many letters which have come to me as Hon. Secretary. People are really glad, even in these days of many Societies, that our Society is in existence; they are sick of the false statements and the bad language of certain other Societies; they know that the experimental method is necessary; they know that our doctors and our men of science are not cruel, and they hate the "platform facts" which are used by the opponents of all experiments on animals. That is why the Research Defence Society has received such a wonderful welcome. But, the better the welcome, the greater the responsibility. What must the Society do, that it may continue to deserve so much good-will?

Perhaps its first duty is the establishment of Branch Societies; and steps have already been taken, in several towns, towards this most important object. It is impossible, of course, that our Society should flourish without branches. Its members, in our chief towns, must work together, enlisting more members, and answering enquiries, and distributing literature to applicants, and noting any action on the part of the opposition, and, if necessary, dealing with it. And, in those towns which are not large enough for a branch, there should be a "corresponding member," a branch in himself.

Of course, I am not writing by the instruction of the Committee; I am only saying just what I think. In 1875, when the first Commission was appointed, there was but one "Anti-vivisection Society," there are now sixteen; and, though they have no common policy, they are all agreed as to the epithets to be applied to the men whose work includes any sort of experiments on animals. It does not appear that the method of "silent contempt" for these Societies has prevented them from flooding the country with bad literature, and making good people miserable with "platform facts." Of course, there are occasions where it would be absurd to rush into print or into debate; but I think we have been at fault; we have been too apt to neglect even those occasions where interference would have done a lot of good. And there is a rebuke for us, in the welcome which has been given, by such a host of educated Englishmen and Englishwomen, to the Research Defence Society.

There is talk, also, of establishing a similar Society in the United States, in close touch with our Society.

I venture to appeal to the readers of this JOURNAL to become members of the Society. Of course, it does not offer to do much for its members. On the contrary, it asks

them to do things for it. That is the way of all militant Societies—"C'est à la guerre comme à la guerre." I need only add that I shall always try to be at the service of all members of the Society.

### A Case of Malignant Endocarditis,

DUE TO INFECTION BY A RARE BACILLUS, WITH A PECULIAR MURMUR DUE TO VEGETATIONS IN A PECULIAR PLACE; HEMIPLEGIA DUE TO THROMBOSIS OF THE DEEP CEREBRAL VESSELS, THE SYLVIAN ARTERY BEING PATENT; PECULIAR DEFECTS OF RESPIRATORY MOVEMENTS ON THE PARALYSED SIDE.

*Abstract of a Clinical Lecture*

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

**T**HOMAS G—, a fish curer, aged 32, was in good health until the early part of December, when he was suddenly taken ill with severe pain in the back.

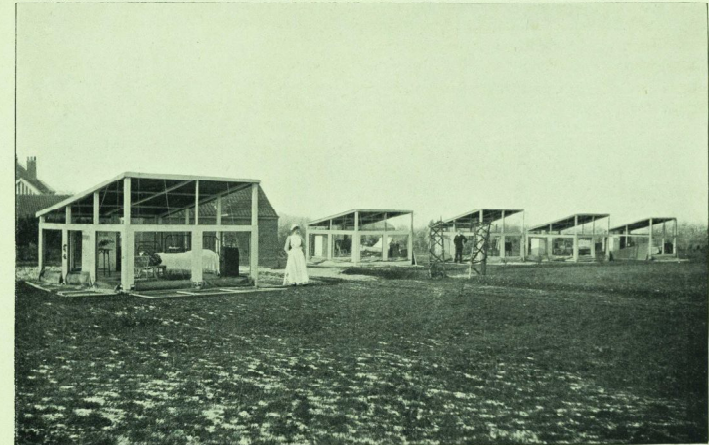
He was thought to have influenza, and was sent to bed for two weeks. At the end of that time he returned to work for a fortnight. Then his legs began to swell, and he found some difficulty in getting about. He came to the Hospital, and, having puffiness of the face, as well as œdema of the legs and albumen in the urine, he was sent into the ward with the diagnosis of acute nephritis.

At the first the diagnosis seemed to be correct, for the face was markedly puffy, the œdema of the legs considerable, and the urine contained about one-third of albumen.

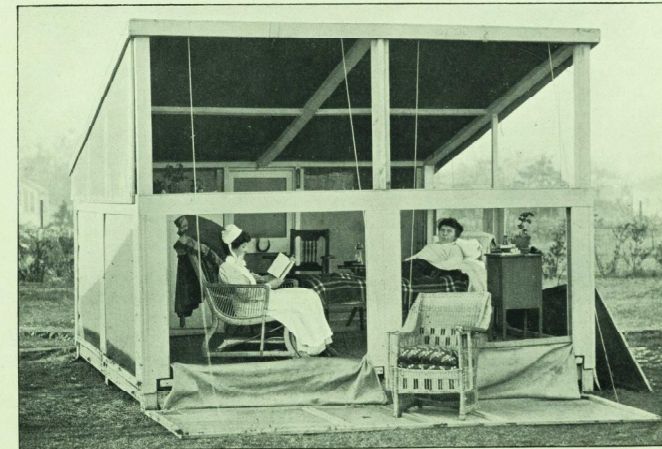
But the temperature was raised, ranging daily between 101° and 102°. As the pyrexia continued, even while the œdema was subsiding and after it had gone, it was obvious that simple acute nephritis was not an adequate explanation. The only other abnormal condition observed on admission was slight general enlargement of the heart, with a blowing systolic apex murmur, propagated a short distance only into the axilla, and not distinctly, if at all, audible behind.

The continued pyrexia associated with this condition of the heart suggested malignant endocarditis, but there had been no blood in the urine nor any sign of renal infarct, and a general acute parenchymatous nephritis as the result of malignant endocarditis, though possible, was very rare. The renal condition may be dismissed by saying that the autopsy showed this diagnosis to be correct, for the kidneys were in the condition of acute nephritis, and there were no signs of recent or of old infarcts.

The interest now centred on the heart and blood. A more careful examination of the heart disclosed several peculiarities.



I. A GENERAL VIEW.



II. A SHELTER PARTLY CLOSED, SHOWING HOW THE PATIENT MAY BE PROTECTED FROM WIND AND RAIN WHEN NECESSARY.

The area of cardiac dulness was considerably increased, especially upwards and to the left, extending along the third rib outwards to the nipple line, when it curved abruptly down to the apex, which was not more than half an inch outside the left nipple line in the fifth space. To the right the dulness did not extend beyond the right border of the sternum.

It was clear, therefore, that the dilatation involved chiefly the left auricle.

The systolic murmur, audible faintly at the apex, fading in the axilla, and doubtfully heard at the angle of the scapula, rapidly increased in intensity in the mammary region. The area of greatest intensity (where it was harsh and very distinct) was a circle described from the left nipple as the centre three and a half inches in diameter. About one quarter of this circle extended over the area of cardiac dulness described, the rest of the circle being outside and above it. This distribution of the murmur was very curious, and suggested that the lesion was in the auricle itself, and only to a small extent at the mitral orifice.

This also proved to be the case post mortem, for, on opening the left auricle, two large masses of papillomatous vegetations were found extending right up into the cavity, one arising from each cusp of the valve on its auricular surface. Where these masses had rubbed on the auricular walls the surface was eroded, and roughened also by vegetations. The mitral valve itself was the seat of chronic mischief of old date, the cusps being thickened and matted together, and the chordæ tendineæ shortened and thickened, and also encrusted with fine recent vegetations. The aortic valves seemed normal, but just below the septal cusp there was also a patch of recent vegetations on the ventricular wall.

Thus the post mortem confirmed in a very interesting way the diagnosis suggested during life.

The blood was very carefully examined for evidence of infection. A very remarkable bacillus was discovered which had been described but only once or twice before. This very technical work was carefully carried out by the Pathological Laboratory, and will shortly be placed on record.

The diagnosis then, so far, was malignant endocarditis affecting chiefly the left auricle, with a general septic nephritis, due to the presence of a peculiar and rare organism.

No source of infection could be traced, but it may be important to bear in mind the patient's work, that of a fish-curer, so that he may have been in the way of acquiring peculiar infections.

The next event in the course of the case was the sudden onset of right hemiplegia.

On February 13th, just four weeks after his admission, he woke up in the evening and told nurse that he could not move his right arm. This proved to be the case, and next day he was found to be hemiplegic on the right side. He

did not lose consciousness at any time. He had a little difficulty in speaking, but easily made the nurse understand what had happened, and could give an account of it next day quite clearly. The speech was a little thick, but this was due to the defective movements of the right side of the face which was also slightly affected.

The diagnosis was now made of embolic hemiplegia. The case ran its ordinary course. The paralysis improved somewhat, but not much in the arm, though the leg regained power to some extent, and the face almost completely.

The temperature, however, continued raised as before. The septic condition remained unchanged and the patient slowly sank, and died of exhaustion on the 3rd of March, having been ill for about three months in all.

Post-mortem the brain presented the following lesions—on the right parietal region near the vertex was a small patch of hæmorrhage the size of a bean, corresponding with a small thrombosed branch of the middle cerebral. Two similar patches were present on the left side in a similar position but a little farther back, and others on the left frontal and right occipital lobes, on the lower surface—all no doubt the result of infarction.

On section of the left hemisphere a small softened area was seen in the hind part of the corpus striatum, to which a thrombosed vessel could be traced, and another thrombosed vessel was found in the genu of the internal capsule. The Sylvian artery did not seem to be thrombosed, nor yet the main trunk of the middle cerebral artery. In embolic hemiplegia it is the Sylvian artery supplying the cortex of the motor, parietal, region of the brain that is the seat of obstruction. Embolism of the central arteries of the brain, as in this case is extremely rare, unless the main trunk is occluded, when all the distal vessels, cortical and central alike, are thrombosed. I cannot remember to have seen any other case of cerebral embolism similar to this.

The last point of interest in this case is one that was observed during life, viz. the peculiarity of the movements of respiration.

Hughlings Jackson pointed out fifteen years ago that the respiratory movements differed on the two sides in hemiplegia. He maintained that normal respiratory movements were of two kinds: (1) Those of ordinary breathing, chiefly diaphragmatic, automatic, and innervated from the respiratory centre in the medulla; (2) those of voluntary breathing, chiefly costal, controlled from the brain and independent of the respiratory centre.

In hemiplegia cerebral control is diminished. It is not lost completely, even where the paralysis of the limbs is complete, for the automatic centres of the two sides, which are accustomed to work together, can be excited from either side of the brain.

Cerebral control, therefore, being diminished in hemiplegia, the spinal centres overact, consequently the movements of ordinary respiration are increased on the affected



side as compared with the sound side. On the other hand the voluntary movements are decreased on the affected side.

These facts are, no doubt, correct in most cases, for they have been frequently confirmed. The contrast between the two kinds of respiratory movement was not, however, present in this case, for both the ordinary and voluntary movements were markedly diminished on the paralysed side, though the difference was most obvious on voluntary respiration.

These differences are often very slight, but in this case were well marked.

One other peculiarity this case presented, which has a general interest. The paralysed side, when viewed from the front, was much flattened. A cyrtometer tracing showed, however, that if it was flatter it was at the same time broader than the sound side. The intercostal muscles were considerably weakened. This was shown by the curious effect of coughing, when the intercostal spaces bulged and struck the hand laid on them with quite a shock at the time of coughing.

We may conclude from this that the rounded shape of the chest is maintained by the tone or equilibrium of the intercostal muscles, and if the intercostal muscles are paralysed the side falls in and flattens. Probably the shape would vary somewhat with position, but the feeble condition of the patient rendered it impossible to test this.

This case was one of very remarkable interest, and the most instructive I have seen in the Hospital for a very long time.

### Influenzal Otitis Media—Illustrated by Three Cases.

By C. ERNEST WEST, F.R.C.S.

**A**CUTE OTITIS MEDIA is always a possible complication of influenza; it has been a notably common one during the later part of the epidemic of the last three months. The three cases, of which I shall give brief notes, were all under my care at the same time, and illustrate the wide variety of clinical forms which this affection may take. All are of serious moment in their possible effect on hearing, the more severe in their risk of grave and possibly fatal extensions beyond the ear.

CASE 1.—A middle-aged man, of rather delicate health, was confined to the house for a few days by a mild attack of influenza. There was no very serious disturbance of general health. During this time he suffered from slight pain in the left ear, and became deaf. There was no discharge from the ear. A week later he was sufficiently well to come to seek advice on account of the deafness, which, he discovered, was seriously interfering with his business.

On inspection, the membrane was slightly hyperæmic, with delicate radially arranged vessels visible round the periphery. This congestion was more marked in the postero-superior quadrant, where there was a distinct bulging of the membrane. There was no tenderness over the mastoid, and the temperature was normal. He could hear a loud watch at three inches only. Rinne's test was negative on the left side, but Weber's test was referred to the opposite side, and there was a small, but quite definite, loss of bone-conduction on the left side amounting to three to four seconds with the fork used. The diagnosis of a sub-acute catarrh of the attic was an obvious one. In the presence of continued signs of inflammation it was not thought well to use inflations; he was directed to use an alkaline douche to the naso-pharynx, and was given an acid tonic mixture.

When seen a fortnight later, the condition was absolutely unchanged. There was still the slight congestion, and the bulge of the membrane had undergone no alteration. There was no improvement in hearing. The simple and effective way of evacuating the attic-effusion by paracentesis of the membrane was suggested and refused. It is probable that this case will progress to the condition of a chronic adhesive catarrh, with increasing deafness and tinnitus.

CASE 2.—The patient was a young and healthy man who, at the end of an attack of influenza, developed an acute otitis media on the right side. Perforation took place spontaneously. At the same time there was an acute suppuration of the left maxillary antrum, which had to be opened and drained by Mr. Harmer.

When first seen there was a profuse discharge of seropurulent fluid from the right ear; the membrane was largely obscured by swelling of the meatal walls, which was most marked in the roof and posteriorly. Such part of the membrane as was visible was red and bulging. The swelling in the roof contained fluid. There was slight tenderness over the mastoid antrum. The temperature was normal. A smear of the fluid, taken as it exuded into the deeper part of the meatus, showed numerous streptococci growing in long chains; no other organisms were visible. It was clear that there was an acute infection of the whole tympanic cavity with distension of the attic, and escape of its contents under the periotæum of the meatal roof. It remained doubtful whether the antrum was seriously involved. Under a general anæsthetic an incision was carried through the membrane from below upwards, and continued through the swelling in the roof of the meatus. Fomentations and four-hourly syringing were ordered. This ear slowly but steadily improved. Two days later the left ear became similarly affected. Perforation took place early, again before the ear was seen. When seen on the second day there was general swelling of the membrane with bulging of the postero-superior segment and of Shrapnell's mem-

brane, and this swelling was continuous with a swelling in the roof of the meatus, less marked than on the opposite side, but of the same nature. It subsided in the course of the next few days. The deafness, which was very pronounced during the height of the inflammation, rapidly disappeared and in the next ten days hearing steadily improved to the normal.

CASE 3.—A male patient, in the Hospital for an ischio-rectal abscess, contracted influenza during his convalescence, and developed an acute otitis on the left side. Perforation took place spontaneously. When I first saw him the membrane was still bulging strongly; there was pain in the ear, and over the mastoid. There was marked tenderness here, but no swelling. Temp. 104°. The membrane was freely incised; this was followed by a temporary fall of temperature, but the mastoid tenderness continued, at first over the antrum, later moving backward, and becoming most marked over a small area two inches behind the meatus. Here the tenderness became intense, and a diffuse slight thickening appeared. The temperature remained high and remittent; there was great headache, frontal and behind the eyes. There was no rigor, no tenderness along the jugular, nor any enlargement of the upper deep cervical glands. The diagnosis lay between suppuration in rather extensive mastoid cells, and an extra-dural abscess, the latter probably along with mastoid suppuration. The severe headache was in favour of an extra-dural abscess. The mastoid was explored, and a localised abscess was found occupying several large cells at some distance from the antrum, and not obviously communicating with it. A second independent abscess was found in a large cell occupying the root of the zygoma. The surface of the dura in the posterior fossa was explored; no abscess was found in this position. The culture of the pus from the mastoid grew a short-chain streptococcus in pure culture.

This patient subsequently developed a dry pleurisy and slight jaundice. It is interesting that another patient in the same ward, who had influenza about the same time, also had a similar mild pleurisy and jaundice. The temperature continued to fluctuate, and headache was still complained of for about ten days after the operation; it then fell to normal, and rapid improvement in the general condition took place. It can now be seen that necrosis of parts of the cut surfaces of the bone has taken place; this may account for the continued fever and headache.

Whatever the bacteriology of influenza as a general disease may be, there is no doubt that in influenzal otitis the infective organism is commonly a streptococcus, and that this is the ordinary *pyogenes*. In both the cases, which admitted of bacteriological investigation, the infection was shown to be streptococcal, though unfortunately the type of streptococcus was never inquired into by the sugar tests. In one or two cases of influenzal mastoiditis I have found a pneumococcal infection. So far I have not seen nor heard at first

hand of the recovery of the influenza bacillus from the ear. Pfeiffer's bacillus is, of course, difficult to grow, and might easily not be recovered even if present; it would be very likely to be overlooked in smear preparations of discharge. But if it is present as a causal organism, it is curious that in so many cases streptococci should be found in such quantity and apparently pure. It is rather striking that the influenza bacillus has been repeatedly grown from suppurations in the accessory sinuses of the nose. The infection of the tympanum is, of course, an extension of that in the nasopharynx, and it must be presumed that in these cases the disease was here also streptococcal; in the second case the streptococcus was recovered from the maxillary antrum, and also from the ear.

In their clinical course these three cases are of interest in their graduated intensity, ranging from a mere subacute catarrh to a dangerous intra-mastoid suppuration. There was a common feature in the concentration of the inflammation in the upper tympanic space. All such cases run a considerable risk of antral suppuration, and the relative frequency of mastoiditis in influenzal otitis is, no doubt, related to this tendency. Anatomically, the third case was of interest on account of the large cell which had excavated the root of the zygoma. The abscess which occupied it might easily have been overlooked. The prognosis for hearing is worse in the case of continued non-suppurative catarrh than in the frankly suppurative ones; none of the three showed that large loss of bone-conduction, which is unfortunately common in deafness of influenzal origin.

In view of the frequency of serious complications the treatment of acute otitis media secondary to influenza should be unhesitating whenever the tympanic inflammation is severe. Early incision of the membrane, followed by sedulous syringing and fomentations, will often suffice to avert a threatening mastoiditis. There is nothing to be feared for hearing from an incision, which invariably heals rapidly; the danger to hearing arises from unrelieved tension in the middle ear. By providing free drainage the spread of infection to the accessory mastoid cells is made less probable; if this has already taken place an acute suppurative mastoiditis is almost inevitable. If the mastoid has to be opened every cell which it contains must be completely opened up; only so can satisfactory results be obtained.

The second and third cases illustrate two of the most important of the indications for incision of the membrane. In the second, while there was no severe constitutional disturbance, the evidence of tension in the attic was clear in the sagging downwards of the roof of the meatus, and the risk of mastoiditis was emphasised by the tenderness on firm pressure over the antrum; there is small doubt that, if relief had not been afforded by incision, suppurative mastoiditis would have been the next stage. In the third the high temperature demanded immediate measures, while the indi-

cations for opening the mastoid were still indefinite. When these became clearer the larger operation was performed without hesitation, though the continued fever and the development of headache would, in the absence of local signs, have been sufficient in themselves to compel this course. In the first case the indication for paracentesis was less stringent; no risk to general health was involved, and the only question was of the best way of minimising the danger of permanent impairment of hearing. Finally, as regards the treatment of the left ear in Case 2, the relative mildness of the condition justified a delay during which rapid improvement happily removed any need to consider further surgical interference.

### British Medical Association.

ANNUAL MEETING, SHEFFIELD, 1908.

LIST OF ST. BARTHOLOMEW'S MEN ACTING AS OFFICERS.

#### ANATOMY.

*President.*—Christopher Addison, M.D., Anatomy Department, St. Bartholomew's Hospital, London.

#### PATHOLOGY.

*Vice-President.*—Alexander Grant Russell Foulerton, F.R.C.S., Middlesex Hospital, London.

#### MEDICINE.

*Honorary Secretary.*—Arthur John Hall, M.D., 342, Glossop Road, Sheffield.

#### DISEASES OF CHILDREN.

*Honorary Secretary.*—Joseph Henry Wilks, M.B., 43, Montgomery Road, Sheffield.

#### INDUSTRIAL DISEASES.

*Vice-President.*—Samuel King Alcock, M.B., Portland House, Burslem, Staffs.

*Honorary Secretary.*—William Henry Francis Oxley, M.R.C.S., 110, East India Dock Road, London.

#### OPHTHALMOLOGY.

*Honorary Secretary.*—Leonard Robert Tosswill, M.R.C.S., 34, West Southornhay, Exeter.

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*Vice-President.*—Walter Jobson Horne, M.D., 23, Weymouth Street, London.

#### OBSTETRICS AND GYNECOLOGY.

*President.*—Richard Favell, M.R.C.S., Brunswick House, Glossop Road, Sheffield.

*Honorary Secretaries.*—Percival Ellison Barber, M.R.C.S., L.R.C.P., Broombank, 3, Clarkehouse Road, Sheffield; Charles Hubert Roberts, M.D., 21, Welbeck Street, London.

#### PUBLIC HEALTH AND FORENSIC MEDICINE.

*Honorary Secretary.*—Alfred Robinson, M.D., Town Hall, Rotherham.

#### NAVY, ARMY, AND AMBULANCE.

*Honorary Secretary.*—Surg.-Capt. Sidney Fredk. Barber, H.V.B., 11, St. Barnabas Road, Highfield, Sheffield.

*Honorary Assistant Secretary.*—W. T. D. Hart, M.R.C.S., L.R.C.P., Rock Rise, Rock Street, Pitsmoor, Sheffield.

### The Clubs.

#### STUDENTS' UNION.

The following have been elected to the Students' Union Council for the ensuing year (March, 1908—1909):

*President.*—Dr. W. P. Herringham, F.R.C.P.  
*Vice-President.*—S. Trevor Davies, Esq., M.R.C.S., L.R.C.P.  
*Hon. Treasurers.*—\*G. E. Gask, Esq., F.R.C.S.; \*Dr. Morley Fletcher, F.R.C.P.  
*Hon. Secretaries.*—Senior: Mr. H. T. H. Butt. Junior: Mr. P. A. With.

*Committee.*—B. E. A. Batt, Esq., M.R.C.S., L.R.C.P.; \*H. D. Gillies, Esq., M.R.C.S., L.R.C.P.; \*Mr. H. M. Coombs, Mr. M. Donaldson, Mr. G. R. Lynn, \*Mr. G. F. Page, \*Mr. K. von Braun, \*Mr. E. N. Snowden, \*Mr. F. J. Gordon, Mr. N. F. Norman.  
Of these, those marked with an asterisk served in the same capacity last year, while the retiring Senior Secretary, Mr. Trevor Davies, was elected Vice-President, his place being taken by the late Junior Secretary, Mr. H. T. H. Butt.

The following new Committees have been constituted:  
*Finance Committee.*—The President, the Treasurers, the Secretaries, and Messrs. F. J. Gordon, E. N. Snowden, G. F. Page, and H. M. Coombs.  
*Lecture Sub-Committee.*—The President, the Treasurers, the Senior Secretary, and Messrs. B. A. E. Batt, M. Donaldson, and H. D. Gillies.

Mr. H. D. Gillies was elected representative of the Council on the Catering Committee.

At a meeting of the Council held on Tuesday, April 7th, 1908, arrangements were concluded for the opening of the rifle range by Lord Ludlow on May 4th, 1908.

The matter of a yearly bonus to W. H. Last (Winchmore Hill groundman) was discussed, and it was proposed to institute an annual subscription list (limited to one shilling per head) as a mark of appreciation for his services.

As several complaints had been received concerning the present honours' blazer, a Sub-committee consisting of Messrs. G. F. Page, R. von Braun, and P. A. With was formed to take steps in the matter.

H. T. H. BUTT,  
P. A. WITH, } *Hon. Secs.*

#### CRICKET CLUB.

The prospects of the Cricket Club for the coming season are very bright, and we have great hopes of retaining the Cup. Thanks to the seven-year rule having been brought in we shall have nearly all last year's first eleven available again. The most serious loss will be J. F. Gaskell, who has played regularly for the last five years, during which time he has taken over 150 wickets. So far as can be seen at present the bowling will be rather weak, both a fast and a slow bowler being needed; however, the batting will be very good with such fine cricketers as W. B. Griffin, N. F. Norman, and Wallace playing regularly.

The practice nets have been moved, good new wickets having been made by the station road side of the ground; and as Last, the ground man, is always available to bowl, it is to be hoped that more practice will be indulged in than in previous years. Trial games will be played late in April, when it is hoped fresh blood will be found.

#### FIXTURE LIST.

Opponents.	Played at
Sat., May 2... R.A.M.C.	Winchmore Hill.
Wed. „ 6... Enfield	Winchmore Hill.
Sat. „ 9... Virginia Water	Virginia Water.
Sat. „ 16... Wanderers C.C.	Winchmore Hill.
Wed. „ 20... Kent County Asylum	Maidstone.
Sat. „ 23... Southgate	Southgate.
Sat. „ 30... Stoics	Winchmore Hill.
Sat., June 6...	
Sat. „ 13... Addlestone	Addlestone.
Sat. „ 20... The Frogs	Winchmore Hill.
Wed. „ 24... Past v. Present	Winchmore Hill.
Sat. „ 27...	
Sat., July 4... London County C.C.	Crystal Palace.
Sat. „ 11... Marlow	Marlow.
Mon. „ 13... West Byfleet	West Byfleet.

#### SWIMMING CLUB.

Matches have been arranged with Cambridge University (2), Epsom, H.A.C. (2), Artists, Bishops Stortford, and St. Paul's. Cheap tickets (5d.) can be obtained from H. T. H. Butt (captain) and H. V. Capon (Hon. Sec.).  
Practices are held at St. Marylebone Baths every Wednesday at 4 p.m., and on two other days most convenient to members.

### Correspondence.

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

#### INDIAN MEDICAL SERVICE.

DEAR MR. EDITOR,—I enclose a paper cutting from the *Indian Medical Gazette* which you may care to republish in the JOURNAL. Most men go into the I.M.S. with their eyes shut, and may live to repent it. Personally I never have for one minute, but there are disadvantages certainly, and one must in looking at them compare them with those obtained in other spheres of medical practice. Your readers now qualifying and thinking about a career may be glad of a ray of light on the I.M.S. as compared with other services, and this article is from the pen of a man with wide experience, and is clearly put.

I would add that the great superiority of the I.M.S. is that from first to last you are responsible only to yourself for care of patients and the running of your own hospital, either in civil or military, and am not directly supervised. In the R.A.M.C. you are from first to last directly under some senior officer, and your sense of responsibility is nil.

Hoping that you will find room in your valuable paper for the enclosed,

I am,  
Yours sincerely,  
X. Y. Z.

MULTAN, PUNJAB,  
INDIA;  
10th January, 1908.

*The I.M.S. contrasted with other medical careers.*—How do the prospects of a man entering the I.M.S. compare with those of his contemporaries who adopt other branches of the medical profession? The R.A.M.C. offers about as much pay; the chance of serving in other parts of the world, South Africa, the Mediterranean, the West Indies, etc., and varying periods of home service; as against the liberal furlough granted to the I.M.S. On the other hand, the I.M.S. offers many interesting and many lucrative appointments in the Civil Departments, and considerably better chances of earning both money and professional distinction, as well as higher pensions.

There can be no question that, as regards pay and pension, the I.M.S. offers a better career than the colonial surgencies; and while the climate of some of the Colonies is better than that of most parts of India, that of others is worse than India at its worst.

The pay and pensions of the I.M.S. are also better than those of the Medical Department of the Royal Navy, the chief advantage of which is the great opportunity it affords of seeing the world. On the other hand, medical, like executive officers of the Royal Navy, are liable to be placed on half pay when the "commission" of the ship in which they are serving comes to an end, and discipline afloat is much stricter and more severe than in the land forces.

As regards the public medical services in England, the Prison service, the Lunacy service, etc., the I.M.S. offers better pay, prospects, and pension; coupled, of course, with service in India instead of at home.

But, after all, the great majority of newly qualified medical men embark upon private practice at home; and the chief question for the man who is thinking of entering the I.M.S. must be—how do his prospects in England compare with those of the service? Well, the I.M.S. does not offer the great prizes which lie open to the most successful men at home. But how many men attain these prizes? Not one in a hundred; and even in the case of those who do grasp the highest prizes, the fullest success, open to the medical profession. "These men begin to earn late, and their earning years are short. Sir Thomas Watson never earned £500 in forty-seven he was fifty, Sir James Paget never took £400 till he was fees till he was thirty. Their work

was personal, and their harvest time short." [Dr. Holman's speech at the Festival Dinner of the Royal Medical Benevolent College, Epsom, June 10th, 1903, quoted in *British Medical Journal* of 13th June, 1903, pp. 1401-2.] In short, the men who attain the highest prizes in England begin to do so at an age little earlier than that at which a man in the I.M.S. may be thinking of retiring on a fair pension.

Setting aside the few who attain to the most brilliant success, no doubt, at least as much money may be earned, and more professional reputation achieved at home than in India. But even those who reach what may be called the second rank in England are comparatively few in number. And a man may achieve considerable distinction in his profession, as a member of the staff of a hospital, before he is earning a fair income. No doubt the latter will come, if he lives long enough. But who can guarantee that? And if his earning days do not come before his death, he leaves little provision for his family.

It seems clear the great majority of men in private practice can never hope to achieve much professional distinction, or any considerable fortune. A comfortable income, and a moderate provision for those they leave behind, is the most which can be expected, even by the comparatively successful. And for them there is no early retirement in middle life; that comes only to the fortunate few; most medical men die in harness, a very large proportion at an age earlier than that at which they would even wish to retire.

What about the bulk of the profession? A writer in the *British Medical Journal* recently calculated the average income of the medical practitioner at home as £190 a year, tending to decrease. This really seems too bad to be true. For, if it includes on one hand the large number of young men who are working for next to nothing, for board only as Residents, or for small salaries as Assistants, it also includes those who have reached the fullest success. But even if the above statement be an exaggeration, as it is hoped it is, the facts are unpleasant enough. Every issue of the medical journals of a club attends its members for a penny a week, four shillings and four pence a year, sometimes even less; and is struggling, often without success, to raise the amount to five or six shillings. And to judge from these reports, in many places the majority of the medical men do more or less of such club work. The miserable payment for poor law work in England is well known. The Irish dispensary doctors are trying to get certain terms from their employers, not less than £200 a year for a dispensary district, £120 for a workhouse, or £300 for the two together, with a small superannuation pension at the age of 65 (*British Medical Journal*, 27th June, 1903, p. 1518). Many of these appointments are to districts, in which private practice is nil, a few pounds as medical officer of health or in vaccination fees is all that the dispensary doctor can hope to earn over and above his regular salary; possibly, if he has a workhouse, £350 in all. In other words, he hopes to get as a permanency, about the amount on which the newly joined officer of the I.M.S. begins.

In the *British Medical Journal* of 27th June, 1903, Dr. J. Fletcher Little, L.C.C., speaks forcibly of the present condition of the average general practitioner in England as follows: "The long and costly training; the arduous nature of the work, by night as well as by day; the inevitable and heavy expenses; the few prizes, and the small average net incomes; the strictly personal and precarious character of the work, which causes all earnings to cease during illness or incapacity; the short average of life, which is less than that of other professions, such as the clerical and the legal; the warning increase of insanity from the intolerable strain . . . etc. Surely the I.M.S., with all risks, offers a better prospect than this."

Some men start under more favourable circumstances, sons or nephews of men in good practice, which they may hope, when qualified, to share, and to which they will probably eventually succeed. To such men the services, as a rule, do not appeal. Yet the eldest sons of three medical baronets, all leaders of the profession, have entered the services, the sons of Sir Robert Christison and Sir Thomas Lawrence in the I.M.S., the son of Sir Andrew Clark in the R.A.M.C. Only the first of the three, however, put in the full period of service.

*Conclusion.*—In the preceding pages an endeavour has been made to set forth fairly the prospects which the I.M.S. offers to those who join its ranks; not concealing its disadvantages, which are many, while setting forth its advantages, which are more. Service in the I.M.S. means work; man carus his living by the sweat of his brow, nowhere more literally so than in India. Of course, it involves a long residence, to use the harsher word, "exile," in India; but exile tempered by a liberal allowance of fairly-paid furlough. No man

need enter the I.M.S. nowadays expecting to make his fortune; though, using the word fortune in a moderate sense, even in recent times some few men may be said to have done so. The days of great fortunes to be made in Indian service, such as Joseph Hume's £40,000 in twelve years as an assistant-surgeon, have gone long ago, and gone for ever. Even a century ago, fortunes were usually made, not by practice, but by trade and contracts. A man who enters the I.M.S. should do so with a mind made up not to waste his time and his energies in futile regrets that the career he has deliberately chosen involves sorrows abroad instead of at home; nor grudgingly to compare his own position and prospects with those of the most successful of his contemporaries in England, while he forgets those who have failed to attain success, or who have hopelessly gone under; but to take the rough with the smooth; to worry through hard times in hope of the better times which are sure to come, sooner or later; and to do his best for the country, for its inhabitants, and for the Government, as well as for himself. He will find open to him a career with plenty of interesting work, not always hard work; pay at once sufficient to maintain him as a bachelor, and sufficient in a few years to enable him to marry; pay steadily increasing as his length of service, and, if married, his necessary expenses increase; some provision for his family if he falls by the way; and finally a pension, in its earlier stages sufficient to live upon while he gets his footing, if he makes up his mind to retire early, before he is too old to start on a new career; in its later stages, if he prefers to hold on in the service, sufficient to maintain him in comfort after retirement.

#### THE AMATEUR DRAMATIC CLUB.

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

DEAR SIR, There is a small volume giving the history of the Hospital Amateur Dramatic Club from its foundation in 1883 till January, 1899.

This account, I venture to say, is not without interest as being the life of one of the institutions of "Bart's," and it seems a pity that the history should not be continued at suitable intervals.

The Club will soon have been in existence for a quarter of a century. Would it not be an excellent opportunity for some of those at present connected with the Club to carry on the records to date?

Mr. Stephen Townsend, who wrote of the earlier years, says, "That this is a financial speculation even the most inimical will not urge," and I who was mainly responsible for the later notes can echo these words.

But there was enough *esprit de corps* among the members who subscribed towards the production of the little cloth-bound book to pay for the expenses, or nearly so, and there should be more than enough interest shown by the members of the Hospital (past and present) to insure for the production a demand by no means confined to those who have been actual members of the Club.

The Dramatic Society in 1899 was nearly, and probably is now quite, the oldest in London, which is an additional reason for its history to be continued without break.

I make this suggestion through the columns of the JOURNAL in the hope that some one may be induced to take up the burden where we have laid it down.

A copy of the book referred to can be found in the Hospital Library. This with all its faults may serve as a basis on which to start. The minute-book of the Club and the notices in the JOURNAL of the annual performances will furnish much to work on.

I am, dear Sir,

Yours truly,

CHARLES W. EMLYN.

CULWORTH HALL,  
NEAR BANBURY;  
16th March, 1908.

#### Reviews.

ELEMENTS OF PHYSICS FOR MEDICAL STUDENTS. By F. J. PAGR, B.Sc., F.I.C. Pp. xvi + 228. (Price 3s. 6d.)

This little book is written primarily as a textbook of physics for students intending to present themselves for the examinations of the Conjoint Board and Society of Apothecaries. The treatment is in general clear, and the diagrams are particularly good. On some points, however, the book would have to be supplemented from other sources.

We have noticed a few errors and omissions—e.g. omission of word "apparent" before "loss in weight" on page 22, last line; the explanation of the action of a siphon is unsatisfactory; and on page 226, line 3, read "appears nearer" for "appears further away." Apart from above errors the book can be recommended for the purpose for which it was written.

HANDBOOK OF PHYSICS AND CHEMISTRY. By CORBIN and STEWART. 3rd Edition; revised and enlarged. (Price 6s. 6d. net.)

This book, also intended for Conjoint Board students, has now been revised and enlarged by addition of chapters on sound and light. The subject matter is very clearly presented, and the text seems quite free from error.

Coupled with judicious supplementary lectures by a competent teacher, we can heartily recommend this book.

QUESTION AND ANSWER UPON AMBULANCE WORK. By J. W. MARTIN and J. MARTIN. (London: Baillière, Tindall, and Cox. 32mo. Price 1s. net.)

The sixteenth edition of this little book introduces a few alterations. It no doubt serves the purpose for which it is intended.

AIDS TO SURGERY. By JOSEPH CUNNING. (Price 4s. cloth; 3s. 6d. paper.)

AIDS TO PATHOLOGY. By HARRY CAMPBELL. (Price 3s. 6d. cloth; 3s. paper.)

(Students Aids Series. London: Baillière, Tindall, and Cox.)

No doubt these aids serve a useful purpose to the student when examinations are close. Of the present two volumes that on Pathology appears for the first time. Like its predecessors, it is very concise, and sticks for the most part closely to the accepted facts and theories.

A statement in Dr. Campbell's preface calling the book a framework into which the student can fit the information acquired in the post-mortem room, etc., must be objected to. These are *exam* books for revision, and it is far better that the authors and publishers should frankly recognise them as such, as the author of *Aids to Surgery* evidently does.

THE ESSENTIALS OF CYTOLOGY. By C. E. WALKER, Assistant Director of the Cancer Research, Liverpool. (London: Archibald Constable and Co., Ltd. Price 7s. 6d. net.)

As Professor Sherrington says in his introduction to this book, Cytology is a very special branch of biology, and at present it boasts comparatively few workers. Such a clear concise statement as is here put together of the facts at present ascertained and their significance should be invaluable, therefore, to the many for whom the cell is all important as the foundation of their work. The structure of the cell, its modes of division, the peculiarities of sexual cells and fertilisation, are in turn dealt with in a thoroughly straightforward manner, the author throughout keeping carefully to a limited terminology, a most important matter in a subject already overburdened with long names. At the end chapters are added on the individuality of the chromosomes, and the question of hereditary transmission through them, whilst a short addendum of cytological methods is perhaps the most valuable part of the book.

AN INDEX OF TREATMENT BY VARIOUS WRITERS. Edited by ROBERT HULLHISON, M.D. Edin., F.R.C.P. Lond., Physician to the London Hospital, etc.; and H. STANSFIELD COLLIER, F.R.C.S. Eng., Surgeon to St. Mary's Hospital, etc. (Bristol: John Wright & Co. 1907. Pp. 877. Price 21s. net.)

This is a truly ambitious book and one which embraces within the moderate compass of 877 pages a readable and up-to-date epitome of methods, ancient and modern, used in the treatment of disease.

In so far as the multifarious diseases that flesh is heir to blend for the most part the one into the other and do not readily lend themselves to being labelled, pigeon-holed, and classified, so also the treatment of these same diseases refuses to lend itself to being as it were put into slots and alphabetically arranged. If medicine as understood to-day did allow of this, its limitations would soon become defined, and it would be numbered among the exact sciences.

This being so, we feel very strongly that any book which aims at such a classification is open to many fallacies.

But a glance at the list of contributors whose names are to be found in the front pages of the volume will suffice to reassure the reader.

The number of contributors is a large one—72 in all—and among them we look in vain for that of the surgical editor: and we feel we

must pay a tribute to his modesty for confining himself to the work of supervision. This we regard as a truly editorial spirit.

Each branch of treatment included is written by one who may in every instance lay claim to special knowledge of the matter for which he is made responsible. This volume, in addition to being reliable and of easy reference, also includes under each heading a brief summary of the main etiological factors of the disease in question, together with such reference to its varieties and symptomatology as may be necessary to render the treatment described useful and easily intelligible.

In view of the fact that the book is addressed mainly to men in general practice, no attempt has been made in the surgical articles to deal with the details of the more elaborate operations which require special skill and facilities for their performance.

In a book where the subject matter is so uniformly good it is difficult, indeed if not invidious, to lay stress on any one particular part, but if one article does excite admiration more than another it is, perhaps, that entitled "Bacterio-therapeutics." Under this heading, within the space of twenty-two pages, is included a brief but clear and comprehensive account of this now very prominent branch of treatment—an account which cannot fail to prove of the greatest value.

The illustrations are good and sufficient, the type is clear throughout, and the book is of convenient size. To the busy practitioner, who feels the necessity of a book of easy reference in the course of his every day work, we can cordially recommend this volume.

#### Royal Naval Medical Service.

At the Royal Hospital, Haslar, on Monday, April 6th, 1908, Sir Dyce Duckworth presented the prizes, and delivered an address, to the recently joined Surgeons R.N.

The gold medal for Hygiene, etc., was won by Surgeon G. B. Scott, of St. Bartholomew's Hospital.

#### Royal Army Medical Corps.

An examination of candidates for not less than 30 commissions in the Royal Army Medical Corps will be held on July 29th and following days. Applications to compete should be made to the Secretary, War Office, London, not later than July 20th, on which date the list will be closed. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit. The presence of candidates will be required in London from July 27th.

##### Gauche notifications:

Lieut.-Col. H. J. Barratt has been selected for increased pay of that rank.

Lieuts. H. T. Wilson, H. C. Sidgwick, P. A. Lloyd Jones, and L. V. Thurston to be captains.

Lieut.-Col. H. J. Barratt, on arrival from India, has been posted to charge of Military Hospital, Shorncliffe.

Capt. A. J. Wells, also from India, has been posted to the Aldershot command.

Capt. F. Harvey has arrived from West Africa, and Capt. C. H. Hopkins, on leave, from India.

Capt. E. P. Sewell obtained twelve months acceleration in promotion after passing the recent Senior Course at the Royal Army Medical College.

The following officers will proceed abroad during the coming troping season—Lieut.-Col. T. H. F. Clarison, Major N. Marder; Captains R. H. Lloyd, M. H. G. Fell, H. K. Palmer, and F. G. Richards; Lieuts. E. B. Lathbury, R. D. O'Connor, and J. H. Gurley.

The following have been recently appointed to charge of military hospitals at the stations named:—Lieut.-Col. W. J. Baker, Citadel,

Cairo; Lieut.-Col. F. P. Nichols, Peshawar; Major B. J. Inniss, Benares.

Major F. M. Mangin appointed Specialist in Ophthalmology for the Aldershot Command.

#### Examinations.

ROYAL COLLEGE OF PHYSICIANS.

Examination for Membership.

R. T. Morris, M.D. (Durham).

CONJOINT EXAMINATION BOARD.

Final Examination.

Diplomas awarded to H. H. B. Follit, G. Vince, E. R. Jones, M. Onslow Ford, N. C. Patrick, T. B. Davies, H. M. Grey, F. G. Hodder Williams, K. Pretty, W. E. Roberts, A. Miles, K. D. Pringle, A. E. Cullen, A. H. Owen, C. F. O. White, A. J. Symes G. H. Pooley, R. B. Khambata.

#### Appointments.

BEAN, J. W. B., B.A. (Cantab.), M.R.C.S., L.R.C.P., appointed House Physician to the Dreadnought Hospital, Greenwich.

BURKE, G. T., M.B., B.S. (Lond.), appointed Senior House Surgeon at the East Suffolk and Ipswich Hospital.

CARMODY, E. P., M.R.C.S., L.R.C.P., appointed House Surgeon at the Leyton, Walthamstow, and Wanstead Hospital.

CONOLLY, N. A. W., L.R.C.P., M.R.C.S., appointed Surgeon to the Balwin and District Hospital.

DAVIES, IVOR J., M.B., B.S. (Lond.), appointed Senior House Physician to Royal Free Hospital.

DUDLEY, P. HUGHES, M.R.C.S., appointed Medical Officer and Public Vaccinator of No. 2, Caxton District, Caxton and Arrington Union, Cambs.

GIBSON, W. R., F.R.C.S. (Eng.), appointed Chief Medical Officer to the Madras and Southern Mahratta Railway.

GLENNY, E. T., M.B., B.S. (Lond.), appointed Medical Officer to the Bristol Dispensary (Knowles District).

GREY, C. G., L.S.A., appointed House Surgeon to the Hastings, St. Leonard's, and East Sussex Hospital.

GRIFFIN, F. W. W., M.R.C.S., L.R.C.P., appointed Resident Surgeon at the Royal Sea Bathing Hospital, Margate.

HOLGATE, M. J., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Metropolitan Hospital.

HUGHES, GUY, M.R.C.S., L.R.C.P., appointed a Medical Inspector of School Children for the Borough of Macclesfield.

HUGHES, JOHN B., M.D., B.C. (Cantab.), appointed a Medical Inspector of School Children for the Borough of Macclesfield.

JAGO, W. J., M.R.C.S., L.R.C.P., appointed House Surgeon to the Warneford, Leamington, and South Warwickshire Hospital.

ORTON, G. HARRISON, M.D. (Cantab.), appointed Medical Officer in Charge of the X-ray Department at St. Mary's Hospital.

PHILLIPS, LIONEL L., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Torbay Hospital, Torquay.

PRINGLE, ERNEST G., M.D. (Lond.), appointed Medical Inspector to the Education Committee of the Penge Urban District Council.

SHAW, E. H., M.R.C.S., L.R.C.P., appointed Pathologist to the Great Northern Central Hospital, and Pathologist to the Metropolitan Hospital.

WHITBY, F., M.D., B.S. (Durl.), appointed House Physician to the County Hospital, Bedford.

WILLIAMS, C. O. O., M.R.C.S., L.R.C.P., appointed House Physician to the St. Bartholomew's Hospital, Rochester.

## New Addresses.

BARRIS, J. D., City of London Lying-in Hospital, City Road, E.C.  
 DAVIS, C. N., Shanghai, China.  
 DONALDSON-SIM, E., 52, Ransbury Road, Priory Park, St. Albans.  
 DUDLEY, E. P., HUGHES, Caxton, near Cambridge.  
 FIMSLIE, R. C., 60, Queen Anne Street, W., and St. Mary's  
 Mansions, W.  
 GIBSON, W. R., Madras and Southern Mahratta Railway System,  
 Rayapuram, India.  
 GLENNY, E. T., 30, Brecknock Road, Wells Road, Bristol.  
 GRIFFIN, F. W. W., Royal Sea Bathing Hospital, Margate.  
 HARRISON, L. K., Holmleigh, Alexander Road, Leicester.  
 HAWKINS, A., King Edward VII Sanatorium, Midhurst, Sussex.  
 HOLGATE, M. J., Metropolitan Hospital, Kingsland Road, N.E.  
 HOLROYD, G., Lieut. I.M.S., c/o Messrs. Cox and Co., Rawal Pindi,  
 India.  
 HOME, F. C. H., Tarrington, Hereford.  
 HORNER, N. G., 19, Gardner Mansions, Hampstead, N.W. Tel. No.,  
 P.O. Hampstead 2672.  
 ILLIUS, H. W., Capt. I.M.S., c/o Messrs. T. Cook and Son, 13, Espla-  
 nade Road, Bombay, India.  
 LOBB, H. P., New Milton, Hampshire.  
 MEAD, G. C., Leavesden Asylum, King's Langley, R.S.O., Herts.  
 MURPHY, I. C. E., Surg. R.N., H.M.S., "Furious," Portsmouth.  
 ORTON, G. HARRISON, 20, Upper Berkeley Street, Portman Square,  
 W. Tel. No., Mayfair 3538.  
 OWLES, O. W., 47, Station Road, Beccles.  
 PALGRAVE, E. F., Caledon, Pitsanger Road, Ealing, W.  
 PATERSON, J. J., 43, Caledonian Road, N.  
 SHAW, H. C. C., Oakhurst, Wembley Park.  
 TAYLOR, G. C., Bank Chambers, Cross Street, Reading.  
 THOMAS, H. S., 83, Kingsford Road, Portsmouth.  
 TURNER, P. E., 98, Church Road, Richmond.  
 WELCH, W. B., 29, Stanford Avenue, Brighton, Sussex.  
 WILLIAMS, C. O. O., St. Bartholomew's Hospital, Rochester.  
 WILLIAMS, E. C., 13, Park View, Wigan.  
 YOUNG, S. L. O., Sea View, Yarmouth, Isle of Wight.

## Births.

BELL.—On the 9th April, at Harpur Place, Bedford, the wife of  
 Victor S. A. Bell, B.A., M.R.C.S., L.R.C.P., of a daughter.  
 HAWKARD.—On the 9th April, at 23, The Grange, Wimbledon, the  
 wife of John Arthur Hayward, M.D., F.R.C.S.—a daughter.  
 KENDREW.—On the 20th April, 1908, at 33, Lissenden Mansions,  
 Lissenden Gardens, London, N.W., the wife of A. J. Kendrew,  
 L.R.C.P., M.R.C.S., of a daughter.  
 LADELL.—On the 17th April, at 54, Canonbury Road, N., the wife of  
 E. W. J. Ladell, M.B. Lond., M.R.C.S., L.R.C.P., of a son.  
 MILSOME.—On Thursday, April 23rd, at Guildford House, Chertsey,  
 the wife of Harry B. Milsome, M.B., B.C., M.R.C.S., L.R.C.P., of  
 a son.  
 TRIST.—On the 22nd April, at Crest House, Putney Bridge Road,  
 S.W., the wife of John Ronald Rigden Trist, M.R.C.S., L.R.C.P.,  
 of a son.  
 WILLIAMSON.—On the 27th April, at Leicester, the wife of Lieut.  
 Col. J. G. Williamson, R.A.M.C., retired, of a daughter.

## Marriages.

CONOLLY-SMITH.—On November 14th, 1907, at St. John's Church,  
 Darlington, Sydney, by the Rev. E. C. Beck, Noel A. W. Conolly,  
 M.R.C.S., etc., youngest son of the late William Conolly, of Goul-  
 burn, N.S.W., to Githa, youngest daughter of the late Shepherd  
 Smith, of Sydney, N.S.W.  
 GILLET-BANCROFT.—On the 30th March, at Wilmington, Del.,  
 U.S.A., Henry T. Gillett, M.D., of 15, King Edward Street, Oxford,  
 to Lucy Bancroft, second daughter of William P. Bancroft, of  
 Wilmington, Del., U.S.A.

GRAY-HOARE-SMITH.—On April 20th, at St. Leonard's, Newland,  
 Malvern, by the Rev. Alfred Phillips, Rector of Abbey Dore,  
 uncle of the bridegroom, assisted by the Rev. J. W. Cheshire,  
 Assistant Priest of Newland, Leonard Gray, M.R.C.S., L.R.C.P.  
 (Lond.), youngest son of the late Rev. Arthur Gray, Vicar, Here-  
 fordshire, to Mildred, only daughter of the late William Arthur  
 Hoare-Smith, of Whimple, Devon.

JAMISON-HEYWORTH.—On the 9th April, at All Saints', Ennismore  
 Gardens, by the Vicar, Reginald Jamison, F.R.C.S., of 80, New  
 Cavendish Street, W., son of the late Arthur Jamison, M.D., to  
 Eanswythe, daughter of the late Colonel Lawrence Heyworth and  
 Mrs. Heyworth, of Colne Priory, Earls Colne.

MAUNSELL-O'SHEA.—On the 6th February, 1908 (by license), at  
 the Church of the Servite Fathers, Brompton, S.W., by the Rev.  
 Philip Northcote, O.S.M., Parish Priest, Bertram Sydney Osmund  
 Maunsell, eldest son of Surgeon-General Thomas Maunsell, C.B.,  
 to Clare Gabrielle, daughter of the late Captain William Henry  
 O'Shea, 18th Hussars.

OWLES.—On the 23rd April, at St. Stephen's, Clapham  
 Park, by the Rev. Digby Pritton, Chaplain to the Royal Hospital  
 for Incurables, Putney, Oscar William Owles, M.R.C.S. Eng.,  
 L.R.C.P. Lond., of Beccles, Suffolk, to Ethel, second daughter of  
 the late F. J. Owles, of Norfolk House, Balham, and of Mrs.  
 Owles, 297, Trinity Road, Wandsworth Common, S.W.

## Deaths.

BROWNE.—On the 7th April, of heart failure, after operation  
 Oswald Auchincloss Browne, M.D., F.R.C.S., of 7, Upper Wim-  
 pole Street, W. R.I.P.  
 LEGG.—On the 4th May, at 47, Green Street, Park Lane, aged 64,  
 Eliza, wife of John Wickham Legg, and elder daughter of the late  
 Richard Houghton, of Sandheys, Great Crosby, Lancashire.  
 MASTERMAN.—On April 27th, at Jerusalem, Lucy, wife of E. W.  
 Gurney Masterman, F.R.C.S. (by cable).  
 SHARPIN.—On Good Friday, the 17th April, suddenly, at 34, Sil-  
 wood Road, Brighton, Henry Wilson Sharpin, F.R.C.S., aged 79.  
 SPICER.—On the 15th April, at Granada, Spain, Florence, wife of  
 W. T. Holmes Spicer, of 3, Wimpole Street, Cavendish Square,  
 W.

## Acknowledgments.

All India Hospital Assistants Journal, British Journal of  
 Nursing, L'Echo Medical du Nord, Eagle, Journal of Laryngology,  
 Medical Review, Nursing Times, Hospital, Giornale della Reale  
 Società Italiana d'Igiene, Indian Medical Gazette, St. George's  
 Hospital Gazette, St. Mary's Hospital Gazette, St. Thomas's Hospital  
 Gazette, Upsala Läkarförenings Förhandlingar.

## 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.  
 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 ADVER-  
 TISEMENT MANAGER, The Journal Office, St. Bar-  
 tholomew's Hospital, E.C. Telephone: 1436, Holborn.  
 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, Bartholo-  
 mew Close. MESSRS. ADLARD have arranged to do the  
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 carriage paid 2s. 3d.—cover included.

## St. Bartholomew's Hospital



## JOURNAL.

VOL. XV.—No. 9.]

JUNE, 1908.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal,

## Editorial Notes.

JUNE 1st, 1908.

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

## Calendar.

Mon., June 1.	Exam. for Brackenbury Medical Scholarship begins. Special Subject Lecture, 1 p.m. Mr. McAdam Eccles.
Tues., " 2.	Exam. for Brackenbury Surgical Scholarship begins. Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 3.	Clinical Lecture, 12.45 p.m. Mr. Bowly.
Fri., " 5.	Exam. for Sir G. Burrows Prize and Skyner Prize. Clinical Lecture, 12.45 p.m. Dr. Norman Moore. Dr. West and Mr. Bruce Clarke on duty.
Sun., " 7.	Whit Sunday.
Mon., " 8.	Exam. for Matriculation (London) begins. Final Exam. for L.S.A. (Surgery) begins.
Tues., " 9.	Dr. Ormerod and Mr. Bowly on duty.
Wed., " 10.	Exam. for Laurence Scholarship begins. Clinical Lecture, 12.45 p.m. Mr. Bowly.
Fri., " 12.	Annual Sports, Winchmore Hill. Clinical Lecture, 12.45 p.m. Dr. Herringham and Mr. Lockwood on duty.
Mon., " 15.	1st and 2nd Exam. for M.B.(Oxon.) begin. 1st, 2nd, and 3rd (part 1) Exams. for M.B. (Cantab.) begin. Final Exam. for L.S.A. (Medicine, Forensic Medicine, and Midwifery) begins.
Tues., " 16.	Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 17.	Clinical Lecture, 12.45 p.m. Mr. D'Arcy Power, "Hæmophilia."
Fri., " 19.	Clinical Lecture, 12.45 p.m. Dr. Ormerod. Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 22.	Special Subject Lecture, 1 p.m. Dr. Morley Fletcher.
Tues., " 23.	Dr. Samuel West and Mr. Bruce Clarke on duty.
Wed., " 24.	Annual Past v. Present Matches, Winchmore Hill. Clinical Lecture, 12.45 p.m. Mr. D'Arcy Power, "Pott's Fracture."
Thur., " 25.	2nd Exam. Conjoint Board begins.
Fri., " 26.	Clinical Lecture, 12.45 p.m. Dr. Herringham. Dr. Ormerod and Mr. Bowly on duty.
Mon., " 29.	Special Subject Lecture, 1 p.m. Mr. Harmer.
Tues., " 30.	Dr. Herringham and Mr. Lockwood on duty.

It is with the greatest satisfaction that we announce that Mr. Stephen Paget has kindly consented to deliver the Mid-session Address. The date fixed is Thursday, June 11th, and the subject chosen is entitled "The Opponents of our Profession."

The very name of "Paget" is one for ever time-honoured and a power amongst us at St. Bartholomew's.

To those who remember the late Sir James Paget, and to those of later generation who know him only through his Memoirs and Letters (and if any there be who have not read this entrancing volume may we take this opportunity of recommending it with the greatest cordiality) the news that Mr. Stephen Paget is again to be amongst us will be received with the greatest enthusiasm. Mr. Paget's energy in the direction of the subject chosen for his lecture is well known, and the Abernethian Society is to be especially congratulated on having secured the services of so admitted an authority.

The Concert in aid of the Fund for the New Nurses' Home constituted a musical triumph. As was anticipated the attendance was a large one, and one which was very appreciative of the highly classical entertainment provided. Many members of the governing body of the Hospital and of the Visiting Staff were present.

The Resident and Nursing Staffs and the Students were also largely represented.

A detailed and critical account of the evening's entertainment will be found in another column.

The success of the new Rifle Range is unqualified. A gathering of enthusiasts assembles daily before the appointed opening hour, and throughout the time available for shooting the rifles are continually in action. Not a few members of the Staff are sorely bitten, and we fear that the hitherto unrivalled attractions of surgery are perilously near being

outclassed. Skill with the knife has always held a position of prominence at St. Bartholomew's, but the high degree of skill with the rifle which is now obtaining amongst us bids fair to be of almost equal prominence. Indeed, "the range" has attained the proportions of a highly infectious disease, and up to the time of writing the infection is raging fast and furious, and the roll of its victims is daily increasing.

In an institution such as ours, where life is strenuous and hours are long, and where the energies of most are severely taxed, a visit to the Rifle Range is indeed refreshing. The Range is much appreciated as a place where a few odd minutes may be spent, wedged in, as it were, in the midst of one's daily routine.

To obtain a "Bull" has an invigorating effect. We welcome the Rifle Range amongst us.

\* \* \*

We hear with much pleasure that, during the week beginning July 12th, a number of French doctors, forming the "Voyage d'Études Médicales," will be coming to London, attracted no doubt by the Franco-British Exhibition.

During their stay in London they will be visiting the various Hospitals, and we hope that the arrangements, which we understand are in progress, for a visit to St. Bartholomew's Hospital, and for the delivery of a lecture by Professor Landouzy in our Anatomical Theatre, may be carried out.

\* \* \*

VIEW DAY was celebrated on May 13th with the usual ovations.

The Wards were, indeed, resplendent in their display of flowers and the lavish dispensation of tea, and we feel sure that they never did appear so beautiful before.

This year, in addition to the Wards, the new Out-patient Building constituted a special attraction, and many fair visitors were to be seen in its various departments.

The Electrical Department proved especially attractive. The X-ray apparatus that shows our very bones upon the screen was an object of the greatest interest.

The Orthopaedic Department, too, was not lacking in interest, for here the halt and the maimed were to be found performing the very latest of calisthenics.

Where all was so fair individual comment would be invidious. The clerk of the weather did not favour us with the most ideal atmospheric conditions, although he was certainly more propitious than on the corresponding occasion last year.

\* \* \*

WE notice in the *London Gazette* that the King has been pleased to grant unto Alexander Granville, Esq., M.R.C.S., L.R.C.P., licence and authority to accept and to wear the Insignia of the Fourth Class of the Imperial Ottoman Order of the Medjidieh.

### Erythrocythæmia.

By W. P. HERRINGHAM.

**T**HIS condition, which the French call "hyperglobulie," though they ought to know better, and most people call "polycythæmia," but which is much better named, as Türk suggested, erythrocythæmia is still a young disease. Dr. Tooth brought a case to consultations a year ago, and I don't think that then many of us had seen another. I have had a case since.

It is a disease chiefly of middle-aged people, but a few cases occur before thirty and after fifty. The patients are generally very florid or cyanotic, but not always. Some of them are pale. They complain of attacks of giddiness, noises in the ears, and fullness in the head. A few have had migraine, and one or two have had fits of amblyopia. They are often short of breath, and sometimes have fits of dyspnoea in which the cyanosis deepens. My patient died in such an attack. They often have indigestion and vomiting, and are sometimes extremely constipated. There is generally a trace of albumin in the urine.

The main thing, however, is the condition of the blood and circulation. The blood is very black when it is drawn, and exudes very slowly. The red cells, instead of 5,000,000, number 6, 7, any number up to 11,000,000 per c.mm. They are not bad cells to look at, and there are very few nucleated cells to be seen. They do not in the least resemble the cells, for instance, of pernicious anæmia.

The white cells may be increased up to 30,000, but they are generally at the normal level. There is not any change in them, except that the polymorphonuclear form a higher percentage than normal, running even up to 92 per cent.

The hæmoglobin is nearly always high, and sometimes runs to 180 per cent.

The blood-pressure is generally, but not always, high.

The viscosity of the blood was found by Parkes Weber, who has made some elaborate observations, to be very high.

While the patients are alive they often have hæmorrhages from the nose, from the mouth when the gums ulcerate, from the lungs, from the stomach, from the bowels, and from the kidneys. One case died of cerebral hæmorrhage.

After death the body sometimes shows an astonishing distension of the vessels all over the abdominal and other viscera.

Along with this nearly always, but not always, goes great enlargement of the spleen; and after death, whenever the bones have been examined, the marrow has been changed into the same red erythroblastic tissue that we are accustomed to see in pernicious anæmia. This is, no doubt, where the red cells come from.

The history of the disease is as follows.

In 1889 Cuffer and Sollier (*Rev. de Med.*, 1889, ix, 825)

published two cases under the heading Diathèse Congestive Veineuse, characterised by general congestion and enlargement of both liver and spleen. The first patient had spongy gums, erythromelalgia of the feet, headaches, giddiness, and hæmatemesis; the second, attacks of giddiness and epistaxis. The blood was not counted, but the description of the cases leaves little doubt that they must be classed with those that follow. In 1892 Vaquez (*Bull. Soc. Med. d. Hop.*, 1892, p. 384) reported a case of "hyperglobulie," which he then ascribed to cardiac disease, but in 1895 (*ibid.*, 1895, p. 60) he published the post-mortem, which showed that there was no disease of the heart, but some enlargement of the liver, and great enlargement of the spleen. The patient had died of acute tuberculosis, which, in the light of other cases is worth noticing. He had frequently counted the blood, and had found an average of 8,000,000 red cells per c.mm., hæmoglobin 130 per cent., and sp. gr. 1.071. He ascribed the condition to some morbid action of the liver and spleen. But at the same meeting Vidal mentioned a similar case which he had seen with Rendu. Vaquez examined the blood for them. Rendu and Vidal reported the case (*Bull. Soc. Med. d. Hop.*, 1899, p. 528) which had died in 1894. When first examined the red cells numbered 6,200,000, but later only 5,250,000. There was great cyanosis. There was massive tubercle of the spleen, and tuberculosis of the liver, kidneys, and abdominal glands. The marrow of the bones was chocolate-coloured, and under the microscope showed nucleated red cells. But Vaquez found no normoblasts in the living blood. Vidal thought that the polycythæmia ought to be referred to activity of the bone-marrow. In 1883 Scharoldt had published a case which is quoted by Quenn and Baudet (*Rev. de Gynecologie*, 1898, ii, 317; from *Aertl. Intelligenz-Blatt, München*, 1883, xxx, 252) of acute illness with rigors, which, during life, was marked by deep cyanosis, and after death showed no disease except miliary tuberculosis of the spleen.

At the next meeting of the same Society (*Bull. Soc. Med. d. Hop.*, 1899, 547) Moutard-Martin and Lefas published another case of massive tubercle of the spleen. The woman was a wasted woman, who was not cyanotic at all, but in whose blood the red cells numbered 8,200,000, the white 31,428.

Cominotti (*Wiener klin. Woch.*, 1900, xiii, 881) reported the case of a woman who had no cyanosis, but whose spleen was very large. Her red cells numbered on the average 7,000,000, the white 6000; the hæmoglobin was only 80 per cent. He removed the spleen, which showed fibrous bands. The patient died seven weeks later from sepsis.

Collet and Gallavardin (*Arch. de méd. exp. et d'anat. path.*, 1901, xiii, 191) published a case of enormous enlargement of the spleen, which post-mortem was again found to be due to massive tubercle. The man had wasted greatly, but his complexion was not pale, but highly coloured and

even florid. Moreover, the blood drawn from the finger was not pale, but on the contrary very dark. There was no leucocythæmia, but the red cells were not counted.

Meanwhile Cabot (*Bost. Med. and Surg. J.*, 1899, cxli, 574) recorded a case ending in cerebral hæmorrhage, in which the spleen does not appear to have been enlarged, and another (*ibid.*, 1900, cxlii, 275) in which it was. Both patients were middle-aged women. McKeen (*ibid.*, 1901, cxliv, 610) added another case, and Saundby and Russell (*Lancet*, 1902, i, 515) another, with a review of some of those previously recorded.

In 1903 came Osler's paper (*Amer. J. of Med. Sci.*, 1903, cxvii, N.S., 187) with four cases of cyanosis and polycythæmia some with, and one without (Case 2) enlargement of the spleen. Two more cases were reported by Collins (*Med. Rev. N. Y.*, 1903, lxiv, 807), one being in a girl of twenty-four, the youngest yet recorded.

Türk (*Wiener klin. Woch.*, 1904, xvii, 153 and 189) somewhat widened the field. He related, in more or less detail, seven cases of polycythæmia, or, as he rightly calls it, "erythræmia," or "erythrocythæmia," with or without cyanosis, with large or small splenic tumour. It is noticeable that one, obviously a genuine case, occurred in a patient who died of nephritis, another in a woman who had a large cirrhotic liver with "multiple adenoma" throughout it. In her case the marrow of the long bones was dark red. Another case (No. 7) had a liver which clinically resembled the last. He was not cyanotic, and the polycythæmia was only found when examining the blood for leucocythæmia. Another patient (No. 3) had erythromelalgia (see Cuffer's case).

Weintraud (*Ztschrift f. klin. Med.*, 1904, lv, 91) reported three fresh cases, and gives a critical analysis of them and of sixteen others, with references.

Several other cases have appeared since then, of which Parkes Weber has published two, one, with Watson, in which there was a post mortem (*Clin. Soc. Trans.*, 1904, xxxvii, 115), and another in which the blood was elaborately examined (*Med.-Chir. Trans.*, 1905, lxxviii, 191). In the first of these two cases, and in others recorded by Hutchison and Miller (*Lancet*, 1906, i, 744), Hirschfeld (*Berl. kl. Woch.*, 1907, p. 1302), Glässner (*Wiener kl. Woch.*, 1906, p. 1475), Westenhoeffer (*Deut. med. Woch.*, 1907, No. 36), and Low and Popper (*Wiener klin. Woch.*, 1908, p. 357),\* the change of the marrow of the bones to red erythroblastic tissue, which was originally noticed by Rendu and Vidal, has been confirmed.

A review of these cases shows that the only constant feature is erythrocythæmia. Cyanosis may be absent in cases which in other respects resemble the type, and though I do not think the spleen has ever been expressly stated to be natural in any case that has been dissected except my

\* I owe these later references to Dr. Parkes Weber. His paper gives most of the references up to 1905.

own, it has been found of such moderate size in some that splenic tumour can hardly be considered as essential. But the odd thing is that the splenic tumour is not always of the same kind. Three at least have been cases of that rare disease, massive tubercle of the spleen, and one (Scharoldt's) which I think we must include, showed nothing post mortem but acute splenic tuberculosis. Then there are Türk's two cases in which large cirrhosis of the liver played a prominent part.

It is evident that nothing is essential except a great increase in red cells, and that this occurs under various conditions in which tuberculosis must certainly, and hepatic cirrhosis possibly, be included. But the connection must be more or less accidental. Cases of tuberculosis and of cirrhosis are very common, but erythrocythæmia is very rare. In any case, the majority of cases occur without either tubercle or hepatic cirrhosis, and as yet there is no clue to their pathology.

Weber suggests that the growth of erythroblastic tissue is a response to a hæmolytic toxin, as in pernicious anæmia, with the difference that the toxin of pernicious anæmia is very potent and overcomes the power of defence, that of erythrocythæmia is very weak.

But he is obliged to postulate that a very weak toxin stimulates this sometimes erroneous cell growth, and he also neglects the fact that so far as I know there is no evidence of hæmolytic toxin.

It seems to me more likely that the stimulus is not hæmolytic, but want of oxygen, as it is in congenital heart disease in which the red cells are also increased. The want of oxygen may perhaps be due to some reducing agent in the blood. But I have argued this question elsewhere (*Brit. Med. Journ.*, 1908, i, 1096), and hypotheses are not worth much ink and paper.

It is more important to know that in most cases the disease is of many years' duration, that the chance of speedy death is very small, and that, though some cases do improve, they are not many. The disease fluctuates, however, and careful dieting, and regular purging have been of great service. Türk thought arsenic was useful in one of his cases, but his experience has not been repeated.

If I have another case I shall try to get the condition of the bowels as natural as possible. If there is reduction going on in the blood the reducing agent is much more likely to come from the bowels than from anywhere else.

### The Opening of the Rifle Range.



ORD LUDLOW, the Treasurer, accompanied by Lady Ludlow, opened the new Rifle Range in the basement of the new buildings on Monday, May 4th.

The first part of the proceedings took place in the Abernethian Room, which had been tastefully decorated with ferns and flowers. The importance of the occasion was testified to by the large attendance on the raised platform of those interested in the Rifle Club. Amongst the audience were the Almoners, many members of the Staff of the Hospital, and a large number of students and of others interested. The various Clubs were also represented on the platform by their respective Secretaries.

A bouquet having been presented to Lady Ludlow by Mr. Waring on behalf of the Students' Union, Dr. Herringham, the President, opened the proceedings with the following speech:—"Mr. Treasurer—We, whom you see here, are all of us Students of St. Bartholomew's Hospital and members of the Students' Union. If you look round very carefully, I am afraid you will find some of us are a little grey-headed, some a little bald-headed, and some of us a little light headed; but although some of us have partaken of that poison, '*Anno Domini*,' rather too freely, it does not prevent us from being light-hearted and feeling glad to welcome you and Lady Ludlow whenever you come amongst us. We have asked you to open the new Rifle Range which you and the Almoners have been so exceedingly kind in providing for the use of the Students. This is not the first thing you have done for our welfare, and we cordially hope, with the blessing of St. Bartholomew, that it will not be the last. In a spirit of gratitude, associated with which is the hope of favours to come, we have asked you to come here to-day formally to open the Rifle Range."

Lord and Lady Ludlow, accompanied by Dr. Herringham, Mr. Waring, and the officials of the various Clubs, then adjourned to the Rifle Range, where his Lordship secured a bullseye, and the company returned to the Abernethian Room, and Dr. Herringham asked the Treasurer to formally declare the Rifle Range open.

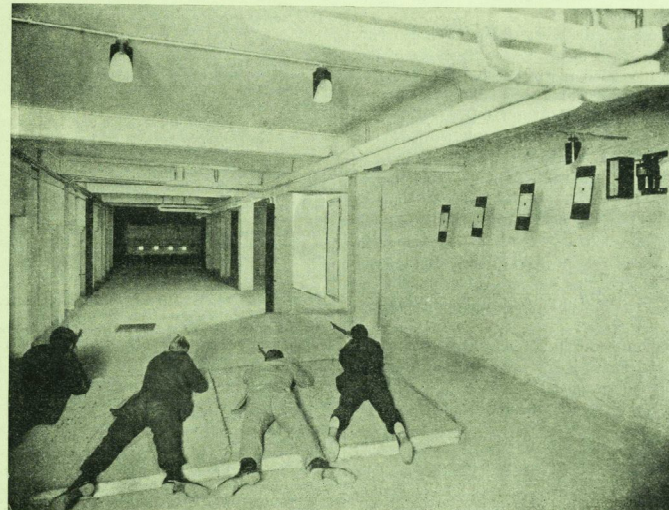
Lord Ludlow said:—"Students of St. Bartholomew's Hospital—I have very much pleasure in declaring the Rifle Range open. Since I saw you last I have suffered rather an ordeal. I was taken down and I was told to fire a shot, and it was then, gentlemen, I experienced a great relief at knowing you were not all coming down, because I had a doubt of making a very good shot if you were all looking on. This was managed, however, like everything else at St. Bartholomew's Hospital. I need hardly tell you, gentlemen, that I made a bullseye.

"Now, gentlemen, really I have very little to tell you. I need not say that it gives us the greatest pleasure in the world when you invite Lady Ludlow and myself to do anything for the good of the Hospital. On this particular occasion I feel that you have to thank the Almoners in this matter. There was some question as to whether we were justified in providing this Rifle Range. Well I, with the help of the Almoners, thoroughly considered this matter

and I am pleased to say we saw our way to doing it, and you have now got it.

"As to Rifle Ranges—from a military point of view they are most excellent things, and some of you, going into the Army Services, may possibly save us many lives by being able to shoot. Every one of us here knows how hard we are at St. Bartholomew's work, and it will be a relaxation for many of you to go down to the Rifle Range and pass the time in that way. I should have liked to go down there

to open the new Rifle Range, and to say how very much we appreciate it. It will be a great advantage to many of the Resident Staff, who have very little opportunity of getting away from the Hospital, and also to the large number of Students who make up the Rifle Club. In the past the Rifle Club has not distinguished itself very much in the Inter-hospital Competition. I should hope, with the advantage of having this Rifle Range, that in time to come, whenever the Inter-hospital Cup is competed for, we shall get it.



THE RIFLE RANGE.

myself, but, having made a bullseye to-day, I am not at all sure I shall follow it any further.

"My wife desires me to say on her behalf that if you will permit her she will be pleased to present this Challenge Cup, and she wishes, gentlemen, that this Challenge Cup, subject to your approval, shall be shot for in the Hospital, so that it shall always remain here.

"Gentlemen, I beg to thank you most sincerely for asking us to attend to open this new Rifle Range, and to impress upon you that you have to thank the Almoners in this Hospital, more than the Treasurer, for what has been done."

Mr. Waring said:—"Mr. Chairman, Lady Ludlow, and Gentlemen—On behalf of the Students' Union, I wish to express to Lord Ludlow our very great thanks for coming down

As regards the utility of the Range, it always appears to me that medical students ought to know how to use the rifle: they ought to know how to shoot. They ought to know everything about the rifle, because several of our men go into public services—Navy, Army, and Indian Medical Service—where they are called upon mostly to repair the damages that are made by the rifle. And, when they have the time, it is very useful to know how to use the rifle for sport. Again, it teaches the medical man to be exact in everything he does. He has got to be exact about his work, and to be quick as regards decision. Therefore, from an educational point of view, the use of the rifle is an advantage. Then again, for those who do particularly well in their profession, and retire whilst they are still in their prime, it is very useful to have a knowledge of the use of the rifle

when they take up their home, say, in the forests of the north where they can obtain plenty of sport; but that applies only to the very few.

"I should further like to say how greatly we appreciate Lady Ludlow's kindness in presenting this Challenge Cup. I am sure that when the competitions take place every man belonging to the Rifle Club will try his hardest to have his name inscribed on the plate of Lady Ludlow's Cup.

"I have the pleasure to propose that a hearty vote of thanks be given to Lord Ludlow for everything he has done in connection with the Rifle Range, and to Lady Ludlow for presenting this Cup."

Mr. Butt seconded. He said:—"Mr. Chairman and gentlemen—It has fallen to my lot, as Secretary of the Students' Union, to second the proposition that a vote of thanks be given to Lord and Lady Ludlow. I am sure every one of you will endorse what Dr. Herringham and Mr. Waring have said. We have not only to thank the Treasurer, but we have also to thank the Almoners for what has been done for us in the matter of the Rifle Range. Most of us here have a very hazy idea of what an Almoner really is. Speaking personally, I thought an Almoner was a gentleman who distributed sixpences to old widows in St. Bartholomew's-the-Great on Good Friday. But as soon as I became Secretary of the Students' Union I found out exactly what they are, and that they are always doing something for us.

"The presentation of a Cup is a most happy thought of Lady Ludlow's, and for us it is a most excellent thing to keep the Cup in the Hospital, to be shot for in our own Range. I have very great pleasure in seconding the proposition."

The proposition being put by Dr. Herringham was carried with acclamation, and to the singing of "For they are jolly good fellows," which Dr. Herringham told Lady Ludlow was the way the Students returned thanks.

Lord Ludlow again expressed on behalf of himself and Lady Ludlow thanks for the reception given them, and the proceedings terminated.

#### RULES OF THE RANGE.

1. Only rifles and ammunition suitable to the Range shall be used.
2. The Ammunition shall be provided by the Club, and shall be paid for according to the fixed tariff.
3. The Committee shall appoint a Shooting Superintendent, who shall always be present during practice, and be in sole authority and responsible for the observance of all rules for the conduct of the shooting.
4. No one but the Shooting Superintendent, or person authorised by him, shall be allowed to go in front of the firing-point whilst practice is being carried on.
5. Any member pointing a rifle, loaded or unloaded, at any person under any circumstances, or being guilty of any practice which, in the opinion of the Committee, is dangerous, is liable to exclusion from the Range.
6. No competitor may load until he has taken up his position on the firing point, and no person may leave the firing-point without first having unloaded his rifle.
7. At the word "Cease Fire" all rifles must be unloaded, and remain so until "All Clear" is given.

8. Club rifles and ammunition must be stored in the place provided by the Club for that purpose.

9. A slate is provided, upon which members desiring to shoot must write their names, in order of arrival, and this list shall determine the order of shooting.

10. No member shall fire more than eight consecutive shots when there are other names on the shooting list.

### Medical Consultations.

#### Dr. Norman Moore's Case.

Dr. NORMAN MOORE said that the patient was a man of 45 years of age who had been sent to the Hospital with the diagnosis of cirrhosis. The abdomen was distended, and, on tapping, fifteen pints of fluid were obtained which was slightly blood stained. Fluid was also discovered in the pleural cavity, and two and a half pints were withdrawn. This was found to be deeply blood stained. The pathological report of the fluid was:

Lymphocytes = 94 per cent.  
Polymorphonuclear cells = 3 per cent.  
Squamous epithelial cells = 3 per cent.

There were crepitations at the left base and friction in the right axilla. There was no leucocytosis, and the Calmette reaction was negative. Dr. Moore was anxious for opinions as to the cause of the effusion.

Dr. DRYSDALE considered that the case was one of cirrhosis of the liver with tuberculosis of the peritoneum and pleura, notwithstanding the presence of blood. He proposed that, as the Calmette test had not given a positive result, the old Tuberculin test might be applied if the patient was afebrile.

Dr. TOOTH agreed that there was cirrhosis, but considered that the amount of blood present indicated new growth.

Dr. HERRINGHAM said that hæmorrhagic effusions suggest, but do not prove, the presence of new growth, and that, as a matter of fact, the majority of cases are not due to this cause. In the patient shown he found no evidence of new growth on the liver or elsewhere. The pleural effusion might be simple or tubercular, most likely the latter. With regard to the Calmette reaction, he said that the results of the test had been satisfactory in his wards. He remembered one case of tuberculous meningitis in which the reaction was not given.

Dr. WEST said that three views might be formulated as to the pleural effusion. It might be due to new growth, tuberculous infection, or simple effusion with hæmorrhage. The latter was very rare, and there was no evidence of new growth. Tuberculosis was the most likely cause, a view supported by the bilateral nature of the pleurisy.

Dr. MOORE agreed that cirrhosis with terminal tuberculosis was probable.

Dr. WEST added that the Calmette reaction was not a constant one, reacting with only 80 per cent. of all presumably tuberculous cases, the 20 per cent. giving a negative result, including some acute cases of tuberculosis the diagnosis of which was settled post mortem.

#### Dr. West's Case.

Dr. WEST said that the patient was too ill to bring down, and he expected every moment to hear of his death. The case was one of general glandular enlargement. The patient was well till February, when he had a cough. On March 14th the right leg swelled. On March 20th glands in the neck became enlarged. On April 15th the scrotum swelled. He was admitted on April 21st. On admission there was œdema of the scrotum and right leg; dullness at the left base. Some dyspnoea, which had greatly increased. There was now also difficulty in speaking. The abdomen was distended, but there was no ascites. The patient was very pale, and the temperature was raised.

Pathological report on blood, April 27th:

Red cells = 4,900,000 per c.m.  
White cells = 11,920 per c.m.  
Hæmoglobin = 70 per cent. (Haldane).  
Colour index = 71.

Differential count:

Polymorphonuclear cells = 10,320 per c.m. = 86½ per cent.  
Lymphocytes = 1132 " = 98 " "  
Large mononuclear cells = 476 " = 4 " "

There were no nucleated red cells seen in counting 200 white cells. The shape of the red cells was normal, and the staining uniform.

Dr. WEST said he would like to have the experience of his colleagues as to the duration of this disease. In the case he referred to the present condition had developed in six weeks. He would also be glad to have opinions as to the cause of the dyspnoea, which he thought might be due to enlarged glands in the mediastinum, or perhaps in the lung.

Dr. DRYSDALE considered the case one of rapid lymphadenoma. He thought the glandular enlargement might be of longer duration than was supposed. The œdema was not marked, and he thought the patient was dying from mechanical pressure rather than of lymphadenoma.

Dr. TOOTH said he had not seen the case, but from the note he considered the case one of lymphadenoma of very rapid onset.

Dr. HERRINGHAM agreed with the diagnosis of lymphadenoma. He remembered a case of three months' duration.

Dr. MOORE said he had seen a case lasting just over two months. Dr. WEST said he should have mentioned that there had been variations in the size of the spleen, and wondered if this might be a result of the arsenic the patient had been taking in doses of mm. xv of the Liq. arsenicalis, t.d.s.

Dr. MOORE said the spleen diminished in size after the use of arsenic in the case he had referred to.

Dr. FLETCHER said he had a case in the wards with a variation of one inch or more in the size of the spleen.

Dr. HERRINGHAM had noticed variation under the influence of arsenic in the size of lymphatic glands.

#### Dr. Herringham's Case.

Dr. HERRINGHAM said that the patient was a man aged 29, invalided from R.F.A., and admitted for fits. First fit soon after sunstroke in India two years ago. Another fit eighteen months ago; forty or fifty since; typically epileptiform (unconsciousness, micturition, tongue biting). He had a soft sore in India, but he says, no secondary symptoms. He also has a very remarkable condition, viz. many cysticerci in the subcutaneous and muscular tissue over the body. They feel like little bits of cartilage the size of a haricot bean. Some were removed by Mr. Bruce Clarke last year, when an operation for varicose veins was done.

Dr. HERRINGHAM asked the question: Is this patient the subject of idiopathic epilepsy or are his fits due to a cysticercus in his brain, or to a gumma? He has no paralysis, no headache, no vomiting, and no optic neuritis.

Dr. HERRINGHAM's opinion was that the fits were idiopathic epilepsy.

Dr. DRYSDALE did not think there was a cysticercus in the brain. Excepting the fits, no sign or symptom of cerebral tumour was present. The fits might be due to sunstroke.

Dr. FLETCHER said he had never seen a similar case of cysticercus in a living subject. With regard to the fits he thought the history suspicious—there should be some focal irritation of the cortex. If no improvement should take place under treatment for epilepsy, it would suggest that cysticercus might be the cause. A cysticercus would be so small that the absence of optic neuritis and vomiting would not negative its presence.

Dr. TOOTH pointed out the unreliability of the man's evidence. He considered there might be some connection between the mental symptoms and the cysticercus—there might be more than one in the brain; but the aura was so variable that exact localisation was impossible. In his opinion the distribution of the cysticercus was interesting. In this case the patient was playing the part of the intermediate host. According to the man's account several cysticerci had come out since he left the Surgical Ward.

Dr. WEST said he had not seen a similar distribution of cysticercus. The fits might have been caused by the sunstroke or be idiopathic epilepsy. There were no definite localising signs and if due to cysticercus there was no reason why the latter should not be multiple.

Dr. MOORE pointed out that for so-called sunstroke some anatomical or physiological basis is often found—e.g. alcoholism—some who have had experience in the tropics going so far as to say that the rays of the sun have no action on the head. Syphilis and drinking may explain "sunstroke" in this man. With regard to the fits Dr. Moore

doubted their number and thought they might be due to some syphilitic condition or to a cysticercus. He would treat the case as one of syphilis at first.

Dr. HERRINGHAM said, in conclusion, that one would expect a cerebral tumour of 18 months' duration to give some symptoms of organic disease; gummatous meningitis should do so also, although syphilitic endarteritis would not. With regard to the history he might say that the patient was very unreliable—according to himself he had not been to school, and although he had been in the army he could not read or write. Dr. Herringham considered the man to be of inferior mental capacity and the fits epileptic, epilepsy often accompanying an undeveloped brain. It might be noted that there had been no fits while he was in hospital.

### A Point of Behaviour.

[A correspondent sends us the following, in manuscript. He says he has copied it from a stray sheet of print found in an old volume from a stall in Farringdon Street, and would be glad to know whether we think it a genuine sheet of Steele's *Tales*, which has somehow escaped inclusion in the formal editions. Knowing our correspondent, and not wishing to offend him, we prefer to present his fragment without comment, and invite solutions of the problem involved in it.—ED.]

To ISAAC BICKERSTAFF, Esq.

August 14th, 1710.

SIR,—Having twice within a Sixmonth been the Victim of a sad Mischance, the direct Outcome of a Cold-i-the-nose, I venture to detail my Distresses to you hoping thereby to tap the Fountain of Knowledge of which you are so liberal a Guardian.

Some Months ago I was contracted to Dinner with a certain Lady of Consideration. My kind Hostess, though in many Ways a Person of Remark, was notable in chief for a Formality which some have thought excessive, and for a Horror of all Contagions which was a continual Source of Pain to herself and of no little Annoyance to her Acquaintance. Judge then of my Discomposure when, on the Morning of the Day named for the Entertainment, I became sensible of those Heralds of an on-coming Catarrh which, once experienced, can never be mistaken. Estimating that the Evening would find me fast in the Gripes of the Malady, and well aware how fearful was my Hostess, I forthwith dispatched a Messenger to acquaint her of my Misfortune and to plead Excuse from the Fulfilling of my Engagement. I could not, of course, foresee the rapid Recovery which permitted me to visit the Play on the succeeding Evening, and I cannot but think it a Hardship that I should there have encountered my disappointed Hostess. She was decidedly out of Humour. Nevertheless in course of time our usual Relations of Friendship became re-established, and presently,—such is the Force of Circumstance! I found myself Face to Face with the same disastrous Conjunction of Events, my Catarrh being three Days old upon the fateful Evening. I longed to excuse myself a second Time but moral Fortitude deserted me. I therefore indulged myself with a large Draught of spiced Wine,

mulled,—for I felt extremely unwell,—and betook myself to the House. For a while I was successful in concealing my Disorder by employing no Words save those to whose correct Enunciation obstructed Nostrils are no Bar; and being shortly seated at the Table, with my Hostess a good way off, began to imagine myself out of Jeopardy. Now whether 'twas the vicious Humours of my Malady, or the spices in the mulled Wine, I cannot tell: but I became pervaded, as the Evening wore, with an unwonted Buoyancy and Exhilaration of Spirits. I certainly was not myself. As in a Dream I heard my Voice recounting to the Lady at my Elbow, yet something over-loudly, certain factitious Adventures in Nubia, a District I have never seen. Presently, it appears, there fell one of those Intervals of Silence whereby trifling Chatter at the Table is so often disconcerted, and this permitted a general Audience of the following absurd Excursion, made more than ever ridiculous by the Disability of my Nostrils. This I dare, in my own Despite, to set down literally, as showing the Mischief and mental Perturbation which may attend the common Disorder under which I laboured.

"The Poogoes," said I "may be considered an agricultural Populad, for their principal Industry is Baby-farming for the Table, Idfacts being esteemed a peculiar Delicacy: otherwise the Staple of their Diet is 'Baize,' a Sort of Cord. Their Barriage-cerebodies are unusual. Appareled in a Decklace of Date-seeds the Bride-elect seats herself upon the Roof of her Father's Hut at Biddight, ad awaits her prospective Spouse. At the first peep of Dawd the latter advances to beet her, walk up his Hads id Toked of his Skill id the Use of Arbs. This he does to the Baggig of Tob-Tobs ad Drubs."

At this point a Succession of Sneezes from my Hostess made me aware of the Attention I had commanded, and my lively Narrative came abruptly to an End. I forbore to take you Step by Step through the Embarrassments of that Evening. It suffices to say I have lost a Friend.

Sir, what am I to consider the politest Usage under such Circumstances, when one's Absence is accounted a Slight and one's Presence an Outrage? I have consulted the best Authorities upon the Manners and Customs of good Society, and these while assisting me to avoid such Solecisms as the Eating of Fish with a Punch-ladle, offer no Guidance upon the Matter at Hand. Pray help me.

Yours most obediently,  
NONUS.

### The Concert.

IT is probable that our Hall has never re-echoed to more delightful strains than those which filled it on the evening of May 21st, when a crowded audience listened with all their ears to Madame Agnes Nicholls, Sir Charles Santley, and Mr. W. H. Squire.

It may be said at once that these great artists gave us of their very best, and what that best can be all the world knows.

Madame Agnes Nicholls gave as her contribution "Butterfly's Song" from Puccini's "Madama Butterfly"; two songs by Mr. Hamilton Harty, and (with Sir Charles Santley) "La dove prende" from Mozart's "Magic Flute"; besides which she was kind enough to give "The Lark now leaves her watery nest" as an encore.

Here was variety enough to please all tastes, and also to show the range of the singer's talents. In the "Butterfly" song her dramatic powers were finely displayed; in Mr. Hamilton Harty's two charming compositions (the second to beautiful words by Thomas Campion, 1612) her admirable phrasing was a lesson to those who could learn; while in the Mozart duet the lovers of that most chaste but most difficult of all masters had perhaps their greatest treat.

Mr. Squire's solos combined admirable feeling with perfect technique, and he also was kind enough to grant an encore.

But we shall not be accused of instituting odious comparisons if we say that the most marvellous performer of the evening was Sir Charles Santley. Sir Charles thinks that he was born in 1834, and that he must be in his seventy-fourth or seventy-fifth year. Whether he is correct in this or not, he has been the delight of many generations. We have listened to him with delight for quite half a century, and we will not quarrel about a few years. To hear his singing of the first Aria by Páier was absolutely to disbelieve in time altogether, and he sang "Simon the Cellarer" better, we think, than we ever heard it before.

"Anthea" was given as only he can give it, and a beautiful and touching song by Nevin, "The Rosary," showed that self-restraint which has always been one of his greatest qualities. Sir Charles Santley has taught us all that perfect production and perfect technique can laugh at the flight of youth.

Mr. Hamilton Harty's accompaniments were, as usual, quite excellent. This is a rare and exceedingly valuable accomplishment, requiring many qualities which are very often lacking in the mere virtuoso. The comfort (and therefore the success) of the soloists was, we are sure, complete in his hands.

The local colour was given by the choir, whose numbers seemed as large as usual, and whose volume and quality were quite up to the usual standard. Their best performance was the sweet old English song "Early one Morning."

The main defect in the concert was its length, which seemed to be chiefly due to the orchestral works. Ambition is a great quality, but we really think that music which was simpler and did not require so much extraneous aid would have been more effective, besides being less expensive. A delightful concert finished, without an interval, at a little before 11.

C.

### PROGRAMME.

- PART I.
- OVERTURE "Le Carnaval Romain" . . . . . *Berlioz*
  - PART SONGS { a. "O, by rivers, by whose falls" . . . . . *Bishop*  
                  { b. "The Nightingale" . . . . . *Mendelssohn*
  - ARIA "Agitato da smania funesta" (f. *Fuorusciti*) . . . . . *Páier*  
SIR CHARLES SANTLEY.
  - VIOLONCELLO SOLOS { a. "Mazurka" . . . . . *Chopin*  
                              { b. "Wiegenlied" . . . . . *Schubert*  
MR. W. H. SQUIRE.
  - SONG "Butterfly's Song" (*Madama Butterfly*) . . . . . *Puccini*  
MADAME AGNES NICHOLLS.
  - SYMPHONIC POEM "Redemption" . . . . . *César Franck*
- PART II.
- PART SONGS { a. "As torrents in Summer" . . . . . *Elgar*  
                  { b. "Early one morning" . . . . . *Folk Song*
  - SONGS . . . . . { a. "The Rosary" . . . . . *Nevin*  
                              { b. "To Anthea" . . . . . *Hatten*  
SIR CHARLES SANTLEY.
  - PAS DE VOILE FROM SUITE, "Callirhoë" . . . . . *Chaminade*
  - SONGS { a. "Lane of the Thrushes" . . . . . *Hamilton*  
                  { b. "Come, O come, my life's delight" } *Harty*  
MADAME AGNES NICHOLLS.
  - VIOLONCELLO SOLOS { a. "Barcarolle" . . . . . *Offenbach*  
                              { b. "Papillons" . . . . . *Popper*  
MR. W. H. SQUIRE.
  - DUET "La dove prende" (*Il Flauto Magico*) . . . . . *Mozart*  
MADAME AGNES NICHOLLS AND SIR CHARLES SANTLEY.
  - PART SONG for Female Voices and Orchestra—  
"The Snow" . . . . . *Elgar*
  - FINALE—Introduction, Act III, "Lohengrin" . . . . . *Wagner*

Conductors { MR. EDWARD CARWARDINE.  
                  { MR. W. B. GRANDAGE.

### The Special Post-Graduate Vacation Course.

JULY 17 TO AUGUST 18, 1908.

IT is almost a truism to say that the medical student of the present day has his minimum of five years filled to overflowing with subjects of study. In fact, an impossibility really faces him in attempting to cover the range of valuable facts within the given time, and he frequently has to take an extra year voluntarily, or it may be at the bidding of the stern examiner. And then, when practice is commenced, how much the newly-qualified finds he has to learn, sometimes from bitter experience, in the course of his daily routine; and how quickly he discovers that facts, which he thought were safely stored in his mind, mysteriously disappear and cannot be found when required. With the increase in the demands on his professional skill comes a corresponding decrease in the time for study, though he would fain be a student still. The text-books grow dusty upon their respective shelves, the publisher's

traveller gets scanty welcome, and the medical journals remain within their postal covers. Sometimes he is confronted with the tale of a "new treatment" in *The Everyday Post*, which makes him wonder whether what he reads is really novel, or whether he has become the victim of lapses of memory; or a patient startles him by enquiring whether he considers "atoxyl" is the best remedy for acute esinophile leucæmia!

There is nothing new under the sun, there cannot be perhaps; but this does not imply that existing things may not have new applications with most gratifying results, and the up-to-date man is the one who can apply well-known, and possibly old, remedies in such a manner that they are followed by successful, and perhaps unlooked-for, effects.

The medical practitioner who has served his day and generation for many a year past has often a yearning for an insight into some of the modern, but yet tested, applications of treatment for the many ills to which the human is heir, but he has hardly time for even a holiday, much less for a return to student harness.

It is, however, a sign of the times that there is an ever increasing desire on the part of the majority to get in touch with the newer principles of diagnosis and treatment, and hence post-graduate study has made very considerable strides, both in the number who enter for it and the manner in which the teaching is given. There are many excellent courses now open to the practitioner in several parts of London, but these might be multiplied tenfold and yet all be useful.

Until this year no Hospital with an ordinary Medical School attached has, we believe, made an attempt to provide what may be called a complete course of post-graduate instruction. Most of the large Hospitals have been associated together for some years in providing fragmentary courses, which have been much appreciated; but our own School of St. Bartholomew's recently felt that this method of study was not altogether satisfactory and withdrew from the scheme. With the completion of the new Out-patient and Special Department Block, space and opportunity arose for an adequate course to be established at this particular School alone.

There is, of course, some amount of difficulty in combining the teaching of students with post-graduate study by practitioners, and therefore it has been considered best to institute a vacation course, in order that the members of the Staff might have the requisite time for this extra work.

Further, the busy practitioner cannot afford much of his well-earned holiday for the precincts of a hospital, even in spite of the fact that the change of the ordinary daily routine for the greatly less monotonous hours in the hum of a medical school might well be taken as relaxation, for here there is nothing to be given, but all to be received.

Consequently this Special Post-graduate Vacation Course



which has been arranged seems to meet all requirements. It is a special course, it is solely for post-graduates, it is in the vacation, it is short, and, we venture to think, complete.

Before all St. Bartholomew's men open their JOURNAL they will have received the prospectus of the Course, and doubtless its novelty will have induced them to have glanced through its pages. If any have not done so, we would take this opportunity of suggesting that a perusal of the facts contained in the prospectus will not be without interest.

A *resumé* of the points there set forth may not be amiss in these columns.

#### SCOPE.

The Course includes not only attendance on any part of the practice of the Hospital, but also on the Special Classes for Clinical and Laboratory instruction.

#### TIME.

Friday, July 17th, 1908, to Tuesday, August 18th, 1908, but divided into two periods of a fortnight each as follows:—July 17th to July 31st inclusive, and August 4th to August 18th inclusive.

#### SPECIAL FEATURES.

Among other subjects the following will be dealt with:—

Bacteriology.  
Clinical Pathology.  
Gastric Methods.  
Diseases of the Blood.  
Early Diagnosis and Treatment of Phthisis.  
Electrical and X-ray Work.  
Clinical Applied Anatomy.  
Neurology.  
Etc., etc.

#### FEES.

Composition fee for *one month* £8 8s.  
Composition fee for the first *or* the second fortnight £4 4s.

All applications for further particulars and entry forms should be addressed to—

The Dean,

St. Bartholomew's Hospital, E.C.,

who will also be pleased to receive any suggestions with regard to any part of the Course.

It is hoped that this new venture will afford considerable satisfaction to old St. Bartholomew's men, and will enable them to recognise that it is the desire of their old School to provide something which is worthy of their acceptance.

### Early Surgical Consultations.

By D'ARCV POWER, F.S.A.



UR ancient Hospital is full of vestigia for those who have eyes to see. The topography of the place, the boxes filled with parchments in the muniment room, the minute books of interminable Courts of Governors and innumerable Committees, the bookcases labelled "Athenæ" in the Library all speak eloquently of a long and glorious past. Even our customs are curious. We had until lately "a Buckfeast" telling its own story, for, when mutton and lamb were very inferior dishes, a present of venison was the highest compliment which could be paid to any corporation or body of men. The haunch formed the centrepiece round which the cooks wove a complicated banquet, whilst it gave the butler an opportunity of bringing into use the loving cups and the rose-water dishes which still form conspicuous ornaments in the Hospital plate chest.

But of all the curious customs perhaps the most interesting are our consultations. They take us back to a time when the memory of man runneth not, and they are one of the last survivals of a custom which was well nigh universal throughout Europe, for, where there was a gild of surgeons, there the custom of consultations was in full swing. It applied to the oldest surgeon as well as to the newly-admitted recruit, and it was enforced by fine or imprisonment as well as by precept. Everywhere else the custom has died with the corporations which nourished it, but with us the custom has been revived. I know not when. Sir James Paget once told me that he took the credit to himself, and he was surgeon from 1861 to 1871. It cannot be much earlier, for envy, hatred, malice, and all uncharitableness ran to such great lengths in the Regency and early Victorian days that the odium medicum in the hospital would have made consultations impossible.

The earliest record of consultations in London occurs in the first record of surgeons in the year 1369. Two persons were sworn on February 2nd of this year to act as Master Surgeons of the City of London. They took oath "To deserve well and truly of the people in doing their cures, to take from them reasonable payment, and to report as often as need be to the Mayor and Aldermen the faults of those who undertook cures. To take charge of the hurt and wounded, and to give true information to the officers of the City about such persons, whether they be in danger of death or not." This oath was administered long before there is any evidence of a gild of surgeons in London, and the two sworn surgeons appear rather as City officers,—necessary at a time when the maimed and wounded were numerous, since furious street fights were of almost daily occurrence—than as the superior officials in a gild.

True information as to the condition of wounded persons

could only be obtained by personal inspection, and this, again, would only be allowed with the consent of the practitioner in attendance. It gave rise, therefore, to the system of "presenting patients," which was so marked a feature of mediæval practice.

In 1435 a gild of surgeons existed in London, and regulations were laid down for its good governance. One of these regulations is headed "Of the showing of cures," a cure being a case or patient. It reads, somewhat modernised, in the following words:—"And, moreover, if any person of the said fellowship have any desperate case which is likely to end in death or disablement, or of whose nature he is ignorant, he shall show it to the Masters or to some of them within four or five days under penalty to pay to the common box thirteen shillings and fourpence. And, if any of the Masters be required by any of the fellowship to see such a desperate case, and he will not come there to see it either for comfort of the sick or the honour of the craft, he shall pay to the box at each time and as often as he is herein faulty six shillings and eightpence." The Master and Wardens of the Gild were summoned to these consultations, which soon became valuable perquisites of the office. The next regulation lays down that if any profit or advantage of gift come to any of the four Masters, whether it be through calling and visiting of any person as is aforesaid, it shall be shared in even portions amongst the four persons aforesaid.

The regulation seems to have been a good one, if the small number of surgeons be taken into account, since, as each then became Warden and Master in turn, it gave them each a share of practice, whilst the general practitioner was enabled to shift the responsibility, and to derive benefit from the experience and suggestions of his seniors in the craft. At any rate, when the Gild of Surgeons united with the Company of Barbers in 1540, the practice was continued, with certain slight alterations, as is shown by the following ordinances of the United Company of Barbers and Surgeons:—"Also it is ordained that hereafter no manner of person of the mystery shall take any sick or hurt person to his cure which is in peril of maim or death, without showing and presenting the same sick or hurt person within three days unto the Master of the Company for the time being. And the said Master, with his Governors, shall then go in their own persons, or appoint such persons as at their discretions shall seem most convenient and expert in the said faculty of surgery to go with them or deputies in the absence of any of the said Governors. And if any profit, advantage, gift, or reward come or be given to any of the said Masters, Governors, or Deputies through calling or visiting any person as is aforesaid, that evermore it be by the Master for the time being divided by even portions among the said Master, Governors, or Deputies. And whoso offendeth shall for every time pay and forfeit to the use of this mystery for a fine twenty shillings. But if the said Master or Governors

be desired to go and see any sick or hurt person as aforesaid, and do deny or make refusal unless he be rewarded for his or their pains, they shall for every such default forfeit and pay for a fine twenty shillings. They shall, moreover, in the future take pains to go and see, and give good counsel both to the poor for charity as well as to those that have ability to pay."

The presentation of cases was very rigidly enforced, as is shown by the following extracts:—"Upon the 27th of June, 1568, in this Court, John French is committed ward [prison] for a patient dying under his hand and not presented," and on the 12th of February, 1573, "here was John French (again), and was commanded to lay down his fine for not presenting Mr. Watson, of the Tower, who died of gangrene in his foot. And he paid fifteen shillings."

The presentation of the sick and maimed served many purposes. It brought grist to the mill of the surgeons; it protected the general practitioner from actions for malpraxis since he could always plead that he had presented his patient, and sometimes it showed up unworthy or unskilful practitioners, as in the following instances:

In 1575 "William Pilkinton was tolerated to practise surgery for five years next ensuing, provided that he pay quarterly to this house two shillings and sixpence, and that he, the said Pilkinton, do join with him in every cure he shall have in danger of death or maim some expert surgeon of this Company." The ignorance of the practitioner was not always discovered at once, but only when he had asked for a consultation, and then the exposure was full and complete, as is told in the following minute, dated April 20th, 1602: "This day John Foster, a poor and unskilful man of this Company, made his appearance before the Masters of this Company, and was examined touching his skill in the art of surgery, and was found altogether unskilful in all the parts thereof. Whereupon it is ordered that Mr. Wilbraham, Coroner to this City, be warned to be here with the coroner's inquest on Thursday next by ten of the clock in the forenoon to be satisfied by their own hearing of the unskilfulness of the said Foster." It was evidently thought better to have a preventive inquest than one where it was necessary to view the body.

The following are instances of the partial and complete revocation of licences consequent upon discoveries made when patients were presented:—"Here was a complaint determined upon which was made against Thomas Hoole. And for that he was found ignorant he is bound in forty pounds never to meddle in any matter of surgery unless he shall call some better experienced surgeon than himself at the second dressing." "This day Oliver Peacock brought in his fine for not presenting his cure being now dead. And it was mitigated to five shillings. And it is further added that he practise surgery no more."

Similar instances might be given throughout the seventeenth century, but with the spread of surgical knowledge

in the eighteenth century the duty of inspecting cases which had been presented was allotted to the Examiner of Surgeons, and was no longer left to the Master and Wardens of the Company, who might be barbers practising the trade and not surgeons at all. As late as 1712 it was "ordered that Mr. Small be summoned to appear before the Governors at the next Court to answer a complaint against him for amputating a breast without calling an Examiner to be present."

The United Company of Barbers and Surgeons was dissolved in 1745, the barbers continued a Company as they had been before the union; the surgeons formed a new company, which was afterwards replaced by the College of Surgeons. The Surgeons' Company no longer exercised the right to call for the presentation of cures, but the habit of consultation had taken a firm hold of the profession, and, in a modified form, is in extensive use at the present day. Thus it comes to pass that every Thursday we present to each other our cures who are in danger of death or maim if we operate upon them, or of whose nature we are in ignorance, hoping to relieve each other of some part of the responsibility which would otherwise rest upon us, or trusting that we may gain knowledge from those of wider or more special experience than our own. But the old order changeth, and we no longer present our cures under pain of fine, imprisonment, or the coroner's inquest.

### Measles.

#### A COMEDY IN ONE ACT.

By OS INNOMINATUS.

##### Dramatis Personæ.

BROWN . . .	A medical student.
PODGERS . . .	His friend, ignorant of medicine.
DR. SMITH . . .	A physician.

Scene.—Brown's bed-sitting room.

[Brown discovered in bed. By the bedside a table bearing a reading lamp, a soda-water siphon and glass, and an open book.]

*Brown* (yawning and stretching).—O-o-oh, I am getting pretty sick of this. Four days' fever and general malaise—general malaise, that describes it to a T. (Sitting up.) I wonder if I'm sickening for measles. (Examines his arms and chest, and then squints at his nose.) I'll swear I can see something on my nose. (Lying back and folding his hands behind his head.) I suppose that's nothing. I never knew a time when I couldn't find a spot on my nose by squinting at it. It will be English measles, of course. Curses them they never do things by halves. For some of the worst things in the world, as well as for some of the best things, recommend me to old England. Now German

measles is a mild and phlegmatic complaint utterly scorning the impropriety of a rebellious complication. And French measles—pre-supposing its existence—would be ephemeral and flashy; here to-day and gone to-morrow. And Spanish measles (yawns) would be something horribly chronic and sleepy, leaving one spotty for a year or two. And Italian measles—(sitting up) ugh. Italian measles would make one's head go thud, thud, thud, like a barrel organ. (Holding his head between his hands.) I'm not sure I haven't got Italian measles. (Turning and apostrophising his reading lamp.) Lamp, are you aware that you have been standing there staring at me for forty minutes, and you have not yet breathed one syllable of conversation, but rather instead you have adopted the dull man's substitute, and done nothing but smoke. (Lies back again, and wriggles himself into a comfortable position.) Ha, ha, ha, silly old Podgers! I wonder when he will look me up again. Podgers, lamp, is my friend. A friend in need and a friend indeed—if it is a convenient comfortable sort of deed. But Podgers is in mortal terror of measles. The first day of my complaint he burst in here bubbling over with the temporary superiority of health to ill-health. "So sorry to hear you seedy, old chap. Can I do anything for you? Would you like the blind down a little lower?" "Oh, don't trouble, old fellow." "No trouble at all"—and down comes the blind a few inches. "Would you like a glass of milk?" Invalids, lamp, are supposed to crave eternally for milk—of course, you'd want paraffin—as a matter of fact they hate it. "No thanks, old chap." Then he passes over to the fire and begins to sweep the ashes off the bars of the grate with the tip of the poker. "I'll tell you what," he says presently, "you've got a bad chill." "I wish I could be sure," I answer, putting it as gently as I could, "that my complaint would claim no other victim." Podgers drops the poker with a clatter. "You don't mean to say you've infectious!" Then bitterly, "You might have said so before I came in." "Can I fetch you anything, old chap," he continued, making a badly restrained bolt for the door. "Nothing at present, old fellow—but, I say, Podgers, the next time you come up you might help me make my bed, will you?" (laughs heartily to himself.) (Sits up and drinks a glass of soda-water.) Good stuff, lamp. I won't offer you any. Oil and soda-water don't mix, you know. (A knock is heard at the door which softly opens about three inches.)

*Voice outside.*—Hullo Brown, how are you?

*Brown.*—Oh, pretty fair, thank you, Podgers.

*Podgers.* Any rash?

*Brown.*—I can't find any.

*Podgers.*—I say, Brown, if you do develop a rash you'll let me know, won't you?

*Brown.*—I'll do better than that, old man, I'll chain it up and then you can walk right in.

*Podgers.*—Now you're rotting. Is there anything I can do for you?

*Brown.*—I don't think so, thanks—unless—yes, the room is rather close; you might open that door about half an inch wider, will you—thanks.

*Podgers.*—I say, Brown, I haven't got any spots on me have I?

*Brown.*—I'll swear there are none on your nose, except that pimple which you've had some time, you know.

*Podgers.*—Do be serious, Brown. You know I've never had measles or scarlet fever or even chicken-pox?

*Brown.*—Whew! You're in a bad way. You get those things so much worse later on.

*Podgers* (anxiously).—Rot!

*Brown.*—You do really. I should get them at once if I were you. I'll get you some dust from the surgery to sniff up your nostrils.

*Podgers.* No, thank you.

*Brown* (sitting up suddenly in bed).—I say, Podgers. (The door immediately closes to a chink.) (Lying down again.) All right, Podgers. I'm lying down. (The door slowly opens again.) Have you ever had Italian measles?

*Podgers.*—No.

*Brown.*—Then don't you get it.

*Podgers.*—I never knew there was such a thing.

*Brown* (quickly).—Oh, rather; and there's a Spanish measles that lasts for eighteen months, an awful chronic thing; and a French measles, that you can get as many times as a Frenchman falls in love.

*Podgers.*—Good Lord! and I've not had any of them. Ta-ta. You're sure I can't (taint and fainter as he rapidly retreats) do anything for you.

*Brown.*—Lamp, why didn't you tell Podgers that I was pulling his leg. You are an accomplice. I think it was Stevenson said, "More lies are told in silence than through the speaking lips."

(A loud knock on the door, which is immediately succeeded by the unceremonious entry of a burly personage in frock coat and white tie, clean shaven, well covered, blue eyed, sparsely fair haired, of general countenance, scarcely disfigured by a pair of gold-rimmed pince-nez.) Good evening, doctor.

*Dr. Smith.*—Good evening, how are you? Slight indisposition, eh? (Extends his broad palm and grasps invalid's hand, thence fingering his way to the pulse.)

*Brown.*—No, doctor, general malaise and fever of a hectic type. Been going on four days. My pulse has been exceedingly variable; at times full and bounding; at times thready and feeble. I have had a headache too unaccompanied by nausea, yet not of a sharp stabbing character. A cough too has troubled me, perhaps due to reflex irritation of the vagus. Also—

*Dr. Smith.*—H'm! Fever high?

*Brown.* It rose to 99.5° yesterday.

*Dr. Smith.*—H'm! Any rash?

*Brown.*—I can't find a solitary pimple

*Dr. Smith.*—H'm! Bowels?

*Brown.*—We—ll, rather irregular.

*Dr. Smith* (giving invalid's hand little shakes for emphasis).—Castor oil, sir! Divine drug! Dissipates half the ills of humanity. "Purges the fount of woe," viz. alimentary tract (preparing to go). I'll order you some at once.

*Brown.*—Then, doctor, I'm not infectious?

(The door opens softly a few inches.)

*Dr. Smith.*—I think not, sir. Any rash would have appeared by now. Good evening!

(Enter Podgers. Apparently surprised to see doctor.)

*Podgers.*—Hullo! I didn't know you had a visitor.

*Dr. Smith.*—Playing the "Good Samaritan," I see.

*Podgers.*—Not any more than most people do, sir.

*Dr. Smith.*—I always say, sir, that it is one of the grandest things about my profession that we are continually exposing ourselves to inconvenience, and even to risk, for the sake of our fellow-creatures. Good evening, gentlemen. (Exit doctor.)

*Podgers* (sitting on bed).—Well, old chap, what is it? Anything infectious?

*Brown* (savagely).—No.

*Podgers.*—I'm glad of that, although I had made up my mind to risk it. So it wasn't Italian measles?

*Brown* (more savagely and sitting up in bed).—Look here, Podgers, it's nothing more nor less than a bilious attack, and if you mention Italian measles to me again, I'll inject you with streptococci.

*Podgers.*—All right, old friend. Can I get you anything?

*Brown.*—Well—you might order me a beef—no, I couldn't stomach that. Shall I have some fish? No, I tell you what—look here, you might bring me up (holding his hand to his mouth and whispering with a sidelong glance at the lamp)—a glass of milk.

*Podgers.*—Certainly. (Exit.)

*Brown* (lying back).—I really don't know which made the biggest fool of himself.

Curtain.

### Recent Papers by St. Bartholomew's Men.

- Adams, J., M.D., F.R.C.S. "Severe Spasmodic Contraction of a Finger cured by Stretching the Median Nerve" (*Lancet*, Feb. 1st).  
 Adamson, H. G., M.D., M.R.C.P. "On Eruption of Naphin Region in Infants; with special reference to the Diagnosis of the Eruptions of Congenital Syphilis from certain Non-specific Naphkin-area Eruptions of common occurrence" (*British Journal of Children's Diseases*, Jan.).  
 Bradburne, A. J. H., F.R.C.S. Edin. "The Management of Squint." Paper read before the Medical Societies of Southport and Chester.  
 Duckworth, Sir Dyce. "Some Suggestions for the Conduct of Young Naval Medical Officers." An Address delivered at Haslar Royal Naval Hospital, April 6th.

The Clubs.

CRICKET CLUB.

ST. BART'S v. VIRGINIA WATER.

We took a weak team to Virginia Water on May 7th, and suffered a severe defeat. Our chief fault lay in our fielding, for though the ground fielding with one or two exceptions was good, a number of catches were dropped. That dropped catches means lost matches is a proverb that many men might take to heart. Griffin, who batted well in the second innings, could not turn up until our first innings was nearly over.

SCORES.

ST. BART'S.

1st Innings.		2nd Innings.	
P. A. With, b Hills	1 not out	3	
C. Noon, b Hills	6	0	
P. B. Wallis, c and b Peate	8	0	
G. Viner, c Stinton, b Hills	13	0	
A. J. Symes, b Peate	13		
M. Lindsey, b Peate	5		
P. U. Mawer, b Peate	4	9	
W. B. Griffin, not out	7	31	
G. R. Lynn, b Hills	0		
F. J. Craddock, b Hills	0		
R. O. Bridgman, b Peate	0		
Extras	6	5	
Total	63	Total (4 wkts.)	57

VIRGINIA WATER.

Bishop, c Lindsay, b Craddock	15	Bowskill, b Lindsey	32
Stinton, c Griffin, b Bridgman	23	J. M. Kindersley, not out	24
Peate, b Bridgman	24	Blaber, b Symes	6
Hills, b Craddock	28	Joslin, c With, b Symes	8
D. V. Baker, c With, b Bridgman	1	Dr. G. Smith, run out	9
Gardiner, l.h.w, b Symes	14	Extras	16
			200

ST. BART'S v. WANDERERS.

We secured our first victory of the season over the Wanderers on May 14th at Winchmore Hill. Gibson bowled extremely well, taking 5 wickets for 26 runs, and some of his head balls were quite puzzling to the batsmen. Norman alone showed any form with the bat, and we hope that this his initial effort is a good omen for the future. Turner took the last 3 wickets for 9 runs.

SCORES.

WANDERERS.

1st Innings.		2nd Innings.	
S. Colman, not out	17		
C. N. Lambert, c and b Gibson	0	c With, b Mawer	21
J. E. G. Hudath, run out	1	not out	10
T. J. Wheeler, c With, b Gibson	0	b Mawer	5
R. D. Lambert, c Vivian, b Bridgman	3	c Viner, b Vivian	4
T. A. Darke, b Gibson	10	not out	11
D. A. J. Jephson, b Gibson	17		
R. B. Brooks, c Turner, b Gibson	0		
W. H. Wheeler, c Wallis, b Turner	2	c Turner, b Vivian	6
H. T. Bull, c Moore, b Turner	4	c Vivian, b Viner	12
O. Taylor, b Turner	4		
Extras	3	Extras	8
Total	61	Total (5 wkts.)	77

ST. BART'S.

P. A. With, b Jephson	12	M. Lindsey, b Jephson	2
R. T. Vivian, b Taylor	8	T. S. Gibson, b Jephson	0
W. T. Norman, c T. J. Wheeler, b Taylor	27	P. V. Mawer, st Brook, b Jephson	2
P. B. Wallis, c and b Taylor	0	R. O. Bridgman, not out	0
G. Viner, run out	0	Extras	9
A. G. Turner, c Jephson, b Taylor	3	Total	63
F. J. Gordon, b Jephson	0		

ANALYSIS.

Gibson	5	for 26
Turner	3	" 9
Bridgman	1	" 23

ST. BART'S v. KENT COUNTY ASYLUM.

Played at Maidstone, on Wednesday, May 21st, and after an exciting finish we won in the last over of the match. We allowed our opponents to score 238 owing partly to dropped catches.

We started badly losing 3 wickets for 41, but Turner, Page, and Viner came to the rescue; but still we wanted 71 to win in twenty-eight minutes. It was at this point of the game that Gibson came to the rescue with a splendid 47, and we thus won a splendid game.

SCORES.

KENT COUNTY ASYLUM.		ST. BART'S.	
Dr. Lewis, b Page	07	P. A. With, c F. Curtis, b Clark	30
Mullins, c Page, b Gibson	60	R. T. Vivian, l-b-w Clark	9
Bridges, c With, b Page	49	N. F. Norman, c Clark, b Curtis	0
C. Curtis, b Turner	0	C. Curtis, c and b Gibson	29
Clark, c Mawer, b Gibson	29	A. G. Turner, c F. Curtis, b Bridges	43
F. Curtis, c Viner, b Page	29	C. Noon, b Clark	35
Hodges, b Bridgman	20	G. Viner, b Lewis	25
Dr. Collier, c Wallis, b Bridgman	1	G. F. Page, c F. Curtis, b Bridges	30
Older, c With, b Page	0	P. B. Wallis, c Clark, b Older	16
Ashberry, not out	11	P. U. Mawer, c Mullins, b Older	16
Field, c Norman, b Turner	10	T. S. Gibson, not out	47
		R. O. Bridgman, not out	13
Extras	22	Extras	17
Total	238	Total	243

DRAW FOR INTER-HOSPITAL CUP TIES.

University v. Guy's	—	} Final.
King's v. Bart's	—	
London v. Charing Cross	—	
Westminster v. St. Thomas's	—	
Middlesex v. St. Mary's	—	

SWIMMING CLUB.

EALING v. ST. BART'S HOSPITAL.

An extract from Ealing.

"This was the opening match of both clubs, and whilst Ealing were fully represented, St. Bart's had only three members of their full team out, the absentees including their captain, Butt; Dixon, a forward well known at Ealing as a fine shot; and Trapnell, half. Under these circumstances it was not surprising that the game was one-sided. Sharpe, Broadbent, and Cunningham were constantly bombarding the Hospital goal, but met with dashing opposition from the backs, White and Boney, who spoiled many of their shots, whilst those that did get through the backs were on many occasions finely dealt with by Capon in goal. But for their splendid defence, Bart's would have suffered defeat by a much larger margin than the ultimate score of 7-1."

We withhold our own comments on the game, which differ considerably from the above. Team: R. E. K. Burn, A. Ryland, A. J. Clark (forwards); W. B. Wood (half); C. F. O. White, K. Boney (backs); H. V. Capon (goal).

BOXING CLUB.

The Boxing Season is now over, and, on the whole, the results of the formation of the Club have been very satisfactory. There are several promising beginners, and much individual keenness has been shown. The room is now well lighted by incandescent burners, and a platform punching ball, a ring, and a hot and cold shower bath have been set up.

Although the Inter-hospital Competitions were held this year much later than usual, we were unable, on account of the short time that the Club has enjoyed the use of the Old Surgery, and the consequent inexperience of most of the members, to raise a full boxing team. Other circumstances, too, conspired against us. The Primary Fellowship Exam. prevented Messrs. Edmonds and Wolferstan from going into training; this, with J. C. Noble "crooked," left us without a lightweight, while two or three potential heavyweights found the demands of rowing occupy all their spare time.

Next year the Club-room, if still standing, will be available a full four months earlier, and there should be no difficulty in raising a full team.

To win the Inter-hospital Cup gymnasts and fencers are also needed, and, though a notice asking for entries had been up for more than a month, the response was very tardy.

It seems a pity that part of the Old Surgery should not be used as a Gymnasium. The difficulty, apart from the permanency of the building, is one of expense; but it has been surmounted by all the other large hospitals.

THE INTER-HOSPITAL BOXING, FENCING, AND GYMNASTIC COMPETITION.

This was held on May 10th, the entries from Bart's being T. H. Brown (middle-weight), E. Meinertzhagen (feather-weight), and V. D. C. Wakeford (sabres and foils).

Though not successful in any of the events, our representatives had at least gained useful experience, and the Sporting Press has paid some handsome tributes to their "gameness."

In the Feathers, Meinertzhagen, who had been suffering from an infantile complaint very prevalent in summer, was narrowly beaten by last year's winner; a very creditable performance for a man who had no previous experience of competition fighting. He took any amount of punishment from a stronger and more experienced boxer, and lasting the better, was scoring well at the finish.

In the Middles, Brown was unfortunately handicapped by being 10 lbs. under weight. However, he put up a very good show against a much bigger man, and after being badly shaken at the very outset, he recovered and did well in the third round against an opponent who shone more in attack than defence.

The Fencing we do not feel qualified to discuss, but Wakeford did not do so well as last year, when he was the sole representative of the Hospital.

The Challenge Cup remained with London, who won the Feathers, Lights, Middles, and Sabres. Guy's won the Heavies and Foils, while the Epee and Gymnastic Competition went to University.

Reviews.

THE HISTORY OF THE STUDY OF MEDICINE IN THE BRITISH ISLES.

By NORMAN MOORE, M.D. (Clarendon Press, 1908.)

The ideal of all instructors, we may believe, is to make instruction entertaining, but as a general rule instruction masquerading as entertainment wears a disguise which is easily penetrated; because instructors, especially those who are themselves well instructed, are prone to deal with an audience without a due regard for its limitations, but rather upon the basis of their own knowledge and enthusiasm. This, of course, is fatal to entertainment. Realisation of the danger has produced the popular lecture, an institution against which we have nothing to say provided that it "knows its place" as the saying goes. To cite astronomical distances in terms of Dutch cheeses piled one upon the other is no crime, but the proceeding does not enhance the dignity of astronomy. The mean of these extremes is difficult of achievement, for instruction, entertainment, and dignity are three elements which, in the hands of most men, are incompatible. This being the case it is a particular pleasure to be reminded, as one is in reading the *Fitpatrick Lectures* for 1905-1906, here reprinted in book form, that we

possess in Dr. Norman Moore a pharmacist whose skill is equal to the task of blending them. Although the reader cannot remain insensible of the wealth of original study which has been laid under contribution for the compiling of these lectures, the knowledge is not allowed to obtrude itself, but becomes established in the background of his mind as a comfortable assurance that what he is enjoying at ease has been collected with much labour. At the same time he is placed on a footing approaching intimacy with a long line of our illustrious dead. A human touch is of infinite service to one whose business it is not only to create from a faded manuscript a lively representation of the man who penned it, but to suggest to imagination an atmosphere appropriate to his creation. In this Dr. Moore is conspicuously successful. His long and close acquaintance with his heroes is reflected in the air of affectionate familiarity which pervades his discourses concerning them. Each is to him a dead friend of whom he might exclaim, with the mourner of Heracleitus, *ἡμῶν ἀπὸ τῆς ἀδελφότητος ἡμῶν κεραιώμενος*. The result is very grateful. Scholarly as the lectures are—even manuscripts of the fifteenth century written in Irish never so terrors to Dr. Moore's catholic capacities—there is nothing forbidding about them. Their lore is so wisely tempered by a current of illuminating commentary, upon points of history, of manners, and of individual characteristics, that with all their erudition they are still light reading, no small triumph of composition. The book is handsomely produced, and contains several excellent reproductions of old manuscripts. We of the Hospital may congratulate ourselves, with a sense of proprietorship, upon its matter, its manner, and its costume.

PUBLIC HEALTH LABORATORY WORK. By H. R. KENWOOD, M.B., D.P.H., Professor of Hygiene and Public Health, University College, London. (London: H. K. Lewis.) Pp. 468, demy 8vo, 10s. net.

This is the fourth edition of a well-known manual upon laboratory methods of public health investigations in connection with the analysis of air, water, food, and soil. The volume acts as a companion to Parkes and Kenwood's *Hygiene and Public Health*, of which a new and revised edition was published recently. Its chief value is as a guide to students attending a practical course of Chemistry and Bacteriology for the Diploma in Public Health; but it serves at all times as a useful book of reference for medical officers of health, analysts, and others. There is a short chapter on the examination of disinfectants.

The last two pages are contributed by Dr. W. G. Savage. They form a concise summary of bacteriological methods in so far as they concern the student of public health.

Indian Medical Service.

The following Lieutenants to be Captains, with effect from February 1st, 1908.—A. F. Hamilton, M.B., F.R.C.S., A. D. White, M.B., N. M. Wilson.

Captain to be Major, dated January 29th, 1908.—F. A. Smith, M.D. (who receives six months acceleration of promotion.)

Major R. F. Standage (Bombay) is posted, on return from furlough, as Residency Surgeon in Mysore.

Lieut.-Col. Lloyd Jones has gone home on furlough.

Capt. Denham White has been selected to accompany the Raj Kumar of Cooh Behar on his voyage round the world.

Lieut.-Col. H. Hendley, Civil Surgeon, Rawul Pindi, has obtained privilege leave for two months, and furlough in continuation for five months, with effect from March 12th, 1908.

Lieut.-Col. F. P. Maynard, M.B., F.R.C.S., Professor of Ophthalmic Surgery, Medical College, and Ophthalmic Surgeon, College Hospital, Calcutta, is granted privilege leave for one month and thirteen days, with study leave for six months and seventeen days in continuation, with effect from March 11th, 1908.

Major F. O. Kinealy (Bengal) is appointed to officiate as Professor of Ophthalmic Surgery, Medical College, and Ophthalmic Surgeon, College Hospital, Calcutta, during the absence on leave of Lieut.-Col. F. P. Maynard, M.B., F.R.C.S.

### Royal Army Medical Corps.

An examination of candidates for not less than 30 commissions in the Royal Army Medical Corps will be held on July 29th and following days. Applications to compete should be made to the Secretary, War Office, London, not later than July 20th, on which date the list will be closed. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit. The presence of candidates will be required in London from July 27th.

#### Gazette notifications:

Captain H. C. Sidgwick will probably proceed abroad next season. He has been posted to the Scottish Command.

Major J. B. Anderson and Captain C. O. B. Wroughton have arrived home on leave from India.

Lieut.-Col. F. H. M. Dutton is transferred from Bloemfontein to Standerton.

### Royal Naval Medical Service.

The following appointments, etc., have been made since April 21st, 1908:

Staff Surgeon W. Hopkins to "Edgar" (temporary), to date May 5th, and to "Royal Arthur" (temporary) undated.

Staff Surgeon S. Roach to "President" (additional for a three months' course at West London Hospital, to date April 23rd.

Staff Surgeon F. H. Nimmo to Royal Yacht "Alexandra," to date May 7th.

Surgeon W. C. B. Smith to "Vernon," additional for "Niger," to date May 11th.

Surgeon P. M. Rivaz to "Hannibal," to date May 30th.

### Examinations.

UNIVERSITY OF LONDON.  
M.B., B.S. Examination.

Honours.—E. M. Woodman.

Pass.—B. H. Barton, H. Blakeway, B.Sc., F. C. Hodder-Williams, H. H. King, J. C. Mead, J. J. Paterson, B.Sc., R. B. Price, A. J. Symes.

### Appointments.

BECKTON, HENRY, M.A., M.D. (Cantab.), B.Sc. (Lond.), appointed Second Assistant to the Director of the Cancer Research Laboratories, Middlesex Hospital, W.

CLARK, W. ADAMS, M.D. (Lond.), appointed Medical Inspector of Schools to the Education Committee of the Urban District of Penge, S.E.

DIX, CHARLES, M.R.C.S., L.R.C.P., appointed Assistant Medical Inspector of Schools for the Wincanton and Shepton Mallet Districts of Somerset.

ECCLES, H. ANNESLEY, M.D. (Lond.), appointed Medical Officer to the Electrical Department, Norwood Cottage Hospital.

HARTLET, S. M.B. (Oxon), appointed House Physician at Leicester Infirmary.

MILLER, T. M., M.R.C.S., L.R.C.P., appointed Ship's Surgeon to the ss. "Umtata."

WILLIAMS, R. T., M.R.C.S., F.R.C.P., appointed Assistant House Physician at the Prince of Wales General Hospital, N.

### New Addresses.

DAVIS, H. D., 9, Portman Street, W.  
DIX, C., Hamilton House, Bruton, Somerset.  
JAMISON, R., 80, New Cavendish Street, W.  
JONES, W. H., y. Wern, Peterston-super-Ely, Glamorgan.

NOON, L., Trinity College, Cambridge.  
ORTON, G. HARRISON, 67, Upper Berkeley Street, Portman Square, W.

SMITH, T. P., Ravensthorpe, Belsize Road, Worthing.  
TREWBY, J. F., 72, Wimpole Street, W.

### Births.

CLARK.—On the 5th May, at 44, Beckenham Road, Penge, S.E., the wife of W. Adams Clark, M.D., of a daughter.

HALL.—On the 16th May, at 19, Collegiate Crescent, Sheffield, the wife of Arthur J. Hall, M.D., F.R.C.P., of a daughter.

HARRIS.—On the 20th May, at 28, Carlton Crescent, Southampton, the wife of H. G. Harris, M.D., B.S., M.R.C.S., L.R.C.P., of a son.

PURDY.—On the 25th March, at Auckland, New Zealand, to Emily and J. S. Purdy, M.D., F.R.G.S. (New Zealand Government Health Department), a daughter, Edith Dorothy.

### Marriages.

JAMES—RANKIN.—On May 5th, at St. Andrew's, Hatch End, by Rev. A. E. Oldroyd, Vicar, West Hampstead, assisted by Rev. F. A. J. Bealey, Vicar of the parish, Philip William James, M.D., eldest son of the late Canon James, of Bermuda, to Muriel Lindley, youngest daughter of the late A. M. Rankin, of Broomhills, Kitchford, Essex.

KOWLAND—COOK.—On May 15th, at Union Church, Woodford, by the Revs. Joseph Hocking and Alfred Rowland, LL.B., D.D., father of the bridegroom, Penry William Rowland, M.D., of Colchester, to Katherine Janet Cook, second daughter of H. J. Cook, J.P., of the Firs, Woodford.

### Death.

MASTERMAN.—On April 27th, at Jerusalem, Lucy Nazarina, the beloved wife of Ernest W. G. Masterman, F.R.C.S., F.R.G.S., aged 35 years.

### Acknowledgments.

*British Journal of Nursing, Broad Way, Hospital, Guy's Hospital Gazette, Indian Medical Gazette, Journal of Laryngology, Rhinology, and Otology, L'Echo Médical du Nord, London Hospital Gazette, Middlesex Hospital Gazette, Nursing Times, New York State Journal of Medicine, Polyclinic, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Stethoscope, University of Durham College of Medicine Gazette.*

### 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.

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 ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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.

VOL. XV.—No. 10.]

JULY, 1908.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

JULY 1st, 1908.

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

### Calendar.

Wed., July 1.	—D.P.H. Conjoint Exam. begins. Shuter Scholarship. Clinical Surgery, 12.45 p.m. Mr. Lockwood.
Thur., "	2.—2nd Exam. Conjoint Board begins.
Fri., "	3.—Clinical Medicine, 12.45 p.m. Dr. Tooth. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., "	6.—Int. M.B. Exam. (London) begins. M.D. and M.S. Exams. (London) begin. Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues., "	7.—Final Exam. Conjoint Board (Medicine) begins. Dr. Norman Moore and Mr. Cripps on duty.
Wed., "	8.—Clinical Surgery, 12.45 p.m. Mr. Lockwood.
Thur., "	9.—Junior Scholarship Exam. Final Exam. Conjoint Board (Midwifery) begins.
Fri., "	10.—Final Exam. Conjoint Board (Surgery) begins. Dr. West and Mr. Bruce Clarke on duty.
Mon., "	13.—Prelim. Scientific Exam., Part I (London), begins. L.S.A. (Surgery) Exam. begins. Special Lecture, 1 p.m. Mr. Harmer.
Tues., "	14.—Dr. Ormerod and Mr. Bowlby on duty.
Thur., "	16.—Prelim. Scientific Exam., Part II (London), begins.
Fri., "	17.—Dr. Herringham and Mr. Lockwood on duty.
Sat., "	18.— <b>Summer Session ends.</b>
Mon., "	20.—L.S.A. (Medicine, Forensic Medicine, and Midwifery) Exam. begins.
Tues., "	21.—1st Exam. Conjoint Board begins. Dr. Tooth and Mr. D'Arcy Power on duty.
Fri., "	24.—Dr. Norman Moore and Mr. Cripps on duty.
Tues., "	28.—Dr. West and Mr. Bruce Clarke on duty.
Fri., "	31.—Dr. Ormerod and Mr. Bowlby on duty.

### Editorial Notes.

IT is with the greatest satisfaction that we are able this month to include in the pages of the JOURNAL a reproduction of a photograph of the Inter-Hospital Athletic Shield, together with many other trophies. Five years have now passed since this shield was last with us, and it is very pleasing and gratifying to once more see it amongst its old surroundings on the table in the Library.

All honour is due to those who took part in rescuing this trophy. Especially must we mention the names of A. Abrahams, F. J. Gordon, I. van Schalkwyk, and T. H. Just—our most recent addition from Cambridge.

For the excellent photograph we reproduce we are once more indebted to the kindness and skill of Mr. D. M. Stone.

The names of several Bartholomew's men are to be found among those representing England in the Olympic Games.

Mr. R. B. Etherington-Smith and Mr. J. S. Burn are rowing in the Olympic Crews, and Mr. T. H. Just is running in the 800 metres race.

We never remember seeing the Ground at Winchmore Hill under more favourable auspices than on the occasion of "Past & Present" this year. As a rule on this day the Clerk of the Weather is not in the happiest frame of mind, and the sun is not permitted to shine in unbroken harmony throughout the whole of the afternoon. But on Midsummer Day of this year the atmospheric conditions were ideal, for though the ground was bathed in brilliant sunshine the summer breeze was such that the heat was in no way oppressive.

There was a goodly gathering too, and one decidedly in excess of that usually present. Quite a number of the Staff were there, and the fair sex was well represented. The cricket was full of interest, and ended in a victory for the Past.

Added to this were fine music and excellent refreshments, and it was with feelings of regret that when the end came those present journeyed back to town.

\* \* \*

THE Fourteenth Annual Dinner of the Eighth Decennial Contemporary Club was held at Oddenino's Imperial Restaurant on Wednesday, June 24th. The chair was taken by Dr. T. M. Legge, of the Home Office.

The members present reached the total of fifty-one—nine less than last year. The gathering was a highly representative one, including, as it did, members from London, the provinces, and those who were available, from far distant lands. A truly convivial evening was spent and thoroughly appreciated by all present. The Hon. Secretaries, Dr. Drysdale and Mr. Waring, were once more responsible for the arrangements of an excellent dinner, and their efforts in organising so successful a meeting are deserving of much praise.

\* \* \*

THE King has been graciously pleased to confer a Baronetcy of the United Kingdom on Sir Thomas Lauder Brunton.

\* \* \*

Dr. A. T. DAVIES, F.R.C.P., has been recently elected President of the Hunterian Society for the year 1908-9.

\* \* \*

Two St. Bartholomew's men have lately taken higher degrees at the University of Cambridge. Our congratulations are due to Mr. G. A. Coulby on obtaining the degree of M.D., and to Dr. E. H. Douty, F.R.C.S., on obtaining the degree of M.C.

\* \* \*

WE have pleasure in announcing that Professor Howard Marsh has been appointed an Honorary Member of the West London Medico-Chirurgical Society.

\* \* \*

WE heartily congratulate Dr. A. H. Hogarth upon his appointment as Medical Officer of Health to the Buckinghamshire County Council.

\* \* \*

THE Sixth Annual South African Civil Surgeons' Dinner will take place on Friday, July 24th, at 7.45 p.m., at the Imperial Restaurant, Regent Street. The Rt. Hon. R. B. Haldane, M.P., Secretary of State for War, has kindly consented to be present, and the chair will be taken by Anthony A. Bowlby, Esq., C.M.G. Reply cards have been sent to those whose addresses are available, and it is hoped that those who wish to attend will reply as soon as possible. Old South African Civil Surgeons to whom notices have not been sent and who would like to be present are requested to communicate with C. G. Watson, Esq., 44, Welbeck Street, W. The price of the Dinner will be 10s. 6d.

\* \* \*

JUNE 27th was a great day for our Matron, and, indirectly, it was a great day for the nursing profession. On that day Miss Isla Stewart celebrated the twenty-first year of service at St. Bartholomew's Hospital. The occasion was commemorated by a dinner given by her friends at the Gaiety Restaurant, where a gathering of some 250 enthusiastic admirers, of both sexes, paid homage to the guest of the evening. The chairman was Mrs. Redford Fenwick. A succession of magnificent bouquets was presented to Miss Stewart, including one from the Nurses of France. We shall print a full account of the dinner in our next issue.

\* \* \*

WE have to announce that Lord Ludlow has resigned the post of Treasurer of the Hospital. At the Court of Governors held on June 9th the following resolution was passed: "That in accepting the resignation of the Right Hon. Lord Ludlow of the office of Treasurer, to which he was elected on the 26th January, 1905, this Court hereby records its deep sense of appreciation of the very valuable services he has rendered to the Hospital. The important structural alterations and additions which have been carried out under his treasurership have added greatly to the efficiency of the Hospital, and the advantages that have accrued to the institution as the result of the various reforms instituted by him in the management of the estates, and in the internal administration of its affairs, cannot be over-estimated, and the Court tenders to Lord Ludlow its grateful acknowledgments."

On behalf of the Students' Union we must express our great regret at the resignation of Lord Ludlow. The deep interest in the welfare of the Union which the late Treasurer always showed and gave practical proof of on innumerable occasions makes the loss all the more keenly felt.

### Scholarships and Prizes, 1907-1908.

- Lawrence Scholarship.*—(Not awarded.)  
*Brackenhury Medical Scholarship.*—R. B. Price, A. E. Stansfeld, *prox. acc.*  
*Brackenhury Surgical Scholarship.*—H. Blakeway.  
*Matthews Duncan Medal.*—H. Blakeway.  
*Matthews Duncan Prize.*—F. F. Laidlaw, A. C. Sturdy, A. L. Candler, *æq.*  
*Senior Scholarship in Anatomy, Physiology, and Chemistry.*—W. C. Dale, J. W. Trevan, *æq.*  
*Senior Entrance Scholarships in Science.*—A. J. Clark, N. Glover.  
*Junior Entrance Scholarship in Science.*—B. W. Howell.  
*Preliminary Scientific Exhibition.*—D. B. Pascall, W. Simpson, *æq.*  
*Entrance Scholarship in Arts.*—W. B. Christopherson.

- Jefferson Exhibition.*—C. B. Richardson.  
*Kirkes Scholarship and Gold Medal.*—A. E. Stansfeld.  
*Willett Medal.*—H. Blakeway.  
*Walsham Prize.*—H. Blakeway.  
*Bentley Prize.*—Not awarded.  
*Hichens Prize.*—Not awarded.  
*Wix Prize.*—H. T. H. Butt.  
*Harvey Prize.*—J. W. Trevan.  
*Sir George Burrows Prize.*—A. E. Stansfeld.  
*Skyrner Prize.*—H. H. King.  
*Practical Anatomy, Junior—Treasurer's Prize.*—1, T. E. Hammond; 2, G. Hadfield, 3, B. W. Howell, 4, M. D. Mackenzie, *æq.*; 5, H. K. V. Soltan; 6, G. V. Ormsby.  
*Practical Anatomy, Senior—Foster Prize.*—1, J. W. Trevan; 2, E. G. Stanley; 3, T. P. Edwards; 4, C. D. Kerr; 5, M. Lindsey.  
*Junior Scholarships in Anatomy and Biology (1908).*—T. E. Hammond, G. Hadfield, B. W. Howell, *æq.*  
*Junior Scholarships in Chemistry and Histology (1907).*—1, J. W. Trevan; 2, C. T. Neve.

### St. Bartholomew's and the U.Y.A.C. Trophies.

THE success of those who represented the Hospital in the recent Inter-Hospital Sports, suggests that a detailed and descriptive account of the Shield, and the many other Trophies which now adorn the Library table might be of interest to our readers.

*The Shield.*—This extremely handsome piece of silver-plated copper was designed and executed by one Morel Ladeuil in 1866, the year preceding the first Inter-Hospital Sports. It stands the height of a racing hurdle from the ground, and measures a yard across.

Its many beautiful figures stand in bas-relief, representing chiefly the expulsion of Lucifer and his angels from heaven. This subject occupies two demi-lunes. That on the right shows the advance of the angels to battle; that on the left the final downfall of the angels of darkness. The varying expressions of hope and despair, with which the artist has vivified his figures, are as remarkable as the grace and elegance of their limbs and draperies.

Between these two demi-lunes is a circular plate with larger figures, representing the angel appearing to Adam and Eve in the garden. Above this is the head of Christ encircled with a halo of light, around which fly countless Raphaelian cherubim. Below the central picture is a winged hour-glass. The flight of time was a subject obviously prominent in the artist's mind (his age is unfortunately shrouded in obscurity), for we find the same represented again, in a figure veiled and crowned, carrying the scythe and hour-glass.

The outer border of the shield shows the signs of the Zodiac and many other symbols. The shield is surrounded by a black wood rim on which are tiny silver shields for recording the name and date of the winning hospital each year.

Bart's first gained the shield in 1873, but were not successful in the following twelve years. These twelve lean years were, however, immediately followed by seven fat years, till in 1892 Guy's wrested it from us. Thomas's approach this splendid record with five consecutive victories, namely 1879 to 1883.

The system of scoring points, 10 for a win and 3 for a second, was introduced in 1901 in place of the old regulation. This latter made champion hospital that which scored the most "firsts"; only in cases of a tie were "seconds" considered.

*The Mile Challenge Cup* was presented by Guy's Hospital in 1870, and was first won by Bart's in 1887 through the services of W. Kent Hughes, who held it for three successive years.

C. V. Wood, Ex-President C.U.A.C., was successful in 1897.

H. E. Graham, late holder of the Inter-Varsity Half Mile record, won in 1899, 1901, 1902, 1903; the event in 1900 falling to R. W. Ash. Graham won the "Half" Amateur Championship, and has the distinction of having beaten the representatives of Yale and Harvard, when these latter first ran 880 yds. on British soil.

A. L. Candler in 1904 made up a run of six consecutive wins for Bart's.

T. H. Just, this year's winner, is looked forward to, to start another run, and perhaps to lower the existing record of 4 min. 31½ sec.

Bart's 10 wins. Other hospitals 28 wins.

*The Half-Mile Challenge Urn* was presented in 1879 by J. G. Beany, Esq., M.D. of Guy's.

On the front of this handsome trophy is a group representing King John mounted on a charger, standing beneath an oak, and watching the luck of an archer who has just drawn his bow to shoot. A groom is seated on the ground in front of the horse. Two hounds are also portrayed.

W. R. Duncker in 1884 and the following year first won this cup for us.

W. Kent Hughes 1886 to 1889.

A. R. Badger 1890.

P. W. James 1892 and 1893.

A. Hay 1891 and 1894 made the Hospital win for the eleventh consecutive time, a fine record.

H. E. Graham, who holds the present record of 1 min. 59½ sec., succeeded in 1899, 1901, 1902, and 1903. We hope to see this record lowered next year by this year's winner,

T. H. Just.

Bart's 16 wins. Other hospitals 13 wins.

The *Quarter-mile Challenge Cup* was presented by C. N. Montefiore, Esq. (Guy's), in the same year as the last, and G. N. Nuttall, a "blue" brought it here two years later.

Here it resided for 8 consecutive years owing to C. M. Hill, 1884, 1885, and 1886; R. N. Martin, 1887 and 1888; H. M. Fletcher, 1889, who, on one occasion, beat the British Amateur Record for 120 yards; was Pres. C.U.A.C. in 1888 and won the 100 (twice) and 440 in the Inter-Varsity Sports.

B. C. Green, 1890; and W. G. Richards, 1891.

Other winners:

C. V. Cornish, 1894.

F. J. Gordon, 1908.

Bart.'s, 11 wins. Other hospitals, 28 wins.

The *100 Yards Challenge Cup* was presented by St. Thomas's Hospital in 1882.

B. C. Green, in 1890 and 1891, won this Cup.

B. C. Green is one of the finest athletes the world has seen for adaptability. Although holding no time record, he has the distinction of having won four races in the Scottish Amateur Championships on the same day, a feat which has only recently been equalled by Lieut. Halswell, H.L.I. (whom, by-the-bye, we hope to see beat J. B. Taylor, the U.S. representative, in the Olympic Games this month at 400 metres). Halswell won the four short distant races, whereas Green, in addition to the 100 and 220, placed the Hurdles and Long Jump to the credit of Bart.'s and himself.

Green only ran two years for Bart.'s, and in that time won the 100 (twice), the 200 (twice), the 440, the Long Jump, and the Hurdles (twice). After leaving Hospital he gave up medicine and fought in South Africa in the Gordon Highlanders. Major Green is now Adjutant to the London Scottish.

W. H. Orton won 1902, 1903, and 1904, and A. Abrahams in 1908.

Bart.'s 6 wins. Other hospitals 20 wins.

The *3 Miles Cup* was presented in 1887 by Messrs. Mappin and Webb, and was brought here for the following three years by A. Quennell.

A. L. Vaughan in 1896,

C. V. Wood in 1897,

J. G. Gibb in 1901 and 1902, and

A. L. Candler in 1904, make the

Bart.'s wins 8. Other hospitals 13 wins.

The *220 Yards Cup* was presented in 1895 by R. Clement Lucas, Esq., F.R.C.S. (Guy's). It was held by W. H. Orton in 1902 and 1903.

E. R. Evans in 1905.

A. Abrahams in 1908, who was only  $\frac{3}{10}$  sec. outside record time.

Bart.'s 4 wins. Other hospitals 9 wins.

The *Hurdles Cup* was presented in the same year by us; J. Johnston preventing it falling out of our possession for the current year in the record time of 16 $\frac{3}{4}$  sec.

W. M. Fletcher, the Cambridge "Prog." brought it back in 1898 and 1899.

L. F. K. Way in 1905 and 1906.

Bart.'s 5 wins. Other hospitals 8 wins.

The *Long Jump Cup* was presented in 1897 by Morton Smale, Esq., L.D.S., M.R.C.S. (Mary's).

We hope W. P. Wippell will win it next year.

The *Tug-of-War Cup* was presented in 1902 by the U. H. Cycling C. Was won by Bart.'s in 1905.

Throwing the *Hammer Urn* was presented last year by J. Bland-Sutton, Esq., F.R.C.S., and was brought straight to Bart.'s by I. F. K. Way. We hope to see I. van Schalkwijk with it next year, after going near record.

Putting the *Shot Cup* was presented by Sir William Allchin this year, and like the last cup came straight here in the hands of I. van Schalkwijk. We hold the records for both these events. Hammer: W. M. Fletcher, 110 ft. in 1901. Shot: W. G. West, 38 ft. 3 in. in 1889.

In conclusion, the compiler begs the indulgence of his readers towards any inaccuracies that may have crept into this account. He gives as his excuse the extremely limited time in which he has had to piece together the facts.

E. D. W. R.

### The Significance of Acidosis in Children.

By F. A. BAINBRIDGE, M.A., M.D.

**A**CIDOSIS, whether real or relative, is of frequent occurrence in children. In real acidosis, an excessive production of organic acids takes place in the body, and the blood and urine contain  $\beta$ -oxybutyric acid and its products—diacetic acid and acetone. The estimation of  $\beta$ -oxybutyric acid is a laborious process, but acetone gives a characteristic smell to the breath, and acetone and diacetic acid can be readily detected in the urine. It must be remembered, however, that kreatinin resembles acetone and diacetic acid in its colour reactions, and that, if the urine is concentrated or contains much kreatinin, the recognition of small amounts of acetone and diacetic acid is not always easy.

Although the intensity of the ferric chloride reaction furnishes a rough guide to the degree of the acidosis, simultaneous estimations of the diacetic acid and  $\beta$ -oxybutyric acid show that it is far from trustworthy; the total acidosis may suddenly increase or diminish without any corresponding change in the intensity of the iron reaction. Moreover, comparative observations on the iron reaction from day to day are apt to be misleading, unless the urine is tested soon after being passed, since diacetic acid is gradually converted into acetone.

Apart from colour tests, a useful clinical method of ascertaining the presence or absence of acidosis is to administer by the mouth a large dose of sodium carbonate, and a few hours later to test the reaction of the urine to litmus; if acidosis exists the urine remains acid, whereas in healthy individuals it becomes alkaline.

*Pathology.*—There is now no doubt that fat is the chief source of  $\beta$ -oxybutyric acid. Normally, fat is completely burnt up in the body into carbonic acid and water, and  $\beta$ -oxybutyric acid has only a very transient existence as a stage in this process; but if for any reason the final stages in the oxidation of fat become imperfect this acid and its products appear in the urine.

Infinitely the most important causes of the incomplete combustion of fat is a deficiency of carbohydrate food, or, as in diabetes, inability of the tissues to use carbohydrate. A perfectly healthy man placed on an adequate diet of fat and proteid, but, taking no carbohydrate, will, after a day or two, excrete acetone and diacetic acid in his urine; and complete starvation produces the same effect still more rapidly. Possibly, in the absence of carbohydrate, the consumption of fat by the tissues becomes so great that they are unable to burn up fully all the fat which reaches them; possibly the mere absence of carbohydrate suffices to throw the metabolism of fat out of gear.

Not only the final, but also the initial stages in the oxidation of fat are disturbed by the lack of carbohydrate. The liver receives from the fat depôts saturated fats, which it converts into unsaturated fats, thereby enabling their final oxidation elsewhere to be carried out more quickly and more easily; these unsaturated fats leave the liver, and pass to the muscles and other tissues, where their oxidation is completed. If the demand of these tissues for fat becomes excessive, the liver is unable to deal with all the fat, which reaches it from the connective tissues, and becomes infiltrated with unaltered fat; severe acidosis, therefore, is often accompanied by fatty infiltration of the liver.

*Significance and treatment.*—Acetonuria (*i.e.* acidosis) in children is almost invariably due (apart from diabetes) to insufficiency of carbohydrate food. It occurs more often, and is relatively more severe, in children merely because their reserve of carbohydrate in the liver and elsewhere is smaller, and their whole metabolism less stable than that of adults. Generally speaking acidosis causes no symptoms, and has no significance except as a valuable indication that the child is suffering from partial or complete carbohydrate starvation and needs carbohydrate food. This is true of the acidosis seen in acute fevers, such as pneumonia or scarlet fever, in gastro-intestinal disorders, in appendicitis, and in a variety of other diseases. There are two conditions, however, in which the acidosis has been regarded as not merely a concomitant, but the actual cause of the symptoms observed; and it has been supposed that

in these cases a true acid intoxication is present. These conditions are cyclical vomiting and post-anæsthetic intoxication.

Cyclical vomiting is characterised by severe vomiting, accompanied by extreme thirst and rapid loss of flesh; the attacks usually last for several days, and recur at regular or irregular intervals of a few months. Spontaneous recovery is the rule, though Langmead has described a case in which air hunger, drowsiness, and coma were observed, and death took place. The urine contains acetone and diacetic acid, but very few complete analyses of the urine during an attack have been made. Whatever may be the pathology of cyclical vomiting it does not appear to be due to an acid intoxication for the following reasons:—In the first place, acetonuria is not always present at the beginning of an attack; secondly, the amount of  $\beta$ -oxybutyric acid found in these cases is not as large as that seen either in diabetes (apart from coma) or in other diseases in which no signs of acid intoxication occur; thirdly, the partial starvation caused by the vomiting must tend to increase the formation of  $\beta$ -oxybutyric acid, and theoretically the acid intoxication, yet recovery almost invariably takes place.

Acetonuria after anaesthesia occurs frequently, and can be prevented or abolished by carbohydrate food; symptoms of poisoning, such as vomiting, air hunger, and coma, are comparatively rare. There is reason to believe that in these toxic cases the anaesthetic (usually chloroform) damages the tissues of the body in such a way that they cannot make use of fat or proteid for their nutrition; in consequence the available carbohydrate is rapidly used up. As soon as this takes place the cells of the body, unable to use fat or proteid, pass into a state of acute starvation, which causes the symptoms seen in these cases. The need for an abundant supply of carbohydrate is therefore clear, though its function here is to supply to the tissues food which they can use, and not simply to prevent acidosis. It seems improbable that the acidosis has any direct relation to the symptoms, since much more severe acidosis may occur quite apart from any toxic symptoms.

There is, in fact, but little evidence that acid intoxication as distinct from acidosis occurs in children (apart from diabetes); and, since the acidosis can be diminished or abolished by carbohydrate, the use of sodium carbonate as a mode of treatment seems unnecessary. Not only has sodium carbonate no direct influence in lessening the production of acid, but in cyclical vomiting and post-anæsthetic intoxication it frequently fails to relieve the symptoms.

Relative acidosis has been described chiefly in very young children; no abnormal production of organic acids takes place in the body, but there is an excessive loss of bases, chiefly by the alimentary canal. The body becomes poorer in alkalies; and they are excreted in smaller amount in the urine, being replaced by ammonia. As a result the

ammonia coefficient, namely the ratio of ammonia nitrogen to the total nitrogen in the urine rises from the normal figure for children (which is about 5 per cent.) up to thirty or even fifty.

This form of acidosis may arise in one of two ways. First, if the food contains too much fat, much of the unabsorbed fat is converted into soap, and excreted as such. In this way a considerable loss of bases (chiefly sodium) may occur.

Secondly, in gastro-enteritis lower fatty acids are apparently formed in increased amount in the intestine; they combine with alkalies, and are excreted as soap.

Not only atrophy, but even tetany, have been ascribed to disturbance of metabolism caused by the poverty of bases in the tissues; though these suggestions are not established, it seems quite probable that a loss of base, if at all prolonged, may seriously interfere with the metabolic processes of children, for whose growth an adequate supply of these bases must be of great importance.

Relative acidosis may be cured either by lessening the intake of fat or by giving sodium carbonate.

## Two Attacks of General Peritonitis in Two Years; Operation and Recovery.

By R. V. FAVELL.



C—, a bookfolder, æt. 23, was admitted to Paget Ward, on May 14th last, with the following history:

On the day before admission patient was able to do her work as usual, and returned home about 7 p.m. She was unable to eat food that evening, but otherwise felt in her usual health. About 11 p.m. she was suddenly seized with an acute attack of general abdominal pain, which was so severe as to "double her up." Sweating was profuse. She vomited about a dozen times, the vomit being bile stained and containing undigested food. Neither feces nor flatus was passed.

On admission to Hospital patient was profoundly ill. The face was drawn and pinched, the colour dusky, the tongue furred, the inspirations shallow, hurried, and distressed. Pulse 108, feeble and weak; temp. 97.4° F.

The abdomen was distended, tense, tender and tympanitic, and movement was very slight. Scars as of old drainage wounds were seen, and ventral herniæ had taken place into these scars. One hernia on the right side was irreducible, and a diagnosis of strangulated ventral hernia was made.

Operation was immediately performed. The irreducible hernia in the right iliac region was explored and found not to be strangulated, but rendered irreducible by many adhe-

sions. On opening the sac a quantity of glairy, yellowish fluid welled up through the opening, and it was thought that the patient had a perforating ulcer, probably gastric. Accordingly an incision was made in the middle line above the umbilicus, and the walls and surroundings of the stomach examined. A small perforating ulcer was found on the anterior wall of the stomach near the pylorus. This was sewn up in the usual way. The abdominal cavity was sponged out and drained through the gastric wound, both iliac fossæ, and through the vagina. No adhesions were found in the abdominal cavity. After the operation patient was given continuous rectal injections of normal saline solution.

Recovery was rapid and uninterrupted. The wounds healed, and patient soon became convalescent.

This patient was in July, 1906, in the Hospital under Mr. Bowlby. On that occasion she was admitted with acute abdominal pain, distension and vomiting, and was thought to be *in extremis*.

Operation was then also immediately performed, and fluid gas and pus escaped from the wound. Patient was found to have general peritonitis.

The abdominal cavity was irrigated with normal saline, and drained through each iliac region. Saline injections were given into each axilla and per rectum. After a prolonged illness patient eventually recovered—apparently completely. No cause was found for the general peritonitis on this occasion; the stomach and appendix were normal.

*Bacteriology*.—At the first operation the pus yielded a short chained streptococcus and the *B. coli communis*. On the second occasion unfortunately no bacteriological examination was made.

I venture to submit that a point of interest in this case is the fact that at the second operation no intra-abdominal adhesions were found notwithstanding the extensively inflamed area that the peritoneum must have presented at the first operation.

I have to thank Mr. Bowlby and Mr. D'Arcy Power for kindly allowing me to publish these notes.

## The Treasurer's Report for 1907.



THROUGH the courtesy of the Clerk we have received a copy of the Treasurer's Report for the year 1907 on the affairs of the Royal Hospital of St. Bartholomew. The Report is full of interest, and we feel that some account of the important changes that have taken place, and are taking place, in the working and administration of the Hospital will be much appreciated by those of our readers who have not been privileged to see the Report for themselves.

The Report opens with an appropriate reference to the visit paid to the Hospital by their Royal Highnesses the Prince and Princess of Wales on the 23rd July last, when His Royal Highness opened the New Out-Patients' Block. The fact that this building is now in full and efficient working order is next recorded. The opportunity was taken of the presence of the Princess of Wales to admit Her Royal Highness a Governor of the Hospital. A full description of the new building is appended.

The new Pathological Block is next referred to, and mention is made of the laying of the Foundation Stone of the new building by The Lady Ludlow, on December 5th, 1907.

The Treasurer records his appreciation of the invaluable aid and assistance given to him by his colleagues the Almoners, by the various Committees of management, and by the Medical Council.

A sympathetic reference is next made to the death of Mr. James Figgins, who was elected a Governor of the Hospital in 1881. He had also served on the House Committee and as an Almoner.

*Finance*.—The net income for the year amounts to £71,703 18s. 2d., and the expenditure £84,258 16s. 9d., the excess of expenditure over income being £12,551 18s. 7d. Of this excess more than £7400 appears under the heading of extraordinary expenditure, and has been incurred mainly in the equipment of the new Out-Patients' Block; it is therefore in the nature of capital expenditure.

It is not possible at the present time to form a reliable estimate of the extent to which the new Out-Patients' Block will add to the annual expenditure of the Hospital, but there is no doubt that the increase will be considerable. The net assessment on the new Block amounts to nearly £6000.

During the past year over £9600 was received in legacies. £8500 of this sum has been applied to the Rebuilding Fund.

*Special appeal for rebuilding*.—The appeal was started in 1904. As a result just over £120,000 has been received for the Out-Patients' Block and nearly £4000 for the Pathological Block. The receipts from this appeal have been exhausted, and advances have had to be obtained to meet the payments to contractors. A sum of not less than £35,000 is still needed to repay these advances.

An appeal on behalf of the new Nurses' Home Fund was started by The Lady Ludlow in the autumn of last year. The fund now amounts to nearly £6000.

Contributions for rebuilding purposes have been received through the generosity of The Worshipful Company of Goldsmiths, the Trustees of Smith's (Kensington estate) Charity, the Executors of the late Mr. Alfred Beit, Lady Harben, and W. H. Yatman, Esq., amounting in all to £3200.

So that we now have at St. Bartholomew's a spacious, handsome, and efficient Out-patients' Block in full working order, and one which is equal to the many demands which must necessarily be made on its many departments day by day and hour by hour. The maintenance of such a building must of necessity mean an increased expenditure. The Pathological Block is rapidly nearing completion, and the expense of staffing and maintaining the building will soon have to be faced.

The building of the New Nurses' Home has still to be commenced.

*Patients*.—During the year 1907 the number of in-patients treated at the Hospital was 7733—118 in excess of 1906. The daily average of patients in Hospital was 574.7.

The disproportion between this number and the total number of beds (670) is owing to the west wing having been closed for a period of eight weeks for sanitary alterations and other improvements.

The number of new cases treated in the Casualty and Out-patient departments reached over 122,000—less than last year by about 300. This number includes 1196 midwifery cases attended at their own homes. Of the Special Departments we note that the Ophthalmic received over 3500 and the Electrical over 6000 patients.

The total attendances among out-patients was over 288,000.

It is interesting to note that, since its installation in May, 1907, up to the end of the year, the Electric Motor Ambulance belonging to the City of London has brought 776 cases of street accident and illness to the Hospital.

During the year the Hospital Enquiry Officer investigated the pecuniary circumstances of 7991 patients. Of these 184 were considered to be unsuitable for gratuitous aid, and consequently were refused treatment.

The Samaritan Fund, the Prince Coborn Fund, and the Samaritan Maternity Fund all did excellent service during 1907.

*Convalescent Home*.—1067 patients were admitted to the Home after their discharge from Hospital during the year. The average number in residence daily throughout the year was about 57, and the duration of the stay of each patient was about 19 days.

*Out-patients' Special Departments*.—Upon the opening of the Out-patients' Block the scope of the work of the Special Departments has been largely increased. The Departments are open four times a week instead of twice, and consequently certain additions to the staff have been necessary. Accordingly the appointments of an Assistant Physician-Accoucheur in the Gynecological Out-patients' Department, an Assistant Surgeon to the Aural Department, and an Assistant Medical Officer to the Electrical Department have been sanctioned.

Upon the representation of the Medical Council, it has been decided to allot twenty beds in the Hospital to the exclusive use of diseases of the Ear and of the Throat and Nose. Abernethy Ward is now devoted to these cases.

A Special Resident House Surgeon to the Ear and Throat and Nose Department has been appointed.

*Medical Staff.*—Mr. George E. Gask, F.R.C.S., has been elected an Assistant Surgeon to the Hospital in place of Mr. W. D. Harmer, M.C., F.R.C.S., who resigned upon his appointment as Surgeon to the Throat and Nose Department.

Dr. H. Williamson, M.R.C.P., has been appointed Assistant Physician-Accoucheur to the Gynaecological Out-patients' Department, Mr. C. E. West, F.R.C.S., Assistant Surgeon to the Aural Department, and Dr. Hugh Walsham, F.R.C.P., Assistant Medical Officer to the Electrical Department.

*Nursing Staff.*—The appointment of fourteen additional nurses has been sanctioned to meet the requirements for the efficient working of the New Out-Patients' and Special Departments Block.

*Alterations, improvements, etc.*—Improvements in the ward lavatory accommodation and sanitary fittings have been carried out in the west wing, and external iron staircases have been erected at each end of that wing. The cost of these improvements amounted to approximately £1000.

In concluding the report, the Treasurer once more refers to the increased expenditure inevitably entailed by the extensive work of the New Out-patient Special Departments. Though the gross Estates income has increased of recent years, this increase is quite inadequate to meet the increase of the Hospital's expenditure, so that, in the absence of supplementary receipts and legacies, a considerable annual deficit must in future be anticipated.

### Past v. Present. MIDSUMMER DAY.

ONE of the most pleasant functions of the Summer term is the Garden Party given by the Students' Union in connection with the Annual Past v. Present Cricket and Lawn Tennis Matches. There have been many summer days this June, but the 24th was the best and brightest of them all, and the green pastures of Winchmore Hill never looked more attractive. It is scarcely surprising that the number of visitors was greater than ever, about 450, a number far exceeding last year's attendance, which was itself a record.

Many members of the Senior Staff came themselves and brought their friends; the Matron honoured the occasion, and her example was followed by many of the Sisters and

Nurses. Numerous other ladies also added to the gaiety of the scene by their presence. But of the students one must confess that there was only a sprinkling. We are sorry to have to make such a remark again this year, and we earnestly hope that this small attendance of members of the Students' Union will not be continued in future years. The organisation of the Garden Party entails much work on the part of the secretaries of the Union, and the least that students—who after all are the hosts—can do to ensure the success of the occasion is to attend in large numbers.

The cricket match started in the morning, and the visitors as usual began to arrive at about two in the afternoon. The station presented an unusually animated scene, but the crowds which completely filled the narrow platform appeared much smaller when they arrived at the grounds; in fact, many times the number of visitors actually present might have attended and found ample room to witness the cricket and tennis. It was obvious that many visitors were more occupied with meeting and conversing with old friends and listening to the excellent musical programme provided by Prince's Red Band than with a critical consideration of the heroic efforts of the Hercules, young and old, contending beneath a scorching sun; in fact, we observed that the cricketers—whether from the heat of the day or on account of the want of attention on the part of the audience we know not—retired *en masse* from the field at frequent intervals during the afternoon; perhaps they were determined to run no risk of reaching the end of the day without securing a share of the strawberries and cream.

The refreshments were excellent and duly appreciated. Our representative's appetite for strawberries had been powerfully stimulated for weeks beforehand by the luring advertisements posted at every corner of the Hospital buildings, and he was not disappointed. The supply of the luscious fruit was as abundant as it was delicious. A remark from a member of the fair sex overheard at one of the tea tables bore witness to the same effect. When asked by the gay cavalier who was ministering to her needs of what she would partake, she replied languidly "fruit only, please."

It is not necessary to make further reference to the matches. Full details will be found below. Suffice it to say that the honours were divided, the credit resting with the Past in the case of cricket, whilst at lawn tennis the Present proved to be the champions.

#### CRICKET.

The Past won after a good game by 25 runs. The Present batted first on a perfect wicket prepared by Last, but fared disastrously, losing the first 5 wickets for 20 runs. Norman and Binney then made a useful stand, and carried the score to 80 before lunch.

On resuming, Binney soon fell to a splendid catch by Weddell at point, his stand with Norman being invaluable. Norman was the next to leave with the score at 120. He batted with rare judgment



Cricket Inter-hospital Challenge Cup.

St. Bartholomew's Fives Cups.

St. Bartholomew's Rifle Club Cup presented by Mrs. Waring, 1901.

440 Yards Inter-hospital Challenge Cup.

Inter-hospital Challenge Shield.

220 Yards Inter-hospital Challenge Cup.

Rowing Inter-hospital Challenge Cup.

St. Bartholomew's Rifle Club Cup presented by Messrs. Benethink, 1899.

100 Yards Inter-hospital Challenge Cup.

St. Bartholomew's Rifle Club Staff v. Students Cup. Presented by Mr. E. B. l'Anson, 1908.

St. Bartholomew's Miniature Rifle Range Cup. Presented by Lady Ludlow, 1908.

1 Mile Inter-hospital Challenge Cup.

Weight Inter-hospital Challenge Cup.

½ Mile Inter-hospital Challenge Cup.

St. Bartholomew's Rifle Club Cup. Presented by Mr. Waring, 1895.

Junior Rowing Inter-hospital Challenge Cup.



for his 66. Gibson was the only other man to show any form, and the innings closed for the modest total of 155. Page bowled better than we have seen him do for some time, and, with a wind to help him at times, was quite unplayable. His analysis, 7 wickets for 60, speaks for itself. The Past opened their innings with Burroughes and Bean, and fared badly. Burroughes leaving before a run had been scored, Bean and Weddell, by careful cricket, took the score to 60 before being separated. Weddell fell with the total at 130; he beat the ball with much skill, his off driving was quite good, and he had a great hand in the Past's victory. Hudson and Hamilton knocked off the winning runs, the former showing quite his old form.

It is rather disappointing to the Secretaries to see such a good cricketer as Weddell retire from the game owing to imaginary defective eyesight. Scores:

PRESENT.		PAST.	
P. A. With, b Page	2	H. N. Burroughes, b Gibson	0
N. F. Norman, c Page, b	66	J. W. Bean, c Gibson, b	18
Bean	0	Turner	0
A. G. Turner, b Page	0	F. H. Nimmo, b Gibson	0
C. Noon, b Bean	5	J. M. Weddell, b Turner	67
G. Viner, b Page	5	H. E. G. Boyle, b Gibson	9
T. S. Gibson, b Page	0	G. F. Page, lbw, b Gibson	0
C. N. Binney, c Weddell, b	34	A. J. Symes, c Binney, b	14
Page	0	Gibson	0
R. W. B. Gibson, b Bur-	23	C. G. Watson, b Turner	0
roughes	4	B. Hudson, c Lynn, b With	37
G. R. Lynn, b Page	4	W. H. Hamilton, c Norman,	9
R. O. Bridgman, c Boyle, b	8	b Turner	0
Page	4	A. Hepburn, not out	33
A. Ferguson, not out	4	Extras	180
Extras	155	Total	180

TENNIS.

P. Black and G. N. Stathers (Present) lost to P. R. Parkinson and F. J. Gordon (Past) beat R. Jamison and R. H. Manhood (Past) beat H. M. Coombs and B. Haigh (Past).

E. V. Oulton and L. F. G. Lewis (Present) beat Parkinson and Gordon, beat Jamison and Mawhood, drew with Coombs and Haigh.

E. M. Thursfield and H. T. H. Butt (Present) drew with Parkinson and Gordon, lost to Jamison and Mawhood, beat Coombs and Haigh.

Result, 5 wins, 2 losses, 2 drawn matches.

Medical Consultations.

Dr. Garrod's Case (shown by Dr. Moore).

A boy, aged 9, with a loud systolic murmur heard all over the precordium, but especially at the base; heard behind most distinctly over the right suprascapular fossa. Thrill, systolic in time, at the second right interspace. Symptoms have not altered during the last two months. No history of rheumatism, scarlet fever, or shortness of breath. Hands and feet natural. No clubbing or cyanosis. Skiagraph shows nothing abnormal.

Dr. TOOTH said that there was a loud systolic murmur conducted to the neck, and a thrill. He considered that the condition was due to stenosis of the aortic valve. There was no evidence of rheumatic fever.

Dr. HERRINGHAM was of opinion that the murmur at the apex differed from that heard at the base of the heart and he attributed them to acquired mitral and aortic disease—probably of rheumatic origin—in spite of the fact that there was no evidence of this condition in the history of the case.

Dr. ORMEROD said he only heard one murmur which could be traced down the spine to the angle of the scapula. He did not consider the case one of genuine aortic obstruction seeing that the heart was only slightly enlarged, and suggested that the murmur might be produced by something in the nature of a thread stretched across the aorta, which caused vibration in the blood-streams rather than obstruction to it.

Dr. WEST heard a widely distributed murmur, but did not find much change in the heart. He pointed out that the noisiest mur-

murs are not generally the most serious, and in this case he did not think the murmur was due to a malformation. Even if there had been rheumatic fever it should not produce aortic stenosis.

Dr. NORMAN MOORE remembered two examples in the post-mortem room of congenital aortic disease; in one case there was an aortic ring with no valves, in the other there were three valves of the usual size with a small fourth valve. In his opinion aortic obstruction would only be acquired.

Dr. Ormerod's Case.

A male, aged 23, with enlarged liver. Admits a certain amount of potus, denies syphilis; 1901—1905 in South Africa; suffered from "biliousness," came home in January, 1905. August, 1905—Appendicectomy by Mr. Corner. October, 1905.—Seen by Mr. Corner, who said that abdomen was quite healthy. January, 1906.—Illness began—abdominal pain, depression, night sweats. February, 1906.—Seen by a doctor in Colombo; liver said to be enlarged, jaundice began. June, 1906.—Fifteen weeks in bed with weakness and vomiting; evening pyrexia 100°—101°. Seen by Sir Patrick Manson, who diagnosed hepatic abscess, and explored in eight places with needle; found nothing. Occasional epistaxis last three months.

Dr. TOOTH said that the liver was large and hard, a condition due to cirrhosis of some sort—probably hypertrophic. He suggested that it might be an infective form. The patient had not been to a really tropical climate, and on this account an abscess in the liver was improbable.

Dr. HERRINGHAM felt a deep furrow in the liver and large knobs on the right side of the organ. In his experience, when this condition is not due to new growth it is the result of syphilis—congenital in origin. If the history the patient gave of the liver-dulness having been at a higher level than at present were correct it would suggest that there had been gummata in the liver.

Dr. WEST said there were marked signs of portal obstruction. In some cases of abscess and hydatid there is uniform enlargement of the liver, but in the patient shown there were no signs of abscess or hydatid. Syphilis was the most probable cause. Hypertrophic cirrhosis should not give rise to so much portal obstruction.

Dr. NORMAN MOORE agreed with the syphilitic infection view. A small hydatid should not enlarge the liver so much in a downward direction, and against abscess was the absence of a raised temperature.

Dr. TOOTH considered the liver too large for a syphilitic liver.

Dr. Herringham's Case.

The patient had been shown six months ago, and his condition diagnosed as G.P.I. Since then he had been getting worse, and had had two attacks of mania. Dr. Claye Shaw had seen the patient, and recommended trephining with permanent drainage. He had seen this treatment carried out in several cases with postponement of deterioration. Dr. Herringham wished to have the advice of his colleagues before recommending similar treatment in this case.

Dr. TOOTH said that he knew that Mr. Cripps had performed this operation several times on the suggestion of Dr. Claye Shaw, but with no better results than some postponement of the symptoms. These cases were discussed some years ago at one of the Societies, and the majority were against this method of treatment.

Dr. ORMEROD said that his knowledge of the subject coincided with what Dr. Tooth had said. He did not anticipate much benefit from trephining.

Dr. WEST said the value of trephining was difficult to determine in these cases, and he would not recommend the operation.

[*Note.*—The patient and his friends were anxious for an operation if it offered any chance of relief, or of remission. Mr. Lockwood reported favourably of the operation from his own experience. The operation was accordingly performed.—W. P. H.]

Dr. Tooth's Case.

A man, aged 44, was admitted on June 3rd, suffering from purpura and cirrhosis hepatis. Has suffered from epistaxis all his life. Has been in the wine trade for sixteen years. Drank a bottle of Burgundy every day, and beer at night; no spirits. States that he has had purpuric spots for sixteen years. Three weeks ago "caught cold." Five days ago pain in the back, and epigastrium, and shortness of breath; has lately noticed that his urine was red. He is very pale, looks ill; complains of pain in the back and abdomen; is slightly jaundiced. Tongue furred. The liver-dulness commences at the fifth rib, and can be felt two and a half inches below the costal margin; tender on palpation. Percussion over the

lumbar spines causes pain. There are patches of purpura on the extensor aspect of each forearm near the elbow, and also on the inner side of each knee. Reflexes natural. Urine natural. Blood coagulation time 9½ min.; red cells 3,000,000; white cells 16,000.

June 8th.—Copious epistaxis, melæna, hæmaturia, and appearance of fresh purpuric spots; albuminuria; commenced taking 20 c.c. normal horse serum by mouth.

11th.—No bleeding of any sort.  
13th.—Epistaxis; anterior and posterior nares plugged. Slight hæmaturia. No melæna or fresh purpura. Coagulation time 4 min. 45 sec. Commenced taking 30 c.c. horse serum daily by mouth.

16th.—Red cells 1,250,000; white cells 14,000. Coagulation time 5 minutes. Epistaxis again. Slight nocturnal rise of temperature.

17th.—Red cells 1,200,000; white cells 15,000. Hæmoglobin 38 per cent; colour index 1.5. Normal differential count. No polikilocytosis. *Diases* show gross hemorrhages of retinæ.

19th.—Patient is in a condition of extreme asthenia. Purpuric patches have disappeared. No epistaxis, hæmaturia, or melæna for three days. Red cells 1,000,000. Coagulation 4½ min.

Dr. HARRISONAM considered that, apart from the history, it might be a case of pernicious anemia.  
Dr. TOOTH, in showing the case, asked his colleagues whether they considered that there was any connection between the cirrhosis and the purpura, and whether they considered the anemia to be a secondary one, or due to some independent blood condition, such as pernicious anemia.

Dr. WEST agreed with the diagnosis of cirrhosis, but suggested that there might be a renal element in the case.

**An Interesting Inscription.**

By P. HORTON-SMITH HARTLEY, M.V.O., M.D.



SHORT time ago I had occasion to visit Bermondsey, and my attention was drawn to the graveyard adjoining the Church of St. Mary Magdalene, the Bermondsey Old Parish Church. This building in its modern and decadent garb still contains hidden away a few Early English arches, traces of the former Priory Church on the site of which it stands, while the graveyard evidently occupies the position of the ancient cloister. Like many another London churchyard this has now been converted into a garden, which at the time of my visit was a mass of flowers, whose beauty in the brilliant sunshine offered a striking contrast to the drab sea of bricks and mortar which stretched on every side. I entered, and the following inscription upon a Tablet, affixed to the outside western wall of the choir-vestry of the church, attracted my attention:

"Here lie the remains of SUSANNA WOOD, wife of M<sup>r</sup> JAMES WOOD, of the Kent Road, Mathematical Instrument Maker, who after a long & painful illness which she bore with the greatest fortitude departed this life the 16<sup>th</sup> of June 1810, in the 58<sup>th</sup> Year of her Age. She was tapped 97 times and had 461 Gallons of water taken from her without ever lamenting her case or fearing the operation.

Also the above M<sup>r</sup> JAMES WOOD, who departed this life the 10<sup>th</sup> of May 1837. Aged 108 Years.

Much and devotedly lamented."

The inscription seems worth recording, as showing that even in the days before antiseptics and before the intro-

duction of fine trocars, paracentesis abdominis—for such we must assume the above operation to have been—could still be performed with extraordinary frequency without untoward result. The wording of the epitaph, however, suggests a hint that the operation was not regarded a century ago as the very minor one which it has now become.

The age at death, 108, of the retired "Mathematical Instrument Maker" is also interesting as showing that, despite the absence of the advantages of modern sanitation, Bermondsey could still in 1830 boast its Centenarian.

**The Clubs.**

**CRICKET CLUB.**

ST. BART'S v. SOUTHGATE.

Played at Southgate on Saturday, May 23rd. We batted first on a good wicket, but were dismissed for a poor total of 166. Norman, Noon, and Gibson hit well for their runs.

ST. BART'S		SOUTHGATE	
P. A. With, c and b Lewis	42	F. S. Lewis, b Turner	6
R. T. Vivian, 1-b-w, b Lewis	3	E. J. Mann, b Turner	23
N. F. Norman, c H. Ford, b Cranfield	27	C. Browning, b Gibson	0
A. J. Symes, b Lewis	16	A. Carter, b Gibson	11
A. G. Turner, c and b Birch	4	Dr. Dickson, c Bridgman, b Norman	45
C. Noon, b Ford	20	J. H. Hargrove, c Vivian, b Bridgman	47
G. Viner, b Lewis	0	H. Ford, not out	25
F. H. Hill, b Cranfield	1	A. Cranfield, not out	21
T. S. Gibson, c Lewis, b Ford	25	B. O. Birch	0
P. U. Mawer, not out	14	D. Spain	0
R. O. Bridgman, b Ford	4	A. J. Ford	0
Extras	10	Extras	16
Total	166	Total	194

**BOWLING ANALYSIS.**

	Wickets.	Runs.
Gibson	2	85
Turner	2	34
Bridgman	1	34
Norman	1	23

ST. BART'S v. STONES.

Played at Winchmore Hill on Saturday, May 30th. We dismissed the Stones for a small score, but fared worse ourselves. Gibson bowled well, taking 6 wickets for 36.

STONES		ST. BART'S	
G. H. Godston, b Bridgman	1	W. B. Griffin, b White	1
G. J. Hardy, c Bridgman, b Gibson	20	P. A. With, c Robertson, b White	14
R. W. Wakelin, c Mawer, b Turner	26	N. F. Norman, st N. Robertson, b White	1
D. Robertson, c and b Gibson	2	P. B. Wallis, c Godston, b White	8
N. Robertson, c With, b Gibson	6	A. G. Turner, 1-b-w, b White	10
L. J. Cullen, c Gibson, b Turner	5	G. Viner, c Brocklebank, b White	1
S. Walmesley, hit wicket, b Gibson	14	C. Noon, b Cullen	20
O. C. White, c Noon, b Gibson	3	P. U. Mawer, b Robertson	0
S. Brocklebank, b Turner	4	T. S. Gibson, b Robertson	18
C. Haywood, c With, b Gibson	0	R. W. B. Gibson, c Wakelin, b Cullen	2
G. A. Hooton, not out	0	R. O. Bridgman, not out	7
Extras	17	Extras	6
Total	98	Total	88

**ST. BART'S v. KING'S COLLEGE.**

Played at Honor Oak Park on Monday, June 1st. King's won the toss and batted well on a fine wicket, and we dismissed them for 233. Turner bowled well, his 6 wickets costing just over 7 runs apiece. K. D. Kanga played a sound innings of 159. We started badly, losing the first wicket for 23 runs; but on Norman joining Griffin the score was taken to 111 runs before Norman was dismissed by a fine catch for a sound 36. Wallis then joined Griffin, and the score rose to 152 before Wallis left for a good 31. A tea interval was then taken, and we felt pretty safe with 3 wickets down; but this interval, refreshing as it was to our opponents, proved our downfall, as the 7 remaining wickets fell for the small total of 55 runs.

Too much praise cannot be accorded to Griffin for his great effort to save the game, and his 92 is one of the best innings we have seen him play. The failure of our "tail" was most discouraging, for well as Kanga bowled after tea, it was no excuse for the collapse that set in. May our opponents go in for the remaining cup-ties.

KING'S COLLEGE.		ST. BART'S.	
C. E. McDonald, c With, b Turner	0	W. B. Griffin, c Kanga, b Gillett	92
F. J. Simpson, c Wallace, b Gibson	14	P. A. With, c Hamilton, b Moore	9
H. D. Kanga, st Gibson, b Bridgman	159	N. F. Norman, c McDonald, b Kanga	36
A. J. Gillett, b Turner	6	P. B. Wallis, b Gillett	31
H. E. Griffith, not out	0	G. Viner, b Kanga	3
H. L. Addison, b Turner	5	A. G. Turner, c Gillett, b Kanga	3
H. C. Gibson, c Bridgman, b Norman	10	C. Noon, b Kanga	14
S. Smith, b Turner	9	P. U. Mawer, c and b Kanga	5
G. Moore, b Turner	6	T. S. Gibson, not out	9
H. Symmons, run out	1	A. W. B. Gibson, b Kanga	0
D. Hamilton, c Viner, b Turner	10	R. O. Bridgman, b Kanga	1
Extras	13	Extras	4
Total	233	Total	207

**BOWLING ANALYSIS.**

	Wickets.	Runs.
T. S. Gibson	1	71
Turner	6	46
N. F. Norman	1	15
Bridgman	1	44
W. B. Griffin	0	47

ST. BART'S v. ADDELSSTONE.

Played at Addlestone on June 12th, and we won easily by 108 runs. We outed our opponents for 114. Page bowling well, and taking 6 wickets for 56 runs. Turner, Vivian, and Gibson all batted well for their respective scores.

Not the least enjoyable part of the day was the little supper afterwards, to which half the team stopped; and there were numerous invitations from our Addlestone friends for a return match, which we are unfortunately unable to accept.

ADDELSSTONE.		ST. BART'S.	
J. A. Tulk, b Page	46	G. F. Page, c Paine, b Bell	0
J. C. Adams, b Page	7	T. S. Gibson, c and b Adams	39
A. H. Bell, c Turner, b Page	9	P. A. With, b Paine	1
D. Smith, run out	0	P. B. Wallis, b Bell	5
R. S. Paine, b Turner	5	G. Viner, b Adams	13
R. J. Mornham, b Page	5	A. G. Turner, st Tulk, b Paine	85
H. Montgomery, c Noon, b Page	17	C. Noon, b Bell	5
Page	0	A. J. Symes, c Horrocks, b Bell	0
W. Horrocks, b Turner	0	R. T. Vivian, b Paine	53
W. R. Young, c Noon, b Page	8	R. W. B. Gibson, not out	5
A. Bailey, not out	0	R. O. Bridgman, c Sub, b Bell	4
A. Fielder, c Wallis, b Turner	4	Extras	12
Extras	12	Extras	12
Total	114	Total	222

**ROWING CLUB.**

The Inter-Hospital Boat Race was held on Thursday, May 28th, at 12 midday. For the Senior Fours London and St. Bartholomew's alone entered. The London crew were somewhat late, and by the time both crews were afloat the tide was nearly on the turn. This, together with a stiff breeze off the Middlesex shore, made the water quite "popply."

London won the toss and chose the Middlesex station, as being the more sheltered of the two.

For the first minute there was little to choose between the two boats. The Bart's crew were rowing a quicker stroke, and were rather scratchy. At the end of half a mile the London crew rowing extremely well, considering the amount of practice, were half a length up. From this point the Bart's crew began to settle down and swing out. At the mile post the Bart's crew were a length up, and eventually won by five lengths.

In the winning crew stroke and cox alone showed to advantage, the latter successfully avoiding the mud flats, which exert such a magnetic attraction on all coxes not used to the tide-way. In the London boat third and stroke rowed well.

The starter and umpire, Mr. N. Donaldson, an old Cambridge Final Cap., followed in a launch, together with a few interested spectators.

FIRST FOUR.			
	st.	lb.	
S. Woods	11	0	
P. T. Spencer Phillips	13	0	
M. Donaldson	13	2	
Stroke J. S. Burn	12	6	
Cox A. P. Phillips	8	0	

SECOND FOUR.			
S. A. Burn	10	10	
E. B. Allnut	12	0	
A. S. Cane	13	0	
Stroke L. D. Cane	11	12	
Cox J. B. Pullin	7	0	

We congratulate Messrs. R. B. Etherington-Smith and J. S. Burn on being selected to row for the Olympic crews.

**ATHLETIC CLUB.**

The Annual Sports took place at Winchmore Hill on June 10th under perfect conditions. There was quite a bevy of beauty, whose dainty summer frocks made a most pleasing spectacle, more especially as the sombre dress of mere man was much in abeyance. Although an advantage from the artistic point of view, we cannot help wishing that a greater number of students had been present, for of the 150, considerably over half were of the (fortunately still) less athletic sex. Mrs. Lockwood, looking very charming in "powder blue" and white, gracefully distributed the prizes, an array rendered particularly handsome by the generosity of the President. Mr. Gordon Watson returned thanks in a concise and elegant speech, to which the President replied in fitting terms, thus bringing the afternoon to a close. The Committee take this opportunity of thanking Dr. Morley Fletcher, Mr. Furnival, and the judges for the pains they took to make the meeting a sporting success.

We must congratulate A. Abrahams on the success which diligent training always deserves. He was successful in all three short distance events, the times being of exceptional merit. F. J. Gordon carried off six prizes. Details:

100 Yards.—1st, A. Abrahams; 2nd, F. J. Gordon. Won by 2 yds. in 10½ secs.  
120 Yards Handicap.—1st, A. Abrahams (owes 2 yds.); 2nd, F. J. Gordon (scr.). Won by 3 yds. in 12½ secs. The best performance of the day.  
220 Yards (Freshers).—1st, E. Brock; 2nd, R. W. B. Wilson. Time: 25 secs. 20 yds. from home Wilson had a lead of 5 yds. but fell.  
440 Yards.—1st, A. Abrahams; 2nd, F. J. Gordon. A fine race. From a good start Gordon took the lead, and shook off a challenge by Abrahams. Hooton then came to the front and made the pace hot. Abrahams led round the top corner, where Hooton fell out. Down the straight Gordon made a fine attempt, but was unable to get up, finishing 2 yds. behind Abrahams, who won in the fast time, for the uneven course, of 54½ secs.

880 Yards Handicap.—1st, A. Hooton (rec. 5 yds.); 2nd, G. C. Gray (rec. 20 yds.). Time: 2 min. 14 secs. Won easily.  
 Mile.—1st, A. Hooton; 2nd, G. C. Gray; 3rd, F. J. Gordon. All were unwilling to leave with the pistol, and finally started a slow pace remaining in the same order all the way. Hooton made a fast finish, but was too late to improve on. Time: 5 min. 25 secs.  
 120 Yards Hurdles Handicap.—1st, L. F. K. Way (owes 10 yds.); 2nd, C. B. Heald (scr.). In spite of obvious unfitness, Way won a plucky race in 19 secs.

High Jump.—1st, D. M. Stone (scr.); 2nd, I. van Schalkwyk. Result: 5 ft. 3¼ in. Stone, jumping with great ease, gave us a reminder of his old form.

Long Jump Handicap.—1st, W. P. Wippell (scr.); 2nd, R. E. S. Waddington (rec. 3 ft.). Result: 21 ft. 1¼ in. Gordon jumped 20 ft. 3¼ in., but was beaten for second place on the handicap by ½ in.

Weight Handicap.—1st, I. van Schalkwyk (scr.); 2nd, F. J. Gordon (rec. 4 ft.). Result: 3¼ ft.

Hammer Handicap.—1st, G. R. Lynn (rec. 23 ft.); 2nd, I. van Schalkwyk (scr.). Van Schalkwyk threw 97 ft., but was beaten by 3 ft. on the handicap.

Relay Race.—1st, Association Football Club—E. R. Evans, F. J. Gordon, W. P. Wippell, A. Hooton; 2nd, Rugby Football Club. Each competitor ran 100 yards and passed a flag to his next man. Some difficulty was caused by the dropping of the flag, which was too small for convenient carrying.

Junior Staff Sack Race.—1st, F. C. Trappell; 2nd, G. W. Twigg. From the spectators point of view undoubtedly the race of the afternoon. Twigg and Trappell left the others at the post, and keeping close Trappell won a near race after shaking off a determined challenge by Twigg.

#### UNITED HOSPITAL SPORTS.

Held at Stamford Bridge on Wednesday, June 17th.

The forty-second annual meeting resulted in a win for "Bart.'s" with a margin of 21 points over the 42 points of "London," who have held the shield for the last four years. Bart.'s have now won the shield on fourteen occasions, Guy's being next with a total of eight wins. Special congratulations must be offered to A. Abrahams on his fine performance in the 220 yards, running only 3½ sec. outside record. This is his last appearance at these sports, and we shall be lucky to find a man next year to win the 100 and 220. T. H. Just won the two middle distance races without exertion.

We are in pleasant anticipation of seeing him win the 800 metres for England in the Olympic games.

I. van Schalkwyk was unlucky in losing the Hammer Competition, but two circumstances account for his failure. In the first place he had been accustomed to throw from a 9 ft. circle instead of the regulation 7 ft.; secondly, at his first throw the hammer unfortunately slipped and knocked out Waddington, who was standing close. This unfortunate accident, which luckily resulted in nothing worse than bruises, quite took Schalkwyk's nerve away, and spoilt his chance. The former circumstance will be remedied next year, and the latter too we trust. Brief details:

100 Yards.—1st, A. Abrahams (Bart.'s); 2nd, A. C. Palmer (London). Only the judge could tell the winner. Time: 11 secs.

220 Yards.—1st, A. Abrahams (Bart.'s); 2nd, A. C. Palmer (London). In this fourth race of the day Abrahams ran remarkably well and won by 5 yards. Time: 22½ secs.

440 Yards.—1st, F. J. Gordon (Bart.'s); 2nd, H. Mather (Guy's). Gordon got away with the lead, and made the pace very hot along the first straight, drawing clear away. Round the last corner Mather began to gain rapidly; this he continued to do, but Gordon made a great effort, and won a grand race by a foot, having made the pace all the way. Time: 54½ secs.

880 Yards.—1st, T. H. Just (Bart.'s); 2nd, A. R. Hargreaves (Thomas's). Won without effort. Time: 2 min. 1 sec.

Mile.—1st, T. H. Just (Bart.'s); 2nd, R. H. Hodges (King's). Time: 44½ secs. Hodges made a plucky attempt to catch the leader, who, however, won with ease.

Weight.—1st, I. van Schalkwyk (Bart.'s); 2nd, R. G. Rice (London). Distance: 35 ft. 1 in.

High Jump.—1st, E. Paget-Tomlinson (London); 2nd, E. D. Whitehead Reid (Bart.'s). Rain had made the take-off atrocious. Tomlinson and Reid tied at 5 ft. 4½ in. Tomlinson cleared 5 ft. 5 in. at his sixth attempt, Reid failing.

#### SWIMMING CLUB.

##### ST. BART'S v. BISHOPS STORTFORD SCHOOL.

This match, which played at the School Baths on Saturday, May 30th, ended in a heavy defeat for Bart.'s by 11—0. The School team were in good training, and combined well. The bath was very small, a fact which greatly disconcerted the Hospital team during the first half. Though the length and breadth of the bath was below regulation, the goals were full sized, a fact of which our opponents took full advantage, sending in shots at every possible opportunity. At half-time the School led 9—0. On crossing over the Bart.'s team began to get used to things, and, though unable to score, prevented the School from taking full advantage, with the result that only two more goals were added before time was called. The Hospital team was far below full strength, but, allowing for that, the form throughout the whole team was below the average. Team:

A. J. Clark, A. Ferguson, J. R. B. Dobson (forwards); F. C. Trappell (half); W. B. Wood, T. K. Boney (backs); H. V. Capon (goal).

##### ST. BART'S v. ARTISTS' REGIMENTAL S.C.

In this match, at Marylebone Baths on June 3rd, the Hospital had the services of D. M. Stone and C. F. O. White, the former being largely responsible for the success of the Hospital by 5—2. The team had recovered their form since the match v. Bishops Stortford, and, for the first time this season, showed that they were capable of good combination. Stone opened the scoring for Bart.'s three minutes from the start, and immediately followed his first effort with a hot shot at close quarters, which gave the Artists' goalkeeper very little chance. From the throw in Marx came right through for the Artists, and placed a shot in the top corner of goal, out of Capon's reach. Some even play followed, but Stone got away just before half-time and scored easily, the teams crossing over at 3—1 in favour of the Hospital. On resuming, Artists began to press at once, and Marx added another point for them. The Hospital replied through Stone and Dobson, the latter scoring after some good combination. Just on time Stone added another point, the Hospital retreating victorious by 5—2. The whole team played well together, Stone and Dobson combining excellently, being backed up well by Trappell. White and Boney were also in good form at back. Team:

J. R. B. Dobson, D. M. Stone, W. B. Wood (forwards); F. C. Trappell (half); C. F. O. White, T. K. Boney (backs); H. V. Capon (goal).

##### ST. BART'S v. CAMBRIDGE UNIVERSITY.

Played at Marylebone on June 10th. The Hospital had been compelled to scratch the fixture at Cambridge owing to illness in the team, and several members were still absent. The game was, nevertheless, one of the hardest and most equal this season, though resulting in a defeat for Bart.'s by 4—0. Cambridge pressed immediately, but Clark cleared, and Trappell took the ball well into our opponents' half. Dobson put in a shot which Milne easily stopped, and Cambridge again came away, Barr beating Clark with a splendidly placed shot. From the throw in Cambridge got away, and scored again; Bart.'s then began to press, and though several shots were sent in, no score resulted, half-time arriving with Cambridge leading 2—0. In the second half Cambridge were often on the defensive, Dobson, Trappell, and Beale being prominent in attacking. Shortly before time Barr got in a hot one, and followed it almost at once by another. The Hospital made great efforts to reduce the lead, but without success, time being called with Cambridge 4, Bart.'s 0. Beale and Trappell were the best outside goal for Bart.'s, while Clark deserves praise for his excellent performance in goal, a position which he took at very short notice, without any previous practice. Team:

A. J. Clark (goal); F. Beale, T. K. Boney (backs); F. C. Trappell (half); J. Halliman, P. Hamilton, J. R. B. Dobson (forwards).

The match against the H.A.C. on May 18th had to be scratched owing to regimental duties of our opponents. We hear with great regret that S. Dixon will probably be unable to help us at all this year owing to illness. His loss is greatly felt in the team, and we wish him a speedy recovery. H. T. H. Butt has also been advised to give up swimming this year, so the team loses its captain. Practices are still very badly attended.

#### TENNIS CLUB.

##### CUP TIE.

This match, which was played at Chiswick in perfect weather, resulted in a heavy defeat. F. J. Gordon won his single in the morning, but the remaining five were lost. Three of these were very close, and went into three sets each.

In the doubles the first and second pair were beaten in the first round. The third pair made a good fight, winning the second set, and getting into three games in the final set. The first and second pairs were meanwhile on level terms with the opponents second and first pairs, and, on the result of the third pair match going in their favour, the London pairs scratched, having won 8 out of 15 events.

So many close finishes going adversely seems to point to a lack of match winning ability rather than overwhelming opposition strength. Team:

P. Black and G. N. Stathers; E. V. Oulton and L. F. G. Lewis; F. J. Gordon and R. M. Thursfield.

#### Books recently Added to the Library.

Cunningham, D. J., M.D. Manual of Practical Anatomy. (Fourth Edition.) In two volumes. Lond., 1907. (Additional copy.)

Carter, Alfred H., M.D. Elements of Practical Medicine. (Ninth Edition.) Lond., 1906.

Eden, T. W., M.D. A Manual of Midwifery. (Second Edition.) Lond., 1908.

Halliburton, W. D., F.R.S. Handbook of Physiology. (Eighth Edition.) Lond., 1907. (Additional copy.)

— The Essentials of Chemical Physiology. (Sixth Edition.) Lond., 1907.

Hartridge, G., F.R.C.S. The Refraction of the Eye. (Fourteenth Edition.) Lond., 1907.

Hutchinson, R., M.D. Food and the Principles of Dietetics. (Second Edition. Second Impression.)

Hutchinson, R., M.D., F.R.C.P., and Collier, H. S., F.R.C.S. Editors of an Index of Treatment by Various Writers. (Third Edition.) Lond., 1908.

Quain's Elements of Anatomy. Edited by E. A. Schäfer, LL.D., F.R.S., J. Symington, M.D., F.R.S., and T. H. Bryce, M.D.

Vol. I. Embryology. By T. H. Bryce. (Eleventh Edition.) Lond., 1908.

Stewart, Purves, M.D., F.R.C.P. The Diagnosis of Nervous Diseases. Lond., 1906.

Taylor, Frederick, M.D., F.R.C.P. A Manual of the Practice of Medicine. (Eighth Edition.) Lond., 1908. (Three copies.)

Tod, Hunter, F.R.C.S. Diseases of the Ear. Lond., 1907.

Walker, Norman, M.D. An Introduction to Dermatology. (Fourth Edition.) Lond., 1908.

Whitelegge, B. Arthur, C.B., M.D., and Newman, George, M.D. Hygiene and Public Health. (New and revised Edition.) Lond., 1908.

Herman, G. E., F.R.C.P. Diseases of Women: A Clinical Guide to their Diagnosis and Treatment. Lond., 1907. (Additional copy.)

Difficult Labour: A Guide to its Management for Students and Practitioners. (New Edition.) Lond., 1906.

The Student's Handbook of Gynecology. Lond., 1908.

Jessop, Walter H. H., F.R.C.S. Manual of Ophthalmic Surgery and Medicine. (Second Edition.) Lond., 1908. (Two copies.)

Notter and Firth. The Theory and Practice of Hygiene. (Third Edition.) Revised and largely re-written by R. H. Firth. Lond., 1908.

Parsons, J. Herbert, F.R.C.S. Diseases of the Eye. A Manual for Students and Practitioners. Lond., 1907.

Proceedings of the Royal Society of Medicine.

The following were presented by the authors:

Jessop, Walter H. H., F.R.C.S. Manual of Ophthalmic Surgery and Medicine. (Second Edition.) Lond., 1908.

Wilson, Harold W., M.B., B.S., F.R.C.S., and Hinds, Howell, C.M., M.B., B.Ch., M.R.C.P. Movable Kidney: Its Pathology, Symptoms, and Treatment. With Illustrations. Lond., 1908.

#### Correspondence.

##### OPEN-AIR TREATMENT OF TUBERCULOSIS.

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

SIR,—I have read with much interest Mr. Marratt's paper which appeared in the May issue of the JOURNAL.

The tendency of the last few years has been to place patients who are suffering from tuberculous affections in large institutions where they are treated on some common plan, and where the individual, as far as his human element is concerned, is liable to be largely ignored.

There are many disadvantages in this plan. It is expensive, and it is saddling us and our successors with a series of buildings, which, when a quarter of a century, or possibly a shorter time, has elapsed, may be regarded as entirely out of date.

One welcomes, therefore, a plan of treatment in which the individual element, both of the doctor and the patient, is placed in the foreground. I know of more than one instance where the system of massing patients together has proved entirely unsuited to the temperaments of certain individuals, who never started on their upward course of convalescence until their individual needs were carefully considered, and until they received that personal care which often makes all the difference between downfall and progress.

I have been to see these shelters, and am struck with their simplicity, adaptability, and cheapness. The aspect of the patients in them is quite different from the wearied look I have seen on the faces of many of those who are treated in large institutions. The patients themselves expressed complete satisfaction with their surroundings. They enjoyed the quiet and restfulness of living night and day in a shelter, and were surprised at the readiness with which they had become accustomed to the open-air life that they were leading.

Great care was taken to provide them with food that was not only suitable to their condition, but pleasant to taste and nicely cooked, a counsel of perfection very difficult of attainment in a large institution.

Some of them expressed the hope that, when the actual necessity for living in a shelter had passed away, they might go on sleeping in one even when they returned to their own homes.

Patients who are seriously ill need far more than a mere shelter to lie in. Careful supervision is required, and must be given if they are to derive full benefit from open-air treatment. No one who sees these shelters in actual occupation, and witnesses the personal consideration which can be given under such conditions to the individual, his food, his treatment, and his whims can fail to be fascinated, or to realise that they meet a real want in a simple and inexpensive manner.

I am, sir,

Yours,

W. BRUCE CLARKE.

#### Reviews.

A SYSTEM OF SYPHILIS. Edited by D'ARCY POWER and J. KEOGH MURPHY. Oxford Medical Publications. (London: Henry Frowde, and Hodder and Stoughton.) Price net £2 2s. per volume.

In one respect the first volume of the Oxford *System of Syphilis* is the most important medical publication of recent years. It is, we believe, the first attempt in the English language to present in an authoritative and comprehensive form the sum of knowledge of a single disease. The preceding treatises on syphilis have been for the most part the work of individuals, and have lacked the encyclopaedic character of the present scheme. It is interesting, therefore, to examine with attention the first fruits of so ambitious and comprehensive a design.

In the first place, let us declare that the various authors of the treatise owe a debt of gratitude to the editors, the printers, and the publishers of the volume. The Oxford Press has a well-deserved reputation for the accuracy and elegance of its publications, and that reputation will not suffer any diminution from the specimen of its work in the present instance. The type is good, the paper not too glazed, and the correction of errors has been unusually severe; indeed, we have failed to observe a single printer's error in the whole volume. The illustrations are fairly numerous, and, for the most

part, extremely good reproductions of the originals; and direct colour photographs have been employed for the first time to illustrate clinical appearances. In these respects the volume undoubtedly is remarkable.

Turning to the subject-matter, we are at once struck with the fact that the editors have gone in nearly every case to the acknowledged living authority on the subject. They have invoked the conscientiousness of Germany to set forth the researches into the dry bones of the history of the disease, and Dr. Ivan Bloch has breathed into these, and produced a sketch of extraordinary interest and vivacity; they have asked the aid of that brilliant and imaginative French savant, Metchnikoff, in the subject of the microbiology of the disease; and they have called upon Dr. Andrews for an account of the pathology of syphilis. In the case of more strictly clinical articles each is written by an acknowledged authority; and the volume is introduced by an article signed by the name of the Englishman who has done more to spread knowledge of the disease than any other living man—Jonathan Hutchinson.

After these preliminary remarks we must notice in somewhat greater detail the individual articles. Dr. Bloch's treatise on the history of syphilis is of absorbing interest, and is devoted especially to the establishment of the doctrine that syphilis came upon Europe as a new disease at the extreme end of the fifteenth century, imported from Central America, and the Western Indies. The proofs he adduces are certainly strong, and though not, as he admits, conclusive, are nevertheless convincing to the unbiased mind. The bearing of such a fact upon the future history of syphilis, as well as upon its past, is sufficiently obvious, and of vast importance.

Metchnikoff gives a masterly *resumé* of the facts as at present known regarding the parasites which have been regarded as the cause of syphilis, and sums up strongly in favour of the specificity of the Spirochete pallida as against the various other parasites previously described. The question can, however, only be definitely settled by the successful cultivation of the Spirochete on artificial media, and at present this has not been accomplished, although there are indications that its accomplishment will not be long delayed.

It is quite unnecessary in this place to dilate upon the merits of Dr. Andrews's exposition. His lucidity, his grasp of the problem under discussion, and his extensive knowledge, which enables him to illuminate his immediate subject with apposite and striking analogies, are well known to all present, and many generations of former, St. Bartholomew's students. It is sufficient to say that his present monograph is equal to his best efforts.

The clinical essays in the present volume are devoted to the early manifestations in the male and female respectively and to congenital syphilis, the authors being Col. Lambkin, of the R.A.M.C., Mr. Shillito, and Dr. Still. These names are a sufficient guarantee of the value of the work.

The perusal of this volume will certainly stimulate the student to the acquisition of knowledge of this protean disorder. The one thing which we so far miss is a general review of the manifestations of the disease, an attempt that is to give some sort of a clinical picture of the course that the disease is apt to run. This is, we admit, in colloquial language a "large order," but it is so important from the point of view of the student that we hope that the omission may be repaired in one of the succeeding volumes, to which we look forward with the greatest interest.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. VOL. XLIII. Edited by H. MORLEY FLETCHER, M.D., F.R.C.P., and W. McADAM ECCLES, M.S., F.R.C.S. (Smith, Elder and Co.)

This volume contains a series of unusually interesting papers and cases.

The medical contributions are fifteen in number, and include many papers of importance and collections of unique and interesting cases by members of the Hospital staff and by old St. Bartholomew's men.

The surgical contributions are five in number, and here, too, the records are full of interest and instruction.

The photographs and charts are well selected and truly illustrative of the accompanying text.

The volume also includes a complete list of the many specimens added to the museum and of the books added to the library during the year.

In addition here is found a record of the year's hospital prizemen. The proceedings of the Abernethian Society are well summarised.

A SYSTEM OF MEDICINE. Edited by WILLIAM OSLER, M.D., F.R.S., Regius Professor of Medicine, University of Oxford, etc., assisted by THOMAS MCCRAE, M.D., F.R.C.P., Associate Professor of Medicine, Johns Hopkins University. Vol. III. (Henry Frowde, Oxford University Press, and Hodder and Stoughton, London.) Price 24s. Pp. 960.

This, the third volume of this ambitious and comprehensive System, fully endorses the high reputation which its predecessors have established. Rather more than the first half of this book is devoted to the infectious diseases, thus completing this class of morbid process, the first part of which appears in Vol. II. The diseases included are Malta fever, Beri Beri, Anthrax, Rabies, Glanders, Tetanus, Gonococcus infections, Leprosy, Syphilis, and Tuberculosis. The writers who are made responsible for the above are, in each case, chosen from among those who have had special opportunities of acquiring knowledge and practical acquaintance with the particular infection in question, so that each article becomes a special monograph. Thus the descriptions of these diseases found in the volume before us are undoubtedly authoritative and of the greatest value.

The important disease Tuberculosis is treated in its several departments by no less than three writers. The article on syphilis is written in the main by Professor Osler himself.

The latter half of the book is devoted to a very full and adequate description of diseases of the respiratory tract.

Hay fever, by Dr. Dunbar, is here treated much more fully than ordinarily occurs.

We note that Lobar Pneumonia is very rightly and properly omitted from this part of the book, and included among the infective diseases.

Under the heading of Pleuritis all forms of inflammatory disease of the pleura are included. This arrangement is a happy one, and serves to emphasise the fact that empyema ought not to be regarded as a disease apart. The bacteriology of pleuritis is very ably treated.

Throughout, the description of these diseases leaves nothing to be desired. A large number of illustrations are included in the text, and, in addition, a series of very good plates are found illustrating, for example, the Spirochete pallida, the lung from a case of bronchiectasis, and the disposition of the thoracic and abdominal viscera in pyopneumothorax. The text is good and readable, and the authorities quoted are many. When completed this *System of Medicine* will be one of the greatest value, and as a book of reference will be an addition and an ornament to any medical library.

DISEASES OF THE NERVOUS SYSTEM. By H. CAMPBELL THOMSON, M.D., F.R.C.P., Physician to Out-patients, Middlesex Hospital, etc. (Cassell and Co.) Pp. 480. Price 10s. 6d.

Within the limits of a single volume of 480 pages the author has succeeded in presenting to his readers a clear, concise, and readable account of the many involved and intricate diseases which may affect the nervous system.

The book is arranged in six sections. Section I is devoted to introductory remarks explanatory of the general structure of the nervous system, and contains an account of the main physical signs which may affect this system. The following five sections deal with the diseases themselves, taken in order, and starting with the peripheral nerves; it was hard to see why the myopathies were not given the first place.

Section VI includes an account of the functional diseases, and of those diseases which do not lend themselves to classification. In this book are to be found explanations of such phenomena as the Argyll-Robertson pupil, an account of the "crises" occurring in tabes dorsalis, and many similar details which, for the most part, are found wanting in ordinary text-books on medicine. Many plates and diagrams are included, and the reproduction of handwriting in the various diseases of the nervous system, accompanied by tremor, are especially interesting. To the student of medicine, and to those preparing for higher examinations, this book should prove of value.

MOVABLE KIDNEY: ITS PATHOLOGY, SYMPTOMS, AND TREATMENT. By HAROLD W. WILSON, M.B., B.S., F.R.C.S., and C. M. HINDS HOWELL, M.A., M.B., B.Ch., M.R.C.P. (Edward Arnold.) Pp. 104. Price 4s. 6d. net.

We read with much interest the greater part of this work when it appeared some months ago in the pages of the *Practitioner*, and it is pleasing to see what was then so widely appreciated embodied in book form.

To-day, when the tendency to specialism is for ever increasing, a monograph, such as the one we have before us, dealing as it does with every section of the disease under consideration, is very welcome, and no doubt will be much appreciated.

The Anatomy of the Kidney is dealt with very clearly and concisely. The chapter on Pathology is especially interesting, and the experiment on a cat's kidney, which results in the development of a hydronephrosis after complete ureteric obstruction, serves to expose the fallacy of the older idea that only incomplete obstruction is capable of causing this disease. The chapter on Physical Examination is full of ideas and suggestions, and cannot fail to be useful.

The illustrations are eleven in number; they are clear and well chosen. The type throughout is good, and the book is light and easily readable.

As a reliable guide to the understanding of this common disease we can with confidence recommend this book, and the authors are to be congratulated upon having placed in the hands of the profession a manual which will form a valuable addition to any medical library.

### Recent Papers by St. Bartholomew's Men.

- Hurry, J. B., M.A., M.D. "Vicious Circles associated with Disorders of the Heart" (*British Medical Journal*, April).  
Nunn, J. H. F., M.R.C.S., L.R.C.P. "Acute Arthritis complicating a case of Ophthalmia Neonatorum" (*Lancet*, Sept., 1907).  
Paramore, R. H., M.D., F.R.C.S. "The Supports-in-Chief of the Female Pelvic Viscera" (*Royal Society of Med., Obstet. and Gyn. Section*, May).  
Thomas, A. E. H., M.B., D.P.H., M.O.H. for County Borough of Chester. "The Diagnosis of Smallpox" (*Public Health*, Jan).

### Royal Naval Medical Service.

- The following appointments, etc., have been made since May 21st, 1908:  
Fleet Surgeon A. M. Page to the "London," to date June 2nd, 1908.  
Staff Surgeon H. Spicer to the "Repulse," to date June 2nd, 1908.  
Surgeon G. B. Scott to the "Warrior," to date June 16th, 1908.

### Royal Army Medical Corps.

An examination of candidates for not less than 30 commissions in the Royal Army Medical Corps will be held on July 20th and following days. Applications to compete should be made to the Secretary, War Office, London, not later than July 20th, on which date the list will be closed. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity, if such deduction will bring them within the age limit. The presence of candidates will be required in London from July 27th.

#### Gazette notifications:

- Capt. Maurice Swabey to be Major, dated April 29th.  
Major A. G. Smithson, M.B. (Cantab.), has obtained the Diploma in Tropical Medicine of the University of Liverpool.

The following officers will proceed abroad during the coming troping season:

- Lieut.-Col. T. H. F. Clarkson, Major N. Marder, Capt. H. K. Palmer, and Lieut. E. B. Lathbury to India, Southern Army. Capt. R. H. Lloyd to the Northern Army.  
Capt. F. G. Richards and H. G. Sidgwick to Jamaica.  
Capt. M. H. J. Fell to Egypt as Sanitary Officer.

The following are due to return term-expired from India during next troping season—Lieut.-Cols. F. H. Treherne and F. W. C. Jones, Major F. W. Bebbie, Capt. A. O. B. Wroughton, A. H. Hayes, R. Storrs, F. A. H. Clarke, and R. C. Wilmot.

### Indian Medical Service.

Major E. V. Hugo, M.D., F.R.C.S. (Bengal), is appointed to act as Professor of Surgery, Medical College, Lahore.

Capt. W. H. Cazaly, M.B., B.S., to act as Deputy Sanitary Commissioner, Gujrat Registration District, pending further orders.

Lieut.-Col. G. W. P. Denny (Bengal), Agency Surgeon of the First Class, is appointed to officiate as Agency Surgeon and Administrative Medical Officer in the North-West Frontier Provinces, with effect from the 1st March, 1908, and until further orders.

Capt. E. C. Hepper, is appointed Civil Surgeon of Peshawar from the 3rd March.

Major R. H. Elliot, F.R.C.S., has been granted seven months and three days' leave.

Capt. P. Atal has been appointed District Medical Officer Malabar.

Col. J. L. T. Jones, Assay Master, Calcutta Mint, is on special leave till the end of October.

### Natal Militia Orders.

Capt. M. G. Pearson, Natal Medical Corps, to the Brevet rank of Major, with effect from the 26th April, 1908.

### Examinations.

UNIVERSITY OF CAMBRIDGE.

First M.B. Examination.

Part I (Chemistry and Physics).—W. D. Galloway, N. F. Norman, L. R. Shore.

Part II (Biology).—W. D. Galloway, L. R. Shore.

Second M.B. Examination.

Anatomy and Physiology.—J. P. Hill.

Third M.B. Examination.

Part I (Pharmacology and General Pathology).—H. S. Berry.

Degrees of M.A. and M.D. conferred on G. A. Coulby.  
Degree of M.C. conferred on E. H. Dooty.  
" B.C. " H. S. Berry.  
Degrees of M.B., B.C. conferred on K. D. Pringle.

DIPLOMA OF PUBLIC HEALTH.

A. M. Jukes, M.B., B.S. (Lond.).

### Appointments.

ADAMS, BASIL, appointed Medical Superintendent of the West Wales Sanatorium, Allt-y-mynydd, Llanybyther, S. Wales.

DUNCAN, E. H. G., appointed Surgeon to the s.s. "Arawa."

STIDSTON, C. A., appointed Resident Medical Officer to the Wolverhampton and Staffordshire General Hospital.

### New Addresses.

ADAMS, BASIL, West Wales Sanatorium, Allt-y-mynydd, Llanybyther, S. Wales.

BALL, W. GIRLING, 11, Welbeck Street, W. (Tel.: 854 Mayfair.)

COCHERILL, Major J. W., 138, Stockwell Road, S.W.

CURREY, E. F. N., Lismore, co. Waterford, Ireland.

DOUZY, E. H., Châlet Mont-Fleuri, Cannes, and 16, Rue Scatiero, Nice.

DUNCAN, E. H. G., 40, Cameron Road, Seven Kings, Ilford.

GEE, S., 9, Stanhope Place, Marble Arch, W.

GRIFFITH, G. B., Medical Officer's House, H.M. Convict Prison, Aylesbury.

LEE, C. STIRLING, King Edward VII Sanatorium, Midhurst.

PARKIDGE, W. T., 414, Old Kent Road, S.E.

PENNY, A. G., Nambour, Queensland, Australia.

SMALLHORN, C. A., Knutsford, Cheshire.

STANLEY, HUBERT, Eagle House, 12, Pevensey Road, St. Leonards-on-Sea.

WEST, R. MILBOURNE, 134, London Road, Leicester.

WILLIAMS, G. R., Sinclair Lodge, 1, Sinclair Gardens, West Kensington, W. (Telephone: 309 Hammersmith.)

WILLIAMS, R. T., Prince of Wales Hospital, Tottenham, N.

### Births.

DICKINS.—On the 19th June, at Cowfold, Sussex, the wife of Sidney J. O. Dickins, M.D., M.R.C.S., L.R.C.P., of a daughter.

FOX.—On the 6th May, at Woolston Lodge, Woolston, near Southampton, the wife of E. H. B. Fox, M.R.C.S.(Eng.), L.R.C.P. (Lond.), of a daughter.

FURBER.—On the 22nd June, at Beecherot, Oxted, the wife of Edward P. Furber, L.R.C.P.(Lond.), M.R.C.S.(Eng.), of a son.

SOWRY.—On the 28th May, at King Street, Newcastle, Staffs, to Dr. and Mrs. Sowry—a son.

### Marriages.

BURSTAL—BATTERSBY.—On the 2nd June, at Holy Trinity Church, Roehampton, by the Rev. W. Lock, D.D., Warden of Keble College, Oxford, assisted by the Rev. Canon Browne, Vicar of the parish, Edward Burstal, B.A., M.B., B.Ch., of Cherwell, Staines, eldest son of Edward Kynaston Burstal, M.L.S.C.E., to Winifred Margaret Ware, youngest daughter of the late Worsley Battersby, J.P., of Knowle, Dunster, and of Mrs. Battersby, Dunster Lodge, Putney Heath.

PAYNE—MOORE.—On the 2nd June, at St. Mary's, Wimbledon, by the Very Rev. the Dean of Waterford, cousin of the bride, assisted by the Rev. Canon Girdlestone and the Rev. C. J. Proctor, Vicar of Islington, cousin of the bridegroom, John Ernest Payne, M.A., M.B., B.C.(Cantab.), son of the late John Payne, of Park Grange, Sevenoaks, to Sylvia May, M.B., B.S.(Lond.), daughter of the Rev. E. W. Moore, Incumbent of Emmanuel Church, Wimbledon.

SMALLHORN—FORSTER.—On the 10th June, at Sevington Church, Ashford, Kent, by the father of the bride, assisted by the Venerable Archdeacon of Sudbury and the Rev. Canon Hodges, M.A., Vicar of Christ Church, Blacklands, Hastings, uncles of the bride, Cyril Aubrey Smallhorn, M.A., M.B.(Oxon.), of Knutsford, only son of the late Dr. Thomas Smallhorn, of Eynsham, Oxford, to Isabella Maude, eldest daughter of the Rev. Bennet Forster, M.A., Rector of Sevington.

### Death.

CARRUTHERS.—On the 7th June (Whit Sunday), at Capel Curig, North Wales, Alan Eskrigge Carruthers, M.A., M.B.(Cantab.), aged 40 years.

### Acknowledgments.

*Archives générales de Chirurgie, British Journal of Nursing, Broad Way, Guy's Hospital Gazette, Giornale della Reale Società Italiana d'Igiene, Journal of Laryngology, Rhinology, and Otolaryngology, London Hospital Gazette, L'Echo Médical du Nord, Medical Review, New York State Journal of Medicine, Nursing Times, Practitioner, St. Thomas's Hospital Gazette, Student, St. George's Hospital Gazette, University of Durham College of Medicine Gazette, Union Magasin.*

### 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.

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 ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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.

VOL. XV.—No. 11.]

AUGUST, 1908.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

AUGUST 1st, 1908.

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

### Calendar.

Sat.,	Aug. 1.—	
Tues.,	" 4.—	Dr. Herringham and Mr. Lockwood on duty.
Fri.,	" 7.—	Dr. Tooth and Mr. D'Arcy Power on duty.
Mon.,	" 10.—	L.S.A. (Surgery) Exam. begins.
Tues.,	" 11.—	Dr. Norman Moore and Mr. Cripps on duty.
Fri.,	" 14.—	Dr. West and Mr. Bruce Clarke on duty.
Mon.,	" 17.—	L.S.A. (Medicine, Forensic Medicine, Midwifery) Exam. begins.
Tues.,	" 18.—	Dr. Ormerod and Mr. Bowlby on duty.
Fri.,	" 21.—	Dr. Herringham and Mr. Lockwood on duty.
Mon.,	" 24.—	St. Bartholomew.
Tues.,	" 25.—	Dr. Tooth and Mr. D'Arcy Power on duty.
Fri.,	" 28.—	Dr. Norman Moore and Mr. Cripps on duty.

### Editorial Notes.

RE print this month an address of the greatest interest entitled "The Opponents of our Profession," delivered by Mr. Stephen Paget before the Abernethian Society on Thursday, June 11th. Though of greater length than the articles usually found in our columns we feel that no excuse is necessary for reproducing in full this address—at once so entrancing and so excellent. We cordially recommend it to our readers.

In another column will be found a graphic account of the Dinner given to our Matron on Saturday, June 27th, at the Gaiety Restaurant in honour of her twenty-first year of

service at St. Bartholomew's Hospital. The gathering numbered some 250 enthusiastic friends and admirers, the chair being taken by Mrs. Bedford Fenwick. An occasion such as this is unique in itself, and one almost without precedent in the history of the nursing profession, and we heartily congratulate Miss Isla Stewart upon having won so completely the admiration and respect not only of her many friends at home, but also of the numerous representatives of the several other countries who were present at the dinner.

Dr. NORMAN MOORE was elected Senior Censor in the Royal College of Physicians at the Comitia Majora held on July 30th.

We announce with much regret that Mr. Cumberbatch has resigned the post of Surgeon to the Aural Department of the Hospital.

Dr. LANGDON BROWN has been elected Physician to the Royal General Dispensary, Bartholomew Close, in succession to Dr. Ormerod, resigned.

The Royal General Dispensary is the oldest in London. It was founded in the year 1770.

Mr. HAROLD W. WILSON has been appointed Surgeon to Out-patients at the Victoria Hospital for Children, Chelsea.

At the recent examination held for the M.D. degree at the University of London the following from St. Bartholomew's were successful:

*Medicine.*—Francis Musgrave Howell, Stephen March Lawrence, B.S.

*Pathology.*—Percy John Cammidge.  
*Midwifery and Diseases of Women.*—Robert Vernon G. Monckton, B.S.

*State Medicine.*—Andrew Monro Jukes, B.S.

THE Hospital Rifle Club still continues to prove an unqualified success. There is marked improvement in the quality of the shooting, and competition is very keen.

Mr. Spencer-Phillips won the first Monthly Spoon with an aggregate score of 104 out of a possible 105. Mr. Gray was second with 102. Members are reminded that the Handicap Competition, open to both Staff and Students, is now commencing; very liberal handicaps are being given, so that everyone entering has a good chance of success.

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OWING to the kindness and liberality of Mr. PAnson, the Rifle Club now possesses a handsome Challenge Cup, to be shot for by the teams of Staff & Students.

The Competition is to take place on a convenient day in the first two weeks of December. Further details will be published later.

\* \* \*

THE Inter-departmental Shooting Competition is one which has proved of the greatest interest. In the Final Round the Anatomical and Pathological Departments met, and, after very keen and close shooting, the honours of the day were given to the Pathologists.

Unfortunately for the Anatomical Department, their team consisted of three only, owing to the unavoidable absence of Mr. R. B. Etherington-Smith, who was at that time achieving even greater honours at Olympic Henley. The shooting of the Anatomists was of a very high order, and we feel bound to acknowledge that, had they had their full team, they would easily have proved themselves the victors.

We have it on the highest authority that a Cup has been very generously promised by Dr. J. H. Drysdale, to be shot for annually in this competition, and the Pathological Department are to be congratulated upon their good fortune in being the first to have their names inscribed upon this Cup.

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The following gentlemen have been nominated for the posts of Resident Medical Officers during the ensuing year:

HOUSE SURGEONS.		
Mr. CRIPPS . . . . .	(October, 1908 . . . . .	S. T. Davies.
	(April, 1909 . . . . .	A. J. Fuller.
Mr. BRUCE CLARKE . . . . .	(October, 1908 . . . . .	W. Onslow-Ford.
	(April, 1909 . . . . .	F. J. Gordon.
Mr. BOWLER . . . . .	(October, 1908 . . . . .	H. T. H. Butt.
	(April, 1909 . . . . .	A. C. Sturdy.
Mr. LOCKWOOD . . . . .	(October, 1908 . . . . .	A. J. Kendrew.
	(April, 1909 . . . . .	H. Blakeway.
Mr. D'ARCY POWER . . . . .	(October, 1908 . . . . .	H. D. Gillies.
	(April, 1909 . . . . .	K. D. Pringle.
OPHTHALMIC HOUSE SURGEON.		
October, 1908 . . . . .		B. T. Lang.
INTERN MIDWIFERY ASSISTANT.		
October, 1908 . . . . .		S. Bailey.
EXTERN MIDWIFERY ASSISTANT.		
October, 1908 . . . . .		J. L. Joyce.
January, 1909 . . . . .		P. Black.
HOUSE SURGEON TO THROAT, NOSE, AND EAR DEPARTMENT.		
October, 1908 . . . . .		F. C. Trappell.

### The Opponents of our Profession.

By STEPHEN PAGET, F.R.C.S.



R. PRESIDENT, LADIES AND GENTLEMEN,—It is a great honour to me, and a great pleasure, to be here to-night. I remember well the Abernethian Society nearly thirty years ago: the joy of hearing at its meetings the sound of my own voice: the pride of the slow upward move, from Committee-man to Secretary, from Secretary to Vice-President: the feel of sitting, as Vice-President, in your President's chair, with the attendant angels poised on either side of my head. The chair had been bought for your Society by Mr. Mitchell Henry, then one of your Secretaries, afterwards a Member of Parliament and a famous Home Ruler. It had been designed, in the beginning, for a church: that is why the angels were there. Also, I remember well a crowded evening, when I had the honour of wrestling in debate with the present Vice-Chancellor of the University of London. But, of all my recollections of the Abernethian Society, none is more happy, none more vivid, than the memory of a meeting in 1894, when Sir James Paget addressed a great audience of students. It was sixty years, all but a few months, from the time when he had read before the Society, as a first year's student, his account of his discovery of the *Trichina spiralis*. He brought to your Society the first and the last of his work for your Hospital. But, as for this one of his sons, I was warned that you are tired of work, and I was told to prepare a light discourse, appropriate to the month of roses and to the presence of ladies. All the same, I have chosen a serious theme, "The Opponents of our Profession." Why is it, that there are people who distrust our art, hate our science, and are banded-together to try to get-on without us? What are we doing, or what have we done, that we should have such opponents?

Of course, I am not thinking of personal opposition, dislike, gossip, illwill, unpopularity. We are not here concerned with any of those problems which are set, every week, in the medical journals, like the prize-puzzles in the Saturday edition of the *Westminster Gazette*. Dr. A— is in attendance on Mrs. B—. She sends for Dr. C—, who calls in Mr. D—. What attitude ought Dr. A— to assume toward all these letters of the alphabet? Put Mrs. B— out of your thoughts. She may have been a very sensible woman. Think of our opponents *en masse*, our opponents on principle. Heaven be thanked, they are the minority. We have plenty of admirers: plenty of kind folk who follow the advice of the book of Ecclesiastics: *Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him. The Lord hath created medicines out of the earth: and he that is wise will not abhor them. Of such, doth the apothecary make a con-*

*fection, and of his works there is no end, and from him is peace over all the earth. My son, in thy sickness be not negligent; but pray unto the Lord, and he will make thee whole. Then, give place to the physician, for the Lord hath created him. Let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success.* There are plenty of people who feel all that about us, and more. Indeed, we receive, now and again, more admiration than we have earned: and it is surely true, that they who give extravagant praise to our work are, for the most part, of ill-balanced minds. To-night, let us forget the pleasant people who admire us, and let us contemplate our opponents, and the balance of their minds.

But we must not reckon as an opponent of our profession everybody who simply takes his own way of looking after his own life, and mocks himself of our physiological facts. Let me advise you to observe, now, and in practice, with what different habits, and on what different diets, men are able to work hard, to live happily, and to keep well. For example, we have no quarrel with the vegetarians. If a man can thrive on apples and nuts, that is his affair: and you will hardly deny that our nation has an exaggerated idea of the value of meat. Follow, in the mind's eye, the fortunes of a large joint in a small family. At meals, day after day, its mangled remnants, like Banquo's ghost, appear, and vanish, and appear again. At night, it sleeps, what is left of it, in the larder, at the mercy of lower forms of animal life. Hot, cold, hashed, and at last consigned to the oblivion of a final pie, it wanes, from Sunday to Wednesday. Its physiological worth, in the beginning, may have been considerable. Sir James Crichton-Browne has a great opinion of the merits of beef. Sir Andrew Aguecheek, on the other hand, says, *Methinks, sometimes I have no more wit than a Christian, or an ordinary man, has: but I am a great eater of beef, and I believe that does harm to my wit.* Our Sir James may be right, and Shakspeare's Sir Andrew may be wrong, if the question be limited to fresh beef: but what is the exact physiological value of Sunday's beef at Wednesday's dinner? Or go, any Saturday night, down Whitecross Street, and watch the women buying cheap scraps of stale meat off the tray that is marked *2d.*, and consider what pleasanter nourishment they might obtain for the same price. The vegetarians, though they carry their principles to the very edge of a craze, and then go over it, may be wiser than some of us, who attribute a purely fanciful importance to every ounce of stuff that once was part of an animal. You will live to see less meat, and more cereals, in our English dietary. Never mind what they say in the physiology books: there are more things in the chemistry of life than are dreamt-of in your physiology: and you have no call to scorn your herbivorous brethren, or to count them as opponents of our profession.

Our opponents, our true opponents, are bad enough, without that. Yet, for want of time, I am compelled,

against my will, to leave out of the list all quacks, cancer-curers, bone-setters, proprietors of secret remedies, and all directors of companies for the advertisement of patent medicines. In England alone, every year, the sale of patent medicines is about 47,000,000 bottles, and it is said that the proprietor of a certain pill achieved a great fortune by ordering, from a wholesale firm of druggists, a million of their pills, and putting them in a different lot of pill-boxes. Happily, there is good hope that a Royal Commission will before long be appointed, to inquire into all such doings. These floods of patent medicines bring down much gold in their course: and it flows into the pockets of a most undeserving set of respectable gentlemen. *Lo, these are the ungodly: these prosper in the world, and these have riches in possession.* Money is a grand thing, Gentlemen: and I wish I made more of it. But what we do make, in our profession, is some of the cleanest and sweetest money ever made on this earth: which is more than can be said for the wealth of these opponents of ours, who make eightpence profit out of every shilling and three-halfpence.

I am compelled also, by want of time, and by sheer ignorance of the whole subject, to be silent as to those more honourable and more worthy opponents, the practitioners of homœopathy. Following the thread of an exiguous practice in surgery, I have only once met a homœopathist, and that was in the case of a young lady who had just shot herself. Here was no opportunity for his particular wisdom. We could not go on the principle *Similia similibus curantur*: it would have involved shooting her again. Truly, I know nothing about the principles of homœopathy. But you ought, when you have time, to read-up the subject: for you will be expected, in the coming years, to be able to state clearly your opinion of it, and the reasons for your opinion.

The main force of our opponents, Gentlemen, is divided into three great armies. They are the hosts of the Anti-vaccination Societies, the Anti-vivisection Societies, and the Church of Christian Science. Let us have a good look at them. Why are they so numerous? What influences have created and organised all this opposition? Is it in any way our fault, that so many thousands are united against us? They are not there by chance: they must be the result of natural causes. Perhaps we shall see something of those causes, if we take a wide view of that vast majority of mankind whom we lightly call the laity, or the general public, or the outside world.

There is some evidence that the outside world's opinion of us is undergoing a slight reaction. For the last thirty years, modern medicine and modern surgery have been dinned into the public intelligence. It has heard so many times the names of our leaders, the list of our victories. After all, says the public, there are other sciences, other professions. We are become like a child on its birthday, when the time comes for it to go to bed. It would love to

stay up longer, but Papa and Mamma want to talk about something else. "Run away, dear," they say to it, "You have been very good, and we are very fond of you, but run away now." Think, how for thirty years and more, our profession has been enjoying and celebrating one triumph after another: how it has marched, like soldiers back from a war, to the tune of *See the Conquering Hero comes*, with bells clashing from all the towers of Science, and with happy mafficking down all the ways of Practice. It is no wonder, if the laity are wanting to talk about something else.

To illustrate this reaction of the public mind, here are two sentences, cut almost at random from the *Academy* and the *New Age*:

1. "The ordinary practitioner, when you get him away from the epigastrium and the obsonic (*sic*) index, has nothing to talk about, except it be the finance of the local tennis club."
2. "The usual doctor knows scarce anything of any art, not even of his own. The share market, golf, and the cricket scores, suffice him for the daily round, the common task."

I say nothing of these two illiterate sentences, except that they appear, from internal evidence, to have been written by one and the self-same idiot. But they do seem to show that the public is, perhaps, a little tired of the honour and the glory of our profession. Here, in this tiredness, is a good opportunity for our opponents. They will be able to declaim against medical humbug, surgical recklessness, professional rapacity, selfishness, and secrecy. For all such nonsense, they will obtain an indulgent hearing. It has been my ill-fortune, lately, to attend three meetings of certain opponents of our profession. At one of them, a lady said that our profession is less kind, less gentle than it used to be. At another, a Member of Parliament said that the surgeon is becoming the tyrant of Society, and finds it a very lucrative business, because he is paid beforehand. At the third, a Socialist, who is also a Member of Parliament, shouted, in a rage which had every appearance of being genuine, that the poor are vivisected in our hospitals. *There are many operations*, he said, *conducted in the hospitals to-day, useless, cruel, and only able to be conducted for precisely the same reasons that they are conducted on animals, namely, that those who undergo them are poor and helpless.* These three statements were believed and approved by the very large audiences to whom they were addressed: the last of the three, especially, was greeted with long and loud applause. It is not everybody, Gentlemen, who admires the doctor, or accepts his authority.

That word, *authority*, pulls me up short. We claim, for modern medicine and modern surgery, authority. We are apt, I fear, to forget that our opponents are just as modern as ourselves; and the modern spirit hates all authority. It worships the right of private judgment. Now, I pray you to observe that we, and our opponents, are moved by the

same spirit, the same contempt for authority. Each one of us here thinks for himself, and will accept nothing that he cannot verify for himself. It is one and the self-same spirit that makes us what we are, and our opponents what they are. We think for ourselves: so do they. We make light of authority: they make light of our authority. They no more take our facts for granted than we take the facts of Galen for granted. We and our opponents are all alike modern; we are the natural result of the times in which the world is living, and the pace at which the world is going.

Still, it does not follow, because our opponents are natural, that they are right. It is just this very naturalness, which makes them so horribly wrong. They have not the excuse of ignorance; they offend with their eyes open. They would not be half so bad, if they were not so sure that they are good. Consider, Gentlemen, the mind of the anti-vaccinationist. Observe his dreadful conviction that he is logical. Let us believe that he is, at any rate, honest. Not that all our opponents are honest. In this wicked world—and, of course, the accuracy of that old phrase, *the wicked world*, is not touched by all the fashionable nonsense which seeks to explain away a man's freedom to be as wicked as ever he knows how—in this wicked world, you will not find any vast body of men, all of them honest, no, not even if they were all of our profession. Still, the average anti-vaccinationist is painfully honest. He has thought the thing out for himself: just like us. He has read anti-vaccination leaflets, has attended anti-vaccination meetings. Like Luther, Paracelsus, Shelley, Darwin, he is a conscientious objector. Suppose that you call him a crank, or a lunatic, his answer is irresistible: he simply refers to the long list of martyrs of religion or of science, who were all of them called by such names: he sends your thoughts flying and skying to Semmelweis, and Galileo, and Saint Paul. Of course, he has no right to do that. The man is utterly, hopelessly, wrong: he is ignorant of all pathology, he has been fed on "platform facts;" he really is a crank. But you gain nothing by that name. You will never impose your authority on him. You must fight his platform facts, inch by inch, with real facts: you must give him chapter and verse for them, the actual reference, the very words, the exact figures.

It is plain, that none of us can keep all these details handy in a mind already blocked with more urgent knowledge. Therefore, let me commend to your notice the work of the Jenner Society. Here are the leaflets which it sends out, a complete armoury. The Hon. Secretary is Dr. Bond, of Gloucester, a city that has suffered more grievously from anti-vaccination and its results than any place in England. Arm yourselves with these weapons of precision. Then, fight hard. Only, be well armed. Don't go out against this great blundering Goliath with a sling and a stone out of the brook; for you might miss, and then

Goliath has you, and the Philistines rejoice over your defeat.

As with anti-vaccination societies, so with anti-vivisection societies; provide yourselves with good weapons, before you take to fighting. Let me commend to you, here, the work of the Research Defence Society, of which Lord Cromer is the President. Our Society was founded on January 27th of this year, and has already more than 1250 members, of whom 120 are ladies. Here are the leaflets and the pamphlets which the Society has already issued: and we hope to have, by October, a further series. I am privileged, as Honorary Secretary of the Society, to ask you to give it your hearty support. I do hope that many of you will become members of it. For, in practice, you will often come across these opponents of our profession. They will assure you, all of them, that they are devoted admirers of us doctors, and that they keep all their hatred for the men who make experiments on animals. You need not believe that assurance. You had better believe nothing that they say, till you have examined it for yourself. It has been my business, for nearly twenty years, to read the literature, and to watch the movements, of these anti-vivisection societies; and I tell you that there is no set of societies like them, none so false, none so brutal. If I once began to give you the proofs of all that, I should be talking all night. Here are some weapons against them. If, now or at any time, you want such weapons, it will always be a very great pleasure to me to be at your service. You will want them. You will not go far in practice without occasion to use them. I pray you therefore to join the Research Defence Society; and I hope, also, that many of the nursing staff will take an interest in the work of the Society: for they will often be able to say a quiet word, in season, which will be of very great advantage to us. The Research Defence Society has received a wonderful welcome; and, all through the piles of letters that have come to me, there rings the unmistakable note of thankfulness, that one more attempt is being made to clean our country from the defilement of thirty years of falsehood. That is the dominant feeling in the minds of our members. They are sick to death of the anti-vivisection societies; they refuse to believe the advertisements in the railway stations, and the tracts distributed in public places, and the inscription at Battersea, and all the rest of the "platform facts," and all the wild letters which some newspapers do not refuse to print. Do not think, Gentlemen, that I have got the malady of a swelled head, when I say that our Society has been received with the utmost delight and gladness, alike by those who have studied the subject, and by those who have not. You see what I am driving at. I want to emphasise the ethical side of the work of the Research Defence Society. We fight lies. That is a most exciting occupation, far more interesting, for example, than bridge. Besides, it has the advantage of standing at a very high level of morality. It is essentially

the sort of occupation that used to be called, when I was a child, a "Sunday game."

Consider, now, the third great army of opposition—which is Christian Science, or, to give it the full title, the Church of Christ Scientist. There is some evidence that Christian Science is losing ground in the land of its birth, and is gaining ground in our country. I shall say nothing about Mrs. Eddy—*de moribundis nil nisi bonum*—and I shall say nothing about the book attributed to her, which reads just like the letters of a madman. Also, it would be a sad waste of time to call your attention to the miracles and wonders that are worked by Christian Science. Only, let me say why I so hate Christian Science that, if I had to choose whether one of my own people should take to Christian Science or should take to drink, I should prefer the drink. I hate it, not because I am a qualified practitioner, but because it is a gross misbegotten caricature of all decent and sane thought—*One more wrong done to man, one more insult to God.* You know what happened to the upper classes in Rome, when the Roman Empire was beginning to go downhill. The old gods, of course, were become hardly more than a lot of names, a bundle of fairy-stories. It might still be good form, especially if you sat on the Conservative side of the Senate, to offer sacrifices, to pour libations, and to be seen in the temple of Apollo. It might help a man to get a Government appointment, or to make sure of a legacy, or to please his wife, or to pacify his mother-in-law; but the old gods were dead, for all that. Then it became the dreadful fashion to go after the gods of Egypt, gods with the heads of beasts, and with morals to correspond; outlandish deities, who dragged the fashionable set in Rome down into the pit. Rome, in the time of Augustus, had abominated Egypt. Rome, in the time of Nero, began to find Egypt interesting. The religious parlour-tricks of Egypt, her palmistry, crystal-gazing, spirit-raising, thought-reading, became the latest novelty in the most select circles; and the Forum, doubtless, made as much money out of palmistry shops as if it had been Bond Street. Egypt found, in Rome, a vulgarised upper class, with heaps of money, abundant leisure, and minds detached from their old faith; and Egypt played up to all the fantastical idle ladies and gentlemen, who only wanted to be amused.

The ways of Christian Science are, more or less, the ways of Egypt. It offers, to the upper class, a new religion which is all pleasure and no pain. It assures the rich that they need not bother over their sins. It has no message to the poor. It mentions philosophy; it persuades its followers that they are the happy possessors of a very intellectual faith. It isolates them from the common herd, it pats them on the back. That is Egypt all over. It plays up to them, it fools them to the top of their bent. It provides them, for divine guidance, with a book which is absolute moonshine, and a creed that pain and disease are

also moonshine. It has made many converts, because it has an air of intellectual superiority to anything so old as the Gospel, anything so plain as the material world. To feel superior is a great happiness; and we must recognise the fascination of a brand new philosophical religion, which bids us just shut our eyes, and turn round three times, and say the Lord's Prayer backwards, and we shall be quite well and quite good, and quite happy for ever and ever. In brief, Christian Science has every one of the features of a false religion.

You may think it silly to make such a fuss over Christian Science. Why not let it pass for a harmless eccentricity? It does not, like anti-vaccination, kill many people. It does not, like anti-vivisection, love distorted statistics and rather venomous language. Why not leave it alone? But that is more easily said than done. Of all our opponents, the Christian Scientists are the most apt to get on the nerves. The rest of our opponents, bad as they are, still are intelligible. You can tell what is the matter with them; you can see the marks on them, where they have been struck by the platform facts. After all, they are human. When they say that vaccine, or diphtheria-antitoxin, are *animal filth*, you recognise that they really do mean something. When they say that the continuance of the plague in India is due to the use of Haffkine's treatment, or that, *wherever the hand of the vivisector is stretched out over a disease, there that disease increases its hold upon life, and hurries men faster to the tomb*,—well, you understand where you are. Their facts and figures are all wrong, but nothing worse than that. Such opponents are like the ladies who chained themselves to the railings in Downing Street. It may be very foolish to chain yourself to the Prime Minister's railings. Still, the whole affair is real, chains and railings and all; you are still in the real world, where *c-a-t* spells *cat*, where two and two make four. But when you come to Christian Science, you are in a world where *c-a-t* will spell *dog*, if only you think so, and where two and two make five, or six, or will even run into double figures, according to the measure of your imagination. Indeed, you are in a world which is not there at all. That is what comes of playing with words instead of sticking to facts. Certain big words, Reality, Being, the One, the All, the Infinite, the Universe—these words, which have been on the lips of men since the dawn of Greek thought, are now dragged through the mud by a false creed which could not say which of them means what. From Mrs. Eddy's dreadful book there comes a faint sickly smell, as of Plato gone bad. Henceforth, if a man would be of the Church of Christ Scientist, he must set himself to the black art of self-hypnotism; he must live in a sort of sham world which is all of it subject, and none of it object, a world which is nothing but chaos turned respectable. It is plain, surely, that Christian Science has one positive feature, and only one: that is, its absolute hostility to the Christian

faith. Once a man begins to play fast and loose with the reality of this material world, and with the reality of pain, he gives the lie direct to the Founder of Christianity; and I protest that Mrs. Eddy's book produces in me a feeling almost of physical nausea. You must fight these opponents, Gentlemen, with their own weapons. Put aside, to clear the ground, the absurdity of their miracles, and the insanity of their literature; forget that they well-nigh worship an old lady over at Boston, and that they parody the Lord's Prayer. Admit, without reserve, all the facts of the influence of the mind over the body, and the almost omnipotent force of thought indrawn into itself, and the unwelcome truth that many patients get well of themselves who, according to the best medical advice, ought to be dead. Hit straight at the vitals of Christian Science. Ask the Christian Scientist—I am sorry to drag into my talk words that are sacred—but ask her how she explains away that article of the Christian faith, "He suffered"; ask her whether her Deity is anything more, after all, than a string of words, taken at random out of the original Greek, and spoiled in the taking. Compel her to acknowledge that the rudest atheism that was ever preached in Hyde Park of a Sunday afternoon is not more hostile to Christian Science to all rational belief in a world run on rational lines.

You will be wondering at all this pother over a false creed. To a young man, it seems to matter so little what people believe. He views with an indulgent eye the antics of extravagant thought; he very gladly permits his fellow creatures to make fools of themselves. He is angry if they carry their folly into action; he bestirs himself when a lie is embodied in visible tangible bronze at Battersea. But, over mere forms of thought, he is indifferent. Probably, in later life, he will feel more acutely the misery of watching a lie drifting all over the country, or a superstition taking hold even of educated minds. To some people, for instance, it is merely funny that anybody should believe in palmistry. It is not at all funny; it is hideous. I did once, at a dinner-party, sit next a lady-palmist; and I would rather have sat next a child with mumps. You know, with mumps, where you are. You may catch them, or may take them home without catching them and give them to somebody else. These events are natural to a world run on rational lines. But, when somebody says that she can read the future in the lines of the hand, you are in a world wholly irrational, a world without any opening in it either for God or for man.

Here is a tangled discourse, gentlemen; a very *mycelium* of talk, with a few spores which may never come to anything. I have got far from the opponents of our profession. To get back to them, let me end, as I began, with a reminiscence of Sir James Paget. In his home-life he used to celebrate all home festivals, birthdays and the like, by drinking *Your very good health* at dinner. He would raise his glass of wine, and would bow gravely to each member

of his family, wishing to each *Your very good health*; and then he always proposed this toast, *All who love us, and all who hate us*. I have the honour to propose it now: *All who love us, and all who hate us*. Only, we need not wish good health to the followers of Christian Science. We will accept their assurance that there is no such thing as ill health.

### Voyage d'Études Médicales.

#### VISIT TO ST BARTHOLOMEW'S HOSPITAL.

**D**URING the week beginning the 12th of July a number of French physicians, members of the Association known as the "Voyage d'Études Médicales," paid a visit to London.

They spent their time in London partly in visiting the hospitals and partly in sight seeing, and on Wednesday, the 15th July, a party of between fifty and sixty French physicians, some accompanied by their wives, visited St. Bartholomew's. A programme printed in French had been prepared by a small Committee of the Medical School.

The visitors were received in the Great Hall of the Hospital by Dr. Norman Moore, the Senior Physician, who addressed to them a few words of welcome in French.

After viewing the pictures in the Hall and on the staircase they were divided into two groups, and conducted round the Hospital by Drs. Leonard Mark and C. S. de Segundo.

The subject of nursing is a pressing one in France, and arrangements had been made to show as much as possible of the system and methods of nursing adopted in our Hospital. In Colston Ward, Dr. Herringham was in attendance to receive the visitors, and, addressing them in French, explained to them the nursing arrangements typical of a medical ward, demonstrating to them from patients then under treatment.

The following description in French of the nursing arrangements of the Hospital had been prepared, and was given to each visitor:

#### SERVICE DE GARDES-MALADES.

Nombre de Lits—680.

Nombre du Service des Gardes-Malades—278.

<i>The Matron</i> . . . . .	1
<i>Assistant Matron</i> . . . . .	1
<i>Superintendent of the Nursing Home</i> . . . . .	1
<i>Sisters in charge of Wards</i> . . . . .	28
<i>Sister in charge of Out-patient Department</i> . . . . .	1
<i>Sister in charge of Operating Theatres</i> . . . . .	1
<i>Night-Superintendents</i> . . . . .	3
<i>Staff Nurses</i> . . . . .	52
<i>Probationers</i> . . . . .	190
Total . . . . .	278

#### SERVICE D'UNE SALLE DE 22 à 30 LITS :

<i>Service du jour :</i>	
<i>Sister</i> . . . . .	1
<i>Staff Nurse</i> . . . . .	1
<i>Probationer</i> (2 <sup>me</sup> ou 3 <sup>me</sup> année d'éducation) . . . . .	1
" (1 <sup>re</sup> année d'éducation) . . . . .	2
<i>Service de nuit :</i>	
<i>Probationer</i> (2 <sup>me</sup> ou 3 <sup>me</sup> année) . . . . .	1
" (1 <sup>re</sup> année) . . . . .	1
Total . . . . .	7

Pour chaque salle il y a en outre une fille de ménage pour faire le récurage et le service personnel de la *Sister* de la salle.

#### SALAIRES :

	£
<i>Assistant Matron</i> . . . . .	70 100 per ann.
<i>Superintendent of Nursing Home</i> . . . . .	60-80 "
<i>Ward Sisters</i> . . . . .	65-95 "
<i>Night Superintendents</i> . . . . .	55 "
<i>Staff Nurses</i> . . . . .	30-35 "
<i>Probationers</i> —1 <sup>re</sup> année . . . . .	8 "
" 2 <sup>me</sup> . . . . .	12 "
" 3 <sup>me</sup> . . . . .	20 "

Les *Nurses* reçoivent un uniforme, le blanchissage, la nourriture et le logement. Aux *Sisters* le seul repas fourni est le diner.

*Service du jour*.—Les *Nurses* et *Probationers* sont de service neuf heures par jour. Elles commencent à 7 heures du matin et finissent à 8 heures du soir. Leurs heures de récréation varient. Chaque mois elles ont deux journées entièrement libres.

*Service de la nuit*.—Les *Night-Nurses* sont de garde de 8 heures du soir à 8 heures du matin. Elles ont deux nuits de libre par mois.

Les *Probationers* font alternativement le service de jour et le service de nuit pendant trois mois.

Un médecin de l'hôpital visite le *home* tous les matins pour soigner les *Nurses* malades.

Il y a un médecin et un chirurgien désignés pour l'enseignement des *Nurses*.

#### ENSEIGNEMENT DES PROBATIONERS.

Les aspirantes, choisies par la *Matron*, sont soumises à un examen en sujets généraux, et en anatomie et physiologie très élémentaires. Le médecin instructeur se rend compte de leur état physique et de leur santé. Celles qui passent l'examen, entrent au service de l'Hôpital.

Trois mois après leur entrée au service, elles sont examinées par un petit comité composé des Professeurs d'enseignement, du Secrétaire et de la Surintendante (*Matron*). Si leur santé est bonne et si le compte-rendu de leur service est satisfaisant, elles sont nommées *Proba-*



tioners; dans le cas contraire, elles quittent le service de l'Hôpital.

Pendant leur première année elles portent dans les salles un uniforme gris et sont sous la direction des *Sisters* et des *Staff Nurses*.

Elles suivent une fois par semaine des cours d'anatomie et de physiologie donnés par un professeur du service médical, et un cours de *nursing* donné par la *Matron*. À la fin de leur première année elles sont examinées par les professeurs d'enseignement. Celles qui ne passent pas cet examen sont obligées de quitter le service de l'Hôpital.

Pendant leur deuxième et leur troisième années les *probationers* portent un uniforme bleu rayé avec une ceinture blanche. Elles ont plus d'autorité et de responsabilité, et elles ont la charge d'une demie salle, sous la surveillance d'une *Sister* pendant le jour, et sous celle de la *Night-Superintendent* pendant la nuit.

Pendant leur deuxième année elles assistent à des cours de *nursing* et à des classes où on leur enseigne d'une manière pratique les procédés nécessaires pour soigner les malades.

Pendant leur troisième année elles ont à suivre les cours suivants :

- 1°. Pathologie élémentaire, par le Professeur de pathologie (théorie d'infection microbienne, propreté chirurgicale, etc.).
- 2°. Cours spéciaux pratiques : soin des cas gynécologiques, par la *Sister* de la salle des maladies des femmes; soin des cas ophthalmiques, par la *Sister* des salles ophthalmiques; massage, par la masseuse de l'Hôpital. Elles assistent aussi aux opérations sous la direction de la *Sister* des salles d'opération.

À la fin de leur troisième année les *Probationers* se présentent à leur dernier examen dirigé par les Professeurs d'enseignement.

À celles qui passent est accordé le brevet de *Nurse*, et elles sont nommées *Staff-Nurses* à l'Hôpital. Celles qui échouent à l'examen peuvent se présenter une seconde fois après avoir servi encore six mois à l'Hôpital.

Les points de l'examen sont adjugés comme il suit :

Médecine, questions écrites et orales	. 200 points.
Chirurgie, questions écrites et orales	. 200 „
Service dans les salles et conduite générale (selon le rapport de la <i>Matron</i> )	. 200 „
Total	600

In Henry Ward a similar demonstration of the nursing of cases had been organised by Mr. D'Arcy Power.

The buildings of the Medical School were next visited, and in the Library the Athletic Challenge Shield and other trophies and cups now held by St. Bartholomew's came in for admiration. A number of rare and interesting books had been set out on the table.

In the Museum, Dr. Andrewes and Dr. Branson gave a demonstration on some of the more interesting pathological specimens which, for the occasion, had been placed on tables in the middle of the room.

The new Out-patient Buildings were then visited, and we heard on all sides expressions of admiration of the magnificent arrangements which the new buildings afford for the treatment of out-patients and cases in special departments. Demonstrations of interesting cases and of instruments and appliances had been arranged in the Eye, Throat and Nose, Ear, Orthopaedic, Electrical, Dental, and Skin Departments. In the Orthopaedic Department a demonstration of Swedish exercises and of the more modern appliances for treatment of deformities was much admired, and in the Electrical Department Dr. Walsham showed instantaneous skiagraphy.

Just before their departure they paid a visit to the Church of St. Bartholomew-the-Great.

The programme was nicely got up, and contained a short historical account of the Hospital, which we reproduce.

#### NOTICE HISTORIQUE.

L'Hôpital Saint-Barthélemy se trouve non loin de la cathédrale Saint-Paul dans le quartier de Smithfield. Selon la légende l'emplacement exact fut indiqué à son fondateur Rahere par l'apôtre Barthélemy dans un rêve qu'il fit au cours d'un pèlerinage à Rome en l'an 1123. L'apôtre parut devant lui une nuit et lui enjoignit d'ériger un hôpital hors des murs de Londres dans les champs de Smithfield. Il était bien connu du roi, Henry I, le fils de Guillaume le Conquérant, et il obtint sans beaucoup de peine par l'influence de l'évêque de Londres, Guillaume de Beaulieu (près de Falaise), la cession du terrain qu'il lui fallait pour son œuvre. Dès les premiers temps l'hôpital acquit une grande célébrité parce que le bruit se répandit que des miracles y avaient lieu sans cesse. Durant tout le moyen âge les salles furent consacrées à la réception des pauvres souffrant de maladies ou de blessures.

Tout à côté de l'hôpital Rahere fonda aussi un prieuré et en devint le premier prieur. Une belle église dans le style normand fut élevée, et l'on peut encore voir une partie de l'édifice qui, se trouvant placé extra muros, ne fut pas détruite lors du grand incendie de 1666, comme le furent presque toutes les autres églises de la cité. C'est la seule église plus ou moins complète du moyen âge qui existe encore à Londres, et les parties qui restent sont du plus grand intérêt au point de vue archéologique de même qu'au point de vue pittoresque.

L'hôpital et le prieuré restèrent en relations bien étroites jusqu'à l'époque de la Réformation quand leur séparation définitive s'opéra. Les revenus des deux établissements furent alors accaparés par le roi Henri VIII (1539). La dissolution du prieuré eut lieu, mais une pétition pour le rétablissement de l'hôpital fut adressée par les citoyens

de Londres au roi, qui accorda une nouvelle charte (1547), grâce à laquelle l'hôpital a pu continuer son œuvre de bienfaisance. Il ne contenait alors que cent lits, et le service était confié aux mains d'une mère supérieure et de douze gardes-malades.

Des anciens bâtiments il ne reste à peine une trace aujourd'hui, si ce n'est quelques fragments de pierre sculptée et une fenêtre que l'on voit encore dans la tour de l'église. Les quatre pavillons qui se trouvent placés autour du square furent bâtis entre 1729 et 1760. Les bâtiments de l'École de Médecine datent de 1878. Ceux pour la réception des malades, le service des différentes spécialités, la pharmacie, la cuisine, etc., ne furent inaugurés que l'an dernier.

Les salles pour les malades se trouvent placées en paires à chaque étage, et sont toutes divisées en deux parties par un mur. À chacune d'elles est annexée une petite chambre habitée par la sœur qui en a la charge, ainsi qu'une petite cuisine. L'aération des salles a lieu simplement au moyen des fenêtres et des foyers. Dans les nouveaux bâtiments l'air est filtré et chauffé par des moyens artificiels.

L'Hôpital Saint-Barthélemy a compté parmi ses médecins, et chirurgiens, un grand nombre d'hommes illustres.

William Clowes fut élu chirurgien en 1575 et acquit une grande renommée comme chirurgien militaire. Il est très probable qu'il se soit trouvé mis en relation avec Ambroise Paré, car tous les deux servirent dans les mêmes campagnes, quoique dans des armées opposées.

William Harvey, fameux pour sa découverte de la circulation du sang, remplit les fonctions de médecin de 1609 à 1653.

John Woodall, élu chirurgien en 1616, fut le premier chirurgien général de la Compagnie des Indes Orientales et démontra l'utilité du jus de citron dans le traitement du scorbut.

Percivall Pott, était chirurgien en 1756 quand il souffrit de cette lésion de la jambe que l'on appelle encore aujourd'hui la fracture de Pott.

John Abernethy, chirurgien de 1787 à 1830, fut le fondateur de l'École de Médecine. Il fut un des premiers à faire reconnaître la valeur scientifique des œuvres de John Hunter.

Peter Mere Latham, élu médecin en 1824, fut plus tard professeur de médecine. Il aida beaucoup par son influence et son enseignement à faire connaître le travail de Laënnec, dont les idées, grâce à lui, furent bien vite acceptées par les médecins anglais.

D'ARCY POWER.  
LEONARD MARK.

#### Dinner to Miss Isla Stewart.



ON Saturday, June 27th, a Complimentary Dinner was given to Miss Isla Stewart at the Gaiety Restaurant, by the Matrons' Council of Great Britain and Ireland. The occasion marked was the completion by our Matron of 21 years' service at St. Bartholomew's Hospital. Mrs. Bedford Fenwick presided. There sat down to dinner some 200 guests, and great enthusiasm reigned during the whole of the evening. The Matron's popularity, and the keen appreciation which is universally felt for her work, were abundantly manifest.

Among those present were M. André Mesureur, Chief of the Cabinet of l'Assistance Publique of Paris, who had come over from France specially to present Miss Stewart with a medal; Mme. Salvador, President and Founder of the Nursing School in the Rue Amyot; Dr. and Mrs. Champneys, Mr. and Mrs. Harrison Cripps, Mr. Bruce Clarke, Mr. D'Arcy Power, Dr. Kerr (Medical Officer, London County Council), Dr. Ford Caiger, Mr. Walter Spencer, with many matrons from various hospitals and representatives of several nursing institutes and councils. Here and there, scattered amongst the company, we caught sight of several old Bart's men who had come to pay homage to their former matron, and more than that, who had come to participate in doing honour to a much esteemed friend. The faces of old Bart's nurses met our gaze all round the room, "the same yet changed," and many were the hints and remembrances of long ago suggested by the vision.

The proceedings were of a most lively and enthusiastic character. It was, indeed, for the Matron, "her day." Rounds of applause greeted all the speakers, as each referred to some laudable trait in the guest of the evening. Humorous incidents were not absent, as when a German telegram referred to Miss Stewart's "jubilee," or when M. Mesureur referred to her as being a most "respectable woman." For those speakers who could speak French the opportunity was obviously not one to be lost: some tackled the thing with that slow caution which characterises most English people talking another language; whilst others, and one in particular, rattled away with a nonchalance that was the envy of all who listened, and of many who didn't understand.

The bouquets presented to the Matron were many and very beautiful; that from the Matrons' Council had been given in the afternoon, and accompanied Miss Stewart throughout the dinner. The National Council of Nurses, the State Registration Society, the Scottish Registration Committee, the sisters at St. Bartholomew's Hospital, the nurses at the Hospital, and the Registered Nurses' Society, all presented, through their representatives, magnificent trophies. Mme. Salvador handed to Miss Stewart, on

behalf of the nurses of France, a shower bouquet of French roses.

The toast of the evening was "Isla Stewart, long life to her; health, honour, and happiness." It was received with acclamation, and with "musical and vocal honours." Miss Stewart replied in a most interesting and eloquent speech, which, by the kindness of the editor of *The British Journal of Nursing*, we are able to print *in extenso*. Despite the knowledge of such exceptional honour, and of the keenly personal devotion which was apparent in the whole atmosphere, Miss Stewart spoke clearly and without effort, her voice raised to no uncomfortable pitch from nervous tension, but low and softly modulated, indicative of a mind at home and at ease.

Madam Chairman, Ladies, and Gentlemen.—I must thank you all for the honour you have done me to-night, and the very gracious proof you have given me of your appreciation.



These lovely bouquets, this charming illuminated address, your presence here this evening, and the way in which you have received the toast of my health, have gone straight to my heart. I have some difficulty in expressing what I feel, as you may well believe! I have listened to all your Chairman has said of me with feelings of the deepest humility, indeed, indeed, I don't deserve the half of what she has said; but nevertheless it is a great pleasure to me to hear such unmeasured praise from a woman I esteem so highly as I do Mrs. Bedford Fenwick, for however mistaken she may be in the estimate of my work, and my character, I know she believes what she says, or she would not have said it!

We are all inclined to be too sparing of our praise, our neighbours' faults are more interesting than our neighbours' virtues. Therefore to me this is a very special evening, nay! I may say it is the evening of my life, for I stand in a position very few women stand in, and I look round on this great room full of friends who are over-estimating my virtues! What care I if to-morrow some of you remember my faults and failings! To-night is mine, the memory of which will be with me always and which no one can take from me!

This evening I look back on nearly twenty-nine years of work and life in hospitals. It was on the 29th September, 1879, that I arrived, a poor, shivering probationer at St. Thomas's Hospital! I should like to tell you something of the conditions which prevailed in those days. You must remember that St. Thomas's Hospital was almost the only Training School for Nurses in those days. St. Bartholomew's Hospital had only begun to take the first step on the road of progress, and those fine Nursing Homes which are found in connection with so many hospitals were still in the future. The Nightin-

gale probationers lived under the rule of two very stern women, the Home Sister and the Matron. Of the Home Sister I need say nothing, she was narrow-minded and hard, but the Matron cannot be so lightly passed over. Mrs. Wardroper had a personality which struck terror into our hearts! She was a clever shrewd woman who realised the need of a hard rule for pioneers. She had a very firm belief in the wickedness which lies at the heart of all probationers, and in their phenomenal aptitude for getting into mischief when not actively restrained. I remember one nurse who had committed the most heinous offence; she had spoken to one of the Junior Staff outside the hospital! She was ordered to appear before Mrs. Wardroper at 11 o'clock the next morning, but rather than face the dread ordeal she escaped through the window during the night! Although Mrs. Wardroper was a hard woman, she was in many ways a just woman, and had she been a little less hard she might almost have been a great woman.

To whose imagination we owed our diet I cannot say, but we gave Home Sister the credit for it. We had cold roast mutton for breakfast at 6.30 a.m., six mornings a week, and cold boiled salt pork on Sundays.

My only remembrance of dinners is a procession of legs of mutton! but our supper consisted mainly of porridge made of very coarse oatmeal and eaten with black treacle. One little incident I recall with some amusement; we had lectures on chemistry, and a dear



old gentleman wasted many hours teaching us chemical cooking, which is as far removed as is possible from practical cooking. He said that sugar should not be cooked, and from that day all our rhubarb was cooked without sugar! We got our sugar back by stratagem, but I can never forget that sugarless month!

Our theoretical training was rather limited; we had three courses of lectures of ten lectures each. On the nursing of medical and surgical cases, and on chemistry. The term of training was one year, but for some reason I was placed in charge of a ward after profound ignorance. However, I had not been long a Sister before I found that nine months' practical work and so little theory was hardly sufficient to fit one for so responsible a post. It was two years before I had my work fully in hand, and I easily concluded that three years was the proper length of training for a nurse. I have never had occasion to alter this; longer time I think is good, but no less than three years in the wards will do. I was Sister of Alexandra Ward for five years, and enjoyed every day of it. The work of a Sister is such human work. One learns that "the Colonel's wife and Judy O'Grady are sisters under the skin." I could tell you many tales of those patients full of acutely human interest.

In 1885 I left St. Thomas's Hospital, when I was appointed Matron of a smallpox camp at Darent in Kent. It was under the Metropolitan Asylums Board, and Sir Edmund Hay Currie was Chairman. His dictionary did not contain the word impossible! and he helped me to erase it from mine! for which I have every reason to thank him. I know no better school for Matrons than the

Asylum Board Hospitals. I was two years in them, one year at Darent and one at Homerton, and they taught me much that has been of enormous use to me since.

The hall of progress which Miss Nightingale set rolling in 1854 has gathered size and importance which is almost miraculous. Year by year hospitals are turning out well-trained, disciplined women who are fit to take a foremost place in the working of the world. I think I may say that hospitals are still the impregnable castles of discipline. In these days of easy-goingness they are valuable assets in the training of the young. Many new lines of work are opening out to nurses, not only in the care of the sick, but as agents in the prevention of disease. I notice particularly the work done by them in schools, and I look forward to the time when the most important branch will develop, and we shall have cleanliness and health taught in our schools.

Mrs. Bedford Fenwick has spoken to you of the past strenuous years in which we have striven for the legal recognition of our profession in the State Registration of Nurses. It is not yet an accomplished fact, but the opposition we have contended with has given way to a great extent, and the support we get is becoming stronger every day.

Twenty years ago seven matrons met, at Mrs. Bedford Fenwick's invitation, to hear her suggestions, and the result was the British Nurses' Association. Of its lamentable history I will say nothing, but it was when, in consequence of disagreement, we had to leave that the Matrons' Council of Great Britain and Ireland was formed to carry on the work which had fallen from the hands of the older association. Of this Society I have been President from the first. It is a quiet little body of women, which has done much good work, giving birth to other societies such as The Society for the State Registration of Nurses, The National Council of Nurses, and the International Council. It is not much heard of by the rank and file of nurses, and not till the third volume of the *History of Nursing* comes to be written will the nurses know how much the Matrons' Council has done by organisation for the protection of the profession, the safeguarding of its rights, and for the establishment of State Registration.

In looking back over these twenty years at St. Bartholomew's Hospital, I see so many changes. In 1889 there were two nurses in the Out-patients' Department, two colossal women known as the "Angel" and the "Fairy"! In our new Out-patient Department there are twenty-two nurses under one inimitable Sister. The one general theatre then in existence was looked after by the two Sisters of Lucas and Abernethy Wards. There are now three general theatres, and in them ten nurses working under a Sister do not find it an idle life! Nurses in those far-off days worked for eleven hours and forty minutes, taking an average of a month. These hours amount now, on the average, to under nine. There was only one night nurse to each of the double wards, now there are two, and they have two nights off duty every month. When I came to Bart's there were still a few of the old class of Sister left, some of them clever women, if not too well educated. Sister Faith will be still remembered by many. I remember one excellent story about her. She was carving a pie at the Sisters' dinner, which took place at the curious hour of five in those days; looking up from her task, she said, "Fellow Sisters, this pie is as 'ard as the 'art of Pharaoh!" She was for some time in a ward for men, and one of her patients admired her so much that, on getting a good legacy, he returned and offered her his "and and 'art!" She did not believe in taking temperatures, which she considered misleading, and got her typhoid patients out of bed every day to make their beds. She despised the nurses' examinations, and did not encourage study. One nurse asked her one day how to feed a baby a year old; she said, "If it is ill, ask the doctor; if well, give it what you have yourself except hard beef and bladders!"

For more than twenty-three years I have occupied the position of Matron, for two years under the Metropolitan Asylums Board, and for twenty-one years at St. Bartholomew's Hospital. It was on the 27th June, 1887, on the evening of Queen Victoria's Jubilee, that I arrived. I felt all the luck of it then, but as I look back on those busy, happy years, I marvel at my own good fortune. Not that there have not been difficulties to face, no life worth living is without them, and I followed Mrs. Bedford Fenwick, whose indefatigable energy, and indomitable courage, alone make her a difficult predecessor.

I have worked under three Treasurers and with two Clerks. The three Treasurers were Sir Sydney Waterlow, who guided my young impetuous steps, Sir Trevor Lawrence, and Lord Ludlow, who supported my serious middle life. To work with Mr. Cross, my first

Clerk, was a liberal education, and with Mr. Hayes, our present Clerk, a pleasure.

The charm of a nurse's life is its acute human interest, and this is much more the case with a Matron: for in her staff she deals mainly with the young. Colonel Pennidish, that inimitable world-worn cynic, said to his prig of a nephew, "I take my time from young men," and Isben told us, as a threat, that the young were knocking at the door. It is to the young that the world belongs, because they can wait. It is in the training of the probationers, in watching their development, that the Matron gets her chief pleasure; it is in association with them that she keeps her youth. It is in dealing with their faults that she finds need of tolerance, and encouraging their efforts that she needs a wide mind, for if she gives much she receives more.

Before sitting down I must again thank the Matrons' Council of Great Britain and Ireland for the great honour they have done me. We have done much good work in the past, and I see very strenuous busy years in the future, when I hope we will work with the same good fellowship.

To you all who have come to pay me the compliment, kiss my hands.

"The Nursing Profession" was proposed in an appropriate speech by Mr. Cripps, and acknowledged by Miss Mollett. After the toast of "The Guests," M. André Mesureur presented Miss Stewart with the Medal, a photograph of which we reproduce. Dr. Champneys and Mme. Salvador also responded to this toast. The Chairman having been duly thanked, all present joined in singing "Auld Lang Syne."

The evening then closed; truly a striking and noble testimony to our Matron's work; and, indirectly, a timely recognition of the nobility and the value of English nursing in general.

### Medical Consultations.

Dr. Norman Moore's Case.

A man with an elongated hardness in the left side of the abdomen. The lump varies in distinctness from time to time. Blood is passed per rectum, and there is some diarrhoea; a rectal examination did not give evidence of anything abnormal. The temperature is raised, and there is a leucocytosis of 10,000; it was 11,000 on admission. The nervous system, heart, and lungs are natural. Dr. Moore asked for opinions on the cause of the hardness and the loss of blood, and wished to know what connection there might be between them.

Dr. DRYSDALE considered that the blood and loose stools were evidence of dysentery. By dysentery he meant that form which used to be called ulcerative colitis. In spite of the loose stools constipation was not impossible, and the abdominal lump, which was not a great mass, might be an accumulation of feces. He suggested treatment on this assumption.

Dr. CALVERT regarded the tumour as a new growth. Dr. TOOTH looked upon the condition as a colitis due to dysentery or some other cause. The tumour might be a tuberculous lump, a collection of glands or enlargements of the omentum. He advised boracic injections.

Dr. HERRINGHAM said the lumps are very hard, and some of them can be felt distinct from the rest. In his opinion they must be lymphatic glands in the mesentery. Similar hard lumps could be felt under Poupart's ligament. He believed the passage of blood was connected with the lump in the abdomen, and depended upon a world have expected the patient's condition to be worse, and the temperature should not be raised. The Calmet reaction afforded no evidence of tuberculosis, and the site was an uncommon one for a lesion due to this cause. But against dysentery was the length of the history, the fact that the condition had never been acute, and the

hardness of the lump. He thought the evidence was most in favour of new growth or tubercle.

Dr. ORMEROD said the history suggested what used to be called ulcerative colitis, but the lump felt in the abdomen did not correspond with this. He was uncertain of the condition present.

Dr. MOORE did not think the condition due to dysentery, and attributed it to either tuberculosis or new growth. The absence of tubercle elsewhere is not a strong reason against its presence in the sigmoid, but the absence of wasting and the general condition of the patient are counter-indications. He inclined to the view that new growth is present, in support of which he said that in many cases wasting does not appear till late, and may come on suddenly. There must be a perforation or ulceration, giving rise to the hæmorrhage, whilst the condition of the adjacent structures might account for the temperature.

*Dr. Tooth's Case.*

The patient had been in a surgical ward under Mr. D'Arcy Power. He had been thrown down in Chepside on June 19th, with the result that he had a contused head and hæmorrhage from the left ear, with the onset of deafness on that side. Whilst in the surgical ward he suffered from hæmatemesis and hiccough. He was transferred to the medical side on June 24th. The past history was of interest. The man was an accountant in a responsible position. Seven years ago he had weakness of the hands, and was seen by Dr. Ferrier, who diagnosed neurasthenia. In June, 1906, there was weakness and loss of memory, and again the diagnosis of neurasthenia was made, this time by Sir Victor Horsley. The patient remembered that the knee-jerks were present at that time. The gait has been unsteady for six years, and there has been deafness in the right ear for seven years. On two occasions he has been knocked down in the streets, but does not know how it happened. There is no asymmetry of the face, the tongue is not protruded to one side, the pupils react to light, and the discs are natural. The breathing is diaphragmatic, and at times the movements of the chest are inspiratory at the same time that those of the abdomen are expiratory. Dr. Tooth attributed this either to a sucking-in of the chest on contraction of the diaphragm or to a hysteroid condition. The liver is enlarged, and there is dullness over the whole of the right lung, which began with dullness at the base on June 30th. The movements of the legs are feeble, the knee-jerks are very feeble, and the plantar response extensor. The patient can just stand with the knees bent. There has been occasional incontinence of urine and feces. The hiccough ceased on June 26th. Dr. Tooth said he considered that there are two faces to the case.

Dr. DRYSDALE made the diagnosis of disseminated sclerosis, and considered that the accident in the street was due to a seizure of some kind. He said the cause of the fever and the condition of the lung were not clear; it was to be noted that the temperature had been raised ever since the patient came into hospital. The man's wife had noticed an affection of his breathing for two or three years, which suggested the existence of a chronic process in the lung. Dr. Drysdale recommended exploration of the chest with a needle.

Dr. CALVERT asked if there was epilepsy in the family as the patient seems to have suffered from attacks of *petit mal*. Dr. Tooth said there was no history of this condition. In Dr. Calvert's opinion cerebral syphilis would account for the mental symptom, whilst a similar affection of the cord would explain the abnormal breathing.

Dr. HERRINGHAM observed thickness in the man's speech. The extensor responses, showing degeneration of the nervous system, together with the fits and inco-ordination suggested disseminated sclerosis.

Dr. ORMEROD did not notice any change in the breathing. He favoured the diagnosis of general paresis; the attacks to which the man is subject occur alike in this disease and disseminated sclerosis, but are more common in general paresis.

Dr. WEST said the symptoms might be described as functional, but it is quite probable that, as is often the case in functional disease, there may be an organic basis upon which exaggerated symptoms are grafted. The state of the lungs he took to be a traumatic one. He attached much interest to the respiratory movements, which were of a see-saw nature—the voluntary and diaphragmatic mechanisms not acting in unison; such a condition is rare.

Dr. MOORE favoured the diagnosis of general paresis rather than disseminated sclerosis. He had tested the speech and found the hesitancy was not constant. He considered that there is an organic change in the central nervous system, and some pleurisy on the right side of the chest.

Dr. TOOTH saw the force of the arguments for general paresis, but could not associate this disease with the neurasthenia; the age of the patient, 48, was also against it. He agreed that there was something in favour of the diagnosis of cerebral syphilis, and pointed out that the functional element still persisted, as evidenced by the hiccough and abnormal breathing.

*Dr. Fletcher's Case (shown by Dr. Drysdale).*

A man with a history of shortness of breath for eight months and pain in the left side of the chest for six months. There is a bulge on the left side of the chest where he was struck by a block; there are large veins on the front of the left arm; pulsation is visible in the neck, and there is tracheal tugging. In the aortic area a double murmur can be heard, and a thrill felt systolic in time; at the apex a murmur was heard, which he took to be the tail end of the diastolic murmur. A "presystolic" murmur had been heard. There is a history of alcohol and syphilis, but not of rheumatic fever. The skiagram shows a very wide but perfectly regular aortic shadow.

The questions raised were—is there an aneurysm of the aorta, is the bulge in the chest wall related to the heart, and is the apical murmur connected with that heard at the base, or is it due to mitral stenosis?

Dr. CALVERT considered that an aneurysm is present, and put syphilis as the cause. He thought there is general dilatation of the aorta, with a sacular dilatation on the left side. Double aortic and Flint's murmurs were heard by him, and he considered that there was evidence of mitral regurgitation, but not of stenosis.

Dr. TOOTH believed that there is double aortic disease with aneurysmal dilatation of the transverse arch. Pain suggests pressure on the sternum. The murmur at the apex he regarded as conducted.

Dr. HERRINGHAM said that mitral regurgitation and double aortic disease are present. In his opinion Flint's murmur is a conducted diastolic murmur. From the pulsation and dullness in the first space he inferred that there is a sacculated aneurysm.

Dr. ORMEROD heard a double aortic murmur and a presystolic murmur at the apex, which he called a Flint's murmur. He diagnosed aneurysm largely on account of the dilated veins in the arms.

Dr. WEST agreed with the diagnosis of aneurysm for the reasons given by other speakers. He pointed out that the term "Flint's murmur" was not applied to the same condition by all observers; it was generally defined as a presystolic murmur heard at the apex, but not due to mitral stenosis. As a matter of fact, the murmur was utterly different in character from those of mitral stenosis, and could hardly be confounded with it. He thought that there was in this case probably some mitral disease.

Dr. MOORE believed there is aortic disease, but found no evidence of a mitral lesion; the same murmurs and thrill which are present at the base are to be found at the apex. The murmur is loud at the angle of the scapula, and also at the right supra-spinous fossa. He agreed that an aneurysm is present.

Dr. DRYSDALE diagnosed double aortic disease and mitral regurgitation. He believed the murmur at the apex to be conducted from the aorta, and considered it quite unlike either Flint's murmur or a "presystolic" murmur. He attributed the pain largely to dyspepsia. He thought there is gross general dilatation of the aorta, with possibly a bulge in the concavity of the arch.

### The Ninth Decennial Club Dinner.

THE third annual dinner of the Ninth Decennial Contemporary Club was held at Oddenino's Restaurant, on Wednesday, July 1st. The chair was taken by Mr. R. C. Elmslie, and there were but twenty-six members present. This number was, in the main, made up of men who are now actively engaged in work at the Hospital or practising in or near London. In the history of most of the previous Contemporary Clubs these early annual meetings have been doomed to be but scantily attended, and the reason is not far to seek. A Contem-

porary Club, at its birth and during its extreme youth, is necessarily composed of recently qualified men and of men who, as yet, have not taken root as it were, and started the struggle for existence in real earnest. The exigencies of their existence at this part of their career demand that they should be employed in many and diverse ways, and this of course means that they are for the most part widely scattered. Take, for instance, the members of the ninth club. They are to be found in all quarters of the globe; the services have claimed not a few, and the men who joined St. Bartholomew's between 1895 and 1905 are well represented in India, Australia, New Zealand, and many other lands. Then again many are engaged doing resident appointments in the provinces, others are just starting in practices and have not the leisure in the strenuous early days to come up to town. That the inclination is not wanting is evident from the number of expressions of regret that have been received at inability to be present.

But in spite of the smallness of the attendance the evening was a convivial one, and was thoroughly enjoyed by all.

After the usual loyal toast had been duly honoured, the chairman in proposing the health of the club made an amusing and interesting speech in which he related many details concerning the previous clubs. The sixth club in particular seems in its early days to have spent most of its time in singing, and it includes many illustrious members of the present Senior Staff of the Hospital. An interesting feature of the evening was that the fifth club, now the oldest in existence, held their annual dinner on the same evening, and in another room of the same restaurant. The ninth club sent them a touching message wishing them long life, happiness, and many more dinners. The message was warmly appreciated and courteously replied to.

Of course the evening would not have been complete without the Twelve Apostles, and this was ably and humorously rendered by Dr. H. N. Burroughes. Many thanks are due to the Hon. Secretaries, Dr. C. M. Hinds Howell and Mr. R. C. Elmslie for organising so successful a dinner.

### St. Bartholomew's Hospital and the Territorial Force.

THE Medical Service of the Territorial Force is now being organised, and it is hoped that this short account will interest all readers of the JOURNAL in the part to be played by St. Bartholomew's Hospital.

In the County of London there are to be organised four General Hospitals, complete in all details but mobilised, only when the Territorial Force is called out.

Of these four Hospitals one (No. 1 General Hospital) will be staffed throughout by St. Bartholomew's men. The

whole of the existing staff of St. Bartholomew's Hospital have consented to serve on the staff of No. 1 General Hospital, which will be located at Wormwood Scrubs.

In addition to this there is required a *personnel* of forty-three non-commissioned officers and men to carry on the routine duties of the hospital, who will be enlisted members of the Territorial Force, and it is hoped that this article may be the means of bringing forward recruits to fill these places, viz. 2 Sergeant-Majors, 13 Sergeants, 8 Corporals, 2 Buglers, 18 Privates. They will be under the command of the permanent officers, namely, Commandant H. M. Ramsay, Assistant Commandant and Registrar H. N. Burroughes, and Quarter-Master Capt. Purcell.

All the men will be enlisted as privates, and a certain number will be promoted as soon as practicable to fill the non-commissioned officers' ranks.

#### *Obligations of Recruits.*

Recruits will be enlisted for a period of four years, and will be required to do an annual training.

For the first year the requirements are forty-two attendances at drill and instruction, of which one half must be performed before the annual camp, should the recruit attend camp, or should the recruit not attend camp, the whole forty-two attendances should be completed before the hospital course (which can be taken instead of the annual camp) is commenced.

Camp is in no case obligatory on any individual should his personal circumstances render attendance impossible, but alternative courses are offered.

After the first year the training will consist of—(a) Ten attendances at headquarters and annual camp, or (b) course at a hospital, other selected institution, or Territorial Army Medical School in lieu of camp, or (c) for selected men, the course at a hospital, other selected institution, or Territorial Force Medical School and the annual camp, and no attendances at headquarters.

The alternative courses for the training of non-commissioned officers and men comprise instruction in various sections of military hospital work, the sections being named the Nursing, Cooking, Clerical, and General Duty Sections.

The Nursing Section is subdivided as follows:

- (a) Instruction as nurses of medical and surgical cases, including a knowledge of elementary sick cooking.
- (b) As masseurs.
- (c) As mental attendants.
- (d) As skiagraphists and electro-theraputists.
- (e) As operating-room attendants.

This training for non-commissioned officers and men may be carried out at a military hospital or at a civil institution or at the R.A.M.C. (Territorial) School.

This brief outline shows that the training is eminently practical, and that instruction is given on many points which will be found useful to a practitioner.

Finally, a member of the R.A.M.C. (Territorial) will know that he is training himself to serve his country for a time when the service of every trained man will be of inestimable value.

Further details as to training may be obtained by applying to the Commandant, No. 1 General Hospital (Territorial Force), St. Bartholomew's Hospital, E.C.

## Reviews.

A MANUAL OF THE PRACTICE OF MEDICINE. By FREDERICK TAYLOR, M.D., F.R.C.P., Consulting Physician to Guy's Hospital, etc. Eighth edition. (J. & A. Churchill.) Pp. 1111. Price 16s. net.

The eighth edition of this well-known and widely appreciated text-book of medicine is now with us. The book has been thoroughly revised and brought up to date. There are many additions and corrections, and where the rapid advances of scientific medicine demand it entirely new matter has been added. Quite a number of new plates and illustrations are inserted.

Suffice it to say that the present edition fully endorses the high reputation which its predecessors have for so many years maintained, and to students of medicine and to practitioners alike it will be found invaluable.

MODERN METHODS OF SECURING SURGICAL ASEPSIS. By EDWARD HARRISON, M.A., M.D., F.R.C.S., of Hull. (A. Brown and Sons, Ltd., 5, Farringdon Avenue, E.C.) 3s. 6d. net.

This interesting and well-written little book is destined to be extremely useful to the profession, and should be read by every one interested in surgery.

House surgeons and Sisters of wards will be delighted by the carefully thought-out "dodges" for circumventing the microbe; for Dr. Harrison is an ingenious man, and his writings are evidently more the outcome of practical experience than of mere theory. The whole book may be regarded as a handbook of surgical asepsis as it deals with the whole subject from every point of view, though not at unnecessary length.

Chapter I deals with the architecture and fittings of a modern theatre, and is largely a description of the theatre at the Hull Royal Infirmary.

Chapter II gives an account of sterilisation. The section on rubber gloves, and their method of application is most practical.

Chapter III is very good. It deals with the co-operation of the assistants and nurses in the technique of the surgical operation. A section describing the injection of nucleic acid before abdominal section as a prophylactic against sepsis is interesting.

Chapter IV describes the preparation of the theatre, and should be invaluable to theatre nurses as well as to house surgeons.

Chapter V, on Ward Asepsis, strikes us as the most original in the book. Dr. Harrison's high ideals with regard to asepsis are here very practically applied to the daily routine of ward work. Details that have long worried the minds of conscientious surgeons and sisters are coldly and impassively dragged to the light and discussed *seriatim*. Moreover, a remedy is in each case suggested. One of the soundest suggestions is the "ward copper." A small washhouse copper (heated below by gas) is to be kept boiling for a few hours each day, and all contaminated vessels, bowls, etc., are dropped into this.

Chapter VI is on "Asepsis in Private." This chapter will appeal strongly to the surgeon who has to operate in a private house. It explains in the most practical manner exactly how asepsis can be procured under the most difficult circumstances, and, moreover, the instructions to the nurse in charge are printed on a separate loose leaflet, which may be handed to her and thus save words. This chapter is the most useful, and is alone worth the 3s. 6d.

The book is well illustrated by photographic reproductions.

OPHTHALMIA NEONATORUM. By SYDNEY STEPHENSON. (Pulman.) Pp. 258.

This is the Middlemore Prize Essay of the British Medical Association for 1907 in book form. In it each aspect of the disease is carefully considered, and there are abstracts from, or references to, all the more important papers on this subject. The author deals most elaborately, however, with the aetiology and prevention of this disease, his remarks on these two sections occupying about three quarters of the book.

It is an excellent monograph. The subject matter is well worked out, and the author's views on the prophylaxis of this disease are especially deserving of consideration.

MENTAL AND SICK NURSING. A Text-book by ROBERT JONES, M.D., F.R.C.P., F.R.C.S., Medical Superintendent of the London County Council Asylum, Claybury; with an introduction by Sir WM. JOB COLLINS, M.D., M.S., F.R.C.S., M.P., Vice-Chancellor of the University of London. (Scientific Press, Limited.) Pp. 222.

The idea which initiated the writing of this book was indeed a happy one. After carefully perusing the pages of this manual we feel very strongly that its subject-matter will be much appreciated by all who have to do with the care of the insane.

In the minds of the large majority of the profession the scientific treatment of insanity is, it is to be deplored, given but little place, and too much emphasis cannot be laid upon the fact that there really is more in the treatment of a patient under certificate than the mere shutting of him up in a retreat, just as the treatment of one physically ill does not end by merely admitting him to the wards of a hospital.

The benefits to be derived from such treatment as detailed in the book before us can only be fully realised and appreciated by those who are actually engaged in asylum work, and who are responsible for the mental and physical welfare of the patients under their care. In this respect Dr. Robert Jones is especially qualified to speak authoritatively.

The early chapters of the book are devoted to a description of the structure and mechanism of the nervous system and the various physiological and psychological functions of the body. Next in order we find an adequate description of the different states of mental derangement, with a full account of the nursing proper to each state, with such rules and regulations as are found necessary in institution life.

Finally, nursing in a private house, with its special adaptations, is dealt with.

At the end of every chapter a few blank pages are inserted for note-taking.

To those who are engaged in treating the insane, whether it be the medical officers and nurses in asylums under whose care are to be found the more severe cases, or whether it be the practitioners of medicine in the wider sense, under whose care are to be found the slighter cases, and the cases which have not, as yet, come within the confines of certifiable insanity, we can with confidence recommend this book.

## Bahere Lodge.

THE annual Installation Meeting of the Bahere Lodge, No. 2546, was held in the Great Hall, on Tuesday, June 16th. A large gathering of St. Bartholomew's masons was present, besides many friends and representatives of other hospital Lodges.

Mr. Arnold Stott having been duly elected, was admitted and initiated into Freemasonry.

The W.M. elect, Bro. J. H. Drysdale, was then installed in the chair, Bro. A. G. R. Foulerton, acting as Installing Master. The new W.M. invested the following brethren as officers:—Bros. Laming Evans, Trechmann, Clement Godson, Austin, Hepburn, Gow, Perram, Gripper, Johnson, Gilmour, Burns, Anderson, Henshaw, Etherington-Smith, Williams; Tylers, Bros. Coughtrey, and Hallett.

The Brethren and their guests subsequently dined at Oddeno's Imperial Restaurant, Regent Street, the usual toasts being honoured, and musical entertainment provided by Bros. Harrison Hill and Franklin Clive.

## Correspondence.

### CYCLIC VOMITING.

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

SIR,—In his interesting and instructive article on "The Significance of Acidosis in Children," Dr. F. A. Bainbridge refers to the view which has been held that cyclic vomiting depends upon this condition. He gives the following three reasons for regarding this view as incorrect:—1. Acetonuria is not always present at the beginning of the attack. 2. The amount of  $\beta$ -oxybutyric acid found in these cases is not as large as that seen either in diabetes (apart from coma) or in other diseases in which no signs of acid intoxication occur. 3. The partial starvation caused by the vomiting must tend to increase the formation of  $\beta$ -oxybutyric acid, and theoretically the acid intoxication, yet recovery almost invariably takes place.

May I add to the above a fourth reason, namely, that the plan of treatment which gives the best results in cyclic vomiting is carbohydrate restriction? In the few cases which I have seen this plan has given excellent results. I was led to adopt it through the close analogy of cyclic vomiting to the paroxysmal neuroses, migraine, asthma, etc. It has been adopted also by Emmett Holt on similar grounds. He says he excludes, in the interval of attacks, all sugar and sweets, and carefully limits the amount of starchy foods. The diet consists principally of meat, green vegetables, milk, and stale bread (*Diseases of Infancy and Childhood*, 1903, p. 326, *et seq.*). In a private letter, dated March, 1908, Dr. Holt says—"Since that (the article in the text-book) was written a much wider experience with this condition confirms me in the impression that this form of diet is the one which is best suited to these cases."

I am, Sir,

Yours, etc.,

FRANCIS HARE.

93, CHURCH ROAD,  
UPPER NORWOOD, S.E.;  
June 7th, 1908.

### ANOTHER INTERESTING INSCRIPTION.

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

DEAR SIR,—The writer of the inscription on the stone in Bermondsey churchyard, described by Dr. Horton-Smith Hartley in the July number of the JOURNAL, was, I think, probably inspired by one which he had seen upon a tomb of a date nearly a hundred years earlier, in Bunhill Fields Cemetery.

The tomb is a large square one, with a top like a ridge-roof. If approached from the City Road it lies a little to the right of the main pathway, near the further end.

The inscription on the front runs thus—

HERE LIVES DAME MARY PAGE  
RELICT OF SIR GREGORY PAGE BAR<sup>T</sup>  
SHE DEPARTED THIS LIFE MARCH, 11, 1728  
IN THE 56 YEAR OF HER AGE

On the back—

IN 67 MONTHS SHE WAS TAP<sup>D</sup> 66 TIMES  
HAD TAKEN AWAY 240 GALLONS OF WATER  
WITHOUT EVER REPINING AT HER CASE  
OR EVER FEARING THE OPERATION

The notice-boards in this rather weird old cemetery read somewhat quaintly—"Notice—This Burial Ground being intended by the Corporation of London for the recreation of the public," . . . and so on.

The ground, however, although neatly kept, has been little altered from its original condition; and in this instance wisely so I think.

In case any readers of the JOURNAL have not visited Bunhill Fields Cemetery, perhaps one may be forgiven for mentioning that John Bunyan, Richard and Henry Cromwell, Dr. Isaac Watts, and Daniel Defoe have their last resting place within it.

H. J. BUMSTED.

7, HIGH ROAD,  
STREATHAM, S.W.

## Royal Naval Medical Service.

The following appointments have been made since June 21st 1908:

Surgeon H. B. Hill to the "Euryalus," to date August 3rd.  
Surgeon G. M. Levick to the School of Physical Training, Portsmouth, to date August 3rd.

## Indian Medical Service.

### Appointments:

Major B. G. Seton confirmed in the appointment of Secretary to the Director-General, Indian Medical Service.

\* \* \*

Major J. G. Hulbert, M.B., placed permanently at the disposal of the Government of the United Provinces.

\* \* \*

Capt. F. N. White, M.D., placed on special duty under the orders of the Sanitary Commissioner with the Government of India from February 29th, 1908.

## Examinations.

### UNIVERSITY OF OXFORD.

The following have completed the examinations for the degrees of B.M., Ch.B.:  
G. H. H. Almond, B.A.; M. Bates, B.A.

### UNIVERSITY OF CAMBRIDGE.

L. B. Cane has taken the degrees of M.B., B.C., and F. W. W. Griffin that of M.B.

T. H. G. Shore has been elected to a Foundation Scholarship at St. John's College, Cambridge, and has recently taken a first class in Part I of the Natural Science Tripos.

### CONJOINT BOARD.

#### First Examination.

*Elementary Biology*.—C. T. Tresidder, F. Meinertzhagen, D'Arcy Power, W. B. R. Stower, T. H. Brown.

*Practical Pharmacy*.—O. G. Maguiness, F. I. Nash-Warham, G. V. Ormsby, G. M. Roberts, R. E. S. Waddington, H. T. H. Butt, F. A. Roper, J. W. Adams, B. J. Brewitt, G. B. Richardson, F. H. Guppy, R. B. Agaskar, E. A. Brock, H. M. M. Coombs, H. R. Dive, H. M. Gilbertson, H. A. Harris, H. G. Hockridge, C. N. Hutt, E. R. Longstaff, R. K. MacGregor.

*Chemistry*.—W. E. Ison, G. B. Richardson, R. O. Bridgman.

*Physics*.—B. J. Brewitt, W. E. Ison, G. B. Richardson, R. O. Bridgman, F. H. Guppy.

#### Second Examination.

*Anatomy and Physiology*.—D. E. J. S. Hughes, G. E. D. Ellis, M. Lindsey, L. L. Satow, P. A. With, A. E. Jenkins, D. G. Arthur.

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

P. Hall, H. T. H. Butt, A. W. Holthusen, C. B. Mora, F. T. Hancock, A. J. S. Fuller, T. S. Gibson, J. A. A. Kernahan, S. Wood, B. Haigh, P. T. Spencer-Phillips.

*D.P.H. Examination*.—F. E. Francis, J. J. Paterson.

### Appointments.

AUDEN, G. A., M.D. (Cantab.), appointed Medical Superintendent to the Birmingham Education Committee.

BROWN, A. CARNARVON, M.R.C.S., L.R.C.P., appointed Medical Officer to the East Indian Railway Company.

BROWN, W. LANGDON, M.D., F.R.C.P., appointed Physician to the Royal General Dispensary, Bartholomew Close.

BUKFIELD, J., M.B., B.S. Lond., F.R.C.S., appointed Assistant Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich.

FOLLIT, H. B., M.R.C.S., L.R.C.P., appointed fourth Assistant Medical Officer to the Essex County Asylum, Brentwood.

GAYTON, F. C., M.R.C.S., M.D. (Aberd.), appointed Medical Superintendent, The Surrey County Asylum, Netherne, near Merstham.

MURPHY, J. K., M.D., M.C. (Cantab.), F.R.C.S., appointed Surgeon to the Miller General Hospital for South-east London.

WHITE, C. F. O., M.R.C.S., L.R.C.P., appointed House Surgeon to the Hertford Infirmary.

### New Addresses.

ALMOND, G. H. H., 2, Lynvale, St. Mark's Place, Bath. (Telephone: 41 Y Bath.)

AYLWARD, E. B., Harewood, Leeds.

BATES, T., Jr., 35, The Tything, Worcester. (Tele. 247.)

BROWN, A. C., Carnarvon, Cavendish Road, Bournemouth.

COURT, E. P., The Leys, Fordingbridge, Hants.

DAVIS, C. NOEL, Municipal Health Office, Shanghai.

GRANDAGE, W. B., 90, Cromwell Road, S.W.

HARDY, E. W. D., West Chevin, Chine Crescent Road, Bournemouth.

HYDE, H. F., Shelley House, Worthing.

LAMPLUGH, W. H., Bredon, Alverstoke, Hants.

FRANCE, C. H. G., High Cross House, St. Austell, Cornwall.

KOSTEN, L. M., Charlecote, Cambridge Road, King's Heath, Birmingham.

WHITE, CAPT. A. DENHAM, I.M.S., care of Messrs. Cook and Son, Ludgate Circus, E.C.

WHITLING, H. T., The Paddocks, Market Harborough.

### Births.

COOKE.—On the 22nd July, at 17, Gipsy Hill, S.E., the wife of Martin A. Cooke, M.R.C.S., L.R.C.P., L.S.A., of a son.

FORBES.—On the 16th July, at 5, Matheson Road, West Kensington, the wife of James Graham Forbes, M.D., M.R.C.P., of a son.

LITLER-JONES.—On the 3rd July, at 1, Abercromby Square, Liverpool, the wife of T. C. Litler-Jones, of a daughter.

### Marriages.

ARMSTRONG-DASH—BOX.—On the 11th July, at St. Mary's Church, Ealing, by the Rev. Canon Duckworth, D.D., C.V.O., Sub-Dean of Westminster Abbey, assisted by the Rev. R. Dixon Box, M.A., Vicar of St. Paul's, Haggerston, brother of the bride, Charles James Armstrong-Dash, M.B., B.S. Lond., second son of the late Charles James Armstrong-Dash, of the Drive, Hove, and Mrs. Armstrong-Dash, of Palmeira Avenue, Hove, to Emily Mildred, younger daughter of Joseph Box, of Avenue Lodge, Ealing.

BROWN—RAVENSCROFT.—On the 2nd June, at Wimbledon Parish Church, Dr. D. Durward Brown, Harrogate, to Flora Ethel Ravenscroft, niece of Mr. and Mrs. H. W. Nightingale, "Ravenscroft," Parkside, Wimbledon.

DORRELL—ARCHER.—On the 15th July, at St. Mary Magdalene Church, Wandsworth Common, by the Rev. H. H. Oliver, B.A., Vicar of Daisy Hill, Bolton-le-Moors, assisted by the Rev. J. Oliver, M.A., Rector of Cowlam, York (uncles of the bride), Edmund Arthur Dorrell, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., of 1, Lyncroft Gardens, West Hampstead, and 45, Welbeck Street, Cavendish Square, to Marion Hester (Molly), elder daughter of John Archer, of 18, Baskerville Road, S.W., and Shrub End, Colchester.

GOSSE—HAY.—On the 14th July, at St. Mary Abbott, Kensington, by the Rev. Prebendary Somerset Pennefather, assisted by the Rev. Robert Jamblin, Philip Gosse, only son of Edmund Gosse, Esq., Librarian to the House of Lords, to Gertrude Hay, daughter of the late Alexander Hay, Esq., of Mount Breckan, S. Australia.

ROWE—GARWOOD.—On the 4th July, at All Souls', Langham Place, W., Dr. R. Morison Rowe, of Portland Place, W., eldest son of T. E. Rowe, of Mayfield, Edinburgh, to Helena Maud, eldest daughter of the late Henry D. Garwood, Royal Navy, of Arundel, Sussex.

SLADE—FRANKS.—On the 11th July, at St. Jude's Church, Courtfield Gardens, by the Rev. Prebendary Eardley Wilmot, Vicar, John Godfrey Slade, M.D., second son of the late G. P. Slade, of New South Wales, and Mrs. Slade, of 38, Holland Park, to Mary, youngest daughter of the late Lt.-Col. Whitmore Franks, Royal Sussex Regiment, and Mrs. Franks, of 58, Courtfield Gardens.

SMITH—SEELY.—On the 10th June, at St. Margaret's Church, Worthing, Norfolk, by the Rev. Canon Hunter, William Christian Baumgarten Smith, Surgeon, Royal Navy, H.M.S. "Niger," elder son of William Buchanan Smith, of "Dalvey," Woolston Hants, and of Singapore, to Ethel Mary, eldest daughter of Alfred William Seely, of Worthing, Norfolk.

### Acknowledgments.

*British Journal of Nursing, Charing Cross Hospital Gazette, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, Indian Medical Gazette, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otolaryngology, L'Echo Médical du Nord, Le Mois Médico-Chirurgical, London Hospital Gazette, Livingstone College Year Book, Magazine of the London (Royal Free Hospital) School of Medicine for Women, Medical Review, Middlesex Hospital Gazette, New York State Journal of Medicine, Nursing Times, Polyclinic, Practitioner, The Hospital, St. George's Hospital Gazette, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette, Student, Stethoscope, University of Durham College of Medicine Gazette.*

### 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.

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 ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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



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### St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1908.

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

### Calendar.

Tues., Sept. 1.—Dr. West and Mr. Bruce Clarke on duty.  
Fri., " 4.—Dr. Ormerod and Mr. Bowly on duty.  
Tues., " 8.—Dr. Herringham and Mr. Lockwood on duty.  
Fri., " 11.—Dr. Tooth and Mr. D'Arcy Power on duty.  
Mon., " 14.—Exam. for Matriculation (London) begins.  
Tues., " 15.—Dr. Norman Moore and Mr. Cripps on duty.  
Fri., " 18.—Dr. West and Mr. Bruce Clarke on duty.  
Tues., " 22.—Dr. Ormerod and Mr. Bowly on duty.  
Wed., " 23.—Exam. for Entrance Scholarships begins.  
Fri., " 25.—Dr. Herringham and Mr. Lockwood on duty.  
Tues., " 29.—Michaelmas Day.  
1st Exam. Conjoint Board begins.  
Dr. Tooth and Mr. D'Arcy Power on duty.

### Editorial Notes.

**W**E announce with extreme regret the resignation of Dr. Pritchard from the post of Editor of the Hospital JOURNAL. Dr. Pritchard edited the JOURNAL for twelve months with conspicuous success, but finally found that his numerous other duties prevented him from devoting the time he could wish to his editorial work. We feel confident of his continued interest and the help of his experience, and hope for further contributions from his pen at no distant date.

As is usual the September number of the JOURNAL will go to all old St. Bartholomew's men whose addresses we know—subscribers and non-subscribers alike—as a gentle reminder of the Hospital's existence. We strongly urge all those who do not already subscribe to lose no time in remedying the defect. By so doing they will continue in touch with the Hospital which moves apace these days; they will receive announcements of meetings and ceremonies at which old friendships may be renewed, and will strengthen the financial position of the Students' Union.

THE Buildings of the New Pathological Block seem to have made vast strides lately. The ungainly scaffolding has been removed, and the result is most gratifying. Situated between the North Gateway and the Library Block it forms a striking feature from Smithfield or Giltspur Street. The building is entirely faced with stone, and rises to approximately the same height as the Library Block and the new Resident Staff Quarters, to both of which structures it bears an architectural resemblance.

WITHOUT going into details regarding the internal arrangements we may state that the Pathological Department will occupy the first, second, and third floors with laboratories and private work-rooms, while the autopsy room will be at the top. There is a mortuary in the basement. A common room is provided for the Visiting Staff on the ground floor, and on the same level the School Offices will find a new home. Lifts, staircases, and fire-escapes provide access from floor to floor.

DURING the latter part of July and the beginning of August two courses for post-graduates were held at the Hospital, and proved highly successful. There was a good muster of practitioners on each occasion. Each lasted for a fortnight and during that time an immense amount of ground was covered by demonstrations by the Teaching Staff in the wards, theatres, special departments, and laboratories.

A resumé of recent work and the demonstration of new methods—all within the space of one fortnight—should

prove in the highest degree useful to the general practitioner anxious to keep abreast of the times, and for the benefit of such it is hoped that further courses may be possible next summer.

MANY old Bartholomew's men will read with regret of the retirement of Dr. Palgrave Simpson, of Weymouth, after forty-two years of practice in that town. On August 19th the more influential residents met to bid Dr. and Mrs. Simpson farewell, and to present as tokens of esteem a rosewood writing-desk, a silver tea-kettle, and a canteen of silver, with the inscription:—"Presented to Dr. and Mrs. Palgrave Simpson, by a number of their fellow-townspople, as a token of their esteem and regard, on the occasion of their leaving Weymouth."

Dr. Simpson was a student at the Hospital from 1862—1865, and took a prominent part in the civic life of Weymouth.

We publish this month some notes by Dr. Morland, of Arosa, on the Tuberculo-Conjunctival reaction. We feel sure that these notes will prove of exceptional interest to our readers, suggesting, as they do, fields for further research, while clearly defining the boundaries of fact and theory. Dr. Morland's article carries additional weight from his great experience in the sanatoria of Switzerland.

We have again to acknowledge our indebtedness to Mr. D. M. Stone for an excellent photo. The first of the photos of the Gymnasium in the Orthopaedic Department is his work, while the second is by the London Stereoscopic Company.

We heartily congratulate Mr. H. B. Owen, M.B., B.C.Cantab., on heading the list in the recent examination for the Diploma of the London School of Tropical Medicine; also Mr. P. J. Verrall, B.C., M.R.C.S., L.R.C.P., who obtained second place. The former proceeds shortly to Uganda on service.

We announce with regret the retirement of Dr. Ormerod from the Skin Department.

Dr. Ormerod has been elected Assistant Registrar of the Royal College of Physicians.

MR. H. J. GAUVAIN has been appointed Senior Resident Medical Officer to the Lord Mayor Treloar's Cripples' Home at Alton, Hants. The Home is intended for the reception and treatment of children under twelve years of age suffering from early tuberculous disease of the bones and joints. Patients will be detained for periods up to two years, or longer if necessary. There will be an out-patient department in London, where patients recommended for admission from London districts will be seen, and the most suitable cases selected.

THE Home is built on the bungalow system, and has accommodation for 250 patients. Of these fifty will be chronic cases, who will be taught useful trades. Those patients whose health permits will be educated while undergoing treatment. The estate is seventy acres in extent, containing ten acres of gardens and a wood.

THE equipment of the institution, when completed, will comprise an operating theatre with instrument and anaesthetic rooms, X-ray room and electrical department, plaster room, laboratory, etc.

Old St. Bartholomew's men are reminded that cases suitable for treatment may be recommended by any medical man in the British Isles. All recommendations will receive the most careful consideration.

The Home opens early in September.

THE Annual Cricket Match between the Junior Staff and Hospital employes took place at Winchmore Hill on Saturday, August 8th, and after a high scoring and very exciting match resulted in a win for the employes.

THE Clubs do not report very favourably on their match results. The tennis courts at Winchmore Hill have been in better condition than ever. The new banking on the match courts has proved of great service.

Further bathing accommodation is provided in the Pavilion by a large tank; this is much appreciated.

MR. CUMBERBATCH has been appointed Consulting Surgeon to the Aural Department.

DR. HINDS HOWELL has been appointed Physician to the Great Northern Central Hospital.

MR. C. GORDON WATSON has been appointed Surgeon to St. Mark's Hospital for Fistula.

THE Old Students' Dinner will be held in the Great Hall on Thursday, October 1st, 6.30 for 7 p.m.; Mr. Gilbert Barling in the Chair. Tickets 21s., can be obtained from Mr. H. J. Waring, 37, Wimpole Street, W.

WE announce with extreme regret the death, on August 11th, after a short illness, of K. C. Bomford, at Colney Heath Rectory, St. Albans. He entered the Hospital in 1905, and speedily gave evidence of exceptional ability. He won a Junior Scholarship in 1905, and also the Jeaffreson Exhibition. He began his clinical work in the surgery in April of this year, and was an energetic and reliable dresser. The Hospital has lost by his death a most promising student and amiable companion.

### St. Bartholomew's Hospital Fifth Decennial Club.

By HOWARD MARSH, M.A., M.C.Cantab.,  
Master of Downing College, Cambridge.

ST. BARTHOLOMEW'S men who entered the Medical School between 1855 and 1865 were incorporated as the Fifth Decennial Club in 1864, and the first dinner was held on June 30th of that year at the Albion Tavern, Aldersgate Street. The chair was occupied by Mr. Harry Leach, and thirty other members were present.

In the formation of the Club the moving spirits were Alfred Willett, John Langton, Morratt Baker, Braithwaite Rogers, Astley Bloxam, W. S. Church, Horace Jeaffreson, H. Marsh, W. Stephenson, and Bowater I. Vernon, who was appointed Secretary, and discharged his duties in a quite admirable manner, until he was succeeded in 1872 by John Langton. Mr. Willett was elected Treasurer when the Club was originally formed, and held office for many years. Indeed, he is probably Treasurer to this day, for it is certain that the Club would not part with him; nor has anyone taken a greater interest in the Society, or eaten its dinners more regularly, though always with that moderation and strict sobriety which are expected from one holding so responsible an office.

I cannot mention the name of Bowater Vernon without giving memory the rein for a brief moment. None of his fellows can ever forget him. In the cricket field, in his cap and flannels, he was as well built and as picturesque a young Englishman as could be found. He was uncommonly handsome, and possessed most pleasing and attractive manners. He was a most competent house surgeon, and later on an excellent teacher in the School. Ultimately he became Ophthalmic Surgeon to the Hospital, with Mr. Henry Power as his colleague. In this office he reached a very high position, both as an authority on ophthalmic surgery and as an operator. He was not only careful and skilful, as anyone may become who thinks and works, but he had in diagnosis an insight, and in operating a dexterity which together stamped him as a master. This was the verdict alike of his colleagues and his pupils. He was universally respected and beloved.

He must have attained a foremost place and left a celebrated name had he not early in his career become a martyr to gout. This malady inveterately pursued him, and undermined his health and energy, and crippled his wrists and hands, and he died at the age, I think, of about fifty. When such things happen what can we mortals do but pass on with "Alas, poor Yorick, I knew him well" upon our lips?

Mr. Langton was Secretary from 1872 to 1888—a long stretch of sixteen years, during which the members of the

Club approached middle life and had their places in the race allotted to them. The meetings were always interesting, the School was at high-water mark, and many members were on the staff of the School and Hospital.

Since 1888 I have been Secretary, and have seen the members gradually ripen into seniors who are learned and, on occasion, grave. True, the occasions on which they have been grave have grown more frequent as gaps have been left and the old familiar faces have disappeared. It has been with the Club as it is with a regiment on active service, when the roll is called the "Here" is not always heard, or, if heard, it is perhaps less youthful and ringing than it was in the sixties. But what matters if duty has been done? What is the use of belonging for nearly half a century to a club, every member of which has all the rest for warm and life-long friends, unless each one becomes a bit of a philosopher?

In 1891, after a whip-up, forty-five members dined together.

In about 1893 the Fourth Decennial Club was disbanded, and, finding that Mr. Henry Power and Sir Thomas Smith, who had been members of it, were left wandering, like perturbed ghosts, along the dismal shore, we (only too glad of such a chance) co-opted them as members, and, with such additions, thought more of ourselves than ever.

In 1896 we entertained Mr. Luther Holden, and I remember I had a curious experience. Having had a hard day's work, during the fish course I for a single moment dropped asleep. In that nap my mind sped back to a day early in the November of 1858. The scene was the old dissecting room; the present company became a group of first year's men, and our honoured guest of the evening was our revered Demonstrator of Anatomy of that now distant period. He was taking us over the base of the skull, and demonstrating the position and conformation of the anterior and posterior clinoid processes of the sphenoid bone. Then the waiter jogged me with the bowl of shrimp sauce, and recalled me to realities.

Our reputation as a very choice society of wits and boon companions was so high that some of our juniors with conspicuous, however justifiable, audacity, sought admission into our circle. They asked us so nicely that we waved the natural claims of seniority and blue blood, and received as novitiates Sir Lauder Brunton, Mr. Butlin, and Dr. de Havilland Hall, who thus while remaining members of the Sixth, became members of the Fifth Decennial Club. We have, as yet, heard of nothing to indicate that since they have mixed with us they have acquired any manners or customs against which any complaints can be fairly brought.

At the dinner held this year at the Imperial Restaurant, Regent Street (to which we emigrated some time ago), we had Sir Lauder Brunton in the chair. His health was proposed by Sir Dyce Duckworth in words that pleased us all,

as well as Sir Lauder himself, for these two have been close friends ever since they met as students in Edinburgh only a little on this side of the middle of the last century. In his reply the Chairman turned his heart (and is there a kinder heart in London or anywhere else?) inside out before us, in friendly reminiscences. We were disappointed of the presence of Sir Thomas Smith, who, while acknowledging the quality said he could not face the quantity of our tobacco; of Dr. Gee, who would have come if only we would dine in the open air instead of in, what he feared would be a close and stuffy room; of Sir Wm. Church, who, at the last moment, was prevented from coming; of Dr. Godson, who would have come, but that the Secretary, having to be at Oxford (examining), had been obliged to change the day; of Sir W. Roe Hooper, who had left to fish in Scotland—quite an adequate excuse; of Sir Francis Lovell, who was in hot pursuit of a group of bacilli at the Tropical School of Medicine; and of some others whom we are very sorry to miss. But our party, as it was, consisted of Sir Lauder Brunton, Mr. Willett, Sir Dyce Duckworth, Mr. Butlin, Dr. Hughes, Dr. Mackintosh, Dr. Haynes, Dr. Wyman, and H. Marsh (Sec.). May we all be there next year in our full numbers, which, with good fortune in securing those who could not come this year, would still amount to some fifteen or more, some five and forty years after the Club, *Florescant!* was founded.

### John Wakeryng.

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

**T**HE village of Little Wakering, in Essex, has been connected with St. Bartholomew's Hospital since the reign of Henry II, and the Hospital still has property there. The abbeys, priories, colleges, hospitals, and other religious, learned, and charitable foundations, of which there were in old times so many in England, took a kindly interest in those who held farms from them and in the poor, whether free or unfree, who worked upon the land. Men not infrequently rose to high posts in Church and State whose advancement was in the first place due to the education they had received from the Abbey on the estates of which they had been born and where their fathers had been tenants or labourers.

Wakeryng, with its haven and the numerous creeks winding through marsh lands and extending to the estuary of the Thames, has, even at the present day, an air of remoteness which must have been far greater when there were not even cart roads, and when the only easy access to London was by sailing boats not very different from those barges with great brown sails which are, in our time, to be seen making their way up the Thames from its mouth, laden

with hay. It was by boat that the rent of the Hospital estate was brought in kind, hay or corn, to a quay on the Fleet river, where it was landed. Thus the inhabitants of Wakeryng knew St. Bartholomew's well, and such relations between a country district and a noble old foundation tended to the improvement of the inhabitants.

One Wakeryng man rose very high indeed, both as an ecclesiastic and as a lawyer. He first had the living of St. Benet Sherehog, in the city, and was also a Clerk in Chancery. In 1405 he was made Master of the Rolls, and in 1415 Keeper of the Privy Seal, and on St. Catharine's eve in the same year was chosen Bishop of Norwich. In the next year he was sent to represent England at the Council of Constance. He must have often seen the Papal Secretary, Poggio Braeciolini, who occupied his spare time during the Council in looking into ancient libraries in the surrounding country and thus came upon the manuscript of Lucretius, and made the actual verses of the wonderful poem "De Rerum Natura" known in the Western world, which had for centuries only known Lucretius from a few words of St. Jerome.

It seems to give distinction to Wakeryng, when we may imagine that one of its inhabitants was shown this great monument of Latin literature by its discoverer before he sent it to his friend in Florence.

When Bishop John Wakeryng looked at the first page of the manuscript, and read as far as the lines:

Te, dea, te fugiunt venti, te nubila caeli  
Adventumque tuum, tibi suavis daedala tellus  
Suscipit flores, tibi ridet aequora ponti  
Placatumque nitet diffuso lumine caelum—

did they bring to his mind the winds sweeping over the green sea marshes of Wakeryng, with the sea lavender growing upon them, and the sun shining on the winding course of Barling Creek or Wakeryng Haven, and the clouds travelling in the sky above the far extending flats?

Wakeryng returned from the Council in 1418, and the remainder of his life was spent in his diocese and in London. He built a cloister at Norwich and used the fortune to which he had attained well. He died in 1425, and a part of his monument is still to be seen in the choir of Norwich Cathedral.

Two natives of Wakeryng rose to the highest post on the staff of St. Bartholomew's Hospital.

William of Wakeryng became Master in 1389, and died in office on December 7: 1405.

In a small deed of John de Scail, cleric, and John Bette of Botolphspire, in the County of Essex, by virtue of a royal licence granted to William of Wakeryng, Master of the Hospital of St. Bartholomew, of Smithfield, of London, and the brethren of the same, forty-six acres of land, an acre and a half of meadow, and an acre of wood, with their appurtenances, in Downham and Rammesden Belhous, to have and to hold by the said Master and

brethren and their successors, in aid of their sustenance, for ever, in accordance with the King's charter granted for that purpose, saving always the services due and accustomed to the capital lord of the fee. In testimony of which they affixed their seals. The witnesses were: John Pykenham: John of Wakeryng, cleric: John Pykerell, and others, on the 26th day of September, in the sixteenth year of the reign of King Richard the Second.

The John of Wakeryng cleric who witnessed this deed in 1392 was probably the subsequent Bishop of Norwich who is thus connected with our hospital.

A younger John Wakeryng, otherwise called Blackberd, became a brother of St. Bartholomew's, and was elected Master on March 2: 1422. John Cok, the brother who wrote our Cartulary, admired him, and in the list of masters has written a panegyric on this John Wakeryng. When a man was elected without discussion, and by an immediate and unanimous vote of those present, he was said to be chosen "per viam Spiritus Sancti." Thus was John Wakeryng elected by the hospital chapter in the first year of King Henry VI. Cok says, "I knew him throughout the whole time of his Mastership, and put down in writing all his famous works.

"The amazing sagacity of his wondrous discretion deserves remembrance. In the first year of his Mastership, he recovered from the executors of Richard Whittington certain goods of John White (Master 1417—1422), his predecessor, who died in the house of the aforesaid Richard Whittington. First of all he recovered a cross with gilt base, of which the value is twelve pounds thirteen shillings and fourpence: also a great Antiphonarium, well noted, worth eight pounds: also a great Portiphorium (*Breviary*) for the Master's room, worth ten pounds: also another great Portiphorium, well noted, worth thirteen pounds six shillings and eightpence: also a new and great reading book of *The Lives of the Saints and of Secular Affairs* in one volume worth twelve pounds: also a great and complete Bible with a Psalter worth sixteen pounds: also a Manual worth thirteen shillings and fourpence. Again, in the same year, he recovered from the executors of the said Richard Whittington a quit rent of twenty shillings arising from his mansion in la Ryole existing for many years back, and therefore for compensation of the aforesaid annual rent existing so far back the executors of the aforesaid Richard restored the great south gate of the Hospital, putting up the arms of the aforesaid Richard with a stone column and a vault or arch in the wall adjoining the Chapel of St. Nicholas from the goods of the aforesaid Richard Whittington—cost of the mason's work sixty-four pounds: and also a glass window with its tracery in keeping with the new work, and representing the seven corporal works of mercy, the whole sum recovered being a hundred and seventy pounds thirteen shillings and fourpence. The aforesaid John Wakeryng gave up his Mastership on the

16th of November, 1466, in the sixth year of the reign of King Edward IV."

What subjects could be more suitable for the windows of a hospital chapel than the seven works of mercy: to feed the hungry, to give drink to the thirsty, to clothe the naked, to tend the orphans, to visit the sick, to visit captives, and to bury the dead.

The Church of St. Michael, Paternoster Royal, still standing in the City, preserves the name La Ryole, and College Hill near it is the sole local indication in our time of the College founded by Whittington in the mansion mentioned in this record.

Stow mentions a fine Bible given to the Hospital by John Wakeryng, which may be the one mentioned by Cok: and Stow, who remembered the time before the dissolution, says of it, "Since the spoils of that Library I have seen this booke in the custody of my worshipfull friend Master Walter Cope."

In the reign of Henry VI legal documents were sometimes written in English, as was the following indenture made on June 18: 1441, between John Sevenok, Prior of Holy Trinity, called Christ Church within Aldgate; and John Wakeryng, Master of the Hospital of St. Bartholomew in West Smithfield.

The year was that in which, on Palm Sunday, King Henry VI laid the foundation stone of King's College, Cambridge, where the old gateway stands (now used as an entrance to the University Library) opposite the gate of Clare.

The Priory of Holy Trinity, of Augustinian Canons, was the first monastic foundation in the City. Dr. William Hunter, who gave his magnificent library to Glasgow, owned its cartulary, and I saw it at Glasgow in February of this year. It contains, amongst other interesting records, a short history of the foundation of the Priory in 1107 by Matilda, queen of King Henry I.

The English forms of the document are interesting. The form covent for convent is still retained in our expression—Covent Garden.

The document is as follows:

This indenture maad bitwene John Sevenok Priour of the hous of the Holy Trinite cleped Crychirch within Algate of London and the Covent of the same place on that oon partie and John Wakeryng maistre of the Hospital of Saint Bartholmewe in Westmythfeld of London on that other partie Witnesseth that the said priour and covent for a certeyn some of money to hem in hand paid of oon assent and consent have graunted and sold to the said maister all the trees wode and underwode beyng standyng and growyng in and upon all the heggerowes of the said Priour and Covent in the parish of Seint Pancrea in the feld in counte of Middlesex hereaftir written and in the closures and Bordures of the same heggerowes that is to say the heggerowe betwene the grete wode and

Hathfeld East and West and the heggerowe set betwene the same Hathfeld and Hampsted wode north and south and the heggerowe betwene Hathfeld and Huntfeld East and West and also all the Trees wode and underwode owtstondyng beyng and growing upon 2 acres wode afir the measure of the Woderodde lying in the grete wode stretchyng to the boundes of Gilbertes croftes except and reserved to the said Priour and Covent resonable storeis To have to the said Maister and his Successours and to their assignees all the said Trees wode and underwode except before except for to hew and felle in all tymes couenable and to carie away with fre entre and issue by weys necessarie and profitable as well for men as for hors cartes and all other necessarys and to their assignees to ordeyn and make in place necessarie and convenyent a Gate with lok and key thereto and therewith to doo their fre will at all tymes. And the said Priour and Covent and their Successours all the said Trees wode and underwode except before except for to hewe and fell in tymes couenable and to carie away to gyder with fre entre and issue by weyes necessarie and profitable in maner and fourme abouesaid to the said Maistre and his successours and to their assignees ayenst all men shall warrant and defende for all the time aforesaid. In witness whereof to that oon partie of this endenture remaynyng towards the said maister the foresaid priour and covent have put to their commune seall. And to that other partie of the same endenture remaynyng with the said priour and covent the said maister hath put to his seall yeven at London the 18th day of Juyn the year of our Lorde 1441 and the yere of the reyne of kyng Henry the sext after the conqueste the 10th.

Cok says no more of John Wakeryng after November 14: 1466. Had he died on that day the faithful rentar would certainly have expressed some wish for his soul's welfare, since he has written such prayers in several places in the cartulary. The day of Wakeryng's death was probably entered in the Hospital Martyrology, which has long since disappeared.

A letter written in the year in which Columbus discovered the New World shows that there were men then living who remembered John Wakeryng and John Cok. The address shows that in Henry VII's reign, as in that of Henry II, the Master of the Hospital was sometimes called Prior.

To the prior of Seynte Bartholomewes Hospitall Anno Octavo Henrici septimi.

Sheweth unto youre Masterschip that Where one William Pemberton paid to the house or hospitall of Seynte Bartholomewe seven shillings for a voyde plote of grounde lyyng in Puttynham sumetyme housed payyeth ii s for an acre medue xiiiiii hedens ii thranes of wete and ii thranes of hard come whiche he never had nor perceyved nor hys ffader be fore hym but the saide ii d. of mony and the acre medue the whiche seven shillings the saide William and his fader payed unto the tyme ovc Sir John Wakeryng Prior of the house of Seynte Bartholomewes commaundid hym to bryng to london his indentures and and there Chargid and commaundid his Chapeyne Sir John Cokke that he shulde aske nor perceyve of the saide William his heyres nor executours the saide seven shillings nor no parcell there of unto the tyme that the Contrary he had in commaundement.

The arms of St. Bartholomew's Hospital are to be seen on the Perpendicular Gothic doorway of Little Wakeryng Church, a proper memorial of the nine centuries during which there has been a connexion between that village and St. Bartholomew's Hospital. In a decorated initial in the cartulary, which begins the register of charters relating to property outside London, is a drawing of a man kneeling before St. Helena and the Cross, which is most likely a portrait of John Wakeryng. The initial which begins the register of charters relating to property in London has a portrait of John Cok, and both are probably the work of that devoted servant of the Hospital and admirer of John Wakeryng.

### The Conjunctival Tuberculin Reaction.

By EGBERT C. MORLAND, M.B., B.Sc.(Lond.),  
M.D.(Berne), Arosa, Switzerland.

THE publication of Wolff-Eisner's treatise (1) on the conjunctival tuberculin reaction marks an epoch in the history of the diagnosis of tuberculosis, setting the use of the reaction on a firm basis, whilst leaving many points to be worked out. It is to call attention to what may now be taken for granted and to what remains as fruitful channel of research that this note has been written.

#### NOMENCLATURE.

The reaction was first described by Wolff-Eisner in the *Berlin. medicin. Gesellschaft* of May 15th, 1907, a month before Calmette's publication (2), and it would be more in accordance with medical precedent to call the reaction with Wolff-Eisner the *conjunctival* tuberculin reaction, which is, moreover, as he points out, more exact than the term

*ophthalmic* reaction, as it takes place in, and is limited to, the conjunctiva itself.

#### TEST FLUID.

It appears to be the practice in England and France to use a special 1 per cent. solution of tuberculin ("tuberculin test") prepared by precipitation and resolution. This rests on Calmette's assertion that the glycerin in Koch's (old) tuberculin is itself liable to irritate the conjunctiva; this has been shown to be incorrect by Eppenstein (3), Mac Lellan (4), and others. Moreover, Wolff-Eisner contends that the excessive strength of this tuberculin test has been the cause of some of the violent reactions noted; and this has especially been the case with a similar product of the Hoechst Farwerke (Treupel, Schmidt, 5).

It seems, therefore, in every way more desirable to use a freshly prepared 1 per cent. dilution in normal saline or 3 per cent. boric acid of Koch's (old) tuberculin, which is stable, of guaranteed constant composition, incomparably cheaper, and prepared from bacilli of human origin. Such a dilution contains only 0.2 per cent. of glycerin and less than 0.005 per cent. of phenol.

#### GROSS RESULTS.

There is great unanimity among a host of observers in regard to the percentage of cases which do or do not react. Schröder and Kaufmann (6), collecting all the published statistics, summarise as follows:

	Number of Cases.	Positive.	Negative.	
Cases of certain tuberculosis	971	88	12	per cent.
" of suspected "	284	51	49	"
" presumed non-tubercular...	627	13	87	"

Nearly 1900 observations should be considered sufficient to establish the bare facts, but they leave the clinician with a method which, if relied on for diagnosis, will apparently lead him to overlook 12 per cent. of tuberculous, and to condemn 13 per cent. of non-tuberculous, cases. It will then only be by a careful analysis of these exceptional cases that accurate diagnosis can be obtained.

#### NEGATIVE REACTION IN CASES OF CERTAIN TUBERCULOSIS.

Classifying the cases according to the greater or less extensity and intensity of the disease, Wolff-Eisner (7) and Eisen (8) found the negative reaction more often in advanced cases. Combining their figures, we find that:

Of (Turban) Stadium	I	79	per cent. reacted.
" "	II	61	" "
" "	III	38	" "

or, in other words, the reaction was much more constant in slighter cases, in which, naturally, this method of diagnosis is of the most importance. In following up his cases of apparently early tuberculous disease in which the reaction was absent Wolff-Eisner found that they did badly, and

hence attributes great *prognostic* significance to the observation.

All observers agree in failing to find the reaction in moribund cases except in children, who may retain it until nearly the end. Some find it badly marked in chlorotic girls, due possibly to the conjunctival anæmia (Blümel and Clarus, 9); others in cases which have been through a course of tuberculin inoculation. All these points should be borne in mind before one is satisfied with the negative reaction in a suspected case of tuberculosis, and a possible lack of resistance in the patient, with a consequent bad prognosis, should always be considered.\*

#### POSITIVE REACTION IN APPARENTLY NON-TUBERCULOUS CASES.

In a disease having the prevalence of tuberculosis it is *a priori* to be expected that a certain number of surprise diagnoses will be made by the conjunctival reaction. In some of these cases the subcutaneous injection of tuberculin, when tried, has given a confirmatory result, e.g. Mainini (10), Blümel and Clarus (11); in others the autopsy has shown unsuspected tuberculous lesions. The following up of these unexplained positive reactions should form a profitable line of research.

#### THE CHARACTER OF THE REACTION WHEN PRESENT.

The reaction itself may vary in respect of:

1. Intensity.
2. Time of onset and course.

1. The intensity may vary from a slight reddening of the caruncle to an intense conjunctivitis, with swelling of the lids and occasionally chemosis and small subconjunctival hæmorrhages. (Some of the most violent reactions have as already mentioned, probably been due to a too strong solution of tuberculin.) No relation between intensity of reaction and extent of disease has been observed except in so far as the reaction becomes feeble and fades away in moribund cases.

2. The reaction usually begins within ten hours, is at its height on the second day, and fades by the fifth day, slight injection often being visible until the seventh or tenth. There are two important variations from this:

- (a) *The abortive reaction*: Slight in intensity, and complete within twenty-four hours. This, according to Wolff-Eisner, is equivalent as regards prognosis to a negative reaction, and hence there is no great misfortune if the abortive reaction is missed.
- (b) *The late reaction*: Beginning after twenty-four hours or more, and generally remaining some days at its

\* In this connection I have made the observation that, in these cases of clinically early tubercle with negative reaction, no immunoposons can be demonstrated in the circulating blood, an evidence of lack of formation of antibodies.



acme, an indication, according to the same author, of a not very active or even latent lesion.

By careful study and analysis the significance of these types of reaction can be confirmed and possibly others elicited. A recent communication of Blum and Schlippe (12) gives mydriasis of the instilled eye occurring within one and a half hours as the earliest symptom. Its bearing has yet to be determined.

#### REPEATED INSTILLATION.

Repeated instillation in the same eye gives rise to an increasing percentage of positive reactions. The phenomenon of hypersensitiveness (Ger. Überempfindlichkeit-sphänomen) makes its appearance, and it has been contended that this takes place also in non-tuberculous subjects. Cohn (13) has shown, however, that it does not occur in the new-born, and is, at any rate, acquired; and others who have worked with repeated instillation of solutions of the same strength have been led to interesting conclusions.

Klieneberg (14) finds that all certainly tuberculous cases reacted on the second instillation along with 78 per cent. of apparently non-tuberculous.

Schröder (15) concludes that tuberculosis may be excluded by a second instillation with negative result.

Wolff-Eisner holds that a positive reaction on repetition indicates a latent tuberculous focus.

Others, like Schenk and Seiffert (17), have worked with solutions of increasing strength, 1, 2, and then 4 per cent., and found 100 per cent. of reactions in cases of certain tuberculosis, 50 per cent. in presumed non-tuberculous cases. An investigation of the after-history of the positive reactions on repetition is likely to be valuable. Instillation into the other eye introduces unknown complicating factors.

#### COMPARISON WITH OTHER DIAGNOSTIC METHODS.

The cuti-reaction of v. Pirquet, the parent of the conjunctival reaction, is simple and safe, and does not deserve to be passed over entirely in favour of its offspring. Wolff-Eisner has worked at the two in parallel, and finds:

1. That in cases of certain tuberculosis the results are practically the same.
2. That in presumed non-tuberculous cases the cuti-reaction gives about three times as many positive results as the conjunctival, or about as many as the latter once repeated, and is, in fact, a clue to latent tubercle.

It is hence probably of equal or greater value in excluding the existence of tuberculosis in a doubtful case; and may, in any case, be of value as a control, as its occurrence would suggest that a negative conjunctival reaction rests on faulty technique.

The cuti reaction makes a simultaneous test with several vaccines possible (v. Pirquet, 18), e.g. with tuberculin of

human and of bovine origin. Kentzler (19) has tried the latter with doubtful result.

A further comparison of the reaction with the result of opsonin estimation of the heated blood serum would be of great theoretical interest.

#### COMPLICATIONS.

On looking through the literature of instances of harm resulting from the conjunctival reaction, which might deter investigation, it may be noted that no instance of keratitis has been observed in an adult, and that violent conjunctivitis has occurred for the most part only with solutions of greater strength than 1 per cent. and with the "tuberculin test."

#### CONCLUSION.

Enough has been said to suggest that the consideration of the reaction does not end with the instillation of a drop of tuberculin and observing whether or not a reaction occurs, but that there are many interesting fields for further investigation.

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### The Evolution of Subcutaneous Tenotomy.

By J. HALDIN DAVIS, M.B.

**S**UBCUTANEOUS TENOTOMY is to-day considered such a common and simple operation that it is difficult to imagine that it ever can have been otherwise. It is only within the last seventy years it has become one of the accepted operations of surgery. The credit of establishing tenotomy as a useful procedure is without doubt to be given to Strohmeier, surgeon and Professor of Surgery in Hanover. He published, in a periodical known as *Kust's Magazine*, in 1833 his first case, that of a boy, æt. 19, who had suffered from



FIG. 1.—PART OF THE PHYSICAL EXERCISE ROOM OF THE ORTHOPÆDIC DEPARTMENT WITH PATIENTS UNDERGOING TREATMENT.

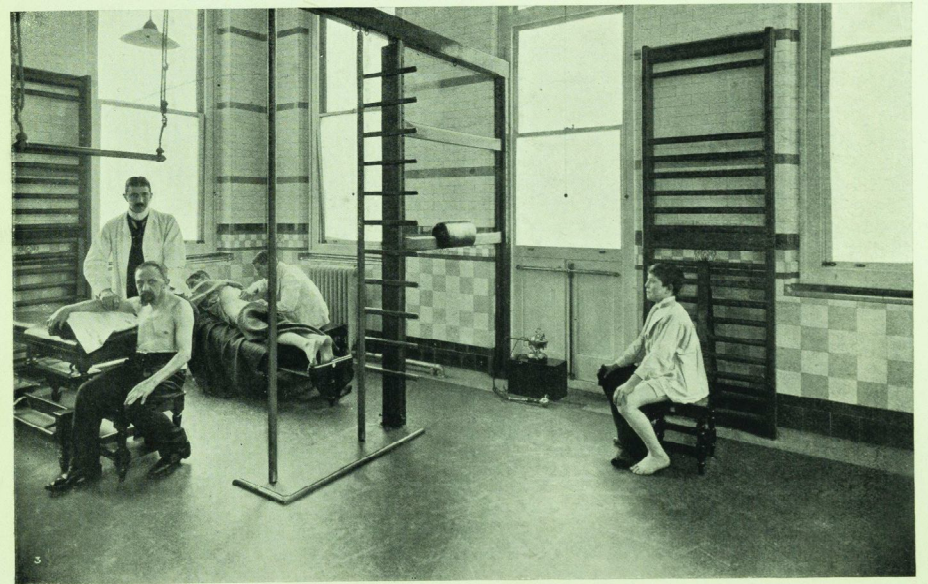


FIG. 2.—ANOTHER VIEW OF TREATMENT IN THE PHYSICAL EXERCISE ROOM.

severe talipes equinus due to infantile paralysis since his fourth year. After three months treatment with instruments without benefit Strohmeyer decided on operation, namely, the division of the tendo-Achilles. He used to divide the tendon with a small, pointed, curved, fistula knife ("fistelmesser"). With this knife he made an incision on the inner side and passed the knife through to the outer side, thus making two wounds, but he took care that the second was so small that it drew no blood, while the first was only so broad as the blade of the knife. The wounds healed without suppuration (a remarkable thing in itself in those times), and six months after the patient was walking, his foot flat on the ground without mechanical support. "For," says Strohmeyer, "he walks in good weather in an ordinary lace boot, without a stick and with great firmness, and no one could recognise the previous condition of the foot from his gait, for even when moving quickly without exertion or special attention he points the foot forward."

Encouraged by this success Strohmeyer persevered, and in 1838 he published a little book, entitled *Contributions to Orthopædic Surgery*, containing notes in detail of more than fifty cases of tenotomies. These operations include cases not only of pure talipes equinus like the first, but also of congenital Talipes Equinovarus, Pes Planus, Contracted Knees and Torticollis, all of which he treated with a considerable degree of success.

Strohmeyer was not, nor did he ever claim to be, the first surgeon to divide a tendon, and in his contributions he does full justice to all his pioneers in this direction; in fact, he goes so far as to reprint their writings in full in his own book. Probably the very first to divide a tendon was Thilenius of Frankfort in 1789; after him Sartorius of Hackenburg, Michaelis of Marburg, and Delpech of Paris. Michaelis did quite a number of operations on tendons with very fair success, but apparently he did not cut through the tendon but only incised it, and trusted to apparatus to subsequently stretch the weakened tendon.

Delpech's case occurred in 1816, but his was by no means a subcutaneous operation, for he made an incision two inches long, and having caught up the tendon with a hook divided it with scissors. This procedure was followed by fever, suppuration, pyæmia, and exfoliation of the tendon, and, notwithstanding the ultimate recovery of the patient, there was a considerable outcry in Paris, and Delpech was deterred from ever repeating the operation. He pondered, however, deeply over it, and in his *Traité de l'Orthomorphie* (1828) formulated the following rules for subcutaneous tenotomy:

(1) A tendon which is to be divided must not be exposed. The section must be made by passage of the knife round it and not by a parallel incision through the skin. Without this precaution the risk is run of causing an exfoliation.

(2) Immediately after the division of the tendon the ends

must be brought together and held by appropriate apparatus until their union.

(3) This union can only take place by means of a fibrous substance. Before this substance becomes firm, it should, by gradually increased extension, be stretched to a degree equal to that which the shortened muscle lacks.

(4) When this stretching has been attained the parts must be maintained in their position until the intermediary substance is quite firm.

These principles, although enunciated by a man who had never done a subcutaneous operation himself, guided Strohmeyer, and, what is more, have held good up to the present time.

Even now, most surgeons, after a tenotomy, replace the foot in the deformed position for the first few days.

Strohmeyer's publications were so convincing that the method soon became general. Dieffenbach, of Berlin, was one of the earliest to practise it. He published a series of 140 cases in 1837. The English surgeons were not quick to take it up, and it was not introduced into England until 1837 by Dr. Little, Physician to the London Hospital. He himself was a sufferer from infantile paralysis, and was treated with good results by Strohmeyer, to whom he had been recommended by Dieffenbach. He became an enthusiastic subcutaneous tenotomist, and on his return to England was one of the principal founders of the old Royal Orthopædic Hospital. Although Physician to the London Hospital, Dr. Little was only elected to the Fellowship of the College of Physicians late in life, it is said because he practised subcutaneous surgery. He was much assisted in his early orthopædic efforts by Sir William Lawrence and Sir Astley Cooper, who patriotically expressed their regret that tenotomy had not been invented by an Englishman. In 1846 Mr. Tamplin, Surgeon to the Royal Orthopædic Hospital, delivered a series of lectures, in which the system was fully developed.

So popular did the method become that at one time it was practised for scoliosis, but unsatisfactory results led to its abandonment for this condition. Of course, at the present time, the open operations on tendons have, to some extent, usurped the place occupied by tenotomy; and the Bloodless School of Surgeons have made wrenchings and plasters more conspicuous now than previously, but there is no doubt that for a long time to come subcutaneous tenotomy will remain an important weapon in the Orthopædist's armamentarium.

### The New Orthopædic Department.

**I**N the October, 1905, number there was published a short account of the history of the Orthopædic Department of St. Bartholomew's Hospital, and it would seem fitting, now that the Department is in full working order in its new quarters in the Out-patient Block, to show how a great change has been wrought.

From its commencement, in the year 1868, the Orthopædic Department was, like most of the other special departments, greatly hampered in its work by a want of proper accommodation. Those who have worked in this Department in the years that are gone will doubtless remember the makeshift of rooms that were at the disposal of Mr. Alfred Willett, Mr. Howard Marsh, Mr. Walsham, and Mr. Bruce Clarke, but will also recollect the excellent work that these surgeons, in charge of the Department, performed in spite of all.

Things have greatly changed, and for the better.

In the new Out-patient Block, the Orthopædic Department, like all the special departments, has a suite of rooms to itself. True, the space allotted to the Department is not on the large scale with which some of the other departments have been favoured, but it can be truly said that it excels that of any other London hospital.

There is a Waiting Hall, in which the Orthopædic cases gather, having reached the third floor, on which the Department is situated, by the electric lift.

New cases come on Monday afternoons as heretofore at 1.30 p.m. Notes are taken by the dressers as usual, and a large number of men avail themselves of the opportunity to thus learn something of the deformities with which they are sure to meet in practice, and which are apt to be puzzling at times to any one who has not had a practical acquaintance with them. These notes are supplemented by the surgeon and carefully preserved so as to be available for reference should cases present themselves later for further treatment.

The cases then pass on into the Consulting Room, which is of sufficient size to allow a class of at least ten men to see the cases at one time, and of sufficient length to allow a patient to fully exhibit his or her gait. The room is provided with a couch on wheels, a blackboard, and two good undressing rooms.

Opening out of this room is the Instrument Room, where measurements for orthopædic appliances are taken, and, after these have been made, fitting and adjustment is carried out. Also opening out of the Consulting Room is a well-furnished little Operating Room. This is a great convenience, and enables many orthopædic operations to be undertaken with confidence and safety. Such operations are performed on Mondays at 3.30 p.m.

But perhaps the greatest advance has been made in the provision of a really excellent Physical Exercise Room or Medical Gymnasium. This has been fitted up with modern apparatus, and here a large number of cases are treated, cases which in the past had perforce to be neglected, because of the want of room and appliances. This gymnasium is open every afternoon, and cases come several days a week for treatment, which is carried out very methodically.

On the male side two skilled workers have been appointed. Both of them have been trained in Sweden, and are most efficient in their work. They receive salaries from the Hospital, and devote a large amount of time to the systematic treatment of cases. On the female side an English lady who has received a training in Sweden is in charge, and she is assisted by several of the regular nurses of the Hospital. In addition to the supervision of the physical exercises, all these workers undertake the necessary massage for both out- and in-patients.

The Department has also a room for the application of plaster, and another where cases are seen by the Chief Assistant.

But what is still more appreciated has been the allotment of, for the Orthopædic Department, four beds in Charity Ward for male cases, and four beds in Lawrence Ward for female cases. From this is secured a much quicker admission of cases requiring operative or other special treatment, and this provision of beds may be said to have made the Department at last fully equipped.

Notes on the cases in the wards are taken by the orthopædic dressers, a fact which enables men to follow their cases from the Out-patient to the In-patient Department.

Orthopædic operations on in-patients are performed in Theatre C on Wednesdays at 1.30.

The two photographs which accompany this article show part of the Physical Exercise Room, in which patients are undergoing actual treatment.

### The Medical School of St. Bartholomew's Hospital and Instruction in Mental Diseases.

#### RESIGNATION OF DR. CLAYE SHAW.

**T**HE resignation of Dr. Claye Shaw as Lecturer on Mental Diseases in the Medical School has severed a link of long standing and much interest.

In the year 1843, on the 26th day of July, a resolution of the General Court of Governors brought into being the Medical Council, to which might be referred all matters

### The Post-Graduate Course.

relating to the Medical Department of the establishment, and to the Medical School.

It is significant of the importance attached to the study of mental diseases in the succeeding year to observe that the complete agenda for several meetings of this Medical Council was the nomination of certain "pupils" of the Hospital for gratuitous instruction at Hanwell and Bethlem. Thus, on May 4th, 1844, Mr. W. S. Kirkes—of *Kirkes' Physiology* fame—and Mr. George Hansbrow were recommended as "Residents in the College" for the privilege of attending Dr. Conolly's Lectures at Hanwell Asylum.

In the index to the minutes of the Council such nominations appear rather humorously; thus we read "Mr. Yonge recommended for Bethlem, p. 20."

On April 10th, 1847, a minute of the Council reads "that on all future occasions public notice should be given that any pupils of three years' standing desirous of availing themselves of the privilege of such attendance (at Hanwell or Bethlem) might give information of their wishes to the Medical Council"; with the result that on June 19th in the same year no less than nine pupils applied, and Mr. J. W. Hue was "recommended for Bethlem," this being the sole business of the Council on that day.

On the significant date of April 1st, 1848, one who was later to achieve great fame, to wit, Mr. (afterwards Sir) William Savory was "recommended for Hanwell."

The periods for which these recommendations were made appear to have increased, for these expressions occur in the Council's minutes, "recommended for a month," "for six weeks," "during the present spring"—this for Sir William Savory, forsooth!—"for the ensuing six months," and so on.

On April 27th, 1852, appears the last entry in the minutes as to the recommendation of pupils to either Hanwell or Bethlem.

A long period of nineteen years without any record concerning teaching in mental diseases now ensues, to be broken on June 10th, 1871, by the appointment of Dr. T. Claye Shaw as Lecturer, there having been four candidates.

It will be seen that Dr. Claye Shaw served the Medical School as Lecturer for no less than thirty-seven years, a record which has surely been surpassed by few, if any.

Dr. Shaw came to us from King's College, London, having qualified in 1864, and obtained his M.B. London in 1866.

The many generations of students (or should we call them "pupils"?) who have been privileged to listen to his lucid and entertaining lectures will fully realise the loss which the Medical School sustains by his resignation.

He will be followed with all good wishes for health and long life, and with the hope that his successor may enjoy the same popularity which has been won by Dr. Shaw.



HE rule has been laid down by Professor Osler that every general practitioner should attend a post-graduate course at least once in five years.

The principle has been embodied in the regulations of the reformed medical corps of the Services; and it is generally recognised that only by some such plan can a civil practitioner, who is immersed in the actual conduct of his profession, save himself from the fate which overcomes so many; first, a want of accuracy in diagnosis, next a want of precision and rational method in the application of remedies, and then either a cloudy, antiquated, and haphazard practice, or, which is almost worse, a view of medicine intensely personal, uncriticised and ignorant of the general advance of knowledge in the profession.

The recent post-graduate course at St. Bartholomew's is a welcome means of escape from such a fate. To old students of the Hospital the opportunity afforded is especially welcome, for the rejuvenation of their knowledge amid familiar scenes,—or, in view of the immense structural improvements of the Hospital I should perhaps say—in a friendly and accustomed atmosphere, is easier and more complete than it would be in any strange place.

In the course of general practice a compartment of the memory becomes set aside as the storehouse of many unanswered questions, problems which books will not answer, and which need the conversation of some one having special knowledge of the particular matter to elucidate or illumine. This new plan of revisiting the Hospital for a brief fortnight gives the very opportunity needed for settling such difficulties and arranging ideas in accordance with modern opinion.

More valuable still is the new ground opened up by the lectures and demonstrations; and perhaps most of all the revision of once well-known and familiar facts which the lecturers, with some apologies, but with great wisdom and the hearty approval of the class, went over in rapid but masterly fashion.

Eight years ago it was not common to see the diagnosis of pus in the antrum of Highmore made by means of transillumination; or of the size, shape, and position of the stomach by actual demonstration with bismuth and the X-rays. Haldane's hæmoglobinometer was a recent invention, and the importance of the colour-index in anæmias was only just gaining general recognition. The new vaccine therapy was in its infancy, and Bier's methods of treatment by congestion were as yet untested. It is good to come in contact with all these and other similar new matters and methods, to hear and absorb the views of the staff on their value and bearing; but, above all, the chief value of the course is to revive and clarify in the mind of the quondam student the old Principles of Medi-



right through, immediately signalled a score (5-5). Both sides then played hard for the odd goal, the goal keepers having a busy time. The whistle blew without further score. It was decided to play extra time, and towards the end Dixon scored the odd goal, leaving the Hospital victorious by 6-5.

The Bart.'s team played well considering that two of its members were without previous experience. Dixon made a welcome re-appearance, and proved himself in as good form as ever. Team: H. V. Capon (goal); T. K. Boney, M. Donaldson (backs); P. Mawer (half), W. B. Wood, S. Dixon, and a Sub. (forwards).

#### THE PAST SEASON.

The past season has not been very successful, chiefly owing to illness. At the beginning of the season H. T. H. Butt and S. Dixon were both ill, and neither was able to play at all during the season, with the exception of the last match when Dixon made a useful appearance. When the full team turned out, as against the Artists' Rifles, good combination was shown. There has been great difficulty in finding suitable substitutes for the team. There seems to be a lack of keenness amongst the men not actually in the 1st team, and three matches have had to be abandoned owing to inability to raise a side. In the Cup-ties we drew Charing Cross, but they scratched. In the 2nd Round we were due to play Guy's, but want of men compelled us in turn to scratch.

In the Team Race we were beaten by St. Thomas's. The team for next year should be a good one, as it contains five of this year's players, including S. Dixon and F. C. Trapnell. Practice games will be held twice a week at St. Maryebone Baths, where the Club is well looked after by the authorities. We hope to see more men regularly out for practice, and shall be especially pleased to help keen novices.

Results.—Played 7, won 2, lost 5.

#### LAWN TENNIS CLUB.

The past season has been, for the Club in general, one of very marked success, owing to the exceedingly fine early summer.

Only two matches were won; the rest were nearly all lost by a small margin, which probably represented the more regular practice possible for the members of the clubs played.

The Cup-tie was an exception to this rule, as our opponents were markedly superior in the singles.

Two or three courts at least have been in play nearly every day, and on Saturdays all seven have always been full. In spite of this heavy wear and tear, the courts were very good and true, especially those for practice, which are not so dry as the match courts, and, therefore, last better under a long spell of sun.

#### Rifle Club.



WE publish below the rules governing the various competitions of the Rifle Club. The Club also holds handicap competitions to encourage those marksmen who cannot at present win individual honours or places in the teams.

#### THE LADY LUDLOW CHALLENGE CUP.

Entrance Fee.—Sixpence.

Range.—That of St. Bartholomew's Hospital only.

Open only to Students, men who have been qualified less than two years, counting from June 1st of each year, at work at the Hospital, but not holding a teaching appointment in the Medical School, and to members of the Junior Staff.

FIRST STAGE.—The aggregate score of the three best targets in each month will win a silver spoon, and will entitle the winner to shoot in the final stage.

Targets must be handed immediately after shooting to

the Superintendent to be countersigned by him, the shooting to be carried on only during the official hours at which the range is open. During any temporary absence of the Superintendent his duties may be undertaken by one of the Committee of the Club.

The three best targets must be handed in by 6 p.m. on the last day in each month.

Conditions of Shooting.—One sighting shot and seven counting shots at targets representing a distance of 200, 500, and 600 yards respectively.

The sighting shot to be clearly marked.

Prone position.

The counting shots to be fired off within ten minutes from the firing of the first of these seven shots (*i. e.* ten minutes at each range).

The first spoon to be shot for during June, 1908.

SECOND STAGE.—The twelve monthly spoon winners will be entitled to shoot in the final stage, and in the event of any one competitor winning more than one spoon the next best scorer for the particular month or months is entitled to shoot in the final stage.

Conditions of Shooting.—Same as the above, excepting that the three sighting shots and the twenty-one counting shots must be fired on the same day, and all twelve competitors must fire their shots during the first week in June, 1909.

All points of difference or discussion to be referred to the Committee of the Rifle Club, whose verdict shall be final.

#### STAFF v. STUDENTS' CHALLENGE CUP.

Staff.—All members of the Medical, Surgical and Teaching Staff.

Students.—All members of the Students' Union and Junior Staff.

Teams of six, selected by the Captain of the Rifle Club on behalf of the Students, and by a Captain nominated by the full Staff.

Date.—A convenient day during the first two weeks in December, to be mutually agreed upon by the respective Captains.

Conditions.—Prone position. One sighting shot and seven counting shots at each of the following ranges: 200, 500, and 600 yards (according to the size of the target). The sighting shot to be clearly defined, and the counting shots to be witnessed either by the Superintendent or by one member of the opposing team. The whole competition to be completed, if possible, on the one day. The seven counting shots at each range to be fired off within ten minutes from the firing of the first of these shots.

The team aggregate to count for the Cup and the Cup to be held for one year.

All points of difference or dispute to be referred to the Committee of the Rifle Club, whose verdict shall be final.

## Reviews.

LANDMARKS AND SURFACE-MARKINGS OF THE HUMAN BODY. By LOUIS B. RAWLING, F.R.C.S. Third edition.

Mr. Rawling's remains the standard work on this subject. It would be hard, indeed, to improve on the accuracy, conciseness, and excellent plates of the second edition.

This, the third edition, is the better by seven new plates, but otherwise no room for improvement is obvious. The publishers are to be congratulated upon the form of production.

OPERATIONS OF SURGICAL PRACTICE. By CORNER and PINCHES. (Frowde, and Hodder and Stoughton.) Pp. xvi and 338. 15s. net.

This is the second revised and enlarged edition of this book. A chapter has been added at the end of the book containing new matter.

The rapid sale of the first edition shows how much this book has been appreciated, and by the additions to this second edition its value has undoubtedly been enhanced.

MANUAL OF OPHTHALMIC SURGERY AND MEDICINE. By WALTER H. H. JESSOP, M.A., M.B. Cantab., F.R.C.S. Eng., Senior Ophthalmic Surgeon to, and Lecturer on Ophthalmic Medicine and Surgery at, St. Bartholomew's Hospital, etc. (London: J. & A. Churchill, 1908.) 2nd Edition. Pp. 531. Price 9s. 6d. net.

We welcome the second edition of the above work which has just appeared. In spite of the many additions which recent advances in the science of ophthalmology have rendered necessary, the book still continues to fulfil its object, namely, to furnish a concise manual of ophthalmic surgery and medicine for the use of medical students and busy practitioners. Padding has been reduced to a minimum, and, where possible, lengthy descriptions have been obviated by the use of diagrams and photographs. Indeed, one of the features of the new edition is the excellent collection of photographs of the fundus, which have been reproduced from the work of Professor Dimmer, of Graz. These beautiful illustrations form a welcome addition to the chapters on diseases of the choroid and the retina.

Almost every chapter of the new edition has been altered, but the greatest changes are to be found in the appendix, where Mr. Jessop summarises some of the more recent methods of treatment and diagnosis. Here such subjects as treatment by vaccines, sera, and mercurial injections are noticed, and a brief account is given of the essentials of aseptic operation work.

The task of producing a concise and, at the same time, a comprehensive text-book on such a subject is one of extreme difficulty. The more exhaustive treatises are beyond the scope of the average student or practitioner. To such Mr. Jessop's admirably arranged and clearly written book should come as an immense boon.

MINOR MALADIES AND THEIR TREATMENT. By LEONARD WILLIAMS. (Baillière, Tindall and Cox.) Pp. xii + 404. 5s. net.

This is the second edition of a book that contains many articles on subjects that are most important to the practitioner. Unfortunately, since examination questions are not set on these subjects, it is only after he is qualified that he begins to learn how to treat such delightfully interesting conditions as "the common cold" or "indigestion." This book should be of considerable assistance to him while he is learning.

WARNING'S BAZAAR MEDICINES OF INDIA. Edited by C. P. LUKIS, M.D., F.R.C.S., Lieut.-Col. I.M.S., Professor of Medicine, the Medical College of Bengal, etc. Sixth edition. (J. & A. Churchill.) Price 6s. net.

Col. Lukis is to be congratulated on bringing this well-known and excellent little book up-to-date.

The book has been thoroughly revised, also a good deal of new matter has been added relating chiefly to tropical diseases.

Throughout the various editions through which the book has run, the original idea of Dr. Waring has always been kept in view, namely, that the information is for those in India far away from medical aid. The terminology is simple and so are the remedies. The chapter on Cookery for the Sick is most useful.

MATERIA MEDICA AND PHARMACY FOR MEDICAL STUDENTS. By R. R. BENNETT, B.Sc. (Lond.), A.I.C., etc. (H. K. Lewis.) Price 4s. 6d. net.

The most striking feature of this book is that the drugs are arranged in a pharmacological classification. Though doubtless an ideal one for the purpose of an examination, it gives a very poor idea of the therapeutic uses to which a drug may be put.

The more important drugs are marked in a distinctive manner, which is very helpful. The Posological table is well arranged, and the Appendix on Incompatibility could not well be improved on.

LECTURES ON MEDICAL JURISPRUDENCE AND TOXICOLOGY. By FRED. J. SMITH, M.A., M.D., F.R.C.P., F.R.C.S., Physician to the London Hospital, etc. Second edition. (J. & A. Churchill.) Price 8s. 6d. net.

The appearance of a second edition of Dr. Smith's lectures will be welcomed by many.

The lectures are those which have been given at the London Hospital for some years, and are primarily intended for the use of students preparing for examination. The book, however, is so full of useful information and hints, the result of the author's long experience that it may be read with advantage and pleasure by all practitioners, especially those starting in life.

Three new lectures have been added, the one on "The Examination of the Person Alive and Dead" being much to the point, as also are the remarks about the opinion and conduct of a doctor in a Court of law.

## Territorial Force.

### 1ST WESSEX FIELD AMBULANCE.

#### Appointments:

Capt. Ransom Pickard from the Devon Bearer Company to be Major, dated April 1st, 1908.

Surg.-Lieut. Leonard Robert Tosswill from the 1st Devon and Somerset Royal Engineers (volunteers) to be Lieutenant with precedence as in the Volunteer Force, dated April 1st, 1908.

## Royal Naval Medical Service.

The following appointments, etc., have been made since July 21st:

Staff Surgeon J. H. Pead to "Charybdis," undated, in charge on voyage home from China.

Staff Surgeon S. Roach to "Triton" (temporary), to date July 28th.

#### Promotions:

Surgeons H. C. Adams and N. H. Harris to be Staff Surgeons, with seniority, August 2nd.

## Royal Army Medical Corps.

Major O. R. A. Julian, C.M.G., is promoted Brevet Lieut.-Colonel for services in the recent Mohmand Expedition.

Lieuts. W. S. Nealar and C. W. O'Brien to be Captains.

Captain R. H. Lloyd having been appointed Adjutant in the Territorial Force will not be available to proceed abroad.

The undermentioned will embark for service abroad at about the dates given—

Majors M. Swabey, November 4th, and J. Girvin, December 16th; Capt. H. K. Palmer, October 16th; Lieuts. E. B. Lathbury and R. D. O'Connor, February 17th; all for the Southern Army, India.

Capt. F. G. Richards and H. C. Sidgwick, at the middle of November, for Jamaica.

Capt. M. H. G. Fell, January 7th, for Egypt.

Lieut.-Col. T. H. F. Clarkson's appointment as Medical Officer, Tower of London, has been extended for a year.

Lieut. J. H. Gurley has embarked for Egypt.

### Appointments.

ETHERINGTON-SMITH, R. B., M.A., M.B., B.A., F.R.C.S., appointed Surgical Registrar to the West London Hospital.

GREY, C. G., L.S.A., appointed Senior House Surgeon to the East Sussex Hospital, St. Leonard's-on-Sea.

HOWELL, C. M. HINDS, M.A., M.B., B.Ch., M.R.C.P., appointed Assistant Physician to the Great Northern Central Hospital.

HOWELL, F. M., M.D.(Lond.), appointed Honorary Anaesthetist to the Torbay Hospital.

ORMEROD, J. A., M.A., M.D., F.R.C.P., appointed Assistant Registrar of the Royal College of Physicians.

PAULLEY, J., M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Matiana."

PRICE, R. B., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed House Physician to the Brompton Hospital for Consumption and Diseases of the Chest.

FRITCHARD, H., M.D., M.R.C.P., appointed Physician to the Miller General Hospital for South-East London.

WATSON, C. GORDON, F.R.C.S., appointed Surgeon to the St. Mark's Hospital for Fistula.

WOODBURN, W. H., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the East Sussex Hospital, St. Leonard's-on-Sea.

### New Addresses.

BIRD, R., Major I.M.S., 2, Middleton Road, Calcutta.

ROTT, R. N., Lieut. I.M.S., c/o Messrs. T. Cook and Son, Ludgate Circus, E.C.

BREWER, A. H., Jr., The Griffins, Tynwydd Road, Barry Dock, Glamorganshire.

BRISCOE, J. R., Achill, Chippenham, Wilts.

DAWSON, T. D., Stafford Street, Midland Junction, Western Australia.

EADY, G. J., Godstone, Surrey.

EDMOND, W. S., Farringdon General Dispensary, Bartlett's Buildings, Holborn Circus, E.C.

GRANDAGE, W. B., 90, Cromwell Road, Kensington, S.W. (Telephone: 3438 Kensington.)

HADFIELD, C. F., Manor Lodge, Upper Clapton, N.E.

HAMILTON, W. G., Capt. I.M.S., Superintendent, Central Jail, Bhugulpua, Bengal.

HAMILTON, W. HAYWOOD, Capt. I.M.S., St. Luke's Hospital, Old Street, E.C.

HARLAND, W. C. F., Harley House, Beverley Road, Hull.

HOPKINS, C. H., Capt. R.A.M.C., c/o Messrs. T. Cook and Son, Bombay.

JENNINGS, J. F., 13, John Street, Mayfair, W. (Telephone: 2269 Gerrard.)

MAYNARD, F. P., Lt.-Col. I.M.S., c/o Messrs. Grindlay and Co., Parliament Street, S.W.

NIMMO, F. H., Staff Surgeon R.N., H.M. Yacht "Alexandra," Portsmouth.

POPE, W. H., Staff Surgeon R.N., H.M.S. "Philomel," Mediterranean Station.

ROBERTS, J. E. H., St. Luke's Hospital, Old Street, E.C.

SHAW, W., Broseley House, London Road, Maidstone.

SIMPSON, R. P., Ivanhoe, Alum Chine Road, Bournemouth West.

SMITH, WILLIAM, 1, Wilbraham Road, Chorlton-cum-Hardy, Manchester.

WALTER, R. A., Reidhaven, Frant Road, Tunbridge Wells.

WORTHINGTON, G. V., Wellfield House, Llandrindod Wells.

### Births.

BEADLES.—On the 17th August, at 61, London Road, Forest Hill, S.E., the wife of Hugh S. Beadles, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of a son.

BICKERSTETH.—On the 26th August, at 4, Rodney Street, Liverpool, the wife of Robert Alexander Bickersteth, of a son.

DYER.—On the 17th August, at Thorns, Lynton, North Devon, the wife of Surgeon W. P. Dyer, R.N., of a daughter.

HADFIELD.—On the 15th August, at Manor Lodge, Upper Clapton, N.E., the wife of Charles F. Hadfield, M.A., M.D., of a son.

THORNE-THORNE.—On the 14th August, at Greenheys, Woking, the wife of Richard Thorne-Thorne, M.D., B.S., of a daughter.

VERLING-BROWN.—On the 13th August, at Seymour House, Mulgrave Road, Sutton, Surrey, to Dr. and Mrs. Verling Brown a daughter.

WILLIS.—On the 2nd August, at Redcroft, Cranleigh, the wife of J. K. Willis, M.B., of a son.

### Silver Wedding.

BRODIE-CALLENDER.—On the 15th August, 1883, at Morningtide Parish Church, by the Rev. John Marshall Lang, D.D., William Haig Brodie, M.B., C.M.(Edin.), eldest son of the late Lt. Col. Thomas Brodie, H.E.I.C.S., to Gilliam, eldest daughter of John A. Callender, Esq., 2, Newbattle Terrace, Edinburgh.

### Deaths.

ANDREW.—On the 8th August, at Hendon, after two days' illness, William Wickes Wayte Andrew, M.B., son of the late Rev. W. Andrew, of Wood Hall, Hethersett, aged 73 years.

JACKSON.—On the 6th August, at 64, Broadhurst Gardens, Hampstead, John Thomas Jackson, M.R.C.S., L.S.A., aged 88 years, formerly of Highbury Grove, London.

### Acknowledgments.

*British Journal of Nursing, Broad Way, Giornale della Reale Società Italiana d'Igiene, Gny's Hospital Gazette, Hospital, Journal of Laryngology, Rhinology, and Otology, L'Echo Medical du Nord, Le Mois Medico-Chirurgical, New York State Journal of Medicine, Medical Review, Nursing Times, St. George's Hospital Gazette, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette.*

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