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# St. Bartholomew's Hospital



## JOURNAL.

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

Vol. XXXVI.—No. 1.]

OCTOBER 1ST, 1928.

PRICE NINEPENCE.

### CALENDAR.

Tues., Oct. 2.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., „ 3.—Rugby Match v. Bristol. Away.
Fri., „ 5.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Sat., „ 6.—Rugby Match v. Old Millhillians. Away.
Mon., „ 8.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., „ 9.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 10.—Surgery: Clinical Lecture by Sir Holburt Waring.
Fri., „ 12.—Medicine: Clinical Lecture by Dr. Langdon Brown Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., „ 13.—Rugby Match v. Richmond. Home. Association Match v. Cuaco (A.F.A. Cup). Home.
Mon., „ 15.—Special Subject: Clinical Lecture by Mr. Rose.
Tues., „ 16.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Wed., „ 17.—Surgery: Clinical Lecture by Sir Holburt Waring.
Fri., „ 19.—Medicine: Clinical Lecture by Dr. Morley Fletcher. Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat., „ 20.—Rugby Match v. Plymouth Albion. Away. Association Match v. Downing College, Cambridge. Away.
Mon., „ 22.—Special Subject: Clinical Lecture by Mr. Just. <b>Last day for receiving matter for the November issue of the Journal.</b>
Tues., „ 23.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Wed., „ 24.—Surgery: Clinical Lecture by Sir C. Gordon- Watson. Rugby Match v. Cambridge University. Away.
Fri., „ 26.—Medicine: Clinical Lecture by Sir Thomas Horder. Prof. Fraser and Prof. Gask on duty.
Sat., „ 27.—Rugby Match v. O.S. (Chatham). Away.
Mon., „ 29.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., „ 30.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., „ 31.—Surgery: Clinical Lecture by Sir C. Gordon- Watson.

### EDITORIAL.

W! every one that thirsteth, imbibe with me. We are to drain our autumnal bumper to those novitiates who, theoretically timid, in practice most brazen, approach to lay their first offering at the feet of Rahere. Their particular offerings will be very different in kind, for they will ascend philogenetically from a specially active colony of amoebæ, through a well-put-up nerve-muscle preparation, past a beautifully dissected axilla, to a fomentation hotly applied and an apex-beat located somewhere in the correct zone. These offerings will not be accompanied by dim ritual and soft music as in the days of Imhotep, but will partake in some instances of the character of human sacrifice, the devotee being burnt with his poor gift amid shouts of derision. But the training is invaluable in that by the end, nothing will appear too difficult or too arduous to carry out. On every count, however, it is necessary after years of theory, years in which one appears to oneself cleverer and cleverer, to learn this lesson so well put in Lowes Dickinson's *Magic Flute*: "And Tamino persevered and entered the seventh stage. And there he was aware of nothing and his soul was as nothing. And this state was beyond even peace, and he would have been glad to remain in it for ever. But as it so happened, on that day, he had gone out to meditate in the little wood that surrounded the monastery. And as he sat there by the way, lost in meditation, there passed a traveller. And thieves leapt out upon him and wounded and robbed him and left him for dead. He cried for aid to Tamino, but Tamino sat there unconscious, seeing and hearing nothing. And so the man lay bleeding on the ground, and there he was when Tamino returned to earth. Tamino was dazed, and for a long time did not understand what he saw nor know what he had to do. But presently, as the current of



his life in the flesh set in again, he went up to the man and bound up his wounds as best he could. But the man's blood had flowed too long. He looked at Tamino and died."

Easy enough to satisfy the examiners in clinical medicine, but some people's first impulse when confronted with an emergency in general practice appears to be—"Take him to the hospital, quick." Anyone who has been "on duty" in the surgery has met with several cases where the "man's blood had flowed too long."

\* \* \*

We would advise newcomers not to be put off by the nasty journey to Winchmore Hill—a very good spot for getting rid of the megrims or the vapours. Suitable mixtures are prescribed most Wednesdays and every Saturday by the various Hon. Secs. and posted in the Abernethian Room. One or two cups need to be recovered or retained.

\* \* \*

We are especially pleased to be able to announce that the walls of the cloak-room have at last been cleaned up, because with the advent of the "world's greatest evangelist" from Paris, England must have all her sinful corners purged of dress—and this must indeed have been one of the sinfulest in the land.

\* \* \*

The Treasurer and Almoners have been pleased to nominate Dr. Hugh Thursfield to be Physician to the Hospital. This is a graceful and a very popular compliment to one of the best-known characters on the Staff. In the evil and, we hope, distant day of his retirement it will be comforting to be able to look to the ranks of the Consulting Physicians for some more Oxonian epigrams delivered after dinner if no longer, alas, in Medical Out-Patients and Wards.

\* \* \*

The death of Dr. Larner Botha Ward, from septic poisoning, at the King Edward Memorial Hospital, Ealing, on September 20th, 1928, removes a promising old Bartholomew's man, who, as Captain of the Association Football Team in 1925, was a notable figure. He will be regretted by a large number of friends.

#### STOP PRESS.

The Old Students' Annual Dinner was held in the Great Hall on Monday, October 1st. Sir D'Arcy Power's excellent speech and the stimulating provender provided by the Secretaries made this year's dinner as successful as any of its predecessors.

## THE LIFE AND WORKS OF CLAUDE BERNARD.

(*Wix Prize Essay*, 1928.)

### I.

"To keep men out of their Urnes, and discourse of humane fragments in them is not impertinent unto our profession."—SIR THOMAS BROWNE.



HE fragments of Claude Bernard lie scattered through the pages of eighteen octavo volumes. The work survives; the man has passed into the Urne. The funeral orations which are the canon of his life reveal but the dim figure of Bernard the scientist, who dwelled apart from his fellows as he wrestled with Nature for her "closet-secrets." Rarely the veil is lifted to disclose Bernard the man. But it is only a fleeting glimpse, and as in his lifetime the warmth of his personality passed unnoticed before the cold brilliance of his intellect, so now the man is lost in the scientist.

Claude Bernard was born on July 12th, 1813, in the village of St. Julien, Rhône. His parents died when he was young, leaving him their little cottage, with the vineyard which produced the red wine of the district and the slender income of the family. He sat first at the feet of the village priest, who taught him Latin, set him to sing in the choir, and pronounced him his favourite pupil. With this distinction he entered the Ecclesiastical College in the neighbouring town of Villefranche. But *res angusta domi* put a period to his college life. From schoolboy in Villefranche he became chemist's assistant in Lyons. The chemist, economically minded, made with the drugs that were left over a syrup, which was for the old ladies of Lyons a panacea, and for the young assistant an introduction to the study of experimental medicine.

But Bernard had other interests than pharmacy. While the neat hands dispensed syrup and the high forehead doubted its value, the dreamy eyes were focused on the stage. The experience of many evenings spent in the Théâtre des Célestins crystallized into a vaudeville, "La Rose du Rhône," the production of which earned for its author one hundred francs and encouraged him to attempt a more serious work, a prose tragedy in five acts called "Arthur de Bretagne."

The child is father of the man: the Bernard of the dispensary bequeathed a generous inheritance to the mature Bernard of the laboratory. Doubt, the keynote of his experimental philosophy, was bred in him by the quackery which he discerned in the treatment of his master's customers. Skill with his hands, the foundation of his experimental success, was fostered by the work in the shop. The intuition of the poet by a change

of application became the intuition of the scientist, and ambition filled him with a fruitful discontent.

In 1834 some change in his fortunes enabled him to leave the life in Lyons, with which he was not satisfied. Like all the heroes of France, responsive to the centripetal attraction of Paris, he entered "la scène du monde." He took with him his tragedy and a letter of introduction to Saint-Marc Girardin, who read the play and advised the author to study a profession, leaving poetry for his leisure hours.

Bernard chose medicine, entering immediately the Hôtel Dieu and the ken of François Magendie, who at that time occupied the Chair of Medicine at the Collège de France, and was Physician to the Hôtel Dieu, where he watched the young man as interne, then as externe. The year 1841 saw the beginning of a greater intimacy. "Dites donc," shouted the professor in his gruff voice from one end of a bench to the other, "je vous prends pour mon préparateur au Collège de France." For Bernard this was the 18th Brumaire.

The appointment was received with surprise as much by his colleagues as by Bernard himself. Picture a large ungainly youth, self-conscious and ill at ease. Now as at all times aloof from his fellows he did not impress them favourably. Success in medicine in France depends upon a high place in frequent and rigorous examinations. Bernard, critical to a fault, distrusted the knowledge of his teachers: distrust begat inattention and inattention failure. In the concours for internship of 1839 he was placed twenty-sixth out of twenty-nine. The charge of intellectual laziness brought against him by a myopic younger generation was summarily dismissed by Magendie, who after the first days of the new appointment delivered his verdict: "Tu es plus fort que moi."

### II.

"Man can do a great deal by observation and thinking, but with them alone he cannot unravel the mysteries of Nature. Had it been possible the Greeks would have done it; and could Plato and Aristotle have grasped the value of experiment in the progress of human knowledge, the course of European history might have been very different."—SIR WILLIAM OSLER.

Not until the first decades of the nineteenth century was the value of the experimental method generally appreciated. Descartes had established in his book, *De Homine* (1662), that while the bodily functions could be studied physically, the soul, which was independent of the body, could only be understood metaphysically. Stahl carried knowledge a stride forward when he stated that the soul directed the workings of the body. It was left for Bichat to found physiological science by teaching that the immediate causes of the phenomena of life resided, not in the soul, but in the properties of the tissues. But Bichat defiled his conception with a touch

of the pitch of "vitalism." He believed that the essential character of living bodies was that far from obeying natural laws they maintained a perpetual struggle against them "one of the most childish absurdities," wrote Magendie, "to which the weakness of human understanding has ever given birth."

Although this theory dominated natural science when Magendie began his medical career in 1808, it did not dominate him. He believed on the contrary that living bodies obeyed natural laws, and that these laws could be induced from the results of experiments upon the properties of living tissues. In the preface to his *Précis Élémentaire de Physiologie* he wrote: "My principal object has been to contribute to the introduction of the Baconian method of induction into physiological science." In spite of his devoted enthusiasm he was overcome by the diversity of phenomena which thoughtless Nature had provided for his study. "Louis XIV se comparait au soleil," he said. "Quant à moi, je suis beaucoup plus humble, je me compare à un chiffonier . . . je parcours le domaine de la science, et je ramasse ce que je trouve."\*

From such haphazard investigations he could not construct an ordered science, yet he could teach his pupils invaluable lessons. Dismissing theories with the phrase, "tout cela ne sont que des paroles,"† he bent all his energies upon the discovery of facts. "Expérimentez!" was his watchword, and if the result of the experiment belied his anticipations, he would lead the laughter against himself. At least he had found fresh fuel for his cynicism.

Working as préparateur in "la tanière obscure et humide du Collège de France, qui fut pendant longtemps le seul laboratoire de vivisection de France,"‡ Bernard drank in the philosophy of Magendie. From him he learned to try his results in the flame of pitiless criticism until only the pure gold of truth remained. But he realized more completely than his master the goal to which the experimental method was leading—determinism. All the phenomena of life are invariably determined by definite material conditions. If these conditions are known, the phenomena can be repeated at will, and all the conditions will be ultimately discovered. All that is necessary is systematic and remorseless questioning by an accurate observer. Of the question to be asked, he wrote: "La nature de notre esprit nous porte d'abord à rechercher la cause première, c'est-à-dire l'essence ou le pourquoi des choses. En cela, nous visons plus loin que le but qu'il nous est donné d'atteindre, car l'expérience nous apprend bientôt

\* Bernard, Claude, Fr. Magendie, *Leçon d'ouverture du cours de médecine du Collège de France*, 6<sup>e</sup>, Paris, 1856, p. 12.

† *Ibid.*, p. 8.

‡ Faure, Jean-Louis, *Claude Bernard*, 4th ed., Paris, 1925, p. 17.



que nous ne pouvons pas aller au delà du comment."\* Physiology explains the phenomena of life. So tireless Bernard continued to question and to explain.

Renan has left a picture of him at work: "C'était un spectacle frappant de le voir dans son laboratoire pensif, triste, absorbé, ne se permettant pas une distraction, pas un sourire. Il sentait qu'il célébrait une sorte de sacrifice. Ses longs doigts plongés dans les plaies semblaient ceux de l'augure antique poursuivant dans les entrailles des victimes de mystérieux secrets."† These mysterious secrets he unravelled with the grace of an artist. "He discovered as others breathe," said Paul Bert.‡ In the laboratory he joined the glorious brotherhood of those who "cultivated the good seeds which Nature hath set in them become not Shrubs but Cedars in their Generations."§

Half a century has elapsed since the death of Claude Bernard. His life at this distance, bountifully filled with scientific achievement, crowned with the highest honours in his country's bestowal, seems that of a sublime being fulfilling easily a predestined task. His own warning rings in the ears: "Quand on veut juger l'influence qu'un homme a eue sur ses contemporains, ce n'est point à la fin de sa carrière qu'il faut le considérer, lorsque tout le monde pense comme lui; c'est au contraire à son début qu'il faut le voir, quand il pense autrement que les autres."||

His own words describe the difficulties of his early years, "les entraves qui étaient réservées aux expérimentateurs. . . . Dès qu'un physiologiste expérimentateur était découvert, il était dénoncé, voué à l'abomination des voisins et livré aux poursuites des commissaires de police."¶ The story of Jean-Baptiste Dumas lends the colour of reality to these words. Although already well known in the physiological world, "en considérant l'état de l'enseignement de la physiologie . . . et en voyant la carrière ingrate et sans issu dans laquelle il allait s'engager, M. Dumas se fit chimiste." "Il fallait être soutenu," continued Bernard, "avec une vraie passion pour la Physiologie."

This real passion is not a mushroom growth, and Bernard made several attempts to desert the physiological laboratory. In 1843 the Faculty of Medicine held a concours for the post of agrégé in the Department of Anatomy and Physiology. Bernard submitted a thesis\*\* but failed to win the post. Again in 1851 the

\* Bernard, Claude, *La Science expérimentale*, Paris, 1878, p. 55.

† Renan, Ernest, "Discours prononcé à l'Académie française, le 4 Avril, 1878," *Gaz. des Hôp.*, 1879, lii, p. 333.

‡ Bert, Paul, "Claude Bernard," pub. in *La Science expérimentale*, p. 20.

§ Browne, Sir Thomas, letter to a friend, London, 1690.

¶ Bernard, Claude, *Fr. Magendie*, Paris, 1856, p. 3.

\*\* *Idem*, *Rapport sur les progrès et la marche de la Physiologie générale en France*, Paris, 1867, p. 144.

\*\* *Idem*, *Des matières colorantes chez l'homme*, in 4°, Paris, 1844.

hand on the plough trembled. He had married some years before, and his wife, dissatisfied with the small income earned by him in the laboratory, urged him to engage in surgical practice. The *Précis iconographique de Médecine opératoire et d'anatomie chirurgicale*,\* on which he had been working in collaboration with Charles Huette since 1846, bears witness to his interest in surgery, but fortunately for science the importunings of his wife fell upon heedless ears. In 1854 his vacillations were ended, when a Chair of Physiology was created for him at the Sorbonne. In the next year, upon the death of Magendie, Bernard, after eight years as professeur suppléant, was appointed Professor of Medicine at the College de France.

In May, 1843, Bernard had published his first scientific paper, "Recherches anatomiques et physiologiques sur la corde du tympan, pour servir à l'histoire de l'hémiplégie faciale."† Although his contention that the chorda tympani consisted exclusively of sensory fibres is wrong, as indeed it was thought to be when it was published,‡ the paper has a value as the first of a long series on the relationship of nerves to secretion. From this beginning the stream of his publications gathers into a mighty torrent, carrying all before it. There is a sudden break. In the winter of 1862-3, worn out by a strenuous life, seasoned with domestic worry, unrefreshed by any hobby, and spent in "une sorte de cave humide, malsaine," which was his laboratory, his health broke down, and he retired to his beloved St. Julien. The nature of his ailment was not diagnosed, but Sir Michael Foster§ suggests an appendix abscess, which later discharged itself by the bowel.

This enforced holiday gave Bernard an opportunity for reviewing his discoveries in an historical light. With the Alps as his horizon, surveying the whole of his twenty-one years' labours, he composed the *Introduction à l'étude de la Médecine expérimentale*."

### III.

"M. Magendie a fait tant de travaux importants et tant de découvertes capitales; il a soumis à son expérimentation propre un si grand nombre de points divers de l'anatomie et de la physiologie, de la médecine, de l'hygiène, etc., qu'il faudrait, pour suivre ce savant illustre partout où il a porté son investigation, tracer en quelque sorte l'histoire des sciences dont nous venons de parler depuis le commencement de ce siècle."—CLAUDE BERNARD.

This tribute to Magendie, spoken by a bereaved disciple in the hour of his sorrow, seems at the present

\* Paris, 1854, in 18 Jésus avec 113 pl. dessinées d'après nature, gravées et coloriées. An English translation by A. T. Norton, F.R.C.S. (2nd ed., London, 1886), is the only work of Claude Bernard's in St. Bartholomew's Hospital Library.

† *Annales médico-psychologiques*, 1843, i, pp. 408-439; *Archives générales de médecine*, 1843, ii, p. 332.

‡ Kirkes, *Handbook of Physiology*, 1st ed., London, 1848, pp. 440-441.

§ Foster, Sir Michael, *Claude Bernard* (Masters of Medicine Series), London, 1899, p. 181.

time exaggerated; applied to Bernard it becomes the cold and literal truth. Such at least is the impression created by the "Bibliographie" and the "Table Alphabétique et Analytique des Œuvres complètes," published in *L'Œuvre de Claude Bernard* (Paris, 1881). A detailed account of these scientific researches is beyond the scope of this essay. Michael Foster has summed up the achievements of Bernard in relation to the history of physiology for all time.

The claims for a brief mention of certain researches—on the pancreas, on the glycogenic function of the liver, and on the vaso-motor system—cannot be gainsaid.

In 1846, while studying the differences in digestion between Carnivora and Herbivora, Bernard noticed that some change in fat which enabled it to be absorbed into the lacteals began where the pancreatic duct entered the intestine.\* Making this chance observation the starting-point of a series of investigations,† for which he devised a pancreatic tube, he discovered the threefold action of the pancreatic juice.

The discovery of the glycogenic function of the liver, Bernard's most important and most complete contribution to science, was based upon no chance observation. He had determined to understand the fate of carbohydrates in the animal body. In a series of ingenious experiments‡ he showed that the presence of sugar in the tissues of an animal was maintained independently of diet by the creation of a kind of sugar in the liver. By fermenting liver substance he had prepared an alcohol in 1848; § nine years later he isolated a pure substance which he named glycogen.|| This discovery of a second function of the liver, besides giving the lie to the prevalent doctrine that each organ had only one function, gave the death-blow to Dumas's theory that animal tissues can only destroy.

It was through following up a side-track in his work on the method of production of animal heat that Bernard discovered the existence of the vaso-motor system. He had cut the cervical sympathetic in a rabbit,¶ expecting by analogy with the results of section of the spinal cord that the temperature of the injured side of the head would fall. To his surprise it rose appreciably. He observed at the same time and reported incidentally that the circulation was more active upon the hot side. It is curious that, although many investigators had cut the cervical sympathetic to

study pupillary changes, and Bernard himself had been doing it repeatedly for ten years, no one until 1851 had observed the circulatory change. Later, realizing the importance of the observation, he developed it and established the existence of the vaso-motor system.\*

Besides these three great discoveries, there are innumerable researches of minor importance. In 1846, the year in which the Webers published their description of vagus inhibition of the heart in a frog, Bernard observed it independently in a dog.† He studied and described the mode of action of urari (curare),‡ devising an experiment which has since been carried out by every student of physiology. He caused glycosuria in a dog by puncturing the floor of the fourth ventricle.§ He showed the value of anaesthetizing experimental animals with small doses of poisons, so that biopsy could be carried out.|| But his fame rests, and rests securely, upon the discoveries of glycogen, of the vasomotor nerves and of the functions of the pancreas.

Bernard's work early found its way into foreign text-books. In England, Kirkes and Paget, preparing the second edition of the *Handbook of Physiology* (London, 1851), repeated the reference to the chorda tympani from the first edition, and added sections on the pancreas and on the newly discovered function of the liver, abstracted from the paper published in the preceding year. It is interesting to contrast this with the state of affairs which obtained in science two centuries before. In 1641 the surgeons of Saint Bartholomew's Hospital published *The Englishman's Treasure with the true Anatomie of Man's Body: compiled by that excellent chyrurgion Mr. Thomas Vicary*. This was a re-issue of the earlier edition of 1577, and contained no mention of certain experiments published thirteen years before by William Harvey, although he was attached to the hospital from which the "Anatomic" was issued.¶ This affords a striking illustration of the change in scientific outlook, which, beginning in the philosophical discourses of Bacon and Descartes, culminated in the experimentalism of Claude Bernard.

\* Bernard, Claude, *Leçons de Pathologie expérimentale*, Paris, 1872, pp. 360-95.

† *Idem*, *Leçons sur la Physiologie et la Pathologie du Système Nerveux*, Paris, 1858, li, p. 381.

‡ *Idem*, *Leçons sur les substances toxiques*, Paris, 1857, pp. 463-70; *C.R. Acad. des Sci.*, 1856, xliii, p. 826.

§ *Idem*, *Leçons sur la Physiologie et la Pathologie du Système Nerveux*, Paris, 1858, i, p. 397; and *C.R. Acad. des Sci.*, 1859, xxxi, p. 574.

|| *Revue des Cours Scientifiques*, 1869, vi, p. 258, etc.

¶ Probably the situation was more terrible than this. J. F. Payne has shown that the *Anatomic* attributed to Vicary was copied piecemeal from the fourteenth century works of Lanfrank and Henry de Mondeville. Thus Vesalius (*De humani corporis fabrica, Basilea*, 1543) suffered the same insult as Harvey. *Vide Brit. Med. Journ.*, 1896, l, pp. 200-3.

\* Bernard, Claude, *Leçons de Physiologie Expérimentale*, Paris, 1855, ii, pp. 178 et seq.

† *Mémoires lus à la Société de Biologie pendant l'année 1849*, Paris, 1850, pp. 99-115.

‡ *C.R. Acad. des Sci.*, xxxi, 1850, pp. 571-4; xli, 1855, pp. 401-9.

§ *Ibid.*, 1848, xxvii, p. 514.

|| *Ibid.*, 1857, xlv, pp. 578-86.

¶ *C.R. des Séances de la Soc. de Biol. pendant l'année 1851*, Paris, 1852, pp. 163-4.



In America *Notes of M. Bernard's lectures on the Blood, with an Appendix*, by Walter Franklin Atlee, M.D., appeared in 1854 (Philadelphia). Bernard's fame, like that of Louis earlier in the century, attracted Americans to Paris, and among them he had a reputation "for wonderful dexterity, unvarying affability, patient and kind attention always given to strangers."\* To an American is due the only English translation of the *Introduction à l'étude de la médecine expérimentale*.†

Bernard's important works have been translated into most of the European languages, and in his lifetime he attained the dignity of Japanese.

The importance of these discoveries in the evolution of modern medicine is beyond computation, so fully have they been incorporated into the alphabet of physiology. Without the researches on the pancreas and glycogen the riddle of diabetes must have remained unsolved and insulin unknown. The consideration of the change in the blood as it passed through the liver inspired Bernard to conceive "les sécrétions internes,"‡ the recognition and the study of which has revolutionized the treatment of many diseases.

More important even than these particular effects is the general effect of Bernard's teaching upon the philosophy of medicine. In the *Introduction à l'étude de la médecine expérimentale*, the only part of a great work to be called *Principes de la médecine expérimentale*, which he completed, Bernard summed up the ideas and ideals which should govern the medical profession, as they had governed him during his physiological career. For him the experimental physician, practising medicine as a science rather than as an art, was the physician of the future. The passive rôle of watcher, which is assumed by the practitioner of the expectant medicine of Hippocrates, must be cast aside for the active rôle of Nature's helpmeet. But first her dark ways must be understood. Empirical remedies must not remain empirical. All cures, like all diseases, result from the action of determinate laws; and medical men in wards and in laboratories must search and study out these laws by way of experiment. But "experimental investigation, the application of chemical and physical knowledge and methods to the solution of biological problems," which became, in the words of Michael

\* *Amer. Journ. of Med. Sci.*, 1878, lxxvi, p. 16 (obituary notice of Austin Flint) jr.

† Bernard, Claude, *An Introduction to the Study of Experimental Medicine*, trans. by H. Copley Greene, N.Y., 1927.

‡ *Idem*, *Rapport sur les progrès et la marche de la Physiologie générale en France*, Paris, 1867, pp. 73 and 120.

Foster,\* "the distinguishing token of the physiology of this nineteenth century," is a means and not an end. Medicine begins in the clinics.

In the pages of this book, which is the foundation of experimental medicine, Bernard shows himself an acute observer and a deep thinker; but he is ever bound by the materialism of nineteenth century philosophy. The human mind studies the phenomena of Nature for its own material advantage. In his own words: "C'est là toute l'idée moderne dans les sciences: conquérir la nature, lui arracher ses secrets, s'en servir au profit de l'humanité."

#### IV.

"Je suis on ne peut plus heureux de tous ces témoignages d'estime et d'amitié qui m'arrivent."—CLAUDE BERNARD.

General recognition did not come to Bernard until he lay at St. Julien wearing the bridle of Theages. The possibility of his loss aroused the world to the realization of his greatness. Pasteur had published a panegyric on the man and his work in the *Moniteur Officiel* (November 7th, 1866), hoping that "la publicité donné à ces sentiments intimes aller consoler l'illustre savant des loisirs obligés de la retraite." "Cet article," wrote Bernard in the letter to Sainte-Claire Deville quoted above, "m'a paralysé les nerfs vaso-moteurs du sympathique et m'a fait rougir jusqu'au fond des yeux."

On the heels of this public show of good wishes by friends and colleagues came official appreciation. In 1867 he was appointed Président perpétuel de la Société de Biologie and created Commandant de la Légion d'Honneur. In 1869 he was received into the Académie Française, delivering the "Éloge de Flourens." In the same year he became Senator of France.

But these honours, well deserved though they were, pale in significance before the change in scientific outlook which dates from his illness. Time had fretted away the chains of Magendie's domination, and Bernard, realizing that facts are after all but bricks for the master builder, began to seek more general conceptions. His chief original work had already been accomplished; from this time he is exercised with its development and its wider application.

After his illness, too, he appeared more often in society. "Even while avoiding philosophic systems," he had written, "I like philosophers and greatly enjoy

their converse." At Passey, where the recluse Bouley gave weekly dinners, Bernard was an honoured and a frequent guest. Alas! no Gascon Boswell records the brilliant discussions in which there joined Berthelot, chemist, philosopher, minister of France, Renan, author and genius, Deschamps the poet and Bernard himself.

Bernard frequented also the salons of Paris, where he was met by Edmond Goncourt. In the *Journal des Goncourts*, about the publication of which such a scandal raged, Bernard first appeared in 1868. Although back at work, he was obviously far from well—"il a le masque d'un homme qu'on a retiré de son tombeau,"\* and later in the year "Vu ce soir . . . Claude Bernard, pareil à un spectre de la science."† On April 7th, 1869, there is a more illuminating entry. The talk had turned to the future of science: "Claude Bernard, de son côté, aurait annoncé qu'avec cent ans de science physiologique, on pourrait faire la loi organique, la création humaine en concurrence avec le Créateur."‡ An awed silence greeted this remark; it was no idle observation: Bernard refers often§ to this theory, that new species will be created which exist potentially in natural laws, but of which Nature is not aware. This prophecy comes nearer realization as knowledge of chromosomes increases.

It must have been this same greatness of conception, this same enthusiasm for and faith in the future of science that had impressed Napoleon III five years before. In 1864 Bernard had been invited to the Court at Compiègne, where he had held the Emperor in conversation for more than two hours. "Vous avez ensorcelé l'Empereur," wrote Duruy to him, offering him on behalf of the Emperor whatever he desired. Bernard asked for a laboratory and a préparateur at the Sorbonne, and a laboratory at the Musée d'Histoire Naturelle. Here a Chair of Physiology was being instituted for him, which he entered in 1868, resigning his chair at the Sorbonne to his favourite pupil Paul Bert.

In spite of these social and academic activities Bernard remained a lonely figure. His wife and his two daughters, regarding him as a vile monster who spent his life mutilating defenceless animals, kept a separate home. He himself lived at 40, Rue des Écoles, looked after by his maid and inclined to be petulant when disturbed by his friends. "Le physiologiste n'est pas un homme du monde," he said,|| "c'est un savant, c'est

\* Goncourt, Edmond, *Journal des Goncourts*, Paris, 1888, iii, p. 200.

† *Ibid.*, p. 229.

‡ *Ibid.*, p. 288.

§ Bernard, Claude, *Rapport sur les progrès et la marche de la Physiologie générale en France*, Paris, 1867, p. 234, note 228; also *Bull. Acad. de Méd.*, 1885, xiv, p. 732 (Béclard, J.).

|| *Idem*, *Introduction à l'étude de la médecine expérimentale*, Paris, 1865, p. 180.

un homme qui est saisi et absorbé par une idée scientifique qu'il poursuit: il n'entend plus les cris des animaux, il ne voit plus le sang qui coule, il ne voit que son idée et n'aperçoit que des organismes qui lui cachent des problèmes qu'il veut découvrir."

In the lecture-room his early shyness clung to him. Diffident in manner he would speak haltingly, vaguely; of a sudden some spirit stirred within him, and he would pursue a new idea with a simplicity and a clearness of expression that amazed his audience.

But it is in the laboratory that the man himself is to be seen, surrounded by his adoring "famille scientifique"—Paul Bert, Kühne, Dastre, Armand Moreau. Here Pasteur had learned to worship, and hither he would come to consult the master about new researches. Observing Nature Bernard would by intuition create an hypothesis. This he would test by experiment. If the idea was shown to be wrong, he would cast it aside; upon *l'idée fixe*, the idola of Bacon, he had declared relentless war. Even if his idea seemed to be right, he would attack it with counter experiments, ever doubting the accuracy of his observation. He spent no time philosophizing or collating the ancient authorities. Books he admitted as part of the laboratory of a man of science: "we can find there only the history of the human mind, which is quite another matter." Nature was the book whose page he could read best. To read her with an unbiased vision was his constant aim.

In his latter days he lost the marks of ill-health. Tall and dignified, his fine head and flowing white hair gave him an impressive appearance. Patience, intelligence, perseverance, singleness of purpose had stamped his firm features with absolute serenity. A pupil has described him\* as "one of those truly great teachers who exercise a great and expanding influence over the minds of their pupils. He possessed a gentle, mild and thoroughly infectious enthusiasm. A conscientious worker, a sincere lover of truth, a marvellously dexterous experimenter."

During the year 1877 Bernard became interested in the process of fermentation. Refusing to believe Pasteur implicitly, he was convinced that fermentation could be carried out by a soluble enzyme outside the cell. In the midst of this work, on the last day of the year, he caught a chill, acute nephritis followed, and on February 10th, 1878, he passed away. What his intuition had shown him, Buchner was to prove twenty years later.

"C'était été pourtant bien beau de finir par là!"

\* McDonnell, R., *Report of the 48th Meeting of the British Association, held at Dublin in August, 1878*; London, 1879, p. 579.



## V.

"But the iniquity of oblivion blindly scattereth her poppy, and deals with the memory of men without distinction to merit of perpetuity."—SIR THOMAS BROWNE.

The funeral cortège wound slowly through the mourning streets of Paris to Saint-Sulpice, from Saint-Sulpice to Père-Lachaise. He who had fought so nobly for humanity passed with a soldier's honours to the grave. He was neither burned at the stake like Servetus, nor left to die unknown like Mayow; his discoveries neither revolutionized science like Harvey's circulation, nor hindered its progress like Stahl's phlogiston. He lived a simple life, of fixed purpose, sometimes a general, sometimes an humble warrior in the army of science, always filled with a sublime faith in its power to benefit humanity, seeking for himself nothing, for the world the truth which never perishes.

A. W. FRANKLIN.

## THE PUERPERIUM COMPLICATED BY PARATYPHOID FEVER.

**I**N April 16th, 1928, I confined Mrs. R—, a primipara, æt. 32. Labour was somewhat prolonged owing to secondary inertia and delivery was effected with forceps under ether anaesthesia.

On the day prior to delivery *ol. ric.* ʒj was given and this was retained without causing evacuation of the bowels.

Condition was normal until the 19th, when there was profuse diarrhoea, with slight abdominal distension. Temperature 103°, pulse 120. No tenderness over uterus. Lochia normal in quantity and not offensive in odour.

The following day temperature 104°, headache and thirst; diarrhoea still profuse (12–15 evacuations in 24 hours). At this time patient was having *tr. opii* ʒij in 12 hours, but without marked improvement in the stools—the appearance of which was not helpful. The abdomen was more distended and tympanic, and there was tenderness in the left iliac fossa. Uterus and lochia normal.

The diarrhoea continued during the ensuing week, being unaffected by the *tr. opii*, but eventually responded to *pot. permang.* *lavage per rectum.*

On the fourth day of puerperium, suspecting a typhoid infection, the information was elicited that during the last two months of pregnancy the patient had eaten a considerable quantity of water-cress, culled from the

neighbouring marshes. On the tenth day of the disease blood was taken for Widal's reaction, and the agglutination was strongly positive to *paratyphosus B*.

Following this, the patient was removed to the Isolation Hospital and returned cured at the end of six weeks. At no time was there any sign of rash.

The difficulty experienced in this case during the first week was the exclusion of the obstetrical "bugbear" sepsis.

I regret that the child's blood was not examined.

G. H. BUNCOMBE.

## NOTES OF ABERNETHY'S LECTURES.\*

## LECTURE XI.

**I**N ulcers, there is something more than mere absorption, there is an attempt to renew the parts removed; when you press a pea on a part to make an issue, it sinks in, and makes a round hole of its own shape and figure, that which is beneath it being taken away by the absorbents, and round the bottom, granulations will be plainly observed, which is the attempt of nature to repair the injury. Ulcerative inflammation is produced by a certain degree of irritation, less than that which produces mortification, and when absorption does not take place properly, mortification supervenes; thus when a person lies long in bed, the circulation is partly suppressed, absorption and ulceration is produced over the sacrum, or if the patient be much debilitated, and absorbent system languid, gangrene comes on. In Lord Anson's voyages, some remarkable cases are related: the sailors had suffered from cold and hunger, and the scurvy attacked them, old ulcers which had long been healed, broke out afresh, and bones which had been fractured and united, now separated again. Ulceration then appears to me a substitute for mortification; according to this theory, where ulceration spreads, the parts must be weak; in its cure, therefore, two things are to be done, first, to quiet, as much as possible, all irritation, and, secondly, to support the strength of the parts. To quiet irritation, you poultice, you apply cold wet cloths, or a solution of opium, and do every thing to moderate the inflammation, which would weaken the parts. When the devastation is ended, you must attend to the reparation. granulations are small tubercles of gelatine or coagulable lymph, which become organized nearly as fast as they are deposited; they appear a very proper matrix for

\* Taken by George Sampson, F.R.C.S.E., etc.

the elongation of vessels, which when injected, appear like rays diverging from a centre. During the process of granulation, there is secreted a fluid, which is good pus, this proves that pus does not depend on inflammation. Healthy granulations have a conical form, and florid red colour, they are small and well organized; unhealthy ones are flat, large and pale. The state of an ulcer is judged of in some degree by the pus which it secretes, for if this be not good, the ulcer cannot be healthy. The discharge from ulcers is sometimes viscid, glairy and bloody, which is called sanies; sometimes more firm, adhering to the surface, and called sordes, and lastly, when watery, it is called ichor; this excoriates the skin and produces irritation. Does the irritating discharge do harm to the ulcer? by some it is supposed that it does not, and among this number was Mr. Hunter, he was led to this opinion by the phenomena of gonorrhœa: but by correcting the discharge of an ulcer, its state is improved, and it assumes a more healthy appearance. Pus is the natural discharge of ulcers, it has been considered too as their natural dressing, and if an healthy ulcer be dressed oftener than once in twenty-four hours, its healing is prevented. The process of skinning is curious, the shooting of skin over an ulcer generally proceeds from the edges but not always, for we sometimes see little islands of skin. No part of the body when once destroyed is perfectly reproduced, the new skin is not perfect, it wants the rete mucosum hence the light colour of the scars of Africans who have had ulcers; but after a time there is rete mucosum secreted, and these scars become darker. Another very curious circumstance in the history of cicatrization is, that it is no sooner complete, than absorption of the granulations takes place; thus an ulcer of twelve inches in diameter forms a cicatrix of three or four, the surrounding skin is puckered, and the surgeon is often blamed for that which he cannot possibly prevent, the skin of the face is destroyed by a burn, the ulcer fills up, the granulations are absorbed, and the face is distorted, if you divide the cicatrix, the same thing occurs again. In describing ulcers, I generally follow Sir Everard Home, who I believe divides ulcers into those which do not heal, first, from weakness, secondly from irritability, and thirdly, from indolence: the first will be benefited by tonics, the second by applications which will quiet the irritability, and the last by stimulants. In many cases, ulcers do not heal from the weakness of surrounding parts, if an ulcer be seated on the thigh, and another on the leg or ankle, that on the thigh will heal first; the healing of these ulcers is promoted by strengthening the general system, and by tonic not stimulant applications. In the irritable ulcer, the mildest dressing will give pain, the

margin of the surrounding skin is ragged and undermined, the bottom of the ulcer is unequal and made up of cavities of different sizes, no distinct granulations, but a whitish spongy substance, covered with a thin ichorous discharge.

The indolent ulcer is the most common, you may beat them with a probe without creating much pain, they have little sensation, the granulations large, the cavity does not fill up, from want of action in the part. As to the treatment; to a healthy ulcer, you apply a simple dressing, because if you left it exposed to the air, the secretion would incrust upon it, you therefore use such an application as spermaceti ointment, changing it every twenty-four hours. In irritable ulcers, you apply tepid aqueous solutions of opium, decoct: papaver; poultices &c, and rest your patient by keeping him in an horizontal position. As the healing process advances, you change these soothing applications for others of a more stimulating kind. Indolent ulcers require stimulants, it is generally of little consequence what kind you use; one kind of stimulus acts only for a certain time, and then becomes inert, it must therefore be often changed. The indolent and irritable ulcer appear to me to be essentially the same, weakness is apt to degenerate into indolence, and if you arouse that indolence, it becomes irritable; in both cases there is a great degree of weakness, but with this difference, that if you stimulate an irritable ulcer, you add to the disease, and more parts are destroyed. The good effects of bandages, in ulcers, every one is sensible of; surgeons are much indebted to Mr. Baynton for making them acquainted with the mode of applying these; they support and strengthen weak vessels, and prevent their being over distended, and by their gentle pressure, absorption is promoted: when they are applied in the proper way, the good effects resulting from them are very striking, the most vexatious sores may often be cured in this way after the failure of every other application. Some persons are averse to pressure in irritable ulcers, but if it be moderated according to the state of the ulcer, both indolent and irritable ones will do better under pressure.

The heat occasioned by this mode of treatment is sometimes inconvenient, Mr. Baynton is in the habit of applying cold washes; the mode of applying this remedy must be particularly attended to, patients themselves cannot succeed at all in it; I so much depend on its efficacy, that I do not regard what I put to the sore, generally a bit of lint, with or without salve. I apply the plaister after the manner of a many tailed bandage, and over it the roller—I will relate a case, it is that of a man who had a number of sores on his leg, which were what are called sinuous, they were so very bad, and his



general health so much disordered, that his surgeon advised amputation; I was consulted, and recommended it not to be done, I kept his bowels regular, and placed him in an horizontal posture, which is similar in its effects to bandaging: he had another ulcer form on the fibula, and was exceedingly ill, that I thought he would have died; being in a close part of the city, I wished to get him into the country, but how was this to be done? it occurred to me that it would be a good plan to apply straps of adhesive plaster and bandage, this I did, and he could then do what he could not before, that is, put his foot to the ground without pain; I saw him next day, and he told me he had been in heaven; on the next day his leg was uneasy, which was occasioned by matter pent up, I dressed it again, leaving an aperture for its escape, in the course of a fortnight he was able to serve in shop.

#### LECTURE XII.

**T**HERE are ulcers with morbid peculiarities, which I think depend on the state of the general health, and to relieve them we must endeavour to improve that, I have seen this exemplified times out of number. Sir Evrd. Home has spoken of ulcers benefited by the application of salt & water, such as scrophulous—by mercury, as those which have thickened edges—and others by hemlock &c. In many sores you are obliged to try a round of remedies, and I have seen ulcers which have had no good done them by a great variety of applications, and have been cured unexpectedly by some very trifling thing. Many applications do good by correcting the morbid secretion from sores, vegetable juices such as that of carrots, acids, which must be very dilute or otherwise sloughing may be produced, charcoal, fermenting poultices, and carbonic acid. The stimulants to be used for ulcers, are very various, some of the resins, as myrrh, mastich &c dissolved in spirit, are recommended for the purpose, they seem to have the same effect on sores, as cordials do on the stomach. There are sores connected with a varicose state of the veins, Sir Evrd. Home has proposed tying them, but the practice has turned out very unfavorably. Mr. Brodie has proposed the division of the veins near the part; I can say nothing of it from experience, you must read his paper on the subject. I now proceed to speak of those affections which seem to consist in a disordered state of the nerves in a part, there does not at the time seem to be any thing evidently wrong in the vascular system; I think it proceeds from something affecting the nerves above the part rather than in the part itself, if this be not the case, you conclude it arises from some disorder at the

origin of the nerves: the most evident case of this kind is Tic Doloureux. In this affection the patient has a most aggravating pain in a part, which is referred to the sensorium, it begins in the extremity of the nerve, for which reason a division of it has been proposed. Now I have often wondered that some wise-headed person has not divided the nerve going to a gouty man's toe; for what is there wrong in gout or rheumatism where you have very acute pain? is there not general nervous irritation? certainly: and so in tic doloureux, there is local pain occasioned by general nervous disorder. If you do not rightly consider these things, your remedies cannot be well understood or applied. Many of these cases are cured by taking off the excitement of the nervous system, which is occasioned by a disordered state of the digestive organs. I will tell you a case of the disease in question, arising in this manner, and which was completely cured. I was staying at a country house *pro tempore*, and observed a person going by very frequently, grinning like a Cheshire cat; on enquiry, I found that he was a gentleman-farmer living near, and was affected with tic doloureux in the face. After a time he found out that I was a London surgeon and came to ask my advice; I ascertained his mode of living to be a bad one, that he was in the habit of tripling &c, however in the course of a few weeks, he got perfectly well by paying attention to the state of his bowels, regulating his diet, taking alterative doses of mercury &c. This case brought me another of a similar kind, it was that of a medical man's wife, who had tried without benefit, all that the London physicians could do for her; she got well by the above simple and what I call rational measures. The rational practice of medicine must be founded on a knowledge of the natural functions.

#### A CASE OF TETANUS WITH RECOVERY.

**T**HE patient, a boy, *et. 11*, was admitted on August 18th, 1928, complaining of difficulty in swallowing and "spasms."

*Previous condition.*—Some time ago, probably about three weeks, he scratched his right elbow.

August 4th: While playing in the street he scratched his right foot. He remained well till—

August 11th: He had slight difficulty in swallowing. Saw his doctor, who said he had a swollen gland. His head was held on one side, and he complained of a stiff neck.

August 14th: Noticed to be stiffer in neck and back,

and complained of pain in the back and left side. His jaws were stiff, and he could not open his mouth properly. He had spasms at night, head bent backwards, and once bit his tongue. Swallowing more difficult.

August 16th: Face observed to look stiff.

August 17th: Walking stiffly and with difficulty. His voice was changed, apparently because of the jaw stiffness. No other abnormal symptoms were noticed.

*Previous and family history.*—Nothing of importance. Healthy, active child.

*Condition on admission.*—Walked in, spastic gait, walking on tips of toes; peroneal spasm present. No opisthotonos, but slight rigidity of posterior neck muscles and sterno-mastoids.

Eyes: Eyelids rather screwed up, otherwise normal.

Mouth muscles in slight spasm, *risus sardonius*. Jaws in spasm, cannot be opened more than 1 in.; Tongue protruded with difficulty. Impossible to see fauces; caused spasm.

All reflexes increased. Patellar and ankle clonus present. Plantar reflexes both flexor. All thigh and calf muscles in spasm. Arms not spastic.

Other systems showed nothing of importance. The urine was normal.

*Blood-count.*—Red blood cells, 4,720,000; white blood cells, 12,800; hæmoglobin, 82%.

*Cerebro-spinal fluid.*—Clear, colourless; cells, *nil*; total protein, 0.02%; globulin, no haze; sugar, normal reduction; chlorides, 0.72%.

*Treatment.*—On admission he was anaesthetized and 15 c.c. of clear, colourless cerebro-spinal fluid was withdrawn. 13,000 U.S.A. units of tetanus antitoxin was given intrathecally, and 11,000 units into the buttock. This was repeated on the next two days, the total amount of antitoxin given being 39,000 U.S.A. units intrathecally and 34,000 units intramuscularly.

The amount of antitoxin given intrathecally was practically regulated by the anaesthetist's opinion of the patient's condition, as in each case as much cerebro-spinal fluid as possible was withdrawn, and the same amount of antitoxin, less 2 c.c., was inserted (1 c.c. = 1000 units).

A further dose of 16,000 units was given next day intravenously. It was followed by a severe reaction, which settled in twenty-four hours.

On the first day morphia gr.  $\frac{3}{4}$  was given to control the spasms, after which he was given potassium bromide and chloralamide, gr. xxx of each, 4-hourly *per rectum* for three days, followed by half this dose 6-hourly by nasal tube for six days.

Feeding for the first two days was by glucose salines *per rectum*, as he was quite unable to swallow—or indeed to vomit—any attempts leading to spasm of the pharynx.

After the second day a nasal catheter was passed into the stomach, and he was fed on peptonized milk, eggs and glucose. This was continued, the tube being left in for forty-eight hours at a time, for eight days, following which he was able to swallow fluids.

The spasms were never very severe except on the second day, and they did not seem to be induced by light or touch. Opisthotonos was never marked, though the neck rigidity was pronounced for three days.

From the third day he improved steadily, taking an interest in life—and the wireless—on the eighth day, and being able to sit up and talk fairly well on the tenth day, though his *risus sardonius* still remained and his voice sounded very "tinny."

He was discharged on September 16th, a month after admission, quite well apart from natural weakness. There were no signs of spasm; he could walk and talk naturally, and there was no residual palsy. All the reflexes were rather unduly active, but otherwise he was normal.

The main points of interest are: The slow onset of the disease after it developed, the long latent period before development, and the mildness of the attack—all being of good prognostic significance—and the comparative absence of pain.

I have ventured to record this case at some length, as tetanus is now—at any rate in London—a comparatively rare disease, and recovery is still an uncommon sequela, despite the use of antitoxin.

I am indebted to Dr. Geoffrey Evans for permission to publish the case. O. R. TISDALL.

#### THE SEVEN CORPSE CASE.

**T**COME now to one of the most notable of all our cases, inasmuch as it showed me a hitherto unsuspected aspect of the kaleidoscopic character of the great criminologist.

He had invited me to supper and we sat in his old familiar rooms at Baker Street waiting for the meal. I knew he had something on hand, but as usual waited for him to announce it at his leisure. He was sitting in his customary attitude in his armchair, attired in dressing-gown and slippers and watching the clouds of his tobacco-smoke through half-closed eyes. He shot a keen glance at me from beneath his shaggy eyebrows.

"Are you busy at present, Watson?" he asked.

"As a matter of fact, I have nothing very urgent at present," I replied, "although I have a patient in my



as yet undecided how to treat her; there are two nursing home who is suffering from eclampsia. I am alternatives—the method of Stroganoff and the Dublin method. The former means active measures which will necessitate my presence there to-night; the latter consists of sedatives, rest in bed, and light fluid diet, all of which can be applied without my aid. But I am afraid I am talking Greek to you."

"Not at all, my dear fellow," said Holmes, smiling faintly. "on the contrary, eclampsia is a condition with which I am perfectly familiar. You may be unaware that I published a small monograph on the subject some ten years ago. I had at that time a large and powerful bulldog named Herbert who suffered from recurrent fits. A glance through the literature satisfied me that the animal was an eclamptic, and I at once embarked upon an active course of treatment as recommended by Stroganoff, who, I may add, is a personal friend of mine. The fits, however, increased in frequency and violence. One afternoon, during a particularly violent fit, when I was endeavouring to examine the optic discs I was severely bitten"; he tenderly felt his lean calf with his long, sensitive fingers—"I was alone and had to walk to the top of the house in order to get the necessary instruments, and it was only at the end of two hours and thirty-seven minutes, after extracting eighteen of the animal's teeth and sawing through the lower jaw that I was free. I returned the beast to his kennel and dealt him a heavy blow on the head with a spanner in order to restrain his movements. On my next visit a week later I was aston—gratified to find him amenable and free from any suggestion of a fit. I published the results of my researches, which were particularly well received in Ireland, with the result that what you facetiously term the Dublin method is really—"

"—the Holmes method," I put in.

"Exactly. But to turn to business, Watson, I have some work to-night, dangerous work, in which I shall need your assistance, so if you can leave your patient I shall be grateful for your company."

"Splendid," I replied. "I have just engaged a new night superintendent—an excellent woman. I will telephone at once and order the Dub—the Holmes treatment"—he bowed slightly and smiled—"for my patient."

When I returned I found Mrs. Hudson had just placed on the table an appetizing meal of gin and kippers. We ate for an hour in silence, the only sounds being the crunching of fish-bones and the melodious gurgle of gin. We finished our meal, lit our pipes, and Holmes introduced me to the night's work.

"I have for some days," he began, "been interested in a large and gloomy-looking house on the outskirts of

London. I will not describe its situation more fully for reasons which I will give you later. I was walking past it four days ago when I saw the front door open; a coffin was carried to a waiting vehicle which drove off down the street. As is my custom, I searched the obituary columns of all the daily papers the same night, but found no death mentioned under that address, and decided to watch the house next day. Accordingly I spent the whole day before the house playing a barrel-organ, and was fortunate enough to see another coffin brought out and carried away. I followed it, pulling my organ after me, but unfortunately ran over a dog, and in the confusion which followed the coffin disappeared. Yesterday I spent the day in the same street hawking onions, and at 5 p.m. a vehicle arrived; a coffin was carried out as before, and the driver made off at a rapid pace. I followed at a run, pushing my barrow before me. Unfortunately, in negotiating the corner my rear wheel struck the kerb and the barrow overturned, scattering some four hundredweights of onions in the road; a crowd rapidly collected, and before I could gather the vegetables and continue the pursuit the coffin was again lost to sight.

"But even to you, my dear Watson, it must appear odd that three deaths in as many days, occurring in the same house, should escape comment in the press, and yet even in the obituary columns the address of the house has not been mentioned. As far as I know there is no epidemic in that part. I am convinced that no less a person than our friend Professor Larkin, the notorious and elusive blackmailer, thief and murderer, is at the bottom of this; delay may cost more lives, and I propose to-night to enter the house from the back and bring the mystery to light. Larkin has been a thorn in my flesh for many years, and I expect to find abundant evidence to bring him to the gallows."

We smoked on and Holmes played his violin and talked brilliantly of relativity and vaccine therapy until midnight sounded from a neighbouring clock. We then arose, put out the lights and descended to the street. The night was cold and there was no moon. Gusts of wind made us button our coats around our throats and pull our hats over our eyes. Holmes walked in silence and took his way by a devious road, threading his path as only he knew how with unflinching step through dark alleys, low-browed slums and winding lanes with lights neither in the streets nor in the mean houses which bordered them until I was hopelessly lost. At last we emerged at one end of a long wide street, apparently more prosperous than we had hitherto passed. It was lit by a wearying length of street-lamps, and as far as could be seen we were at the back of a row of houses.

Holmes walked rapidly on until he came to the forty-eighth lamp-post, where he stopped. A wall four feet high surmounted by a row of iron spikes confronted us, and some fifty feet on the other side was the back of a house five storeys high, with but one light glimmering fitfully in a window at the very top.

"This is the one," whispered Holmes; "we shall proceed in single file, and on no account must you attempt to draw abreast of me. Now for it!"

He vaulted lightly over the wall after a quick glance up and down the road. But he failed to clear the top completely, and his trousers, which were made for him in his stouter days, and were now rather baggy at the back, caught on a spike. He hung there for about five minutes, kicking and lunging like a child learning to swim at the end of a rod and line. At last I went to his assistance; one snip with my scissors was sufficient to divide the suspending band of trousers, and Holmes dropped with a loud crash into a cucumber frame just beneath him. I found a gate near by through which I entered just in time to see him emerging from the cucumbers. There was a large tear in the back of his trousers through which a considerable area of his white shirt protruded. This served me as a beacon in the dark. He again encountered some difficulty a few yards further on by walking with his head down into a clump of gooseberry bushes. He extracted as many thorns as he could in the dark, but time was pressing and he started at a run to cover the remaining twenty feet to the house. I followed hard on his heels when suddenly he rebounded on me and we fell in a heap on the ground.

After we had disentangled ourselves we found the reason, for Holmes had run into a wall of wire-netting provided as an encouragement for the sweet peas, and had been shot back like a stone from a catapult. After that we had no more difficulty. He prised open a small window through which we climbed, and we found ourselves in the basement.

Holmes flashed his torch around and revealed a grim sight—four long tables covered with white sheets. He raised the first to discover the face of a newborn child. The left ear was missing, the jaw broken and the face badly mangled.

He replaced the sheet and I saw at once that he was deeply moved; his face was as pale as the sheets themselves, and his jaw protruded like a battering ram.

"I have seen enough," he whispered; "someone shall hang for this," and he crept stealthily but swiftly through the open door.

But a vague suspicion had entered my mind, and I lifted the sheet again. Somehow the face had appeared familiar, and feeling in my pocket I produced a tiny ear, which I applied to the left side of the

child's face. It fitted exactly. My heart stood still as the truth flashed upon me—WE WERE IN MY OWN NURSING HOME!

Here was an unsuccessful forceps delivery I had attempted the previous day. Next was a man on whom I had performed a radical mastoid operation—my osteotome had penetrated a trifle too deeply. Next was the infant's mother who had succumbed to an intractable P.P.H. in spite of continuous blood-transfusion. It was not my fault, I explained to the husband; "I cannot give a transfusion and compress the uterus at the same time. I am a human being, not an octopus." Last of all was the blood-donor—a nice lad, I was sorry to lose him; he was a universal donor and his blood was always reliable.

But Holmes must be stopped at all costs. I ran out of the basement and upstairs into the hall, and standing in the well of the staircase looked up. Far ahead, half-way up the fourth flight, I saw Holmes's shirt-tail gleaming in the gloom and oscillating rhythmically as he went up on all fours with incredible speed, his nose on the ground like a hungry bloodhound after a lamb chop. Hastily removing my boots I ran up the stairs and arrived panting at the top just as he disappeared round the corner. He was now lying flat on his stomach and worming his way along the corridor. I pursued him silently and was about to grasp his ankle when a door opened in front of us. We both lay flat close against the wall as a figure approached, clad in white, carrying a shaded green light, and apparently engrossed in a paper. It drew nearer, and at last was level with Holmes. I was about to heave a sigh of relief, when in passing him it planted a large and heavy foot on his long, sensitive fingers. He squealed and sat up. Instantly there followed a crack like a cricket bat meeting the ball; Holmes gave a yell and lay down. The corridor was flooded with light and revealed my recently appointed night superintendent—an excellent woman—brandishing a large stone hot-water bottle, Holmes crouching by the wall with the fingers of one hand in his mouth, his other hand claspings his jaw, which was no longer protruded like a battering ram, and myself a short distance behind in stocking feet.

"Good evening, Dr. Watson," she began in icy tones; "this is an unexpected visit."

I have always been afraid of "night supers," as we affectionately called them in my hospital days, but the gin stood me in good stead.

"I was worried about my patient," I replied, "and came up to see her with my friend Dr. Holmes. He found the stairs rather tiring, so we were just—er—resting," and I looked her in the eye with an unblinking stare.



"Indeed," and she sniffed suspiciously, but the kippers fortunately predominated; "well, here is the patient's chart," and she pointed out its features with her forefinger. The temperature was typical of the condition known as rat-bite fever.

"Well, Sister," said I, and started as the front door slammed violently below, "this is indeed not typical of clapsmia, but we are fortunate in having my colleague Dr. Holmes here in an authority—" I broke off as I realized we were alone.

"One moment," I cried, and rushing downstairs I tore open the front door and ran out on to the pavement. The sound of flying footsteps came to my ears and I saw far away down the road a white spot, for all the world like the tail of a white shirt, which flashed light and dim alternately as it passed the street-lamps with the speed of a greyhound.

It was Holmes going home. F. M. J. W.

## STUDENTS' UNION.

### ASSOCIATION FOOTBALL CLUB.

At the Annual General Meeting of the above Club the following were elected to officiate for the coming season:

President: Sir CHARLES GORDON-WATSON.  
 Vice-Presidents: R. FOSTER MOORE, Esq., A. E. GOW, Esq., W. H. HUNTLEY, Esq.  
 Captain: I. E. PHILLIPS.  
 Hon. Secretary: A. W. LANGFORD.  
 Captain of 2nd XI: A. CAFLAN.  
 Hon. Sec. of 2nd XI: G. H. BROOKMAN.  
 Captain and Hon. Sec. of 3rd XI: D. W. KISTORT.  
 Committee: J. R. CRUMBS, C. A. KEANE, A. M. GIBB.  
 The 1st XI fixture list is as follows:

1928.			
Oct. 13.	Craco (A.F.A. Cup, 1st preliminary round)	Home.	
"	20. Downing College, Cambridge	Away.	
"	27. Middlesex County Championship (1st round)	"	
Nov. 1.	Keeble College, Oxford	Away.	
"	3. Old Salopians	Home.	
"	10. University College	Away.	
"	15. Lancing College	Home.	
"	17. Old Mercers	"	
"	24. Clare College, Cambridge	Away.	
Dec. 1.	Old Cholmelians	Home.	
"	12. St. John's College, Cambridge	"	
"	15. University College	"	
1929.			
Jan. 5.	Occident	Away.	
"	12. Old Wykehamists	Home.	
"	19. Old Westminsters	"	
"	26. St. John's College, Cambridge	Away.	
Feb. 2.	Old Malvernians	"	
"	9. Old Bradfieldians	Home.	
"	16. " "	"	
"	23. Keeble College, Oxford	"	
Mar. 2.	Queen's College, Oxford	"	
"	13. Centels (Annual Charity Match)	Away.	
"	16. Old Brentwoods	"	
"	23. Old Isleworthians	"	

At the time of writing there is every prospect of a very successful season, as we have lost none of the players who composed last year's side, and in addition we have reason to believe that there is considerable talent among the Freshmen. Thus we are able to look forward with confidence to the various cup competitions for which we are entered; these include the Amateur Football Association Cup, the University Cup and the Inter-Hospitals Cup. It will be remembered that we were extremely unfortunate in not winning the last-named in the past season. We shall be surprised therefore if, aided by the enthusiasm which we believe to permeate the "soccer" teams, we do not conclude the season 1928-9 with a record worthy of what is the oldest football club in London.

### HOCKEY PROSPECTS.

Having been "out to grass" and grown fat during the summer months, we welcome the beginning of another season.

The results for the 1st XI last year were good; they were beaten by Guy's in the semi-final of the Hospitals Cup, but we hope that they will win it this year. They have an excellent list of fixtures to play; to name a few—Emmanuel College, Christ Church, Oxford, Staff College and St. Lawrence College. W. F. Church, the Cambridge blue, is captain.

The 2nd XI as usual did very well; they reached the final in the Junior Cup, but were beaten by St. Thomas's after a replay; there was no result in the first game after extra time. V. Thorne-Thorne is captain and A. D. Iliff is secretary this year.

H. V. Knight and C. W. B. Woodham are captain and secretary respectively of the 3rd XI.

We extend a cordial welcome to new members and hope they will ginger up the old members.

There will be a trial game on Saturday, October 6th.

### Fixtures. 1st XI.

Sat., Oct. 6th.	Trial game.	Home.
Wed., " 10th.	R.N. Chatham.	Home.
Sat., " 13th.	Beckenham H.	Home.
Sat., " 20th.	Woolwich.	Away.
Sat., " 27th.	Radlett.	Away.

## CORRESPONDENCE.

### AN EXCHANGE AND MART COLUMN.

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

DEAR MR. EDITOR.—Why not add to the utility and at the same time to the revenue of the JOURNAL by starting a small Exchange and Mart column? There are people who want to sell motor bikes, books, wireless-sets, photographs, etc., who would like to sub-let rooms, find people to take a share in a flat, and dispose of all sorts of things. There are some hundreds of present Bar's men reading the JOURNAL, and many thousands of old ones, and many might achieve what they want through the JOURNAL.

What has prompted me to write this is that I have a hunter I want to sell cheap, but anyhow I think the idea worth your consideration.

Yours truly,

KENNETH WALKER.

[We cordially adopt this suggestion, and will duly advertise anything sent in—godmothers, prospective wives, and babies for adoption excepted.—To begin with, are there any offers for Mr. Kenneth Walker's hunter?—ED.]

## ACKNOWLEDGMENTS.

St. Bartholomew's Hospital League News—British Journal of Nursing—The British Journal of Radiology—The British Journal of Venereal Diseases—St. George's Hospital Gazette—Guy's Hospital Gazette—The Hospital Gazette—Kenya and East Africa Medical Journal—Long Island Medical Journal—The Magazine of the Royal Free Hospital—St. Mary's Hospital Gazette—The Medical Review—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Hospital Medical Magazine—Giornale della Reale Società Italiana d'Igiene—Revue de Médecin.

## REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LXI. 1928. (John Murray.) Pp. 260. Price 15s.

This year's Reports deal with an even larger list of subjects than usual. There is nothing quite to correspond with the exhaustive discussion of radium and its application to cancer, the result of a concerted attack in several departments of the Hospital. Of the present volume, however, over 60 pages are devoted to respiratory conditions. Prof. Flaxer fittingly heads the attack with a synopsis of his well-known recent work on *Dyspnoea*, dealing with definition, aetiology and relation to disease. In pneumothorax and in pneumonia with extensive consolidation there is little arterial anoxaemia because of reduction of circulation through the collapsed lung. The cause of the shallow breathing in the latter condition is often not to be put down to pleural pain, but may be due to a toxic or reflex effect on the respiratory centre, or late in the disease to circulatory failure. A revised H-ion concentration of the blood in diabetes and uraemia, and a circulatory stasis in the respiratory centre in heart failure leading to increased pulmonary ventilation are further postulated.

In Chapter II, Dr. Chandler and Dr. Sparks discuss the "Diagnosis of Bronchiectasis with Special Reference to Lipiodol," with 8 skiagrams, and this is completed by Mr. Roberts's contribution on "Collapse therapy in the Unilateral Basal Type," with descriptions of 8 cases. In the two succeeding chapters the subject of "Artificial Pneumothorax" is examined from two different aspects, but with (in the main) similar conditions; Dr. Young regards statistics as entirely misleading, and bases his remarks largely on his own clinics—City of London Dispensary held here, and the Brompton Hospital. Dr. Hilton meets the obvious objection by taking as a foundation Rist's enormous series of cases from the Laennec Hospital in Paris, where he himself worked. The results all show that the indications for artificial pneumothorax treatment are becoming increased in number. Both authors regard bilateral incomplete artificial pneumothorax as possible given skilled technical accomplishment. The majority of Dr. Young's paper deals with the conduct of ambulant cases, and a full account is given of the management of refills and of the mode of termination of the pneumothorax.

Mr. Langton Hewer describes "Anaesthesia in Thoracic Operations," discussing the points in favour of nitrous oxide-ether anaesthesia in the different types of operation, the necessity for differential pressure in operations involving extensive opening of one or both pleural cavities, and the switch from open chloroform to endotracheal N<sub>2</sub>O oxygen, where there is obstruction to the respiratory passages. He uses the standard Boyle's apparatus with his own modified sight-feed, a sketch of which is given. The disadvantage of ethylene and acetylene are that they cause nausea and vomiting and are apt to be highly explosive.

Mr. Cortlandt MacMahon describes his breathing exercises in the post-operative treatment of empyema with 5 case-histories. He recommends their early use after rib-resection unless the patient is too ill to be troubled.

Then follow two chapters on the Cerebro-spinal Fluid, and one on Head Injuries. Mr. Just discusses the literature of "Cystic Serous Meningitis of the Processus Fossa of Otic Origin," and describes two of his cases. This condition, though rare, is promptly relieved by incising the dura and lifting back the cerebellum. He is sceptical about the occurrence of the so-called cysts of the sulcus endolymphaticus. Dr. Carmichael attaches importance to pressure-readings, cell-counts (including differentials) and the presence of bacteria, whether viable or not. The chloride-content is of value only in cases which have not been operated on for ear disease. The unilateral absence of the Queckenstedt phenomenon is of value in sinus thrombosis. Examination of the fluid will not make a diagnosis between sinus thrombosis or cerebral abscess. A fluid with few cells and low chloride is probably the expression of a poor resistance by the host, especially in the presence of bacteria.

Mr. Paterson Ross's analysis of 7 cases of intra-cranial injury is full of interest, both medical and surgical, and it is only by studying such, either first-hand or in the literature, that any degree of knowledge may be attained, the text-books limiting themselves of necessity to straightforward and advanced examples.

The remainder of the book deals with a miscellaneous collection of subjects: "Treatment of Cancer by Lead," by Mr. Hume, whose arguments have recently become so well known as to require little further comment; "Notes on a Case of Heart-block whose

Grade was Decreased by an Inspiratory Increase of Sympathetic Tone," by Dr. Geoffrey Bourne; "An Analysis of 50 Cases of Acute Osteomyelitis," by Mr. J. P. Hosford; "Torsion of the Spermatic Cord," by Mr. Koche; "The Therapeutic Thrombosis of Varicose Veins," by Mr. Payne; A Description of 9 Cases of Femoral Aneurysm," by Mr. Meyrick Thomas; "A Case of Kat-bite Fever," by Mr. E. N. Allott and Mr. T. Joekes.

The book is fittingly prefaced by Sir D'Arcy Power's account of Dr. William Harvey and St. Bartholomew's Hospital.

APPLIED PHYSIOLOGY. By SAMSON WRIGHT, M.D., M.R.C.P. Second edition. (Oxford University Press: Humphrey Milford.) Pp. 510. Price 18s. net.

So much has been added to the first edition of two years ago that space precludes a list or a thorough analysis. The matter is so cleverly condensed that the 100 new pages and 70 illustrations mean a great deal more than might be predicted. It would be quite unfair to quarrel over omissions; one should rather congratulate the author on the extraordinary clearness with which the crowded statements are expressed. One is tempted, however, to ask for more discussion of "chronaxie," in connection with Adrian's work on action currents in sensory nerves; Cramer is dismissed rather summarily in proportion to Cannon in the field of adrenal secretion, and the influence of the thyroid in heat regulation is omitted. Though a very excellent account of the relation of the hypothalamus to pituitary is given, the debated question of the action of pituitrin and diabetes insipidus is avoided.

Perhaps Dr. Wright's genius lies most in giving a graphic and comprehensive account of a detailed subject in a few words with a cold and impartial balance between the two invariable sides of the question, which makes him invaluable as a physiology coach. A good example occurs in connection with the gall-bladder, where a full description of Lyon's duodenal intubation technique is given in a dozen lines, which include the often overlooked objection that mag. sulph. does not give such a powerful contraction of the gall-bladder as fat.

As Dr. Swale Vincent brings out in his introduction, many generations of students will be grateful for the skillful sifting of enormous numbers of original papers which this author has spared them. This is a book which should be as useful to the M.R.C.P. as for the Primary Fellowship.

INSOMNIA AND DRUG ADDICTION. By P. C. COLLINGSWOOD FENWICK. (London: H. K. Lewis & Co., Ltd.) Pp. xii + 46. Price 2s. net.

The author of this small book speaks with the authority of experience, and his conclusions are optimistic. In the first part of the book the relative values and dangers of various narcotic and euphoric drugs are reviewed. The last part is devoted to a discussion of the dry habit, its formation, clinical aspect and cure.

The chief drugs considered are the barbitone and opium derivatives, cocaine and alcohol.

Clear composition, useful information and practical suggestions combine to make the book very commendable, both to medical men and to others interested in the question of drug addiction.

HANDBOOK ON VENEREAL DISEASES. W. TURNER WARWICK, F.R.C.S. (London: Faber & Gwyer, Ltd.) Pp. 221.

This small book is intended for nurses and others engaged in the routine treatment of venereal diseases. A brief sketch of the historical aspects of the subjects is given, followed by a fuller account of the various voluntary societies' activities and the legislation relating to the subject.

The greater part of the book is devoted to the clinical manifestations and pathology of venereal diseases, and especially the practical details in connection with the various forms of treatment.

The author has in the main remembered he is writing for nurses, but here and there a simplification of the language is to be desired. Surely the account of the technique and theory of the Wassermann reaction might be omitted in a work of this type. On p. 126 "anterior cystoscopy" should be "anterior urethroscopy."

The book is clearly written, and should prove a valuable handbook for nurses engaged in the treatment of venereal diseases.



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

- ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Two Cases of Familial Achromic Jaundice in Brothers." *Proceedings of the Royal Society of Medicine*, June, 1928.
- ALEXANDER, FREDK. WM., L.R.C.P.(Edin.) & L.M., M.R.C.S.(Eng.), D.P.H. "Treatment of Whooping-Cough: Inhalation of Cypress Oil." *Journal of British Society for Study of Inhalation Therapy*, June, 1928.
- "Writers' Cramp; Scriveners' Palsy; Functional Spasm; Fatigue Neurosis affecting Psychological Activities." *Medical Press and Circular*, August 15th, 1928.
- APPLETON, A. B., M.A., M.D., M.R.C.S., L.R.C.P. "The Muscles and Nerves of the Post-Axial Region of the Tetrapod Thigh." Part II. *Journal of Anatomy*, July, 1928.
- AUDEN, G. A., M.D., F.R.C.P. "The Guild of Barber Surgeons of the City of York." *Proceedings of the Royal Society of Medicine*, June, 1928.
- BATHURST, L. W., M.D. "Treatment of Incontinence of Urine in Women by Electro-Therapeutic Means." *Proceedings of the Royal Society of Medicine*, June, 1928.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.) "Antistreptococcal Serum for Insect Bites." *British Medical Journal*, August 25th, 1928.
- BOURNE, GEOFFREY, M.D. M.R.C.P. "The Treatment of Rheumatic Carditis." *Lancet*, August 4th, 1928.
- BUCHANAN, SIR GEORGE S. C.B., M.D., F.R.C.P. "Public Action in Regard to Cancer." *Lancet*, July 28th, 1928.
- CARMICHAEL, F. A., M.R.C.P.(Lond.), F.R.C.P.(Edin.). See Linder and Carmichael.
- CHESTER-WILLIAMS, F. E., M.R.C.S. See Gosse and Chester-Williams.
- CHOPRA, R. N., M.A., M.D.(Cantab.), I.M.S. (and CHANDLER, ASA C., M.Sc., Ph.D.). *Anthelmintics and their Uses in Medical and Veterinary Practice*. London, 1928, Baillière, Tindall & Cox.
- (and ROSE, J.P., and CHATTERJEE, N. R.). "Cymnema sylvestre in Diabetes Mellitus." *Indian Journal of Medical Research*, July, 1928.
- (and DIXSHIT, B. B., and DAVID, J. C.). "A Comparative Study of the Action of Cinchonidine and Cinchonine on the Heart." *Indian Journal of Medical Research*, July, 1928.
- CLARK, A. J., M.C., M.D., F.R.C.P., D.P.H. "The Reaction between Acetyl Chlorine and Muscle Cells," Part II. *Journal of Physiology*, vol. LXIV, No. 2, 1927.

[We regret that the rest of this list must be held over.—ED.]

## EXAMINATIONS, ETC.

## UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, July, 1928.

Part II.—Barigrasser, S., Baxter, W. S., Beard, A. J. W., Bell, C. M., Bochenek, S., Briggs, G. D. S., Cimmering, S., Cook, A. B., Freeth, J. W. O., Harris, C. H. S., Hiscock, L. A., Roberts, J. C., Smith, D. A., Staunton, H. W. G.

## L.M.S.S.A.

The Diploma of the Society has been granted to the following: McDermott, G. L., Wright, H. D. K.

## CHANGES OF ADDRESS.

BAILEY, W. H., 14, Route de Malagou, Geneva.

BATTERHAM, Capt. D. J., R.A.M.C., c/o Glyn Mills & Co., 3, Whitehall Place, S.W.

BEVAN, F. A., Bramley, London Road, Hadleigh, Essex. (Tel. Hadleigh 360).

HENTSCHEL, C. C., 10, Newcastle House, Northumberland Street, W. 1. (Tel. Ambassador 8752).

LEONARD, Col. W. H., I.M.S., c/o Messrs. T. Cook & Son, Bombay, India.

MAPLES, E. E., Sports Club, St. James's Square, S.W. 1.

POLLARD, SHUF. Lt. E. B., R.N., c/o The National Provincial Bank, Ltd., 59, West Smithfield, E.C. 1.

TOPHAM, E. J. E., 2, West Avenue, Exeter, Devon. (Tel. Exeter 3530).

WELLS, A. Q., Barrington Hall, Cambs.

## APPOINTMENTS.

BOWER, H. J., M.B., B.Ch.(Cantab.), appointed Honorary Assistant Physician to the Royal South Hants and Southampton Hospital, and Medical Inspector to the Board of Trade, Southampton.

BROADBENT, M. S. R., M.R.C.S., L.R.C.P., appointed Junior House Officer to the Millmay Mission Hospital.

WILLOUGHBY, H. M., M.R.C.S., L.R.C.P., D.T.M.&H., appointed House Physician to the Hospital for Tropical Diseases, Endsleigh Gardens, W.C. 1. (Re-appointment).

## BIRTHS.

CANE.—On September 7th, 1928, at Reepham, to Marjorie (née Perkins), wife of Dr. Maurice H. Cane a daughter.

COCHRANE.—On September 5th, 1928, at Kalimpong, N. India, to Dr. Robert G. and Mrs. Cochrane—a son.

HARRIDGE.—On September 6th, 1928, at 17, Orsett Terrace, W. 2, to Prof. and Mrs. Hartridge—a daughter.

LEON.—On August 30th, 1928, at 48, Clarence Gate Gardens, to Elizabeth, wife of Kenneth Leon, M.R.C.S.(Eng.)—a daughter.

STONE.—On September 9th, 1928, at 39, Elm Park Gardens, Chelsea, the wife of Gerald William Stone, Camnor, Dyke Road, Hove—a son.

## MARRIAGES.

BARENDE—GIBBONS.—On September 8th, 1928, in London, by the Rev. H. Bailey, Geoffrey Harold, second son of the late Dr. Frank H. Barendt, of Liverpool, to Phyllis, elder daughter of Mr. John Gibbons, of Highgate.

COCHRANE—ASPLIN.—On September 6th, 1928, at the Church of the Holy Cross, Milton, Northants, by the Rev. R. Tadman, M.A., Thomas S. Cochrane, M.D., son of Dr. and Mrs. Cochrane, of Kingston, to Gwendolen May, daughter of Mr. and Mrs. Asplin, of the Manor House, Milton.

DUNN—JUMP.—On September 10th, 1928, at St. Martin-in-the-Fields, Spencer Graeme Dunn, F.R.C.S., of 16, Adairson Road, N.W. 3, to Eva Isabel, daughter of Mr. and Mrs. Frederick Jump, of Birkenhead.

MCLAUGHLIN—ADAMS.—On September 22nd, 1928, at Hampstead, John Douglas McLaggan, F.R.C.S., son of James McLaggan, of Milnthorpe, to Elsa Violet, daughter of Mr. and Mrs. W. Adams, Heathfield Road, Croydon.

TOPHAM—HARCOURT.—On September 12th, 1928, at the Parish Church, Clones, Ireland, by the Venerable the Archdeacon of Clogher, Ernest Joseph Eric Topham, M.A., M.B., B.Chir.(Camb.), D.M.R.E., of Exeter and Nottingham, only son of Mr. and Mrs. E. W. Topham, of Nottingham, to Mary Helen Harcourt, B.A., M.B., B.Ch. (Tribity College, Dublin), second daughter of the late Mr. W. G. Harcourt and of Mrs. Harcourt, of Clonkirk, Clones.

## DEATHS.

GREEN.—In June, 1928, Samuel Lionel Green, F.R.C.S.(Edin.), M.R.C.S., L.R.C.P., of Hamilton, New Zealand.

KERSWILL.—On August 10th, 1928, suddenly, Harry Kerswill, M.R.C.S., L.R.C.P., of Sackville House, Sandwich, Kent.

LECLERO.—On August 16th, 1928, G. J. A. Leclero, M.R.C.S., L.R.C.P., D.P.H., of Moha, Mauritius.

PRITCHARD.—On August 31st, 1928, at a nursing home in London, after an operation, Owen Pritchard, M.D., LL.D., of 41, Gloucester Square, and 37, Southwick Street, Hyde Park, W. 2, aged 74.

QUICK.—On September 15th, 1928, at Pentre, Torquay, John Quick, surgeon, aged 84.

WYNNHAM.—On September 7th, 1928, in London, Thomas Lancelot Wynnham, L.R.C.S., L.R.C.P.(Edin.), aged 54.

## 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, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., 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. 1. Telephone: City 0510.

## St. Bartholomew's Hospital



## JOURNAL.

VOL. XXXVI.—No. 2.]

NOVEMBER 1ST, 1928.

PRICE NINEPENCE.

## CALENDAR.

- Thurs., Nov. 1.—Association Match v. Keble College, Oxford. Away.
- Fri., " 2.—Sir Percival Hartley and Mr. L. B. Rawling on duty. Medicine: Clinical Lecture by Sir Thomas Horder.
- Sat., " 3.—Rugby Match v. Cardiff. Away. Association Match v. Old Salopians. Home. Hockey Match v. Old Cranleighans. Home.
- Mon., " 5.—Special Subject: Clinical Lecture by Mr. Rose.
- Tues., " 6.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., " 7.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
- Fri., " 9.—Dr. Langdon Brown and Mr. Harold Wilson on duty. Medicine: Clinical Lecture by Dr. Morley Fletcher.
- Sat., " 10.—Rugby Match v. Moseley. Away. Association Match v. University College. Away. Hockey Match v. Hendon. Away.
- Mon., " 12.—Special Subject: Clinical Lecture by Mr. Elmslie.
- Tues., " 13.—Prof. Fraser and Prof. Gask on duty.
- Wed., " 14.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
- Thurs., " 15.—Association Match v. Lancing College. Home. Abernethian Society: Clinical Evening, 5.30.
- Fri., " 16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Sat., " 17.—Rugby Match v. Rosslyn Park. Away. Association Match v. Old Mercers. Home. Hockey Match v. Emmanuel College, Cambridge. Away.
- Mon., " 19.—Special Subject: Clinical Lecture by Mr. Scott.
- Tues., " 20.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Wed., " 21.—Surgery: Clinical Lecture by Mr. Harold Wilson. Hockey Match v. Keble College. Home.
- Thurs., " 22.—Last day for receiving matter for the December issue of the Journal.
- Fri., " 23.—Sir Thomas Horder and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Dr. Langdon Brown.
- Sat., " 24.—Rugby Match v. Devonport Services. Away. Association Match v. Clare College, Cambridge. Away. Hockey Match v. Christchurch College, Oxford. Home.
- Mon., " 26.—Special Subject: Clinical Lecture by Mr. Elmslie. Rugby Match v. R.N.E.C. (Keyham).
- Tues., " 27.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Wed., " 28.—Surgery: Clinical Lecture by Mr. Harold Wilson.
- Fri., " 30.—Prof. Fraser and Prof. Gask on duty. Medicine: Clinical Lecture by Sir Percival Hartley. Savoy Hotel.—9.0 p.m.: St. Bartholomew's Hospital Dance.

## EDITORIAL.

HERE is about the celebration of one's birthday a pleased sense of virtue upon receiving the congratulations and tokens that fall to one's lot on that occasion. That we have done nothing whatsoever to deserve it, except in the face of so much advice upon the art of healthy living daily thrust upon us, we have managed to survive for a particular number of years, detracts nothing from the magnitude of our enjoyment. Indeed, it serves to enhance it, for we are not being fêted for the jolly fellows we are, and not for some achievement for which in any case we ought to be cheered?

It is in this mood of accepting favours for something chance has thrown our way that we proudly announce the birth of triplets in Elizabeth Ward.

For the past twenty years the Hospital has achieved, at best, mere twins. At last we can rejoice, quite irrationally, but nevertheless wholeheartedly.

Seldom has such a thoroughly entertaining and pre-eminently useful a book on general topics been produced by a member of the Staff as Mr. and Mrs. Kenneth Walker's latest, *On being a Father*, which is reviewed in our columns this month. *The Log of the Ark* we all know or ought to, and its successor will be useful not only to children who wish to get the best out of their parents and understand them, but might make for matrimonial harmony where none was before. The amusing stories it contains and the illustrations assist in making a thoroughly good investment.

The Students' Union will hold its Annual Dance on November 30th, at the Savoy Hotel.

We can only leave to the imagination of our readers the exact promises of this bare statement.



The Ball commences at nine and ends at three. Mr. Clifford Essex and his *confères* will make the music. Tickets for this unrivalled opportunity for dancing and other innocent pastimes may be obtained from Mr. I. E. Phelps and Mr. E. V. Frederick. Single tickets are 21s., and the double tickets are 35s. each.

DEAR SIR,—King's College, University of London, is this year celebrating the Centenary of its foundation, and an appeal is being issued for £350,000 to enlarge the College and to provide a much-needed endowment. Of this sum about £100,000 is needed to endow special Chairs and Studentships in Physics, Physical Chemistry, Electrical Engineering and Physiology. As the contribution of King's College to science has been very considerable, may we ask you to commend the College and its needs to your readers?

I enclose a copy of the appeal letter, and a booklet which sets out our needs at greater length.

Yours faithfully,

King's College, London, G. B. HARRISON,  
Strand, W.C. 2; Press Correspondent.  
October 20th, 1928.

The following gentlemen have been nominated to House Appointments from November 1st, 1928:

<i>Junior House Physicians</i> —	
Dr. Morley Fletcher . . . . .	A. P. Gaston.
Sir Percival Hartley . . . . .	W. A. Nicholson.
Prof. F. R. Fraser . . . . .	A. A. Miles.
Sir Thomas Horder, Bart. . . . .	W. V. Cruden.
Dr. Langdon Brown . . . . .	W. Smith.
<i>Junior House Surgeons</i> —	
Sir Holburt Waring . . . . .	R. W. Raven.
Mr. L. B. Rawling . . . . .	W. J. Lloyd.
Prof. G. E. Gask . . . . .	A. C. Bell.
Sir C. Gordon-Watson . . . . .	J. A. Cholmeley.
Mr. Harold Wilson . . . . .	D. A. Langhorne.
<i>Intern Midwifery Assistant (Resident)</i> . . . . .	
C. R. Jenkins.	
<i>Intern Midwifery Assistant (Non-Resident)</i> . . . . .	
J. C. F. Ll. Williams.	
<i>Extern Midwifery Assistant</i> . . . . .	
{ T. R. Smith.*	
{ K. W. Mackie.†	
<i>H.S. to Throat and Ear Departments</i> . . . . .	
A. W. L. Row.	
<i>H.S. to Ophthalmic Department</i> . . . . .	
C. G. Sinclair.	
<i>H.S. to Venereal and Skin Departments</i> . . . . .	
{ O. H. Bellerby.*	
{ G. W. Pimblett.†	
<i>H.S. to Orthopaedic Department</i> . . . . .	
W. Buckley.	
<i>Senior Resident Anaesthetist</i> . . . . .	
{ J. H. Attwood.‡	
{ M. L. Kreitmayer.	
{ A. T. Pagan.	
<i>Junior Resident Anaesthetists</i> . . . . .	
{ A. Bennett.*	
{ F. W. Linton-Bogle.*	
{ W. P. M. Davidson.*	
<i>Casualty House Physicians</i> . . . . .	
{ H. H. Boydon.†	
{ E. G. C. Darke.†	
{ E. A. F. Palmer.†	
<i>Casualty House Surgeons</i> . . . . .	
{ G. C. C. MacVicker.*	
{ F. H. Ward.†	

\* 3 months, November. † 3 months, February. ‡ 12 months.  
All others for 6 months.

## A CASE OF COARCTATION OF THE AORTA.

THE patient, a warehouseman, æt. 44, was admitted to Sandhurst Ward on October 30th, 1928, on account of shortness of breath.

*History of present condition.*—He was well and able to do heavy work until June, 1928, when he had a septic finger, which was incised twice. Towards the end of June he began to be dyspnoic on exertion and was easily tired. He rested for two weeks and then returned to work, although his health remained poor. In September his ankles began to swell and he was obliged to leave his work and rest. For two weeks before admission the dyspnoea had been becoming more marked. Ten days previously he had a sudden attack of dyspnoea while in bed. There was no pain. He coughed up yellowish-green sputum streaked with bright blood. A week later he had a similar attack, but this was accompanied by pain in the right side of the chest.

*Past history.*—He had had no previous illness. When examined for the army he was classed as B 3, but did not know the reason.

*Condition on admission.*—A very pale, thin man, orthopneic. Eyes prominent. Lagging of right upper eyelid. Marked arterial pulsation in neck and supra-clavicular fossæ.

The apex-beat of the heart was 1 in. outside nipple line in fifth space. Area of cardiac dullness extended to the third rib above, to the right border of the sternum on the right, and to the position of the apex-beat on the left. At the apex there was a presystolic murmur leading up to a slapping first sound. At the aortic base there was a systolic murmur conducted upwards into the neck. The second sound was accentuated, and followed by a musical diastolic murmur which was conducted down the left border of the sternum. There was also a systolic murmur at the pulmonary base and the pulmonary second sound was accentuated. Corrigan pulse. Blood-pressure 112/60.

It was noted that there were tortuous pulsating superficial arteries over the back of the chest, especially around the right scapula.

Lungs showed signs of congestion and a patch of consolidation at the left base. Lower edge of liver just palpable. Spleen not palpable. There was slight œdema of the left ankle. Urine normal apart from a trace of albumen.

Wassermann reaction negative.

X-ray of chest taken one month before admission

showed a shadow extending up from the arch of the aorta to the roof of the neck. It was suggested that this shadow might be due to dilatation of one of the big vessels.

The patient was treated with digitalis, but died suddenly on the day after admission.

*Autopsy.*—The heart was greatly enlarged. The cavity of the right auricle extended right across the back of the heart. Both ventricles were hypertrophied, especially the left. The cusps of the mitral valve were thickened. The aortic valve segments were covered with shaggy vegetations attached to their ventricular surfaces. One segment was partially destroyed.

At a point  $\frac{1}{4}$  in. beyond the attachment of the ductus arteriosus the aorta was constricted, as though a string were tied round it, to a diameter of  $\frac{1}{2}$  in. Above the constriction there were some areas of atheroma. Immediately below there was an area of fibrous infiltration, and to part of this area a small vegetation was attached. The abdominal aorta was normal in size.

The arteries supplying the neck and arms were larger than normal. The internal mammary arteries were enlarged to the size of a pencil, and tortuous. They anastomosed with enlarged deep epigastric arteries. The right superior intercostal artery was a large tortuous vessel which descended in front of the necks of the ribs, giving off large branches which passed between the ribs to the back. It finally joined the right posterior aspect of the aorta just below the coarctation.

The right lung showed an infarct on its anterior surface. Both lower lobes were congested and contained irregular areas of consolidation. There was an aneurysm about 1 in. in diameter and containing clot on one of the branches of the superior mesenteric artery. There was an infarct in the spleen.

With regard to the pathogenesis of coarctation of the aorta in adults, it was suggested by Skoda that the tissue of the ductus arteriosus may sometimes extend into the wall of the aorta. This tissue slowly contracts and leads to the characteristic constriction of the aorta.

The above case is of interest from the following points of view:

1. The rarity of the condition.
2. The collateral circulation was so good that the patient was able to do heavy work without discomfort.
3. The illustration of the fact that in ulcerative endocarditis vegetations tend to occur where there are structural abnormalities in the heart or blood-vessels.

I am indebted to Dr. Geoffrey Evans for permission to publish this case. R. G. ANDERSON.

## A CASE OF MULTIPLE TELANGIECTASIS WITH SPLENOMEGALY.

HIS description forms a parallel with that of a case of hemorrhagic telangiectasis reported in this JOURNAL last year (1), with the addition that in this case the spleen was considerably enlarged.

Osler (2), in his original account, calls attention to six other forms of telangiectasis besides the type under discussion:

- (1) The "rosacea" of heavy drinkers.
- (2) Small pinkish spots without visible venules which fade completely on pressure and which appear suddenly and may last for several years.
- (3) Small nodular forms of a bright crimson purple colour which may be congenital, but which form such a common senile change in the skin as to be popularly connected with abdominal cancer—a disease of the same period of life.
- (4) The spider "nævus araneus"—a disfigurement sometimes seen on the skin of the eyelids and cheeks of children and young girls. This type has also so remarkable a connection with cirrhosis of the liver as to be almost a diagnostic indication; and it was possible on this assumption that the woman whose case I am describing was diagnosed (much to her resentment) some years ago at an infirmary as "cirrhosis" and told "not to go on drinking too much," there being now no evidence of enlarged liver or portal obstruction.
- (5) The "mat" form, occupying 1½ to 4 in. of skin of a vivid pink, but without the depth or intensity of a common birth-mark."
- (6) A rare form, the French "telangiectases essentielles," which are generalized and acquired.

Lastly there is the multiple hereditary form with recurrent hemorrhages.

There were at least eight families up to that time (1907) described by various observers as subject to this affection in which epistaxis alone or accompanied by telangiectasis was unusually prevalent, and there was a solitary man in whose family so far as was known there was neither of these conditions. The present case appears to correspond to the latter, although epistaxis in the patient's family has not been absolutely excluded, especially as the disease is known to have been dormant in one parent for more than one generation (McKinstry) (1).

A married woman, æt. 65, a machinist, was admitted to the Hospital under Dr. Langdon Brown on October 13th, 1928, complaining of weakness and abdominal pain and indigestion.

*History.*—About ten years ago she noticed the red spots on the face and hands, which appeared to "come out" singly or in crops, attaining their maximum size in three months and fading over about the same period of time. Three years ago she had a thrombosis in the right calf and was diagnosed in the infirmary as cirrhosis of the liver.



In the course of 1926 she had an attack of dry pleurisy on the right side; a large telangiectasis on one of her fingers bled profusely and she had to obtain treatment for it; and finally her eyesight became "bad," a "spot" appearing for about six months in front of the left eye and having always persisted, though to a reduced extent. During last year she began to have a severe aching pain over the left lower ribs and hypochondrium, not associated with food and probably due to the enlarging spleen. The pain lasted for three months. For some months she has had increased frequency of micturition with precipitancy, but not associated with pain or hæmaturia; and during that time has suffered much from flatulence and pyrosis immediately after food.

Two months before admission she had a severe epistaxis and shortly after, a recurrence of her pain under the left ribs brought her to this Hospital, where she was treated in Out-Patients for indigestion and constipation.

There was a past history of "smallpox" (though she had been vaccinated. She had had one child, which died at 3 weeks, she states, from "smallpox" at the time of her own attack, and there was no family history of epistaxis or of "spots."

*On examination.*—A healthy-looking woman of good nutrition, with no pallor of mucous membranes. On the face, nose, lips, tongue, inner sides of cheeks, hands and occasionally on the legs and feet were well-marked telangiectases exemplifying well the three types described by Osler:

(1) The pin-point.

(2) The spider form—the most common.

(3) The nodular variety, "which may gradually arise in the centre of a spider naevus and form a solid vascular tumour the size of a split-pea."

Of the last-named there was one on the tip of the nose, one on each side of the nares, one on the left cheek and one on a finger. She had bled from three of these quite profusely.

The spleen formed a firm, well-defined tumour the size of an orange and showed a well-marked notch. It was not tender.

The fundi, drums and urine were normal. The blood-pressure was 130/90. The blood-count was: Red blood-corpuscles, 4,500,000; white blood-corpuscles, 6000; Hb., 82%; colour index, .89. The coagulation time was 2 min. 27 sec., and the bleeding-time 2 min. 36 sec., as compared to a control of 1 min. 40 sec.; both within normal limits.

She was treated, as Osler laid down, by large doses of calcium lactate, and the two nodular telangiectases on nose and cheek were touched with the electric cautery. After being in the ward ten days she was sent out to be observed as an out-patient.

Hutchison and Oliver (3) describe three cases of multiple telangiectasis with nose-bleeding of a familial type, of which two showed telangiectases on the buccal mucous membrane. One had vomited clotted blood; in one there was a dilated vessel in the ear-drum; in neither was there hæmaturia or melaena. As in the present case, one man suffered from much increased frequency of micturition, but none had the indigestion "which usually accompanies acne rosacea," and which was a marked feature of this case.

The bleeding-time was always unchanged; in one of Osler's cases the coagulation time came down with calcium lactate from 6 to 1½ minutes; in Colcott Fox's (4) case the coagulation time was 3 minutes 50 seconds, but in Sequeira's (5) case there was normal coagulation time.

For further references see Parkes Weber's (6) full account in 1907.

In none of the above recorded cases was the condition associated with splenic or hepatic enlargement.

McKinstry quotes Williams (7) as to the necessity of inquiring as to the occurrence of nose-bleeding in the

personal and family in every case of spider naevus to obtain a true idea of the frequency of the disease.

The importance consists in the serious inconvenience from the skin hæmorrhages and epistaxis—4 of Steiner's (8) 171 cases having actually died of hæmorrhage—and in the fact that considerable benefit has occurred from the use of cautery and calcium lactate.

I am indebted to Dr. Langdon Brown for permission to publish this case.

(1) MCKINSTRY, W. K.—*St. Bartholomew's Hosp. Journ.*, May, 1927, p. 136.

(2) OSLER, SIR WILLIAM.—"On Multiple Hereditary Telangiectases with Recurring Hæmorrhages," *Quart. Journ. of Med.*, i, p. 53.

(3) HUTCHISON, ROBERT and W. JENKIN OLIVER.—*Quart. Journ. of Med.*, No. 34, p. 67.

(4) COLCOTT FOX.—*Brit. Journ. Derm.*, 1908, xx, p. 195.

(5) SEQUEIRA, J. H.—*Ibid.*, 1915, xxv, p. 157.

(6) PARKES WEBER.—*Lancet*, 1907, ii, p. 160.

(7) WILLIAMS, C. M.—*Arch. Derm. and Syph.*, July, 1926, xiv, pp. 1-3.

(8) STEINER.—*Arch. Int. Med.*, February, 1917, xix.

FRANCIS C. ROTES.

## THYMIC TYPES.

**A**LTERRATIONS in size and weight of the thymus have long been associated with certain types of children and with definite clinical syndromes, and persistence of the gland is known to occur in certain diseases of adult life; but this by no means exhausts the interest of this body, the investigation of which is still in its infancy.

As regards its weight there is little unanimity in the text-books, but it is quite certain that anything over 15 grm. is abnormal at any age.

The only definite histological change demonstrated in enlarged thymus glands is a relative and absolute increase in the size and number of Hassall's corpuscles, but the significance of this very constant change is not yet clear.

From a series of cases of thymic deaths seen in children during the past eighteen months it would appear that there are two fairly distinct types of thymic subjects, both of which may be diagnosed during life. The first, and probably the commoner, type corresponds to the well-known text-book description, viz. a pallid, fat and flabby child, aged from 1 or 3 to 5 years, with large tonsils, a large spleen and generalized lymphatic hyperplasia. Physical signs of the enlarged thymus are to

be found in substernal dullness in the second and third spaces, usually extending more to the left than the right, and in a definite shadow in this situation in a radiogram.

These cases form a large percentage of anæsthetic deaths in childhood. They also are liable to suffer from attacks of asthma—"Kopp's" or "Miller's" asthma. The sexes are equally affected, but more males appear to die under anæsthetic, possibly from the incidence of circumcision. It is, however, the second group which is of such great interest, and which is not, as far as I am aware, described in any text-book. Six cases were seen in a series of 120 consecutive autopsies (5%), and the last four were diagnosed ante-mortem. There was a striking similarity in the history and clinical signs in all of them.

The typical history was the following: A healthy male infant, between 9 months and 2 years of age, who had been (or was still being) breast-fed and had no previous illness of any importance, and was big and well developed for his age, was brought into hospital between 3 and 7 a.m. "fitting" continuously. The parents stated that they were awakened by a cry and found the infant having a fit. Some had brought the child straightway to hospital, others had made matters worse by that deadly treatment of fits so dear to the lay mind, a mustard bath—of a surety the worst form of treatment ever conceived for this condition! In all the cases the fits persisted and no child regained consciousness. Terminal hyperpyrexia (*ad 106°*) was observed in two. Marked cyanosis and dyspnoea and inactive dilated pupils were the only definite findings, beyond signs of bronchitis quite insufficient to account for the cyanosis. In no case was the spleen palpable, nor were any other glands felt.

The various treatments employed were:

(1) Endotracheal oxygen.

(2) Subcutaneous luminal.

(3) Lumbar puncture.

Interest chiefly centres round the first and third of these, for they presented anomalous results. There was no obstruction to the passage of the catheter, and yet the cyanosis was not the least ameliorated by the oxygen administered.

Lumbar puncture produced a clear fluid (subsequently found to be normal) under considerable pressure, removal of which had no apparent effect on the fits. These were the only cases of fits seen in any child in which immediate cessation of the fits (whatever their cause) was not obtained after lumbar puncture.

The autopsies showed in all cases:

(1) A large thymus, 18-30 grm., almost completely surrounding the superior vena cava, and large

veins, and extending down over the pericardium for 2 to 3 ins.

(2) A marked lymphatic hypoplasia—small spleen, small mesenteric glands, and small tracheo-bronchial glands.

(3) A myocardium free from fatty degeneration (said to be constantly present in the first type).

It is clear that death was due to cerebral congestion from obstruction to the great veins, but why the thymus should suddenly cause such compression is a mystery.

As the age at which this condition is encountered is usually under two years, the superior longitudinal sinus is readily accessible for puncture—the suggested line of treatment for cases diagnosed in time.

This type differs from the first in age, sex and general lymphatic hypoplasia—it is a true "*status thymicus*," not a "*status lymphaticus*," like the first.

The anæsthetic fatalities may belong to either group, and it is perhaps more than a coincidence that death tends to occur towards the end of the anæsthetic—almost when the child is waking—which is comparable with the onset in bed after some hours' sleep in the cases just considered.

Interest in the thymus does not cease here, however, for recent work in America has invoked its aid in differentiating pylorospasm from true pyloric stenosis, the former being associated with an enlargement of the gland and being amenable to radiotherapy.

Finally, in the adult cases of enlarged thymus the best known associated conditions are Graves's disease and Addison's disease, both showing some sympathetic dysfunction, and myasthenia gravis (of at present obscure pathogeny). Perhaps these suggest some sympathetic connection as part of the thymic functions, a theory further borne out by the fact that marasmic infants, with their scanty adrenalin, are found to be deficient in thymic tissue.

When a potent extract of thymus is available for therapy the results of its use will show more clearly the function of this undoubtedly important gland, which has hitherto been wrapped in obscurity.

WILFRID F. GAISFORD.

## THE "SILENT GAP" IN BLOOD-PRESSURE ESTIMATION.

**T**HE older method of estimating the systolic blood-pressure by palpating the radial artery at the wrist during compression, and subsequent decompression of the arm by the Riva-Rocci apparatus, has now been largely superseded by the



auscultatory method. The advantage of the latter method is that readings of both the systolic and diastolic pressures can be obtained. Occasionally, however, an error in the systolic may occur owing to the presence of a "silent gap" in the sounds heard with the stethoscope over the brachial artery.

The normal sequence of sounds that occur during the auscultatory method is as follows: The patient is placed in the recumbent position with the arm bared and extended. The armlet is fixed firmly round the arm as high as possible above the elbow, and the pressure rapidly raised to over 220 mm. of mercury, or, preferably, until the pulse at the wrist is obliterated. Further reference will later be made to this detail. The stethoscope is now applied without pressure over the brachial artery just above the bend of the elbow, and the pressure in the apparatus is gradually lowered. Complete silence occurs until the systolic pressure is reached, when a series of short taps or thuds is heard. This phase usually lasts for about 10 mm. Hg., and then, as the pressure is still further reduced, a soft murmur is heard, soon to be replaced by a succession of loud, clear, banging sounds. With a further decrease in the pressure dull, muffled sounds appear, and then fade away as the pressure is reduced. The diastolic pressure is that point at which the banging sounds are replaced by the dull, muffled sounds. This occurs usually about 5-10 mm. Hg. above the point at which complete silence is noted.

In a certain number of cases, particularly those having a raised blood-pressure, it may be found that after the sounds which indicate the systolic pressure have appeared, say, at 220 mm., they may die away completely whilst the pressure in the armlet is being reduced, till at, say, 180 mm. sounds again appear. There is therefore a "silent gap" in the sequence of sounds which should normally occur, and it is this gap which may cause an error in the estimation of the systolic pressure. In the above instance the systolic pressure might have been recorded as 180 mm. Hg. as there was no sound immediately above this pressure when actually it was 220. To avoid the possibility of an erroneous systolic reading being made owing to the occurrence of the "silent gap" two courses are open, and one should be followed as a routine in all blood-pressure estimations:

- (1) The pressure should be raised to 220 mm. Hg. or over (the disadvantage of this is that some patients object to so great a pressure, and the second method is therefore preferable).
- (2) Palpate the radial artery whilst the pressure in the bag is being raised, and continue to increase the pressure until obliteration of the pulse has occurred; then apply the stethoscope in the usual manner.

Cases exhibiting the "silent gap" phenomenon have been recorded by Tixier, Poulain and Gibson. The following two cases met with in the Out-Patient Department illustrate the condition:

CASE 1.—Male, *æt.* 43, complained of gastric symptoms. On examination his pulse-rate was 50. Radial and brachial arteries were thickened, and tortuous. Blood-pressure 230/130. A "silent gap" occurred between 200 mm. and 160 mm. Hg. On subsequent examinations it was observed that the silent gap was not always present.

CASE 2.—Male, *æt.* 63; "giddiness." Examination revealed the presence of premature contractions. Blood-pressure 232/110. "Silent gap" between 190 mm. and 160 mm. Hg. In this case also the silent gap was not a constant feature. An electrocardiogram showed left-sided preponderance, and some premature ventricular contractions.

The cause of the "silent gap" is not known, but in some cases it is believed to be due to unduly long compression of the arm, thereby causing venous stasis.

To recapitulate, the "silent gap" consists of a period during which no sound is heard during the decompression of the armlet. The short, sharp thuds indicating the systolic pressure are normal in character, but the soft murmur of the second phase may be replaced by a silent period extending over a range of from 20-60 mm. Hg. Below this point the sounds are again of normal type. During the "silent gap" the radial pulse is, of course, palpable.

My warm thanks are expressed to Dr. Graham for his kindness in allowing me to publish these cases.

W. A. ROBB.

### A DEFINITE SYNDROME?

[Comments upon this article are invited.]

**M**AY I raise the question in your columns whether an association of common symptoms which I will try to describe occurs frequently enough to warrant the suspicion that patients showing this combination are suffering from a definite disease?

These patients give a history of *B. coli* cystitis, some "rheumatic" condition such as sciatica or lumbago, "indigestion," are very easily fatigued, and pass urine which has a curious unpleasant smell.

It is obvious enough that these are all common conditions, and that by coincidence alone two or more of them must occur at times in the same patient, but my experience is that they are all found together often enough to suggest a definite disease.

The easiest explanation is that these patients are the subject of an intestinal infection. There are certain diseases which are described as having been retrieved from the rubbish-heaps of rheumatism, hysteria, etc., and my suggestion is that there may be something here which could be sorted out by observation and research from the rubbish-heap of intestinal toxæmia. The patients I have in mind certainly lack some of the symptoms said to be characteristic of intestinal toxæmia.

The disease, if it is a disease, must last a number of years, and attacks anyone from a young athlete of the best constitution to an old maid with nothing to do. The patients have periods of good health and then relapse.

The trouble is certainly not due to constipation, and I have failed to find any focus such as the tonsils. The *B. coli* cystitis may be severe or slight, a single attack or repeated. The only point about it that has struck me is that the *B. coli* sometimes disappear very rapidly; the urine may be sterile within a week of acute symptoms. The rheumatic symptoms are the most troublesome, because the patients seem to be never free from lumbago, fibrositis or sciatica. The symptoms of indigestion are difficult to sort out, but appear to be those described as due to atonia. The liability to fatigue on slight exertion is very marked. The key-move in the problem seems to be the offensive urine. The smell is so strong that patients say they cannot pass it in their bedrooms. It is obviously not the ordinary smell of cystitis, but is very similar to that of a patient who has eaten a quantity of asparagus. The smell varies with the health of the patient, but seems to be independent of the condition of the urine; a path. lab. report may show *B. coli*, or it may show indol, but as often as not the report is of a perfectly normal sterile urine.

The evidence to be got from treatment does not throw much light on the cause. I feel confident that a thorough course of dimol removes the smell from the urine, which rather suggests something wrong with the intestinal flora. I think the patients benefit by a course of some vitamin food and U.V.R. baths certainly do good, and the digestive symptoms are relieved by P. D. & Co.'s Metatone, but whether there is really some deficiency in diet, whether some food is poisonous to them or whether the cause is some defect of secretion are points for elaborate investigation.

I am well aware, Sir, that all this is very sketchy and unsatisfactory, but clinical pictures of disease, I take it, are like photographic plates in that the details emerge gradually by development—in practice a very slow process. The first question is whether (to continue the metaphor) there is anything at all on the plate. Or

whether what appears to be the blurred outline of a picture is in reality caused by imagination or coincidence.

R. L. KITCHING.

### THE OLYMPIC GAMES, 1928.

**H**OSE of us who were present at the Olympic Games of 1928 came away with a feeling of pride in our British heritage. Both the victorious and the vanquished in our team showed the fine qualities of determination and doggedness in the face of odds that belong essentially to the British.

Napoleon has described us as a "nation that never knows when it is beaten." Certainly one famous American coach, after the American disasters in the track events, was heard to remark, "For most of my life I have been trying to teach our American athletes that an Englishman is a darned hard fellow to beat, and they have not believed it."

The march-past of athletes on the opening day was a spectacle that could not fail to thrill the most phlegmatic. From an azure sky the sun poured down on a vast stadium fashioned in grey concrete and crimson brick, on the parapets of which flew the flags of the competing nations. The red cinder-track is 400 metres in circuit, and it surrounds an oval of green turf in the centre of the ground.

To the music of massed bands the teams of the competing nations entered the Stadium in columns of fours, headed by their respective flag and standard bearers, and, marching past the Royal box, dipped their flag and saluted the Prince Consort of the Netherlands. The order of precedence was arranged alphabetically. Some of the Olympic uniforms were particularly impressive, especially those worn by the German and Dutch teams.

It was interesting to compare the demeanour and physical development of the different nations. The Americans, marching with the care-free gait of the democrat, full of assurance, and apparently caring little for such ceremonies. In their ranks men of fine stature and physique—Goliaths, compared with us. The German team marched with the swing and steadiness of trained gymnasts. Amongst their numbers were some of the most beautiful figures that Nature has ever moulded. Some four or five ranks were composed of men varying from 6 ft. 2 in. to 6 ft. 7 in. in height, with broad shoulders and magnificent limbs. Their flaxen hair and deeply bronzed complexions showed the advances of licht-kultur in Germany to-day.

The German women athletes and gymnasts were also beautiful examples of magnificent health. The Italians



were vivacious and demonstrative, and the Dutch resembled the Germans. The French were absent from this ceremony.

The Olympic Oath was taken by a Dutch athlete, a fanfare of trumpets was sounded from the Marathon tower and a salvo of artillery fired. The bands played the "Marche de Triomphe," and the teams left the Stadium.

The racing started on the following day. It is almost impossible to describe in mere words the start, progress and finish of each of those epic struggles. It would need an Edgar Allan Poe to do justice to a description of the mental and physical torture that an athlete passes through preparatory to and during an Olympic final.

In the changing-room before the start of a race there is an atmosphere of tension, which is broken only by the sound of the "warning bell." A subterranean passage leads from the dressing-rooms into the centre of the arena. The coolness and tranquillity of this passage is a contrast to the blazing sunlight and the sound of an uproarious crowd that awaits one on ascending the steps into the arena. At the "mark" places are drawn for, the men dig their starting holes, and then silence reigns over all as they go down to the start.

The voice of the German starter rings out "Auf die Plätze"—"Fertig"—a pistol-shot, and with straining muscles they are off.

In the midst of many fine performances the running of Lord Burghley, Douglas Lowe, London, Rangeley, Rinkel, Livingstone-Learmouth and Gaby will live long in the memory of every Englishman who saw their performances.

The 400 metres hurdles was a titanic struggle from the sound of the gun until the tape was broken. At the last hurdle Lord Burghley, the two Americans and a Swede were almost level. All four of them looked terribly exhausted, and they lifted their legs as if made of lead. Lord Burghley's grit and fighting spirit carried him through a desperate finish to win by 2 ft. from Cuhel and Taylor of the U.S.A.

The 800 metres race was yet another classic event. It was the work of a craftsman, if such a term can be applied to athletics. Lowe's track tactics, strategy, beauty of running, and above all his indomitable courage gave him victory, the thrills of which mere words could never describe adequately.

Of the remainder of the Empire, pride of place must be given to Canada and South Africa. Williams (Canada) won the 100 and 200 metres, with all the dash of youth of nineteen possesses. Ball (Canada) almost won the 400 metres race, and was only beaten by inches on the post. Atkinson (South Africa) won the 110 metres hurdles, his great limbs sweeping over the hurdles in a

beautiful style. Weightman-Smith was fourth in this race, and was unlucky not to be better placed, when one considers that he won the semi-final easily, and broke the world's record.

A testimony to the doggedness and courage of our nation was the Marathon race, the last of the athletic events in the games. The whole British team of six men fought on to the finish over 26 miles of cobbled roads, and all of them were within the first twenty. I believe that Great Britain was the only nation whose entire team finished. The unevenness of the roads and the square cobble-stones of the Dutch highways tortured their feet and legs for miles. Payne and Wright were terribly lame, but the sight of Bignall was the most moving of all, because of his extreme youth and his fine spirit. For the last fourteen miles of the race this boy suffered what must have been agony, but he refused to give in. At the finish he was deadly pale and semi-conscious.

The other three heroes were Ferris, Harper and Wood.

*Last impressions.*—The Press pour forth much criticism, mostly adverse, at the termination of each Olympic Games. These critics could never have moved amongst the athletes of the various nations, or they would not say or write the things they do. In the Stadium events there were no unfortunate incidents; men played the game hard and cleanly. Fencing, boxing and wrestling, which takes place outside the Stadium, are games involving physical contact between opponents, and quick thrusts and blows make a fair judgment difficult. In these events unfortunate incidents sometimes occur. But year by year men of all nations are learning to be chivalrous in victory and generous when defeated, and to abide by a referee's decision.

In Germany last year I was talking to a group of German athletes, and one of them said, "We, in Germany, will always regard England as being the Motherland of Sport, and whether England wins or loses we shall look to her to show the world how to play the game in the right spirit. If England withdrew from the Olympic Games her prestige in the world of sport would fall."

Not only should we lose our prestige, but we should lose the opportunity of making friends with the youth of other nations, and learning from them those things that we have not taught ourselves.

At the 1928 Games one could not fail to be impressed by the feeling of *bonhomie* amongst men of all nationalities, and by the genuine pleasure shown whenever the British Empire won an event, particularly by the Germans, who applauded our wins with about as much enthusiasm as their own successes. Incidentally, the general opinion was that no team outshone the Germans in sportsmanship.

The American team was a fine one, but as regards track events they did not shine. The strain of repeated "try-outs" before getting into the American team must be considerable, and leave a man unfit for any further good performance.

Looking over the stern of the boat bound for the "Land of Hope and Glory," and watching the coast of Holland receding over the horizon, one thought filled our minds, and that was that where the youth of the world is gathered together in some common cause, such as sport, there all is well. Who knows but that one day an International League of Young Sportsmen may quell for ever the voices of the war lords?

H. B. STALLARD.

### AS OTHERS SEE US.

*The following is an account of the history of an illness from the point of view of a patient. It is not usually the privilege of the medical man to enjoy such remarkably clear story-telling.*

**I**T was at the end of August 1908, that I began to suffer from indigestion, at first merely discomfort after food which after a week or two would pass away, & not return for some months. But gradually the attacks became more frequent & more severe, causing sickness & confining me to bed, with little or no food for several days at a time. Our country doctor's treatment did me no good, but as I was quite well between the attacks I began to regard them as of not much consequence. However the pain became sharper, and the sickness (which always began at night) so severe, that in the autumn of 1910, my brother-in-law, a doctor who has a large practice near London, took me to see a well-known specialist in Harley Street. When he had asked me numerous questions and thoroughly examined me, to my surprise he chucked me under the chin (I being then the mature age of 48!) & said "Don't be frightened, not much the matter with you." This was comforting, but all the same he recommended an exploratory operation which took place in a London Nursing Home on Oct. 18th. Sir — was the Surgeon, kind & charming as he is clever. He found the illness was caused by two patches of adhesions of the coats of the stomach one at the top and one at the bottom of the left hand side. These were broken up & my appendix removed. The doctors told me afterwards that I must have had peritonitis at some time & that the mischief probably began after two miscarriages (in 1903 & 1904). I got

on well after the operation for a few days, but a sharp attack of bronchitis kept me back, & the coughing caused me great pain, but I was able to come out of the Home at the end of three weeks & very soon picked up my strength & was able to eat ordinary food with no ill effects. But alas! in a few months another attack of sickness brought me low, so in Feb. 1911 I went up to see Sir — the Surgeon. On examination he found there was slight dilatation of the stomach of which there had been no trace before or after the operation. He gave me some simple remedies & recommended that if I was not all right in a few weeks, I should go to Dr. S, one of the consulting surgeons of St. Gs. Hospital. As a matter of fact, I had an awful night of sickness that very night & got home to the Midlands feeling very bad. I did not improve, so in a few weeks I went up to see Dr. S. who put me under the Röntgen rays at St. —'s. He found that there was slight dilatation but not enough to account for the sickness and discomfort, which he thought might be caused by the general upset of the operation. He ordered me some further simple remedies & wished me to see him again in six months, but he became ill, & gave up his practice in London within a few weeks, so I did not. At the beginning of May I took my two boys to school, going myself to stay with my sisters at W. near by. The night I arrived I had a terrible attack of sickness, & my Sister's Doctor, who has a great reputation in the neighbourhood was called in. He spoke to me then of the short circuit operation, but said he could not advise it at my age. He told my Sisters that he thought very badly of my case & did not expect me to recover my health. After a few days when I got better he gave me a strict table of diet, I was to eat nothing which would not go through a quill. No seeds or skins, have very little to drink & rest 14 hours out of the 24. I carried out this treatment most thoroughly, on my return home, but the sickness got worse, though I did not have so much pain as before. I got miserably thin and felt almost starved. At last one day about the end of August, there was a village entertainment on our lawn, I was too unwell to be present, but supper being laid I sneaked down to the dining room & feeling absolutely famished, I helped myself to a good portion of cold tongue & bread & butter, which I ravenously devoured, regardless of consequences. Strange to say, from that moment the sickness ceased, & I gradually worked back to ordinary health & digestion.

In this happy state I continued for nearly 14 months. But, in October 1913, the trouble began again. Again my country Dr. could do nothing to relieve me. I became so poorly that my brother-in-law insisted on my staying at his house for six weeks under his constant



supervision, he found my stomach much dilated & said as Dr. S. had told me before that the use of a stomach pump would give me the best relief but they could neither of them bring themselves to order it. Instead, he recommended me to use bicar. of soda in hot water whenever I felt discomfort, in order to induce sickness. I was also to keep on the dryest of diet, & drink only 2 v. small teacups of coffee in the 24 hours. After six weeks of this treatment I improved greatly & kept better, on more or less ordinary food, but taking very little liquid, & that between meals, till the next October 1914, when my symptoms became worse than ever. I went back to the strictest dry diet, & used to drink quarts of hot water with the bicar. of soda, making myself sick before meals so that I could sit at table with my family & pretend to enjoy my food. The nights were the worst times always, but this I kept to myself. I got worse & worse & became so emaciated that I could see every bone in my body & I think all my neighbours felt I was not long for this world, my poorer friends frankly told me so!

Then happily for me, a clever young doctor came as partner to our old friend, he took a great interest in my case & insisted on my staying in bed for 3 months. For the first six weeks of this I lived entirely on Bengers' food, but at the end, I was no better, so he tried me on even stricter dry diet than I had been before. At the end of 3 months, I was allowed to get up, but only to lie on a sofa. He then wished me to go to the sea in S. Devon. I had a bad attack of sickness again & had to postpone my journey for several days, but eventually I went to a place near Teignmouth for 3 weeks. During that time I felt frightfully bad, & was dreadfully sick at times, the worst as always being at night. Happily I got home to the Midlands without mishap, but a week after my return, I was going to bed feeling very sick about six o'clock. I was sitting on the floor which made it easier for me, when I suddenly felt very faint, & a violent attack of hæmorrhage came on; I managed to call for help, though I was almost fainting. My husband rushed in & tried to lift me on to the bed, when the hæmorrhage came again both ways. They tell me I threw up quarts of blood, & it was so bad that sheets and blankets had to be burned. My clever Dr. was away, but our old friend came about 10 o'clock, & laughed & chuckled as he stood by my bed. "Now, we know what's been the matter with you; Gastric Ulcer." (I hope I have made it clear that my case had been a puzzle to the profession all long—13 doctors in all!) He said he would wire at once for Dr. C. the chief surgeon at the — Infirmery. Meanwhile, he left no instructions, there was only an untrained villager to look after me, as my maids were young, & I got out

of bed, & sat up & rolled about as I liked. I could not keep down even a drop of water. This happened on *Friday* Aug. 19th, 1915. When it was almost impossible to get doctors & nurses in the country, & Dr. C. could not come to see me till the next *Tuesday* afternoon. After examination, he said I must have the short circuit operation, but must be fed artificially for a week before. Fortunately he managed to procure a Nurse, who arrived at 10 p.m. I believe if she had not come to give me food I should have collapsed that night. I know she expected me to, every minute & she was in great fear lest the hæmorrhage should return. Well to make a long story short on the next Tues: I was taken into a Nursing Home at — & Thurs. Sept. 2nd, Dr. C. performed the operation. When I came to myself about 6 p.m. I was in dreadful pain, but after an injection of morphia I felt practically no more discomfort. I made the most wonderful recovery, & could have left the home at the end of a fortnight, & from that moment to this—twelve years, I have been able to eat & digest my food like a normal person. The Drs. told me that my stomach was a mass of adhesions which would have taken hours to disentangle. They too thought that I must have had peritonitis, and Dr. C. was of opinion that I had been born with too thin a coat to my stomach. Personally I can't believe this as until the illness began in 1908, I had never suffered from indigestion in any form. *Jan., 1928.*

#### DESCANTS OF THE DISTRICT—II.

**I**T was a sleepy District clerk,  
Called forth from bed at three,  
And he hath taken his bag and drum  
To bear him company.

At last the heir his voice did raise  
In tones exceeding shrill;  
The clerk sat down awhile to praise  
His own obstetric skill.

The gamp retired to celebrate  
And ease her weary limbs:  
Full soon the walls reverberate  
With Bacchanalian hymns.

But now the ghost of all our dreams  
Which haunts the District man—  
With precious gore in ruddy streams  
The P.P.H. began.

The clerk arose to diagnose  
The patient's sudden pallor:  
Forthwith to wake the gamp he goes,  
And makes a woeful clamour.

With douche and pipe and all his skill  
To stem the flood he tries;  
Though streaming gore increasing still  
Pours forth before his eyes.

"O, doctor, I hear a rushing sound;  
O, say, what may it be?"  
The clerk replied and bravely lied,  
"It's the gamp who's making tea."

A c.c. of pituitrin  
With skill he now injects,  
And all in vain he looks again  
To watch the drug's effects.

The father came up with a yell and a bound,  
"The ceiling's red!" cried he.  
The District clerk he never looked round,  
But gave her another c.c.

At last compression he applies  
With all his might and main.  
A neighbour for the extern flies;  
Alack! he goes in vain.

The patient now was past his aid,  
And Death had claimed his prize.  
The clerk held on for still the gloom  
Obscured his failing eyes.

But now at last his end drew near;  
He raised his weary head,  
To gaze with misty vision on  
The crowd around the bed.

"I've managed many labours with a skill that is unique,  
And been to Dr. W—d S—w for coaching twice a week.  
Although this is my twenty-first, I'm not ashamed to say  
I've not had more than fourteen up till now who've passed away;  
And though I'm rather young it's true, I'm quite prepared to die.  
(I've put the silver nitrate in the infant's streaming eye.)  
I wot it is a lovely thing to die in duty's cause."  
Now this remark was greeted with tumultuous applause.  
With his dying breath he shouted in his gallantry and pride,

"Though time will wait for no man, yet I've stemmed this purple tide!"

And he fell upon the bed and he died.

\* \* \*

Sir B—rn—rd examined their mortal remains and everyone held his breath,  
As in reverent strains Sir B— explains the probable cause of death.

"Her abdominal wall was extensively bruised, a hole in the fundus was seen,  
And between the two it is strange but true he was bravely compressing the spleen!"

The coroner mopped his streaming eyes, and "Jurymen all," he cried,  
"A tale you've heard of a District clerk who did his duty and died.

Full many a gallant gentleman has earned a right to fame,  
But this is one recorded alone in the annals at Golden Lane.

In all my lengthy coronership I never before have seen  
Or heard of a gent who was fully content to die compressing a spleen.

His name it is a glorious name and evermore shall live,  
And 'Death from natural causes both' is the verdict you must give." *F. W. J. W.*

#### EXCHANGE AND MART.

**I**NSPIRED by the letter which appeared in these columns last month urging that the JOURNAL might be of assistance in the disposal of surplus articles, I have approached members of the Staff with a view to ascertaining whether they would find a use for such a section. The response has been immediate and complete, and I am enclosing a list which I have collected during my preliminary inquiries feeling that it may be of some assistance to you in this new departure.

FOR SALE.—A gent.'s black dress shirt with collar to match, only worn once.

EXCHANGE.—A jovial surgeon would exchange a khaki tie (rather faded), some pieces of Poole pottery and a manual on Education for novels by Edgar Wallace.

A SPECIALIST has seventeen cadogans, a panama hat, several vests and a shooting-stick which he would exchange for a sufficiency of 4% (not 4%) methylene blue solution.

A SCIENTIST wishes to exchange a suspensory bandage for a good manual on Poison Gas.



**SPLENDID CAR.**—Would exchange a Crossley motor car—1928—fitted with every up-to-date bath-room accessory for a wireless set suitable for use in an operating theatre, capable of being sterilized. Also books on food for sale cheaply.

**FOR SALE.**—100 dollars the lot. Ten *very good* portable operating theatres, a Kiwi Oobang (imported from Australia, and *very good*), and a collection of household books (all *very good*).

**A GOING CONCERN.**—Expensive motor-car—suit big physician—a nice pipe and a first edition of the popular song, "Don't do that to the poor pussy coat." Offers wanted.

**A PHYSICIAN** has four cupping glasses, three wooden stethoscopes, a late 1830 coach, and a bottle of "liquor epispasticus" for exchange for a sphygmomanometer.

**IF THE ELDERLY GENTLEMAN** who was so kind to the young lady in Slater's the other day, and who informed her that he was "The Old Bean," would communicate with Box XYZ, he can have his tin of worms back.

**CHEAP.**—A doctor has a bottle of liquid paraffin, a typewriter, a couple of grape-fruits and a fire extinguisher for disposal privately. Scottish readers need not apply.

KONE.

## STUDENTS' UNION.

## ABERNETHIAN SOCIETY.

A meeting of the above Society was held in the Medical and Surgical Theatre on Thursday, October 25th, the President, Mr. E. T. C. Spooner, being in the Chair.

The minutes of the last meeting having been read and confirmed, the Inaugural Winter Sessional Address was delivered by Dr. C. J. Singer, M.D., F.R.C.P., on "Leonardo da Vinci as a Man of Science."

Leonardo's early life was first briefly described, stress being laid upon the fact that he was ill-educated and illiterate, his writings for the most part consisting of mere jottings.

As a man of science he could be studied from three points of view: Firstly as a mathematician and engineer, who devised compasses, lenses, quick-firing guns, fortifications, dredgers and flying machines; secondly as a naturalist, who painted men and nature with a very high degree of accuracy for small details (his output as an artist was small); and thirdly as an anatomist and physiologist. His greatest achievements were attained as an anatomist and physiologist.

Leonardo was an ardent dissector who accurately recorded the structures he found by detailed drawings. He discovered and described the moderator band in the interior of the right ventricle, and more than one other anatomical structure, as the atrium of Highmore, should be credited to him. The method of examining the relations of different structures one to another by a series of cross-sections at different levels was first made use of by him, as well as describing structures with regard to the three dimensions in space. As a physiologist he, amongst other things, investigated the movements of the heart by transfixing it with a long pin, and watching the oscillations of the exposed portion. Leonardo left numerous papers relating to physiology.

Lantern-slides illustrating Leonardo's inventions and other achievements were thrown on the screen during the address.

Prof. W. E. LE GROES CLARK, in moving a vote of thanks, said that he himself was amazed at the extraordinary genius which Leonardo displayed, and deplored the fact that art and science no longer proceeded hand in hand.

Mr. EYTON-JONES seconded the vote of thanks, which was carried with acclamation.

## HOCKEY.

## ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

September 29th, at Winchmore. We opened the season with a win against Guy's of seven goals to three; our opponents were playing one short.

There were several changes in the team from last season. Whittle and Attwood have left us. The latter having been with us for seven seasons, is, so current report states, the mainstay of the St. Albans club, and the darling of the flappers on the touchline. The other changes were Hartley at wing-half, McCoy to the forward line, Hodgkinson in goal, and White, a freshman, at right back.

We won the toss and defended the lower end. The ground was *very hard* and somewhat bumpy, making ball control difficult and stud nails to pierce the feet.

Our forwards were superior to the Guy's defence, and goals were scored by Francis 3, McCoy 2, Symonds 2, and Neill 1.

The Guy's forwards were dangerous in the circle, and Hodgkinson saved well several times.

The halves played a sure and steady game, leading their forwards well and breaking up many a Guy's attack. White at back played a very useful game, tackling and intercepting with judgment.

**Team:** H. L. Hodgkinson (goal); F. C. H. White, P. M. Wright (backs); K. W. D. Hartley, W. F. Church, M. S. M. Fordham (halves); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (forwards).

## ST. BARTHOLOMEW'S HOSPITAL v. BECKENHAM II.

October 13th, at Winchmore. We beat Beckenham by six goals to two. They opened the score by breaking through on our right, their wing centred and a first-time shot by their inside-right gave Hodgkinson no chance to save. The defence had been caught napping.

Francis broke away and scored soon afterwards. Beckenham replied from a corner. Up to this point play had been even. Our forwards were now combining well, and quickly put on two more goals before half-time.

We added two more goals in the second half, but the forwards were combining badly and play deteriorated. In the latter stages of the game Beckenham launched several hot attacks and Hodgkinson was called upon to save on several occasions.

Francis scored four goals, McCoy two, and Williams one spectacular goal which was hit by the reversed stick and after cannoning off several legs, went in off McCoy's red stockings.

**Team:** H. L. Hodgkinson (goal); F. C. H. White, P. M. Wright (backs); K. W. D. Hartley, W. F. Church, J. H. Hunt (halves); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (forwards).

## ST. BARTHOLOMEW'S HOSPITAL v. WOOLWICH GARRISON.

October 20th, at Woolwich. During the week there had been a great deal of rain which made the pitch in ideal condition for hockey.

We won a rather uninteresting game by eight goals to nil. Winning the toss we played downhill with the sun behind us. Play was confined to our opponents half for the greater part of the time, and goals were scored by Francis 6, and Symonds 2. In the later stages of the game the Garrison were unlucky not to score on one or two occasions.

After tea we were invited to sample their old brown sherry, and returned home in excellent spirits.

**Team:** H. L. Hodgkinson (goal); F. C. H. White, P. M. Wright (backs); K. W. D. Hartley, W. F. Church, J. H. Hunt (halves); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (forwards).

## ASSOCIATION FOOTBALL.

## ST. BARTHOLOMEW'S HOSPITAL v. CUACO.

(First round, A.F.A. Cup.)

The first match of the season was our cup tie *versus* Cuaco in the 1st qualifying round of the A.F.A. Senior Cup. Cuaco is a team in the Southern Amateur League, and we may consider our win over them by 2 goals to 1 an extremely gratifying beginning to the season.

The game was played at Winchmore Hill. Phelps won the toss, and playing towards the pavilion end. Bart's early took the lead through Gibb. No more goals were scored during this half, but

early in the second half a splendid goal by Sykes increased our lead. Almost immediately afterwards, however, Cuaco scored, and from this time onward they strained every nerve to equalize. Nevertheless the Bart's defence held out, and we thus qualify to meet Winchmore Hill in the second round.

The game was fought out at a great pace, and the form displayed was the more pleasing as it was so early in the season. The team appears more promising than that of last year, the two new men, Sykes and McGladery, proving an additional source of strength.

## REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LXI. [Space not having permitted anything like adequate representation of Chapters XI, XII and XIII in our last issue, these will be dealt with here.]

In "The Lead Treatment of Cancer" Mr. Hume reviews the investigations carried out by the Standing Committee of the Medical College under the chairmanship of Sir Thomas Horder, appointed along the lines started by Prof. Blair Bell in Liverpool.

The selection of cases had to be very carefully done, operable moribund cases or those with atrophic types of growth excluded, as were any cases of growth of the alimentary tract. Any patient with hepatic, renal or blood deficiency was marked down by thorough preliminary investigation. The type of growth was, in all cases, confirmed histologically. The preparation "S 7" came direct from the Muspratt Laboratories of Liverpool University, and was eventually used instead of choriotope, which produced too severe reactions, and in order not to complicate the issue lead selenide was only used on one case.

Intravenous injections of 15 c.c. repeated in a week, and subsequent weekly injections totalling 50 c.c. of lead colloid, formed a first course of treatment when the patient's condition admitted, he being if necessary readmitted after one or two months for a second course of another 50 c.c. After a second interval a final course of 20 c.c. was to be given.

The general management of the treatment, the routine investigations required and the reactions to be expected are all carefully discussed. The summary of results is divided into (A) cases being treated solely with lead, and (B) with lead followed by deep X-ray treatment. The figures speak for themselves. Of A there were 13 cases, of which 11 have since died and the remaining 2 have not been improved. Of 7 cases in Group B (sarcoma of nasopharynx) one was much improved after X-rays, but in no case was improvement demonstrated during lead treatment; and the owner of the carcinoma of the heart into which lead was directly injected (on the principle of rheoidal copper) died five weeks from the first injection. Mr. Hume is eminently fair, but perfectly definite in finding that not only did the lead do no good, but the average expectation of life of thirteen weeks would have been considerably greater if not treated. Studies made on excretion of lead in the urine show that while there is a fall in excretion following the rise due to the first injection, a maximal figure is maintained for at least three weeks after the third injection. Finally a detailed account of 20 cases is appended.

Dr. Geoffrey Bourne found that in a woman with exophthalmic goitre the 2:1 heartblock became on deep inspiration of 1:1 rhythm. He used this to prove by the usual means, injections of atropine, pilocarpine and adrenaline, ocular pressure on both eyes and on the vagi, effects of exercise and emotion, that during inspiration there is an increase of the acceleration or sympathetic tone. Dr. Geoffrey Bourne, it will be remembered, recently demonstrated this at a meeting of the Clinical Section of the Royal Society of Medicine in the Library.

In all but three of Mr. J. P. Iosifoff's fifty cases of acute osteomyelitis occurring in the wards, mostly between 1924 and 1925, the interior of the bone was involved, this forming a strong point in favour of exposing and draining the bone at the first operation; diaphysectomy must be employed with discrimination, and used only in young persons when the medullary canal is involved in almost its whole length; the operation should be made as far as possible a bloodless one by using an Esomarch's bandage, "vigorous curettage of the medullary cavity is to be strongly condemned," and "caeculous bone should not be removed in great quantity, as it is important for bone regeneration." This is the first account of the subject in the Reports, except

for six cases described by Sir Holburt Waring in 1893, as occurring when he was house-surgeon.

[Apologies are due to Mr. Langton Hever for the statement in the review of his report on "Anesthesia in Thoracic Operations," that nitrous oxide ether anaesthesia was the anesthetic of choice; nitrous-oxide-oxygen anaesthesia was, of course, meant.—E.N.]

THE ESSENTIALS OF MEDICAL DIAGNOSIS. By SIR THOMAS HORDER, Bart., K.C.V.O., M.D., F.R.C.P., and A. E. GOW, M.D., F.R.C.P. (London: Cassell & Co., Ltd., 1928.) Pp. 682. 19 plates and 27 figures. Price 16s. net.

The book is arbitrarily divided into sections dealing with the greater physiological systems, with subsequent sections upon the blood and blood-forming organs, the joints, the ductless glands and the skin. Each section is commenced with a brief and elementary physiological and anatomical consideration of the system treated, described rather from the clinical than the strictly scientific aspect.

There follows in each case a clear and simple description of detailed examination, and the differential diagnosis of main signs and symptoms. The diagnostic aspects of clinical findings are indicated concurrently with the descriptions, which contradicts the teaching of some that all facts should be elicited before they are submitted to any diagnostic processes. The authors argue that the presence of a tentative diagnosis, if kept sufficiently nebulous, indicates special points in the examination which otherwise might be missed entirely.

The danger of preconceived prejudice in this method is certainly present, but it seems to us that a mind so easily prejudiced will hardly benefit by a rigorous mindlessness during an examination. Again, no diagnosis can be made that is not thought of, and it is likely that more suggestive ones will be considered during the free and perhaps partly subconsciousness of association of ideas during the examination than by a set piece of logical thinking at the end.

To each section is appended a brief description of the clinical pathology and the more proven pathological tests.

A short section dealing with pyrexia is worthy of special mention. If there was any particular point to be emphasized in the consideration of this manual *qua* manual, it is the laudable way in which it avoids sudden outbursts of small print, with their consequent and recurrent dilemmas to the reader, who has to decide each time the relative value of the information given. This is another way of saying that the make-up of the book is satisfying. The paucity of illustrations serves to point the moral that the patient is the main illustration of the text.

Those which are present are good, especially the representative X-ray photographs. There are a few errors, perhaps inevitable in a first edition. On page 18 it is stated that in R.D., K.C.C. > A.C.C.; the reverse is stated on page 158. On page 509, line 29, surely *ureter* should read *urethra*?

Apart from these minor blemishes, the book can be unhesitatingly recommended both to the student commencing his studies and the man who has left his far behind.

ON BEING A FATHER. By E. M. and K. M. WALKER. (Jonathan Cape, Ltd.) Pp. 192. Illustrated. Price 5s. net.

Perhaps it is because a father is notoriously a hack-horse who has heroically sacrificed for the State everything except a passion for the morning paper and a new-found punctiliousness with regard to his job in the City, that anything like a sparkling or happy description of fatherhood had not yet to our knowledge been produced. The father who is the part author of this book has certainly not lost his sparkle, but perhaps he has not been at it long enough. And this book, thank Heaven, as the introduction says, is "No radiant fatherhood or anything sentimental." The difficulty of reviewing it has been much increased because everyone who saw it in our rooms has picked it up and proceeded to read it straight through.

Part I, "The Expectant Father," is the comparatively heavy pill which is so deliciously coated by Part II, "The Father." But the pill part of it is so necessary and so skillfully dispensed that even to the most stoic and Hare-saturated mind it must appear new and interesting. This, we think, is largely due to a retained sense of humour—it being apparently usual to regard joking as evidence of bad taste in dealing with sex.

The mirth bubbles over, especially in "Animal Fathers"; for the authors very wisely consider a biological introduction as necessary to fathers as it is subsequently to children, and a study of



Pyecraft provides many opportunities. "Fertilization" contains a commentarial description of mitosis (with an apt comparison with "a dance of magicians engaged in the work of creating a new being"), and an up-to-date discussion of sex determination.

Mendel, Galton, Karl Pearson, Goddard, Stockard, Pawlow and Weissman fit across the pages of Chapter III on "Hereditry," and subsequently sterility and birth control are treated with the same high standards of fairness and good reading.

Chapters VI and VII on "Pregnancy" and "Childbirth" are in our opinion the most valuable in the book, and contain such an amount of knowledge hitherto unobtainable by the average father as to make the five shillings a very cheap price to learn. For then of all times has the husband got to express intelligently his sympathy with his wife, or else give over any attempt at learning premarital companionship. Incidentally we were delighted that Rose Macaulay's classic *Mr. Thinkwell* should be given a chance to air his views again. The story about the playwright and his fourteen-mile walk was a new one on us, but we have brought it off since with effect (and due acknowledgments). And it was a most kind thought to remind one of that postcard to the M.O.H., for he is the evil party who absolutely must be informed if not invited to the christening.

Having jumped the first fence and successfully produced a child without losing his seat, the jockey will now have two cantankerous mounts to control. And here the real fun begins; and we would only spoil it by attempting to describe it. The chapter on the "Growth of Fear" is largely based on Dr. Watson's experiments in "Behaviourism," and fear, jealousy and shame are shown to be nasty weeds which most parents appear to take a pride in sowing and cultivating.

The last chapter, "On How to Behave," has been of great use to us. We fear, however, that it is likely to be suppressed by Government because the statement, "Do not take geometry, algebra or graphs at your boarding-school unless you are going to be a doctor or a teacher or a professor," is likely to lead to a serious lack of candidates for these essential professions.

We don't like the "Father's A.B.C." at the end merely because we are not fond of A.B.C.s—they are so difficult to read and such fun to write.

Cecil Delisle Burns is certainly not over-complimentary in the Introduction, which is so full of epigrams that we had to read it twice to discover this, and we feel that even though coal-miners and railwaymen do not have monthly nurses, yet they will get the same pleasure out of reading about them in this book as they do in watching films of millionaires' orgies; and we do enjoy crawling about the floor on our stomachs. Anyway there is "not much harm" in not crawling.

The illustrations by Violet M. Guy are thoroughly in keeping, and she uses her powers of line and mass rhythm with great expressiveness, especially in "The Haphazard Methods of the Past," "Their Nurses Regaling each Other with Tragic Stories," "A Patient's Logical Chain of Arguments," and "No Lack of Harmony Between his Parents." One of the pictures is mostly title, viz. "Human Spermatozoon under High Magnification."

This review has already assumed unusual proportions, but then its subject is quite a new departure, and is to be rated, perhaps, a Father's Koran, except that Mohammed could not avail himself of the beautiful production of Messrs. Jonathan Cape.

Lastly, we have started reading the *Log of the Ark* again.

**AIDS TO PSYCHIATRY.** By W. S. DAWSON. Second edition. (Baillière, Tindall & Cox.) Price 4s. 6d.

The reason for the appearance of a second edition of this book, four years after the first, is not clear, for there is very little new—beyond one misprint—and "goitre" is still misspelt "goiter."

Despite the good results obtained by many with the Narcosan treatment in drug addicts, no mention of it is made here, nor are the alternative treatments in G.P.I. (e.g., tick and rat-bite fever inoculation) given, and though the Langé course is discussed and the results tabulated, no heed is given to disseminated sclerosis, with its parietic course, though purulent meningitis (an unlikely difficulty in differentiation from G.P.I.) is mentioned.

The Parkinsonian syndrome has been added to the differential diagnosis of melancholia, but encephalitis remains untouched, and though many cases of suicide have been reported as a sequela, this condition is not mentioned in the list of "suicides."

In treating *status epilepticus* the old answer "Enema followed by chloral per rectum" is adhered to, and no word about lumbar puncture—the only certain cure known!

The only real addition to the book is a passing reference to Kretschmer's anthropometric basis of pycnic and schizoid in discussing manic-depressive psychoses, and this itself is open to criticism, as anyone may see!

**A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS.** By A. R. CUSHING, M.A., M.D., LL.D., F.R.S. Ninth edition. Revised by C. W. EDMUNDS, A.B., M.D., and J. A. GUNN, M.A., M.D., D.Sc. (London: J. & A. Churchill, 1928.) Pp. 743. 73 illustrations. Price 24s. net.

The ninth edition of Cushing's Pharmacology has been thoroughly revised, and added to without notably increasing its bulk (and therefore its usefulness as a convenient text-book).

Among the additions to the sections are those upon Chaulmoogra oil, chenopodium and carbon tetrachloride, and upon the anæsthetic use of ethylene. The recently revised ephedrine is treated, though somewhat sketchily as regards its therapeutic uses.

In place of the section upon the endocrines the thyroid, parathyroid and pancreatic extracts are fully discussed under respective headings.

The other important change is more one of arrangement, in which the metalloids, e.g. arsenic, phosphorus and antimony, are dealt with, advantageously we think, together with the heavy metals.

Full references and full descriptions of preparations both in the U.S.P. (tenth edition) and the B.P. are given.

The revisers have certainly done a great deal (as they hoped to do) towards prolonging the active life of a standard work such as this. It can be candidly recommended as a book which pleases the eye as well as satisfying the mind.

**A SHORTER ANATOMY WITH PRACTICAL APPLICATIONS.** By E. WOLFF, F.R.C.S. (London: H. K. Lewis & Co., Ltd.) Pp. 451. Illustrations 130. Price 13s. net.

The author of this book is to be congratulated on the skillful way in which he has handled the difficult subject of writing a shorter anatomy. It is quite remarkable how much of the ordinary descriptive anatomy is included in so short a space; and much of it is given in considerable detail, yet it is all very readable. There are a great many facts of surgical and practical interest included and these are quite up-to-date, a point in which some books on surgical anatomy are far behind. Kanavel's spaces in the hand are well described and illustrated. The section on the arches of the foot is good. The cholecystograms which are shown seem almost too good to be true. Good descriptions of the lymphatics and simple surface markings are given, not in separate chapters but in the chapters on the different parts of the body, which is a good point.

We greatly appreciate the last chapter on ossification and epiphyses; it is clearly arranged and the eleven skiagrams given are much above the average seen in such books. We would, however, like to see two more—one of the tarsus at about two years and one of the elbow at about six years, in addition to those already given of these regions in older children.

The old terminology is used, but the new is largely given as well. We can strongly recommend this book to all students who are revising their anatomy for any final examination, including the higher examinations in surgery, as it is quite the best book we have seen on "surgical anatomy."

**DENTAL MEDICINE.** By F. W. BRODERICK, M.R.C.S., L.R.C.P., L.D.S. (Eng.). (London: William Heinemann (Medical Books), Ltd., 1928.) Pp. 364. Price 21s. net.

With the widening of the scope of biochemistry in the elucidation and treatment of disease, the time has come when not only general medicine, but its special departments, are illuminated. The effects of changes in the acid-base metabolism of the body, and of the susceptibility of different types of persons to such changes are not yet fully understood. This book is an attempt to bring into line modern research in these matters with the ætiology and pathology of the two main dental diseases—caries and pyorrhea alveolaris. As the book is intended for the dentist who may be without a general medical training, the first chapters are devoted to an exposition of the physiology of the endocrines, of acid-base metabolism and the production of alkalosis and acidosis.

Starting with the clinical fact that caries and pyorrhea are distinct

and never found in activity in the same person, Dr. Broderick elaborates a thesis that caries is the outcome of a too acid saliva, which is itself a reflection of a metabolism tending to the side of acidosis. True pyorrhea is the result of a too alkaline body reaction.

The eliminative, absorptive and endocrine factors are all considered, and the argument, judiciously carried out, is marred only by a certain amount of repetition which might have been avoided.

The chapters on treatment stress the impossibility of any rule of thumb method; the only golden rule to change the body reaction where necessary. The various indications are discussed in full.

The second part of the book, which deals with civilization as a factor in the problem, and with dental sepsis in relation to general medicine, makes stimulating reading; it is more suggestive, but perhaps less satisfying than the first part.

There is appended a full bibliography. Dr. Broderick's thesis merits consideration and his theories deserve to be tested.

#### ACKNOWLEDGMENTS.

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## EXAMINATIONS, ETC.

## UNIVERSITY OF OXFORD.

## Final Examination for the B.M., B.Ch.

Medicine, Surgery and Obstetrics.—Melly, A. J. M.  
Pathology.—Hawking, F., Nicholson, J. C.  
Materia Medica.—Jenkins, J. E.

The following degree has been conferred:  
D.M.—Peel, A. A. F.

## UNIVERSITY OF CAMBRIDGE.

## Diploma in Medical Radiology and Electrology, April, 1928.

Part I.—Farr, F. J., Topham, E. J. E.  
Part II.—Daniels, J. J. N., Park, S. D. S., Rich, W. G., White, C. F. O., Wilkie, J.

## Diploma in Medical Radiology and Electrology, July, 1928.

Part II.—Farr, F. J., Inrie, D. A., Morrison, C. J. R., Topham, E. J. E.

## UNIVERSITY OF LONDON.

## Diploma in Psychological Medicine.

With special knowledge of Psychiatry.—Smith, A. W. H.

## UNIVERSITY OF DURHAM.

The following degree has been conferred:  
M.D.—Reindorf, C. E.

## ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted Members:  
Gaisford, W. F., Parsons, F. B., Spence, A. W., Thrower, W. R.

## CHANGES OF ADDRESS.

ALLOTT, E. N., 1, East Grove Road, Sheffield. (Tel. Broomhill 61307.)  
ARCHER, C. W., "Windlesham," Bradley Road, Bournemouth.  
HEATH, A., 21, Hollowell Road, Northwood, Middlesex.  
HERINGTON, C. E. E., Council Office, Erith, Kent. (Tel. Erith 428.)  
HODGE, B. L., 41, Avonmore Road, W. Kensington, W. 14.  
SHIELDS, D. G., "Crossways," Wroxham, Norwich.  
STARKEY, H. S., CROFTON, 7, Spring Grove Gardens, Queen's Road, Richmond, Surrey. (Tel. Richmond 3350.)  
WALMSLEY, N., 130, Abbeville Road, Clapham Park, S.W. 4. (Tel. Brixton 2813.)

## APPOINTMENTS.

ALLOTT, E. N., B.M., B.Ch.(Oxon.), appointed Assistant Physiologist to the Sheffield Royal Hospital.  
HERINGTON, C. E. E., M.B., B.S.(Lond.), D.P.H., appointed Medical Officer of Health and School Medical Officer, Erith.  
NORRISH, R. E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the London Temperance Hospital, Hampstead Road, N.W. 1.

## BIRTHS.

BROPHY.—On October 12th, 1928, to Jeanne-Gabrielle, wife of C. M. Brophy—a son.  
BUTTERY.—On October 11th, 1928, at 1, Grimston Avenue, Folkestone, to Dorothy, wife of J. W. D. Buttery, F.R.C.S.E.—a son. (South African papers please copy.)  
MOORE.—On September 24th, 1928, at a nursing home, to Gertrude, wife of C. Frank Moore, of Thurlow Park Road, Dulwich—a daughter.  
SKEGGS.—On August 26th, 1928, at Bicknor Lodge, Stevenage, the wife of Dr. B. Lyndon Skeggs, of a son.

## MARRIAGES.

JOHNSON—CORBEN.—On October 13th, 1928, at Trinity Presbyterian Church, Clapham, by the Rev. J. Smyth Wood, M.A., Reginald Sleigh Johnson, M.D., M.R.C.P., younger son of Mr. and Mrs. E. F. Johnson, of Beckenham, Kent, to Margaret Annie, youngest daughter of Mr. and Mrs. F. Corben, of Clapham.  
OGIER WARD—JONES.—On Friday, October 5th, 1928, at St. Mary-lebone Church, Ronald, only son of Dr. and Mrs. Ogier Ward, of Addlestone, to Elsie Antoinette, daughter of Mr. and Mrs. David Jones, of Llandilo.  
RICHARDSON—PETT.—On September 27th, 1928, at Christ Church, Guildford, by the Rev. T. W. Graham, M.A., Geoffrey Bower, F.R.C.S.(Eng.), eldest son of the late Mr. H. L. Richardson and Mrs. Richardson, of Upper Norwood, to Marjorie Edith, eldest daughter of Mr. and Mrs. P. W. A. Pettit, of Guildford.

## DEATHS.

BODVEL-ROBERTS.—At his residence, "Cresswell," Clarence Road, St. Albans, Hugh Frank Bodvel-Roberts, M.R.C.S., L.R.C.P., of Napsbury Mental Hospital, Clarence Road, St. Albans.  
CARROLL.—On August 1st, 1928, at 3, Artillery Mansions, Woolwich, Louis Ely Reginald Carroll, L.M.(Dub.), M.R.C.S., L.R.C.P.  
KELLOND-KNIGHT.—On October 5th, 1928, in London, Surgeon-Captain H. A. Kellond-Knight, R.N. (retired).  
WARD.—On September 20th, 1928, Larner Botha Ward, M.B., B.S.(Lond.), aged 26.  
WEAKLEY.—On October 18th, 1928, at 36, Melbourne Road, Ilford, Dr. S. J. J. Weakley, late physician and surgeon at Forest Gate for 47 years.

## 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, E.C. 1.  
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., 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. 1. Telephone: City 0510.

## St. Bartholomew's Hospital



## JOURNAL.

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

VOL. XXXVI.—No. 3.]

DECEMBER 1ST, 1928.

PRICE NINEPENCE.

## CALENDAR.

- Sat., Dec. 1.—Rugby Match v. Plymouth Albion. Home.  
Association Match v. Old Cholmelians. Home.
- Mon., " 3.—Special Subject: Clinical Lecture by Mr. Cumberbatch.
- Tues., " 4.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Thurs., " 6.—**Abernethian Society.**—5.0 p.m.: A. S. Cortlandt MacMahon. "Affections of the Voice and Speech, and the Treatment of Visceroptosis."
- Fri., " 7.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Tues., " 11.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., " 12.—Association Match v. St. John's College, Cambridge. Home.
- Fri., " 14.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Sat., " 15.—Rugby Match v. Northampton. Away.  
Association Match v. University College. Home.
- Tues., " 18.—Prof. Fraser and Prof. Gask on duty.
- Thurs., " 20.—**Last day for receiving matter for the January issue of the Journal.**
- Fri., " 21.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Tues., " 25.—**Christmas Day.**  
Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Fri., " 28.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

## EDITORIAL.



regret to announce the resignation of Mr. F. C. Roles, editor of the JOURNAL, who, for the past two years, has manipulated the complicated wires of the organ with a versatile hand. His skill in cultivating deserts is only equalled by his management of the too exuberant cases of the editorial

world. Among his many virtues as a writer and an illustrator we would desire to place on record his *flair* for figure-skating (an obscure metaphor that is only justified by the occasional frailty of the ice he frequented). Our regrets are tempered only by the hope that his pen will be at our service in his larger future.

\* \* \*

The Amateur Dramatic Society, intimidated, no doubt, by the blood-thirsty glut of mystery and murder that floods Shaftesbury Avenue, had decided to introduce to London, from the countryside, a spirit of hearty buffoonery and "clean fun." Upon January 8th, 9th, 10th and 11th, they are to produce a play entitled "Arms and the Man," by an Irish playwright, George B. Shaw. Whatever the qualities of this obscure author, we are confident that the A.D.S. will give to us a fine entertainment.

\* \* \*

A note of Christmas festivity is introduced into the JOURNAL this month. We earnestly draw your attention to the coloured inset and its advice. There must be so many people difficult to please with apt presents, *Round the Fountain* will meet their needs. They will find a range of subjects wide enough to include all reasonable tastes. "From Rahere to Recent Advances" might be its substitute, were it in need of one.

\* \* \*

Order your copy now.—Advert.

\* \* \*

The Cambridge Graduates' Club held its Annual Dinner on Wednesday, November 21st, at the Mayfair Hotel. Mr. Frank Rose was in the Chair. In proposing the Club, Mr. Rose referred to the loss it had sustained in the deaths of Sir Hugh Anderson and Mr. Basil



Lang. The Club had been enriched by twenty-seven new members, while among its old ones Mr. Keynes had become Assistant Surgeon to the Hospital and Mr. N. G. Horner editor of the *British Medical Journal*. Oxford, as a University, received from the chairman its due meed of pity.

Dr. Hadfield, who proposed "The Guests," claimed to have been a school-fellow and tent-mate of Mr. Vick's. After Mr. Roche had given his now indispensable imitations (if the victims will allow that they have verisimilitude), Sir John Parsons replied for the Guests.

In reply to Dr. Hadfield's remark that most of the members present were among the worst H.S.'s Sir Holburt ever had, Sir Holburt Waring spoke about a dresser from a nameless University who cheerfully told him that the counted instruments were "about right, sir."

Dr. Langdon Brown related some of the dimmer past of the chairman, who replied with the toast of "The Ever-efficient Secretaries."

After, at Dr. Morley Fletcher's, "Hairy Rouchy" presided with her usual aplomb.

\* \* \*

#### THE OUT-PATIENTS AGAIN.

C.O. (to female patient): "You were in——Ward?"

F.P.: "Yes, sir."

C.O.: "What was the complaint?"

F.P. (indignantly): "None. I was always treated as a perfect lady!"

\* \* \*

At the door:

"You a new patient, Mother?"

"No, Miss. It's me little boy."

"Oh. He a new patient?"

"No, Miss."

"Well, what is it?"

"He wants a ticket for the Christmas Party."

#### OBITUARY.

##### SIR HUGH ANDERSON.

MASTER OF CAIUS.



SIR HUGH KERR ANDERSON, M.D., F.R.S., Master of Gonville and Caius College, Cambridge, whose death, at the age of 63, is announced on another page, came of the well-known

family of ship-owners. Born on July 6th, 1865, he was sent to Harrow, where he was Sayer Scholar, and left with a scholarship at Gonville and Caius College. After taking first classes in both parts of the Natural Sciences Tripos, he went to St. Bartholomew's Hospital, becoming M.D. and F.R.C.P. in due course. He wrote a good many technical papers on physiological subjects in scientific periodicals, which have a solid value; and he eventually returned to his old college at Cambridge as Fellow and Lecturer. He was elected F.R.S. in 1907 for his researches in the physiology of the nervous system.

Being a man of firm opinions, with great natural industry, a clear head for business, and strong public spirit, he became more and more drawn into administrative work, and was elected Master of his College in 1912. He continued to teach, and filled his time with university business, seldom indeed declining any unpaid and laborious office. Thus he was for many years an active member of the Press Syndicate, and eventually chairman. He was appointed a member of the Universities Commission in 1919, and of the University of Cambridge Statutory Commission in 1922, and was widely credited with the inception and working out of the provisions relating to the faculty system. His conclusions and suggestions were not wholly to the taste of many members of the University, and he was a man whom it was difficult to convince. He was a most disinterested man, with a strong sense of justice, highly sensitive to criticism, but, if anything, deficient in imaginative sympathy.

As a teacher he enjoyed in a marked degree the confidence and affection of his pupils, and the younger generation of Cambridge physiologists owe a heavy debt to his inspiration. He habitually overworked himself; his small active figure and his pale, eager and intelligent face gave him a very characteristic aspect. As a chairman, he was conspicuously courteous and genial, but a somewhat sharp temper, habitually kept under control, gave great weight to his occasional severity; a strong sense of humour, and an usually keen appreciation of the good qualities of others, coupled with a quiet, modest and considerate manner, made him universally popular. He was in fact one of the most influential men in Cambridge. He was so accessible and cordial, and so entirely free from affectation or pomposity, that he was loved as much as he was respected. He received the honour of knighthood in 1922. He married Jessie, daughter of Surgeon-General F. W. Innes; and Lady Anderson's charm and cultured outlook made his home one of the pleasantest in Cambridge.\*

The *British Medical Journal* of November 10th gives

\* Reprinted by the courtesy of the *Times*, November 31st, 1928.

four distinguished notices which well merit quotation. Sir William Hardy presents the enigma of the "acute scientific intellect" and of the "teacher of rare quality," who after adding fundamentals to research turned aside to "be a wise and kind counsellor in affairs," setting individuals on the road to prosperity, and putting through vast plans for his Medical School and College. While Gaskell, Langley and Anderson started a new movement in Physiology, as Sir Humphry Rolleston points out, Anderson was perhaps the real successor to Sir Michael Foster in the Medical School.

His sensitive humility has been described by everyone and was the most extraordinary feature of this enigmatic man, causing him to do much hard work for which others achieved credit.

Sir Walter Fletcher's striking comparison between the late Master and the Founder of Caius College ends with the significant sentence: "He died at exactly the same age, and again like Caius, he was brought home for the last time to his College, passing as he did after a life of Humility and Fortitude, out at the Gate of Honour."

At the funeral service held in Caius Chapel on November 6th this Hospital was officially represented by Dr. W. S. A. Griffiths.

#### "JUST NERVES."\*

**N**OW often one hears the diagnosis made, especially by laymen, of "just nerves," by which they mean that there is nothing the matter, or at least nothing more than can be put right by an effort of the will. No wonder the patient dreads the diagnosis of "just nerves," and so frequently says, "I should feel so ashamed, so humiliated, if it is just nerves."

The line I take at the outset with such patients is to tell them of my first sight in the dissecting-room of the brachial plexus. When I saw this complicated network I thought if the heart or the lungs can go wrong why should not this machinery go wrong also. Yet no one is ashamed of a disease of the heart or lungs. I admit this is not an accurate illustration, for "just nerves" is not a disturbance of peripheral nerve-trunks. In so far as the condition has a structural basis at all, it can only mean a disturbance of conduction at the synapses between association cells. But then I go on

\* Being portions of two clinical lectures delivered at St. Bartholomew's Hospital.

to ask why should a disturbance at this point be a subject for shame, since it is exactly the wealth of our associational powers which distinguishes us from the lower animals. There is no reason for being humiliated by a disorder of this essentially human attribute.

Yet even animals can develop functional nervous diseases, as Pavlov and Anrep showed by their experiments on conditioned reflexes. When the dog was unable readily to distinguish whether the given signal meant that he was or was not to receive food, all his conditioned reflexes were upset and he became psychoneurotic. They concluded that it was an excessive demand for internal inhibition which provokes these disordered reflexes, and it is a similar demand which is at the root of many, if not most, functional nervous diseases in man.

Macfie Campbell says: "The mechanisms by which [man] adapts himself to the simpler factors in the environment have been made the object of intensive study, and medicine can claim that it has increased the number of infants who survive and has prolonged the span of the individual life. So far medicine has given scant consideration to the mechanisms by which man adapts himself to the social environment. . . ." "The medical profession now boasts proudly of the quantitative addition it has made to human life; the time may come when it will point with equal pride to measures which have added to the quality of human life, and which have helped the individual and the group to deal more sanely and soundly with those vital issues upon the management of which the special significance and value of human life depend."

Dealing with delusions, which are only an external symptom of functional nerve disease, he says: "The delusion of one person, rejected by his contemporaries, may in another group or period become a socially acceptable belief. Delusion is no strange and mysterious element . . . [but] an attempt of the personality to deal with special difficulties, in which attempt the mind not infrequently tends to revert to primitive modes of adaptation. . . . Like fever [it] is to be looked on as part of Nature's attempt at a cure, an endeavour to neutralize some disturbing factor, to compensate for some handicap. . . . [We need] a fuller appreciation of the process by which the mentally disordered struggle, though unavailingly, to build up a universe which does justice to their needs."

Now I would state my views as to the origin of psychoneuroses in a series of dogmatic propositions:

(1) To be happy in this world it is necessary to have a definite objective and an emotional interest.

(2) If these are lacking or are disappointed or come into severe conflict with other ideas there is an increased



demand for internal inhibition, which we have already seen may excite an abnormal reaction even in animals if it becomes excessive.

(3) The higher levels of the nervous system are the more recent in the evolution of the race and in the development of the individual. In the disintegrative processes of disease, as Hughlings Jackson long ago pointed out, levels that are the latest to appear are the earliest to suffer.

(4) Therefore when the demand for internal inhibition becomes excessive through failure of something necessary to happiness, the sufferer tends to revert to a habit of mind that belongs to an earlier stage in the evolution of the race or the development of the individual. This is a defence reaction, an attempt to adjust at a more primitive level.

In other words, the psychoneurotic always reverts to atavistic or infantile methods of thought. Among these we find a belief in magic and the omnipotence of thought, undue suggestibility, unreasoning terrors, undue dependence on the parent of the opposite sex, hostility towards the parent of the same sex, and a retreat from the responsibilities of adult life, which, in extreme cases, expresses itself as a longing for security and protection of intra-uterine existence.

Let me illustrate each of these by examples:

(1) *A belief in magic.*—Frazer points out that charms may be based on the law of similarity, by which the magician infers that he can produce any effect he desires merely by imitating it, or on the law of contact, by which he infers that whatever he does to a material object will affect equally the person with whom the object was once in contact. The first may be called homœopathic or imitative magic, the second contagious magic.

These two principles are merely two different misapplications of the association of ideas. Homœopathic magic commits the mistake of assuming that things which resemble each other are the same; contagious magic commits the mistake of assuming that things which have once been in contact with each other are always in contact.

Patients always have a craving for magic. This is expressed in the common phrase, "It worked like magic." The very name "homœopathic magic" suggests a well-known method of medicine which proclaims "like cures like," and which asserts that if I do not believe this I must believe that unlike cures unlike, and labels me an allopath, which is about as sensible as saying that if I do not believe the moon is made of green cheese I must believe it is made of chalk. Such methods of thought may be appropriate to the ancient Hindoos, who treated jaundice by painting the patient a brighter yellow with turmeric, but it has no place in scientific

medicine. Contagious magic is still exemplified in Suffolk, where, if a man cuts himself with a scythe, he oils the scythe to prevent the wound from festering. A man came to a doctor with an inflamed hand, having run a thorn into it while he was hedging. On being told the hand was festering, he remarked, "That didn't ought to, for I greased the bush well arter I pulled it out" (Frazer).

Even apparently educated people believe in magical cures, such as those wrought by a certain notorious box which cures cancer, or a ring that cures rheumatism. And it is noteworthy that as a belief in magic preceded a belief in religion, so the psychoneurotic tends towards religions that emphasize the value of magical rites rather than a spiritual aspect.

(2) *The omnipotence of thought.*—"Nothing is good or ill, but thinking makes it so." The savage believes that he can have many things his own way by merely thinking they are so, the child becomes a Red Indian or a railway engine, the Christian scientist disposes of pain and sickness as a "false claim." There are no such things because he wishes them not to be. Unfulfilled desires may seek refuge in this omnipotence of thought. Thus an unmarried woman of 64 began to be disturbed by finding that she was the object of attention of various men whom she did not see and could not identify. Voices, however, said they wanted her. She heard the voices of the plotters arranging to take her away in a yacht. Young millionaires in motor cars kept circling round her place of residence. Here the frontiers of insanity had been definitely crossed. Less imaginative women may confine their attention to searching under the bed for a burglar. But the underlying idea is the same. Even very able men in the sorrow of a bereavement have found relief in asserting that a dead son can still smoke a cigar and drink a whisky and soda. Reality is blotted out by the strength of the wish that seeks fulfilment.

(3) *Undue suggestibility.*—All gregarious animals are suggestible, or otherwise there would be no cohesion in the herd. Man is a gregarious animal, therefore he is suggestible. And how suggestible he is advertising agents know. I recently saw it estimated that only 25% of goods sold in America are really needed, the remaining 75% being merely pushed on the consumer by advertisement. The advertisement columns of an American magazine are more hugely comic than any of their jokes. People lament the drink bill of England, but apparently no one was shocked, except myself, when it was triumphantly announced that our expenditure on advertisements had gone up from 100 to 150 millions. Think what it means—not only are people induced to buy what they don't want and thus waste

their money; they are also convinced of the value of many totally worthless things. During the grim days of the later part of the war almost the only smiling faces one could see were those that grinned from the hoardings, rejoicing because they had found the ideal dentifrice, the perfect cigarette or the unbreakable sock-suspender. The obvious suggestion was to associate the ideas of purchase and happiness.

Now advertisers are practical men. They have no intention of wasting their own money, however much they intend other people to waste theirs. They know the cash value of suggestibility.

Thomas Burke has well described the clientele to which they appeal: "They are the citizens of a world of Little Pink Pamphlets and Little Daily Doses. They are the people who are shouted at, screamed at, whispered at; commanded, cajoled and hypnotized; and they Eat More Fruit when they are told to, and Drink More Milk; Get that Worth-While Feeling and they Say it with Flowers and Go to Sunny Sunport for their Holidays; and they Keep that Schoolgirl Complexion and believe that Good Cigarettes are a Perfect Digestive. . . . And over them the guardian angel of stunt and slogan drops his crooked laughter" (*The Sun in Splendour*).

If the average man is thus suggestible, how much more suggestible is the man sick in body or in mind! He is at the mercy of the first person he meets with a quack recipe in his pocket. I feel very strongly that it is the duty of the medical man not to suggest ill-health.

(4) *Unreasoning terrors.*—Fear is a defensive mechanism, of obvious survival value; unreasoning fear is a perversion of this defensive mechanism, usually arising from some internal conflict or the persistence of some early painful impression. Phobias are a reversion to the night terrors of childhood or to the mentality of a savage, who walks all his days hedged in between totem and taboo. H. G. Wells, in his *Mr. Blettsworthy*, reminds us that the savage is really far more neurotic than civilized man—a fact we are very apt to ignore.

I said in a former lecture, "Fear, whether of evil spirits, of magic, of the dark, panic fear dominated primitive man, and whenever our resistance is lowered by disease, by shock or by psychic conflict, we betray our ancestry. That strange primitive being which lurks in the unconscious mind of us all, peeps out."

Well, as that wonderful old lady Jane Harrison remarked, man has got to be afraid of something. He's no longer afraid of hell, so he has to be afraid of germs, of cancer or something.

Or, as Havelock Ellis said: "When other animals cease to torture [man] he must torture himself. Having

destroyed the wolf, man must become a wolf unto himself. When he has destroyed the natural causes of fear it is inevitable that he should replace them by substitutes."

Of all the people I know the most fear-ridden are the Jews. Due to centuries of persecution, you may say. But are acquired characters transmitted? I look farther back and see that the Jews originally stood for spiritual values, as their literature proves. Now, after those centuries of persecution they are safe, even in Russia, where they are paying off old scores. And in their safety they are attaching enormous importance to material comfort, insuring themselves against anything that could disturb it, displaying a profound belief in chocolate and cotton-wool. And they are always finding good and sufficient reasons for going on doing this. So in spite of a strength of family affection that might shame the rest of us, in spite of artistic accomplishment, they are denying their higher needs, and suffer in consequence from phobias far beyond the common lot. Look into any case of phobia or anxiety neurosis, and you will find some psychic trauma or conflict the origin of which may probably be quite unrecognized by the patient.

(5) *Psychoneurotic reactions between parent and child.*—There is no more disastrous fallacy in conventional thought than that the relationship between parent and child is naturally easy and simple. It is far better to realize that difficulties inevitably arise, difficulties which call for consideration and courage on both sides. Parental love is instinctive and possessive, and the child, as he or she grows up, may find one of two difficulties—either a tendency to excessive dependence as in the days of infancy, or a resistance on the parent's part to the children establishing their own individuality. Too often the parent expects the child to be a replica, an extension of his own ego—which, considering the care Nature has taken to kaleidoscope the chromosomes, is as impossible as it is undesirable in the interests of the race.\* Undue dependence is more likely between the parent and child of opposite sex, antagonism between those of the same sex. For this reason alone a real sex war is impossible.

Anorexia nervosa, a psychoneurosis in girls after puberty, accompanied by amenorrhœa and self-starvation is, in my experience, invariably associated with a hostility towards the mother. But this hostility may show itself much earlier, and I recently came across a case of a female child of two who displayed tragic misery

\* "A child rightly brought up will be like a willow branch, which, broken off and touching the ground, at once takes root. Bring up your children so that they will root easily in their own soil, and not for ever be grafted into your old trunk and boughs."—Henry Ward Beecher.



in the presence of her mother. She was unwilling to take food, and such as she did take disagreed with her. Yet with her grandmother—she was quite happy, ate well and put on weight rapidly. I have never come across another instance so early in life as this.

A doctor friend of mine had a small boy of 7 who displayed anger whenever his father kissed his mother, and would then often strike his father. They thought it amusing, and actually "showed off" this accomplishment of his to me. His father was quite surprised when I warned him of the trouble they were preparing for the future.

Rather more than two years ago in an Abernethian Lecture I dealt with mother-fixation, illustrating it from Barrie's work. To-day I should like to refer to two cases of psychoneuroses developed in successful professional men in their conflict to detach themselves from the overwhelming influence of the mother.

One of these, a man now 42, has consulted me at intervals for over ten years. After two great shocks during the war he developed extraordinary vasomotor disturbances, which have continued at intervals ever since. Various endocrine symptoms followed, which led some physicians he saw to label him as hypopituitarism at one time, hypoadrenalism at another, and so on. He consulted an eminent German physician, who said that there was no disease of any gland, but a loss of balance between them, so that sometimes one and sometimes another gland appeared to be affected. My contention was that the disturbed balance and the vasomotor troubles must be due to some common factor, and that the only common factor I could suggest was the sympathetic nervous system. And, further, that though shock could affect the sympathetic nervous system, the effect could not be so prolonged unless there was some continuing psychological cause. This suggestion always seemed to annoy him. He maintained that there must be a physical cause which I could not find out. He went on to say that he was surprised that I, with a presumably scientific training, should say such a thing. Mind and body were quite distinct and could not influence one another. I could only retort that for a presumably intelligent man to say such a thing showed that he had some reason for denying their obvious interactions. Moreover, I thought to myself, a man does not keep coming for ten years and paying me fees for telling him something he really thinks nonsense. Well, a few weeks ago he suddenly blurted out the secret he had so carefully denied the existence of—his mother, now aged 70, has always tried to drive a wedge in between his wife and himself. He had told me that he dated his nervous troubles from his marriage, which had led

me to a natural but evidently erroneous conclusion. His wife and he were much attached to each other and his mother's attitude was disastrous to his health. If he could detach himself from maternal influence for this is a case where compromise is impossible—the conflict would be over. But he can't make up his mind to this. However, when his mother objected to his going to the seaside this summer with his wife and children and said he ought to stay with her, I urged him to go. He went, and his health improved until he came under her influence again. I need hardly add that his mother is convinced that I do not understand his case.

The second case is one of a man of about the same age, whose mother died a year and a half ago; yet he cannot free himself from her dominating influence. During the war he attempted to do so and there was a tremendous scene when he joined up. Wires were pulled and he found himself transferred to a "cusly job." This produced an internal conflict because, as he said, "he was not any more anxious to be killed than anyone else." He had a phobia about going for railway journeys because in early life she had instilled in him a fear of meeting hostile strangers under these conditions, with the object of keeping him with her. He had a phobia about catching cold, because at the slightest sign of a cold she had put him to bed for two or three days. He asked if he could carry on his work if he did get an ordinary cold. I replied, "Yes; it is better for you to be free than safe."

Note that both these patients were highly successful professional men. Psychoneuroses are not confined to incompetent fools.

(6) *Retreat from life.*—A woman in the thirties, on her father's death, bought a property in the country. Here she lives with her mother, a big dog and as few servants as possible. Within a ring fence she made the house and grounds as beautiful as she could. She has good taste, and every detail has been thought out with meticulous care. She wishes for no visitors, and here, secluded from the world, she intended to be completely happy. But Nature took her revenge for this retreat from life, and she has been afflicted with one psychoneurosis after another. And she will continue to be as long as she persists in her present attitude; no ring fence will shut out psychoneuroses. For, as Maurice Nicoll says, "The psyche is not designed to be stationary, and if we seek to be static and to cling to outlived values in ourselves we must inevitably suffer, because we shall be at war with a principle *in* ourselves, not outside ourselves, although we may see it only so." And he claims that in human psychology is embodied a dynamic principle, the denial of which must produce psychological unhappiness.

Women are essentially more static than men. They may change their fashions more readily, but they cling to their earlier views more than men. For this reason they must be more subject to psychoneuroses than men. Hence, too, their amazing self-pity in a world which will keep changing.

But men and women alike who retreat from life will suffer and they will degenerate. Complete withdrawal means complete dementia, and it is most interesting to see how in that state the wish for withdrawal from contact with external life may express itself in such dements by the adoption for hours and even days of the attitude of a breech presentation *in utero*—for no one is so demented as to adopt the classical position of L.O.A.

A psychoneurosis may also have its origin in some strong instinctive impulse which is repressed as being inconsistent with the conscious standards of the individual. To me it seemed extraordinary that the censor who at first vetoed a beautiful play like "Young Woodley" permitted the production of a homosexual sadistic horror like "The Man with Red Hair." But perhaps he did not realize what it meant; that would be quite in accordance with the traditions of an office which censored serious artists like Ibsen and Bernard Shaw. The subject of a cruelty lust appears to have a curious fascination for Mr. Walpole, and I am sure from clinical experience that the condition which he is so fond of describing lies at the root of a good many psychoneuroses, although usually the real cause is unknown to the sufferer.

[An illustrative case was described in which the patient had a phobia of the sight of blood, leading to fainting attacks in specially unpleasant circumstances. This was traced to a repressed cruelty lust, and the gradual bringing of this to the patient's knowledge was followed by relief of his symptoms.] W. LANGDON BROWN.

(To be concluded).

### THE DISCOVERY OF THE *TRICHINA SPIRALIS*.

**T**HARD as the stone upon which it is engraved, the most famous among Greek aphorisms reminds the newcomer to St. Bartholomew's that life is short and art long. There is a note of sadness in the realization that with the ever-increasing complexity of the medical curriculum the time of the student is so fully occupied with learning about the achievements of other men that original work is beyond his dreams.

How easy it is for a man with the world unconquered to become so intrigued by some one problem dear to his heart that he tends to lose altogether the sense of proportion in the work to which he is to devote his very existence. Yet who would deny that in the science, no less than in the art of medicine, vitalizing advance has ever been made by young recruits? Langerhans discovered the insular tissue of the pancreas which bears his name as a young medical student of twenty-two. One hundred years ago Wöhler, by changing ammonium cyanate into urea, founded organic chemistry. What happens to the river of energy when it has passed through the green fields of what Osler calls the anabolic period of life? Is Plato right in saying that the pace of living slackens after the age of thirty? It is interesting in this light once again to recall the familiar story of the discovery of the *Trichina spiralis* made by a medical student of twenty-one summers in the dissecting-rooms of this Hospital.

On January 30th, 1835, one Paulo Bianchi, an Italian, died in one of Dr. George Leith Roupell's wards. His emaciated body was dissected on February 2nd. The story goes that James Paget's scalpel became during the dissection of the muscles quickly and repeatedly blunt, meeting with a resistance in their substance. Other students had met with the same experience, but had been satisfied with attributing this resistance to the presence in the muscles of "spicula of bone." "Tommy" Wormald,\* the senior demonstrator, had already seen twenty or thirty subjects studded with whitish specks, but Paget was the first to suspect that these bodies which so obstinately delayed the progress of his dissection were of animal nature. His suspicion was correct. "All the men in the dissecting-rooms, teachers included, 'saw' the little specks in the muscles, but I believe that I alone 'looked at' them and 'observed' them; no one trained in natural history could have failed to do so."† His difficulty, strange to the ears of a modern generation, was to find a microscope with which to make a closer study of the structure of the parasite. St. Bartholomew's did not possess a simple dissecting lens. Full of enthusiasm, Paget called on John George Children, principal keeper of the Zoological Department at the British Museum, the only man of science whom the young student knew in London. But even Children did not own a microscope. He took Paget to Robert Browne, keeper of the botanical collections, who was working in the next room. It pleases the fancy to quote the very words‡ which Paget used

\* Second volume, *Minutes of the Proceedings of the Abernethian Society* (kept in the Hospital Library).

† *Memoirs and Letters of Sir James Paget*, 1901, p. 35.

‡ *Lancet*, 1866, i, p. 269.

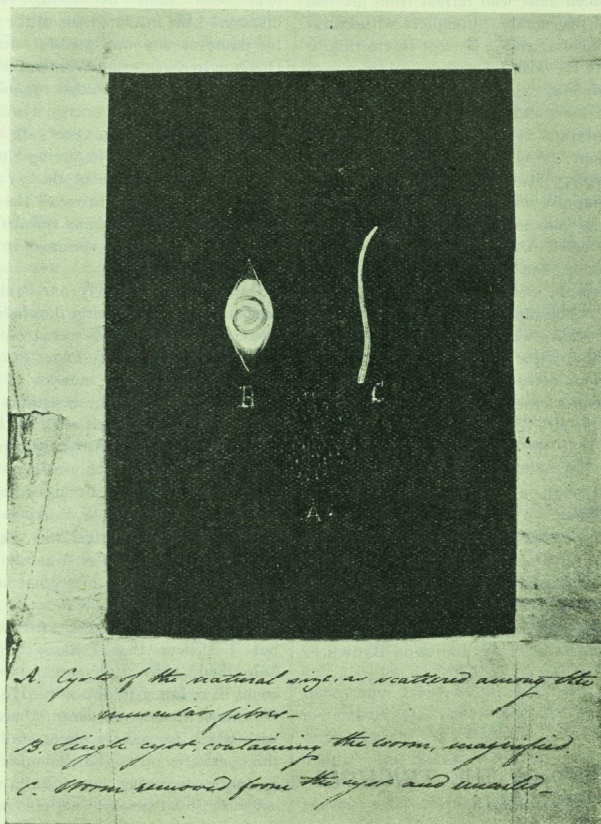


to describe his interview with this great scientist; there is charm in listening to his talk across these years:

"I shall not soon forget the feeling approaching to awe when I went to one whom I had long looked upon as the first physiological botanist of his time. I

Paget made a careful study of the parasite, a small worm  $\frac{1}{2}$  in. long coiled up in spiral form within a calcareous cyst. His original sketches are in the Library of the Royal College of Surgeons of England.

The young discoverer was invited to lecture about his



remember that, when Mr. Children entered his room, he said, 'Brown, do you know anything about intestinal worms?' and the answer was, 'No, thank heaven, nothing whatever.' Mr. Brown at once lent me his simple dissecting microscope, with which I soon observed structures in the worm which were before invisible. He himself dexterously pulled a worm from a cyst."

"find" before the Abernethian Society on February 6th, 1835. Of his account, which appears in the second volume of the minute book, Paget said later that it was "not indeed complete, but I believe not inaccurate, except in a blundering endeavour to assign its zoological relations."\*

\* *Lancet*, 1866, i, p. 269.

Edward Stanley, at that time Lecturer on Anatomy, recommended him to publish his account\* in the *London Medical Gazette*, but modesty prevented him from falling in with this suggestion.

Within a fortnight of his first observation he was able to confirm his discovery in the equally emaciated body of a poor Irish woman, aged 35, who had died in one of Lawrence's wards. As the body was dissected sooner after death than the first the parasites were more lively, and their movements could be studied with greater satisfaction. Portions of the muscles were distributed widely and found their way to that strange character Richard Owen, Conservator of the Museum of the Royal College of Surgeons, who established the nematoid nature of the worm and named it "*Trichina spiralis*." He read a paper before the Zoological Society on February 24th, 1835, entitled, "Description of a Microscopic Entozoon infesting the Muscles of the Human Body,"† an abstract of which appeared in the *London Medical Gazette* (1835, xvi, p. 125). While the great Owen basked in the sunshine of the applause of his professional brethren, the lonely heart of James Paget must have felt the injustice of this in aching scars, though the mask of his austerity belied his innermost feelings.

"The repute of the discovery would have been of no use to me, and I should have gained less happiness by disputing for it and obtaining it than I have enjoyed in the personal friendship with Owen ever since."‡

It is pleasant to contrast with these rather melancholy lines the letter§ which Paget dashed off to his brother Charles in the hot hour of triumph and in which he said that he had lately discovered a perfectly new animalcule, infesting in myriads the human muscle during life. "Fancy the body of a single individual supporting more separately existing creatures than the whole population of the whole world." A fortnight later he sends Charles a portion of muscle "containing some of the animalcules which I discovered, and which were last night baptized under the name of *Trichina spiralis* at the Zoological Society by Mr. Owen."

Paget deposited his original preparations in the Hospital Museum, but time has dealt with them unkindly. In the year 1881, the Pathological Institute of Leipzig presented a beautifully prepared specimen of the *Trichina* (D 36), when it was decided, with Sir James Paget's personal permission, to throw his historical specimens away. This clearance, which is not entirely free from pathos, was effected some time between 1884 and 1889.¶

\* The MS. of his proposed communication to this journal is in the R.C.S. Library.

† *Trans. Zool. Soc.*, 1835, i, p. 315.

‡ *Memoirs*, p. 56.

§ February 11th, 1835 (Library R.C.S.).

¶ Personal communication from Sir D'Arcy Power, K.B.E.

An account of the discovery of the *Trichina spiralis* would be incomplete without a brief reference to observations made on the subject prior to Paget's discovery. Friedrich Tiedemann,\* of Heidelberg, observed in the muscles of the body of a drunkard afflicted with gout "white stony concretions" from two to four lines (German "Linien") long. Analyzed by Leopold Gmelin, the famous chemist, they were found to consist of 73 parts phosphate of lime, 7 carbonate of lime, 20 animal matter, similar to albumen or fibrin. It is clear that Tiedemann never guessed the parasitic origin of these concretions. Let him slumber in our memory as the first scientist to have studied the *Trichina spiralis*.

In February, 1833, John Hilton, of Guy's, wrote a brief account of a "peculiar appearance observed in human muscle, probably depending upon the formation of very small cysticerci."† He did not succeed in detecting any organization in the muscle with the aid of the microscope.

Henry Wood‡, of Bristol, in October, 1834, studied the structure of the parasite and its influence on the body of man, but was unable to complete his investigations from want of proper value being set on the microscope as a means of pathological research. It will be recalled that Paget never tired of stressing the importance of the microscope in the work of the pathologist.

The parasite, having become encysted within the muscles of an animal, undergoes no further change. Usually its presence remains unsuspected during life. It is no matter for surprise, therefore, that many years had to slip by before Paget's discovery was amplified and completed by Herbst, Virchow, Zenker, and Kuhne, who succeeded in working out the life-history of the worm. The disease—trichiniasis—affects, among others, pigs, and the parasite is introduced into the human body with insufficiently cooked ham or pork. By simple preventive measures trichiniasis has in the end been stamped out.

News of Paget's discovery spread slowly. In the winter of 1870 in the Toronto Medical School a young student named William Osler drew the attention of his colleagues and teachers to the presence of the trichina in the muscles of a body which he was engaged in dissecting. At that time next to nothing was known about trichiniasis in Canada. Osler's discovery was as a stone thrown into tranquil waters; more and more people became interested; literally thousands of sections must have been cut. Feeding experiments were performed upon animals in an endeavour to transmit the disease to other animals. It is fascinating to speculate what

\* Friep's *Notizen*, 1822, i, p. 64.

† *London Medical Gazette*, xi, p. 605.

‡ *Ibid.*, 1835, xvi, p. 190.



enthusiasm this discovery must have aroused in the active minds of Father Johnson and James Bovell, who have left their indelible stamp on the character of the finest physician since Hippocrates.

This speculation may bring this historical sketch to a conclusion.

W. R. BETT.

### THE AFFAIR OF GILBERT GRINDLEIGH, ESQ., O.B.E., COINER AND PHILANTHROPIST.\*

*With apologies to Sir A. Conan Doyle.*

**I**HAD been tied to my own house for the last few days on account of a patient whose precarious condition worried me considerably. Although I had little enough to do otherwise, I could not leave my practice and join Sherlock Holmes, who had sailed four days previously for Vienna. During my time alone, as I waited for the call to my patient's bedside, which I expected hourly, I got out my case-book, and turning over its pages came upon a story unique in two ways—firstly, because in it both Holmes and I nearly lost our lives, and secondly, the account which I publish now for the first time was written on the day after our escape, when we both had scarce recovered from our adventure. I give the story exactly as it appears in my book.

It was a stormy night of December 23rd, 19—, and Sherlock Holmes and I were the sole occupants of a third-class compartment in a slow train battling its way against the wind in a remote part of the north-west of Scotland. The weather was piercingly cold, and rain and snow rattled on our window with every gust of wind. The weak gas-jet with which our carriage was illuminated flickered continually, and at times threatened to go out altogether. For the greater part of the journey Holmes had chatted pleasantly enough on some of the many topics of which he is a master, but after leaving Inverness and joining this slow train he had relapsed into a morose silence, and now sat huddled up in the opposite corner, filling the stuffy compartment with the fumes from his large pipe.

"Have you ever heard of Mr. Gilbert Grindleigh, O.B.E.?" he suddenly asked. "Of course," I replied, "the benevolent old gentleman who is so interested in the welfare of backward school-children—"

"—and incidentally," interrupted Holmes, "one of the greatest villains who ever disgraced his country."

"Impossible," I cried. "I have met him several times and found him well-educated and charming in every way."

\* Our special Christmas number story.

"Exactly," replied my friend, "his philanthropic work, which is always widely published, is merely a blind to cover his nefarious work elsewhere. The Bank of England has long been troubled by a constant stream of counterfeit coins which has continued to increase for many years. I was consulted, and to cut a long story short I have tracked them to a gang of four, working about ten miles from Ardachnairn, which is our destination. Grindleigh is the leader. I have spent some weeks in the neighbourhood, and occupied a small one-roomed shepherd's cottage during that time. Thieves fall out, and these are no exception. Their stronghold is a cave, reached by a tunnel concealed in the heather in the midst of a desolate stretch of moorland which extends to the cliffs themselves. One other mode of exit is possible by a hole in the cliff face. This is sixty feet above the sea-level, but placed in one wall of a wide and deep cleft in the rocks. It is thus hidden from view from the sea, and it is from this exit that they purpose to hurl their leader to-morrow."

"But surely," I said, "it is a clumsy method; why not shoot him and have done with it?"

"Really, my dear Watson," said Holmes, "you grow more obtuse daily. Imagine the headlines the next day! If his body is found with obvious signs of murder printed on it, a hue and cry will be raised, which will bring the whole of Scotland Yard up here in a body. If, however, his body is washed up and let us say a few articles of clothing tastefully arranged on the edge of the cliff with perhaps a shotgun thrown in, there will be the obvious verdict that the unfortunate gentleman fell over the cliffs while shooting, and all will die down in a few days. But I perceive we have reached our destination."

Our train slowly came to a standstill, and we left the warmth of our compartment for the bitter night air. The station was small and dimly lit; we were amongst half a dozen passengers and this was the terminus of the local railway. The other travellers were country folk who occupied a few poor houses clustered round the station and constituting the village. We picked up our bags and strode rapidly through the main street and out into the open country. The snow had ceased but the wind still blew strongly. Dawn was breaking, and a dull roar far away on my left together with a salty flavour in the air suggested that we were on the cliffs. We walked about five miles till we reached Holmes's hut, a tiny place with one small bed, and a minimum of furniture and kitchen utensils. By the time we had kindled a peat fire it was daylight. Holmes showed me a small wireless set which he had brought with him, "You see I have not forgotten our comfort," he said with a smile.

We spent the day in resting, and it was late on Christmas Eve before he outlined his plan to me as we walked the six miles to the scene of action. He led me finally by a zig-zag path down the cliff to the beach, along which we walked till we came to a projecting wall of rock jutting out to sea.

"Just round this corner," said Holmes, "is the cleft in the rocks which I have described. You will, I hope, forgive me for what I am going to say now. If one of us should perish (which is very possible) it is essential that the survivor should be able to complete the work single-handed. I know you are no mean detective from your handling of the Mayfair Mystery, but if I should fall I doubt very much whether you could round up the rest of the gang; that must be my part. What I propose is this: I will go overland and enter their den by the tunnel, and you will launch the little boat which I have hidden in this cave behind us and wait underneath the sea-wall for Grindleigh. They expect him at midnight and you must be ready for him. When he finds himself in the water he will no doubt make a bid for life, and you must capture him alive or dead; yours is by far the more dangerous part, but I know you understand," and he gripped my hand silently in the dark. In half an hour it will be Christmas Day, and I think a dinner, let us say in Piccadilly at the Fritz, will be a pleasant ending to our work. Can you manage 7 p.m.? A merry Christmas, Watson," and he disappeared without another word.

My heart was too full to reply as I realized the trust he had placed in me, and that perhaps I had seen him for the last time. After waiting on the beach for a short time I retired into the cave, as it had started to snow and the wind was rising. I found a small boat and two oars, and as the time drew near I pushed her out and down the beach to the water's edge. The moon was shedding a feeble light on the water, and by the dial of my watch I saw it was five minutes to twelve. I had some difficulty in launching my craft, but eventually by hard rowing I managed to pull into the cleft and drew in close to the wall. I had not long to wait.

Suddenly, far above me in the opposite wall a patch of light appeared in the dense black rock. Framed in this opening and thrown into strong silhouette four figures fought like tigers in a terrific struggle, in which three strove to hurl their leader from that great height. I watched fascinated, and could not help admiring the way in which he kicked and bit and almost held his own, but they gradually overcame him, and suddenly he shot over the edge, while the rest retreated a step and watched him. Down came my victim with lightning speed, and missing the boat by inches disappeared with a splash which nearly swamped me. I stood up with

my oar and waited. In a few seconds—it seemed like hours—a head rose out of the water and a hand clutched at my prow. But I was ready for him, and raising my oar I aimed a blow with all my strength at his skull. The boat, however, caught by an incoming wave rocked violently and I missed. Carried forward by the momentum and thrown off my balance, with an involuntary yell I went overboard and the icy waters of the Atlantic closed over my head. When I came up I saw with dismay that the tables were turned with a vengeance, for there was my prisoner crouching in the prow of my boat, like a vulture waiting for my death. I supported myself on my oar, watching meanwhile for his next move, when suddenly his companions up above started to fire on us. And then during a lull between the shots I heard to my amazement in familiar tones from the boat, "My dear Watson, perhaps you will join me as soon as you have finished your swim?" It was Holmes.

I plunged towards him, and by the aid of his helping hand I climbed aboard. As shots were still coming from the gloom we rowed out of range with all speed and had little trouble in landing, for a huge incoming wave threw us high up on the beach. As we gained the top of the cliffs we saw in the distance the powerful headlights of a car making its way southwards.

"There he goes," said Holmes grimly, "a few minutes late in arriving you see; he has heard the firing and decided to postpone his visit to a more promising date. Come along, let us go back too."

We were both drenched to the skin and shivering with cold. To make matters worse the snow fell more heavily and the moon deserted us. We trudged along in silence, but at the end of two hours had to confess that we were lost, and the best we could do was to keep moving in order to maintain our circulation.

"I can see, my dear Watson," said Sherlock Holmes at length, "that we are both in for influenza and it will be your turn to take charge."

"I agree," I replied, "and you must forgive me for what I am going to say now. In such crises it is essential that the medical man should remain as fit as possible. I know, my dear Holmes, that you are no mean clinician from your monograph on eclampsia. But if I were to succumb, I doubt very much whether you could treat yourself successfully. There are two methods of treatment open to us—the ambulatory method, and rest in bed with its attendant diet and drugs. We have only one bed, which I propose to occupy. There is certainly a slightly greater mortality with the ambulatory treatment, but I am sure you understand," and I held out a cold and wet hand, but owing to the darkness he did not see it.







There are a few minor misprints: P. 121, "notwithstanding," p. 392, though for through, p. 413, months, and another on p. 455—more than we expect from Messrs. Churchill, though the format and illustrations are fully up to the mark.

This book will certainly stimulate anyone's flagging interest in the time-consuming routine of clinical work, as it deals so largely with the rubbish-heap of the "ill without apparent cause."

A TEXT-BOOK OF SURGICAL DIAGNOSIS. Edited by A. J. WALTON, M.S., F.R.C.S., B.Sc., M.B. (London: Edward Arnold & Co.) Two vols. Pp. 1121. Price 63s.

It is the inevitable but rather melancholy fate that in all books on the diagnosis of disease the reader is left to the mercy of other authors for all information on the subject of treatment. In the present volumes this disadvantage is made all the more marked, in that the editor and chief contributor has secured the services of writers who are authorities on their own subjects.

The book is primarily intended for the general practitioner interested in surgery, but the house surgeon and the candidate for the higher surgical examinations will find a mine of useful information collected therein. In general each chapter is devoted to the diseases of some particular system, and these are considered under the various headings of pathology, symptoms and differential diagnosis. The treatment of the pathological aspects of the subject varies greatly; in some sections it is discussed fully, including the histological changes; in others pathology is entirely omitted. Further, a much greater simplification would have been achieved if physical signs were not discussed under the heading of symptoms.

At a time when laboratory methods are tending to make inroads on our clinical intelligence any authoritative insistence in the latter always appears worth while. On the whole this book presents an extremely practical view of the subject and its teaching is invariably sound. But surely the anxious general practitioner seeking guidance and advice will be not a little alarmed by such nomenclature as "extra-elastic hyperplasia of the connective tissues" in the section on "Diseases of the Breast."

In many of the sections there is an unfortunate amount of overlapping. For example, information as to rodent ulcer is found in the sections on Chronic Ulceration of the Skin, Tumours and Cysts of the Skin, and Diseases of the Lips, Tongue, and Salivary Glands. In all of these some of the typical signs of rodent ulcer are given, and in two of them the histological changes are discussed.

A similar but much more easily avoidable overlapping occurs in the chapters devoted to the Injuries of Bones and the Injuries of Joints. The result is that fractures in the region of joints—for example, Colles's fracture—are described under both headings.

Considered as a whole the book is a very valuable contribution to the literature of surgical diagnosis. The sections generally are clearly written; they make interesting reading and are well illustrated. It is therefore earnestly to be hoped that in future editions the activity of the editorial blue pencil will do something to remove the minor blemishes of an otherwise excellent book.

THE PRACTICE OF REFRACTION. By W. S. DUKE-ELDER. (J. & A. Churchill.) Pp. 410. 20s illustrations.

Books written on the subject of refraction of the eye tend to make dull reading, probably because there is included in most of them a large amount of physiological optics, and also because of the difficulty in making the subject palatable.

Duke-Elder, however, in his *Practice of Refraction*, has succeeded in writing a very clear and easily readable account of this branch of ophthalmology. He has avoided the use of many and involved optical formulae. In fact the subject of optics is only very lightly touched upon, for, as he states in the preface, the book is written essentially as a guide to the practical side of refraction. The only drawback to this is that there is not enough optics included in the book to satisfy the requirements of a candidate for the D.O.M.S. Nevertheless, such a candidate is strongly recommended to read the book.

The subject-matter is divided into six sections. The first is introductory. The second deals with the theoretical principles of refraction, and discusses the various anomalies. Stress is laid on the fact that true emmetropia is a rare condition, but that not everyone with a small refractive error needs correction; if the surgeon must be guided by symptoms. Section Three is devoted to the study of

accommodation and convergence. Section Four deals with muscle balance. The explanations of the types of heteropia are lucidly put and should materially assist those who have difficulty in understanding this subject. Section Five is the most useful in the book from a practical point of view. It is concerned with clinical methods, with the practice of retinoscopy (which, the author admits, cannot be learned from books) and with the ordering of spectacles. It is recommended to order full correction for hyperphoria, wherein the author disagrees with most writers, who advocate, rightly, only two-thirds correction. Section Six gives an account of the making and fitting of spectacles, and of the various types of glasses on the market. Finally, there are some optical tables in the appendix. Altogether a very useful asset to the numerous works on this subject, and those who are beginning, and even those who are experienced in, refraction work, will do well to read the book.

SIMPLIFIED COOKING AND INVALID DIET. By a Doctor's Wife (MOIRA MORGAN). (The Scientific Press: Faber & Gwyer, Ltd.) Pp. 186.

At last! Here is a simple book, on this sadly-neglected subject, which treats of food as a thing of delight and adventure, as a thing to be revered. No longer need the doctor, having made a correct diagnosis, and having prescribed some excellent physic, leave his patient's house murmuring the banal and useless phrase "Give him a light diet." Within this book the death knell rings for the school of "slops" for the poor sick being. The horrors preceding the next meal will be replaced by a new anticipatory pleasure.

Throughout, stress is laid upon the importance of how food should be served, including the value of surprise, the meaning of "hot" and "cold," and even of giving fanciful names to children's dishes. Yet, all practical details are clearly stated, and still more important, recipes given to suit every purse. The book is divided into two sections: the first deals with methods of cooking different dishes, the second with the preparation of special diets. Interspersed are blank pages for notes (happy thought), lists of food values, measures and other points of primary importance.

The book is an inspiration of which the departed and respected master, Brillat-Savarin, would have been proud, and nobly fulfils the object set at in the first lines of its introduction, to provide doctors with a book that they can confidently recommend to nurses, mothers and housewives.

#### ACKNOWLEDGMENTS.

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## EXAMINATIONS, ETC.

## UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:  
M.B.—Macclay, W. S.

## CONJOINT EXAMINATION BOARD.

Pre-Medical Examination, October, 1928.

Chemistry.—John, C. W., Young, A. R. C.  
Physics.—Young, A. R. C.

## First Examination, October, 1928.

Part I, Anatomy.—\*Bamford, H. C., \*Bateman, C. H., \*Bray, J. S. B., Davidson, R. T., Hutton, P. L. S., Petty, G. F., Rosenfeld, P., Wright, P. M.

\* Old Regulations.

Part I, Physiology.—\*Bamford, H. C., \*Bateman, C. H., \*George, C. A., Petty, G. F., Rosenfeld, P., White, F. C. H., Wright, P. M.

\* Old Regulations.

\*Part II, Pharmacology and Materia Medica.—Bray, J. S. B., Scott, J. D., Segalov, S., Taaffe-Finn, R. T., Winslow, V. F. F.

\* All Old Regulations.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P., and the Diplomas have been conferred on them:

Bellamy, W. A., Dunkerley, J. T., Evans, C. N., Gamboa, M., Guinness, H. W., Mills, W. T., Perrott, G. F. D., Robinson, R. D., Snow, J. E., Williams, L. V., Wood, F. W. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:  
Madden, C. P.

## CHANGES OF ADDRESS.

- BATTERHAM, Capt. D. J., R.A.M.C., 17, St. Helens Park Crescent, Southsea, Hants.
- CHAMPNEYS, W. D., Ministry of Health, Whitehall, S.W. 1.
- FORD, J. N. C., 6, South Cliff Avenue, Eastbourne.
- GARDNER, A. W., Bartholomew House, Castlegate, Lewes, Sussex.
- HOLMES, L., 76, Herbert Road, Plumstead, S.E. 18.
- MYERS, C. S., 54, Montagu Mansions, W. 1.
- OGLE-SKAN, H. W., 9, Redbourne Avenue, Finchley, N. 3.
- PECK, E. F., 30, Ladbroke Gardens, Kensington Park Road, W. 11.
- STORRS, Lt.-Col. R., R.A.M.C., 26, Devon Square, Newton Abbot, S. Devon.
- WILLIAMS, G. R., 34, Whitehall Gardens, Acton Hill, W. 3.

## APPOINTMENTS.

- CATES, H. J., M.D.(Lond.), D.P.H. (Camb.), appointed Resident Physician and Licensee to Northwoods Private Mental Hospital, Winterbourne, near Bristol.
- LESTER WILLIAMS, R., M.B., B.Chir.(Cantab.), F.R.C.S., appointed Surgeon with Charge of Out-Patients at the Seaman's Hospital, Greenwich.
- OGLE-SKAN, H. W., M.R.C.S., L.R.C.P., appointed Deputy Regional Medical Officer, Ministry of Health.
- SLINGER, L. A. P., M.R.C.S., L.R.C.P., appointed District Medical Officer, St. Lucia.
- TURTON, J. R. H., M.B., B.S.(Lond.), F.R.C.S., appointed Honorary Surgeon to the King Edward VII Hospital, Haywards Heath.
- VISICK, A. H. C., M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to York County Hospital.

## BIRTHS.

- BOWER.—On November 12th, 1928, at Bedford, to Muriel, wife of Cedric Bower—twin daughters.
- BROWNE.—On November 1st, 1928, at 27, Welbeck Street, W., to Helen, wife of Denis Browne, F.R.C.S.—a daughter.
- HORNIBROOK.—On October 25th, 1928, at Elthorne House, Gerrard's Cross, to Margaret, wife of H. Nevill Hornibrook, M.B., B.S.(Lond.)—a son.
- HUME.—On November 23rd, 1928, at 41, Southway, N.W. 11, to Marjorie (née Poole), the wife of J. Basil Hume, M.S., F.R.C.S.—a daughter.
- KILNER.—On November 1st, 1928, at 27, Welbeck Street, W. 1, to Florence Mary, wife of T. Pomfret Kilner, F.R.C.S., of 56, Queen Anne Street, W. 1—a son.
- ROBBINS.—On November 14th, 1928, at Crantock, Finchley Road, N.W. 11, to Dorothy, wife of F. H. Robbins, M.C., F.R.C.S.E.—a daughter.

## MARRIAGES.

- EVANS—FAIRHURST.—On September 20th, 1928, at St. Philip's Church, Southport, Gerald S. W. Evans, M.B., B.Ch., eldest son of the Rev. J. Evans, Beulah, Breconshire, to Annie Evelyn, elder daughter of the late Mr. and Mrs. F. H. Fairhurst, Woking, Surrey.
- WARD—THOMAS.—On October 10th, 1928, at All Souls', Langham Place, William Roy, eldest son of the late Mr. William Ward, and Mrs. Ward, of the Old Rectory, Harting, to Marjorie, youngest daughter of Dr. and Mrs. J. E. Thomas, of Bangor, North Wales.

## DEATHS.

- ANDERSON.—On November 2nd, 1928, in a London nursing home, after an operation, Sir Hugh Kerr Anderson, F.R.S., Master of Convillie and Caius College, Cambridge, aged 63.
- NOAD.—On November 14th, 1928, at Home, Ernest Noad, M.R.C.S. (Eng.), L.R.C.P.(Edin.), the dearly loved husband of Laurie Noad.
- RACHAM.—On November 25th, 1928, at North Elmham, Norfolk, Arthur Richard Racham, M.R.C.S., L.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, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., 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. 1. Telephone: City 0510.

## St. Bartholomew's Hospital



## JOURNAL.

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

VOL. XXXVI.—No. 4.]

JANUARY 1ST, 1929.

PRICE NINEPENCE.

## CALENDAR.

- Tues., Jan. 1.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Fri., „ 4.—Prof. Fraser and Prof. Gask on duty.
- Sat., „ 5.—Rugby Match v. Harlequins. Away.  
Hockey Match v. Shoeburyness Garrison. Away.  
Association Match v. Occident. Away.
- Tues., „ 8.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Tues., Wed., Thurs. and Fri., Jan. 8, 9, 10 and 11.—At 8.0 in the Great Hall: The Amateur Dramatic Club presents "Arms and the Man."
- Fri., Jan. 11.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Sat., „ 12.—Rugby Match v. Bradford. Home.  
Hockey Match v. Old Uppinghamians. Home.  
Association Match v. Old Wykehamists. Home.
- Tues., „ 15.—Sir Thomas Horder and Sir C. Gordon Watson on duty.
- Fri., „ 18.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Sat., „ 19.—Rugby Match v. Coventry. Away.  
Hockey Match v. Christ Church, Oxford. Away.  
Association Match v. Old Westminsters. Home.
- Mon., „ 21.—Last day for receiving matter for the February issue of the Journal.
- Tues., „ 22.—Prof. Fraser and Prof. Gask on duty.
- Thurs., „ 24.—Abernethian Society.—Mid-Sessional Address. At 8.30: Sir Robert Armstrong-Jones, K.B.E., "The Mind, and How it Works."
- Fri., „ 25.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Sat., „ 26.—Rugby Match v. Old Blues. Home.  
Hockey Match v. St. Albans. Away.  
Association Match v. St. John's College, Cambridge. Away.
- Tues., „ 29.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

## EDITORIAL.



CHRISTMAS passes over the Hospital with so breathless a rush that it leaves little time for us to take a calm look at the coming year.

\* \* \*

No sooner have we evaded the journalists who hunt for sob-stuff stories of Christmas in Hospital than we are distracted by the incoherent howls which in the fullness of time resolve into the libellous choruses of a ward concert-party. Every box in the Surgery seems occupied with earnest, shy and perspiring young men, presided over by a confident young man. Their chief business is to break into whatever is on hand with—"I say, I shall look an awful ass standing here while the others —"; "I say, I know a ripping thing. George Robey did it; only wants a scene in a parlour and a chorus of barmaids," or "I say, we never dare say that in front of Sister —."

The progress from enthusiasm to alternating despair and boredom, and end with an "It'll be all right on the day" fatalism to temper the awful fear that it is, after all, "a rotten show." But it never is.

All the Ward parties this year lived up to the expectation their posters aroused. Art was a most competent handmaiden to the drama and mime. The Underground advertisement management could hardly have bettered the appearance of the corridor leading to the A.R.

The would-be chronicler of the Christmas Day parties has two dangers to face, which test his capacity to the full: There is the matter of Ward teas and the question of the Christmas spirit, of which the concert-parties carry a superabundance. It is etiquette to refuse



neither. And yet all the shows, in fairness, must be seen as well as heard. Apparently there is no narrow pass between Scylla and Charybdis.

The R.S.Q. carried on the traditions of the R.S.Q. show. Mr. Attwood, as leader, shamed Balieff, and as a reciter ("with noises"—or was it actions?) cast a condescending look at Billy Bennett. We have seldom seen in any show anything so accomplished as Mr. Kreitmeyer's singing and dancing, "Kingdom Coming."

The Icterikes were excellently rehearsed and polished. We liked their libellous songs; the excerpt from "This Year of Grace" was a very sincere form of flattery.

The Baby Seven carried off their sketches and concerted dances excellently. Unfortunately the Jampots broke too early for us to see them, but we heard good reports; they share with the Gasktric Emanations the honour of producing the most pungent parodies of "gentleman at present attached to the Hospital Staff." Coming as roaring pirates and departing as musical comedy lambs, the Sigmoideers neatly underlined Bart's nurses in an excellent almost-monologue farce. If the Jumping Robots are specimens of what the industrial era is leading us to we can face it cheerfully, though we should prefer something less giddy than half parson, half nymph.

The Willoh Canes, in becoming pink, win the prize for sheer "go." We nearly used the word "guts," in view of the shameless cannibal orgy which ended their "spirited" show.

On Boxing Day the children in the Surgery believed in Punch and Judy for an ecstatic hour, and in Messrs. Anderson and Phillips as Fathers Christmas for a longer time still.

Major Cartwright and his cinema continued his good work of the previous day in the wards, as did some of the less tired concert parties.

\* \* \*

After this review we are still unable to do anything more calm about the New Year than to wish our readers a happy one.

## OBITUARY.

MR. LANGFORD MOORE, F.C.S.



E record with extreme regret the death of Mr. John Edward Langford Moore from pneumonia on Saturday, December 15th, after only a few hours' illness. We offer to Mrs. Langford Moore our most hearty sympathy in her loss. Mr. Moore became a member of the Pharmaceutical Society on January 5th, 1894, and was almost immediately appointed Assistant Dispenser in the Apothecary's Shop. In 1900 he was made Head Dispenser, and in 1927 his title was changed to that of Pharmacist to St. Bartholomew's Hospital. He was at work in his office on Friday and died of heart failure on Saturday. A memorial service was held in the Church of St. Bartholomew-the-Less on Wednesday, December 19th, in the presence of his friends, brethren of the Masonic Lodges of which he was a member, sisters, nurses and the Hospital Staff, lay as well as medical. From the time of his first appointment Mr. Langford Moore may be said to have lived for the Hospital. It devolved upon him to supervise the reconstruction and the re-organization of "The Shop," both in the buildings and in the methods by which it was carried on. He proved an administrator of great power, with a practical knowledge of his work, and a most faithful steward of all that was committed to his charge. Many generations of students passed under his hands, for he was a fine teacher, and they went to him gladly for instruction in the practical pharmacy and *materia medica* required by the various examining bodies. His work was appreciated by all with whom he was brought into contact, and in February, 1914, he was paid the unusual honour of election as a member of the Rahere Lodge of Freemasons, where his friendly, quiet and unobtrusive manner showed how well he carried on the principles he had been taught. But the reputation of Mr. Langford Moore was by no means confined to the Hospital. He was a Fellow of the Chemical Society, and was recognized by all pharmaceutical chemists as one who held a foremost position in the craft which he loved and for which he had done so much.

D'A. P.

### GEORGE WILLIAM CHORLEY PARKER.

George William Chorley Parker, M.R.C.S., L.R.C.P., late Captain, Royal Field Artillery, died at his home in Barry, Glamorgan, on November 26th, 1928, aged 33 years.

"George" Parker as he was known to all, was educated at Christ College, Brecon, where he was a member of the 1st XV.

In October, 1913, Parker entered the Cardiff Medical School. In August, 1914, at the outbreak of war, he joined the Public Schools Battalion, and in February, 1915, obtained his commission in the R.F.A., and served in France, May, 1915, to November, 1918. He was wounded once and gassed on the Somme; three times he was mentioned in despatches.

On demobilization Parker returned to his medical studies, and in January, 1921, came to Bart's, where he threw himself wholeheartedly into his work and athletics.

The Rigger team at the Hospital was a very ordinary side in 1921; in the 1922-23 season it had become a powerful first-class side, and in 1923-24 it had won the Inter-Hospital Cup for the first time in forty years. The winning of the Cup and the excellence of the team were due to Parker. He set the example and everyone followed. He brought a new enthusiasm into the Rigger Club, and was as interested in the affairs of the C and D sides as he was in his own XV. He made great personal sacrifices for the Rigger Club. One of the best forwards Kent have had, Parker was chosen to play in the two English Trial matches in 1923. Had he been more considerate for himself he would most certainly have had his International Cap for England, but his team came first. Of all the captains the Rigger Club has had since the war, it would not be an injustice to say none was like Parker. All who knew him will miss his cheery smile. He had a charming personality and a delightful sense of humour; everyone loved him. He is missed, and sadly missed, and always will be by those who knew him. R.I.P.

J. D. DENNYS.

It is with deep regret that we have to announce the death of J. D. Dennys, on November 28th, 1928, after a prolonged illness. Coming to the Hospital as a student in January, 1927, he soon became firmly implanted in the affection of those with whom he came in contact. While his cheerfulness and readiness to help under all conditions were remarkable, it was during his long illness that his character became most apparent. It was then that we saw his outlook on life to be dependent, not on circumstance, but on something deeper, for his patience was maintained throughout. His death will bring home the reality of these things, and he leaves a place his friends will find hard to fill.

## FIFTEEN YEARS OF DRAUGHTSMANSHIP.

[Dr. Leonard Mark has presented to the Library a scrap-book containing the drawings of pathological specimens he executed while he was Pathological Draughtsman to the Hospital. We have much pleasure in reprinting extracts from the preface Dr. Mark has written.]



I HAVE collected here only what I have done in pen and ink, or pencil, or some process of reproduction in black and white. The great mass of my work in the artistic line has been in water-colour, and most of it has been done for the Museum of St. Bartholomew's Hospital, and something like 300 and 400 water-colour drawings by my hand are preserved in the Museum, for the use of the staff or the students, or to be shown at lectures.

Many of the pictures in this book are illustrations which I have been requested to undertake by the authors or publishers of various medical works, notably Bowlby's *Surgical Pathology*, Walsham's *Surgery*, Norman Moore's *Medical Pathology*, Dyce Duckworth's *Gout*, Archibald Garrod's *Treatise on Rheumatism*, and his aid to the *Laryngoscope*.

I have only been able to collect here those drawings of mine which are in black and white; the remainder, being done in water-colour, have been mounted on cardboard for preservation in the drawers of the Museum. I have tried as far as possible to preserve my actual pen-and-ink sketch, but in some cases it has not come back to me from the printer, or has been lost or destroyed. I have also tried to collect samples of all the reproductions, so occasionally there are seen two pictures of one object; in such a case the actual work of my own hand is distinguished by my initials, "L.M.," below in the right-hand corner.

It was in the year 1886, in the summer, when things were rather slack, that I was suddenly asked by the Museum Committee of St. Bartholomew's Hospital if I would not come to their help by putting my capacity for drawing to use for a few months, and doing the drawings required in the wards, the O.P. rooms and the P.M. rooms, which until then had been undertaken by the Librarian, Mr. Thomas Godart, who was now about to retire on account of age, and go and live in Australia. He had done all the drawings for the Hospital for the last forty years, since the time when they were undertaken by W. A. Delamotte, an artist who had a considerable reputation in London for illustrating books on natural history. I consented at once, and it was arranged for me to turn up as a rule in the Curator's Room at the Hospital Museum on three



afternoons a week at half-past one o'clock, where notices would be sent for me if I were required in any of the wards, or O.P. rooms, or the P.M. room, or if any specimen were sent up for me to draw.

A table placed in a good light in the Curator's room was reserved for me, where I could work at any specimen sent up, or at which I could make a patient sit who was well enough to come up from the ward.

Now and then one had to resort to tricks to enable one to finish painting a case that was rapidly changing in appearance or just getting well—perhaps copying in the detail of the limb or other part of the body from some other patient. It has even happened to me, after being unable to finish a case from shortness of daylight, to find the next day that the only way to get a complete picture was to have another sitting in the mortuary—a place in which I have been obliged to spend some gruesome hours: I have been sometimes reminded, when occupied with a pathological drawing, that it is a bit similar to having to make a sketch of a picturesque landscape with a beautiful but vanishing sunset; one has to be quick in picking out and putting down on one's paper before it gets dark the essential parts of the landscape and finishing the details at a future sitting.

Dr. Gee advised me to go and look at, in the Museum of University College Hospital, the magnificent and unrivalled series of water-colour drawings, more than 2000 in number, by Sir Robert Carswell, a most prolific painter, whose works number many hundreds, including many done in the abattoirs of Paris, Rome, Naples and other continental towns. Dr. Norman Moore, Mr. Butlin, Mr. Walsham, Mr. Bruce Clarke pressed me very much to undertake the occupation permanently. It was decided by the School Committee that if a qualified medical man did so, a definite position should be created for him, and he should be remunerated properly. During the fifteen years that I held the appointment I reckon that I owed altogether £1300 to my paint-brush and pencil, which was possibly more than some artists were making who had taken up painting as their unique profession, whereas, with me, Art was only taken up as an accessory. I was indeed glad at the beginning of October to be definitely appointed, as I liked the occupation, and I found I could work it so that it should not interfere with my practice. There was not much harm to be done if once in a way I arrived at the Hospital a bit late, or if I were summoned away by a telegram, or if when I knew beforehand I should be wanted at home in the afternoon, sending a wire beforehand to the Curator, who would fix up any appointment necessary for me for the next day. This, indeed, rarely happened during fifteen years while I

held the appointment, and I owe much to the kindness of the various Curators for the care with which they helped to make things go easily for me. Great indeed was the thoughtfulness and kindness of D'Arcy Power, Edgar Willet, Canthack, Morley Fletcher, Frederick Andrewes, who succeeded each other as Curators in my time.

LEONARD MARK.

December 2nd, 1928.

### "JUST NERVES."\*

(Concluded from p. 39.)

Now I want strongly to insist that it is not the frankly cruel man or woman (and these cases are at least as common in what is grotesquely termed the "gentler sex") who suffer from psychoneuroses as a result. It is the better type, where the cruel, sadistic trend is at war with the rest of the personality, who suffer in this way. I was recently much struck by a paragraph in an essay by Aldous Huxley on a picture by Brueghel of the Crucifixion in which the scene is represented as one of frank enjoyment for the spectators. He goes on to say, "At Tyburn one could get an excellent seat in a private box for half a crown; with the ticket in one's pocket one could follow the cart all the way from the prison, arrive with the criminal and yet have a perfect view of the performance. In these later days, when cranky humanitarianism has so far triumphed that hangings take place in private and Mrs. Thompson's screams are not even allowed to be recorded on the radio, we have to be content with reading about executions, not with seeing them. The impressarios who sold seats at Tyburn have been replaced by titled newspaper proprietors who sell juicy descriptions of Tyburn to a prodigiously much larger public."

"That eager, tremulous, lascivious interest in blood and beastliness which in these more civilized days we can only satisfy at one remove from reality in the pages of our newspapers was franklier indulged in Brueghel's day; the naïve, ingenious brute in man was less sophisticated, was given longer rope, and jocosely barks and wags its tail round the appointed victim."

Allowing for Aldous Huxley's taste for invective, I think this puts the case powerfully and well. Man has not found it easy to "let the ape and tiger die" within him. It is a commonplace of embryology that all life

\* Being portions of two clinical lectures delivered at St. Bartholomew's Hospital.

has to repeat in brief and with modifications the history of the race. A strain of cruelty seems normal in the healthy child at a certain age, restrained though it is by the pressure of social convention. But if it persists, one of two things happens: either the individual remains a brute, or he finds a war in his members going on—when he would do good, evil is present with him. He attempts to push the hideous thing out of his consciousness, and unfortunately often only succeeds in pushing it down to the unconscious level, where it still remains a source of conflict. Whether Nature abhors a vacuum or not, it is certainly true that the chamber will not remain swept and garnished; a positive evil cannot be exorcised by a mere negative—it must be replaced by something equally positive.

But now I come to a very mysterious part of these cases; when the cruelty trend is found to be only displayed by the patient towards an individual or a representative of a class, you may be pretty certain he is searching for a scapegoat. Frankly, I mean in so many words that he is venting on someone else the discomfort and dissatisfaction he feels for something wrong in himself. How utterly illogical, you may say. But is not the search for a scapegoat an extraordinarily deeply rooted instinct in human nature?

Plenty of illustrations must spring to mind of all of you. If you go into the question you will find that the origin of the "divinity that doth hedge a king" is that he was a man apart who sooner or later was actually sacrificed for the supposed good of his people. And as a race evolves, its ideas of a scapegoat become less crude and less cruel. Human sacrifice is replaced by animal sacrifice and then by symbolic substitutes for a sacrifice at all. But the psychoneurotic, with his atavistic trends, finds himself desiring, even against his better judgment, the cruder method, and you have got to find out what is the obsession from which he is trying to find release by seeking a scapegoat.

I want to make a plea for the psychoneurotic. Even in medical circles there is still too much of a tendency to despise him. I have been trying to show that he is a man struggling to adapt himself to evolutionary requirements. If he were not struggling he would not suffer—he, like the crowd at Tyburn, would be content to remain adapted to a lower level. But you may ask, Why is he struggling if he does not know what is the matter with him, and how can explanation of the facts help him?

These are the points on which Freud has thrown so much light. I may say at once that while regarding Freud as one of the most original thinkers of our time, I by no means accept his doctrine entire. I reserve the right of private judgment, and consider that he

bases his views on too narrow a conception. Now this is exactly what the convinced Freudian will not allow you to do. It is extraordinary to see this development of a new orthodoxy, from which you must not dissent if you are to be saved. The Freudian creed is of the straightest. There is one God, the subconscious, and Freud is his prophet. There are the sacred books, which you must accept as literally true. You must not inquire, "What do I find? What is my own experience," or you will be told, "This fellow does not know what Freud said in the third volume of his *Träume* and something or other." Finally we have the heresy hunt, and Adler and Jung must be solemnly excommunicated with bell, book and candle. Now this is a preposterous attitude to adopt on any scientific subject. Where should we be in physics if we had made Newton's Laws of Motion or Dalton's Atomic Theory into an Athanasian creed? Strange that men, having emancipated themselves from one orthodoxy, should straightway desire to shackle themselves in another. Evidently there is a good deal of the old Adam even in the mental processes of Freudians. But particularly is this attitude absurd when applied to such unexplored territory as the subconscious mind. To claim that the first prospector of it should discover the truth, the whole truth and nothing but the truth is to demand too much of human credulity. Nevertheless I am convinced that Freud's main conception as to the way in which the subconscious behaves is right. And I am convinced for the best of reasons—that in practice it works. It helps one to discover the cause of the patient's trouble.

I must remind you that none of these patients come or are sent to me because they are thought to be suffering from a psychoneurosis. If that were so, they would go elsewhere—to recognized psychotherapists. They come to me in the belief that they are suffering from some organic or, at least, some tangible disease, and on investigation I find reason to believe that they are not. Almost invariably the outward and visible evidence of their condition is some cardiac or vasomotor symptom—syncopal attacks, cold, white or cyanotic extremities, sweats, respiratory distress, sudden darting pains in the head or elsewhere, parasthesia, exhaustion and collapse. With these invariably goes an overmastering sense of fear. The patient thinks the fear is the result of the distressing symptom, whereas the symptom is really the consequence of fear. Fear is merely the exaggeration or the perversion of that alertness to danger which is a necessary defensive mechanism for all of us. It is associated with an activation of the sympathetic. The sequence of events seems to be somewhat as follows: There is some memory or trend of thought which has become buried in the subconscious



just because it is painful, but it can still be aroused by some conditioned reflex. But even before the reflex can light this up into consciousness, the defensive mechanism intervenes to shield it from consciousness. Emotion can act more quickly than reason; the defence reaction occurs before reason can judge on it, the sense of fear is aroused by this uncomprehended act on the part of the defensive mechanism, and the usual sympathetic manifestations of fear follow.

Note particularly that the reaction is uncomprehended. The fact that the body acts in this incomprehensible way materially increases the fear aroused. It is no use for the patient to be told to fight against it, for the will has no control over the unknown. The cause of the conflict must be brought up into consciousness before the will can have any power over it. It may well be that in attempting to do this we shall meet with great resistance. It is unusual to meet with a patient who accepts the situation as frankly as the one whose case I have described. It is more usual for them to shy as the method of free association brings them nearer to the painful spot. They will say, "I don't know why I said that," or "That's nothing to do with it," or they will pass into mulish silence. When the painful memory is actually awakened, there will probably be an emotional outburst. This, according to one school, is an important factor in treatment—*abreaction* as it is called. I am not so convinced of this as I am that it is an important indication that the real source of the trouble has been detected.

When the cause has been found the further treatment of the case may still present difficulties. Freud lays great stress on what he calls *positive transference*, which really amounts to an emotional dependence on the medical man. That in all cases of illness, whether mental or physical, a bond of sympathy between doctor and patient is an important thing is, of course, well recognized—we can do little good where we are not trusted. It is the particular merit of the English system of clinical training that from the very first the student is given the opportunity of coming into personal contact with the patients and thereby of acquiring this important kind of experience and skill. But *positive transference* may become a danger, or at least a hindrance, if carried too far—the patient becomes too dependent on the doctor when we want him to stand on his own feet. I think, therefore, that quite early in the treatment attempts should be made to find an outlet for the energy which is released on relieving the internal friction, and it is astonishing how much energy can be wasted over merely maintaining an internal inhibition—witness the exhaustion which is so common a symptom in such cases. This energy must be sublimated into

some positive occupation in which the patient's interest is actively aroused.

The psychoneurosis may express itself at one or more of the three levels of the nervous system:

(1) *At the psychological level* by phobias, obsessions and compulsion neuroses.

(2) *At the sensori-motor level* by paralyses, tremors, tics and anæsthesias.

(3) *At the vegetative level*, though here a toxic factor may often determine the form the symptoms take, such as vasomotor disturbances, palpitation, hyperthyroidism, asthma, atonic dilatation of the stomach, glycosuria.

In determining whether a patient's condition is due to a psychoneurosis, great attention must be paid to taking the history. It will soon appear that the symptoms are inconsistent with any known organic disease. This must be followed by a routine physical examination, paying careful attention to all points where the patient complains of symptoms. If this is omitted he will not believe that you have excluded organic disease. While the patient is still lying quietly on the examining couch, inquire into ordinary sources of worry and anxiety. If the cause is at a conscious level, it will probably come out with sympathetic handling. Remember that it is easier to say things behind your back than to your face, and give opportunities for this. If the cause is not at a conscious level, other methods, such as that of free association and analysis of dreams, may help to throw light on it. But it is not possible here to discuss the details of all this. It is most important never to show surprise and particularly no disgust. It is surprising how frequently without formal psycho-analysis it is possible to help the patient by bringing the repressed idea into consciousness. For then the will can bring it into relation with its rational self, whereas the will cannot control what it does not know. "Fighting" a phobia the cause of which is unknown appears merely to strengthen its hold, whereas an explanation of its cause may lead to its disappearance.

I am convinced that more and more we shall have to realize and to treat the psychological aspects of disease. This conviction has simply been forced upon me by the experiences of practice. In my student days little attention was paid to functional nervous disease. I have myself heard the patient told, "The cure rests mainly with yourself." True in a sense, but the patient has to be shown the way. Dr. Crookshank humorously expresses the orthodox view thus: "Organic is what we say we cure, but don't, while functional disease is what the quacks cure and we wish that we could." I believe that quite as many people are ill because they are unhappy, as are unhappy because they are ill.





LEFT FOOT 26.5.26. RIGHT FOOT 26.5.26.  
THE LEFT NAVICULAR BONE IS SMALLER, MORE IRREGULAR, AND DENSER THAN THE RIGHT NAVICULAR BONE.



LEFT FOOT 20.5.28. RIGHT FOOT 20.5.28.  
THE TWO NAVICULAR BONES AFTER ONE YEAR'S TREATMENT.

Adlard & Son, Limited.

I am ashamed to recall how in the past I have diligently washed out the stomachs of patients suffering from the nervous type of atonic dilatation; in one case I afterwards found out that the cause was a cruel mother, who took a last revenge in leaving all her money to hospitals so that her two daughters were left destitute. I recall another case when I was realizing the psychological aspect more and traced symptoms to the fact that a girl was giving herself out to be married when she was not. The position had led to great complications, and it was hardly surprising that a prolonged course of vaccines prepared from normal intestinal flora, which she was given before she saw me, had failed to relieve symptoms. It is a poor bowel that can't grow anything!

This method of approach to your work will make it infinitely more interesting. It will add to the sense of responsibility with which you enter the patient's house, for you will become a trusted confidant. It is in consequence of these developments that the doctor is becoming the recipient of confidences rather than the clergyman, who is suspected of having a standardized remedy for all psychological ills. The doctor of the future will have to come doubly armed—with material aids for material troubles, and with psychotherapy for distresses of the spirit.

W. LANGDON BROWN.

### A CASE OF KOHLER'S DISEASE.

**I**N May, 1926, V. Y., a girl, *et.* 5, was brought to me with the history that for the past two weeks she had limped and had also complained of pain in the left foot.

On examination the child was found to be well nourished and showed no signs of rickets. Nothing abnormal was found in the chest or the abdomen.

The right leg and foot were normal. The left foot was slightly swollen, particularly over the medial aspect of the dorsal surface. There was no redness, but the heat over this area was greater than the corresponding area on the right foot.

On palpation the area over the navicular bone was particularly tender. While standing the child threw her weight on the right foot, plantar flexed the left foot and steadied itself on the heads of the metatarsal bones.

The radiographs showed the left navicular bone to be smaller, narrowed antero-posteriorly, more irregular in shape and somewhat denser than the right navicular bone.

The foot was placed in plaster, which was changed every two or three months. Each time the plaster was removed the foot was radiographed, and it was noticed that the left navicular bone was rapidly approaching the size and shape of the right navicular bone.

At the end of twelve months both feet were radiographed and the navicular bones were found to be almost equal in size and shape. No further treatment was given and the child has since remained free from discomfort.

In 1908 Kohler described the condition which bears his name as a disease of the tarsal navicular bone, in which the bone is abnormal in size, shape, and density, and accompanied by pain and swelling of the foot, etc. Since then very little has been added to our knowledge of the disease.

To-day pathologists consider it a disease of the centre of ossification, and place it in a group of diseases provisionally classified under the term "osteochondritis juvenilis."

This group includes several rare conditions, such as pseudo-coxalgia, epiphysitis of the upper end of the tibia, epiphysitis of the os calcis and Calvé's vertebral epiphysitis.

Kohler's disease occurs more commonly in males between one to ten years and the commonest age for it to appear is between the third and seventh years.

The disease does not occur after the fusion of the epiphysis, neither does it tend to recur. The *ætiology* of the disease is unknown; and moreover similar osteochondritic changes have been observed in radiograms of children who have presented no symptoms whatever. Several theories as to its cause have been suggested:

- (1) That it is a blood-borne infection.
- (2) That it is a developmental defect.
- (3) That it is caused by injury.

In support of the last suggestion it has been pointed out that Kohler's disease and the other conditions mentioned and classed under osteochondritis juvenilis occur in situations subjected to considerable strain, so that it is likely that strain and injury play an important part in their causation.

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W. K. MCKINSTRY.



## SACAMBAYAITIS.

It is difficult in starting this small contribution to decide whether it should be in the nature of "Tips to Medical Officers of Treasure Hunts," or notes at random of the work on the medical side of this expedition. In the first instance, if our quest is successful, I prophesy a boom in treasure hunts, in which case the advice might be of some small value; on the other hand, our failure to find the fabulous riches, which we believe to be buried in this outlandish spot, will



AN OPERATION ON THE MESS-TABLE.

prevent, in all probability, the formation of any further treasure-searching expeditions on such a big scale as this one.

All things considered, I hope to be excused if I make a *pot-pourri* of the tips and notes—a not unusual combination.

In the matter of medical stores, about twenty Gringos (English-speaking members) and sixty Indians had to be catered for whilst engaged in the comparatively dangerous work of excavating in a semi-tropical valley at an altitude of 7000 ft. for a period up to eight months. Additionally a journey for the whites from England to the site of the Jesuit ruins on the River Sacambaya, a tributary of the Amazon in the Bolivian Andes, which in practice took more than two months to accomplish.

However, with £100 and a week before the sailing

date, I enlisted the aid of the trusty Balcon, who put me on to the Medical Supply Association. That efficient house quickly mapped out a list of stores and executed the order with time to spare in hand, and now, after seven months, the outfit has not been found wanting in one iota. Even such large items as 28,000 tablets of quinine bisulphate—everybody, Gringos and Indians alike, indulge in a daily prophylactic dose of 10 gr.—5000 aspirin, 1000 calomel, an Army surplus operation set and miles of bandage, have justified their inclusion and had full usage. The packing of such stores to stand a journey of some 9000 miles, by train, steamer,

train, motor-tractor and mule-back, including an unforeseen accidental descent of some hundreds of feet down a precipice, resulting in the demise of the animal carrying the cases, was fortunately adequately attended to.

The morning after our arrival in Arica, Chile, and on the first day of the compulsory teetotalism imposed upon us by our leader, which has been strictly observed ever since, found us in train 14,000 ft. up in the Andes experiencing the discomforts of "sorocha" (mountain-sickness). The symptoms of headache, drowsiness, palpitation and breathlessness were coped with by the aforementioned abstinence, purging, the minimum of movement and occasional  $\frac{1}{4}$ -gr. doses of ephedrine HCl. Not one of our party bled and the supply of oxygen, placed on the train by the thoughtful railway officials, was not required or used.

At our camp here at Sacambaya, I have found even a nodding acquaintanceship with the sciences of dentistry and veterinary surgery to be a great asset. Such refinements as the slaughtering of cows with a humane killer in the form of a Mannlicher rifle, destroying lairs of *Anopheles*, and the ability to argue effectively with Indians as to the respective merits of the treatment of malaria by quinine or copious draughts of urine from a black bullock, "one with the slightest trace of white in its coat is not the least bit of good," come with practice, of course.

To date, medical attendance upon the Gringos just over 600 times and the Indians 700, place this rural retreat definitely in the category of ill-health resorts.

Two of the great guiding maxims of medicine apply strongly in the treatment of our native workers, *i. e.* (1) in accident cases to get them well and thereby save the expense of compensation, a rule which predominates in all business communities I suppose, and (2) not to have a death; because Sacambaya, the centre of a past considerable civilization, is now invested with a superstitious dread by all of the local Indians, and the loss of one life would result in the immediate departure of our workers, who were only persuaded to come here with the greatest difficulty aided and abetted by bribes and promises.

Picking at random from my list of cases pneumonia, gonorrhœa in a native, fractured scapula and nephritis show the wide range in even a comparatively small community such as this is.

All wounds, whether caused by crane accidents, falling stones, dynamite explosions, too close an acquaintanceship with cactus needles and thorns, or insect bites, practically invariably become septic despite all precautions. Fatty hands and such like, therefore, have been the order of the day. Immediate dressing of the merest scratches with powerful antiseptics have now minimized this trouble to some extent. Jiggers, minute fleas having their habitat in sandy soil, had commenced to riddle the feet of 75% of our members before I rumbled them with the help of the Government publication *Memoranda on Medical Diseases in Tropical and Sub-Tropical Areas*, which was recommended to me by Dr. Andrew Balfour, Chief of the London Tropical School. If time does not permit of a course in tropical diseases, I strongly recommend any man to seek an interview with him before taking up an appointment abroad.

A complete absence of fresh fruit and vegetables from our dietary has brought chronic constipation in its train, but a good range of aperients and purges varying in propulsive powers from that of 3ss Eno's to 3ij ol. ric. have catered for all tastes. Although one

Gringo accommodated on the first day of his costive state gr. ij cascara sagrada, on the second gr. iij pulv. rhei, and on the third 3j ol. ric., followed that night by gr. vj calomel and 3j mag. sulph. the next morning, even then he required an en. sap. to put a match to the gunpowder.

The administration of anaesthetics, even at this altitude of only 7000 ft., which is comparatively low for



THE HOSPITAL AND SOME "INCA" SKULLS.

this part of the world, is invested with considerable danger, and chloroform, used only by virtue of its low volatility and small bulk in transport, has very nearly lost the life of the patient in quite a minor operation. At Pongo, a mining camp, where we were for nearly a month at an altitude of over 11,000 ft., Dr. Valentine Price, an American medico in charge of the Caracoles Mine Hospital, who uses only ether, has to keep the patient very light even in big abdominals, and in no circumstances allows the corneal reflex to be lost. Two



operation cases I sent him, both Gringos—one a tuberculous epididymitis and the other a mastoid—did splendidly, are both back here at work now.

Referring to the veterinary side, our horses and mules, in keeping with the human beings, suffer greatly from septic wounds resulting from abrasions caused by the chafing of riding- and pack-saddles respectively, being infected by the numerous insects and the dust. Acting on the suggestion of a Peruvian muleteer, I have found a quart of a mixture of sulphur and sodium bicarbonate administered *viâ* the nostrils to be a most efficacious remedy in cases of general debility in the mules.

Vampire bats have been a continual source of trouble to our animals. They alight on any part of a horse or mule and suck out copious quantities of its blood. The favourite spot for biting, by their sharply-pointed incisors, is between two vertebrae, and the symmetrically round wound, about  $\frac{3}{8}$  in. in diameter, remains patent after the creature has satisfied its lust and continues to bleed freely. Sometimes other vampires settle on the same source of refreshment and are thus saved the energy of making a fresh incision. They have not yet attacked any of the human beings, although one of our party awakened the other night and in the light of the full moon in his tent was startled to find one tearing at his mosquito net. Coats and head covers for the animals have proved to be of very little avail as a protection, because the vampires have found the interstices at the joints. Lights also do not seem to deter them. Camphor rubbed on the skin affords some small measure of immunity, but most effective of all has proved to be an Indian night-guard well versed in the use of the catapult.


In a cave not far from here I found the remains of over two hundred skeletons, which are reputed by the local Indians to be those of the slaves who were engaged in burying the treasure and massacred by the Jesuits to prevent them divulging the secret. Some of the skulls present certain unusual features, despite my always limited and now practically defunct knowledge of anatomy. One is deficient of suture between the parietal bones, another has a well-marked suture in the centre line of the frontal bone, and two have a small triangular bone above the occipital eminence between the occipital and parietal bones. The latter bone is described by certain authorities out here as the Inca bone, and is supposed to be characteristic of, and restricted to some South American races of Indians now extinct. Another skull which I acquired from a different source bears testimony of an interesting Inca custom that is still observed by a few remote tribes in the little-explored territory around some of the tributaries of the Amazon. From the economic point of view it was

considered advisable to predestine workers and employers at birth to fulfil their respective capacities in adult life. So the baby destined to be a worker had a metal band clamped beneath the occiput and embracing the dome of the skull. The posterior part of the skull was by this process alone allowed to develop, and with it, of course, the cerebellum and those parts of the brain which were thought to be devoted to the care of the propagation of the species and physical labour. The few, who by reason of parental or some other distinction, were destined to command, had their heads surrounded by a band embracing the lower part of the forehead and occiput, thereby favouring the maximum development of the cerebrum and the higher intellectual centres.

No article nowadays would be complete without some observation on the psychological aspect of whatever the subject is under discussion. Well, I won't divulge the treatment; but what would any reader suggest as the neurological antidote for a male patient, suffering from claustrophobia (which I believe is a fear of confined spaces) and is manifested here by being shut up in an unhealthy valley between high mountains month after month, working hard, living in a monotonous stereotyped diet, with no diversions, subject to constant fear of possible attack by bandits, and day by day living on the edge of a psychical volcano: Shall I be rich or poor, will we find the treasure or not?

P. B. P. MELLOWS.

#### NOTES ON ABERNETHY'S LECTURES.

N the last two numbers of the JOURNAL a selection from these lecture notes has been published. They were taken by George Sampson, F.R.C.S.E., etc.

The following selection is taken more or less at random from some of the succeeding lectures:

#### LECTURE XIII.

I now come to Cutaneous Diseases, but they are so extremely various, that I shall not pretend to describe them. Most affections of the skin depend on the state of the stomach, & may be removed by keeping the bowels open, which is very well effected by sulphur, hence the celebrity of the Harrogate waters; where this fails, the compound calomel pill has often been of use. Where the complaint arises from defective perspiration, antimony and the warm bath are used with advantage; where the perspiration is excessive, sulphuric acid is the best remedy. Some cutaneous

affections are caused by poverty, filth, and low diet, here you must obviate these circumstances, if you mean to cure the disease, and correct any thing wrong in the constitution.

There is a disease where hard lumps or tubercles are formed at a small distance from each other, with a thickening of the intervening skin, the tubercles go on to ulceration, and discharge a fetid matter, the ulcers are exceedingly tardy in healing till the mouth becomes affected with mercury, which is here a specific. It would be ridiculous to try to cure cutaneous affections by plaisters &c, the chief cause of irritation is in the digestive organs, excepting in those of a specific nature, and we must put these to right. The nitrate of silver has been given in cutaneous complaints, but I cannot think it has any effect, further than on the stomach itself, I do not think it has any ulterior effect. I have been surprised at its effects as a stimulant; a pupil who lived with me had his stomach very much out of order, his appetite was gone, and was always botherheaded; I advised him one day to take some pills of the Argenti Nitrat, and he immediately got some; one day, when he was unusually complaining, and could not sit up in his chair, the pills were brought to his recollection, he took one, and in a few minutes felt a complete change; like a true nervous man, he took a second, and it produced great excitement, he walked out, and did not stop before he arrived at Hampstead hill; his spirits indeed, were so high, that as he walked along, he could not help jumping over the stiles &c: this merely a temporary effect. From the property it has of changing the skin, it cannot be persevered in, if it cures cutaneous disease, it must be through the medium of the stomach. The Itch. There are diseases, the effects of poison, the above disease, for instance, which consists of little vesicles, easily breaking. Mercury will not cure it, for it is in a flourishing state in the foul wards of the hospital, but sulphur will, and few people are aware how soon it will effect this: let eight ounces of the Unguent Sulph: be rubbed all over the body before the fire, particularly about the joints, then put on a complete suit of under garments, and go to bed for twenty-four hours, then get up and wash thoroughly in a warm bath, and you may rely on having cured the disease; some itching, inflammation and scales will and must necessarily remain, but all this will necessarily subside. There are some doubtful cases of itch, but they get well by attention to the digestive organs; I have known these to be infectious; a gentleman gave the itch to his wife, and she to her family, but all of them got well except one little girl, who had an eruption for two years; at this time I was consulted, and by attending to the state of her bowels, got her well. The most observant men are

sometimes disappointed in cases of this kind: a gentleman once consulted me for what he called the itch, and declared that it had cost him first and last, seven hundred pounds; he had burnt his wardrobe three times; by merely paying attention to the state of his bowels, he got perfectly well.

#### LECTURE XIV.

In the treatment of surgical cases there is a vast difference between a man who understands what he is about, and one who does not; if a fungus be taken from the antrum maxillare, probably a pint of blood may be lost in a very short time: an ignorant person might be alarmed, but the anatomist would know that the bleeding proceeded from a number of small vessels, & would soon cease, but if in the same time, the same quantity of blood was lost from a large artery, he would cut down and tie it.

#### LECTURE XV.

Fractures. These are divided by the English surgeons into simple and compound; by the French into simple, compound and complicated. A fracture of a bone is to be considered as a lacerated wound. The bones have no great degree of sensibility, therefore the inflammation produced is not so great as you might expect. In simple fracture, an agglutinating medium is thrown out, through which vessels shoot, and these depositing earthy matter, form a firm callus. In compound fractures the air gets access so as to prevent the union in this way, the bones therefore unite by granulations. Bones may be broken in various ways; sometimes transversely, and occasionally it is not very easy to discover the fracture, the two ends being in exact apposition; but these cases are the more easily managed. They may be broken obliquely in which case except the muscles be very quiet it is not easy to preserve the bones in their proper place. A fracture is not to be reduced to a proper position by force, you must coax the muscles which are oftentimes very irritable and use some address in reducing the fracture or it will resist all your efforts. In some persons the muscles are extremely irritable, and throw the bone so much out of place, that there seems a danger of its coming through the skin; in such a case you must lay the limb on a splint as smooth and as straight as you can, for this irritability of the muscles can only continue for a time, to attempt to obviate the evil by force is to increase it still more. Spasms will not continue above forty-eight or sixty hours, during which you must open the bowels, and then give opium, keeping the limb steady though it be not in the exact situation you wish.



## LECTURE XVI.

Compound Fractures.—Would you bleed in cases of compound fracture? I would not. I do not know what a surgeon in the country might do, but I do affirm that a surgeon in London particularly in an hospital is not warranted in doing it. Do you relieve the general affection of the system by bleeding? No, that depends on the local irritation, and is to be relieved by local treatment alone. By bleeding you weaken your patient and consequently do harm, as every effort of the constitution will be required for the reparation of the local injury. In compound fractures the blood which ought to agglutinate the fractured ends together becomes putrid by the admission of air, and comes away, leaving the chasm to be filled up by granulations. It has been proposed to attempt the exclusion of air by plaister smeared over with Tinct. Benzoin: Comp.—this practice is recommended by Mr. Mudge of Plymouth, who has written on compound fractures, and very good surgery it is, he tells us to make a compound fracture as much like a simple one as we can. Before you decide on amputation in these cases, you must take into consideration the extent of the injury, the degree of comminution in the bone, or the quantity of bone lost. It is considered right by some surgeons to remove the small portions of fractured bones, but it appears to me that the loss of any part of a bone requires great efforts of the constitution to repair it, therefore I think it should be an axiom in surgery not to remove any part of a bone that can possibly be replaced. Mr. Pott seems to have been of this opinion, for he advises you to enlarge the wound in order to replace it. Next the contusion of the soft parts, and the probability of sloughing or suppuration, the powers you have of keeping the bone in a situation for producing a cure. The general rule to me appears to be this; if the injury is not so great as to produce mortification, and if the patient can sustain the inflammation and suppuration, it would be wrong to amputate, for if things go on wrong, it will then be a better time to amputate than at first for the stump never heals by the first intention, when the limb is taken off immediately after the injury and before the system is reduced, for the reaction is so great that it causes suppuration. Besides there are many instances of persons who have died from the shock given to the system by amputation in full health. It is better not to amputate immediately after the accident if you can possibly avoid it, for the stump in these cases generally does ill. The time to amputate is when you find that it is impossible for nature to repair the injury, and before irritative inflammation a sloughing surface and irritative fever comes on. If irritative fever does come

on, and your patient's strength is daily diminishing, it is still your duty to operate, nothing else can save your patient. I have amputated when the person has been in a state of fever resembling typhus and yet the patient did well; I have operated also when the parts below were in a sloughing state and the patient did well. You cannot but see of what importance it is to attend constantly to the strength of your patient and to watch narrowly every change in the state of the local derangement, and when you find the parts cannot do well after a fair trial, lose no time, but amputate whilst the patient has strength to go through the operation.

When amputation is necessary after gunshot wounds the limb should always be removed above the next joint from the injured part, as it is very probable it has participated in the injury sustained.

## QUID LAVIS?

[Mr. Lyon said he did not know that a bath was necessary, and, in addition to the statement mentioned above, said a friend of his who lived to the age of ninety had not had a bath since he was washed by his mother.—*A Sunday paper.*]



WHY should I shed my epiderm,  
Disturbing every dormant germ,  
By laying it—as if to show  
How close to Godliness I go?

With sleeping dogs we always try  
To be discreet—we let them lie;  
Then why should we deride the sage  
Who lived to such a wondrous age,  
By keeping both his health and hide  
In *statu quo* until he died?

Thus testifies a candid friend  
Who knew him till the very end:  
He never let the water play  
Upon his torso anyway;  
Though once, it seems, his mother tried,  
Some ninety years before he died.

The moral is as clear as day—  
Such symbiosis shows the way:  
"To stir no trouble—seek no strife,"  
And live this sage's simple life.

H. R. V. C.

## HARD COURTS AT WINCHMORE HILL.

THE Students' Union has had in view for some time the question of having new tennis hard courts at Winchmore Hill, for those laid down some years ago have proved to be unsatisfactory. The Council of the Students' Union has decided after careful consideration that new hard courts should be put down, not only because such courts will be available to members of the Union throughout the year, but also because there is a growing tendency for matches to be played on hard courts rather than on grass. A number of estimates has been obtained, and it has been decided that the courts must, if possible, be of the best quality and the most economical to maintain. The Governors of the Hospital have very generously offered to defray part of the cost, and the Students' Union is left to obtain a sum of just under £300.

The funds of the Students' Union will not allow of this sum being drawn from the Students' Union account. At the present time students' subscriptions barely cover the expenses of the clubs and the cost of running the Winchmore Hill ground. Of recent years the programmes of the various clubs have become more and more ambitious, and although the Students' Union has reached a high position in the world of sport, this position has not been achieved without straining the financial resources to the utmost.

The Council has therefore issued an appeal to members of the Staff and old Bart.'s men, in the hope that they will assist in providing funds to enable the work to begin. Up to the present time the response has not been very satisfactory, only about £80 having been received, and it has been suggested that one of the reasons for this has been the failure to appreciate the financial position of the Students' Union.

Subscriptions should be sent to Mr. W. Girling Ball or to Dr. Wilfred Shaw, Treasurers of the Students' Union, at St. Bartholomew's Hospital, E.C. 1.

In addition a subscription list open to present students has been posted in the Abernethian Room, and it is hoped that as many students as possible will add their names to this and thus assist in collecting the necessary sum.

## ABERNETHIAN SOCIETY.

A MEETING of the above Society was held in the Medical and Surgical Theatre on Thursday, December 6th, at 5.30 p.m., the President, Mr. BURTOWS, in the Chair, when an address was given by Mr. GORTLANDI MACMAHON on "Affections of the Voice and Speech, and the Treatment of Viscerptosis."

Mr. MacMahon first dealt with the production of the normal voice, which is produced by the vibrations of the vocal cords, the

accessory sinuses producing resonance. Amongst singers, Italians, who had beautiful voices, were very short-lived because their method of voice production and breathing was wrong. They blew out their chests and held themselves stiffly, whereas for proper voice production the upper chest should be immobile, respiration taking place by movement of the diaphragm and the lower part of the thorax, the descent of the diaphragm and the contraction of the abdominal wall muscles playing the greater part. The majority of people spoke in a voice which was too high pitched for them and with insufficient resonance.

The hoarse voices which followed laryngitis and pharyngitis are improved by stretching the pillars of the fauces, which are found to be very taut, by downward pressure on the back of the tongue.

Cleft palate speech readily lends itself to improvement. Treatment should take place as soon after the operation as is possible. The treatment consists in forcing down the dorsum of the tongue, which is too much in contact with the reconstructed soft palate, which hangs lower than normal, and the training of the patient in the correct position of the lips, teeth and tongue in producing the vowel and consonant sounds. The greatest difficulty is usually found in producing the consonants *k* and *s*.

Stammering is the most frequent amongst the affections of speech, heredity plays no part, and stammerers are mentally, morally and physically above the average. Various theories exist as to why the speech is disorganized. A fact which possibly is generally overlooked in some theories is that nearly all stammering commences between the third and fourth years of a stammerer's life—the age of complete innocence—and that generally it comes on by steady degrees. Mr. MacMahon himself holds the view that the stammerer has a very sensitive condition of the brain, and that over-stimulation of that part of the brain which controls the motor nervous power of speech by the emotion causes a hyperaemia which is the cause of his condition. Treatment in the first place consists in instruction in the correct method of breathing, on which the stammerer fixes his attention, and thus producing in himself a feeling of repose. The acquisition of self-confidence is very important for the stammerer, and the concentration on the correct method of breathing is all-important. The next part of the treatment consists in teaching the main vowel sounds and their resonator positions. There are six main vowel sounds, *oo, oh, aw, ah, ei, ee*, which are combined in six different ways. The consonants are divided into two classes, the "voiced" and the "breathed." The "breathed" consonants, which are *c, f, h, k, p, q, s, t*, are produced quickly and lightly, and the vowel sound immediately sought for. The "voiced" consonants, *b, d, g, l, m, n, r, v, w, y*, are produced slowly, with vibrations of the vocal cords. All this knowledge is acquired with practice, and the average time taken is three months.

Funnishoid speech, as opposed to that of a cunuch, is an interesting condition, in which the high-pitched voice is probably due to the persistence of the ary-epiglottic muscle, which limits the movements of the vocal cords. This condition readily lends itself to treatment, which consists of downward traction on the tongue, while the patient produces the vowel sounds with vibrations. The sudden return of the bass voice often gives considerable shocks to the patient's friends.

Spastic dysphonia, idioglossia, lalling and lipping are other minor forms of speech affection. In the last the lisp is produced by too much protrusion of the tongue, which can be easily remedied by proper instruction in producing the voice-sounds.

Functional aphonia is a condition which often follows colds, shocks, etc., and can be often remedied spontaneously by driving the tongue down with one hand and grasping the thyroid cartilage in the other hand and compressing it while the patient says "ah." For bad cases electrical treatment is necessary.

Mutism, in which no sound at all is uttered, was a condition seen a great deal during the war following severe shocks. This condition is probably due to pressure on the recurrent laryngeal nerve from the tensing of the throat muscles.

In intrinsic carcinoma of the larynx, which had been operated on, a very good voice could be produced. In this condition it is very interesting to note that in all except three cases treated by Mr. MacMahon the person had a tenor voice—a point which is interesting from the aetiological point of view.

Viscerptosis, said Mr. MacMahon, is a condition which appears at first sight to be absolutely irrelevant to the first part of the address, but during the war, when treating speech defects, he had noticed a great improvement in the general condition of many of his patients following a course of breathing exercises. This was explained by the toning up of the abdominal muscles, and the increase in width of the upper part of the abdomen produced by the great



lower costal expansion. In applying these exercises to patients suffering from visceroptosis great improvement in the general condition was apparent in most patients even after a few days.

Mr. FRANK ROSE, in proposing a vote of thanks to Mr. MacMahon, mentioned a case of intrinsic carcinoma of the larynx for which a complete laryngectomy had been performed, who had quite a good voice for public speaking following the operation.

Mr. NICHOLSON seconded the vote of thanks, which was carried with acclamation.

The meeting was then adjourned.

## STUDENTS' UNION.

### HOCKEY.

The first half of season 1928-29 will be one long remembered in the annals of the St. Bartholomew's Hockey Club. It has been a most successful season from many points of view: the weather has been excellent, only two matches have been scratched, the ground at Winchmore has been in beautiful condition and the fixture list has been attractive, with several new fixtures against strong teams such as the Staff College, Camberley. The 1st eleven, with an unbeaten record of 11 wins and one draw, give promise of being one of the best hockey teams the Hospital has ever produced. The success of the team has not been due to the advent of useful freshers; indeed, White is the only newcomer into the side. The success has been due to the improved form shown by many old colours, to excellent combination, and not least to the *esprit de corps* shown throughout the team.

The strength of the team lies in the defence, as shown by the small number of goals scored by our opponents. Much credit must go to Hodgkinson in goal, who has greatly improved this season; he clears beautifully, and is showing greater judgment in coming out. White and Wright are a *virtu pair* of backs who hit hard and cleanly; if they overcome a tendency to get too far up the field and clear with a little more judgment they will make one of the best pairs of backs the Hospital has produced. The halves are a very strong combination and rarely allow the opposing forwards to get away; they intercept passes well and feed the forwards with fine judgment. The forwards, with the exception of McCay in a new *rôle* at inside right, are the same as last year. They have greatly improved as a line, but still show a tendency to get out of their positions. Neil has improved out of all knowledge this season; he combines beautifully with McCay and together they form a dangerous right wing. Francis is leading the forwards well and is always dangerous in the circle.

While the 1st eleven has done so well the 2nd and 3rd elevens have not been so successful. In the 2nd eleven this has been due to the inability to field a full team, and in the 3rd eleven to the lack of fixtures owing to the neglect of last year's secretary. It is hoped that members will make a real effort to turn out more regularly in the new year, as a good list of fixtures has been arranged. If the 1st eleven keep in good training and continue to improve their combination, prospects are bright for the Hospital Cup and an unbeaten record for the season.

### UNITED HOSPITALS HARE AND HOUNDS.

The Five Miles Handicap was run at Hayes on Wednesday, October 24th. The fastest time was that of H. C. Harley (Mary's), 29 mins. 25 secs. H. B. C. Sandiford (St. Thomas's) was second in 30 mins. 15 secs.

The first four were: (1) Galwey (Bart.'s—4 mins.), 33 mins. 25 secs.; (2) Thompson (London—4 mins.), 33 mins. 53 secs.; (3) Sandiford (Thomas's—1 min.), 34 mins. 15 secs.; (4) Strong (Bart.'s—1½ min.), 34 mins. 17 secs.

### UNIVERSITY COLLEGE AND HOSPITAL.

Run over the five miles course at Hayes on Wednesday, October 31st, and won by 15 points to 40.

Order of finishing: (1) H. C. Harley (Mary's); (2) H. B. C. Sandiford (Thomas's); (3) J. F. Varley (Bart.'s); (4) J. S. Horsley (London) and H. B. Lee (Bart.'s); (6) J. F. Dixon (University College).

### BLACKHEATH HARRIERS "A" TEAM.

On Wednesday, November 7th, we defeated the Blackheath team. J. F. Varley was first; his time of 29 mins. 5 secs. was a Hospitals' record for the course. This time was only 2 seconds outside the record of the Blackheath Harriers, whose course we use. H. S. Smith, of Blackheath, was second, close behind Varley. G. W. May (London), J. R. Strong (Bart.'s) and H. B. Lee (Bart.'s) ran in together for third, fourth and fifth places.

## REVIEWS.

ASPECTS OF AGE, LIFE AND DISEASE. BY SIR HUMPHRY ROLLESTON, Bart., K.C.B., M.D., etc. (London: Kegan Paul, Trench, Trübner & Co., Ltd.) Price 10s. 6d.

This is one of the first volumes of Messrs. Kegan Paul's "Anglo-French Library of Medical and Biological Science," for which they have already secured the services of a dozen distinguished authors from Paris, New York and Strasbourg as well as in this country, the subjects dealt with being equally varied. The present contribution consists of thirteen reprints of addresses on topical and often neglected subjects, by an orator who is in most universal demand (shown to some extent by the varied scientific names that are appended as foot-notes to these chapters). Most of our readers cannot fail to have heard his spicy accompaniments to their port and cigars at more than one of the annual dinners held in connection with this Hospital, even if they have escaped him in their *vivats* at Cambridge.

In "Concerning Old Age" we have a complete account both of the normal and the pathological methods of achieving this distinction, which includes a particularly amusing synopsis of the various interpretations of the famous 12th Chapter of Ecclesiastes. There follows a reprint from the *St. Thomas's Hospital Gazette* of a short *excerpts* on the exciting theme of "Historical Cases of Disease" brought into recent prominence by MacLaurin and others. Sir Humphry's gentle scepticism is admirably suited to this problematical subject. We have often heard the Great Napoleon quoted as an example of the familial incidence of carcinoma ventriculi (which rather surprisingly is not mentioned here), but never that his torpor before Waterloo was due solely to piles, as Cabanes apparently argues with some power of conviction. Chapter III, "Diseases Described by Medical Men who Suffered from Them," is really a most tasty morsel. Bright's kidneys were found at autopsy to be quite normal; he was known, however, to suffer from some form of heart disease, and his skill in parrying his colleagues' attempts at diagnosis, as, for instance, by manoeuvring to feel his pulse at consultations, is well worth studying. The next two chapters dealing with the important subject of the "Variations in the Clinical Aspects of Disease" both historically and within the individual memory, both formed the subjects of addresses now well known. The medical conceptions of holidays and of tobacco shows the author's wide interest in struggling humanity. The diffuse and often contradictory literature on tobacco with its vague accusations badly wanted analysing, particularly by a fellow-smoker. Sir Humphry does all he can for it with such sentences as—"The smoker's loss of appetite may be regarded as a blessing in disguise as inhibiting gluttony." "Professional Careers" and "The Problem of Success" should provide a stimulus to tempered ambition among fiery youths, and might conceivably add some arguments more cogent than usual to paternal diatribes.

Chapter XI on "Irregular Practice and Quackery" will appeal to members of this Hospital as a parallel with the recent address by Lord Dawson of Penn to the Abernethian Society entitled "Those other Practitioners," which was reprinted in full in this journal.

An excursion into literature in the last two chapters, "Poetry and Physic" and "The Medical Aspects of Samuel Johnson," is astonishingly well done. We confess to a feeling akin to nausea on coming across the verse of eminent scientists or judges. But the Regius Professor puts us to the blush by applying the quietus with more of amused interest than of rancour.

It is possible that the busy doctor or the student becoming respectively more strangled yearly by practice or curriculum may hereby be stimulated into further study if not into almost hopeless emulation. They would, we expect, enjoy other members of this series.

AIDS TO EMBRYOLOGY. BY RICHARD H. HUNTER, M.D., M.Ch. (London: Baillière, Tindall & Cox.) Price 3s. 6d. net.

Based on the short series of lectures on Embryology delivered at Queen's University, Belfast, for the second examination in medicine, this representative of a well-known series is aimed at enabling the student to "appreciate the significance of the commoner abnormalities which are found in the dissecting-room, and of those anomalies of development which are seen in the obstetrical wards." Very useful summaries for examination purposes are given at the end of each section, and they are preceded or followed by a list in each case of the main abnormalities to be met with. These are adequate without being by any means complete; but there is unfortunately no attempt at expression of their relative frequency or importance; for instance, acardia, double heart, ectopia cordis and dextrocardia are given considerably more space than their more usual colleagues. The statement, "Persistence of a lumen in the ductus arteriosus . . . producing the condition known as 'blue baby'" is misleading, no mention being made of cyanosis in describing other forms of congenital heart disease.

These are, however, minor points, and it is astonishing how much of value the author has managed to include, giving scope as he does to both sides in discussing controversial subjects, such as germinal localization in the ovum, the origin of the thyroid, and the ectodermal derivation of the brain—to quote only a few.

The diagrams are excellent, and the thirty are spread out where they are wanted. We should of course have liked a few more (had space permitted), notably one or two of Streeter's in his complicated work on the cranial sinuses, and perhaps those of the limb arteries, which can be much more clearly expressed by these means.

THE TREATMENT OF VARICOSE VEINS BY INTRAVENOUS INJECTIONS. BY J. D. P. McLATCHIE, M.B., C.M.(Edin.). (London: William Heinemann, Ltd.) Pp. 51. Price 3s. 6d. net.

The operative treatment of varicose veins has, during the past few years, been rapidly replaced by the various forms of injection therapy. The newer methods have now been shown to be safe, comparatively simple, and in practically all cases entirely satisfactory. Discussion at the moment centres mainly around the question of technique, and the relative merits of the different substances used for injection. This small book gives some historical account of the subject, and describes the drugs in current use as thrombosing agents together with details of the technique employed by the author. The sodium salicylate method is the one favoured by the writer, but quinine and cretine is used in certain selected cases. The doses of the latter drug which are recommended, are very large ones, and they should not be employed if a strictly ambulatory treatment is desired. Under the heading of "Contraindications" the fact that "white leg" is the commonest form of deep phlebitis should have been stressed; in fact, in any case where the patient gives a history of this disorder injection should never be proceeded with. It is certainly very questionable whether treatment is justified in a patient as soon as an acute attack of phlebitis has subsided; probably it is much safer to wait some months before carrying this out. Considering the fact that the author is a dermatologist, one had hoped to find special attention devoted to cases with associated varicose ulcers, but this has not been done. Since it has been the fear of pulmonary emboli which has delayed the adoption of injection methods in this country, some discussion of this very remote complication should have been included.

The book as a whole suffers by being rather too discursive. Much greater simplicity would have been achieved if, say, two of the recognized methods had been described rather more fully and the rest omitted. An extensive bibliography is appended.

A HANDBOOK FOR NURSES. BY J. K. WATSON, M.D. Eighth Edition, 1928.

Here we have a revised edition of an old friend. A chapter on digestion and dietetics is a valuable addition and the illustrations are particularly good. The anatomy and physiology sections remain unchanged, and serve as an introduction to the subjects required for the State examination in these sections. The price, 8s. 6d., seems very reasonable. (There is a printer's error under pg. 249: "elbow" should read "shoulder.")

POCKET ATLAS OF ANATOMY. BY VICTOR PAUGHET and S. DIEBET (Humphrey Milford, Oxford University Press.) 297 Plates. Price 12s. 6d.

This book is a really useful adjunct to the large text-books of anatomy, and it is particularly useful to those who have already a certain foundation of anatomical knowledge.

The anatomy of the whole body is dealt with by diagram and the drawings are excellent, being simple and easily understood, although there is a wealth of detail present in each one.

It should be possible to revise thoroughly the anatomy of any particular part of the body in a very short time by reference to the pages of this book.

The section dealing with the bones of the skull is particularly clear and the diagrams illustrating the abdominal contents are excellent, showing the relations of the various viscera very well indeed. While the *Pocket Atlas of Anatomy* is, in a sense, a crumb-book, the text is so interesting that the tediousness usually associated with revision from such a volume is absent in this case.

A SYNOPSIS OF REGIONAL ANATOMY. BY T. B. JOHNSTON, M.B., Ch.B., Professor of Anatomy, University of London. Second Edition. (London: J. & A. Churchill, 1928.) Price 12s. 6d.

This book, which is intended for those students revising anatomy for the surgical anatomy sections of their qualifying examinations, is both well written and well printed.

All the necessary anatomy is condensed into some 400 pages.

This edition differs from the first edition in that the nomenclature is now based on the B.N.A. This change may be wise in view of the tendency of anatomical schools and examinations to adopt the B.N.A., but will cause inconvenience to the many London students who have learnt their anatomy under the old nomenclature, which terminology is still in general use in surgical practice.

However, for the most part the English equivalents of the authorized Latin terms have been used.

MODERN VIEWS ON DIGESTION AND GASTRIC DISEASE. BY HUGH MACLEAN, M.D., D.Sc., F.R.C.P. Second Edition. Modern Medical Monographs Series. (Constable & Co., Ltd.) Illustrated. Price 12s. net.

Once it is understood that "Modern Views" in this instance expresses in a number of matters almost solely the views of Prof. Maclean and the St. Thomas's Hospital Medical Professional Unit, this book cannot possibly do any harm. Indeed there is a great deal of stimulating new matter to be followed up and confirmed. Hurst's name is only once mentioned—without a reference—and the word "Lenhart" never. The exposition is clear to the point of tedium; it is perfectly possible to go to sleep for short periods of time, and on waking to find oneself reading almost exactly the same sentences several pages further on. This cannot fail to have the useful effect of drumming in important points and of increasing the facility of reading; but in the humble opinion of the present reviewer the book would have been better cut down to 100 pages in this second edition. This would probably have abstracted an impossibly large amount of time from Prof. Maclean's varied occupations and so would not really have been worth while.

The main change in this edition consists in the refutation of the generally held theory propounded by Boldyreff in 1914 of the regurgitation of alkaline intestinal juices into the stomach as a phenomenon of normal digestion, which has been more recently considered as proved by Bolton's now classical experiments, to which indeed the author does full justice. The evidence against depends on a number of experiments carried out in the author's laboratory, and published in two papers in the *Journal of Physiology*, 1, 1928. Briefly there was found to be an absence of any appreciable variation in the CO<sub>2</sub> content of the gastric juice during the whole of digestion; no relation whatever between tryptic activity and acidity; an absence of bile in most cases; and particularly that in an isolated Pavlov pouch in a dog's stomach there was a reduction of acid and a rise correspondingly of sodium chloride in every way comparable to that observed in man. It is held, therefore, that reduction of acid cannot in physiological digestion be dependent on regurgitation, and only to an inconceivable extent pathologically. The stomach is said to secrete sodium chloride as well as pepsin-hydrochloric acid; and further the pepsin bears a very definite relationship to the amount of NaCl so secreted. Of this the "exact significance is at present



not quite understood." Confirmation of these findings is of course required.

Great service is done by this monograph in a large number of fields, notably in showing how universally gastric ulceration, and even in some cases pyloric obstruction, will yield to extensive alkali treatment (the equivalent of the alkalization of the gastric contents by gastro-jejunostomy); and by a clear and painstaking review of the evidence against the occurrence of malignant changes in gastric ulcer. In a large series of cases an average previous history of symptoms of six and a half months occurred in cancer; in ulcer an average previous history of over seven years. Space unfortunately precludes a discussion of the many important and instructive points brought out by this small book.

At random the latest work by Mellanby on secretin and by Apperley on the regulation of the pyloric sphincter is discussed. It is interesting to find that the author recommends a continuance of a meat or other ordinary diet before an occult blood test; that he wisely is against purging before a barium meal X-ray; and that "nothing by the mouth" is kept up for four days after a haematemesis. Many people find that nothing for twenty-four hours, then water for another twenty-four, and then daily up a modified Lenzardt ladder is about all the deprivation patients care to stand in the matter of thirst, and is usually quite sufficient.

For the G.P., the remarks on the early diagnosis of carcinoma by testing for or estimating free HCl and lactic acid in a solitary fraction an hour after a test-meal of prepared shredded wheat-biscuits will mark a wide advance on the "X-ray it at once" fallacy. The chapter on radiological examination is sound and the skiagrams clear. This monograph should be read by anyone who wants a thorough knowledge of the problems of the medical pathology of the stomach.

THE PRESSURE PULSES IN THE CARDIO-VASCULAR SYSTEM. By CARL J. WIGGERS. Monographs in Physiology. (Longmans, Green & Co., 1928.) Pp. 260.

This admirable monograph begins with an account of the development of graphic registration of the circulation. There is a short summary of Frank's principle of the construction of manometers. The author goes on to discuss the different forms of the arterial and venous pulses, and the sequence of pressure changes in the chambers of the heart. These are fields of physiology in which the author has himself shed much light. The last chapter is about the dynamics of premature contractions and of alternation.

The book deserves the attention of cardiologists and of advanced students of physiology.

## EXAMINATIONS. ETC.

### UNIVERSITY OF OXFORD.

The following degrees have been conferred:  
D.M.—Brocklehurst, R. J., Kerr Cross, D. G. T., Wells, A. Q.

### UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1928.

Pass.—Davidson, W. P. M., Ernst, M. R., McGladdery, S., Moore, C. F., Preiskel, D., Willmott, L. A.

### Supplementary Pass List.

Group I.—Barber, S. W., Donelan, C. J., Gaston, A. P., Mackie, K. W., Wickramasinghe, S. A.  
Group II.—Smith, E. J. J.

### ROYAL COLLEGE OF SURGEONS.

The Diploma of Fellow has been conferred on the following:

Crabtree, J. B., Crooks, J., Doggart, J. H., Gray, G. M., Holgate, A. W., Hussain, M. K., Jefferies, B. L., Loughridge, J. S., Monkhouse, J. P., Page, E. S., Stallard, H. B., Walker, G. B. W.

The following candidates were successful at the Examination for the Primary Fellowship held in December, 1928:

Beal, J. H. B., Evans, L. P. J., Harris, C. H. S., Milner, J. G., O'Connell, J. E. A., Tracey, J. B.

## CHANGES OF ADDRESS.

CLARKE, ERNEST, 67, Wimpole Street, W. 1.  
DAY, G., Oakley House, Aclon, Norfolk. (Tel. Aclon 6.)  
GRAHAM, G., 37, Devonshire Place, W. 1, and 13, Park Crescent, W. 1. (Tel. Mayfair 6407—unchanged.)  
MAURICE-SMITH, K. S., Etheldreda House, St. Mary's Street, Ely, Cambs.  
NICOL, W. D., Shrubbery House, Horton, Epsom (Tel. Epsom 9040.)  
ROXBURGH, A. C., 121, Harley Street, W. 1. (Tel. Nos. Mayfair 4703 and Langham 2551.)  
STRUGNELL, SURG.-CMDR. L. F., R.N., 6, The Terrace, H.M. Dockyard, Chatham, Kent.  
TYNCKER, R. W. H., Beaconsfield House, Painswick, Glos. (Tel. 30—unchanged.)

## APPOINTMENTS.

NICOL, W. D., M.B., B.S.(Lond.), D.P.M., Appointed Deputy Medical Superintendent, Horton Mental Hospital.  
TAIT, C. B. V., M.R.C.S., L.R.C.P., appointed Home Physician to the Hospital for Tropical Diseases, Endleigh Gardens, W.C.

## BIRTH.

CORSI.—On December 29th, 1928, to Peggy (*née* Doyle), wife of Henry Corsi, F.R.C.S., 144, Harley Street, W. 1—a son.

## MARRIAGES.

DAVENPORT—MAYFIELD.—On December 6th, 1928, at St. Bartholomew-the-Great, E.C., Robert Cecil Davenport, F.R.C.S., son of the late C. J. Davenport, F.R.C.S., of Shanghai, and Mrs. Davenport, to Helen Elizabeth Mayfield, M.R.C.S., L.R.C.P., eldest daughter of Mr. P. Mayfield and the late Mrs. Mayfield, of Hull.

DRU DRURY—HEWLINS CATLING.—On December 12th, 1928, at St. Saviour's Church, Hampstead, by the Rev. E. Koch, Vicar, assisted by the Rev. C. Dru Drury, uncle of the bridegroom, Graham Dru Drury, M.R.C.S., L.R.C.P., eldest son of Dr. and Mrs. E. G. Dru Drury, of Grahamstown, South Africa, to Helen Florence Hewlins Catling, youngest daughter of Mr. and Mrs. C. Brian Catling, of West Southbourne, Hants.

LEVITT—NOVINSKY.—On September 26th, 1928, at Hampstead, Walter Montague Levitt, M.B., D.M.R.E., to Sonia Esté Novinsky, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

MAURICE-SMITH—BROOKER.—On August 1st, 1928, at St. James' Hatcham, S.E., K. S. Maurice-Smith, elder son of Mr. and Mrs. H. Maurice-Smith, of Eltham Road, Lee, to Rachael, youngest daughter of the late Mr. J. G. Brooker and Mrs. Brooker, of Slough, Bucks.

## DEATHS.

BAKER.—On December 2nd, 1928, at Devonport, after a brief illness, Thomas Baker, O.B.E., M.R.C.S., L.S.A., late of Waterlooville, aged 76.

JONES.—On November 23rd, 1928, at 2, Morley Road, Lewisham, Thomas Burnell Jones, M.R.C.S.(Eng), L.R.C.P.(Lond.), son of the late Thomas Jones, Barrister-at-Law, Judge, Calcutta, aged 60.

MOORE.—On December 15th, 1928, the bridegroom, Graham Dru Moore, F.C.S., M.P.S., Pharmacist to St. Bartholomew's Hospital, aged 58.

TUNNICLIFFE.—On December 15th, 1928, at his residence, 129, Harley Street, W., Francis Whittaker Tunnicliffe, M.D., youngest son of the late Frederick Warner Tunnicliffe, of Biana, Eccleshall, Staffs, aged 62.

WHITE.—On December 11th, 1928, at 7, Albany Villas, Hove, Charles Percival White, M.B.(Camb.), M.V.O., aged 67.

## 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, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., 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. 1. Telephone: City 0510.

# St. Bartholomew's Hospital



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

## JOURNAL.

VOL. XXXVI.—No. 5.]

FEBRUARY 1ST, 1929.

PRICE NINEPENCE.

## CALENDAR.

Fri.	Feb. 1.	Sir Thomas Horder and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Sir Thomas Horder.
Sat.	" 2.	Rugby Match v. Devonport Services. Home. Association Match v. Old Chalmelians. Away. Hockey Match v. R.N. Chatham. Away.
Mon.	" 4.	Special Subject: Clinical Lecture by Mr. Elmslie.
Tues.	" 5.	Dr. Langdon Brown and Mr. Harold Wilson on duty. Debating Society.—At 8.30 p.m. in the Medical and Surgical Theatre: Joint Debate with the Royal Free Hospital.
Wed.	" 6.	Surgery: Clinical Lecture by Mr. L. B. Rawling.
Fri.	" 8.	Prof. Fraser and Prof. Gask on duty. Medicine: Clinical Lecture by Dr. Morley Fletcher.
Sat.	" 9.	Rugby Match v. Glamorgan Wanderers. Home. Association Match v. Old Malvernians. Home. Hockey Match v. R.M.C., Sandhurst. Away.
Mon.	" 11.	Special Subject: Clinical Lecture by Mr. Rose.
Tues.	" 12.	Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed.	" 13.	Surgery: Clinical Lecture by Sir C. Gordon-Watson. Hockey Match v. Keble College, Oxford. Away.
Thurs.	" 14.	Abernethian Society.—Address by Dr. Harrison.
Fri.	" 15.	Sir Percival Hartley and Mr. L. B. Rawling on duty. Medicine: Clinical Lecture by Sir Percival Hartley.
Sat.	" 16.	Rugby Match v. O.M.T.'s. Home. Association Match v. Old Bradfordians. Home. Hockey Match v. R.E., Chatham. Away.
Mon.	" 18.	Special Subject: Clinical Lecture by Mr. Elmslie.
Tues.	" 19.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed.	" 20.	Surgery: Clinical Lecture by Sir Holburt Waring. Hockey Match v. Epsom College. Home.
Thurs.	" 21.	Last day for receiving matter for the March issue of the Journal.
Fri.	" 22.	Dr. Langdon Brown and Mr. Harold Wilson on duty. Medicine: Clinical Lecture by Sir Thomas Horder.
Sat.	" 23.	Rugby Match v. London Welsh. Away. Association Match v. Keble College, Oxford. Home. Hockey Match v. Mill Hill. Away.
Mon.	" 25.	Special Subject: Clinical Lecture by Mr. Scott.
Tues.	" 26.	Prof. Fraser and Prof. Gask on duty.
Wed.	" 27.	Surgery: Clinical Lecture by Mr. L. B. Rawling.

## EDITORIAL.

THE members of the Royal Hospital of St. Bartholomew's have watched with unabated interest the progress of their Royal Patron, His Majesty the King, and have eagerly looked for the admirable bulletins of his advisors, and earnestly hope for a full restoration to health.

The daily papers have recently waxed (according to the colour of their various opinions) indignant or amused over the question of the admission of women students to the London schools of medicine. Perhaps the discussion has been a little acrid because the hospitals concerned are those which admitted women to their schools about the time of the war, and later decided to admit no more. It may be that such *volte faces* were thought to be the traditional privilege of the sex which sought, not the sex denying admission.

St. Bartholomew's, always the stronghold of men, and the London School of Medicine for Women, equally unisexed, are qualified as combatants in the question upon which the matter ultimately turns—the admission of women to the medical profession. The admission is a fact, but the denial of a London training or of a training at any of the great provincial schools of medicine unpleasantly curbs the progress of feminine practitioners.

"That the entrance of women into medicine has been of benefit to the medical profession and to the general public" is to be debated at St. Bartholomew's Hospital on February 5th. Members of the Royal Free are proposing, and members of this Hospital opposing the motion.

The London School of Medicine and the Nursing Staff have been invited; mere force of numbers will have no value in this aspect of the sex war—or rather, argument. Sir Thomas Horder will take the Chair.

We understand that a reciprocity scheme between



the East London Hospital for Children, Shadwell, and the Barnes Hospital, St. Louis, U.S.A. comes into force from January 1st, 1929, for the annual interchange of residents. Mr. Wilfred Gaisford is the first visitor from this side. We welcome the scheme as being an example of the only method—that of personal contact—which is likely to allay permanently any misunderstandings between this country and U.S.A. Moreover the scientific value to each is likely to be considerable.

On Thursday, January 17th, the new Recreation and Lecture Rooms of Queen Mary's Home for Nurses were opened by the Right Hon. the Lord Mayor. After a luncheon in the Committee Room, the Lord Mayor, accompanied by the Lady Mayoress and by the Sheriffs, was conducted across the Square to the new Rooms by Lord Stanmore. From the platform prayers were read by the Rev. Justyn Douglas, Vicar and Hospitalier. Lord Stanmore then welcomed the Lord Mayor and Lady Mayoress, saying he hoped it would be the first of many visits. Having received the key from the Architect, Mr. Matthews, F.R.I.B.A., O.B.E., declared the new rooms open.

The ground floor contains a sitting-room (40 ft. square) for the staff nurses, a sitting-room (26 ft. square) for the probationers, and a library, which is to be known as the Isla Stewart Memorial. There is in addition a lecture, a class and a medical record room. The rooms are beautifully appointed, and are perfect backgrounds for the recreation of a nurse surfeited with "hospital."

The Asiatic's use of the English language has now become a tradition. Seldom has it been our delight to be sent an example of such magnificent misuse of the language as that of a gentlemen in this letter to an M.O. in India:

Respectively herewith

That your humble petitioner is a poor man in agricultural behaviour and much depends on seasons for the staff of life and therefore he falls upon his family's bended knees and implores of the merciful consideration for a damnable miserable like your honours humble petitioner was too poorly during last rains and was trying venacular medicines without effectuality, was resuscitated by much medicines of Dr. J. Lazarus which made magnificent excavations in the coffers of your humble servant.

That your humble petitioner has large family consisting of seven lives, two males, five females, last of whom in milking parental mother and is very noiseful through pulmonary catastrophe in the interior abdomen and another birth is through Grace of God shortly accruing to wife of bosom.

That your humble petitioner prays that if there is a place ever so small in the back of your benevolence this slave be allowed to creep in. For this act of kindness he shall be in duty bound ever pray for your honours longlivity and procreativity.

RAMONATA LAL.

The Warden requests us to state that the closing date for applications for House Appointments in May is 12 noon, Saturday, February 16th, 1929.

## OBITUARY.

MR. J. ACTON DAVIS.

It is with much regret that we announce the death on January 22nd of Mr. George Acton Davis, J.P., in his eighty-third year.

Despite his extensive interests in the City—he was the *doyen* of life assurance chairmen—he found time to be one of the most valuable and generous helpers that St. Bartholomew's has ever had. Elected a Governor in 1886, he served in the course of forty years on every Committee of the Hospital. In July, 1912, he became Acting Treasurer for Lord Sandhurst, who was then Lord Chamberlain, and this arduous position he occupied until October, 1915. From 1919 until his death he was Chairman of the Finance Committee.

On his retirement from the Acting Treasurership the following resolution was passed at a Court of Governors:

"That this Court hereby records its unqualified appreciation of the very able manner in which Mr. George Acton Davis has presided over the affairs of the Hospital for the past three and a quarter years.

"In the discharge of the duties of the office of Acting Treasurer, which he is now relinquishing, Mr. Acton Davis has given generously of his time, while his special knowledge and experience have been of the greatest advantage to the Hospital in dealing with the many important questions which have arisen during his administration.

"That this Court is deeply sensible of its indebtedness to Mr. Acton Davis, and tenders him its most cordial and grateful thanks for his devotion to the welfare of the Institution."

H. V. BURT.

We regret to announce the untimely death of H. V. Burt, a shock to the many who were fortunate enough to know him.

Burt entered Sandhurst in 1907 from Clifton College, and was then transferred to an Indian cavalry regiment—serving throughout the war in India—and retiring with the rank of Captain at the end of the war.

He entered the Medical College in 1924, and was nearing qualification when his death occurred.

He was Financial Secretary to the Students' Union, and an enthusiastic and distinguished member, both of the United Hospitals Yacht Club, and of the Hospital Golf Team, of which latter he was Secretary.

He displayed the same keenness in his work as well as in his recreation, and he was as sound as he was keen.

He was, moreover, a delightful companion, a man whom it was a pleasure to be associated with, and his absence will be deeply felt by all.

## THE MIND AND HOW IT WORKS.

An Address delivered to the Abernethian Society.

CAN assume it to be true that the aim of all reasonable human beings is to add to their happiness, by seeking that which is beneficial to their interests and avoiding that which is harmful, and that all of us here to night wish to succeed and to rise to positions of dignity or of comfort or social fame; in other words, to attain full self-realization.

It is claimed that Man is the commander-in-chief of his own mental forces; therefore he should know something about them, and it behoves him also to keep his forces alert and active. Pope said that the proper study of mankind is man, and Sir William Hamilton further added—"On earth (says an ancient philosopher) there is nothing great but man; in man, there is nothing great but mind" (*Lectures on Metaphysics and Logic*, vol. 1, p. 24).

The living body of man has been described as a little world set in the midst of a larger world, and although man is very much the same outwardly as he was 5-6000 years ago, in the time of Moses, yet his environment has completely changed, which is due to his mind, and recently the increasing recognition of mind problems, together with the added interest in psychology, have induced me to ask the question, "How does the mind work?" and to endeavour to place the answer before you, for to no other persons in the community are facts connected with the mind of more importance than of the doctor, the nurse and the social worker.

The senses have quite properly been regarded as supplying the necessary material to form the mind, and for this reason the senses have been called the windows of the mind. They are undoubtedly the main avenues to the mind, and it is usually taught that we have five of them; but the number is much more than five. It is probably twenty at least, *i.e.* if we include those relating to hunger, thirst and the appetites; for in touch we have the four skin sensations of pure touch, heat and cold as well as pain receptors, each provided with a separate end-organ, and even pure touch may be regarded as of four more kinds, *viz.* those for the deep muscles, those for the tendons, for the ligaments, and also those for the joints. In the sense of taste we have at least four varieties, *viz.* sweet and bitter, acid and salt. In hearing we have two, *viz.* sound and the

sense of position, or of static equilibrium through the semi-circular canals. We know how sounds may sometimes make us jump. To neuroathetic persons the ticking of the clock may cause distress, to them the doors shut with a louder bang, the cinders fall on the hearth with a heavier thud, and the cups and plates clatter so that a nervous person hearing them may even jump out of bed. Noises excite and annoy, disturb and distress not so much by sound effects as by their jarring vibrations, which—even when the mind is subconsciously asleep—are conveyed to the brain by the vestibular nerves. Further, there is the sense of sight, which enables us both to see colours and to appreciate light and shade—itsself thus a double sense. Moreover there is the power, through pupillary accommodation, to judge distances. There is also the sense of smell, the oldest sense, and called the sense "to get and to beget," which is able to furnish the mind with much information. If our skins were so delicate as to enable us to receive small vibrations of the air, we should feel sounds as well as hear them. Our senses were given to us to enable us the more readily to receive impressions from the outside world, and so to be in full responsive relationship to our surroundings—in other words, to lower our threshold for receptive stimuli. Some lower animal forms are provided with a thick cuticle or shell so as not to be too sensitive to outward stimuli; but man is provided in his structure and formation with many receptors, *i.e.* he has many windows into his mind, and as it is impossible for him to add to his windows, it behoves him to keep them clean and bright, for he often sees but does not observe, and he often hears, but does not understand. You may remember Wordsworth's "Peter Bell":

"A primrose by the river's brim  
A yellow primrose was to him—and nothing more!"

Think of the inner meaning of the anatomical landmarks on the body as seen by the student in comparison with the interpretation of the surgeon, or the meaning of the skiagram to the man in the street as compared with that of the skilled interpreter, or the cleanliness of a room as viewed by the trained nurse in contrast to the idea of the housemaid. Think of the meaning of a landscape to the artist as compared with that to Hodge, who may even gaze at it daily. The critic who told Turner that he never saw a sky with colours like that received an apt rejoinder when told "Don't you wish you could." The botanist enjoys a totally different appreciation of the trees in winter as compared to the woodman; and an astronomer's idea of a midnight walk is vastly different from that of the home-coming reveller. Man misses much because his windows are not clean,



yet we have seen a great improvement of recent years in the window-cleaning industry of the mind, for man can now by means of the periscope see round the corner.

A sensation from a sense is the simplest and most elementary part of the mind, indeed a sensation is an unanalysable constituent of the mind, for it cannot by the most persistent self-examination—described technically as introspection—be split up into anything simpler. A sense corresponds, in the physical world, to the atom; and so the content of the mind is thus made up of many elementary sensations, but no sooner is an elementary sensation experienced by the mind of a child—say the colour red or a simple sound—than it is immediately linked up with some other sense associated with it, so red becomes an orange because it gets associated with colour, shape and smell, and sound becomes the musical box or baby's rattle. A pure sensation is a very fleeting affair and can only be experienced during the earliest phases of infantile life; for this reason it has been called a "psychological myth." It is this immediate tendency for sensations to associate together that is responsible for the growth of the mind, and this linking up works according to two laws, called the law of similarity—for like ideas tend to run together and to recall each other—and the law of contiguity, when ideas which have occurred together also tend to reappear together in the mind. Reference will be made to these laws later on.

When several sensations fuse together, such as the colour of baby's rattle together with the sound it makes, and also its size and shape, then these simple sensations have coalesced to form a *percept*; so the percept is two things. It is the object before me and my mind's view of it—that is, it is the object and the mind reacting to it; but when the objects I have seen—the rattle, or a musical box or an orange—are removed from my presence, I can nevertheless recall or remember them. I can revive a picture or an image of them in my mind—which is a *concept*, or an idea. For instance, I can think of and remember many kinds of oranges—tangerine, Jaffa, Spanish, Californian, and so on—so that groups of percepts form concepts or ideas, and I can further group ideas or concepts of things into greater masses and groups. The formation of concepts or ideas is the beginning of mental development, and is a mark of culture. The more abstract a concept becomes, naturally the more shadowy and dim are the remembered ideas, and for this reason only the few educated and cultured people can indulge in abstract thought; such, for instance, is implied in the discovery and enunciation of the principle of relativity, the law of gravity or the conservation of energy.

Sometimes percepts are false, and then they become hallucinations and the basis of delusions. I hear the

wind through the key-hole and imagine the percept to be the voice of God. Sometimes, also, concepts are false, or a group of concepts or ideas may become dissociated from their normal relationship, then giving rise to delusions, as we see in conditions of insanity described as paranoia, when a patient may imagine he is the ruler of the universe or the King of Kings, or inventor of the wireless, and demands recognition accordingly.

Sensations from the senses are often very strong in youth, and may become dominating, tyrannical and insistent. The boy must have his sweets and the girl her chocolates. In later life the senses lose their edge. The club *habitué* complains that the *chef* has lost his cunning, that his dishes are not so savoury as they formerly were, whereas the fact is that his sense of smell and taste have become blunted by age.

The external senses often enter into competition with internal ideas, as on occasions when we are deeply engrossed in thought. Then when someone speaks to us we may not hear—or we hear but do not attend or perceive—as is recorded of the philosopher whose wife was about to present him with an addition to his happiness. The nurse announced, "It's a boy, sir," to which he coolly replied, "Ask him what he wants; I'm busy."

It is quite possible that religious devotees and martyrs who have suffered for their faith have not fully realized the anguish and pain of their martyrdom owing to the conflict between internal and external sensations.

The human mind, at birth, is without content, yet it is the most wonderful of all natural phenomena. It only begins to grow when charged with impressions from the senses and the ideas they represent. Eliminate all the acquired contents of the mind, as we know to occur in disease, and the mind goes out. Deprive it of all sense knowledge and the mind is a blank. We have seen some rich men at sixty, previously accustomed to hard work, and retiring from a successful business, with the result that the loss of all the accustomed environmental stimuli to the brain has brought on a nervous breakdown and they have become demented. Thus it is that sensations from the senses are the ultimate units out of which the mental content, viz. feeling, intellect and will (and character) are built up. These are the three constituents of the mind, and the first lesson we learn is that it is most necessary to feed the mind by cultivating the senses; we must be accurate and precise in forming our percepts, in making our concepts wider and ever larger and more comprehensive, *i. e.* add to our stock of knowledge, and this quietly, dispassionately, and with full self-confidence, but it takes trouble, and, as Carlyle said, "Genius is the capacity for taking

trouble." We could never swim without many efforts, and so with the mind, continue to exercise it; it will serve you well if you take trouble with it.

Our next step is to appreciate the fact that sensations are always attended either with a feeling of pleasure or the reverse. When sensations are pleasant we wish to continue them, and naturally the reverse if they are not. The fact that feeling is always associated with sensation is an important factor in conduct, for we are always guided by the feeling, *i. e.* the attitude of pleasure or pain. Feeling, in psychology, is always used in the singular; it has nothing to do with the popular application of feelings. Feeling is the state of mind produced in us by an object (a percept, concept or idea), and feeling is ultimate and unanalysable. It naturally takes two forms, viz. those mentioned as pleasure or pain. Every human being attempts to pursue pleasure or happiness, *i. e.* to accumulate things agreeable and ward off their opposite.

It is a fundamental maxim in psychology that all pleasurable states favour and go with an increase in the vital functions, *i. e.* pleasurable states are an aid to health, and we should therefore try to cultivate them—cultivate cheerfulness, happiness and gladness, and avoid gloom, depression and dullness. Don't be morose. Fear is the most paralyzing of all the emotions, and is the cause of nearly all the neuroses. Avoid anger and fear. The educated and the cultured give way to neither. "Fearless minds climb sourest into crowns" ("Henry VI," Part III). William James said "An idea is half an act," and if you assume an attitude you are halfway to reaching it. If I think of catching the train I begin to run to the station. If I think of the wards, I am on the way there. If I think of a hard task I already begin to tackle it. The way to be courageous is to assume the attitude of courage. Hold your head up and high, keep your shoulders square and press your neck against the back of your collar. Be convinced of your strength and then count your blessings. If you do so, the balance of the account will be well in your favour and you are bound to succeed.

We have now reached the second division of the mind, viz. the reason or the intellect, a stage also described as *cognition* or *awareness*, described by Halliburton as "the electric force of the brain." We receive sensations, which mean not only the stimulation of ideas, but the response of the mind to them. In the exercise of the reason we discriminate, we form judgments, we pass from one judgment to another, either deductively, as when I say, "All medical schools have industrious students and capable nurses"; "St. Bart.'s is a medical school," therefore "St. Bart.'s possesses these treasures";

or inductively, which is reasoning from the particular to the general, or inferring from the known to the unknown, as if I were to say, "A well-equipped hospital has a psychological department"; "All the London hospitals are well equipped," therefore "All the London hospitals have a psychological department," which, of course, may not be true, though logically correct. It is the work of the reason to compare, to judge and to criticize. Therefore you should sit every night for half an hour to think over the events of the day, *i. e.* introspect, in order to discover the relation, the implication, the association and the interpretation of what you have heard and seen and read during the day. You will find that practice in this will be invaluable to you as a mental exercise or mental gymnastics. It is well known that reason is much influenced by the feeling, which is associated with every idea, *i. e.* whether this be pleasurable or painful; in other words by their "affective tone," and this so-called "affect" is a great help to remember, to recall and to revive our thoughts; indeed, remembrance is necessary in order that concepts or ideas may coalesce into larger and larger association masses and knowledge.

Memory, which is an element of reason, is the best friend of the student. "It is the treasure-house of the mind" (Thomas Fuller). It is well to trust the memory and to strengthen it by recalling the past events of each day. After learning a thing, physiology teaches us to rest for a while, so that Nature's repairs—which bring new material—may make the impression left upon the neurons more secure, for the process of learning does not cease with the actual impressions imparted; it goes on for a time and so adds to our efforts. As Bain said, the memory depends on three things: (1) The plasticity, as it were, of each individual; (2) a certain amount of repetition, as the pathway is deepened each time; and above all, (3) concentration of the attention. Sometimes reading aloud helps the memory, for it adds sound to sight, as also the remembrance of the action of the vocal muscles—what is described as the kinæsthetic memory, the muscular element of thought—a very important factor. It is well known that many past experiences of our lives are forgotten. They drop out of the conscious mind, and remain in what is described as the subconscious mind, yet they can be recalled by an effort of the will. We can recall last year's View Day or the Christmas theatricals, or a long-past Speech Day at our school—all from our subconscious mind. Ideas when remembered are said to be in consciousness—a new and very difficult word for us, but only meaning the state of the mind at one moment, for consciousness may be described as the sum total of the mental processes now or at any particular time; in other words, my



consciousness means the ideas that are in my mind at the present moment.

If we look on the mind as a running stream, and if we could make a cross-section of this stream and then look into the divided parts, we should discover or be aware of (cognition) many sensations, also of pleasure or the reverse (feeling), and lastly, a tendency to act or to move in response to them—a state called conation, or the will to act—thus yielding the three constituents of the mind—feeling, intellect and will—yet made up of many impressions; as stated these would be abstractions, emotions and sensations, doubts and determinations, and which together would constitute our consciousness.

There is, however, another term "with the definite article and a capital T"—"The" unconscious, a word dearly loved by the admirers of Freud, who, by the by, is greatly revered by a distinguished teacher of this School, who, if I rightly infer, does not seem to know that Freud was anticipated over half a century ago by Dr. W. B. Carpenter in his description of "unconscious cerebration." Some have doubted the existence of the unconscious mind, asking how can we have consciousness of that which is itself unconscious? From our experience and from facts, I think, we are justified in accepting the existence of an "unconscious" division of the mind, and indeed in recognizing it to be a very extensive, active and dynamic area of the mind.

This part consists of buried memories, which it is claimed only the technique of psycho-analysis can restore. It also contains inherited tendencies. We know that our parents under certain circumstances acted in certain ways, and we are told we ourselves act exactly in the same way under similar conditions, yet without knowing it, for we have, unconsciously, inherited the tendencies so to act. An instance is, we go to bed with the determination to get up, say, at 4 a.m., and on the stroke of the hour of four we wake. The anxious mother sleeping with her sick child hears no noise from the traffic outside, but the moment her baby moves she hears it and wakes, though deaf to other sounds, which go to support the view that there is a dynamic trend in the unconscious mind, which makes the conscious part act. Also, it is claimed that the beat of the heart, the processes of digestion and the respiratory activities, now in the unconscious mind, were formerly conscious acts.

Consciousness and unconsciousness have been likened to the two parts of an iceberg, the visible and exposed part being the former, whilst the submerged part and nine-tenths of the whole is the unconscious.

Consciousness has also been likened to that part of the surface of the ocean which reflects the shimmering

gleams of the setting sun, active and in perpetual motion, whilst the rest of the vast surface of the sea represents the unconscious mind—also in perpetual motion.

Again, the mind has been compared to two circles, an inner small one with a central focus (and an indistinct margin) representing consciousness, the fringed margin being the subconscious and the great outer circle the unconscious division.

Lastly, probably the most appropriate picture of all represents consciousness as a dome resting on a large square structure which is the unconscious mind, but separated from the conscious part by a permeable territory or diaphragm—the subconscious mind.

ROBERT ARMSTRONG JONES.

(To be concluded.)

#### AN INDICATION FOR VENTRICULOGRAPHY.

**T**HE first step in the diagnosis of a tumour of the brain is the realization that the clinical picture, composed of the history and the demonstrable evidences of interference with cerebral function, is compatible with a gradually progressive lesion associated with increasing intracranial tension. The next is the localization of the lesion.

Careful and repeated examination of the patient by a practised observer will localize a very large proportion of brain tumours by clinical methods alone. How large this proportion may be is a subject of argument even amongst those best qualified to judge. An account of his own experience was recently published by Sir James Purves-Stewart, who does not hesitate to recount his errors in diagnosis, many of which are justly labelled unavoidable. Sir James maintains that in many cases the diagnosis must remain uncertain, and goes so far as to say that an uncertain diagnosis is sometimes a sign of wisdom.

When considering the surgery of intracranial tumours it must be recognized that accurate localization is of the first importance. Diagnosis in some other regions involves one's reputation, or at most sixpence; in brain surgery it is too often a matter of life and death, and the wisdom of making an uncertain diagnosis is overwhelmed by the folly of acting upon it.

It is therefore our duty in cases of uncertainty to use every available aid to clinical examination, and one of these is ventriculography. It is to be clearly understood that ventriculography does not, and cannot, replace clinical observation, and that it is useful and

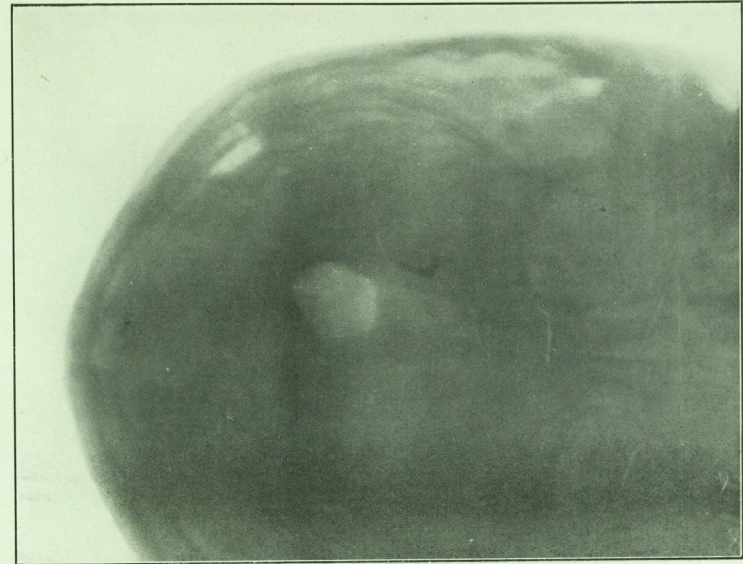


FIG. 2.

Adapted from Swin, *Limited*

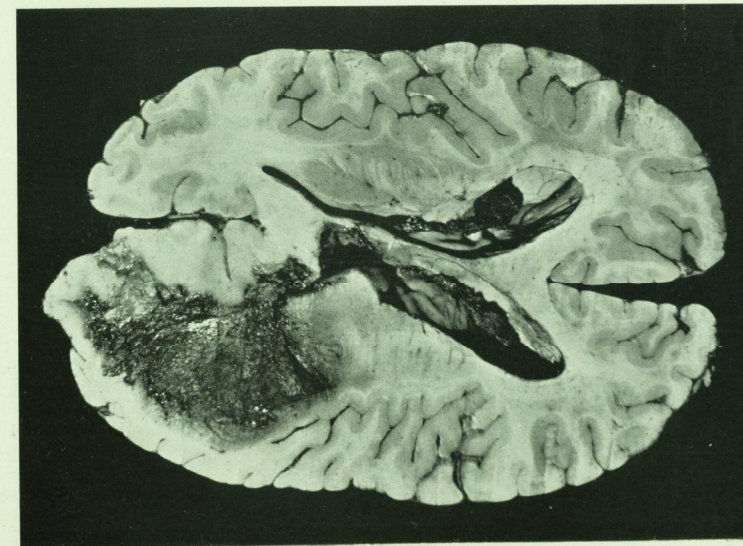


FIG. 1.



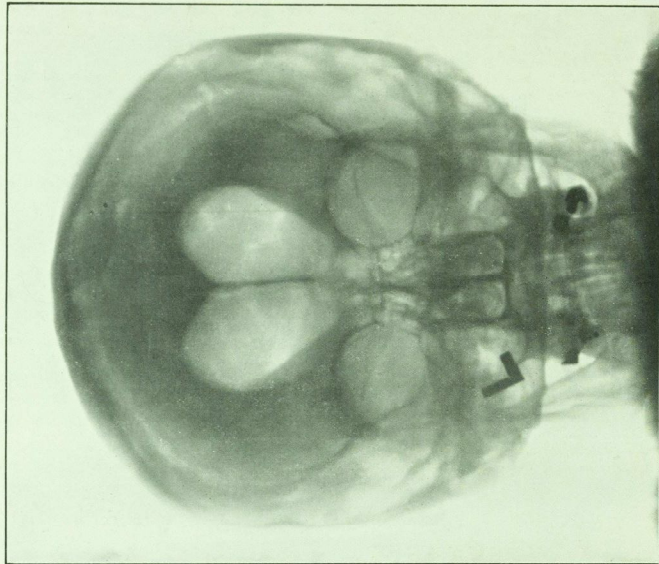


FIG. 4.

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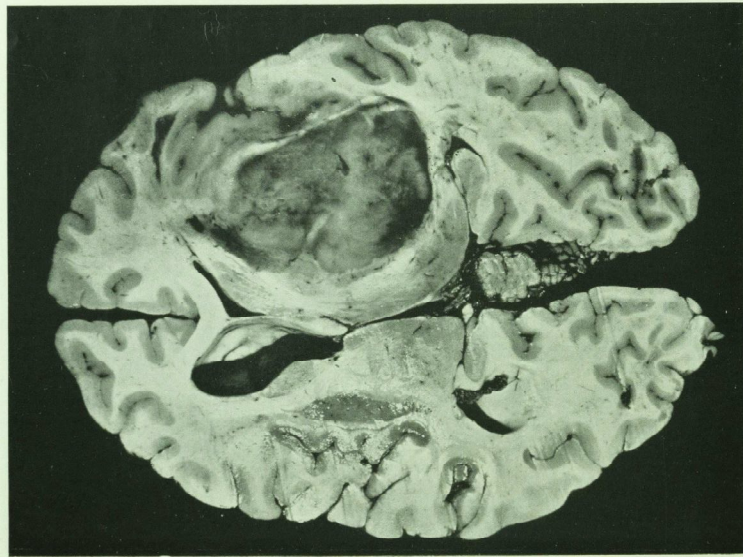


FIG. 3.

necessary in a comparatively small proportion of all cases of cerebral tumour. But if in a given case there is conflicting clinical evidence which might lead to a serious diagnostic error, and if in the circumstances it is likely that ventriculography will help to differentiate the true from the false localizing signs, then its use is justifiable. It would be wrong to employ the method in every case, not only because in many it would be redundant, but also because it cannot be carried out entirely without risk.

The most serious error is to mistake a tumour above the tentorium, most commonly in the frontal region, for one in the cerebellum. If, acting upon this diagnosis, a suboccipital exploration is carried out, death as a direct result of the operation is inevitable. And although the applications of ventriculography are numerous, these brief notes will be confined to the illustration of its value in avoiding this common pitfall.

Its value lies in that, whereas a tumour situated in the cerebrum is likely to displace or partially obliterate the ventricles, a subtentorial tumour is likely to produce symmetrical distension of the ventricles by blocking the cerebro-spinal fluid pathway.

## DESCRIPTION OF CASES.

A woman, *æt.* 29, had suffered from headache at intervals for a year, and in the four months preceding admission the headache had been more severe and constant, and she had complained of failing vision, of vomiting, especially in the morning, and of pain at the back of the neck passing down to the left shoulder. After admission vomiting became the most prominent symptom. She was found to have intense bilateral papilloedema, slight atonia and ataxia of the left arm, and suboccipital tenderness. Speech, memory and attention were perfect, behaviour normal, and no weakness or sensory loss was detected.

Suboccipital exploration did not reveal the suspected cerebellar tumour, and she died a few days later. Section of the brain showed a very large left frontal tumour (Fig. 1), which obliterated the anterior horns of the lateral ventricles. Had ventriculography been employed—and it might well have been, considering that, apart from the suspicious history, the slight atonia and ataxia of the arm was the only positive evidence of a cerebellar lesion—this error would have been avoided.

A man, *æt.* 39, was admitted suffering from intense headache, and vomiting which simulated intestinal obstruction. For a month before admission he had had giddy attacks, and weakness and pain in the left shoulder. There was no papilloedema. He was deaf in the left

ear, and there had been a chronic discharge from that side. Nystagmus, coarse to the right, fine to the left, and weakness of the left side of the face led to the diagnosis of a left cerebellar or extracerebellar lesion. Repeated examination, however, brought to light certain points in favour of a frontal lesion—the earliest symptoms of all had been alterations in behaviour and demeanour, with impairment of memory; and slight and variable inequality in the reflexes cast suspicion on the pyramidal fibres to the left side of his body.

Ventriculography was decided upon, and the left lateral ventricle was punctured and the cerebro-spinal fluid replaced by air. It was found that although the head was rotated in every direction, no air could be made to pass into the right side (Fig. 2), indicating a block, presumably by tumour, of the right foramen of Munro. Exploration and decompression of the right cerebral hemisphere was carried out, but the tumour did not reach the cortex. The patient did well for a time, but a few weeks later he died after a series of fits. The section of the brain (Fig. 3) shows that hæmorrhage had taken place into the tumour, which can be seen to occlude the right foramen of Munro.

The third case to be quoted is that of a woman, *æt.* 51, who had previously suffered from uterine hæmorrhage, and whose symptoms were attributed at first to anaemia resulting therefrom. She had had headaches for years, which had recently become more severe, and twelve months before admission she had attacks of giddiness which caused her to totter as she walked. For six months these attacks had caused unsteadiness even when sitting, and for three months she had been unable to stand. Shortly before she came in she had noticed flashes of light before her eyes, and sometimes believed she saw three objects instead of one. Papilloedema developed while she was under observation, was never severe, and was more marked on the right side. There was weakness of the left side of the tongue and some hypotonia of the left arm, but no nystagmus or unilateral ataxia.

The case presented so many puzzling features that ventriculography was decided upon, and a high degree of symmetrical internal hydrocephalus was discovered (Fig. 4), indicating a block in the cerebro-spinal fluid circulation below the tentorium. Suboccipital exploration revealed a papilloma of the choroid plexus of the fourth ventricle projecting by the side of the left cerebellar tonsil, and a radon seed was inserted into it. The operation was performed nine months ago. For the past six months she has been able to walk without a stick, and carries out her household duties without difficulty.



It may be suggested that in cases of uncertainty it would be safer and wiser to carry out a subtemporal decompression, and be content to let the tumour remain unlocalized. It is well known that many patients in whom a cerebral tumour has been diagnosed on the best of evidence have been permanently relieved, and even apparently cured by this operation. This happy accident cannot be anticipated, however, if the tumour lies beneath the tentorium, and there are two good reasons for not performing subtemporal decompression for a subtentorial growth.

The first is that in these cases the increase in intracranial tension is due almost entirely to internal hydrocephalus, and the formation of an opening in the skull and dura merely allows for the accommodation of an increased volume of cerebro-spinal fluid. The hernia in the decompression area comes to contain in its centre a lateral projection from the cerebral ventricle, and the operation is therefore valueless.

The second and more important reason is that tampering with the intracranial contents above makes a subsequent operation below the tentorium more hazardous.

(Note.—The lateral radiograms have not been inserted as they are of no particular interest in the cases quoted.)

J. P. Ross

(From the Surgical Professorial Unit.)

## DUODENAL ULCERATION:

### AN HISTORICAL SURVEY, WITH A RECORD OF AN UNUSUAL CASE.

It was not until the beginning of the nineteenth century, the period of consolidation as Singer<sup>1</sup> calls it, that duodenal ulceration was recognized as a pathological entity. Matthew Baillie<sup>2</sup> in 1799 published his *Atlas*, and among the illustrations is a typical duodenal ulcer. He describes it as "a considerable ulcer in the duodenum, which has destroyed a part of all the duodenal coats." The specimen was in his collection.

Clinically it was not recognized till some forty years later; up till then duodenal dyspepsia was in reality cholecystitis, and true duodenal dyspepsia was regarded as a form of gastritis or hypochondriasis and treated with bitters or chalk.

Broussais,<sup>3</sup> the exponent of heroic blood-letting, considered gastro-enteritis the "basis of all pathology," and in 1823 he published a thesis on chronic duodenitis;

the cases, however, are inadequately described. In 1824 Dr. Irvine,<sup>4</sup> of Philadelphia, described a case presenting the classical signs of pain some four hours after meals, relieved by vomiting or more food; the attacks gradually increased in frequency and at post-mortem an ulcer was found in the duodenum. John Abercrombie<sup>5</sup> in his work on the stomach admits that little is known of the diseases of the duodenum, and merely quotes cases from Droussais and Irvine. Curling<sup>6</sup> in 1841 described a number of cases of duodenal ulceration occurring after severe burns, although in the light of modern investigation this has been found to be relatively rare.

The true interpretation of the condition was necessarily delayed until the functions of the organs could be more closely investigated by means of the test-meal and radiological procedure. Carl Anton Ewald,<sup>7</sup> in 1875, first employed intubation for exploring the contents of the stomach; and with his pupil, Ismar Boas, devised his test breakfast of tea and toast in 1885. This was amplified by Rehfuss,<sup>8</sup> whose fractional test-meal is used, with slight modification, to-day; showing, as it does, not only how much acid is secreted, but also giving an accurate measure of the motor efficiency of the stomach.

The surgical treatment originates in 1881, when Woelfer,<sup>9</sup> at the suggestion of his friend Nikoloidoni, performed anterior gastro-enterostomy on a case of gastric carcinoma with pyloric obstruction. Unfortunately the patient died from obstruction in the transverse colon; this led Courvoisier<sup>10</sup> to suggest the posterior route. In 1885 Von Haeker<sup>11</sup> performed the first posterior gastro-enterostomy which with minor modifications is essentially the operation performed to-day. It was not until 1893 that surgery was applied to duodenal ulceration, when Doyen<sup>12</sup> suggested that the pain was mainly due to spasm, and from that date gastro-enterostomy has been the most popular operation.

The frequency of the condition and its full importance appear to have received fuller recognition during the period 1900-1915, when Moynihan<sup>13</sup> and Mayo<sup>14</sup> from the surgical aspect and Hurst<sup>15</sup> and Maclean<sup>16</sup> from a medical standpoint evolved the modern interpretation and treatment.

The medical treatment is essentially dietetic. The older method devised by Leube<sup>17</sup> consisted in giving as much rest to the stomach as was consequent on withholding all food and by attempting to supply nutriment by means of rectal feeding, with a gradual return to a modified diet *per os*. This method has many objections. In 1904 Lenhartz<sup>18</sup> introduced his scaled diet, consisting of many small feeds rich in protein. This diet has been modified for American palates by Lambert,<sup>19</sup> and at St. Bartholomew's Hospital by Langdon Brown<sup>20</sup>

in the substitution of plasmon for meat, the reduction of eggs in the second week and the addition of pounded fish. This form of treatment yields good results, and does not produce the intense hunger of the Leube method. It has an objection in that the excess of protein may increase the gastric secretion. The intensive alkaline treatment was introduced by Sippy,<sup>21</sup> of Chicago, in 1915. The rationale is to protect the ulcer from the secreted hydrochloric acid, and is achieved by exhibiting belladonna before the feeds and giving large doses of alkalis after meals. The basis of the diet is milk and cream. The Sippy treatment has been warmly advocated in England by Hurst,<sup>22</sup> and has been used with considerable success by Maclean<sup>23</sup> and others. However, in a certain number of cases (particularly when chronic nephritis is present) a state of alkalosis has been set up, but the condition is rare, and should symptoms arise the treatment may be stopped for a few days.

There are three schools of thought as to the operative treatment of duodenal ulcer:

(i) Those who consider that all duodenal ulcers can be cured by "appropriate" medical treatment, and that no surgical interference is warranted.

(ii) The other extremist school, which believes that some form of operative procedure is imperative and medical treatment is merely palliative.

(iii) The rational school, to which the majority of the profession belong, which holds that all cases (saving those in which there is *undoubted* organic pyloric or duodenal obstruction as demonstrated by radiography), should be given an efficient course of medical treatment, and if this fails to cure an operation should be performed. There is unanimity on the point that any septic foci such as teeth, tonsils, sinuses or appendix must be removed, but the exact type of local treatment is a vexed question, and it will be necessary to outline the various methods. The majority of surgeons follow Moynihan in the performance of gastro-enterostomy, together with destruction of the ulcer by the actual cautery or deprivation of its blood-supply and temporary closure of the pylorus by an encircling suture. The drawback to this operation is the occurrence of a gastro-jejunal ulcer. Lewishon<sup>24</sup> found that an ulcer developed in 34% of cases, though the majority of competent observers record an incidence of about one-tenth of this figure. These results, together with the view that the ulcers are due to an underlying diathesis, have led to the adoption by certain surgeons of operations calculated to reduce the underlying hyperacidity. Haberer<sup>25</sup> is the leader of the school which advocates the routine performance of partial gastrectomy for duodenal ulcers. But the operation is dangerous even in the hands of its warmest advocates (a mortality of 5

to 10%). It is necessary to remove a very large portion of the viscus to produce any marked diminution in gastric secretion, and this will produce a very profound change in the economic after-life of the patient, together with the possibility of Addisonian anemia.<sup>27</sup> Furthermore there are a large number of cases on record of secondary ulcers after partial gastrectomy. Pannett<sup>26</sup> in a recent paper advocates partial duodenectomy, which he has performed in 61 cases. The operation is difficult and sometimes impossible. As yet it is too early to discuss results, but it appears to have no great advantages over gastro-enterostomy.

The modern concept of the causation of duodenal ulceration as expounded by Hurst<sup>27</sup> and his followers is that it is the resultant of a number of isolated factors. The underlying factor is a duodenal diathesis, which reveals itself in a congenital (and sometimes familial) hypertonicity of the stomach, with vigorous peristalsis and rapid evacuation, associated with hyperchlorhydria and digestive hypersecretion. This condition is much commoner in men than women and is compatible with perfect health. It is probably due to an unusual degree of localized tonic activity of the vagus, as no other signs of vagotonia are usually present. The essential exciting cause, as shown by Rosenow<sup>28</sup> is a minute localized necrosis in the mucous membrane produced by a specific strain of streptococcus. In most people these areas would heal, whereas in the presence of the duodenal diathesis, the area will be digested by the acid gastric juice, with which it is in contact for several hours during the day and intermittently during the greater part of the night.

Therefore not only will healing fail to occur but a chronic ulcer may develop. Further, it has been shown that specific streptococci, isolated from infected teeth or tonsils, have no effect when injected by mouth, even in large quantities, thus making it apparent that the infection is haematogenous. The secondary exciting causes are numerous. Peripatetic occupations resulting in meals at irregular times which are eaten too rapidly without chewing the food and indulgence in food containing mechanical and chemical irritants are of first importance. Alcohol taken between meals is diluted by the residual stomach contents in normal persons, whereas in those with actively functioning stomachs the alcohol will reach the duodenum in an almost undiluted form. More particularly will this be the case should it be taken as an *apéritif* before a major meal. Excessive smoking exaggerates the hyperchlorhydria and hypertonus already present. Many French authors hold that practically all ulcers are syphilitic, but in this country, at any rate, this statement cannot be accepted. The onset of symptoms has been



shown by Fenwick,<sup>29</sup> C. F. Martin<sup>30</sup> and others to be commonest in the third decade of life, the percentage gradually decreasing as age advances.

The case to be described is of interest, both from the unusual age of the patient, and the rapid effect of the operation on all his symptoms:

Arthur C., at. 16, a shop assistant, was admitted to St. Bartholomew's Hospital on March 22nd, 1928, complaining of pains in the abdomen and back. His history was as follows: He was in his usual health until three years before, when he commenced to have attacks of abdominal pain in the region of the umbilicus. The pain came on one hour after meals and was relieved by vomiting or by

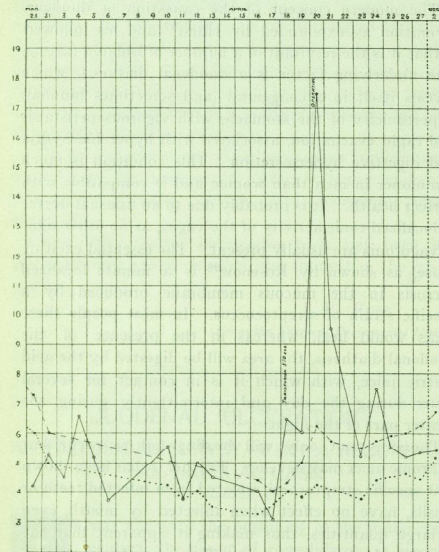


CHART OF DAILY BLOOD EXAMINATIONS.

— R.R.C.  $\times 10^6$   
 - - - W.B.C.  $\times 10^3$   
 . . . Hb. %  $\times 10^2$

taking food. An attack would last for about a week and then he would be free from pain for a period of about three months. However, the intervals of freedom became shorter, and by December, 1927, the pain had spread to the left lumbar region, was continuous and unrelieved by food. There had been some difficulty in commencing micturition, and for the last six months one nocturnal frequency. The patient has always been constipated and had noticed that the stools were dark in colour. He had not been losing weight. There was nothing in the family or past history relating to his present condition. He is a moderate smoker and takes no alcohol. On admission he looked well, but in pain. Temperature 98.6° F. The tongue was clean. The teeth were in good condition, the tonsils healthy, and no glands palpable in the neck. The heart and lungs were normal. The abdomen was retracted, but the movement was

good and no tumour could be seen. There was resistance to palpation over the whole of the right side of the abdomen, more particularly in the lower quadrant. There was no marked tenderness. The liver was not enlarged and the spleen and kidneys were not felt. Nothing was discovered on rectal examination. The urine was normal. The blood-count revealed some degree of secondary anaemia (*vide* chart), and occult blood was found in the stools on three occasions. The Widal reaction was negative to typhoid and paratyphoid A and B. He was more comfortable on being put to bed, but by the beginning of April the pain had returned with renewed vigour and heroin injections were necessary to relieve the pain. His diet corresponded to a seventh-day Lenhart diet, and alkalies were being exhibited with but little relief. On April 14th he was investigated by means of a barium meal. This revealed a high, slightly oblique stomach, exhibiting brisk peristalsis, with marked delay in emptying. The duodenal caput was small and irregular. There was delay at the duodeno-jejunal junction, with some reverse peristalsis. When it passed this region the stream was narrowed. The diagnosis was that there was some abnormal spasm of the pyloric sphincter, associated with dilatation of the duodenum and considerable barium residue, which might be in an ulcer cavity. On the same day acetone bodies were found in the urine. The melena was persisting and the patient becoming steadily more anaemic. On April 19th transfusion of 550 c.c. of blood was performed to improve his condition before operation. On April 20th the patient was operated on by Mr. J. P. Ross under a general anaesthetic. The abdomen was opened through a right paramedian incision. On opening the abdomen the anterior and posterior aspects of the duodenum were found to be greatly scarred, with adhesions to the pancreas and gall-bladder. The appendix was next examined and found to be abnormally long and thickened. The stomach was normal. Posterior gastro-enterostomy was then performed. The pylorus was partially occluded by sutures passing through the anterior wall and two arteries which appeared to supply the ulcer were underrun. The appendix was then removed and the abdomen closed. On the day of the operation the patient was only allowed a half-ounce of water hourly; this was increased on the following day to two ounces two-hourly, and on April 23rd a Lenhart diet commenced. The melena ceased immediately after the operation, and there was no further pain save a slight throbbing in the wound. He made an uneventful recovery and was discharged on May 8th, when he weighed 7 st. 7 lb.

*After-history.*—He was seen six months later when he was in perfect health and had gained a stone and a half in weight. There had been no return of the pain and he was living on a slightly modified diet. The abdominal scar was healthy and showed no sign of herniation.

The interesting features of the case are: (1) The early age (13 years), at which symptoms commenced. The incidence of cases below the age of twenty (apart from cases of ulcer neonatorum) is less than 1% in most statistics. O'Flynn<sup>31</sup> reported the perforation of a duodenal ulcer with a six years' history in a boy of 14 years. The patient was operated on and recovered. Girling Ball<sup>32</sup> recorded a case of a man, aged 17, whose ulcer perforated, in whom there was a history of symptoms from the age of 13. (2) The presence of acetone bodies in the urine, revealing the fact that some degree of ketosis was present. This may have been due to inanition. (3) The daily blood-count reveals the gradual increasing anaemia due to the profuse melena, and the immediate improvement after the transfusion and operation with no recurrence of symptoms.

While in St. Bartholomew's Hospital the patient was under the care of the Surgical Professorial Unit, to whom I wish to express my thanks for permission to publish

the case-notes, and particularly to Mr. J. P. Ross for his assistance and advice.

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A. H. T. ROBB-SMITH.

## THE BUSY BEES OF ST. BARTHOLOMEW'S HOSPITAL.

THE first Annual Swarming of the "Busy Bees" took place on Saturday, January 19th, in the Great Hall, which was kindly lent for the occasion by the Treasurer and Governors of the Hospital. There were about 300 guests present, of whom a large number were children and young people—the Bees being the Junior Branch of the Women's Guild. The gaiety of the scene was added to by the balloons and paper hats given to each child on arrival.

Lady Sandhurst received the Hive collecting boxes; the 85 which were brought in at the party contained a total of £54 6s.

Parties were taken to see the cots in President and Lawrence Wards, which are supported by the Bees.

Tea was then served, after which Lady Sandhurst spoke to the assembled Bees about the work they had achieved during the past eight months, since their inauguration at the Mansion House last May, and congratulated them on their continually increasing membership, which is now well over 700. Mr. Rawling followed with a story about a wonderful Bee and then told the children of the plans for the future.

Then came the entertainment, which was given by the St. Bartholomew's Hospital Dramatic Society. It consisted of three parts: "The Cannibals," a conjuring entertainment, and a pantomime—the last being specially written for the occasion. The whole programme was greatly enjoyed by the audience, who gave the performers enthusiastic applause. The Orchestra of the Dramatic Society played throughout the afternoon, and contributed largely to the success of the party.

## ARMS AND THE MAN.



IN 1885, common sense in Bulgaria seems to have been as disconcerting as a wasp in a policeman's pants, but, as usual, some people could develop an immunity against the sting. The play, "Arms and the Man," performed in the Great Hall this January by the Bart's Dramatic Society was George Bernard Shaw's first attempt, hastily completed in 1894, at a pleasant play. It was selected, I believe, as it was thought to be most suitable for a revival of an old custom of the Society to cast men for the women's parts, owing to its Shavian avoidance of real love; and in this connection we read that "he denounces love because his asceticism revolts from the sensuality that is the desecration of love"; if we extend this theory to the other necessities of life, clothes and food—but enough.

The plot is based on the reactions of a romantic couple toward common sense, and in some magnificent character drawing we see again how much more adaptable is the fairer sex. (I am not certain whether Shaw would not call this a euphemism.) The background is an incredible Bulgaria; incredible to-day, but in 1896, two years after the play was written, when an eminent Bulgarian lady took exception to one Stambouloff's neglect of his nails, he was shortly after assassinated, and his fingers cut off and given to his wife, who hung them in a large bottle of methylated spirits, placed in the window of her dining-room, so that passers-by could see

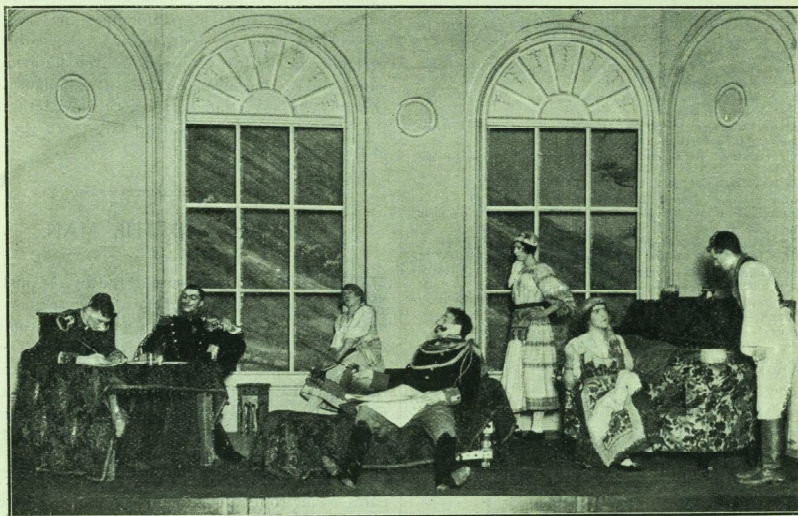


the fingers floating dimly in the jar like little pickled cucumbers. Petkoffs beware!

This year the Dramatic Society has lost three old friends in John Hunter, Holdsworth and George Roxburgh, and it was with much interest that we watched the newcomers. Mr. Clive Barnes is to be congratulated on the careful way in which he produced the play. The action was easy and rarely dragged. Especially noticeable was the very excellent stage grouping. With more attention to individual characterization and less devotion to the book, there should be few plays beyond

as Louka gave a performance as good as it was unobtrusive, and his movements were exquisitely feminine. Catherine Petkoff (Mr. Robert Cross) is a thankless part which was surely handled and developed, so that on reading the play after the performance one was surprised by the little she really had to say.

Mr. Colin MacVicker as Bluntschli seemed to enjoy the part, and, twisting the author's intention to suit his appearance, converted middle-aged reason into youthful enthusiasms, which in the last act for one graceful moment achieved a very remarkable perfection—an



IN MAJOR PETKOFF'S LIBRARY. ACT III.

his reach. We were glad to see that he had cast men for the women's parts, as this makes the play more of a family affair, which is good for the Society, and more fun for the audience. Having shown what they can do this year, however, they would be unwise to make a permanent policy of what must, of necessity, limit the range of possible plays.

Mr. William de Wyt as Raina succeeded in putting life into a part, without which the play would have failed; and it was good to see the use he made of silence, by keeping still (few amateurs can stand still on the stage and say nothing). He would have done well, however, to speak more naturally. Mr. Keith Vartan

unauthorized but successful version. Who could doubt the passions, however, or rather their existence, in the gallant Major Serjins Saranoff, Mr. Derrick Coltart? And yet, as the part was played, Mr. Shaw's befuddled patriot got much of our sympathy, and if Mr. Coltart appeared at times a little uneasy, this was not out of keeping. Mr. William Nicholson (Nicola) spoke with such charm that the part suffered, for some harshness is in keeping with the pride of a good servant. Mr. Barbour, as the Russian officer, gave us no chance to criticize him, and neither did Mr. Ashley Miles as Major Paul Petkoff. This performance was in the best Bart.'s tradition, and was played with that ease which is the backbone of a

comic part, although his monotones perhaps did not suggest the primitive heroism of a Petkoff.

An outstanding feature of this show was, however, the lighting which, using front and side floods, achieved effects which far exceeded those often seen on the legitimate stage, and Mr. Orr, the stage-manager is to be congratulated on obtaining excellent results with a minimum of scenery. He was also connected with what, in its way, an outstanding event, and that is the very notable revival of the Bart.'s Musical Society, which did much to charm the ear and cover the noise of many enthusiastic scene-shifters, to whom our thanks are due.

This year the A.D.C. have attempted something of unusual difficulty in a light comedy, and deserve our warmest congratulations on their success, much of which is due to the producer, under whose care we hope to see even greater things. We would like to suggest that they have now reached the stage when they should not confine their attentions to one play in the year, but should aim at being a much more important factor in the social life of the Hospital. E. D. M.

## STUDENTS' UNION.

### RUGBY FOOTBALL CLUB.

After starting the season indifferently the 1st XV has settled down well, and should make a good fight to retain the Hospital Cup. We meet University College Hospital on February 5th, and if we are successful we shall play the London Hospital, whom we beat in the final last season.

We have been unfortunate in having had three matches scratched in five weeks owing to snow, with the result that the team is not as fit as it should be, as was shown when we lost to the Harlequins in the last four minutes, and when, after leading by eight points at one time, we were hard pressed by the Old Blues in the concluding quarter of an hour.

Under the leadership of R. N. Williams, the forwards, although light, have developed into a strong combination, particularly in the loose. The backs have more scoring power than we have had for some seasons, but on occasions it appears that our defence is not so good as that which won us the Cup last season. The halves seem to improve with every game they play, but unfortunately A. H. Grace, who was settling down so well at full-back, had two metacarpals fractured playing against the Old Blues, and he will not be able to turn out in our first cup-tie.

Recent results are as follows:

- Nov. 24. v. Devonport Services, away, lost, 13-19.
- .. 26. v. R.N.E.C. (Keyham), away, won, 30-0.
- Dec. 1. v. Plymouth Albion, home, lost, 3-19.
- .. 12. v. R.M.A. Woolwich, home, won, 30-0.
- .. 15. v. Northampton, away, scratched, snow.
- Jan. 5. v. Harlequins, home, lost, 10-19.
- .. 9. v. R.N.E.C. (Keyham), home, won, 25-3.
- .. 12. v. Bradford, away, scratched, snow.
- .. 19. v. Coventry, away, scratched, snow.

### ST. BARTHOLOMEW'S HOSPITAL v. OLD BLUES.

On January 26th the Old Blues were defeated at Winchmore Hill by 1 goal 1 try (8 pts.) to 2 tries (6 pts.). The Hospital were the superior side, especially at scrummage half-back where J. T. C. Taylor once more showed what an elusive player he is. He was

ably supported by C. B. Prowse, and, indeed, these two players formed the mainstay of the Hospital attack. E. M. Undery made several attempts to break through the home side's three-quarter line, but their defence was sound. The visitors were somewhat handicapped by the slow service from the scrummage, due to the fact that, choosing to play seven forwards against the Hospital eight, they found it difficult to get the ball. However, in the second half they improved in this respect, and during the last few moments of the game the Hospital had to defend desperately to prevent them from scoring. But for nine tenths of the play the St. Bartholomew's forwards were by far the better, their following up and dribbling at times being excellent. C. R. Jenkins, J. R. Jenkins and V. C. Thompson were particularly noticeable, while W. L. M. O'Connor and T. N. Pearce did a lot of good work for the visitors.

The Hospital pressed from the start, and C. R. Jenkins, intercepting a pass between the opposing half-backs, scored a try, which C. B. Prowse converted. The Old Blues then worked their way to their opponents' line, and R. A. Jones was nearly over in the corner, but the Hospital relieved with some excellent work in the loose. Soon afterwards C. B. Prowse broke through and scored, but he failed to convert his own try. Just before half-time R. A. Jones scored for the Old Blues following some wild passing by the Hospital backs in their own "twenty-five."

The second half was very even until the last few minutes. A. H. Grace injured his hand, and was obliged to leave the field, and soon afterwards S. H. Wales dived over for an unconverted try. The Old Blues' forwards made a tremendous rally, but they were unable to score.

The teams were:

St. Bartholomew's: A. H. Grace (back); I. T. Rowe, T. E. Burrows, C. B. Prowse, J. D. Powell (three-quarters); F. J. Bellby, J. T. C. Taylor (halves); R. N. Williams, C. R. Jenkins, H. D. Robertson, C. H. Bateman, V. C. Thompson, H. G. Edwards, A. Barber, J. K. Jenkins (forwards).

Old Blues: W. H. Mills (back); R. A. Jones, A. C. Benatt, E. M. Undery, T. G. Jennings (three-quarters); S. H. Wales (seven-eighth); H. E. R. Wales, N. I. Buchan (halves); J. N. Young, N. K. Payne, T. N. Pearce, E. A. Hills, W. L. M. O'Connor, A. P. Hunter, R. E. Peters (forwards).

### HOCKEY CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. SITTINGBOURNE.

Played on January 12th at Winchmore Hill. We were to have played the Old Uppinghamians, but they scratched at the beginning of the week, and we were lucky to obtain this fixture through the *Hockey World*.

They advertised themselves as a team which had an unbroken record for two seasons, so we took it upon ourselves to shatter it or break our own record of half a season.

They won the toss and defended the bottom end, and in the first ten minutes or so they were all over us and scored two good goals. Then one of our opponents received a cut on the forehead from the ball, and was taken off by McCay for repair. From this point of the game we rallied, and soon drew level with goals from Francis and Symonds. Shortly after, we drew ahead with another goal from Francis, and were leading 3-2 at half-time.

After the interval we again took up the attack and Francis again scored. Our opponents now returned to the attack, and using their speed downhill were only stopped from scoring in the nick of time; one goal, however, was netted. A splendid bout of passing amongst our forwards enabled another goal to be scored by Francis. Towards the end they scored again. Thus we won by 5 goals to 4—one of the best games this season. I think I am right in saying that we had the strongest forward line against us that we had met.

I should like to bring to notice the splendid way the chaps pulled themselves together after a shaky start and being two goals down shortly after the beginning.

Team: H. L. Hodgkinson (goal); F. C. H. White, P. M. Wright (backs); J. Hunt, W. F. Church, K. W. Hartley (halves); E. J. Neill, F. H. McCay, R. H. Francis, J. W. Symonds, A. G. Williams (forwards).



## CORRESPONDENCE.

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

DEAR SIR,—In the report of my address to the Abernethian Society in the January number of the Hospital JOURNAL there are just a few statements that require correction. When referring to intrinsic carcinoma of the larynx, I said a "useful" voice could be established after operation; the voice is rarely a good one. I also said that several cases were men who had bass voices which they had unfortunately produced as tenor voices, so causing friction on the cords, which may have produced malignant disease. I have never seen a true tenor with carcinoma of the larynx. As regards cases of mutism with traumatic origin in the War, I said that, after a period, the voice was ready to return if a correct effort was made, but that the patient tensed the throat muscles to such a degree that it was conceivable that the recurrent laryngeal nerve was strained, but I was very careful to say that I could not prove this and that it was only a surmise.

I am afraid I did not, as reported, class spastic dysphonia as a minor form of speech defect. It is one of the most serious.

In other respects my address was most admirably reported.

Yours faithfully,

CORLANT L. MACMAHON.

London, W. 1;  
January 19th, 1929.

## REVIEWS.

A TEXT-BOOK OF MEDICINE. Edited by J. J. CONYBEARE, M.D., F.R.C.P. (Edinburgh); E. & S. Livingstone. Pp. 992. Illustrated. Price 22s. 6d. net.

The Editor remarks that some apology may be deemed necessary for the addition of another text-book of medicine to the large number already available. He is right. The aim is to produce a book which is "small in bulk, low in price, and contains only the essentials of medicine without being anything in the nature of a synopsis."

It may be granted that in this aim the book has succeeded. But to what purpose? In the matter of quick reference it does not compare with Tidy, nor for the student's purpose, with Woodwork, and it is considerably bulkier than either of these, and treatment is, in most cases, less full.

There are ten contributors, and, as is natural in such text-books, some sections are better than others.

The best is that on the Central Nervous System by Walshe, and this is really excellently done.

The Digestive System by the Editor and the Renal System by Maclean are also good, and the therapeutic appendix to the skin section by Dowling is useful, though the actual section is rather patchy. The respiratory system seems to be very inadequately dealt with, and the student will have to refer elsewhere for much information on this section. The orthodox sequence is followed, starting off with the specific fevers and ending with the nerves and skin.

There are several modern introductions, such as an account of the Plummer-Vinson syndrome, of Fraenkel's line of retarded bone growth, and of Besredka's oral antityphoid vaccine.

There are many omissions. No mention is made of rheumatic mediastinitis; little is said concerning the liver treatment of anaemia; and inborn errors of metabolism are completely excluded.

In considering chlorosis the increased blood volume is overlooked. In purpura haemorrhagica splenectomy is advocated after removal of septic foci, such as teeth and tonsils; but it is often found that operations just such as these determine a fresh outburst of purpura. Dr. Eustace Smith's treatment with turpentine, which in the majority of cases is entirely successful and obviates any necessity for surgical intervention, is not considered.

In the treatment of diabetic coma the element of shock is not mentioned, and in the diagnosis of acute pancreatitis "pallor" is given as a cardinal sign instead of the more usually accepted "cyanosis."

The English is good, apart from some occasional tautology, e.g. "retina of the eyes," "syphilitic gumma." There are four or five misprints: Beri-beri is due to lack of Vitamin D (p. 324); acute yellow atrophy causes "subcapsular" hemorrhages (p. 629); to

test for iron use potassium ferricyanide and HCl (p. 332); and "potassium iodine" for "potassium iodide" on p. 264.

Apart from these very minor faults the book is excellently produced. The binding is strong, the paper good, and the print exceptionally clear. There are eight plates and sixteen illustrations, an appendix on examination for life insurance, and an efficient index.

A HANDBOOK OF PHYSIOLOGY. By W. D. HALLIBURTON, M.D., LL.D., F.R.C.P., F.R.S., and R. J. S. McDOWALL, M.B., D.Sc., F.R.C.P. (Edin.). (London: John Murray, 1928.) Eighteenth edition. 902 pp. Price 18s. net.

The eighteenth edition of Halliburton's Physiology would have been the thirty-first edition of Kirkes' Physiology if the title had not been changed at the fourteenth edition.

The history of the change is laid forth in an interesting publisher's note at the beginning of the book. As shown here, the direct association of the book with St. Bartholomew's Hospital ceased in 1896, but tradition of the book remains unchanged.

The clarity and soundness of Kirkes and Paget have been replaced by the soundness and clarity of Halliburton and McDowall.

Weber's *Dictionnaire* defines a "handbook" as "a manual, or a guide book"; a "text-book" as "a book from which a teacher lectures." "Halliburton" is a handbook.

All the way through the editor's approach of any subject is most skillfully identified with the method of approach of the average student of to-day—no mean achievement for two professors so deeply immersed in modern physiology as are Profs. Halliburton and McDowall.

It is this character which makes the book so popular with students.

As an example of what is meant, the reader is referred to the chapters on reflex action, and Pavlov's work on the conditioned reflexes. Here, as throughout the book, is new and most digestible reading.

There is much that is new in the present edition, in spite of its slightly smaller size. The nervous system, the metabolism of respiration and the blood gases, and chapters bearing on the more fashionable clinical physiology, such as vitamins, gastric hydrochloric acid and isoaagglutination—in such subjects is found most of the new material.

But there are many new illustrations and diagrams as well. Indeed, the pictorial side of the book deserves a word of special commendation, which may be extended to the typography, size and general turn-out.

The growth of physiological knowledge demands, and in this case receives, a commensurate development in the handbooks of the subject.

ROENTGENOLOGY: BORDERLAND OF THE NORMAL AND EARLY PATHOLOGICAL IN THE SKIAGRAMS. By ALBAN KÖHLER. Translated by Arthur Turnbull, M.A., Ch.B. (Baillière, Tindall & Cox.) Pp. 556. Plates. Price 42s.

This is a book one is bound to commend highly, because it fills in an excellent manner a much needed gap in X-ray text books, to which it forms a valuable supplement.

In clinical teaching stress is usually laid on the necessity for a sound anatomical and physiological background, and it is from this point of view that Prof. Köhler teaches radiology.

In the first section on bones he speaks as an anatomist, and gradually leads one through to the pathological aspect. By his title he is enabled to ignore the gross lesions, ably described in the current text-books, and proceed to teach the less known and more controversial picture of early and small changes from the normal.

The book contains much valuable information, and where there are controversial points, as there are bound to be in the "borderland" region, the author expresses his own view on that of others with great balance and fairness.

The translation is very good, and there are very few obscure passages. Most of the illustrations are line drawings from radiograms, which are very satisfactory for the demonstration of minor points. Unfortunately the reproduction of radiograms is rather poor, and quite out of keeping with the price and high quality of the book as a whole.

It is a book that is invaluable to a radiologist, and one might also add, to a surgeon.

The number of important, though often little-known facts concerning normal and abnormal appearances, together with the orderly arrangement of the material, makes it an excellent reference book for the latter.

PROTAMINES AND HISTONES. By A. KOSSEL, translated by W. V. THORPE. Monographs on Biochemistry. (Longmans, Green & Co.) Price 9s.

The name protamine was first used by Miescher when working on the chemical nature of the cell nucleus in 1868. He found in the sperm of the salmon a compound of nucleic acid and a base to which he applied this description. The importance of this discovery was not realized as the analogy of the proteins and protamine was not foreseen.

Kossel began his work on these compounds with which this monograph deals in the year 1884, when he described a protein rich in nitrogen found in the red blood cells of the bird, which was in salt-like combination with nucleic acid. To this he applied the term histone. Histone occurs in salt-like combination with nucleic acid in other organs rich in nuclear material such as the thymus gland.

The proof of the close relationship of these compounds with proteins was given by researches on the hydrolysis of a base obtained from sturgeon's sperm. Kossel found that protamine should be named after the animal or fish in which they occur. He found that hydrolysis of the protamines resulted in the preparation of basic products: arginine, lysine, and histidine, with the addition of valine and proline, and perhaps one or two other  $\alpha$ -amino acids. These substances are also found in hydrolysis of normal proteins. The mode of linkage he found also to be the same. Typical proteins are converted into protamines in the course of spermatogenesis.

It is apparent then that the chemistry of the protamines is a part of that of the proteins of which they are really the simplest of a complex series.

The histones have a greater variety in their units of which they are composed, and so approximate more closely to the proteins. The most definite characteristics are their basic content and high arginine content. The grouping is, however, largely arbitrary and depends on the above characters.

The monograph is in the main a review of Kossel's work of which he was the pioneer, and deals with the separation of the components, preparation of the compounds under consideration, and then with their properties and composition. It may be considered to be "descriptive" biochemistry, and as such does not lend itself to review.

Kossel realized that the present state of knowledge of these compounds was thus one-sided, and regretted that they had not yet attained significance in "experimental" biochemistry. These compounds are constituents of the chief organ of the cell, the nucleus; this organ is closely connected with the processes of cell division, fertilization, and inheritance. It would seem, therefore, that there is a vast field for work in this direction, of which only the fringes have at present been explored.

HOW TO STAIN THE NERVOUS SYSTEM. By J. ANDERSON. (Edinburgh: E. & S. Livingstone, 1929.) Pp. 144. Price 5s. net.

A small, inexpensive book which covers so much ground as this is sure to be of great value to pathologists and laboratory workers. The author has dealt entirely with the processes of fixing, embedding, cutting and staining the nervous system, without discussing the relative value of the staining methods. In other words, it is a book that deals with the practical side of neuro-histology. Throughout the book will be found useful aids and hints in neuro-histological technique, which the author has devised when working in the Pathological Laboratory, Queen Square. Many of the aids described are ingenious, time-saving and extremely useful. The presentation is good and lucid; the *résumés* following each method are distinctly useful.

The methods of staining described are numerous, and undoubtedly the most useful for ordinary routine work. The description of celluloid methods is welcome, especially the preparation and obtaining of serial sections; the methods of staining best adapted to celluloid work are added. Methods of staining frozen sections are well described, and under the heading of "Frozen Sections" will be found the newer methods of staining neuroglia. A chapter devoted to the methods for staining fat, iron and calcium contains methods that have proved successful in the author's hands. All laboratory workers will welcome the pages given up to the preparation of lantern-slides, cleaning dirty celluloid and re-embedding.

The appendix contains the ingredients of the various stains and mordants. It may be said without doubt that this work should be in the library of every pathologist and histologist; further, it should be of great value to the research worker and laboratory

assistants, as it will save them endless trouble, delay and expense. For these reasons alone (if not for many others) this book should be thoroughly recommended.

ELEMENTARY PATHOLOGICAL HISTOLOGY. By W. G. BARNARD, (H. K. Lewis & Co., Ltd.) Pp. 80. Illustrations 176. Price 7s. 6d.

This book should be used in conjunction with a course in morbid histology. It consists of a series of excellent microphotographs illustrating the histological picture in all the common disease processes. Preceding each set of microphotographs is a clear, concise account of the pathological condition to be illustrated and the salient points in each picture are defined. The paper and binding are good.

ERYTHEMA NODOSUM. By J. ODERY SYMES, M.D. (Bristol: John Wright & Sons, Ltd.) Price 5s. net.

As Trousseau—much quoted by the author of this book—said sixty years ago: "Gentlemen, you will only find a few lines devoted to the subject of erythema nodosum in your pathological text-books." The present 70-page monograph inquires into the specific infectious character of the disease by discussing the usual seven epidemiological and clinical points and finds much in his numerous cases to favour this conception.

The aetiology and pathology are carefully studied, Prof. Geoffrey Hadfield having made a thorough examination of nodules, excised at different stages of three cases. His report states briefly that the lesion was an acute and wide-spread arteriolitis of the subcutaneous fat, which appears to be due to a soluble toxin. While giant-cells in large numbers were present in the late stages of an acute infection, there was nothing to suggest that the local presence of the tubercle bacillus accounted for them. No bacteria were ever found.

The relationship to erythema multiforme and the acute rheumatic affections is slight and due in the first case to mistaken diagnosis. The author has excluded from his cases all such as showed a papular, macular or vesicular rash. The important point, he considers, lies in the question of its definite relationship to tuberculosis, so widely advocated on the continent. Parkes Weber (*Brit. Journ. Child. Dis.*, Nos. 244-246, p. 119) gives perhaps the best account of the question in the English literature. That there is some connection the author is convinced, "but to say that E.N. is a tuberculous disease, that it is the *causæ* or the first allergic sign, of tuberculosis, is an exaggeration . . . of the case."

It is interesting that he follows Lendon in attaching importance to phlyctenula in diagnosis, and also that he finds his patients much more susceptible to salicylate toxic manifestations than rheumatics. While showing a thorough acquaintance with the literature, the author relies wisely on his own observations on the 250 cases he has seen, both at the Bristol General Hospital and in private practice. His outlook is sane and unprejudiced.

## BOOKS RECEIVED.

MINISTRY OF HEALTH: MEMORANDUM ON THE ACCOMMODATION FOR THE SICK PROVIDED AT CERTAIN PUBLIC SCHOOLS FOR BOYS IN ENGLAND. By Capt. W. DALRYMPLE-CHAMPNEY, M.A., B.M., M.R.C.P.

A POST-OPERATIVE TREATMENT OF EMPYEMA. By CORLANT L. MACMAHON, M.A. (Oxon.). (A reprint from the *St. Bartholomew's Hospital Reports*, vol. lxj, 1928.)

ARTERIAL CARBON DIOXIDE PRESSURE IN CARDIAC DYSPEŒIA. By F. R. FRASER, C. F. HARRIS, R. HILTON and G. C. LINDER. (A reprint from the *Quarterly Journal of Medicine*, vol. xxii, No. 85, October, 1928.)

THE ARTERIAL BLOOD IN AMMONIUM CHLORIDE ACIDOSIS. By J. B. S. HALLIDAY, G. C. LINDER, R. HILTON and F. R. FRASER. (A reprint from the *Journal of Physiology*, vol. lxx, No. 4, 1928.)

## ACKNOWLEDGMENTS.

The *British Journal of Nursing*—Broadway—Guy's Hospital Gazette—The *Hospital Gazette*—The *Kenya and East Africa Medical Journal*—The *London Hospital Gazette*—Long Island Medical Journal—The *Middlesex Hospital Journal*—The *New Troy*—The *Nursing Times*—The *Post-Graduate Medical Journal*—The *Queen's Medical Magazine*—*Revue de Médecine*—University College Hospital Magazine—The *University of Toronto Medical Journal*.



## EXAMINATIONS, ETC.

## University of Oxford.

First Examination, December, 1928.

Anatomy and Physiology.—Barr-Brown, R. W.

## University of Cambridge.

The following degrees have been conferred:

M.D.—Brewer, H. F., Shaw, W.

M.B., B.Chir.—Ashby, W. R., Gilchrist, R. M.

B.Chir.—Bateman, H. F., Janes, L. R., Lloyd Williamson, J. C. F.

Second Examination for Medical Degrees, October, 1928.

Part III. Pharmacology and General Pathology.—Masina, M. H.

Second Examination for Medical and Surgical Degrees, December, 1928.

Part I. Organic Chemistry.—Shore, T. L. H.

Part II. Human Anatomy and Physiology.—Jones, P. W. F., Langford, A. W., Mercer, R. V. F., Roper, R. D.

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1928.

Part I. Surgery, Midwifery and Gynaecology.—Forrester-Wood, W. R., Gordon, J. C., Helme, A. C. de B., Hounsfield, M. C., Janes, L. R., McCay, F. H., Neill, E. J., Oakley, W. G., Radcliffe, W., Taylor, H., Thorne Thorne, V., Wright, B.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Bateman, H. F., Elliston, W. A., Francis, C. A., Lloyd Williamson, J. C. F., Palmer, E. A. E., Pimblett, G. W., Underwood, W. E., Ward, F. H.

## University of London.

M.S. Examination, December, 1928.

Branch I. Surgery.—Ross, J., Paterson.

M.D. Examination, December, 1928.

Branch I. Medicine.—Gaisford, W. F., Sharp, B. B.

Branch VI. Tropical Medicine.—Leitch, J. N.

First Examination for Medical Degrees, December, 1928.

Passed.—Carpenter, R. H., Casson, A. H., Chivers, J. A., Cooke, A. Hunt, Hugh, H. C., Kirkwood, R. M., Knight, F. D. W., Reavell, D. C., Smith, M. C. L., Telfer, W. P. McK., Ware, C. E. M.

## University of Liverpool.

Diploma in Public Health.—Chadwick, R. T.

## Royal College of Surgeons.

The Diploma of Fellow has been conferred on the following: Sykes, J. E.

## Royal College of Surgeons of Edinburgh.

The Diploma of Fellow has been conferred on the following: Abernethy, D. A.

## Royal College of Physicians and Surgeons.

Diploma in Laryngology and Otology (D.L.O.).—Ashmawi, M. I.

## CHANGES OF ADDRESS.

CANTY, R. G., 58, Harley Street, W. 1. (Tel. Langham 1334.)

GANE, F., Castle Green, Llancawl, Llandilo, Carmarthenshire.

HORDER, C. A., 4, Boyne Park, Tunbridge Wells. (Tel. 50—unchanged.)

## BIRTHS.

ANDERSON.—On January 10th, 1929, at Ribblesdale House, Horney, to Ivy ("Billie") (née Bilton), wife of Roy S. Anderson, M.R.C.S., L.R.C.P.—a son.

CRISP.—On January 10th, 1929, at Welton Lodge, Oakham, Rutland, to Joan (née Ainsley), wife of G. H. Crisp, B.M., B.Ch.—a son.

FRANCE.—On January 18th, 1929, at Ludlow, Bromley Common, to Eileen (née Macoun), wife of Francis France, M.B.—a son.

HAMERTON.—On January 10th, 1929, at Canterbury, to Dorothy (née Rusel), wife of J. R. Hamerton, M.B., of Rahere House, Western Esplanade, Herne Bay—a daughter.

LOYD.—On January 2nd, 1929, at 19, Hereford Square, Kensington, to Antoinette Marie (née Roux), wife of Eric I. Lloyd, F.R.C.S.—a son.

STRUTHERS.—On January 2nd, 1929, to Edith (née Langford), wife of J. A. Struthers, M.B., M.R.C.P., of 36, Fortune Green Road, N.W. 6—a son.

VINES.—On January 5th, 1929, at Wyndyke, Chalfont St. Peter, Bucks, to Molly (née Brindley), wife of H. W. C. Vines, M.D.—a son.

WIGHT.—On December 27th, 1928, to Dorothy, wife of Cecil H. Wight, M.C., M.R.C.S., L.R.C.P., of Wangford, Lowestoft—a daughter.

## MARRIAGES.

BALFOUR-CAMPION.—On January 14th, 1929, at All Saints' Church, Alexandria, Egypt, by Rev. Jaspei T. Caupion, M.A., brother of the bride, assisted by the Rev. J. F. Anderson, M.A., Dr. Ivor H. C. Balfour, son of Mrs. Balfour, Summerlands, Bromley, Kent, to Constance Ruby, elder daughter of Mr. C. A. B. Campion, O.B.E., of 50A, The Avenue, Beckenham, Kent.

PEARSON-CARTMELL.—On January 23rd, 1929, at the Priory Church, Cartmel, Lancashire, by the Rev. W. Heyes, Lawrence Vernon, only son of Dr. and Mrs. M. G. Pearson, of Durban, Natal, South Africa, to Raeburn Lucy, youngest daughter of the late Mr. I. Cartmell and of Mrs. Cartmell, Crosthwaite House, Crosthwaite, Kendal, Westmorland.

## DEATHS.

ACTON DAVIS.—On January 22nd, 1929, at Julian Hill, Harrow, George Acton Davis, J.P., for many years Chairman of the Provident Mutual Life and the Peruvian Corporation, Ltd., and sometime acting Treasurer of St. Bartholomew's Hospital, aged 82.

BAKER.—On January 16th, 1929, suddenly, at Elmstead, Andover, Hants, Henry Francis Baker, F.R.C.S., aged 83.

BIRKETT.—On January 19th, 1929, at "Merrilyn," Lee-on-the-Solent, Dr. H. J. D. Birkett.

BURT.—On January 28th, 1929, Harry Vere Burt, only son of Sir Henry Burt, K.C.I.E.

EVANS.—On January 12th, 1929, at his residence, Hampstead House, Seaford, Herbert Norman Evans, M.A., M.B.(Oxon.), formerly of 3, Thurlow Road, Hampstead, aged 93.

LISTER WRIGHT.—On January 4th, 1929, at 4, Lennox Mansions, Southsea, from pneumonia, John Lister Wright, M.R.C.S.E., L.R.C.P., son of the late John Wright, M.D., J.P., of Wynberg, South Africa.

SLOMAN.—On January 8th, 1929, Samuel George, beloved husband of Margaret Sloman, 39, West Street, Farnham, aged 81.

WEBBER.—On January 21st, 1929, at Turleigh House, Bradford-on-Avon, Wilts, William Littleton Webber, F.R.C.S., aged 77.

## 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, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

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## St. Bartholomew's Hospital



## JOURNAL.

"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXVI.—No. 6.]

MARCH 1ST, 1929.

PRICE NINEPENCE.

## CALENDAR.

- Fri., Mar. 1.—Dr. Morley Fletcher and Sir Holburt Waring on duty.  
Medicine: Clinical Lecture by Dr. Morley Fletcher.
- Sat., .. 2.—Rugby Match v. Old Leysians. Home.  
Association Match v. Queen's College, Oxford. Home.  
Hockey Match v. Brentwood. Home.
- Mon., .. 4.—Special Subject: Clinical Lecture by Mr. Bedford Russell.
- Tues., .. 5.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Wed., .. 6.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
- Thurs., .. 7.—Abernethian Society, 8.30 p.m.—Address by Prof. Fraser: "Contrasts in Medical Education."
- Fri., .. 8.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.  
Medicine: Clinical Lecture by Sir Percival Hartley.
- Sat., .. 9.—Rugby Match v. Pontypool. Away.  
Hockey Match v. St. Lawrence College. Away.
- Mon., .. 11.—Special Subject: Clinical Lecture by Mr. Elmslie.
- Tues., .. 12.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Wed., .. 13.—Surgery: Clinical Lecture by Mr. Harold Wilson.  
Association Match v. Centels (Annual Charity Match). Away.
- Fri., .. 15.—Prof. Fraser and Prof. Gask on duty.
- Sat., .. 16.—Rugby Match v. London Scottish. Home.  
Association Match v. Old Brentwoods. Away.  
Hockey Match v. Old Felstedians. Away.
- Mon., .. 18.—Special Subject: Clinical Lecture by Mr. Just.
- Tues., .. 19.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Thurs., .. 21.—Last day for receiving matter for the April issue of the Journal.
- Fri., .. 22.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Sat., .. 23.—Rugby Match v. Moseley. Home.  
Association Match v. Old Isleworthians. Away.  
Hockey Match v. Southgate II. Home.
- Tues., .. 26.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Fri., .. 29.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Sat., .. 30.—Rugby Match v. Bath. Away.

## EDITORIAL.

THE ravages of the epidemic of influenza have been felt in the Hospital. The disease, which had no respect for ten of His Majesty's judges, has laid impious finger on the Staff of the Hospital. Half of Lawrence Ward has been turned into a sick-room for influenzal nurses; the Hospital is closed to all but acute cases; and those, who gazed with envious eyes after the retreating forms of the lucky one who managed a holiday in Switzerland, are enjoying the fruits of a well-sustained immunity. The mountain air is guileless, and seems to lull the phagocytes (or whatever the current view of immunity declares as its fundamental) into slumber. The winter sports are easy prey to the disease.

Sir William Hamer, in his *Epidemiology, Old and New* (to be reviewed elsewhere in these columns), makes many apt suggestions, which include a plea for a wider view of the disease. The bacteriology of influenza is still unsettled. The seed is so carefully scrutinized that the soil is forgotten.

The great influenzal waves, with their little superimposed outbreaks, and the various clinical pictures the disease presents at different times, indicate the need for a broad as well as a minute study. But breadth is harder to achieve than exactitude.

Sydenham, commencing the study which led to the outlining of his Epidemic Constitutions and the recognition of a family (influenzal) of fevers, voiced the difficulty:

"I may state at once that to reduce into classes all the species of epidemics, to arrange them according to their phenomena, to determine in detail the proper method of treatment for each of them, is a work so difficult, an arrangement requiring so much leisure and opportunity, a cycle so little coincident with any recognized sequence of years, that the lifetime of no



single physician would suffice for the collection of a sufficiency of data."

Still, we progress a little, and the Hospital, in its scanty leisure, can reflect that however badly the world suffers from the delay in the administration of Justice, its lot is alleviated and its rigours abated by the unflagging administration of *Pulv. ipecac. co.*

We congratulate Mr. F. W. Searle, F.C.S., upon his appointment to the position of Pharmacist to the Hospital.

Those who know Mr. Searle will rejoice that that help in matters of any kind connected with therapeutics and dispensing which was always at their service will be the privilege of a still larger community of students.

#### ELEVENTH DECENNIAL CLUB.

The Inaugural Dinner of the Eleventh Decennial Club will be held at the Holborn Restaurant on Friday, April 19th, 1929, at 7 for 7.30, with Mr. R. S. Corbett in the Chair. Those who entered the Hospital as students between January 1st, 1915, and December 31st, 1925, and who have since qualified, are eligible for membership.

It is hoped that as many as possible will be present at the first Dinner. Communications with respect to the Club and the Dinner should be addressed to the acting secretaries, F. C. W. Capps and Wilfred Shaw, St. Bartholomew's Hospital.

We have been asked by the Dispensary to remind those immediately connected with the prescribing and ordering of drugs in the Hospital that those articles mentioned in the Dangerous Drugs Act (morphia, opium, heroin, cocaine, etc., and their various preparations) must have a date and full signature appended to their prescription.

We wish once again to remind intending contributors that we cannot consider articles which are not accompanied by the name and address of the author. Anonymity, if desired, will, of course, be strictly observed.

SIR,—The baby you attended last night seems to be very much better I give her the oil . . . now she seems to be on the wine all the time could you give her a little tonic some sort as she don't seem herself yet.

Yrs. truly,

—From a note to a practitioner.

*Nunc pellite in vino curas nostras.*

## OBITUARY.

J. F. BULLAR, F.R.C.S.

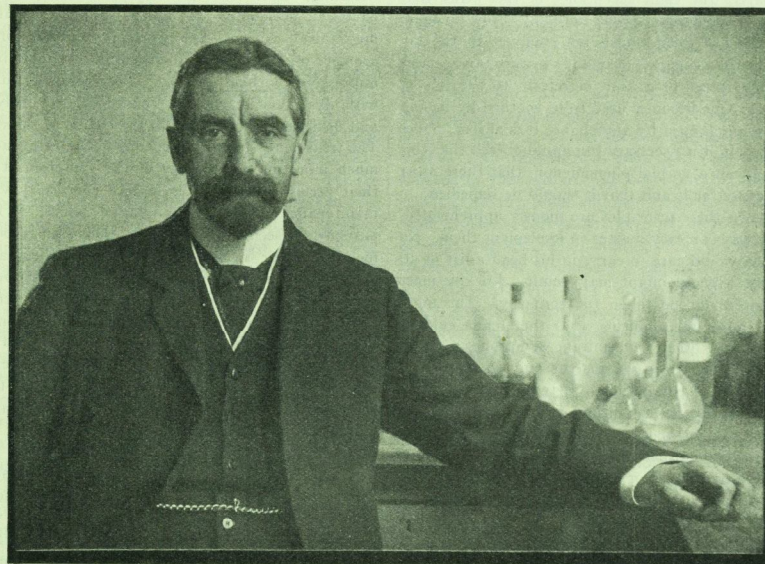
MR. JOHN FOLLET BULLAR is reported to have been killed with his wife in a sea-plane accident in France." The tragic sentence stirs many memories of a time long past when the Hospital was other than it now is. In the summer of 1883 Dr. James Andrew was Senior Physician and Bullar was his house physician; Mr. Savory, not yet Sir William, was the Senior Surgeon, and I was his house surgeon. Bullar and I were therefore thrown much together. Our weeks on duty coincided and we professed to dine together nightly. My room was on the ground floor next the old Surgery; he occupied the first floor on the next staircase, so I was nearer the kitchen, and there was no common mess.

He was wonderfully clever, had taken a first in the Natural Science Tripos, passed his M.B. and took his F.R.C.S. without apparent effort. He read nothing, had no books, not even Bristowe's *Medicine*, which was superseded by Osler, and gained all his knowledge, like Socrates, by question, answer and observation. Time was nothing to him. During our six months we did not dine together more than once or twice. It was not a matter of minutes, but he would be late whole hours. He had a robust sense of humour and was a perfect master in the art of setting booby traps. Experience taught his friends not to walk into his room when the door was ajar. They just kicked it open and dislodged the basin of water or the empty coal-scuttle which had been carefully poised above it. When he was about it was wise to look into one's bed before crawling in, just to see if the hairbrushes or the waterbottle had got misplaced, or if the sheets and blankets had not rearranged themselves cunningly. Sometimes his fun was sardonic. Exactly opposite his window, looking into Little Britain, there lived a shoe-maker who hated to be called "Snob," the generic title of cobblers. Snob usually got drunk on Saturday night. Bullar would sit at his window, watch him reeling home and bait him. The shoemaker retaliated by throwing his lasts at his tormentor and usually succeeded in breaking the window. The lasts were impounded, and early on Monday morning Snob, sober and penitent, would come to claim them. One week-end he failed to appear, and Bullar was left wondering until Monday evening, when the cobbler was found in the Surgery complaining of a bad stomach-ache, with Bullar as the house-physician on duty. He was promptly admitted to Mark with

the diagnosis of acute suppurative peritonitis (appendicitis was as yet unknown to us), and Bullar watched the post-mortem. He reminded me of the case when I lunched with him in Guernsey three or four years ago, saying that he still laughed when he thought of the abject terror of the poor fellow when he saw that his old enemy was to be his doctor.

Bullar's appearance was as remarkable as his mind. A small round head perched on a thin neck, which seemed the longer because he usually wore a flannel

socks which had slipped down to meet shoes, when everyone else wore boots. His voice was high-pitched, his laugh frequent and genuine, his curiosity insatiable. Of Dr. Andrew, his chief, he had a very high opinion, and used to say of him—"A wise old bird. He can't hear much, but he only examines his pneumonias once and they get well. Besides there is no difficulty in prescribing. Everyone gets H.A.A. or, for a change, H.A.A. cum camph." From the medical wards he went to "Eyes" as house surgeon, and there he made



MR. LANGFORD MOORE, LATE PHARMACIST TO THE HOSPITAL.

cricketing shirt, which was never buttoned, and was the more conspicuous because he never wore a necktie or waistcoat. In those days we were more particular about dress than is now the fashion. Bullar wore a round jacket, which must have been old in his early days at Cambridge; his grey flannel trousers were held in place partly by a belt and partly by his right hand, which he kept so constantly in the pocket that his right shoulder was always elevated above his left, as though he had extreme lateral curvature. The trousers, too, were very short, and there was an inch or two of skin visible from the point where they ended to the

"Bullar's shield" by the simple process of luting a watch-glass over the sound eye with diachylon plaister. In the end he devoted himself to eye-work, was an influence for good in his whole neighbourhood because he was absolutely honest in thought and deed, besides being quite outspoken. He married happily, though there were no children, bred pedigree goats in Guernsey and became nearly blind. D'A. P.



## ON VOMITING IN INFANCY.



TRAVELLING by Underground has some compensations. At any rate one has fellow-passengers. Among the diversions they provide, it is interesting to watch them when they are brought in close proximity to an infant in arms. The brazen openly remove themselves, while the more sensitive edge furtively away. All expect the baby to vomit over them; their fears are usually justifiable. Unfortunately the calm acceptance of this belief that the young of the human species normally throw up again large portions of their food is not confined to the lay public. In the taking of an infant's history, an account of vomiting recurs as a kind of refrain to the tale of symptoms. One becomes used to it, soothed by it, and eventually unhappy if by any chance it is absent. Over and over again it is necessary to remind oneself that this vomiting is not a normal phenomenon, that there must be some cause for it and that it should be remedied.

Even when these principles are piously apprehended, it is not always an easy matter to implement them. No sane person would care to carry in his head a list of all the reasons why an infant may vomit. Luckily most of them need not be taken too seriously. The more recalcitrant causes for vomiting are either made evident immediately by other concomitant symptoms peculiar to themselves, or are so abstruse as only to be arrived at by a process of elimination. Between the two there are comparatively few conditions which lie at the root of most of the instances of vomiting one encounters. If these are distinguished, it becomes possible to attempt a reasonable treatment for the majority of patients.

From their histories these cases fall into one of three categories. The vomiting occurs as part of some immediate illness for which the infants are seen, or it came on at some definite interval after their birth and continued with more or less regularity for a period of time, or, finally, it is a habit in which they have indulged from birth onwards. These categories are not infallible; obviously the symptom must have a beginning, and such a classification depends on the child not being seen until the process of the disease is established. In practice, however, it is usually not very difficult to identify a case with one of the three.

Among the first group come most of those instances of vomiting already referred to which are part of a special disease, the so-called symptomatic vomiting, as, for instance, at the onset of the exanthemata, in meningitis, in pneumonia and with a cerebral tumour. The cause and treatment is bound up with that of the primary disease. More important is the identification

of the vomiting of sudden onset associated with an intra-abdominal accident. In the infant appendicitis is rare. Intussusception and volvulus are commoner. The vomiting they give rise to has ultimately all the characteristics of that associated with intestinal obstruction. It is well if the diagnosis is made before things reach this point. As long as the conditions are borne in mind, the signs in the belly ordinarily make an early diagnosis possible.

Irritation of the gastro-intestinal tract is the commonest cause for a child becoming suddenly ill with vomiting. Such irritation may be due to the effects of bacterial action, or to much simpler chemical or mechanical causes. The earlier symptoms produced are very much the same in either case and may be quite impressive in their severity. For instance, an infant with dysentery started to vomit, became dehydrated and died from toxæmia all in the course of three hours. The treatment, similarly, depends in the first place very much more on the severity of the symptoms than on their precise origin. It is mainly concerned with the maintenance of fluid in the infants' tissues. When the patients are seen, they look grey, their skin is loose and inelastic, their eyes are hollow, and their anterior fontanelles are sharp-edged pits. Fluid can be given as normal saline under their skin, into their peritoneal cavities or into a vein. As a rule a combination of the first two methods provides a sufficiently rapid means of dealing with the dehydration. During epidemics of summer diarrhoea, or when for other reasons there is good evidence that a general toxæmia is present, it is reasonable to combine an equal quantity of a 5% solution of glucose with the normal saline used. During the early stage, also, it is well to wash out the stomach and lower bowel with a weak bicarbonate solution. After the initial effects of the gastritis are dealt with, it becomes necessary to take into account its cause in order that the further treatment may be planned. If the vomiting has resulted from an unsuccessful experiment by the child to extend its range of foodstuffs to soap or from some similar cause, emptying the gut and twenty-four hours' rest from food will usually see an end to the illness, and the diet may be increased to its normal quantity during the course of two or three days. When the vomiting is part of a gastro-intestinal infection such simple measures do not succeed. The infection may last for weeks. Obviously the patient cannot be starved for so long. Furthermore, although fluid is readily absorbed from the peritoneal cavity and subcutaneous tissues, to begin with, a sick child seems rapidly to lose this capacity and to become waterlogged after a few days. In such cases, therefore, it is imperative to find a feed which can be tolerated by the stomach,

and which, even if it does not meet the full requirements of the patient, will tend to maintain nutrition and the fluid balance through a long illness. This can only be done by trial and error. It pays to experiment first with an acid feed such as lactic acid skimmed milk or protein milk. Whey combined with a protein preparation is a useful second string. Two days at least should be given to each trial. The feeding is of the first importance, but valuable assistance may be gained by giving bismuth as well.

In the second type of history, vomiting has been present for some time, but not since birth. In this connection three conditions call for attention, namely, hypertrophic pyloric stenosis, pylorospasm and rumination. Fortunately the patients' ages help one to discriminate between them. The most important is the first—pyloric stenosis. The observations that it tends to come on at the age of three weeks, that it is commonest in boys, especially in the first-born, and that it is associated with large, vigorous vomits and with constipation, incline one to its recognition. To see active peristalsis of a distended stomach strengthens the diagnosis; to feel a pyloric tumour confirms it. Feeling the tumour is so valuable a physical sign that it is well worth spending twenty minutes palpating the belly while a feed is given, but nothing is to be gained by efforts vigorous enough to distress the infant. Once the diagnosis is made, the most satisfactory course seems to be to get the patient into the best possible condition by restoring its fluids, and then for a Rammstedt operation to be done.

Pylorospasm tends to produce vomiting at about the third month or later. If there is any inequality in its distribution between the sexes, it is more frequent in girls. The vomiting is often vigorous, but usually the history is given that every time the feeding was changed the vomiting ceased for two or three days. Constipation is not as marked a feature as with hypertrophic pyloric stenosis. Gastric peristalsis can be seen, but a pyloric tumour cannot be felt. The treatment is not easy. An efficient diet should be planned and adhered to for two or three weeks. Thickening the feeds with some starchy food helps by making the vomiting a more difficult mechanical feat. Sodium bicarbonate in 5-gr. doses given in water twenty minutes before each feeding is the most successful therapeutic measure. Operative treatment, sometimes embarked on in error, not infrequently has a lethal effect.

Rumination requires a degree of intelligence for its enjoyment. This the infant does not usually attain until the end of his first year. Sometimes, however, he indulges in this unlawful pastime from the age of six months. The early technique is poor. After much

heaving and straining the stomach contents reach the mouth, but in too large quantities, so that much overflows. This must be counted as vomiting, for the deliberateness of the act can only be observed by stalking the culprit from behind screens—a procedure which does not occur to many parents. When the diagnosis has been made, the habit can be stopped by thickening the feeds with cereal and, if necessary, by applying a chin-strap.

In the third group of histories vomiting is a symptom which has been present with varying regularity since birth. The most complete examples of this type are provided by those infants who have a congenital defect of the alimentary tract. The defect is usually an atresia, and the commonest sites for this are the œsophagus, the small intestine or the anus and lower part of the gut. Sometimes more than one place is affected. In the œsophagus the level of the occlusion varies, but there is, as a rule, an abnormal communication with the trachea. An imperforate anus may be due to the absence of the rectum and lower part of the sigmoid colon, or to any lesser affliction down to a small membranous barrier across the anus. Of all such congenital defects, only this last condition is at all amenable to treatment. The symptoms produced by any of them bear a logical relationship to the level of the occlusion of the gut, and vary from the inability to ingest a teaspoonful of fluid to those phenomena associated with obstruction low down in the intestine. A much rarer congenital defect is a membranous diaphragm stretching across the duodenum. This may be penetrated by a small hole so that the infant survives the first weeks and does pass feces. The condition has to be distinguished from pyloric stenosis, and later, from other causes of high intestinal obstruction. The diagnosis can be made from the skiagram of a bismuth meal. The condition has been relieved by operation.

Such abnormalities lead to extensive vomiting, and certainly give rise to this symptom from the time of the infant's birth. In the same category must be placed the most frequently encountered history of all—that of small regurgitations following most feeds. But here a difficulty arises. Not everyone will admit that this symptom, the bringing back of part of every meal, is a pathological process at all. It very frequently gives it an almost physiological respectability. In fact such terms as "physiological possetting" are current. Names to the clinician are very much as sand to the ostrich. Because this condition can be labelled, one is very apt to forget to look for a cause for it. The fact remains, however, that if enough trouble is taken, it is usually possible to stop a baby regurgitating, and this by comparatively minor readjustments



of its management. The town-bred young of the human species are the worst reared of all the mammalia. One does not have to inquire very far before some glaring fault in their upbringing comes to light. The most usual antecedents to an infant vomiting at the end of its feeds are the unchecked swallowing of air, too rapid a feeding, too large a quantity at a feed, a wrong quality of the food, excessive handling after a feed, constipation or a combination of two or more of these misfortunes. The baby itself is responsible for some of these errors of judgment. While sucking it does not distinguish between air and more nourishing substances; it is sometimes still further misled in this direction by its parents offering it a feeding-bottle so placed that gravity permanently keeps the milk away from the teat. Nor does it immediately appreciate the fact that it is a bad principle to fill the stomach at four times the usual rate when urged by the pangs of hunger. Responsibility must be placed elsewhere in those instances where ridiculously large quantities of food or amazing messes of fat and starch and water are forced on the wretched infant. This is not the place for a tirade against the common abuses in infant-feeding. All that is intended is to make the point that supervision of the management of the baby is the most satisfactory means of abolishing this type of vomiting. The account of the conditions which give rise to this symptom could be considerably prolonged. No attempt at completeness has been made. An arrangement of the commoner ailments associated with vomiting on a basis of the duration of the history has been suggested. This may be regarded as a kind of sieve through which one's ideas may be sorted. It is by no means infallible; nor is there any need that it should be. For as long as it is recognized that vomiting, despite its frequency, is as important a symptom in an infant as it is in an adult, the search for its cause and its remedy will be conducted as a new problem with each patient.

CHARLES F. HARRIS.

## THE MIND AND HOW IT WORKS.

An Address delivered to the Abernethian Society.

(Concluded from p. 70.)



MAY be permitted to say a word or two about psycho-analysis, and I cannot do better than expand a parable related by Joad.

Psycho-analysis has been likened to a house with two floors, in which there lived two families in conflict. A select small and respectable family lived on the floor

upstairs (consciousness), whilst a dirty, untidy, primitive and rather numerous disreputable crew lived in the basement (unconscious mind). The latter continually encroached upon the upstairs privacy, and so persistent was this disturbance that a policeman (Freud's censor) had to be summoned to keep the peace, by standing on the stairs inside the house between the two families. It took the policeman all his time to keep the families apart, and sometimes he failed because the basement people, who had been repressed and thwarted, disguised themselves as orderly folk (sublimation), made dashes upstairs, owing to their unsatisfied desires, and owing to the disguise assumed, got past the policeman, causing the upstairs people a considerable annoyance (neurosis). At times, when sleep overcame the upstairs family (as well as the policeman), the downstairs lot came through (dreams) without disguise, and caused great havoc with the peace of the top-floor family, dramatizing, condensing and generally acting obtrusively. The policeman, however, being ashamed of his inefficiency, willingly distorted the account (dream) to clear himself.

The chief point, however, is that—according to Freud—the desires of the basement family were due to bad breeding and a disregard for the conventions of life, and they were all obscenely minded and revelled in the most repellent sexuality—in which they gloried. The irregularities into which the top family were involuntarily and compulsorily driven were all due to the wicked bottom crew, *i. e.* all conscious acts are pre-determined by the inevitable activities of the unconscious mind.

We have seen that ideas form the content of the mind, that the mind is an ever-flowing, ever-changing stream, and it is a very difficult task to stop this stream, which can only be done by the help of the attention, and this is and must be a matter of education which helps to keep ideas in the mind. Ideas in the mind exist in a perfect jumble, and in the cleverest of us they are in an absolutely chaotic state until properly selected by the memory and the attention—which is the first part of the will. Ideas are not socialists; there is no equality among them; on the other hand there is a great rush and a strange medley among them, for there is a constant competition and struggle on the part of ideas to reach the focus of consciousness on the top of this dome.

Although ideas in the mind are in a hopeless jumble, nevertheless there is a tendency, based upon what are described as the laws of association, for ideas to come spontaneously to some decent arrangement among themselves. Ideas which are in any way alike do suggest each other and tend to become associated. This is the law of similarity. For instance, each cross-channel trip I make reminds me of uncomfortable sensations experienced on a similar previous crossing, although I may escape a

repetition of them. Also, each political meeting I attend makes me think of flying chairs and speakers who disappeared; whilst another law, the law of contiguity, suggests to me time and place, but not necessarily similar events, for instance, picking primroses suggests springtime, and a jazz band suggests diaphanous frocks, high heels and cocktails. The actor's cue is based on the law of contiguity, and if the first of several ideas recurs, the others tend to come up with it—witness the child repeating its prayers.

There is lastly a third unanalysable element of the mind, *viz.* the Will, which we have not yet considered, although we have referred to its first beginning, which is the attention. The will begins when baby "first notices," and it is the basis of mind power, and the distinguishing feature of man's mind. The will is the most important division of the mind, and the power of choice and to say "No" differentiates man from the lower animals. The will is this power of choice—its existence is denied by the Freudians because they assert that all acts are pre-determined by the unconscious mind. The will may be said to be at the root of our inhibition and self-control. It is by the exercise of this faculty that man can claim to rise to a higher sphere of action and conduct. "He who is firm in will moulds the world to himself" (Goethe). It is the will that suppresses the passions, that governs the instincts and controls the emotions. It is the will that prevents the emotions from exercising an undue influence over our conduct, and it is the will (through the attention) that collects the momentary impressions and the fleeting ideas that pass along upon the flowing stream of thought, and helps to bring them into the focus of consciousness from the margin. In the whole mental field it is the will alone that directs the motives for our actions. The insane are unable to concentrate their attention and their ideas fail to become focal; they remain on the margin with many others, so that their ideas are confused, their conversation becomes inconsequent and their conduct unreliable.

In the working of our minds we must concentrate attention and fortify the will, and permit no distractions to divert our thoughts. We must beware of mental indolence, of "mooning" or "day-dreaming" or "building castles in Spain," because there are no castles in Spain, and therefore you are wasting your time. This is a half-awake condition, and well on the way to a suspension of mental activity—certainly of the will. You know that in some mental disorders the will may be unable to act, and a special name has been given to this form—"folie du doute." For instance, a girl cannot go upstairs because she can't decide whether to start with the right foot or the left. I have known

a youth unable to dress because he could not make up his mind whether to pull on his right or left sock first. One man cannot cross the street in an open place, and another cannot travel by underground or by 'bus, because he is afraid of closed places. It is useless as well as unkind to argue with such a person, or to tell him that he can be well if he chooses. He will only conclude his case is hopeless, or that his case is not understood, and he will go away in the firm belief that his case is incurable and chronic, or that he himself is regarded as a shammer or a malingerer. A classic case is that recorded by Sir James Paget—a name greatly revered in this School. A patient was brought to him by her mother, who told the great surgeon, "She will not walk." The patient exclaimed, "I cannot walk," but Sir James summarized the truth by saying, "She cannot will," *i. e.* until the weakened will-power has been strengthened by a belief in her cure she would not recover, but would continue helpless until "suggestion" had presented to her the idea of recovery, and then the emotion aroused by this idea would bring out the latent will-power and she would be restored. I well remember a similar case in the psychological department when a girl limped into the room, but went away whole the same afternoon, through the influence of suggestive treatment carried out by my former colleague, Dr. Snowden.

The mind has very properly been described as a most complex piece of machinery, and perhaps not inaptly compared to a motor-car in its mechanism, for the motor-car depends normally for its efficiency upon the proper

co-ordination,	of the	water circulation,
correlation and		lubrication and
association		electrical fittings,

all associated with the steering-wheel—the mind.

To the student a knowledge of how the mind works will save a vast amount of time, which is now wasted because he does not know how to use it, and any help or device that makes for mental efficiency should be welcomed. Let me therefore say something about examinations and preparations for them based upon our present knowledge of how the mind works.

Students and nurses must pass examinations—often a time of great anxiety, because valuable appointments and other important events in the life of a student depend upon his success in them. Examinations are often condemned because it is asserted they are not the best way to test a student's knowledge, but until some better method is invented they must remain the fairest test. The teacher's certificate has been suggested as an alternative, but at best, as Sir William Collins has said, it can testify to opportunity, but not to acquirement. Sir William Savory's testimonial to a "chronic" student—there are no chronics to-day—may



be recalled: "I can testify to the many opportunities that Mr. Smith has enjoyed in this great hospital to make himself acquainted with every branch of medicine and surgery." To many persons examinations are an incentive to hard work. It is certain they are a help to self-expression, and they are without doubt a valuable aid to link up new facts with old knowledge.

In conclusion, and in accordance with what has gone before, the first essential is to have a scheme: you must not be formless in your studies; draw a plan or time-table, and stick to it. Method is absolutely essential in your work. Some American universities believe that method can be imparted by instruction, and they have accordingly appointed special supervisors of study. Clifford Allbutt wrote a treatise on the subject for the guidance of graduates. Having fixed a scheme, form "habits" of study. The whole of education really consists in "habit" formation, and you know a habit is doing a thing again and again, and time after time, until the impressions become fixed. When a habit has been formed, it is easier to acquire new thoughts, because in a habit you hand over to effortless automatism things that can be revived at convenience by the memory, and the mind is thus free for fresh attainments. Don't be in a hurry, but learn to read quickly and to perceive swiftly so as to economize time. Learn to trust your memory. I often think time is wasted in making too many notes at lectures. The clinical lecturer, for instance, multiplies instances to show his meaning; he emphasizes facts to stress his point, and he repeats what he says for the sake of impressiveness. I think it much better to look up the subject of the lecture in your textbook—not one, but many—as it is a great gain for your ideas to pass through many mediums, for you profit by the added impressions. As already stated, it is of the greatest importance to concentrate your attention. Don't dawdle! because a firm intention to remember helps to deepen the impression. Psychologically speaking, attention affects the firmness of retention. Concentration is difficult, but it is the core of mental activity, and it is well worth the trouble and cost. Serve the mind faithfully and well, and it will then serve you. It is not only a good servant, but also a good master.

Seneca said that "as the soil, however rich, cannot be productive without cultivation, so also the mind cannot produce good fruit without culture."

Let me remind you in conclusion that the mind is inseparable from the body. The mind is clearest when health is best. Physical fitness is necessary for clear thinking. Sleep, food, exercise and rest are all points to be considered by the brain worker. If you make active and vigorous effort and take the trouble to use your mind faithfully and wisely, you will not only

become distinguished in your profession, but also one of the great persons of your generation.

ROBERT ARMSIRONG-JONES.

### BENJAMIN JESTY: A FORERUNNER OF JENNER, 1737—1816.\*

**I**N an August evening, thirty years ago, two American tourists bared their heads before a tombstone in a quaint hamlet by the picturesque Dorset coast. One of the two would have attracted attention by his curiously yellow complexion, his drooping moustache, and his wonderful, deep-set eyes. He was the first Professor of Medicine in the Johns Hopkins University, travelling *incognito* as Dr. Egerton Y. Davis. The other now edits the world-famous *Principles and Practice of Medicine* of his elder companion. Let us study the inscription which aroused their interest and appealed to their humanity:

(Sacred)

To the Memory  
of

Benj<sup>n</sup> Jesty, (of Downshay)  
who departed this Life,  
April 16<sup>th</sup>, 1816,  
aged 79 Years.

He was born at Yetminster in this County, and was an upright honest Man; particularly noted for having been the first Person (known) that introduced the Cow Pox by Inoculation, and who from his great strength of mind made the experiment from the (Cow) on his Wife and two Sons in the Year 1774.

This epitaph has kept Benjamin Jesty afloat on the stream of time.

A prosperous cattle-dealer, Jesty lived from day unto day a life no doubt of watertight compartments, looking neither before nor after. He was eccentric, quaint in behaviour and speech, though his powers of observation were great, and he was capable of much serious and sensible reflection. One day the sky blackened; a wave of smallpox swept the land. And Jesty's spleen shrank at the thought that to-morrow maybe, or the day after, his darlings would fill the belly of the worm with delight. Invention is the illegitimate child of necessity and fear. Two maids in Jesty's household had contracted the cowpox, and believing themselves, according to the countryside tradition, to be *ipso facto* immune from the dreaded smallpox, fearlessly attended relatives stricken with that disease. They did not become infected. This biological phenomenon made a deep impression upon their master's

\* A paper read before the Osler Club, January 25th, 1929.

anxious mind. He is said to have had the cowpox himself, though his family was not so protected. Whereupon his thoughts worked feverishly. In the end he determined on a bold enterprise. He took his wife and two sons, aged 2 and 3 years, into the field of a neighbouring farm at Chittenhall, and there inoculated them with cowpox matter, taken on the spot from the udders of different cows. The incision was made with a darning-needle. Mrs. Jesty was inoculated below and the children above the elbow. The two boys developed the disease in the manner of true gentlemen. Mrs. Jesty, however, behaved in the erratic fashion peculiar to her sex; she sported a high temperature, and her arm in the course of a week became so swollen and angry that a thrill of compassion swept the entire neighbourhood. It is said that a certain surgeon in the vicinity anxious to copy the original experiment nearly lost his practice. Fortunately Mrs. Jesty repented in good time and made a perfect recovery.

News of the farmer's revolutionary experiment spread with snail-like rapidity through the civilized world. This need cause no surprise. In those days means of communication were primitive. Furthermore, the fortunes and enterprises of a cattle-dealer did not stir the scientific imagination. It is certain that though the experiment was performed in 1774, Jenner had not heard of it when he introduced vaccination, twenty-two years later. How different might have been the story of his life and fame, had he had knowledge of the work of an obscure peasant, who was in advance of his generation. There is evidence that the great Jenner regarded the account of Jesty as an invention likely to detract from the credit due to himself. Upon the recommendation of the Rev. Dr. Bell, the Jennerian Society of London invited Jesty, in 1804, to pay a visit to the metropolis and give an account of his discovery. Their's the greater glory. Unfortunately the great man who had but lately bruised the head of the smallpox was now laid low by that crawling serpent, the gout, which bruised his heel. The following year he paid his first visit to London, when the members of the learned Society were much amused by his appearance and manner. His wife, a lady of sense, had urged him to buy himself respectable clothes, but the farmer was headstrong. His clothes are described in a contemporary account as "peculiarly old-fashioned."

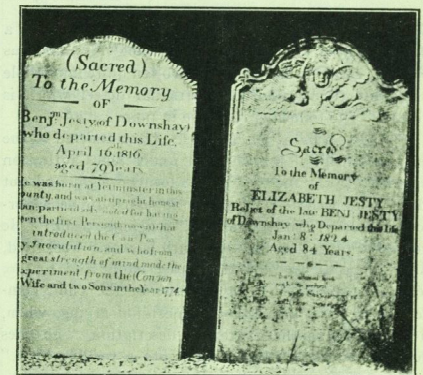
The old farmer had his portrait painted by M. W. Sharpe. He proved an impatient sitter. The story goes that he could only be kept quiet if the artist's wife (who we may imagine was the very opposite to Mrs. Jesty) played to him on the piano. Let her take her place in the story of vaccination with the Davids of history. The portrait was presented to Jesty, together

with a pair of very handsome gold-mounted lancets and this statement:

"Mr. Benjamin Jesty, farmer, of Downshay, in the Isle of Purbeck, having visited the original Vaccine Pock Institute, Broadstreet, Golden Square, London, in August, 1805, we think it a matter of justice to himself, and beneficial to the public, to attest that among other facts he has afforded decisive evidence of his having vaccinated his wife and two sons, Robert and Benjamin, in the year 1774, who were thereby rendered unsusceptible of the smallpox, as appears from the exposure of all the parties to that disease frequently the whole course of thirty-one years."

This is the argument which Jesty used in his experiment:

"For his part he preferred taking infection from an innocuous animal like the cow, subject to no few disorders, to taking it from the human body, liable to so many and such diseases, and that he had experience on his side, as the casual cowpox was not attended



TOMBSTONES OF MR. AND MRS. JESTY, WORTH MALTRAVERS, DORSET.

with danger like the variolous infection; and that beside there appeared to him little risk in introducing into the human constitution matter from the cow, as we already eat the flesh and blood, drink the milk and cover ourselves with the skin of this innocuous animal."

The mortal remains of Mr. and Mrs. Jesty rest side by side in a sleepy Dorset churchyard. But their spirits frolic, we may be sure, whenever the pious memory of immortal Jenner is honoured in solemn silence. A faint impish laugh, a bang, and the picture of the great benefactor to humankind falls with a crash to the ground.

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W. R. BETT.

## A CASE OF CONGENITAL MORBUS CORDIS.

"Thou wouldst not think how ill all's here about my heart."  
*Hamlet*, v, ii, 222.

It is sometimes difficult to decide whether a patient is suffering from congenital morbus cordis or not, whilst it is often quite impossible during life to diagnose the particular defect which is present. The following is a case in point:

A. G. L., a baby, at 11 weeks, was admitted to the Belgrave Hospital for Children under Dr. Cautley on September 20th, 1928, as it was losing weight and not taking food well. At birth he appeared to be a perfectly healthy, full-time baby, weighing 9 lb. He progressed quite satisfactorily until he was 8 weeks old, when he began to take the breast badly and to lose weight. One week before admission the child commenced to have attacks of cyanosis on crying, when, to quote the mother's graphic description, "he goes blue and his little body shakes into a terrible knot." In between these attacks his colour was normal.

Both parents were healthy and had one normal child. There had been no miscarriages. The pregnancy and labour in the present case were uneventful.

On examination the child appeared wasted, with a large and slightly depressed fontanelle. The weight was 8½ lb. Paroxysmal attacks of crying were accompanied by cyanosis, most marked in the extremities, but at rest the blueness disappeared and slight pallor was the only feature noticed. On examination of the heart there was no bulging of the præcordium and no thrill present. The apex-beat was located in the fifth interspace, half an inch outside the nipple line. The area of cardiac dullness was difficult to define, but X-ray examination showed that the right border of the heart extended one inch to the right of the sternum. Careful auscultation of the chest by several observers failed to reveal any murmur or other abnormality in the heart-sounds. The lungs and abdomen appeared normal. There was no clubbing of the extremities. The child was not a mongol and showed no spina bifida or other

congenital defect. The Wassermann reaction was negative, and the blood-count showed the following figures: Red corpuscles, 5,740,000; hæmoglobin, 66%; colour index, .84; total leucocytes, 14,300 (differential count normal).

The child continued to lose weight, the surface temperature remained subnormal and the pulse frequency rapid (140-150 per minute). There were no convulsions, but the child continued to have attacks of crying accompanied by cyanosis, and died three weeks after admission, at the age of 14 weeks.

Post-mortem examination revealed a most interesting and unexpected condition in the heart (see figure). The organ was much enlarged and weighed 5 oz. Both auricles were distended. The right ventricle was very small and the left ventricle disproportionately large. The pulmonary artery arose as a very large trunk from the left ventricle, gave off its two pulmonary branches, and continued as a smaller trunk (corresponding to the ductus arteriosus) to join the arch of the aorta. From the small right ventricle arose the aorta—a much smaller trunk than the pulmonary artery. It gave off its branches and then joined the ductus arteriosus to form the descending aorta. The left auricle received the pulmonary veins, whilst the right auricle received the venæ cavæ. There was a communication between the two auricles through a widely patent foramen ovale, and also a communication between the two ventricles. This gap in the interventricular septum did not occur in the usual situation, namely, the pars membranacea, but about ¼ inch below it. The mitral valve showed nodular, hard masses and its chordæ tendinæ were short. It cannot have been competent. The tricuspid ring was represented by a very narrow orifice (only just admitting a probe) and the tricuspid valve was absent.

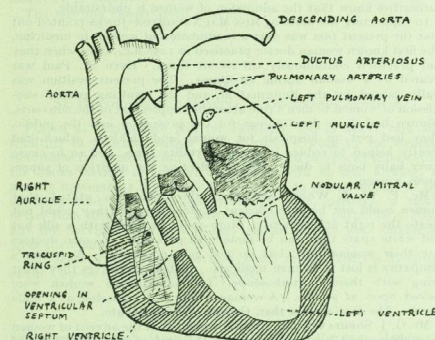
There were no congenital defects in other parts of the body, and nothing of note was discovered in the rest of the examination.

### DISCUSSION.

From the point of view of diagnosis three types of congenital morbus cordis may be described. In the first (notably in some cases of patent foramen ovale) no abnormal symptoms are produced and the lesion is only discovered post-mortem. In the second type (e.g. cases of pulmonary stenosis) such obvious signs and symptoms are present that there is no hesitation in diagnosing the condition. The third type presents more or less difficulty in diagnosis, and Mackenzie (1) would put the majority of congenital hearts into this category, for he states that "it is only in exceptional instances that the symptoms permit of a recognition of the

nature of the cardiac defect." In the above case it was obviously impossible to diagnose the multiplicity of lesions present, and indeed, so few were the signs and symptoms, that it was at first only with hesitation that the heart was pronounced to be defective.

The first sign to cast suspicion on the state of the heart was cyanosis. This was entirely absent at first and only appeared one month before death. It is interesting to notice that cyanosis appearing first during the last few weeks of life is the usual termination in cases of incomplete septal defects unassociated with pulmonary stenosis (Maude Abbott (2)). The type of cyanosis present in the above case seemed to be of the paroxysmal type, to which Thomson (3) had drawn attention. He describes paroxysmal attacks of cyanosis (usually



accompanied by severe pain and sometimes leading to convulsions and even death) as occurring in 10% of his cases of congenital heart disease, often setting in as a result of dyspepsia or flatulence. Paroxysmal cyanosis may, however, be caused by conditions other than congenital heart disease, namely epilepsy, asthma, large thymus, etc. (Poynton).

The very mild degree of cyanosis here present may be partly due to the absence of pulmonary stenosis (the commonest cause of this condition; though according to Peacock (4) the degree of blueness does not bear a strict relation to the amount of obstruction). Transposition of the arterial trunks typically gives rise to cyanosis, as do many cases of patent interventricular septum, though in such the right ventricle is typically enlarged.

As the cyanosis was so slight, it is not surprising that its usual accompaniments were not in evidence. Thus there was no clubbing of the extremities—a condition in congenital morbus cordis which never occurs apart

from cyanosis (though a few unorthodox cases have been described, such as Norman Moore's (6) case of a girl who died at the age of 8 from pulmonary stenosis and incomplete septum ventriculorum, who had cyanosis and clubbing of the nose but not of the fingers or toes). Similarly, another sign of oxygen unsaturation, namely, dyspnoea, was not marked in this case, nor were those suffocative attacks associated with syncope, which M. Louis (5) regarded as pathognomonic of communication between the right and left cavities of the heart, noted in this patient. Finally, the blood changes which often accompany cyanosis, namely polycythæmia, increased hæmoglobin content, increased specific gravity and abnormal red cells (macrocytes and nucleated red corpuscles), were not found in this case.

The subnormal temperature and rapid respirations fit in with the general picture of congenital morbus cordis (Colbeck), whilst the failure to gain weight (which was the first abnormality noticed) was but the commencement of that condition of immaturity and emaciation which Hunter (7) so picturesquely described in an older patient when he stated that "this young gentleman put me in mind of the delicate Italian greyhound, and when I looked upon his legs particularly I could not but think of the legs of a wading water fowl."

The absence of any cardiac murmur is significant. The valvular defects might have been expected to lead to some alteration in the heart-sounds, whilst a patent ductus, a patent interventricular septum and (occasionally) a patent foramen ovale have each had characteristic murmurs described for them. The presence of multiple lesions will, of course, considerably modify the picture presented by each individual defect. In the above case perfectly normal heart-sounds covered a multitude of defects.

In a somewhat similar case described by Cautley (8), with transposition of the great vessels, patent ductum and patent foramen ovale and interventricular septum there were found moderate cyanosis and clubbing, with a systolic pulmonary and apical murmur. In this case, however, there was slight pulmonary stenosis, whilst the mitral and tricuspid valves were normal.

I am indebted to Dr. Edmund Cautley for permission to publish this case. The specimen is No. C. 6 in the Belgrave Hospital Museum.

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- (2) ABBOTT, T. MAUDE.—*Osler's Modern Medicine*, 1927, iv, p. 622.
- (3) THOMSON, J.—*The Clinical Study and Treatment of Sick Children*, 1925, p. 500.



- (4) PEACOCK.—*Malformations of the Human Heart*, 1866, p. 178.
- (5) LOUIS, M.—*Ibid.*, p. 192.
- (6) MOORE, NORMAN.—*St. Bartholomew's Hospital Reports*, 1875, p. 228.
- (7) HUNTER.—*Medical Observations and Enquiries*, vol. vi, 1784, p. 300.
- (8) CAUTLEY.—*Diseases of Children*, 1910, p. 468.

W. V. CRUDEN.

### ABERNETHIAN SOCIETY.

A MEETING of the above Society was held in the Medical and Surgical Theatre on Thursday, January 24th, at 8.30 p.m., the President, Mr. E. T. C. Spooner, in the Chair. Sir ROBERT ARMSTRONG-JONES delivered the Mid-Sessional Address, "On the Mind and How it Works."

Part of the address appeared in the February number of the JOURNAL, the conclusion is printed elsewhere in the present number.

A vote of thanks to Sir Robert Armstrong-Jones was proposed by Dr. LANGDON BROWN, who denied that he was a disciple of Freud, as had been suggested. The vote was carried with acclamation.

The meeting was then adjourned.

A meeting of the Society was held in the Morbid Anatomy and Histology Laboratory on Thursday, February 14th, at 5.30 p.m., the President, Mr. H. J. Burrows, in the Chair, when Dr. G. A. HARRISON delivered an address, "Extracts from the Diary of an M.O. in Mesopotamia."

The lecturer described the journey to Mesopotamia *via* South Africa, the activities of the 25th Indian Hospital at Basra, which was staffed by the R.A.M.C. and I.M.S., and showed photographs of the routine activities of the M.O., such as holding "louse parades."

The Base Isolation Hospital was next described. At this Hospital, where Dr. Harrison was in charge of the Smallpox Wards, every conceivable form of infectious disease was found—the common infections, as well as relapsing fever, plague, cerebro-spinal fever, typhus and smallpox. Relapsing fever was treated very successfully with salvarsan. The diagnosis of smallpox from chickenpox often caused great difficulty, the distribution of the vesicles being the chief point in distinction.

Numerous photographs were shown on the screen during the address.

A vote of thanks to Dr. Harrison was proposed by Mr. CORBETT, who had been stationed in Mesopotamia near Dr. Harrison, was seconded by Mr. C. F. MOORE, and was carried with acclamation.

The meeting was then adjourned.

### STUDENTS' UNION.

#### THE DEBATING SOCIETY.

The St. Bartholomew's Hospital Debating Society spent a very enjoyable and successful evening on February 5th, 1929, when the Society met representatives of the Royal Free Hospital to debate the motion: "That in the opinion of this House the entry of women into the medical profession has been of advantage to the profession and the public." The chair was taken by Sir Thomas Horder, Bart., at 8.30 p.m.

The Proposer, Dr. CHODAK-GREGORY, said that at the present time there was a wave of distrust of women medical practitioners. It has been said that women doctors were not normal women. That was true of the old pioneers, who had to be the pushing, fighting sort of person, but the modern women students were girls who had done well at school and shown themselves to be intellectuals. There was a relic of Victorian times, too, in this antipathy to women

medicals. These women were allowed to enter the professions of teaching, nursing and perhaps politics, but that only by the back way of getting teas for their husbands' friends. Women were different from men physically, physiologically and mentally. They had a greater gentleness of mind, were more sympathetic and could more readily understand their patients' position. They had a greater deftness of hand, which was invaluable in surgery. Surgery was a mixture of carpentry and needlework, and none would deny the superiority of women in needlework. Above all, women retained interest in their patients, and were inferiorly honest.

The opposer, Dr. CROSSLEY-HOLLAND, said that at first women medicals were the idiots of the public. Women said they wanted women doctors. Now they were unemployed. Men won't have women. Women don't like them; children go where they have to. Women medicals were useless in war, or in pioneer camps, and did not take the jobs for which they were best suited. Women were driven into medicine by a large size inferiority complex. The medical profession did not want women in medicine. This was not due to prejudice, but because they feared that women were unsuitable for the profession. Now that the initial excitement of women's entry into medicine was over, their position must be judged by the work they had done. This was negligible, yet they had diluted the number of doctors and so cut the rates of communication. The fact that a woman was not admitted to the G.M.C. before 1924 showed that the authorities know that the admission of women is undesirable.

In supporting the motion, Miss MACNAUGHTON-JONES pointed out that the present fuss was over a readmission of women to medicine. The first known woman doctor practised in 1238 B.C., since when they had practised continuously till recent times. Even St. Paul was treated by a woman during an illness. The present position was really caused by the Reformation, and the resulting general submission of women to men's rule after the suppression of the convents. Women had done great things for the profession and the public.

They had put up hospitals for women and children, which had greatly helped to reduce infantile mortality rates, and so to cause fewer baby boys to die—a matter affecting the question of superfluous women.

Mr. F. W. J. WOOD, supporting the opposition, stated that women could not become efficient doctors because they could not create the right atmosphere. More could be done with a silk hat and white spats than can be done with pyjamas. Women doctors lose their womanliness, but do not gain manliness. A woman's sympathy is lost to women medicals. Instead of flowers they must bring with them a stethoscope. In examinations women were looked upon as a joke. A woman doctor was as useless as a male nurse. The motion was then thrown open to debate.

Mr. G. J. SOPHIAN rose to stress the point that the advent of women to medicine had been prejudicial to the profession. The increased numbers had lowered the rates of pay. Child welfare centres and school medical services led to State medical service—which the profession did not want. In these services women were exploited to look after children in other doctors' practices.

Mr. J. W. O. FREETH thought that welfare clinics and school medical services would have arisen if women had not entered the medical profession, so that the previous speaker's accusation was not a fair one.

Miss BECK thought that the opposer was mistaken in belittling women's work in medicine. Wertheim's hysterectomy was first practised in this country by a woman; so was perineal excision of the rectum.

Mr. I. W. MATHESON said that women were willing to take lower rates of pay than men. They had fewer expenses in clothes and in the household.

Miss CONWAY and Miss CLEEVE found fault with the opposer's statistics concerning the proportion of women on the staff at the Royal Free Hospital. There were at present equal numbers of men and women, and more women would be elected when the present seniors retired.

Miss EYTOX-JONES stated that women did want women doctors to treat them, and that women were specially useful in welfare clinics.

Mr. R. H. MASSINA said that women had a big sphere in preventive medicine.

Mr. H. HARRIS, speaking as a layman, considered that doctors were overworked and too rarely consulted. He welcomed any means of increasing their number.

Mr. K. F. PHILLIPS stated that women doctors were not wanted in England, but he thought they had an opening in India.

Mr. A. A. MILES protested that it was an inferiority complex that spoilt women in medicine. They brought no benefits to the profession, only arousing opposition by spending their time justifying

their position, or talking of their gentleness and their honesty—attributes which were taken for granted in men. In this way women lost their right to be heard as medicals.

Miss KERSLAKE thought that medical women had expenses equal to those of medical men. They had no more time to make their clothes than men had. If England had too many doctors the men should go abroad.

Mr. F. C. W. CAPPS considered that men could have undertaken preventive medicine just as well as women have done. Those women who went abroad usually had some other "urge"—often that of a missionary.

Dr. H. BURN-WHITE reminded the House that the woman who had done most for preventive medicine was not a medical practitioner. He referred to Dr. Marie Stopes. Women were useless in medical work. He considered midwives to be ignorant people who do nothing. Ante-natal clinics were organized by men and had done good work. Welfare clinics were run by women and were useless.

Mr. DARKE suggested that women will never make good doctors, because to do so requires a high degree of low cunning and an ability to lie skillfully.

Dr. CHODAK-GREGORY and Dr. CROSSLEY-HOLLAND then replied in brief manner for their respective sides and a division was taken.

There voted for the Ayes 198, and for the Noes 170, so the ayes had it by 22 votes.

The meeting closed at 10.45 p.m.

### RUGBY.

#### ST. BARTHOLOMEW'S HOSPITAL v. DEVONPORT SERVICES.

Played at Winchmore Hill on February 2nd in heavy rain and resulting in a draw, neither side scoring. Owing to the weather conditions the game became a struggle between two packs of forwards, the backs having to content themselves with up-field kicking, as passing movements invariably broke down, to the advantage of the opposing side. The Hospital forwards were, perhaps, a shade better than their opponents, their dribbling being particularly good, but the Services' defence was very sound and we were unable to cross their line.

Our team was the same as that which represented the Hospital in the Cup-tie on the following Tuesday.

#### Inter-Hospital Cup: First Round.

#### ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE HOSPITAL.

This match was played at Richmond Athletic Ground on Tuesday, February 5th, and was won by the Hospital by 4 goals, 7 tries (41 pts.) to nil.

The game was much too one-sided to describe in detail. University College attempted to play a spoiling game throughout, and their backs did not bring off a single attacking movement. Their forwards, however, were a lively if unskilful pack, whose somewhat unorthodox methods seemed to puzzle our eight; they were, of necessity perhaps owing to the nature of the game, allowed a certain amount of licence in the matter of off-side play, but this did not prevent our backs scoring at more or less regular intervals, except for one period of twenty minutes in the second half, when play was kept mostly in our half of the field.

A. W. L. ROW turned out again at short notice to fill the full-back position adequately. The three-quarters, although flattered by the weak opposition, played well, particularly Prowse and J. I. Kowe, who scored four tries each; Powell, however, was not running in the determined manner that he has hitherto shown this season, but he made one well-judged cross-kick which led to a score. Both halves were again good, but the forwards were inclined to take things easily, and the booting was more slovenly than usual.

Tries were scored by Prowse (4), J. T. Rowe (4), C. R. Jenkins, Powell and Bellby; C. R. Jenkins kicked 3 goals and H. E. Edwards 1, but the place-kicking as a whole was poor. Mention must be made of Williams, the University College full-back, who played a very fine game and prevented an even bigger score against his side.

Team: A. W. L. Row (back); J. T. Rowe, T. E. Burrows, C. B. Frowse, J. D. Powell (three-quarters); F. J. Bellby, J. T. C. Taylor (halves); R. N. Williams (capt.), C. R. Jenkins, H. D. Robertson, V. C. Thompson, H. G. Edwards, J. M. Jackson, J. R. R. Jenkins, A. Barber (forwards).

Owing to the frost the matches arranged for February 9th and 16th

against Glamorgan Wanderers and the O.M.T.s, both at home, had to be scratched, and the second round Cup-tie against the London Hospital, originally to have been played on February 19th, was postponed. The Cup-tie will probably take place on Friday, March 1st. February 23rd: v. London Welsh (away), lost 3—9.

### HOCKEY.

#### 2nd Round Inter-Hospital Cup-tie.

#### ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

February 11th, at Richmond. For the last three years we have met Guy's in this competition and have been beaten by them. This year we have broken the sequence, and are now in the most favourable position for lifting the cup that has occurred for several years.

It was a bitterly cold day, the first day of the Great Frost, and the ground was hard and bumpy. From the bully-off we started attacking and Francis scored in the first five minutes; this shook Guy's to the core.

Several dangerous attacks were made by our opponents, and Hodgkinson was called upon to clear in his usual fashion.

At this period of the game there was a bout of wild hitting on both sides, which, owing to the condition of the ground, was dangerous, and Neill had the misfortune to lose two teeth, but this injury did not prevent his playing a wonderful game. Accurate passing among our forwards enabled Francis to score two more goals by half-time.

After the interval play was mainly confined to the Guy's half, except for several of their forward rushes, one of which produced a goal through Archer.

Our half-backs were playing very sound hockey and enabled the forwards to score three more goals, two by Francis and one by McCay, leaving us winners by 6 goals to 1. Mention must be made of the small band of supporters who stayed to the end; they must have been chilled to the marrow.

Team.—H. L. Hodgkinson (goal); F. C. H. White, P. M. Wright (halves); M. S. Fordham, W. F. Church, K. W. D. Hartley (halves); E. J. Neill, F. H. McCay, R. H. Francis, Jameson Evans, J. W. C. Symonds (forwards).

### ASSOCIATION FOOTBALL CLUB.

This term we have played five club matches, three of which were won and two drawn.

#### Results.

- January 12th: St. Bart.'s, 4; Old Wykehamists, 3.  
 January 19th: St. Bart.'s, 6; Old Westminster's, 4.  
 January 26th: St. Bart.'s, 7; St. John's College, Cambridge, 7.  
 February 2nd: St. Bart.'s, 2; Old Cholmeleians, 2.  
 February 9th: St. Bart.'s, 6; Aldenham School, 3.

It will be seen that we have scored 25 goals against 19. This indicates that the defence needs bracing up. When that is done the side will have a great chance of winning the Hospital Cup, the final of which is on Wednesday, March 6th, at the Wembley Stadium. We hope to beat U.C.H. on Monday, February 25th in the semi-final, and so contest the final with Middlesex.

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD WYKEHAMISTS.

This provided a keen contest, the game being extremely fast. The Old Wykehamists were the first to settle down and gave the Hospital defence much anxiety with their clever passing. The first half ran largely in their favour and they scored three goals without reply from us.

The second half saw a great reversal of form. Starting off with great gusto we were soon around the Wykehamist goal, Gilbert scoring from a difficult angle. From then on we were the better side, and three further goals were added by Phelps.

Result: St. Bart.'s, 4; Old Wykehamists, 3.

Team.—J. H. Wartin (goal); R. McGladry, R. L. Wenger (halves); G. H. Brookman, E. A. Keane, J. R. Crumby (halves); A. Caplan, I. E. Phelps (capt.), R. G. Gilbert, W. Hunt, D. Shackman (forwards).



## CORRESPONDENCE.

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

SIR,—I write with that altruism which, doubted by science, is upheld so boldly by those most famous British institutions, the morning papers. Ever since the time—how long ago it is!—when the *Morning Post*, voice of true Britain, was reduced in price to a penny, the A.R. has been blessed with twice the former number of its copies.

I read—who can doubt it?—no other paper than this, yet there are some perchance who prefer the *Chronicle*, the *Express*, the *Mail* even the *Times* or the *Telegraph*; and as I sit reading both my *Morning Posts*, I see, when all other papers are occupied, three (or five) dejected *Posts* lying idle on the benches, trying for lack of patrons, though in vain, to read each other. Could not two or even four of these vacant copies be dispensed with and an extra *Times* and *Telegraph*, so much in demand, so sadly lacking, be obtained?

I am, Sir,

Yours, etc.,  
A. SUGDEN.

Abernethian Room,  
February 16th, 1929.

## REVIEWS.

THE PRINCIPLES OF CLINICAL PATHOLOGY IN PRACTICE. A Guide to the Interpretation of Laboratory Investigations for the Use of those Engaged in the Practice of Medicine. By GEOFFREY BOURNE, M.D.(Lond.), M.R.C.P., and KENNETH STONE, M.D.(Oxon.), M.R.C.P. (Oxford University Press: Humphrey Milford, 1929.) Price 16s.

This book is to be reviewed later in this JOURNAL. It aims at the interpretation of pathological findings in disease for the general practitioner—a subject of great importance and of some difficulty. It is important because without the knowledge of the degree to which the various laboratory tests are applicable in any given case the clinician is too much in the hands of his laboratory colleague, the present undue ascendancy of the latter in the field of medicine being probably directly ascertainable to this.

It is difficult because it is now impossible that any practitioner shall have had a training in more than one or two such special subjects, so as to be able to assess for himself the probable value of an investigation. The present work is an attempt to collect what are the most constant clinical pathological findings in disease, to state when the result of a test, whether positive or negative, is of value, and to record when such a test is worth doing, and when it is incapable of giving help.

CLINICAL CHEMICAL PATHOLOGY. By F. SCOTT FOWWEATHER, M.D., M.Sc., D.P.H. Pp. 216. 17 illustrations. Price 8s. 6d.

The book fills a real need. It expresses concisely and in simple terms the interpretations of the various chemical pathological tests which are done nowadays in ever-increasing numbers.

To students and housemen it should be very useful, as it covers all the ground in the subject they require. The writer of the book emphasizes the fact throughout that this specialized work can only aid one in diagnosis and its confirmation, and that it does not replace the clinical sense, which in these days seems to be fast disappearing. There is an excellent foreword by Sir Berkeley Moynihan.

VARICOSE VEINS AND THEIR TREATMENT BY "EMPTY VEIN" INJECTION. By RONALD THORNHILL, M.B., Ch.B. First edition. (London: Baillière, Tindall & Cox, 1929.) Price 5s. net. Pp. 63.

The injection treatment of varicose veins is admittedly still in an experimental stage in this country, especially in regard to the technical details of its employment. Until this stage has passed, conflicting views as to exact method of choice must inevitably tend

to confuse the practitioner, and the novice will be well advised to adhere to one recognized method till proficiency is attained before turning to others. The present small volume is a useful practical introduction to the author's method. The quinine and urethane solution is the one most favoured, and full practical details given for its injection intravenously into the empty vein. By the use of this method very small amounts of solution appear to produce adequate thrombosis. The other solutions in current use are considered briefly, but their employment is recommended only in cases in which quinine is contra-indicated. The chapter devoted to aetiology and pathology is rather sketchy, and the application of injection, methods to varicose ulcer cases is not dealt with at all fully. The book is clearly written, and should prove a sound basis on which to commence actual experience of injection treatment.

THE ART OF SURGERY. By H. S. SOUTTAR, D.M., M.Ch., F.R.C.S. (London: William Heinemann.) Pp. 624, illustrated. Price 30s. net.

Those who are familiar with Mr. Souttar's inventive genius have come to expect from him something thoughtfully planned and designed to be of practical value. They will not be disappointed in this book, the object of which, as he explains in the preface, is to lighten the burden of the student by omitting what is not essential, and by describing fully what is fundamental.

In comparison with some of the surgical text-books in common use there are many points in its favour. Despite its size, it is light enough to be held in the hand instead of resting on the table. Its paragraphs are not disguised by headings, numbers and letters to denote subdivisions. The margins are wide, and notes and drawings are inserted therein to clarify the text. It has thus been possible to avoid the conventional language of the text-book, and to describe the processes of disease in the style of an essayist, who gradually builds up and expounds his theme in a logical and orderly fashion, making of each chapter a continuous whole, instead of a series of disjointed observations and precepts.

The book seems to make a real attempt to show that the processes of disease are essentially the same in all organs or regions of the body, the manifestations being determined by the anatomical and physiological peculiarities of the affected part. This is a veritable lightening of the burden; for so often a student gathers from his reading that every part has its own peculiar diseases, and it appears to him to be impossible to cover the ground.

It is plain that much thought has been devoted to deciding what is not essential and what is fundamental. The author is to be congratulated on his judgment, and the production of a well-balanced account of the present state of surgical opinions and practice.

The sections dealing with the affections of the central and peripheral nervous system, the chest, and the oesophagus, and also the references to the use of radium, call for special mention, as they reflect the peculiar interest taken by Mr. Souttar in these subjects. In addition to the marginal drawings there are several excellent illustrations in colour.

The general standard of the work is so high that one is almost surprised to find certain statements which will call for future correction. To say that a subungual exostosis is of a similar nature to a cancellous exostosis; that an acute duodenal ulcer, occurring in a case of burns, forms at the point where the bile, loaded with excreted toxins, impinges on the duodenal wall; that Volkmann's contracture is due to interference with the arterial supply of muscles; that the only inconvenience of myositis ossificans traumatica is a little stiffness, rarely calling for treatment; that the simplest plan to cure a femoral hernia is to use the vertical incision, and insert a single suture uniting Poupart's ligament to the fascia of Cooper, are statements unworthy of this book.

It is unfortunate that the menace of the final examination drives a large number of students to take refuge in "cram" books, their panic blinding them to the fact that they are choosing the foolish and difficult way, instead of the reasonable and more certain way of acquiring the requisite knowledge. To those, however, whose preliminary education has enabled them to appreciate good writing, and who are trying to build their knowledge of surgery upon the foundations of anatomy, physiology, pathology and clinical observation this book will be a real help, and even a source of enjoyment in their work.

TWEEDY'S PRACTICAL OBSTETRICS. Sixth Edition. Edited and largely rewritten by BETHEL SOLOMONS, M.D., F.R.C.P.I., M.R.I.A. (Oxford University Press.) Pp. 740. Illustrated. Price 25s. net.

The sixth edition of this well-known book is largely rewritten by Dr. Bethel Solomons. This edition has been increased by 142 pages, with the addition also of 134 illustrations. The high standard of the book is maintained, and from a practical point of view it is invaluable. In dealing with the toxæmia of pregnancy an effort has been made to state concisely the modern views and to correlate them with biochemical findings. The term "eclampsism," though not euphonious, has been adopted for the pre-eclamptic toxæmia; the only gain would seem to be a mental picture of a possible sequence of events. The treatment of eclampsia by the Dublin method is well described, but some disappointment may be expressed at seeing Stroganoff's treatment appearing under "some of the treatments that have been recommended," and otherwise practically ignored. Ante-partum hemorrhage is dealt with in a simple and lucid manner, and one is interested to note that the method of plugging the vagina which was formerly recommended for accidental hemorrhage has now been abandoned. The present routine treatment may be summarized: Submammary saline, rupture of the membranes and pituitary extract. The results are good, for in the last two years, in spite of many serious cases, no maternal death has occurred.

It is with real pleasure that we note the term "contracted pelvis" is rarely used, being displaced by "disproportion"; this is not of academic interest, for it reflects the fundamental point of treatment. In this section real labour, advocated by Holland in this country, is rightly given a prominent place. The Appendix dealing with statistics, tests for pregnancy and the use of X-rays should be of great value, but unfortunately the production of the X-ray photos is, in the main, poor. The illustrations throughout the book are diagrammatic and clear; it seems strange that those of microscopic structures such as appear on pages 254 and 534 should be so utterly unconvincing. One has no hesitation in welcoming this edition as a worthy successor to the previous ones, nor in recommending it to the student with every confidence.

ANTE-NATAL CARE. By W. F. T. HAULTAIN, O.B.E., M.B.(Camb.), F.R.C.S.E., and E. CHALMERS FAHMY, M.B.(Edin.), F.R.C.S.E. (Edinburgh: E. & S. Livingstone.) Pp. 108. Price 5s. net.

It is extremely fitting that a book on this subject should emanate from the Edinburgh School, for the late Dr. Ballantyne, one of its teachers, will be remembered as a pioneer in the movement for ante-natal care. The early part of the book is devoted to the diagnosis and hygiene of normal pregnancy, and one feels that the authors are right in suggesting that ante-natal care should begin after one period had been missed. The section on albuminuria impresses the recent views that permanent kidney damage is an important sequelæ. The student has here a small and easily readable book containing much advice which would take a much greater time to extract from the ordinary text-books.

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

- ALEXANDER, FREDERICK WILLIAM, M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H. "Necessity for Co-operation and Co-ordination of Hospital Departments Administering Electro-therapeutics, Physio-therapeutics, Actino-therapeutics, and utilizing X-Rays." *The Actinic Practitioner and Electro-therapist*, December, 1928.
- "Arthritis (Rheumatoid) and Neuritis (Neuralgia): Some Probable Causes." *The Actinic Practitioner and Electro-therapist*, January, 1929.
- ARMSTRONG-JONES, SIR ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "The Value of Sleep." *Practitioner*, January, 1929.
- ARMSTRONG, R. R., M.D., M.R.C.P., and SHAW, WILFRED, F.R.C.S. "Streptococcal Vaccines in the Treatment of Puerperal Sepsis." *British Medical Journal*, December 15th, 1928.

- AUBREY, G. E., M.D., B.S. "Rat-bite Fever in Hong-Kong." *British Medical Journal*, December 29th, 1928.
- BANNISTER, R. T., M.B., B.S. "Twinn Abortion from a Uterus Didelphys." *British Medical Journal*, January 5th, 1929.
- BOURNE, GEOFFREY, M.D., M.R.C.P. (and STONE, KENNETH, M.D., M.R.C.P.). *The Principles of Clinical Pathology in Practice: A Guide to the Interpretation of Laboratory Investigations for the Use of those Engaged in the Practice of Medicine*. London: Oxford University Press, 1929.
- BROOK, C. O. S. BLYTH, M.R.C.S., L.R.C.P., D.P.H. "Gastric Secretion in Phthisis." *Lancet*, December 1st, 1928.
- BROUGHTON-ALCOCK, W., M.B. (and STEVENSON, W. E., M.B., and WORSTER-DROUGHT, C. M.D.). "Cysticercosis of the Brain." *British Medical Journal*, December 1st, 1928.
- DALTON, P. P., M.R.C.S., L.R.C.P. "Injection of Varicose Veins with Carbolic Acid." *British Medical Journal*, December 1st, 1928.
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- DUNDAS-GRANT, SIR JAMES, K.B.E., M.D. "A Vocal Complication of Tonsillectomy and its Treatment." *British Medical Journal*, January 5th, 1929.
- FRASER-SMITH, A. E., M.B., B.S., M.R.C.S. "Military Tuberculosis of the Lungs in a Patient, at 73: Absence of Physical Signs." *Clinical Journal*, January 2nd, 1929.
- GILLIES, H. D., C.B.E., F.R.C.S. (and KILNER, T. P., F.R.C.S.). "The Treatment of the Broken Nose." *Lancet*, January 19th, 1929.
- GOW, A. E., M.D., F.R.C.P. "Some Disorders of the Lymph-Glands." A British Medical Association Lecture. *British Medical Journal*, December 1st, 1928.
- GROVES, F. W. HEV, M.D., F.R.C.S. "Medico-Legal Aspects of Fractures." *Lancet*, November 17th, 1928.
- "Peri-Articular Synpachthomy." *Bristol Medico-Chirurgical Journal*, Winter, 1928.
- HARRISON, G. A. B.A., M.D. "Tests of Renal Efficiency; Blood Analysis: Dye Tests." *Lancet*, December 1st, 1928.
- HEALD, C. B., C.B.E., M.D., M.R.C.P. "The Present Position of Ultra-Violet Light Therapy." *British Medical Journal*, January 19th, 1929.
- HILL, NORMAN H., M.D., M.R.C.P. "A Case of Empyema, Accompanied by Oedema of the Arm." *Lancet*, December 1st, 1928.
- HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "Some Considerations in Relation to Functional Diseases of the Heart." *Practitioner*, December, 1928.
- Hudson, BERNARD, M.D., M.R.C.P. "Surgical Treatment of Pulmonary Tuberculosis." *British Medical Journal*, January 5th, 1929.
- HURRY, JAMESON B., M.A., M.D. (and CAMERON, ALLISON W., M.B.). "The Breaking of Vicious Circles by Remedial Exercises." *Journal of Chartered Society of Massage and Medical Gymnastics*, December, 1928, and January, 1929.
- KILNER, T. POMFREY, F.R.C.S. See Gillies and Kilner.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "The Beginnings of the Literary Renaissance of Surgery in England." *Proceedings of the Royal Society of Medicine*, November, 1928.
- "The General Clinical London Hospitals: A Series of Historical Articles. IV, St. Bartholomew's Hospital." *Cambridge University Medical Society Magazine*, Easter Term, 1928.
- "Epoch-making Books in British Surgery. VII. Several Chirurgical Treatises by Richard Wiseman, 1676." *British Journal of Surgery*, January, 1929.
- ROCHE, ALEXANDER E., M.A., M.D., M.Ch.(Camb.), F.R.C.S. "Torsion of the Spermatic Cord." *Clinical Journal*, December 5th, 1928.
- SHAW, WILFRED, M.A., M.B., B.Ch.(Cantab.), F.R.C.S. See Atmstrong and Shaw.
- "A Case of Adenomyolipoma of the Fallopian Tube." *Journal of Obstetrics and Gynaecology of the British Empire*, Winter No., 1928.
- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on a Specimen of Spondylolithesis found in the Skeleton of a Bantu Native of South Africa." *British Journal of Surgery*, January, 1929.
- STONE, G. KENNETH, D.M., M.R.C.P. See Bourne and Stone.
- THOMAS, J. L., M.D. "A Case of Diaphragmatic Hernia." *British Medical Journal*, December 1st, 1928.
- WALKER, KENNETH M., O.B.E., F.R.C.S., M.A., M.B., B.C. "Testicular Pain." *Practitioner*, January, 1929.



- WEBER, F. PARKES, M.D., F.R.C.P. (and Knop, F., M.D.). "Stenosis (Coarctation) of the Aortic Isthmus with Subcutaneous Pulsating Arteries in the Back." *Proceedings of the Royal Society of Medicine*, November, 1928.
- and BARKER, FRANCIS J., M.D., ADAMS, F. SHIRLEY, M.D., and DICKSON, W. E. CARNEGIE, M.D., F.R.C.P. (Edin.). "Splenomegaly Polycythæmia with High Blood-Pressure." *British Medical Journal*, December 22nd, 1928.
- WHALE, H. LAWSON, M.D., F.R.C.S. "Tumour of Carotid Body." *Proceedings of the Royal Society of Medicine*, December, 1928.
- WHARRY, H. MORTIMER, F.R.C.S. "The Tear-Reflex Test for Asbira of Nasal Origin." *British Medical Journal*, December 1st, 1928.
- "An Unusual Case of Diphtheria." *British Medical Journal*, January 5th, 1929.
- WHITE, C. F. ORR, M.R.C.S., L.R.C.P. "Electrotherapy in Non-Gonococcal Cervicitis." *British Medical Journal*, January 19th, 1929.
- WHITTINGDALE, JOHN, M.A., M.B., F.R.C.S. "The Transmissibility of Pyorrhæa Alveolaris." *British Medical Journal*, February 2nd, 1929.
- WILLIAMS, H. E. EVERARD, M.D. "The Acute Pelvis." *British Medical Journal*, December 1st, 1928.
- WILLOUGHBY, W. M., M.D., B.Ch., D.P.H. "Food Protection." *Medical Officer*, December 29th, 1928.

## ACKNOWLEDGMENTS.

*The British Journal of Nursing—The British Journal of Venereal Diseases—Broadway—Charing Cross Hospital Gazette—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—Kenya and East Africa Medical Journal—The London Hospital Gazette—Long Island Medical Journal—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—Quarterly Journal of the Research Defence Society—The Queen's Medical Magazine—Revue de Médecine—The Student.*

## EXAMINATIONS, ETC.

## Conjoint Examination Board.

Pre-Medical Examination, January, 1929.

*Chemistry.*—Bensley, W. E. C., Blamey, F. W., Edwards, R. G., Hamilton, G. J., Mason, T. O., Sansom, H. V.

*Physics.* Blamey, F. W., Edwards, R. G., Jenkins, J. R. R., Sansom, H. V., Smallhorn, T.

First Examination, January, 1929.

*Part I. Anatomy.*—Allen, E. L., Collingwood, S. G., Cutlack, A. R., George, C. A., Spaight, P. Q. M., Symonds, J. W. C., Vacher, A., White, F. C. H.

*Part I. Physiology.*—Allen, E. L., Chester-Williams, T. L., Collingwood, S. G., Davidson, K. I., Dodson, E. E., Evans, W. E. F., Hatton, P. L. S., Roache, H. J., Spaight, P. Q. M., Vacher, A.

*Part II. Pharmacology and Materia Medica.*—Crossley-Meatens, B., Cusack, M. K., Knox, J. S., Weeks, A.

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

Barber, S. W., Bennett, R. C., Bradshaw, G. H., Cowin, P. J., Croft, D. F. L., Everett, A. D., Forrester-Wood, W. R., Francis, R. H., Gonin, M. W., Gordon, I., Gray, J. T. C., Jones, O. T., Oakley, W. G., Page, L. G. M., Preiskel, I., Rice, R. A. C., Riley, A. C., Robinson, V. C., Sabri, I. A., Stark, H., Sugden, E. C., Taylor, H., Thompson, V. C., White, R. P., Whiting, J. S., Wickramasinghe, S.A., Williams, A. G., Wood-Smith, F. G.

## L.M.S.S.A.

The Diploma of the Society has been granted to the following: Bray, J. S. B., Freud, J., Weeks, A.

## CHANGES OF ADDRESS.

ALLNUTT, Major E. B., R.A.M.C., FOXACRE, Fleet, Hants.

ATKINSON, E. MILES, 9, Royal Crescent, Bath. (Tel. Bath 4946.)

JEUDWINE, Lt.-Col. W. W., I.M.S., Holyrood House, Newport, Isle of Wight.

LADELL, E. W. J., Elliott, Cape Province, South Africa.

LEITCH, J. N., Freetown, Sierra Leone, W. Africa.

TAYLOR, W. E. C., Crabh Hall, Tellisford, near Bath.

VERRALL, P. J., 36, Harley Street, W. 1. (Tel. Langham 3603.)

WILLOUGHBY, H. M., 25, Harmer Street, Gravesend, Kent.

WILLOUGHBY, W. M., Horrell Rise Cottage, Woking, Surrey. (Tel. Woking 623.)

## APPOINTMENTS.

ALLNUTT, Major E. B., R.A.M.C., M.C., M.R.C.S., L.R.C.P., D.P.H., appointed Training Officer, Royal Army Medical Corps.

CHESTER-WILLIAMS, F. E., M.R.C.S., L.R.C.P., appointed Medical Officer in Charge of the Radium Therapy Department, Royal Infirmary, Bradford.

LEITCH, J. N., M.B., B.S. (Lond.), appointed Pathologist to the West African Medical Service, Sierra Leone.

## BIRTH.

PECK.—On February 4th, 1929, at 27, Welbeck Street, W. 1, to Marie (*née* Tubby), wife of Dr. Eric F. Peck, 30, Ladbroke Gardens, W. 11, and late of Cyprus—a daughter.

## MARRIAGES.

FAIRBAIRN—BELL.—On February 14th, 1929, at Kensington (by special licence), Donald C. Fairbairn, M.C., M.B., B.S., son of Mr. and Mrs. A. C. Fairbairn, to Marjorie, daughter of the late Robert Clifton Bell and Mrs. Bell, of 42, Edwards Square, London, W. 8.

VERGETTE—STEPHENS.—On February 16th, 1929, at St. Bartholomew-the-Great, Edward Seward, son of Mr. and Mrs. E. B. Vergette, late of St. Helens, Claygate, Surrey, to Dorothy Olwen, daughter of the late Dr. Stephens and Mrs. Stephens, of 163A, Sutherland Avenue, W. 9.

## SILVER WEDDING.

WEIR—SKEY.—On February 13th, 1904, in Penang, Hugh Heywood Weir, M.A., M.B., of Malvern, to Margaret Mary Denison Skey, of Wear, Somerset. Present address: 7, Ashworth Road, Maida Vale, W. 9.

## DEATHS.

BLACKMORE.—On February 2nd, 1929, at Vale House, Salisbury, Humphrey Purnell Blackmore, M.D., aged 93.

GEORGE.—On January 31st, 1929, at Margate, Howard Trevelyan George, M.A. (Camb.), M.R.C.S., L.R.C.P., of 2, St. Andrew's Place, Cardiff, and 35, Amptill Square, Hampstead, N.W.

ROBERTS.—On January 29th, 1929, suddenly, Charles Hubert Roberts, F.R.C.S., F.R.C.P., of 48, Harley Street, late Senior Physician, Samaritan Hospital, and Senior Obstetric Surgeon, Queen Charlotte's Hospital, London, in his 64th year.

## 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, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., 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. 1. Telephone: City 0510.

## St. Bartholomew's Hospital



## JOURNAL.

"Æquum memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXVI.—No. 7.]

APRIL 1ST, 1929.

PRICE NINEPENCE.

## CALENDAR.

Mon., April 1.—Bank Holiday.

Tues., " 2.—Prof. Fraser and Prof. Gask on duty.

Fri., " 5.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Tues., " 9.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Fri., " 12.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

Tues., " 16.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

Fri., " 19.—Prof. Fraser and Prof. Gask on duty.

**Last day for receiving matter for the  
May issue of the Journal.**

Tues., " 23.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Fri., " 26.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Tues., " 30.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

## EDITORIAL.

NATURE is not inclined to be consistent. Dramatic incidents are left unfinished; tense moments are unresolved, and peter out in a feeble lysis. We have had our Great Frost. Wolves turned a Polish school into an alfresco restaurant, and nearer home bucket-fires graced the frozen drainpipe on the Hospital walls. Yet nothing happened afterward worthy of being called a Great Thaw. Journalistic capitals lie unwanted in the compositor's box. The Fountain once more plays, but at any rate spring is coming.

It is the penalty of representing a compact community that no one writes to us about the first signs of spring in Hospital. Where fifty people see the first patient eating a rapidly congealing dinner in the Square, what kudos can "Interested" or "Nature-lover" gain by writing to inform us of it? To see the first geranium at the foot of the plane trees is the privilege of some inadvertent early riser on the Resident Staff, who will be too short-tempered about the whole incident to put any printable thoughts on record.

Still, something should be done about spring. Perhaps some scientist will write claiming to be the first man to show a measurable erythema gained by sun-gazing in the Square, and "Hardy" will counter, establishing a record time for sitting on the stone edge of the Fountain in March. More likely nobody will write at all. Everyone is too busy snatching whatever is therapeutically valuable in the gleams of sunshine, before some power that relegates the infra-red to the limbo where presumably the immodest violet (once, alas, spring's herald) now languishes.

\* \* \*

We learn with mixed feelings that Prof. Le Gros Clark has been appointed to the University Chair of Anatomy tenable at St. Thomas's Hospital. Thus to lose our first Professor of Anatomy is a cause of sorrow, lessened only when we realize the fitness of his return to the Hospital where he began his career, and with which his family has been so long and so honourably connected. We tender him our heartiest congratulations.

\* \* \*

In our January number we published an appeal for subscriptions for the Hard Courts at Winchmore Hill. The Students' Union has received a gift of £450 from the Governors of the Hospital, and £140 from the Visiting Staff. £130 are still wanted. Sir Charles Gordon-Watson has generously offered to give £50 if the students will raise £50 in the course of the coming month. We hope this appeal will aid the Union to hand over its £80 at the appointed time.

\* \* \*

We congratulate the following on their appearance in the list of New Year's Honours:

C.B. (Civil Division): Sir Walter Fletcher, K.B.E., M.D., Secretary of the Medical Research Council.