St. Bartholomew's Hospital

Journal.

1913-1914.

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INDEX TO VOL. XXI.

St. Bartholomew's Hospital Journal.

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St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1913.

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

Calendar.

Wed., Oct.	1.	**Winter Session begins.** **Twenty-first birthday of Journal.**
Fri., ,,	3.	—Dr. Herringham and Sir Anthony Bowlby on duty.
Mon., ,,	6.	—Examination for D.P.H.(Camb.) Second Examination Society of Apothecaries.
Tues., ,,	7.	—Dr. Tooth and Mr. D'Arcy Power on duty. Final Examination Conjoint Board (Medicine).
Wed., ,,	8.	—First Examination Society of Apothecaries.
Thurs., ,,	9.	—Final Examination Conjoint Board (Midwifery). Oxford Michaelmas Term begins.
Fri., ,,	10.	—Dr. Garrod and Mr. Waring on duty. Final Examination Conjoint Board (Surgery).
Tues., ,,	14.	—Dr. Calvert and Mr. McAdam Eccles on duty.
Fri., ,,	17.	—Dr. Morley Fletcher and Mr. Bailey on duty.
Tues., ,,	21.	—Dr. Herringham and Sir Anthony Bowlby on duty.
Fri., ,,	24.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., ,,	27.	—Examination for M.B., B.S.(London).
Tues., ,,	28.	—Dr. Garrod and Mr. Waring on duty.
Fri., ,,	31.	—Dr. Calvert and Mr. McAdam Eccles on duty.

Editorial Notes.

THE twentieth volume of the JOURNAL has been written and closed. To-day is our twenty-first birthday, but there is no *fête* held in honour of the day, and there is only one birthday present—which will arrive later! This particular present must needs be given in any case, for it consists of a new block for the cover illustration. Since the JOURNAL first struggled to the light twenty-one years ago one block has done service, and from it have been taken something like half a million copies.

No great change has overtaken the JOURNAL during those years. Its life has been placid and its growth steady. Not so the efforts that preceded it, however.

As far as we can gather an attempt was made to start a journal in the "seventies," but enthusiasm was not great and the attempt came to nothing. Again, in 1885, a serio-comic journal (in MSS.) blossomed forth, but it only ran through six issues. Its infantile circulation was very poor and it died a happy and sudden death, unmourned and unregretted.

The third attempt—which has resulted in the present JOURNAL—was made when the clubs were amalgamated. Our first number saw daylight in October, 1893, and the hope was then expressed that the new prodigy would survive the diseases of infancy. Under modern methods of prevention and cure it has done so.

But even in its earliest days the JOURNAL suffered from a certain chronic complaint that has clung to it throughout. Within the first six months it was necessary to appeal to students and old Bart.'s men to send in contributions; there was but little difficulty in getting material for publication; the difficulty was to get the average man to take a hand in it.

Yet placid though life has been, the JOURNAL has lived through some strange mutations. In the first number the word "bacteria" does not appear—nor does any word remotely connected with that word appear!

In "Vol. i, No. 1" there was an article on "Clinical Aptitude," by Sir Dyce Duckworth, a clinical lecture by Mr. Howard Marsh, and above all, a short but interesting item, entitled "Clinical Jottings," by Dr. Samuel West! Verily, Dr. West has been a faithful contributor!

It may be that in the near future we shall witness a revolution of more import to the JOURNAL than was ever the discovery of bacteria; should the change occur it will render our earlier numbers unintelligible to future students (except those of great erudition!). It is possible that the language of English medicine may be rudely altered, that our present tongue may soon become a dead language, and the present literature of medicine unreadable without a dictionary. We, of course, refer to the Basle nomenclature, but—

* * *

The Basle nomenclature!

I was in the Square the other day when a friend approached me—a large volume in his hand. "Have you seen the new 'Gray'?" he asked.

I shook my head: "Anything remarkable about it?"

"It's written in the new terminology!" he exclaimed more in anger than in sorrow.

Now both for and against the "new" terminology there is much to be said. Also be it said the official language of anatomy in this country is not yet, at least, the "new" terminology. In fact a committee of the Society of Anatomists of Great Britain and Ireland is even now considering the matter, and this being so, there seems much folly in the publication of new editions with the adoption of this Basle nomenclature.

One naturally inquires the reason why some of these important works are being brought out in this revolutionary manner, and the tendency is to lay the blame upon the poor author or editor, and to assume that he is trying to force the hands of all interested in the study of anatomy in this country. In a majority of cases, however, we think that this blame would be wrongly placed. It is the publishers who are the culprits, and in one case at least of which we are informed they forced publication in the new terminology *quite against the wishes of the editor of the book*, who, however, found himself helpless in their hands.

And the reason?

There is a large sale for English medical works in America, for on the whole English medical books are better than those of the U.S.A. Now in America the Basle nomenclature has been adopted. It has also been adopted in the colonies. That is the secret! And in consequence certain publishers are attempting to dictate to the English medical man the tongue that shall be spoken by him.

This would not matter very much if we were about to adopt this new terminology officially. But it seems that there is no such prospect in the near future. The Basle terminology contains a vast number of terms which are as clumsy as those already in use, and it is by no means an ideal language. Even in America this is acknowledged. The idea has been put forward that the English-speaking races should combine to form a new and better terminology and should get the other countries to fall in line if possible. *But no agreement to proceed on these lines is likely to be arrived at until the year* 1915 *at the International Congress of Anatomy!* And, thereafter, it is probable that other five years will elapse before any revision is finally accepted.

Let the student not be misled. Examination papers are still set in the old terminology, and should authorities decide to adopt the new terminology it is obvious that time must be allowed wherein both may be used; there will be no sudden and irrational demands. It would have been better far had these enthusiasts waited until the matter had been definitely settled, in which case all the books would be altered and the confusion of reading anatomy in one language and surgery in another avoided.

But it is probable that the Basle nomenclature will not be adopted wihout considerable revision. And to print indiscriminately the unrevised nomenclature in a few books for a couple of years is surely to make confusion worse confounded.

Those who advise an interim change seem to forget one fact altogether. They extol the utility of a temporary universal language for purposes of foreign reference, but they forget altogether that the average practitioner wishes to refer to current *English* work, and that though a few might be well suited by a sudden change the *majority would be greatly inconvenienced.*

Let us by all means have a revised language for medical literature, but let us hope for something better than the Basle nomenclature. Let us use it in books if it be considered essential as a temporary expedient—*but let us confine it to brackets*, placed after the old and more familiar terms. That the publishers should have us completely in their hands is intolerable.

It is probable that in years to come a revised form of the Basle terminology will be a great boon to students; but, in the meantime, we cannot but think that the undue haste of a few publishers is causing much dissatisfaction and confusion, and that their action is neither conducive to progress nor to that unity which a revision of our terminology should imply.

We are sufficiently open-minded, however, to the various difficulties of the case, and should welcome a correspondence on the subject in our columns.

* * *

The new Session begins on our day of issue, and we have to perform an oft-repeated, though never perfunctory, task—that of welcoming new students.

No doubt most newcomers will feel the Hospital to be a cold and unsympathetic place for a day or so. Such is the inevitable consequence of new surroundings and strange

faces. They will soon discover, however, that Bart.'s is hospitable and warm-hearted, and that there is but little difficulty in adapting themselves to the new environment.

We would urge them to seek as soon as possible the secretaries of the various sports clubs and other societies, according to their interests and inclinations. We may add that the said secretaries are quite as anxious to make the acquaintance of newcomers as the newcomers are to find themselves at home and "in the running." In particular we would call the attention of both old and new students to the fact that there is a miniature rifle range within the precincts of the Hospital. At one time this was much patronised, but of late it has been almost deserted. We trust this reminder may suffice to revive the miniature rifle club. The winter is essentially the time for this type of sport, and we hope to see again this year the monthly cup competitions, which were discontinued owing to lack of entries.

* * *

We believe that a large number of Old Bart.'s men would be interested in having before them a list of both London and provincial hospital appointments filled by previous students of our hospital. We have therefore decided to publish such a list, the first instalment of which will appear in our next issue. Of necessity, a good many names will be omitted in the first place on account of our lack of information, but if we are advised of such omissions they will be rectified in subsequent issues of the JOURNAL.

* * *

We extend our congratulations to Mr. R. M. Vick, who has been appointed Demonstrator of Pathology (surgical), and Mr. K. J. A. Davis, who has been appointed junior demonstrator.

Our Retrospect.

WHEN, after the dissolution of the Monasteries, the Hospital of St. Bartholomew was refounded in the year 1547 by King Henry VIII, the King endowed the Hospital with lands of the yearly value of 500 marks (£380 4*s.* 2*d.*), and the citizens of London agreed with the King to pay towards the maintenance of the Hospital a similar sum of 500 marks per annum.

For some years the citizens paid this sum to the Hospital regularly, but after a time they fell into arrears, and various disputes took place between the City and the Hospital, which were settled ultimately by an agreement, whereby, among other matters, the Corporation of the City of London agreed to pay the following annuities or rent charges amounting to £347 6*s.* 8*d.*, viz. £233 6*s.* 8*d.* out of the profits of Blackwell Hall, under an order of the Court of Aldermen in the year 43 Queen Elizabeth; £100 (formerly 500 marks) made under deed of covenant, sealed by the Corporation of London on April 13th, in the year 37 King Henry VIII; £10 formerly issuing out of the duties of package and scavage; £4 payable out of the property in the Parish of St. Andrew, near Baynard's Castle, under letters patent of the 13th January 38 King Henry VIII.

We learn from the Treasurer's Report that during the past year these annual rent charges have been redeemed under an agreement whereby the Corporation has transferred to the Official Trustees of Charitable Funds, in trust for the Hospital, the sum of £13,893 6*s.* 8*d.* Consols, the yearly dividends of which will produce an income equal to that hitherto received by the Hospital in respect of the above ancient rent charges.

This agreement reminds us of the close relations between the Hospital and the City Corporation, and it is probably not generally known that the full and official designation of the Hospital is as follows: "The Mayor and Commonalty and Citizens of the City of London as Governors of the House of the Poor (commonly called St. Bartholomew's Hospital) near West Smithfield, London, of the foundation of King Henry VIII."

The special appeal by the Hospital for funds to meet the excess of expenditure over income and the bank overdraft has, during the year, produced £21,612 in donations towards the reduction of the debt and £5835 in annual subscriptions. This result must be regarded as satisfactory, for although the bank debt is not extinguished it has been materially reduced, and the thought of curtailing the work of the Hospital, which it was feared would be necessary, has now been abandoned.

Early this year, when the medical benefits of the Insurance Act came into operation, regulations were made by the Hospital, which were received with general approval and have been adopted by other hospitals. Under the present arrangements all those who apply to the Hospital for treatment (except cases of urgent illness or accident) are asked whether they are insured. If insured the case is referred to a medical officer of the Hospital to decide whether the ailment is urgent. If the illness is such that it can be treated by a general practitioner of ordinary competence the insured person is told to obtain treatment from his panel doctor. These regulations have resulted in a diminution of the casualty patients, chiefly males, but have made no difference to the number of in-patients. Although there has been a considerable decrease in out-patients, there is still no lack of cases suitable for teaching, and the clinical opportunities of the students have been in no way reduced, as it was feared at one time would probably be the result of the operation of the Insurance Act.

We learn from the Dean that there has been some diminution in the number of full students entering the School. This, we hope and believe, is only temporary,

and we have no doubt that those who are now entering on their student course do so with very bright prospects. The entry for October last, we are told, was 180, as compared with 165 in 1911, and included 73 full students, as compared with 78 in the previous year, 76 entries to special classes, and 31 preliminary scientific students. The large number of special entries is mainly due to the very popular final F.R.C.S. class, which is held twice yearly, and is always well attended.

Owing to the meeting of the International Medical Congress in London in August the School authorities decided not to hold a special post-graduate class during the last long vacation. We hear that this suspension of the post-graduate class is temporary only, and that one will probably be arranged for the summer of 1914.

During the year the Hospital has sustained a great loss by the death, on June 20th, of Mr. Alfred Willett, who retired from active work as Surgeon to the Hospital in 1901, when he became Consulting Surgeon and a Governor. Mr. Willett entered at St. Bartholomew's in 1857, became Surgical Registrar in 1863, Warden of the College and Assistant Surgeon in 1865, full Surgeon in 1879, and Lecturer in Surgery in 1889. He was seventy-seven at the time of his death. Mr. Willett's long and faithful services to the Hospital and School are well known to those with whom he worked. As Treasurer of the School he had a large share in directing the educational policy of the School for many years, and was always on the side of moderate progress. It was mainly through him, with the help of Dr. Shore and Sir Anthony Bowlby, who were President and Treasurer of the Students' Amalgamated Clubs, that the ground at Winchmore Hill was secured for the use of the Students' Clubs.

It is difficult to find words to express adequately the great loss which befel the Hospital in the death on April 19th of Mr. R. B. Etherington Smith. His illness and death came with such suddenness as to be almost incredible, and was a great shock to all who knew him. He was taken ill with pneumococcal peritonitis on April 17th; an operation was performed the same day, but in spite of everything that could be done he died on the morning of April 19th. At the time of his death he was only thirty-six, and was Assistant Surgeon and Warden of the College. He was universally respected and beloved not only at St. Bartholomew's, but also among oarsmen and sportsmen in all parts of the world. The funeral service in the Church of St. Bartholomew the Great included a very large congregation of the Governors, the staff, nurses, students, and of rowing men from Cambridge, Oxford, and the Leander Clubs, who attended to do honour to the promising young surgeon and brilliant oarsman.

At a meeting of Etherington Smith's colleagues and friends, held early in May, it was decided to open a subscription list inviting funds for the erection of a suitable memorial to him at St. Bartholomew's Hospital. We hear that a sum exceeding £1700, made up of collections at St. Bartholomew's, by the Leander Club, and among the Cambridge Boat Clubs, has been received, and it has been decided to refit the old operating theatre and to build over it a small ward, which shall be known as the "Etherington Smith Ward," the theatre also in future to be known by his name. The work of carrying out these alterations is well in progress.

We append herewith plans of the new buildings in question. The first of these is of the new operating theatre, occupying the same site as the old one, but smaller in size, as portions of the space—including the wasted space below the old gallery—are taken up with a nurses' cloak-room,

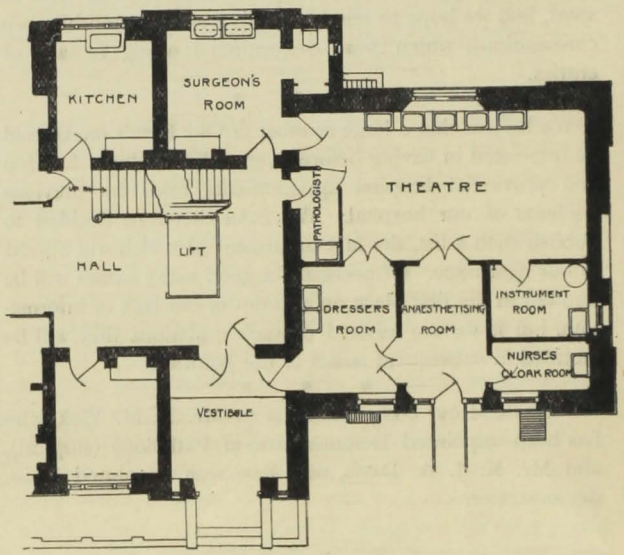


FIG. 1.—GROUND PLAN.

dressers' room, instrument room and anæsthetising room, besides which there is a new surgeons' room and a kitchen.

The new gallery (Fig. 2) is over the top of these rooms, and is approached from the staircase, which has also been renewed.

The ward (Fig. 3) is above the gallery and the rooms accessory to the theatre, but it is not above the theatre itself, which is lighted by direct daylight from a glass skylight overhead.

The cost of the new memorial wing is estimated at about £1500, which should leave a balance of £200 out of the money already subscribed. It is hoped that this will be increased by at least another £300, so that we may have £500 towards the endowment of the new ward.

During the past year there have been numerous changes in the *personnel* of the Hospital Staff. Mr. Bruce Clarke retired at Christmas from the office of Surgeon to the Hospital after nineteen years' service as Assistant Surgeon

and ten as full Surgeon. He has been elected a Consulting Surgeon and a Governor of the Hospital. He has been succeeded as Surgeon by Mr. Cozens Bailey, and the vacancy as Assistant Surgeon created by Mr. Bailey's promotion has been filled by the election of Mr. Harold Wilson as Assistant Surgeon. Mr. Girling Ball, also, has been elected an Assistant Surgeon to fill the vacancy caused by the death of Mr. R. B. Etherington Smith. On the Medical side Dr. Samuel West has retired from the position of Senior Physician after sixteen years' service as Assistant Physician and ten years as full Physician. Dr. Ormerod, also, has retired from the position of Physician to the Hospital after having served eleven years as Assistant Physician and nine as full Physician. They have been elected Consulting Physicians and Governors to the Hospital, and the vacancies created by their retirement have been filled by the election of Dr. Calvert and Dr. Morley Fletcher to the position of

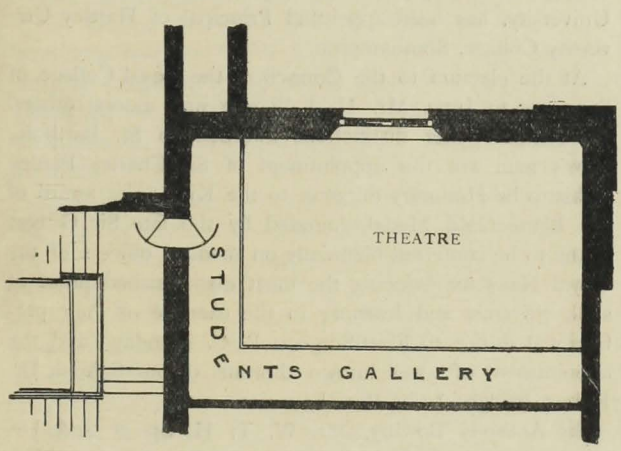


Fig. 2.

Physician to the Hospital. Sir Francis Champneys, Bart., retired in March from the post of Physician Accoucheur and Lecturer on Midwifery and Diseases of Women after twenty-two years' service, and has been elected Consulting Physician Accoucheur and a Governor of the Hospital. Dr. W. S. A. Griffith has been appointed Physician Accoucheur, and Dr. Williamson has been appointed Physician Accoucheur with charge of Out-patients, Dr. J. D. Barris being appointed Assistant Physician Accoucheur. The vacancies arising from the promotion of Dr. Calvert and Dr. Morley Fletcher have been filled by the election to the posts of Assistant Physician of Dr. Langdon Brown and Dr. Hugh Thursfield.

The re-arrangement of some of the special departments, which the Governors decided upon last year, has been carried into effect by the appointment of Mr. R. C. Elmslie as Surgeon in Charge of the Orthopædic Department, of Dr. Hugh Walsham as Medical Officer in Charge of the X-ray Department, and Dr. E. P. Cumberbatch as Medical Officer in Charge of the Electrical Department.

Mr. H. Blakeway and Mr. J. E. H. Roberts have been appointed Surgical Registrars in place of Mr. Wilson and Mr. Ball; and Dr. C. M. Hinds Howell and Dr. A. E. Gow have been elected Medical Registrars and Demonstrators of Morbid Anatomy in place of Dr. Langdon Brown and Dr. Thursfield. In the Department for Diseases of Children, Dr. Thursfield has been associated with Dr. Morley Fletcher as one of the Physicians in Charge, and Dr. P. Hamill has been elected Casualty Physician.

In the Medical School several changes in the teaching staff have occurred. Dr. Calvert has resigned the Lectureship on Pharmacology and Therapeutics, and early in the year the School decided to make important changes in this department. One of the rooms on the top floor of the Pathological Block has been specially fitted up as a

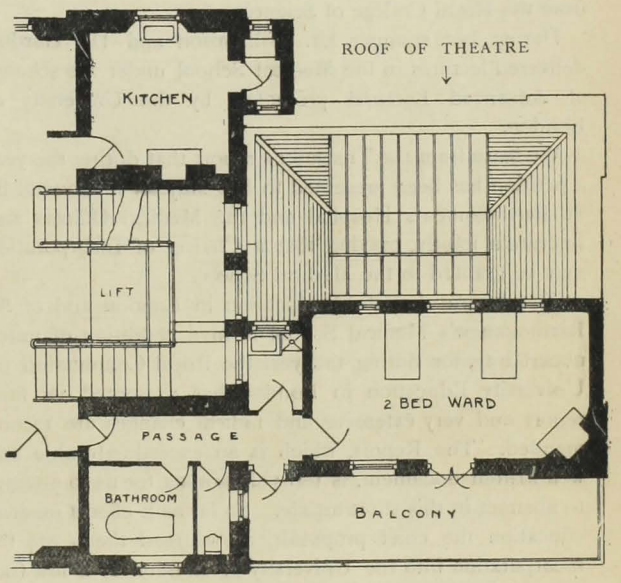


Fig. 3.—First Floor Plan.

laboratory for pharmacological research, and has been placed in charge of a specialist in this subject, Dr. P. Hamill, who also has been appointed to the Lectureship. Dr. Hartley and Dr. Horder have retired from the Demonstratorship of Practical Medicine, and Dr. Langdon Brown and Dr. Thursfield have been appointed. Vacancies arising in the Department of Practical Surgery through the resignation of Mr. Gask and the death of Mr. Etherington Smith have been filled by the election of Mr. Harold Wilson and Mr. Girling Ball. On the promotion of Dr. J. D. Barris to the post of Assistant Physician Accoucheur, Mr. M. Donaldson has been elected Demonstrator of Practical Midwifery. Dr. A. E. Stansfeld has succeeded Dr. Gow as Demonstrator of Pathology (Medical), and Mr. A. W. Stott and Mr. K. J. A. Davis have been elected Junior Demonstrators of Pathology. In the Anatomical Department Mr. E. G. Stanley becomes the senior of the Demonstrators, Mr. Foster Moore having retired and Mr. Blakeway having been promoted to the

Surgical Registrarship. The vacancies thus arising have been filled by the election of Mr. C. D. O'Grange and Mr. A. L. Moreton.

In the Department of Physiology, Mr. J. W. Trevan and Dr. T. S. Lukis have succeeded Dr. C. M. Hinds Howell and Dr. E. P. Cumberbatch. Mr. R. R. Armstrong, who for two years has done good work as Lawrence Research Scholar, has been appointed Junior Curator of the Museum.

The Department of Chemistry has sustained a loss through the death in October last of Mr. W. O. Wootton, who was a good and popular teacher and a very promising young chemist. He came to St. Bartholomew's with high recommendations from the Royal College of Science. He has been succeeded by Mr. E. Cahen, who also comes to us from the Royal College of Science.

During last summer Dr. Williamson and Dr. Gordon delivered lectures in the Medical School under the scheme of Advanced Lectures promoted by the University of London.

We learn from the Treasurer's report that during the year a petition has been presented to His Majesty in Council by St. Bartholomew's Hospital and the Medical Officers and Lecturers jointly, praying that a Charter of Incorporation may be granted to the Medical School.

The future of medical education in London and of St. Bartholomew's Medical School is in a condition of much uncertainty, for during the year the Royal Commission on University Education in London has presented its final report and very extensive and radical changes are recommended. The Report, which is an exceedingly able and well-written document, is too voluminous for us to attempt to abstract in this short article. So far as it effects medical education the chief proposals, as we read them, are the incorporation into the University of London of a few (not more than three) of the existing hospital medical schools, and the appointment in connection with them of a number of university professors in medicine, surgery and midwifery, who, it is proposed, shall devote most of their time to professorial duties and receive adequate salaries from the University. As well as this change it is proposed that an extensive reorganisation of the methods of clinical teaching, arranged on the German plan, shall take place. We understand that this report is engaging the very serious and careful attention of the authorities of the Medical School. We are sure, however, that they will do nothing which will have the effect of destroying or of curtailing the *practical* character of medical education, so distinctive of the English system.

In February last an interesting innovation was started at Bart.'s, when there was held the first of a series of operation "At Homes." It had been felt for some long time that prominent surgeons in London practically never see the work of their colleagues in other hospitals, and the suggestion was made that the surgical staff of each of the hospitals should in turns invite their colleagues from other hospitals to a reception and to witness operations. This has been arranged, and Bart.'s, in order of seniority as the oldest hospital in London, held a very successful reception on February 3rd. Among the visitors on that occasion were Sir Rickman Godlee, Bart., President of the Royal College of Surgeons, Sir Alfred Pearce Gould, Sir Watson Cheyne, Mr. Corner, Mr. Clayton-Greene, Mr. Arbuthnot Lane, Mr. Makins, and many others, representative of all the great hospitals in London.

At the University of London, Dr. Herringham has been re-elected Vice-Chancellor for a second year of office, and the dignity of University Professor in Pathology has been conferred upon our popular Lecturer, Dr. F. W. Andrewes. In another University, a former St. Bart.'s man, Mr. Gilbert Barling, has become Vice-Chancellor of the University of Birmingham. Dr. Alexander Hill, late Master of Downing College, Cambridge, and formerly Vice-Chancellor of that University, has been appointed Principal of Hartley University College, Southampton.

At the election to the Council of the Royal College of Surgeons in June, Mr. H. J. Waring was, among others, successful. Other distinctions awarded to St. Bartholomew's men are the appointment of Sir Charles Pardey Lukis to be Honorary Surgeon to the King; the award of the Blane Gold Medal, founded by the late Sir Gilbert Blane to be conferred biennially on medical officers of the Royal Navy for evincing the most distinguished proof of skill, diligence and learning in the exercise of their professional duties, to Fleet-Surgeon R. C. Munday; and the appointment of a well known alumnus of our School, Dr. Robert Bridges, to be Poet Laureate.

Sir Anthony Bowlby, Mr. W. T. H. Spicer and Dr. W. S. A. Griffith have been appointed members of the Honorary Consulting Staff to the Queen Alexandra's Hospital. Sir Anthony Bowlby also has been elected a member of the Army Medical Advisory Board and of the Advisory Board under the Vivisection Act. Surgeon G. N. Levick, R.N., who was a member of Captain Scott's Antarctic Expedition, has been recommended for special promotion to the rank of Fleet-Surgeon.

Several Bart.'s men have taken part in Red Cross or Red Crescent Missions to the War in the Balkans. Mr. E. N. Russell was in charge of a Field Hospital of the Ottoman Red Crescent Society, and was accompanied by Mr. S. M. Hattersley with Mr. G. S. Stathers as dressers. They were stationed at Scutari. Mr. D'Arcy Power, jun., and Mr. E. L. Dobson were members of the British Red Cross Hospital in Montenegro. Mr. H. G. Baynes was in command of the British Red Crescent Hospital at Constantinople with Mr. R. M. Mellor as a dresser. Mr. B. Haigh was with a Red Crescent Field Hospital in the Tripoli Hinterland and at Salonica; Dr. E. Marshall was with a Red Cross Hospital accompanying the Bulgarians; J. Shah and A. E. Jenkins were dressers at Sofia with a Red Crescent

Hospital, and Sister Matthew did work with the Red Cross Society in Athens.

The staff of St. Bartholomew's took a large part in the work of the International Medical Congress held in London in August last. The duties of Secretary-General were carried out with great skill and success by Dr. Herringham ; and in addition our staff took part in the proceedings of every one of the sections. Dr. Norman Moore was President of the Section of History of Medicine, and delivered an able address on the "History of Medicine in England." On Friday, August 8th, fifty of the most distinguished foreign members of the Congress were entertained to luncheon in the Great Hall of the Hospital, and afterwards there was held a Garden Party in the Square, at which about 500 attended. Demonstrations of interesting cases were given, and specimens were shown in the Museum, as well as interesting antiquities in the Library.

Mr. Girling Ball and Mr. H. Blakeway have been appointed Surgeons to the City of London Truss Society, and we congratulate Dr. E. A. Cockayne, late Casualty Physician, on his appointment as Medical Registrar, and subsequently as Assistant Physician to the Middlesex Hospital.

Among the distinctions gained by our Students during the year we have to record the following : Dr. F. A. Roper has been awarded the Raymond Horton Smith Prize for his thesis for the degree of M.D. of the University of Cambridge ; Mr. R. L. Mackenzie Wallis has been awarded the Gilson Research Scholarship in Pathology of the Society of Apothecaries ; Mr. J. W. Trevan has been re-elected to the Medical Research Exhibition of the Fishmongers' Company ; Lieut. E. B. Allnutt has won the De Chaumont Prize in Hygiene at the R.A.M. College ; Mr. H. L. Ellison was distinguished in Physiology in the second examination for the M.B.(London) ; Mr. A. L. Moreton gained distinction in Surgery and Midwifery, and was awarded the University medal at the Final examination for the degrees of M.B., B.S.(London).

At various examinations during the year students have maintained the high reputation of the classes. During the year thirteen students passed the Primary examination for the Fellowship of the Royal College of Surgeons, and twenty-five, who have received their education wholly or in part at St. Bartholomew's, have passed the Final. At the University of Oxford, two have taken the degree of M.D. and three the degrees of M.B., B.Ch. ; at the University of Cambridge, nine have taken the M.D., and twenty-one have passed the final examination for the degrees of M.B., B.C. ; in the University of London, six have taken the M.D. degree, one has taken the M.S., and twelve have passed the final examination for the M.B., B.Sc. ; at the Royal College of Physicians, three have taken the M.R.C.P., whilst no fewer than fifty-one have completed their examinations for the diplomas of L.R.C.P. and M.R.C.S. ; eighteen have passed the first examination for medical degrees of the University of London, and fifteen have passed the second examination for medical degrees, Part I, and sixteen have passed the second examination, Part II.

The various Scholarships and Prizes of the Medical School have been well contested. The Luther Holden Research Scholarship has been held by Mr. M. Donaldson, who has been investigating the Pathology of Shock. Mr. K. J. A. Davis has been elected to succeed him. Mr. R. R. Armstrong has completed the second year of his work as Lawrence Research Scholar, his subject being the Pathology and Causation of Pneumonia, and he has been succeeded by Mr. T. H. G. Shore.

The following are the winners of the Scholarships and Prizes during the year 1912–13 :

Lawrence Scholarship.—T. H. G. Shore.
Luther Holden Scholarship.—K. J. A. Davis.
Brackenbury Medical Scholarship.—F. G. A. Smyth.
Brackenbury Surgical Scholarship.—G. L. Keynes.
Matthews Duncan Prize.—G. D. East.
Senior Scholarship in Anatomy, Physiology and Chemistry.—E. B. Barnes.
Senior Entrance Scholarships in Science.—C. W. B. Littlejohn, C. R. A. Thacker.
Junior Entrance Scholarship in Science.—P. N. Cook.
Entrance Scholarship in Arts.—G. Bourne.
Jeaffreson Exhibition.—C. M. Titterton.
Shuter Scholarship.—E. P. Hicks.
Kirks Scholarship and Gold Medal.—F. G. A. Smyth.
Willett Medal.—G. L. Keynes.
Walsham Prize.—M. N. Perrin.
Bentley Prize.—D. H. D. Wooderson.
Hichens Prize.—Not awarded.
Wix Prize.—G. L. Keynes.
Harvey Prize.—H. M. C. Macaulay, P. H. Wells (*prox. acc.*).
Sir George Burrows Prize.—F. G. A. Smyth.
Skynner Prize.—F. G. A. Smyth.
Practical Anatomy, Junior—Treasurer's Prize.—(1) A. Morford ; (2) L. W. Evans, R. C. Davenport, C. M. Titterton (æq.).
Practical Anatomy, Senior—Foster Prize.—(1) E. B. Barnes ; (2) S. W. Isaacs, W. R. White-Cooper, P. H. Wells, A. R. Dingley (æq.).
Junior Scholarships in Anatomy and Physiology.—(1) A. Morford ; (2) C. M. Titterton.
Junior Scholarship in Chemistry and Histology.—L. J. F. Bull.

A Case of Death from Diabetic Coma after Appendicectomy under Local Anæsthesia.

By E. W. G. MASTERMAN, M.D., F.R.C.S.,
Jerusalem.

THE following case seems to me worth recording from its interest, both medical and surgical. G. M—, a schoolmistress of European parents, æt. 26, came under my care in 1908 with severe diabetes. I cannot find my first notes, but I know she had marked polyuria, and that the percentage of sugar

was high. The usual symptoms of "weakness" and loss of flesh were complained of. Treatment by dieting was soon followed by a complete disappearance of sugar, a condition which was maintained as long as a fairly strict diet (special bread, etc.) was followed. During my absence in England in 1909 the patient's friends heard of a "Quick and Perfect Cure of Diabetes" (as the advertisement now before me runs) by "The Anti-diabetical Tea of Physician C. Damman of Brussels," and tried it with such apparent success that on my return I found my patient indulging in ordinary diet, including considerable quantities of sugar, *without any sugar appearing in the urine*. The patient's brother, an intelligent schoolmaster, had learnt from my dispenser how to test for sugar, and during this time and during the rest of her life frequently made tests—about once a month. I was naturally rather sceptical both about the remedy and the absence of sugar, but confirmed the latter fact several times. I failed to find a trace even after prolonged boiling with Fehling's solution. This condition of improvement continued after the Brussels remedy was stopped, and the lady was able to perform all her rather exacting duties in health and enjoyment, and full, too, of hope, after the previous gloomy prospect. She was well nourished, without being as stout as before, and had the appearance of health and vigour. In the autumn of 1912, while singing in an amateur concert, she got a very slight return of sugar; indeed, so far as I gathered after her death this had happened on a few other previous occasions of nervous strain, but it passed off almost at once. During 1912 the patient had a slight and somewhat indefinite attack of appendicitis, and in the last week in February, 1913, I was called again to see her with another attack of moderate severity, with definite local signs. Knowing her history I even then did not press the question of operation, but told the friends that as this was the second attack I should, under other circumstances, have recommended operation, and that should a further attack occur there might be no choice but to operate; further, as there had been some talk of her going to England in the spring, I said that if she did not have the operation it would be better for her to abandon the long cross-Europe trip and stay quietly at home. The next day, after talking it over, she and her friends said they had agreed on the operation. I may say the urine had been examined shortly before this and found to be free of sugar.

The patient was admitted to a private ward in my hospital on February 28th. Temperature 99·2° F.; pulse 92. On examining the urine I found a considerable quantity of sugar, but no definite diacetic acid reaction with *ferri perch. sol.* Patient was in a nervous condition, but not more so than many would be in anticipation of an operation.

On March 1st, at 6 a.m., patient was given a hypodermic injection of morphia and scopolamine, and about 8 a.m. I operated upon her, using as a local anæsthetic novocaine. The operation was a simple one, and the appendix, an unusually long one, was found ballooned at the end by some pent-up gas. There was no inflammatory exudation, and no adhesions were present. Patient was quiet for some hours after the operation, but soon complained of thirst, and in the afternoon severe vomiting set in. The pulse ran up to 140; thirst was partially relieved by frequent rectal injections of solution of citrate of soda. For some hours continuous irrigation of the rectum was tried, and the fluid was absorbed with great rapidity: from midnight to 6 a.m. four and a half pints were administered thus. Patient vomited only once, and had some good sleep.

On March 2nd, during the forenoon the pulse became rapid (150), respirations 26, and the restlessness increased. There was a good deal of vomiting until 11.30 a.m., when I washed out the stomach, after which it ceased and the patient was able to take a surprising amount of nourishment. "Air-hunger" became marked towards evening. From 8 a.m. to 8 p.m. patient passed six pints of urine (sugar 16·40 gr. to the ounce; diacetic acid reaction well marked).

Symptoms of restlessness increased during the succeeding night. After hypodermics of morphia and strychnine patient got spells of sleep. Breathlessness marked; wandering at intervals, but conscious when spoken to. Three pints of urine were drawn off with a catheter.

On March 3rd, at 9.30 a.m., temperature 104° F. Patient gradually sank into deep coma. Temperature at 1.15 p.m., 105° F. Died at 3.35 p.m.

As a perfectly typical case of diabetic coma it is not worth while reproducing my notes at any length, but a tragedy of this nature is a sad commentary on what a "cure" of diabetes really amounts to. Fortunately I went into the case with my eyes open, and the friends were fully warned of the risk. I had hoped that by using only local anæsthesia, and especially avoiding all chloroform, in such a short and simple operation—one which sooner or later would probably have had to be done—the risk might be avoided, but it proved otherwise.

The Professor's Experiments.

By PAUL BO'LD.

[*From the memoirs of his assistant and secretary, Gertrude Delaney, D.Sc.*]

No. I.—THE RETARDATORY FORCES.

HOW Jerome Mudgewood became *Professor* Mudgewood I have never discovered. He was certainly no self-styled professor, for a more retiring and less self-conscious man I have never met. Long ago his independent fortune had enabled him to renounce teaching and the boons of public laboratories in favour of a modest

house in Hampstead, with a magnificent suite of private laboratories. The residents called him "Professor," perhaps because he looked like a professor, with his large head balanced on a little body and tiny legs that seemed to flicker like a cinematograph when he hurried along, as was his wont. He certainly *looked* very wise, and he *was* very wise —even wiser than he looked, which is as it should be in these days when "*esse quam videre*" is at a discount, even among scientists. He possessed a round little face, round little eyes, a round little mouth, and big round spectacles. His hair receded well from his great forehead, and was curly, long, and grey. His face was clean shaven. Why he, whose habits and manners were so eccentric, should have troubled to shave it is quite impossible for me to say, but all men's natures possess some contradictory phases, and I suppose that that is the explanation, though in truth it is no explanation at all when I come to think of it. But he was *most* particular about shaving.

It is eight years now since I, Gertrude Delaney, D.Sc., first met the Professor, it is two years since I last saw him. He did not exactly die, he went—simply went. Where—nobody knows. I saw him go, but—well, that has nothing to do with this matter I am writing about now. I am concerned at the moment with the first big discovery which took place while I was with him.

My own education has not been neglected or I should not be a Doctor of Science of London University. I have a smattering of most sciences, and have learnt sufficient of these to know how very little I really know, which is something learned at any rate. Fortunately my father was a sensible man, and he did not encourage me to go to dances, or to flirt, or Dress (with a capital "D"), or do as the modern empty-headed fools, called girls, generally do. However, on his death, at the age of twenty-three, I was well qualified in scientific subjects to prosecute research, but without any means of doing so, unless I took up teaching; and I did not care to do this, for I very much disapprove of the modern method of cramming women with things they don't understand, and then setting them to teach others the fallacies their own brains conjure out of the muddle. Women should be taught like men, and with men. It is not a question of sex, which question is, to my mind, too much to the fore—but that is a matter for a separate treatise, which I hope to write some day.

I was about at the end of my resources when I saw in the *Daily Adler* an advertisement as follows:

> "Dr. Mudgewood requires amanuensis. Must have some scientific training; good salary to right person. Call at No. 3 door (chemical laboratory), Aldehyde House, Hampstead."

I knew Dr. Mudgewood by repute as a man whose knowledge on almost all scientific subjects was profound, and I at once made up my mind to interview him. This might be the first step to higher things.

It occurred to me that my qualifications might induce him to take an assistant, instead of a mere creature with a beautiful name—an amanuensis, forsooth! The term would be admirable if applied as a name to an Egyptian goddess, but as applied to an ordinary unthinking and almost unthinkable girl, it always seems to me the height of satire.

I went to "Door No. 3 (Chemical Laboratory)."

At first the old housekeeper would not admit me. She said that the Professor had already interviewed three hundred girls, and had received seven thousand letters, and that he would not see anyone else. However, when I mentioned that I was a "D.Sc.," she retired to consult her master. She knew that the great man himself received correspondence bearing those letters after his name, and though she did not know their meaning, she evidently stood in awe of them.

Almost immediately I was shown into the laboratory, a large, airy room, equipped in a most up-to-date fashion. At the far end of the apartment a bright fire was burning in an open grate, and in front of this the little man stood, his legs well apart, as if in fear lest the weight of his head should overbalance him. As I entered he removed his round spectacles, blew upon them vigorously, and wiped them with a scarlet silk handkerchief, which would have made a very useful table-cloth. He did not speak for some moments, but stared at me hard without using his spectacles; then, replacing these on his fat little nose, he stared at me hard through them. I began to feel very nervous, and ventured a mild "How do you do, Professor?"

"Very well, very well," he replied dreamily. Then, after a pause, he repeated, "*Very* well." Again there was a painful silence. We did not seem to be getting on very fast.

At last he appeared to wake up. "I don't seem to remember you," he began.

"I don't suppose you do," I replied. "I have called about your advertisement. I wish to apply for the position if it be suitable."

He smiled broadly. "That's better," he cried.

I was puzzled. "What's better?"

"You said 'if it *be*'! You used the subjunctive. All the others who had occasion to use the subjunctive deliberately used the indicative. Now let me test your capacities. Have you ever passed any examinations?"

"I am a Doctor of Science of London University," I replied.

He did not seem pleased by this. If I had told him I was a three-legged ostrich he would have made the same remark.

"Dear me," said he. "Very odd, very odd."

Then he looked up at the ceiling, and, after a long pause, again repeated with much emphasis, "*Very* odd!"

I got used to his little ways later. But at that time they were very disconcerting to me.

He looked at me again: "Is your brain well ordered? Can you bring out definite facts at short notice?"

"I think so," I replied.

"Well, then, tell me a word of ten syllables."

This was indeed a curious examination. But, after considering for about half a minute, I replied, "Pentadekylparatolylketone."

"Very good—very good—*very* good; you are, I fear, too good for an amanuensis. The others were not good enough."

Then I ventured a suggestion. "I don't think you require an amanuensis."

"No?" he asked in surprise. "Ah—perhaps a *secretary* would be more suitable, but I really thought——"

"You don't want a secretary," I interrupted boldly, "What you require is an *assistant* who can do secretarial work."

He took off his spectacles and blew upon them vigorously once more. "I think not," said he. "I think not—I *really* do not think so—and yet, you *might* be useful in that capacity. Yes—now about salary. I have never had an assistant. I should want you to live here. I suppose I must pay you for the inconvenience." Then he put his big head on one side like a puzzled robin, and asked doubtfully, "Would five hundred pounds a year, paid quarterly, suit you?"

I was overwhelmed for the moment, but I controlled myself, and replied, "Yes, thank you, Professor. When shall I commence?"

"When you like," said he. "What is your name?" he continued.

"Gertrude Delaney," I answered.

"I shall call you Delaney. If I have a woman assistant I must treat her just as I would a man. I can't have innovations, you know. Well, Delaney, please come to-morrow morning and make a start."

So I was engaged as Professor Mudgewood's assistant.

I had been with the Professor about two years, and though in a large number of researches I had been of considerable assistance to him, there were generally one or two going on in which I had no part, and which never seemed to come to anything. I regarded these as chimerical.

One day, however, when I was in the library upstairs looking up some notes on the camphors, the little man burst into the room, his eyes blazing with excitement, his whole body quivering from the same cause.

"I've got it," he shouted, although I was only two yards away. "I've got them both—extraordinary—most extraordinary—*very* extraordinary!" Then he paused for breath.

"*What* have you found, Professor?" I asked in surprise.

"The Retardatory Forces—both α and β," he shouted.

"The Retardatory Forces?" I exclaimed. "What are they?"

He looked at me with some scorn, as though marvelling at my ignorance, which ignorance was not, however, surprising, since he had never spoken to me on the subject before, nor had he allowed me to examine his apparatus.

"The Retardatory Force α slows down extra-atomic movements and vibrations, while the Retardatory Force β retards the intra-atomic vibrations. Do you know what that means? Do you realise the enormity of the discovery?"

I shook my head. The matter seemed to me a purely mathematical one.

"Come and see, then, come and see," he shouted, and, borne on his little twinkling cinematograph legs, he disappeared from the room, while I followed him to the laboratories more leisurely.

I found him standing before his latest piece of apparatus. Innumerable coils and springs and vibrating parts were in one box, and connected by two terminals to the two ends of a second box. The latter was about four feet square, and was made of polished wood. There was a glass front to it, and through the two ends protruded two square platinum plates, each about fourteen inches across. The Professor started a little motor, and immediately a clicking and whirring commenced in what the Professor called his "power-box." I looked curiously over his shoulder through the glass front of the other box. But there was no sign of electric discharge, nor, indeed, anything to be seen.

"I have turned on the α force," said the Professor. "Now watch."

He went across the room and brought a struggling rabbit from a hamper. Momentarily he turned off the force, and, lifting the glass window, he placed the animal between the two platinum discs, where it crouched, cowed and still. Then he lowered the glass again, and, watch in hand, turned on the force. After about a minute he again stopped the motor, and took the rabbit out.

The little animal seemed no different. But the Professor said, "Feel its pulse."

I placed my hand near its heart. It was several seconds before I felt a beat, and that seemed very slow in passing. I counted the beats—there was one in every fifty seconds.

"Extraordinary," I murmured, looking up at the Professor.

"Yes," said he, as he blew upon his glasses—and there was a note of triumph in his voice—"extraordinary, extraordinary—very extraordinary." He scratched his head with the edge of his glasses and looked thoughtfully at the rabbit, whose movements were slow and deliberate in the extreme. I placed it on the floor, and it ran across the room. I say "ran," for it went through all the movements of running, but it took at least thirty seconds to raise a foot from the floor and put it down again. In three minutes it

had traversed about a yard. It seemed healthy and strong, but it was slow—marvellously slow.

The Professor took me across the room and showed me another rabbit, which he had "treated" half an hour previously. It was eating lettuce; but I hardly know whether to call it eating. One complete movement of the jaw took forty-five seconds. The movement of a cow's jaw chewing the cud would seem incredibly swift and voracious in comparison.

"Do you understand what this means?" cried the Professor. "It means that I can retard life, growth, time, chemical action—everything extra-atomic."

I whistled to myself. Some old maids would have thought it unwomanly to do such a thing; the Professor —whom I always classed among the old maids—smiled triumphantly.

"What are you going to do about it?" I asked.

"Do?" he exclaimed. "Do? *Do?* I will do everything! First of all, I shall be able to prosecute my other researches indefinitely—indefinitely; think of it—indefinitely! And so shall you—so shall you."

Generally I should have felt very irritated at his mode of speech—the way in which he echoed his own words always did irritate me—but now I was bewildered, and looked upon the Professor in a new light. He seemed to be "Brain" personified. I therefore stood meekly by and said nothing. He, for his part, said not another word, but, turning abruptly, left the laboratory, while the rabbit continued its slow progress across the floor. I watched it. It walked round the room, and nibbled at some green-stuff which the other rabbit had not eaten. Nibbled! Good heavens! Its jaws worked ponderously, slowly—one could hardly see the movement! But as I watched, the effect seemed to wear off; it was soon obvious that the force only gave temporary retardation.

For two or three months the Professor said no more about the subject; he was busy building a new room adjoining the laboratory.

One day, soon after this had been completed, he asked me to enter this room with him.

"I have fitted this chamber with two large poles for conducting the α force, and I intend to shut myself in for a week. Will you come?"

I am not generally a coward, but I suggested that I would rather wait. That if the Professor was unharmed at the end of a week, I would accompany him on the next occasion. I spoke very politely.

He nodded. "As you will. But there is no danger. I have a controlling key in the room, and shall only give myself small doses of the force. Enough to keep me down to, say, one-seventh of my usual rate of living. Not as much as I gave to the rabbits."

So the Professor disappeared into the room, and a week passed. He did not come out again, and I grew nervous. Generally speaking, he was so very punctual. I gave him a few extra hours, and then forced my way in. It was not difficult to do this, as the lock was very flimsy.

There sat the Professor. Eating! He was munching bread and butter very slowly, but not so slowly as I had seen the rabbits.

He looked up as I entered; his head moved up as though he were a mechanical toy and the works had run down.

He opened his mouth and commenced to speak, but I heard nothing except a low rattle, deep and vibratory. And the grotesqueness of that slowly moving mouth was too much for me—I roared with laughter. I kept on laughing; I could not help it.

A methodical, angry expression spread over the Professor's face, beginning with the eyes, and gradually coming downwards. It was like watching an eclipse of the moon.

I think the Professor must have understood the situation, and that he realised how slowly his vocal cords were vibrating, so that only a rumble could be heard, for the eclipse passed, and the moon shone once more.

In an hour's time the Professor's movements had become almost normal, and his voice, though deep and slow, was clear.

"I am late," said he; "but that is because the force took so long to wear off."

"Is not the bread stale?" I asked inaptly.

"No. The bacteria, and other flora and fauna, had had their growth retarded like my own. I have only lived about twelve hours. You see, I used double the force that I had at first intended to use. Even the chemical action of the fire was retarded. One scuttleful of coal has lasted the whole week!"

It was true. In my excitement I could hardly breathe. The possibilities were enormous.

At last I found my voice. "We can make a fortune!" I cried. "We can use the force as a food preservative! No more refrigerators. But fresh meat, fresh milk, eggs, butter—everything! All the decaying principles will be held back by a heavy dose of the force!"

The Professor did not seem to welcome the idea. "I have a better use for it," he said. "I shall come and live here for a year—ten years, perhaps—at the rate of a day—or less. Thus I shall be able to await scientific developments in the outside world, and so extend my life that I can continue to work, and watch the advance of science for hundreds of years! I will try to live at the rate of a day for a hundred years. Think what it will mean! I shall merely bring some food and a book into this room. I shall light the fire, and stay here apparently a day. I shall go forth fresh to find that a century has passed. I shall read up the great discoveries which have been made during that period, and shall be able to follow up science with new knowledge added to my own. Oh, marvellous, wonderful—*very* wonderful!"

He had become very excited, and now mopped his perspiring brow with the inevitable red silk handkerchief.

"The elixir of life," I murmured.

But the Professor's gorgeous dreams were never to be realised.

Shortly after this I myself undertook to remain with him in his room for a week; we were to live at a slower rate than he had done. The Professor thought that we might try the effect of living at the rate of about three hours to the week.

We entered the room, which was unlighted by windows, as the Professor considered that the rapid passing of night into day would become tedious. The sun would rise every quarter of an hour, and we should constantly have to light the lamp and put it out again. Foreseeing this, he had lighted the room by means of artificial illumination alone.

The Professor switched on the force, but I felt no change at all. At first I thought that something had gone wrong, for the Professor's movements seemed quite normal, and also his voice. When I spoke my thoughts to him, however, he shook his head.

"No—your own self being tuned down equally with mine, you feel nothing and see no difference," said he. Then continued, "The only thing I cannot explain is that your sense of hearing should have been changed, for sound waves are physical, not chemical. I presume, however, that though you really *hear* different sounds, the brain, with its own change, is translating these vibrations proportionately. However, that is another matter to be worked out later. Look at your watch," he added, "and you will see how the time passes; it is probably time for you to wind it up."

I looked, but my watch had stopped already!

The Professor, however, showed me his own after he had wound it up. The hands were moving round with extraordinary rapidity.

"How long have we been here?" I asked in amazement.

He considered for a moment. "I *think* about thirty-six hours, but it may be only twenty-four. I have no means of telling whether my watch has gone round twice or thrice."

Then he put some coal on the fire.

"I will go out into the house and find out," I said.

"No—you must not," was the emphatic reply. "The housekeeper would think you mad. You would take about four hours to reach the dining-room and get back here. Long before that the woman would have fetched a doctor to you."

I laughed. Then I wondered how the housekeeper would appear to me. I realised that the plump old lady would seem to fly upstairs at incredible speed, that she would seem to eat her dinner in a few seconds. Voracious! I laughed again.

But the Professor's voice brought me back from my dreams.

"I told you that I had discovered *two* Retardatory Forces, α and β. The second force, β, is intra-atomic. I have been working at it quietly, but it is a difficult force to deal with. I wish you to work with me in future."

I was overjoyed at his words; they showed that he was beginning to place real confidence in me.

"Very well," I replied. "Will you tell me something about it?"

He paused, and, as usual, wiped his spectacles quite unnecessarily.

"It is a bigger thing than the α force. With it I can disintegrate matter. When an intra-atomic vibration is halved, the atomic weight is halved. Therefore, I can transmute metals by keeping the force in action. I increase the volume of the substance until I obtain hydrogen; after that I obtain new and lighter substances, and finally I reach the ultimate element of all—the omnipresent ether of space!"

"When did you do this?" I exclaimed in wonder.

"I have not done it yet. I know that I can. I have reduced heavy metals to light ones. I tried to make gold from lead, but all the parts were not simultaneously retarded. Some parts went just beyond gold, and some did not go far enough. No doubt some gold was present, but I got a mixture of many very similar elements, answering to most of the tests for gold, but giving other reactions also. That is the great difficulty; the action does not take place homogeneously throughout a substance. I turned iron into hydrogen, but not real hydrogen; it was a mixture of gases allied to hydrogen—hundreds of them, I should think; and yet there was a little iron left, and a little of all the intermediate stages. Is my difficulty clear?"

I nodded, and then considered the matter silently.

The Professor continued: "Both these forces are produced by the same machine; it is only a matter of adjustment. Sometimes I can't quite understand what the difference is. You have heard the two notes which the machine sounds when working? Well, the higher of the two—the very shrill one—is produced when the β force is being produced."

The time passed rapidly, and just as we were preparing to emerge a new thought struck me. I have always been subject to humorous ideas. Our housekeeper was discreet, and not inquisitive, but this shutting of ourselves up for a week rather startled her, I could see, though she made few remarks, being used to the Professor's vagaries.

"Wouldn't it be fine to shut her in this room for an hour with the force!" I exclaimed, "or a day! She would just dust the room, and come out in the middle of the night, having entered in the middle of the day."

The Professor chuckled. "Dear me, dear me, how ludicrous—how *very* ludicrous!" he exclaimed.

We opened the door of the room and entered the laboratory. Through the window I caught sight of figures

rushing to and fro. A bicycle went past at what appeared to be a rate of about two hundred miles an hour. And the few sounds that I did hear were high and squeaky. I understood at once that the force had not worked off yet, so with my master I sat down and waited before entering the house.

After this we were at work upon the β force for several weeks, transmuting metals, but never getting any pure elements as results. Organic matter, being for the most part composed of atoms of low atomic weights, we left alone, for we could get nothing but light gases as the result, and we preferred to work upon solids at present.

One thing that hindered our work was the fact that the machine was constantly re-adjusting itself and producing the α force, after the Professor had set it going with the β force, and this, of course, had no effect in transmuting matter; and, search as we would, we could not find out the cause of this automatic re-adjustment.

After three or four weeks I again thought of the joke which we intended to play upon the old housekeeper, and, on mentioning it to the Professor, he, chuckling to himself, asked her to dust the room. Then he quietly locked the door on the outside and pocketed the key. He left the room for a few minutes, instructing me to attend to the laboratory while he was away.

The whirr of the machine sounded pleasantly in my ears, as I thought of the woman's amazement when she re-appeared. What a funny——

"Whirr-r-r!"

The note was different and shrill. For the first time the noise of the machine had changed from the lower to the high, piercing note. The force β was at work!

Since I had broken in upon the Professor in the first instance a stronger lock had been placed upon the door. The machine itself I could not stop, for the contact key was locked in a little iron-bound box. The Professor would never allow *that* out of his own control.

I rushed to the door and called him. At last he arrived, leisurely and somewhat irritable. But as soon as he heard the high note he ran to the door of the small room, and, unlocking it, flung it open. We stood and stared. The room was empty! The housekeeper, the table, the chairs, the carpet, all organic matter was gone—absolutely gone! The fireplace and other things of high atomic weight were changed: some were semi-liquid, others were—well——

"She's gone," I exclained inanely.

The Professor sighed. "She was a good housekeeper," he said regretfully.

There was nothing to be done. There were no remains, even; and I stared blankly at my companion.

"What can we do?" I asked, feeling faint and distraught.

The Professor shook his head.

"Nothing, I fear—I very much fear," he replied. "She has become hydrogen, and less than hydrogen; she is mixed with the vapours of table and chairs; she is floating out into space."

I shuddered, and sank into a chair.

"Tut, tut!" he exclaimed. "It can't be helped—it *really* can't be helped. But I did not foresee this possibility. I'm afraid we must not use the force so indiscriminately until we know more about it."

* * * *

We were for some time puzzled as to what official notice should be taken of the housekeeper's disappearance. The law does not recognise this kind of happening as an everyday matter to be lightly passed over. The charge of man-slaughter loomed large before the Professor's eyes. The course taken in the end was suggested by myself. I pointed out that, the housekeeper having disappeared, the actual manner of her going was of no importance to outsiders, but of considerable importance to us; furthermore, that few people would believe the truth did we tell it. We, therefore, informed the police that our housekeeper had gone out to post a letter, that she had not since returned or been seen by us, and would the police do all they could to find her? Of course, they searched her effects, and, of course, found no reason for her disappearance. The Professor, wishing to be truthful, wanted to tell them that she had taken with her a duster, a broom, and a bottle of French polish; but I showed him that, though in truth these things had disappeared with her, he was hardly justified in making the imputation that dishonesty was the cause of her disappearance.

We no longer continued the experiments upon ourselves, the Professor deciding that it was better to follow the science of to-day than to try to live to see the science of a century hence.

Incidentally, he asked me to marry him about this time. But I had other views on the matter.

Case of Intussusception of Jejunum into Ileum. Resection of seven and a half feet of Small Intestine; Recovery.

By Geoffrey Hadfield, M.B., B.S.

ELEANOR R--, æt. 19, married, was admitted to the Metropolitan Hospital at 10 p.m. on October 30th, 1912, complaining of abdominal pain and vomiting.

History present condition.—At 3 a.m. on the morning of October 29th she had violent, sudden, generalised abdominal pain, which has continued with very slight intermission until admission. Vomited twelve hours after onset of pain. Since then has vomited frequently, and the vomit during the last few hours has become offensive. Bowels

opened Monday evening, October 28th, before attack came on.

On admission she therefore gave a history of—

(1) General abdominal pain for forty-three hours.

(2) Vomiting for thirty-one hours.

(3) Absolute constipation for forty-six hours.

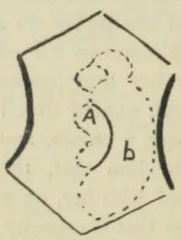
Past history.—Confined in January, 1912; on two occasions since then has had attacks of generalised abdominal pain at intervals of about three months. Each attack prostrated her; she vomited, and recovered in twelve to sixteen hours.

Condition on admission.—Looks ill. Commencing peritonitic facies. Restless. Occasional hiccough. Not sweating. Tongue dry and thickly furred.

Pulse, 130; respirations, 32; temperature, 99·6° F. Nothing abnormal in chest.

Abdomen.—Movement is limited and painful. Distended in the umbilical region and left hypochondrium.

Outlines of three distended coils of intestine seen in the following position:



No peristalsis observed. The most superficial coil (A) feels boggy, and is sub-resonant on percussion, but not tender. The coil (*b*) feels resistant, is almost dull on percussion, and is tender. Flanks are resonant; general fairly well-marked rigidity present all over abdomen, least marked in the upper part of the recti.

Per rectum.—Very tender high up on left side.

Operation.—Mr. Elmslie opened the abdomen by an incision in the left linea semilunaris. Free fluid, brown in colour, found lying between coils of intestine.

The median coil (A in diagram) presented in the wound. It was greatly distended and damson-coloured. On freeing it by dividing omental adhesions it was seen to be twisted on its mesentery. It was untwisted, and the coil (B in diagram) was found to practically encircle it. This coil was then brought to the surface and was found to be tightly distended, about 13 in. long (diameter 2½ to 3 in.), and purple-red in colour. So tightly was it distended that it had ruptured about its middle, the tear, however, only involving the peritoneal and muscular coats. The upper end of this coil disappeared under the folded mesentery of the coil A; on retracting the mesentery, however, a short length of black collapsed intestine was seen entering the distended coil at its upper end. This was the proximal end of a jejunal intussusception, the distended ruptured coil of gut being the intussuscipiens.

About 6 to 6½ ft. of black, collapsed small intestine were withdrawn from the coil *b*, where they were packed in a concertina-like fashion. No difficulty in the actual reduction.

The intussusceptum consisted entirely of small intestine; it was gangrenous up to 1 ft. of the duodeno-jejunal flexure, did not bleed, nor change colour with hot saline. Its mesentery was very thick, and all the larger veins in it were extensively thrombosed. The intussuscipiens, although it had not lost much of its peritoneal sheen and had assumed an almost normal colour and calibre, was found to have at its distal end three circular black patches near its mesenteric attachment.

Clamps were put on the intestine distal to this, and at about 6 in. from the duodeno-jejunal flexure.

The muscular coats of the gut were crushed and ligatured, and the mucous membrane stumps invaginated. Interlocking sutures were then passed along the root of the mesentery, and the gut with the whole of its mesentery was removed. A side-to-side anastomosis was then done.

Two hours after the operation a small formed stool was passed. On November 4th the stools were free from blood, and on November 6th she was taking light mixed diet, and three months after the operation was in good health.

The piece of gut removed contained at its lower end a small pedunculated polypus.

I am greatly indebted to Mr. Elmslie for permission to publish this case.

The Clubs.

CRICKET CLUB.

PAST *v.* PRESENT.

Played at Winchmore Hill on July 2nd, this match resulted in a draw. The weather was glorious until about 5.30 p.m., when a sudden heavy shower stopped further play and robbed the Present of almost certain victory. For the Present H. J. Bower played attractively for 99 runs, and for the Past A. J. Waugh compiled a faultless century. A large gathering witnessed the match, and the Garden Party seems to be as popular as ever.

SCORES.

PRESENT.		PAST.	
E. G. Dingley, c Turner, b Norman	31	A. J. Waugh, st Brash, b Haynes	101
R. H. Maingot, st Symes, b Norman	29	E. M. Grace, c Owen, b Bower	28
H. J. Bower, c Gaskell, b Waugh	99	A. Symes, c Mudge, b McCall	0
J. F. Haynes, c Waugh, b Norman	10	H. Barnes, c Wells-Cole, b Bower	0
T. Owen, b Norman	16	A. J. Turner, c McCall, b McFarland	6
R. G. Mack, lbw, b Norman	9	E. Nunn, run out	11
J. B. McFarland, not out	33	W. A. Pocock, c sub, b Haynes	17
E. J. G. Brash, b Waugh	24	T. E. Osmonde, b Owen	0
G. C. Wells-Cole, H. D. McCall, W. C. Spackman, J. B. Mudge	Did not bat.	N. F. Norman, not out	4
		C. Viner, b Owen	0
		A. Noon, not out	2
		G. Gaskell did not bat	
Extras	18	Extras	11
Total (7 wkts.)	269	Total (9 wkts.)	180

FINAL CUP TIE.

BART.'s *v.* ST. THOMAS'S HOSPITAL.

Played at Honor Oak Park on September 14th. Bart.'s won the toss and batted first. The batsmen found A. F. Morcom very difficult, and with the exception of E. M. Grace, made a very poor resistance. Things looked brighter when St. Thomas's were dismissed for 142, but very weak batting by Bart.'s in their second innings gave St. Thomas's the Cup. For St. Thomas's Morcom secured 8 wickets for 37, and 5 wickets for 22. For St. Bart.'s Owen got 5 wickets for 20 runs.

SCORES.

ST. BART.'S.

1st Innings.		2nd Innings.	
T. Owen, c Price, b Morcom	11	b Atkinson	20
R. H. Maingot, b Morcom	2	b Cranston	6
R. H. Williams, c Sparkes, b Morcom	6	b Morcom	6
H. J. Bower, b Morcom	2	st Fry, b Cranston	3
E. M. Grace, b Cranston	31	b Morcom	4
J. B. MacFarland, b Morcom	0	b Morcom	0
H. G. Moser, c Atkinson, b Cranston	3	lbw, b Morcom	0
W. C. Spackman, b Morcom	1	b Morcom	0
G. C. Wells-Cole, b Morcom	3	c Garden-Hill, b Atkinson	9
W. E. Wilson, not out	6	b Atkinson	7
H. D. McCall, b Morcom	0	not out	1
Extras	3	Extras	2
Total	68	Total	58

ST. THOMAS'S HOSPITAL.

C. W. Sparkes, c Wilson, b Owen	6	M. T. Atkinson, lbw, b Owen	6
H. Garden-Hill, c Spackman, b Owen	10	L. W. Shelley, c Williams, b Bower	20
G. Cranston, b Wilson	40	H. A. Rowell, c Spackman, b Owen	0
V. C. Pennell, b Grace	33	H. S. B. Fry, not out	5
A. F. Morcom, b Wilson	1	Extras	6
A. R. C. Doorly, st Williams, b Grace	3		
S. T. Price, b Owen	12	Total	142

BATTING AVERAGES.

	Innings.	Not outs.	Total.	Highest score.	Average.
T. Owen	13	1	273	100*	22·7
H. J. Bower	11	1	221	99	22·1
R. H. Maingot	11	1	184	67*	18·4
J. F. Haynes	10	0	178	65	17·8
G. C. Wells-Cole	12	3	155	57	17·2
E. M. Grace	13	0	187	55	14·3
E. G. Dingley	10	0	109	44	10·9

Also batted—J. B. Macfarland, 7 inns., total 161, average 32·5
J. W. Stretton, 7 „ „ 187, „ 26·7
R. H. Williams, 9 „ „ 136, „ 17·0
H. D. McCall, 8 „ „ 111, „ 15·8

* Signifies not out.

BOWLING AVERAGES.

	Wickets.	Runs.	Average.
H. J. Bower	15	114	7·6
J. W. Stretton	10	122	12·2
T. Owen	30	401	13·36
H. D. McCall	21	281	13·39
E. M. Grace	23	504	21·9

RUGBY FOOTBALL CLUB.

This year we hope for great results, and intend to make a really good attempt at the Inter-Hospital Cup.

With the exception of B. J. Brewitt, the whole of last season's first XV are available, and, in addition, J. V. Fiddian is back at Hospital once more. We hope he will be able to turn out regularly for the side.

At present we know nothing of what recruits we shall get from the Schools or Universities, but we hope that all freshmen who play rugger will put their names down to do so, as there are three teams playing regularly, and we want all the players we can find.

The first XV should be exceptionally strong at forward and half, but we rather lack weight and pace in the three-quarter line. If only we can strengthen this part of the team there should be nothing to prevent us having a really successful season. We have all our old fixtures, and one new one—against the Royal Naval College at Osborne.

Officers for the coming Season.

1ST XV.—*Captain*: R. H. Williams. *Vice-Captain*: J. B. Mudge. *Hon. Secretary*: F. G. A. Smyth. *Selection Committee*: R. L. Kitching, J. Bradley.

2ND XV.—*Captain*: C. H. Banks. *Hon. Secretary*: R. Coyte.

3RD XV.—*Captain*: R. Fitzgerald Moore. *Hon. Secretary*: J. D. Longford.

LONDON UNIVERSITY O.T.C. MEDICAL UNIT.

The annual camp was held this year from July 19th to August 2nd at Windmill Hill on Salisbury Plain. Major H. H. Tooth, C.M.G., was in command, with Capt. A. P. Gray as acting Adjutant. Nine officers and 150 cadets attended the camp.

Early parade before breakfast was devoted to company drill, when candidates for certificate A were given command of the sections. From 9 to 12.30 more company drill, stretcher drill and first aid were gone through and short lectures on the afternoon's work given, while the B certificate men also were taken through map reading and drawing, and other more advanced work.

In the afternoon various forms of field hospitals were pitched, the sergeants at times being given charge of the arrangements. Several night marches by compass were undertaken, in one of which five members of the unit left camp on horseback at 12.45 a.m. and rode to Stonehenge, arriving back in camp at 10 a.m. after covering twenty-five miles.

Another day the whole unit marched by road to Stonehenge and back, the cooks being left about eight miles from camp to prepare a hot dinner, which was much appreciated on the return journey. "A" section (St. Bart.'s, London and Charing Cross) distinguished itself by winning Major Herringham's cup for stretcher drill after a very keen competition. The result was obtained by the hard work of Staff-Sergt. Guppy and Sergts. M. Donaldson and Thompson, who were well backed up by the rest of the section.

An examination in the practical portion of A certificate was held during the last week of camp, when fifty-six cadets passed.

It is hoped that a large number of freshmen will join to fill up the gaps formed by those who leave each year.

It is now understood that no cadet will be re-engaged after his period of two years' service unless he has passed certificate A.

Anyone wishing for further information can apply to Lieut. H. K. Griffith, Resident Staff Quarters, or at any of the drills which are held at 4.15 on Tuesdays in the Old Surgery.

ST. BARTHOLOMEW'S HOSPITAL STUDENTS' CHRISTIAN UNION.

We offer a hearty welcome to all the Freshmen who have just joined the Hospital, and hope that a considerable number will join our Union.

The objects of the Union, which was founded in 1877, are set forth in the card given to all members, and details will be given to inquirers by the Student President or any member of the committee.

Weekly meetings are held during the winter session, a notice of each being posted on the board at the head of the cloak-room stairs.

Correspondence.

AN URGENT APPEAL.

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

SIR,—We beg to commend the following sad case to the consideration of St. Bartholomew's men.

Mr. Malcolm Dyson qualified in 1897 and took his final F.R.C.S. in 1900; he will no doubt be well remembered by many of his contemporaries, and was an earnest, hard-working practitioner in spite of a constitution which was never robust.

He was in practice with one of us for some years, he never spared himself, and carried out his duties in a most thorough and conscientious manner. Eventually he settled in Rotherhithe, where he was much appreciated and carried on a large and arduous practice.

In the middle of February of this year he contracted influenza, but would not give up work until pneumonia set in, and from this he died within a few days of its onset.

Mrs. Dyson is left with two children, one a boy, æt. 10, and a daughter who was born on the day of her husband's death.

Her income is totally inadequate for her support, and having been a trained nurse before marriage, she now wishes to take up massage as a means of livelihood.

We ask the help of the readers of this JOURNAL to enable us to start a fund to provide her with some support until she can acquire the knowledge and certificates necessary for the purpose.

We shall gratefully acknowledge any subscriptions.

HOWARD H. TOOTH,
34, Harley Street, W.;
JOHN ADAMS,
180, Aldersgate Street, E.C.

SOME CASES OF HÆMOPHILIA.

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

SIR,—In the course of his remarks upon the interesting cases of hæmophilia which he gives in your current number, Dr. Sparrow prints a genealogical tree which, he says, "is in direct opposition to the generally accepted fact that the hæmorrhagic diathesis is transmitted to the males by the females."

It appears to me, however, unless I or the printer have been in gross error, that exactly the contrary is true. Dr. Sparrow's tree shows that a hæmophilic man, who may have inherited through his mother, did not transmit the disease to his children, but that three of his daughters transmitted it to their sons, and that his sister transmitted it to her son. Another genealogical tree, which Dr. Sparrow prints without comment, also shows transmission of hæmophilia to male offspring only, through non-hæmophilic females.

I am sir, yours, etc.,
W. M. FLETCHER.

TRINITY COLLEGE,
CAMBRIDGE.
September 3rd, 1913.

The Bookshelf.

REVIEWS.

MANUAL OF BACTERIOLOGY. By MUIR and RITCHIE. Sixth edition. Pp. 736. (Henry Frowde, and Hodder & Stoughton, 1913.)

This book is so well known to both student and practitioner that an exhaustive review of its contents is unnecessary; it is probably the most widely read of all the text-books upon bacteriology.

It is slightly larger than previous editions, but the authors have wisely considered that to increase its volume further would be undesirable.

Revision and addition have been considerable, but the authors have not accepted nor included all the results which are *said* to have been obtained during the past two or three years, deeming many of which, though highly interesting, yet highly problematical. Rather, they have sorted such work with much descrimination, and have included chiefly those results which appeared likely to stand the test of future inquiry.

In spite of the fact that Messrs. Muir and Ritchie have refused to plunge blindly into the maelström of speculative hypotheses, the book is thoroughly up-to-date. Two very important sections have been added, one of which deals with the bacteriology of milk. The other is a chapter on the importance of fungi as disease-producing organisms, which subject is daily becoming of more importance.

In this edition many new microphotographs have been included, and the number of illustrations now reaches 192 without including the six coloured plates with their twenty-five admirable illustrations.

There is only one criticism which we should like to offer. As in the vast majority of scientific works, the authors have been so intent on the subject-matter that they have occasionally neglected the style. It has not been badly neglected in this instance, but an occasional involved sentence causes one to pause for a moment in doubt. A clear literary style is really much more important in a text-book than in a novel. It must not be thought that we are picking out this volume as a great offender in this respect. On the contrary it is far better than the majority of text-books. But our attention has been much directed to this point of late, and it seems that better results may accrue by mentioning the matter in connection with a book of considerable value than by treating of it in the review of an unknown effusion by an unknown man. There are several famous works—especially among those dealing with anatomy—which are so badly written in places that only the already initiated can fit a meaning to some of the tangled strings of words.

In conclusion we do not think that either practitioner or student could find a better book for general purposes; it covers the whole of the necessary ground for ordinary examination purposes in a very thorough manner.

MINOR SURGERY. By LEONARD A. BIDWELL, F.R.C.S. Second edition, revised and enlarged. 8vo. Pp. xvi + 299. Illustrated. (London: University of London Press. Messrs. Hodder & Stoughton and Mr. Henry Frowde.) Price 10*s.* 6*d.* net.

The fact that a second edition of this work has become necessary within twelve months of the publication of the first is a sufficient indication that it has met a need. The first edition was reviewed in the JOURNAL for February, 1912, and after reading the new, revised and enlarged edition we have pleasure in repeating our recommendation of it.

Owing to the lamented death of the author as the work was passing through the press the final proofs have been read by Mr. Percy Dunn; but except in this respect the published work is as it left the author's hand.

Like all the other publications of the University of London Press that we have seen, the binding, paper and type are all that can be desired.

SYNOPSIS OF MIDWIFERY. By A. W. BOURNE. Pp. 212. (J. Wright & Sons, Ltd.) Price 5*s.* net.

As the name implies, this book is not a text-book in the ordinary sense, nor is it intended to be one. It contains, however, short concise information on almost every possible point connected with obstetrics, and ranges from ovulation to pubiotomy. It should be a very valuable help to those who have already studied the subject and wish to revise any particular detail. Important points for examination purposes have been emphasised, and the sections on treatment have been rather more fully dealt with than the other portions. On the whole it is a very practical little book, and should form a useful addition to the student's library.

BOOKS ADDED TO THE LIBRARY.

Bowlby, Sir Anthony A., C.M.G., F.R.C.S. Surgical Pathology and Morbid Anatomy. Sixth Edition, edited with the assistance of Dr. F. W. Andrewes. Demy 8vo. Lond. 1913.

Bruce, J. Mitchell, M.A., LL.D. (Hon.) (Aberd.), M.D.(Lond.), F.R.C.P., assisted by Walter J. Dilling, M.B., Ch.B.(Aberd.). Materia Medica and Therapeutics. An Introduction to the Rational Treatment of Disease. Ninth Edition, carefully revised. Small 8vo. Lond. 1912.

Jellett, Henry, B.A., M.D. (Dublin Univ.), F.R.C.P.I. A Short Practice of Midwifery, embodying the Treatment adopted in the Rotunda Hospital, Dublin, with a Preface by Sir W. J. Smyly, M.D., F.R.C.P.I. Sixth Edition, revised. With four coloured plates and 207 illustrations, and an Appendix containing the Statistics of the Hospital for the last twenty-two years. Demy 8vo. Lond. 1913.

Pembrey, M. S., and Ritchie, J., Editors of Text-book of General Pathology by the following contributors: A. P. Beddard, A. E. Boycott, C. H. Browning, A. E. Garrod, J. S. Haldane, I. Walker Hall, A. F. Hertz, F. W. Mott, M. S. Pembrey, J. Ritchie, J. H. Ryffell, S. V. Sewell, J. Lorrain Smith, E. Ainley Walker. Royal 8vo. Lond. 1913.

Woodwark, A. S., M.D., M.R.C.P. Manual of Medicine. Crown 8vo. Edin., Glas. and Lond. 1912.

The Concise Oxford Dictionary of Current English, adapted by H. W. Fowler and F. G. Fowler. Crown 8vo. Oxford 1912.

The following were presented by the authors:

Eccles, W. McAdam, M.S.(Lond.), F.R.C.S.(Eng.). Hernia: its Ætiology, Symptoms and Treatment. Third Edition. Medium 8vo. Lond. 1908.

Hall, F. de Havilland, M.D., F.R.C.P. The Lumleian Lectures on Intra-thoracic Aneurysm. Delivered before the Royal College of Physicians of London on March 6th, 11th and 13th, 1913. Lond. 1913.

Pakes, Walter C. C. The Science of Hygiene. A Text-book of Laboratory Practice for Public Health Students. New Edition, revised by A. T. Nankivell. Crown 8vo. Lond. 1912.

Sawyer, Sir James, M.D., F.R.C.P. Insomnia: its Causes and Treatment. Second Edition, with many revisions and additions. Crown 8vo. Birmingham 1912.

The New Resident Staff.

Sir ANTHONY BOWLBY	October	M. N. Perrin.
	April	J. R. Griffith.
Mr. D'ARCY POWER	October	R. O. Ward.
	April	L. R. Shore.
Mr. WARING	October	G. L. Keynes.
	April	E. J. Bradley.
Mr. MCADAM ECCLES	October	C. R. Wright.
	April	J. W. Stretton.
Mr. BAILEY	October	R. E. R. Burn.
	April	W. A. Pocock.
Dr. HERRINGHAM	October	H. Y. Mansfield.
Dr. GARROD	October	A. C. Roxburgh.
Dr. CALVERT	October	G. A. Smythe.
INTERN MIDWIFERY ASSISTANT	October	H. Griffith.
EXTERN MIDWIFERY ASSISTANT	October	E. P. W. Wedd.
	January	E. A. P. Brock.
OPHTHALMIC HOUSE-SURGEON	October	R. L. Kitching.
HOUSE-SURGEON TO EAR, THROAT, AND NOSE DEPARTMENT	October	A. B. Pavey-Smith.

New Addresses.

BARROW, R. M., Suite 13, Buena Vista Block, 24th Street, Edmonton, Alberta, Canada.
CANE, Capt. A. S., R.A.M.C., 38, Bombay Road, Kirkee, India.
CARLYON, T. B., 36, Nelson Road, Gillingham, Kent.
DONALDSON, M., 145, Harley Street, W. (after October 7th).
HARRIS, Staff-Surg. N. H., H.M.S. "Proserpine," Mediterranean.
KEMP, C. G., Fifield House, Manor Road, St. Albans.
MOORE, NORMAN, 67, Gloucester Place, Portman Square, W. (Tel. Mayfair 537.)
MURPHY, Surg. L. C. E., R.N., Royal Marine Barracks, Chatham.
PIDCOCK, G. D., 16, Willoughby Road, Hampstead. (Tel. 124 Hampstead.)
SOAMES, R. M., Ridgeway, Reigate Hill, Reigate.

Appointments.

BUTLER, T. HARRISON, B.Ch., M.D., M.R.C.S., L.R.C.P., appointed Hon. Assistant Surgeon to the Birmingham and Midland Eye Hospital.
CANE, Capt. A. S., R.A.M.C., M.R.C.S., L.R.C.P., appointed Specialist in Dermatology, etc., 6th (Poona) Division, India.
SOAMES, R. M., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Tuberculosis Medical Officer to the County of Surrey.

Royal Naval Medical Service.

The following appointments have been notified since August 20th, 1913:

Staff-Surgeon W. P. Dyer to the "Vengeance."
Staff-Surgeon P. M. Rivaz to the "Bellerophon."
Staff-Surgeon E. S. Wilkinson to the "King Edward VII."
Staff-Surgeon W. C. B. Smith to Royal Marine Barracks, Chatham.
All to date October 1st, 1913.
Surgeon E. Moxon-Browne to the "Indefatigable," to date October 11th, 1913.

Royal Army Medical Corps.

The death of Captain F. H. Noke, which took place on August 12th, will have been seen with deep regret. He entered the service in 1904 and retired two years ago on account of ill-health. A first rate officer, a fine athlete, and one who was loved by all who knew him, there is no one who will be more missed by his many friends, both in the Corps and beyond it.

* * *

Majors W. E. Hardy and J. E. Brogden have been promoted to the rank of Lieut.-Colonel.

Colonel E. J. E. Risk (A.M.S.) and Major E. M. Williams retire on retired pay.

* * *

The following will proceed to India during the present trooping season: Captain A. H. Hayes and Lieutenant T. E. Osmond to the Northern Army. Major A. L. Scott, Lieuts. Allnutt, Hudleston, Vivian and With to the Southern Army.

Major H. S. Thurston has exchanged from Malta to Dublin.

* * *

Captains E. W. M. Paine and A. S. Williams will join the Captain's Course at the Royal Army Medical College in November next.

* * *

At the termination of the last Course, Captain H. C. Sidgwick obtained six months' acceleration of promotion and a special certificate in operative surgery; Captain A. A. Meaden three months' acceleration.

Captain H. C. Sidgwick has been posted to Woolwich, and Captain C. W. O'Brien to the London District.

* * *

The attention of men who intend to compete for commissions in the Corps is drawn to the great importance of obtaining service marks under paragraph 71, Regulations for the Officers' Training Corps.

Births.

HUNT.—On August 31st, at Secunderabad, Deccan, India, the wife of Edmund Henderson Hunt, F.R.C.S.—a daughter.
ILOTT.—On August 22nd, at Hamlegrö, Bromley, Kent, the wife of Cyril H. Ilott—a daughter.
OGLE-SKAN.—On September 7th, at 157, Audley Road, Hendon, N.W., the wife of H. W. Ogle-Skan, M.R.C.S., L.R.C.P., of a son.
PAGET.—On September 25th, at Waddon Bridge House, Croydon, the wife of Walter Gray Paget, M.R.C.S.(Eng.), L.R.C.P.(Lond.), etc., of a daughter. Australian papers please copy.

Times of Attendance of the Staff in the Wards and Out-patient Departments.

This Time-table will be Published Quarterly and also whenever there are any Important Alterations.

		Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Wards	Dr. HERRINGHAM	—	1.30	—	1.30	1.30	—
	Dr. TOOTH	1.30	1.30	—	1.30	—	—
	Dr. GARROD	1.30	1.30	—	1.30	1.30	—
	Dr. CALVERT	1.30	1.30	—	1.30	1.30	—
	Dr. MORLEY FLETCHER	1.30	1.30	—	1.30	—	—
Surgical Wards (*operating days in heavy type*)	Sir A. BOWLBY	1.30	—	1.30	—	**1.30**	—
	Mr. D'ARCY POWER	**1·30**	1·30	—	**1·30**	1·30	—
	Mr. WARING	**1.30**	1.30	**1.30**	1.30	—	—
	Mr. ECCLES	1.30	**1.30**	—	1.30	**1.30**	—
	Mr. BAILEY	1.30	**1.30**	1.30	**1.30**	—	—
Gynæcological Wards	Dr. GRIFFITH	2	—	2	—	2	—
Medical Out-patients	Dr. DRYSDALE	—	1.30	—	—	1.30	—
	Dr. HORTON-SMITH HARTLEY	1.30	—	—	1.30	—	—
	Dr. HORDER	—	—	1.30	—	—	1.30
Surgical Out-patients	Mr. RAWLING	9	—	—	—	—	—
	Mr. GASK	—	9	—	—	—	—
	Mr. GORDON WATSON	—	—	—	—	9	—
	Mr. WILSON	—	—	—	9	—	—
	Mr. GIRLING BALL	—	—	9	—	—	9
Diseases of Women (O. P's.)	Dr. WILLIAMSON	—	1.30	—	—	—	9
	Dr. BARRIS	9	—	—	1.30	—	—
Diseases of Children	Dr. MORLEY FLETCHER	9.30	—	—	—	—	—
	Dr. THURSFIELD	—	—	9.30	—	—	—
Orthopædic Department	Mr. ELMSLIE	1.30	—	—	1.30	—	—
Throat and Nose Department	Mr. HARMER	1.30	—	—	1.30	—	—
	Mr. ROSE	—	9.30	—	—	9.30	—
Ophthalmic Department	Mr. JESSOP	—	1.30	—	—	1.30	—
	Mr. SPICER	1.30	—	—	1.30	—	—
Aural Department	Mr. WEST	1.30	—	—	1.30	—	—
	Mr. SCOTT	—	9	—	—	9	—
Skin Department	Dr. ADAMSON	—	9	9	—	9	—
Dental Department	Mr. ACKLAND	—	9	—	—	—	—
	Dr. AUSTEN	—	—	—	—	9	—
	Mr. COLEMAN	—	—	9	—	9	9
	Mr. FAIRBANK	9	9	—	9	—	—
Electrical Department	Dr. CUMBERBATCH	1.30 (males)	1.30 (women)	—	1.30 (males)	1.30 (women)	—
Skiagrams	——	9.30	9.30	9.30	9.30	9.30	9.30
	——	1.30	1.30	—	1.30	1.30	—

Marriages.

BAILEY—GUARD.—On September 2nd, at St. Paul's Church, Wooburn, Bucks., by the Rev. R. A. Sidebottom, Vicar of Fair Oak, assisted by the Rev. P. Everett Healey, George Frederick Selborne Bailey, M.D., of Clayton's, Bourne End, Bucks, son of Mr. and Mrs. G. F. Bailey, late of Towalla, Watford, to Mabel Yardley, eldest daughter of Mr. and Mrs. Henry Guard, Harrage, Romsey.

TAYLER—EVERETT.—On September 16th, at Holy Trinity Church, Bradford-on-Avon, by the Rev. Wyndham S. Merewether, Herbert Paget, son of the late Christopher Tayler, of Trowbridge, to Kate, daughter of the late Samuel Everett and Mrs. Everett, of Melbourne, Chippenham.

Death.

HARTILL.—On September 23rd, 1913, at Manor House, Willenhall, Staffs, John Thomas Hartill, J.P., M.R.C.S.Eng., L.R.C.P. Lond., aged 65 years.

Acknowledgments.

Guy's Hospital Gazette, New York State Journal of Medicine, Long Island Medical Journal, L'Echo Medical du Nord, The Hospital, The Medical Review, Nursing Times, British Journal of Nursing, Giornale della R. Società Italiana d'Igiene, Clinical Excerpts, Middlesex Hospital Journal.

NOTICE.

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

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St. Bartholomew's Hospital Journal.

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St. Bartholomew's Hospital Journal.

NOVEMBER 1st, 1913.

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

Calendar.

Tues., Nov. 4.—Dr. Morley Fletcher and Mr. Bailey on duty.
Wed., ,, 5.—Clinical Lecture. Mr. Waring.
Primary F.R.C.S. Examination begins.
Fri., ,, 7.—Dr. Herringham and Sir Anthony Bowlby on duty.
Clinical Lecture. Dr. Calvert.
Tues., ,, 11.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., ,, 12.—Clinical Lecture. Mr. Waring.
Fri., ,, 14.—Dr. Garrod and Mr. Waring on duty.
Clinical Lecture. Dr. Herringham.
Tues., ,, 18.—Dr. Calvert and Mr. McAdam Eccles on duty.
Wed., ,, 19.—Clinical Lecture. Mr. McAdam Eccles.
Thurs., ,, 20.—Final F.R.C.S. Examination begins.
Fri., ,, 21.—Dr. Morley Fletcher and Mr. Bailey on duty.
Clinical Lecture. Dr. Tooth.
Examination for D.P.H.(Oxford) begins.
Tues., ,, 25.—Dr. Herringham and Sir Anthony Bowlby on duty.
Wed., ,, 26.—Clinical Lecture. Mr. McAdam Eccles.
Fri., ,, 28.—Dr. Tooth and Mr. D'Arcy Power on duty.
Clinical Lecture. Dr. Garrod.

Editorial Notes.

WE print in another column the list of papers to be read before the Abernethian Society during the present session. The opening address was delivered by Mr. Jessop before a very large audience on October 16th; a report of the address will appear in the next number of the JOURNAL. Much enthusiasm was aroused by the fact that the President of the Society was on this occasion once more seated in Abernethy's own chair, which for five years had been lost to the Society. The papers to be read before the Society cover a wide field, and we notice with pleasure that addresses are to be delivered by two distinguished physicians who are not connected with this Hospital—Sir William Osler, Regius Professor of Medicine at Oxford, and Dr. Henry Head, Physician to the London Hospital.

* * *

We have to offer our heartiest congratulations to Dr. F. G. Chandler on his appointment to the post of Medical Registrar at the London Hospital. The larger hospitals are notoriously slow to elect to important posts men who have been trained at schools other than their own, and the distinction achieved by Dr. Chandler is therefore the greater.

* * *

In our last issue we drew attention to the torpid condition of the Miniature Rifle Club. As the result several students have been stirred with martial ardour. But alas, the torpidity of which we spoke seems to be in reality a deep coma, and the ardent sportsmen have been unable to gain admittance to the range or to find a guardian thereof. We publish in our correspondence columns a letter from one of these gentlemen, and we trust that it may meet the eyes of those concerned with the vitality of the Miniature Rifle Club. A public notice affixed in the usual place for such would doubtless be welcomed by many.

* * *

As the result of our comments on publishers' methods and the Basle terminology, we have received considerable correspondence. We are sorry to say that it exhibits a remarkable unity of opinion against the use of the B.N.A. It would have been so much more easy to consider the question impartially if both sides had been voiced.

Apart from this correspondence, however, our remarks have had yet further result. One of the large London medical schools is, we believe, about to publish our comments in full in their own journal, while others are also taking the matter up, and the *Lancet* has devoted a full page leader to the support of our endeavours.

We hear that one of the publishers is contemplating a new edition in the old terminology. We hope that this may be the case, and certainly the one who is first in the field will reap a large harvest.

It is perhaps well for us to make it once more clear that we are in favour of a revised terminology. But we are in favour of one which shall be *consistent* and more or less *final*, and also of one which comes officially into the field with due decency and order. It is the confusion caused by sporadic efforts which we would most avoid.

* * *

In the present number of the JOURNAL we are publishing the first of a series of lists of hospital and teaching appointments held by past students of the Hospital. We trust this list will be of service to Bart.'s men in all parts of the United Kingdom.

Davos-Platz as a Health Resort.

By BERNARD HUDSON, M.D., M.R.C.P.

THIS, I am afraid, is a very hackneyed subject, Davos-Platz being so widely known already, both as a health and also a winter sport resort. However I thought that perhaps a few words concerning the place, especially as regards the management of phthisical patients, from one who actually lives and works in it, might be of some interest to the readers of this Journal. Hence this article.

Davos is a small town situated in the Canton of Grisons 5200 feet above the sea-level. It began to become known as a health resort, especially for persons afflicted with tuberculosis of the lungs, about forty years ago.

Since then its growth and development have been steady; modern hotels, pensions, and sanatoria have sprung up, and at the present time about 4000 visitors can be accommodated at prices varying from six francs upwards *per diem*. Many of these establishments cater especially for invalids, and are built and arranged with that object, and all of them are provided with balconies facing south.

Practically all the hotels and sanatoria, etc., are centrally heated, electric light is everywhere, gas being used merely for cooking purposes. Under such conditions contamination of the air with fumes and noxious gases is reduced to a minimum. The drainage and sanitation are most excellent.

Davos owes its reputation to its climate, which, in one particular, is perhaps unique, and that is the almost complete and constant absence of wind. Other places of similar altitude enjoy the same sunshine, and dry, invigorating air, but it is the absence of wind, combined with these conditions, which renders the place so peculiarly suitable for certain cases of pulmonary tuberculosis. The cold is hardly felt, whereas with wind it would become almost unsupportable.

With regard to the management of phthisical cases, a special matter of importance is the position of Davos with regard to the question of disinfection. Very naturally, as Davos is probably the most well-known health resort for consumption in the world, there has grown up an idea that the risk of infection there must necessarily be very great, but as a matter of fact, on looking into this question we are forced to come to the conclusion that there is in reality less risk than in many other places. In Davos the most careful and stringent precautions are taken to prevent spread of the tubercle bacillus. Compulsory disinfection is here law, and every room vacated by an individual must be sterilised before being occupied again, unless a doctor's certificate be produced to the effect that the former occupant is not suffering from tuberculosis or any other infectious complaint. The disinfecting is carried out by the "Kurverein" at the patient's expense, a small amount being charged. In this matter Davos is practically unique. One can mention many other well-known health and pleasure resorts, where, by a pleasant fiction, invalids, and especially tuberculosis persons, are not received, and where no precautions whatever are taken in regard to this danger. As we all know, in many such resorts there are usually a large number of consumptives who manage to disguise their complaint under the more innocent-sounding terms of bronchitis, nervous breakdown, anæmia, etc. In these kind of resorts, therefore, surely there is more real danger, especially as it is masked, than in a place where the disease is properly recognised and combated, the patients being forced to declare themselves, and adequate precautions taken. Under such conditions we do at least know "where we are."

The climate of Davos, especially during the winter months, is characterised by its still, dry weather. The remarkable absence of wind, the exhilarating feeling in the air, and the sun's heat, quite nullify the cold from about 10.0 a.m. till 4.0 o'clock in the afternoon, that is to say, even in the middle of winter there is from five to six hours of sunshine on fine days. It is no uncommon sight to see people skating coatless, with the mercury many degrees below the freezing point, and open-air luncheon parties on the rink are quite every-day affairs, even in the depth of winter.

In this high altitude the type of case which does best is a person with fairly good resisting power, and of more or less robust constitution. I am, of course, speaking of phthisis; weakly individuals, with but feeble resisting power, are not, generally speaking, so suitable for high altitudes, the demands upon their constitution being too severe.

Other contra-indications to the place are heart lesions, very advanced and active phthisis, and severe bronchitis. Asthmatical cases—by this I mean true bronchial asthma—often obtain great relief here. Tuberculosis of the larynx is not always a contra-indication; it depends on the particular case; some of them do remarkedly well, while others cannot stand the cold at all, and have to be sent away to a milder and moister climate.

DAVOS.

There is at Davos, in the winter months especially, a large English colony, and some of the hotels and pensions cater especially for English people.

An important English institution, and one which does most useful work, is the Queen Alexandra Sanatorium, which is a great boon to many afflicted persons of limited means. Opened in 1909, it has supplied a great want.

The management, medical officers, nurses, are all entirely English, and, in fact, the whole institution is a little bit of England planted in a foreign country. There are eighty beds in the sanatorium, and the average length of stay is about six months.

Candidates for admission must be British subjects of limited means, and must also be suitable medically, that is to say, they should be persons who are likely to derive considerable benefit from a stay in the sanatorium, and for this reason, old-standing chronic cases are not desired. The ideal kind of case is the early one, that has a reasonable prospect of returning to work and a useful life, after the period of "curing."

One other point I should like to mention in speaking of Davos, is the fact that not merely is it a well-known health resort, but it is also one of the leading winter sport centres of the Alps. Davos was indeed the cradle of these popular and fascinating sports, and had them long before they began to boom. The prominent position which the sports take in the winter life of the place has, it is true been sometimes condemned as pernicious from the health point of view, but familiarity with the working of these health-seeking and sporting elements in combination seldom fails to convince even the most prejudiced opponent of the principle that no harm, but, on the contrary, much good is the result. The medical men at Davos are practically unanimous in recognising the good and helpful effect of the sports on the life of the invalid community. For although for the great part unable to participate, the invalid at least has something interesting to watch, and is thereby perhaps prevented from thinking too much of himself and his complaint, and as a result becoming selfish and self-centred—an unfortunately only too common tendency in this disease. The sports, too, in addition to preventing the sanatorium atmosphere, with its resulting hypochondriacal tendency, from predominating, put animation and sparkle into the place, and provide an interest in life even for those who are only able to look on, while there are of course certain slight and arrested cases of pulmonary tuberculosis to whom regulated exercise, especially under the conditions of climate prevailing in the Alps, is of the greatest benefit, and the ordering and regulating of such exercise is one of the most important items in the treatment of the disease.

Notes on a Case of Malignant Pustule.

By G. L. KEYNES, M.B., B.C., M.R.C.S., L.R.C.P.

CASES of infection with the bacillus of anthrax are not so rarely seen at this Hospital that every case is worthy of being recorded in the JOURNAL, but in the instance detailed below the manner of the patient's reaction to treatment was not quite usual—a fact which lends the case some additional interest.

History.—The patient, A. D—, a butcher by occupation, on October 1st, 1913, helped a farmer to slaughter and flay an ox, which afterwards was discovered to be suffering from anthrax. On October 9th the patient noticed a small pimple on his left wrist, but this subsequently disappeared. On October 10th a second pimple appeared on the back of his left forearm, and on the following day a third appeared on the same forearm near the elbow. By October 12th both these pimples had developed into large vesicles, each about an inch in diameter, with central black scabs, and the patient consulted Dr. T. F. Hugh Smith, of Farningham, on October 13th; he was then advised to come to this Hospital, and he was admitted on the same evening.

Condition on admission.—The patient exhibited on his left forearm two lesions which were absolutely typical of anthrax. The central, black, umbilicated scabs were surrounded by a vesiculated area and by an outer ring of a bright red colour, and the presence of chains of the bacilli was demonstrated in the fluid from the lesions. The whole forearm was red and indurated, and tender; enlarged lymphatic glands could be felt in the left axilla. Nevertheless the patient was suffering from very little constitutional disturbance; he had had no rigors, his temperature was only 99·6° F., and his pulse-rate 96.

Treatment.—Owing to the patient's lack of constitutional symptoms, his infection was concluded to be of low virulence, and it was decided not to excise the pustules, but to rely entirely on other means of treatment. Accordingly on October 13th, on the evening of his admission, 40 c.c. of Sclavo's serum were injected into his anterior abdominal wall, and the patient was expected to develop the usual effects of the injection, as shown by a high temperature and marked constitutional disturbance. On October 14th, however, the patient was feeling quite well and the local symptoms on his left forearm had already begun to subside. His temperature had fallen to below normal and it never rose above normal afterwards. There was a slight local reaction at the site of injection of the serum, but the usual general reaction was entirely absent and the patient made an uninterrupted recovery. Even on the day following the injection it was no longer possible to demonstrate the presence of the bacilli in the lesions; no growth could be obtained on culture media and a blood culture was also negative.

Formerly the pustules were invariably excised except when the lesions were on the face, but this practice is becoming less usual. The present case illustrates the efficiency of treatment with serum alone, as practised in all his cases by Sclavo himself, and emphasises the fact that no ill-effects need necessarily follow its administration.

I am indebted to Mr. Gordon Watson for permission to publish these notes.

The Professor's Experiments.

By PAUL BO'LD.

[*From the memoirs of his assistant and secretary, Gertrude Delaney, D.Sc.*]

No. II.—THE MAGNETIC ESSENCE.

IN committing to paper a few light memoirs of Professor Mudgewood's work from time to time, I have been careful to avoid touching upon any of his own published results. He is so famous in many branches of science, and his own pen has so amply justified his work, that I feel it would be quite useless to attempt to deal with such themes. From time to time, however, the Professor has done exceptionally brilliant pieces of work which have never reached the public, for various reasons; and here I feel that I am doing only what is the right thing in giving the main items of the more striking examples to the public, now that the Professor is no longer in a position to do so himself.

He was always exceptionally kind to me, though sometimes his habit of echoing his own words, and of keeping some minor facts from me, with a self-hugging secrecy, did annoy me. It was not because I was a woman, however. That was some satisfaction. More than once he has said to me: "Gertrude Delaney, you could not have been a more useful assistant to me had you been a man." That from the Professor was the highest possible compliment, for he held the majority of women to be but little more highly developed than elephants. I am not sure that there was not some foundation for his opinion; poor women, it is not their fault, but the fault of the mischievous system which has grown up contemporaneously with civilisation, a system which makes man and woman of two races, a higher and a lower, whereas in Nature we find no such differences; for instance, the horse and the mare—— but I am wandering from the point. The Professor opened my eyes to much that I had been blind to previously.

His great power lay in his wonderful syllogistic reasoning. Everything was based upon reason—logic—in its highest form. He held that the one great essential difference between man and brute, the one divine attribute in man, was reason, and his observation of the scant courtesy, or

even contempt, with which so many women treated reason was no doubt the factor which caused him to put them in a lower position, though he always held that there were possibilities of their rising from this position, if they would take the trouble to do so, and if they would have the courage to trample on mere miserable *CUSTOM*.

Dear little man. Well—I have no hope of seeing him again, but I shall never forget him or cease to feel a strong affection for him. I can shut my eyes and see him now—Rotundity personified. But though his face, his eyes, his mouth, his *pince-nez*, were all round, and his other parts were inclined to corpulence, he was one of the most energetic men I ever met. Every movement spoke of vitality in its rapid jerky way.

In another place I have mentioned the wonderful "Retardatory Forces" which he discovered, and it was soon after the experiments on these had ceased that he came to me and gave me one of those surprises, which in time, paradoxical as it may seem, came to me no longer as surprises. I grew to expect the unexpectable.

I was standing on the laboratory steps driving a nail into the wall upon which to hang a chart which the Professor held in his hand, while he steadied the steps by placing one foot upon them. I glanced down as I finished hammering, and noticed that Professor Mudgewood was lost in thought—some abstract reasoning, no doubt. Suddenly he smiled and scratched his head with his *pince-nez*.

"Have you ever studied magnetism?" he asked abruptly.

"Why—of course," I replied, and descended to the ground.

"Ah—of course—of course," he echoed, then continued sarcastically, "I am aware that magnetism is a subject which forms part of the usual curriculum of a Doctor of Science. I am also aware that you are a Doctor of Science; but when I asked whether you had *studied* magnetism, I did not mean have you *read* about it in books, and learned certain facts and so forth, but have you *reflected* on it, *reasoned* about it, realised the wonder of it?"

I shook my head. "I fear not," I replied. "It was so much necessary work, but it never appealed to me sufficiently to cause me to ruminate on the subject."

"H'm—that means you know what the text-books have to say about it. Well, in a measure, they are wrong, quite wrong. I know more about the subject than any of them."

I was not aware that he ever gave so much as a thought to the subject of magnets or magnetism, but I did know that the Professor was not given to autolatry, and that when he spoke, he did so with facts and logic arrayed upon his side. Therefore I received the news as a fact and waited further details. They were soon forthcoming.

"Those Retardatory Forces were remarkable—remarkable," he said musingly. "Quite by chance they put me on the track of a vast research in Magnetism. I picked up a nail from the floor of the chamber—after the accident you know." I shuddered; I remembered the disappearance of the housekeeper only too well. "The full force had not been exerted so low down. It had not altered perceptibly the chemical nature of the steel nail, but there was some constituent of the nail—present in very small quantities—which it had altered."

"You mean that the steel is composed of elements besides iron, and that these were changed?" I queried.

"In a sense, yes." He nodded. "But mark, Delaney—mark well—*very* well—*not* in the sense you mean."

"I don't *quite* follow."

"It is *quite* simple." I did wish he would not talk like that, it made one feel so small, yet he always would speak of the most astonishing things as "*quite* simple." "It is *quite* simple," he repeated. "The element which was affected was an *unknown* one, present only in minute quantities. Let me tell you how it came about, for I want you to help me with this research in the future."

I nodded silently, but I felt very much annoyed; it was obvious that the Professor had already been at work upon this new research in his old secretive manner.

The Professor continued:

"I picked up the nail, merely with a view to asking you to analyse it and see what change a small quantity of the force had produced in it, chemically. I placed it for the moment on the table in the next room, close to the pole of the large electro-magnet. It was just before eleven o'clock, and I went straight out of the laboratories and up to my bedroom." He paused, and pulling his huge red handkerchief from his pocket wiped his glasses carefully. This was quite unnecessary, but I knew from past experience that he was gaining time to frame some important communication. I was right. He went on: "As soon as I was in bed I began to review my actions of the day, and I wondered vaguely whether it was worth my while to give you that nail to analyse. Then I sat up suddenly; I realised that the nail on the table had not been attracted to the electro-magnet."

"Perhaps the current was not on," I ventured mildly. It was an inane remark, and I knew it as soon as I had spoken. The Professor was not the man to lose sight of such a possibility. He said nothing, however, but looked at me over his glasses with such a sad yet scornful glance that I felt like hitting him—the "old Adam" is strong within even those who devote their lives to science.

"I sprang from my bed," he continued, ignoring my remark, "and rushed downstairs to the laboratory. I switched on the electric light and inspected the electro-magnet. It was in working order. The nail still lay on the table. I ran to the cupboard and fetched a handful of similar nails, which I threw round and about the first nail. In a flash they were swept from the table and hung from the pole of the magnet. *The original nail remained where it was*. There was, you see, no question of demagnetisation,

but simply this fact—a piece of iron existed which refused to respond to magnetic forces. Iron which was magnetically inert."

I was delighted with this discovery—it was certainly a fine one—and I congratulated the Professor upon it.

He smiled. "From your words," said he, "it is obvious that you do not realise the vast importance of this discovery."

"Well," I replied, "no doubt it is important, but the mere fact of being able to destroy magnetic force, or potency, if you like so to term it, hardly seems to me very valuable. I trust you will not take my opinion amiss. After all, it is merely an opinion."

"An opinion indeed! An opinion—*merely* an opinion!" He did get excited sometimes, there's no gainsaying the fact. "Do you not realise that in learning to *destroy* one also learns the *possibility of making?*"

I whistled—a bad habit of mine when something new strikes me for the first time.

He smiled, quite mollified by my action; it might have been a great compliment to him; indeed, when I come to think of it, my whistling did partake somewhat of that nature.

"My dear Delaney, I analysed the iron. I could detect no different chemical behaviour. I thought—I wondered. Something had gone from the iron. What? Many strange thoughts came into my mind. Why were cobalt and nickel so feebly magnetic? Why was oxygen magnetic at all? Why were paramagnetic and diamagnetic elements scattered so promiscuously? They seem to follow no chemical or physical properties in any way rationally. Even the conductivity of the substances where electricity is concerned bears no sort of ratio to their magnetic state." He paused, then abruptly asked: "You know the accepted theory of magnetism?"

"You mean Ampère's theory?" I asked. "The theory that magnetism is due to electric currents circulating in the molecule continuously, which theory has to suppose that there is no resistance to these currents in order to account for their non-diminution?"

"That is it," he replied. "That is it. It may be right in some measure—*some* measure, you understand. But if it be so the magnetic currents are not in the molecules of iron, nor of oxygen, but in the molecules of a separate element, which is generally combined with these elements in an extraordinarily stable manner. That element I have at last isolated. I have named it 'Magnetos.' It is a veritable essence of Magnetism."

"You have isolated it?" I cried, astonished.

"Yes. I could not do so by ordinary means, but during the time iron was undergoing a certain chemical combination with another element, I have found it possible to extract it with a powerful magnet, while the molecules were in a particular state of extreme tension, you understand. The iron then recovered is quite non-magnetic—quite."

"How much have you obtained?" I asked excitedly.

"Come away from the steps and sit down," he replied, "then we will talk further. One forgets everything else when the brain is actively engaged — everything." He laughed.

We went into the physical laboratory and sat down. "There is what I have made," he said, pointing to some fragments of glass in the iron fender, and sticking to the other ironwork of the grate.

"Professor!" I exclaimed, and there were tears in my eyes.

"Tut, tut. It is nothing. I ought to have foreseen this. I had obtained a minute quantity of this Magnetos dissolved in water, not enough to weigh or to see. It was in the bottle, which in turn was clamped to the heavy wooden retort stand. I carefully removed this bottle and approached the fireplace, examining the contents meanwhile. Suddenly the slight magnetism in the iron of the fireplace snatched the bottle from my fingers—and the result you see. I had forgotten that I was carrying an intensely powerful magnetic agent."

"I am so sorry, Professor," I interrupted earnestly.

"Dear me—dear me. Don't say that"; he seemed quite pained. "Don't you see that it would be impossible to manufacture any quantity of the stuff in this way? We must do it all inside a great iron sphere, so that we shall be free from lines of force; and it must be stored there. A bottleful of Magnetos would fly to a piece of iron a thousand yards away, and drag a ton weight with it. It would attract a locomotive so strongly as to derail it and pull it to itself a hundred yards away, if the bottle could be fixed immovably! Our only method will be to prepare and store the Magnetos in the centre of a strong iron sphere!"

Then at last I *did* realise the magnitude of the discovery. What a force! What a power!

"Now," continued the Professor, "I wish to make and test this Magnetos. I will have the sphere made and isolate a quantity of the element. Will you see to the preparation of the testing plant? For instance, I want a powerful electro-magnet made and hung above the floor, say, at a height of twelve feet. That will give us ample distance to estimate the pull against gravity. We shall be able to measure the forces; we may get some interesting light thrown upon molecular construction."

The iron sphere was constructed, and it was characteristic of the Professor that for five months he said no word of what he was doing inside it, though he superintended my own preparations, and went into the minutest details of my own part of the work with me. All that I knew was that he was using enormous quantities of iron. His garden was stacked with it!

Then one day he came in to me. "I have prepared two grammes of Magnetos," said he. "It has taken four hundred and seventy-five tons of pig iron! We will test it to-morrow

—to-morrow." He tapped his teeth with his glasses and stared about at the various appliances, finally bringing his eyes to rest upon the large electric magnet suspended above his head. "To-morrow," he echoed thoughtfully. "Most certainly to-morrow."

At nine o'clock punctually he entered the laboratory ; so methodical was he that not even his eagerness to test his new element could hasten the eggs and bacon along their prescribed route. As the clock struck he bounced in, beaming at me through his round spectacles. I had been waiting half an hour, anxiously and expectantly.

"Good morning, Delaney," he cried cheerfully. "Is everything ready?"

"Good morning, Professor. I believe so," I replied. "What are you going to do first?"

"Quite a simple test—in fact, an almost childish one—an almost childish one. The fact is, I want to make certain that I have isolated Magnetos, first. I also wish to gain some idea of its strength. A rough idea, don't you know—a mere approximate idea." He tilted his head on one side like an expectant terrier, and looked at me carefully for a few moments. "You have no idea of its possibilities—none at all," said he, and smiled one of those enigmatic smiles I knew so well.

I had not professed any great knowledge on the matter, and I always felt irritated when he pointed out my ignorance in this needless fashion, so I made no comment, but waited for him to proceed.

"I shall make my first test by taking this piece of wood and magnetising it," he continued, picking up a strip of wood about eighteen inches long and two inches square which lay on the table. "If you will come with me, you will be able to follow the process."

At last I was to enter the sphere!

It was about fourteen feet in diameter, and fitted up like a small chemical laboratory. A wooden floor was laid across it about four or five feet from its lowest point.

The Professor picked up a small stoppered bottle, which contained a heavy liquid of a deep translucent blue.

"Magnetos," he said simply.

"Magnetos!" I echoed.

He removed the stopper, and with a glass rod withdrew one drop of the liquid, which he then placed in a larger jar containing some three gallons of distilled water.

"That will be *very* dilute," I remarked.

"A million times stronger than in an iron magnet," he replied caustically.

"But—Professor," I cried, struck with a sudden thought, "in itself is it a magnet? Iron only becomes magnetic when the lines of force alter the position of the particles and 'set' them in the same direction. For instance, by means of an electric current or of another magnet. The softer the iron, the less permament is the magnetism."

"Quite right—quite right," he answered, keeping his eyes on the large jar, which he was stirring thoroughly with a glass rod.

"Well—but——" I continued, when he interrupted me.

"*But*—as soon as *this* comes near a magnet, being a fluid, the particles at once set in the desired manner. And, moreover, since almost every piece of iron and many other things are slightly magnetic, it will become a magnet as soon as it is taken from the sphere. It will become a magnet when quite a long way from even an ordinary nail. You remember the effect of the fireplace on my first specimen."

"Then it is also easily demagnetised?"

"Quite so—in its present form. But I propose during my tests, though it is hardly necessary, to *freeze* it in a few cases after it is magnetised."

He had finished stirring the mixture, and now dipped one end of the piece of wood into the jar. Letting the water drain off, he wiped the remaining liquid on a duster, and, thrusting the latter into his pocket, left the sphere, followed by myself.

He had not advanced a yard, however, when the stick was torn violently from his hand, and fastened itself to the iron bench close by; simultaneously the duster was pulled from his pocket as if by invisible hands, and flew through the air with a sharp "flap" to the same table.

"It is very strong," remarked the Professor. "*Very* strong—dear me—I *hardly* thought it would be so strong." He chuckled and mopped his brow (which was quite dry) with his great red handkerchief.

Then he approached the table and essayed to remove the piece of wood. He could slide it about, but could not lift it from the table, try how he would. It was quite ludicrous to see the little man, red in the face and puffing and blowing, in his fruitless attempts to lift the piece of wood. After spending a futile minute he stopped, and regarded the piece of wood almost anxiously.

"To a casual onlooker," I ventured, "that piece of wood would seem heavy. He would think that gravity was the force that held it."

"Gravity!" the Professor shouted. "That gives me a new idea! Gravity is a similar force. It will be found in the element I shall name 'Gravitos!' It is different in this respect, that the circular intra-molecular currents are not in the molecules of the substances themselves, but in the inter-molecular molecules of the ultimate element. Do you follow? We shall be able to overcome gravity—the whole idea is in my mind—it is magnificent—grand—very grand." He paused for breath.

"You have done a great service to humanity," said he seriously, "by comparing it with gravity. Meanwhile—let us proceed."

The butler's cat was outside the laboratory. We could hear it miaowing—too well. The Professor paused thoughtfully as he heard it, tapped his teeth with his glasses, and

then went to the door. He picked up the cat and brought it in without a word. He took it to the iron table and rubbed it several times against the piece of wood. Then with an obvious effort, which left a good deal of fur adhering to the wood, he pulled it away, and placed it on the floor. The cat staggered and gave a sideways leap, then appeared to be leaning against the iron leg of the table.

The Professor fetched a saucer of milk and set it down a foot in front of the cat. Poor cat! It could not reach it. It slid round the table leg. It seemed on the point of leaving the table-leg, but invariably just as it got one portion of its body away, another portion would twist into position against the table-leg.

I could not restrain my laughter, though it was hardly kind. But to see the cat struggling against invisible bonds was too funny. Quite. The Professor pulled it away, and placed it in the middle of the floor. It *rushed* at once to the fireplace, where it was once more chained. I continued laughing, but the Professor seemed very serious. "We must be careful—very careful," he remarked.

"What about the cat—can you wash it off?" I asked, regaining my composure.

"I fear not—that cat will stick to every piece of iron it approaches all its life. . . . Unless we cut its fur off," he added. "Then, as I do not suppose there is much Magnetos on the skin, it may be all right."

So, for the sake of humanity, we shaved the cat. I never saw a shaved cat before—I never wish to see one again. Of all ghastly-looking objects. . . . However, our purpose was answered. The cat no longer flew to the nearest iron. It was free—but it staggered a little when it passed the fireplace or the table, or any other iron object.

We did not do any very delicate testing that day. The solution was obviously too strong, and until it had been further diluted, it was clear that we should be the playthings of magnetism. So the Professor set to work to prepare a dilute solution, and to figure out his tests for the following day.

Directly after breakfast the Professor repaired to the laboratory. I heard him go down the stairs, and I heard the door shut behind him. I hurriedly finished a letter I was writing, and followed him into the laboratory.

I glanced into the sphere. He was not there. I looked round the chemical laboratory, but could see no sign of him. In some astonishment I went back to the physical laboratory. I could have taken an oath that I heard him enter the laboratory.

I looked round in perplexity. Then I heard a groan. Had he fallen and hurt himself? I stooped down and looked beneath the table. He was not to be seen. I distinctly heard another groan, and gazed about me. Suddenly and quite unexpectedly I saw him. He was crawling on the ceiling! No! He was clinging to the electro-magnet! No—I was wrong—he was fastened to it in some way, but he was moving his arms and legs in a most curious manner—twelve feet above the floor!

"How did you get up there?" I asked. "What *are* you doing, Professor?" I was utterly astounded.

He grunted something unintelligible; then I caught the words, ". . . trying—to get down."

"Good heavens!" I cried. "If you come down now you'll kill yourself! Hold on a moment while I get the steps—for heaven's sake, try to hold on!"

A hollow laugh greeted me. "I'll hold on," he said. "Fool—fool that I am! Don't you see I'm stuck here? . . . It's the Magnetos." He gasped for breath—talking was evidently difficult. "Spilt it . . . waistcoat . . . trousers . . . flew up!" I managed to distinguish.

I was at a loss how to proceed. The Professor was moving his arms and legs vaguely, and looked exactly like one of those tortoises which one sees in the city sometimes; when held up, the body remains rigid, but the legs and head move and nod in an aimless fashion.

"What shall I do?" I asked, endeavouring to collect my thoughts.

"Do?—do? Fetch the butler—get two ladders and some boards. Climb up to me, and cut me free—it is only on my clothes, I believe. And for heaven's sake, don't let anyone else come in—if this were known outside—if it were known!"

The Professor's weakest point was his fear of ridicule. People had laughed at his diminutive appearance, and at his methods too, and he hated ridicule, simply hated it.

I called Johnson.

He came in, and stared at the Professor, open-mouthed.

"Lor, Miss, 'ow is 'e 'oldin' on?"

"It's the magnet, Johnson. He's been caught against it."

"Lor."

"We must get ladders and planks at once. Do you know where to find them?"

"Oh, lor!"

"Johnson," I cried, "wake up!" He seemed almost hypnotised by the sight, and with eyes and mouth agape paid but scant heed to my words.

"Johnson," said the Professor feebly, "go and get the ladders—there are several in the garden—do you hear me? Go—go!"

Johnson woke up. "Yes, sir," he replied in his ordinary voice, and thenceforward his discreet butler's manner was unruffled. He might have been accustomed all his life to the sight of little men sticking up in the air without visible means of support.

As soon as we could reach the Professor we found another difficulty. The knife which we had brought into the room had flown up and stuck to him. He was covered with nails and bits of things. All the loose ironwork in the room had attached itself to him.

"Tear my coat and trousers down the back," groaned the Professor.

We did so, but he did not budge.

"Try my vest and my shirt . . . everything!" There was a tone of fear in his voice. We started to do this, but he stopped us.

"It's no good. It's soaked through. It's on *me!*"

"What are we to do?" I asked.

"Put all your weight on me. Hang on me."

We did so, and his coat came away in Johnson's hand, Johnson himself falling with a crash to the floor, but fortunately without hurting himself. As for the Professor—he remained where he was.

Johnson sat on the floor and rubbed his head.

"I regret, sir, that I was hunable to retain my 'old," he remarked.

I was getting desperate. "Can nothing be done?" I cried. "Shall I put an alternating current through the electro-magnet?" I added quickly.

"No good," sighed the Professor, trying to turn his head to look at me. "The loose condition of Magnetos would enable it to reverse its magnetism as rapidly. There is only one thing to be done. You must put a high frequency current through it. A very high frequency current."

"But, Professor, it will cost——"

"What's that matter?" He was getting angry. "Do you want me to spend the rest of my days like a blessed fly—with my face to the ceiling—or like a sloth—or a hibernating bat?"

* * *

In a week's time the apparatus was ready, and we released the Professor. Of the manner of his eating and sleeping I need not speak. It was too painful, as can be imagined.

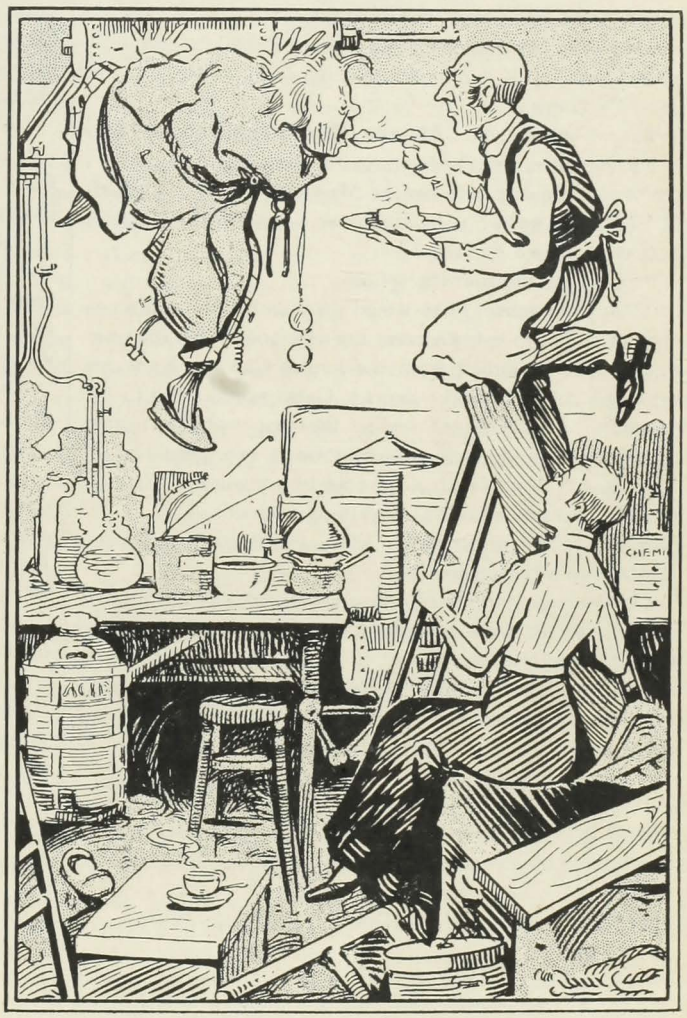
We got the Professor to the floor, having previously removed the fireplace and all other iron lest he should fly off at a tangent. We had to keep the high-frequency current going—otherwise he would have sped back to the ceiling again. The Professor was in an exhausted condition.

"Get me into the sphere," he groaned, "and bring me a bath, and soap and water, and some sodium hydrate."

With considerable trouble we managed to get him into the sphere. He pulled this way and that in an astonishing manner, every time we neared the smallest piece of iron; and nails, and buttons, and odds of every kind kept flying to him and sticking about his person.

For a month he stayed in the sphere, and scrubbed and washed and otherwise attempted to rid himself of the few drops of dilute Magnetos which had attached themselves to his person. From time to time he came out and tested his powers gradually, until at last he found that he could approach the fireplace without being pulled to it. That is to say he *was* pulled, but he was successfully able to resist the pull.

"At last," he said, and breathed a sigh of relief. "I must go out and breathe the fresh air. A month in the sphere! A month! Dear me—a *month!*"



"OF THE MANNER OF HIS EATING AND SLEEPING I NEED NOT SPEAK!"

"Is it safe yet, do you think?" I asked doubtfully.

"Safe? What? To go out? Yes—quite safe—quite safe. But you shall come with me. I must go at once—now."

He went from the room to get his coat and hat, and I did the same.

We progressed fairly well, though on more than one occasion the Professor was caught off his guard, and hurriedly rushed to some iron railings or embraced a lamp-

post. We kept to quiet streets, however, and few noticed his vagaries.

"You will be reading a paper on this at the Royal Society?" I ventured.

"No—I think not—decidedly not," he replied. "I could not demonstrate it properly. I could never carry the Magnetos there. Think what would happen when we removed it from the sphere."

"True," I murmured, "but—diluted."

"No," he answered fiercely; then rushed at an iron gateway, which he embraced and released. "No. I will *not—I will* not!"

Then I understood. He was *afraid;* afraid of ridicule! I knew better than to continue the subject.

"Are you going to throw the Magnetos away?" I asked.

"Throw it away!"—he embraced a lamp-post—"Throw it away! Where? How?"

"Down the drain in the sphere."

"Do you realise what would happen? An enormous magnet underground, wherever the pipe goes. All the iron-work would be pulled from the houses above! Knockers would be pulled from the doors! Gates would crash to the ground! Can you not realise the responsibility resting upon the shoulders of one who owns two grammes of Magnetos? A whole district would be convulsed. Electric trams, iron carts, railways, everything magnetised!"

Then I did understand. The Professor had indeed undertaken a responsibility.

On the way home the Professor was very thoughtful, and as soon as we were seated in the library once more he turned abruptly to me.

"We *can* get rid of it, or we can use it." He removed his glasses and breathed upon them heavily, then he rubbed them with his red handkerchief and beamed upon me.

"Yes?" I asked.

"We can remove it in an iron sphere," he continued. "With due precautions, we could utilise it." He looked doubtful suddenly, and continued—"But the responsibility is too great—too great. *Much* too great."

I was disappointed. "Don't you think—diluted—we might——"

He interrupted me. "No. I daren't even say how it was made—others would make it. In war it would be useful. Bombs filled with it. Burst in fortress. All guns and men magnetised—everything useless and held together in one convulsive magnetic lump! No—no. Think of a submarine mine. Anchored. Battleship releases Magnetos from a sphere. No more firing or fighting. All becomes a rigid magnetic mass!"

"It seems to me," I said, "that we might make England great with it."

He sneered. "Why England? Don't you see that while it would undoubtedly be useful—very—it would give enormous power to any individual who possessed enough money to make it? An anarchist society, for instance. A bomb would not explode and kill a few people. It would paralyse a town. Think of it. A hundred people—or a thousand—sprinkled with Magnetos and clinging immovably to tram lines, lamp-posts, door-knockers, rain-pipes, manhole-covers—a few bombs would do all this, and more. It would create not only scores of permanent human magnets, but articles of all sorts touched with it would be similarly affected. A small iron building might become the nucleus of a conglomeration of human beings, carts, barrows, mud, flagstones, doors—anything and everything!" He sighed. "What power, but—what responsibility!"

"Yes—I think you are right," I said meekly.

"Tut—tut. Well, that's the end of it. By the way, when is the next boat for New York?" He rubbed his hands together cheerfully.

"New York!" I exclaimed. "Are you going there?'

"With you—if you will come. Only for the trip—you know—there and back—there and back. We shall take an iron sphere with us. But we shan't bring it back. No. we shall *not* bring it back."

Then I understood why the Professor was going to make the trip.

We went to New York, and returned by the next boat.

Somewhere at the bottom of the Atlantic lies a large iron sphere, containing the most powerful element which has ever been isolated. In time it will rust through, I expect. If it does so, I anticipate no great damage. The Magnetos will soon diffuse throughout the waters of the ocean. If some ship happens to be near at the moment, it may be held up for a few days. I do not think that it would sink.

Or, perhaps, in ages to come, a geologist will find a "fossil" sphere, and convey it to some as yet undreamed museum. We will hope that the authorities will not open it. At any rate, if they do, we shall feel no responsibility.

Some Notes on the State of Otology in 1730 (Pathology and Therapeutics).

By ARCHER RYLAND, F.R.C.S.(Ed.).

PART II.

THE wide gulf which, in the early eighteenth century, intervened between the state of anatomical knowledge and the state of therapeutical and pathological science, is well known to all readers of the old medical works. This fact is a striking one with regard to medical works of the seventeenth and eighteenth centuries. Here, for instance, we find, lying almost side by side, the accuracy and beauty of the old anatomical plates and those absurd theories of disease with methods of treatment, almost always foolish, seldom sustained by facts, and frequently disgusting.

It may truly be affirmed that the work of Du Verney possesses the finest quality of its age. Both Politzer and Sir William Wilde have referred to it as work that might be consulted with profit and instruction by modern students.

His anatomical knowledge and his general scientific point of view stand probably on a higher level than that of any of his contemporaries or immediate predecessors. His theories of the nature and treatment of disease, although upon an altogether inferior level, certainly do not fall below the standard of his age. Most writers of this period—Lusitanus, Marcus Banze, Paullini, Hoffmann—are to be found still staggering under their ancient load of inherited dogma and helpless superstition.

Controversy still centred around the propriety of instilling into the ear the renal secretion of various animals—of the donkey, of the goat, of the hare, and sometimes of the wolf. It is a relief to find even one writer in these dark ages who refuses to tread through the barren waste of drops, decoctions, theories, nomenclatures and rank empiricism, who refuses to find the cause of deafness in the ascent of exhalations, and who clears up the whole matter by ascribing it to the "work of the Devil, or other evil spirits."

The disorders of the organ of hearing in the original system of Du Verney are dealt with according to the anatomical site of disease, beginning with the external portions of the ear, and thence proceeding inwards towards the labyrinth. This, of itself, was of course a distinct advance in the science of method.

The first diseases to be treated of, according to this plan of investigation, are those of the outer ear.

Pain in the concha and external auditory meatus is due to a solution of continuity of those parts. Such a solution may be caused by wax, by heat and cold, or by sharp, saline and serous humours. The magical phrase that linked up in the minds of these primitive pathologists the two events, viz. solution of continuity, and pain, was that ancient one—the irregular motion of the spirits. And this phenomenon indeed was regarded as the proximate cause of pain. It is a fact of some interest, that the words "solution of continuity" still persist among the terms of modern medical phraseology.

It is perhaps impossible at the present time to estimate to how great an extent the idea of the "motion of the spirits" once coloured the whole conception of medicine and surgery.

Vieusseus, in the final chapter of his admirable *Traité de L'orielle*, has advanced six ponderous principles in proof of the existence and motion of the animal spirits, and he therein claims to demonstrate by facts of a self-evident nature, "qu'aucune sensation ne peut se produire, sans que l'esprit animal en soit la cause prochaine and immediate." His arguments are drawn mainly from analogy—from certain facts connected with the siege of Mons, from cannon-balls, sand-bags, and from battering-rams. The nerves, according to the theory of Vieusseus, cannot be the media of conductivity for the sensations, but are to be regarded as the natural paths of the "animal spirits."

Many paragraphs are devoted to the demonstration of the fact that the nerves are of a soft structure; and no soft structure, says he, is capable of transmitting a sense impression. And since experience commonly teaches us that structures of a soft character are unable to transmit impulses, it is therefore extremely probable that a nerve cord is incapable of transmitting a sense impression. Vieusseus had written a book on the nervous system, in which the theory of the "motion of the spirits" in relation to nervous distribution had appeared as an eminent physiological fact. The general view at this time appears to have been that this mysterious "motion of the spirits" took place along the course of the nerve, in much the same way that sap travels along the stem and branches of a plant.

In this connection, the "troisieme principle" of his "*Traité de L'orielle*" is of considerable interest. "Il n'est aucun nerf qui ne soit mol, non-seulement dans premiere origine (nous entendous dans le centre ovale du cerveau) mais encore dans la seconde, c'est-a-dire dans la moëlle allongée de ce viscere et dans la moëlle de l'éspine. Si quel'qu'un nie la verité de ce principle, il la reconnoîtra fort aisement, s'il examine la tissure interieure des nerfs des pieds, des jambes, et des cuisses, par exemple, cas en les examinant proche la portion de la moëlle de l'éspine, qui est continuë dans la cavité des vertebres des lombes, et de l'os sacré, d'on ils prennent leur seconde naissance, il verra certainment que la substance de la moëlle de l'éspine, qui s'insinuë dans les cavitez de leurs petites fibres, revêtuës chacune en particulier de la pie-mere, est très-molle, et qu'elle doit être regardée à peu près comme la moëlle des plus petites branches du sureau et par consequence spongieuse."

The arguments which connect irregular motion of the spirits with changes in the wax, with the action of heat and cold, and with saline humours, were, of course, part and parcel of that marvellous pathological system of which, in order to understand an isolated portion, it is necessary to comprehend the whole.

The fact that it is quite impossible for our generation to comprehend it as a whole, or to view from the central point of such a system any fact in medicine or surgery, merely exaggerates the apparent absurdity of their arguments. The mode of reasoning employed in the discussion of a case of pain in the ear associated with fever will provide an excellent instance of the great disparity that existed between the anatomical and the pathological knowledge at this time. The reasoning is briefly as follows:

(1) The violence of the pain in the ear causes—

(2) An agitation of the spirits—(It is quite as common to find it stated that the agitation, etc., causes the pain)—which, in its turn, causes—

(3) An increase in the motion of the heart and the arteries.

("It is easy to see that this causes an exhalation of the most active particles of the blood while its oily part is more perfectly dissolved, whose swift and rapid motion is the cause of the heat in the fever.")

(4) A consequent quickness of the pulse and an increase of heat.

(5) Which disorders the principle of the blood.

(6) Which produces real fever.

(To be continued.)

Women's Guild.

WORKING parties for the St. Bartholomew's Hospital Women's Guild will be held every Wednesday until Easter. Notice of dates and addresses will be given in the JOURNAL from time to time. Three have already been held at Lady Champneys', Mrs. Holmes Spicer's, and Mrs. Harmer's.

During November the following will be held:

5th.—Mrs. Gill, 17, Albert Hall Mansions.

12th.—Mrs. Adamson, 17, Devonshire Place, W.

19th.—Mrs. Griffith, 96, Harley Street.

26th.—Lady Cohen, 15, Gloucester Square.

The Clubs.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD ALLEYNIANS.

This match was played at Dulwich on October 4th, resulting in a win for the Old Alleynians by 29 points to 7.

Considering that it was the first match of the season, and that the Bart.'s team was in many ways experimental, the result was not so discouraging as it appears on paper.

The Hospital forwards, led by Fiddian and Mudge, played well, and showed signs of developing into a really good pack. The outsides defended well, but were not quite fast enough for the opposing three-quarters, two of whom were Internationals. Williams and Evans, at half, worked splendidly, the former opening the score with a clever drop goal. Savory scored the remaining 3 points. Team: H. R. Dive (back); C. H. Savory, W. F. Eberti, T. Owen, C. T. Tresidder (three-quarters); R. H. Williams, D. D. G. Evans (halves); J. B. Mudge, J. V. Fiddian, J. D. Bradley, F. G. A. Smyth, H. C. C. Joyce, C. H. D. Banks, C. W. Littlejohn, W. H. Hains (forwards).

ST. BARTHOLOMEW'S HOSPITAL *v.* EALING.

This game was played at Drayton Green on October 11th in pouring rain. The Hospital team was weakened by the absence of Williams, Fiddian and Savory, but showed itself quite capable of beating its opponents by 6 tries to 1—18 points to 3.

Bart.'s were attacking the whole time, with the exception of one or two forward rushes on the part of Ealing, which brought the ball towards our line. But Dive was steady and safe at back, and their attacks never lasted long.

Tresidder opened our score by dribbling over the line, and two similar tries were scored before half-time by Parkes and Littlejohn.

In the second half Tresidder went over twice by the corner-flag and Mudge scored a remarkable try after handing off most of the opposing side. Owen had bad luck in slipping just as he was racing over for a try.

Unfortunately, none of the tries were converted, but the ball was very heavy and sodden. Team:

H. R. Dive (back); C. T. Tresidder, W. F. Eberti, T. Owen, L. C. Goument (three-quarters); D. D. G. Evans, A. E. Parkes (halves); J. B. Mudge, J. D. Bradley, F. G. A. Smyth, C. E. Kindersley, G. F. Juckes, H. C. C. Joyce, C. W. Littlejohn, N. A. Scott (forwards).

ASSOCIATION FOOTBALL CLUB.

Captain, 1st XI . . . . E. G. Dingley.

Secretaries . . . . . { K. D. Atteridge. G. M. Cowper.

This season, as is usual, the club has suffered some loss, A. J. Waugh having gone from the forward line. The defence, however, remains practically the same, and if the new men who have been introduced only keep fit and turn out regularly there is no reason why the two cups won last season should not be retained.

A good list of fixtures has been arranged for both first and second elevens, the latter having many Wednesday as well as Saturday matches.

Any men who have decided to play Soccer this season, and who have not yet placed their names on the list in the Abernethian Room, are earnestly requested to do so as soon as possible, and to state also the position in which they are accustomed to play.

ST. BARTHOLOMEW'S HOSPITAL *v.* CLAPHAM ROVERS.

The above match was played at Winchmore Hill on Saturday, October 11th, and resulted in a draw, the score being 2 all. The game was played under anything but ideal conditions, as it rained the whole time.

The Hospital kicked off from the Pavilion end, and for the first half had by far the better of the game. After about ten minutes' play Green scored off a centre from Grace, and there was no further score up to half-time.

On resuming after the interval the Rovers' forwards got together better, and one dangerous rush ended in their equalising.

Shortly after this Braun scored for the Hospital with a nice dropping shot that completely beat the goalkeeper. Towards the end, however, the opposing forwards got away again and scored.

On the whole the Clapham Rovers were lucky to draw, as if the shooting of our forwards had been a bit better and they had tried a few long shots we should certainly have won. The following represented the Hospital:

R. G. Mack (goal); E. G. Dingley, J. W. Stretton (backs); G. C. Wells-Cole, G. D. Jameson, G. M. Cowper (halves); K. D. Atteridge, S. L. Green, J. B. McFarland, L. Braun, E. M. Grace (forwards).

ST. BART.'S *v.* BRIGHTON COLLEGE.

This match was played at Brighton on Saturday, October 18th. We had nearly a full side out, but our centre-half, owing to motor-bike trouble, was not available until after the first half. The Hospital did most of the attacking during the first half, and shortly before half-time was called, McFarland ran through on his own and scored with a very neat shot.

During the second half the Brighton boys made some dangerous attacks, but nothing came of them as their shooting was poor, and those shots that were straight were ably defended by Mack in goal. Although the Hospital made several good attempts, they were unable to make any further score, so the game ended in a win for St. Bart.'s, the score being 1—*nil.*

The following represented the Hospital:

R. G. Mack (goal); E. G. Dingley, J. W. Stretton (backs); E. M. Grace, G. D. Jameson, G. M. Cowper (halves); K. D. Atteridge, J. B. McFarland, L. Braun, L. Bourne, T. Carlyle (forwards).

HOCKEY CLUB.

We have lost several of our last year's Cup-Tie team—C. A. Weller, W. C. Spackman and E. J. Y. Brash having left the Hospital, whilst C. S. Atkin, M. T. W. Steedman and C. K. Sylvester are doubtful as to whether they will be able to assist us in many games. However, we have started the season in a promising fashion by defeating a strong Beckenham side.

Altogether the outlook is quite hopeful, as there seems to be plenty

of material from which a strong side can be built. There is a 2nd team match every Saturday, and it is hoped that anyone wanting a game will let R. S. Smith know. Freshmen will especially be welcome.

The officers for the season are:

1ST XI.—*Captain:* W. V. Hughes. *Hon. Secretaries:* R. R. Powell, D. R. Thomas.

2ND XI.—*Hon. Secretary:* R. S. Smith.

Committee: C. K. Sylvester, B. Whitehead, C. S. Atkin, M. T. W. Steedman, J. G. Ackland, D. R. Thomas.

Abernethian Society, Session 1913–14.

LIST OF PAPERS TO BE READ BEFORE THE SOCIETY.

1913. Date.	Author's Name.	Subject of Paper.
Oct. 16.	Sessional Address—W. H. Jessop, F.R.C.S.	"Some Bart.'s Reminiscences."
„ 23.	Clinical Evening.	—
„ 30.	W. Girling Ball, F.R.C.S.	"Inflammation."
Nov. 6.	A. B. Pavey Smith, M.R.C.S.	"Occupation."
„ 13.	J. E. R. McDonagh, F.R.C.S.	"The Organism of Syphilis."
„ 20.	A. F. S. Sladden, M.B.	"A Deposit in the Urine."
„ 27.	M. N. Perrin, B.C.	"The Psychology of Dreams."
Dec. 4.	Sir William Osler, Bart., M.D.	"The Medical Clinic—a Retrospect and a Forecast."
„ 11.	D. W. Hume, M.B.	"Anæsthetics."
1914.		
Jan. 8.	K. A. J. Davis, F.R.C.S.	"Bird Photography."
„ 15.	Mid-Sessional Address—Henry Head, M.D., F.R.S.	"Functional Nervous Disorders and their Management."
„ 22.	A. L. Moreton, M.B.	—
„ 29.	A. W. Stott, M.R.C.P.	—
Feb. 5.	A. E. Stansfeld, M.R.C.P.	"On Patients Found Unconscious."
„ 12.	A. G. Evans, M.B.	"The Ethics of Prevention."
„ 19.	T. H. G. Shore, M.B.	"Leukæmia."
„ 26.	Alexander Macphail, M.B., C.M.	"Body-snatchers."
Mar. 5.	Clinical Evening	—
„ 12.	General Meeting	—

Correspondence.

B.N.A. TERMINOLOGY.

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

SIR,—There is one class of the medical population, and that the largest, who ought to be considered before any drastic change is made in anatomical terminology. I refer to the general practitioner. His time for reading is limited, and if he is to keep himself up to date he cannot afford to waste any of it.

What will be his feelings on first reading an article in which the Basle terminology is used? He will find structures mentioned of which he has never heard, and unless he happens to remember that there is a new terminology, he will naturally conclude that the evolution of the human body has been making great strides since his student days. When he discovers that the new names belong to familiar structures he will be annoyed, and will want to know why he is called upon to spend his scanty leisure in learning anatomy over again, with new names for most of the structures.

He will be told that the new names will be world-wide, and that they are an improvement on the old ones.

But will the new terminology be world-wide?

There have been many attempts to establish artificial universal languages. Not one of them has been successful.

Even Esperanto, the most successful of them, is very unstable, and Esperantists are divided into camps, some using the original language, the others "improvements" on it.

What is to prevent the same thing happening to anatomy?

Even if the new terminology be an improvement on the old—and the general practitioner may have his own views on this point—that is a dangerous reason for adopting it. Like other human inventions it is not perfect, and no doubt it can be improved upon.

If we adopt the Basle terminology because it is an improvement on the old, who can guarantee that in a year or two we shall not be asked to adopt another, because it is an improvement on the Basle terminology?

Until he is quite sure that the new terminology has come to stay, the general practitioner will do well not to waste his time in learning it.

Yours truly,
G. P.

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

DEAR SIR,—There seems prevalent at the present time a spirit of controversy in regard to the advisability of accepting the Basle nomenclature, so I, Sir, ripe with the experience of twelve months in the dissecting room, am about to be bold enough to add my criticism to its adoption.

In the first place, many names which have hitherto given such admirable description are no more, and instead of the romantic mind being nourished by such terms as "gladiolus" and being inspired by thoughts of "Hunter," it is to be starved by the appalling technicality of "corpus sterni" and "adductor canal."

The most elementary student is quite familiar with a groove on the humerus in so much that it is the resting-place of the tendon of biceps, but "bicipital groove" is to give place to "sulcus intertubercularis." In shortening "levator anguli scapulæ" to "levator scapulæ" again there is loss of description. By "musculo-spiral nerve" I at once have an idea of muscular supplies and a course through the spiral groove, and why it should be re-named "radial" I do not see, since its main trunk is in the upper arm, and of its two divisions in the lower arm, the radial is only cutaneous, whilst the post inter-osseous is muscular to muscles, many of which are of ulnar origin!

"Nervus spermaticus externus" is explicit, but it does not indicate from what nerve it is a branch, as our old friend "genital branch of genito crural" did so ably.

"Nervus dorsalis scapulæ" may be very true, but really what is more simple than "nerve to rhomboids"? In fact I should much like to see "external thoracic" and "musculo-cutaneous" called "nerves to the pectoralis major and biceps" respectively. How easy would anatomy then be!

Now, Sir, I must not use any more of your valuable space, but must——I was nearly apologising, but perhaps it will be better for me to remain,

Yours faithfully,
"PRECOCIOUS."

P.S.—On soliloquising in my contrite moments I find I have an admission to make. When I first entered the dissecting room that book that came into my possession was an old edition of Cunningham.

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

SIR,—One would judge that the students just entering the rooms all want books in the old terminology by the number of queries from them as to where such may be obtained.

It seems a simple conclusion that it is necessary at least to know the old terminology, and the only question which then arises is should it be one or both?

We have to consider the advisability or otherwise of learning both with regard to the present and the future—that is to say, what will be its value to us as students and as qualified men?

The latter consideration will probably not weigh heavily with us; we may hear both, but it is certain we shall hear far more of the old.

Our chief thought, however, is for the present. It is idle to say anatomy is a serious subject; our first aim is to learn sufficient for a certain examination standard.

Beyond this, if time allows, and if we are "keen," we shall go as deeply as possible into the subject, either for our own satisfaction or in view of a higher examination—with this alternative we can learn the Basle nomenclature!

One doubts, too, the great superiority of the new terms, and many battles are waged daily on this point.

For myself, when a B.N.A. enthusiast advises me to discard a term, a single simple English word (the name of some great worthy of

early days), and adopt in its place a string of three or four cumbersome Latin words which "tells you all about it," I feel that the simple English word has always been associated in my mind with the part in question, and has never presented any difficulty; the other, as I am not a great Latin scholar, does.

It is not my humility prompts this confession for it is true of many of us.

We do not wish to be accused of being too conservative and trying to hinder a much-needed reformation. May the day come when we have a perfected nomenclature which will be understood in every part of the medical world.

We are glad to learn as much of the B.N.A. as is possible without spending valuable time over it.

At present, however, we have to consider our own interests, and it seems essential that we make the old terminology our basis.

STUDENT.

THE CATERING COMPANY.

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

SIR,—If space permit, may I air in your columns a grievance not (as I think) peculiarly my own? It concerns the Catering Company, and it is this.

That remarkable institution, while it spares no pains to satisfy the delicate cravings and stimulate the jaded appetite of the well-to-do, shows for the poor man hungry a very galling contempt.

With two shillings for his lunch a man might well go further and fare worse, but come to the Company's board with sixpence in your pocket and an empty stomach to fill, and it is strange if you do not leave it both angry and hungry.

Ask the Company for bread, and you shall receive, after a suitable interval, a small *quadrate sequestrum* excised from a tinned loaf, handed to you with an air of deprecating surprise at a request so bizarre, and presenting to the fair rotundity of the generous crust your mind had pictured a contrast utterly pitiable.

Ask it for cheese or a sandwich, and it will dole you out a morsel you might swallow at a gulp. Call on the Company at tea-time and suggest bread and butter. There appear four triangular bread-shavings, perhaps the tenth part of a twopenny loaf, carrying almost half a pennyworth of butter (I speak of retail prices). In two minutes you are wondering where they can be, so little is their presence palpable, and there is twopence down on the bill. Instances might be multiplied, but these suffice.

The Company may reply (not without accuracy) that I have but to cross the road at Little Britain Gate to lunch well on fourpence, and amply on fivepence, with a fire and the *Daily Express* thrown in. I can only answer that I am a loyal student and would support the Hospital's own institution. Moreover, it occasionally happens that I have no other choice.

I have done, sir. My case is this:

The Company's more pretentious dishes are admirable. The steak and kidney puddings are wonderfully contrived, the Cornish cutlets very delicately flavoured, the junkets and cream beyond praise, the breakfasts quite memorable and most inconsistently cheap. How can it not be possible to supply bread, butter, cheese, cake and perhaps even split rolls and tongue in quantity suited to the appetite of youth at prices befitting the unqualified purse?

I am, etc.,

IN STATU PAUPERIS.

ST. BART.'S HOSPITAL.
October 14th.

RIFLE RANGE.

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

SIR,—In common with several other members of the Union I am desirous of making use of the miniature Rifle Range, but do not know to whom to apply in the matter. Would you kindly inform us, through the JOURNAL, how to do so?

I am, Sir,
Yours faithfully,
F. W.

ST. BARTHOLOMEW'S HOSPITAL,
LONDON, E.C.
October 15th, 1913.

The Bookshelf.

BOOKS RECEIVED FOR REVIEW.

Elementary Bandaging and Surgical Dressing. By Walter Pye. (John Wright & Sons, Ltd.) 13th edition.

Aids to Public Health. By David Sommerville. (Baillière, Tindall & Cox.)

The Deaf. By National Bureau for Promoting General Welfare of the Deaf. (P. S. King & Son.) 6*d.* net.

Manual of Bacteriology. By Muir and Ritchie. (Henry Frowde, Hodder and Stoughton.) 6th edition.

Gray's Anatomy. (Longman, Green & Co.) 18th edition. 32*s.* net.

Epidemic Infantile Paralysis. By P. H. Römer. (Translated by H. R. Prentice.) (John Bale, Sons & Danielsson, Ltd.) 7*s.* 6*d.* net.

John Hunter and Odontology. By J. F. Colyer. (Claudius Ash, Sons & Co., Ltd.)

A Synopsis of Midwifery. By A. W. Browne. (J. Wright & Sons., Ltd.) 5*s.* net.

Cancer of the Rectum. By Harrison Cripps. (J. & A. Churchill.) Sixth edition. 5*s.* net.

Diseases of the Rectum and Anus. By Harrison Cripps. (J. & A. Churchill.) Fourth edition. 10*s.* 6*d.* net.

The Care of Food and its Cooking. By E. de Paiva Raposo. (Price & Co.)

A Companion to Manuals of Practical Anatomy. By E. B. Jamieson. (Henry Frowde and Hodder & Stoughton.) 6*s.* net.

Sciatica. By W. Bruce. (Baillière, Tindall & Cox.) 5*s.* net.

Annual Report. (E. Mercks.)

Transactions of the National Association for Prevention of Consumption. (Adlard & Son.)

Operative Surgery. By J. F. Binnie. (H. K. Lewis.) 30*s.* net.

Manual of Medical Treatment. By I. Burney Yeo. (Cassell & Co.) 25*s.* net.

REVIEWS.

DISEASES OF CHILDREN. By VARIOUS AUTHORS. Edited by GARROD, BATTEN and THURSFIELD. Pp. 1167. (Edward Arnold.) Price 30*s.* net.

We heartily welcome the appearance of this work, for a standard comprehensive book on pædiatrics by representative members of the English school was greatly needed. There are twenty-two contributors, all of whom, save two, are on the staff of a children's hospital, either in London or Edinburgh; we feel, however, that the title of the work should rather be the "Medical Diseases of Children" as the surgical aspects of children's affections receive but scant attention.

The introduction contains sections on the special features of disease in children (Garrod), heredity (Gossage), immunity (Thursfield), and feeding (Cautley). In a notice such as this it is impossible to draw attention to all the good points, but we would specially mention Dr. F. J. Poynton's article on diseases of the circulatory system.

Dr. Still has managed successfully to initiate a semblance of order in dealing with the varieties of œdema; Mr. Waugh's article on "Appendicitis," in which he advocates early operation, is excellent, and serves to emphasise the lack of a surgical opinion in several of the other sections.

Dr. Morley Fletcher has written a very clear and comprehensive chapter on "Diseases of the Liver, Pancreas and Peritoneum"; he adheres to the old terms, obstructive and non-obstructive jaundice, meaning by the latter jaundice other than that resulting from obstruction to the extra-hepatic bile-ducts.

Disorders of metabolism and of the ductless glands are ably described by Dr. Garrod. Dr. Thursfield is responsible for diseases of the hæmopoietic and lymphatic systems; the classification of the so-called blood diseases which he has evolved is very comprehensive.

The chapter on "Diseases of the Lungs and Pleuræ" is disappointing. Pneumonia and broncho-pneumonia in childhood are notoriously difficult to describe; their consideration here is mystifying, containing much unnecessary speculation and repetition. Cirrhosis of the lung, chronic fibroid phthisis and bronchiectasis are taken as mere synonyms of chronic interstitial pneumonia, and are all considered as one disease; the important question of the surgical treatment of bronchiectasis is dismissed in one line as "not advisable."

Dr. Batten is to be heartily congratulated on the admirable accounts he has contributed on organic nervous and muscle diseases;

both these sections are fully illustrated from photographs, the majority of which are excellently reproduced, leaving nothing to be desired.

In a volume of this nature a certain amount of repetition is unavoidable, but in this case the overlapping has been reduced almost to a minimum. We notice, however, two long accounts of "Foreign Body in the Bronchus"; but in neither is mention made of the great advantage which in certain circumstances may accrue from passing the bronchoscope through a tracheotomy wound, though we are told that swelling of the vocal cords after passage of the tube through the larynx may necessitate tracheotomy.

The book as it stands is a great advance on any English publication on children's diseases, and is certainly the most important medical publication which has been issued for some long time.

MEDICAL ELECTRICITY. By Dr. LEWIS JONES. Sixth edition.

The sixth edition of this well-known work has now been published, and it contains much new and important matter. The first portion of the book deals, as before, with the principles of the subject and the different forms of electrical apparatus for medical and surgical use, and for the production of X rays.

This part now contains a lucid desciption of ionic medication and of diathermy, and many references to the practice of these important methods of electrotherapy will be found in the latter part of the book. This part has been considerably enlarged and three new chapters have been added. One deals with the electrical treatment of injuries and diseases of joints and the fibrous tissues. Another deals with the treatment of the urinary and reproductive organs, and here will be found an account of the use of electrical methods in gynæcology, also an account of the treatment of uterine fibromyomata by the X rays. Special chapters now deal with the electrical treatment of diseases of the skin and of the special senses.

An admirable account of the treatment of paralysis will be found in the chapter on the peripheral nerves, and the author emphasises the importance of using currents which rhythmically vary in intensity. A description of the devices whereby this effect may be brought about will be found in an earlier chapter.

A new method of testing muscles, by condenser discharges, is described, a method which the author has quite recently introduced into this country. In the electro-therapeutic section will be found abundant references to the writings of other European workers, and the reader is also guided by the great experience of the author in electro-therapy. It is interesting to note that the author maintains that the therapeutic action of electricity is due either to the chemical or to the thermal effects which it produces. Electricity would thus be shorn of much of its mystery, at any rate in the treatment of disease, and if this be its *modus operandi*, the path is rendered clearer for its scientific application.

The development of medical electricity in this country and the widening of its field of therapy is due, in great part, to the labours of the author, and it is pleasing to see the continued expansion of the book, which must be regarded as the standard work, in English, on medical electricity.

BOOKS ADDED TO THE LIBRARY.

Besson, Dr. A. Practical Bacteriology, Microbiology, and Serum Therapy (Medical and Veterinary). Translated and adapted from the fifth French Edition by H. J. Hutchens, D.S.O., M.A., M.R.C.S., L.R.C.P., D.P.H.(Oxford). With 416 Illustrations, 149 of which are coloured. Crown 4to. Lond. 1913.

Cunningham's Text-book of Anatomy. Edited by Arthur Robinson, M.D., F.R.C.S.(Edin.). Fourth edition; enlarged and rewritten. Illustrated by 1124 figures from original drawings, 637 of which are printed in colours, and two plates. Royal 8vo. Edin., Glas. and Lond. 1913.

Gray, Henry, F.R.S. Anatomy: Descriptive and Applied. Eighteenth Edition. Edited by Robert Howden, M.A., D.Sc., M.B., C.M. Notes on Applied Anatomy. Revised by A. J. Jex-Blake, M.A., M.B., B.Ch., F.R.C.P., and W. Fedde Fedden, M.S., F.R.C.S. With 1120 Illustrations, of which 431 are coloured. Royal 8vo. Lond. 1913.

Halliburton, W. D., M.D., LL.D., F.R.C.P., F.R.S. Handbook of Physiology. Eleventh Edition (being the twenty-fourth edition of Kirke's Physiology). With nearly 600 Illustrations in the text, many of which are coloured, and three coloured plates. Demy 8vo. Lond. 1913.

Hornsby, John Allan, M.D., and Schmidt, Richard E. The Modern Hospital: Its inspiration; its architecture; its equipment; its operation. With 207 illustrations. Post 4to. Philadelphia and Lond. 1913.

Howell, William H., Ph.D., M.D., Sc.D., LL.D. A Text-book of Physiology for Medical Students and Physicians. Fifth Edition. Thoroughly revised. Royal 8vo. Lond. 1913.

Muir, Robert, M.A., M.D., Sc.D., F.R.S., and Ritchie, James, M.A., M.D., F.R.C.P.(Edin.). Manual of Bacteriology. Sixth Edition. With 192 Illustrations in the text and 6 coloured plates. Crown 8vo. Lond. 1913.

Parkes, Louis C., M.D., D.P.H.(Lond.), and Kenwood, Henry R., M.B., F.R.S.(Edin.), D.P.H.(Lond.). Hygiene and Public Health. Fifth Edition, with Illustrations. Demy 8vo. Lond. 1913.

The following were presented by the George Crocker Special Research Fund, Columbia University:

Studies in Cancer and Allied Subjects. The Study of Experimental Cancer. A Review by William H. Woglom, M.D.

Vol. I. New York 1913.

Vol. III. *Ibid.* 1913.

The following were presented by Dr. P. Wood:

Transactions of the Ophthalmological Society of the United Kingdom. Vols. XXX–XXXIII. Lond. 1910–1913.

Hospital and Teaching Appointments held by Past Students of the Hospital.

LONDON. LIST No. 1.

Hospital.	*Name and Post.*
Charing Cross Hospital	J. Abercrombie, *Con. Physician.*
St. George's Hospital	H. D. Rolleston, *Physician.*
King's College Hospital	T. P. Legg, *Assistant Surgeon.* W. d'E. Emery, *Pathologist.*
London Hospital	E. W. Mansell Moullin, *Con. Surg.* P. Kidd, *Physician.* Sir F. Eve, *Surgeon.* P. Furnivall, *Surgeon.* F. G. Chandler, *Med. Registrar.*
St. Mary's Hospital	W. J. Gow, *Obstetric Surgeon.* S. R. Douglas, *Thera. Inoc. Dept.*
Middlesex Hospital	T. G. A. Burns, *Anæsthetist.* A. G. R. Foulerton, *Bacteriologist.* E. A. Cockayne, *Asst. Physician.*
Westminster Hospital	G. H. D. Robinson, *Ob. Physician.* W. G. Spencer, *Surgeon.* P. R. W. de Santi, *Surg. to Throat Department.*
London School of Med. for Women (Royal Free Hospital)	W. P. S. Branson, *Asst. Physician.* J. Berry, J. Cunning, T. P. Legg — *Surgeons.* H. Work Dodd, *Ophth. Surgeon.* J. G. French, *Assistant Surgeon.*
North-East London Post-Grad. College	P. Kidd, *Consulting Physician.* E. Hooper May, *Con. Surgeon.* H. D. Gillies, *Surg. Ear, Throat and Nose Dept.* W. Steuart, *Elect. Department.* C. F. Hadfield, F. Trewby — *Anæsthetists.*
West London Post-Grad. College (West London Hospital)	F. Swinford Edwards, *Con. Surg.* H. Pritchard, *Physician.* G. D. Robinson, *Physician for Dis. of Women.* P. Dunn, *Surg. for Dis. of the Eye.* P. S. Abraham, *Dermatologist.* G. D. McDougal, *Elect. Depart.* G. P. Shuter, *Admin. of Anæsths.* J. D. Mortimer, *Asst. Admin. of Anæsthetics.*
London School of Clin. Med. (Seamen's Hospital, Greenwich)	Sir Dyce Duckworth, Bt., *Phys.* W. Steuart, *Physician in charge of Elect. Department.* W. J. Gow, H. Williamson, A. Haig, H. Pritchard, A. S. Woodwark, J. K. Murphy — *Extra Mural Lecturers.*

(To be continued.)

New Addresses.

AMY, G. J., 28, Rue Alphonse Karr, Nice.
BEVAN, H. C., Hillcrest, Rumney, Mon.
BLAKEWAY, H., 1, Weymouth Street, W.
BURGESS, E. J., 111, High Street, Brentwood, Essex.
CATES, H. J., Laurel Mount, West Park Road, St. Helens, Lancs.
DANKS, W. S., Lynton Lodge, Worcester Road, Sutton.
HAMILTON, Major W. G., I.M.S., Jail House, Alipore, Calcutta.
HAVILAND, H. A., Normans, Rusper, Sussex.
HILL, P. K., Wesleyan Mission, Hankow, China.
HUGO, Major J. H., I.M.S., Agency Surgeon in Baghelkhand, Sutna, E.I.R., India.
LEE, C. S., Graiseley Cottage, Wolverhampton. (Tel. No. 4.)
LESCHER, F. G., West London Hospital, Hammersmith Road, W.
NIXON, J. A., 7, Lansdown Place, Clifton, Bristol. (Tel. 2066.)
OSMOND, T. E., Hanford House, Thorpe-le-Soken, Essex (temporary).
PRITCHARD, H., 82, Harley Street, W. (Tel. Mayfair 854 (unchanged.)
SYMES, Capt. A. J., I.M.S., Port Blair, Andamans.
TAIT, H. B., Ashmount, Hornsey Lane, N. (Tel. 860 Hornsey.)
TRECHMANN, M. L., 88, Eccleston Square, S.W. (Tel. Regent 4297.)
VINER, G., 15, Devonshire Place, W. (Tel. 4944 Paddington.)
WALKER, K. M., Calle Cordoba 460, Buenos Aires, South America.
WOODMAN, E. M., 81, Edmund Street, Birmingham.

Appointments.

CHANDLER, F. G., M.R.C.S., L.R.C.P., M.B., B.C. (Cantab.), appointed Medical Registrar to the London Hospital.
DIX, CHARLES, M.R.C.S.(Eng.), L.R.C.P.(Lond.), Medical Officer of Health to the Wincanton Rural District Council.
JOYNT, I. W., B.C (Cantab.), appointed Surgeon ss. "Patia," Direct Jamaica Line (Messrs. Elders & Fyffes).
LESCHER, F. G., M.R.C.S., L.R.C.P., appointed House-Surgeon to the West London Hospital.
WHITAKER, L. EDGAR, L.R.C.P.(Lond.), M.R.C.S.(Eng.), appointed Consulting Ophthalmic Surgeon, Palmerston North Hospital, New Zealand.

Births.

BARRIS.—On Sunday, September 28th, at 50, Welbeck Street, W., to Dr. and Mrs. John Barris—a daughter.
BODY.—On September 19th, at Dowlais House, Middlesborough, Mrs. T. M. Body—a son.
BOULTON.—At Rockcliffe, Mussoorie, India, to Major Harold Boulton, I.M.S., and Mrs. Boulton (*née* Maud Mary Garton)—a daughter.
GRIFFIN.—On September 22nd, at Baldock, Herts, the wife of John P. Griffin, M.R.C.S., L.R.C.P.(Lond.), of a daughter.
HOLTHUSEN.—To Dr. and Mrs. Alan W. Holthusen—a daughter.
RIDOUT.—On September 30th, at St. Elmo, Clarendon Road, Southsea, Hants, to the wife of C. A. Scott Ridout, M.S., F.R.C.S.—a son.
ROSE.—On October 18th, at 68, Wimpole Street, to Mr. and Mrs. Frank A. Rose—a son.
WILSON.—On September 25th, at Murree, Punjab, India, to Captain and Mrs. N. Methven Wilson, I.M.S.—a daughter (Margaret Helen). By cable.

Marriages.

GIBSON—KENNEDY.—On October 4th, at St. Matthew's Church, Ealing Common, by the Rev. H. C. Douglass, Vicar, Alfred John Gibson, M.B., B.S., of Brentwood, Essex, son of Alfred Gibson, Esq., to Elma Mary, only daughter of C. Fred Kennedy, Esq., Madely Road, Ealing.

HUSSEY—GRAHAM.—On September 23rd, at St. Mary's, Lambeth, by the Rev. Thory Gage Gardiner, Rector, James Hussey, M.D., of Farnham, Surrey, to Elizabeth Rebecca, second daughter of John Graham, Barnard Castle, Yorks.
MOLE—HOLMES.—On September 30th, 1913, at St. Gabriel's, Warwick Square, S.W., by the Rev. L. H. Nixon, M.A., Precentor of Westminster, and the Rev. Noel Kynaston Gaskell, Curate of St. Gabriel's, Harold F. Mole, F.R.C.S., of 19, Mortimer Road, Clifton, elder son of the late F. M. Mole, of Westfield Road, Edgbaston, to Harriet (Hetty), youngest daughter of the late Reuben Holmes, of Heanor, Derbyshire.
SHRUBSALL—GILMOUR.—On September 20th, in Glasgow, by the Rev. J. Faulkener, M.A., Frank Charles Shrubsall, M.D., F.R.C.P., to Jane Reid Foulds Gilmour, M.B., Ch.B.
VERRY—RIDER.—On October 16th, at St. Mary Abbotts, Kensington, by the Rev. E. S. Best, M.A., Rector of Hamsey, Sussex, and the Rev. Prebendary S. E. Pennefather, D.D., Vicar of Kensington, Surgeon Guy Tyrrell Verry, R.N., eldest son of the Rev. H. R. Verry, M.A., of Abbotsfield, St. Albans, formerly Rector of Easton, near Stamford, to Dorothy Mary Wase, elder daughter of John Edward Wase Rider, of 1, Lansdowne Road, W., and Lincoln's Inn.

Deaths.

CLUSE.—On Saturday, September 27th, at Park Lodge, Park-road, Crouch End, Valentine Cluse, late Renter of St. Bartholomew's Hospital, London, in his 60th year.
HARTILL.—On September 23rd, 1913, at Manor House, Willenhall, Staffs, John Thomas Hartill, M.R.C.S., L.R.C.P., aged 65.
WILLIAMS.—On September 19th, 1913, at Holywell, Flints., James Williams, M.R.C.S., L.S.A.

Acknowledgments.

The Stethoscope, Westminster Hospital Gazette, Middlesex Hospital Journal, Medical Review, The Shield, Nursing Times, British Journal of Nursing, University College Hospital Magazine, The Hospital, Guy's Hospital Gazette, London Hospital Gazette, Long Island Medical Journal, St. Thomas's Hospital Gazette.

NOTICE.

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

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.*

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

St. Bartholomew's Hospital Journal.

VOL. XXI.—No. 3.] DECEMBER, 1913. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1913.

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

Calendar.

Mon., Dec. 1.—M.D. and M.S.(Lond.) Examinations begin.
Tues., ,, 2.—Dr. Garrod and Mr. Waring on duty.
Wed., ,, 3.—First and Second Examinations M.B.(Oxford) begin. Clinical Lecture. Mr. Bailey.
Thurs., ,, 4.—Clinical Lecture. Dr. Fletcher.
Fri., ,, 5.—Dr. Calvert and Mr. McAdam Eccles on duty.
Mon., ,, 8.—First, Second, and Part I of Third Examinations for M.B.(Camb.) begin.
Tues., ,, 9.—Dr. Morley Fletcher and Mr. Bailey on duty. Part II of Third M.B.(Camb.) Examination begins.
Wed., ,, 10.—Clinical Lecture. Mr. Bailey.
Fri., ,, 12.—Dr. Herringham and Sir Anthony Bowlby on duty. Clinical Lecture. Dr. Calvert.
Mon., ,, 15.—First Examination for Medical Degrees (London) begins.
Tues., ,, 16.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., ,, 17.—Oxford Michaelmas Term ends.
Fri., ,, 19.—Dr. Garrod and Mr. Waring on duty. Cambridge Michaelmas Term ends.
Sat., ,, 20.—**Winter Session divides.**
Tues., ,, 23.—Dr. Calvert and Mr. McAdam Eccles on duty.
Thurs., ,, 25.—**Christmas Day.**
Fri., ,, 26.—Dr. Morley Fletcher and Mr. Bailey on duty.
Mon., ,, 29.—D.P.H. Conjoint Examination begins.
Tues., ,, 30.—Dr. Herringham and Sir Anthony Bowlby on duty. First Examination of Conjoint Board begins.

Editorial Notes.

"UNION is best for men, either with their own tribe or with strangers; for even a grain of rice groweth not when divided from its husk." Hitopadesa originated this statement a good many years ago. It has since become the foundation of civilised life.

This fact has of late been often in our mind; and to fight a lone hand, though heroic, is not always the best statesmanship. We conceived the idea that the united journals of the various hospitals, acting in common cause, might prove a valuable weapon for students when their interests were threatened by outside forces. As the result a meeting of editors of the various London Hospital Journals was held at Bart.'s on the 10th inst., when various resolutions embodying these ideas were unanimously adopted. The following hospitals were represented: London, Guy's, St. George's, St. Thomas's, Royal Free, St. Mary's, Middlesex, University College, St. Bartholomew's.

In these days of legislative revolution, of Royal Commissions on Universities, and of B.N.A. Terminologies, unity of purpose becomes a very important matter, and we believe that a step in the right direction has been taken in forming this "Concert of Editors." Our field of operations has been considerably widened by the decision to include all the provincial teaching schools of Great Britain and Ireland, and to notify these of resolutions adopted and lines of policy which are being taken.

We hope that in the course of time this organisation may result in something very much stronger—but of that it is unwise to say too much, for developments will depend upon the students themselves.

* * *

A meeting of students of the University of London was held at South Kensington on November 12th. The object of the meeting was to pass a resolution commending the report of the Royal Commission on University reform. However, much to the surprise of the promoters of this meeting, the

opposition was great. And since a vote in its favour was seen to be impossible, a vote against it was avoided by adjourning the meeting.

We ourselves were glad of this, as it seemed to us that the meeting was much too premature, for the various faculties of the University have not all yet sent in their own reports and views upon the findings of the Commission.

Briefly the endeavour is towards the formation of a London University of a more homogeneous nature—a university that shall be united and progressive. In so far as medicine is concerned there are two main ideas. Firstly, that the teaching of students is not sufficiently academic to promote in them the faculty of reasoning for themselves, and secondly, that the clinical research work in the various hospitals is not sufficiently organised to obtain progressive results.

Now the suggested reforms are of a very sweeping character, and in the opinion of some people are not entirely calculated to benefit the medical profession. Progress is of course essential, but the best road to progress is that of evolution rather than that of revolution. And there seems to be an epidemic of revolution infecting all things at the moment.

It is argued that the student should not learn his work from the utilitarian point of view, but in such a manner as to enable him to carry out progressive research throughout his life; on the second point it is argued that for the purpose of research and teaching, professors are necessary on exactly the same lines as in other sciences; they should be men who are themselves spending their time in conducting research work when they are not engaged in teaching students, and hence men whose private practice should be of a very limited nature.

It is not our province to discuss the value of this method from the point of view of progressive knowledge, but one of its effects is most certainly a thing to be considered seriously by the student.

The University cannot afford to appoint a professor in every subject at every hospital in London. In fact the proposition is the appointment of professors at only three hospitals to start with. But the effect will be that students will have to attend perhaps an hour's lecture or a clinical demonstration in one hospital, and then return to their own hospital for an hour's work on another subject!

The waste of time thus involved will be great. It is not possible to conduct things in London as at Cambridge. London is too big and the London student too independent.

It is certainly possible for the authorities to enforce their regulations, but the probability is that the students would give up the London degree and take the Conjoint examinations instead. They have neither the time nor the inclination to become academic prodigies. The proposed regulations are all of an academic nature, and neglect absolutely the utilitarian point of view, which must be always the point of view of the general practitioner, however much the specialist may aim at higher things.

That there should be more unity of purpose and greater facility for organised research goes without saying, but alterations should be carried out experimentally and in homœopathic doses, and should not be brought about by a revolution based upon academic hypotheses, whose results cannot be foreseen.

There are other points concerning the elementary training of medical students which are equally open to debate, but with which we can scarcely deal at the moment. Those which we have mentioned above, however, seem sufficient to warrant active opposition on the part of medical students to the acceptance of the Commission's report as it stands, and it would be well to urge revision and caution upon the powers that be.

* * *

On November 13th a largely attended meeting of the Abernethian Society listened to an account by Mr. J. E. R. McDonagh, F.R.C.S., of his researches into the life-history and chemistry of the organism of syphilis. According to Mr. McDonagh the *Spirochæta pallida* is merely the male gamete in the life-cycle of an intracellular organism, the *Leucocytozoon syphilis*, all the stages of which he has demonstrated, and, with a few exceptions, photographed. Mr. McDonagh has a convincing, though dogmatic manner, and it was evident that the greater part of his audience believed in the truth of his discoveries in spite of their subversive nature. In some scientific circles these facts are still accepted with some incredulity, but Mr. McDonagh may be trusted to carry the truth home in the course of time. Meanwhile, St. Bartholomew's may be proud to have produced a researcher of so much originality and resource. It is only a matter of time before the value of Mr. McDonagh's work will be generally recognised.

* * *

On December 4th the Abernethian Society will be addressed by Sir William Osler, Bart., Regius Professor of Medicine at Oxford. Sir William Osler is in no way connected with St. Bartholomew's, but his name is familiar to everyone as the author of a ponderous and much-used volume. He has chosen as the subject of his address, "The Medical Clinic—a Retrospect and a Forecast." The constitution of the modern clinic is a matter which intimately concerns the future of all medical schools such as our own, and Sir William Osler's views cannot fail to be of interest. We extend a hearty welcome to our distinguished visitor.

* * *

A meeting of the Rahere Lodge, No. 2546, was held at the Imperial Restaurant, Regent's Street, W., on November 18th, 1913. The W.M., Bro. Harold Austen, initiated the Rev. R. B. Dand and Mr. A. L. Moreton into Freemasonry. Bro. D. W. Hume was raised to the Third Degree and was

presented with the Lodge Jewel. Bro. R. M. Vick, of the In Arduis Fidelis Lodge, was elected a joining member. Bro. C. Hubert Roberts was elected a rejoining member after three years' absence from the Lodge. A sum of twenty-five guineas was voted to a late member in distressed circumstances. Forty-one members and guests attended the banquet.

* * *

We are glad to notice that two old Bart.'s students have been elected as mayors of their townships. Mr. W. E. L. Davies is Mayor of Llanedloes, and Mr. N. W. Taviles-Humpherys is for the fifteenth time Mayor of Montgomery.

* * *

We are requested to state that Dr. Robert Jones has changed his name to R. Armstrong-Jones.

* * *

We print in another column an announcement of the appointment of Dr. Feiling to the post of assistant physician to the Metropolitan Hospital. Dr. Feiling has our heartiest congratulations.

Some Notes on the State of Otology in 1730 (Pathology and Therapeutics).

By ARCHER RYLAND, F.R.C.S.(Ed.).

PART II (*continued*).

WE are given, in reference to the external diseases of the ear, a certain case of great pain in the meatus, accompained with violent symptoms. This reference is of interest, as it well shows how certain classic cases of otological interest were remembered, stored-up, borrowed, imitated, ruthlessly plagiarised, and solemnly passed on through the centuries. It is no exaggeration to say that this particular case formed a prominent passage in otological writings for hundreds of years. The *Fourth Observation of the First Century of Fabricius Hildanus* narrates the case of a patient in whose left ear a glass bead had become impacted. Symptoms of an extraordinary nature supervened, followed eventually by a paralysis of the left side of the body. The explanation of Hildanus himself is grounded on the assumption that the portio dura is distributed in part to the arm and leg.

It is, perhaps, not a matter of surprise that a writer in the early years of the eighteenth century, working under the domination of the still immense reputation of Fabricius Hildanus, should have attributed value of a no mean order to the facts of a case which that great surgeon had so minutely recorded. But it *is* surprising that we should find it again and again brought forward in works on otology since the age of Du Verney, and to find it actually quoted at full length in Samuel Cooper's *Practical Surgery* as late as the year 1813.

"After four surgeons, who had been successively consulted, had in vain exerted all their industry to extract a bit of glass from the left ear of a young girl, the patient found herself abandoned to the most excruciating pain, which soon extended to all the side of the head, and which after a considerable time was followed by a paralysis of the left side, a dry cough, epileptic convulsions, and at length an atrophy of the left arm. Hildanus cured her by extracting the piece of glass, which had remained eight years in her ear, and had been the cause of all this disorder." It does not appear that Hildanus found it necessary to practise an incision behind the ear. Du Verney (1683) strongly recommends such a procedure, and it is indeed the only surgical operation to be performed upon the ear that is discussed or recommended in his work. Fabricius, at Aquapendente, according to Cooper, rejected this operation, which was first proposed by Paulus Ægineta and again disapproved of by Leschevin (*Proc. de l'Acad. de Chir.*).

The remedies to be used for pain in the meatus, whether caused by solution of continuity or by other conditions, do not differ from the usual remedies in vogue at that time: decoctions of hyssop, calamint, and marjoram, or drops of bullock's gall and oil of bitter almonds.

The explanation of the action of these drugs seemed to be to the mind of the surgeon who employed them a matter of self-evident simplicity.

"There is no difficulty in explaining the effect of these remedies. They are all indued with a very penetrating salt, which warming these parts opens the ducts of the glands, and causes the substance to flow which was before retained by the cold." For the pain caused by serous humours an alkaline solution was generally employed. Such humours were reputed noxious by their acidity, and therefore the water of Blessed Thistle in which wood-lice, earthworms, and ants' eggs had been boiled was clearly indicated as a curative application. No arguments are used to justify the use of so obvious a remedy. With regard to abscess of the auditory passage, the usual mode of argument as to ætiology and pathology may be briefly set out in its astonishing poverty of language, fact and coherent thought. The discussion of the whole subject merely amounts to this. In the first place, there is an obstruction of the glands which therefore press upon the vessels. Pressure on the vessels stops the blood, the vessels become lacerated, and an abscess is caused.

We cannot but think, that even at the time of Du Verney, the existence of worms in the auditory meatus was already an ancient legend. It was, no doubt, part of that antique heritage of revolting folly, of vague and unfounded surmise that burdened the shoulders of every writer of this period, and that each, for some unknown reason, had to carry about with him, like the White Knight in *Alice in Wonderland*, weighed down in addition to his military equipment of shield, spear and armour, with dish-covers, rat-traps, and spurs for kicking sharks. Probably such cases *had* been recorded during previous centuries, possibly by the ancients

themselves, and the idea was thenceforward perpetuated by the copying from book to book, and by the quotation of the same case from generation to generation, which seems to have been the universal habit of the time.

It was supposed that in old ulcers of the ear, that is, in cases of long-standing suppurative otitis media, "worms of different figure and size came out with the pus," and it was common to refer to the authority of the ancients, to Foerstus Schenkius, or to the German journals. Du Verney suggests as the cause of this affection, the "hatching of eggs in the auditory passage which thousands of insects which fly in the air may possibly leave in this place." The treatment depended upon the installation of thick oily drops, because they were supposed to stop up the branchiæ of these insects and thus suffocate them in an instant (*Journal des Scaians*, 1677).

Chronic suppurative otitis media was known simply by the term "suppuration in the ear," though the latter was by no means always clearly defined as a disease and differentiated from ceruminous discharge, ulceration, and the various humours. Du Verney, it appears, was one of the earliest, if not the very first, writer to contest the notion that a chronic discharge from the ear came originally from the brain. The problem, in his mind, resolved itself simply into one of anatomy—a sphere within which he was qualified to argue with the greatest effect. The belief that the suppurative discharge did come from the brain is an extremely old one. It followed naturally from such a conviction that very few were in favour of doing anything to arrest it. And to this day, among a certain class, the belief that a discharging ear should be left alone still exists, and has probably its foundation upon something corresponding to those fallacious ideas, against which Du Verney argues before the close of the seventeenth century. The curious thing, however, with regard to his views is this: The plain facts of anatomy, as investigated for the first time by himself, in a style at once masterly and complete, convinced him that the brain was not the source of the discharge. "For," says he, "the foramen is exactly stopt up by the auditory nerves, and even then it could enter nowhere but into the vestibulum and cochlea, and must necessarily erode the membrane, which closes up the fenestra rotundum, the basis of the stapes, and the membrane that covers it, to pass into the tympanum. At last, when they are come into the tympanum, they must certainly rather fall into the mouth through the aqueduct (Eustachian tube) than lacerate the membrana tympani." In spite of this very clear knowledge, he obstinately favours the policy of inactivity with regard to suppuration. "It is," he continues, "for the most part indolent, and cannot be stopt without causing pernicious effects. We ought not imprudently to stop it."

It is, perhaps, impossible to say for how many years this opinion held the field. In England it was not until the year 1806, the year in which John Cunningham Saunders published his work upon the *Anatomy and Diseases of the Ear*, that a definite refutation of this theory was put forth.

The original work of Saunders we have not been able to examine. It has been highly praised by Sir William Wilde. "There is no doubt that he availed himself to a large extent of the labours of Du Verney. But still to Saunders we are indebted for our first special English work on otology, and to him the various charlatans that have ever since ventured to set forth their ideas in print, are indebted for the mine from which they drew forth the material of their various and voluminous publications."—(Sir W. Wilde, *Dublin Journal of Med.*, 1844.)

The peculiar danger of arresting a discharge from the ear is emphasised by the quotation of a case which, in fact, on translating the narrative into terms of modern pathology, bears a very suggestive resemblance to a case of otitic meningitis.

"A man about 65 years old of a full and sanguine habit of body, had a very considerable suppuration in his ears and especially in his right, for five and twenty years together, although in all other respects he enjoyed a perfect health. The matter which he discharged was fetid and very thick. He died of an apoplexy in four and twenty hours after this suppuration was stopt. I opened the cranium and having carefully examined all the parts of the brain near the os petrosum, I found them perfectly sound and the bone in its natural state, and I actually met with serous humours in the ventricles and cavities of the brain."

As to obstruction of the auditory passage, the causes given are—inflammation, abscess, ulcer, foreign bodies and wax. The authority of Fabricius Hildanus is quoted in support of the fact that grains of wheat and other organisms may bud in the auditory passage. It was also supposed that wax might petrify in the auditory meatus in the same way as gall in the gall-bladder (Obs. xlv, *Bartholini's Journal.*)

The cure of deafness due to impaction of cerumen seems to have been practised in France about this time with considerable profit and repute, and we have a reference to "that famous surgeon of Mons, who made so much noise in the world for curing deafness, and who undertook none but this sort of deafness.

"To know this, he turned his patient's ear to the rays of the sun, and when he discovered any obstruction in the passage, he made use of a particular instrument to clear it, and after this manner he cured a great number of deaf people."

The diseases of the tympanic membrane were classified, according to Du Verney, in the four following groups: relaxation, increased tension, schinousness, and rupture. With regard to rupture, it is interesting to find the statement that the membrane may become eroded by the acrimony of the pus which is retained in the tympanum. This is the first reference that we have been able to find of pus actually present in the tympanic cavity.

"In what manner, soever, the membrane be broke, it happens that in shutting the mouth and the nostrils the air comes out of that ear with noise and such a force that it can extinguish a candle." It is probable that Politzer had not this statement in his mind when he refers in his *Geschichte der Ohrenheilkunde* to the "musterhafte genauigkeit und Schärfe des Urtheil" of Du Verney's writings. It was apparently known at this time that the existence of the membrana tympani was not absolutely necessary for audition. Rupture of the membrane was regarded as an incurable condition.

It is, perhaps, needless to remark that chronic suppuration of the middle ear was not recognised as such at the period of which we are writing. Surgeons viewed the diseases of the tympanum as falling into one or other of the two following groups, viz. caries of the bone and inflammation of the lining membrane. And in each case the disease was supposed to be secondary to an "abscess of the auditory passage."

What ideas, then, *had* the old authors as to the route of infection and as to the anatomical extension of the disease in these ordinary cases of chronic septic inflammation of the middle ear?

The line of argument, it seems, lay very nearly as follows: First there was an abscess of the auditory passage, that is, of the external auditory meatus as defined by modern anatomy. A carious track was established into the processus mamillaris, followed by an extension of the disease along the aditus to the tympanic cavity with subsequent destruction of the tympanic contents, and finally the occurrence of total deafness. The treatment according to Deymeir consisted in the dilatation of the passage with prepared sponges, and the direct application to the carious bone of euphorbium powder. The desired result was exfoliation of the bone, and "the hindering of the growth of the fungus."

They were not far from the truth. Indeed, they were surprisingly near to the truth, and the wonder of the matter is, having regard to the extraordinary accuracy of their anatomical knowledge, that a period of at least one hundred years, subsequent to the work of Du Verney, should have elapsed before any attempt was made towards a rational surgical treatment of the diseased mastoid bone.

According to Lincke's *Sammlung*, the first surgeon who fairly established opening of the mastoid as a legitimate surgical procedure was Jasser, who performed the operation in the year 1776. It is needless to say that the operation fell into disrepute, and, as is well known, was only revived through slow and laborious stages, after a period of many years.

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Electro-therapy—in the Past and at the Present Day.

By E. P. CUMBERBATCH, M.B., M.R.C.P.

PART I.

NEW of those who pass through their course at Bart.'s have a correct knowledge of the work that is done in the Electrical Department, or of the cases that are really suitable for electrical treatment, or of the mode of action of electricity on the body when it is used in the treatment of disease. When the Electrical Department is requested to "treat this patient electrically," the clerk of the case does not know what sort of electrical treatment the patient has, or see how it is given, and when a report on the electrical reactions of the muscles is required, he does not see the process of testing or the reactions of diseased muscles.

This lack of acquaintance with the field and methods of modern electro-therapy is a matter for regret, not from the point of view of the examination, for questions on the subject are seldom or never asked, but in its relation with private practice afterwards. An acquaintance with the field of electro-therapy shows that many common maladies can be successfully treated by electrical methods, while some practical knowledge of these methods enables the practitioner to give the treatment himself. The opportunities for the use of electrical methods in private practice are recognised by those who, after qualifying, come to the Electrical Department to take out a course of study, before or after going into practice. Nor is the question of expense an insuperable objection, for much successful work can be done without expensive apparatus.

At the present day electro-therapy occupies a position very different from that which it held in the past, or even twenty years ago, while during the past few years the field of successful electro-therapy, in which *visible* results are obtained, has been considerably widened.

This will be evident on studying the past history of medical electricity, and some reference to it may be of interest, because, more particularly in its later stages, Bart.'s men have played a leading part in its development in this country, and have done pioneer work in the allied subject—radiology.

It is interesting to note that the foundation of electricity as a true science was laid by a medical man, Dr. Gilbert, who was President of the Royal College of Physicians in 1600 and physician to Queen Elizabeth. His friend, the poet Dryden, wrote :

> "Gilbert shall live till lodestones cease to draw,
> Or British fleets the boundless ocean awe."

and Common Sense. The first records of electrical treatment at a London hospital are found in 1767, when a static machine was installed in the Middlesex Hospital. In 1777 a similar machine was placed in St. Bartholomew's Hospital. At St. Thomas's Hospital medical electricity was studied by John Birch, the surgeon, who in 1799 contributed an account of its use for medical purposes to John Adams's

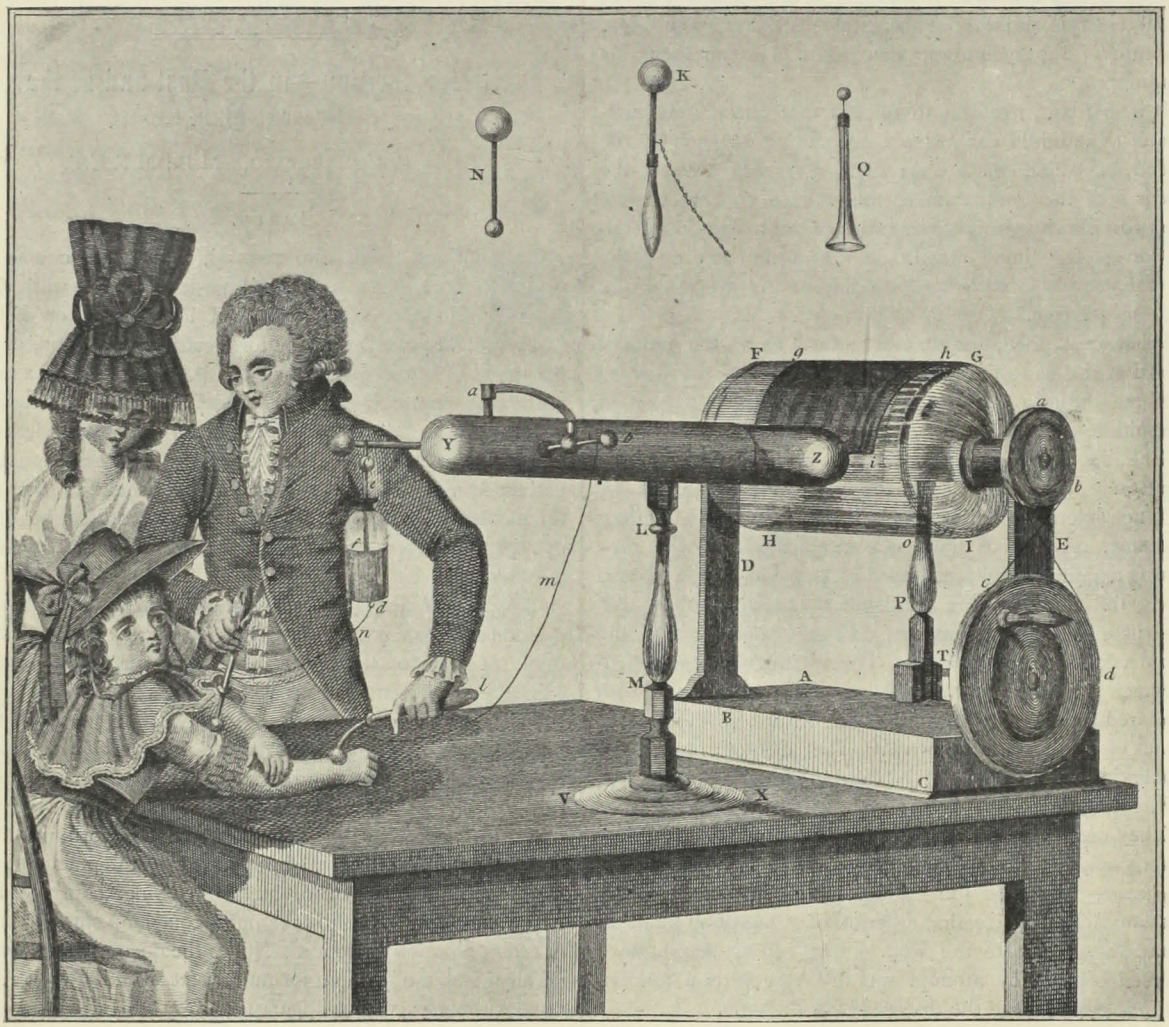

FIG. 1.—ADMINISTRATION OF STATIC ELECTRICITY TO A PATIENT. (FROM A PRINT PUBLISHED IN 1799.)

Gilbert did not apply the knowledge which he acquired to medicine, and it was not until 145 years later that static electricity was used as a curative agent by de Haen (1745), Jallabert (1748), and Abbé Nollet (1749).

In 1752 Benjamin Franklin tried the action of electricity on a number of paralytics. In 1759 John Wesley, the preacher, published a book entitled *The Desideratum; or, Electricity made Plain and Useful, by a Lover of Mankind* book, *An Essay on Electricity*. An old print, bearing the date 1799, showing the administration of static electricity to a patient, can be seen on the walls in our Electrical Department. A reproduction of it is shown (Fig. 1).

Few results of value had been obtained from static treatment up to this time. Stiff joints and painful muscles seem to have benefited, also functional nervous disorders. The use of static electricity in medicine was more scien-

tifically studied in 1836 and during the following years at Guy's. In 1836 an electrical department was founded at that Hospital, and Dr. Golding-Bird was placed in charge. He was the first medical officer in charge of an electrical department in this country. This department received attention from Addison and Gull, physicians to the Hospital, and in 1837 Addison published a paper in the *Guy's Hospital Reports*, "The Influence of Electricity on Certain Convulsive and Spasmodic Disorders." Dr. Lewis Jones, who has very kindly supplied me with much information on the history of medical electricity, says that this paper is to be regarded as the first scientific medical contribution of real value in this history. Addison's paper dealt mainly with the good results obtained by the use of static electricity in cases of chorea. These results were confirmed by Gull, who, in 1853, wrote on the *Value of Electricity as a Remedial Agent*. Golding-Bird obtained good results in the treatment of amenorrhœa in young subjects. This work at Guy's is of much importance, in that it furnishes the clue as to the *modus operandi* of static electricity in treating disease, and furnishes the indication of the suitability of a case for such treatment. Reference to this will be found later. Golding-Bird also wrote on the use of the galvanic current, and distinguished between galvanic and static electricity in their use for medical purposes. In 1839 Crussel made use of the electrical current for treatment of urethral stricture and for other surgical purposes. His work also has historical interest, because for the first time visible results were obtained and the process of their production actually seen.

About this period, Faraday was at work on induced electrical currents. He had discovered, in 1831, that one current could induce another in a neighbouring circuit, and Duchenne, the distinguished neurologist, formerly a general practitioner in Boulogne, employed induction-currents for the treatment of paralysis and nerve disorders. An amusing story is told of Duchenne. He insisted that locomotor ataxy was not a form of paralysis, although the opposite view was held at that time, and to demonstrate it to an unbelieving doctor he made a patient, suffering from the disease, carry the said doctor on his shoulders.

The influence of Duchenne's teaching has persisted to the present day, when the treatment of paralysis by induction-currents forms a large part of the work of electrical departments at the present time. Fig. 2 shows a picture of Duchenne faradising the frontalis muscle of a patient. Remak, of Berlin, made a prolonged and careful study of the influence of the galvanic current on many conditions, especially joint affections. In 1868, Erb introduced the method of testing muscles and nerves by the induced and by the galvanic currents, and, the by him term "reaction of degeneration" was first used.

During recent times, work of the most important kind has been done in France. In 1893, d'Arsonval, of Paris, began to publish his researches on high-frequency currents, and in 1898 he began to use these currents for medical purposes. At the beginning of the present century, the forward march of the method of treatment by ionisation was started by Leduc, professor at the School of Medicine, at Nantes, whose masterly researches have led to the most successful results in the treatment by electrical methods. Records of treatment by the ionic method had been published before in France, also in the United States, where Edison had, in 1890, suggested the use of the electric current for the introduction of lithium into gouty tissues. In recent years, Nagelschmidt, of Berlin, has been working with much more powerful high-frequency currents, and the diathermy apparatus, which he has devised to produce them, is destined to render much service to medicine and surgery.

At St. Bartholomew's Hospital, in 1882, an electrical department was founded, and Dr. Steavenson was placed in charge. Before this, some galvanic treatment had been carried out in the wards by house-surgeons and by dressers. In the Hospital *Reports* of 1883 will be found an account of the new department by Dr. Steavenson. It occupied a building which had been used as a coroner's court, and stood on a site adjoining the present pathological laboratory. The building, when completed, contained a bathroom with one bath, a lobby in which the patients waited, a workshop, a room for testing and treatment, which contained also an operating table for treatment by electrolysis. During the first year fifty-five in-patients were treated in the department, besides many more out-patients. The cases treated included paralysis, hysteria, ankylosed joints, sciatica, epithelioma and caruncle for destruction by electrolysis, also a case of extra-uterine gestation sent by Dr. Matthews Duncan for destruction of the fœtus by electrolysis. Dr. Steavenson also mentioned, as attending the department, one lunatic and a sprained ankle. The electric current used was derived from cells. There were three batteries, each consisting of sixty dry cells. During the next three years, 1883–4–5, 269 in-patients and 876 out-patients attended. For many years the only electric bath in London was that in the Electrical Department at Bart.'s. In 1891 Dr. Steavenson died, and Dr. Lewis Jones was appointed medical officer in charge of the department. The further history of the progress in medical electricity in this country is closely interwoven with the teaching and writings of Dr. Lewis Jones. He was the first to introduce sinusoidal currents for use in arm baths and in full-length baths in this country, and to recognise the importance of rhythmic variation in their strength, and to adopt this principle in their application to electrical treatment. He made a scientific study of the discharge of medical coils, obtaining graphic records of the output, the form and duration of which is all-important if *painless* muscle contractions are desired and *accurate* reports on muscle reactions are wished for. This matter of the output of induction coils or of the

galvanic battery when used in experimental physiology has been neglected by physiologists. Dr. Lewis Jones introduced the ionic method into this country, and was the first to read a paper on the subject, viz. the treatment of rodent ulcer by zinc ions (1906). In 1907 the Department was moved into its present quarters, and the plan and equipment, with apparatus and appliances, was the work of Dr. Lewis Jones. Eight baths were placed in the Department, and each is now supplied with sinusoidal rhythmically varying

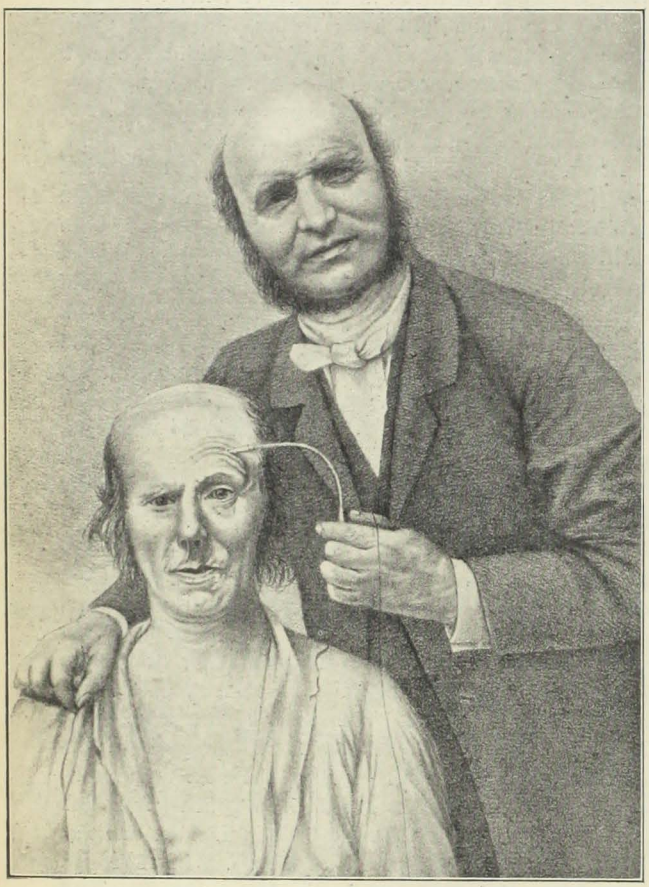

FIG. 2.—DUCHENNE FARADISING THE FRONTALIS MUSCLE.

currents, which are on circuits completely separated from the main circuit outside, so that short-circuiting and dangerous shocks cannot occur. In 1911 a diathermy apparatus was installed in the Department. At the beginning of the present year Dr. Lewis Jones introduced the method of testing by means of condenser discharges—a method which is likely to lead to much new knowledge on muscle and nerve degeneration.

Finally, by teaching that electricity, when used as a therapeutic agent, acts either by the chemical (ionic) effects it produces, or by its thermal effects (as in diathermy or high-frequency), he has cleared the field of electro-therapy of the mist and obscurity which formerly surrounded it and has placed it on a firmer foundation. In this way a clearer indication of the cases really suitable for electrical treatment is provided, as well as the procedure to obtain the results desired. An account of the history of the Electrical Department at Bart.'s would be incomplete without mention of Dr. Walsham and radiology. Dr. Walsham had acted as "Assistant Electrician" to Dr. Steavenson in 1889 and 1890, and to Dr. Lewis Jones in 1896. In April of that year the first skiagram was taken at Bart.'s. Since then the X-ray work has rapidly increased year by year. In 1907 Dr. Walsham was appointed Assistant Medical Officer to the Department. In 1912 a new department was formed to take over the X-ray work, and Dr. Walsham was elected medical officer in charge. Dr. Walsham shares with Wenckelbach, of Strassburg, the honour of being the pioneer in the use of X-rays for chest diseases, and Dr. Walsham has the priority, as the first paper on the subject was written by him for the *St. Bartholomew's Hospital Reports* of 1898.

(*To be continued.*)

Biographical Discoveries.

By A. N. ANIAS.

II.

HERPES Calculus Zoster, who flourished in the early part of the eighteenth century, was a physician of no mean repute, but one whose name is in some danger of being passed over in the annals of Medicine. Indeed, until the recent discovery of some papers relating to his earlier life and less famous works, very little was known about him.

As his name implies he was a native of Uræmia, and was born in the year 1668 at Eczema, which, previous to its destruction by the Filarians under Strongylus Gigas, was then one of the larger cities of that country.

His father was a magistrate of some reputation and a comparatively wealthy man; his mother was the younger daughter of that eminent soldier, General Œdema, of the Meninges.

It appears from the scanty records of his early life that his father wished him to become a lawyer, and Herpes for some few years studied, with this end in view, at the office of the famous Hydatids of Morgagni.

One day, however, on seeing a client suddenly break out into a purple rash and gradually coagulate in the waiting-room, he was fired with a great zeal to study Medicine. He straightway sought the advice of Cecil, the elder of the two Hydatid brothers, and he wisely encouraged the young Zoster to become a physician; "For then," said the aged

lawyer, " perchance you may ease me of my Paramyoclonus Multiplex." *

From this time onwards Herpes Zoster applied himself with remarkable energy to his new pursuit. At the age of twenty-two he entered the Dicrotic School of Medicine at Sarcoma. Here he studied under such masters as Tabes Dorsalis, Hallux Valgus—men who at that time were in their zenith—and also Pemphigus Kyphosis the younger, who had not yet come to his own. His progress here was rapid, and in four years he was elected to the coveted post of Fallopian Lecturer in Paregorics.

For the next five years he occupied his time almost entirely in research, and his painstaking and accurate methods enabled him in 1695 to publish his first important treatise, entitled, *Dissertatio de quomodo quicunque satis sapiens sit cognoscet quantum sufficit Omnium Talium bibendum pro Bono ex aqua sumendum collunariorum.*

In this he made clear for the first time the true identity of scrofulous melancholia and fulminating pestilence, conditions which up to that time had been regarded as different manifestations of the same morbid conditions ! His monograph on *Diapedesis of the Œsophagus in Haberdashers* was written during the following year.

Among his contemporaries at Sarcoma were Peristalsis Anthrax (nephew of the great Omentum) and Philip (son of the Hereditary Antrum of Highmore). His earlier pupils included Argyll Robertson, who was at that time studying on the Continent, and the pathologist Hippus.

In 1702 he resigned his position at the School, and left Sarcoma to take up his abode as a consulting physician in the city of Ranula. His skill and learning in a short time earned for him a reputation which led patients from all parts of the kingdom to come and seek his advice.

He was the first to use *Pulv. Ocul. Cancr.* to any great extent, and his standardised Syrup of Norwegian Leeches has only of comparatively late years been replaced in the treatment of genu valgum.

In spite of the fact that his time was largely taken up by his extensive practice he contrived further to pursue his researches, and in 1712 published a treatise on *The Eustachian Itch* and a volume of *Prescriptions for the Cure of Apoplexy in The Young.*

Herpes Zoster was unmarried and lived, during his residence at Ranula, with a maiden aunt, whose name appears to have been Monoplegia, but concerning whom nothing further is known beyond the fact that she died somewhat suddenly from unknown causes in 1716. It has been suggested, but without any justifiable foundation, that she may have been used as a basis for experimentation. His sister, Angina Malaria, lived with him from the time of his arrival at Ranula to the day of his death, which she survived by two years.

Records are conflicting as to the exact date of Zoster's death but this probably occurred on September 8th, 1746. The later years of his life were spent in retirement at Diplopia overlooking the Bay of Tænia, and not far from his native town.

* ED.: Come, I say—you know.
AUTHOR: Local colour.

A Case of Strangulated Inguinal Hernia in an old insane Woman, with Gangrene of the Bowel; Enterotomy; Recovery.

By EDWARD GANE, M.D.,
Assistant Medical Superintendent, Sunderland Borough Asylum.

E. J. S—, æt. 77 years, was admitted to the Sunderland Borough Asylum labouring under melancholia of a rather confused type.

On the night of October 21st a swelling about the size of a hen's egg appeared in the left groin. The patient complained of pain, and vomited once a darkish-brown fluid. The swelling was tense, elastic, and obviously contained fluid. There was no impulse.

It was not known at the time whether the patient was subject to a rupture, and there was no indication of one on admission. Later, on inquiry from relatives, it was found that she had had a hernia for many years.

The signs of strangulation were not definite, and the patient could give no reliable account of her symptoms. On the third day, however, her condition was serious, vomiting began to be more frequent, and I decided to explore the swelling.

Under an anæsthetic I made an incision over the whole length of the inguinal canal, and exposed the sac, which had the appearance of dirty wet wash-leather. A clear fluid escaped. A knuckle of bowel, apparently gangrenous, appeared at the bottom of the sac. Except for its apex it was closely adherent to the sac.

Under these circumstances, and the condition of the patient being critical, I decided merely to incise the bowel and leave it *in situ*. This was done, a thin mucoid fluid escaping. A couple of stitches were inserted at the ends of the skin incision and a suitable dressing applied.

The patient vomited freely after the anæsthetic, and during the night collapsed, but rallied after the administration of amyl nitrite and strychnine.

She was somewhat better in the morning, and was much relieved towards evening by the passage of a small quantity of fæces.

Two days later an enema was given, and subsequently the lower bowel began to act naturally, the amount of fæces escaping from the wound becoming less and less. This ceased a few days ago, and the wound is now almost healed without the presence of a fistula. The bowels act naturally, and the patient takes her food in a very satisfactory way.

Her general health (and temper) are in fact much better than they were before the operation.

The case may be of interest as showing the complete way in which recovery may take place under unfavourable conditions.

With regard to the treatment, I must ask my surgical readers to be gently critical. Insane patients give one little help towards an accurate diagnosis, and their symptoms are very often anomalous, or, at any rate, usual symptoms are not seldom absent. Moreover, as in this case, the patients are often restless after an operation and difficult to control.

I publish this case with the kind permission of Dr. Middlemass, Medical Superintendent.

A Case of Dissecting Aneurysm of the Thoracic Aorta.

By T. H. G. SHORE, M.B., B.C.

ON September 19th of this year a man, æt. 62, working at night as a liftman at a goods station, was brought to the Hospital just after midnight. He complained of severe præcordial and epigastric pain, which followed the act of micturition performed a short time before. He stated that for two years he had not been well, having had shortness of breath on exertion, increasing in severity up to the time when he was brought to Hospital, but never sufficiently distressing to make him give up his work. Last January he began to have slight pain, which came on an hour after his food and lasted for about an hour. Lately this pain had been worse, and even continuous, with exacerbations after his food. He had had no vomiting or hæmatemesis, or, so far as he knew, melæna. Towards the end of June the pain changed somewhat, becoming definitely præcordial, and worse on lying down. It had prevented him from having proper sleep for some weeks. About half an hour before he arrived at the Hospital he had emptied his bladder and had then collapsed. He became faint, fell down, vomited once, the pain in his epigastrium and chest became very much worse and his friends brought him to the Hospital in a cab.

He gave a history of having had pneumonia some years ago, but denied having had syphilis. He said that he had always been a strong, healthy man. He was a widower, and had a son alive and well.

When he was examined in the Surgery his temperature could not be registered; he had an anxious expression, and was pale, cold, sweating and a little cyanosed; he groaned sometimes with pain. His breathing was rapid and shallow, and his breath was free from the smell of alcohol. His speech was slurred, though he did not appear to have any paralysis of the facial muscles or tongue. The pupils were equal, not dilated or contracted, and reacted naturally to light and to accommodation. There was no ocular palsy. His tongue was clean and was not tremulous; his teeth were not very good. The pulse was 60, regular, full, sudden, and of high tension. The radial artery was thick and tortuous. The pulses in the radial and femoral arteries were equal and synchronous. His heart was considerably hypertrophied, and he had double aortic murmurs, with a mid-diastolic murmur at the apex in addition, which was $6\frac{3}{4}$ in. from the middle line in the fifth intercostal space. His lungs were very emphysematous. There was some impairment of percussion note in the first two intercostal spaces on the right side, and the breath-sounds were weaker there. No other abnormal signs were found in his chest. His abdomen was well covered with fat and moved well, except in the epigastric region, where there was rigidity of both recti muscles. He had definite tenderness in that region. His liver did not extend below the costal margin. Both his knee-jerks were present. No urine was obtained.

As no obvious diagnosis was forthcoming beyond that of aortic disease, he was put on a couch and warmed up with hot bottles; he was not allowed to have anything by the mouth. Half an hour later he seemed no better; he was very restless, and complained of continuous pain in the same situations as before; he also had some tingling in the right hand and arm. His pulse-rate was 60, as before, but was obtainable only on the left side, where it was of the same full, forcible character. On the right side no pulse could be felt in the brachial or radial arteries, but it was present in the carotid. Morphia, gr. $\frac{1}{4}$, was given, and he was sent to Mark Ward with a diagnosis of aortic aneurysm, which one imagined to be expanding.

On the following morning the patient seemed better after the few hours' sleep obtained by morphia. He now had signs of consolidation or collapse of part of the upper lobe of the right lung, and also signs of general bronchitis. His right radial pulse could not be felt, though his left was much as before. His eyes showed disseminated choroiditis, and "wiry" arteries. In the afternoon the right radial pulse could again be felt; it was smaller and of lower tension than the left, was considerably delayed, and was very variable in tension, force and volume; also beats frequently failed to reach the wrist. The pulse was therefore very peculiar, resembling closely the pulse of auricular fibrillation.

Unfortunately no tracing was made of the pulse, and soon it disappeared again, never to return. The remainder of that day was spent in relieving his pain, until, at 11.30 p.m., he was found to have died quietly in his sleep.

A *post-mortem* examination was allowed. The heart was sent to the museum unopened, but the description of the aorta is as follows:

"Small rupture in intra-pericardial part of aorta just above the right auricle. This part of the aorta was enlarged,

and the innominate artery also enlarged, darkly stained, and felt abnormally hard, as did the carotid and subclavian. On cutting open the carotid on the right side a dissecting aneurysm was found with clotted blood lying between the separated coats. This had involved the subclavian to some extent, and the clot in between the walls of the carotid had compressed the commencement of the subclavian. The dissecting aneurysm had passed back to the intra-pericardial portion of the aorta, and had ruptured in the situation described. (The pericardium was distended with blood-clot and separated serum.) There was very considerable disease of the intima of the thoracic and abdominal aorta, and a separation of the adventitia from the media extended down to the bifurcation of the abdominal aorta into the common iliacs, beyond which separation could not be traced. There was no blood-clot, or liquid blood, between the coats beyond the innominate, but they certainly appeared blood-stained."

So the diagnosis of aneurysm was confirmed.

There were several points of interest in this case. First, the diagnosis. Judging from the history which the patient gave of dyspepsia, and from the severe pain and rigidity of the recti, together with the subnormal temperature and sweating, a diagnosis of perforation of a gastric or duodenal ulcer was possible. The persistently infrequent pulse was against a diagnosis of the internal hæmorrhage, which his appearance almost suggested. Aortic valvular disease alone did not seem to be enough to account for his condition. His pain was not such as is ordinarily meant by angina. The disappearance, however, of one pulse, previously known to be present, together with slight impairment in the upper two spaces on the right side, seemed to warrant a provisional diagnosis of aneurysm. In this connection is seen the great importance of examining *both* pulses in all doubtful cases, and, indeed, in all cases of disease of the cardio-vascular system; for by employing such a routine many cases of aneurysm would be diagnosed, which at present escape notice on account of the somewhat speedy methods necessarily used in the surgery.

Another striking feature of the case was the return of the lost pulse after about twelve hours, and no less striking its character when it did return. Its smallness and the delay were easily explained by the assumption of the presence of an aneurysm, but the apparently complete irregularity was not so easily explained. It is to be regretted that no polygraphic tracings were made while the peculiar characters of the pulse were present. Possibly the explanation was to be found in an aneurysm pulsating with the cardiac action, the pressure in the sac being also influenced by respiration. Those facts, however, would not explain its disappearance, reappearance and second disappearance.

No changes in the voice or pupils were observed, although the whole of the thoracic aorta was involved. The only certain pressure-symptom was that given by the pulse, possibly with the addition of symptoms of pressure on the phrenic nerves, for at one time it seemed that there was inspiratory recession of the epigastrium resulting from diaphragmatic paralysis; but this point was not very definitely settled. If this were the case, it may have had some influence in the production of the pulse changes.

Finally, no communication between the lumen of the aorta and that of the sac of the dissecting aneurysm was clearly demonstrated, though at the time one spot seemed likely.

It would be interesting if we could know whether the man's pain was due entirely to the dissection of the aorta, or whether he was really bleeding into the pericardium at the time of admission. The apex-beat was very far out, and in the fifth, not the sixth, intercostal space, as might have been expected from his valvular lesion. It is possible that the heart was at that time tilted up, though no signs of fluid could then be demonstrated.

I have to express my thanks to Dr. Drysdale for allowing me to publish notes of this case.

On Buying a General Practice.

By A GENERAL PRACTITIONER.

THE that buys a practice is commonly disappointed: less often that he is deceived by the vendor than by himself.

For it most often happens that a man knows not what he wants until he finds that he has it not.

It is no part of an honest salesman to declare in the market-place why he has for sale some commodity which he can make use of, whether it be a house, a horse, or a medical practice.

For clearly there must be some reason why he believes he can buy something better suited to him than that which he has: or he would not sell.

It is true that he may be about to retire upon a sufficient income, to abandon the practice of medicine for some other calling, to take up an appointment, to leave the district for the sake of his wife's health: but for the most part he that would sell a medical practice is so moved, at least in part, by some dissatisfaction with that he has.

Therefore it is unwise to tempt the vendor by insistent demands upon reasons for sale; rather try to form an opinion of what sort of a life his practice affords, and try to form an opinion as to whether it approaches nearly to what you seek.

Do not put blame for disappointment upon the conveyancer: remember that he may, like other men, be dishonest, and that he has a good opportunity to exercise fraud upon you.

But be he never so honest, he has never lived the life of general practice; so can he not gauge what is unendurable even for much money, nor how much contentment may be reaped amongst little.

He that lives on a mountain-top for the view should not complain that he has always an up-hill journey home: nor he that rides in a motor-car for ease that his figure is no longer elegant.

So, do not seek the country for its open spaces and complain of the journeys to your patients: neither the houses of the rich for their wealth, and complain of the time occupied in passing from the door-step to my lady's sick-bed.

Much disappointment awaits him who cannot recognise incompatibilities and natural laws.

But there is one thing common to medical practice, and it is largely within your own hands: it is Medicine.

He that would be a faithful servant of Medicine will most often be poor; but he need never be dull.

He that would be a rich physician will often be disappointed; and he will most often be very dull.

There is no one thing, next to a love of his fellow-men, that more makes the physician independent of his circumstances than a faithful following of his art.

A writer upon china-collecting for amateurs advised that one should never buy a piece but that he liked it; for that if he disliked it and found it not what he believed, he had nothing; but that if he bought what he liked, that he had.

So in buying a practice seek rather an opportunity to practise your art in circumstances as near as possible to what you like, than to find a "bargain."

It is only the few who will be in a position to live in town and purchase pleasures of the country, and so but with limitations.

If apart from medicine, a day's hunting be to you better worth than ready access to the theatre, the trout-stream than the club-room, wild flowers than free libraries: if the wet drive or walk be less an evil than the din and reek of tube and tram, or the prying of the curious neighbour and his gossip than the indifference of the man next door; then let such preferences guide your choice.

Marriage most often turns the mind to general practice; and in the choice of a practice the lot of the wife deserves full thought.

Even as the physician rises above many vexations by the faithful pursuit of his art, so, too, does the housewife and mother in the pursuit of hers: yet the visiting physician spends his day amongst his fellow-men, whilst the physician's wife is apt to spend much of her's alone.

And whereas he, at the end of a day of much listening, and some talking, is apt to find rest in silence; she, at the end of a day of much silence, seeks rest in much talking, and has a great hunger to listen.

Seek then for the good wife some opportunity for companionship—of the making of friends.

The pursuit of riches for itself brings no man happiness: but he that can wisely spend needs also earn.

Not many in general practice save money: for the large income is most often to be set over against the too large house, the car, the servants; and the small out-goings too often have but the small incomings to balance.

Most general practices are, in the strange language of the mart, "over-capitalised"; and it were hard to find a parallel to the folly of "competition" in medicine.

So three doctor men shall drive three miles to see three sick folk within three hundred yards, perchance, for three-and-six: so three doctor men shall, all at once, stay home three hours to see their patients, each with a house too big.

So three doctor men, weak with mad spending, shall be led of Satan to listen to three tales from three foul laymen of each other's failings.

But having sought for what we want, what sort of claim is to be allowed to the particular nature of what the lawyers call "the practice, profession, or business of a general practitioner"?

There is the partnership: of such it is often held that herein is less risk; and of deliberate fraud so it is; but the management of sick folk (souls' sick bodies) is such that no two men can (or should try to) act alike; and the prospect of their being able to work together is a risk as big as anything can be. Enter into no partnership that does not provide for possible dissolution within two years on terms by which all quarrelling can be avoided, and into which it needs no cause of complaint from either party to enter.

A prospect of succession within early reach is of great influence: for there most often is an old man and a young, which makes for much forbearance; and much may be suffered for a known while, that an unknown term makes insupportable.

How seldom do two friends themselves seek partnership together: and yet where such is tried, how often does it succeed?

Where two friends decide to seek their fortunes together, it is no bad thing for one to buy a partnership with quick succession to the whole, and then the other join him.

To buy "a practice" is a risk, no doubt; for who shall say that patients will abide their doctor's "introduction"? And yet it often proves a better thing than partnerships where strangers fail to understand each other's ways of life.

One great mistake in buying practices is often made: too long an introduction.

A "locum" is the very best beginning to an introduction: a month of such is ample, and a fortnight then (or three weeks at the most) should serve to introduce when both declare the change to patients, who already have some knowledge of the man to come.

There is another plan which, from the difficulty of agents

and conveyancers to learn of it, is seldom possible. And it is this: in smallish country towns where two or three practitioners as "rivals" hold the field between them, two friends who "buy the lot" have bought a practice that is "unopposed"; and as the income likely is no less (more likely more) and the expenses surely must be smaller, here is a sound and comfortable "deal"; for then are swept away the petty jealousies (and bad debts a' many too) which are such chafes and rubs in general practice.

In commerce, I believe it to be recognised that "options," as they call them, are secured for such and such a period of time; and if meanwhile such other circumstances turn out as it is hoped they "exercise the option."

So in general practice, I believe, a sound and proper mode of dealing will be made by those conveyancers who find a way to bring such plans about.

* * *

To buy a practice, then, beware of rogues; but yet still more beware of buying ere you know a little what it is you want.

In all men's dealings and in all men's ways is this in common—by some called "human nature," others yet "a tendency to Sin."

So then a horse that cannot run away may be too old or lame for aught but "Kennels."

And likewise, if you fear so terribly the scandal, gossip, and the "sameness" of life in country towns and villages, remember there may be no loneliness to equal that which swallows a man up in crowds and cities, where the flat above nor knows nor cares if you have gone off to your daily work on your two feet, or have been feet-first carried out, your work-days done.

Seek no flat mountains, nor warm ice, nor wine that robs not gluttons of their wits . . . neither to "gather figs of thistles."

* * *

And general practice is not all the Kingdom; 'tis a part. Seek what you think worth seeking for and in the search you'll find more than you seek.

For Life's Adventure's at the cross-roads still, and you shall fearless sit your horse and wait ready to take the venture as it comes . . . nor yet forget your sword-hilt's mystic form.

Obituary.

DAVID WATKIN HUGHES, M.R.C.S., L.S.A.

WE regret to announce the death of Dr. David Watkin Hughes, which took place at his residence in Wymondham, Norfolk, last month. He had been in failing health for some time and his death was not altogether unexpected. He was the son of the Rector of Manafon, Montgomeryshire, and was born in 1837. For over fifty years he had practised in Wymondham, where he had a large practice, and his connection there dated back to 1860. For many years he was medical officer under the Forehoe Guardians, and in earlier days was surgeon to the old Bridewell until it was closed and the prisoners transferred to Norwich. He was a magistrate and a member of the Parish Council since its formation, President of the Wymondham and District Unionist Association, and the senior member of the Doric Lodge of Freemasons. He retired from his practice about four years ago, when he was succeeded by his son, Maurice Burroughes Hughes.

CLEMENT GODSON, M.D., M.R.C.P.

OLD St. Bartholomew's men will learn with great regret the death of Dr. Clement Godson, which occurred in London on November 26th at the age of sixty-eight.

Dr. Godson entered the Hospital in 1863, having received his general education at King's College School and the University of Aberdeen. He took his M.D. degree at that University in 1874, and in the same year was elected a member of the Royal College of Physicians of London. When in 1875 the Governors of St. Bartholomew's decided to appoint an Assistant Physician Accoucheur, Dr. Godson was chosen for the office, and held it until his resignation in 1890. In 1895 he was elected a Governor of the Hospital. For several years he acted as Physician to the Samaritan Free Hospital for Women and Children, and at the time of his death he was the Consulting Physician to the City of London Lying-in Hospital. He was the author of important articles in Quain's *Dictionary of Medicine*, contributed to the *Transactions of the Obstetrical Society* and other journals, and was an Examiner in Obstetrics for the Universities of Aberdeen and Durham.

Dr. Godson was interested in many things outside his profession, particularly in Freemasonry and the Volunteers and Territorials. One of the Founders of Rahere Lodge, he was its first W.M., and subsequently became Treasurer. He was also a Founder of the Rahere Chapter, and acted as I.P.Z. at its consecration. He held Grand Lodge office, and was widely known as a distinguished and active Mason. As Honorary Surgeon-Colonel of the Royal Army Medical Corps (Territorial branch) and Officer Commanding the 2nd London (City of London) General Hospital, he worked enthusiastically for the Territorial Force, and the Volunteer decoration was bestowed upon him.

The funeral service was held on November 29th at St. Mary's, Bryanston Square, and the interment was at Marylebone Cemetery, Finchley.

The Cambridge Graduates' Dinner.

"SEVEN for 7.15," Frascati's. The Thirty-eighth Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital. It is already evident by the numbers that we are out for record. By the time we are seated, 110 members and guests are present.

7.15–8.45.—Now you realise why members come year after year, why the apologies and regrets for absence are so sincere, and why men are genuinely eager to accept invitations as guests. The Cambridge Dinner is the most enjoyable function of the Hospital year. And incidentally the price of the dinner is only 5*s.* 6*d.* One pays considerably more for considerably worse dinners.

8.45.—"The King." The National Anthem is sung with a rhythm, an accuracy and a verve that would suggest prolonged practice of a trained choir. Members and guests seem almost overwhelmed by their own (unsuspected) vocal brilliancy.

8.50.—The youthful Master of Gonville and Caius rises to propose "The Club," and to meet with a reception truly indicative of his great popularity. It is fitting that his first words should refer to the irreparable loss that the Club has sustained during the past academic year, for hardly one man present can have been spared the pang of sad recollection. With the Cambridge Graduates' Club Mr. Etherington-Smith was inalienably associated. It is given to few men to win such affection from so many in such diverse branches of human activity.

During the past year members of the Club have attained many high distinctions in their professional life. Dr. Griffith is President of the Obstetrical Section of the Royal Society of Medicine; Dr. Tooth is President of the Neurological Section; Dr. Langdon Brown, Dr. Barris and Dr. Hamill have been elected to the Hospital Staff; Dr. Myers, Dr. Rivers and Dr. Hele have received high University distinctions.

The prospects of the medical students at present in residence are excellent, and in due course valuable proofs of their ability will be sent to Bart.'s and other hospitals. [No, no, not other hospitals.]

And finally, he welcomes the twelve new members who joined the Club in October.

9.5.—Messrs. Wright, Catford, Stansfeld and Carte give a couple of unaccompanied quartettes. We are certainly out for record in the musical part of the entertainment.

9.20.—Our Consulting Physician, Dr. Norman Moore, rises to propose the toast of "The Guests." (Dr. Moore *always* beats his previous records, and the dictionary was dredged years ago for superlatives to describe his eloquence, so further attempt is futile. His ovation is accompanied by cries of encouragement proleptical of the entertainment to which he is traditionally committed later on in the evening.) Begins in his most delightful fashion to explain the difficulties of the task and likewise his special particular capability to undertake it. Why? Because in his student days he was frequently seduced from the more orthodox academic vocations to dip into that most delightful of delightful books—*The Cambridge University Calendar!* How could he adequately express the fascination of identifying in a contemporary the Lord High Bishop of Timbuctoo or the Junior Under Assistant Sub-Paymaster-General of His Majesty's household! And thus he had primed himself with information about the guests they were delighted to honour this evening, and any imperfections might be attributed, not to his indifference towards their dignities and distinctions, but to his not having devoted sufficient time to the *Calendar*.

Begins now, *seriatim*. First, Dr. Rolleston, who deserted Bart.'s for the more fashionable part of the town, and, thanks to this environment, had gained that courtliness of manner which was suitable to Mayfair duchesses and marchionesses, who would doubtless follow him to Wandsworth. But he ought to remember that whatever was of good in him as regards pathology or clinical medicine (the real meat, so to speak) he owed to Smithfield. Then Mr. John Abernethy Willett—surname and other names of deep affection to Bart.'s; perfect, therefore, in all respects save one—that he owed his allegiance to the older university on the banks of the Isis. Sir Kenneth Anderson, brother of the Chairman. All could not be mentioned, but he must make special reference to two other illustrious Oxonians—Dr. Thursfield and Dr. Gordon—and to Mr. Addison, of London University. He has to choose (or rather appear to choose) two guests who are to answer and one of these is to be Dr. Thursfield, towards whom he experiences that glow of fraternity common to all men who have spent their years in a post-mortem room. The other is to be Prof. Dixon, whose immediate predecessor was Dioscorides, pharmacologist to the Empress Cleopatra. He would ask Prof. Dixon for some historical pharmacological lore. Does he know, for example, that five kings have written books on Materia Medica? (No, he himself had not verified all the references, but he would vouch that Solomon was included.) Does he know which six drugs are named after princes? Does he know that a prescription of Mithridates comprised seventy-seven ingredients (with innumerable incompatibles) which took three hundred years to eradicate from the pharmacopœia?

9.29.—And now, how shall we tell it?

In his six concluding words Dr. Moore split an infinitive!

True, it was only a little one, as Captain Marryat's young lady urged in mitigation; but there it was, and we felt keenly what a shock it must be to the cultured Oxford men.

Musical honours; the time is fair, but there is rather more volume than timbre.

9.35.—Mr. Catford on the platform. (But Mr. Catford, with that glorious voice of yours, you ought to sing about the sea, and piracy and deeds of derring do.)

9.45.—Professor Dixon rises in reply, and is reminiscent. Tells us about himself first of all, which is entertaining, and about certain Bart.'s examinees, which is even more so. Actually has the decency to admit that examiners abuse their position. Follows up by telling us how *he* was scored off. He had asked a man in a *viva* "What common animal can't vomit?" Examinee looks him straight in the face and answers at once, "Kangaroos." Dixon, flabbergasted, says—"Er, yes, but what about rabbits?" Examinee, triumphantly, "Never mind about rabbits, what about kangaroos?"

9.55.—Rises Dr. Thursfield. (Does the Oxford manner "rise" or what alternative does it adopt?) Says he has long been a student of the Cambridge manner, his first acquaintance with which was at an inter-collegiate football match, or rather at the dinner after it. A Cambridge man, an absolute stranger, accosted him and demanded proofs of his sobriety. These were presumably satisfactory, for he was then requested to remove a wineglass from his eye. This simple confidence in an absolute stranger had impressed him enormously. Concludes by drawing a delightful composite of the Bart.'s Cambridge manner by the employment of notorious examples.

10.0.—Mr. Wright obliges with a tuneful autobiography.

10.7.—Dr. Tooth rises to propose the health of the Chairman in his best neurological manner. Confessed he was suffering from nerves—funny complaint for a President of a Neurological Section. Reminds us of the wonderful thing it is to be near a Master of a College, to be able to examine him, and to find him actually a creature of flesh and blood, and charming and affable to boot. Reminds us also of the really amazing record that Bart.'s can claim in four masters of Cambridge colleges!

Musical honours for the toast, but there are three distinct tunes in the boat.

10.12.—The charming unaccompanied quartette.

10.25.—Dr. Anderson returns thanks and proposes—the Secretaries.

10.27.—Amidst terrific yells and semi-coherent utterances apparently professional, part instructive, part admonitory, Dr. Williamson rises in reply. Tells us this is his nineteenth appearance at the Dinner [Very many happy returns]. Speaks with much appreciated sympathy of his predecessor. [Nobody can fill Ethel's place, Dr. Williamson; the mould was broken; but you will get nearer than anybody.] Tells us of the telegraphed regrets of some of the absentees: the Master of Downing ["Dear old——"], the Master of Christ's who had sent us his blessing ["He would!"], the Vice-Chancellor of London University, who was fulfilling a previous long outstanding archi-episcopal engagement.

Dr. Burroughes follows and expresses the happiness he feels at being associated with his fellow secretary. Pays a graceful tribute to Dr. Hartley and also to Dr. Stott, who had organised the musical entertainment, which he did not hesitate to describe as a record for the Club meetings.

10.35.—Auld Lang Syne.

10.45.—Round at Dr. Morley Fletcher's. "Hairy Rouchy," of course! Hairy Rouchy "best of girls," who added to a whole encyclopædia of domestic virtues an irrepressible imperturbability, an indomitable philosophy, and an inexhaustible resourcefulness. Once again (with the affection bred of familiarity) we sigh sympathetically over Hairy Rouchy's (temporary) physical unattractiveness; we gasp half incredulously at her saltatory super-excellence; we grin admiringly at her matrimonial Machiavellism; we tremble apprehensively

at her precarious adventurousness; we thrill exultingly at her outmanœuvring deceptiveness; we roar appreciatively at her unanswerable argumentativeness; and we scream vociferously at her terminating ascendency!

* * *

And then, Mr. Barnsley! Mr. Barnsley!! What can we say of Mr. Barnsley? Only this—that whilst George Graves makes us smile and occasionally snigger, Mr. Barnsley makes us roar and occasionally explode.

* * *

The Twelve Apostles. *Au revoir*—till the next Cambridge Dinner.

A. A.

Correspondence.

ETHERINGTON-SMITH MEMORIAL FUND.

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

DEAR SIR,—A considerable number of your readers have already subscribed to the Etherington-Smith Memorial Fund, and as the subscription list will be closed very shortly I should be glad if any other of your readers who may intend to subscribe will send their contributions to me before the end of December.

It was originally decided by the Executive Committee that the Memorial should take the form of the provision and endowment at St. Bartholomew's of separate sick quarters for the use of the Medical, Surgical and Resident Staff.

The carrying into effect of this proposal by building a ward over a portion of the old operating theatre in the north-east block has involved the reconstruction and refitting of the operating theatre beneath. It was accordingly decided by the Executive Committee to devote the money received for the Memorial not only to the provision of the ward but also to the reconstruction of the theatre. This work is already well advanced, and when completed the ward is to be named the "Etherington-Smith Memorial Ward," and the theatre also is to be dedicated to him.

The amount already subscribed and promised is £1950, and it is hoped that the total subscriptions will reach at least £2000.

I am,
Yours very truly,
T. W. SHORE
(*Hon. Treasurer, Etherington-Smith Memorial Fund*).

RIFLE CLUB.

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

DEAR SIR,—In recent leading articles you draw attention to the "torpid" and "comatose" condition of the Miniature Rifle Club.

Some years ago the Range was presented to the students of the Hospital by Lord Ludlow, then Treasurer to the Hospital, and, for a year or so, it was well attended and financially a success, all surplus being applied to improvements. We then entered on bad times, and the attendance was so poor that the Range was closed. The expenses of up-keep were not great—about ten shillings a week—but as the weekly receipts were often less than five shillings, it is obvious that no other course could be followed.

Attempts have been made from time to time to arouse enthusiasm and re-open the Club. They have utterly failed. For instance, at the last annual general meeting, called with reference to reviving the Club, the attendance comprised the President (myself), the two Vice-Presidents (Mr. Gask and Mr. Wilson), the Captain, Secretary, and one committee-man—*no* students.

Moreover, shortly afterwards, both the Captain and the Secretary left the Hospital without sending in their resignation or notifying the Committee in any way.

From a letter in your last issue—signed "F. W."—there would appear to be a desire on the part of some members of the Students' Union for the re-opening of the Range.

By the time this appears a general meeting will have been called, which it is to be hoped will have been well attended by all members of the Students' Union who are interested.

I can only add that we cannot accept the responsibility of re-opening the Range unless more regular support is promised than has been the case in the past.

I am, Sir,
Yours faithfully,
L. BATHE RAWLING.
November 11th, 1913. (*President of the Club.*)

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

DEAR SIR,—In answer to the letter in the November issue of the JOURNAL concerning the Miniature Rifle Range, we should like to draw attention to the reason for closing the Range last winter.

The range is the property of the Students' Union, which allows the Rifle Club to use it. During last autumn (1912) so little interest was shown in the Range and so few men made use of it that the Rifle Club requested the Students' Union to close it. This was done and it has remained closed ever since.

By the time the December issue of the JOURNAL appears a meeting of the Rifle Club will have been held to find out whether there is any real desire to re-open the Range among a sufficient number of men to make it worth the expense of doing so.

Should this be found to be the case the Club would probably request the Students' Union to give its members another opportunity of making use of the Range, which is undoubtedly one of the best in London.

We are, sir, yours faithfully,
J. G. ACKLAND, } *Hon. Secs.*
O. B. PRATT, } *Students' Union.*

ST. BARTHOLOMEW'S HOSPITAL,
LONDON, E.C.;
November 18th, 1913.

FABIAN SOCIETY: RESEARCH DEPARTMENT.

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

SIR,—The Fabian Research Department, in compliance with numerous requests, has started a detailed investigation of the various forms of industrial insurance, beginning with the working of the National Health Insurance Act. The investigation will have for its sole purpose to discover what actually is the effect of the Act and in what way its operation can be improved. Will you permit me to invite insured persons, doctors, nurses, members of insurance committees, workers in any way connected with friendly societies, such as sick visitors, agents, secretaries, branch secretaries, etc., etc., to contribute facts or other information which they think would be of service.

We should, for example, be very pleased to receive copies of the minutes and regulations of insurance committees, particulars of societies' admission or refusal, expulsion or transfer of members or refusal of permission to transfer, adequacy or inadequacy of medical treatment, success and failure of the sanatorium benefit, medical attendance available for persons leaving home or away from home, the working of the maternity benefit, and so on. We want to hear of every example of satisfaction or success, as well as of every grievance or failure, and to explore all the results that can be yet traced. For this we can rely only on the kind co-operation of the Press and the public.

I am, yours very truly,
SIDNEY WEBB.

37, NORFOLK STREET, STRAND,
LONDON, W.C.,
October 10th, 1913.

FUND IN AID OF MRS. DYSON.

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

SIR,—The sum received by us in subscriptions to this fund amounts to £68 15*s.* 0*d.*

On behalf of Mrs. Dyson we beg to thank those gentlemen who have so kindly sent us their contributions in response to the appeal which you were so good as to insert in the October number of the JOURNAL.

We remain,
Yours faithfully,
HOWARD H. TOOTH,
JOHN ADAMS.
November, 1913.

VACANT POSTS ABROAD.

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

SIR,—I wish to make known to students and junior members of the medical profession some openings which, putting aside other aspects of the work, provide a variety of cases and scope for the performance of important operations greater than commonly fall to the lot of general practitioners in this country. In the majority of these places there can also be the inspiring reflection that there is no other qualified doctor within many miles to whom the patients could possibly apply for the treatment they need. The salaries, except in the case of Rusapi, in Mashonaland, where there is a Government

guarantee of £300, besides private practice, are small, but sufficient for comfortable maintenance of unmarried doctors, being the same, both for men and women, as those offered to the clergy working under similar conditions in the S.P.G. missions, in connection with which these posts are.

The doctors must be in full sympathy with mission work, but will not be required to do any but their professional work, unless they desire it themselves. The vacancies are, for men—(1) Hazaribagh, Behar, India; (2) Rusapi, Mashonaland; (3) Kwamagwaza, Zululand. For women—(1) Ping Yin, North China; (2) Delhi, India; (3) Malacca. In all these places the hospitals are in full working order. Several more men are wanted for China and three women for India, but we could not send them at present owing to lack of funds. Our doctors never enter into competition with private practitioners or those working in Government posts.

If you will kindly insert this letter in the forthcoming number of the Hospital JOURNAL it may prove an assistance to the efforts which the S.P.G. is now making to meet the great need for medical aid in places otherwise unprovided for by bringing these vacancies to the notice of some who are suited to fill them.

I shall be glad to answer fully any inquiries made from me about these posts and the needs and plans of this department of the S.P.G.

K. W. S. KENNEDY, M.B.,
Secretary, Medical Department, S.P.G.

15, Tufton Street, Westminster, S.W.

The Clubs.

ASSOCIATION FOOTBALL.

ST. BART.'S *v.* AQUARIUS.

This match was played at Winchmore Hill on Saturday, October 25th, and resulted in a somewhat unexpected win for the Hospital by 5 goals to 3.

Aquarius kicked off and pressed from the start. After about ten minutes' play they scored, but shortly after Carlyle replied for the Hospital. At half-time the score was two all, both our goals being scored by Carlyle.

After the re-start Aquarius continued to press and soon scored, the ball slipping through Mack's fingers. Shortly after, however, Braun added another for the Hospital, and of the remaining two goals, one was shot by our opponents' right-half, and the other by McFarland.

On the whole it was a very creditable performance, since both our regular backs were away, and we were beaten by the same team in a cup-tie last year, with a full side out.

The following represented the Hospital.

R. G. Mack (goal); E. M. Grace, G. C. Wells-Cole (backs); G. M. Cowper, G. D. Jameson, D. P. Thomas (halves); A. O. Courtiss, J. B. McFarland, L. Braun, T. Carlyle, K. D. Atteridge (forwards).

SENIOR MIDDLESEX A.F.A. CUP.

(1st Round.)

ST. BART.'S *v.* EALING SWIFTS.

This match was played at Winchmore Hill on Saturday, November 1st, and resulted in a win for the Hospital, the score being 2—0.

Our opponents and the referee did not arrive on the ground till 3.30, so the game had to be curtailed, as only thirty-five minutes each way was possible.

In the first half there was no score, and the game was fairly evenly contested, though the Hospital had, if any, the better of the game.

In the second half, however, the Ealing Swifts seemed to go to pieces, and towards the end our two goals were scored in quick succession, the first by Braun off a centre from Courtiss, and the second by McFarland. The latter was really due to Soutter, who cleverly baulked the opposing left back by jumping over the ball as it rolled across the goal-mouth, and allowed McFarland to take an open goal.

The following represented the Hospital:

R. G. Mack (goal); E. G. Dingley, J. W. Stretton (backs); E. M. Grace, G. D. Jameson, G. M. Cowper (halves); A. O. Courtiss, J. B. McFarland, J. S. Soutter, L. Braun, K. D. Atteridge (forwards).

AMATEUR DRAMATIC CLUB.

The Treasurer and Almoners have kindly given permission for the Christmas Entertainment to be held on three nights instead of two to prevent a repetition of the crowding of recent years.

The Club will produce "Beauty and the Barge," by W. W. Jacobs and Louis N. Parker, in The Great Hall, on January 5th, 6th, 7th, the dress rehearsal, to which patients are invited, being held on Saturday, January 3rd.

THE UNIVERSITY OF LONDON CRUISING CLUB.

This Club was founded in 1912 to promote intercourse between members of the University and its colleges interested in sailing and matters nautical, and to foster the sport of yacht and boat cruising and racing by affording, both to the novice and others, special facilities for indulging therein.

Since its foundation good progress has been made. Several Club cruises have taken place, in which members owning boats and others, who, forming parties, have hired them, have taken part.

It is also satisfactory to be able to announce that arrangements are now being made to form a one-design dinghy class, stationed in or near London. These boats will be the property of the Club and available for the use of members for racing and cruising. It is proposed to design them to be eligible for one of the Boat Racing Association classes, so that they may take part in interclub races and the various B.R.A. weeks at the yachting stations round the coast.

It is to be pointed out that dinghy sailing is a fine school for the prospective yachtsman, and the privilege of being able to get a sail almost any time, within easy distance of the Hospital at trifling expense, is one to be taken advantage of by any who feel the attraction.

The Annual Dinner of the Club will take place in London on Monday, December 15th. Any who feel disposed to join and would like to attend the dinner, at which they will meet the present members and hear about the Club, are invited to communicate with me either at the Hospital or at 18, George Street, Hanover Square, W.

Arrangements are also being made for a course of instruction in navigation during the winter.

Membership is open to all teachers and students of the colleges of the University and consequently to any members of St. Bart.'s Medical School, in addition to graduates and undergraduates of the University. The annual subscription is 5*s.*; no entrance fee. Inquiries should be addressed to me or to Mr. Ackland, secretary of the Students' Union, or to Mr. S. H. White, secretary of the Club, University of London, S. Kensington.

The Club will be glad of the support of old Bart.'s men who have matriculated in the University.

J. G. A. FAIRBANK.

The Bookshelf.

BOOKS RECEIVED FOR REVIEW.

Lectures on Tuberculosis for Nurses. By Oliver Bruce. (H. K. Lewis.) 2*s.* 6*d.* net.

Lectures on Medical Electricity to Nurses. By Delpratt Harris. (H. K. Lewis.) 2*s.* 6*d.* net.

The Ideals and Organisation of a Medical Society. By J. B. Hurry. (J. & A. Churchill.) 2*s.* net.

The Administrative Control of Smallpox. By W. M. Wanklyn. (Longmans, Green & Co.) 3*s.* 6*d.* net.

The Elements of Bandaging Fractures and Dislocations. By William Rankin. (Henry Frowde, Hodder & Stoughton.)

Manual of Surgery: Vol. III—Operative Surgery. By Thomson and Miles. Second edition. (Henry Frowde, Hodder & Stoughton.)

Alimentary Toxæmia. From *Proceedings of the Royal Society of Medicine.* (Longmans, Green & Co.) 4*s.* 6*d.* net.

REVIEW.

TREATMENT AFTER OPERATION. By WILLIAM TURNER, M.S., F.R.C.S., and E. ROCK CARLING, B.S., F.R.C.S., with a Chapter on the EYE, by L. V. CARLING, F.R.C.S. 8vo. Pp. x + 247. Illustrated. (London: University of London Press. Published for the University of London Press by Hodder & Stoughton and Henry Frowde.) Price 10*s.* 6*d.* net.

The authors state in their preface that there is undoubtedly a demand amongst practitioners for an account of the after-treatment of operation cases. The book has been written almost entirely without reference to other books, and no attempt has been made to include varieties of method or to indicate differences of opinion. The methods, directions and dates are those habitually employed or relied upon by the authors.