

other styte was resorbed. Lids look practically normal now. Discharged cured. Has not been troubled since.

CASE 34. B. V. L., female, 10 years, Jan. 13, 1909. Styes of both eyes off and on for last three months. Did not respond to ordinary local treatment. Referred for vaccine treatment by eye specialist. Cultures showed pure staphylococcus aureus. Had five treatments,—Jan. 13, 16, 21, 25 and Feb. 2. Discharged cured. Has been well since.

CHRONIC MUCO-PURULENT CONJUNCTIVITIS. ONE CASE.

CASE 35. H. A. B., female, 40 years, Jan. 25, 1913. Complains of having a purulent discharge from right eye for last eighteen years. No relief from local treatment. Referred for vaccine treatment by her eye specialist, under whose care she had been for last four years. Eye showed conjunctival injection. Mucopurulent discharge and marked photophobia. Cultures showed pure staphylococcus aureus. Treatment commenced Jan. 27, and continued on an average of once a week until April 16. Had another treatment May 10 and another June 7. She had nineteen treatments in all. Considerable improvement shown after third inoculation. Eye stopped discharging and no photophobia Apr. 16. Discharged cured June 7. No recurrence of trouble.

GROUP V. CHRONIC DACRYOCYSTITIS.

CASE 36. S. J. J., male, 83 years, Feb. 3, 1907. Cataract of both eyes ready to be operated five years ago but for pus in right eye. Purulent discharge present from right lacrimal sac. Cultures showed streptococci and few B. xerosis. Vaccine treatment was begun the same day. Continued for two and one-half months. Had fourteen treatments in all. Showed slight improvement. Could not continue treatment, as he lived out of town.

CASE 37. C. N., female, 38 years, July 8, 1909. Discharge from left tear sac for last ten years. Was operated upon, opening sac and drainage, with no relief. Considerable discharge present now. Cultures showed streptococcus and few B. xerosis. Received sixteen treatments in two and one-half months, showing marked improvement. Discharge practically stopped after fifth treatment but recurred and kept up somewhat all the time. Discontinued treatment against advice.

CASE 38. S. J. N., female, 33 years, May 5, 1911. Infected tear sac of one and one-half years' duration. Probing and drainage, with no relief. Referred for vaccine treatment by her eye specialist. Has now marked purulent discharge. Cultures showed pure streptococcus. After the fourth treatment discharge improved so much that she discontinued treatment. Felt well for two years. Returned for treatment Oct. 27, 1913. Had seven more inoculations and was discharged improved. Feb. 16, 1914. Discharge practically stopped. When last heard from had a slight watery discharge, but no pus.

CASE 39. B. F. D., male, 59 years, Mar. 8, 1914. Discharge from right sac for one year. Acute exacerbation and abscess of sac five weeks ago, which healed but recurred two weeks later. Has now an

abscess over sac size of a walnut. Cultures from abscess showed staphylococcus aureus. Abscess healed at the end of forty-eight hours. Discharge of sac kept up. It improved at times but could not be cured. Cultures from the dacryocystitis taken Apr. 27 showed predominating streptococcus and a few staphylococci. Was referred to Dr. Holmes for "Holmes operation". Is still under observation. Is markedly improved.

A STUDY OF TWO HUNDRED AND TWENTY-SIX CASES OF ENURESIS.*

BY A. B. SCHWARTZ, M.D., CHICAGO.

IN an effort to determine the importance of the various factors mentioned as causes of enuresis, a preliminary study is here presented of the records of two hundred and twenty-six cases of enuresis seen in the Children's Out-Patient Department since July 1, 1909. The study of a second group of cases seen during the first six months of this year is given with conclusions as to the result of treatment.

Ruhrh¹, reporting the recent work on enuresis, classifies the etiological factors of this condition under the following sub-heads:—

1. General: Diabetes.—Rickets.—Thyroid insufficiency—Enlarged Tonsils and Adenoids.
2. Physiological: Too much fluid.
3. Eliminative: Faulty metabolism—Too much salt—Due to drugs.
4. Urine: Hyperacidity—Alkalinity—Bacteria.
5. Genito-Urinary Tract:

Urethritis. } Inflammations
Cystitis. }
Pyelitis. }

Malformations (Calculi—Tumors—Polypt).

6. Central Nervous System: Hypertonia—Weakness of Sphincter.
- Balanitis. }
Vulvo-vaginitis. } Reflex
Anal fissure. }
Rectal polypt. }
Parasites. }
Malformation of cord.
General irritability.

Various authors have laid stress on one or the other of these subdivisions.

Theimich,² supported by the Breslau school, considers enuresis entirely a manifestation of hysteria.

Klotz,³ studying the family history of these cases, lays the basis of treatment on the "neuro-psychopathic constitution," using suggestion in the form of Faradization or the cold perineal douche.

Fisher⁴ finds that 14% of his adenoid cases had enuresis.

Hamon⁵ performed 187 circumcisions, thereby curing 137 cases.

Peritz,⁶ following Fuch's suggestion, draws attention to the relationship of defective development of the spinal cord to this condition. How-

* From the Children's Medical Department of the Massachusetts General Hospital.

ever, these anomalies have been met with rather in the protracted adult cases.

Simpson⁷ finds that these cases present one of four types of urine:—

- a. Normal.
- b. Extremely acid.
- c. Alkaline or neutral.
- d. Bacilluria.

Williams,⁸ observing aggravation of symptoms following adenoidectomy with rapid cure ensuing upon the administration of thyroid extract, reports favorable results to confirm his theory of thyroid insufficiency as a potent factor in the production of enuresis.

Collin⁹ discusses a form of enuresis characterized by its irregularity and intermittency. He believed it to be of gastro-hepatic origin.

Van der Bogert¹⁰ states that chronic digestive disturbances, evidenced by constipation, diarrhea and acute bilious attacks, poor physical development and anemia, play an important rôle in the causation of enuresis.

Wachenheim¹¹ places enuresis under the classification of habit spasm for four reasons:

- (1). "Habituation."
- (2). Almost continuous.
- (3). Frequent association with other habit spasms.
- (4). Age of onset and maximum frequency correspond with other habit spasms.

Sex—Time. There were 226 cases seen in the Children's Medical Out-Patient Department,—148 were males, 98 females, 3 were diurnal, 134 nocturnal, and 89 were both diurnal and nocturnal. The nocturnal cases often give a history of having been diurnal as well, on previous occasions. Many of the nocturnal cases complained of frequency of micturition during the day, the severity dependent on the mental attitude of the child and quite often on the co-operation rendered by the school teacher.

Family History. In the smaller group of cases studied this year where the family history was carefully questioned, the results were consistent with Klotz's idea of "neuro-psycho-pathic constitution." Ten cases out of twenty-one gave a history of there being other cases of the same difficulty in the family.

Tonsils and Adenoids. Fifteen cases had had their tonsils and adenoids removed at least one year prior to coming to the Out-Patient Department for treatment. Two cases had had adenoidectomy alone at least one year before coming to the Out-Patient Department. Twenty-six cases needed surgical interference with the tonsils or adenoids, as follows:—

- Twelve cases for adenoids alone.
- Ten cases for tonsils and adenoids.
- Four cases for tonsils alone.

Twenty-one of the above twenty-six cases came to operation. Of these, thirteen showed no improvement as a result of the operation, six were not heard from, one was cured spontaneously a year later, one reported better. This last patient also had a circumcision. **These results**

show that in this series there was no connection between the adenoids and tonsils and enuresis.

Urinalysis. A study of the records of the entire series, repeated examinations of the urine being made in some cases, fails to show any characteristics of the urine peculiar to enuresis; 70.9% were acid to litmus paper, 12.1% were alkaline, 17% neutral. The urine frequently varied in reaction on different visits, while in a few instances in which the total acidity was determined by hydrogen ion concentration, the degree of acidity bore no relationship to the severity of the incontinence. In a large proportion of the cases the specific gravity was high for the age and the urine was concentrated. Unfortunately the presence or absence of crystals was not recorded. Cases of pyelitis presenting incontinence of urine as a symptom were not included in the series, as these cases improved under the usual pyelitis treatment. No cases of glycosuria were seen. The urinalysis as recorded in the small group studied more carefully, are entirely consistent with normal findings.

Genitalia. Twenty-nine cases of the entire series showed some abnormality of the genitalia. Only two of these were in female children, both of whom had hypertrophy of the clitoris. The other cases were as follows:—

Redundant prepuce	12
Preputial adhesions	5
Phimosis	5

Ten of this series were recommended for circumcision, only 6% of the total number of male children. Replies have been received from only two of these cases,—one was reported improved, one not improved. The frequency of these findings suggest that abnormalities of the genitalia because of the local irritation may have a causative relationship to enuresis.

Digestive Disturbances. Blood. Although no special study of this point was made a review of, the records do not bear out the assertion that chronic digestive disturbances are more frequent in cases of enuresis than in other patients. Neither do the hemoglobin estimations point to anemia as an associated symptom.

Central Nervous System. A nervous element was found either in the patient's family, in fifty-three of the two hundred and twenty-six cases. These were classified as follows: nervous, 19; tic, 5; chorea, 8; retarded mentality, 14*; very indistinct speech, 1; stutterers, 2; pavor nocturnus, 1; somnambulists, 2; imbecile, 1.

Treatment. Though the interval of observation on the cases treated is too short to draw dogmatic conclusions, the results are sufficiently suggestive to warrant the indication of treatment along certain lines. All the cases seen were put at once on an enuresis regime. This included all the various aids to cure usually recommended, such as no fluids after 5 p.m., elevating the foot of the bed, light supper, sleeping on

* Diagnosis made by Nerve Department.

the side, light covers, hard bed, and modifications of the diet when indicated. In no instance did these methods alone effect a cure. Drugs given to make an acid urine alkaline seemed to be of doubtful value. The usual doses of alkalis recommended in these cases were too small to change the reaction of the urine. Potassium citrate had to be given in large doses before it changed the reaction from acid to alkaline. One case in the series, which had a high acidity and uric acid crystals in the sediment (Case 236106) showed no improvement whatever following the administration of twenty grains of potassium citrate three times daily over several weeks' time. This case later was cured by the use of atropine.

Our results with thyroid extract were not as favorable as reported by Williams (*loc. cit.*) or Firth.¹² Following Ruhrah's experience, whose good results with thyroid extract were obtained immediately or not at all, the administration of this drug was limited to a period of two weeks. Seven cases were given thyroid extract; no cure was effected. Four showed some improvement, one case varying directly with its administration; three showed no benefit whatever. Of the four improved cases, one was a child of slightly dull mentality. The other cases were average consecutive cases. As it has been pointed out by Firth that the best results were obtained in backward children, this may explain the lack of results in the present series. Eleven cases were given atropine. Of these two have been cured, six improved, and three not benefited. In two cases the enuresis ceased spontaneously without anything being done.

The capacity of the bladder was not measured in any of these cases. For this reason the mechanical factors which might play a part in the production of enuresis cannot be commented upon.

The good results and the failures in the cases reported above are similar to those reported by other writers, and a study of these results leads one to the conclusion that the cause of enuresis in children is not the same in every instance. In some the nervous element undoubtedly plays a part, and in others faulty habits. Local irritation from any source is a predisposing cause. Excessive fluids result in a greater secretion of urine, while too little fluid results in a concentrated urine, which, whether it contains crystals or not, may irritate the base of the bladder and cause the desire for frequent micturition. Enlarged tonsils and adenoids apparently have no connection with enuresis. Digestive disturbances did not in themselves have any connection with the condition, but it is conceivable that constipation may be a predisposing factor.

SUMMARY OF CASES.

O. P. D., No. 224637. Sex, male; age, 9; weight, 21.9 kilo.; normal weight for age, 24.6. Duration, since birth. Family history, no other cases. Ner-

vous condition, undersized, fidgety, headstrong. Hgb., 80%. Genitals, normal. Tonsils and adenoids, normal. Other diagnosis, none. Urinalysis, neut.; sp. gr., 1020; no albumin sugar or sediment. Date of first visit, April 7. Condition when first seen, wets bed every night, wets clothes constantly. Treatment and results, given atropine. Reported three weeks later had only wet twice at night. Day wetting cured. Taken off atropine, condition recurred.

O. P. D., No. 219248. Sex, female; age, 7; weight, 19.1 kilo.; normal weight for age, 21.7. Duration, eight months. Family history, one sister wetter. Nervous condition, September, 1913, chorea. None since under treatment. Hgb., 75%. Tonsils and adenoids, normal. Other diagnosis, endocarditis and carious teeth. Urinalysis, acid, no albumin or sugar, a few leucocytes and epithelial cells. Date of first visit, April 4. Condition when first seen, wets bed three times at night, occasionally wets clothes. Treatment and results, given atropine and reported three weeks later and had wet only five times. Not heard from again.

O. P. D., No. 240087. Sex, male, age, 12; weight, 35.2 kilo.; normal weight for age, 36.1. Duration, since birth. Family history, no other cases. Nervous condition, "very nervous and headstrong." Hgb., 80%. Genitals normal. Tonsils and adenoids, adenoids+, operation May 6. Other diagnosis, carious teeth. Urinalysis, neut. 1022, no albumin sugar or sediment. Date of first visit, Apr. 10. Condition when first seen, wets clothes daily, occasionally wets bed at night. Treatment and results, given thyroid extract. Adenoidectomy also done. Showed slight improvement.

O. P. D., No. 232754. Sex, male; weight, 31 kilo.; normal weight for age, 30.1. Duration, since birth. Family history, one sister a wetter. Nervous condition, fairly well developed and nourished. Hgb., 85%. Genitals, normal. Tonsils and adenoids, adenoids +, operation Feb. 14. Other diagnosis, carious teeth and follicular tonsillitis. Urinalysis, acid, sp. gr. 1022, no albumin sugar or sediment. Date of first visit, Jan. 18. Condition when first seen, wets once every night; no day trouble. Treatment and results, enuresis ceased spontaneously following visit to O. P. D.; has not recurred.

O. P. D., No. 239831. Sex, male; age, 9; weight, 30.8 kilo.; normal weight for age, 27.1. Duration, two years. Family history, no other cases. Nervous condition, "nervous and irritable, frets considerably." Hgb., 85%. Genitals, redundant prepuce, easily retracted. Tonsils and adenoids, normal. Other diagnosis, carious teeth. Urinalysis, acid, no albumin sugar or sediment. Date of first visit, April 6. Condition when first seen, wets every night, no day trouble. Treatment and results, atropine given. Reported one month later. Had wet seven times in entire month. Condition gradually improving.

O. P. D., No. 236106. Sex, male; age, 9; weight, 21.5 kilo.; normal weight for age, 27.1. Duration, since birth. Family history, one sister wetter. Nervous condition, "undersized," "nervous." Hgb., 80%. Genitals, circumcision eight years ago. Tonsils and adenoids, operated Feb. 12. Other diagno-

sis, carious teeth. Urinalysis, acid, sp. gr. 1020; no albumin or sugar uric acid crystals+++ . Date of first visit, Feb. 10. Condition when first seen, wets every night, wets clothes in day time. Treatment and results, for two months was given potassium citrate and sodium bicarbonate. No improvement. Atropine then given, cured.

O. P. D., No. 240252. Sex, female; age, 5; weight, 17.6 kilo.; normal weight for age, 18.0. Duration, since birth. Family history, no other cases. Nervous condition, W. D. and N. Hgb., 95%. Genitals, normal. Tonsils, sl+. Other diagnosis, none. Urinalysis, acid, sp. gr. 1012; no albumin sugar or sediment. Date of first visit, April 13. Condition when first seen, wets bed at night and wets clothes in day. Treatment and results, atropine given. Tr. nux vomica given as a tonic; cured.

O. P. D., No. 222686. Sex, male; age, 9; weight, 29 kilo.; normal weight for age, 27.1. Duration, since birth. Family history, no other cases. Nervous condition, W. D. and N. Hgb., 80%. Genitals, ritual circumcision. Tonsils and adenoids, normal. Other diagnosis, carious teeth. Urinalysis, acid, no sediment. Date of first visit, April 7. Condition when first seen, wets bed at night, not in day time. Treatment and results, atropine given. Reported a month later, no better.

O. P. D., No. 138030. Sex, female; age, 10; weight, 28.8 kilo. Normal weight for age, 29.0. Duration, since birth. Family history, one brother wetter. Nervous condition, W. D., bright, normal. Hgb., 80%. Genitals, normal. Tonsils and adenoids, normal. Other diagnosis, none. Urinalysis, acid, sp. gr. 1024; no sugar or albumin or sediment. Date first seen, May 1. Condition when first seen, wets every night, no day trouble. Treatment and results, thyroid extract two weeks, no benefit. Atropine for three weeks, no benefit.

O. P. D., No. 220608. Sex, female; age, 10; weight, 30 kilo.; normal weight for age, 29.0. Duration, since birth. Family history, mother wetter as child. Nervous condition, tic—marked degree, not a bright girl. Hgb., 85%. Genitals, normal. Tonsils and adenoids, normal. Other diagnosis, congenital syphilis, carious teeth. Urinalysis, acid, 1012, no albumin or sugar. Date first seen, March 7. Condition when first seen, wets every night, no day trouble since sixth year. Treatment and results, thyroid extract three weeks; no benefit. Atropine for two weeks; no benefit.

O. P. D., No. 236200. Sex, male; age, 9; weight, 21.7 kilo.; normal weight for age, 27.1. Duration, since birth. Family history, one sister wetter. Nervous condition, normal. Hgb., 85%. Genitals, redundant prepuce; prepuce easily retracted. Tonsils and adenoids, normal. Other diagnosis, none. Urinalysis, alkaline, sp. gr. 1018, no albumin, sugar or sediment. Date first visit, Feb. 11. Condition when first seen, wets every night, no day wetting. Treatment and results, thyroid extract for two weeks; no benefit. Atropine given. Reported two weeks later, has wet only two times.

O. P. D., No. 232883. Sex, female; age, 6; weight, 26.3 kilo.; normal weight for age, 19.8. Duration, since birth. Family history, two sisters wetters. Nervous condition, normal, adipose, bright. Hgb., 85%. Genitals, normal. Tonsils and adenoids, normal. Other diagnosis, carious teeth.

Urinalysis, acid, sp. gr. 1023, no albumin or sugar, few urates xxs. Date of first visit, April 3. Condition when first seen, wets every night, no day wetting. Treatment and results, thyroid extract given. Report one month later, "Will not wet if taken up once."

O. P. D., No. 226217. Sex, male; age, 11; weight, 33.4 kilo.; normal weight for age, 32.7. Duration, since birth. Family history, no other cases. Nervous condition, dull, quiet, W. D. Hgb., 75%. Genitals, ritual circumcision. Tonsils and adenoids, enlarged, operation April 9. Other diagnosis, carious teeth. Urinalysis, neut., sp. gr. 1020, no albumin, sugar or sediment. Date of first visit, April 7. Condition when first seen, wets six times a week, no day wetting. Treatment and results, thyroid extract given. Condition improves and varies with the administration.

O. P. D., No. 202953. Sex, female; age, 10; weight, 31.8 kilo.; normal weight for age, 29.0. Duration, since birth. Family history, one brother wetter. Nervous condition, normal mentality. Hgb., 85%. Genitalia, normal. Tonsils and adenoids, adenoidectomy November, 1913. Other diagnosis, enlarged peribronchial glands. Date first seen, May 16. Condition when first seen, wets every night, no day wetting since one year. Treatment and results, thyroid extract. Reported three weeks later, has wet only three times.

O. P. D., No. 239817. Sex, male; age, 4; weight, 15.6 kilo.; normal weight for age, 15.8. Duration, since birth. Family history, one brother wetter, mother was a wetter. Nervous condition, fidgety, cross, very unruly. Hgb., 70%. Genitalia, normal. Adenoids and tonsils, operation May 27. Other diagnosis, none. Urinalysis, neut., sp. gr. 100, no albumin, sugar or sediment. Date first seen, April 6. Condition when first seen, wets day and night, constantly wet. Treatment and results, atropine given. Day trouble cured. Still wets twice a week at night.

O. P. D., No. 238052. Sex, male; age, 6; weight, 22.5 kilo.; normal weight for age, 20.4. Duration, since birth. Family history, ?. Nervous condition, bright, masturbates. Hgb., 85%. Genitalia, elongated, prepuce, circumcision April 2. Adenoids and tonsils, normal. Other diagnosis, none. Date first seen, March 12. Condition when first seen, wets bed every night, none in two weeks since change of residence. Treatment and results, condition ceased spontaneously since change of residence (a state ward case).

O. P. D., No. 235472. Sex, male; age, 7; weight, 24 kilo.; normal weight for age, 22.4. Duration, since birth. Nervous condition, normal. Hgb., 75%. Genitalia, slight adhesions; broken up. Adenoids and tonsils, operation Feb. 5. Other diagnosis, none. Urinalysis, acid, alkaline, sp. gr. 1025, no albumen or sugar, amorph. debris. Date first seen, Feb. 16. Condition when first seen, wets every night. Treatment and results, did not wet for two weeks following adenoidectomy. Not heard from again.

O. P. D., No. 240434. Sex, male; age, 10; weight, 33.3 kilo.; normal weight for age, 30.1. Duration, six years. Family history, no other cases. Nervous

condition, normal. Genitalia, normal. Adenoids, normal. Other diagnosis, carious teeth, peribronchial glands. Urinalysis, alkaline, sp. gr. 1020, no alb. sugar or sediment. Date first seen, April 10. Condition when first seen, wets every night, occasionally skips a few nights. Treatment and results, has moved to Maine.

O. P. D., No. 231974. Sex, female, age, 8; weight, 28.1 kilo.; normal weight for age, 23.9. Duration, since birth. Family history, no other cases. Nervous condition, normal. Hgb., 80%. Genitalia, normal. Tonsils and adenoids, tonsils++, operation advised. Other diagnosis, carious teeth. Urinalysis, R. alkaline, sp. gr. 1009, albumin v.s.t., no sugar sediment, amorph. debris. Date first seen, April 3. Condition when first seen, wets clothes and bed "most every night." Treatments and results, improved slightly under atropine; refuses operation on tonsils.

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DR. TOBIAS SMOLLETT
1721-1771

TOBIAS SMOLLETT: PHYSICIAN AND NOVELIST.

By ROBERT M. GREEN, A.B., M.D., BOSTON.

ON October 21, 1771, died Tobias Smollett, a physician distinguished in literature as one of the three creators of the English novel. On this anniversary of his death it may be not without interest briefly to review his professional and literary career.

Smollett was a Scotsman, born in 1721 of an ancient family at Dalquhurn, near the modern village of Renton, in the vale of Leven, between Loch Lomond and Dumbarton. On March 19, according to the parish records of Cardross, he was baptized Tobias George, but seems never to have used the second appellation. His childhood was passed in this border country between highland and lowland, in scenes not only of the most romantic natural beauty but intimately associated with stirring events and great names in the history of Scotland.

Smollett's father died soon after the birth of his last child, Tobias, who, with his mother, brother, and sister, was thus left dependent on the bounty of his grandfather, an aged and parsimonious Scottish judge and knight. Tobias received his preparatory education in the grammar school at Dumbarton, and while a boy evinced the bent of his genius by the composition of satirical and patriotic verses. He was of a vivacious, humorous, and impatient Keltic disposition, and seems perpetually to have been in-

volved in merry boyish pranks and escapades, though never of a mischievous or vicious nature. In his first novel, *The Adventures of Roderick Random*, published in later years, in which he unmistakably appears as the hero, Smollett has left us a vivid and circumstantial account of his early life, which, though it must not be taken as biographically literal, may yet be accepted as a fairly accurate picture of his personality.

From the grammar school at Dumbarton, Smollett went in due season to the University of Glasgow. Here he formed an acquaintance with some students of physie, and largely from his association with them decided to enter the medical profession. Accordingly, on his graduation from the University, he was, after the custom of the time, bound apprentice to Mr. John Gordon, a successful surgeon of Glasgow, who appears in *Roderick Random* under the name of Roger Pottion. In *Humphrey Clinker*, his second novel, Smollett speaks of his old preceptor by name: "I was introduced to Dr. Gordon, a patriot of a truly noble spirit, who . . . was the great promoter of the city work-house, infirmary, and other works of public utility. Had he lived in ancient Rome, he would have been honored with a statue at the public expense." During this period of his medical studies Smollett composed his first drama, a tragedy entitled *The Regicide, or James the First of Scotland*, which, however, was not produced on the stage till many years later.

In 1739, his apprenticeship being completed, Smollett cast about him for a place to settle in practise. Just at this juncture his grandfather died, and Tobias, being thus left penniless and without friends able to assist him, resolved to go and seek his fortune in London. Doubtless his