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St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXII.—No. I.]


OCTOBER 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Wed., Oct.	1.—Winter Session commences.
Fri., "	3.—Dr. Morley Fletcher and Mr. Waring on duty.
Sat., "	4.—Rugby Match v. Old Millhillians. Home. Hockey Match v. Guy's Hospital. Home.
Mon., "	6.—Rugby Match v. Pontypool. Away.
Tues., "	7.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., "	10.—Sir Thomas Horder and Mr. Rawling on duty.
Sat., "	11.—Rugby Match v. Richmond. Home.
Tues., "	14.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Thurs., "	16.—Abernethian Society: Inaugural Address by Mr. Girling Ball, F.R.C.S.
Fri., "	17.—Prof. Fraser and Prof. Gask on duty.
Sat., "	18.—Rugby Match v. London Irish. Away. Hockey Match v. Beckenham 2nd XI. Home.
Tues., "	21.—Dr. Morley Fletcher and Mr. Waring on duty.
Thurs., "	23.—Rugby Match v. Cardiff. Away.
Last day for receiving matter for November issue of Journal.	
Fri., "	24.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat., "	25.—Rugby Match v. R.M.A. Home. Hockey Match v. Old Felstedians. Home.
Tues., "	28.—Sir Thomas Horder and Mr. Rawling on duty.
Wed., "	29.—Rugby Match v. Rugby. Away.

EDITORIAL.

ATEVER may have been the emotions of the authorities, humbler members of this Medical College have not, of recent years, been over-keen that freshmen in-boarders should arrive. They remembered midnight queues on the first of the month for the privilege of District clerkships, anxious inquiries into the trade of the top floor of the Pathological Block, lest their necessary number of examinations should not be forthcoming, sly darts to the Throat Department or Dentals, on the off-chance of securing a patient to anaesthetize. But those days are over. Without one

quailm we welcome every freshman to our midst. No one, we believe, will be more satisfied with a large increase in our numbers than those responsible for the finances of the Students' Union. An early opportunity will be given for freshmen to meet the Presidents and Secretaries of the numerous organisations which are under the control of the Students' Union.

* * *

The West Wing of the Hospital has recovered from its vigorous overhaul, and chiefs and their followings have no longer to wander from block to block in search of their scattered patients. Slight structural alterations in Coborn and Radcliffe now allow of beds being pushed out to the lift and thus to the Square.

Much more extensive alterations are in progress in the College buildings. Enlargement of the cloak-room accommodation proceeds, and we look forward to the possession in the near future of a peg which is our exclusive and undisputed property.

Most extensive of all are the alterations proceeding around the Little Britain Gate. Many of us have used this Gate daily for years. Now husky British workmen throw bricks at us from an immense height if we essay to enter the Hospital by that route. We shall not allow our sleep to be disturbed by recollecting that the buildings on each side of the Gate are rapidly becoming disintegrated heaps of rubbish. But we are delighted to observe the chalk marks on the sections of the Gate itself—the outward and visible signs of the inward and spiritual determination of the architect that, should the earth be removed from beneath it, the historic old Gate itself shall preserve its continuity in some fixed, if new, abode.

It has been difficult to obtain exact information about the history of this Gate. It represents the site of a gate that certainly existed in 1450. It is marked in the map dated 1617 in Sir Norman Moore's "History" with the note—"and so to the Hospital." It seems likely that the

present Gate was built to the plans of Mr. Gibbs about 1760, or earlier, for the South block of wards, the last to be built, was finished in 1758. Two arches connected it with the South and East blocks. The Gate then spanned the interval between what were until recently the Steward's house and the Matron's house, and a right-of-way ran through it (across the Square) a pump then standing where the Fountain now plays) and out into Smithfield across what is now the Library floor. Somewhere about 1874 the Gate was moved eastwards to its present site. Its next move will probably be southwards, as it is suggested that it shall flank the permanent goods entrance to the Hospital. The pillars of the Gate bear war wounds. They were scarred by the explosion of a bomb in the Zeppelin raid on September 8th, 1915.

* * *

Our mingled regrets and congratulations go out to Mr. Cross—regrets that he has retired from his position as Senior Administrator of Anæsthetics, and congratulations on his appointment to the newly created office of Consulting Anæsthetist to the Hospital. It is hard to imagine anyone whose relations with this Hospital have been so continuous and so intimate as those of William Foster Cross. He was born within our walls, being the son of William Henry Cross, Clerk to the Hospital. After qualifying he was appointed house-physician to Sir Lauder Brunton, then as Resident Anæsthetist, and later as Visiting Anæsthetist. His crowning honour speaks eloquently of the high esteem in which Mr. Cross is held by his colleagues. He is esteemed no less by the large number of students who have come under his tuition. We remember how eagerly we anticipated our week with Mr. Cross that we might get experience in the use of chloroform, which we knew to be so essential for general practice and yet so little used in this Hospital. Thousands of our readers will remember the shock they almost undoubtedly received at some time while working with Mr. Cross. He would appear suddenly to take an anxious interest in the patient and dart at the clerk the query, "Is the patient dead?" or "Has she stopped breathing?"

But few Bartholomew's men have worked with Mr. Cross for a longer period than one week. Only a striking personality could have made so deep an impression in such a brief space of time. We shall hope to see Mr. Cross often among the Olympians as we assemble, each in his appropriate circle, around the Fountain at half-past one.

* * *

We congratulate Mr. Frankis T. Evans on his appointment as Visiting Anæsthetist.

We are delighted to hear that Dr. Gow is progressing favourably after his operation. We extend to him our sympathies and wish him a speedy recovery.

* * *

The Hospitals participated in a Charity Contest at the Crystal Palace on September 6th, together with representatives from the Banks, Stock Exchange and Insurance Offices. A good afternoon's sport resulted in the Banks retaining the Challenge Shield (presented by the *Financial Times*); the Hospitals were second, three points behind the Banks. Among Bart.'s men who competed were J. D. Allen, who won the High Jump, R. D. Reid, who won the Weight, and J. P. Hosford, who was second in the Hurdles.

OBITUARIES.

MR. W. B. PATERSON.

MR. BROMFIELD PATERSON died very suddenly at Buncrana, Donegal, on September 2nd. He came to St. Bartholomew's from Merchant Taylors' School in 1879, qualified in 1882, studied dentistry at the Royal Dental Hospital, taking his L.D.S. a year later, and obtained his F.R.C.S. in 1886. He was for many years Senior Dental Surgeon at this Hospital, Lecturer at the Royal Dental Hospital, and Dental Adviser to the R.A.M.C. He was a most successful President of the British Dental Association and was intimately concerned with the International Dental Congress. At the Seventh Congress he was Vice-President, and President of the Committee of Organization. His wide reputation is exemplified by the fact that he was made an honorary member of the *École Dentaire de Paris*. His well-known "Report on the Teeth of School-Children" was published in the *Transactions of the Seventh Hygienic Conference*.

SIR FREDERICK NEEDHAM.

We regret to record the death of Sir Frederick Needham, which took place at Bournemouth on September 6th.

Sir Frederick was 88 years of age. After attending St. Peter's School, York, he came to St. Bartholomew's Hospital and qualified in 1858.

From 1858 till 1874 he was Medical Superintendent of York Lunatic Asylum, of the Barnwood Hospital for the Insane from 1874 till 1892. He was appointed Commissioner of His Majesty's Board of Control in 1892. Later he was elected President of the Medico-Psychological Association of Great Britain and Ireland.

His keen sense of justice, his broad outlook and deep knowledge of his subject made him greatly valued by his colleagues, and by his death psychological medicine loses a truly great man.

DR. WILLIAM NORMAN EVANS.

DR. EVANS died with tragic suddenness at his house in Hampstead on September 1st. He had been engaged in his professional duties only two hours before he died.

He came to St. Bartholomew's from Highgate School and qualified in 1887. He then entered the practice in Hampstead which for six successive generations had been in his family. He was the Medical Officer of the Cripples' Home at Hampstead, and Senior Medical Officer of the Hampstead Provident Dispensary.

THE PASSING OF THE LITTLE BRITAIN GATE.

By SIR D'ARCY POWER, K.B.E.

SUCH changes have already been made in the Little Britain corner of the Hospital that it is no longer possible to pass through the Gate by the way which has been in daily use since the beginning. What memories that short road calls up, flanked as it was by the Matron's House on one side and the Steward's Lodgings on the other! How it is thronged with ghosts for those who can visualize our past history!

Before the Hospital existed the citizens with their wives and children walked along it on many a summer evening to sit on the banks of the clear and swift-running Fleet, or to watch the horse-racing and the games of ball in Smithfield. Once in two years the servants of the Florentine wool merchants and dyers carried their heavy bales of beautifully coloured cloth to stack them along the City Wall for all to admire and to buy. The Hospital rose on the site, and foremost amongst the ghostly crowd we see Rahere, tall and debonair, with a joke and a kindly word for everyone, and by his side his steadfast friend Alfane—now an old man with a staff—going to say a mass at the church he had built and dedicated to St. Giles in Cripplegate. The way was as familiar to both them as it is to us. Many generations of Canons and Sisters serving the Hospital passed through the Gate, and many generations of humble-minded citizens were carried along it to be buried in that graveyard for the poor which a pope had granted to the Hospital just behind the present Lawrence block.

Years passed and a tiny street grew up along which

Dame Joan Astley and afterwards Lady Bodley and Lady Winwood went with a maid, baskets on arm, to market in Cheapside and to buy victuals from the stalls in Bread Street, Milk Street and Honey Lane. Dr. Caius walked through it for twenty years to and from the Barber Surgeons' Hall in Monkwell Street, where he lectured on anatomy and superintended the dissections. A lonely man, unmarried and hardly ever at home, much of his time was spent with his printer, Richard Grafton, chronicler, Parliament man, Master at the Bluecoat School and barrister, who also lived within the Hospital.

Gale, Clowes and Woodall, those great surgeons of the Elizabethan age, used the little street, for their attendance was required almost daily at the Barber Surgeons' Hall, where they dealt faithfully with quacks and the disreputable members of their own profession. Little Harvey, ever restless, hurried along it frequently to the Counting House when he was drawing up those Ordinances for the use of the Hospital, to some of which the surgeons objected as unreasonable. There, too, by the Gate, Col. Pride is waiting for his horse to be brought round on that memorable day when he converted the Parliament into the Rump with the help of two regiments. Perhaps from his residence in the Hospital his action became known as "Pride's Purge." Later came through the Gate and along the street Pepys, and Charles Bernard and Norman Moore, all lovers of books, and each with some newly-found treasure from the booksellers in Little Britain or from the second-hand bookstalls. Percivall Pott limped along it when hardly yet recovered from his accident, and John Hunter, whistling and boisterous, fresh from damning the last new play. Abernethy came in more often by the Giltspur Street Gate, for he lived in Bedford Row, and chose to walk to his evening lecture even in the worst weather. Lawrence and Skey used the Little Britain Gate habitually, for both were lecturers and teachers at the rival school of medicine in Aldersgate Street. Latham, the great clinical teacher of medicine and a master of English undefiled, well knew the Gate. Paget, coming to the Warden's House, and Savory, walking home to Charterhouse Square, spent their happiest times whilst using the Little Britain Gate; both young men, happy in their domestic lives, poor as church mice, but each with a knowledge of his own strength and both with the world for their oyster.

The Gate has gone, but it has been reverently preserved. The old order changeth, giving place to the new, and the work of the Hospital continues, increases and improves. Only the veriest churl would grudge anything that brings health and happiness to those who live within its walls and serve it so well.



THE LITTLE BRITAIN GATE.

From the drawing by Hanslip Fletcher.

EXAMINATIONS FROM THE EXAMINER'S STANDPOINT.

FEW people have a good word to say for examinations as tests of knowledge and capacity, but no one has yet been able to devise a satisfactory substitute. Even for the research degrees which are given by some universities, on presentation of a thesis which embodies the results of original work done, an oral examination upon the subject of the thesis is required.

So, for the present, examinations must be accepted as necessary evils, and, for my own part, I do not think that they are nearly so evil as they are painted. Undoubtedly some examinations are better than others, in so far as they give greater opportunity to the candidate to show his worth, and to the examiners to estimate it, and there is plenty of room for modifications of plan and arrangement, and for the taking into account the work done by the candidate during his period of training.

Examinations are more often discussed from the candidate's point of view, but obviously the examiner is more fitted to discuss them, for he has seen both sides, and has been a candidate himself. An examiner who had never passed an examination might be a rather terrible person. We all know that students criticize their examiners freely, and they are fully entitled to do so, but they must not forget that they themselves are open to criticism. It cannot be denied that there are good and bad examiners. It is not given to everyone to frame questions of which the import is easily grasped, nor to everyone to preserve that Olympian calm which befits a judge. But candidates may rest assured that the desire of their examiners is to find out what they know, and not to gauge the depth of their ignorance; to see them pass rather than to see them fail. Take it for all in all, I believe that more men pass who are hardly entitled to do so, than fail who are entitled to pass. This is especially the case in examinations in which the candidate is in the hands of the same examiners throughout, in which those who read the papers take also the oral and practical part of the examination. Before the end they acquire a very clear estimate of what the candidate knows, and of what he is capable.

Moreover the candidate has the safeguard that he is always in the hands of two examiners, and so the standard is maintained at an even level.

From the standpoint of the examiner, candidates fall into certain fairly well-defined classes, but presumably different examiners would differ in their classification. Those who cause least searching of heart are the very good and very bad, about whom there is no room for

doubt. The really good candidate is the examiner's joy. It is a real pleasure to receive clearly cut answers to questions—answers which show that the student has gone through his training with his eyes and ears open, has thought for himself, and has read judiciously; in a word that he knows, and is not merely acquainted with his subject.

The very bad belong to two sub-varieties, viz. those who, having scraped through earlier examinations, try over and over again, but fail to reach the standard. For such men their examiners have a very real sympathy, and an ultimate success is cordially welcomed. On the other hand it is a remarkable fact that at almost every "pass" examination men present themselves who are obviously not up to the mark, either because they have gone in with no realization of the standard required, and presumably against the advice of their teachers, or think that they may as well "have a shot." For such men a fall often proves the best of tonics, and when next they present themselves they may pass with ease.

The candidates who are "good in parts" form an interesting group. It sometimes happens that a man does well in a clinical, or even in an oral examination, although his papers are extremely poor, and this usually means that he has not read enough. He is in better case than the man full of book-knowledge, who can rehearse pages from the popular cram-book of the place and time, in the manner of a gramophone, but who may show complete ignorance of clinical methods.

The distrustful candidate is a trial to the examiner. He regards the simplest and most straightforward question as containing some subtle trap for his undoing. He will not tell what he knows, lest it should not be what he imagines is required. Anyone whom this cap fits should do his best to conquer the weakness.

Still more difficult to help is the panic-stricken candidate, whose endocrine glands are working in full blast, and whose sympathetic nervous system is on edge. He often knows his work quite well, but it is difficult to mark in terms of adrenalin and thyroxin.

Happily, a much rarer species is the patronizing candidate who tries to make allowances for his elders but does not successfully disguise the fact. He is by no means always a brilliant person; his peculiarities of manner are difficult to describe, and assume various forms, but he is well known to every examiner, who, in this case also, does his best to make allowances.

In conclusion a few maxims for candidates, relating to written, oral and clinical examinations respectively, may be of service.

First, as to papers. It has been said that it would be possible to mark papers according to their weight,

and there is a large element of truth in the saying. Short answers usually result from scanty knowledge, but the converse is less true, for irrelevant padding may cover much paper. An exhibition of corrected papers with examiners' marginal notes might be very profitable for prospective candidates; the line half across a page, and the marginal note—"Not asked"—the pencilled list of vital points omitted, the note of exclamation against a fatal dose. Never drag in things which you know, but which are not relevant: padding gains no marks.

Write legibly. Nothing predisposes an examiner less in your favour than to be obliged to struggle with pages of cuneiform inscriptions, or what appears to be such. He does his best, however, and I have only once seen the marginal comment—"This paper is wholly illegible"—and then it was fully justified.

In an oral examination, do not imagine that your examiner is trying to catch you out. Answer his question if you can, and if not, say so. In nine cases out of ten he will then turn to a fresh subject, in order to give you a new chance. Do not expect him to question you on his own hobbies; he will very rarely do so. If, as may well happen, you know more about a particular point than he does, it is just as well to keep the fact to yourself.

At a clinical examination it is method which counts. What your examiner wants from you is not a brilliant diagnosis, but a systematic approach of the case and common-sense deductions. A correct diagnosis may not be justifiable on the facts in your possession. If called upon to examine a cardiac or a nervous case, proceed according to the routine which you have been taught to follow, even though you are unable to get through it in the time. Be as careful what you say before the patient as you are in the wards: the poor fellow may hear five different diagnoses in a day. Remember that kindly speech and gentle handling are most important factors in the healing art.

ARCHIBALD E. GARROD.

EVOLUTION AND THE FUTURE.

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.

THE law of progress is this—the race is not to the swift, nor to the strong, but to the wise." So said Gaskell. "Man has developed and become the greatest of the primates because of his faithful dependence upon development of the brain. The key to evolution lies in the continuous development

of the nervous system" is the conclusion of Elliott Smith. From the course of evolution in the past we may gather something of its probable demands in the future.

It is a biological axiom that life started as a single cell, and continues to do so. The Protozoa rose to be plasmidia, where all the cells did the same work, merely herding together for mutual support, and then evolved into Metazoa—multicellular organisms in which groups of cells did different work. In evolution there were two parallel processes—division of labour and co-ordination. The latter was achieved by the increasing control of the central nervous system. We ordinarily think of this as being peacefully accomplished. A struggle for supremacy between two animals or two species we recognize. But it would appear that a similar struggle accompanies the integration of the multicellular organism. Many apparently peaceful events in nature prove, on closer analysis, to involve a concealed struggle. The thesis of a hostile symbiosis between the tissues of the body has been skilfully upheld by Morley Roberts in his book, *Warfare in the Human Body*. A strong central government is needed to keep order, and no high degree of differentiation is possible in the animal body without the control of a centralized nervous system, which has gradually acquired an increasing predominance. Wilfrid Trotter has developed the argument of an hostility between nervous and somatic tissues, which is expressed in the way the former insulates itself. It is not too fanciful to compare the origin of the nervous system to a group of settlers on the coast who gradually invade the interior, first singly and then in an organized army, as in the nervous system of vertebrates, which arises as a tubular invagination from the surface. Once established, the invader assumes control over the indigenous inhabitants, fortifying itself as it goes, and maintaining its protectorate by a system of rapid communication throughout the invaded areas. The biological and sociological parallel is remarkably complete.

But, as Gaskell pointed out, comparatively early in evolution a conflict is seen between the development of the central nervous system and of the alimentary tract. In coelenterates the central nervous system formed a ring surrounding the mouth. When symmetry became bilateral instead of radial, the oesophagus was still surrounded by a ring of nervous tissue. The highest arthropods developed the central nervous system until it gripped the oesophagus so tightly that they could only continue to exist as blood-suckers, such as spiders and scorpions. Their progress was leading to a terrible dilemma—either the capacity for taking in food without sufficient intelligence to capture it, or intelligence

sufficient to capture food and no power to consume it. Two methods of escape from this dilemma were found—one the development of the gregarious habit, the other the evolution of the vertebrates. The former method, in which each individual is absorbed into the community and is helpless apart from it, marks as distinct an advance in evolution as that from unicellular to multicellular organisms, and is fraught with even greater possibilities. For bees and ants this was comparatively easy, because of the very smallness of the brain of the individual and the limited number of reactions of which it is capable. Moreover the social habit in insects has imposed its demands not only on the work, but on the structure of the individual composing the herd. It has sterilized large numbers, rendering them neuter, and thus enormously simplifying the problem. Conflict and competition is greatly intensified in a community where each individual aims at seeing himself immortalized in his offspring. Still more is this the case when one such community comes up against another similar one.

The evolution of the vertebrate, whether it occurred according to Gaskell's definite views or according to the more hazy conceptions of orthodox morphologists, resulted in the nervous system and the alimentary tract being free to develop without interfering with one another, and the first-named by multiplying adjector or association neurons became immensely more efficient. By the development of higher centres automatic actions were held in check, while more skilled voluntary movements became possible. And as the prefrontal region of the brain developed, it exercised control over both voluntary and automatic movements, restraining emotional expression, but increasing skill through increased intelligence. Man, having laboriously acquired the power of speech, had to learn the still more subtle art of silence.

But long before man appeared, another "fault" in evolution occurred. The first was the dilemma between nutrition and intelligence among the invertebrates; the second was in the development of the mesozoic reptiles, in which the central nervous system was too rudimentary to control so huge a frame. The complete disappearance of these enormous animals recalls how frequently the worship of the ideal of the colossal has heralded a downfall. It may be claimed that these gigantic reptiles were adapted to existing conditions, and vanished when those conditions changed. And yet there is something about them that inevitably suggests the 'prentice hand—just as there is about the first railway engine, the first motor-car, or the first "tank." Anyhow, mere bigness was then exploited to the full and found wanting. Now it is important to note that

on both these occasions a way of escape was found in gregariousness—the substitution of co-ordination between smaller individuals, firstly for increased complexity of brain, and secondly for mere increased size of body.

The course of evolution has been to increase, not the size of the cell or of the individual, but of the unit. The unicellular became the multicellular; isolated individuals became a community. For the mammal this was, as Trotter says, a much longer, more painful and more dangerous path than for the insect, because of its greater powers of varied reaction. This applies in an altogether special degree to man. According to H. G. Wells, the change from the Paleolithic huntsman to the agricultural Neolithic man marks the stage at which self-suppression had to begin. "Man then entered on the long, tortuous and difficult path for the common good with all its sacrifice of personal impulse, which he is still treading to-day." But I doubt if even Paleolithic man escaped the control of the herd.

The first law of the herd is "Thou shalt not." Just as the development of the higher nerve centres leads to inhibition of instinctive activities, so the development of communal life must restrict the freedom of the individual. Man has not found this easy. Philosophers may lament it, theologians may attribute it to original sin, but the biologist will remember that the cells of which he is composed did not find it easy to sink their individuality in that of the organism. A clever woman recently said to me of her son, whom I saw as a patient, "He hasn't fused his ancestors yet." It was profoundly true.

Yet evolution continues to demand that we shall fuse our ancestors, that we shall enlarge the unit. The family becomes the tribe, the tribe the small nation. The heptarchy becomes the monarchy, the nation an empire. And all the time the individuals within the unit are clamouring for self-expression, the smaller unit within the empire for self-determination. The nations become interdependent, the health and prosperity of one affecting the health and prosperity of all. Just as the revolt of the members against the belly became the defeat of all, war has now become a process in which all can lose but none gain. To win a war to-day is a greater disaster than it formerly was to lose one. Norman Angell pointed that out years ago, and concluded that it would make war impossible. But he fell into the error of assuming that man is a rational animal. To say so is like saying that England is a free country—it expresses a wish rather than a fact. Man is not a rational animal, though he may be in process of becoming so. But he rationalizes; that is to say, though reason is not the parent of his actions, he seeks reason for their god-

parent, preferring to ignore the savage ancestry of his unconscious mind.

Just as the nervous system must be developed to allow of sufficiently rapid co-ordination between the various organs of the individual, so means of rapid communication are essential to co-ordination of the complex civilization of to-day. Not so long ago the King truly remarked—"Civilization is communication." One of the many factors in the downfall of the Roman Empire was the inadequacy of the methods of communication for the size it had attained. So it suffered the fate of the mesozoic reptile. This difficulty does not obtain to-day. Means of communication could be excellent; so the forces that would oppose evolution offer artificial barriers to communication—passports, visas, Ellis Island and the like.

Hughlings Jackson, in his important generalization of the levels of the nervous system, showed that the later and higher levels suffered first in the disintegrative processes of disease. These higher levels have not such a firm hold on the instincts of the organism as the lower. Respiration has a greater survival value than dialectic. In the same way the enlarging unit evolves its higher levels later than the individuals composing it. A committee is always more ready to perpetrate an injustice than its individual members would be. The laws of a nation may be fixed, but its ideas of international law are varied to suit its convenience. A contract between individuals may be indefeasible; a treaty between nations is not. The contract may be enforced by superior authority; the observance of a treaty, up to the present, has depended on force of arms. Yet this is no more logical than the settlement of a private quarrel by a duel. That it should be wrong for the individual to kill but right for the State to do so can only represent a transitional stage in evolution. But in national affairs the human mind is still obsessed by the fallacy of force, though it has realized that in private affairs justice does not necessarily lie with the better shot.

If we cannot adapt ourselves to the demands of evolution, the issue is not in doubt. This civilization will go, as others have gone. Flinders Petrie in his fascinating little book on *The Revolutions of Civilization* supports the view that we are now in the eighth cycle of civilization. In each, sculpture, architecture, literature, mechanics and wealth have gradually grown to a maximum, and have then as inevitably waned. He says—"Hitherto the comparatively brief outlook of western history has given us only the great age of classical civilization before modern times. We have been in the position of a child that remembers only a single summer before that which he enjoys. To such an one the cold,

dark miserable winter that has intervened seems a needless and inexplicable interruption of a happier order—of a summer which should never cease." He goes on to express the view that the real progress has been that the summers of civilization are getting longer and the winters shorter. In this respect he is more optimistic than Anatole France in *Penguin Island*, where the closing sentence of the chapter entitled "Future Times" is a mere repetition of the opening sentence. The circle is completed and begins again. But Anatole France is a man of moods, and in *The Garden of Epicurus* envisages the future more in terms of Rodin's vast dreams in marble. It is an interesting point that in his book, which was published in 1911, Petrie brought forward facts which suggested to him the climax of the present era of civilization might shortly be reached. He goes on to say—"The rise of a new civilization is conditioned by an immigration of a different people—that is to say, it arises from a mixture of two different stocks. That effect of mixture cannot take place all at once. There are barriers of antipathy, barriers of creed, barriers of social standing, but every barrier of race-fusion gives way in time when two races are in contact." In other words the unit had to enlarge to give birth to a renewed civilization.

Whether we can adapt ourselves remains to be seen. The complete agnosticism of the biologist as to the inheritance of acquired characters may prove not to be justified, but we must admit that at present he has the best of the argument. Though this limits our hopes of progress in the individual, the psychology of the group mind is still in its infancy. The spirit of the hive transcends the mind of the individual bee.

If Joan of Arc was the first Nationalist, as Bernard Shaw maintains, we are the less beholden to her saintship. For the lines of cleavage between the nations now run strong and deep, and the war has greatly intensified them. It is not necessary for these to run deeper to prove fatal to civilization; it is sufficient that they remain as they are. For they bar the next step necessary in evolution, and if they cannot be overcome, back we must go into the melting-pot as former civilizations have done. It is no more logical to blame the present epoch for its savage and infantile psychology, than it would be to blame the huge Mesozoic reptile for its tiny brain. But the fallacy of force is now as obvious as the futility of mere bigness. Can we take the next step necessary to escape from the dilemma that evolution has reached? Only the younger generation can answer that question.

THE USE AND ABUSE OF MEDICAL BOOKS.

BENEATH the standard of medical literature is mustered an army whose numbers are as the sands of the sea. Many of these live their reasonable span, most perish in a week, and a very few are, so to speak, immortal.

Their uses are various. Some are written solely to act as allies against examiners—natural results of the defects inherent in the examination system. Some are storehouses of observed and proved facts: these are the books of reference. Some are written to give the writer's point of view upon certain diseases or groups of diseases: these are often illuminating and stimulating. Some, sad to relate, are laborious attempts at respectably legalized advertisement.

According to the reader's position in the medical world, so will his attitude towards medical literature vary.

Before leaving the "rooms" and the physiology laboratory a taste for partially understood articles in the *Lancet* will have become developed. At this stage the personal factor, that of clear expression, lively imagination and vivid illustration is that which in books and teachers alike is most appreciated. The new subject is wonderful in its novelty and seems to require the golden pen of a de Quincey. This vividness and brilliance is not always a vehicle of what is fundamentally sound, and one turns later in vain and with regret to a book whose transient message is finished. The monumental text-book appals with its fearfully exact mass of erudition. It is a mistake to begin at aphthous stomatitis a gargantuan meal that will end with perforating ulcers and mental dyspepsia. Text-books are not to be read through; they may be consulted.

Nevertheless it is at this period of transition between the "rooms" and the wards that the text-books must be acquired, for with the starting of medical work will arise the necessity for reference. There is little difference between the standard works of Osler, Taylor, Price; choice must be guided by individual taste. They may be sampled by the aid of a circulating library, subscription to which is a wise step.

There was once a physician whose advice to men beginning clerking was: "The first thing you have got to do is to forget all your physiology"; if for "forget" one inserts "remember," the dictum applies more truly to modern needs. A more recent member of the Staff used to say: "If you were given the chance of doing medical clerking with the help of a text-book either of

physiology or of medicine you would be wise to choose the former."

The text-book of physiology, therefore, must not be sacrificed upon the altar of Charing Cross Road. It should be consulted frequently and even re-read. Medicine is, to a considerable degree, applied physiology. Besides these two, other books of reference are needed—one on pathology, one on practical bacteriology. Gee's *Auscultation and Percussion* can with advantage be re-read many times, but second-hand copies are scarce and often require a prolonged search.

The mere acquisition of books such as those is not enough; their most efficient use requires a certain amount of care. The object of all medical practice, whether as clerk, house-physician or visiting physician, is education. This can only be acquired as a result of personal experience. The evidence of one's own eyes, ears, hands is worth many pages of scholarship. The value of that evidence can be accentuated and its permanence established by the wise use of books.

A new clerk is given a case. He takes what history he can, inquiring into the outstanding symptoms. After his questions and examination are finished he writes down as complete an account as possible. Eventually he makes or hears the correct diagnosis.

Then and not till then should he return home and open his books. Should the disease have intertered with normal function his physiological knowledge may explain the manner of this; at any rate memory can be refreshed at the fount of "Starling." Reference to the text-book of medicine will show what signs and symptoms *he has omitted to find*. On returning to the patient on the following day a new examination may reveal the presence of these physical signs, or, indeed, their continued absence.

By attempting to discover at first all he can for himself, his clinical powers will receive the greater stimulus. Reference to the answer at the end of the book is the worst way of attacking any problem. If during the course of three months' clerkship a dozen cases are dealt with in this manner as texts for reading, they will produce mental pictures vivid enough to form the outline of all medical knowledge that follows. Upon and about them will gradually be grouped a continually growing series of impressions.

Should there be energy, and time enough, besides this analysis of one's cases upon the lines of physiology, clinical medicine, pathology and bacteriology, other books can be read with the object of receiving if possible the personal knowledge and experience of others. Such books as Lewis's *Clinical Disorders of the Heart-beat* and Adam's monograph on *Inflammation*, by their clarity of expression and their exposition of the individual

manners of thought of their authors, are intensely stimulating. John Thompson's book on the *Common Diseases of Children* has also that fascinating and personal character.

It follows from this that the notes of one's own medical cases, of lectures or of medical demonstrations attended by oneself, will be full of vivid visual and auditory memories. This quality is necessarily lacking in the best text-books available, though references to books about some particular case may endow them to a minor extent with such impressions.

Books are dead, memories are living; wise reading may, by suggestion, add flesh to the naked bones.

There is a third class of medical book. It is the type expressly designed to enable examinations to be passed with the minimum amount of strain to the intellect. The examinee will, however, not escape without some risk of damage to his more parrot-like centres.

The truth of the matter perhaps lies thus: Buy good text-books; consult them about specific cases. Make personal and complete notes of cases and lectures; keep and treasure these; they may destroy the handwriting—sometimes an advantage in a doctor—but the value to their writer increases continually with years. One volume of personal experience is worth a library of collected facts.

GEOFFREY BOURNE.

ON READING SURGERY.

WHEN asked the question, "What should be read in order to learn Surgery?" one's first inclination is to reply that surgery cannot be learnt from books and that the matter is therefore of secondary importance. Further consideration however must modify this opinion, for although it is the experience of the majority that the facts which are really learnt and which remain in the mind, to be of use to a man in the exercise of his work, are those which are acquired by the examination and study of cases, yet there is no doubt that reading does play an important part in the study of surgery.

The student promoted from dissecting rooms and physiology department to the wards too often feels that he has left a great deal of drudgery well behind him, and that he is now about to enter upon a new field, the interests of which are more vital—alive enough, in fact, to wipe out even the rather deathly memories of the Second M.B. He will be wise to keep a text-book of practical anatomy and Bainbridge's *Physiology* at his elbow, and to apply the information contained in them to the problems of his new work.

A knowledge of anatomy and physiology will lead to

an understanding of a great deal of surgery, but will not explain all processes of disease. Pathology is, therefore, the next essential, and Bowlby and Andrewes's *Surgical Pathology* and the Museum catalogue will supply a sound groundwork.

None can doubt that it is experience that leads to wisdom, and a student can begin to obtain this experience from the examination of cases, and from watching their progress in the out-patient departments and wards. He would be well advised to make a brief note of any disease which he meets for the first time, and to read the account of it in a text-book of surgery. It is hopeless to attempt to learn surgery by reading a book through from cover to cover—nothing "sticks," and there is a risk of losing facts in a mass of confused ideas. But by using a text-book to amplify the teaching given at the bedside ideas may be clarified and even turned into learning.

The choice of a book is largely a personal matter. It is only natural to mention first the Bart.'s *Surgery*, a book which is easy to read, and which contains sections that are unsurpassed in any text-book of general surgery. "Rose and Carless" is rather like King's *Regulations*—a book which is not easy reading, but which leaves very little out and is therefore of extreme value as a work of reference. It would be impossible to give helpful advice with regard to the many other surgical text-books, but those by Thomson and Miles, Warren, and Russell Howard must be mentioned as the most popular.

Perhaps I might be permitted to blend personal experience with a summary of the foregoing remarks, and advise a student commencing the study of surgery to use Cunningham's *Practical Anatomy*, Mr. Rawling's *Surface Markings*, Bainbridge's *Physiology*, Bowlby and Andrewes's *Pathology* and the Bart.'s *Surgery*. The last word however must be that he will learn the science and art of surgery more from his patients than from reading; and careful examination of cases, close observation of their behaviour under treatment and practice in the use of his fingers will teach him more than many books.

J. PATERSON ROSS.

ADVICE TO THOSE COMMENCING THE STUDY OF PHYSIOLOGY.

YOU have, presumably, just passed an examination in chemistry, physics and biology, and are now about to embark on studies which bear a closer relation to medicine and which form a proper starting-point for the subjects of your final examinations. But do not suppose that the subjects of your first medical can now be put aside and be speedily

forgotten; it is of the utmost importance to grasp the fundamental continuity between the various subjects which beset the path of your progress. Physiology utilizes physics, chemistry and biology very extensively and in fact interprets its phenomena in terms of those fundamental sciences; in a similar way the science of medicine derives its nourishment from the roots which it has in physiological knowledge—it allows of no other interpretation. I am assured that there is not only a science, but also an art of medicine, having no connection with scientific subjects of any kind. This I think is a mere confusion of words, for science is, or should be, nothing more than applied commonsense. There is no effect without cause, and in seeking to treat that effect known as disease, we are more likely to succeed if we look for the cause than if we are merely content to look at the effect. And the cause is likely to elude us if we seek to find it elsewhere than in a derangement of normal physiological functions.

If the science of medicine is not in a satisfactory position that is chiefly because of the backwardness of physiological knowledge, if physiology is at present undeveloped that is due perhaps to the stupidity of physiologists, but chiefly to the fact that it is a subject of great complexity. The physiologist explains the working of the body in terms of physics and chemistry and biology, because there are no other terms in which he can attempt a rational explanation of the phenomena he witnesses; unless indeed the attempt were to be made to establish physiology as a science *sui generis*. In that case the scheme of our natural philosophy would probably have to be inverted, and we should have to provide, from our fundamental postulates, explanations of physics and chemistry in terms of physiology, or even psychology. In explaining natural phenomena, we must start somewhere, so we start, in the ordinarily accepted scheme, with certain mathematical axioms and postulates, familiar to all. If we start arguing about these things, we are likely to go on moving in circles for ever—we *must accept* them as a starting-point. From these we get the principles of physics, then chemistry, then, with certain new conceptions, biology and physiology. Scientific truth, then, can never be more than relative to the starting-point. Do not let the new views on relativity worry you, or make you think that science is built on moving sands. It isn't; it is built on a moving rock, and with each advance of knowledge the whole edifice is not shattered, but moves along.

Now physiology presents difficulties and complexities to the newcomer, for the simple reason that the various organs of the body are not in the habit of performing solos for the benefit of physiologists, but are rather like performers in an exquisitely complex orchestra, which

has a great piece to perform in the best way it can. If we knew how the orchestra was composed, why it existed, and what was the conductor's motive, life would hold but few secrets for us.

In all probability these are things we shall never know; certainly at present we have no inkling of them whatever, but must accept life as a fundamental phenomenon, much in the same spirit as the chemist accepts matter, or the physicist force. But we have learned something by isolating the performers in our orchestra, and observing what sort of solos these disgruntled artists play. Here and there faint themes can even be recognized in the orchestral piece. And grave disharmonies happen at times; as often as not we can only suspect the performer responsible for them, but cannot exactly locate, still less cure him.

You cannot expect, therefore, to get much of a grasp of physiology until you have studied the subject for some time; my advice to students commencing is to follow the practical work as closely as they can, attend the lectures, and, if possible, take notes, but to attempt no text-book reading for the first three months. By that time, especially if you suffer from insomnia, the lectures should have given sufficient insight into the subject to enable reading to be commenced. And *thereafter* steady reading and *re-reading* should be the rule until you have passed your second medical examination. Considerable attention should be paid to the spelling of technical words: such spelling as "enemia," "hemorage," etc., creates a bad impression. And if you pay close attention to the lectures, you will sooner or later find out how to pronounce such words as "systole" and "diastole," which if wrongly pronounced in a *visu voce* examination also do not prejudice an examiner in your favour. I think it was Voltaire who said—"Si vous ne pensez pas, créez de nouveaux mots"; but do not attempt this under the stress of an examination; leave it till you are qualified, and write original papers, when nothing but good will accrue from it, so far as you are concerned.

C. LOVATT EVANS.

THE LEARNING OF ANATOMY.

ADDRESSES and articles on the teaching of anatomy have been poured out in almost unlimited profusion, and most of them reiterate conclusions which, though self-evident, need to be constantly impressed on those in any way associated with the subject.

Here we are concerned with the student's point of view. No indignant protests, I suppose, are likely to arise if the statement is made that anatomy is commonly

regarded by those concerned as the subject most difficult of assimilation in the medical curriculum. And this because it involves the learning of so many facts which are bound together by no clear associational links.

All sciences are based upon a series of data, acquired in the first place by observation and experimentation, and morphology is no exception to this rule. The medical student has little enough time, however, to reach the study of this science of morphology. He must perforce confine his attention to the bare facts of human anatomy as completely as may be necessary for his subsequent study of disorders of that anatomy and its functions, and their correction. He must acquaint himself with the geography of the human body so thoroughly that, no matter in what part of the body he may find himself, so to speak, he may be able, without undue thought, to grasp his relations to surrounding parts and establish a correct orientation.

The student should realize to what a great extent his success in diagnosis and treatment will rest on anatomical knowledge, and it is perhaps difficult for one who has not yet reached the wards to realize this fully. A successful physician should have the power of penetration, applicable to the patient's body as well as his mind. He should be able to see through his patient physically as well as mentally. He should, in fact, be capable of making a mental X-ray of his patient so far as the latter's anatomy is normal. And it is difficult to over-estimate the enormous degree of self-confidence which such a faculty can give—a self-confidence which will reflect itself in all the professional activities of the physician or surgeon.

It must be emphasized that the whole of the anatomical teaching in the medical school is destined to be of more or less direct importance to the future practitioner. And let there be no misapprehension of the term "clinical anatomy." Clinical anatomy is merely a review of anatomical knowledge already acquired in the light of clinical experience gained subsequently. It is clear that the full clinical or surgical application of anatomy cannot possibly be understood until the student has reached the wards. There can be no question, however, of a distinction to be drawn between "clinical" anatomy and the anatomy taught in the dissecting-room. Such an idea is a relic of olden times, when, before the modern development of medical science and surgical technique, large tracts of human anatomy apparently seemed useless for the practitioner. To-day, when such minute details as the grey rami communicantes may call for surgical attention, he would be a rash person who could say what elements in the teaching of anatomy are superfluous.

Let the student realize, then, that the acquisition of

clinical knowledge and astuteness is vastly facilitated by anatomical knowledge, and that anatomy is to form a fundamental part of his equipment as a practitioner, and it will be apparent to him that the examination at the end of the third year is but a minor incident in his journey towards qualification.

Anatomy can, theoretically be learnt in two ways: The student can start with the framework of the body—the bony skeleton—and can study how the soft structures are built up round it. Or he can begin with the surface of the body, and examine layer by layer what lies beneath. The latter method has the advantage of starting with the known and working towards the unknown, and is the method adopted in practical anatomy. As a matter of convenience and expedition, it has been found best to combine the two methods. A study of osteology is hardly intelligible without a knowledge of the soft parts—muscles, joints, vessels and the like—and a dissection cannot be intelligently followed without a preliminary acquaintance with its skeleton. Wherefore, a student commencing anatomy, who is given his first part to dissect, does well to undergo the arduous task of learning up—even in a parrot-like fashion at first—the bones of that part, their shape, processes, muscle attachments, and so forth.

For osteology, one of the standard text-books of anatomy is necessary; for the dissection, a dissecting manual. Regarding the former, there is little remark to be made. There are several standard text-books of human anatomy which equally serve their purpose for the medical student. Such a text-book will give an adequate account of osteology, will provide an outline of embryology sufficient for the needs of most students, may be used for amplifying the descriptions gained in the dissecting-room, and serves as a ready reference in the future, when the student leaves the anatomy department. The question of a dissecting manual requires a little consideration. The aim of such a manual is to direct the student in the methods of exposing and recognizing the structures of the body, which have proved by experience to be most convenient and satisfactory, and also to give the student a correct perspective by laying stress on details in proportion to their practical importance. There are some practical anatomy books which are so detailed and elaborate, both in the descriptive part and in the illustrations, that they resemble a large text-book which has been divided up into small volumes, with the addition of a few dissecting notes interspersed here and there. These text-books are to be avoided, partly because they are amplified too much and exceed their duties (which should consist merely of guiding and directing), and partly because their illustrations tend to distract attention from the actual

dissected part, in which alone anatomy can be truly learnt. It is often thought that the learning of anatomy requires especially the power of visual memorization. Were this only the case, anatomy might well be learnt from illustrations and bottled specimens. But for the successful surgeon, anatomy must be learnt, not only by a process of visual memory, but with the aid of what has been termed kinaesthetic memory. And in this lies the value of studying anatomy by the actual dissection of an adult body: thereby the student acquires, almost unconsciously, ideas of spacial relations of structures, of their depth, their consistence, their texture, their resistances, and so forth. It will be objected that some of these properties in the preserved body are not the same as in the living body. This is certainly the case, but since anatomy cannot be studied in the living body (except from the surface), the next best method must be chosen. A correct idea, however, of the appearance and "feel" of various tissues and organs as they are in their natural state can be more accurately gained by a visit to the post-mortem room, and students are urged to do this occasionally for the reason above mentioned, and also for the study of certain structures (such as the peritoneum), which can far more easily be understood by reference to the fresh body.

A post-mortem room easy of access from the anatomical department is much to be desired.

The student should realize that a sound knowledge of ordinary topographical anatomy with no intricacies or subtleties, and the simplest elements of embryology, will be sufficient to get him through any anatomy examination in the medical curriculum, and that such knowledge can be most readily and easily attained by steady work with scalpel and forceps during each session of his term in the anatomical department. If he wishes to excel—not only in anatomy, but in any other subject pertaining to the practice of medicine and surgery—there are plenty of books and methods by which he can acquire a deeper and more comprehensive knowledge of morphology and embryology. But this is for the student who aspires to rise out of the common herd.

W. E. LE GROS CLARK.

CHEMISTRY.

EVERY science in the course of its growth reaches a stage at which it is necessary, if the science is to continue to grow, for it to borrow: it must borrow results and methods from other sciences. Those great and important sciences, medicine and surgery, which you have undertaken to study for the next five or six years in order that you may make the successful practice of them the chief business of many succeeding

years, are no exception to the general rule; both have had to borrow, and borrow extensively, results and methods from other sciences—from physics, biology, chemistry, physiology, anatomy and bacteriology. It is for this reason that you are required to learn something about each of the sciences in this formidable list. These few words have to deal with your study of chemistry. Like all the others in your list, it has become a great and unwieldy science, so that it is important you should study it in such a way that, in the first place, what you learn of it will be of use to you in those sciences you have to study along with and subsequent to your study of chemistry, and in the second place, that your methods of study shall be effective for this subject, and as far as possible similar to those you will have to use in your later subjects. Your syllabuses are drawn up on the lines of the first of these two points, and in the lectures what you have to learn will be set forth as clearly as it can be—only remember that no one can learn it for you; you must learn it yourself. In doing this always try to find the general in the particular—this is practising economy in learning. Many methods that appear to a beginner to be particular cases for the preparation of a particular substance are general methods. Take notes of the lectures and read them—the matter of your notes should contain the answers to the questions you will be asked in your examination. Attend to the lecture experiments; they are done to instruct and not to amuse you. In the laboratory practise the art of making correct observations, and what is equally important, the art of recording them neatly and accurately. Montaigne says: "Amongst so many millions of men you shall scarce meet with three or four that will duely observe and carefully keepe a register of their experiments." Matters are not quite as bad as that nowadays, but the man who can observe and record accurately is still an exceptional man. You can be that exceptional man, but only by diligent practice. A correct observation may often be interpreted in more than one way, as for instance when you observe that a newspaper devotes a great deal of space to explaining the exceptional brightness of Mars. This you might explain either by an intense desire on the part of the newspaper to instruct you in astronomy, or by the fact that at the time when Mars was in opposition and perihelion the Law Courts were in apheion. You will find many opportunities for the exercise of your judgment in the course of instruction mapped out for you in the practical chemistry class; in that course you may—and I hope you will—practise most of the chief virtues. And remember that if you meet with a difficulty in your study, your teachers are ready and most anxious to help you to overcome it.

W. HURLEY.

THE FALL.

“ONCE on a time,” the tramp began—
(A sorry sight was he),—
“I was a handsome clergyman
In High Society.

“There stands a church in Belgrave Square
Where I was once the Pastor;
I was the pampered idol there
Until I met disaster.

“In church my fervid homilies
Filled all the empty seatings;
They lionized me at their teas,
At homes and sewing-meetings.

“But now my dear parishioners
Maintain that I, their Vicar,
The staunchest of teetotalers,
A victim am to liquor.

“And when amongst my fickle flock,
I feel an interloper;
They say drink's been my stumbling-block—
Declare that I'm a toper.

“In point of fact, I've ceased to be
An active social climber
Since I, through drinking too much tea,
Contracted rhinophyma.”

A. B.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

We have suffered a severe loss in the retirement of our former President, Dr. Drysdale. We thank him most earnestly for the great interest he has shown in Hospital Rugby, and for the innumerable services he has rendered it. We shall miss him greatly, but hope to see him at some of the matches.

Mr. Girling Ball has been elected President in his stead; we welcome him heartily.

It is with great regret that we have just accepted the resignation from the captaincy of George Parker, who finds it impossible to carry on this season the work he has so ably carried out for the past two years. He has done great work for us in building up the team as well as by his efforts as a fine forward.

We have lost several prominent members of last season's team: from the forwards Parker, Carnegie-Brown and Beith; from the backs Melbourne Thomas and in all probability Gaisford.

May we offer our congratulations to Thomas on his recent appointment to a post in South Wales; he has done valiant work for the Hospital Rugby for the past six years.

In spite of these important losses, however, our prospects for the coming season are distinctly encouraging. We have a very strong list of fixtures, and should benefit greatly by such opposition. Amongst our new and very welcome fixtures are Swansea, R.N.C. Greenwich, Blackheath, Old Alleynians, and Bradford.

For the next few weeks we shall be busy filling up the gaps and reorganizing the team. In this respect individual players can help considerably by getting thoroughly fit and by practising accurate handling and kicking, so that our team practices may not be delayed by elementary faults.

The “A” “B” and “C” fiftreens have all long fixture-lists, and with steady team practice should do very well, for there is plenty of enthusiasm and individual merit.

Our first Hospital Cup-tie is against Guy's on February 5th.

The following are the officers for the season:

President: Mr. W. GIRLING BALL.

Vice-Presidents: Mr. REGINALD M. VICK, Dr. J. BARRIS, Mr.

J. H. JUST, Mr. H. E. G. BOYLE.

Captain: A. W. L. ROW.

Vice-Captain: P. O. DAVIES.

Hon. Secretary: R. H. BETTINGTON.

Hon. Treasurer: J. L. T. DAVIES.

Captain, 2nd XV: J. D. ALLEN.

Hon. Secretary, 2nd XV: G. P. ROXBURGH.

Hon. Secretary, 3rd XV: F. G. SCOVELL.

Selection Committee: W. F. GAISFORD and another to be appointed.

ASSOCIATION FOOTBALL CLUB.

The Soccer Club opens this season with its first match against Old Brentwood's on October 4th. Fixture-lists have been arranged for three eevens throughout the season, and it is hoped that the teams will be as representative of the Hospital as they were last year, when we won the Junior Hospital Cup and reached the final round of the Senior Cup.

Freshmen who would like to play are invited to add their names to the list of players posted in the Abernethian Room, or make themselves known to one of the playing members.

Officers for Season 1924-25.

President: Sir CHARLES GORDON-WATSON.

Vice-Presidents: Mr. FOSTER-MOORE, Dr. GOW.

Captain, 1st XI: H. L. OLDERSHAWE.

Vice-Captain, 1st XI: C. WROTH.

Hon. Sec., 1st XI: L. B. WARD.

Captain, 2nd XI: E. S. EVANS.

Sec., 2nd XI: W. A. MAILER.

Captain and Secretary, 3rd XI: S. JENKINSON.

Committee Men: G. G. HOLMES, J. HUNTLEY, A. E. ROSS.

HOCKEY CLUB.

RESULTING from the successes of last season an improved fixture list has been arranged for this year. It is hoped that the Club will enjoy an even better season.

Although the 1st XI were defeated early in the Inter-Hospital Cup, the 2nd XI reached the final in their-section last year. J. E. Church has been elected captain and J. H. Attwood secretary, whilst J. G. MILNER has been elected captain of the United Hospitals Hockey Club for the coming season.

Although the Club is fortunate in having many of last year's players available, it is hoping to find many recruits from the freshmen. All those wishing to play hockey this season are requested to add their names to the list on the notice-board as soon as possible.

HARE AND HOUNDS.

HARE and Hounds Club members, and any freshmen who may care to join, are reminded that the opening run of the season is on Wednesday, October 1st, at 3.30 p.m., from the “Crown Hotel,” Chislehurst, over a five-mile course. New members will be welcome, whether or no they have previously run for other clubs.

The Annual Dinner and Annual General Meeting of the United Hospitals Sailing Club will be held at the “Chanticleer” Restaurant on October 29th, at 6.30 p.m. Members of the Hospital Sailing Club intending to be present should give in their names to Mr. R. G. R. West by October 10th.

CORRESPONDENCE.

UNIVERSITY OF LONDON UNION.

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

SIR,—I am afraid I cannot agree with the statements made by Mr. H. G. Anderson in your last issue with regard to the attitude of our Students' Union towards the University Union. I am able to supply the following facts, about which there can be no possible quibble: (1) On April 16th of this year a Committee was formed to investigate the proposed formation of a University of London Union, and to report upon it. On the recommendation of this committee a representative was sent to an opening conference on June 7th. On his report and on the report of this committee the Council came to the conclusions I pointed out in my previous communication. I may add that this committee considered the question from every point of view, and that no special attention was given to the athletic side. (2) On April 11th, 1922 (before the proposed Union was considered at all), we decided not to subscribe to the University of London Athletic Union. It is not the intention of any official of our own Union to attempt to place obstacles in the way of those who are interested in the University Union. I note with satisfaction that Mr. Anderson is pleased to acknowledge this fact, and hasten to assure him that the work which he and others have done towards the formation of such a worthy institution is fully appreciated. At the same time, however, it is intended that members of our Union shall know the attitude of their own elected representatives towards the question. This attitude is that the University Union is entirely unnecessary for the Hospital student, from many points of view, and in consideration of this, official support must be declined.

I am, Sir, etc.,

W. HOLDSWORTH,
Vice-President Students' Union,
St. Bartholomew's Hospital.

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

SIR,—May I first thank you for your courtesy in permitting me to read Mr. W. Holdsworth's reply to my letter before the JOURNAL goes to press.

Now let me “quibble” about some of the “facts” brought forward.

In the first place the committee mentioned met last year (1923), and not this year! In the second place the University Union was formed in the spring of 1921 (and recognized by the Senate as such later on in the same year), so the terms of reference with their allusion to “the proposed formation of a University of London Union” must obviously bear some obscure meaning, or alternatively have been drawn up without any clear idea of the subject to be dealt with.

The representative mentioned, the late Mr. H. L. Sackett, a personal friend, told me that he would have joined the Union himself had he had his hospital career in front instead of behind him. It can hardly have been as a result of his advice that the then Students' Union Committee decided “that the University Union is entirely unnecessary for the hospital student” (I presume these words are an extract from the minutes of that meeting?). After all, “unnecessary” is a word capable of several shades of meaning, and in view of the kindly attitude of the Students' Union since that date, I interpret it in the sense of “not essential.” In which case “unnecessary” is unnecessary, and controversy is unnecessary.

I am, Sir,

Yours very truly,

September 22nd, 1924.

H. G. ANDERSON.

[This correspondence is now closed.—Ed.]

LUNCHEON TO W. GAISFORD.

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

DEAR SIR,—On the occasion of the visit of the English Rugby side to this town, the old Bart's men here took the opportunity of luncheon W. Gaisford, a member of the Rugby side.

Dr. G. E. Murray was in the chair, and in proposing the health of our *Alma Mater*, told us what football was like in his day, about 1882.

Dr. Napier proposed the health of our guest, and further enlightened us on the football played at Bart's in the 'eighties; apparently Guy's at that time was as much of a thorn in our side as they are to-day!

Mr. Gaisford briefly replied, and thanked those present for the hearty reception he had been accorded.

Besides Drs. Murray and Napier, there were present: Drs. A. B. Tucker, Sir Spenser Lister, W. A. Pocock, A. P. Woolwright, C. S. Scholtz, C. F. Beyers, L. I. Braun, J. Tremble, D. Crawford, F. McFadyen, and B. G. Melle.

Yours sincerely,

B. G. MELLE.

CLOXMEI CHAMBERS,
ELOFF AND MARKET STREETS,
JOHANNESBURG;
August 13th, 1924.

REVIEWS.

THE NATURE OF DISEASE. Part I. By J. E. R. McDONAGH, F.R.C.S. (London: William Heinemann, 1924.) Pp. 327. Price £3 3s.

This book can be recommended to all those interested in the subject of the mechanism of infection and immunity. Although the author's clinical and experimental observations relate chiefly to venereal diseases, the theories brought forward as a result of these observations apply to the whole range of diseases. It is perhaps especially to the inquiring mind of the research student that the book will appeal, for the contents consist of an abundance of matter over which he will ponder and criticize.

The work consists of 327 pages, divided into sixteen chapters. It is well printed on good paper, and is provided with numerous microphotographs and beautiful coloured plates.

There is a general discussion in the introduction, and then two chapters on the life-cycle of the micro-organisms of leishmaniasis and of syphilis. In the opinion of the author the *Spirocheta pallida* is nothing more than the adult male phase of a coecidial protozoan, the spore resulting from the conjugation of the two sexual phases being the actual cause of syphilis. Chapter 3 is devoted to the rationale of staining, and then follows several chapters on the physico-chemical changes which the serum proteins of the host undergo in response to irritation; and here the subject of cancer naturally finds a place. Later the mechanism of blood coagulation, the Wassermann reaction, etc., are discussed, and there is a final page under the heading—“No Disease has a Specific Pathology.”

Altogether the book makes very refreshing reading, although the critical mind will find plenty of scope for exercise. Not many men will agree with the views expressed by the author, but it will be, at least, granted that considerable thought must have been given to the subject, and we all know how much easier it is to criticize a theory than to propound it. Whether the experimental proofs brought forward are sufficient to justify the conclusions drawn from them is a question upon which individual readers will no doubt differ.

ON THE BREAST. By DUNCAN C. L. FITZWILLIAMS, C.M.G., M.D., F.R.C.S. (Heinemann.) Pp. 440. Price 30s.

SO MUCH has been written about the breast that when one finds another book of over 400 pages “On the Breast,” one wonders if this is merely a repetition of what has been written so many times before or if there is really something new.

The book is actually a remarkable collection of facts about the breast. It makes weary reading, for there are too many cases quoted, and statistics bristle out thickly from nearly every page.

The most striking feature of the book is the illustrations; they are very numerous, and most of them very revolting. In the chapter on the rare condition of parenchymatous hypertrophy there are sixteen illustrations—a most unpleasant sight and surely a great waste of space.

The author describes and illustrates an excellent and simple method of strapping a breast; but why does he illustrate single and double spicas for the breast when he condemns them as of no value?

The huge subject of carcinoma of the breast is admirably treated, but one is sorry Mr. Fitzwilliams attacks Handley's theory of lymphatic permeation so relentlessly.

The author advocates the invisible scar by turning the breast upwards and approaching it from behind for operations on some innocent lesions of the breast; and we are glad to see the emphasis he lays on the evils of tapping cysts of the breast.

The book ends with an interesting chapter on the X-ray treatment of malignant disease of the breast by Dr. Harrison Orton.

THE THEORY AND PRACTICE OF THE STEINACH OPERATION. By Dr. PETER SCHMIDT (Berlin). (Heinemann.) Pp. 150. Price 7s. 6d.

It is stated that one of the chief objects of this book is "to demonstrate the completeness of rejuvenation in human beings apart from the *vita sexualis*," as a result of Steinach's operation of vaso-ligation.

Of the 84 cases reported on, an improvement more or less marked is claimed in just over one-half, while in one-third no change was noticed, and of the remainder no record was obtainable.

Some of the results described are obviously attributable to causes apart from vaso-ligation, while of the others some require to be seen to be believed.

We offer our sympathy to the "Doctor from abroad, 51, after one-sided vaso-ligation showed striking growth of nails and beard. Obligated to shave twice daily." We trust that his Leydig cells have now moderated their output.

The book is not convincing. Many of the successful cases were in patients who were admittedly neurotic or abnormal. We think if they had journeyed to Berlin and taken a course of Yodil with the same amount of faith with which they underwent vaso-ligation, they would have been greatly benefited.

MODERN VIEWS ON THE TOXEMIAS OF PREGNANCY. By O. L. V. WESSELOW, M.B. (Constable.) Price 7s. 6d.

This volume is one of the series of Modern Medical Monographs under the editorship of Dr. Hugh Maclean, intended primarily to give the general practitioner a *résumé* of the results of modern methods of medical investigation. The present volume deals with the toxemias of pregnancy. The authors are to be complimented on their graceful literary style. This is very welcome, and goes far to make the summary of bio-chemical methods readable without undue fatigue. The moderation of the views expressed and the modesty of the authors when dealing with the aetiology of the toxemias and other difficult problems are noticeable features. The book is well planned; a list of the special methods of examination available is given. Each test is considered with respect to its theoretical significance and its reliability, and the authors do not hesitate to criticize either. The result is that the reader becomes acquainted with the investigations, realizes when and for what purpose they should be employed, yet appreciates their immaturity and consequently their limitations.

If the authors had this object in view they have succeeded admirably. It is difficult to believe that the general practitioner is interested in these advanced methods of investigation, and for this reason the demand for the book will be limited to advanced students. From the point of view of practical utility the book has little to offer to the clinician. The differential diagnosis of the toxæmic and the neurotic types of vomiting is hardly dealt with. Similar remarks apply to the diagnosis of toxicæmic albuminuria from chronic nephritis in pregnancy. The authors seem fully aware of this failing, but although from the point of view of the pure scientist this agnostic attitude is praiseworthy, the practitioner by the bedside gains little.

The term "nephritic toxæmia" seems misplaced. There is no evidence that in this group of cases a toxæmic element is at work.

The monograph contains a delightful series of essays on the problems of the toxæmias, but it must be concluded that although their academic value is considerable, their value to the general practitioner is small.

CHANGES OF ADDRESS.

BATTERHAM, D. J., Capt. R.A.M.C., 36 C.C.S., British Army of Rhine, Cologne.
BRAIMBRIDGE, C. VINEY, Native Civil Hospital, Mombasa, Kenya Colony.

CHANDLER, F. G., 1, Park Square West, Portland Place, W. 1.
CROSS, W. FOSTER, Clay Point, Flushing, near Falmouth.
DINGLEY, A. K., 47, Queen Anne Street, W. 1. (Tel. Mayfair 4132.)
ECCLES, T. A., Brookside, Ashbourne, Derbyshire. (Tel. Ashbourne 51.)
GALSTAUN, G., Galstaun Park, Lower Circular Road, Calcutta, India.
HIGGS, S. L. 10., Portland Place, W. 1. (Tel. Langham 2202.)
HILL, A. CROFT, 25, Emperor's Gate, S.W. 7. (Tel. Western 860.)

HOLTHUSEN, A. W., 5, Crowstone Road North, Westcliff-on-Sea, Essex.

HOMA, BERNARD, 20, Dalston Lane, E. 8. (Tel. Clissold 1057.)
MAINPRISE, C. W., Col. R.A.M.C., R.A.M. College, Grosvenor Road, Millbank.

MILES, W. E., 14, Park Crescent, W. 1.
SUNDERLAND, R. A. S., Kingswood, Hamstel Road, Southend-on-Sea.

WELLS, A. Q., Eyam, Derbyshire. (Tel. Grindleford 36.)

APPOINTMENTS

BLACKABY, E. J., M.R.C.S., L.R.C.P., appointed Resident Surgeon Officer, District Infirmary and Children's Hospital, Sunderland.

KITCAT, C. DE W., M.R.C.S., L.R.C.P., appointed House-Surgeon, Walthamstow General Hospital.

MAINPRISE, C. W., M.R.C.S., L.R.C.P., Col. R.A.M.C., appointed Commandant, R.A.M. College, Millbank.

WILLIAMS, R. LESTER, M.B., B.Ch.(Cantab.), F.R.C.S., appointed Resident Surgical Officer, Sheffield Royal Infirmary.

BIRTHS

ALLEN.—On August 27th, at a nursing home, Highgate, to Constance, wife of Francis Allen, M.B.—a son.

BRACEWELL.—On August 10th, at Wrentham House, Wrentham, Lowestoft, to Marion, wife of Charles H. Bracewell, M.R.C.S., L.R.C.P.—a daughter.

CAPENER.—On August 23rd, to Marion (*née* Clarke) and Norman Capener, of 8, Marlborough Road, N.W., and St. Bartholomew's—a son.

CLARK.—On September 10th, to Freda Constance, wife of W. E. Le Gros Clark, F.R.C.S.—a daughter.

DANKS.—On September 1st, at York Lodge, Sutton, Surrey, to Dr. and Mrs. W. S. Danks—a daughter.

REICHWALD.—On September 1st, at Timber Hill, Ashted, Surrey, to Katharine Civil, wife of Dr. M. B. Reichwald—a daughter.

STOCKER.—On September 2nd, at Glebe Croft, Bakewell, the wife of Major C. J. Stocker, M.C., M.D., I.M.S.—a son.

WAY.—On August 21st, to Margaret Amy, wife of Lt.-Col. Leslie Way, D.S.O., of Roseleigh, Burgess Hill, Sussex—a daughter.

WOODMAN.—On August 21st, at 132, Hagley Road, Edgbaston, the wife of E. Musgrave Woodman, M.S., F.R.C.S.—a daughter.

MARRIAGES.

CORSI—DOYLE.—On September 4th, at St. Paul's, Knightsbridge, by the Rev. H. L. Haynes, Henry Corsi, F.R.C.S., eldest son of Signor and Signora Corsi, of Milan, to Margaret Gleeves Doyle, daughter of the late William Gleeves Doyle, F.R.G.S., and Mrs. Doyle, of Watcote, Leamington Spa. Canadian papers please copy.

HOLMES—HOPKINS.—On July 8th, in the Chapel of Emmanuel College, Cambridge, by the father of the bridegroom, assisted by the Rev. F. W. Head, M.C., Chaplain to H.M. the King, Eric Gordon, eldest son of the Rev. R. Holmes, Vicar of White Waltham, and Mrs. Holmes, to Barbara Elizabeth, eldest daughter of Professor F. Gowland Hopkins and Mrs. Gowland Hopkins, Saxmeadham, Cambridge.

DEATHS.

EVANS.—On August 31st, 1924, at 43, Rosslyn Hill, Hampstead, N.W. 3, suddenly, William Norman Evans, M.R.C.S., L.R.C.P.

PATERSON.—On September 2nd, 1924, very suddenly, at Buncrana, co. Donegal, Ireland, William Bromfield Paterson, F.R.C.S., of 7a, Manchester Square, W., only son of the late William Paterson, of Stockland, Devon, aged 63.

NEEDHAM.—On September 6th, 1924, at Bournemouth, Frederick Needham, M.D., Kt., dearly loved husband of Helen Needham, and late Commissioner of the Board of Control, aged 88.

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. 1.

The Annual Subscription to the Journal is 7s. 6d., 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: City 510

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXII.—No. 2.]

NOVEMBER 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Sat., Nov. 1.	—Rugby Match v. Swansea. Home. Hockey Match v. Clare College. Home.
Mon., " 3.	—Special Subject Lecture, Mr. Rose.
Tues., " 4.	—Prof. Fraser and Prof. Gask on duty.
Wed., " 5.	—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
Fri., " 7.	—Dr. Morley Fletcher and Mr. Waring on duty. Clinical Lecture (Medicine), Sir T. Horder.
Sat., " 8.	—Rugby Match v. R.M.C. Away. Hockey Match v. R.M.C. Away.
Mon., " 10.	—Special Subject Lecture, Mr. Elmelle.
Tues., " 11.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., " 12.	—Clinical Lecture (Surgery), Mr. L. B. Rawling.
Fri., " 14.	—Sir Thomas Horder and Mr. Rawling on duty.
Sat., " 15.	—Rugby Match v. Bristol. Away. Hockey Match v. Hendon. Home.
Mon., " 17.	—Special Subject Lecture, Mr. Scott.
Tues., " 18.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., " 19.	—Clinical Lecture (Surgery), Mr. L. B. Rawling. Cambridge Graduates' Annual Dinner.
Fri., " 21.	—Prof. Fraser and Prof. Gask on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
	Last day for receiving matter for December issue of Journal.
Sat., " 22.	—Rugby Match v. Devonport Services. Home.
Mon., " 24.	—Special Subject Lecture, Mr. Harmer.
Tues., " 25.	—Dr. Morley Fletcher and Mr. Waring on duty. Oxford Graduates' Annual Dinner.
Wed., " 26.	—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Thurs., " 27.	— Abernethy Society: Sir Bernard Spilsbury. 5.30 p.m., "Some Medico-Legal Notes."
Fri., " 28.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Sat., " 29.	—Rugby Match v. Plymouth Albion. Away. Hockey Match v. Shoebury Garrison. Away.

EDITORIAL.



CCASIONALLY we become morbidly introspective. The attack generally reaches its fastigium about the 4th of each month. We have known for many moons that no one reads our Calendar; we have long suspected that no one reads our Reviews; it has been suggested to us that but little time is spent upon our Correspondence—when we have any. But the greatest blow of all fell a few days ago. We discovered that people do not read our Editorial. We asked our friends what they thought about the suggested new site for the Little Britain Gate. They gaped out, "What suggested site?" We developed an alternating genu valgum-varum. We blushed. We stammered. Had we not invoked the spirit and letter of both the *Book of Common Prayer* and the authorized version of the Bible in our racy paragraph of last month on this subject? Had we not interviewed contractors, 'phoned architects and braved the dangers of the fate of Korah, Dathan and Abiram that we might be the better informed? Our friends had not read.

Very, very occasionally the balance is vigorously pushed in the opposite direction. A few weeks ago we received a letter from an old Bart.'s nurse (or shall we say a nurse trained at Bart.'s some years ago) saying that she had shown the JOURNAL to an American doctor, who had remarked that he had never seen so much humour in so small a compass in any publication produced outside America.

On more mature consideration we decided that this compliment was more than a little doubtful. We recovered our poise!

* * *

We offer our congratulations to a renowned old Bart.'s man, Dr. Robert Bridges, the Poet Laureate. He

celebrated his eightieth birthday on October 23rd. He took his M.B.(Oxford) in 1874, and was elected a Fellow of the Royal College of Physicians in 1900.

We hope that some day he may be persuaded to write a poem for the JOURNAL of his old Hospital.

* * *

The Queen's Dolls' House now contains a history of St. Bartholomew's Hospital. Sir D'Arcy Power has written and had produced a beautiful miniature history, which now takes its place in that wondrous Lilliputian library of the Dolls' House which was until recently on view at Wembley.

* * *

Methods by which the qualified Bart.'s man can keep in touch with friends of his student days are none too numerous. The pair who dissected together, clerked on the same firm, dressed for the same surgeon and were partners on "District" are quite likely, after qualifying, to go into practice, one in Nairn and one in County Kerry, and never again hear of each other until one or other has his obituary notice published in the ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Possibly our example has been too exuberant. But the burden of our story is this: The Bart.'s Dance will be held at the Wharnclyffe Rooms on Wednesday, December 3rd. Further particulars will only with difficulty evade the eye if this copy of the JOURNAL is even casually scanned.

* * *

Another method by which men still at Hospital might preserve a connection with qualified men in other colleges has been emphasized by a representative of the Johannesburg University. He has expressed a wish that Bart.'s men publishing articles will send reprints to the Johannesburg University Library.

The reasonableness and merit of such procedure will appeal to those of our readers who are also occasionally writers. A reprint will often make its appeal where the paper in which the article originally appeared is entirely overlooked.

* * *

The Contributions Department report that a cheque for £80 has been received by them, being their share of the City and Hospitals Charity Athletic Contest.

* * *

We call the attention of final year students to the prize offered by the British Medical Association for the best essay on "The Diagnosis and Treatment of Chronic Intestinal Obstruction with Illustrative Cases." The

similar prize offered last year was won by a Bart.'s man, Mr. C. L. Elgood. We hope that this honour will be kept in the Hospital again this year.

* * *

After four years as Senior Demonstrator in Physiology Dr. S. W. F. Underhill is retiring to take up the duties of Research Physiologist to Messrs. British Drug Houses. Our best wishes go with him in his new work.

* * *

The Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held at the Hotel Victoria, Northumberland Avenue (in the Grand Hall), at 7.15 p.m., on Wednesday, November 19th.

Dr. Drysdale will be in the Chair, and it is earnestly hoped that every Cambridge Bart.'s man who can possibly do so will turn up to give the Chairman a rousing reception.

The Secretaries of the Club are Dr. H. N. Burroughs and Mr. Reginald M. Vick, who will be glad to answer any inquiries.

If any member of the Club has not received an invitation to the Dinner, will he, please, communicate at once with one or other of the Secretaries?

* * *

The Oxford Graduates Dinner will be held on Tuesday, November 25th, at the Langham Hotel. The time arranged is 7.15 for 7.45. Sir D'Arcy Power, K.B.E., will be in the Chair. The secretaries are Mr. E. A. Crook and Mr. C. L. Harding.

HOUSE APPOINTMENTS.



THE following gentlemen have been nominated to House Appointments from November 1st, 1924:

Junior House-Physicians—

Dr. Morley Fletcher.
Sir P. Horton-Smith Hartley.
Prof. F. R. Fraser.
Sir Thomas Horder, Bt.
Dr. Langdon Brown.

Junior House-Surgeons—

Mr. H. J. Waring.
Mr. McAdam Eccles.
Mr. L. Bathe Rawling.
Prof. G. E. Gask.
Sir C. Gordon-Watson.

Intern Midwifery Assistant (Resident)

V. F. Farr.

Extern Midwifery Assistant (Non-Resident)

J. Elgood.

H.-S. to Throat Department

B. M. Tracey.

H.-S. to Ophthalmic Department

J. Parrish.

H.-S. to Orthopaedic Department

A. Barnsley.

H.-S. to Venereal and Skin Department

J. R. W. H. Tincker.

Resident Anesthetists

S. S. Morgau.

H. A. Ware.
G. C. Woods Brown.
H. W. Pearson.
E. R. Cullinan.
W. A. Robb.

W. G. Scott Brown.
R. Bolton.
C. L. Harding.
F. A. Bevan.

A. J. Dordeu-Smith.
G. S. W. Evans.

J. Elgood.
B. M. Tracey.
J. Parrish.
A. Barnsley.

J. R. W. H. Tincker.
S. S. Morgau.
R. L. Rhodes.
H. B. Savage.

NATURE, THE SCIENTIST AND THE PITFALL.

By C. H. ANDREWES, M.D., M.R.C.P.,

Assistant Resident Physician, Hospital of the Rockefeller Institute, New York City.



NATURE is justly celebrated for her skill and success in guarding her secrets. She seems, moreover, to keep an unusually close guard on her medical secrets, and to take an especial delight in placing obstacles in the path of the seeker after truth in this field. It is largely this fact which gives medical investigation all the glamour of war, all the excitement of a voyage of discovery; it is this which makes it take a front rank, considered purely as an intellectual exercise.

When the scientist discovered the relation between bacteria and disease, when he found that many pathogenic organisms could be cultivated on artificial media, he made a great advance. But Nature still had something up her sleeve; in many infections, and not the least important ones, no organism could be cultivated. The scientist had to try other lines of attack. One hopeful line was the attempt to transmit an infection to animals by the inoculation of material from the disease in question, even though no organisms were demonstrable. If the disease could be reproduced, the conditions of its appearance could be studied and further search made for the causative agent. This mode of attack has been particularly fruitful in studying the group of filter-passing viruses. But for the scientist engaged in research along these lines, Nature has been unusually lavish in her provision of pitfalls. Some of these, lately discovered, serve as such valuable warnings to the unwary that it seems worth while to review them briefly, even at the risk of covering some already familiar ground.

Encephalitis lethargica.—A short while ago it seemed to be fairly well demonstrated that encephalitis lethargica was caused by a filter-passing virus, and that the disease could be reproduced in animals, particularly rabbits. Material from patients with encephalitis inoculated into rabbits by various routes led to the appearance of clinical signs of encephalitis—fever, ataxia, paralysis, and abnormal movements. The animals frequently died, and their brains showed in section well-marked histological changes, particularly the perivascular collections of lymphocytes so characteristic of human encephalitis lethargica material. The same story came, with some variations, from workers in England, France, America, Switzerland, Sweden, and other countries. But the optimistic scientist had

reckoned without Nature, who had here provided not only one, but two most ingenious pitfalls.

After various workers had been, as they fondly imagined, reproducing in rabbits at will the histological picture not only of encephalitis lethargica, but of general paresis and other diseases, it was found that rabbits were subject to a spontaneous encephalitis which gave rise to just the histological changes they described. C. C. Twort (1), of St. Bartholomew's Hospital, was one of the first to describe this spontaneous affection. In some laboratories as many as 50 per cent. of rabbits, as well as mice, guinea-pigs, and perhaps monkeys, were affected with this chronic encephalitis, which has been shown to be due to a visible parasite, perhaps of protozoal nature. So this was pitfall No. 1; the claims to have reproduced encephalitis lethargica based on histological evidence have had to be abandoned.

Meanwhile continental workers, particularly Levaditi at the Pasteur Institute, had produced by the inoculation into rabbits of encephalitis material a much more acute and usually fatal infection. They described as the cause of this a virus which passed porcelain filters, and which produced lesions in the brain of the rabbit and also in the eye, testis and skin. Now this virus behaved in a very similar way to that isolated not long before from the vesicles of herpes febrilis; it would infect the same organs of animals, giving rise to the same histological changes. On investigation it was found that inoculation with the herpetic virus would protect a rabbit against infection with the encephalitic one, and *vice versa*. Levaditi then contended that there were two strains of one virus, one virulent and tending to attack the nervous system (and causing encephalitis in man), the other less virulent, with an affinity for the skin (causing herpes febrilis in man). Other workers have, however, failed to find a constant difference in virulence between the viruses isolated from the two sources. Lately Flexner (2) has recovered the "encephalitic" virus from the spinal fluid of a patient with cerebrospinal syphilis. The facts, therefore, seem best explained by the assumption that Nature occasionally allows the virus of herpes febrilis to wander into man's central nervous system—doubtless with the express object of confusing the scientist. It seems probable that with the revelation of this very subtle pitfall, we shall have to admit that the cause of encephalitis lethargica is still a complete mystery. (3)

Chickenpox and rheumatic fever.—Since vaccinia can be readily transmitted to animals, it seemed likely to two workers at the Rockefeller Institute, Rivers and Tillett (4, 5), that chickenpox would be amenable to study along similar lines. Direct attacks having been unsuccessful, they adopted the plan of inoculating

rabbits' testicles with varicella blood, removing the testes after a few days, grinding them up, and injecting the resulting emulsion into the testicles of more rabbits, even if no evidence of infection immediately appeared. In this way they hoped that a minute amount of virus might multiply and perhaps become accustomed to life in the rabbit, and manifest itself after a few transfers. And this is roughly what happened. After a few transfers an acute orchitis appeared, and the infection could be carried on indefinitely from rabbit to rabbit. It multiplied best in the testis (a useful organ for the cultivation of viruses), but also gave good skin lesions, including vesicles of a sort. The agent was found to be filter-passing. In the lesions of human chickenpox are found so-called intra-nuclear inclusion bodies—rounded masses within nuclei, staining pink with eosin. In testes and skin of rabbits infected with Rivers and Tillett's virus, almost identical inclusion bodies were found. The guileless reader, who has forgotten about the other pitfalls, can be overheard murmuring—"Good enough!" But Rivers and Tillett failed to produce immunological proof of the identity of their virus with the cause of chickenpox, so they held their hand.

The scene now shifts to another laboratory at the Rockefeller Institute, where the writer was one of a team studying rheumatic fever. The technique being used in the chickenpox service was also employed by us in our search for the "rheumatic fever virus." Rabbits' testicles were inoculated with blood from patients with acute rheumatic fever, and transfers made at varying intervals as described above. And, behold, after a few transfers, an acute transmissible infection appeared. If some infected material was inoculated into the chests of rabbits, they developed, as a rule, an acute fibrinous pericarditis, and at times a myocarditis also. For a few glorious days we hoped we were on the track of the elusive "rheumatic virus"; we could not see Nature winking the other eye. But soon we grew suspicious. Our virus was shown to give skin lesions just as that of Rivers and Tillett did; we found the same nuclear inclusion bodies. Cross-immunity experiments were conducted, and proved the identity of the "chickenpox" virus with that of "rheumatic fever." Needless to say, the virus turned out to be the cause of neither disease. Control experiments in which series of rabbits were originally inoculated with normal rabbit blood, instead of blood from varicella or rheumatic fever patients, led to the appearance of the same infection. This infection now appears to be due to a hitherto undescribed filter-passer which infests rabbits. The course and symptomatology of the spontaneous disease in the rabbit are as yet unknown.

There is only space to mention briefly one more of

Nature's little jests. Two years ago Swift, Boots and Miller (7), at the Rockefeller Institute Hospital, were trying to transmit rheumatic fever to monkeys. Some time after inoculation with rheumatic material several monkeys developed periarticular thickenings, and, more intriguing still, subcutaneous fibrous nodules clinically very like those found in children with rheumatic fever. Histologically also the nodules closely resembled human nodules. All seemed bright until one dreadful day when other monkeys, kept as controls, showed the same lesions. To cut a long story short, the trouble was finally traced to a new sort of nematode worm which inhabited the subcutaneous tissues of the monkey.

The truth is that we are singularly ignorant of the diseases to which the common laboratory animals are subject. And the moral is obvious: never claim to have made a scientific discovery unless you have made due allowance for Nature's misplaced sense of humour.

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A H.P.'S PRACTICAL NOTES.

By E. COLDREY.

THE following notes may prove of use to the rising H.P. of the future, to avoid some of the numerous pitfalls into which one has stumbled or seen others stumble.

A house-physician should—

1. Never snag a junior house-surgeon, who has dozens of "chronics" with constipation with which he will return the compliment.
2. Consult with his senior house-physician before admitting a case.
3. Teach the nurse in the box to test urines.
4. Encourage clerks to come and help in the box; they will frequently find "chronics" in whom some interesting point has been missed.

5. Always make a diagnosis and put it down at the top of the paper. He will have to diagnose his cases later on in practice at the first visit.

6. Be loth to diagnose hysteria.
7. Always examine each fresh case, and put it down on the paper, even if nothing abnormal be detected; it will save time and trouble at subsequent attendances.
8. Remember that purgatives and laxatives will cure many cases with symptoms, but no signs.
9. Never allow anybody to persuade him that he can elicit a physical sign which is not present; crepitations at an apex, without any other physical signs, frequently are a product of the imagination.
10. Remember that the commonest cause of P.U.O. in infants is tonsillitis, and that one of the commonest causes of chronic ill-health in children is enlargement of the tonsils and adenoids.

11. Send any doubtful case of diphtheria to the M.A.B. without waiting for the result of swabs and cultures, where it can be isolated and observed. Do not give it serum before sending it.

12. Remember that a holiday at the seaside, obtained at the almoner's office, often does more good than medicine.

13. Realize the importance of manual dexterity with needles. An intradermal injection of novocain is all that is necessary for a painless lumbar puncture or puncture of the chest, etc.

14. Take any doubtful case of meningitis, especially tuberculous meningitis, into Surgery Ward for 24 hours, perform a lumbar puncture and count the number of cells present in the spinal fluid. This will always settle the diagnosis.

15. Obtain blood from an infant from the superior longitudinal sinus through the anterior fontanelle.

16. When giving salvarsan, watch the end of the needle the whole time to see that the injection is intravenous; if any swelling appears, whether salvarsan or blood, or if the patient complains of any pain, come out and start again. A subcutaneous injection of salvarsan will ruin the patient's arm for six months.

17. Remember that a tuberculous abscess can often be cured by repeated aspiration, especially if arising from glands.

18. At once put a needle into a chest if there is any suspicion of the presence of an empyema. It does the patient no harm; in fact a pneumothorax or a little surgical emphysema will frequently cure a case of broncho-pneumonia which has been hanging fire. It will never be regretted that a needle was put in, but it will frequently be regretted that one was not put in.

19. Be able to do blood-urea and blood-sugar estimations. They will be a great help, both in diagnosis and treatment of cases of coma.

20. Be wary of certifying a case as drunk. In a magistrate's court he will generally fail to convince the defending counsel and the magistrate that his diagnosis was correct, however many tests he carried out, and will frequently be covered with shame.

21. Never give up hope in cases of acute heart failure. Strophanthus, strychnine and camphor in full doses often work wonders, especially in acute heart failure in conditions such as pneumonia, in which there are no gross valvular lesions.

22. Never give strophanthus if the patient is under the effects of digitalis.

23. Never cause unnecessary work for nursing staff or pathologists.

24. Teach the clerks how to examine a case.

NOTES ON GENERAL PRACTICE.

MOST of us dislike any job that we know we can't do well. I hate the idea of writing to any paper, medical or otherwise. Lack of literary ability is a handicap to contribution, but the second appeal in the "Editorial" of the June number almost compels one to try to help the present-day student, if only to a small extent; hence these notes.

General practitioners have reason to be grateful to research workers and specialists for all new discoveries and methods of treatment, but the student who takes up general practice will soon find himself wishing that the pioneers of the profession would go a step further, and make sure that their new methods of diagnosis and treatment are pleasant to the patient.

So, Mr. Student, about to take up research work, please try to bear in mind, when you make a discovery and write an article about it, that we poor fellows in the country have to overcome any amount of prejudice against such things as lumbar puncture, intravenous injections, and anything else that hurts. No, it's not a trivial objection; it's a very real one to the G.P. who has to spend half-an-hour persuading two obstinate parents, and one or more howling children, that he has to be cruel to be kind.

Mr. Lockwood laid it down, again and again, "The patient first; whenever any difficulty crops up, that is the touchstone on which to put your test."

However, let's be thankful for the help we do get, and try to make our own improvements on it. Here is an example which is, as far as I am concerned, original.

Whooping-cough.

The "Epitome of Current Literature" (one of the most helpful features of the *B.M.J.*), quoted in 1921

or 1922 various writers' opinions on Audrain's method of treating whooping-cough with intramuscular injections of ether. Well, the next epidemic of whooping-cough proved that the method was excellent as regards results. Three injections, given on alternate days, stopped the cough in all but two or three cases; never did one need to give more than four. No cough; no sequelæ; no loss of sleep for the patient or the family; grateful parents, and little trouble for the G.P.

But there was one crab: the patient didn't like the injections. True, the pain wears off pretty quickly, but—well, that's how 'tis.

There came a day when I was called to see eight children in one family, all suffering from whooping-cough. Six were in one room, two were in the next; all were whooping hard, and were vomiting at intervals. In a few minutes all eight were weeping piteously as well, and I hurried away, feeling like a malefactor. Then the next visit, the weeping before, the howling during and after—a bit hard on a man who likes children.

Much thought in the next few miles' driving. Why not give your ether *per rectum*? Arrival at the surgery; 4 oz. of ether and 1 oz. of olive oil well shaken up in a 12-oz. bottle; a teaspoonful of the mixture held in the mouth for a minute, quite inoffensive, and the difficulty seemed to be solved. So the next patient, a boy of 12, had a rectal injection, one drachm of the mixture as a trial dose. Horrors! He wept as loudly as the rest—naturally, since the ether burnt the skin around the anus. A smear of vaseline solved that oversight, and nowadays all is well.

Children of 1½ to 4 take 1 to 4 drm. of the 50 per cent. mixture well; older children have more; so far I have not had an adult to treat by this method.

Faute-de-mieux, I inject with a catheter fixed to a small glass ear syringe; the syringe is scratched with a file to mark drachms.

Using either method, one can detect ether in the breath 1½ minutes after the injection. Now I am wondering whether there is any point in waiting a day between the injections; why take a week to cure if three days will do the trick?

And there is still a crab: infants eject the mixture forcibly sometimes when given *per rectum*; so M. Audrain's method is still the best for them. But after all, infants have none of the terrors of anticipation or remembrance to put up with.

The rectal method has proved to be quite as efficacious as the intramuscular one, though I have noticed that the children do not go to sleep so quickly after it, nor do they sleep for quite so long.

Mumps.

A G.P. can't always keep up to date. Possibly what I am going to say has already been said by someone else, but as far as I know that is not so. Anyway, here again it's original as far as I am concerned.

It isn't so much the parotitis that worries one, it's the other complications that cause the most pain and loss of time to the patients. Two years ago an epidemic in this district attacked most of the young adults and many of the older people too. Worse than that, nearly all of those attacked developed mastitis; all the males had orchitis, first on one side, and then on the other; most of the females had acute abdominal pain over the ovarian region; and altogether there was much misery in spite of the sick-benefit from newspapers, and the more usual sources. My farmer friends were furious at the idea that their young labourers should stop work for mumps.

Much thought on my rounds in those days. After all, if one could put a plug of plasticine in Stensen's duct, what a lot of trouble one could prevent. Or keep the mouth filled with disinfectant; then you wouldn't catch mumps.

So every potential mumps was given an efficient mouth-wash, with orders to use it as often as possible—six times a day at least.

Result, those who had started a lump on one side didn't get one on the other side; those in the house who hadn't had mumps didn't develop mumps. And this has been the case without exception so frequently that, in my opinion, chance is out of the question. I have told some of my colleagues around, and they have had similar results.

Lastly, on July 26th my elder son was sent back from school owing to an outbreak of mumps there. With faith in the mouth-wash I let him share a bedroom with his 4-year-old brother. Neither my wife nor the 18-year-old nursemaid have had mumps, nor has the 4-year-old. On August 2nd the older boy woke with a swollen, very tender left parotid gland, and said that he felt ill. He and the three contacts were provided with an efficient mouth-wash, with instructions to use it, and moreover to use it vigorously. It took seven days before the aforesaid tender left parotid got well and now, on September 18th, there is still nothing more to record in the way of trouble. The right parotid never became inflamed; none of the three contacts has developed parotitis.

The mouth-wash used is pleasant—"the patient first"—and cheap, quite a consideration when you are parish-doctor and an epidemic is raging. A saturated solution of thymol forms the basis of the wash I use;

probably many other kinds would do as well. You have to sponge the mouths of infants.

THIRD CHIP.

SYMPATHECTOMY IN A CASE OF THROMBO-ANGIITIS OBLITERANS.



HE operation entails dividing the sympathetic vaso-constrictor fibres of a blood-vessel with the idea that, vaso-constriction being prevented, a more adequate blood-supply may be ensured to the part.

Thrombo-angiitis obliterans is a rare disease affecting mainly Russian and Polish Jews, and is said not to occur in women.

The cause is obscure, though it has been attributed to alcoholism, cigarette smoking, infection, too great a viscosity of the blood and other factors. Pathologically a peri-vascular inflammation exists, causing spasm of the vessel and thrombosis, and later permanent constriction.

The whole condition is progressive, spreading from limb to limb, and later to the whole vascular system, and resulting in gangrene of the affected parts.

This patient was a Russian Jew, æt. 34, living in England, who three years ago first noticed red spots appearing on his right leg from time to time. These spots soon became very persistent and tender, and at the end of the day his whole foot became painful.

Rest in bed brought some relief, but on his getting up the condition soon recurred, and eventually he was unable to get about and was admitted here for treatment.

He gave a history of having been only a moderate drinker, and he had been in the habit of smoking ten cigarettes (not a Russian variety) a day.

It was found on examining the patient in the recumbent position that the right leg was of normal colour and not swollen, but there was a red area, one inch in diameter on the dorsum of the foot, very painful and tender. The pulse could not be detected either in the posterior tibial or dorsalis pedis arteries.

On his assuming the erect position the colour rapidly changed, and within two minutes the whole of the right foot and lower half of the leg were dark purple—cyanotic.

On July 18th, 1924, an operation to prevent gangrene was performed by Prof. Gask. The femoral artery was exposed in Scarpa's triangle, and the peri-vascular fibres down to the external coat of the vessel were divided. They were then dissected away for a distance of half

an inch and around the whole circumference of the artery. The latter appeared to be small but otherwise normal.

It was thought that it might be interesting to compare the surface temperatures of the legs, so immediately after operation each leg was connected through copper-constantine couples to a string galvanometer, and the necessary corrections were made to overcome most of the errors associated with this type of experiment. Dr. Hopwood very kindly lent his valuable aid and devised the apparatus.

A graph made from the readings showed that whereas the left leg recorded the higher temperature immediately after operation, the right, the affected leg, soon became warmer, and with one or two occasional intermissions probably caused by movements of the patient, recorded the higher temperature for the following three days.

Fourteen days later readings showed that when the patient was in the recumbent position the affected leg maintained a higher temperature, but when he stood up the condition was gradually quite reversed.

When he lay down again it took one and a half hours before the surface temperature of the right leg assumed a higher reading than that of the left.

The pulse could not be detected in the leg, but in spite of this there was a marked improvement in the condition when the patient was discharged on August 1st, 1924. He expressed himself as being well satisfied, for the painful spots had disappeared, and when he stood up, although the leg did become more red, it did not present any of the cyanosis present prior to operation, and pain was absent.

It is unfortunate that the surface temperatures were not recorded before operation so that a comparative result might have been obtained, but the readings taken are of some help in understanding the case.

This patient, before operation, when lying in bed, was able to give his leg an adequate blood supply, yet within two minutes of standing up, the foot became painful and cyanosed, the nutrition obviously being deficient. This was certainly not due to obstruction to the venous return, for a return which was sufficient in the recumbent position, could not be completely upset in two minutes when the upright posture was assumed, besides which œdema was never a marked feature of the case, nor were the veins dilated.

Cyanosis is not due primarily to congestion, but depends on and varies with the actual amount of reduced hæmoglobin present.

When a normal man stands up after lying down, the vaso-motor nerves cause contraction of the vessels of the legs, so that a large quantity of blood may not be diverted suddenly from the head to the lower extremities. In our patient, with his vessels already contracted and

partially thrombosed, the further constriction which takes place when he gets up, so limits the flow of blood, that the whole of the oxygen is at once taken up by the tissues, and is only replaced by very little carbon dioxide; the blood, therefore, which circulates through the limb has a large percentage of reduced hæmoglobin, and this causes the cyanosis.

By cutting the vaso-constrictor nerves an attempt is being made to prevent this compensatory constriction.

The patient was reviewed two months after his discharge from hospital, and it was seen that the good result following on operation had been well maintained. He was able to work as a trunk-maker, and got about without pain or discomfort, which, combined with his

own satisfaction, is good evidence of the benefit this man has derived, if only temporarily, from peri-arterial sympathectomy.

I thank Prof. Gask for permission to publish the case, and for his kind help with the article.

G. S. W. E.

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TIMES OF ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-patients	Dr. Hinds-Howell 9 a.m.	Dr. Geoffrey Evans 9 a.m.	Dr. Graham 9 a.m.	Dr. Gow 9 a.m.	Prof. Fraser 9 a.m.	Dr. Thursfield 9 a.m.
Surgical Out-patients	Mr. Dunhill 9 a.m.	Mr. Vick 9 a.m.	Mr. Wilson 9 a.m.	Prof. Gask 9 a.m.	Mr. Roberts 9 a.m.	Mr. Girling Ball 9 a.m.
Diseases of Women	Dr. Barris 9 a.m.	—	Dr. Donaldson 1.30 p.m.	—	—	Dr. Donaldson 9 a.m.
Ante-Natal Clinic	—	—	—	Dr. Barris 12.15 p.m.	—	—
Orthopaedic Department	Mr. Elmslie 1 p.m.	—	—	Mr. Elmslie 1 p.m.	—	—
Throat and Nose Department	Mr. Harmer 1 p.m.	Mr. Rose 9 a.m.	—	Mr. Harmer 9 a.m.	Mr. Rose 1 p.m.	—
Aural Department.	Mr. Scott 1 p.m.	Mr. Just 9 a.m.	—	Mr. Scott 9 a.m.	Mr. Just 1 p.m.	—
Ophthalmic Department	Mr. Holmes Spicer 1 p.m.	Mr. Foster Moore 1 p.m.	—	Mr. Holmes Spicer 1 p.m.	Mr. Foster Moore 1 p.m.	—
Skin Department	—	Dr. Adamson 9 a.m.	Dr. Adamson 9 a.m.	—	Dr. Adamson 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch Males at 1 p.m. 9.30 a.m. and 1.30 p.m.	Dr. Cumberbatch Females at 1 p.m. 9.30 a.m. and 1.30 p.m.	—	Dr. Cumberbatch Males at 1 p.m. 9.30 a.m. and 1.30 p.m.	Dr. Cumberbatch Females at 1 p.m. 9.30 a.m. and 1.30 p.m.	—
*X-ray Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9.30 a.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Massage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.
Diseases of Children	Dr. Thursfield 1 p.m.	—	Dr. Thursfield 1 p.m.	—	—	—
Dental Department	Mr. Fairbank 9 a.m.	Mr. Fairbank 9 a.m. Mr. Coleman 10 a.m. 12.30 p.m.	Mr. Woodruff 9 a.m.	Mr. Fairbank 9 a.m.	Mr. Woodruff 9 a.m. Dr. Austen 10 a.m. 12.30 p.m.	Mr. Woodruff 9 a.m.
Tuberculosis Dispensary	† 6 p.m.	—	—	† 6 p.m.	—	—
Veneral Department (Golden Lane, E.C.)	Females and children 12 to 2 p.m.	—	Males 12 to 2 p.m.	Females and children 12 to 2 p.m.	Males 5 p.m. to 7 p.m.	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.

† These hours are reserved for patients who cannot attend at mid-day.

THOSE HOUSE JOBS.

By an "ALSO RAN."

"NOTHING is here for tears," exulted my hearty friend, thumping me soundly between the scapulae.

"On the contrary," I remarked, "an attack of epiphora on your part, however slight, would be very soothing to my pride. And," I added, as he turned to go, "if you have mislaid your Quotation Dictionary, what about 'Not failure but low aim is crime,' or 'Hitch your wagon to a star'?" He stopped, laughingly, at the door, "Wouldn't 'the battle is to the strong and the race to the swift,' be more appropriate?" "And the prize to him that creepeth!" I shouted after him as he fled, with a hoot of derision, down the corridor.

By which conversation the initiated reader will have discerned that my friend and I are as brothers together; that we had both, with innumerable other young gentlemen, applied for the same house-appointment, and that my suit had been rejected. His job; the sixpence an hour and no ca' canny! (How the proletariat must rejoice to see the young and bourgeois intelligentsia being sweated!)

Mine the prospect of interminable leisure without those twenty-four farthings coming in regularly every hour.

No wonder that I was peeved; and after my friend had departed I devised, with great pleasure, a new method of announcing the results of these appointments.

On the first of the month all the candidates should be lined up in the Square in two rows facing each other. The Chiefs should then enter, and each choose his man. The successful applicant should be compelled to walk the length of the line while each defeated candidate should be allowed to give him one kick. (Men certain of failure might be permitted to wear their Rigger boots.) Altogether a pleasing revival of a medieval custom, and calculated to provide "balm for bruised hearts."

As it is, my only joy in the whole business was the filling up of the application form, and when I had finished with it, I must say that, despite my feeble caligraphic powers, it looked very impressive. My name, unfortunately, was the first thing required. Tucked away at the end of a letter it is tolerable, but at the head of a form it is distinctly jarring. However, I am not responsible. I am told that I wept loudly at my christening; it was at once the least and the most I could do. Down the years, however, I have become inoculated to it by frequent small doses; I can now give

it in full to the girl at the Stores without the flicker of an eyelid, and, if necessary, spell it without stumbling. But when I think of those poor fellows coming upon it unwittingly for the first time . . .

My age, however, is just right. I have lost that schoolgirl complexion, and my epiphyses, in most cases, have undoubtedly joined their shafts. I am, in short, twenty-five.

I was lamentably weak in the next item—"Prizes and Scholarships." I tried to make it quite clear that the crude materialism of this question pained me. What do such things profit a man? And I passed on hurriedly to my strong suit. Here I was asked the question that I have been waiting to answer for six years. During the war one poster haunted me; a charming domestic scene—a delightful family idyll. Daddy has returned home tired from work and lifts his little daughter on to his knee to chase away care, and suddenly his brow is clouded by her malicious question: "What did you do in the Great War, Daddy?" The poor fellow had obviously done nothing at all. You will remember the accusing finger, "What will your answer be?"

(That poster accounts for the decline in the birth-rate; only the bravest man can face children of that sort.)

For four years I prepared a magnificent answer, only to find that after the war no one was sufficiently interested to ask the question. Until now. And, on this form, I let them have it. The story began at "Prizes and Scholarships" above and overlapped "Other Details" below. Even then I had to leave out something, so I omitted the story of my second cousin who won the V.C., or would have if the *Gazette* hadn't left him out too. I had to be satisfied with this short summary of those eventful years.

War Service:—

1915: Made several splints in School workshop.

1916: Army Class and School O.T.C. (Lance-Corporal)* (complimented by the Head on the smartness of my platoon).

1917: Red Cross man and ward-maid on alternate evenings at local hospital.

1918 (in block capitals): August, ON ACTIVE SERVICE.

This is a many-sided record of which no man need be ashamed, and I have no doubt it weighed strongly with the Committee.

And so I came to the most puzzling question of all—"Any Other Details?" Here I felt a distinct handicap. It was not that there was nothing to say. Dear me, no! My career has been full of those little things that distinguish the men of capacity; but was it fair to

* Cf. Milton's poem on War Service. "They also serve who only stand and wait." In the O.T.C. we used "also to serve" many hours for the drill-sergeant.

mention these things? Other men, perhaps, were not so fortunate. I was in a dilemma. Reticence said, "This is unworthy of you." Ambition whispered, "Say it with flowers!"

Did they want the address of my tailor or the result of my Wassermann? My favourite drink or my views on birth control (if any)? My attendances at the Abernethian Society (small), or my golf handicap (much larger)? My identification marks (alas, my incipient melanotic sarcomata!), or my opsonic index? All these things I was ready and willing to divulge; I would have bared my inmost soul.

I could get no help from my friends. One wrote here that he was an expert conjurer, another that he had married a wife; when I doubted the relevances of these otherwise excellent recommendations, they both replied that these were jobs which, like surgery, required delicate handling.

After careful deliberation I wrote quite briefly after the manner of the best epitaphs: "I have always tried to do my best." Just that. Very simple and yet poignant.

I came to the last remark, "In the event (unlikely) of your not being appointed to the above post, what are you willing to do?" Here I answered quite boldly (but, as it appeared, wrongly), "There is nothing I would not do." But, as I have already hinted, the cold reply I received was—"Very well. You shall do nothing."

I see now that I made myself too cheap in the answer to the last question; I should have refused to consider that this possibility might ever become a certainty. My tragic experience (written so fully) will no doubt be of use to thousands of others who will come after me.

Looking back, my failure appears incredible; looking forward to an unemployed future it appears only too true.

At least, mine has been the glory of application, and forty years hence, when the name of my once prospective (a prospect almost as distant as Mathew Arnold's chief is mentioned, I shall say "Good Lord, old —; know him? Why, my dear man, I applied for his job in the 'twenties!") And the workhouse beer will go round again.

Nothing is there for tears!

Doctor called out at 5 o'clock in the morning to see chronic cardiac and dyspeptic female, who has eaten a heavy midnight supper. As doctor leaves patient's husband apologises, "Sorry my wife has been such a fool and given you so much trouble, Sir." "Oh, well, if it wasn't for the dam' fools in this world we doctors should not have much to do." "Aye, you're quite right there, Doctor; I've had a wunnerful lot of doctoring myself."

For Past and Present Bart.'s Men.

The Students' Union Annual

DANCE

will be held at

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— ON —

Wednesday, Dec. 3, 1924.

Dancing 9 p.m. to 3 a.m.

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—make this the first!

If you're going to give up dancing
—make this the last!

Whatever you do—make this the best!

It is hoped that all old Bart.'s Men will take
advantage of this opportunity for renewing
old friendships.

TICKETS.—Double, 30/-
Single, 20/-

May be obtained from:

J. W. D. BUTTERY } Hon. Secs.
G. P. ROXBURGH }

MADE IN HEAVEN.

[This correspondence speaks for itself. Mr. Macpherson was a young house-surgeon who had recently been a patient in one of his own wards; these wards, it is hardly necessary to add, do not form a part of any London hospital.]

February 6th, 1924.

DEAR MR. MACPHERSON,—The box of chocolates which you sent to the nurses in Sarah Ward was, by an unfortunate mistake, opened in my office; and it is my duty to inform you that I do not allow nurses to receive gifts from the staff; but as your infringement of this rule only became known to me by an accident, I have decided to take no further notice of it. I have, in fact, sent on your present to Sarah Ward. This affair, however, only emphasizes a matter far more serious; since your departure it has been reported to me that your behaviour with one of the nurses was not consistent with your honour as an Englishman, unless your relationship with this lady is more intimate than is usual with nurse and patient.

I shall be happy to have any explanation of your conduct that you may care to offer.

Yours truly,
MARIAN FOTHERGILL.

P.S.—I hope you are regaining your health.

February 9th, 1924.

DEAR MATRON,—Thank you for the good wish expressed in your postscript; I have not allowed the rest of your letter to interfere with my rapid convalescence.

I tremble to think how narrowly my poor present evaded your displeasure; it was my intention to placate stern authority by including several ladies in my benevolence; they were, no doubt, suitably grateful to you for sparing their innocent gift.

My conduct in the ward (I write it with one hand on my heart) was irrefragable. I cannot deny that several nurses held my hand (this intimate rite was, indeed, repeated every four hours), but your acquaintance with me, though slight, should be sufficient to convince you that nothing less than the Voice of Duty would have driven them to do it; it was my pulse, and not theirs, that accelerated. To be perfectly candid with you I was quite unable to decide in which lady I found most delight; in the end I vacillated between the cheerful brunette who awakened me (oh, so cheerfully) at five in the grey morning and the divinely fair who tucked me in (ah, so tenderly) before sunset. I

shall be interested to hear how Rumour decided the issue.

Yours sincerely,
STEWART MACPHERSON.

P.S.—You referred to my honour as an Englishman. It does not exist. My family has no connection whatever with the English gentry.

February 11th, 1924.

DEAR MR. MACPHERSON,—I cannot consider your flippant reply an adequate explanation. I hope, therefore, when your rapid convalescence is completed, to arrange a personal interview, at which the lady in question, Nurse Gubbins, will be present. This will give us ample opportunity for a full discussion of this unfortunate affair. I hope your return to health continues to be satisfactory.

Yours truly,
MARIAN FOTHERGILL.

February 14th, 1924.

DEAR MATRON,—When I return I shall be delighted to stand with Nurse Gubbins "on the mat." Her name sounds too good to be true. You do not say whether she is one of the two ladies I mentioned in my last letter; I am woefully afraid that Rumour has put up another puppet. Perhaps the Jade decided that this was the lady most likely to be desirous of changing her name as soon as possible.

This uncertainty will, however, give an added pleasure to our meeting.

Yours, in delighted anticipation,
STEWART MACPHERSON.

March 10th, 1924.

MY DEAR MATRON,—You will remember that at our interview a fortnight ago Nurse Gubbins and I were able to satisfy you that we were comparative strangers to one another. Not only were we not engaged to be married, but there was not even—in your delightful phrase—"an understanding between us." You must have remarked the serene composure with which she met this accusation. It compelled my admiration. A hundred virtues, hitherto unnoticed, were disclosed. It amazed me that any lady should listen calmly while her name (even when no more distinguished than Gubbins) was coupled with mine. And it suddenly occurred to my mind as I was leaving your presence that, if ever I was to marry, several other ladies would have to submit to a, more or less, similar ordeal.

So, a moment later, I made my first stammering proposal on your doorstep (you will ask the housemaid to deal very tenderly with the spot, will you not? I

have an affection for it). My suit was, very properly, rejected with contempt. Hearts, apparently, were not trumps. The next day I tried again, and for five days after; by this time my style had manifestly improved, and on the sixth day the walls of Jericho fell down; on the seventh day I rested from my labours—content.

We are both of us, at the moment, grateful to you for your unwitting assistance. *Dea ex machina!* You must be careful, however, or your Room of Correction will acquire the reputation of a matrimonial agency.

Yours very sincerely,
STEWART MACPHERSON.

P.S.—Please instruct the maid in the reverent use of hearthstone.

March 13th, 1924.

DEAR MR. MACPHERSON,—Please accept my warmest congratulations on your engagement. From what I have seen of you both you seem eminently suited to one another. I have already congratulated Miss Gubbins; I had to inform her, at the same time, that this meant the severance of her association with the Hospital.

Yours truly,
MARIAN FOTHERGILL.

P.S.—The Latin tag you applied to myself seemed, to my unclassical ears, in the worst possible taste. The flippancy of your whole letter was very distasteful; I deeply deplore the fact that a young man should enter jestingly into holy matrimony.

March 16th, 1924.

(To his lady-love.)

MY DEAR,—I wrote the Matron, as you requested, a charming letter thanking her for "bringing us together." Here is her reply. Her postscripts and her Scotch accent (imported) are the two things that endear her to me. The Latin tag was "*Dea ex machina.*" I imagine she thinks that no really nice woman likes to be confused with those Roman goddesses who, even if their birth was beyond reproach, were always distressingly queer in their dress. How right she is, too, about her "unclassical ears."

Dear old lady—I am getting quite an affection for her. [Here follows the sort of stuff that the First Man wrote to the First (and, let us hope, his Last) Woman with charred wood on a white rock. Chemists and politicians are for ever seeking a fresh formula. Lovers never do.]

An Invitation.

CAROL and Mrs. Gubbins request the pleasure of the company of Miss Fothergill, R.R.C., at the marriage of their daughter, Molly,

to James Stewart Macpherson, B.A., M.B.,
B.Ch.(Cantab.),
at Barsest Cathedral
on Wednesday, 17th September, 1924, at 1.30 p.m.,
and afterwards at
The Cloisters, Cathedral Close.

AN AUTUMN IDYLL.

OME, my love, come, let us hie
To meadows sweet and woodlands fair;
Cloudless is the azure sky,
Bright and warm the ambient air.

There, amid the scent of flowers,
Fondly will I gaze on thee,
Swift will pass th' enchanted hours,
Blissful be my reverie.

Then, to thee, I will declare
All the things at Nature's call;
Birds and flowers and trees; I swear
Thou the fairest of them all.

Then, my love in turn will speak;
From her bosom will unfold
Vital knowledge that I seek,
Treasures far outbidding gold.

Thus, we'll sit till dusk descend,
Deepening into twilight calm;
Then, my love will homeward wend,
Resting lightly on my arm.

Reverently then I'll say,
On thy shelf disposing thee,
"We shall meet another day,
My text-book of Surgery."

I. L.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

THE Inaugural Address of the Abernethian Society was delivered by Mr. Girling Ball, F.R.C.S., on Thursday, October 16th, at 8.30 p.m., in the Medical and Surgical Theatre. The President, Mr. Anderson, was in the chair.

Mr. Ball gave an address on the history of the Medical School. He said that the School originated in the year 1662, when students first attended cram classes, held by the surgeons to the Hospital at the Barber Surgeons Hall in Monkwell St. A little later the Governors of the Hospital founded a library. The first lectures on surgery were given by Nourse, outside the Hospital. It was not until 1734 that lectures were given within the Hospital.

In 1726 an attempt was made to provide space for pathological work. Two rooms were set aside, one for post-mortem work and one as a museum. Nourse was followed by Percival Pott as a lecturer on surgery, and to him is attributed the oldest specimen in the Museum (Inguinal Hernia, No. 2138).

Medicine was little taught at this period, although Dr. William Pitcairn and his brother, David Pitcairn, did give occasional lectures. The most important teaching was conducted by the Apothecary,

As far back as 1571 this post was ranked next to the Surgeon. It was due to the Apothecaries that the excellent system of combining in- and out-patient teaching was begun.

Qualification during this period was obtained merely on the signing of an indenture by the surgeon to whom the student was attached, followed by approval from the College of Surgeons.

The School as we now know it was founded by John Abernethy in 1787. It was for him that the Governors built the first lecture theatre, which remained until 1879. He commenced the system of surgical teaching which gave origin to the great reputation of Dart's.

In 1834 a College Committee was formed and the School affairs dealt with systematically. The School buildings then consisted of one lecture theatre and a dissecting-room. Paget improved the Museum, which had been started by Pott, Abernethy and Stanley, by accurately describing and cataloguing the specimens. In 1842 a residential college was first instituted, with Paget as its first warden.

In 1876 the present School was erected. This necessitated the demolition of the old Giltspur Gate, which used to occupy a position where the Library now stands. The present Pathological building was erected in 1909. Until then the pathological work had been carried out in a single room.

In conclusion Mr. Ball mentioned the close relationship of the Abernethian Society to the Medical School. He hoped that in the future each member of the Junior Staff would be asked to read a paper, rather than that members of the Senior Staff should let go their ideas on superfluous matters which junior men were unable to discuss.

Mr. MITCHELL, F.R.C.S., proposed the vote of thanks. He said that no one could have been more suitable than Mr. Ball to give such an address, which he had no doubt would be of great value as a stimulus to the Society and students.

Mr. HOLDSWORTH seconded the vote of thanks.

Mr. Ball then briefly replied and the meeting was declared closed.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. MOSELEY.

The Hospital played the first match of the season against Moseley at Birmingham on September 27th.

The home side were superior and played better as a team. This was not to be wondered at, as this was their fourth match and Bart's were playing the first game. It was the home side who had to defend during the first few minutes, when Neville was nearly over after a promising bout of passing. Moseley improved after this, and Huins and Marckwick scored unconverted tries.

Just before half-time Huins, after a good run, sent Orcutt over for Marckwick to convert. During the second half Morton scored another try. The Bart's team were obviously suffering from lack of practice and were very disjointed in all their plans. The forwards played well at times, but they were individual efforts. The hooking was ragged, although improvement in the scrums took place after half-time. Frederick played a plucky game at full back. The better side won—but the season is very young yet. Row led his forwards well, and the backs will improve after a few more trial spins.

After the game the team was entertained by the President—Mr. Paine—and the Club. An enjoyable game, a fine day, an excellent evening were the chief events of a delightful trip.

Final score: Moseley, 14 points; Bart's, nil.
Team: E. W. Frederick, back; L. C. Neville, P. O. Davies, M. G. Fitzgerald, J. W. Robertson, three-quarters; T. P. Williams, H. McGregor, halves; A. W. L. Row (capt.), R. H. Bettington, J. W. Buttery, W. S. Morgan, E. S. Vergetre, L. Colenso-Jones, M. L. Naley, H. G. Anderson, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIANS.

The second match was played at Winchmore Hill on October 4th. W. F. Cooper, G. D. Roxburgh and C. R. Jenkins appeared instead of L. C. Neville, H. McGregor and L. Colenso-Jones. Injuries and exams, caused the changes.

The Hospital won a pleasant game by 1 goal 4 tries to 1 try (17 pts. to 3). The ground was heavy and the ball was slippery and forward rushes were the order of the day. During the afternoon 6 tries were scored and 4 of these were gained by forwards, Row (we are accustomed to this try), Jenkins and Morgan scoring for Bart's, and Ramsey for the Old Boys. The other try was scored by Robertson after a good bout of passing initiated by the scrum-half—who is playing as well as ever. Walker at full back played a sound game for the Old Boys. He has appeared for Cambridge in

a trial this year. Edwards hooked well, but the Old Boys played one man short in the scrum.

ST. BARTHOLOMEW'S HOSPITAL v. PONTYPOOL.

This game was played in a quagmire—water, water everywhere, and not a drop to drink.

H. W. Guinness appeared for Roxburgh at half in a game which should never have been played. It was almost impossible to take a pass. Frequently a kick at the ball on the ground would be missed by three or four men in turn owing to the slippery glass-like state of the sodden soil.

An attempt at forward play was therefore the effort of the day. Bart's attempted to pass too much during the first half. While playing downhill with a wind vantage, greater profit might have accrued by long punts down the field. The Bart's forwards after the first twenty minutes more than held their own, and T. P. Williams gave his *vis-à-vis* a warm time. Ford played well for Pontypool at back. The only try of the first half was scored by Cliff Pritchard—a Welsh International. A little after half-time James scored again after an accidental obstruction. Pritchard scored the third try after a good run, but should have been tackled by at least two men. The Hospital points were gained by Row, and a good dribble by T. P. Williams. Considering the waterlogged condition of the ground one marvels at the display given.

Final score: Pontypool, 9 pts.; Bart's, 3 pts.

The Hospital won this match last season.

ST. BARTHOLOMEW'S HOSPITAL v. RICHMOND.

Played on October 11th, 1924.

Rain fell at Winchmore Hill as usual on this day. The ground was slippery and the ball difficult to handle—as usual.

The only changes in the team were Roxburgh for Guinness and Pittard for Row. Unfortunately the captain arrived indisposed.

The standard of forward play was high on this day. Both packs of forwards swept down the field in relentless fashion. Bart's were unlucky to lose Maley in the middle of the first half, and probably this loss settled the issue of a very, very close contest. The nice dribbles and onsets of the Richmond pack were met resolutely by the plucky defensive work of Davies and Fitzgerald. Bettington led the Bart's pack well, and Buttery hurled himself again and again to stem the Richmond roller. The other forwards were indefatigable, and Edwards, the hooker, claimed a fair share of the ball. T. P. Williams again played a class game. Here it would not be untoward to point out that a half is not outside if he has one foot behind the ball, and this, even if he has one foot in the middle of the opposing scrum. To those who have doubts upon this important point, I will merely add—watch Mr. Potter Irwin refereeing one game. There were occasions, however, when the scrum-half exceeded his legitimate territory, for which penalties were rightly given.

Evan Thomas played a sound game at back, and his kicking was well placed. Bunney at half played well, but met a match in his *vis-à-vis*.

Conside, Turner and Hinde were probably the best of a pack of forwards who were second to none in the London area.

The first half was even. The second half was equally balanced. The only try was scored by O'Brien, who went over after a dribble. Evan Thomas kicked a goal. A better result would have been a draw to this stern and enjoyable contest.

Final score: Richmond, 5 pts.; Bart's, nil.

It is hoped that the return of H. McGregor, the outside half of the team, will be a speedy one. An injury to his wrist has kept him off the field since the Moseley match.

If might is right, then Bart's should have more than one representative for London against the All Blacks.

New arrivals at the Hospital who are desirous of a trial should inform the Secretary (giving their customary positions) of the fact without delay.

The following is taken out of the *Rugby Weekly* dated October 18th, 1924:

"The Cup-holders are not yet at full strength. . . . Richmond won by one goal to nil. This was a good performance by those who turned out for the Hospital, as Richmond are a hefty lot to run up against, and their excellent forward play has made Richmond notorious for many years. . . . Row makes a great captain; there is no mistake about his leading his men. His hands are as good as his feet, and his intuition is uncanny. . . ."

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL V. OLD FELSTEDIANS.

Played at Winchmore Hill on Saturday, October 25th, on a somewhat soft ground, which rendered accurate stick-work difficult. The Old Felstedians won the toss and elected to play against the slope. From the start the Hospital pressed, but their shooting was wild and failed to score. After ten minutes' play the Old Felstedian forwards carried out a rush and scored from a *maître* in front of goal. The Hospital continued to press and scored through Foster. Play then became even, with the Hospital forwards pressing the more frequently, and later Foster scored. Soon after this Sinclair added another goal from a shot from the edge of the circle. On resuming the Old Felstedians carried the game into the Hospital's half and equalized from a pass from their right wing, just before half-time, the score then standing at 2-2.

From the commencement of the second half the Hospital forwards, well led and kept together by J. G. Milner, who had changed over to centre forward, ran through to score twice in quick succession, Foster scoring each time. The game then continued in midfield for some time, and then, following a bout of good passing, Church scored. The Old Felstedians then carried the game to the Hospital goal and scored. The Hospital forwards then added another goal through Church. They continued to have most of the game, but later the Old Felstedian left wing got away and scored their fourth goal. The Old Felstedians continued to press, but failed to score again, the Hospital thus winning 6-4.

Team: R. W. Windle; W. A. Briggs, J. H. Attwood; S. B. Benton, T. S. Goodwin, P. J. Cutting; G. W. S. Foster, K. W. D. Hartley, M. R. Sinclair, J. E. Church, J. G. Milner.

THE MUSICAL SOCIETY.

The attention of all members and others interested is drawn to the notices posted up regarding the meetings for the Orchestra and Choir.

The secretaries would like to see an orchestra worthy of past traditions and a choir equally representative, under which circumstances the necessary work and effort to make the Society a success becomes a real pleasure.

R. J. B.
J. H.

MEDICAL MISSIONARY MEETING.

The Medical and Surgical Theatre was the scene of an unusual gathering on Monday, October 13th, when two of the best known of Medical Missionaries addressed a crowded audience—representative of several hospitals—on the subject of "The Future of Medical Work amongst Primitive Peoples." It was most unfortunate that the advertised chairman, Sir Maurice Craig, was unable, through illness, to attend. In his absence Mr. McAdam Eccles kindly took the Chair.

Dr. Wilfred T. Grenfell gave a most interesting account of his famous work in Labrador, emphasizing the extraordinary willingness he had found in all kinds of people in undertaking hard and self-sacrificing work. It must have been an eye-opener to many to realize the difficult circumstances under which such people carry on—lack of materials, accommodation and assistance. In one case Dr. Grenfell discovered that he was without forceps whilst operating for calculus. The difficulty was surmounted by sitting the patient up and shaking him until the stone fell out! Another case was that of a nurse who had undertaken work alone in an outlying district. One of her patients was a fisherman who, in his delirium, had cut open his abdominal wall and appeared before her carrying his intestines in his hands. This was not the kind of thing that she was accustomed to treat, but as no other help was available, she popped back the intestines and sewed him up with a needle and thread. Yet both patients lived to tell the tale!

In spite of the difficulties under which he labours, Dr. Grenfell appears to get remarkable results from his patients. One can well understand that such work as his must make a very great impression on the natives. As the writer of the *Faerie Queen* says, it is "all for love, and nothing for reward," and they must feel that.

Some people's idea of a missionary is that of a dyspeptic individual who is invariably dressed in a tight-fitting black suit, and who always carries a bulky umbrella (which presumably functions as a sunshade in such places as the Camibai Islands). If any such misinformed individuals were present they must have been completely disillusioned by Dr. Holland and his white spats.

Dr. Henry T. Holland, who has been working on the N.W. Frontier of India, spoke of the great need for medicals in foreign parts. He laid special emphasis on the untold suffering in places where medical skill is either absent or totally unable to cope with the difficulty. He assured his audience that there was ample scope for research work and far more varied experience in the foreign field than they might hope to gain at home. In fact, the speaker called such work as his "the finest life out." He did not consider it essential for men to do a lot of preaching if they felt that was not in their line, but he was quite sure that the life of a medical missionary, lived in communion with Christ, would be a source of enormous blessing to the souls and bodies of many who would otherwise suffer alone.

The meeting was preceded by a devotional service in the Chapel and a tea in the Library (kindly provided by Mr. Eccles).

REVIEWS.

GYNÆCOLOGY WITH OBSTETRICS. By JOHN S. FAIRBAIRN, M.A., B.M., B.Ch., F.R.C.P.(Lond.), F.R.C.S.(Eng.). Pp. 769. Price 25s.

Dr. Fairbairn has written this text-book of gynaecology and obstetrics after "twenty-five years' blameless service as a teacher." It is his hope that this book will give wider expression to those ideas he has acquired during these years and, at the same time, meet the requirements of the examination room. His hope is amply justified; this book covers quite thoroughly the medical curriculum, but it also contains a vast amount of wise counsel which, with the unusual amount of attention given to the physiology of reproduction and to the influence of environment and fatigue on the individual patient, makes it a unique text-book.

It opens with an entertaining history of midwifery, and ends with an admirable discussion of the social and ethical aspects of the subject, including a sane and lucid chapter on eugenics and birth control, which rescues these topics from the revolting sentimentality in which they have been submerged by enthusiastic, but ill-instructed laymen. This is, as far as our knowledge goes, the first serious attempt to give the student a scientific understanding of an important subject. It is long overdue and excellently done.

Of the more orthodox contents of the book it is impossible to speak too highly; the fact that gynaecology and obstetrics are combined in one volume, however, brings with it disadvantages as well as advantages.

It is true that overlapping is thereby avoided (such subjects as ectopic gestation are not dealt with in both sections), but it seems a distinct disadvantage to have the pages on Puerperal Sepsis divorced from midwifery and hidden away among the Infections of the Reproductive Tract. Again (because it is taught elsewhere, and to save space), Dr. Fairbairn has omitted, to a great extent, pathological description. This is a doubtful advantage; it is certain that the student prefers to learn (or revise) the pathology of a morbid condition at the same time as he reads its clinical manifestations.

The illustrations are excellent, but they are lamentably few in the gynaecological section, here comparing very unfavourably with the text-books of Stevens or the Ten Teachers.

But these are minor defects in an admirable book, interesting in its scope and excellent in its execution. Even the dullest subject is enlivened by a certain Scotch pawkiness. Here are two instances gathered at random: "Gonorrhœa occurring shortly after marriage may, however, give rise to a salpingo-oophoritis in the first six weeks, and most cases of 'appendicitis' during the honeymoon are probably of this nature."

"The neurosthenic woman whom her husband describes as never the same since her baby was born . . . if the long interval from childbirth brings her no improvement, the practitioner should summon up courage to prescribe a hair of the dog that bit her as the cure."

The format of the book is in every way worthy of the traditions of the Oxford University Press; and the book may be heartily recommended to students and practitioners.

THE CHEMISTRY OF THE BLOOD IN CLINICAL MEDICINE. By O. L. V. DE WESSELOW, M.B., F.R.C.P. Ernest Benn, Ltd. Price 15s.

Recent advances in biochemistry have added considerably to the armourium of the practitioner, but the weapons they supply for the successful waging of the therapeutic war are complicated and often clumsy. A very reasonable guide is here provided for aid in their efficient use. The abnormal constituents of the blood in different

diseased conditions are reviewed systematically, and the mechanism of their abnormality and its variation under different circumstances is lucidly set forth.

The most important chapters treat of acidosis, the blood-sugar content and nephritis, and these somewhat complicated subjects are dealt with clearly and fully. No very great familiarity with organic chemistry is essential for a clear understanding.

The subjects are, however, regarded from the point of view of the biochemist, and the clinician will do well, especially in the section on nephritis, to bear this in mind.

A rather longer account of tests for hepatic inadequacy, including Van den Burg's test, might perhaps have been given.

There is a good appendix dedicated to the description of the methods employed, and a brief but useful bibliography follows each section. The series of graphs and figures adds considerably to the clarity of the letterpress.

The book should be a welcome addition to the library of those engaged in the practice of clinical medicine.

KALA-AZAR. By Drs. NAPIER and MUIR. (Oxford Medical Press.) Price 8s. 6d.

Any book written by teachers in the Calcutta School of Tropical Medicine demands careful attention, and this one now under review is no exception. Drs. Napier and Muir have dealt with their subject in an admirable way, and have issued to the profession a useful book containing the essential facts which one seeks for when dealing with this disease.

The book is arranged in sections. The first, headed "Epidemiology," is instructive, and this important subject is more fully dealt with than is usually the case. It is along this line that more advance in the future will be made; we therefore welcome due emphasis being laid on it. The second section deals with the aetiology of the disease. The authors, while putting forth strong arguments for incriminating the bed-bug as the insect vector, leave the reader with an open mind as to the carrier of this malady, and at the same time do not leave other possible transmitters unexamined. The third section on treatment is perhaps the best, and the practitioner's task is made much easier as a result. If he should be a new arrival in the tropics he should find this chapter a valuable aid in diagnosing this condition in its earlier stages. The sections on Pathology, Diagnosis and Treatment are equally clear, but is not nucleic acid a better drug to use as a leucocyte producer than the more complicated T.C.O.O. (turpentine, camphor, olive oil), which is the only one mentioned here?

The illustrations are good and the charts at the end of the book are useful. The whole work is well arranged, and we can confidently recommend it to all interested in the subject, and especially to those residing in the endemic area of the disease.

MODERN DIAGNOSIS AND TREATMENT OF SYPHILIS, CHANCROID AND GONORRHOEA. By L. W. HARRISON, D.S.O., M.B., M.R.C.P., Lt.-Col. R.A.M.C. (Constable.) Pp. 167. Price 10s. 6d.

This book is one of a series written to supply the general practitioner with a short, up-to-date account of the subject dealt with.

The student, however, reading for his final examinations, will also find it extremely useful, and his teachers could look through its pages with advantage, for the author is an admitted master of his subject and has written very carefully.

Three-quarters of the book are taken up with syphilis. The question of diagnosis is thoroughly dealt with, and there is a coloured plate of twelve excellent illustrations.

The discussion on treatment occupies some forty pages, and concludes with an account of the unit courses now employed at the V.D. Department of St. Thomas's Hospital.

The diagnosis and treatment of gonorrhœa in the male and female is considered in a frank and helpful way.

We are glad to note that the difficult question of vulvo-vaginitis in children has been attacked by the author, and a new method introduced which promises success.

AN INTRODUCTION TO SURGICAL UROLOGY. By W. K. IRWIN. (Baillière, Tindall & Cox.) Pp. 180. Price 7s. 6d.

This book fully justifies its title. It is well written, and the author has been dogmatic to the right degree.

The first two chapters are devoted to anatomy and the examination

of the patient, while in the next seven the chief genito-urinary symptoms are discussed.

In describing urethroscopy no warning is given of the risks of air embolism and of the advisability of stopping if bleeding occurs. "Pollakiuria" as a term for excessive frequency of micturition is too similar to "polyuria" to be satisfactory.

We are glad to give a strong recommendation for this book, and consider that the author is to be congratulated on his production.

SURGICAL "DON'T'S" [AND "DO'S"]. By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P. (Published by Harrison & Sons, Ltd.) Pp. 43.

This book is composed of unclassified remarks gathered from the writings and addresses of the author during the last thirteen years. The introduction remarks that the majority of the statements appear to have stood the test of time.

The book contains many interesting and instructive paragraphs alongside others which are platitudinous and with little to recommend them. It will be found of interest to men with the author's wide range of experience, but we do not recommend it to students. It is a little book to be read and compared with one's own conclusions on surgical matters—not one to be studied as a text-book.

The following books have been received and reviews will shortly be published:

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS. Published by the Oxford University Press. Price 8s. 6d.

DISEASES OF THE EYE. By MAY and WORTH. Published by Baillière, Tindall & Cox. Price 15s.

MIDWIFERY MECHANICS. By ANDREW BUCHANAN. Published by the Oxford Medical Publications.

MATERIA MEDICA AND PHARMACOLOGY FOR NURSES. By GWENDOLEN HINDES. Published by The Scientific Press, Ltd.

PRACTICAL SURGERY ILLUSTRATED. By VICTOR PAUCHET. Published by Messrs. Ernest Benn, Limited. In two volumes. Price 18s. 6d. each.

QUALITATIVE AND VOLUMETRIC ANALYSIS. By W. CALDWELL, M.D., Sc.D. Published by J. & A. Churchill. Price 10s. 6d.

AIDS TO SURGERY. By CUNNING and GOLL. 5th edition. Published by Baillière, Tindall & Cox. Price 4s. 6d.

MANUAL OF SURGERY. By ROSE and CARLESS. 11th edition. Published by Baillière, Tindall & Cox. Price 30s.

REFRACTIONS OF THE EYE. By ERNEST CLARK. Published by Baillière, Tindall & Cox. Price 8s. 6d.

AN INTRODUCTION TO FORENSIC MEDICINE. By H. A. BURRIDGE. Published by H. K. Lewis & Co. Price 10s. 6d.

ULTRA-VIOLET RAYS IN THE TREATMENT AND CARE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. Published by Wm Heinemann. Price 7s. 6d.

THE EXTRA PHARMACOPEIA. By MARTINDALE and WESTCOTT. Vol. I. 18th edition. Published by H. K. Lewis & Co. Price 27s. 6d.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "The Advantages and Disadvantages of a Small Medical School." *Practitioner*, September, 1924.

ATLEE, W., M.D., B.Ch. (AMSLER, A. M., M.B., B.S., and BEAUMONT, D. C., M.B., B.Ch.). "Epidemic Pleurisy." *Lancet*, September 6th, 1924.

BOWES, G. K., M.D., M.R.C.P., D.P.H. "Mental Defect and Mental Degeneracy in a Rural Area." *Ibid.*, August 16th, 1924.

BROCKMAN, R. STLEGER, M.A., M.Ch., F.R.C.S. "Acute Appendicitis or Early Pneumonia." *Practitioner*, August, 1924.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. *Physiological Principles in Treatment*. 5th Edition. London: Baillière, Tindall & Cox.

CAMPBELL, HARRY, M.D., F.R.C.P. *Fundamental Principles in Treatment*. London: Baillière, Tindall & Cox.

- CLARK, W. E. LE GROS, F.R.C.S. "Notes on the Living Tarsier." *Proceedings Zoological Society*, March, 1924.
- "The Myology of Tupaia Minor." *Ibid.*, July, 1924.
- COOPER, P. R., M.D., B.Sc., F.R.C.S. "On Operation for Intestinal Obstruction." *Clinical Journal*, August 27th, 1924.
- DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "An Address on Progress and Prospects in Chemotherapy." *British Medical Journal and Lancet*, August 9th, 1924.
- GAUVAIN, SIR HENRY J., M.A., M.D., M.Ch. "The Popular Lecture on the Sun Cure." *British Medical Journal*, August 6th, 1924.
- GORDON WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Dissecting of the Pelvic Colon." *Bristol Medico-Chirurgical Journal*, July, 1924.
- GRIFFITHS, H. ERNEST, M.S., F.R.C.S. Arris and Gale Lecture on "Further Relationships of Diseases of the Gall-bladder to the Secretory Functions of the Stomach and Pancreas." *Lancet*, August 2nd, 1924.
- KEYNES, GEOFFREY, M.D., F.R.C.S. *A Bibliography of Sir Thomas Browne, Kt., M.D.* Cambridge: University Press.
- LLOYD, ERIC L., M.B., B.Ch., F.R.C.S. "A Note on Five Cases of Epidemic Pleurisy." *Lancet*, August 9th, 1924.
- LYSTER, R. A., M.D., B.Sc., D.P.H. "The Public Health Service as a Career." *Medical Officer*, September 6th, 1924.
- MOORO, A. W., F.R.C.S. (ROBERT V. DOLBEY, M.S., F.R.C.S., and A. W. M.). "Blood Transfusion in Egypt." *Lancet*, September 13th, 1924.
- MORTON, CHARLES, F.R.C.S. "Recovery after Mechanical Obstruction due to the Passage of a Gall-stone through the Intestine with Septic Peritonitis." *Bristol Medico-Chirurgical Journal*, July, 1924.
- PARAMORE, R. H., M.D., F.R.C.S. "TWO UNCOMMON CASES OF Retro-Cæcal Appendicitis." *Clinical Journal*, August 20th, 1924.
- PINCH, A. E. HAYWARD, F.R.C.S. "The Therapeutic Uses of Radium." *Bristol Medico-Chirurgical Journal*, July, 1924.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "On Operation in Surgical Emergencies." *Practitioner*, September, 1924.
- PREBUS, F. C., M.S., F.R.C.S. "Suprarenal and Pancreatic Grafting." *Lancet*, September 13th, 1924.
- RIVIERE, CLIFFE, M.D., F.R.C.P. Opening Paper in Discussion on "Pulmonary Tuberculosis in Childhood." *British Medical Journal*, August 30th, 1924.
- SCOTT, H. HAROLD, M.D., M.R.C.P., D.T.M.&H.(Camb.), F.R.S. (Edin.). "The Treatment of Sprue Based on a Theory of Caustion." *Lancet*, October 20th, 1923.
- "The Nature and Treatment of Sprue." *British Medical Journal*, December 15th, 1923.
- "Remarks on Recent Advances in the Treatment of Sprue: Calcium and Parathyroid." *Ibid.*, August 23rd, 1924.
- VARRIER-JONES, P. C., M.R.C.S., L.R.C.P. "The Cellular Content of Milk: Variations met with under Physiological and Pathological Conditions." *Lancet*, September 13th, 1924.
- WILLETS, J. ABERNETHY, M.A., M.D. Opening Paper in Discussion on "Methods of the Ante-Natal Clinic and their Application to Private Practice." *British Medical Journal*, August 16th, 1924.
- WOODMAN, E. MUSGRAVE, M.S. "Suppurative Disease of the Upper Nasal Sinuses." *Journal Laryngology and Otology*, July, 1924.

CORRESPONDENCE.

ROLLER BANDAGES.

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

DEAR MR. EDITOR,—As an old Bart.'s man I am sending you a poem written by a little friend of mine, Patricia Meyer, who I coached up for her examination in first aid at her school. She passed well up for a girl of 14 years. I only allowed her one roller bandage for practice, and made her, much to her disgust, roll it across each time she used it, with often a very indifferent result. She sent me this poem, saying I ought to send it to the Hospital Journal as a warning to other coaches not to be so horrid with their beastly bandages.

Yours very truly,
FREDK. T. D. CLINDENING.

ROLLER BANDAGING.

By PAT. MEYER.

I've learnt just what to do in case of people who are ill,
And how to give them strawberry jam to make them take a pill;
I've learnt to scrub the patient's face, and brush and comb their hair,
And open all the windows wide to let in heaps of air.
Of various complaints I know, of measles, mumps and 'flu;
How many spots the former has, and what I ought to do.
But the thing that really worries me, until my head goes round,
Is—How to wind a bandage up when once it's been unwound.
I roll it, and I roll it, and I cannot get it neat;
It winds itself in graceful coils all round about my feet.
I find its captured my right arm and tied it to my foot,
At last I start to represent the mummy of King Tut!
I, with my last despairing breath, send out an S.O.S.;
The kindly doctor hurries and extracts me from the mess.
Exhausted by my struggles, I lie panting on the floor—
I'll never, never try to wind a bandage any more!

CHANGES OF ADDRESS.

- COOKE, M., Knowle House, 95, Church Road, Upper Norwood, S.E. 19. (Tel. Sydenham 1050.)
- CORSI, H., 114, Harley Street, W. 1. (Langham 2157.)
- CROUCH, C. P., 5, Harley Place, Clifton, Bristol.
- DAVID, T. W., Gwestfa, Manordillo, Carmarthenshire.
- DRAKE, E. C., School House, Galmpton, near Kingsbridge, Devon.
- EVANS, FRANKIS T., 80, New Cavendish Street, W. 1. (Mayfair 3936.)
- GOODWIN, T. S., 1, Penton Place, W.C. 1.
- ROSE, E. S., Lansdowne House, Romsey, Hants.
- SIMPSON, A. D. H., 91, Brown Street, Salisbury.
- YOUNG, F. P., Cheriton, Newquay, Cornwall. (Tels. 208, 209.)

APPOINTMENTS.

- ELGOOD, C., M.R.C.S., L.R.C.P., appointed House Physician at the Evelina Hospital for Children.
- KYNASTON, A. H., M.R.C.S., L.R.C.P., appointed House Physician, Royal Chest Hospital, City Road, E.C. 1.
- MOULSON, N., M.R.C.S., L.R.C.P., D.P.M., appointed House Physician at the Bradford Royal Infirmary.
- PEMBREY, MERVYN S., M.R.C.S., L.R.C.P., appointed House Physician at the Devon and Exeter Hospital.

BIRTHS

- VON BERGEN.—On October 15th, at Crampshaw Cottage, Ashted, Barbara, wife of C. W. von Bergen, M.B., B.S., of a son.
- WILLIAMS.—On October 12th, at Billesdon, Leicester, the wife of E. K. Williams—a son.

MARRIAGE.

- BROWN—NASMYTH.—At the Parish Church, Kilmacolm, by the Rev. Foster Franklin, M.A. Allan W. Brown, son of the late Mr. and Mrs. J. W. Brown, of Bombay and Kilmacolm, to Margaret Aileen, only child of Dr. and Mrs. W. R. Nasmyth, "The Lea," Kilmacolm.

DEATHS.

- BAKER.—On October 4th, 1924, at Ceely House, Aylesbury, John Charles Baker, M.B., M.R.C.S., late Surgeon-Captain, 2nd Bucks Batt. Oxford and Bucks Light Infantry, aged 62.
- TODD.—On Sunday, October 26th, at Wandsworth, Helen Todd, daughter of the late Stephen E. Todd, of Beverley.

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. 1.

The Annual Subscription to the Journal is 7s. 6d., 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: City 510.

St. Bartholomew's Hospital



JOURNAL.

VOL. XXXII.—No. 3.]

DECEMBER 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

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| Mon., Dec. | 1.—Special Subject Lecture, Mr. Elmslie. |
| Tues., " | 2.—Sir Thomas Horder and Mr. Rawling on duty. |
| Fri., " | 5.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. |
| Sat., " | 6.—Rugby Match v. R.N.C. (Greenwich). Home. Association Match v. Old Mercers' F.C. Away. Hockey Match v. Broxbourne. Home. |
| Mon., " | 8.—Special Subject Lecture, Mr. Scott. Rugby Match v. Plymouth Albion. Home. |
| Tues., " | 9.—Prof. Fraser and Prof. Gask on duty. |
| Thurs., " | 11.— Abernethian Society: Sir Squire Sprigge (Editor of the <i>Lancet</i>). 8.30 p.m., "Thoughts on Medical Journalism." |
| Fri., " | 12.—Dr. Morley Fletcher and Mr. Waring on duty. |
| Sat., " | 13.—Rugby Match v. Old Paulines. Away. Association Match v. King's College. Home. Hockey Match v. St. John's College, Cambridge. Home. |
| Tues., " | 16.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty. |
| Fri., " | 19.—Sir Thomas Horder and Mr. Rawling on duty. |
| Sat., " | 20.—Rugby Match v. Old Alleynians. Home. Hockey Match v. Cane Hill Mental Hospital. Away. Last day for receiving matter for January issue of Journal. |
| Tues., " | 23.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. |
| Fri., " | 26.—Prof. Fraser and Prof. Gask on duty. |
| Sat., " | 27.—Hockey Match v. Old Hurstjohnians. Home. |
| Tues., " | 30.—Dr. Morley Fletcher and Mr. Waring on duty. |

EDITORIAL.



RECENTLY qualified man, searching eagerly for a suitable practice, received rather a horrid shock on reading the following notice in which the Board of Guardians of a certain northern town arc

seeking applications for the post of District Medical Officer:

"The salary will be £30 per annum, together with fluctuating War Bonus (at present £8 per annum) and certain extra Medical Fees and Vaccination Fees, and the salary and extra Medical Fees will be subject to deductions under the Poor-Law Officers' Superannuation Act, 1896. The officer will be required to provide all medicines and appliances at his own expense, except cod-liver oil, quinine and trusses, which will be supplied at the expense of the Guardians."

He decided that, even could he bring himself to treat all the conditions which he encountered by administering either cod-liver oil or quinine or by applying a truss, the post would still lack attraction.

Lest readers by their thousands should flood us with letters asking for the name of this particular Board of Guardians, we haste to state that the final date for application for the post is already past.

We much regret that in our last issue the name of the Senior Resident Anaesthetist, Mr. C. M. Pearce, was omitted from the list of Junior Staff Appointments.

We congratulate Dr. Hopwood on his appointment as Professor of Physics in the University of London, the chair being tenable at St. Bartholomew's Medical College.

We again add our little effort to those responsible for the publicity of the Bart.'s Dance. Art is coming to the aid of literature. We will refrain from carping criticism concerning the anatomy of the robed figure in pastels which catches our eye as we wander to lunch. Like the artist, "we shall get nothing for this," and we join with him in assuring you that you will have your money's worth at the Dance on December 3rd.

We have been asked to bring the following appeal to the notice of all old Bart.'s men who are Governors of Epsom College:

Second Application.


TO THE GOVERNORS OF EPSOM COLLEGE.

Election, 1925.

Your votes and interest are earnestly requested for GEOFFREY ASHTON BECK (born January 12th, 1916), son of Edward Ashton Anthony Beck, M.A., M.B., B.Ch., Cambridge and St. Bartholomew's, who was in practice at Bromyard for fourteen years, and died after a long illness at the age of 46, leaving his widow with five children under the age of 16 to support and educate on very limited means.

The case is strongly recommended by The Rt. Hon. Sir Thomas Clifford Allbutt, Sir Alan Reeve Manby, K.C.V.O., Henry Head, Esq., M.D., H. B. Roderick, Esq., O.B.E., M.D., W. E. Moore Ede, Esq., M.D., Geoffrey Evans, Esq., M.D.

ST. BARTHOLOMEW'S CAMBRIDGE GRADUATES' CLUB DINNER.

HE Forty-Fourth Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held in the Grand Hall of the Hotel Victoria on Wednesday, November 19th.

There was an excellent attendance of members and guests. Dr. Drysdale was in the Chair.

After the loyal toast had been honoured the Chairman proposed "The Health of the Club," and congratulated the members on its flourishing condition. He welcomed the new members most heartily, and dealt with other matters connected with the Club.

Mr. Roche then gave some of his inimitable imitations of members of the Staff, many of whom were present, and enjoyed them quite as much as anybody else. Dr. Morley Fletcher proposed the toast of "The Guests" in a felicitous speech, and Prof. Dixon and Sir Charles Gordon-Watson replied in a humorous vein. Among the other guests were Lord Dawson of Penn, Mr. Waring, Prof. Gaek, and the Dean and Sub-Dean of the Medical College.

Sir Humphry Rolleston then proposed "The Health of the Chairman," which was received with acclamation and was drunk with musical honours.

Dr. Drysdale replied in a brief speech, and proposed "The Health of the Secretaries," Dr. Henry Burroughes and Mr. Reginald Vick. They both replied.


After dinner the members assembled at Dr. Morley Fletcher's house, where they once more sat round the fire and listened as of old to the tale of "Hairy Rouchy," told now by Sir Alan Moore in a manner strongly reminiscent of his revered father.

The musical programme was carried out by Dr. Burroughes, Mr. Just and Dr. Hilton, and concluded with the singing of the "Twelve Apostles" and "Auld Lang Syne."

(*The Story of Hairy Rouchy* is now in print, and a few copies are still unsold and can be bought at the School Offices.)

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By F. P. CUMBERBATCH.

N answer to the request of the Editor to contribute an article to the JOURNAL on any new or recent work in the Electrical Department, I have written the following account of the experience acquired there in the treatment of gonococcal infection by diathermy. The work is not altogether recent. It was commenced in 1913, when treatment by diathermy was—in this country—not four years old. During that year the action of diathermy on various forms of chronic arthritis was being investigated, and it was found that gonococcal arthritis responded remarkably well to the new form of treatment. The work was resumed after the late war, and during the past five years it has steadily increased. Cases of gonococcal infection of the epididymis, testis and vas deferens, prostate and seminal vesicles have been treated, and, in female patients, the urethra, uterus and Fallopian tubes. By the end of 1923 the number of cases treated had exceeded 100. At the present time two, sometimes three, diathermy machines are working continuously four afternoons each week, and two of them are used entirely for the treatment of infection of the genital organs.

In case there may be some who do not know the reason for the treatment of gonococcal infection by diathermy, the following explanation may be of use. It has long been known that the gonococcus can be destroyed at a temperature which is not high enough to damage the living tissues of its human host. Attempts have already been made to cure gonococcal urethritis by means of heated sounds, arthritis by poultices, hot air and radiant heat, epididymitis by hot fomentations, and so on. These methods of treatment do not destroy the gonococci throughout the infected parts, because heat transmitted by conduction or radiation does not

raise the temperature of the parts which lie more than a trifling depth below the surface.

In diathermy heat is actually generated in the tissues themselves. It is well known that a conductor can be heated by passing an electric current along it, some of the electric energy being converted into heat as the resistance of the conductor is overcome. The tissues can likewise be heated by passing an electric current through them, but no current, save one, can be used for the purpose. This is the so-called diathermy current. Being a current which alternates or oscillates with a frequency of a million or more times per second, it is unable to stimulate muscle or nerve or to produce chemical (electrolytic) changes in the tissues. It can therefore be passed through the body, and its strength increased far beyond the maximum that can be tolerated when other currents are used. The only sensation produced is that of heat. The heat is actually generated in the tissues along the path of the current, and it may be increased, if desired, to a degree sufficient to cause coagulation of the tissues. The word "diathermy" was introduced in order to indicate the distribution of the heat—a distribution throughout the tissues traversed by the current. Other methods of applying heat procure "epithery" or heat on the surface.

The treatment of gonococcal infection by diathermy, while simple in principle, has presented considerable difficulties in its practical application, particularly in the elaboration of methods which are, at the same time, safe and effective. Numerous trials have been made and many electrodes have been devised. Currents which oscillate with high frequency and produce diathermy do not behave like other currents, especially in the paths they take between the electrodes. It is said that the cells of the tissues act as imperfect condensers, the partially permeable cell membrane being the dielectric, the cell body as one of the armatures and the extra-cellular fluid as the other. When the current oscillates with very high frequency more of it is said to pass through the cell and less of it around the cell. When the current oscillates with less high frequency, more passes around the cell and less through it. The subject of the passage of the current through the tissues is further complicated by the presence of the circulating fluids. Indeed, when we come to the liver-cell and its adjacent bile- and blood-capillaries, it seems that the current itself might be at a loss as to which path to take! The subject of the conduction of high-frequency currents through that most complex of all conductors, the human body, is one of great difficulty, and the administrator of diathermy who ponders over the problem with the aid of the physicist and the help of mathematical formulae, feels that he is journeying

through an "untravelling world whose margins fade for ever and for ever as we roam." Let us therefore return to the subject of the application of diathermy to the patient who is the subject of the ravages of the gonococcus.

The most effective methods of applying diathermy to different regions have been ascertained by repeated trial, and the placing of different electrodes in different positions until gonococci were no longer found in the sites of the primary infection, and the symptoms due to their presence had disappeared.

Experience of the value of diathermy in gonococcal infection was first obtained in the treatment of arthritis. In the first series of cases the treatment was applied to the joints only. In order to secure the distribution of heat as evenly as possible through the joint, the electrodes should be placed on opposite aspects, not above and below. They should, as far as possible, be equidistant from each other, *i. e.* in parallel or nearly parallel planes. If they are applied to a joint, such as the knee, and the edges of one approach closely to those of the other, the heat produced by the current will be restricted to the region of the closely applied edges; and the centre of the joint will receive little, if any, heat. The electrodes should cover only a quarter of the circumference of the joint, and be placed first on the anterior and posterior aspects and afterwards on the lateral aspects. When only one aspect of the joint is close to the surface (as is the case, *e. g.* with the hip-joint), one electrode should be placed over its superficial aspect and the other should be placed on the opposite aspect of the trunk, in such a position that the shortest path between the electrodes passes through the joint. The current is increased until the sensation of heat is as great as the patient can bear without pain.

The two original cases to which reference has been made were in ward patients. They were brought to the Electrical Department on stretchers. Relief of pain was obtained soon after the first application of diathermy. As the treatment progressed they were able to walk, first with the help of sticks, and then without aid. The pain disappeared, and there only remained some stiffness. Other cases of gonococcal arthritis were treated after the war, and the results were, in some cases, as good as those obtained in the original cases. Others, however, did not respond in spite of repeated applications. It was then decided to apply the diathermy to the regions originally infected. It was applied to the urethra and cervix uteri in female patients and to the prostate and seminal vesicles in males. The cases which had resisted the treatment when applied only to the joints began to improve at once, and the final results were as good as those obtained in the original

cases. In a further series of cases it was found that these results were obtained even though the joints were excluded from the treatment. It seems, then, that the treatment of the parts originally infected is the more important, and it is now the custom in the Department, when treating gonococcal arthritis, to apply diathermy first to the parts originally infected, even if no gonococci are recovered from them. In a very few cases only was it necessary to include the joints in the treatment. Three to five applications to the urethra and cervix, or six to eight to the prostate and vesicles, are all that are required, and when these parts have been treated the patient is ready to receive massage and exercises—that is, if there remains any restriction of movement or wasting of muscles. The accessory treatment does not cause recurrence of inflammation in the joints or any awakening of the original pain.

By the end of 1923 the number of cases which had been treated was 39. The ages of the patients were from 16 to 60. In some of the cases many joints were affected, and in a few confinement to bed had been necessary before the treatment. In all the cases save two (in which the treatment could not be completed) the following results were obtained by the diathermy. Pain was abolished, swelling was diminished, and the range of movement was increased. In a few cases in which the arthritis had been of shorter duration, all signs and symptoms disappeared. In the other cases further improvement was obtained by massage and exercises, and the patients who had been confined to bed were able to walk and resume their occupation.

Some of the patients reported at later dates and stated that they had had no return of pain, and had been able to resume their work. There was no tenderness on pressure and movement was painless.

It must be mentioned that in the major number of the 39 cases gonococci were found, while in the others there was strong evidence of the nature of the infection. Most of the cases had already been subjected to other forms of treatment before diathermy was applied. Gonococcal arthritis is a notoriously intractable disease. Sir William Osler, speaking of gonococcal arthritis, said that "in many respects this is the most damaging, disabling and serious of all the complications of gonorrhoea." Judging by the results obtained by diathermy, it seems that the new treatment is able to arrest the disease, or even cure it, if organic changes have not taken place in the joints. In addition to the 39 cases which had been treated by the end of 1923, there have been others which have been treated during the present year, and the same results have always been obtained.

(To be continued.)

SOME CASES OF ENCEPHALITIS LETHARGICA.

By CHARLES F. HARRIS and GREVILLE B. TAIT.

WE think it may be of interest to give an analysis of the findings in some cases of encephalitis which have recently been in the Hospital. We are indebted to Dr. Morley Fletcher and to Prof. Fraser for permission to publish these cases, and to their chief assistants for the pathological investigations.

INCIDENCE.

The ten cases under review were, with one exception, males. Eight cases, of whom seven were school-children and one an adult, occurred during the epidemic of encephalitis in the spring of this year (1924). The other patients, a schoolboy and a young clerk, came to hospital at times when the disease was not widespread. The latter may be considered as instances of the sporadic form of the disease, and on this hypothesis have been included for purposes of comparison, appearing in the following tables as Cases 1 and 2.

PRODROMATA.

In all but one of the cases there was a preliminary period of ill-health. The descriptions given of this stage included such terms as "feeling seedy," "influenza" and "bad cold." Four patients had headache coming on in advance of any more significant symptom. These prodromal symptoms came on at times varying in the different patients from one month to a few hours before the events described in the next paragraph. Having regard to the unknown aetiology of this disease, it is interesting to note that in four cases, at the time of first examination, there was a well-marked pharyngitis. Although this was not always complained of by these patients, it must have been present from an earlier stage.

ONSET.

The conditions mentioned in the last section were, if taken by themselves, of no diagnostic importance. Sooner or later, however, there occurred in each patient a change which was easily noticed. This we have taken as the onset of the illness proper. The following table shows the types of onset observed:

TABLE I.

Case.	First significant symptom or sign.
1	Facial palsy and drowsiness.
2	Coma.
3	Drowsiness.
4	Insomnia, then choreiform movements.
5	Squint.
6	Drowsiness; ptosis; squint.
7	Coma.
8	Coma.
9	Involuntary movements; ptosis.
10	Squint; ptosis.

No warning was given to the relations of those patients whose illness started with coma. One fell unconscious at work, while the other was found partly strangled by a clothes-line on which he had happened to fall. Naturally such items in the histories did not at once indicate the final diagnosis. The other forms of onset, though less dramatic, were no less clearly defined. The accounts given of them were explicit as to the precise day on which each symptom appeared.

CONSTITUTIONAL CHANGES.

Like many grave disorders, encephalitis lethargica, besides interfering with certain specific tissues, also tends to upset the working of the body as a whole. Symptoms arising from this aspect of the disease were enumerated in Table II.

TABLE II.

Symptom.	Case.										Total.
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	
Pyrexia	—	—	—	—	—	—	—	—	—	—	7
Headache	—	+	+	+	+	+	+	+	+	+	9
Vomiting	—	—	—	—	—	—	—	—	—	—	3
Constipation	—	—	—	—	—	—	—	—	—	—	6
Albuminuria	—	—	—	—	—	—	—	—	—	—	7

Headache, which sometimes occurred very early, was also the most common symptom throughout the course of the illness. Next in frequency came pyrexia and albuminuria. Fever was, however, absent in Cases 2 and 8, both of whose symptoms started with sudden

than in the long series that have been compiled elsewhere. Constipation has been included among the constitutional disturbances, and not as a lesion of the lumbar enlargement of the spinal cord. Possibly such a cause may have been responsible in one or two instances, but in the majority, it seemed to us, it was one of the general effects of the disease. A rash, not accounted for apart from the illness, occurred only in one case, and has not been tabulated.

FOCAL SIGNS.

Just as in pneumonia the lungs, and in enteric fevers the lymphoid nodules of the gut, bear the brunt of the disease, so also in encephalitis lethargica the greatest damage is done to the central nervous system. Consequently the majority of the signs in these patients were referable to this system. In order to facilitate comparison, the symptoms and signs arising from such localized lesions are put together in Table III. Their classification has been attempted on a physiological basis. It is open to argument whether some of the groups are correctly placed. For instance, various authorities consider coma to be a result of a mid-brain lesion, or divide involuntary muscular movements into two groups, one resulting from changes in the cortex, the other from those in the mid-brain and basal nuclei.

There is no reference to lesions of the optic nerves in this table, for the reason that no abnormalities were found in the fundi of any of these patients' eyes, nor did

TABLE III.

Area affected.	Symptom.	Case										Total.	Remarks.
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.		
Cortex	Impaired intellect	—	—	—	—	—	—	—	—	—	—	4	—
	Lethargy	—	+	+	+	+	+	+	+	+	+	10	—
	Coma	—	—	—	—	—	—	—	—	—	—	3	—
	Insomnia	—	—	—	—	—	—	—	—	—	—	5	—
	Delirium	—	—	—	—	—	—	—	—	—	—	2	—
Midbrain	Katatonias	—	—	—	—	—	—	—	—	—	—	2	—
	Altered muscle tone	—	+	+	+	+	+	+	+	+	+	8	—
	Involuntary movements	—	—	—	—	—	—	—	—	—	—	5	—
Cerebellum	Ataxia	—	+	+	—	—	—	—	—	—	—	2	—
Pons and medulla	Third, fourth and sixth nerve lesions	+	+	+	+	+	+	+	+	+	+	10	—
	Fifth sensory nerve lesions	—	—	—	—	—	—	—	—	—	—	1	—
	Fifth motor nerve lesions	—	—	—	—	—	—	—	—	—	—	3	—
	Seventh nerve lesions	—	—	—	—	—	—	—	—	—	—	3	—
	Ninth and tenth nerve lesions	—	—	—	—	—	—	—	—	—	—	4	Dysphagia and dysarthria.
Spinal medulla	Eleventh and twelfth nerve lesions	—	—	—	—	—	—	—	—	—	—	1	Paralysis of trapezius and tongue.
	Incontinence of urine	—	+	+	—	—	—	—	—	—	—	2	—
Peripheral nerves	—	—	—	—	—	—	—	—	—	—	—	5	—
Meninges	Kernig's sign	—	—	—	—	—	—	—	—	—	—	4	—
	Alteration of cerebrospinal fluid	?	+	+	+	+	+	+	+	+	+	9	—

coma, and who were under observation from very nearly the beginning of their known illness. The incidence of albuminuria was very much higher in these few patients

any of them complain of disordered vision other than diplopia.

It will be seen that lethargy was part of the illness

of every patient, and that three were also in coma for a time. The appearance of diminished cortical activity was not always present, however, for in two cases there was delirium, and in five pronounced insomnia. The fact that delirium came after a period of coma in one case, and of marked drowsiness in the other, does not seem to indicate that delirium and lethargy are the irritation and depression stages of the same lesion. Insomnia, when present, usually came on early in the illness and tended to persist after most other signs had cleared up. We would like to mention here that the delirium and insomnia were very difficult to treat. Drugs were ineffective, and lumbar puncture had no apparent quietening influence. The most successful measure seemed to be evening baths, whose temperature was gradually raised to 110° F.

Under the heading "Altered Muscle Tone" have been included a variety of conditions such as spasticity of the limbs, present in three cases, ankle clonus, present in four cases, and alteration of the facies not produced by cranial nerve palsies, which was observed in three cases.

Signs resulting from lesions of the third, fourth and sixth cranial nerves have been placed together in one group in Table III. Although all the patients were in some degree affected in this respect, the severity of the lesions varied considerably in the different cases. A further analysis of the eye signs has therefore been made in Table IV, where, for the sake of convenience, the sign nystagmus has also been included.

TABLE IV.

Symptom.	Case.										Total.
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	
Dilated pupil	—	—	—	+	+	o	o	+	+	o	4
Contracted pupil	—	+	—	—	—	—	+	—	—	—	3
Irregular pupil	+	—	—	—	—	—	+	—	—	—	4
Ptosis	—	+	+	+	+	+	+	+	+	+	9
Squint	—	+	+	+	+	+	+	—	—	—	7
Nystagmus	+	—	—	+	—	—	—	+	—	—	4

Ptosis was the most constant single sign. The squint, when it occurred, was always internal of one eye or the other, except in Case 2, where there was paralysis of all the oculomotor muscles. Nystagmus, most marked on horizontal movement in four cases, and on vertical in one, tended to appear during any part of the acute disease. In five of the patients, as it has been shown, some or other eye sign was one of the earliest features of the illness. The duration of such signs varied considerably. In certain cases a squint was transitory, lasting a day or two only; in others it lasted at any rate for six months after the onset. This remark, however, could be applied in this disease to any of the signs referable to the central nervous system.

Changes in the cerebrospinal fluid, again, have been

condensed into one column in Table III, and are shown in a more expanded form in Table V.

TABLE V.

Character of C.S.F.	Case.									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Quantity	—	n	i	i	i	i	i	i	i	n
Colour	—	yellow	n	n	n	n	n	n	n	n
Red blood-cells	o	110	o	o	o	o	o	22	o	o
Total white blood-cells	—	4	52	12	6	10	20	72	40	260
Polymorphs	—	4	27	o	o	—	—	72	20	o
Lymphocytes	—	o	25	12	6	—	—	o	20	260
Albumen	—	n	n	n	n	n	n	n	n	d
Globulin	—	n	n	n	n	n	n	i	i	n
Fehling reduction	—	n	d	i	d	n	d	n	n	n

n = normal. i = increased. d = diminished. o = none present.

In the two instances where red blood-cells were present, this finding was constant in every examination of the cerebrospinal fluid, and it appeared as if the cells were there as a result of the disease rather than from trauma. Estimations of the albumen were made by Alfrecht's method, and amounts of over 0.01 per cent. were taken as abnormal. Globulin and the Fehling reduction were not measured quantitatively, but changes in these, when they occurred, were matters of opinion of experienced observers.

The type of alteration of the fluid was very varied, and, apart from increase of the actual quantity and of the number of white blood-cells, it is not possible to point to any change occurring at all constantly.

AFTER-EFFECTS.

A few months after the beginning of their illness, these ten patients showed a very unequal degree of recovery. Some appeared to their relations to be in no way abnormal; others, while they had no serious disability, were left with some token of their illness, such as insomnia or a squint; and others again were still so gravely affected that they were incapable of looking after themselves. Examination of the patients and cross-questioning of their relations tended, in the main, to confirm these reports. From the medical point of view, however, fewer than were stated reached the standard of complete recovery. It is possible roughly to classify the cases into groups according to the extent of their residual lesions at the most recent examination.

Group A.

No abnormality found.

Case 3 and Case 8.

Group B.

No impairment of intellect, but minor focal lesions.

Case 5: Inequality of pupils; extensor plantar response.

Case 10: Insomnia; constipation.

Group C.

No impairment of intellect, but gross focal lesions.

Case 2: Cranial nerve palsies; marked cerebellar ataxia.

Group D.

Slight impairment of intellect and minor focal lesions.

Case 4: Diminished mental acuity; katatonias; squint; ptosis.

Case 9: Slow speech; nystagmus.

Group E.

More severe impairment of intellect and focal lesions.

Case 1: Abnormalities of conduct; Parkinsonian syndrome.

Case 6: Diminished mental acuity; ptosis; nystagmus.

Case 7: Attacks of "dreaminess"; ptosis; squint.

In explanation of this classification a few further remarks may be added. Of the boys in the first group who had apparently recovered, one (Case 8) commenced his illness with coma, and was at that time more severely ill than the majority of the patients. In Group B the children had returned to school, and had not lost position as compared with their classmates; while in Group D the two boys had not returned to school, and their parents did not consider them so bright mentally as before their illness. The young man who forms the third group certainly had no impairment of his higher mental faculties, but he was almost completely disabled by his cerebellar ataxia. The three patients in the last group, although by no means insane, on occasions appeared definitely abnormal to those about them.

Most of these patients have not been observed for more than seven months in all since the beginning of their illness. It is therefore impossible to say whether they may expect any further damage or improvement.

Finally, as a matter of interest, it may be recorded that Cases 3, 4 and 5 were treated while in hospital by daily lumbar puncture, and, for the first week, intrathecal injection of horse-serum. The progress of the disease, as compared to that in the other seven patients, does not seem to have been modified by this practice.

CONCLUSIONS.

We realize that it is impossible to draw any broad generalizations from so few cases, but we think it is justifiable to make the following observations:

1. Lethargy and lesions of the oculomotor nerves were present in every case.
2. A severe and sudden onset is not always accompanied by a rise of temperature, though this may occur.
3. Residual lesions bear no relation to the severity of the onset.

PRACTICAL NOTES ON SOME ARSENO-BENZOL PREPARATIONS.

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Assistant, Skin Department, St. Bartholomew's Hospital.

THE number of arsenobenzol preparations now on the market is so large, and new ones are so constantly being introduced, that it is a little difficult for the student to get an idea of what the indications are for the use of any one of them as opposed to any of the others.

The original "606" or "salvarsan" (Meister, Lucius & Brüning) and its substitutes "kharsivan" (Burroughs Wellcome & Co.) and arsenobillon (Poulenc Frères) are very little used in clinics nowadays, on account of the relative difficulty in preparing and giving the injections compared with the ease of solution and injection of the "914" preparations, "neosalvarsan" (Meister, Lucius & Brüning) and its substitutes, "neokharsivan" (Burroughs Wellcome & Co.) and "novarsenobillon" or "N.A.B." (Poulenc Frères).

A full dose of "606" or its substitutes has to be dissolved in a relatively large amount of distilled water—say 60 c.c.—with the aid of sodium hydroxide solution, and the volume then made up to, say, 180 c.c. with 0.5 per cent. saline solution. This large bulk of fluid has to be administered intravenously by gravity or by some form of pressure bottle, and the large bulk of water used renders it extremely important that it should be freshly distilled in a porcelain or Jena glass still and sterilized. On the other hand, "914" and its substitutes, being readily soluble, can be dissolved in 10 c.c. of distilled water, and given intravenously with a syringe. The quantity of distilled water being so small, its quality is not of the same vital importance, and although freshly distilled and sterilized water should be used, I believe boiled tap-water has been used on emergency without evil effect.

In addition to this great advantage when large numbers of patients have to be dealt with, the "914" type of compound is less likely to produce severe reactions, and consequently most patients can go back to their work or business after having an injection instead of lying up in bed for the rest of the day, as is advisable after "606."

The disadvantage of "914" as compared with "606" is that its contained arsenic is very much more rapidly excreted, and its effect is therefore not so lasting as that of "606." After a full dose of "606" arsenic can be found in the urine for about 10 days, whereas after "914" it is difficult to find after two days. On the

other-hand, "914," being less toxic, can be administered in larger doses and at shorter intervals, so that "what we losses on the roundabouts we makes up on the swings."

Personally, I do not think there is much to choose at present between neosalvarsan, neokharsivan and N.A.B., and I have had satisfactory results with all of them.

As regards the distilled water, I find that in private practice the 10 c.c. ampoules of "apyrogen" distilled water put up by Allen & Hanburys are very convenient, and appear to keep good indefinitely.

In spite of the easy solubility of the "914" preparations, it is always advisable to filter the solution by drawing it into the syringe through a glass tube containing a small plug of cotton-wool, the whole being boiled before use. This also prevents one from blunting the point of the needle on the bottom of the gallipot, as is apt to happen if one draws the solution up through the needle which is to be used for the injection.

The usual "course" of "914" is from 6 to 10 injections given at weekly intervals, the first being 0.3 or 0.45 gm. and the subsequent ones 0.6 gm., or in the case of big men, 0.75 gm. The interval between courses is usually two months. The scheme of treatment to be adopted in any of the various types of syphilitic case that one commonly meets with is, however, a large subject, and beyond the scope of this article.

"Galyl" is a preparation similar in nature to "914," but containing phosphorus. Being of French origin it was largely used during the war, but in my experience its effects were disappointing, both as regards immediate and permanent results. It was given intravenously, and seldom produced any unpleasant reaction.

Galyl dissolved in glucose solution is put up in ampoules for administration intramuscularly to babies and Dr. John Adams uses this extensively in his clinic, at Thavies Inn. Personally I prefer to use "914" as described below.

In certain types of case preparations other than "914" are useful. Take, for example, the stout lady, whose superficial veins appear to be non-existent. One can often feel veins at the bend of the elbow even if one cannot see them, but if one cannot even find them thus it becomes necessary to give the injection by some other route. In such cases I often use "sulfarsenol" given subcutaneously.

Sulfarsenol is a rather more stable preparation than "914," and, given by the vein, appears to be less effective, possibly because it is largely excreted before being split up. It is quite effective, however, if given either intramuscularly or subcutaneously, and is, as a rule, much less painful by either of these routes than is "914." I say "as a rule" advisedly, because it appears to vary somewhat in composition, and some batches are

definitely irritating and cause painful indurated swellings, like those which appear if a solution of "914" is given outside the vein instead of inside. In the majority of cases, however, sulfarsenol is relatively painless. I give it in doses of about 0.3 gm., 0.45 gm., 0.6 gm., etc., dissolved in as little water as possible—say 10 minims—and injected with a hypodermic needle under the skin over the deltoid or on the upper part of the buttock.

Sulfarsenol, although generally considered very safe, may cause an arsenical dermatitis just as any of the other arsenobenzol preparations may, and we had a case of this sort in the Skin-Department last year.

Sulfarsenol has been used extensively by some people in the treatment of gonococcal epididymitis and arthritis—on what principle I am unable to say. I can say this: that I have tried it in a few such cases, and never saw any effect from it at all, either good or bad.

In the treatment of babies and young children I generally use N.A.B. dissolved in about 5 minims of distilled water and injected intramuscularly into the buttock. By a merciful provision of Nature such injections do not appear to cause a baby any inconvenience at all, though in an adult intramuscular injections of N.A.B. or other "914" are apt to be very painful. The dose I use is 0.004 gm. of the drug per 1 lb. of baby, and this appears to work well. Glucose solution 5 per cent. may be used instead of distilled water, but I have not observed that it has any advantage in babies.

In cases of old-standing syphilis in adults, with an obstinate positive Wassermann reaction, "stabilarsan" (Boots) is sometimes useful. This is a combination of "606" (not "914") with glucose in solution, and is supplied in ampoules ready for use, thus saving the bother of a separate supply of specially distilled water. Stabilarsan can be given once a week intravenously like "914." Maximum dose recommended is 0.6 gm.

Another drug which we have been using lately in a few cases at Golden Lane with satisfactory results is "sulfoxyl-salvarsan" (Meister, Lucius & Brüning). This also is supplied in the form of a stable 5 per cent. solution in ampoules ready for injection. It is very slow acting, and must not be given with intervals shorter than two weeks between injections and with not more than four injections in a course. After a course two to three months must elapse before the next course. This drug is particularly intended for cases with an obstinate positive Wassermann reaction which has resisted several courses of "914." It is too slow in action to be suitable for use in active primary or secondary syphilis.

"Silber-salvarsan" (Meister, Lucius & Brüning) and its substitute "arseno-argenticum" (May & Baker) are said to be very active and particularly useful in

cases of syphilis of the central nervous system. They are given in doses of 0.15 gm. to 0.25 gm.—that is, only about one-third of the dose allowable of "914." We have had comparatively little experience of them, and they have the minor disadvantage that their solutions are dark brown in colour, making it difficult to see whether blood is coming into the syringe properly before giving the injection. Cases of universal argyria have been reported following the use of this type of drug, but they are exceedingly rare. Courses of other metals, such as mercury or bismuth, should not be given at the same time as a course of silver salvarsan.

Although these notes deal only with the arsenobenzols, I hope it will not be supposed that I am advocating the treatment of syphilis with these drugs alone. In my opinion every case of syphilis should be treated also with mercury, or its more fashionable substitute, bismuth, for long periods (one to three years according to the case), and also with iodine as requisite.

NOTES ON GENERAL PRACTICE: PRIVATE AND "CONTRACT" PATIENTS.

A EQUAM memento rebus in arduis servare mentem." St. Bart.'s JOURNAL has adopted a worthy saying. It applies in general practice as much as anywhere, especially so when the G.P. is called out, perhaps at a most awkward time, to see a "contract" patient—panel, club, or parish—with no monetary return to soften the annoyance.

Don't let the financial element become too prominent in your mind, for three reasons:

(1) It is narrowing, and reacts to your own disadvantage mentally. At one time I used to read a weekly paper devoted to a recital of the wrongs inflicted upon medical men. It used, in me, to rouse a spirit of antagonism to the various authorities—Ministry of Health, Insurance Commissioners, Friendly Societies—and as a direct consequence, a feeling of resentment against my "contract" patients.

No "level-headedness" in those days; I was worried. Then I stopped reading about our wrongs; I was much happier, and my income grew no smaller.

(2) Even the least educated of your patients can spot your failing—yes, and assess your interest "in the case." You would rightly loathe a "contract" patient mean enough to feign rheumatism in order to obtain free medicine for a non-contract sick relative; others may rightly loathe meanness in you.

(3) Mrs. A—is well-to-do, and pays you 10s. 6d. a visit; Mrs. B—is only a "contract" patient. Have

you ever worked it out? Are you quite sure which of them is worth most to your practice? Try it and see. Take the smallest details into account. Be careful to debit Mrs. A—"tiresomeness" if you debit Mrs. B—with fleas. Count it all up before you grouse about "a clubber," or gloat over a "private" patient.

Work it out on a time basis. The poor live close together—the less time lost between your visits; something, but not much, in that. Let's take the length of time spent when you've got to the house:

Private.—The ring at the door: two minutes' wait. Shown into sitting-room: two minutes' wait. Patient and relative arrive: two minutes' courtesies. Recital of trouble—injury to knee; history *in extenso*: eight minutes. Patient retires upstairs, you to bathroom to wash hands: four minutes consumed. To bedroom—more explanations by patient, examination of knee: four minutes. Express diagnosis, suggest treatment, combat inappropriate suggestions by patient (or relative) and give prognosis: ten minutes is a conservative allowance. Discussing convenience of patient's messenger fetching medicine or dressings out of surgery hours; answering inquiries *re* newspaper account of latest medical discovery; parting courtesies: twelve minutes.

Remember that you can't be curt, and you are lucky if you get away in less than forty-five minutes.

Contract.—Knock and walk into kitchen-parlour; wash hands in basin on table, while listening to history of accident, what time patient pulls down her stocking; three minutes. Examination of knee: four minutes. Give diagnosis, instructions as to treatment, prognosis, certificate of inability to work: two minutes. Answer friend next door by referring her to patient: no time lost. Total time, nine minutes. One fifth of the fee you charge Mrs. A—will be all that Mrs. B—should pay.

Next consider—

(a) Time lost breaking round to put up medicine to suit Mrs. A—'s messenger. Mrs. B—has to send in proper surgery hours.

(b) Gas, sealing-wax, wrapping-paper, time.

(c) Proportion of bad debts; services rendered free because Mrs. A—is "private."

Now divide the salary you are paid annually for looking after Mrs. B— and her like by the total number of visits you pay to Mrs. B— and her like. You will learn how much Mrs. B—"pays" you for each visit. If your practice is a normal one, five Mrs. B—s are quite as "paying" as one Mrs. A—, and with this advantage, too—they are less exacting, less critical, and less fickle.

Next we take the cost of drugs and dressings. What is your total drug bill for the year? How much do you

get from the Panel for your country patients? How many country patients have you? You can work it out. It may surprise you. If you charge your club patients Panel rates, the same figures will hold good.

To return, don't let the financial element become too prominent in your mind. Cut out the worry of what pays and what doesn't. Your poorest patients have friends who come to stay sometimes, and these are often "paying" patients.

Uninteresting as all this is, it will have served its purpose if it saves but one or two embryo G.P.'s from the mistake of scorning the "contract patient."

THIRD CHIP.

EUROPE AND BELINDA.

IMAR Tabib, Emperor of all Asia, was the son of a nomadic chieftain of Turkestan.

A born conqueror, he had by dint of hard fighting and cunning diplomacy subjugated the whole of Asia with the exception of India.

His ambition unsatisfied, he visited England to try and obtain possession of the entire continent without further bloodshed. Britain recognized the threat and hastily granted India its independence.

Whereupon this newborn infant, the Free State of India, was promptly overlaid by the Asiatic army.

No sooner had the Emperor achieved his object than he was taken ill.

England was in consternation. All foresaw that the death of the Emperor in a strange country would be the signal for Mongol and Moor to once again sweep victoriously over Europe.

Harley Street rose nobly to the occasion.

Sir Onion Onaway, Physician-in-Ordinary to Every-body, and Sir Pelerin Prate, who had removed all the royal appendices he could get hold of, took charge of the case. Each examined the case and, true to tradition, they failed to agree as to diagnosis or treatment. Each called in his own bevy of specialists. These learned gentlemen, impressed by the possibilities of the case, hurriedly edited a text-book, which was sold at a slight profit to eager students as an Aid to Differential Diagnosis.

Sir Samuel Sand solemnly surveyed the serene stomach, Sir Raven Rain reverently rotated round the royal rectum, yet neither they nor the other Inspectors, Palpaters, Percussors and Auscultators could agree about the diagnosis.

Physicians and surgeons were at loggerheads: the former would not hear of an exploratory laparotomy,

though it was discovered that the patient had a dog and was very partial to watercress.

True, Dr. Tom Titt, who had been quite accidentally included in the list of medical attendants, since he held no rank, had declared during a consultation that he considered the old buffer was "kidding" himself.

Such an opinion, couched in such language, staggered the learned assembly, a disciplinary court was formed at once, and Dr. Tom Titt was reduced to the rank of L.S.A.

The Emperor, a fatalist, had quite made up his mind that he was going to die, and in Oriental fashion laid down and awaited the end.

Europe, fear-stricken and helpless, awaited the barely evitable crash.

* * *

Belinda was a maid temporarily employed in the vast retinue required to serve our imperial guest.

Belinda had a mother, aged 68, house-wife, admitted under the care of any surgery dresser every alternate Monday, complaining of sores on the legs.

Fortnightly a harassed dresser scrawled "Rep. Hst. Gent. cum Rheo & Lot. Cal. Co." on a wonderfully creased piece of pink paper, forged the house-surgeon's signature and told the old dame to lie up as much as possible.

Belinda's faith in the brown medicine was unshakable. Once when the way of true love had not run smooth and she had lost her appetite, a few doses had given surprisingly good results.

As she scrubbed floors and beat carpets a plain took shape in her excited brain.

By devious ways, too long to mention, Belinda, under cover of domestic duties, gained access to the Emperor's room. The Fates were kind: they were alone. Swiftly she produced a large bottle and bade him drink.

The patient, convinced of his impending dissolution and not caring by what means he died, murmured the magic words, "Life is but one dam' thing after another," extracted the cork and took a mouthful of the mixture. His eyes sparkled—this was real medicine, far excelling those flavoured drugs guaranteed to have no effect on an orthodox pagan.

In broken English he asked her name. "Belinda, your worship," stammered the wench, surprised at her own daring. The door opened, and she fled to find that the Lord Chief Scrubber had fired her for lingering over her duties. The rest of the tale is soon told.

This mighty potentate, disregarding the mystic signs "p.t.c.," "t.d.s." surreptitiously quaffed great draughts at irregular intervals, and to the surprise of his medical attendants and the relief of Europe speedily recovered.

He returned to his own domains, his death took place

some years later, and his gaudy empire split up into a number of tawdry states; thus the terror of an Asiatic invasion existed no longer.

Anxious to obtain more of this elixir he had, prior to his return home, demanded that "Blinder" should be brought before him.

His attendants, unaware of the great part she had played and fearing a royal scandal, vowed that she could not be found.

What of Belinda who had made history?

We cannot tell; all this took place years ago.

Yet should you care to saunter past Surgery one morning you may see her, bottle and paper complete, sitting on a hard bench, patiently waiting to be admitted under the care of any surgery dresser, complaining of sores on the legs.

STUDENTS' UNION.

GOLF.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

The Final of the Inter-Hospital Golf Cup competition was played at Moor Park on October 31st, Bart's defeating St. Thomas's by 8 points to 4 points. The course was very heavy and play was not easy. The singles were played in the morning, leaving Bart's with a lead of two points. In the afternoon only one of the foursomes went to St. Thomas's. This is the first occasion that the Cup has been won by St. Bartholomew's Golf Club.

BART'S		SINGLES.		ST. THOMAS'S.	
R. H. Bettington	0	v. D. R. Nutt	1(5 & 4)		
W. A. Barnes	0	v. N. M. Jerram	1(3 & 2)		
H. Smith	0	v. H. V. Coverdale	1(4 & 2)		
C. A. Francis	1(1 up)	v. R. Sillick	0		
H. E. Houston	1(8 & 6)	v. A. K. Miller	0		
J. G. Cox	1(8 & 6)	v. N. A. Miller	0		
H. F. Chillingworth	1(3 & 2)	v. G. B. Walters	0		
W. S. Maclay	1(19th)	v. N. Gatey	0		
	5		3		

FOURSOMES.

Bettington and Barnes	1(2 & 1)	v. Nutt and Jerram	0
Houston and Cox	0	v. Coverdale and A. K. Miller	1(2 up)
Smith and Francis	1(1 up)	v. N. A. Miller and Gatey	0
Chillingworth and Maclay	1(5 & 4)	v. Walters and Sillick	0
	3		1

Result: St. Bartholomew's, 8; St. Thomas's, 4.

The *Girling Ball Challenge Cup* was won by R. H. Bettington, who beat C. A. Francis (5 & 4).

The *Challenge Cup* was won by W. S. Maclay (score 81).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. CLARE COLLEGE (CAMBRIDGE).

Played at Winchmore Hill on Saturday, November 1st, on a ground in a very bad state, which rendered good foothold and stickwork very difficult. The Hospital won the toss and gave Clare the advantage of the ground. Play was very even at the start; the Clare

forwards, playing well together, had slightly the better of the game and gave the Hospital defence plenty of work, and only failed to score through the fine display of Windle in goal. The Hospital forwards had the advantage in speed, but the Clare backs managed to break up their attacks and prevented them from scoring in the first half. Towards the end of this half the Clare left wing got away and scored.

After the change of ends the Hospital pressed and Milner scored from a scrimmage in front of goal. Play continued in mid-field for some time, and then the Hospital forwards carried out a rush, which led to Sinclair scoring. Clare made hard efforts to score, but were held in check by the Hospital halves, of which Cutting played a good spoiling game on a difficult ground. No further scoring took place, the Hospital winning 2—1 after a game which would have been more enjoyable under better weather conditions.

Team: R. W. Windle, goal; W. A. Briggs, J. H. Attwood, backs; S. B. Benton, T. S. Goodwin, P. J. Cutting, halves; K. W. D. Hartley, G. W. S. Foster, J. G. Milner, A. C. Bell, M. R. Sinclair forwards.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C. SANDHURST.

Played at Camberley on Saturday, November 8th, and resulted in a draw 2—2. The Hospital had the better of the first half, but the forwards failed in front of goal. Soon after the start Milner scored from a corner with a good shot. For the rest of the half play was very even, though neither side scored. The Hospital defence was sound, Goodwin playing a particularly good game at centre-half. Early in the second half the R.M.C. scored, and later added a second goal. The R.M.C. forwards kept the game in the Hospital circle for some time, but could not score owing to the fine goal-keeping of Windle. Just before the end of the game the Hospital got away and Church scored from a pass from Milner. Many opportunities were missed by both sides and a draw was the most satisfactory result.

Team.—R. W. Windle, goal; W. A. Briggs, B. E. T. Mosse, backs; J. H. Attwood, T. S. Goodwin, P. J. Cutting, halves; G. W. S. Foster, K. W. D. Hartley, J. G. Milner, J. E. Church, M. R. Sinclair, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. R.N.C. GREENWICH.

The Hospital lost to the R.N.C. Greenwich at Winchmore Hill, on Saturday, November 22nd, by 3—5. Early in the first half Church scored for the Hospital. Shortly after this Benton had to retire hurt and was unable to return until the last fifteen minutes of the game. Consequently the R.N.C. kept the game in the Hospital half, but were only able to score once, chiefly due to the fine work of Goodwin at centre half and Windle in goal.

In the second half the R.N.C. scored early, and later Rhodes equalized for the Hospital. The R.N.C. forwards, who played well together and followed up smartly, kept up a series of rushes on the Hospital goal and scored twice. Soon after this Church scored the Hospital's third goal. In the last few minutes of the game the R.N.C. scored again.

Team.—R. W. Windle, goal; J. H. Attwood, B. E. T. Mosse, backs; S. B. Benton, T. S. Goodwin, P. J. Cutting, halves; K. W. D. Hartley, G. W. S. Foster, R. L. Rhodes, J. E. Church, M. R. Sinclair, forwards.

ASSOCIATION FOOTBALL.

So far this season the "Soccer" club has nothing to be ashamed of in the way of results, and this in spite of the fact that the teams are still undergoing re-organization owing to several old players being unavailable. The forward line, which in past years has been our failing, shows marked signs of revival, though the shooting is still somewhat erratic. J. Crumie, left half, and J. Huntley, left back, have both earned a permanent place in the defence.

The draw for the "Hospital Cup" has taken place, and we are down to meet University College Hospital on Wednesday, December 3rd, when we have every prospect of qualifying for the second round. 1st XI matches: Played 5, won 3, drawn 1, lost 1.

CORRESPONDENCE.

MEDICAL FOUNDATION OF EPSOM COLLEGE.

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

SIR,—We take this opportunity of appealing to all Bart.'s men, past and present, to support one of the great medical charities—the Medical Foundation of Epsom College.

The College gives annually a large number of pensions to aged and disabled medical men, or to their widows. It provides a first-class preparatory and public school education for the sons of medical men at a reduced cost; but perhaps chief interest centres in the 50 Foundation Scholarships for the sons of deceased or disabled medical practitioners.

For these 50 scholars a complete school education is provided free of any cost whatsoever.

A donation or subscription gives a vote at the annual election of scholars and pensioners.

This great charity is in urgent need of funds owing to the increased expenditure which has arisen since the war.

This year one of the candidates is the son of an old Bart.'s man, who must be known to many of the readers of this JOURNAL: a man highly qualified and devoted to his work, but prevented by an early death from making sufficient to provide an education for his son, whom friends are now trying to assist. Every guinea subscribed carries the right to vote, and we ask for fresh subscribers.

Subscriptions may be sent to either of the undersigned, who are Honorary Local Secretaries at St. Bartholomew's Hospital for the Medical Foundation; or they may be sent to the Secretary of Epsom College, 49, Bedford Square, London, W.C. 1.

Yours truly,

G. E. GASK } Hon. Secs.
GEOFFREY EVANS }

WINTER SPORTS.

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

SIR,—I trust that you will assist me once again to bring the United Hospitals Winter Sports Club to the notice of your readers.

The Club was founded to obtain advantageous terms at winter sport resorts, and to encourage these sports amongst past and present students of all recognized medical schools in the United Kingdom.

This year the Lord Dawson Cup for ski-ing will be competed for early in January at the Club Hotel at Griesalp, Bernese Oberland, but for those members who prefer the Engadine a second hotel at Sils-Maria (forty-five minutes' drive from the station at St. Moritz) has undertaken to assist our members in many ways.

Full particulars can be obtained from the manager of the Grand Hotel, Griesalp, Bernese Oberland, and from the manager of the Hotel Waldhaus, Sils-Maria (Engadine).

Yours sincerely,

Maidenhead: J. DUNCAN LYLE, Hon. Sec.
November 14th, 1924.

REVIEWS.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By L. BATHE RAWLING, F.R.C.S. Sixth Edition. (London: H. K. Lewis & Co., Ltd.) Price 7s. 6d.

After twelve years, during which seven reprints have been called for, another edition of Mr. Rawling's excellent book has appeared. The opportunity has been taken to revise the text and several minor alterations and additions are noticed. A notable addition is a table of ossifications. The illustrations have been largely re-drawn, and much improved by the introduction of colours. We are delighted to find that the nude figure which appeared in the last edition as a frontispiece has been omitted.

This little masterpiece is enthusiastically recommended to all students of surgery. Entirely devoid of padding, clearly written and well arranged, it is packed from cover to cover with facts with which every student should make himself familiar.

For the revision of the anatomy of the limbs the book will be found of great use; for the study of surface markings we believe it has no equal.

AN INTRODUCTION TO THE PRACTICE OF MEDICINE. By WILLIAM BOXWELL, M.D. (Dub.), F.R.C.P.I., and F. C. PURSER, M.D. (Dub.), F.R.C.P.I. (The Talbot Press, Ltd.) Pp. 886. Price 30s.

The endeavour of the authors is to give "an adequate account" of medicine for students which shall be an unstinted explanation of a limited number of facts, rather than a full list of facts with a limited amount of explanation.

They have produced a book which is as cumbersome and as expensive as many books which are much more complete in their treatment of the subject. Pathology receives but little space; morbid anatomy receives less, and clinical descriptions are far from complete.

We do not recommend this book to students.

It is open to question whether abbreviated text-books have any place in the teaching of medicine. It is more in accord with the teaching at this hospital that a student starting medicine should take his ward cases as a text, and then read up the condition illustrated by that case in a standard work which aims at some degree of completeness.

If shorter books are required, they should be more portable and cheaper than this volume.

MIDWIFERY MECHANICS. By LIEUT.-COL. ANDREW BUCHANAN, I.M.S., M.A., M.D., M.Ch. (Oxford University Press.) Pp. 80. Price 7s. 6d.

It is not surprising in this era of popular interest in internal combustion engines and wireless telegraphy that attention has been drawn to midwifery mechanics. The study of the trochles of a non-rigid body passing through an irregular canal must be a subject worthy of the attention of the mechanically-minded, and this volume proves its attraction. It was given to Fielding Ould, 180 years ago, first to describe the mechanism of labour with any degree of accuracy, and the teaching of the present day is based upon his principles. That this teaching gives the student an excellent idea of the mechanisms in simple general terms will be admitted by all; but a close study of the problem brings up innumerable difficulties, and their detailed consideration has been responsible for the production of this volume. The book bristles with ingenuity. It is extremely difficult to follow, however, for not only is a knowledge of mechanics required, but the terminology is most intricate, and the abbreviations well worthy of the disciples of the higher mathematics. One would think that a student who could follow this book would hardly require to read it.

Several problems are dealt with in a way that deserves attention. For example, the delivery of the head in vertex I and II presentations is carried out by deliberate extension by the Dublin school—although they display their racial characteristics and call it flexion—while almost everywhere else the head is flexed until it is crowned, and not until then is extension allowed to occur. The author's explanation of the discrepancy is probably the correct one. But on the whole the book is too involved for the average man. He would be far happier grappling with the general principles usually taught.

If he followed the author too closely we have a horrible suspicion he might find himself in a similar position to the old gentleman described by Borrow in *The Romany Rye* who had learnt Chinese but could not tell the time.

HANDBOOK OF SKIN DISEASES. By FREDERICK GARDINER. (Edinburgh: E. & S. Livingstone.) Price 10s.

This is a handy little book which we can strongly recommend. It is written in a very readable style, and "skins," instead of being a more or less unknown territory of "long names and zinc paste," becomes a most interesting subject.

It is a little sad to think that the author has relegated the homely eczema to the land of the unwanted names, and brings it under the all-embracing dermatitis. Old names, however, are not easily killed.

The majority of the illustrations are photographs, and skin-lesions do not lend themselves to adequate representation in this form. This is not without its advantages, however, for the recognition of skin lesions can be learnt only in the skin department, to which this book forms a very useful companion.

AN OUTLINE OF ENDOCRINOLOGY. By W. M. CROFTON, B.A., M.D. (Edinburgh: E. & S. Livingstone.) Pp. 126.

Each of the ductless glands is dealt with in an interesting and methodical manner, there being a brief anatomical description which is followed by a more detailed histological account, which brings us to a discussion of the physiology and pathology, concluding with a helpful section on therapeutics.

The illustrations are good, and consist of photographs of patients and of microscopical sections, etc.

With regard to the treatment of exophthalmic goitre, the author states that he has found neither X-ray radiations nor partial removal necessary even in the severest cases. Immunization against the infection always present combined with symptomatic treatment with pituitrin, has given completely satisfactory results, the dosage of pituitrin being 0.5 c.c. by the mouth three or four times a day.

Great success in the treatment of high blood-pressure is claimed with the use of thyroid extract, beginning with 1-gr. doses thrice daily, and increasing it slightly, with frequent observations on the blood-pressure. Larger doses of 2 gr. of thyroid extract three times daily are advised for bringing about weight reduction, but its effect of increasing the blood pressure and causing cardiac hypertrophy must be carefully watched.

Insulin is dealt with very briefly. It is pointed out that there have been on the market for years several efficient extracts for oral administration. The author states that there never was a greater fallacy than the almost universal idea that when a patient's urine was sugar free he was well, or at any rate safe. It does not matter very much what quantity of sugar the patient is excreting so long as he is metabolizing enough to give him sufficient energy.

MATERIA MEDICA AND PHARMACOLOGY FOR NURSES. By GWEN-DOLIN HINDES, M.Sc. (The Scientific Press.) Price 3s. 6d.

This small book treats a most interesting subject in a very dull manner; it has also not been carefully revised; Fehling's solution, not sugar, should be stated to be reduced by the urine of a patient taking antipyrin (p. 22), and a vein, not an artery, should have a cannula inserted to enable an injection of adrenalin to reach the heart (p. 41).

The statement that morphine does not cause constipation is contrary to experience, and the division of emetics into direct and indirect is incorrect in the way it is expressed.

If these errors be corrected it may serve as an examination "cram"-book, but will not serve to stimulate nurses' interest in the useful subject of drugs and their administration.

REFRACTION OF THE EYE. By ERNEST CLARKE. (London: Baillière, Tindall & Cox.) Crown 8vo. One coloured plate. 98 Text-figures. Pp. x + 251. Price 8s. 6d. net.

The subject of eye-strain has been so widely discussed that to the lay mind it seems to be a fearsome bogey. Admittedly it is a subject of great importance, especially as office work is so multiplied in extent now. But may it not be stressed too far, and its causes be as much physiological fatigue, with or without unsuitable employment, as pathological defects in the eyes?

The fifth edition of this well-known book on refraction gives, as its predecessors did, much attention to the subject, based on the very wide experience of its author. Many will hesitate to credit the small degrees of astigmatism, which are almost universal, with causing such devastating results, but judgment must be based on personal experience, as the relief of symptoms is, after all, the end in view.

The book in its general description of the principles and practice of refraction work is excellent, and many of the small practical details are of much value.

The chapter describing the use and value of the ophthalmometer will be of interest to the student in the London schools, where it is little used and shown compared with its use elsewhere in this country and abroad. Personal experience again will determine its value as an adjunct to retinoscopy.

The principles of the subject are most clearly set out in text and diagram throughout the book.

A TEXT-BOOK OF PHYSIOLOGY. By H. E. ROAF, M.D., D.Sc., M.R.C.S. (London: Arnold & Co., 1924.) Pp. 605. Price 25s.

Text-books on physiology are written either to cram, to instruct, or to educate the medical student, or more rarely to effect a combination of two or more of these. It is the purpose of the present volume to instruct, and it represents the results of the author's experience in this direction for a considerable number of years. Instruction properly proceeds from the known to the unknown. For instance, from the teacher's point of view it is manifestly absurd to plunge the beginner in intricacies of the central nervous system, of histology, or of that branch of his studies which bears the high-sounding title of "bio-chemistry." He must first of all receive information, such as he can assimilate, which will give him an outline of the chief functions of the various systems. Prof. Roaf has, we think, succeeded in presenting the subject to beginners in an entirely novel but logical manner. The purely mechanical, and therefore easily understood, principles of movement, respiration and circulation are taken for the starting-point; then follow the chemical aspects of physiology, after which the regulative mechanisms of the body, including the central nervous system, are dealt with. Finally comes a section on maintenance of the individual and reproduction.

The only drawback to this scheme, if indeed it be a drawback, seems to be that each system is studied under several different sections. Respiration, for instance, would have to be read up under three different sections, according to whether it was viewed from the mechanical, chemical or regulative aspect. But such integration as the student would be thereby compelled to perform for himself would have real educative value.

The book is excellently illustrated and printed, and we congratulate the author on a very original work. His real judges must, of course, be the students themselves; choice of text-book of physiology rests largely with the temperament of the reader. But to a large proportion of students we confidently believe that the book will, in the words of the orthodox reviewer, "supply a long-felt want."

RECENT ADVANCES IN MEDICINE—CLINICAL, LABORATORY, THERAPEUTIC. By BEAUMONT AND DODDS. (London: J. & A. Churchill.) Pp. 292.

It is difficult to say anything about this little hand-book without excessive use of superlatives. We had long felt that the crying need at the present time was some short and concise account of the more recent additions to the art of diagnosis. One had a vague idea of what was meant by "basal metabolic rate," "hepatic function tests," "cutaneous protein tests," "Lane's colloidal have reaction," etc., but if anything definite as to technique was required, one had to spend a long time in looking up numerous articles in different journals—an obviously laborious method involving a great waste of time.

In this little volume Beaumont and Dodds have collected together practically all these recent tests and forms of treatment, ranging from blood-analysis, *in situ* renal and hepatic function tests, fractional analysis of gastric contents, basal metabolic tests, electro-cardiographic tracings, artificial pneumothorax technique to the diagnosis of enteric infections, etc.

Their style is clear and lucid, in general, the section dealing with the basal metabolic ratio estimation by the open gasometric method being the chief exception.

We heartily recommend all medical men, especially those who are facing any of the higher examinations, to obtain this book at once, as otherwise they will have to wait for the second edition.

MEDICAL SCIENCE: ABSTRACTS AND REVIEWS. Published for the Medical Research Council. Price 3s. net per month; 30s. annual subscription.

We feel that it is fitting that, with the publication of the first number of the eleventh volume of this series of abstracts and reviews, a word of thanks and of praise should be said in recognition of the invaluable service that the Medical Research Council has rendered to all those who are interested in the advance of medical science and the welfare of their patients, through the medium of these periodicals. At a time when so much—good, bad and indifferent—is being published in various journals all over the world in numerous languages, it is almost impossible for the overworked practitioner or the busy consultant to keep abreast with all the literature, or to

discriminate between what is really of value and what is almost worse than useless and misleading. But, in these volumes, the work of the leading research workers all over the world is reviewed and analysed by men who are thoroughly competent to do so, the analysis of the results of a large number of workers on the same subject being of especial value. In an hour's reading once a month, one can get at the main facts concerning most lines of research, and, if one is particularly interested, an ample bibliography is provided which acts as a key to the original papers. The excellent account of spontaneous and experimental encephalitis in rabbits in the August number illustrates this very well.

Any qualified man who does not read the *Medical Science Reviews* and Abstracts each month is definitely "out of date" and "behind the times."

MESSAGE OF THE HEAD, FACE AND NECK. By OLIVE F. SANDS. (Published by the Scientific Press, Ltd.) Pp. 62. Price 1s. 3d.

After a short introduction in which there is a clear explanation of the terms used in describing methods of massage, there is a chapter on massage for the relief of headache, neuritis and neuralgia and on the treatment of facial paralysis. A chapter on the treatment of torticollis, one on massage of the neck, and one on "Massage to Improve Personal Appearance."

Directions are clear and simple, and the book well repays study.

ORATIONS AND ADDRESSES. By SIR JOHN BLAND-SUTTON, F.R.C.S. (Published by Wm. Heineman (Medical Books), Ltd.) Pp. 155. Figs. 51. Price 10s. 6d.

It is with the greatest pleasure that one hears of a new book by Sir John Bland-Sutton because of the peculiar interest and charm which we know to be associated with his writings.

The collection of these addresses into one volume is new, but the orations and addresses themselves are not new, and many will be recognized with a renewed joy by those who read these delightful pages.

The book is composed, as the preface tells us, of orations and addresses delivered in divers places and published in sundry journals; indeed, the earliest appeared some 17 years ago, and the most recent is an address delivered as lately as last November.

The whole book is full of interest and should be read by everyone. No one could plead as an excuse for not reading it that the subjects dealt with did not interest him when such strangely varied matters as the cave of Meckel, nuptial livery, animal psychology, Lusitanian peasants, shrunk heads and ovarian dermoids are dealt with.

The chapter entitled "Spolia Memorabilia," which is an address to the Royal Society of Medicine, is particularly interesting. It describes many of the strange things seen and obtained by Sir John when on a visit to the Amazon.

There are many characteristically quaint illustrations throughout the book, which greatly add to its charm.

The book is beautifully produced and well arranged.

MODERN METHODS IN THE TREATMENT AND DIAGNOSIS OF PULMONARY TUBERCULOSIS. By R. C. WINGFIELD. (Constable.) Price 10s. 6d.

This book, as stated in the author's preface, is an attempt to provide a practical guide to the diagnosis and treatment of pulmonary tuberculosis for the senior student and the general practitioner, and has achieved its object in a remarkably successful manner.

The section on diagnosis is written in a clear and well-balanced way, but the author places a value on the use of X rays which is only justified if the radiographer is an expert in chest work, and such men are not usually available to the general practitioner.

The author rightly insists that a positive diagnosis must sometimes be made in the absence of definite physical signs. A welcome emphasis is placed on the importance of its estimation of the degree of activity of the disease—a point which is frequently overlooked in the teaching of a general hospital.

General treatment is dealt with on sound lines and the value of special methods judiciously assessed.

The arrangement of the book is good, but the reproduction of the radiograms might easily be clearer.

The average recently qualified man has the haziest idea as to the way in which a case of pulmonary tuberculosis should be treated, apart from sending it away to a sanatorium, and a careful perusal of this book will be invaluable to him in dealing with the disease as he will meet it in practice.

We can cordially recommend the book to those for whom it is specially written, and also to any physician who has not had special experience in the treatment of this disease.

A POCKET BOOK OF OPHTHALMOLOGY. By A. J. BALLANTYNE. (Edinburgh: E. & S. Livingstone.) Price 6s. net.

To the medical student doing his appointed time in the eye department or revising the subject before his examinations this little book gives a clear and comprehensive synopsis of ophthalmology.

It is bound with interleaving of blank pages, so that notes from lectures or clinical work may be added to increase its usefulness. Its views are those generally accepted, and they are put in a concise form which should make them easily grasped. At the same time it is much more readable than many "cram"-books, and can be recommended to the student. Its use appears thus limited for the post-graduate in ophthalmology who seeks a fuller text-book and the practitioner a larger book for reference.

DISEASES OF THE EYE. By CHARLES MAY and CLAUD WORTH. (London: Baillière, Tindall & Cox.) Demy 8vo. 22 Coloured Plates. 327 Text-figures. Pp. viii + 460. Price 15s. net.

The fifth edition of this book, already widely used among students, serves to add to its usefulness, forming, as it does, a concise, clear and easily-read guide to the subject.

The diagnosis of the more common conditions is carefully set out, and the coloured plates are an excellent adjunct, being faithful in portrayal and easily understood. Perhaps, by comparison, the details of treatment suffer, and might have been more fully described. No description of treatment, however, can approach in value to the knowledge to be gained in seeing its application among out-patients and in the wards.

To the student and the practitioner alike the book serves its purpose well in providing a clear, practical text-book in ophthalmology.

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EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

At a congregation held November 4th, 1924, the following degrees were conferred:

M.B., B.Ch.—N. E. Chadwick (St. John's).

First Examination for Medical Degrees, October, 1924.

Part II. Mechanics.—F. R. T. Hancock.

Part III. Physics.—F. R. T. Hancock.

Part IV. Elementary Biology.—R. F. T. Finn.

Second Examination for Medical Degrees, October, 1924.

Part III. Pharmacology and General Pathology.—M. S. R. Broadbent, H. M. Elliott, T. L. Griffiths, C. J. Lavers, L. A. P. Slinger, A. T. Worthington.

CONJOINT EXAMINING BOARD.

First Examination, October, 1924.

Biology.—C. L. Carter.

Pre-Medical Examination.

Chemistry.—H. A. Simaika.

Physics.—H. A. Simaika.

Second Examination, October, 1924.

Part I. Anatomy and Physiology.—T. A. Lazaro, W. V. Roache, H. M. Willoughby.

Anatomy only.—C. H. A. Carty-Salmon, N. B. Colman, E. C. I. Foot, R. V. Goodliffe, N. A. King, S. B. S. Smith, E. W. Thomas.

Physiology only.—J. H. Attwood, C. E. Holden, C. P. Madden, W. A. Wood.

Part II. Pharmacology and Materia Medica.—D. A. Abernethy, C. H. A. Carty-Salmon, H. D. F. Fraser, D. A. Ilewelyn, R. F. Norrish, R. S. S. Smith, H. D. K. Wright, C. Wroth.

The following have completed the examination for the diplomas of M.R.C.S., L.R.C.P.:

F. N. Adams, G. L. Alexander, H. C. J. Ball, C. F. J. Baron, A. E. Beith, G. C. W. Brown, F. Buchler, G. H. Buncombe, E. E. Claxton, A. B. Cowley, B. W. Cross, P. H. Diemer, C. S. Drawer, G. D. Drury, J. T. R. Edwards, A. J. Enzer, F. G. Greenwood, C. L. Harding, W. A. Hervey, R. S. Johnson, J. F. L. King, T. C. Lewis, D. T. Lloyd, G. K. Loveday, J. L. B. Marais, C. E. Pearsons, F. D. S. Poole, H. B. Savage, H. Smith, J. A. F. Stors, H. Treisman, S. E. Walsley, C. H. Wight.

CHANGES OF ADDRESS.

ALLNUTT, E. B., Maj. R.A.M.C., Bleak House, Prospect, Bermuda.
 BUTTAR, C., North End, Felsted, Chelmsford.
 COOR, P. N., Marven, Uplyme, Lyme Regis.
 FLETCHER, SIR WALTER, 15, Holland Street, W. 8.
 HEALD, C. B., 27, Park Crescent, W. 1. (Langham 1221.)
 HENDER, C. A., Hindclen, 63, London Road, Tunbridge Wells.
 INGHLEY, O., Hillside, Oaklands Road, Totteridge, N. 20.
 MEADE, C. GRAHAM, 46, Marazion Road, Hove, Sussex. (Hove 6324.)
 MORSEHEAD, R. S., 10, Grays Inn Square, W.C. 1.
 PARKY, G. W., 24, Oakfield Road, Newport, Mon.

PRYCE, T. D., Bramber, Fletcher Road, Horsell, Surrey.
 RAMSAY, R. A., 22, Welbeck Street, W. 1. (Padd. 1018.)
 ROBINSON, G. D., St. John's Croft, 1, Madingley Road, Cambridge.
 WHITEHEAD, F. E., Zomba, Nyasaland, British Central Africa.

APPOINTMENTS.

ALLNUTT, E. B., M.C., Major R.A.M.C., appointed Deputy Assistant Director of Pathology and Hygiene, Bermuda.
 COOKE, R. HUNT, M.B., B.S.(Lond.), appointed Medical Registrar, Hospital for Epilepsy and Paralysis, W. 9.
 GILKES, H. A., B.M., B.Ch.(Ox.), appointed House-Surgeon at the General Hospital, Tunbridge Wells.
 HIGGS, S. L., M.B., B.Ch., F.R.C.S., appointed Assistant Surgeon, Royal National Orthopaedic Hospital.
 MAINGOT, R., F.R.C.S., appointed Surgeon with Charge of Out-patients, Royal Waterloo Hospital for Children and Women.
 SPARKS, J. V., M.R.C.S., L.R.C.P., D.M.R.E., appointed Radiologist to the City of London Hospital for Diseases of the Heart and Lungs, and Radiologist to the Surbiton Hospital.
 THWAITES, P., M.R.C.S., L.R.C.P., appointed House-Surgeon, Wilkesden General Hospital, N.W. 10.
 WILKINSON, W., M.R.C.S., L.R.C.P., appointed House-Physician to the Brompton Hospital for Consumption and Diseases of the Chest.

BIRTHS.

BATT.—On October 24th, at Wickhambrook, near Newmarket, to Olive, wife of John D. Batt—a son.
 BURN.—On September 18th, at Tudor House, Richmond, Surrey, to Nell, wife of Dr. J. S. Burn—a daughter.
 DAVIES.—On November 12th, at Cambridge, to Isabel (*née* Ross), wife of J. H. T. Davies, M.R.C.S.—a daughter.
 MACKENZIE.—On October 27th, at 11, Mornington Villas, Bradford, to Edith, wife of Colin Mackenzie, O.B.E., F.R.C.S.—a son.
 TRAVERS.—On November 13th, at 2, Phillimore Gardens, W. 8, to Dr. and Mrs. Ernest Travers—a son.

MARRIAGE.

HALES—LEE-ELLIOTT.—On October 22nd, at the Parish Church, Blakeney, by the Bishop of Hereford, assisted by Bishop O'Rorke (Rector), and Canon Brunwin-Hales, Dr. Henry Ward Hales, of Lees Lodge, Sherringham, elder son of Dr. K. I. Hales, of Holt, to Charlotte Winitred (Pearl) Lee-Elliott, elder daughter of the Rev. and Mrs. D. L. Lee-Elliott, of Blakeney Rectory.

DEATHS.

COUMBE.—On November 10th, 1924, at Tunbridge Wells, John Batten Coumbe, F.R.C.S., aged 71.
 DIXON.—On November 17th, 1924, at Newlands, Sherringham, Thomas Arthur Dixon, M.D., 11, Colonel, late R.A.M.C., second son of the late Rev. T. G. Dixon, M.A., Vicar of Upleatham, Yorkshire, aged 71.

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. 1.

The Annual Subscription to the Journal is 7s. 6d., 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: City 510.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXII.—No. 4.]

JANUARY 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

- Fri., Jan. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
 Sat., " 3.—Rugby Match *v.* Harlequins. Home. Association Match *v.* R.N.C. Home.
 Mon., " 5.—Dress Rehearsal.
 Tues., " 6.—Sir Thomas Horder and Mr. Rawling on duty.
 Tues., " 6. } At 8 p.m., Amateur Dramatic Society.
 Wed., " 7. } Four One-Act Plays.
 Thurs., " 8. }
 Fri., " 9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
 Sat., " 10.—Rugby Match *v.* Old Blues. Home. Association Match *v.* Old Cholmeilians. Home.
 Mon., " 12.—Rugby Match *v.* Bristol. Home.
 Tues., " 13.—Prof. Fraser and Prof. Gask on duty.
 Fri., " 16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Sat., " 17.—Rugby Match *v.* Bradford. Away. Hockey Match *v.* London Hospital. Home.
 Tues., " 20.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
 Last day for receiving matter for February issue of Journal.
 Fri., " 23.—Sir Thomas Horder and Mr. Rawling on duty.
 Sat., " 24.—Rugby Match *v.* Devonport Services. Away. Association Match *v.* R.N.C. Away. Hockey Match *v.* St. Albans. Away.
 Tues., " 27.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
 Fri., " 30.—Prof. Fraser and Prof. Gask on duty.
 Sat., " 31.—Rugby Match *v.* Old Leysians. Home. Association Match *v.* St. John's College, Cambridge, Away. Hockey Match *v.* St. Lawrence College. Away.

EDITORIAL.



We wish our readers a Happy and Prosperous New Year. This year will witness the completion of still more of the Hospital's reconstruction schemes. The British workman has already departed from the new laboratory in the pathological block, and Sir Bernard Spilsbury is to be heartily congratulated upon the result of his careful planning and consideration. Elsewhere will be found a short account of this addition to the equipment of the College.

Following upon a period of more than ordinary inconvenience, the cloak-room now approaches working order in its enlarged domain.

We have witnessed dripping disconsolate labourers removing the first blocks of the Little Britain Gate towards its new abode. The steel girders for the new section of the Nurses' Home can be seen from the back ward windows, stretching up their hideous length from a wilderness of brick behind the east wing. We are told that the perpetrator of the remark that this new building will make Darker darker has already been suitably tortured.

It is with profound regret that we record the sudden death of our Senior Physician Accoucheur, Dr. Herbert Williamson. The news of his death came as a stunning blow to our community, and students and Staff alike will feel acutely this loss to our Hospital and Teaching Staff. Others can speak with more authority of his past achievements and reputation outside the Hospital, but we ourselves feel that a finer lecturer, a better teacher and a more striking personality has not figured among those who have taught us in this College.

We regret to record the death of Mr. Paul Waterhouse, a Governor and consulting architect to the Hospital. Mr. Waterhouse was educated at Eton and Balliol College, Oxford. He was a past President of the Royal Institution of British Architects, and monuments of his work are scattered throughout the country.

We offer our most hearty congratulations to our Senior Surgeon, Sir Holburt Waring, on his admission to the Order of Knighthood.

* * *

We shall welcome back to our midst this month Mr. J. B. Hume, who has been in the States for the past year. We extend our best wishes to Mr. Corbett, who leaves us immediately to take over the position vacated by Mr. Hume.

* * *

Even more enthusiasm than in former years was put into the Christmas Day ward shows. Thirteen concert parties "took the boards," and each performed at least six times during Christmas afternoon and evening.

The first surgical box proved too feeble accommodation for the vigorous rehearsers, and about ten days before Christmas a second piano was installed in the surgery.

It is always extraordinarily difficult to see every party go through its performance—and this is perhaps as well, as comparisons in such matters are quite uncalled for. Yet one may be pardoned for making individual mention of the production of Sir Thomas Horder's firm. The genius of Mellows was never seen to better effect.

One hears that throughout the high standard of former years was ably upheld, and the happy result was in no small measure due to the energy and skill of Sister Theatres, Miss Stevenson and the theatre nurses, who, as in former years, produced the bulk of the costumes. We are also cheered at the discovery that we were not the only people for whom the theatre needles gyrate this Christmas time. The amateur costumiers did a little on their own account, and certain yellow and black costumes which did not appear in the wards nevertheless gladdened the hearts and eyes of one section of the Hospital workers.

Riotous delights reigned in the Surgery on Boxing Day. Well over two hundred children were feasted in a fairy palace. The lift-shaft made an excellent chimney down which Father Christmas (otherwise Mr. Ware) descended and was met by three bears. From a huge cracker, twelve feet long, the fourth bear emerged, and from the Christmas tree a present was handed to each of the children. Several of the troupes, apparently indefatigable, performed again on Boxing Day, and one party claims to have worked up its total to twelve appearances in the two days.

The JOURNAL has not yet descended to cross-word puzzles, but we present on page 58 a somewhat original competition which we hope will appeal to the erudite among our readers.

We offer our best wishes to Miss Ironside, better known to us as Sister Abernethy, who is to be married on January 8th, at Highgate, to Mr. J. Ernest Atterbury.

Miss Ironside's position in Abernethy has been taken by Mrs. Cotes.

* * *

We congratulate the following on their appointments as Chief Assistants:

Mr. G. B. Tait (to Dr. Morley Fletcher).
Mr. G. K. Stone (to Sir Thomas Horder).
Mr. A. C. Visick (to Sir Charles Gordon Watson).
Dr. G. Bourne (to Electro Cardiographic Department).

OXFORD BART'S CLUB DINNER.

THE Third Annual Dinner of the Oxford Bart's Club was held at the Langham Hotel on Tuesday, November 25th.

Sir D'Arcy Power was in the Chair.

Thirty-seven members and guests were present.

After the King's health and that of H.R.H. the Prince of Wales, who is an honorary member of the Club, the Chairman proposed "The Hospital, the 'Varsity, and the Club."

He took the Hospital first, as being the older institution, and showed us a copy of the smallest history of Bart's, the original of which he had sent to the Queen's Dolls' House.

He gave figures to show how steadily the Medical School at Oxford was increasing.

Dr. Henry Burroughes then recited his famous "Mrs. Cooper," which was much appreciated.

Sir Bernard Spilsbury proposed "The Visitors," and in reply Dr. Morley Fletcher said that he was thankful to be called upon with no previous warning, which would have interfered with his enjoyment of the dinner.

Sir Archibald Garrod then proposed "The Chairman," and told us of his earliest acquaintance with him.

Mr. Vick proposed "The Secretaries," telling three election stories.

Mr. Crook and Mr. Harding replied.

Life-insurance examination of a policeman: Doctor asks, "What are your height and weight?" Man answers, "Six foot and 12 st." Doctor says, "Get on the scales." Man does so and sees indicator swing round to 11 st. 2 lb. A pause, and then policeman exclaims, "Well, I'm blown! I weighed 12 st. this morning down at the mill. (Long pause.) And that's where I buy my chicken-food, too."

HÆMOPHILIA.

By H. W. C. VINES, M.D.

THE classical condition of hæmophilia is constituted by an inherited tendency in certain males to bleed in excess of the normal and on the slightest provocation. Such a tendency has a characteristic transmission; it does not necessarily pass from one generation to the next, but is transmitted through the female, and appears only in the male offspring. The genealogical tree of the first case to be described demonstrates these points. As far as the record goes, there were two brothers, both hæmophilic, one of whom married. He had two daughters and four sons, all of whom were normal; one of the daughters married and had two sons, of whom one was hæmophilic and the other normal. I was able to see both these boys; one came into hospital for uncontrolled bleeding, and his coagulation time was abnormally prolonged; in the other the coagulation time was normal.

The history of a true hæmophilic reveals usually a series of occasions on which undue hæmorrhage from superficial wounds has occurred. The four points which are necessary for the identification of the true bleeder are first that he must be a male, second, the family history of the type described, third, the occurrence of hæmorrhages, and finally, a history of hæmorrhage into one or more joint-cavities, and of these the knee-joint is the most commonly involved. The history of Case I is typical in all these respects:

July, 1917: Injury to scalp; large hæmatoma.

September, 1917: Bleeding for five days from cut lip. Several attacks of bleeding; very blanched.

May, 1918: Pain and swelling of right ankle-joint; bleeding from gums. 10 c.c. of horse-serum and transfusion.

June, 1918: Left elbow painful; hæmatoma over internal malleolus; bleeding from gums. Transfusion.

September, 1918: Graze on left temple; small hæmatoma; effusion into left knee-joint.

January, 1919: Effusion into left knee-joint. Attempt to transfuse unsuccessful; bleeding from incision; coagulation time ratio 4.6.

February, 1919: 10 c.c. normal blood injected into buttock; coagulation time ratio 4.6.

March, 1919: On admission bleeding from cut over right eye; bruising over right maxilla; effusion into left knee-joint.

As the patient was only six years old his career had been a truly chequered one.

The treatment of hæmophilia falls into two divisions: (1) The emergency treatment of the hæmorrhages, and (2) the treatment of the causal condition.

(1) Though hæmophilia is fortunately a rare condition, there is no outward and visible sign to differentiate the bleeder from his normal fellows. Accidents with hæmophilics occur most frequently in minor operations, such as the removal of tonsils and adenoids, circumcision and the extraction of teeth. With the possible exception of being able to pack the tooth-socket sufficiently tightly to control the bleeding, it is not possible in such cases to get efficient pressure on the bleeding area. Whenever in accident cases the wound is over a bony surface on which pressure can be obtained by a firm bandage the hæmorrhage can usually be controlled, and it is safe to stitch the wound if it is extensive. Epistaxis and bleeding from the gums are common types of hæmorrhage and are difficult to deal with; bleeding from any mucous surface may occur, giving rise to melæna or hæmaturia.

The sovereign cure for hæmophilic hæmorrhage is transfusion, and it should be done as early as possible after the selection of a suitable donor. While its effect is only temporary and may not last for more than a few hours, yet it may be the means of saving the patient's life. In the event of transfusion being impossible, serum, preferably fresh, may be given, though there is some risk of a hæmatoma forming at the site of injection if the subcutaneous route is used. One or two grains of calcium chloride may be injected intramuscularly and the dose repeated in a few hours, or collosol calcium may be used alternatively. The effect produced, if any, is not due to an increase in the calcium content of the body-fluids, since the amount given is too small, and in any case the calcium content of the blood of hæmophilics is usually normal. There is probably a local action on the tissue cells at the site of injection, causing a liberation of thrombogenic substances—possibly the tissue lipoids. This injection has also been found of value in dealing with post-partum hæmorrhage.

Other measures which may be taken are the application of the usual styptics—often useless—or of dressings moistened with fresh serum, coagulose or hæmoplastin. These latter substances may also be used as injections, but as they are preparations of horse-serum, the possibility of anaphylaxis must be borne in mind, and a test dose should be first given intradermally.

The treatment of hæmophilic joints is often unsatisfactory until the coagulation time has been controlled. Movement may cause a further effusion, and complete rest may lead to fibrous ankylosis. It seems that once a hæmorrhage has occurred into a joint, the latter tends to become the site of election for subsequent

hæmorrhages, and eventually arthritic changes and distortion may occur.

(2) The treatment of the hæmophilic state as apart from the emergency treatment of the hæmorrhages is of a different order. The measures which have just been recorded are all transient in their actions, and though the permanent reduction of the coagulation time in hæmophilics cannot be effected with certainty, it can be maintained about the normal level for considerable periods.

The examination of the blood in hæmophilia is singularly negative; the only definite fact is that the coagulation time is very much prolonged, so that an hour or more may elapse before a clot is formed *in vitro*. Unless a severe hæmorrhage has recently occurred the blood-cells are normal, including the blood-platelets; in purpura the blood-platelets are usually decreased, and the coagulation time is not much prolonged.

The substances necessary for normal blood coagulation are thrombokinase, calcium, thrombogen and fibrinogen. The combination of the first two converts the thrombogen to thrombin, and this in turn causes the formation of fibrin from fibrinogen. In hæmophilia it seems that there is a quantitative or qualitative deficiency of the thrombokinase. Such evidence as there is points to the probability that thrombokinase is a combination of a protein with a phospholipin—either cephalin or lecithin—and it is possible that in hæmophilics the lipid is either present in too small an amount, or that its physical state is such that rapid combination with calcium is prevented.

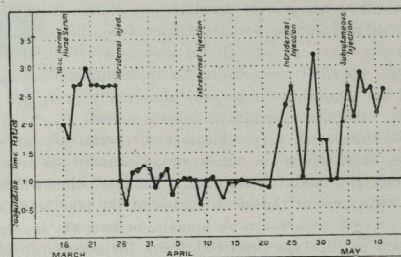
It was observed by Richet and Besredka that hyper-coagulability of the blood may occur during anaphylaxis, and it is on this observation that the method of treating the hæmophilic state is based. It is generally stated that the blood in anaphylactic shock becomes incoagulable, but many observers have noted a period of increased coagulability immediately preceding the lengthening of the coagulation time, and it would seem that the duration of this period is inversely proportionate to the severity of the anaphylactic shock. Dufour and Le Hello have claimed to be able to control severe hæmorrhage by the injection of the sera of anaphylactic animals, establishing as it were a passive anaphylaxis in the patient; they do not, however, state the duration of this period of increased coagulability. The following cases were treated in St. Bartholomew's Hospital on these lines—that is to say, by the induction of the slightest form of anaphylactic reaction possible. The method used was to give an injection of horse-serum—say 5 c.c.—to wait ten days, and then to give a second dose of one minim of the same serum intradermally.

CASE I.—The genealogy and past history of this case

have already been referred to. The condition on admission was as follows. There was an oozing cut over the right eye, bruising of the right maxilla, and a fluid effusion into the left knee-joint. The wound was stitched and a tight bandage applied; by these means the hæmorrhage was controlled, although the cellular tissue of both orbits became infiltrated with blood. 10 c.c. of normal horse-serum were given subcutaneously.

Chart I shows the ratio of the patient's coagulation time to that of a normal control. At the first reading the patient's time is twice as long as the control, rising at the fourth point to three times as long, and so on. This form of record was adopted, as coagulation times had to be taken in the ward under inconstant conditions of temperature from day to day.

CHART I.



On the tenth day after admission the bandage slipped and the cut on the forehead began to bleed again. It was thought advisable to give a further dose of serum, but as it was now ten days since the previous dose, the danger of anaphylactic shock had become possible. An intradermal injection of one minim of serum was therefore given as a test, and a strongly positive reaction was obtained in the form of an urticarial wheal at the injection site, showing that the patient was sensitized. The coagulation time was observed twelve hours later, and was found to be normal.

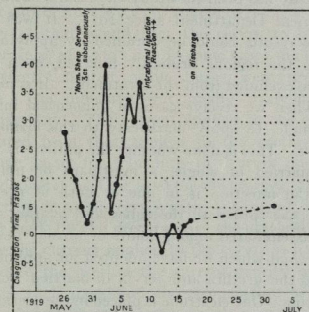
Five days later the bandage and stitches were removed from the head wound. Some bleeding occurred, as the stitches were embedded in a thick scab, but it was no more than might have been expected in a normal individual, and it soon ceased. The condition of the patient remained the same for the next twenty-nine days; passive movements of the swollen knee were carried out, and no further hæmorrhage took place into the joint.

Twenty-nine days after the coagulation time became normal it again began to rise. An intradermal injection of horse-serum produced a slight reaction and a subsequent fall in the coagulation time, but this was not

maintained, and it was obvious that the anaphylactic period was passing. A further injection a few days later produced no reaction at all, and the coagulation time had returned to the level it originally held. It thus appeared that the duration of the period of reduced coagulation time ran parallel with the duration of the anaphylactic state, for both had lasted about forty days. That the period of anaphylaxis to horse-serum in this patient was a short one is shown further by the fact that he had had an injection of 10 c.c. of the serum within sixty days of his present admission, and yet had shown no sign of reaction to the subcutaneous injection given in the present instance.

The patient was then sensitized to sheep's serum and the other observations repeated (Chart II).

CHART II.



Immediately after the intradermal injection, which was given ten days after the primary injection, the coagulation rate was measured hourly. It was found that the fall to the normal level was relatively rapid, being complete in two hours, but incomplete in one after the injection. The patient was soon after discharged.

CASE 2.—Male, æt. 17, brought to hospital for continuous bleeding from a cut on the mucous surface of the upper lip.

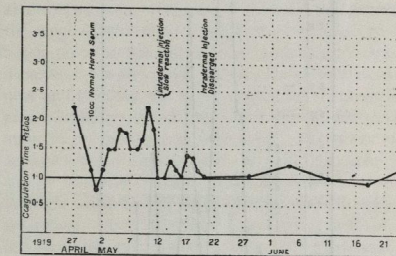
This patient was a less severe type of case in comparison with the previous one. During his life he had had severe hæmorrhages from various slight wounds, profuse bleeding following tonsillotomy, and a hæmorrhage into the left knee-joint. His present wound had been caused by a fall from a bicycle, and had been oozing for thirteen days.

The same treatment was followed as in Case 1 and with the same result (Chart III). On discharge from hospital the patient returned to his occupation as a

packer and came up at intervals for observation. A week after his discharge he stated that his gums no longer bled after cleaning his teeth, though this had always happened previously. During the following week he cut his thumb rather severely, but the bleeding was no greater than in a normal person, and only lasted ten minutes. It must be remembered that in hæmophilics deep clean-cut wounds are less liable to be followed by uncontrollable hæmorrhage than are wounds of a more superficial order. When the patient was last seen, fifty days after his discharge from hospital, no further hæmorrhage had occurred.

I then sensitized myself to sheep's serum, and found that even a normal coagulation rate may be reduced a little by the method described. During the period of sensitization, before the intradermal injection was

CHART III.



given, localized crops of urticarial wheals appeared on the injected arm, being centrifugal as regards the site of injection. Each crop was accompanied by the usual irritation, and by a slight prolongation of the coagulation time.

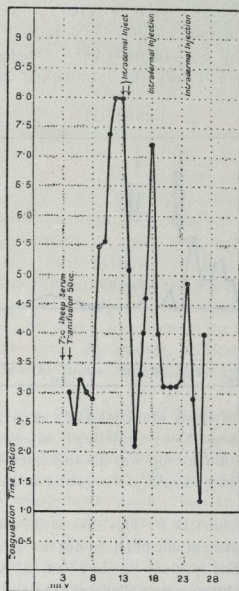
CASE 3.—(Chart IV.) This case is shown to indicate that the treatment outlined is not necessarily always effective. The patient, a boy æt. 4, was brought to hospital for uncontrolled epistaxis. His history starts with prolonged bleeding following circumcision at the age of nine months; throughout epistaxis predominates, while other hæmorrhages from mucous surfaces causing melana and hæmaturia are recorded. He had five uncles, all of whom died from hæmophilia.

The points to notice in the chart are that while transfusion controlled the epistaxis immediately, it did not produce a normal coagulation time; in the second place, the coagulation ratio rises to a very high figure as compared with the two previous cases; and finally, though some reduction was obtained by the intradermal injection, the normal level was never reached, and such reduction as there was could not be maintained. These

three cases therefore represent the moderate, mild and severe types of the disease.

How far this form of treatment may be applicable it is hard to say. It is obvious that it can only be used in those cases where a history of excessive bleeding is known. Its value as a remedy for the causal state of hæmophilia is seen to depend upon the duration of sensitization to the serum used—a factor which seems in man to be variable. It is possible that some use may be found for the method in the treatment of hæmophilic

CHART IV.



joints, so that movement may be carried out without fear of causing a further effusion. The method is of no value in the emergency treatment of hæmophilic hæmorrhage, but where in a known bleeder any operation other than an emergency one is necessary, it is possible that the control of the coagulation rate might be effected by the means described. Since, however, the effectiveness of transfusion, though temporary, is so certain, the experiments recorded have but little more than an academic interest.

I desire to thank the Editors of the *Quarterly Journal of Medicine* for their kind permission to reproduce the illustrative charts in this article.

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(Continued from p. 36.)

THEN the December number of the *JOURNAL* it was pointed out that the lethal temperature for the gonococcus was low, and that the organism could not survive if the infected tissues were heated for a sufficient length of time to a temperature not high enough to damage them. It was shown that the diathermy current was the only means of heating the tissues through and through, and that it could be used to heat an infected part *en masse* and destroy the gonococci. That it is possible to cure or arrest gonococcal arthritis by diathermy has been shown by the results obtained in the Electrical Department since 1913. It was found that these results could be obtained by applying diathermy to the regions primarily infected, even if the joints were excluded from the treatment. It is now our custom, when we receive cases of gonococcal infection in the female, to apply diathermy to the *urethra* and *cervix uteri*. This is done whether the patient is young or old, married or single, a multipara or nullipara, whether the infection is in one or both of the parts named or has spread to the tubes and ovaries, or has become disseminated among joints or fibrous tissues.

The method which we have adopted for applying diathermy to the *urethra* and *cervix* in married women is the following: One electrode is placed in the *urethra*, and the circuit is completed by means of a belt of sheet lead placed round the pelvis. The *urethral* electrode is a metal tube $\frac{3}{16}$ in. in diameter. It is passed into the *urethra* until its end reaches the internal meatus; it is therefore introduced for 3 in. The current is started and increased little by little. The patient soon becomes aware of the sensation of heat within the *urethra*. The heat becomes more intense as the current is increased, and a point is reached when the sensation of heat changes to one of pain. The current is then reduced until the pain disappears, and it is maintained at this strength for ten minutes. The reading of the ampèremeter is accurately noted and the current is then stopped.

We have devised an electrode for the *urethra* containing a thermometer, and have used it in a number of cases in order to ascertain the temperature to which the *urethra* is heated. We have found that the patient is usually nervous at her first treatment and complains of pain at a temperature of 110° F. or lower, but when her confidence is gained the change of sensation from heat to pain takes place between 114° and 115° F. This has been found to be the case in all the patients in whom the

measurement has been made. In routine work we prefer to rely on the sensation of the patient rather than the reading of the thermometer. Corrections have to be made when the thermometer is enclosed in a metal case. The reliance on the sensations of the patient has not been misplaced, since we have never caused any burns or produced any reaction sufficient to cause pain during micturition.

The *cervix* is now treated. It is brought into view by passing a speculum *per vaginam*. A bougie electrode is passed into the canal. This electrode is made of a pliable tin-lead alloy, and has a diameter of $\frac{1}{16}$ in. when used for the *cervix* of multipara. The circuit is completed by means of the belt electrode which was used when the *urethra* was treated. When passing the current we are unable to rely on the sensations of the patient, because the *cervix* is insensitive to heat and pain. In our earlier work we were unable to judge the strength of current that would heat the *cervix* to the desired temperature, viz. 114° F. In some cases the *cervix* was insufficiently heated, while burns were produced in others. The difficulty was finally overcome in the following way. The current applied to the *cervix* was calculated from that applied to the *urethra*. If the electrode passes for $\frac{3}{4}$ in. into the *cervix* and has the same diameter as that used for the *urethra*, the area of contact made by the *cervix* with its electrode is one-half of that made by the *urethra* with the *urethral* electrode. If now the current applied to the *cervix* is half of that applied to the *urethra* the current-density will be the same in each part, and the temperature produced in the *cervix* will be the same as that produced in the *urethra*. By means of an electrode containing a thermometer we have often shown that this is the case. In routine work we do not often use the thermometer electrode for the *cervix*. It cannot be bent, and the same objections apply to it as to the *urethral* electrode with a thermometer.

If the patient is nulliparous and the canal of the *cervix* has a smaller diameter, a narrower electrode must be used and the current reduced in proportion.

At each session the *urethra* and *cervix* are treated, and the current that produces the maximum heat that the patient can bear in the *urethra* without pain is measured in order to determine the current that should be used for the *cervix*. The treatment is given twice weekly, and from three to five sessions are held. It is rarely necessary to hold more.

If a vaginal speculum cannot be passed, as is the case with virgins and children, we apply diathermy to the *cervix* and *urethra* by the rectal route. One electrode is passed into the rectum, and the circuit is completed by means of a belt electrode around the pelvis. Our most

recent rectal electrode is a hollow metal case, oval in cross-section, and containing a thermometer. In adult patients we find that the sensation of heat changes to one described as a painful ache at 114° F. The treatment is continued for twenty minutes, and repeated twice weekly until six to eight sessions have been held. Children tolerate diathermy applied by the rectal route quite well as soon as their alarm has been dispelled. We have treated two children who were only 2½ years old.

When the current is applied to the uterus through the rectal wall the temperature attained in the *cervix* is 5 to 6 degrees lower than that in the rectal wall. For this reason we make the sessions longer and repeat them more often. In children we do not attempt to procure a temperature sufficient to cause pain.

The application of diathermy to the *cervix* and *urethra* by either of the methods above described can be relied on to procure the following results in gonococcal arthritis: abolition of pain, reduction of swelling, and increase of the range of movement. If structural changes have not taken place in the joints all symptoms and signs will disappear. If structural changes are present some stiffness and swelling will remain after the diathermy, but pain will disappear and the joints will then be ready for other forms of physical treatment. The latter can be applied without causing return of pain, and useful joints can be obtained. Some of our patients suffered from multiple arthritis and were confined to bed before the treatment. After a course of diathermy, with or without physical exercises, they were able to resume their work. In all the cases which we were able to trace we found that the results had been maintained.

The recital of details of cases is tedious to the listener; a short account of two cases might, however, be of interest, because they illustrate the power of diathermy in gonococcal arthritis. An elderly woman came to hospital with a painful swollen fixed elbow. The skin over the joint and for some distance above and below was inflamed and oedematous. The case was not thought to be gonococcal, but a trial of diathermy to the joint procured so much relief that suspicions were aroused, and gonococci were found in the *cervix uteri*. This part and the *urethra* were then subjected to diathermy, and the elbow was excluded. All symptoms disappeared and the joint regained its normal state.

Another patient had a painful swelling of her wrist. The joint regained its normal condition after applying diathermy to the *urethra* and *cervix*. The treatment was not applied to the wrist at all.

The therapeutic action of diathermy on the *urethra* and *cervix* will be described in the next number of the *JOURNAL*.

(To be continued.)

NOTES ON GENERAL PRACTICE:

CHRONIC CASES.

SOME of these people are an awful nuisance: they send for you and explain that they have no money because what little money they once had has been spent on quack "remedies," with no result. They now want you to treat them for little or no cash, and to persist with your treatment until they are cured. Prolonged treatment is expensive; and, if the case is one where little or no result is to be expected, it is wasteful. The more incurable the disease the greater the number of "remedies" and suggested methods of treatment; you can't afford to try them all on patients who expect you to pay for everything. But it is up to you to do something, if you can, and you can't become a quack and dispense medicines from which you expect no result. What are you to do? You want a remedy that will do some good, and that remedy must be *cheap*.

Rheumatoid arthritis of upwards of twenty years' standing is a case in point. Until time or circumstances shall discover a better way, try acid hydrochlor. dil. ten minims in water thrice daily after food. Carefully point out, at the very start, that the disease is a difficult one to do anything for, that a cure is out of the question, that relief will be slow in coming, and that the medicine must be followed "for a year or more." At the end of a week or ten days the patient will tell you that she feels better "in herself," but that "the hands are no better yet." At the end of a month she will admit that she is certainly no worse, and may even agree that she is actually better.

For example, F. G—, male, *et.* 64, machinist in a factory, was quite unable to work owing to rheumatoid arthritis in the hands. After eighteen months' treatment with HCl dil. only he was able to return to work, and did so for two years.

Put 1 oz. ac. HCl dil. in a 6-oz. bottle and fill up with water; label "one teaspoonful in water thrice daily after meals." The bottle lasts sixteen days, which pleases the patient, and you pay a visit after every second bottle.

Chronic pulmonary tuberculosis with no cough or other distressing symptoms, but "would like a bottle of medicine as I can't eat any breakfast and don't feel as strong as I ought." Tinct. iodi mit. will cheer him up no end. Put 2½ drachms in a 6-oz. bottle and fill it up with water; label "one teaspoonful to be taken in milk every morning before breakfast." The bottle lasts forty-eight days, which pleases the patient; better still he will find benefit from the medicine, and will tell you

that if he misses taking it for a morning or two he notices the difference. If he has a cough he will say that the medicine "helps to get up the phlegm and starts the day off well."

SENILE TROUBLES.

Numbness and tingling in the hands and feet, especially at night. Potassium iodide is expensive, but as you need use minute doses only it does not work out to much. ½ gr. thrice daily, sometimes once a day only, seems to relieve where larger doses fail. Put 6 gr. in a 6-oz. bottle, fill up with water, and label "one teaspoonful in water thrice daily." The bottle lasts for sixteen days, by which time the patient is usually relieved.

Tremor.—Small doses of tinct. hyoseyami, alone or with medicine given for other troubles, will sometimes relieve tremor for a time. THIRD CHIP.

OBITUARY.

HERBERT WILLIAMSON, M.B., B.Ch., F.R.C.P.

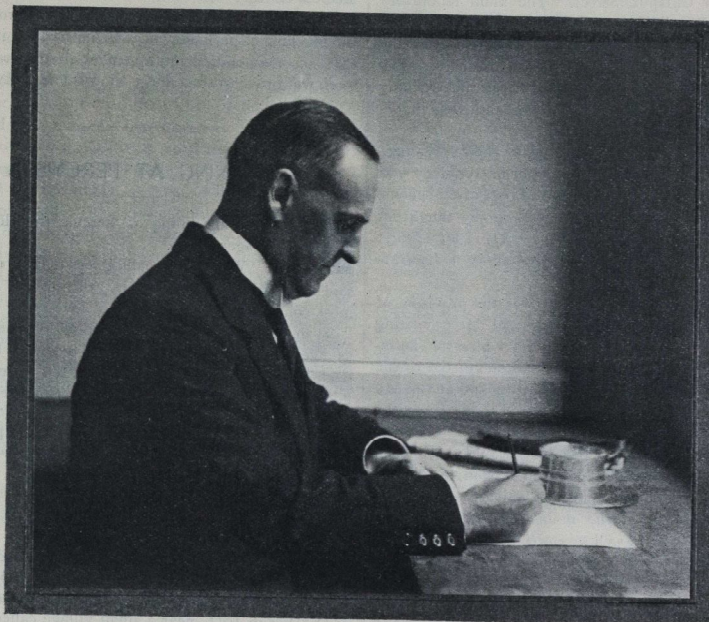
THE Medical School of St. Bartholomew's must from time to time suffer loss by the hand of death. Yet it is seldom that so sudden and unexpected a blow has befallen it as that it endured in the last month of the year which is past. Herbert Williamson had been for several years not only the senior physician in the Gynaecological Department of the Hospital, but so much an important part of the life of the School that his removal leaves a yawning blank. Generation succeeds generation quickly at a school of medicine, and Time soon closes the gaps which death has made, but to his own contemporaries and to every later generation of students his death has left a gap which none can ever fill.

He came to us from St. John's College, Cambridge, in 1893, and from the earliest days of his sojourning at St. Bartholomew's was recognized as a man of exceptional powers. He was Brackenbury Scholar in Surgery in 1896 and House-Surgeon to Mr. Butlin and Mr. Lockwood before he became Resident in the Gynaecological Department. After he qualified he was somewhat undecided as to his future career, and went out to the South African War with the Imperial Yeomanry Hospital. From that experience he returned to St. Bartholomew's as Midwifery Tutor, and from that time has become ever more intimately associated with the School and Hospital. For several years he filled the tutor's post with an energy

and an industry worthy of the great traditions which that office had acquired in the hands of many of his predecessors, and in 1907 the Hospital and Staff were glad to seize an opportunity of increasing the personnel of the Department by creating a fresh appointment. Williamson became Assistant Physician-Accoucheur without being obliged to wait for a vacancy which might not—and in fact did not—occur for a good many years. Meanwhile he had built up an extensive private practice,

Some of his best work, however, was done, especially of late years, in a sphere which is but little known to the student, either past or present. The work of the Medical Council and of the various committees by means of which the Medical School continues to flourish must of necessity be little familiar to most of us. It is only his colleagues who can fully recognize the depth of the loss of his counsel and of his far-sighted prudence.

He had not been in the best of health of late, and at



HERBERT WILLIAMSON, M.B., B.Ch., F.R.C.P.

and since he was the last man in the world who would place his own interests before that of his School and Hospital, he began that consistent course of overwork which certainly undermined his constitution.

In this JOURNAL it is unnecessary to record the work which he did and the honours which he won outside these walls. Here more and more he became an institution. As a teacher he was in the front rank; as a gynaecologist his talents were widely recognized; and as a wise adviser and sure friend of the student and the general practitioner he was known to an extensive and steadily-increasing circle.

the end of November contracted influenza. He was in bed and off duty for some days, and then took a short holiday at the seaside. He returned apparently reinvigorated, but though resuming his work he was obviously to those most intimately in contact with him not in his usual spirits. On December 15th he put off some of his work and went out for a walk in the open air of the Chilterns. He did not return, and on the next day his body was found. His heart would seem to have failed suddenly, and he passed from among us in the fulness of his powers, deeply regretted by those who admired and loved him.

THE RECONSTRUCTION OF THE OLD PHYSIOLOGICAL LABORATORY.

THE last year has seen a considerable expansion in the accommodation of the College by the equipment of modern laboratories for the teaching of physics and physiology in the building purchased in Giltspur Street. The main laboratory of the old Physiological Department was allocated primarily to the Pathological Department for the teaching of morbid anatomy and histology. The laboratory as it stood was ill-adapted for the teaching of these subjects by modern methods and was inadequate for large classes.

At about the same time a scheme for the re-organization of the teaching of pathology and bacteriology was adopted by the College Council. As a part of the scheme morbid anatomy and histology were to be taught as one subject, the intention being to treat it as an adjunct to clinical work, and not, as hitherto, as a separate science.

An essential part of this scheme was the provision of better laboratory accommodation, and after visiting most of the medical schools in London a plan for the reconstruction of the old laboratory was submitted to the College Council. The plan was adopted, and at the end of the summer term the College decided to carry out the work during the long vacation; had it not been for the building strike the new laboratory would have been ready at the beginning of the winter session.

By the removal of the partitions which separated the professor's rooms from the main laboratory a large, beautifully lighted and well proportioned room has been revealed. The provision of modern benches, raised in tiers, has increased the accommodation for practical classes to approximately 100 students, all of whom will have a clear view of the lecturer's platform, placed on one side instead of at the end of the room.

Opposite the lecturer has been installed an epidiascope of modern construction, which combines the advantages of the two latest models made by Zeiss. This machine will project gross specimens, mounted or unmounted, lantern-slides, photographs or other illustrations, and microscopic specimens, which can be projected even through an oil-immersion lens.

With this rearrangement and equipment of the room the whole class can see on the screen the specimen which the lecturer is describing, and each student will be able to examine under his microscope the section which at the same time is demonstrated on the screen by the lecturer.

The laboratory is also adapted for the practical teaching of bacteriology and of clinical pathology, and for lectures and demonstrations on other subjects, for which it has a seating accommodation of about 180.

Access to the laboratory has been much improved by the provision of a bridge connecting it with the Pathological department.

For the reconstruction and equipment of this laboratory the Staff and students are greatly indebted to the Medical College.

The new laboratory is one of the finest provided for the teaching of pathology in the country, and it is hoped that a corresponding improvement in the standard of work will prove to the College the wisdom of its decision.

DINING AT PERCY'S.

WE were all dining at Percy's to celebrate his engagement.

"What an appalling loss it is to mankind," said Eric Molteno sarcastically, turning to Neale, the most confirmed of us, "that you have never married." "No marriage is worth while," replied old Neale, prosy as ever. "I advise you to be content, Eric, with bachelorhood. I can certainly cite a case in point myself." ("It's one of his hoariest," whispered Molteno to me, "Damn! I only wish I could escape.") "How hot it is in here," he said aloud. "I think I'll go outside in the porch; it is much cooler there." But the subterfuge failed. "Tell us," said some silly ass, "why marriage appals you so."

"It was while I was in the Army," began Neale, "that I met her first; yet I can remember it as clearly as if it were yesterday. In point of fact it was, I think, in October in 1915, near a small village called Monchyle-Grand. Her father—a man I always abhorred—owned a small French estaminet, while she sang in a cabaret in a neighbouring village. I was billeted near the pub., and went in each day, and when the girl was in, used to have my lunch, or eat a snack before parade; and each day was given a melting smile, and treated like a guest while she pressed her beautifully cooked food on to me. Afterwards I used to wait till the old man took his post-prandial nap, so as to have a word with her alone. After a tomato sandwich and a glass of beer or so I talked French fluently, but owing to my ignorance of the stage and theatres I always avoided speaking of her profession. Of course, when she was not in I only stayed there a short time.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

The Mid-Sessional Address was delivered on Thursday, December 11th, at 8.30 p.m. in the Medical and Surgical Theatre by Sir Squire Sprigge, Editor of the *Lancet*. The subject was—"Some Aspects of Medical Journalism."

The speaker said that medical journalism was no new development, but went back to the earliest times. Medical records were in existence in ancient Greece as long ago as 500 B.C. These were records of cases seen, and were kept in the charge of the priests. It was from these that such writers as Hippocrates, Celsus and Galen drew their inspiration. The teaching of these men, particularly Celsus, was very accurate, and was made use of in medical textbooks up to quite a recent date.

In the days of Rome, "diurnalia," from which the word "journal" arose, were posted up daily in the city; these contained a considerable amount of medical information. After this there was a gap in the annals of medical literature. The corantos or pressmen of the Middle Ages made no mention whatever of medical subjects. Toward the end of the eighteenth century a paper called the *London Medical Journal* came into being, followed a few years later by several others, all of which but one, in spite of several changes of name, lasted only a few years. The sole exception was the *Medical and Physical Review*, which, after changing its name to the *Medical and Physical Journal*, survived for some years. In 1823 the *Lancet* was started, and a fierce controversy soon arose between it and the *Medical and Physical Journal*. The *Lancet* reported lectures and addresses much more correctly, and ridiculed and gave nicknames to the rival paper and its supporters. The latter brought a libel action and won £5, saying they would not claim more because they knew it would never be paid. It never was. Later the *Lancet* brought a counter-action and won, after which their rival disappeared. There was still, however, considerable hostility to the *Lancet* from the medical schools and others: the lecturers objected to having their lectures published, on the ground that students would not pay fees to the medical schools to hear their lectures if they could be read in print for *6d.* a week. Further libel actions were brought by both sides, but the hostility gradually died away. In 1850 Abernethy founded the *Medical Gazette* to oppose the *Lancet*. Since then the *Lancet* had continued to do valuable work, and some of the standard text-books of the present day had their foundation in its articles.

In closing, the speaker made a few remarks about the future of medical journalism. It would advance and alter with the advance of medicine. As medicine became more specialized, specialized journalism would arise, and the different branches would have their own peculiar journalism.

Mr. H. G. ANDERSON proposed a vote of thanks and apologized for the poor attendance, which he attributed to the fog.

Mr. F. H. K. GREEN seconded.

DEBATING SOCIETY.

A GENERAL meeting of the Society was held in the Abernethian Room on December 18th at 5 p.m., Mr. L. N. Capener, F.R.C.S., in the Chair.

The following officers were elected for the year 1924-25:

President: Sir Thomas Horder, Bart.

Vice-Presidents: Dr. C. M. Hinds Howell and Mr. E. R. Cullinan.

Committee: Mr. R. V. Goodliffe and Mr. H. F. Hiscocks.

Hon. Secretary: Mr. W. R. Thrower.

A debate was held on the motion: "That the continued existence of the Liberal Party is in the best interests of the country."

Mr. E. R. CULLINAN opened the debate. He showed how the Liberal Party was very much a party in the country to-day in spite of its small representation in the House of Commons, and that this was fully borne out judging by the votes it polled at the last election. The enemies of Liberalism stated that a third party was not necessary for the well-being of the country. But what are the alternatives? On one hand are the Conservatives, who are honest, but incapable of coping with the progress needful to-day, and are by their title opposed to change, while on the other is the Socialist-Labour party, out for

"For the first time in my young life I was in love. I nightly yearned to serenade her with my banjo into the early hours, even as the troubadours, with twanging lute, used to tell their love; and each morning used to say to myself, 'I'll propose to-night.' At last, when we had been ordered up the line, I risked all. That day she had been given a respite from her labours and was walking all alone in the rockery. The magic and the witchery of her got into my veins, and I longed to whisper my secret into her ears as I joined her and as we went on silent footsteps across that moon-kissed garden. Guessing my love, she blushed, but made no comment. Holding her little hand in mine, I told her all—asked her for a trophy or keepsake, such as a photograph, as I adored her. I hated to think of her friendless or destitute—said that I'd get a best man who'd help us to get married to-morrow, and then when the war was past I could take her home to England.

"But it was not to be. At that moment we heard her pestilent old father come downstairs with rushing footsteps, livid with fury. He started to call us horrible names, and swore he'd have me put in custody if I did not go. Undoubtedly it was war to the knife between us. When I refused, he began a sarcastic tirade. No man, I swear, could have kept his hands off the monster. I leapt upon him, inflicting on him a large haematoma before he could wriggle from my grasp. I need not dwell upon what happened next. He certainly put up a resistance and summoned all his forces to damage me, but without avail. I felled him to the ground. There he lay, silent as the grave. Lying beside him was my beloved. I knew she lived, for she had a radial pulse—a certain test I never knew to fail. Raising her up, I allowed my eyes to wander over her. She was beyond compare. Such a form as hers had Michael Angelo limned. Her hair had been made immortal by the poet Shelley; her face by the artist Romney; and her teeth—oh, horror!—had been described by Hutchinson!"

[This story is not as innocent as it appears. Buried within it are a large number of pathological conditions, anatomical, medical and surgical terms. They are hidden thus: "They found the *gas tricky* to regulate." The italics demonstrate the hidden word "gastric."

An enthusiast has offered a prize of one guinea to the reader who sends in the most complete list of hidden words. Lists must arrive at the JOURNAL Office by the 20th of January, 1925.—EDITOR.]

FATHER (arriving at Surgery, breathless): "Nurse says, 'Please will doctor come at once as head is on the pyorrhoea.'"

State authority, the death of individual liberty, and were not opposed to organized disorder. Liberalism was a check on the march of disorder, but nevertheless was progressive—moderately progressive—at the expense of others, as was desired by the Socialists. The proposer showed how the Party numbered some of the greatest men of to-day amongst its members, and these men were men with a purpose and individuality not likely to get mixed up with others, as was exemplified by their political opponents when joining hands to get their (the Liberal) blood. "Strange bed-fellows," said Mr. Cullinan, looking at his opponents, one a Conservative and one a Socialist.

Mr. BURT WHITE, opposing, endeavoured to convince the House that the Liberal principles generally accepted as such were a thing of the past, and that now it was up to the Conservatives to govern, not as such, but in the best interests of the country, half of the King's recent speech being non-party. He dwelt on the Liberal action during 1923, and showed how the party merely acted as patient oxen for the extremists, while the country by an overwhelming vote had shown itself to be anti-Socialist, yet at the time the Liberals had said "No compromise."

The Socialist Cabinet, who held office by the Liberal action, was guilty of much excess, though Mr. Asquith had taken upon himself the office of umpire. The Labour-Socialist party was a lusty, uncontrollable child of the Liberal Party, and the sooner the latter realized that they were outgrown so much the better for the country.

Dr. D. M. LLOYD-JONES, who, in rising to support Mr. Cullinan, *exacted indulgence for a maiden speech*, said that the Opposition assumed that the Liberal Party was dead, but he advised their making quite sure of this before holding a *post-mortem* examination. The Liberal Party and Liberal principles had a right to exist, and it was never advisable to eliminate those who had something useful to offer to the body politic. To illustrate this he cited as an analogy a case of post-partum hemorrhage, in which the charming Conservative with a good bedside manner would do nothing, while the Socialist would at once advise venesection, leaving the wise Liberal to adopt the middle course of curbing the patient. Liberalism stood for peace, retrenchment and reform the alternatives were—Mr. Baldwin suffering from political mania, driver of the Conservative omnibus, or the Socialists, whose aim was to foment strife.

Mr. C. W. BROOKE, speaking with the assurance and delivery of one well accustomed to the political platform, opposed the motion. He pointed out that the Anti-Socialists were divided, and that this should not be, as both represented capitalism, and the main issue for the country in the future would be Capitalism *versus* Socialism, *i. e.* there would be no room for any middle party, and it was time the Liberals realized this.

The following members took part in the open debate: Messrs. H. G. ANDERSON, C. C. HENTSCHELL, R. V. GOODLIFFE, D. and I. PREISKEL, F. H. K. GREENS and W. R. THROWER.

Mr. CULLINAN then replied and the House divided, Ayes 23, Noes 11, the motion being carried.

RUGBY FOOTBALL CLUB.

RETROSPECTION being one of the prerogatives of senility, we need not encroach upon the realms of dotage by a discussion of our past record this season; suffice it to say that the record is bad.

Not till the last two games have we shown anything approaching form: injuries and exams. have robbed us of the entire 1st XV pack, and repeated alterations in the back division have not aided matters. The backs are now fairly sorted out, and, after a three weeks' rest over Christmas and a return of many of the crows, we may confidently look forward to a great improvement in form for the remainder of the season.

Bristol pay their first visit to Winchmore Hill on Monday, January 12th, and it is to be hoped that more people will turn up to support the Hospital than were present at our first home fixture with Plymouth on December 8th.

On February 5th we meet Guy's in the first round of the Cup Ties, and with a view to reproducing our last season's form it is essential that the attendance at training on Wednesdays be much fuller and more regular than heretofore. All 1st and 2nd XV men are asked to make a special effort at regular training between now and the Cup games.

ST. BARTHOLOMEW'S HOSPITAL v. PLYMOUTH ALBION.

Played at Winchmore Hill on December 8th, 1924.

All things considered, we were just unlucky to lose our return fixture with Plymouth. After leading by a try to nil at half-time the prospects seemed bright, but after a quarter of an hour of the second half the greater weight of the visitors' pack began to tell, and the retirement of Williams with an injured back, necessitating Pittard's transference from the pack to scrum-half, did not aid us.

The ground was in bad condition and the game chiefly confined to the forwards, where Allen and Jenkins were conspicuous in the loose. For Plymouth, Saunders and Stephens were constantly to the fore. The backs had little chance to shine, open play being so much hampered by the greasy ball and ground. Frederick was the best of the back division, playing very soundly, and being the superior of his *vis-à-vis* Dyer.

Score: Plymouth Albion, 8 pts.; Bart's, 3 pts.
Team.—E. V. Frederick, *back*; L. C. Neville, M. G. Fitzgerald, J. S. Aldridge, J. D. Robertson, *three-quarters*; T. P. Williams, H. McGregor, *halves*; J. Edwards, A. B. Cooper, J. D. Allen, J. Colenso-Jones, K. Stokes, P. G. Scovell, T. Pittard, C. Dietrich, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLEYNIAANS.

This game at Winchmore Hill on December 20th saw us reproduce some real team work, and win by 4 tries to a goal and 2 tries.

There was more "life" in the play, and Kow's return to the pack had a noticeable effect; he himself played excellently, one of his tackles of the full-back being exceptionally fine. Behind the scrum, Williams, though still feeling the effects of his Plymouth injury, played a mastery game, repeatedly getting the ball out to McGregor, who invariably found—and held—the passes. McGregor was specially prominent with his kicking and saved the forwards much.

The three-quarters were the best we have had as a line this season, and, after a few more games together should be a formidable combination.

Neville for a change played really well and scored all four tries, three of them being brilliant efforts. Fitzgerald gave him many openings, cut through well, and showed a surprising turn of speed more than once.

Royle and Aldridge, on the other wing, were no less effective, their defensive work being remarkably sound.

The Old Alleynians played hard and clean, and just lost a most sporting game. Their tries were scored by Jenkins, Hicks and Smith, the first being converted by Stark.

Team.—E. V. Frederick, *back*; J. S. Aldridge, H. Royle, M. G. Fitzgerald, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. W. L. Row, J. Edwards, T. Pittard, C. Jenkins, K. Stokes, A. B. Cooper, J. Colenso-Jones, B. Clarke, *forwards*.

Score: Old Alleynians, 11 pts.; Bart's, 12 pts.

ASSOCIATION FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL v. U.C.H.

At Winchmore Hill, December 3rd, the field was in excellent condition and we started very strongly. After five minutes' play Wroth passed the ball out to Slinger, who, taking it down the wing, gave us the lead with a fine dropping shot. From this point onwards in the first half we had most of the play, our goal being in real danger on only two occasions, thanks to the splendid play of Wroth, Hundley and Crumbie. The forward line played in very fine combination, Mallet giving us another goal before half-time. For some minutes after the resumption of play the team looked very much like falling to pieces, and U.C.H. scored a goal, but after we had again settled down there was no further doubt of the ultimate issue.

Result: Bart's, 6 (Slinger 2, Mailer 1, Dunn 2, Parrish 1); U.C.H., 2.

Team: L. B. Ward; J. Huntley, E. Jenkinson; I. Oldershaw, C. Wroth, J. Crumbie; L. A. P. Slinger, W. A. Mailer, R. W. Dunn, A. Clark, J. Parrish.

AMATEUR DRAMATIC CLUB.

JUNIOR STAFF CHRISTMAS ENTERTAINMENT.

The Amateur Dramatic Society is this year presenting four one-act plays, namely:

"Augustus in Search of a Father," by Harold Chapin.
"A Collection will be Made," by Arthur Eckersley.
"The Lost Silk Hat," by Lord Dunsany.
"In the Library," by W. W. Jacobs and Herbert C. Sargent.
The Dress Rehearsal will take place on Monday, January 5th, at 5 p.m., and the actual performances on January 6th, 7th and 8th at 8 p.m. in the Great Hall.

Two free tickets are available for all members of the Hospital for any evening, and may be obtained from the Secretary, Mr. A. Barnsley.

CHRISTIAN UNION.

The first meeting of the year will be held on Monday, January 26th. The speaker will be Henry I. Holland, Esq., F.R.S.C.E., of Quetta, India.

REVIEWS.

THE PUERPERIUM. By C. NEPEAN LONGRIDGE, M.D., Ch.B., F.R.C.S., M.K.C.P. (Adlard & Son & West Newman, Ltd.) Price 6s. 6d.

The second edition of this book will be universally welcomed. It is full of practical suggestions, and affords an excellent store of sound advice as to the management of the puerperium. It is well known that newly-qualified men frequently are at a loss when dealing with puerperal women. Perhaps they are inclined to neglect observing the routine treatment in hospital. The author has realized this and has attempted to help with this volume. He has succeeded very well indeed. There are very few points omitted; his methods are admirable and his descriptions very clearly worded. The book is therefore very strongly recommended, and we advise budding practitioners to have a copy by them.

ELEMENTARY HYGIENE FOR NURSES. By I. C. R. DORLING. (Messrs. J. & A. Churchill.) Price 4s. 6d. net.

This little book, which has been brought up to date by including those subjects required in the examination of the General Nursing Council, should prove very useful to nurses, as it gives all the information required in plain language and a straightforward manner. Mention is made of perchloride of mercury tablets weighing about 1 oz. each: we do not know if this is the case in Australia, whence this manual comes, or whether it is a printer's error, as the tablets in common use in this country are very much smaller. We can thoroughly recommend this work.

THE TOXÆMIA OF ACUTE INTESTINAL OBSTRUCTION, OR VOMITING AS A PATHOLOGICAL FORCE. By R. H. PARAMORE, M.D., F.R.C.S. (H. K. Lewis & Co., Ltd.) Pp. 60.

The author has carefully considered the possible cause of toxæmia in acute intestinal obstruction. He examines the view that cell protein damage and rise of non-protein nitrogen in the blood is due to the effect of the toxic proteoses absorbed from the obstructed gut. He brings forward evidence against this view, and states that in his opinion the intoxication and blood changes are due to the violent mechanical causes—vomiting, tenesmus and restlessness; that, in brief, the vomiting precipitates and is not the result of the intoxication present.

The book will be of interest to the more advanced student, but it is not easy reading, the free use of brackets militating against an easy style.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS, M.D., etc. (Oxford Medical Publications; Humphrey Milford.) Pp. 170. Price 8s. 6d. net.

This book is to be considered as complementary to Rollier's *Heliotherapy*, which was published in the same series last year. Dr. Humphris has been using ultra-violet therapy since 1916, when he successfully treated trench-feet and superficial ulcerative lesions with artificial sunlight, just as Rollier treated similar cases in the high Alps with equal success.

Since this time, however, actino-therapy has been put on a scientific basis by the remarkable investigations of many observers.

It has, for instance, been exclusively proved that exposure to light, natural or artificial, results in increased calcium, phosphorus and iron in the blood, that it causes a leucocytosis and an increase in the number of blood-platelets; and what is even more interesting, Hill and Colebrook have proved by ingenious experiment that a short exposure to light definitely raises the bactericidal power of the blood.

It is, therefore, not surprising that Dr. Humphris claims that in ultra-violet radiation medicine has acquired a valuable therapeutic weapon. He is, however, careful not to claim too much for it at this stage, and, while he gives a wide range of morbid conditions which have benefited to a greater or less extent by its use, he emphasizes the fact that, at present, the best results are achieved in the treatment of skin diseases, rickets and surgical tuberculosis. There is no doubt, as anyone who has seen Gauvain's work at Alton will admit, that there will be a great future for actino-therapy in curative and preventive therapeutics.

Dr. Humphris has written an excellent book, which may be heartily recommended to those who are already conscious of the possibilities of ultra-violet therapy, and also to those practitioners and students who are intrigued by their ignorance of the whole subject.

The technical details are ample and lucid, and the more important varieties of lamp, together with the method of their application, are carefully explained.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.A., M.B., F.R.C.P. (Baillière, Tindall & Cox.) Pp. 511. Price 10s. 6d.

This book has already been reviewed four times in these columns, and there seems no reason why it should not receive as many more appreciative notices. This is the fifth edition; it contains two new chapters—one on the work of the liver and the other on asthma; there are also new sections on fractional test meals, uræmia and insulin.

The section on insulin is a sane and moderate statement with regard to the present position in the treatment of diabetes. Dr. Langdon Brown definitely ranges himself on the opposite side to the spendthrift who would, even in ordinary cases, use the remedy up to its greatest limits.

He agrees with Dr. Graham that if "anything approximating a cure is to be expected, no carbohydrate other than that in the vegetables should be allowed until the morning blood-sugar has been normal for three or four weeks. The method of going about with a syringe full of insulin in one hand and a stick of barley-sugar in the other carries its own condemnation with it."

There are two classes of persons to whom this book may be especially recommended; the first is the student who is commencing clinical work, and who is vainly seeking some physiological basis for the art of medicine; and the second is the young physician who regards the pharmacopœia as begotten by Quackery out of Empiricism, and dispenses "dope" to his patients with a cynical indifference.

Here the first will find an admirable stimulus and the second a wise corrective.

PRACTICAL SURGERY ILLUSTRATED. By FAUCHET. Translated by O. R. B. ARTHURSON, M.D. (Fifth Edition.) With Introduction by Sir CHARLES GORNOX-WATSON, C.M.G., F.R.C.S. (Published by Messrs. Ernest Benn, Ltd., 8, Bouverie Street, E.C. 4.) In 2 vols. Price 18s. 6d. each.

These books admirably display many operations as carried out by the author, and do not pretend to be a general text-book of operative surgery. Both books are illustrated with a series of pictures, drawn from life, demonstrating the various stages of each operation, with

their descriptions under each picture and more complete details in the text. The present volumes deal chiefly with operations connected with abdominal viscera, but the author in his preface states that there will be others to follow. In addition to the description of the operations themselves, the indications for such procedures and the after-care of the cases are admirably dealt with. It is interesting to note the great use which is made of local, spinal and splanchnic anesthesia, which for the most part have supplanted general anesthesia. The present volumes will be found to be a very useful adjunct to the library of an operating surgeon, and to a lesser degree for the better understanding of the procedures adopted, for medical students. If in the course of time a compass of this work extends to the whole of surgery, there could be little doubt that it will become a great asset to surgical literature.

VERSIONS AND PERVERSIONS. By W. F. LLOYD. (Luff & Sons, 47, St Leonard's Road.)

This book is composed partly of a series of translations in verse of Horace's Odes, partly of original lines.

The translations are parodies which attempt, without altering the original form and meaning, to introduce an atmosphere of the present day.

The original is sufficiently closely followed to make the attempt amusing to the reader whose memory still retains some smattering of the original, and the modern flavour is introduced not infrequently with considerable skill.

To be successful in the highest sense such an attempt can only be the result of genius, and here and there in the present work a slight suggestion of midnight oil can be detected. The book is one that will provide considerable amusement to the classical scholar, and the writer can be congratulated on having attempted a very difficult feat not without success.

PNEUMONIA: ITS PATHOLOGY, DIAGNOSIS AND TREATMENT. By the late R. MURRAY LESLIE. Edited and revised by B. BROWNING ALEXANDER. (William Heinemann.) Price 12s. 6d. net.

This book is an attempt to deal in an exhaustive manner with the subject of pneumonia. In it is collected a large mass of knowledge. The information is not treated with sufficient care as regards the division of space. The first chapters on Etiology and Pathology are good, exhaustive and, on the whole, written with judgment and discrimination. Some other portions of the book are prolix and might well be severely cut down. The subject of pneumonia in children is, on the other hand, scarcely touched upon, eight pages being deemed sufficient.

In the discussion upon treatment the use of oxygen is advised, and the method of use suggested is the Haldane mask—a form of treatment most patients severely ill with pneumonia will not tolerate.

There is no mention of the intra-nasal method of oxygen administration. A further criticism is that in talking of vaccine treatment no suggestion as to the means of arriving at an appropriate dosage is made, and there is no record of the doses actually given to the cases reported. If the details of a method are not described, further information about it is valueless. In spite of this, however, the book contains a large accumulation of useful facts and suggestions.

QUALITATIVE AND VOLUMETRIC ANALYSIS, INORGANIC AND ORGANIC. By W. CALDWELL, M.A., Sc.D. (Churchill.) Price 10s. 6d.

In this book the first-year medical student in general and the student who is taking the pre-medical course of the Conjoint Board (London) in particular are provided for. The various tests are usually carefully described, and some of the more valuable new tests, such as the xanthydrol test for urea, are included in the book. Useful schemes of detection are given at suitable stages in the students' course, both for inorganic and organic compounds. An excellent feature of the book is the careful explanation of those portions of physical chemistry which are now universally recognized as of fundamental importance in the theory of analysis.

In the quantitative section of the book the first-year student is furnished with perfectly dependable methods for making any estimation he may be called upon to make, including the determination of glucose by the methods of Fehling and Bertrand, and nitrogen by Kjeldahl's method.

A misprint on p. 336, namely, 12'902 instead of 12'092, requires correction.

PRINCIPLES OF GENERAL PHYSIOLOGY. By Sir W. M. BAYLISS, M.A., D.Sc., LL.D., F.R.S. (Longmans.) 4th edition with illustration. Pp. 882. Price 28s.

Mention of this book must begin with a note of deep respect for the great physiologist who died just before this edition of his brilliant book was published.

The fourth edition has been thoroughly revised and brought to a high degree of completeness by a committee of the author's friends, under the general direction of Prof. A. V. Hill, F.R.S.

They have been meritoriously careful in that they have not weakened the "familiar spirit" which pervades this book. Portraits of Lavoisier, Priestley, Faraday and a thousand others give continual pleasant surprises as they emerge from the text.

A considerable share of the revision has fallen to Prof. Hill. Sir Thomas Lewis and Prof. Starling revised the section on the circulation of the blood. Mr. J. Barcroft has revised the chapter on respiration, and, working with Dr. H. H. Dale, the section on hormones, drugs and toxins.

A detailed criticism is impossible and unnecessary. This edition maintains the high standard set by Sir William Bayliss and forms a great memorial to a great man.

CUTANEOUS XANTHOMA AND "XANTHOMATOSIS" OF OTHER PARTS OF THE BODY. PITUITARY XANTHOMATOSIS, "XANTHOMATOSIS" OF TENDON SHEATHS, ETC., AND THE "CHOLESTERIN DIATHESIS." By F. PARKES WEBER, M.A., M.D., F.R.C.P. (London: H. K. Lewis & Co., Ltd.) Pp. 36. Seven Illustrations. Price 2s.

This is a reprint, with some additions and corrections, of a paper, published in the *British Journal of Dermatology and Syphilis* (1924, vol. xxxvi, pp. 335-370).

After some preliminary remarks on cholesterol, its chemical nature, occurrence in the body and its metabolism, which, as he says, is at present imperfectly understood, the author discusses in turn cutaneous xanthoma and "xanthomatosis" of the aorta, large arteries and cardiac valves, the question of xanthoma cells, macrophages, and the reticulo-endothelial system, the relation of xanthomatosis to local inflammatory and true neoplastic processes, xantho-mylomata of tendon sheaths, xanthomatosis of the pituitary gland with diabetes insipidus, xanthomatosis of the Fallopian tubes, cholesteatoma of the choroid plexus, lipid speckling of the kidney, nodular inflammatory fibrosis of the palmar fascia, arcus senilis, xanthelasma palpebrarum, hypercholesterinemia and gout, and xantho-neuro-endotheliomata.

This interesting review of the subject of xanthomatosis concludes with a valuable bibliography of no less than 127 references.

We acknowledge with thanks the receipt of the following: HEMORRHAGE FROM GASTRIC AND DUODENAL ULCERS. By HERBERT J. PATERSON, F.R.C.S. (Reprint from *Medical Journal and Record*.)

A RECORD OF 1923. Issued by the Sheffield Joint Hospitals' Council.

The following books have been received and reviews will shortly appear.

THE MEDICAL YEAR-BOOK, 1925. Edited by C. P. HEWITT. Published by Wm. Heinemann (Medical Books), Ltd. Price 12s. 6d.

CUTANEOUS XANTHOMA AND XANTHOMATOSIS OF OTHER PARTS OF THE BODY. By F. PARKES WEBER, M.A., M.D., F.R.C.P. Published by H. K. Lewis & Co., Ltd. Pp. 36. Plates 6. Price 2s.

ELEMENTARY SCIENCE FOR NURSES. By W. F. LLOYD, B.A., M.B. Published by J. & A. Churchill. Price 3s. 6d.

FIRST STEPS IN NURSING. By C. M. FOX, R.R.C., S.R.N. Published by Scientific Press, Ltd. Price 3s.

HANDBOOK FOR QUEEN'S NURSES. By SOME QUEEN'S SUPERINTENDENTS. Published by Scientific Press, Ltd. Price 1s. 6d.

MODERN NURSING OF CONSUMPTION. By DR. JANE WALKER. Published by Scientific Press, Ltd. Price 2s. 6d.

PHYSICAL CHEMISTRY FOR STUDENTS OF MEDICINE. By ALEXANDER FINDLAY, M.A., D.Sc., F.I.C. Published by Longmans. Price 8s. 6d.

SIDEGLIMPS FROM THE NEW PSYCHOLOGY. By EVELYN SAYWELL, L.R.C.P., L.R.C.S. Published by Scientific Press, Ltd. Price 3s.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "A Case of Nephritis." *Clinical Journal*, December 10th, 1924.

CAMMIDGE, P. J., M.D., M.R.G.S., L.R.C.P. "Hypoglycæmia," *Lancet*, December 20th, 1924.

CLARKE, ERNEST, M.D., F.R.C.S. *Errors of Accommodation and Refraction of the Eye and their Treatment*. 5th Edition. London: Baillière, Tindall & Cox.

FELINO, ANTHONY, M.D., F.R.C.P. Opening Paper in Discussion on the Diagnosis and Treatment of Compression Paraplegia. *British Medical Journal*, December 20th, 1924.

GRAHAM, GEORGE, M.D. An Address on "The Present Position of Insulin Therapy." *Lancet*, December 13th, 1924.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. (and TOWNKROW, VINCENT, F.R.C.S.). "Purulent Pneumococcal Pericarditis: Pericardiotomy; Recovery." *British Medical Journal*, December 20th, 1924.

LLOYD, W. F., B.A., M.B. (Cantab.). *Elementary Science for Nurses*. With a Preface by Sir D'Arcy Power, K.B.E., F.R.C.S. Loudon: J. & A. Churchill.

MYERS, CHARLES F., C.R.E., M.D., Sc.D., F.R.S. An Address on Consciousness. *Lancet*, November 29th, 1924.

NOON, CHARLES, F.R.C.S. "Proximal Spontaneous Gangrene (Thrombo-angietis Obliterans)." *Clinical Journal*, November 12th, 1924.

OKELL, C. C., M.C., M.B., B.Ch. (and PARISH, H. J.). "A Note on Hamolytic and Hæmoagglutinin with Reference to the Wassermann Reaction." *British Journal of Experimental Pathology*, December, 1924.

TOWNSEND, R. S., M.C., M.D., I.M.S. "Hepatitis (or Tropical Abscess of Liver): An Examination into the Diagnosis and Treatment of this Disease in India, with Especial Reference to the Use of Emetine." *Journal Royal Army Medical Corps*, December, 1924.

CORRESPONDENCE.

INQUEST FEES FOR DOCTORS.

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

WITH ENCLOSURE.

In giving evidence, in 1908, before the Departmental Committee of the Home Office on Coroners, Dr. Waldo, *inter alia*, made the three following suggestions, which were adopted by the Committee:

(1) That the statutory fee of £1 is, paid a registered medical practitioner for giving evidence before a coroner should be £1 for each day of attendance in place of the present £1 is. for any number of days.

(2) That the statutory fee of £1 is. for making an autopsy, on the order of the coroner, should be raised to £2 2s.—the fee paid in Australia.

(3) That all registered medical men, whether or not connected with hospitals and other medical institutions, should be paid the above statutory fees.

At a recent inquest Dr. Waldo said, on the assumption that the Draft Amending Coroners' Bill of the Home Office had been drawn on the lines of the recommendations of this Departmental Committee, it would clearly be to the interest of hospital and other medical institutional doctors to get their members of Parliament to press for the Coroners' Amending Bill to be placed on the Statute Book without further delay.

Copied from *Truth*, December 3rd, 1924.

*Coroners are unanimously against the decision of the London County Council not to allow fees to institutional (Poor Law, Prison

and Metropolitan Asylums Board) doctors for making autopsies. Dr. Waldo, the City Coroner, has for a long time advocated an amendment in the Coroners' Act of 1887, making it possible for coroners to pay all registered medical men a statutory fee for giving evidence and making autopsies. In every other Court, he points out, doctors and those connected with medical institutions get paid a fee. House surgeons and house physicians have to perform onerous and responsible work in their hospitals for which they are paid very little, if anything at all, and they are obliged, on summons, to perform autopsies and to give evidence before a coroner and jury without any fee whatsoever. This is a serious injustice to a hard-worked body of men who do a great deal for nothing."

OUR MANNERS.

He had better manners than are usually found in the medical profession, which, though blest with many virtues, neglects somewhat the amenities of polite behaviour. I do not know whether it is commerce with the sick which gives the doctor an unfortunate sense of superiority: the example of his teachers, some of whom have still a bad tradition of rudeness which certain eminent practitioners of the past cultivated as a professional asset; or his early early training among the poor patients of a hospital, whom he is apt to look upon as of a lower class than himself; but it is certain that no body of men is on the whole so wanting in civility.—*Somerset Maugham*.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M.—R. J. Brocklehurst, T. A. I. M. Dodd, C. L. Elgood, J. R. B. Hern, P. H. Martin.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:
M.D.—E. F. S. Gordon.

First Examination for Medical and Surgical Degrees, December, 1924.
Part IV.—Elementary Biology.—F. R. T. Hancock.

Second Examination for Medical and Surgical Degrees, December, 1924.
Part II.—Human Anatomy and Physiology.—A. F. Alsop, E. C. Cosgrove, W. R. Forrester-Wood, R. Perkins, M. R. Sinclair, F. G. Wood Smith.

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1924.

Part I.—Surgery, Midwifery and Gynaecology.—F. N. Adams, G. L. Alexander, W. A. Bourne, H. F. Brewer, C. H. C. Dalton, G. H. Day, J. Holmes, J. G. Milner, P. E. Pym, J. R. Smith, E. J. E. Topham, H. A. Ware.

Part II.—Principles and Practice of Physic, Pathology and Pharmacology.—T. S. Goodwin, H. E. Harris, J. P. W. Jamie, J. G. Milner, T. M. Preece, W. G. Scott Brown, F. A. H. Simmonds, J. D. M. Stewart, G. B. Tait.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1924.

Branch I, Medicine.—E. A. Coldrey, C. M. Gwillim, R. Hunt Cooke, Branch IV, Midwifery and Diseases of Women.—B. L. Jeaffreson.

Third (M.B., B.S.) Examination for Medical Degrees, October, 1924.
Pass.—A. B. Cooper, E. R. Cullinan, I. G. Davies, J. Elgood, V. F. Farr, J. W. Joule, H. V. Morlock, C. M. Pearce, C. S. C. Franco, W. A. Robb, A. H. C. Visick.

Supplementary Pass List, Group I.—C. J. East, V. A. T. Spong, Group II.—J. Parrish, L. A. Willmott.

CHANGES OF ADDRESS.

ABRAHAM, A., 86, Brook Street, W. 1.
 ANDERSON, D. D., Hospital Guerrero, Chilpancingo, Gro., Mexico.
 BROADBENT, B., 65, Ethelbert Gardens, Ilford.
 BROWNE, Surg.-Comdr. E. MOXON, R.N., H.M.S. "Ceres," 1st C.S., c/o G.P.O., E.C. 1.
 COLDREY, R. S., "Penvean," Camborne, Cornwall.
 COUCHMAN, H. J., c/o Lloyds Bank, 44, Aldersgate Street, E.C. 1.
 GARROD, Sir A. E., K.C.M.G., 85, Banbury Road, Oxford.
 LISSAMAN, T., Poplars, Pucklechurch, Glos.
 LISTER, Lt.-Col. A. E. J., I.M.S., 12, All Saints' Road, Clifton, Bristol. (Tel. Bristol 6770.)
 MAINGOT, K., 62, Harley Street, W. 1.
 RAMSAY, R. A., 22, Welbeck Street, W. 1. (Padd. 1018); and 123, Gloucester Terrace, W. 2 (Padd. 1887). (Amended Notice.)

APPOINTMENTS.

BALL, H. C. J., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer, Mildmay Mission Hospital, Bethnal Green.
 BARON, C. F. J., M.R.C.S., L.R.C.P., appointed House-Physician, Royal Berkshire Hospital, Reading.
 BUCHER, E., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer, London Jewish Hospital, Stepney Green, E. 1.
 BENCOMBE, G. H., M.R.C.S., L.R.C.P., appointed Casualty Officer, Norfolk and Norwich Hospital, Norwich.
 DICK, A. C., M.R.C.S., L.R.C.P., appointed Casualty Officer at The Miller Hospital, Greenwich.
 HECKFORD, F., M.R.C.S., L.R.C.P., appointed Out-Patient Officer, Miller General Hospital for S.E. London.
 HERVEY, W. A., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Kidderminster District General Hospital.
 LISTER, Lt.-Col. A. E. J., I.M.S., M.B., B.S., F.R.C.S., appointed Surgeon to the Bristol Eye Dispensary.
 LLOYD, D. T., M.R.C.S., L.R.C.P., appointed House-Physician, Staffordshire General Infirmary, Stafford.
 ROXBURGH, A. C., M.B., B.Ch.(Cantab.), M.R.C.P., appointed Assistant Physician to St. John's Hospital for Diseases of the Skin, Leicester Square.
 SCOTT, RUPERT S., M.B., B.Ch.(Cantab.), F.R.C.S.(Eng.), appointed Pathologist and Curator to the Royal London Ophthalmic Hospital, Moorfields.
 STEWART, G. G., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Tilbury Hospital.

BIRTHS.

BIRD.—On December 15th, at a nursing home, Faversham, Kent, Marjorie (née Carter), wife of M. W. Kidman Bird, of "Cooksditch," Faversham—a son.
 BROWNE.—At King George V Hospital, Valetta, Malta, on October 17th, to the wife of Surgeon Commander Moxon Browne, H.M.S. "Concord," a daughter.
 CUNNINGHAM.—On November 24th, at Chesham, Bucks, to Marguerite, wife of F. H. Lester Cunningham, M.C., M.B., B.S.—a daughter.
 HERINGTON.—On November 23rd, 1924, at a nursing home, the wife of C. E. E. Herington, M.B., B.S.(Lond.), D.P.H., of Twickenham—a son.
 STURDEE.—On November 25th, at 54, Talgarth Road, London, W. 14, Norma (née Pine Coffin), wife of E. L. Sturdee, of a daughter.

MARRIAGES.

COLDREY—MARSHALL.—On November 29th, at the Priory Church of St. Bartholomew-the-Great, Ronald Shearnsmith Coldrey, M.B., B.S.(Lond.), of "Penvean," Camborne, Cornwall, elder son of Mr. and Mrs. A. A. Coldrey, of "The Laurels," Purley, to Violet Evelyn, youngest daughter of the Rev. and Mrs. J. G. Marshall, of 65, St. George's Square.

GRIFFITHS—MENNELL.—On December 9th, at St. Mark's Church, N. Audley Street, by the Rev. W. G. Pennyman, Vicar, Philip Digby Griffiths, M.B., B.Ch.(Cantab.), elder son of Dr. J. C. Griffiths, of Kidderminster, to Audrey, eldest daughter of Dr. Menzell, of 8, Hyde Park Terrace, W.

HARKNESS—MCMILLAN.—On December 8th, at All Saints', Branksome Park, Bournemouth, by the Rev. Ernest Bury, Vicar, Robert Coltart Harkness, F.R.C.S., son of the late John Harkness and Mrs. Harkness, Duffries, to Sheila Mary, daughter of Mr. and Mrs. Alexander McMillan, Parkstone.

HODGE—KEANE.—At Nottingham, W. H. Stewart Hodge, M.R.C.S., L.R.C.P.(Lond.), of 826, Woodborough Road, Nottingham, to Gwendoline Keane, widow of Herbert J. Keane, of 5, Tattershall Drive, The Park, Nottingham.

MOODY—RICE-OXLEY.—On November 22nd, at Holy Trinity Church, Tulse Hill, by the Rev. Charles Wilson, Vicar of Christ Church, Gipsy Hill, Arthur John, elder son of Mr. and Mrs. J. Moody, of West Southbourne, Bournemouth, to Winifred Bowyer, younger daughter of Mr. and Mrs. F. S. Rice-Oxley, 64, Palace Road, Tulse Hill, S.W. 2.

DEATHS.

BALDWIN.—On December 1st, 1924, as a result of a motor accident, J. Horatio Baldwin, B.C.(Cantab.), D.P.H., of Springfield, Fuzehill, Wimborne.
 CORNISH.—On December 6th, 1924, at the Old House, Dorking, Charles Vivian Cornish, F.R.C.S.(Edin.), late of Mortlake Road, Kew.
 COURTIS.—On December 3rd, 1924, at Oxted, Surrey, of appendicitis, Alan Osborne Curtis, M.B., the loved husband of Madge Courtis and son of Sir John and Lady Courtis, of Llandaff, aged 34.
 EDELSTEN.—On December 18th, 1924, at "Dunford," Leigham Court Road, Streatham, Ernest Alfred Edelsten, M.B., B.Ch., M.A.(Oxon.), aged 63.
 GLENISTER.—On November 17th, 1924, at Fairlight, Sussex, Wilfred Montague Glenister, M.R.C.S., L.R.C.P., of "The Lindalls," Amberley, the loved husband of Alice Glenister, and the second son of W. J. Glenister, of St. Leonard's-on-Sea.
 LINDSEY.—On November 19th, 1924, at Sunny Bank British Hospital, Cannes, S. France, Mark Basil Lindsey, late of "Beaumont," Polinan Crescent, Bournemouth, M.R.C.S., L.R.C.P., Capt. R.A.M.C. 1915-19.
 NORTH.—On October 21st, 1924, at sea, on board the S.S. "Leicester-shire," of which he was Surgeon, as the result of war wounds, Thomas Stanley North, M.B., B.S.(Lond.), F.R.C.S.(Eng.), eldest son of Thomas North, F.R.C.S.(Irel.), of New Southgate and 28, Welbeck Street, aged 27.
 PALEY.—On November 12th, 1924, at 18, Brunswick Place, Hove, Brighton, of heart failure following operation, Frederick John Paley, M.D., younger son of the late F. A. Paley, Cambridge, aged 65 years.
 PAXTON.—On December 9th, 1924, at 5, South Pallant, Chichester, Francis Valentine Paxton, J.P., M.A.(Oxon.), M.B., M.R.C.P., aged 88 years.
 WILLIAMSON.—On December 16th, 1924, Herbert Williamson, M.B., B.Ch.(Cantab.), F.R.C.P.

NOTICE.

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

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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: City 310.

St. Bartholomew's Hospital



JOURNAL.

"Equam memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXII.—No. 5.]

FEBRUARY 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

- Mon., Feb. 2.—Special Subject Lecture. Dr. Cumberbatch.
 Tues., " 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
 Wed., " 4.—Clinical Surgery Lecture. Mr. McAdam Eccles.
 Thurs., " 5.—Inter-Hospital Rugby Cup. 1st Round v. Guy's.
 Fri., " 6.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
 Clinical Medicine Lecture. Dr. Morley Fletcher.
 Sat., " 7.—Rugby Match v. Coventry. Home.
 Association Match v. Old Carthusians. Away.
 Hockey Match v. King's College. Away.
 Mon., " 9.—Special Subject Lecture. Mr. Elmslie.
 Tues., " 10.—Sir Thomas Horder and Mr. Rawling on duty.
 Wed., " 11.—Rugby Match v. Cambridge. Away.
 Clinical Surgery Lecture. Mr. McAdam Eccles.
 Fri., " 13.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
 Clinical Medicine Lecture. Sir P. Horton-Smith Hartley.
 Sat., " 14.—Rugby Match v. London Welsh. Away.
 Association Match v. Old Mercers. Home.
 Hockey Match v. Old Uppingshams. Home.
 Mon., " 16.—Special Subject Lecture. Mr. Harmer.
 Tues., " 17.—Prof. Fraser and Prof. Gask on duty.
 Wed., " 18.—Clinical Surgery Lecture. Mr. L. B. Rawling.
 Fri., " 20.—Clinical Medicine Lecture. Dr. Langdon Brown.
 Dr. Morley Fletcher and Sir Holburt Waring on duty.
Last day for receiving matter for March issue of Journal.
 Sat., " 21.—Rugby Match v. O.M.Ts. Home.
 Hockey Match v. Royal Corps of Signals. Home.
 Mon., " 23.—Special Subject Lecture. Mr. Scott.
 Tues., " 24.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
 Wed., " 25.—Clinical Surgery Lecture. Mr. L. B. Rawling.
 Fri., " 27.—Clinical Medicine Lecture. Dr. Morley Fletcher.
 Sir Thomas Horder and Mr. Rawling on duty.
 Sat., " 28.—Rugby Match v. Devonport Services. Away.
 Association Match v. Old Citizens. Home.
 Hockey Match v. Mill Hill School. Away.

EDITORIAL.

FROM the recently discovered diary of an unknown journalist the following verse has been deciphered under the date 26. 1. '85:

"All will forget us when our bones are mouldering,
 And none will raise to us a chaste memorial;
 But yet as each month wains, our burdens shouldering,
 We write our brief, unwanted Editorial."

Last month, in introducing "Dining at Percy's," we observed that we had not yet descended to cross-word puzzles. The truth will out, so let us confess early. Our fall will be found towards the end of this issue.

We call the special attention of qualified men to the notice concerning post-graduate classes. The JOURNAL has been used before as a vehicle for criticism of these classes, and we hope that readers who have ideas on the problem will quickly pass them on to the authorities.

The Hunterian Oration will be delivered by Sir D'Arcy Power, K.B.E., at the Royal College of Surgeons, Lincoln's Inn Fields, at 4 p.m. on Saturday, February 14th, the anniversary of the birth of John Hunter. It will be illustrated by lantern-slides made from a series of contemporary drawings showing John Hunter the Man and Martyr to Science. It is noteworthy that in its long history the Oration has never before been given by father and son. Mr. Henry Power was Hunterian Orator in 1889.

An exceedingly interesting lecture was delivered in the Great Hall on Thursday, January 15th, by Sir Robert Armstrong-Jones, to the Guild of Pharmacists, Lord Stanmore being in the chair.

Sir Robert chose as his subject, "Suggestions in Social Life." With fascinating lucidity he outlined the steps in mental processes, carefully defining his terms and showing his audiences how and by what means suggestion acts. Particularly interesting were his pictures of the classic doctor and his modern prototype, and his witty comments on the fashions now prevalent in medicine and pharmacy.

* * *

Our ancient rivals, Guy's, are celebrating their Bicentenary. A special number of the *Guy's Hospital Gazette* is to be published containing illustrated articles dealing with different sections of the Hospital and Medical School.

* * *

The funeral took place on January 20th of Mr. George Cooke Atfield, the "oldest Bart.'s man," and almost certainly the oldest medical man in England.

Dr. Atfield qualified seventy-five years ago, being at Bart.'s when James Paget was Warden and Lawrence, Stanley and Vincent were surgeons, when there was one operating day (Saturday) and one day a week for receiving new patients. He rowed bow in a Bart.'s boat which beat Guy's, played cricket for Bart.'s and later for Somerset and Surrey, and did great things on the billiard table at a little place round the corner in Giltspur Street.

His professional work was done largely in Australia, where he held a Government appointment as Chief Medical Officer of Prisons. He retired about forty years ago and has been living an active life in Hove, taking a keen interest in all sporting events.

With his death a great link with the past is broken. It is interesting to note that one of his grandchildren is a student at this Hospital now, working among surroundings which his grandfather would hardly recognize as those in which he learned his surgery in 1850.

The following letter was sent by a doctor a few days ago to the house-surgeon on duty:

"DEAR SIR,—Will you kindly ask one of the Visiting Surgeons to look at Mrs. —'s throat. In my opinion it ought to be removed.

"With kind regards,

"Yours sincerely,

"—————"

The surgeon decided that such a radical operation was not called for by the presence of an adenoma of the thyroid.

POST-GRADUATE CLASSES.

FOR some years before the war and the years after it the Medical College held in each year short post-graduate review classes—held primarily for old St. Bartholomew's men, but men from other schools have from time to time been admitted. In the earlier years and for two years since the war these classes were very successful—so much so that the number admitted to the classes had to be limited. For the last three years, however, the numbers have been steadily diminishing, and there is some doubt in the minds of the executive officers of the Medical College as to the necessity for these classes. It has therefore been suggested that the course should be omitted this year; but before adopting this procedure it has been thought wise that an effort should be made to discover the opinions of old Bart.'s men on this point, which is already being done by writing to men who have attended the classes or whose opinion may be considered as being representative of other practitioners, but it would be of great service to those responsible for the organization of the classes if those who read this in the JOURNAL would communicate with us through this medium. To be of any service with regard to holding the classes this year a letter must reach the JOURNAL office or the Dean before February 15th. It is felt that the type of class that is held and the subject-matter that is taught must be well known, as in each year the programme has been circulated to every Bart.'s man. We therefore invite an expression of opinion as to the value of the classes, with suggestions for their greater popularity. It is felt that the length of the course, varying in different years from one week to fifteen days, may not be suitable; it is also felt that it may not be held at a convenient time of the year. With regard to the subject-matter, we feel that those who have attended the classes have been quite satisfied. Minor criticisms as to the amount of work required of those attending have reached us, but it is felt that there is something more than this causing the reduction of the numbers to such a low level.

MAGISTRATE: "Well, constable, what made you think this man was drunk?"

CONSTABLE: "'E was sitting on a stone seat in the Park with 'is truss round 'is 'cad, saying as 'c was listenin' in!"

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(Continued from p. 55.)

IN the January number of the JOURNAL it was shown that the application of diathermy to the urethra and cervix uteri of female patients and the elevation of these parts to a temperature of 114° F. caused cure or arrest of gonococcal arthritis. The question must now be asked, "What happens to the gonococci in the urethra and cervix when these parts have been heated to the temperature mentioned. Have they been destroyed, or do they still lurk in the lymphatics and cells, ready, at some later period, to cause metastatic infection afresh?" No final and indisputable answer can be made, because there is no known test for the absence of gonococci from parts which have been treated after infection. Clinical and bacteriological evidence, however, favour the conclusion that the urethra and cervix have been freed from infection. This evidence is the following:

Fifteen patients in whom the urethra or cervix, or both parts, were infected by gonococci (as shown by bacteriological examination) were submitted to diathermy. In these patients there was no arthritis. The urethra and cervix of each patient received treatment. An interval of a few days or weeks was allowed to elapse and bacteriological examination was again made. In eleven cases gonococci were not discovered. These cases were again examined, once or more. The examinations were again negative. One case was examined on six occasions during a period of eleven months, each time with a negative result.

In the remaining four cases gonococci were found. Two of the cases were in married women, and it is almost certain that re-infection had taken place. The husband of one was under treatment at the Special Centre at the time when his wife was undergoing the course of diathermy. After he had completed his treatment and been reported free from infection, the continuation of diathermy to the wife was successful in freeing the discharge from gonococci. The same result was obtained in another woman after separation from her husband. The two other patients in whom gonococci were discovered after diathermy had probably been re-infected; this was believed to have been the case at the Centre. They received another course of diathermy and gonococci were not found afterwards.

The failure to find gonococci in the discharge is, however, no absolute proof that the organisms are not present in the parts from which the discharge originates. If, however, the cervix is normal in appearance, shows no sign of inflammation and only a clear transparent fluid is seen at the *os externum*, further evidence in favour of extinction of gonococcal infection is afforded. Nine patients in whom bacteriological examination revealed no gonococci were examined at later dates in order to ascertain the condition of the cervix. In five the cervix was healthy in appearance and there was no discharge. In four it was inflamed, and a white discharge was seen around the *os*. It was thought that the endocervicitis was due to organisms other than the gonococci, which had gained entry after the latter. These cases were then treated by ionization, with the object of destroying organisms which have a higher lethal temperature than 114° F. In three the cervix regained its normal appearance and the white discharge disappeared.

The power of diathermy to bring gonococcal arthritis to an end after the treatment has been applied, not to the joints, but to the urethra and cervix, affords further evidence that the new treatment can free the primary foci from infection. This evidence is enhanced by the fact that the application of massage and movements to joints that remain stiff after the diathermy caused no return of arthritis. Nor was there any return of arthritis with lapse of time in any of the cases which were kept under observation. In one case the stiff wrist was forcibly moved under general anaesthesia, but there was no return of arthritis.

Two cases of gonococcal endocervicitis in private patients were treated by diathermy and married soon after the completion of the treatment. In one there was no history of transfer of infection eight months after marriage. The other was seen five years after marriage. The patient was one of the first to whom diathermy was applied to the urethra and cervix. Gonococci were found before the treatment, but were not discovered afterwards, although there was still inflammation of the cervix. She reported that her husband had not acquired infection and that "all was well."

Diathermy has been applied, during recent months, to seven cases of salpingitis. These were believed to be gonococcal, and in three gonococci were found. The treatment was applied first to the urethra and cervix. It was found that some of the patients acquired severe pain in the pelvis. The pain developed soon after the first application and persisted for hours or even days. In these cases diathermy was applied, after the cessation of the pain, to the Fallopian tubes. This was effected by means of an electrode which was placed in the vagina in contact with the cervix, the circuit being

completed by a belt electrode encircling the waist. This treatment caused relief of pain, and after a few applications diathermy was applied to the cervix with the object of extinguishing the infection at its source. Treatment of the cervix caused no return of pain after the preliminary applications to the tubes.

The results were encouraging. Three patients lost their pain and swelling. Another complained of slight pain after standing or walking. In another some swelling was detected on vaginal examination, but the patient did not complain of pain. The two remaining cases were complicated by the results of inflammation of the pelvic supporting tissues, but the patients derived considerable relief.

Before describing methods of applying diathermy for the treatment of gonococcal infection in men another case in a female patient will be described, because it illustrates in a striking manner the therapeutic power of diathermy. The case was that of a little girl, *et. 8*. She was admitted to Darker Ward under the care of Mr. MacAdam Eccles, to whom I am indebted for permission to publish the case. Her vagina was inflamed and discharging, and her abdomen was painful and tender. Gonococci were discovered in the discharge and a diagnosis of gonococcal salpingitis and vaginitis was made. Soon after her admission she developed arthritis in her wrist. Diathermy was applied to the interior of the pelvis by way of an electrode introduced into the rectum. Both the arthritis and the abdominal pain subsided, and when the patient was discharged from the ward there was no pain or tenderness of the abdomen, and the wrist could be moved without pain, although the range of movement was limited. She continued treatment as an out-patient. Diathermy was then applied to the pelvic contents by way of an electrode in the vagina. The discharge gradually disappeared, the elbow regained full movement and the abdomen could be palpated without pain or tenderness.

(To be continued.)

[Erratum.—In the article on the "Treatment of Gonococcal Infection by Diathermy" in the January number of the JOURNAL (p. 54, line 30) it is stated that the electrode should be introduced for three inches into the urethra of the female. The length of insertion should be one and a half inches.]

THE USE AND ABUSE OF FIGURES.

By GEORGE GRAHAM.

“**ANYTHING** can be proved by means of figures.” This statement is only true if the figures are misused either in ignorance or by intention. The most frequent cause of an error due to ignorance occurs through the misuse of a percentage, and it is important to consider the conditions under which a percentage may be employed. A percentage is the second stage of the well-known “rule of three,” which is used in order to determine the total amount of a substance present in “*x*” parts. In medical science the term “percentage” is almost the equivalent of the term “concentration” in physical chemistry.

It is necessary to consider when it is permissible and essential to speak of a percentage, and when the total amount must be known. A percentage must be employed when it is important to know the strength of a solution, *i. e.* the amount of the substance per 100 c.c., and when the total amount of a substance is either immaterial or cannot be easily determined. As an example of this point, the difference between the salt content of the Atlantic Ocean and the Dead Sea may be considered. The percentage of salt is low in the former and high in the latter, with the result that a man can easily sink in the Atlantic while he cannot be completely immersed in the Dead Sea. The total amount of salt, however, in the Atlantic is far greater than in the Dead Sea. In medical practice it is the percentage strength of an intravenous solution which is important, since if it is too low or too high the red cells will be destroyed. The total amount of salt injected is, within certain limits, immaterial, and only governed by the amount of fluid which the physician thinks the patient needs.

A percentage may be used when the total volume of a solution cannot be easily ascertained or is approximately constant. But it should always be remembered that the number used is only a percentage and not an absolute number. The best illustration of this in medicine is the amount of a substance which is present in the blood. The blood is about one-thirteenth part of the body-weight, and can therefore be easily calculated. It is not quite constant, but for practical purposes may be considered as such. There would be no difficulty in speaking of the total amount of a substance circulating in the blood, but it would be inconvenient, since it would not be possible to compare the figures for a baby with those for an adult. Hence the amount of sugar, urea, uric acid, creatinine, etc., are expressed in grammes or milligrammes per cent. The number of red and white cells in the blood are expressed in terms of 1 cubic

millimetre and not in terms of 100 c.c. of blood, since the figures would be so enormous, *i. e.* 5 million red cells per c.mm. would be 500,000 million per 100 c.c.

If the use of a percentage be limited to this type of calculation no errors will occur.

A percentage must never be used (1) when it is essential to know the total amount of a substance in solution. If a poisonous drug is being given it is essential to know the total amount of the drug in the solution and not merely the percentage. Thus, if the maximal dose is 5 c.c. of a 5 per cent. solution, it is unwise to give 50 c.c. of the same solution.

(2) A percentage must never be used when a comparison is made between certain substances whose total volume varies. The use of percentage under such conditions is a frequent cause of error, and can best be made clear by a simple numerical illustration. If three substances, *A, B, C*, be present in a solution so that the total dry weight of the three substances is 20 gm. Let *A* = 10 gm., *B* = 8 gm. and *C* = 2 gm. Then *A* = 50 per cent., *B* = 40 per cent. and *C* = 10 per cent. of the total dry weight of solids. If, however, *A* is reduced to 4 gm., *B* to 4 gm., while *C* remains unaltered at 2 gm., the total dry weight is now 10 gm. instead of 20 gm. Then *A* = 40 per cent., *B* = 40 per cent., *C* = 20 per cent. of the total dry weight. If now the percentage alone is used it would appear that since *C* had increased from 10 per cent. to 20 per cent. of the dry weight in solution it had increased in amount, whereas it is exactly the same in amount—2 gm.—as it was before. If percentages are used in this way it is clearly possible to prove anything which may be desired.

In medicine a mistake of this kind is very common, and is often made in a differential blood-count. This is frequently written as follows:

Red cells	5,000,000 per c.mm.
White cells	8,000 "
Differential	300 cells counted.
Polymorphonuclear cells	68 per cent.
Lymphocytes	25 "
Large mononuclear cells	6 "
Eosinophils	1 "

100 per cent.

Without the addition of the following figures the report is incomplete and may be misleading:

5440 per c.mm.
2000 "
480 "
80 "
— "
8000

In the healthy adult, whose total white cell count is about 8000, the percentage figures show that the different white cells are present in the usual proportions. If the total count was always constant it would be justifiable to use the percentages alone instead of the absolute numbers, but since the white count may vary from 1000 or less to 500,000 or more, it is clear that a percentage may only give false and valueless information.

Two examples will serve to make this point clear:—

(1):

White cells	5000 per c.mm.
Polymorphonuclear	50 per cent. 2500 per c.mm.
Lymphocytes	40 " 2000 "
Large mononuclear	8 " 400 "
Eosinophils	2 " 100 "

The percentages show that the polymorphonuclear cells have decreased from 68 per cent. to 50 per cent., while the lymphocytes have increased from 25 per cent. to 40 per cent., as compared with the previous count. When the actual figures are considered it is obvious that the lymphocytes are the same as before—2000—and the rise in the percentage is due to the decrease in the polymorphonuclear cells, and therefore of the total white count.

(2) Total count 20,000 per c.mm.

Polymorphonuclear cells 85 per cent.	17,000 per c.mm.
Lymphocytes	10 " 2000 "
Large mononuclear cells 4 "	500 "
Eosinophils	1 " 100 "

The percentages taken alone suggest that a big decrease in the lymphocytes has taken place, whereas they are present in exactly the same numbers as in the previous count. The polymorphonuclears have increased from 5440 to 17,000, and this great increase has entirely altered the proportions of the other cells, and a false impression is given.

These examples are sufficient to show the futility of using only a percentage when the total number or amount varies so widely. In this hospital the differential count is nearly always expressed in both percentages and absolute numbers, but the text-books of physiology and medicine unfortunately only use percentages. In the current medical journals the same mistake is often seen.

These examples may serve to explain one of the grounds for the statement, "Anything can be proved by means of figures."

NOTES ON GENERAL PRACTICE:

By L. N. J.



HAVING left Bart.'s just five years ago and having spent most of that time as a G.P., I attempt here to group the various factors which seem to me of especial importance in general practice. Already the medical curriculum in a long one, but I venture to suggest that an attractive addition would be two or three lectures per annum for final-year students on "The Art of General Practice" given by a G.P.

(1) Cold academic correctness results in failure. Friendship and sympathy plus sound medical knowledge bring success. I have known of a gold medallist with the highest qualifications unable to get on at all in practice, while his fellow student, who scarcely scraped through his final exam., became a great success. The first walked with his head in the clouds, while the second "dwelt among us."

It is often the little things that count; for instance, a doctor ran over a dog with his car, and being pressed for time, failed to stop. Several patients left him on the observation that one who would not stop to care for a dying dog was too callous and careless to retain their confidence as a medical adviser.

(2) Follow the old Hospital routine in examining cases. Many patients are justly dissatisfied if temperature or pulse are omitted, or the tongue is not examined. Remember that in general practice one often has to diagnose and treat at the first visit, without X rays, blood-counts or other luxuries. The tendency in hospital to refer patients to special departments before clinching the diagnosis leads to slipshod physical examination. The opinion of the latter should only confirm a diagnosis already made.

Above all, learn to examine throats, ears and eyes before launching into G.P. If you cannot prescribe new spectacles for Granny X you may lose the whole family to Dr. Y, who treats her successfully.

(3) A few tips *re* house, consulting-room and dress. The doctor's house should look tidy and attractive from the outside. Dirty paint, dirty windows and dirty curtains damn any practice, much more an uncleaned plate or unwashed steps. Before ordering a brass plate study those of other doctors in the town and conform to local custom.

Make the consulting-room bright and cheerful. A display of instruments or skulls is distasteful to most patients and terrifying to children. Make the room as much like a comfortable lounge as possible and as little like a torture chamber. Flowers are an asset. Goldfish keep many a child happy during an examination.

It is scarcely necessary to add that waiting-room and consulting-room should be comfortably warmed in cold weather.

A G.P. is known by his house to his neighbours, by his dress and his car to the districts around. Whatever sort of car is used let it be well cleaned and look smart. Whatever the doctor's income, let him be well groomed himself.

(4) A G.P. should take part in local society, attend functions, join some sports club according to his tastes and get married! His wife is his most valuable asset. Let him never forget his indebtedness. His relationship with neighbouring practitioners should be cordial and, if possible, fraternal. The habit of consulting one another and forming local medical societies is greatly to be commended.

(5) A G.P. must be ready for all emergencies. As to sterilizing, spirit or petrol rinsed round a basin and fired is a handy method. A spirit sterilizer for instruments and a small sealed drum of towels and dressings is a modern necessity. As an emergency anaesthetic I have usually given chloroform only, on a handkerchief, and have had no accident so far. A breach case is very nice in hospital, but in a country cottage with a candle, one basin and well-water not over clean it becomes another problem. I always put the patient on the ergot mixture we used on the District and it is surprising how few go wrong.

One more word on emergency. You have to give an opinion on the spur of the moment, without reference to a text-book—an inspiring thought to frequenters of the Library!

(6) Fees: A vexed question. Remember first that you have to live; second, that you are practising a profession for the good of humanity and not a trade.

Patients may be divided into four classes as far as paying goes:

(i) Those who can pay and do pay. Lucky is the man who has many such patients.

(ii) Those who can pay and won't pay unless they are made to. These will usually wait six months or a year after receiving a bill. If on two or three occasions no reply is received, employ one of the advertised "collection" agents. This is often successful without giving offence. Never sue in court. You lose far more than you gain.

(iii) Those who would pay, but cannot pay much. Make a nominal fee to ease their conscience and give them much for little.

(iv) The poor who are down and out. Whether "deserving" or not, remember your ideal. Give freely of your best. Don't let them think you do it grudgingly or of necessity.

For confinements, special courses of treatment, *e.g.* injections, etc., the fee is often arranged beforehand. For confinements a fee may advantageously include ante-natal examinations as well, in order to popularize this very important matter.

In my limited experience it is only by specializing and commanding large fees from the speciality patients that any substantial income can be obtained in general practice. Of course large incomes can be derived from panel practices, but after acting as *locum* in some half dozen such practices, I have come to the conclusion that real clinical work cannot flourish in such surroundings.

(7) The G.P. should have an aim. Too many settle down to the "daily grind" for the rest of their lives. Nowadays the field of practice is so vast that it is impossible to cover it all. Hence endeavour to excel in one branch. Note every example of that one branch that comes your way, and finally, whether you stay in general practice or go in for specializing, never grow slack, but press on to "do things." Try, by painstaking perseverance and endeavour, to add a brick to the Temple which Wisdom is building, so that those who surround you and those who come after you may see it and feel that you have not lived in vain.

WORRY.



HE G.P. gets his share; to advise a man not to worry is futile. A few hints as to how you can meet certain of the minor worries of general practice may be of help, and help is pleasanter than advice.

(1) *Petrol*.—If you run a car and *have* to use petrol, never think or talk about the price. Thinking about it, talking about it, neither will help you; you *must have it, and must pay for it*. Don't let a rise in price mean more to you than the actual extra cost; refuse to let anyone drag you into thinking about it.

(2) *Popularity*.—Remember that you can never expect to please everybody. The very smile that makes 80 per cent. of your patients like you is the very thing that makes 10 per cent. doubtful about you, and actually estranges 10 per cent.

The fact that the Smiths have you as their doctor keeps the Robinsons from becoming your patients.

Some patients like a doctor who says, "The X-ray picture shows that the stiffness in your shoulder is due to the break in the bone." Others like a doctor who

spouts like this: "I have had a communication from the radiographer, and he says that the skiagram shows that owing to the extensive comminution consequent on the injury there are very numerous adhesions in the joint coupled with a certain amount of osteophytic formation." I am quoting an actual case, and the doctor certainly made a hit with the patient, although the latter understood not a word of it.

(3) *Patients who change over to the "opposition."*—Never let yourself worry over this; expect it to happen occasionally. If you already have enough to do, all the less cause to regret it. The fact that he has left may make someone else come to you. And the same thing happens to the "opposition" occasionally.

(4) *Moneylenders' circulars*.—Receiving these may be turned into quite a pleasure. Re-addressed to some M.P. (*c/o* The House of Commons) whom you don't like, they will tend to abolish themselves in time.

(5) *Early morning calls*.—Beware the railway porter or factory hand who calls you out of bed at about 7 a.m., and asks you to go at once to his wife. Ask a question or two to divert his attention, and then remark that he ought not to be going to work "on an empty stomach." Directly he admits to having had his breakfast, say, "Well, I'm glad it isn't so urgent as to have stopped you from having had your breakfast, because it need not stop me from having mine before I go."

What has happened is this: The man has to go to work early, there is no other messenger available to ask you to call, so the husband calls you, and well knowing that 7 a.m. is an unreasonable time to wake you for just an ordinary message, he adds urgency to excuse the hour. Once you realize this you can cut out the worry of having to go out unwashed, unshaven and unbed.

(6) *Children*.—If a child screams and fights with its mother when you call to see it, persuade the mother to leave the child alone; tell her that you don't want to examine the child at present. Ask the mother to tell you all she can about the trouble, and about any previous illnesses, so that you are just two persons holding a conversation without noticing the presence of a child. The time spent is well repaid. An examination may prove to be unnecessary; it may turn out that the child has worms, and that all its troubles come from that; but in any case the screaming type of child usually hates to feel neglected, and soon tries to attract attention to itself, and you can then turn to it naturally, encourage whatever form of advance it is making, and gradually change your notice into an examination.

(7) *Fleas*.—If a patient who has come to your surgery frequently always leaves a flea or two behind him to worry you, find some excuse to give him an ointment or

liniment containing camphor, and make him use it frequently. He will bring fewer friends in a day or two.

If you are attending at a house, and every evening when you get a minute to sit down and read your paper you find that you have an inaccessible flea, keep a small bottle of chloroform on a high shelf in your usual sitting-room, and as soon as the flea begins to move, hold your hand down tight over the spot, ask your wife to hand you the bottle, and dope the place well. Then you can, still holding your hand as before, limp off slowly and disrobe; the flea will be there or thereabouts, and none too lively.

(8) *The watch trick.*—A watch is sometimes a most useful article. There are occasions when it is possible to save yourself a lot of worry by remembering the watch trick. Suppose that at 10 p.m. you are called out to see a small boy with paraphimosis. You start to try to reduce it. After about thirty seconds the father begins to say: "It don't seem to be going to go, Doctor." And then at twenty-second intervals one or other of the anxious parents repeats the same irritating remark, and you may get discouraged yourself. Or it may be a woman who has come to you with a scalded hand, swollen, and with a wedding-ring that must not be cut off, yet seems unlikely to be removable any other way. And you see that it must be removed.

In either case you will be worried; but not if you try the watch trick. Take out your watch; place it on the table, where you and others can see it. Say, "Now this job may take some time. It is now 10 p.m. I am going to try for half an hour. If at the end of half an hour I haven't done it this way, I shall have to adopt other means." At the first murmur of discouragement say, "Is it half-past 10 yet?" and repeat the same question every time you hear a murmur. The murmurs will stop pretty quickly.

(9) *Frequent night-calls from one outlying district.*—Four night calls from one small hamlet in one week, not from the same people, but the same messenger each time; next week the same sort of thing. The messenger was a boy of fourteen, and he came on a bicycle. "Why do you always come?" I said, "Because I'm the only one who has a bike and doesn't mind riding at night." "What a lot of money you must be making! I suppose that you will save it up and buy a motor-bike?" "I don't know what you mean, Sir." "Well, surely you don't ride in all this way and back for nothing. I should demand two shillings every time, and that would pay for a motor-bike." My suggestion struck him favourably, but it must have been a poor suggestion for all that; the people there gave up sending for a doctor at night.

THIRD CHIP.

ON THE MICROSCOPICAL EXAMINATION OF FRESH TISSUES.

By ANTHONY H. JOHNS.

BECAUSE the examination microscopically of fresh tissue is not yet an accepted surgical practice in the diagnosis of cancer, a number of cases have been examined, mainly of carcinoma of the female breast, to which this method has been applied. From this investigation certain conclusions have resulted.

As a branch of the larger subject of diagnosis of cancer by the microscope, the fresh-section method is subject to many criticisms directed at the larger topic. Some have a special reference here, and therefore are now mentioned.

The first of these criticisms appeared in 1889 by E. M. Schaeffer (1), who emphasized the fact that the microscopist was ever susceptible to the influence of practised clinicians, and that because of this he should not hear of the clinical diagnosis before he has expressed his opinion solely on the microscopic appearances. He also indicates, in this connection, the importance of a sufficient experience. Schaeffer further writes that an improper portion of diseased tissue is extremely easily selected in error. This is exemplified in the case of M. B.—, referred to later. Finally he closes by strongly condemning the habit of judging a method on the consideration of a few cases only, in which the issues have been misinterpreted and confused.

In 1902 C. M. Whiteford (2) violently condemned the general method; chiefly mistrusting the microscopist, he ended with the words: "If the clinical history and naked-eye appearances indicate that the growth is malignant, but under the microscope the growth appears innocent, I regard the growth as malignant, and *vice versa*"—a somewhat contrary attitude, and of late years little literature has appeared to revoke this view. Of 26 cases which have been considered, of which the 3 cases giving unreliable results require special mention.

(1) The case of *Eliza H.—*, whose breast condition was doubtful, clinically the fresh section certainly showed malignant growth; no organized structure could be seen, and it was impossible to say whether the growth was sarcomatous or carcinomatous. It later proved to be sarcomatous.

(2) The case of *Mary P.—*, who had a unilateral condition resembling diffuse carcinoma. At operation the fresh section showed the presence of large cells lying in alveoli, and unlike anything previously seen, so that the method was of no help. Ultimately the disease was shown to be "fat necrosis."

SPRUE AND PARATHYROID.

By D. DRYSDALE ANDERSON.

IN considering the following case, allowances must be made for the patient being Mexican, living all her life in the interior of Mexico. Thus, though of good mental development as these people go, when carrying out orders she is naturally slipshod and unreliable.

G. B.—, at. 26, wife of a shopkeeper, came under my care on September 2nd, 1924, complaining of loss in weight. This had begun three years previously, after the birth of her second child. At the same time she became somewhat constipated and her mouth sore. The loss in weight, though not rapid, was continuous. In the summer, 1923, short attacks of diarrhoea appeared, and have lately become more frequent, until now she daily has three or four corrupted (to use her own word) stools. With this diarrhoea began abdominal discomfort, never amounting to pain.

She had smallpox as a child, otherwise enjoyed perfect health. In April, 1924, her third child was born, the pregnancy, parturition and puerperium, being without event, although she has been unable to feed it.

Under her natural tan-coloured skin she had a greyish tint and looked tired out and very thin. The mouth showed small aphthous ulcers along the border of the tongue, the dorsum of which was glazed, but not fissured. The abdomen was doughy on palpation and tender over the colon. The stools were frothy, bulky, clay-coloured and contained much mucus. Microscopically there was a good deal of undigested fat.

I promptly gave her an ounce of castor oil and ordered her to bed on milk and bananas—we cannot get strawberries here. A full dose of Epsom salts, "mane" and parathyroid gr. $\frac{1}{10}$ (3) "nocte" were prescribed.

I saw her again a week later and found she had disregarded the orders about bed, though taking the salts and keeping to the diet. She had tried to obtain the parathyroid, but it was unknown in the town. I gave her a chemist's address in Mexico City.

Ten days later she came to me saying she had lost the address; incidentally she was no better. I wrote off for the drug myself, and it finally arrived on October 2nd, when she started on it.

On October 10th she was only having one motion a day, her stools were definitely forming and were becoming slightly coloured. She had lost the uncomfortable abdominal sensations, and her husband reported her more cheerful. Her mouth was still sore, but the ulcers were not so apparent. I added a boiled egg and some dry toast to her food.

On October 17th her motion was formed, normal in colour, not unduly scented and there was no froth or mucus. The abdomen had lost the doughy feeling. The ulcers in the mouth were mostly healed, the soreness was gone and the tongue fast losing its glazed appearance. She was fuller in the face, and had just returned from a three hours' horseback journey over a broken mountain trail without fatigue. Carrots, lettuce, squash, melon and a little chicken breast were added to the diet-sheet.

On October 25th she had lost her earthy tint; there was no trace of the ulcers on the tongue, over which the epithelium was growing. She said she felt quite well, but was warned to continue the parathyroid for a further week. The only things she was told not to eat were pork and meat fat.

On December 20th I met her in the street, looking a different woman in the amount of flesh she had put on and in her vivacity. She has had no relapse. I cannot give definite weights, as she persisted in forgetting to use the facilities arranged for weighing herself.

Apart from the absence of muscular cramps this case shows all the diagnostic signs and symptoms of sprue. No calcium salt was prescribed with the parathyroid as

(3) The case of *M. B.—*, who had a condition in both breasts diagnosed clinically as chronic interstitial mastitis. Doubt was expressed whether or not an early carcinoma was present on one side.

A fresh section of a piece of tissue showed only chronic inflammatory changes, and another piece was taken for permanent section; which piece ultimately proved to be carcinomatous. This case well illustrates the necessity for great discrimination in choosing a suitable portion for examination.

From these examinations the following conclusions can be drawn:

First, that in fresh sections, cells, fibrous tissue and vessels can easily be differentiated, and that any remnants of the organ of origin or any peculiar histologic arrangement can readily be distinguished, but the intra-cellular structure is poorly shown.

Secondly, that the method is of special value when applied to disease of the breast.

Thirdly, that the method is also applicable to doubtful malignant disease of parts of the body other than the breast, as of the tongue and thyroid gland (a case of each is included in cases quoted as giving correct diagnoses); hence it is reasonable to suppose that it is applicable also to disease of other organs.

Lastly, because of 26 cases examined, a correct diagnosis was returned in 22, leaving only 2 cases where the method was of no help, and only 2 where the diagnosis was wrong, and because on this account the surgeon was enabled in 84 per cent. of cases to perform an appropriate operation immediately, and with accurate knowledge of the disease, that therefore the method is reliable and of definite value.

Finally I suggest that because the true scientist should argue from the known to the unknown, therefore that the practice of acting without knowledge is unsound; equally unsound a practice is it to operate for cancer on a patient not definitely known to suffer from that condition. Where it is impossible to make an accurate diagnosis, then certainly the patient must necessarily submit to a choice of evils.

My thesis, therefore, is that the fresh-section method of examination of tissue with the microscope should become a universal surgical routine, certainly in hospitals and possibly in the larger nursing homes and wherever else facilities occur.

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the diet was considered to contain sufficient; this was borne out later.

The case is interesting for this reason, and also for the dramatic progress once the parathyroid was started. The sudden change was not due to the comparative mildness of the case, as Scott (2) records cures in less than two months of severe chronic illness.

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A CASE OF SHOULDER PRESENTATION WITH PROLAPSE OF CORD AND ARM.

By J. HENRY R. LAPTAIN, M.R.C.S., L.R.C.P.

THE following report is of an interesting case of transverse presentation in which, while the cord was pulseless, the woman was safely delivered of a dead child by internal manipulation.

Patient, at. 42, was admitted to the Infirmary in the second stage of labour.

History of case.—Eight previous pregnancies with no miscarriages. Labour had occurred at full time in each case with no unusual difficulty and no instruments had been used. The last baby was born in May, 1922. The last day of the last period was March 18th, 1924. About three months later a trace of blood was noticed *per vaginam* once. During the pregnancy there was no "morning vomiting." Any abnormal symptoms connected with micturition or with her eyes were denied by the patient. She suggested that her abdomen was more prominent during this pregnancy and that it "tended to flop." On Monday morning, the 1st day of December, the waters broke and were described as excessive in amount. No "pains" were experienced and the patient allowed the event to pass without alarm. Five days later at 6 a.m. of Saturday, the 6th day of December, "pains" commenced and were continued at intervals of about ten minutes. Patient was examined by a midwife and then by a doctor, who administered chloroform at 10 a.m. for the purpose of manipulation. She was admitted to the Infirmary at 1.15 p.m. the same day.

On examination the patient appeared anxious; she was pale, but her pulse was strong and not greatly increased in rate. Pains were occurring of moderate severity at more frequent intervals. Arising out of the pelvis to two inches below the body of the sternum was a contractile swelling, more prominent on the left side, where also laterally there was a small ill-defined bulge. On the corresponding part on the right there was a small bay. Around the enclosed body the contractile tissue fitted with glove-like firmness. No fetal body the contractile tissue fitted with glove-like firmness. No fetal limbs or head were identified. No fetal heart-sounds were heard. It was therefore assumed that the above-mentioned prominence coincided with a fetal back.

With the patient in the Sims's position it was observed that the small left hand, dark purple blue in colour, was protruding from the vulva, the little finger towards the ceiling, the thumb towards the mattress. The extensor surface of this hand faced the rectum. No meconium was observed on the vulva. *Per vaginam* (without anaesthetic) the hand and arm could be traced up, and the shoulder was found occupying the fully dilated os. The vagina was well lubricated and not hot and dry. No abnormal constituents were discovered in the urine. An anaesthetic (chloroform) was administered

at 5 p.m. the same day. *Per vaginam* the examining finger, following up the arm, struck the thorax and then a mouth was identified. The cord was prolapsed and pulseless. The head appeared to occupy the region of the left iliac fossa, with the back of the foetus against the back of the mother. Transverse presentation was diagnosed, and further manipulations were determined upon to effect delivery before trying instrumental delivery. A foot could not be palpated, but the anaesthetic being pushed, eyes and nose were identified. A clove hitch was passed round the wrist, but traction on the arm was of no avail. However, while enough traction was maintained to steady the arm, Dr. R.—, having a very small hand, found it possible to pass this past the head and body of the foetus and grasp a foot. Tentative traction on this was followed by ascent of the prolapsed arm, and encouraged by this Dr. R.— put more traction on the foot and found that podalic version had been accomplished. A second clove hitch having been passed round the ankle, traction on the leg delivered the foetus no further. The second leg was brought down, and the head being kept well flexed by means of a finger in the mouth the foetus was delivered, when it was found that the head occupied the maternal pelvis with the occiput posterior. Then it was noticed that the right arm was twisted backwards across the fetal back. An unscrewing movement of the fetal trunk was done, but the arm slipped round with the trunk; the fingers were therefore utilized to bring the offending arm round. The head was delivered well flexed, the occiput posterior. The placenta, not unduly adherent, was removed manually from the fundus of the uterus. The placenta membranes, on inspection, appeared normal. The anaesthetic being stopped, *v.c.c.* of pituitrin and a uterine douche of lysol (5j to the pint) at 110° F. were given. Contraction and retraction of the uterus were adequate and the loss of blood was quite small. Pulse-rate was 84.

Post mortem it was found that the foetus was full-time. The brain appeared normal, but in the region of the great wing of the sphenoid and the petrous portion of the temporal bone on the right side there were noticed neat petechial hemorrhages (subdural), about a dozen in each situation. Also on the right side behind the temporo-occipital suture at the attachment of the tentorium cerebelli was a hemorrhage about half-an-inch in diameter. The dull brick-colour of the thymus was relieved by flecks of a darker red. The liver was a blotchy purple-red. Below the hepatic flexure the great gut was distended by meconium. The lungs were atelectatic, sinking in water. Otherwise the foetus appeared normal.

The patient's progress was satisfactory till December 20th, when the temperature chart showed 99.8° F. In the right calf was a tender spot. Bier's hyperemic treatment was applied at the lower third of the thigh and the temperature fell to normal on December 22nd, the patient taking her discharge from the Infirmary seven days later apparently quite well.

It is suggested that the cause of the transverse lie was hydramnios associated with a condition of "pendulous belly." It is difficult to decide at what stage in the labour the death of the foetus took place. The absence of a Band's ring was noticed, and for its absence the following reason is offered, *viz.* that the foetus died before there was any marked tonic contraction of the uterus. The progress of the case without serious septic complications was taken as justification for the manipulations which were done.

AMATEUR DRAMATIC SOCIETY.

THE CHRISTMAS ENTERTAINMENT.

THE Amateur Dramatic Society selected four one-act plays for the Christmas entertainment this year. The first of these was "The Lost Silk Hat"—not, perhaps, a very good example of Lord Dunsany's work. The dialogue is effective, but

the idea is too slender for the stage. If we were not as interested as the Caller (excellently played by Mr. E. D. Moir) in the loss of his silk hat it was probably the author's fault; moreover, Mr. Moir wore the clothes which remained to him with such an air that it would have been churlish to regret the absence of so small a detail.

Messrs. Claxton and Waudby-Smith were good in two minor parts, and Mr. F. H. K. Green gave a delightful study of the Poet who was determined that the young man should die for Romance in Bosnia.

From comedy we passed to melodrama—"In the Library," by W. W. Jacobs. This proved to be an excellent thriller and it was splendidly acted.

Mr. Barnsley was an immense success as the villain; his performance called forth the loudest applause of the evening and he thoroughly deserved it. Mr. Cullinan was equally good in a less dramatic part, and Mr. Payne excelled himself as the Burglar.

The next play was a rather poor farce—a case of mistaken identity. All our old friends were assembled—the stage parson, the dyspeptic colonel, his erring wife, the foreign crooks—and all were again pursued by loud laughter.

Mr. Barnes was very amusing as the stage cleric, though it is too much to expect of any man that he will give new life to this well worn caricature; Messrs. Barnsley and Heckford were sufficiently villainous as the foreign swindlers.

Mr. Adam (a notable recruit) made a very good thing indeed of the hotel proprietor, supporting his foreign accent impeccably; and Mr. Cullinan played the Colonel with a praiseworthy restraint.

Miss Lucienne Davies was, this year, the only lady to figure in the caste, and, as if this was not sufficient distinction, she provided the best piece of acting in the play; as the naughty wife she was both skilful and charming.

The best play was kept to the last. "Augustus in Search of a Father" is a delightful example of Harold Chapin's work. It was, too, distinguished by some very clever acting by Mr. Hunter as the Night Watchman. Mr. Hunter kept his comic genius well in hand, and the result was a restrained and satisfying character-study that deserves the highest praise. Mr. G. P. Roxburgh supported him excellently as the Prodigal Son, though he sometimes lapsed from his 'Oxton to his Oxford accent—a blemish in an admirable performance. Mr. Heckford occasionally made similar slips, though he came nearer to our idea of a Metropolitan policeman than the other gentlemen who played the same part; there was, during the evening, a deal of constabulary duty done, and, taking one consideration

with another, the lot of these gentlemen was not a happy one.

Mr. Capps, who returned to the fold as Stage Manager, must be congratulated on the success of his productions. Although, taking a call afterwards, he modestly disclaimed any large part in the affair, yet everyone knows that the stage-manager is the driving power of a dramatic performance.

Mr. Gibson's excellent band played the latest dance music in the intervals and thereby added much to the gaiety of the evening.

Two other gentlemen who worked behind the scenes were Mr. Mayo, who tackled the thankless job of property manager with his usual efficiency, and Mr. Pym, who was a model of dexterity and good humour during the rush hours at the Green Room Bar. The whole production was well up to the high standard of previous years, and the large audiences manifestly enjoyed themselves.

A BROADCAST NIGHTMARE.

"—AND Valencia, one thousand and nine millibars. Further outlook unsettled. That concludes the weather forecast for London and neighbouring counties. Stand by for two minutes please."

"Hullo everybody, 5XD calling. Dr. I Wash will now give you the monthly medical news bulletin. Copy right by Yadii, the Endocrine Association, exsanguinated phlebotomists and the Iodized News.

"Good evening everybody. I will now deal with the various subjects seriatim.

"*Surgery.*—Sir E. V. Serate, the famous Bart.'s surgeon, has removed a patient from a tumour weighing 78 pounds. The tumour recovered. The anaesthesia was endo-bronchial oxy-acetylene, the return airway being *vide* the left lacrymal duct.

"Owing to the great rush for thyroidectomies, patients wishing to experience these operations before leaving are now being charged an extra sixpence at one of our leading hospitals. The surgeon is to receive $\frac{1}{4}$ as his share. This may explain the curious fact that goitres are extremely rare in Scotland.

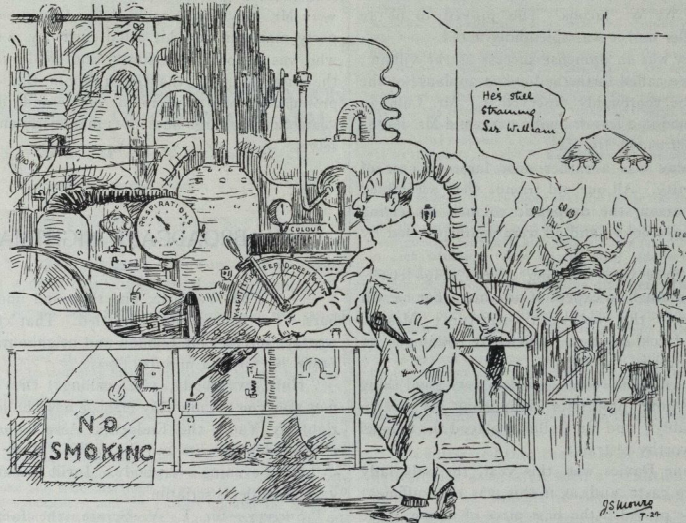
"*Aural Surgery.*—A remarkable case is described by a surgeon who was puzzled by exuberant vegetations in a patient's pharynx. On investigation it appeared that the child had inserted a bean into his external auditory meatus two months previously, and that this had germinated and pushed a shoot down the Eustachian tube into the throat.

"*Medicine.*—The report that a well-known physician had made a definite diagnosis on a patient who had not yet died has been indignantly denied by the gentleman in question. Listeners-in will remember that last month I warned them against giving credence to this absurd rumour.

"*Anatomy.*—The Sub-Committee appointed by the International Commission of Anatomical Nomenclature, after sitting for seventeen years, has decided that the muscle hitherto known as the levator palpebræ superioris atque nasi shall in future be termed levator

astounding statement has not been denied, so may be accepted by listeners-in as reasonably accurate.

"*General therapeutics.*—A neurotic American boot-black magnate, who determined to get well quickly, is alleged to have taken equal parts of insulin, mixed phylacogen vaccine, radium salts, thyroid extract and strychnine. He was then treated with protein shock, Lenhart diet and deep X-ray therapy, and finally had a laparotomy done, which included cholecystectomy, gastro-enterostomy, appendicectomy and colopexy. At the same time his nasal septum was resected, and to



THE ANÆSTHETIST, A.D. 10—

[By kind permission of the Central London Throat Hospital]

palpebræ superioris at aë nasi. Calm prevails in anatomical circles.

"*Anæsthetics.*—It is officially stated that Mr. Hackitt Tout, the famous Harley Street surgeon, publicly congratulated his anaesthetist at the conclusion of an operation. The utmost excitement prevails in anaesthetic circles, and an extraordinary meeting of the Anaesthetic Section of the Royal Society of Medicine has been called to consider this unprecedented occasion. It is thought that a gold loving cup will probably be presented to Mr. Tout.

"*Embryology.*—Prof. Wonkie, in an intensely interesting lecture at the Joe Smiffkins University, U.S., declared that the nictitating membrane of a 2 weeks salamander embryo weighs 0.00275 milligrams. This

eliminate possible foci of infection, his tonsils and adenoids were removed and both antra were drained. His general condition is reported to be not very much worse than before.

"*Medical jurisprudence.*—An interesting case was recently heard in the Courts, where the plaintiff was a man of no occupation who frequented a public-house every evening, and at closing time always came out and leant against a certain lamp-post until his ataxia had diminished sufficiently for him to walk home. One day the local borough council removed the said lamp-post, and the plaintiff, unaware of the catastrophe, leant against nothing, with the result that he fractured his femur. He sued the council for £500 damages. The case was dismissed with costs.

"*The finance of our big hospitals.*—A further difficulty has arisen in the intricate question of payments in voluntary hospitals, as the approved societies and the hospital authorities cannot agree as to who shall bear the cost of swabs, horn-rimmed glasses and other articles lost inside insured patients during operations. A deadlock seems likely and the outlook is serious.

"That concludes the monthly medical bulletin. Good-night everybody."

"Stand by for one minute please, after which Miss Ara T. Noid will sing 'Yes, we have no tonsils to-day,' with guillotine obligato by Mr. U. Vewle." [I think not. Ed.]

DINING AT PERCY'S.

MUCH ingenuity was shown by competitors in the "hidden-word" competition published last month. The words originally buried in the author were snowed under by hundreds he never intended, among them such terrifying conditions as tenosarc, chlor, randia, mygra and endesitibe. In wading through these morasses of verbiage he has made Gould's *Pocket Medical Dictionary* his final arbiter. Abbreviations and duplicates have not been allowed.

The original list was as follows:
Cystocele, glossitis, stoma, tone, noma, leprosy, enteric, cancer, casein, tenotoma, amnion, otitis, or chitis, palsy, ear, ether, stye, tic, ester, kino, chyle, mania, chest, amine, angina, retina, tinea, sinus, chorea, enamel, ague, odontome, psosas, teratoma, atresia, inion, vein, joint, gluteus, seton, atlas, iris, nares, galla, erythema, ergot, sperm, cretin, tonsil, sac, dengue, menthol, atrophy, aphasia, sordes, tabes, pus, spastic, herpes, comedo, thrush, callus, incus, goundou, wart, anasarca, adenoma, sterile, malar, spine, paresis, cestoda, gravel, intestine, rupia, heart. Total, 76.

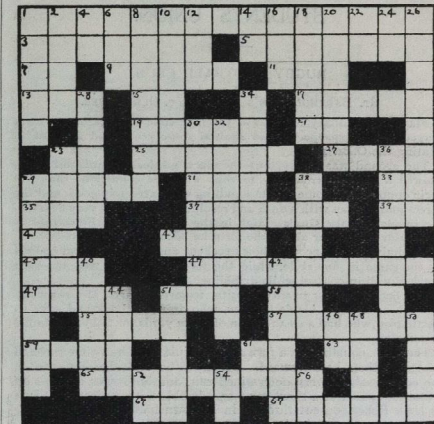
The following, though not in the original solution, have been allowed:

Cyst, gag, deric, cast, urning, os, arc, vis, tent, tea, fit, ion, hear, arm, eye, leg, fat, ani, ring, band, wen, mel, vena, mil, ilea, herb, Erb, ward, tow, atom, hand, wing, ora, heat, void, ren, pit, gall, pitch, ergotin, secretin, foot, mad, toe, gland, otto, beat, pes, pest, fur, shin, tar, rib, ima, ala, alar, pine, life, fel, taint, raisin, mad, pia, mortal, air, bed, chin. Total, 67.

The winner is Mr. E. Cochrane, who scored 109, and to whom a cheque for one guinea has been sent.

A. B.

CROSS-WORD PUZZLE.



Across.

1. Alopecia of one half of head.
3. Any agent stimulating the uterus.
5. Atrophic.
7. A drop (abb.).
9. Nostrius.
11. A gyrus.
13. Normally > K.O.C.
15. Symbol for copper.
17. Used as a stain.
19. An infiltration of serum.
21. Symbol for tin.
23. Christian name of an assistant physician (abb.).
25. The battlefields of medicæ.
27. Hall.
29. A prefix signifying sweat.
31. Ovum.
33. A suffix applied to bodies related to the starch group.
35. A wing (anat.).
37. Junction of coronal and sagittal sutures.
39. Fruit used as a laxative (last a letters).
41. Symbol for platinum.
43. Causes anthracosis.
45. A position of the fetus in utero.
47. Pain in the sacrum.
49. Nails.
51. Bone of forearm (first 3 letters).
53. Symbol for arsenic.
55. Pertaining to the mouth.
57. A bacillus closely resembling tubercle bacillus.
59. The loins.
61. Toxic unit (abb.).
63. Symbol for ruthenium.
65. Disease of large bowel of amebic or bacillary origin.
67. Symbol for strontium.
69. Motor inco-ordination in walking.

Down.

1. An early sign of pregnancy.
2. A prefix signifying on the outer side.
4. A degree in medicine.
6. An atom carrying an electric discharge.
8. Any medicine given to humour a patient.
10. A leech.
12. Anaesthetic mixture.
14. Of each (abb.).
16. Bleed.
18. Adventitious sounds in the chest.
20. Vegetables commonly used by lay people for their medicinal effect.
22. Vitus' title (abb.).
23. Author of *Rest and Pain*.
24. Symbol for iodine (repeated).
26. Form of speech in disseminated sclerosis.
28. A tail.
29. Opposite of diplopia.
30. Surgeon who introduced decapsulation of the kidney.
32. Sick headache.
34. A deformity of the pelvis.
36. Pellagra.
38. Any perfumed powder for external use.
40. Like pus.
42. Scrapings.
44. Roentgen ray.
46. Symbol for erbium.
48. Gingiva.
50. A loop (anat.).
51. A raw infected surface.
52. A half.
54. Initials of a "Bart's" physician.
56. Symbol for ytterbium.
61. Symbol for tellurium.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD BLUES.

Played on January 10th. For the first time this season the team played together properly, and showed some very good football in beating the O.Bs. 12-3.

The ground was heavy, but the Bart.'s side, forward and back, showed a far greater ability to cope with the conditions than did their opponents. Some of the handling was extremely good, and the three-quarters ran with a dash and resolution which was very heartening in view of the Guy's match in the near future. Fitzgerald in particular played far above the form he has shown hitherto.

The halves again proved their excellent understanding and opened up the game in fine style, while the forwards packed well and kept the ball well in control while dribbling.

The first score was twenty minutes from the start. McGregor cut through and passed inside to Row, who drew the back and gave to Bettington, who had a clean run in of a few yards for a try, but failed to convert.

The O.Bs. equalized in a forward rush just after half-time through Hodgson, their best forward. Shortly after Aldridge got over in the corner after a very determined run, and McGregor finished off a fine solo effort of a short punt and dribble with a nice try. Just on time Robertson cut through in his own half and gave to Fitzgerald, who outpaced his pursuers and scored between the posts. Bettington's attempt at converting was not a great effort.

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

Played on January 12th. Against a weakened Bristol side Bart.'s took some small revenge for the heavy defeat of November 15th. Again the team played very well, the halves excelling themselves and scoring the three tries between them.

Gaisford turned out for the first time this season, to test his knee; fortunately the knee stood the test, but it was scarcely to be expected that he should show his true form or be at all sure of himself.

McGregor cut through very nicely early in the game, and scored between the posts for Gaisford to convert; and again in the second half he capped an exactly similar movement with a try, and Williams near the close dummed his way over in the most mystifying manner; neither of these tries were converted. Bristol worked hard, but were not convincing outside the scrum.

The final score was 11 points to nil.

It is a notable fact that this is the first occasion this season in which no score has been registered by the opposing side.

ST. BARTHOLOMEW'S HOSPITAL v. BRADFORD.

Played on January 17th. In this match the team were as bad as at any time during the season. The Bradford side played splendidly, with Myers as their inspiring genius, but they were presented with at least three tries.

The forwards dribbled well, particularly Pittard and Jenkins, and packed fairly well, but in tackling they failed lamentably, letting through the Bradford men time and again.

The halves were fair only, with McGregor the best, and while the three-quarters tackled manfully they were never together, and ran across far too much for any effective attack to be developed.

Gaisford obviously was not sure of himself; his kicking was erratic, and he could not get into position quickly enough to make an effective defence against the very clever attacks showered on him by the Bradford three-quarters.

The final score was 29 points to nil.

ASSOCIATION FOOTBALL CLUB.

The 1st XI has started the second half of the season well by two victories over the Old Cholmelians and Jesus College, Cambridge.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CHOLMELIANS.

Played at Winchmore Hill, January 10th. The Old Cholmelians had considerably the better of things to begin with and managed to score twice in the first half; one of these goals followed a corner kick.

In the second half, however, things changed rapidly, and our forwards, playing with dash and cohesion, equalized in the first ten minutes. After this we always had the upper hand, and before the end another goal was scored by us. Parrish made some excellent runs on the wing, while Miller and Clark made good use of the centres which the wings gave them.

Result: Bart.'s, 3; Old Cholmelians, 2.

UNITED HOSPITALS HARE AND HOUNDS.

U.H.H.H. v. UNIVERSITY COLLEGE, LONDON.

Run at West Wickham on Wednesday, November 5th, over a 5-mile course. In spite of fog, a late train and the failure of the trail-layer to materialize, the race was started within 12 minutes of scheduled time. M. L. M. Jago (Guy's) and W. W. Darley (Bart.'s) got well away at the start and kept the lead throughout the race, finishing first and second respectively; Cookson, who finished third, was the first University man home. The result was a win for the Hospitals by 25 points to 30. Winner's time, 35 min. 8 secs. H. N. Walker (Bart.'s) ran well to finish 8th.

U.H.H.H.—1, 2, 5, 8, 9 = 25 points.

U.C.L.—3, 4, 6, 7, 10 = 30 points.

U.H.H.H. v. IMPERIAL COLLEGE OF SCIENCE.

Run at Wembley over a 4½-mile course of mud and water and in torrential rain. Once again Hospital men led the field from the start, Jago and Darley finishing first and second, followed half a minute later by A. H. Spencer of the Imperial College. In spite of gaining first two places the Hospitals were not able to get their third man home till the whole of the opposing team had finished, the match thus resulting in a loss by 30 points to 25. Winner's time, 28 min. 12 secs.

U.H.H.H.—1, 2, 8, 9, 10 = 30 points.

I.C.—3, 4, 5, 6, 7 = 25 points.

U.H.H.H. v. SOUTH LONDON HARRIERS.

Run at West Wickham on December 12th over a 5-mile course. Price (S.L.H.) started off at a fast pace, and after half a mile was leading by 100 yards from Jago, with the rest of the teams another 50 yards behind. At half-way Jago, who was running very strongly, took the lead, with Darley, who had made a poor start, coming up well. One mile from home Price was beaten into third place by Darley, with Jago 50 yards ahead; this order was maintained till the end. The result was a win for the Hospitals by 26 points to 29. Winner's time, 34 min. 33 secs. The following Bart.'s men also ran: H. N. Walker, J. E. Snow, C. S. Wise.

U.H.H.H.—1, 2, 6, 8, 9 = 26 points.

S.L.H.—3, 4, 5, 7, 10 = 29 points.

5-MILE HANDICAP.

A 5-mile handicap was held on Wednesday, November 19th, at West Wickham, the competitors being sent off according to the start allotted them. G. R. Stewart (Guy's), with an allowance of 5½ mins., was first home; C. S. Wise (Bart.'s), 3½ mins.; T. McCallum (Guy's), 3 mins.; 3rd; M. E. M. Jago (Guy's), scratch, 4th. Eight ran.

FIVES.

The results of the Fives Club matches this season are: Nov. 15th v. University College, London—away Lost 117-223
Dec. 13th v. University College School Old Boys—away Lost 95-166
Jan. 10th v. Old Paulines—away Won 196-179
Jan. 17th v. University College School Old Boys—home Lost 93-163

The result of the singles competition is as follows:

Winner: K. W. Mackie.

Runner-up: R. F. Phillips.

CHRISTIAN UNION.

The following programme has been arranged for this month: Feb. 2nd Rev. J. W. Woodhouse, M.A., "Christ's Call to the Present Generation." Chairman: The Hospitaler.
" 23rd Rev. Hugh Martin, M.A., "Prayer." Chairman: N. I. Capener, Esq., F.R.C.S.
These meetings will be held at 4.45 on Mondays in Room 1, Resident Staff Quarters (first floor upstairs from the Abernethian Room). Mr. T. Z. Koo, Travelling Secretary of the World's Student Christian Federation, will address a meeting of students at the Central Hall, Westminster, on Tuesday, February 3rd, entitled, "Europe, Asia, and Christ."

CORRESPONDENCE.

THE VERNACULAR.

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

DEAR SIR—I was consulted to-day by a patient who had a "cold in her head, and had lost her gear."

Can anyone give me the pathology of this complaint?

The chief symptoms appear to be diarrhoea, headache, backache, giddiness and loss of appetite. I gather that "loss of gear" is synonymous with loss of appetite.

Yours sincerely,

A. W. MARRISON.

Ivy House,

Manea,

Camb.;

January 6th, 1925.

REVIEWS.

REFRACTION OF THE EYE. BY CHARLES GOULDEN. (Messrs. J. & A. Churchill.) Price 10s. 6d.

Whilst accuracy and success in refraction work are the outcome of much practice and experience, there can be no doubt that a sound knowledge of the principles involved in such work is of the greatest importance.

For the special diplomas now sought in ophthalmology knowledge of the optical and mathematical principles involved in vision is a necessity.

Mr. Goulden's book covers the whole field, and furnishes a clear, straightforward text-book of the essentials. Most of the mathematics is presented in the simpler geometrical form, and thus is as little irksome and obscure as possible to those who find mathematics so great a bugbear. For examination work it is an excellent guide, supplying the reasons for all that is carried out in sound refractive work, but pointing out that no amount of reading can supplant the practical work necessary for the skillful application of its principles.

The arrangement of the book, the printing and the diagrams are all excellent, and altogether it will prove a valuable help to anyone who is studying or practising refraction work.

We have received four useful little books from the Scientific Press, handy in size, moderate in price and clearly printed.

FIRST STEPS IN NURSING. BY MARGARET FOX. Price 2s. 6d.

This is a practical book for the new probationer, setting out her duties simply and clearly, thereby making her work easier. In a future edition it should be pointed out that an ice-bag needs covering with lint, or some such material, to avoid the discomfort of the condensation of water, as well as to avoid the action of excessive cold. The article on bed bathing might be more clearly expressed, but these are only minor points in a book we can thoroughly recommend.

THE NURSING OF SURGICAL TUBERCULOSIS IN CHILDREN. BY SARAH P. ROBINSON. Price 2s.

This sets out the aims and work of the Lord Mayor Treloar Cripples' Hospital and College in an interesting and attractive manner, and is

very well illustrated. Much help could be gained also from its perusal as to the methods of treatment suitable for nursing such cases outside an institution.

THE MODERN NURSING OF CONSUMPTION. BY JANE H. WALKER, M.D. Price 3s.

The author has set out clearly the nursing requirements of "consumptives" both in and out of sanatoria, and among the well-to-do and the very poor. The book has not been carefully revised, as on p. 31 "sanatorium" should obviously be "patient," and on p. 62 "inspections" should be "injections." The section, "Hints and Helps to Patients," is very practical, and a nurse should teach them to the patients under her care, with great advantage.

HANDBOOK FOR QUEEN'S NURSES. BY SOME QUEEN'S SUPERINTENDENTS. Price 2s. 6d.

This is an excellent exposition of the aims and duties of the Queen's District Nurses, full of commonsense advice to those who are thinking of taking up this arduous form of nursing, and setting out the work so that it appears attractive and well worth undertaking.

ELEMENTARY SCIENCE FOR NURSES. BY W. F. LLOYD. (Messrs. J. & A. Churchill.)

The information in this book is clearly put, and explains much that is of interest to nurses, and also many other people. It should prove of use to sister tutors in helping them to give the required knowledge in a condensed form. The Preface by Sir D'Arcy Power will be very much appreciated by members of the nursing profession.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "The Endocrines and the Kidneys." *Cambridge University Medical Society Magazine*, Easter, 1924.

CARMODY, ERNEST P., M.B.E., M.R.C.S., L.R.C.P. "Some Observations on Blackwater Fever." *British Medical Journal*, January 17th, 1925.

COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. "Piscaine: A New Local Anaesthetic." *Ibid.*, January 3rd, 1925.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "Anaphylaxis." *Cambridge University Medical Society Magazine*, Easter, 1924.

DE SAINT, PHILIP R. W., F.R.C.S. "Melanotic Sarcoma of the Septum Nasi." *British Medical Journal*, January 17th, 1925.

ECCLES, W. McADAM, M.S., F.R.C.S. "The Value of Anatomy in Clinical Medicine and Surgery." *Cambridge University Medical Society Magazine*, Lent, 1924.

ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "Conjunctivitis in the Tropics." *British Medical Journal*, January 3rd, 1925.

FRASER, FRANCIS R., M.D. "An Address on Iodine in Exophthalmic Goitre." *Ibid.*, January 3rd, 1925.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. "The Mental Sequelae of Epidemic Encephalitis in Children." *Ibid.*, January 17th, 1925.

HAMMOND, T. E., F.R.C.S. "Iridocyclitis as a Cause of Irritable Bladder." *Lancet*, December 27th, 1924.

HORDER, SIR THOMAS, Bart., M.D., F.R.C.P. "Introduction" in *How is Your Heart?*, by S. CALVIN SMITH, M.S., M.D. London and New York: Cassell & Co.

"Secret Remedies." *Cambridge University Medical Society Magazine*, Michaelmas, 1924.

HURRY, JAMIESON B., M.D. *Los Circulos Viciosos en Patologia*. (Spanish translation by Dr. MOXO Y. TUERI of Vicious Circles in Disease.)

JAMIESON, R. W., M.R.C.S., D.P.H. "Concerning the Two Types of Smallpox and the Administrative Methods applicable to them." *Lancet*, January 10th, 1925.

JONES, W. BLACK, M.D., B.S., D.P.H. "Treatment of Neuritis by Electrolysis." *British Medical Journal*, January 17th, 1925.
 KLIONSKY, G., M.B., B.S. "An Unusual Case of Displacement of One Eyeball due to a Myxoma of the Frontal Sinus." *Lancet*, January 17th, 1925.
 NATCH, A. F., M.B., F.R.C.P. "Treatment of Cretinism." *Ibid.*, January 10th, 1925.
 RICHARDSON, G. B., F.R.C.S. "Aneurysm of a Branch of the Renal Artery." *British Medical Journal*, January 10th, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—G. W. Theobald.
 M.Chir.—E. P. Brockham.
 B.M., B.Chir.—A. V. Pegge.
 B.M.—E. B. Brooke, J. R. B. Dearden, S. Orchard.
 B.Chir.—H. E. Harris.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees. December, 1924.

Passed.—E. F. D. Baker, A. M. Gibb, E. S. Pope, A. C. Riley, H. G. Stanton, H. Stark, A. F. Stinson.

ROYAL COLLEGE OF SURGEONS.

The following were successful at the examination for the Diploma of Fellow, held in December, 1924:

N. L. Capener, F. C. W. Capps, E. T. Cato, C. M. Greenslade, A. E. Roche, M. J. Smyth.
 C. Sturton (passed, but not yet attained the requisite age of 25 years).

CHANGES OF ADDRESS.

ACRES, G. C. J., 36, Strawberry Hill Road, Twickenham.
 BENNETT, F. D., 10, William Street, Knightsbridge. (Victoria 467).
 BRAIMBRIDGE, C. V., The Native Hospital, Nairobi, Kenya Colony.
 DE CAUX, F. P., 16a, New Cavendish Street, Harley Street, W. 1. (Mayfair 3264).
 CLARK, FRANCIS, Government Offices, Wei-nai-Wai, N. China.
 MACKENZIE, K. A. I., Surg.-Lt. R.N., R.N. College, Dartmouth.
 MAXWELL, J. P., 9, York House, Theobald's Road, W.C. 1.
 PERRY, A. W. H., The Surgery, East Street, Bovay Tracey, Devon.
 PIDCOCK, B. H., 15, Southgate Street, Winchester.
 SCOTT, H. H., 94, Bedford Court Mansions, Bedford Avenue, W.C. 1.
 SELWYN-CLARK, P. S., Kumasi, Gold Coast Colony.
 SMYTH, F. G. A., Major R.A.M.C., Headquarters, British Troops in Egypt, Cairo.

APPOINTMENTS.

CRUDEN, S. S., M.R.C.S., L.R.C.P., appointed Casualty Officer, London Temperance Hospital.
 CLARK, P. S. SELWYN, M.D.(Lond.), D.P.H., D.T.M.&H.(Cantab.), appointed Senior Sanitary Officer, Gold Coast Colony.
 CLAXTON, E. E., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal United Hospital, Bath.
 DRURY, G. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at Ipswich Hospital.

OLDERSHAW, H. L., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Walthamstow, Wanstead and Leyton Children's and General Hospital, Walthamstow.

SCOTT, H. H., M.D., M.R.C.P.(Lond.), D.P.H., D.T.M.&H.(Camb.), appointed Pathologist to the Zoological Society of London.
 SMYTH, F. G. A., M.B., R.S.(Lond.), Major R.A.M.C., appointed Deputy Assistant Director of Pathology, British Troops in Egypt.

BIRTHS.

BATES.—On March 30th, 1924, at 32, The Tything, Worcester, to Constance Phoebe, wife of Mark Bates, O.B.E., F.R.C.S., a daughter.

BELLWOOD.—On Christmas Day, at 8, Harpur Place, Bedford, to Violet (née Cooper), wife of Kenneth B. Bellwood, O.B.E., F.R.C.S., a daughter.

BLACKWELL.—On January 17th, 1925, at Maison Bruges, Don Road, Jersey, to the wife of Dr. A. S. Blackwell, a son.

DAVID.—On December 9th, at Gwestfa, Manordilo, South Wales, to Betty, wife of Dr. I. W. David, a son.

MACDONALD.—On December 25th, at 60, Welbeck Street, W. 1, to Madge Ida (née Ruben), wife of Dr. N. J. Macdonald, a son.

DEATHS.

ATFIELD.—On January 16th, 1925, at 17, Salisbury Road, Hove, George Cook Atfield, within eleven days of his 99th birthday.

BEST.—On January 23rd, 1925, at The Pirs, Waltham Cross, after three weeks' illness, Frederick Henry de Graves Best, M.R.C.S., L.R.C.P., aged 55.

CRABTREE.—On January 1st, 1925, suddenly at Ludlow, Angelo Matteo Crabtree, F.R.C.S., of Surrey Cottage, Weybridge, Surrey.

DINGLEY.—On January 16th, 1925, at St. Norbert's, Sutton, Allen Dingley, F.R.C.S., beloved husband of Louie Dingley, aged 68.

ORMEROD.—On January 3rd, 1925, at 23, Upper Wimpole Street, W., Mary Ellen, wife of Joseph Arderne Ormerod, M.D., and daughter of the late Edward Milner, Esq., of Dulwich.

SHAW.—On January 5th, 1925, passed away after many years of illness borne with great fortitude and serenity, Hannah Gratrix, wife of T. Claye Shaw, M.D., of Claremont Lodge, Cheltenham, and 29, Queen Anne Street, London.

SHURLOCK.—On January 16th, 1925, at a nursing home, Arthur George Shurlock, M.A., M.B., B.Ch., D.P.H.(Camb.), of 3, Lime Avenue, Derby, and recently of Brockenhurst, Hants, aged 30. (Late Capt. R.A.M.C.)

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. 1.

The Annual Subscription to the Journal is 7s. 6d., 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: City 310.

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

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MARCH 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

Mon.,	Mar. 2.	—Special Subject Lecture. Mr. Rose. Hichens Prize.
Tues.,	" 3.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed.,	" 4.	—Clinical Surgery Lecture. Sir C. Gordon-Watson.
Fri.,	" 6.	—Prof. Fraser and Prof. Gask on duty.
Sat.,	" 7.	—Rugby Match v. H.A.C. Home. Association Match v. Old Chalmelians. Away. Hockey Match v. St. Albans. Home.
Mon.,	" 9.	—Kirkes Gold Medal and Scholarships. Special Subject Lecture. Mr. Elmslie.
Tues.,	" 10.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	" 13.	—Clinical Medicine Lecture. Sir Thomas Horder. Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat.,	" 14.	—Rugby Match v. Blackheath. Away. Association Match v. Old Westminster Citizens. Away. Hockey Match v. Woolwich Garrison. Away.
Mon.,	" 16.	—Special Subject Lecture. Mr. Just.
Tues.,	" 17.	—Sir Thomas Horder and Mr. Rawling on duty.
Fri.,	" 20.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat.,	" 21.	—Rugby Match v. London Scottish. Home. Association Match v. University College. Away. Hockey Match v. Hendon. Away. Last day for receiving matter for April issue of Journal.
Tues.,	" 24.	—Prof. Fraser and Prof. Gask on duty.
Fri.,	" 27.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	" 28.	—Rugby Match v. Gloucester. Away. Association Match v. Old Cartusians. Home. Hockey Match v. Guy's Hospital. Away.
Tues.,	" 31.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

EDITORIAL.

E appeal to our readers for help. We have received an almost tear-stained letter from a lecturer on first-aid. After his most eloquent discourse he invited questions, and simultaneously three gentlemen begged for his help on a pressing subject, to

wit—a word of three letters meaning "millions of polymorphonuclear leucocytes." When most needed as a guide to the young he failed. He has appealed to us. We have failed. It is rumoured that one enthusiast has offered to give £20 to the Hospital if this, the last link in his cross-word puzzle, is supplied for him. We appeal for help!

On Thursday, February 12th, sixteen of his house surgeons entertained Sir Holburt Waring to dinner at the Langham Hotel, to mark their appreciation of the honour conferred upon him. In the chair was Mr. C. Noon, of Norwich, and as guests, Sir Charles Gordon-Watson—Sir Holburt's first Assistant Surgeon—and Mr. Harold Wilson, his present Assistant.

Four lectures were given in the Medical and Surgical Theatre, beginning on Monday, February 16th, by Sir William de Courcy Wheeler, past president of the Royal College of Surgeons of Ireland. Sir William was greeted each evening by a crowded and enthusiastic audience. His lectures—on the treatment of fractures of the pelvis and of the bones of the lower limb—were instructive, brilliantly delivered, and freely sprinkled with wit and telling anecdote.

While welcoming always lectures at our School by distinguished men of other centres, particularly would we welcome another visit from Sir William Wheeler.

Some important entities in our Hospital's organization have a habit of hiding their light under a bushel. One such entity is that under the care of Miss Ball. What goes on in that unostentatious little office in the corner of the Surgery? A lady of St. Luke's arrives one morning with a large mammary abscess. She is told she must come into Hospital at once, and have it

operated on. "Oh, doctor, I can't! I've a baby of 3 months and three more little children, and no one to look after them. No doctor, I can't come—can't you cure it with fomentations." Hastily Miss Ball is consulted, and in an incredibly short space of time the baby and the little children are arranged for, and the mother, with a load off her mind, cheerfully agrees to be admitted.

Another small boy has chorea—and a large number of brothers and sisters; his home is Guinness's Buildings. With a surprisingly small amount of form-signing he is carried off to the country—quite a change from Lever Street. The quiet efficiency with which this department is managed earns deep respect from all those who come in contact with it. Nowhere in the Hospital is work of such solid merit carried out with so little fuss.

* * *

Our Librarian, Mr. A. H. Coughtrey, recently retired from his office as Editor of *The Hospital Gazette*, a post which he has held for the past seven years.

A presentation was made to him at the headquarters of the Incorporated Association of Hospital Officers, consisting of a handsome drawing-room clock and a gold double albert chain. A large number of Hospital administrators were present, and cordial references were made to the able manner in which the *Gazette* had been conducted.

* * *

On March 25th the annual soccer match between the "Centrels" (Central Telegraph Office) and our soccer club will take place on the Tufnell Park ground, kindly lent by the owners. The receipts, as in former years, will be handed over to the Hospital, and it is hoped that an endeavour will be made to make this match a big success. Unfortunately last year owing to a misunderstanding the receipts were a little disappointing, but matters will be rectified this year, and the Contributions Department hope for substantial help. Tickets can be obtained from W. A. Mailer.

* * *

We regret to record the death of Dr. Klein, an appreciation of whose work will be found elsewhere in this issue. We are reminded of an amusing story told of this great bacteriologist. Many years ago a surgeon of the Staff met him one day in the Square and remarked, "Well, Dr. Klein, and what have you discovered lately about the red blood-corpuscles?" Swiftly came the reply—"We have discovered that they are not red, and that they are not corpuscles!"

THE INFLUENCE OF HABITS IN THE CAUSATION OF DISEASE.

By GEOFFREY EVANS, M.D., F.R.C.P.

IN some ways there is no better place than a large general hospital for studying the causation of disease, especially when the disease is due to bacterial infection. A hospital provides immediate facilities for identifying the tubercle bacillus, for instance; or if a Klebs-Löffler type of bacillus has been isolated, and there is still doubt as to its virulence, its power of killing a guinea-pig within the specified number of days is easily tested. Another more subtle example of bacteriological skill is the detection of the *Sprochaete pallida* by dark-ground illumination, and the indirect evidence of its activity by Wassermann and Sigma tests. These are just commonplace illustrations of the refinements of bacteriological technique. Meanwhile, the net is being spread wider and with a finer mesh to catch the filter-passers and ultra-microscopic germs.

Of equal, or indeed greater, importance is the part played by habits in the causation of disease. Bad habits may be directly responsible for disease, or they may be indirectly responsible to the extent that they prepare the ground for bacterial invasion; speaking metaphorically, they may nourish the little germs during the early period of their struggle for existence in the human body.

Habits are very difficult matters to grasp in hospital practice, for we do not know our patients well enough. It is true that every medical history-sheet contains a reference to alcohol, tea and tobacco, and I would not for a moment depreciate the harmful effects that these luxuries may have. It is possible that the harmful effects of tobacco are even yet insufficiently realized, and probably the slighter degrees and earlier stages of alcoholic cirrhosis are overlooked except in obviously intemperate folk. But whatever harm there may be to some people in drinking tea and alcohol, and in smoking tobacco, it is nothing compared to the harmful effects of some other habits in life.

There are habits of living, of eating, working, and sleeping, and habits of mind, all of which are most potent influences on bodily health. An open and contented mind, a freedom of spirit and a strong confidence in the future are great assets in the recovery from disease. In contrast with this a poor spirit and a continual sense of apprehension or fear hinder recovery; such an attitude of mind may be a congenital weakness, or perhaps it is more often a symptom of fatigue.

Of all the habits responsible for ill-health, fatigue is the commonest, and fatigue becomes a habit all too easily. Initially it is often unavoidable whether it is

due to over-work, or sorrow or disappointment. But for the persistence of fatigue it is wise to look for some other than its original cause. As doctors we can hardly influence sorrow, and it is a pity to curtail work. It may not be the extra hours of night work that tire a man so much as the extra pipes or cigarettes which these extra hours allow; it may be the extra hours in a stuffy or gas-dried atmosphere that tire him, or if the extra work is by day, it may be done at such pressure that there is no time for meals, and so digestion suffers, or in some other way it may break in on the rhythm of life. Such considerations as these show the numerous opportunities that may offer for adjustment before fatigue brought on by over-work is treated by direct restriction of the work. Fatigue is a luxury, too, that unhappy people are sometimes driven to indulge in, and it is in such cases that fatigue as a habit is most strongly entrenched.

Fatigue so often shows itself first in a disturbance of normal digestion that it seems natural to turn next to habits of eating. It is a sad reflection how often good stomachs are ruined by bad habits, and some people maintain that as much ill-health results from eating too much as from drinking too much. Now, as we are on the brink of a campaign in favour of eating wholesome food, there is no need to emphasize the recently acquired habit of eating food that is over-stale. Nature has made some provision for dealing with dirty food, but she has been caught bending, as it were, by the habit of eating chemically preserved food from bottles and tins. Further, it is worth remembering that good food is made better by good company, and by being eaten perhaps with fingers in the open air, or off Worcester china with a silver fork at home. Such things improve the appetite, and the appetite affects the activity of the whole digestive tract; for a healthy activity of the upper end of the alimentary tract is naturally reflected in a proper activity of the lower end. Constipation is one of the common bad habits, and to promote a good appetite is the first step in its treatment. The next step is to see that there is time for the bowels to act. In many people there is a latent period between the taking of breakfast and the action of the bowels; thus, if the latent period between the time of beginning breakfast and the action of the bowels is three-quarters of an hour in a particular case, constipation will likely result if that person leaves the house within half an hour of beginning breakfast. It might be, then, that breakfast a quarter to half an hour earlier would be the alternative to a daily purge, and yet people often do not understand these things, and so attempt to correct one bad habit—that of getting up too late—by another—that of taking a daily purge. And so what was bad is made worse,

and the risks of appendicitis, colitis, piles and other complaints are increased.

Any discussion of habits, however cursory, would be incomplete without reference to recreation. There can be no doubt that the ideal life is one of ceaseless activity, and that anyone who needs rest is old, or tired or ill. There cannot be many who are strong enough, even if they wished it, to follow the advice Mr. Ford is reputed to have given to the effect that a man should work all day and dream about his work all night; whoever said this must be an enthusiast or nearly mad. On the other hand, it may be good recreation to change from one kind of work to another, and if the second kind of work is sufficiently congenial it may be called a hobby. There are some whose relaxation must be physical exercise, and it is good for all boys and young men to take regular physical exercise, while some men, particularly those who have a sluggish digestion or who eat too much, require it all their life. Games and sport belong to a different category. For some they make life worth living, and for others they are the very salt of life; they tend, at any rate, to create a need and habit of physical exercise.

Some habits are matters of choice; others—and these so difficult to alter—seem to be part of the individual make-up, and are constitutional assets or defects, according to their kind. Some habits are just the result of circumstances, which are beyond the individual's control. These may affect whole communities of people, and with every generation great changes in the nation's habits occur.

The medical profession must watch the habits of the people, and the doctor must know the habits of his patients. In his care of those who mould their lives on his advice let him remember that, as Bacon wrote, there is a wisdom beyond the rules of physic, and let him apply to his patients Bacon's further instruction—"Examine thy customs of diet, sleep, exercise, apparel and the like."

NOTES ON THE PATHOLOGY OF THE GALL-BLADDER.

(An informal address to the Surgical Staff of the University of Michigan.)

IT seems desirable that from time to time some general review should be made of recent advances in medical science, so that seemingly disconnected pieces of research may be correlated, and the information circulated in the profession. It is impossible for anyone, least of all the student, to read all the relevant pieces of research in the allied sciences,

nor is it indeed desirable. There seems, then, a distinct field for the editorial form of research by those engaged in a close study of any problem. We may even by this means avoid the error of the half-truths copied from text-book to text-book.

In recent years many additions have been made to our knowledge of the physiology and pathology of the gall-bladder. From time immemorial this organ has been regarded as a storehouse of bile, though its mode of functioning and its importance in the human organism have been shrouded in mystery.

Physiology.—The filling of the gall-bladder is due to the presence of the sphincter of Oddi around the ampulla of Vater. When this sphincter is closed the constant low pressure at which bile is secreted is sufficient to fill the gall-bladder by overflow from the common bile-duct. It is interesting to note that the whole extra-hepatic biliary system dilates after the operation of cholecystectomy, or after the experimental ligation of the cystic duct, thus acting as a secondary storehouse.

The emptying of the gall-bladder is associated with the relaxation of the sphincter of Oddi, and experiments have been made to show the interrelation between it and the pylorus. The principal efflux of bile occurs when the acid gastric chyme enters the duodenum, though even in the intervals a small quantity of bile is found. The latter is due to the rhythmic contractions of the organ described by Potter and Mann. These observers further demonstrated the constant low pressure of the bile, and an increase of pressure during feeding.

Roux and McMasters showed that the normal gall-bladder concentrates bile even in the absence of stasis, and that this is due to the withdrawal of fluid. They suggested that the dark concentrated bile, first expelled into the duodenum, acted as a cholagogue, and further assisted in neutralizing the chyme.

Their experiments revealed the origin of "white bile." Normally the ducts secrete a small amount of thin white mucus, but a pathological gall-bladder, or obstructed ducts, will produce large amounts of thin mucus which has come to be known as "white bile." When the mucosa of the gall-bladder has been destroyed by inflammation, this substance is only found in the ducts.

Bio-chemistry.—Normal bile contains 0.15 per cent. of cholesterol, which is held in solution by the bile-salts. Bile-salts are formed from the union of taurin and glycocholic acid, the latter being derived from cholesterol in the liver. If the concentration of cholesterol rises, or if the bile salts available for its solution are reduced, it is liable to be precipitated in the bile.

Normal individuals are able to take large quantities of cholesterol by the mouth, because a corresponding amount of bile-salts are produced by the liver. In persons who develop gall-stones the liver is unable to do this, hence (a) some of the cholesterol is retained in the blood—a condition known as hypercholesterinæmia—and (b) the bile is always saturated with cholesterol, and is therefore liable to form gall-stones. Over 0.2 per cent. of cholesterol is found in the blood in cases of gall-stones, the normal content being 0.16 per cent.

Sources of cholesterol. Cholesterol occurs in considerable quantities in the cortex of the suprarenal gland and in the corpus luteum of the ovary. During pregnancy, the corpus luteum being enlarged, there is an increase of cholesterol in the blood, and this declines two months after parturition. Gall-stones occur five times as frequently in women as in men, and 75 per cent. of women with gall-stones have had children. In addition to the association with pregnancy, it has been suggested that the occurrence of gall-stones at or about the menopause is due to some disturbance of the normal cholesterol content, due to ovarian changes.

Obese persons show a slight increase in the percentage in the blood, and this is raised by feeding with cholesterol-containing foods.

Outside the body the principal sources are the yolk of eggs, butter, cream, liver, kidney, pancreas, brain, and the fat of pork, goose and duck, and to a less extent the fat of beef.

In the foregoing remarks lies the explanation of the "fat and forty" aphorism, and the known association of gall-stones with pregnancy.

Infection.—Infection has long been regarded as the only cause of gall-stones, but though it is probably the most frequent cause, its importance has, in the past, been exaggerated, and the significance of disturbance in cholesterol metabolism unrecognized.

Naumyn proved that biliary infection caused cholecystitis, and that gall-stones were secondary to it. The causal organisms are *B. coli communis*, and more rarely *B. typhosus*; or the streptococcus derived from foci in the teeth, tonsils, appendix, and gastric or duodenal ulcer. The infective organism is probably either bile- or blood-borne, rather than by direct extension up the common bile-duct.

Gall-stone formation.—Given infection, some epithelial debris, and mucus to form a nucleus, and catarrh of the bile-passages to produce stasis of the bile, a deposition of bile-salts will occur and a stone be formed.

In the case of cholesterol stones, with sterile bile and a sterile gall-bladder wall, another explanation must be forthcoming. In this case increased concentration may be a contributing factor, but it cannot be a direct

cause, as bile is normally concentrated in the gall-bladder.

Roux and McMaster found that stones were formed on cannulae inserted in experimental dogs, and that the stones were formed of calcium bilirubinate and calcium carbonate plus a scaffold of organic matter. Further, gall-stones were sometimes formed in sterile bile, on glass tubes inserted into the gall-bladder, which was subsequently closed.

From this it may be seen that, as in the case of the infective stones, where organisms and epithelial debris

folde of mucosa are filled and loaded down with dense deposits of lipid, which has been shown to be an ester of cholesterol. The principal site of occurrence is in the surface epithelium and in the stroma of the villi. The masses of lipid overload the villi, forming polypoid tumours of small size, and these, when detached through elongation and thinning out of their pedicles, form the nuclei of the stones.

In addition to the cholesterol deposits, the wall of the gall-bladder may show a chronic inflammatory (non-pyogenic) process which can be compared to chronic



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THE NEW MORBID HISTOLOGY LABORATORY, ST. BARTHOLOMEW'S HOSPITAL. [See p. 58 of January issue.]

form the nucleus, the cholesterol stones require some potential nucleus, which in the normal gall-bladder is either expelled, or altered by the presence of a high pH in the bile.

It must be remembered that stones are but "incidents in gall-bladder disease," and that the precursor is always disease of the gall-bladder itself, and often a definite metabolic disease as well.

The earliest stage of the disease is the condition first described by McCarty, of the Mayo Clinic, as the "strawberry" or "lipoid" gall-bladder, and subsequently investigated by Boyd of Manitoba. In it the normal semitranslucency and bluish appearance are lost. The mucosa viewed under water shows tiny yellow specks scattered over a reddish background, thus resembling a ripe strawberry. The "villi-like"

nephritis. This inflammatory process may be considered to interfere with the normal absorption of water, and possibly of cholesterol.

Thus it may be seen that as the condition of hypercholesterinæmia is associated with an increase of cholesterol in the bile and in the gall-bladder wall, it must be accepted as a new and important fact in gall-bladder pathology. It has also a direct bearing on prophylaxis, as the avoidance of a diet containing a high percentage of cholesterol during pregnancy, or at the menopause, or in obese patients, may be advocated. A similar régime should be instituted as part of the after treatment of every case of cholecystectomy, for a metabolic disturbance which produces stones in the gall-bladder may also produce them in the bile-ducts.

J. BASIL HUME.

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(Concluded from p. 68.)

IN preceding numbers of the JOURNAL it has been shown that the application of diathermy to the cervix uteri and urethra in cases of gonococcal infection in female patients will bring metastatic arthritis to an end, and will render negative all signs of infection of the cervix and urethra by the organism concerned. Results no less satisfactory have been obtained in male patients who were the subjects of gonococcal infection of the joints, the prostate and seminal vesicles, testis, epididymis and vas deferens. Arthritis has been cured or arrested; pain, tenderness and swelling have disappeared from the testis, epididymis and vas, while bacteriological and clinical evidence seemed to indicate that gonococcal infection of the prostate and vesicles had been brought to an end.

It is now the custom in the Electrical Department, when treating gonococcal infection in the male, to subject the prostate and seminal vesicles to diathermy in every case. If there is a metastatic infection of the joints, the treatment of the prostate and vesicles will bring the arthritis to an end even if the joints are not included in the diathermy. If there is orchitis or epididymitis the contents of the scrotum are subjected to diathermy at the same time as the prostate and vesicles. Here, again, the treatment of the last-mentioned parts is the more important. In cases in which the testis and epididymis were purposely excluded from the treatment, the inflammation of these parts soon came to an end when the diathermy was confined to the prostate and vesicles, although pain was relieved more quickly when the testis and epididymis were included. If the infection is known to be restricted to the anterior urethra there is no actual necessity to apply diathermy to the prostate and vesicles. But in the latest method which has been tried for applying diathermy to the urethra one of the electrodes is applied to the prostate and vesicles. The reason for this will be given later when the method is described. The inclusion of the parts last mentioned is likely to be a safeguard against metastasis in cases in which it is uncertain how far the infection has proceeded along the urethra.

The method which is now being used for the application of diathermy to the prostate and vesicles is the following: Two electrodes are used. One, the active electrode, is placed in the rectum, and the other, the

directing electrode, is placed around the pelvis, or around the trunk immediately above the iliac crests. The rectal electrode is a hollow metal case 8 in. long, oval in section and $\frac{1}{2}$ in. wide in its longer diameter. It contains a thermometer. The directing electrode is a belt of sheet lead like that used when the cervix uteri is subjected to diathermy. The patient lies on his back with his head and shoulders supported. The active electrode is passed into the rectum; it can usually be introduced 4 in. The outer end is depressed on to the couch by means of a sand bag. The electrodes are connected to the diathermy machine and the current is started and gradually increased. The patient soon becomes aware of a sensation of heat within the rectum. The heat increases, and a stage is reached when the patient notes a sensation which he describes as a painful ache. The current is now diminished until heat alone is perceived. By means of the thermometer electrode it has been ascertained that the painful ache is felt when the temperature of the rectum reaches 114° F. or a trifle higher. It is interesting to recall the previous observation, that female subjects note a change of sensation from heat to pain when the urethra reaches a temperature between 114° and 115° F. When the prostate and vesicles are treated the current is allowed to flow for twenty minutes. The treatment is repeated twice weekly and six to eight applications are made.

When the directing electrode is placed around the pelvis it is probable that the prostate is heated in its entirety together with the proximal portions of the vesicles. It is unlikely that the distal portions of the vesicles are heated directly by the current, although they are probably heated to some degree by convection. If, however, the directing electrode is placed, not around the pelvis, but around the waist, the lines of flow of the current will pass obliquely upwards and outwards. It is probable that they will pass through all parts of the vesicles; the prostate has been pressed forwards by the inner end of the electrode, and it is likely that those parts of the vesicles which lie beyond the electrode will be deflected over the end of the inner extremity of the latter.

No precise statement can be made regarding the temperature reached in the prostate, but an idea of its value may be judged from some observations made on female patients who were subjected to diathermy by the rectal route. A thermometer was placed in the canal of the cervix, and it was found to indicate 108° F. when the temperature in the rectum reached 114° . Since the prostate and cervix uteri bear similar relationship to the electrode in the rectum it may be deduced that the prostate will reach a temperature of 108° F. when the rectal temperature rises to 114° .

It has been stated that the urethra in the female and the cervix uteri are heated to 114° F. or a fraction of a degree higher, and are kept at this temperature for ten minutes. As the prostate cannot be heated to this value the length of exposure is increased to twenty minutes.

If the patient is the subject of gonococcal infection of the epididymis and testis, one electrode is applied to the scrotum and the other is placed in the rectum as described above. The scrotum is enveloped in layers of lint soaked in salt solution and the lint is covered with sheet lead. This electrode and that in the rectum are connected to the diathermy machine and the current is slowly increased. The patient feels heat in the rectum and scrotum. When the heat is as strong as the patient can bear without pain the current is no further increased and is allowed to flow for twenty minutes. It is rarely necessary to give more than three applications to the scrotum.

The vas deferens is sometimes inflamed in the inguinal canal. When this is the case the scrotum is first treated, and then an electrode is placed over the inguinal canal. The circuit is completed by the rectal electrode.

The application of diathermy to the male urethra and the elevation of all parts of the channel to the same temperature is a task of no little difficulty. Attempts have already been made in Germany and Spain to treat gonococcal urethritis in the male by diathermy by introducing a bougie electrode into the urethra, and completing the circuit by means of plate electrodes applied to the perineum, sacrum and hypogastrium. It is hard to say whether the frequency of gonorrhoea in these countries has diminished since this treatment has been tried. Probably it has not. The method of application just mentioned would not lead to a diminution of frequency, because it is obvious that it cannot heat all parts of the urethra to the same degree. There is considerable difference in the distance between the bougie and the directing electrodes in different parts, and if a correct temperature is produced in the shorter paths there will be insufficient heat in the longer paths. Many methods of applying diathermy to the whole urethra have been tried in the Electrical Department. That which is now under trial and seems to be giving most promise of success is the following: The electrode used for applying diathermy to the prostate and vesicles is placed in position. The penis is now turned downwards and backwards so as to lie between the testicles against the perineum. A padded metal electrode is placed in contact with the dorsal aspect of the deflected penis, so as to extend from a point just below the lower border of the symphysis pubis to a point $\frac{1}{2}$ in. from the anus.

When in position the electrodes are approximately parallel and the whole of the urethra is included between them.

The most striking proof of the therapeutic value of diathermy in gonococcal infection in the male is furnished by the results obtained in arthritis, orchitis and epididymitis. Arthritis has invariably been cured or arrested. Patients who had been confined to bed were able to resume their occupation, and no cases of recurrence have been reported. The results were no less satisfactory than those already described in cases of gonococcal arthritis in the female. With regard to the results obtained in the treatment of orchitis and epididymitis, it can be said that there are few maladies in which treatment is followed by results so consistently good and rapid. Pain is relieved during the first application. After the third application and the expiration of ten days tenderness and swelling are reduced to zero, and the sole remaining sign is some thickening of the globus minor. This thickening does not remain in all cases. As already stated, it is seldom necessary to give more than three applications. At the end of 1923 the number of cases of gonococcal orchitis and epididymitis treated had reached 34.

With regard to the infection of the prostate and vesicles, there is at present insufficient evidence to permit a final statement. The results obtained in arthritis, orchitis and epididymitis when diathermy is applied only to the prostate and vesicles and the permanence of the effects, constitute strong presumptive evidence in favour of the conclusion that infection of the prostate and vesicles can be rendered extinct by diathermy. This conclusion is strengthened by the fact that gonococci were not found in the fluid obtained by massage of the prostate after diathermy, whereas they were present before the treatment.

Few cases of anterior urethritis alone have been treated by diathermy so far in the Electrical Department. In those which were treated by the method above described the symptoms disappeared, but it is questionable if this result was obtained more quickly than would have been the case if other methods of treatment had been adopted.

Full details of the methods which have been devised in the Electrical Department for the treatment of gonococcal infection of various regions by diathermy and the particulars of 106 cases will be found in a monograph which will shortly be published by William Heinemann.

NOTES ON GENERAL PRACTICE.

THE general practitioner is, no less than other men, under obligation to face his responsibilities *honourably*,* to support himself (possibly others too), and to make reasonable provision for adverse times. Neglect to do so is really dishonourable.

Appeals are constantly being made on behalf of doctors or their relatives for financial assistance, appeals which, in the majority of cases, would have been unnecessary but for the culpable neglect of the doctor in question.

Professional protection.—Anyone who reads the current medical and lay papers must know that charges are frequently brought against honourable and competent practitioners; that skilful counsel succeed in convincing juries that white is black; and that appeals are made on behalf of the wrongfully-convicted practitioners for money to aid in their appeals from conviction.

For the very moderate sum of £1 a year every doctor can, and should, join a medical defence union on the very day he qualifies, if possible, and in return he will receive the best legal protection available, together with complete indemnity against costs and damages.

What sympathy does that man deserve who is too mean or too negligent to avail himself of this opportunity to be independent of assistance from his medical brethren?

Medical charities.—If you neglect to help your distressed brethren, what right have you, when yourself distressed, to look to them for help? Every year, when the voting papers come from Epsom College, the first thing I look for is the presence or absence of the little note, "the late Dr Blank was a subscriber for many years," and there go my votes and sympathies to the candidate whose relative was a subscriber.

Life insurance.—Few are the medical students whose health is such as to disqualify them for life insurance; few who are unable to pay the small premium asked for a healthy man of 18 to 20 years of age; yet we still see, too frequently, that "subscriptions are being asked for on behalf of the widow and children of the late Dr. Blank, who died at the early age of 34, leaving them wholly unprovided for."

If Dr. Blank was uninsurable, then he was unfortunate, and it is up to us to help; but, was he?

A word of caution here: Life insurance is an important business, worth taking trouble about. Don't take the advice of an "agent"; he will naturally press the

* The word "honourably" is emphasized in the hope that Bart.'s men will never allow their relatives, or themselves, through want of thought, to become objects for charity.

claims of his own company. Consult a specialist in insurance, a qualified and reputable insurance "broker," who acts for no one company in particular. Make sure of his qualification first. His advice will cost you nothing, and your trouble will be well repaid. Whatever his advice, cross-examine him on it: How does the company he advises compare with others as regards—

Stability: Capital, type of investments, directors, bonus for past 15 years?

Liberality: Percentage of premiums asked?

And make him show you the latest printed Board of Trade return to prove his facts.

Accident and sickness insurance.—If your finances allow of it, you should consider this too. And here, again, a word of advice. Read through the sicknesses covered carefully. Beware the list which mentions typhus, yet omits pneumonia; mentions enteric fever and typhoid, but omits appendicitis. In short, insist on an "all-in" policy, with the exception of venereal diseases, which no company includes, so far as I know. If you can find one that does, so much the better, if only in view of digital chance. Your broker can help you in another respect; some companies are very loth to admit a claim; you don't know the troublesome ones, but your broker does, and can steer you clear of them. In addition, a broker does a lot of business with a company, and is not a person to offend, whereas you are only one policy-holder, and of small consequence when you put in a claim.

You may say, Why not insure through one of the societies that give their profits to some charity? Well, it is a bad principle to mix sentiment with business. If there are profits available for charities, then you are paying more than you should for such benefits as are promised, obviously. It is better policy to go to a company that has one object only in view, viz. insurance. The money you save you can yourself send to any charity that seems deserving.

THIRD CHIP.

OBITUARIES.

DR. KLEIN.

MY earliest recollection of Dr. Klein is a sunny Sunday morning, probably in July, 1860, at 37A, Great Cumberland Place, when my father said, as was his custom just as a meal was being served, "Oh, Ann, I have just asked so and so to come in." My mother had become used to the formula, and as there were eight or ten of us all growing and hungry,

there was fortunately plenty to eat, and an additional mouth or two made but little difference. On this occasion it was, "Oh, Ann, I have asked a young German to lunch." At this time my father was on the Council of the New Sydenham Society, and having just finished editing an edition of Carpenter's *Physiology* on his own account, he had been deputed to translate Stricker's *Histology*, and the young German had been sent to England to arrange about the translation rights as I now suppose. Punctually to time the German arrived.

He was an Austrian, in reality a Slav, and was certainly the handsomest man we had ever seen.

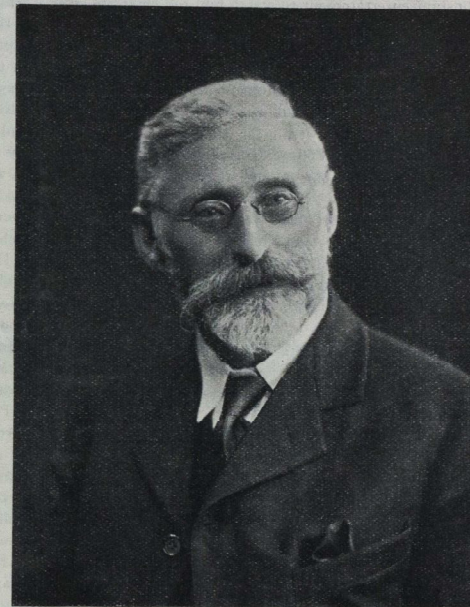
Not a word of English could he speak, and my father's colloquial German was of the slenderest, whilst except for a sister who knew a little, the rest of the family were wholly ignorant of any language but their own. Everyone was friendly, the young Klein was talkative and merry, so by the time the dinner was over the table was covered with lexicons, dictionaries and wörter bücher, and there had been a discussion as to whether what we called Debörah was not in reality Deböräh, by which we learnt that our guest had some knowledge of Hebrew.

We also gathered that he was poor, when with some difficulty we had discovered the meaning of "arm," and that prices in Vienna had risen greatly in consequence of the war. I believe that he came to our house several times afterwards and that satisfactory terms were arranged about the translation on behalf of Stricker.

We learnt afterwards that he was one of the most talented *privat dozenten* working under Prof. Stricker, that he was born in 1844, and was the son of an Hungarian merchant of Eszek, near Vienna. He brought with him introductions to Huxley, Simon, Burdon Sanderson, William Turner and Thudicum, upon all of whom he made an equally favourable impression. He returned to Vienna as soon as his business

was concluded, where he continued to teach histology and embryology, but he was not forgotten by his English friends. The smallpox epidemic and a fear of Asiatic cholera led Parliament, during Mr. Lowe's Chancellorship of the Exchequer, to devote a sum of £2000 to enable the Local Government Board to undertake laboratory investigations on disease. In April, 1871, Klein was invited by Sir John Simon, Medical Officer of the Privy Council, to return to England and undertake some histological and pathological researches, to be paid for out of the grant. He accepted the invitation and was allotted rooms in the Brown Institute, on the Surrey side of the river, just opposite

the entrance to the Nine Elms Goods Yard of what is now the Southern Railway. He was given the title of Assistant Professor, and placed under the direction of Burdon Sanderson, then the superintendent of the institution. Here he worked with great energy, and issued a series of reports upon acute and chronic infective processes, diarrhoea, scarlatina, smallpox, typhoid fever and cholera—reports which were judged to be so valuable and original that he was elected F.R.S. in 1875. In 1872 he was appointed Lecturer on Histology



THE LATE DR. KLEIN.

at St. Bartholomew's Hospital, chiefly by the action of (Sir) William Savory, and this post he retained until 1884, when he became Lecturer on General Anatomy and Physiology in succession to Mr. Morant Baker. He was the sole lecturer on the subject until 1900, when Dr. Edkins was appointed to share it with him. From 1903 until 1911 he lectured on advanced bacteriology, and upon his retirement in that year he was given the title of Emeritus Lecturer.

In 1873 he wrote the section on histology in the *Handbook for the Physiological Laboratory*—a work which marks the beginning of modern physiological methods in this country—and in 1876 he gave evidence before the

Royal Commission on Vivisection. His evidence excited so much adverse criticism that the Report issued by the Commissioners contains two versions—one purporting to be what he actually said, the other a revised version of what he wished to say. During the two months of the long vacation in this year I worked in his stuffy little laboratory, where with unflinching patience and good nature he initiated me into the methods of hardening, embedding, cutting freehand with a razor, and staining tissues for the microscope. It was a constant entertainment to watch him roll cigarette after cigarette with one hand whilst he was writing or drawing with the other, for cigarette smoking at that time was a novel art in England. The staining with nitrate of silver and chloride of gold I also learnt from him, and I still have a bill for "part of a rat's tail, 1d." The teaching stood me in good stead, for it enabled me to win an exhibition at Exeter College, Oxford, and a demonstratorship at Magdalen College under the University Lecturer on Physiology. In 1879 he published, with Mr. Noble Smith, a beautifully illustrated *Atlas of Histology*, and ten years later a small manual of the *Elements of Histology*, which had a large sale, ran through several editions, and was translated into French and German.

Teaching, however, was only of secondary importance in his life, for he was at work constantly on the origin of disease. The results of his investigations were formulated in 1884, when he published *Micro-organisms and Disease: An Introduction to the Study of Specific Micro-organisms*.

The Hospital deserves well of Klein, for it kept us in the forefront first in the teaching of histology by modern methods, and afterwards as a leading exponent of the new science of bacteriology.

D'A. P.

J. F. STEEDMAN, F.R.C.S.

HRANK STEEDMAN, of Streatham, died absolutely suddenly of heart failure while sitting in a stand at Twickenham Football Ground just before the England v. Ireland Rugby match on Saturday, February 14th, and he will be deeply regretted by many Bartholomew's men, for amongst them he had very many friends.

A "Shropshire lad," he was born 70 years ago at Arcall. He went to Shrewsbury School, and remained its staunch supporter all his days.

Steedman did not come straight to Bart.'s on leaving school, for at first he intended to lead a country life and to become a land agent, and it was only after more

than a year that he decided to join the medical profession, so that he was a little older than most of the men of his year. But he never regretted his decision, and took the keenest interest in his profession from the beginning to the end of his career.

After passing his finals he became house-surgeon to Mr. Langton, and was universally recognized as one of the very best and most practical residents, so that it was only to be expected that he should take the Fellowship of the Royal College of Surgeons soon after his tenure of office had expired.

His career as a medical practitioner was an uninterrupted success, and the causes of this were easy to find. In the first place he was blessed with abundant common sense, and, in the next, he knew his work, and kept himself always well informed of all the latest knowledge and advances in medicine. But, besides all this, he was one of the most kind-hearted and sympathetic of men, as well as one of the most unselfish and good-tempered. No wonder that he won the affection and confidence of everyone, and that he was deservedly popular with both rich and poor, and in every class of society.

He was all his life essentially a "Bart.'s man," and took the keenest interest in its welfare. At one time he was a frequent visitor to our "Surgical Consultations," and he constantly visited in our wards patients whose admission he had secured.

Many old students will also remember him as a member of the cricket elevens which represented the "Past" in the annual matches at Winchmore Hill in former years, and others will recall his enthusiasm at every "Rugger Cup Tie," and his delight when we won the cup in 1924.

Like many members of our profession, he took to golf some thirty years ago, and played two or three times a week at Mitcham.

Himself one of a large family, he was most happily married to a Streatham lady, and had five children, but neither of his two sons followed his profession.

He was active in work and in play till the day of his death, for although he had had transient periods of heart weakness for some years, he had never been incapacitated for a single day. It is probable that he knew that his life was insecure, but the knowledge never affected him, and with true courage he met danger with a smiling face, and with a smiling face he peaceably passed away.

A. A. D.

YOGA YOGA.



AM indebted to the Librarian for my introduction to a very stimulating periodical—*Yoga Mimansa*. This quarterly lies on the Library table with many other exotic journals, all resting undisturbed until they are removed to make place for the next generation.

It would be a pity, however, if *Yoga Mimansa* retired discreetly to its appointed corner before its message was more generally known; and although I cannot hope to give any adequate account of this valuable contribution to modern scientific knowledge, yet I may say enough to send readers to *Yoga* itself for further inspiration.

It is the first number of the quarterly publication of the *Yoga* cult, whose purpose is "to develop the objective character of Indian philosophy by making western laboratory methods reveal spiritual wonders." The Editor is of the opinion that their "research work will enrich the field of philosophy, psycho-physiology, therapeutics, spiritual and physical culture, etc."

Having tasted the first fruits, I do not doubt that his larger hope will be realized.

The Editorial starts admirably with the prayer, "May the Maker of all make this periodical a success. Blessed be the name of the Lord," but, a little later, the reader will be surprised to learn that "No superhuman agencies will be introduced into laboratory work, but it will be conducted in strict accordance with the recognized scientific methods of the West."

The Editor does us an unwitting injustice. He has not heard of Abrams' Box.

Sceptical readers may be reminded of the mountain and the mouse when they discover that this marriage of Eastern mysticism and Western science has resulted in the birth of—four physical exercises.

Let them not be precipitate in their judgment. These are not ordinary exercises.

The first is *Uddiyama*. This practice is called *Uddiyama* "because the diaphragm is made to fly up and is held high in the thoracic cavity."

There are startling photographs of gentlemen in varied positions holding high their diaphragms—and it looks a peculiarly painful process. The most obvious result is the production of the "scaphoid" abdomen (so beloved of the physicians), with the prow of the "boat" well beneath the chest-wall.

"This practice," we are told, "is particularly valuable when standing on the head; then the student is able to relax the levator ani and the sphincters and thus open his rectum. He can then release foul gases from his colon and admit fresh air into his rectum. This has great therapeutic advantages."

"You are old, Father William," the young man said,
"And your hair has become very white,
And yet you incessantly stand on your head:
Do you think at your age it is right?"
"In my youth," Father William replied to his son,
"I took in fresh air through my nose;
But now I perceive that my colon gets none
I supply all its needs in this pose."

I dare swear that Lewis Carroll never thought of this. Let us pass quickly to the second exercise—*Nauli*.

This "is the rotation and rolling out of the rectus abdominis until it stands out from the belly like an iron cylinder." The photographs of this exercise, like those of *Uddiyama*, must be seen to be justly appreciated. The exercise is used in the squatting position for the "Yogic flushing of the colon—a constant practice of this exercise gives full control over the rectal muscles, so that the organ can be forced open and water be drawn into the colon. This is called *Basti*."

Western science, with its circumlocution, would dub it auto-colonic lavage, but whatever it is called, it is undoubtedly an enormous advance. A moment's consideration of the time that is spent by the Hospital staff in giving enemata, rectal feeds, colon wash-outs, etc., will make this obvious. When the nursing profession evolves an efficient trade union, compulsory *Basti* for all patients should be the first plank in their platform.

But how does *Nauli* act? For many years our research-worker was so irritated by ignorant fools who suggested it was due to anti-peristalsis, that one day, in desperation, he inserted a tube in his rectum, connected it to a mercury manometer and did *Nauli*. Imagine his delight when the mercury fell 40 mm. *Nauli* creates a partial vacuum.

Now comes the charming part of this story. A Western scientist who had discovered this phenomenon would have tacked his own name on to it. Not so the unworldly Indian. With splendid selflessness he immediately thinks of his old master, His Holiness Paramahansa S'riman Madharadasa Maharajah; and so His Holiness has put on immortality, in company, it is true, with a partial vacuum in the large bowel.

Luckily we are given a full-length picture of this venerable gentleman, and there he stands—flowing robe, bare feet, white beard and walking-stick—to "witness if I lie."

The next section, labelled the Semi-Scientific, is devoted to a discussion of caecal constipation in all its aspects.

Its comparative dullness is relieved by one eloquent passage. In spite of the fact that "Dr. Arbuthnot Lane, head surgeon of Guy's Hospital, says 'away with the colon,'" our author comes to an independent conclusion that "it is better to be with the colon than without it. Then must man die for this nobly dangerous

heritage of his? No man need die for his colon if only he knows how to use it. In *Uddiyama* and *Nauli* alone is salvation to be found."

Laying down one's life for one's colon must be quite the latest thing in martyrdoms.

The Popular Section contains accounts of two more exercises, the Pan-Physical Pose—so-called because it "builds up the thyroid gland," and the Fish Pose—named thus "because in swimming a person can float on water like the fish, if he steadily lies there in this pose."

For further details of these remarkable postures I must refer those interested to *Yoga Mimansa*. It says much for the physical development of Indian women that these exercises are described "as peculiarly suited for the female."

I quote without comment two remaining passages.

"A young man in the thirties developed a habit of life which was calculated to lead to the degeneration of his testes. At a rough calculation these two glands must have lost between them 4 gm. of weight. After three months of *Uddiyama* his testes returned to their original size and weight. There are other cases yielding the same proof, but these are not so telling."

"Women are more religious than men, at least in India. Therefore Yogic principles are likely to help ladies much better than men; for in the former psychology would come to the help of physiology. To-day the Indian ladies have lost touch with this phase of religious activity. Will the most advanced of the lot (*sic*) come boldly forward to regain the ground which they have lost?"

"But this," he adds in a naive anticlimax, "is only by the bye."

A modest note in the editorial suggests that "to some the subscription may appear a little bit too heavy," but speaking for myself I would far sooner be denied any scientific Western periodical than miss the next number of *Yoga Mimansa*.

Possibly some commercially-minded humanitarian might be persuaded to popularize these practices over here.

It is not difficult to imagine suitable appeals to the great British public, as "Who's been missing his *Uddiyama*?"

CROSS-WORD SOLUTION.

Across.—1. Hemiphalacrosis. 3. Ecboic. 5. Auantic. 7. Gt. 9. Nares. 11. Ph. 13. A.O.C. 15. Cu. 17. Eosin. 19. Edema. 21. Sn. 23. Hu. 25. Bodies. 27. Seml. 29. Hidro. 31. Egg. 33. An. 35. Ala. 37. Bregma. 39. Ig. 41. Pt. 43. Coal. 45. L.O.P. 47. Hicudalgia. 49. Onyx. 51. Ulu. 53. As. 55. Oral. 57. Smegma. 59. Iira. 61. T.U. 63. Ru. 65. Dysentery. 67. Sr. 69. Abasia.

Down.—1. Hegar. 2. Ecto. 4. M.B. 6. Ion. 8. Placebo. 10. Hundo. 12. A.C.E. 14. ã. 16. Cup. 18. Räles. 20. Onlops. 22. St. 24. Hilton. 24. L.I. 26. Scanning. 28. Cauda. 29. Haplopla. 30. Edeholl. 32. Migraine. 34. Naegle. 36. Matilism. 38. Enpasm. 40. Poyid. 42. Rasua. 44. N14y. 46. Et. 48. Guus. 50. Ansa. 51. Uleer. 52. Es. 54. T.H. 56. Yb. 61. Te.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

THE SIXTH Ordinary General Meeting of the Abernethian Society was held in the Abernethian Room on Thursday, February 5th, 1925. Mr. Bolton being in the chair a clinical evening was held.

Seven cases were shown:

CASE 1.—Shown by Mr. Oakley. A man, et. 50, complaining of swelling of the left testis. In discussion the site and nature of the swelling were debated. It was agreed that the testis proper was involved, and that the tumour was probably syphilitic or T.B. with a small hydrocele lying anteriorly. Orchidectomy was advised.

CASE 2, shown by Mr. Tait, was a boy, et. 16, showing multiple exostoses and an ulnar nerve lesion. Open operation to free the nerve from the involving exostosis was advised, a fascial graft being placed around the nerve at the site of the lesion.

CASE 3.—Shown by Mr. Griffiths. A boy, et. 12, with epispadias. Discussion as to the nature of operation and possibility of establishing control over micturition was discussed.

CASE 4.—Shown by Mr. Wilson. A woman, et. 46, with a large swelling in the left side of her abdomen. Differential diagnoses of renal, splenic and ovarian tumours were discussed. It was decided to be splenic. The blood count and glycosuria were commented on.

CASE 5.—Shown by Mr. Woodrow. A man, et. 49, with a swelling over the right clavicle and enlarged glands in both axillae and groins.

After much discussion it was suggested that the growth was sarcomatous secondary to lympho-sarcoma, which in turn had developed from a previous condition of general lymphatic enlargement, probably lymphadenomatous.

CASE 6.—Shown by Mr. Malk. A man, et. 34, complaining of swelling of his abdomen.

Differential diagnoses of hydronephrosis, pancreatic, mesenteric or hydatid cyst were discussed.

The Seventh Ordinary Meeting of the Abernethian Society was held in the Medical and Surgical Theatre on Thursday, February 12th, 1925. Mr. Anderson (President) being in the Chair.

Dr. REGINALD MORTON gave an address on "The Principles of X-Ray Therapy and their Application."

He commenced by describing briefly the properties of the X rays. In considering the transparency to them of all matter, he said that the mean atomic weight of the component substance governed the amount transmitted. On striking any substance the rays pass through it, being partly absorbed and giving off in the process secondary radiation.

He then went on to show the relative position of X rays to the spectrum of daylight, and how the band of X rays may roughly be divided into "soft" (*i. e.* those nearer the ultra-violet end of the spectrum) and "hard" rays, of still higher frequency and shorter wave-length. He wished to note the similarity in action of the "soft" X rays and the ultra-violet rays when applied to cutaneous tissues.

The next point was the use of the "hard" or "ganima" rays being essential in therapy, the "soft" variety, owing to their rapid destructive action on cutaneous tissues, only being used in radiography.

He wished to say that "deep therapy" was an erroneous term, as all X-ray therapy was strictly speaking "deep."

The beam from any X-ray tube as emitted is mixed: it consists of rays of all frequencies, "soft" and "hard."

It is therefore necessary to "filter" the beam before it is used in treatment, in order to get a homogeneous beam of only the "hard" rays. This may be done by interposing sheets of aluminium, and measuring the loss in radiation due to each additional sheet. The beam is homogeneous when, on the addition of further sheets, the percentage absorbed does not vary and graphically the falling radiation curve assumes a straight line.

Losses in radiation are due (1) to dispersion, which falls off as the square of the distance, (2) to absorption.

Dr. Morton next described accurate methods of measuring dosage. He disagreed with colorimetric procedures, and advised the use of an "ionization chamber."

Owing to the property of ionizing gases, X rays, when passed through a cylinder containing a charged gold-leaf electroscope, cause a discharge to take place owing to the ionization of the air. If this chamber be screened with beeswax or water—which react exactly as human tissues—the rate at which the electroscope discharge indicates the amount of radiation passing through to any given

depth. It is important completely to surround the chamber owing to the secondary radiation which takes place—as in the human body.

The emission of tubes is measured under constant conditions with a "surface field" of 6×8 cm. Increasing the field causes increase in secondary radiation.

The unit skin dose was next defined. It is "that dose which will cause hyperaemia in seven days, passing off in another seven days, and leaving a tanning of the skin in one month."

In treatment central lesions are more easily managed than superficial ones, and of all, pelvic lesions are to be preferred. The rays cause disintegration in the growth and increase phagocytosis around; which is necessary to enable broken-down substances to be removed. It is therefore important that nothing be done to the area before the rays are used. Dr. Morton added that surgical procedures, besides possibly causing local transplantation or dissemination, upset the lymphatic and vascular supply to the growth, rendering it much less vulnerable to the X rays.

In discussing tissue reaction generally, the more highly specialized cells the more resistant are they to the rays. Of normal tissues brain and nervous structures stand 200 per cent. of the unit skin dose: muscle 180 per cent.; intestine barely 140 per cent., the colon and rectum standing rather less; 35 per cent. will effectually sterilize an ovary owing to the primitive nature of its cells. In abnormal tissues carcinoma is most resistant, particularly the scirrhus type. To break up the encephaloid carcinoma 110 to 120 per cent. is necessary; sarcomata only need 80 per cent.—the "small rounded" type being most susceptible.

Cells are most easily broken down when undergoing active division. If some means of stimulating mitosis could only be discovered the treatment of malignant disease would greatly be facilitated.

Dr. Morton regretted to say that in this country nearly all cases sent to the radiologist are very far advanced, having recurred after operation, or, on account of locality or other special conditions, been pronounced inoperable. The few obtained in a favourable state have, however, held out great promise.

He gave extracts from six cases treated and followed up within the last six years.

CASE 1.—Man, et. 57, who had suffered for eighteen months from difficulty in micturition, increased frequency, etc. For four months catheterized twice daily. The prostate was definitely enlarged and pronounced malignant by a well-known specialist.

Treated by one full application in June, 1921. In six weeks the catheter was discarded. In twelve months gained weight and lost cachectic appearance.

Unfortunately, contrary to advice, he did not return for further treatment, and developed secondary deposits in the liver and elsewhere.

CASE 2.—Man, brought to West London Hospital on a stretcher. Large carcinoma of rectum and prostate. Treated in 1921 with full dose. Up to the present time perfectly well and carrying on his work at a golf club.

CASE 3.—Woman, sent by Prof. Fullerton, of Delfast. Carcinoma of the rectum. In March, 1922, one application. Now perfectly well. Fibrous ring left: bougie passed once in six months.

CASE 4.—Man with a large mass (on X ray) obstructing upper two-thirds of right lung. Portion of rib was resected, and on section growth proved "small round celled sarcoma." Dr. Morton refused to treat on account of great risk. Patient insisted. Given full dose February, 1923. Recovery was complete. In August, 1923, X ray showed small lump, the size of a tangerine orange, in apex of right lung. In good health. Unfortunately one year later died of secondary deposits in spine.

CASE 5.—Woman with carcinoma of the cervix—friable, bleeding, involving vaginal wall. Given three treatments in 1922. In November, 1924, reported in excellent health. This case was declared "inoperable and hopeless."

CASE 6.—Man with lympho-sarcoma of omentum proved on laparotomy. Treated in 1916 by old method of fractional doses. Patient is now alive after nine years.

Dr. Morton added that of all suggested remedies up to the present for malignant disease the hard X rays is the only one worthy of serious consideration. It can, *up to a point*, be described as a cure. Surgery is not a cure—the surgeon cuts away what he confesses he cannot cure. Few things are more desirable than to learn what can be done with X rays when given equal and as favourable conditions as surgery.

Dr. Morton concluded by indicating cases suitable for treatment other than of malignant disease.

He wished to lay stress on those cases of metrorrhagia at the climacteric with or without fibroids; also all cases of actinomycosis and lupus only in the "wet" stage.

He mentioned the disadvantages attending this method of treatment—nausea, vomiting, and fall in the R.B.C. The latter is exaggerated, and is usually at most only 5-7 per cent. Shock is not severe under modern conditions.

The immediate mortality is very slight, and only occurs where a second application is given too soon. It should never be given before eight weeks have elapsed.

Points needing research, etc.

- (1) Discovering some means of rendering growths more sensitive.
- (2) Ascertaining changes in the cells and cause thereof.
- (3) Treating 1000 cases irrespective of stage on an equal basis with surgery and see what are the results.
- (4) Finding some way of making the X rays converge.

Mr. ANDERSON proposed a very hearty vote of thanks for Dr. MORTON'S most lucid address, and the meeting was declared closed.

RUGBY FOOTBALL CLUB.

HOSPITAL RUGBY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

ON February 5th, at Richmond, we met and were defeated by Guy's by 8-3 in the First Round of the Inter-Hospital Rugger Cup. Guy's showed themselves the better team, and won deservedly after a very fast and clean game.

For Guy's at least one regular forward was unable to play, while Bart's lacked Koyle and Aldridge in the backs and Buttery and Row in the forwards. The ground was in excellent condition.

From the first the Guy's forwards, who seemed much the heavier pack, heeled the ball well, and their backs attacked repeatedly, only to be driven back by good tackling and loose rushes or by their own numerous mistakes in handling. After about ten minutes' play Bart's scored through Neville taking fine advantage of a Guy's mistake. Fielding a ball which the Guy's three-quarter had endeavoured to kick over the heads of our backs, Neville burst past the opposing wing, completely beat their full back, and scored a fine try near the corner after a 30 yards' run. Bettington's kick just missed the posts.

Guy's continued to gain possession of the ball in the scrums, and pressed strongly, but magnificent tackling by our forwards and backs kept them at bay, while our forwards made several excellent loose rushes. Mistakes in handling by the Guy's three-quarters cost them a couple of practically certain tries, and no further score resulted in this half.

It was not till well into the second half that Guy's drew ahead, their mishandling costing them dearly; at last, however, their three got moving properly at the end of a period of finely sustained attack in our "25." The ball reached their right wing, and Fellowes-Smith, with a clear run, raced over near the corner; Nesor converted with a perfect kick, putting Guy's ahead, 5-3.

After this, fierce attacks and counter-attacks succeeded one another in rapid succession. Preen, the Guy's stand-off half, who was playing a fine game, found people to accept two perfect dummies, and broke through twice close to our scrum; both attacks looked very dangerous, the first being stopped by tackling and the second by a knock-on right on our goal-line.

Just before the end the ball came to Preen while in our "25," who immediately hurled a fine pass right out to the Guy's right wing, Fellowes-Smith picked it up on a favourable bounce, and, outflanking our wing, scored a fine try in the corner before the full back could possibly reach him. Nesor's kick just failed.

Bart's forwards attacked vehemently, in loose dribbling rushes, but again and again were driven back by the really fine line-kicking of Preen and van Schalkwijk, and we were unable to score again.

Guy's showed themselves the more finished attacking side, and in spite of mishandling always looked dangerous; their forwards heeled very well, whereas our forwards held the honours in loose rushes and line outs. Our whole team defended magnificently; in the attack, however, there were noticeable lack of thrust and finishing power. Both teams exploited, with great lack of success, the oblique punt over the opposing three-quarters' heads. Our forwards worked themselves to a standstill; they were unable to keep possession of the ball for long, however, and were driven back

by long kicks; their heeling was not good, and our backs in consequence did not get many chances to attack; the latter's spacing and lining back was distressingly irregular; their tackling was magnificent.

Special mention should be made of Stokes's fine display at forward: he was always on the ball, and played the game of his life. Williams at scrum half did some fine spoiling work, and Fitzgerald's tackling was a joy to watch. Vergette deserves all praise for the really hard game he played, though handicapped by a severe cold. Morgan did fine work in the open, especially in the first half, and Bettington worked extremely hard and kept the forwards going right till the end.

May we congratulate Guy's on their resolute win!

Team.—E. V. Frederick, back; L. C. Neville, M. G. Fitzgerald, A. Macgregor, E. V. M. Pentreath, three-quarters; H. Macgregor, T. P. Williams, halves; W. Morgan, M. L. Malet, T. J. Pittard, R. H. Bettington, E. S. V. Vergette, K. Stokes, J. Edwards, C. R. Jenkins, forwards.

HOCKEY CLUB.

2ND ROUND INTER-HOSPITAL HOCKEY CUP.

ST. BARTHOLOMEW'S HOSPITAL v. KING'S COLLEGE HOSPITAL.

Bart's beat King's at Richmond on Tuesday, February 3rd, by 6 goals to none. For the first ten minutes of the game the losers had all the better of the play and were unlucky not to score, their inside right hitting the post with a hard shot, but the ball bounced back into play. Afterwards, however, Bart's had most of the game, especially in the second half, when they scored five goals. Twenty minutes from the start Church scored with a good shot from a corner, no further score being made in the first half. Soon after half-time a combined rush resulted in Sinclair scoring, and Church added a third goal immediately afterwards. Bart's continued to keep the game in King's half, and later Briggs scored from the edge of the circle. Five minutes later Sinclair scored from a pass with a hard rising shot. King's then attacked and were prevented from scoring by Windle, who played his usual sound game in goal. From this, Foster carried out an individual run, which enabled Guinness to score the sixth goal for the Hospital.

Bart's halves backed up their forwards well, and what little the defence were called upon to do they did capably.

Team.—R. W. Windle; B. E. T. Mosse, R. A. Walsh; J. H. Attwood, W. A. Briggs, S. B. Benton; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL v. ST. ALBANS.

Played at St. Albans on Saturday, January 24th, on a ground in very good condition, and resulted in a win for the Hospital 10-1. The Hospital showed good stick-work throughout the game, and as a team played well together. The first half was fairly even, with the Hospital having the better of the game and scoring twice through Church. About half-way through this half, Cutting, unfortunately, had his right hand badly injured and was unable to continue.

In the second half, in spite of being one man short, the Hospital scored eight more goals, Church, Milner, Foster and Guinness each scoring twice. Late in this half St. Albans' forwards made a rush, which resulted in their scoring.

Mosse and Benton both played a good game at back, repeatedly preventing combination between the opposing forwards and clearing well.

Team.—R. W. Windle; B. E. T. Mosse, S. B. Benton; J. H. Attwood, W. A. Briggs, P. J. Cutting; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ST. BARTHOLOMEW'S HOSPITAL v. ST. LAWRENCE COLLEGE.

Played at Ramsgate on Saturday, January 31st, on a somewhat bumpy ground, which interfered with good stick-work. The Hospital lost the toss and started play down a slight slope. The game was fast and even. In the first half the Hospital, having the better of the game, were unlucky not to score on three occasions. At half-time neither side had scored, but soon after the resumption of play the Hospital forwards got away and Milner scored. The College then pressed, and their inside left, being unmarked, was able to score with a good shot from a difficult angle. The College kept the game in the Hospital's half, and were only prevented from scoring by the sound goal-keeping of Windle. After some play in mid-field the College attacked and scored from a *melee* in front of goal. No further goals were scored, the Hospital thus losing 1-2—one of the best matches of the season.

Team.—R. W. Windle; B. E. T. Mosse, R. A. Walsh; J. H. Attwood, W. A. Briggs, S. B. Benton; M. R. Sinclair, G. W. S. Foster, H. W. Guinness, J. E. Church, J. G. Milner.

ASSOCIATION FOOTBALL CLUB.

SEMI-FINAL INTER-HOSPITAL A.F. CUP.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

Played on St. Thomas's ground, Chiswick, on February 12th. In the first half the play was conned to the Middlesex half, but our forwards were unable to score, Clark being particularly unlucky in this respect. The Middlesex forwards occasionally broke away, but could not penetrate Bart's sound defence.

In the second half the Middlesex forwards attacked more often, but in the last twenty minutes Bart's played very good football and Maller scored two goals, the Hospital winning the game by two goals to nil.

Fatfish and Crumble were the outstanding players on our side.

SEMI-FINAL INTER-HOSPITAL JUNIOR A.F. CUP.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played on the London ground on February 19th. Bart's always had the game in hand, and eventually won the match by two goals (Burgees and Watson) to one.

ATHLETIC CLUB.

The Students' Union Council have confirmed the awarding of "Honours" to the following for season 1924: J. D. Allen, W. W. Darley, W. S. Henton, W. S. Morgan, R. D. Reid, H. B. Stallard and P. R. Vivians.

A word for the forthcoming season: Given sufficient support and encouragement by the members of the Hospital, the A.C. have high hopes this year of winning two Cups, whose rightful place is the Library table. There is no reason why the dual feat should not be accomplished. All that is required is more whole-hearted support and particularly a little new blood. It is unfair to expect some of the "famous" old stagers to continue year after year doing more than their share towards the object. Just because we have one or two first-class men there is no reason why they should be left to do everything.

(1) The Hare and Hounds Section.

The Competition for the United Hospitals Cross Country Cup is to be held over a 7-mile course at West Wickham on Wednesday, March 11th. The Hospital contains one or two men certain of places if only a few more can be induced to turn out. The Cup is ours. Will all those interested inform Mr. W. W. Darley and turn out for training runs on Wednesdays at West Wickham. Everyone will be heartily welcomed.

(2) The Ordinary A.C.

This year we are arranging for some Inter-College contests to take place before the Inter-Hospital Meeting, in order to get a good team ready for the all-important event. Regular training will be started at the end of March, so everyone can turn up and try their hand. This is an excellent opportunity of keeping fit "in good company" —in spite of the strenuous life that students lead. W. S. H.

UNITED HOSPITALS HARE AND HOUNDS.

7-MILE HANDICAP.

Held at West Wickham on January 21st over the Club's 7-mile course, competitors being started off according to their time allowance. Darley (scr.) soon made headway with the field, and won by 5 yards from Wills (Guy's) with 2 mins. start. Bart's were well represented with J. E. Snow (8 mins.) 3rd, O. H. Bellerby (6 mins.) 5th, M. D. Young (8 mins.) 6th. Jago (Guy's), who started scratch, finished fourth.

H. N. Walker laid an excellent trail.

U.H.H.H. v. WESTMINSTER BANK.

Ran at West Wickham on February 11th over a 5-mile course. The Hospitals turned out a weak side, and counting 5 a side, the visitors won by 23 points to 31. J. N. Ovington and G. C. Pond, of the Bank, started at a fast pace and kept the lead till half distance, when they were overtaken by Darley, who went away to win by

300 yards. Chitty (Guy's) finished 5th, and was second for the Hospitals. H. N. Walker ran well to dead-heat with Layfield (Bank) for 6th place. O. H. Bellerby (Bart's) was 5th scoring man for the home side, followed by J. E. Snow and C. S. Wise. Result: Westminster Bank—2, 3, 4, 6, 8 = 23. U.H.H.H.—1, 5, 6, 9, 10 = 31.

U.H.H.H. v. ORION HARRIERS.

Ran at Chingford on February 16th through 5 miles of Epping Forest and The Hospitals at last turned out a representative team, and had the satisfaction of winning with their five scoring men in the first seven home.

Orion went off at a fast pace, but by two miles Darley had caught up with Ross, who was leading, the two keeping together till the end, when the Orion man went away to win by 20 yards. Jago (Guy's) finished 3rd, Chitty (Guy's) 5th, and J. N. Walker (Bart's) and Simpson (King's) tied for 6th place. J. E. Snow finished 12th and O. H. Bellerby 18th. Result: U.H.H.H.—2, 3, 5, 6, 7 = 23. O.H.—1, 4, 8, 9, 10 = 32.

Thus ends the most successful season that the Club has had since the war, and of 5 matches 3 have been won and 2 lost. It is pleasing to see that Bart's has taken as prominent a part as any other hospital in this success, and it is to be hoped that this will be still more marked next winter.

Now let us go on and beat our old rivals, Guy's, in the Inter-Hospital Cup on March 11th. It is sixteen years since we last held the Cup, and every man who has ever worn a shoe will be needed to recover it this year, so roll up and see what you can do at West Wickham on Wednesday week. It's an excellent excuse for taking an afternoon in the country, and you'll be doing your Hospital good service at the same time.

THE UNITED HOSPITALS SAILING CLUB.

This club has now a membership of forty, seven hospitals being represented.

The winter meetings have been few but good, the programme including the Annual Dinner last October and papers read by the Commodore and Vice-Commodore.

The Club owns three dinghies, of which two are 14-foot centre-board boats built on identical lines for racing. These will be allotted to hospitals in rotation for periods of one week from April to October.

A challenge cup has been offered for Inter-Hospital races, teams to consist of two members. The Annual Regatta will be held in August.

The headquarters of the Club are at Farnbridge on the River Crouch, when good sailing may be had at all states of the tide and comfortable rooms obtained for 5s. bed and breakfast.

A prize will be given for the best log of a cruise made during the coming season. The annual subscription is 5s. Anyone interested should apply to W. A. Lister, The London Hospital, E. 1.

CHRISTIAN UNION.

A Study Circle will meet on the Wednesdays in March at 4.15 p.m. in Room 1, Resident Staff Quarters.

"THE WATCHERS OF THE DAWN."

1123—1924.

The above enterprising brotherhood was responsible for a most jovial evening on February 14th, when they gave their first smoking concert at the Judge Circus Restaurant with Dr. C. Lane-Roberts in the Chair. The tireless secretary, B. A. J. Mayo, and the concert committee are to be congratulated on the attractive arrangement of the room and stage, as well as on the wealth of talent they succeeded in bringing to light. Neither the "Watchers" nor their guests could detect any creaking in the machinery of organization from beginning to end.

B. H. Gibson and his band, "The Black and White Four," effectively removed the bung, so to speak, and from that moment until the National Anthem there was no check to the flow of good spirits.

Among so brilliant a constellation (and we certainly saw many stars that night) it would be invidious to mention names, but P. Mellows was indefatigable. In his first item he bore a strong resemblance (intentional, I am told) to another man, equally famous; and in the second half of the programme he successfully played "juvenile lead" in a poignant melodrama which might with advantage have come earlier in the evening.

The other items sustained an equally high standard of excellence. J. Parrish and P. E. Pym delighted everybody with their songs, and B. E. T. Mosse and A. C. Helme with their well-rehearsed synopses. E. R. Cullinan's conjuring (in the course of which H. A. Balcon gave an excellent impersonation of Napoleon) was of professional merit.

Among the instrumentalists, W. S. Maclay and B. H. Gibson on the bagpipes (a Scottish instrument) provided one of the most popular "turns" of the evening, although one was hoping for a Highland fling as an encore. For the rest, H. Royle and E. V. H. Pentreath on their mandolines, and the various accompanists—so hard-worked and so little thanked—more than carried their weight in this accomplished crew.

One's only regret was that item No. 22—"E. Bridle—Unharnessed"—for some reason did not take place. Altogether a most amusing evening. A. B.

REVIEWS.

ULTRA-VIOLET RAYS IN THE TREATMENT AND CURE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. (Heinemann.) Price 7s. 6d. net.

This book is distinguished by introductions from Dr. Leonard Hill and Sir Henry Gauvain—two pioneers in the region of ultra violet ray therapy.

Admirable as these introductions are, Dr. Hall's book does not require any "preliminary puff" it is a lucid and enthusiastic account of the possibilities, proven and latent, in this comparatively new branch of therapeutics.

It relates briefly the history of the subject, including the recent research work which has been done in England and elsewhere, notably the discovery by Hill and Eidinow, that exposure to light increases the bactericidal power of the blood.

The most valuable part of the book is a description and comparison of the various forms of lamp, including the aluminium and carbon arc and the tungsten arc lamps.

The technique employed by the author with the most generally useful lamp, the tungsten arc, is described in detail, and the book may therefore be recommended to medical men who are interested in the practical side of the treatment. But everyone, even the intelligent layman, will be interested in the account of the various conditions which, in Dr. Hall's own practice, have been benefited by ultra-violet radiation; his cases are well authenticated, and include a variety of skin-diseases, rickets, tuberculosis and rheumatic conditions.

We hope that this excellent book will be read by those who are ignorant of the subject, and by everyone who is interested in the health and welfare of the community.

Dr. Hall hopes to see light clinics established in every large centre of population. His own book should do much to make this hope realized.

MANUAL OF SURGERY. By ROBE AND CARLESS, with the assistance of CECIL WAKELEY, F.R.C.S. (Baillière, Tindall & Cox.) Price 30s.

Since the first edition of this book was published twenty six years ago many other books on surgery have arisen to challenge its supremacy; but it still remains for the student the best general text-book. It would not be difficult to point to other books in which certain sections are better done than they are here, in which the general make-up is more pleasing, the printing better and the illustrations more profuse. But when all this has been said there is no other book which attains to such a uniform standard of excellence, and which can be more cordially recommended to the student.

This eleventh edition is, in many respects, a great improvement on the tenth. It is notable for the appearance of a fresh name on the title-page. Mr. Carless has obtained the assistance of a younger surgeon, Mr. Cecil Wakeley, in bringing the book up-to-date, and a careful comparison with the last edition shows that Mr. Wakeley has done his work well.

The index, which was thoroughly bad, has, we are glad to see, been carefully revised and corrected.

JUNIOR NURSING MANUAL No. 2, BRITISH RED CROSS SOCIETY
By BEATRICE AGAR. (Cassell & Co.)

Most girls' schools now teach first aid and hygiene, and for such class work this book is admirably suited. The language is clear and simple, and the book deals only with subjects likely to be needed by the amateur.

THE NURSING MIRROR POCKET ENCYCLOPEDIA AND DIARY, 1925.

The fact that this is the eighteenth issue of this book proves its usefulness. The alphabetical arrangement greatly facilitates reference, and there are numerous tables, while the book does not contain much unnecessary information.

Erratum.—The name of F. W. ROBERTSON, M.D., should have been mentioned in connection with the case of transverse presentation which we published in our last issue.—Ed.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M.—M. J. W. Minshull, A. W. L. Row.

CONJOINT EXAMINING BOARD.

First Examination. January, 1925.

Chemistry.—H. V. Burt.

Physics.—H. V. Burt.

Elementary Biology.—H. V. Burt, M. W. Gonin, H. G. Hind.

Pre-Medical Examination.

Chemistry.—R. H. Leaver.

Physics.—H. L. Hodgkinson, R. H. Leaver.

Second Examination.

Part I. Anatomy and Physiology.—A. N. Hobbs, E. ap I. Rosser, J. E. Snow.

Anatomy only.—W. A. Wood.

Physiology only. N. B. Colman, E. C. T. Foot, J. T. C. Gray, C. J. Sanderson, J. L. Smith, R. Zeitlin.

Part II. Pharmacology and Materia Medica.—J. G. Cox, A. P. Gaston, B. Kettle, K. Knowles, C. D. de Labilliere, E. G. Laurence, A. Myerson, C. P. Nixon, L. G. M. Page, A. de la C. Russlan, J. M. Taylor, H. A. Tracey, C. J. Sanderson.

Final Examination.

The following have completed the examination for the Diplomas of M.R.C.S. and L.R.C.P., and have had the Diplomas conferred on them:

J. D. Allen, C. E. G. Beveridge, W. A. Bourne, S. Brest, H. F. Brewer, D. A. Dugg, D. J. Britus, R. J. Brocklehurst, H. F. Chillingworth, H. A. Clegg, C. P. Craggs, J. Currie, G. E. Ellis, M. G. Fitzgerald, H. Levy, A. C. Liesching, A. W. C. Mellor, W. R. Nash, G. W. C. Parker, A. E. Parkes, M. D. Rawkins, A. F. Laylor, W. R. Thrower, R. A. Walsh, L. B. Ward.

CHANGES OF ADDRESS.

CORBETT, R. S., Department of Surgery, University Hospital, Ann Arbor, Michigan, U.S.A.

HALL, P., 146, Harley Street, W. 1. (Tel. Langham 2338.)

HILL, N., 136, Harley Street, W. 1. (Tel. Mayfair 6397.)

IRVING, I. B., 2, Oak Hill, Dawlish, Devon.

KENNEDY, W. W., Sherwood House, Coombe Martin, Devon.

LEITCH, I. N., Morar P.O., Assam, India.

MCCURRICH, H. I., 67, Dyke Road, Brighton.

MORFORD, A., Southwood, Grand Avenue, Worthing, Sussex; and

12, Buckingham Palace Road, S.W. 1.

NANKIVELL, A. T., Duke of Cornwall Hotel, Plymouth.

STEEL, C. R., Tanganyika, British East Africa.

TUNBRIDGE, W. S., Oxted, Surrey.

YEATMAN, J. W., Old Beach Road, Brighton, S. Australia.

APPOINTMENTS.

ALLEN, J. D., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Royal Gwent Hospital, Newport, Mon.

DAVIES, J. CONWAY, M.K.C.P.(Lond.), appointed Physician to the Seamen's Hospital.

FRANCE, F. G., M.R.C.S., L.R.C.P., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton Road, S.W.

GALSTON, S. G., M.R.C.S., L.R.C.P., appointed Hon. Radiologist in Charge of the Radiology Department of the Medical College Hospitals, Calcutta.

MCCURRICH, H. J., M.S.(Lond.), F.R.C.S., appointed Medical Officer, Poof Law Institute, Brighton.

NANKIVELL, A. T., M.D.(Lond.), D.P.H.(Cantab.), appointed Medical Officer of Health, Port Medical Officer, Chief Tuberculosis Officer and School Medical Officer to the County Borough of Plymouth.

PADDELE, K., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, West Riding Asylum, Wakefield.

PROOGER, B. H., M.D., D.S.(Lond.), appointed Assistant Surgeon to the Royal Hanley County Hospital, Walsley, West.

SAXBY-WILLIS, F. E., M.D.(Lond.), M.R.C.P., appointed Consulting Physician to the Weir Hospital, Clapham Park, S.W.

SMITH, A. W. H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Huddersfield Royal Infirmary.

TREISSMAN, H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Jenny Lind Hospital, Norwich.

BIRTHS.

MITCHELL.—On February 18th, at 120, Wigmore Street, to Kitty, wife of W. E. M. Mitchell, M.C., F.R.C.S.—a daughter.

MARRIAGES.

HENSHALL—SHORE.—On February 18th, at the Priory Church of St. Bartholomew-the-Great, E.C., by the Rev. Tilden Smith.

Edward, son of the late William Henshall and Mrs. Henshall, of Conway Bay, to Marjory Amelia, elder daughter of Dr. and Mrs. T. W. Shore, of Upper Norwood.

HORDER—GIVEN.—On January 28th, at Mossley Hill, Liverpool, Cecil A. Horder, M.A., F.R.C.S., son of the late E. G. Horder, F.R.C.S.(Ed.), and Mrs. Horder, to Jessie, daughter of J. C. M. Given, M.D., M.R.C.P., and Mrs. Given, of Liverpool.

LAPLAIN—PEATE.—On February 9th, 1925, at the Parish Church, Newton Ferrers, Devon, Jonathan Henry Rich Laplain, of Yealinton, Devon, to Hilda, younger daughter of Mrs. and the late Mr. Peate.

GOLDEN WEDDING.

STEVENS—FERGUSON.—On February 18th, 1875, at Aberdeen, Alfred Felix Stevens, M.D., of Stoke Newington, N. (later The Hawthorns, Stamford Hill), to Jane Armstrong, eldest daughter of Mr. and Mrs. Robert Fergusson, of Aberdeen. Present address: Longville, Cheltenham.

DEATHS.

KLEIN.—On February 9th, 1925, at 13, Wilbury Villas, Hove, Prof. E. E. Klein, M.D., F.R.S., aged 80.

STEEDMAN.—On February 14th, 1925, suddenly, of heart failure, John Francis Steedman, F.R.C.S., of "Arcall," Prentis Road, Streatham.

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. 1.

The Annual Subscription to the Journal is 7s. 6d., 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 - City 510.

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii. Ode iii

VOL. XXXII.—No. 7.]

APRIL 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

Fri.,	April 3—	Sir Thomas Horder and Mr. Rawling on duty.
Tues.,	" 7—	Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri.,	" 10—	Prof. Fraser and Prof. Gask on duty.
Tues.,	" 14—	Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	" 17—	Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Mon.,	" 20—	Summer Session Commences.
Tues.,	" 21—	Sir Thomas Horder and Mr. Rawling on duty.
Last day for receiving matter for May issue of Journal.		
Fri.,	" 24—	Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues.,	" 28—	Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

SEVERAL Bart.'s men who had been associated with Mr. Cross as anaesthetists wished, on his retirement, to give him some tangible mark of their respect for his character and ability. Some members of the Surgical Staff expressed a desire to associate themselves with this suggestion, and under the direction of Dr. Hadfield a subscription list was opened, a gift was chosen, and has now been received by Mr. Cross, who has written the following letter:

MY DEAR HADFIELD,—It is with feelings of great pleasure that I write to you acknowledging the receipt to-day of the very handsome present of Waterford glass, conveying as it does the mark of regard felt by the many subscribers with whom I have been associated for the last twenty-five years.

During this long period my relationship with them has been of the happiest.

May I ask you to add to your kindness in the matter by conveying to them my deepest gratitude and most kindly remembrances.

Yours very sincerely,

W. FOSTER CROSS.

We offer our heartiest congratulations to the Association Football Club who have won the Inter-Hospital Cup for the second year in succession. They beat St. Thomas's Hospital by one goal to *nil* in the Final Round after a hard game.

On June 26th, 1657, the remains of the great William Harvey were deposited in the vault of the historic old church at Hempstead in Essex. In the year 1882 the tower of this church was destroyed, and still lies as a heap of stones in the graveyard. In the following year the body was placed in a handsome sarcophagus subscribed for by the Royal College of Physicians and deposited inside the church. It is now proposed to restore the tower as a memorial to William Harvey. The Treasurer of the Hospital, Lord Stanmore, is the chairman of the Committee, and Sir D'Arcy Power is on the Executive.

St. Bartholomew's is proud of Harvey, and we hope that many Bart.'s men will subscribe to this memorial. Subscriptions should be sent to Dr. Sidney Phillips, at the Royal College of Physicians, Pall Mall East.

We offer our hearty congratulations to Sir Humphry Rolleston on his appointment as Regius Professor of Physic in the University of Cambridge. We realize with pride that the Regius Professors of both Universities are now Bart.'s men, Sir Archibald Garrod holding this honoured position at Oxford.