

St. Bartholomew's Hospital



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

JOURNAL.

VOL. XLIV.—No. 1.]

OCTOBER 1ST, 1936.

PRICE NINEPENCE.

CALENDAR.

Fri.,	Oct.	2.—Dr. Gow and Mr. Girling Ball on duty.
Sat.,	"	3.—Rugby Match v. Old Alleynians. Away. Hockey Trial Match. Home.
Mon.,	"	5.—Special Subjects: Lecture by Mr. Just.
Tues.,	"	6.—Dr. Graham and Mr. Roberts on duty.
Wed.,	"	7.—Surgery: Clinical Lecture by Mr. Vick. Hockey Match v. Cuy's. Away.
Thurs.,	"	8.— Abernethian Society: Lecture and Film by Sir Pendrill Varrier-Jones, "Papworth Tuberculosis Colony".
Fri.,	"	9.—Dr. Evans and Mr. Vick on duty. Medicine: Clinical Lecture by Dr. Evans.
Sat.,	"	10.—Rugby Match v. Old Blues. Home. Hockey Match v. Beckenham. Away.
Mon.,	"	12.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues.,	"	13.—Prof. Witts and Prof. Paterson Ross on duty.
Wed.,	"	14.—Hockey Match v. R.M.A., Woolwich. Home.
Fri.,	"	16.—Dr. Hinds Howell and Mr. Wilson on duty. Medicine: Clinical Lecture by Dr. Graham.
Sat.,	"	17.—Rugby Match v. Bedford. Away. Hockey Match v. St. John's College, Cambridge. Away.
Mon.,	"	19.— Abernethian Society: Inaugural Address by Professor Jung. Special Subjects: Lecture by Mr. Elmslie. Last day for receiving matter for the November issue of the Journal.
Tues.,	"	20.—Dr. Gow and Mr. Girling Ball on duty.
Wed.,	"	21.—Surgery: Clinical Lecture by Mr. Wilson. Rugby Match v. Cambridge. Away. Hockey Match v. Staff College. Away.
Fri.,	"	23.—Dr. Graham and Mr. Roberts on duty. Medicine: Clinical Lecture by Dr. Harris.
Sat.,	"	24.—Rugby Match v. London Irish. Away. Hockey Match v. Romford. Home.
Mon.,	"	26.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues.,	"	27.—Dr. Evans and Mr. Vick on duty.
Wed.,	"	28.—Surgery: Clinical Lecture by Mr. Roberts. Hockey Match v. London University. Away.
Fri.,	"	30.—Prof. Witts and Prof. Paterson Ross on duty. Medicine: Clinical Lecture by Dr. Gow.
Sat.,	"	31.—Rugby Match v. E. M. Darnady's XV. Home. Hockey Match v. Richmond and Kingston Hill. Away.

EDITORIAL.

THE new academic year, long heralded, has opened in an auspicious manner with the birth of the new site in Charterhouse Square, and we are pleased to welcome the Freshmen, already hard at work in various departments of the Hospital. It is now to be hoped that they will very soon make their presence felt in one of the many fields of activity of the Students' Union, and some, we earnestly hope, with the pen by contributing to our columns. We only say—may the latent period be short, and good luck to them!

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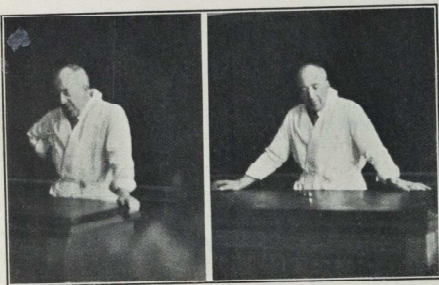
It is with very great regret that we have to record the retirement of Prof. Woollard from the post of Professor of Anatomy.

He has been with us for seven years, and we have all learned to recognize in him an admirable head of the Department. The organization of the Anatomical Department has never before reached such a degree of efficiency, and that this is due to Prof. Woollard's individual efforts none can doubt. Not only is the teaching in the Department of a very high order, but much valuable research work is being done in it. Moreover, the collaboration between the Anatomy Department and the Clinical Departments of the Hospital has become very close.

When it was suggested that the Medical College should move from within the Hospital walls, Prof. Woollard was a member of the Executive and Appeal Committees which were responsible for carrying the scheme through, and in that capacity he gave the Dean most zealous and able support. There can be no doubt that the new Department of Anatomy in Charterhouse Square is one of the finest in the country, if not the

finest, and it will remain a memorial of his vigorous and successful organization.

Although he is now leaving Bart.'s for a similar post at University College, it will, we feel sure, be with some



regret. He will, however, have the satisfaction of knowing that both his colleagues and the students of the Hospital appreciate to the full everything he has done. We wish him luck in his new post.

October 29th and 30th will see the Great Hall turned into a village street filled with eighteenth century shops and houses.

The Women's Guild are holding what promises to be an enormous Fair in aid of their funds, of which Christmas presents and household decorations will be the principal items. The bicentenary of the mural paintings by Hogarth on the staircase seems to call for a Hogarth Fair, and the committee room will be hung with some of Hogarth's original works lent by their owners.

The Matron and the nursing staff have kindly promised to provide teas and light refreshments throughout the two days.

The programme in connection with the Fair—containing many interesting articles on Hogarth and the Hospital—will be on sale at the annual meeting on October 1st and during both days of the Fair. It is very much hoped that everyone who can will buy one.

Owing to the inability of the Duchess of Kent to attend the Marchioness of Cholmondeley has kindly consented to take her place, and will open the Fair at 3 o'clock on October 29th. The opening on the second day will be by the Lady Mayoress.

The Harveian Oration will be delivered by Sir Walter Langdon Brown at the Royal College of Physicians on October 19th at 4 p.m.

The honorary degree of Doctor of Science at Oxford was conferred by the Vice-Chancellor on Sir George Newman, Sir Henry Dale and Sir Walter Langdon Brown to celebrate the Congress of the British Medical Association.

Dr. E. A. Cockayne has been appointed Bradshaw Lecturer for 1937 by the Royal College of Physicians.

The Medical Research Council have awarded Dorothy Temple Cross Research Fellowships in Tuberculosis to Dr. J. Smart and Mr. V. C. Thompson.

We are sorry to announce that the Hospitaller, the Rev. J. L. Douglas, is moving to the parish of Godmanchester, in Huntingdon, Cambridge, in the first week of October after fourteen years' devoted service to the Hospital. We offer him our best wishes in his new home.

Two items in the Calendar merit especial mention. First is the meetings of the Abernethian Society, at which everyone, and Freshmen in particular, are welcome. We note with great pleasure that the Society has been fortunate enough to get Prof. Jung, of Vienna, to deliver the Inaugural Address on October 19th. A very large attendance seems assured.

And secondly we would draw our readers' attention to the football match between the Hospital and E. M. Darmady's XV. A charge of sixpence will be made for admission and the proceeds are to go to the Squash Court Fund. It is hoped, then, that everyone who can do so will make an effort to be present.

We congratulate the Cricket Club most heartily on a magnificent performance in winning the Inter-Hospitals Cricket Cup.

OBITUARIES.

K. H. FISK.

We regret to announce the death of Kenneth Hugh Fisk, a student of this Hospital, at the age of twenty-three.

His death occurred on September 1st in St. Bartholomew's Hospital. He had been on holiday in the Mediterranean, and contracted pneumonia on the homeward voyage three days from England. He was admitted to Sandhurst Ward on August 23rd, where he died nine days later after a short and losing battle against a disease which at no time showed any signs of abating.

Kenneth Fisk was the second son of Mr. and Mrs. H. Marcus Fisk, of Ilford. He commenced his studies at Bart.'s in 1929, taking the London M.B. course, and had hoped to complete his conjoint examinations in October of this year. He was completing his last official appointment at the time as Pathology Clerk to the Surgical Professorial Unit, the firm with which he had done his first six months' surgery.

As a scholar he had shown undoubted gifts and an amazingly logical mind, and he had shown promise of an unusually successful career in medicine. He was possessed of a sociable disposition and was a popular figure among his colleagues. There are many who will miss his cheerful good humour and genial companionship.

His premature death and the termination of a promising career are greatly regretted, and deep sympathy will be felt for his family in their bereavement.

A memorial service was held in the Hospital chapel of St. Bartholomew-the-Less on September 8th.

G. L. B.

CLEMENT STURTON.

Dr. Sturton's death at the early age of 36 brings to an end a career of promise. He was riding on the Common near Blythburgh, in Suffolk, when an accident occurred. Although at first his injuries were not considered serious, complications arose and he died at Norwich. At St. John's College, Cambridge, he won an Exhibition and received Second-class Honours in the Natural Science Tripos in 1920. In the same year he gained a Joint Shuter Scholarship at St. Bartholomew's Hospital. Five years later he passed the F.R.C.S.(Eng.).

Dr. Sturton's goal was the Mission Field, for his religion was sane and virile. He radiated cheerfulness. Hence he worked in the Belgian Congo with the African Inland Mission. Later he joined Government service,

and was placed in charge of a hospital at Lagos, Nigeria.

On his return to England he entered into partnership with Dr. A. G. Tolpitt and Dr. T. H. Baillie at Kettering, Northants. He was on the staff of the Kettering Hospital.

Dr. Sturton married Mary, second daughter of Dr. Jabez Pratt Brooks. She survives him with three children, and much sympathy goes out to them in their sad loss.

W. McA. E.

THE CHURCH OF ST. BARTHOLOMEW-THE-LESS.

As a result of the work that has recently been undertaken on the outer walls of the Hospital Church I have received many inquiries about the church's architecture and origin, and (under the guidance of Sir D'Arcy Power) I have compiled these notes for the benefit of those who have not realized hitherto that beneath the eighteenth-century plaster was concealed a building of considerable historical interest to all lovers of the Hospital.

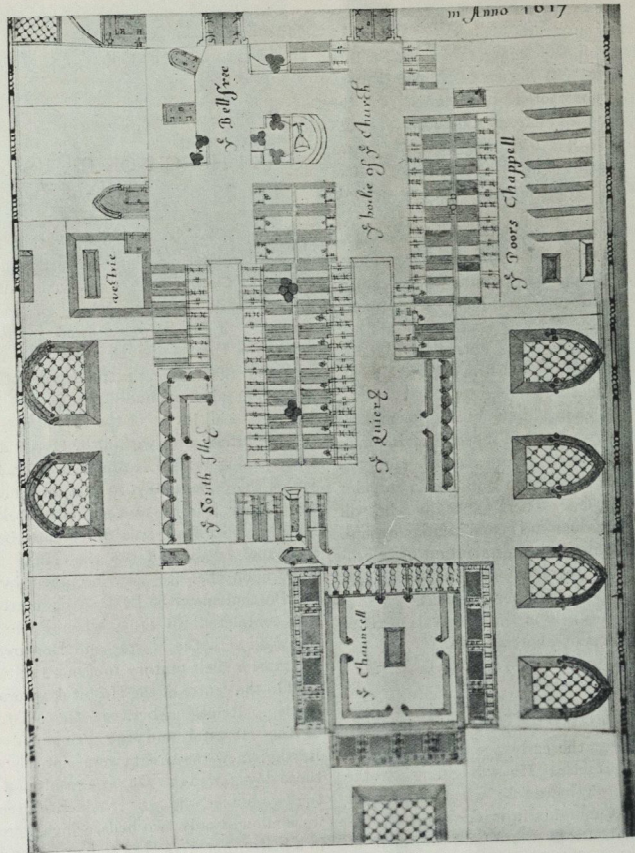
The earliest altar within the Hospital was co-eval with the opening of the Hospital, and was set in the hall, where the patients lay, so that all could see it. In 1147 the "door leading to the horse-market" (which was held in Smithfield), was ordered to be closed so that a chapel, dedicated to the Holy Cross, might be built upon the site now occupied by the Church of St. Bartholomew-the-Less. Apparently this chapel was not completed till 1183, when Pope Lucius III gave permission to the Master and Brethren of the Hospital to transfer their oratory to a more suitable place than it held in the centre of the Hospital, where it was too much hidden. Relations between the Master and Brethren of the Hospital and the Prior and Convent of St. Bartholomew-the-Great were not always amicable in those days; and in 1224, as a result of a quarrel between the two bodies, the Master and Brethren of the Hospital were allowed only two bells, which were not to be hung in a belfry, nor were they to be rung on Easter Eve until the five bells of the Priory had finished ringing. There was further trouble between the two bodies until, in 1373, it was agreed that the Master and Brethren "may obtain as many bells of whatever size they please; and build as fine a bell-tower as pleases them; and ring their bells on Easter Eve as soon as they like".

In all probability our present church tower was built immediately afterwards, and as a result of this agreement.

There are now four bells in the belfry, of which the second is by John Langhorne (c. 1400) inscribed

"Vincentius reboat ut cuncta noxia tollat"; and the third by Robert Crouch (c. 1440) inscribed "Intonat de celis vox campana Michaelis". The other two have been recast.

and that on the left lighted the way to the Sisters' quarters, which were built over the cloister on the south side of the church. The Chapel of the Holy Cross itself consisted of a central and two side aisles, separated by



PLAN OF THE CHURCH OF ST. BARTHOLOMEW THE-LESS, 1617.

The church still shows signs of its original layout and of its pre-Reformation use. There is an ante-chapel resembling, on a small scale, the ante-chapel of New College, Oxford (built by William of Wykeham in 1383). Opening into the ante-chapel is a stairway in the bell tower, and above are two windows now blocked up; the one on the right gave light to the passage leading to the house of the Master of the Hospital,

three or five columns. The high altar, dedicated to the Holy Cross, was central; but it is not truly orientated, for the axis of the chapel is N.N.E. On the right side was St. Mary's Chapel; its site now contains the monument of Serjeant Balthrop; on the left-hand side in the N.W. corner was St. Catherine's Chapel, known later as the Chapel of the Poor. There appears to have been also a chapel dedicated to St. Gregory at the east end

detached from the church itself, but connected to it by a covered way.

The Chapel of the Holy Cross was well endowed. A record dated 1487 says that it had "(i) a pyx of silver over-gilt; (ii) a cross of silver gilded with an image seated upon it, to keep the sacrament in; (iii) a chalice silver-gilt; (iv) a cross of silver with many relics therein; (v) two candle-sticks of silver parcel-gilt; (vi) two pax-boxes, a larger and a smaller, silver-gilt; (vii) a silver-gilt cross with Mary and John at the foot; (viii) two censers of silver; (ix) two silver cruets; (x) a ship and a silver censer; (xi) three chalices and two cruets of silver and gilt. The whole valued at thirty pounds".

It is not known how long this fifteenth-century chapel of the Holy Cross remained. It became the Parish Church of St. Bartholomew-the-Less by letters patent from King Henry VIII, dated January 13th, 1547, with a vicar paid £13 6s. 8d. yearly, and a sufficient mansion for his habitation; a hospitaller at £10; a parish clerk at £6; and a sexton at £4. The plan of the Hospital made in 1617 shows the Church with a high-pitched roof over the centre aisle, and apparently a flat roof over the side aisles.

The church was remodelled in 1789 by George Dance, who left the original tower and outer walls, but erected within them an octagonal wooden structure of eight arches. This soon fell into disrepair, and was replaced by the present structure in 1823 to the plans of Thomas Hardwick.

There are some interesting mural tablets in the church, especially:

(i) In the north-east corner, erected in 1555 in memory of William Hone, a churchwarden. The following is a translation of its Latin-verse inscription:

"Lo, beneath this tomb lies William Hone, a man just, upright in speech, and God-fearing in his heart. He, when he had honourably discharged the office of judge at the Guildhall for fifteen years, and had twice publicly lectured at the Temple upon the Laws of England, Death summoned him, saying, 'Hone, approach the supreme God, whose servant thou ever wert'. So he died, leaving his body to the earth and worms; but with his mind he scaled the stars of the lofty pale. This tomb his beloved wife Joyce erected—Joyous by name, but in truth full of sorrow."

(ii) The memorial to Lady Bodley in the north-east corner. It was erected by Sir Thomas Bodley, the founder of the Bodleian Library at Oxford. They lived in a "Great House" within the Close from 1599 to 1612. Both died in the Great House, she in June, 1611, and was buried in the Church, and he on January 12th, 1613, and was buried with great ceremony in Merton College Chapel, Oxford. An account of the House with a plan is published in *The Bodleian Quarterly Record* (1936, vol. viii, p. 203).

(iii) In the south-east corner is the monument to the

memory of Serjeant Balthrop, who died in 1589. Its inscription runs:

"Here Robert Balthrop lies intombed to Elizabeth our Queene, Who serjeant of the surgeons sworn neere thyrtye years hath bene: He dyed at syxty-nine of yeeres, December's ninthe the daye, The Veere of Grace eight hundred twice, deductinge nine awaye. Let here his rotten bones repose, till angell's trumpet sounde, To warne the world of present change and raise the dead from gronde."

(iv) In the ante-chapel is a canopied tomb in the late Perpendicular style, but it is not known for whom it was originally built. John Freke, Surgeon to the Hospital, and his wife were buried in it. Freke was a friend of Fielding, who twice mentions him in *Tom Jones*, and of Hogarth, for whom it is said he selected the patients for the canvasses on the staircase of the Great Hall of the Hospital.

(v) In the floor of the ante-chapel is a brass with the inscription:

"Hic iacent Wilhelmus Markeby de London, gentleman, qui obiit xi Julii A.D. 1439: et Alicia, uxor eius. Quorum animalibus proprietarius Deus."

(The last sentence, as is usual, has been obliterated.)

Registers of Births, Deaths and Marriages dating from 1547 are preserved in the Church.

It is indeed a happy coincidence that at a time when the Hospital is undergoing much inevitable modernization, the restoration of its ancient church should have secured for posterity a conspicuous and an abiding reminder of the Rock whence it was hewn so many centuries ago.

J. L. DOUGLAS.

THE USE OF DRUGS IN HEART FAILURE.*

DIGITALIS.

DIGITALIS congestive heart failure the drug of universal application is digitalis. Its chief action is upon the bundle of His. This may be to some extent on the bundle cells themselves, but more probably is on the neuro-muscular vagal terminations in the bundle. Secondly, there is some evidence that there is an effect on the ventricular muscle proper.

The evidence of its action on the bundle of His is seen in the marked slowing produced in the ventricular rate in auricular fibrillation, in which condition the excessive auricular stimuli are prevented from reaching the ventricle. Other less well-known evidence of its action is illustrated by the following two facts: First,

* A Post-Graduate Lecture delivered at St. Bartholomew's Hospital on Saturday, June 20th.

in full doses it will prolong the PR interval of the electrocardiograph of a normal individual, its effect being removable immediately by an injection of atropin; it is clear, therefore, that the drug has a definite vagal action. Secondly, in full doses it will produce an inversion of the T-wave in the electrocardiograph of a normal person. This effect is not removable by atropin, and it is clear, therefore, that this part of its action is one upon the ventricular muscle.

The preparations that I personally use most frequently are three: first, the B.P. tincture; second, the dried leaf, *digitalis folia*, B.D.H.; third, digoxin, B.W. & Co. One grain of the dried leaf is equivalent to 10 to 12 minims of the tincture, and one tablet of digoxin or 0.25 mgrm. is the equivalent of 15 minims of the tincture. The merits of these latter preparations are that digoxin is very rapidly absorbed and the *digitalis folia* tablets are much more portable than the equivalent doses in fluid form, besides being exceedingly durable.

ACTION IN AURICULAR FIBRILLATION.

Reference has already been made to the action of the drug in auricular fibrillation, by producing ventricular slowing. It is essential to remember that in this irregularity, particularly in cases of failure, the force of individual beats varies so greatly that many fail to reach the ventricle. The pulse-rate, therefore, in these cases is an untrustworthy guide to the condition of the heart, and it is essential that a nurse should be employed who can be trusted to count the heart-rate at the apex through a stethoscope, the figures being charted 4-hourly. In order to avoid confusion it may be thought wise in these circumstances to give instructions that the pulse-rate be not counted at all. The results of the slowing produced by increasing the block in the bundle of His are as follows: Better filling of the heart is produced as the result of the prolonged diastole; as a result, a more efficient emptying occurs. The prolonged diastole results in a more efficient and more prolonged coronary flow, this producing an improvement in the cardiac nutrition. Finally, the decreased number of systoles results in considerable cardiac rest.

DOSAGE.

There are three chief methods of administering digitalis in heart failure: (1) The rapid method: This is used in cases of a very severe failure, where a rapid result is desirable. Digoxin is the most valuable preparation for this purpose, as its rate of absorption is very much faster than that of the tincture or other preparations. Four tablets should be given as a first dose, and in 6 hours if the heart-rate has not fallen,

four more tablets may be given. It will generally be found, however, that a smaller dose is adequate after 4 hours, as the heart-rate has already fallen appreciably. After a further period of 6 hours another dose of from two to four tablets, according to the persistent severity of the case, may be given. The second method of treating severe heart failure in order to obtain a very rapid result is by the use of intravenous strophanthus or ouabain. This can be given intramuscularly in doses of $\frac{1}{240}$ to $\frac{1}{120}$ gr. The larger dose can be repeated once only after an interval of 12 hours. Intravenous strophanthus should never be given to a patient who has previously been taking digitalis. Should it be desirable to treat a patient with severe congestive failure, who from some other cause is vomiting persistently, tincture of digitalis may be administered *per rectum*. The usual dose for an adult is 3 drms., 2 drms. and 1 drms., at intervals of 6 hours, *per rectum*, each dose being given in 2 oz. of water.

(2) A case of average severity: The usual dosage for these patients is tincture of digitalis 20 minims four times a day for 2 or 3 days, the dose being then reduced to 15 minims four times a day.

It is advisable in all cases of heart failure to whom digitalis is given that the patient shall at first be fairly fully digitalized, even if this entails giving digitalis in doses of 60 minims a day for 3 or 4 days only. A maintenance dose can then be administered, generally amounting to between 20 and 30 minims *per diem*, for the average body can metabolize a dose of about this magnitude without the drug having a cumulative action.

SIGNS OF OVERDOSE.

The chief signs of overdose are nausea and vomiting, coupling of the ventricular beats, visual disturbance and finally anuria. Unless some of his patients show occasionally some nausea and even vomiting from digitalis, it is probable that the physician is not administering the drug in the majority of his cases so as to produce its maximum effect. Coupling of the ventricular beats can generally be easily recognized by listening at the apex, when the fainter second beat can be heard to occur at a fixed interval from the louder normal one. The commonest visual symptoms are xanthopsia and a vague subjective sensation of mistiness or blurring of vision. It may be remarked that a slow heart-rate as such is not dangerous, and is not a necessary indication of digitalis overdose. It is only significant of this if associated with definite coupling of the beats. I have seen a case of complete heart-block with œdema of the legs and feet respond definitely to full doses of digitalis, although, of course, the drug could not increase the

already complete lesion of the bundle, or have any action on the ventricular rate.

THE ACTION IN AURICULAR FLUTTER.

This condition, which is commoner than is usually appreciated, should be suspected whenever a persistently rapid heart-rate of between 90 and 120 is found in an elderly patient associated with symptoms of heart failure that have been present for a definite period of time. This fairly abrupt diminution in cardiac efficiency has generally lasted for a matter of weeks or months. The most satisfactory way of treating these patients is to poison the fluttering auricular muscle with full doses of digitalis, and I generally give a dose of 90 minims of the tincture *per diem*, or its equivalent in digoxin or *digitalis folia*. This dosage is maintained for two or three days, a careful watch being kept for signs of early poisoning. The dose is then reduced to 75 minims per day or so, depending upon the tolerance of the patient to the drug for a further period of 4 or 5 days. It is generally found after this that the auricular flutter has been replaced by auricular fibrillation. After a further few days, on possibly 45 minims per day, the drug is withheld and the normal cardiac rhythm in some cases returns. It not infrequently happens with this dosage that the normal cardiac rhythm returns without an intermediate period of auricular fibrillation.

ACTION IN PAROXYSMAL TACHYCARDIA.

The treatment of paroxysmal tachycardia falls under two headings—treatment of the attack, and prevention of attacks. Among other measures digitalis in full doses can be tried when a case of paroxysmal tachycardia has lasted for several days. Under these circumstances full doses should be given—between 75 and 90 minims of the tincture per day. In some patients who have frequent milder attacks of paroxysmal tachycardia, digitalis in doses of 10 or 15 minims three times a day will sometimes prevent the development of attacks.

ACTION IN CONGESTIVE FAILURE WITH REGULAR RHYTHM.

Mention has already been made of the effect of digitalis on the normal electrocardiograph, and as used in a case of complete heart-block with a fixed ventricular rate of 32. These pieces of evidence suggest that the drug should be used in heart failure, even in the absence of auricular fibrillation, although of course the likelihood of its being of any great benefit is considerably less. Many cardiologists take a similar view, and it appears to have a definite effect, more particularly in elderly individuals with a slight degree of failure, particularly

perhaps the group in which chronic bronchitis appears to be a salient feature. These patients should remain in bed for a week, should be fully digitalized for 3 or 4 days, and then allowed up on a maintenance dose of between 30 to 40 minims of the tincture *per diem*.

QUINIDINE SULPHATE.

Quinidine sulphate has no place in the treatment of failure as such. Every function of the cardiac muscle is diminished by the drug. Systole is weaker, the blood-pressure is reduced, the conductivity is diminished, and the power of muscular recovery after contraction is very greatly impaired. This latter effect is also known as prolongation of the refractory period. The chief use of quinidine results from this action, as it can in this way stop the circus movement of auricular fibrillation or that of auricular flutter. Since auricular flutter is frequently associated with evidence of congestive heart failure, quinidine may be said to have an indirect effect on heart failure, but only in these specialized cases.

The chief indications for the use of the drug are (1) a determination to stop auricular fibrillation in a patient, (2) to stop auricular flutter, (3) to inhibit too frequent premature beats when these are distressing to the patient. The following points should be borne in mind in the treatment of auricular fibrillation or auricular flutter by quinidine: Firstly the drug is very rapidly absorbed and as rapidly excreted. In order, therefore, to maintain it at a reasonable concentration in the blood-stream it should be given at 2 hourly intervals. Secondly, since the action of the drug is to produce a certain degree of general myocardial poisoning in a patient whose heart is not healthy, the nursing precautions usual in a case of diphtheritic myocarditis should be maintained. The patient should be nursed flat and should not be allowed to wash himself, feed himself, or get out of bed for any purpose at all. Thirdly, a more satisfactory quinidine effect is obtained if the patient has recently been treated with digitalis. The following is the usual scheme of dosage. During the first day 1 gr. is given three times a day in order to ensure that the patient is not sensitive to quinine derivatives; such sensitivity would show itself by buzzing in the ears, deafness and headache. During the second day 2 gr. of quinidine sulphate are given 2-hourly for eight doses. During the third day 3 gr. are given 2-hourly for eight doses. During the fourth day 4 gr. are given 2-hourly for eight doses. Unless the physician has had full experience with quinidine, it is inadvisable to increase the dose beyond this figure. It should, however, be maintained at 32 gr. per day for 3 or 4 days. If at the end of that time there is no change in the heart's rhythm, it is advisable to cease the treatment. Should the

normal rhythm return as a result of treatment, a maintenance dose of 2 or 3 gr. *t.d.s.* can be given. It is probably best to give the drug as a mixture during the treatment, the following prescription being satisfactory:

Quin. sulph.	gr. ij-iv
(according to the day).	
Acid sulph. dil.	℥x
Syrup of orange	ʒj
Aq. chloroformi ad	ʒss

For the maintenance dose tablets can be obtained.

The chief contra-indications to the use of quinidine are (1) the presence of marked cardiac failure, (2) mitral stenosis, (3) much cardiac enlargement, (4) long-standing auricular fibrillation. In patients in whom premature beats produce either pain or else persistent discomfort, quinidine sulphate is frequently useful. I have found it most efficacious when combined with atropine sulphate in the following mixture:

Quin. sulph.	gr. iij
Atrop. sulph.	gr. $\frac{1}{150}$
Acid sulph. dil.	℥x
Infusion of orange to	ʒss

DIURETICS.

Diuretics are definitely useful in heart failure, and should be used whenever there is persistent cardiac œdema. It is probable that the presence of the œdema fluid interferes to some extent with the local tissue metabolism, and thus indirectly produces an added handicap to health. The most valuable are the mercurial diuretics. Mercury, as one of the constituents of Guy's pill, has long been used for this purpose, but of recent years more powerful mercurial drugs have been evolved. Salyrgan, which contains about 34% of mercury, is the most useful of these. Novurit is a similar drug, but is used *per rectum*. In order to obtain the best results from these drugs, it is advisable that the patient should have been taking ammonium chloride 15 to 20 gr. *t.d.s.* for 3 days. An injection of salyrgan is then given intravenously or intramuscularly, and this can be repeated every 4 or 5 days, the ammonium chloride administration being continued throughout the period of treatment. Some patients appear to produce a better diuresis from the intramuscular and some from the intravenous administration. The dose at first should be $\frac{1}{2}$ c.c., and this can be increased to 1 or 2 c.c. It should be remembered, however, that mercurial poisoning may result, and the smallest dose, therefore, which produces a reasonable diuresis should be used. The chief danger-signals are a metallic taste in the mouth, stomatitis, gastro-intestinal disturbance and albuminuria.

Novurit is a similar preparation, and its chief advantage is that it can be used *per rectum*. Care should be taken that the rectum is empty when the novurit suppository is inserted. There is one disadvantage, and that is that some local irritation may be produced, resulting in diarrhoea and expulsion of the drug. In certain cases, however, the results are exceedingly good. The chief dangers of the mercurial diuretics are evident in patients suffering from renal disease, particularly in association with arterio-sclerosis. I have seen several fatalities associated with complete suppression of urine in such cases. The other diuretics which are useful in heart failure are diuretin 10-15 gr. *t.d.s.*, theophyllin 5 gr. *t.d.s.*, and urea 2-4 drms. in lemonade *t.d.s.* Although Southey's tubes hardly come under the heading of a drug, it may be mentioned here that their use in certain cases of persistent cardiac œdema is attended sometimes by very considerable removal of fluid and a marked improvement in the patient's general condition.

Oxygen is theoretically contra-indicated in heart failure, for the slowed pulmonary circulation actually increases the time available for full oxygenation of the blood in the lungs. It generally happens, however, that heart failure is associated with a greater or lesser degree of pulmonary œdema, and under these circumstances a raised oxygen tension is a great help in assuring a full oxygenation of the pulmonary blood. Oxygen as administered by funnel is useless. It can be given by nasal catheter, and if tolerated, by mask or oxygen tent. If a nasal catheter is used the rate of flow should be watched by the use of a Woolf's bottle, and a brisk flow of five or six bubbles per second should be kept up. The patient should be encouraged to inhale the oxygen thus for periods of 5 or 6 hours at a time.

MORPHIA.

If it is felt that morphia is necessary for pain or for any other purpose, there is no contra-indication to its use in patients suffering from heart failure. I have never seen morphia in large doses produce any deleterious effect in patients with an extensive coronary thrombosis. It should not be used, however, if there is a considerable amount of bronchitis.

Certain other drugs are used in cases of emergency. *Adrenalin*: The action is exceedingly transitory, and it is most useful in cases of cardiac standstill, 1 or 2 c.c. being injected direct into the heart muscle. Patients with heart-block and frequent Stokes-Adams attacks are very considerably helped by injections of adrenalin subcutaneously; $\frac{1}{4}$ -1 c.c. two or three times a day is generally sufficient to prevent attacks. In one case, a boy, æt. 17, who was having Stokes-Adams

attacks every 5 minutes as a result of severe diphtheritic myocarditis, ceased having attacks with a dosage of 2 c.c. intramuscularly every 2 hours. He eventually died. Camphor, strychnine, cardiazole and coramine have no direct effect on the heart muscle. Their chief value is generally in stimulating the respiratory and vaso-constrictor centres in the medulla, and should there be evidence that these are failing, their stimulation may produce a beneficial reflex effect on the heart.

GEOFFREY BOURNE.

RECENT ADVANCES IN HORMONE THERAPY.*

INTRODUCTION.



WITHIN recent years much experimental work has been carried out on endocrine problems, and has added considerably to our knowledge of the physiology of the endocrine system, but the therapeutic application of this knowledge is still in its infancy. This is due partly to the fact that it is only recently that sufficiently pure and concentrated extracts have been produced for human administration, and partly to the fact that the expense of these products often prevents their extensive use. Extracts have also been obtained which so far appear to have little clinical application, but with the advance of knowledge there is no doubt that they will find a place in the treatment of certain conditions.

Before briefly surveying the use of various hormones in treatment, it will not be out of place if a few words be said about the physiology of the anterior pituitary, as there is no doubt that this organ, small though it be, plays an important part in governing the development and function of the rest of the endocrine system. It is well known that removal of the pituitary in experimental animals leads to atrophy of the endocrine glands, with disturbances in the organism as a whole consequent on the lack of specific secretion of each individual gland. Clinically this is well shown in the rare condition of Simmonds's disease, the symptoms of which are caused by destruction of the anterior lobe of the pituitary by a tumour or embolus, or by simple atrophy. In this malady the chief features are profound cachexia, mental changes, loss of the hair and teeth, atrophy of the testes, prostate and seminal vesicles, amenorrhœa and atrophy of the uterus and ovaries, a low blood-pressure probably due to atrophy of the suprarenals, low basal metabolic

* A Post-graduate Lecture delivered at St. Bartholomew's Hospital on June 20th, 1936.

rate, anæmia and hypoglycæmia. The deficiencies resulting from removal of the pituitary in the laboratory animal are almost completely repaired by the implantation of fresh anterior pituitary tissue.

From the widespread changes produced by the removal or destruction of the anterior pituitary one is little surprised at the numerous extracts with different properties that have been prepared from this organ. It is not in the scope of this lecture to give an account of the actions of all these factors. Suffice it to say that at the present time it is considered that the anterior pituitary hormones consist of the following:

1. *Growth hormone*.
2. *Gonadotropic hormones*, including—
 - (a) The ovarian follicle and male germ-cell stimulating hormone.
 - (b) The luteinizing hormone, which also stimulates the interstitial tissue of the testes.
3. *Thyrotropic hormone*, which stimulates the thyroid to produce an increased amount of its iodine-containing hormone.
4. *Adrenotropic hormone*, through which is stimulated the cortex of the suprarenals.
5. *Parathyrotropic hormone*.
6. *Metabolism or diabetogenic hormone*, which consists of a blood-sugar raising principle and a ketogenic principle.
7. *Pancreatotropic hormone*, which depresses the level of the blood-sugar and depletes the liver glycogen. It has no effect after removal of the pancreas.
8. *Lactogenic hormone* (prolactin), which excites milk secretion in the fully-developed mammary gland.

It is remarkable that so small an organ can elaborate so many substances with such widely different functions. Zondek has suggested that they are derived from a basic substance by comparatively insignificant changes in its molecule, and if one takes as an analogy the close chemical relationship between œstrin and the male sex hormone, I imagine that this view is not far from the truth.

HORMONE THERAPY.

The use of endocrine preparations gives more scope to the quack than almost any other branch of therapeutics, and in the daily armful of circulars which one receives claims are made which have no clinical proof or scientific basis whatsoever. This is disturbing to the practitioner who for lack of time is unable to delve into the welter of published papers, which are ever increasing. My remarks will be confined mainly to the use of preparations in conditions in which I have had personal

experience, and for this reason I will say little of their value in gynaecological states.

ANTERIOR PITUITARY HORMONES.

Of the anterior pituitary hormones that have been enumerated three are available for clinical use—the growth hormone, the gonadotropic hormone, and the thyrotropic hormone. As yet they are expensive, and little work has been done to demonstrate their full value in clinical medicine.

Growth hormone.—There have been reported mainly in the United States cases of pituitary infantilism, in which increased growth has been obtained by the injection of 1 c.c. of growth hormone three times weekly for several months. The earlier such treatment is instituted the better is the response, the most favourable results being in cases in which there is a delay in osseous development and epiphyseal closure. Once epiphyseal closure has occurred, further stimulation of statural growth is prevented. It has been found that growth hormone in conjunction with thyroid gives better results than growth hormone alone. I have had no experience, however, with this hormone. At the present time there is no method for its standardization, and one is never sure of its activity.* Further, it is well known that cases of infantilism may occasionally have spurts of spontaneous growth.

Gonadotropic hormone.—From work on laboratory animals it has been found that the gonadotropic hormones of the anterior pituitary consist of two main factors. One factor (prolan A) in the female brings about maturation of the Graafian follicle, and as a result the production of œstrin, which acts on the uterus; in the male it stimulates spermatogenesis. The other factor (prolan B) in the female converts the follicles into corpora lutea, imprisoning the ova, inhibits the production of œstrin and stimulates the production of progesterin, the hormone formed by the corpus luteum. In the male this luteinizing factor stimulates the interstitial tissue of the testes, so that this hypertrophies and produces increased amounts of the male sex hormone. This in turn increases the size of the penis and scrotum, and causes enlargement of the seminal vesicles and prostate by acting on their fibro-muscular stroma and glandular elements.

In pregnant women gonadotropic hormones resembling in action those of the anterior pituitary are excreted in large quantities in the urine. Being more easily

* Since this lecture went to press, I have learnt that standardised commercial preparations of growth hormone may now be obtained. A unit of growth hormone is the minimal daily amount which, when injected intraperitoneally into a mature female rat, will cause an average daily increase of 1% in body-weight over a period of at least 10 days. (Parke, Davis & Co.)

obtained, they are cheaper than those extracted from the anterior pituitary, and are consequently more widely used. They are not, however, identical with the anterior pituitary gonadotropic hormones and are probably placental in origin. Pregnancy urine extracts contain larger quantities of prolan B than of prolan A; consequently when they are injected into laboratory animals the action of prolan B predominates, in that marked luteinization is produced in the ovary in the female and hypertrophy of the interstitial tissue of the testis in the male. There is little or no effect on spermatogenesis. Of the various commercial preparations may be mentioned prolan, pregnyl, antuitrin S., gonan and follutein.

Undescended testes.—It has been shown that daily injections of pregnancy urine extract containing gonadotropic hormones bring about descent of the testes in 14 days in the immature monkey, in which animal they are normally situated in the inguinal canals. The gonadotropic hormones of pregnancy urine have been applied to the treatment of undescended testes in man. In collaboration with Dr. E. F. Scowen, I have used them extensively in this condition. Before considering treatment, care should be exercised in determining (1) the situation of the testis—if the testis be ectopic, *i. e.* lying outside the inguinal canal, descent of the organ cannot be brought about by hormone therapy; and (2) whether the testis can be brought into the scrotum by manual pressure; if it can it is extremely likely that the testis will descend spontaneously before or at puberty. In this type of case, however, the administration of prolan will speed its descent.

The ages of our early patients ranged from 4 to 26 years. The dose of hormone recommended by us is 500 rat units given twice weekly intramuscularly; in obstinate cases it is our practice to give the injections for three months alternated by three-monthly rest periods, as there is experimental evidence that the organism acquires a resistance to the hormone after prolonged administration. Descent of one or both testes occurred in 75% of our bilateral and in 60% of our unilateral cases. The duration of treatment varied from 3 weeks to 14 months.

There are no alarming reactions as a result of the treatment. After the first, and occasionally after the second injection, there may be local pain and swelling. In rare cases after the first injection there may be a general reaction, consisting of malaise, anorexia, nausea and headache. Inguinal hernia is frequently associated with an undescended testis, and in some cases a hernia becomes obvious during treatment. It is probable that the hernia was present from the beginning, and only became noticeable as the testis descended, the hernial

sac presumably descending with the testis. In such cases the hernia should be cured by radical operation. During treatment there are usually some enlargements of the penis and testes and growth of pubic hair.

If treatment be started when the patient is very young, precocious sexual development may occur. If, however, it be delayed till puberty in the hope of spontaneous descent, degenerative changes may take place in the testis. It is wise, therefore, to begin treatment between the ages of 10 and 13 years.

Azoospermia.—There is no doubt that in an animal in which the testes have atrophied as a result of removal of the pituitary, the daily injection of gonadotropic extract from the anterior pituitary will stimulate spermatogenesis. Whether pregnancy urine extract will bring about the same effect is controversial. There have appeared one or two reports of cases of sterility in man due to deficient spermatogenesis which have been successfully treated with urinary gonadotropic hormones. In view of the experimental findings, however, that anterior pituitary extracts are far more effective than urinary extracts in stimulating spermatogenesis in the hypophysectomized animal, they are more likely to prove successful in the treatment of azoospermia in man.

While dealing with the question of sterility in the male, it should be remembered that a considerable percentage of patients with definite hypothyroidism are sterile, and that adequate thyroid secretion is essential for the normal function of the gonads. In the investigation of a case of sterility the thyroid factor should be taken into consideration, for the administration of thyroid is occasionally of great value.

Obesity.—In obesity of the so-called "pituitary type" pituitary and urinary gonadotropic hormones have no effect in reducing the weight or amount of fat. This agrees with the experiences of most observers. The most effective means at present known of treating obesity is to reduce the intake of food, with or without thyroid medication.

Functional uterine hæmorrhage.—Concerning the treatment of this condition I am not entitled to speak, as I have had no personal experience. It appears to be the experience of gynaecologists that the injection of urinary gonadotropic hormones in doses of 100 to 500 rat units daily results in an immediate or early relief of symptoms. The injection of corpus luteum hormone (*syn.* progesterin, proluton, corporin) brings about the same effect. One may justifiably conclude from this that prolan causes cessation of bleeding by stimulating corpus luteum formation. This, however, appears to be incorrect. There is no evidence of a corpus luteum effect on the endometrium after the bleeding has stopped, and it is considered that prolan rapidly diminishes the

secretion of œstrin by causing regression of the ovarian follicles.

Thyrotropic hormone.—As far as one can tell at present, the clinical application of this hormone is extremely limited. In cretinism and myxœdema, in which the thyroid gland is exhausted or atrophic, thyrotropic hormone has little or no effect (Scowen)—a state of affairs which, considering the pathology of these diseases, one would logically expect. In other conditions, *e. g.* obesity, results can be obtained more cheaply and as effectively by dried thyroid substance.

In the rare condition of Simmonds's disease, in which the thyroid gland is inactive through lack of stimulation by the anterior pituitary, the thyrotropic hormone has its uses. The rational procedure in the treatment of this disease is to supply the pituitary hormones in which the organism is deficient. Preparations are now on the market containing 150 units of thyrotropic hormone and 50 units of anterior pituitary gonadotropic hormone per c.c. The dose required will depend on the severity of the disease. Because of suprarenal atrophy cortin may also be necessary in initial daily doses of 5 to 10 c.c. intramuscularly.

THYROID.

The uses of thyroid hormone are well known and do not require enumeration here. I would remind you that in the treatment of simple goitre, thyroid is far more effective than iodine. The rationale of treatment is to rest the thyroid as completely as possible in order to cause atrophy of some of the epithelial elements. In a simple hyperplastic goitre, in which there is considerable hyperæmia, iodine reduces the size of the gland by causing disappearance of the hyperæmia during involution to the colloid state. The gland, however, has still to manufacture thyroid hormone, so that there will be little further diminution in its size. The most effective means of ensuring as complete rest to the thyroid as possible is to give dried thyroid substance. The mistake is frequently made of not giving sufficiently large doses. It is said that the daily dose of dried thyroid that should be given to a completely thyroidless individual to maintain a normal basal metabolic rate is about 5 gr. Therefore, in order completely to rest the thyroid in a patient with simple goitre one should try to give at least 5 gr. per day, a careful watch, of course, being kept on the weight, pulse-rate and general condition. The best plan is to start with doses of 1 gr. twice daily and gradually increase to the patient's tolerance. It is obvious that in old-standing nodular and colloid goitres with much fibrosis, cystic degeneration or calcification, little or no reduction in size can be obtained by medical means.

PARATHYROIDS.

The chief therapeutic value of parathyroid extract (syn. parathormone) is dependent on its action in raising the level of the blood calcium. Its major use therefore lies in the treatment of acute tetany following accidental removal of the parathyroids during thyroidectomy. Large doses may be required—40–100 units per day subcutaneously; it is advisable to give in addition calcium chloride 30 gr. three times daily by mouth. The immediate relief of tetanic symptoms, however, may be obtained just as effectively and more rapidly by the intravenous administration of 50 c.c. of a 4% solution of calcium chloride. Care should be taken that it be given slowly, and that none enters the subcutaneous tissues, as necrosis and ulceration may result. To avoid such a complication, 10 c.c. of a 20% solution of calcium gluconate may be given instead of calcium chloride. In the treatment of chronic tetany parathormone may be dispensed with, a cheaper and equally effective method being the administration of 30 gr. of calcium lactate and 30 minims of radiostol three times daily.

Parathormone has been recommended for ulcerative colitis, given in 20-unit doses on alternate days in conjunction with 60 gr. of calcium gluconate three times daily. It is sometimes useful in relieving the abdominal pains associated with intestinal spasm in this condition.

SUPRARENAL CORTEX.

The use of suprarenal cortical hormone (syn. cortin) in the treatment of Addison's disease is now well known, and since the discovery that there is an increased excretion of sodium associated with a low blood sodium in this condition, the administration of sodium chloride in doses of 10–20 gm. per day has considerably reduced the amount of cortin which these patients require (Graham). In fact in mild cases treatment with salt may even render the administration of cortin unnecessary. In more severe cases, however, patients always feel much better when receiving cortin in addition to salt, and often the administration of cortin is absolutely essential. In crises 50 c.c. of cortin should be given intravenously together with a glucose saline. The maintenance dose required will, of course, vary in each case (5–20 c.c. daily).

Cortin is also of use in the treatment of shock. After severe infections, such as diphtheria, pneumonia and influenza, in which there may be some cortical damage, cortin may be of service in treating the asthenia which persists during convalescence. It is also suggested that it is useful in infantile marasmus—a statement

which requires further investigation. I have seen no benefit following its administration in toxic goitre.

OVARIES.

Female sex hormone (œstrin).—The proprietary preparations of this hormone are known as theelin, menformon, œstroform, progynon, folliculin and amniotin; more potent and more soluble preparations are known as dimenformon, œstroform B and progynon B oleosum. The treatment of gynaecological conditions, such as primary amenorrhœa, in which œstrin is of value, is in the province of the gynaecologist rather than the general physician, and will not be dealt with in this lecture. I have found œstrin of value in the treatment of menopausal conditions in doses of 1000–10,000 international units daily by mouth. Owing to its action on the vaginal epithelium, it has recently been used for vulvo-vaginitis of children (gonococcal and non-gonococcal). For this condition the doses suggested are 4000–5000 international units daily by mouth or 1000–2000 units daily subcutaneously for periods varying from 1 to 3 months. Usually the discharge clears up after 3 or 4 weeks' treatment. Should relapses occur the treatment should be repeated, or a single large dose of 50,000 international units may be given intramuscularly.

œstrin causes no improvement in toxic goitre, even when given in very large doses (50,000 units intramuscularly for 3 weeks). It is said to lower the blood pressure in essential hypertension, to make the hair grow in alopecia, and to make the hair fall out in those who have a superabundance, but all my attempts with the hormone in these conditions have resulted in failure.

A. W. SPENCE.

BACCHUS IN BELGRAVIA.



HOLD between my shaking fingers one of the most sensational documents—even its cover is bright yellow—that ever fluttered a dove-cote.

And I feel, now that the numbness of the first horror has worn off, rather like the Director of the Council for the Protection of Public Virtue in the State of Philadelphia confronted by a copy of Casanova's *Memoirs*.

The present pamphlet is not by Casanova. It is by Dr. Courtenay Weeks, and it is called *Alcohol in Hospital Practice*, published under the auspices of the National Temperance League. With the very interesting and instructive matter which it contains I am not, as a life-long total abstainer, much concerned, being firmly convinced that alcohol rots the gut, cirrhoses the liver, enlarges the spleen, atheromatizes the aorta, swells the

joints, softens the cortex, makes the teeth drop out, and generally leads to complete mental, moral and physical decay, with progressive delirium tremens precipitating the poor deluded toper into an early and a shameful grave, unmourned, unhonoured and unsung.

Indeed, so detached was I, and so full of confusing statistics was the little book, that I am not even sure whether the book was for or against the use of liquor in hospital practice. If it was in favour of it, then all I can say is that it is a disgraceful business altogether, and ought to be stopped.

On p. 10, however, there is a list of London hospitals with their respective sizes, the annual expenditure on wines and spirits, the expenditure on milk, and the cost *per capita* of the alcohol.

St. Bartholomew's, I am very glad to see, is so dry as to be almost in a state of drought, expending £78 14s. 1d. on 10,316 in-patients, or 1'8 pence per head—almost a record in a list which varies for the most part between twopence and sixpence. On milk we spend nearly £5000 per annum.

But—and here a clammy sweat broke out on my brow—another London hospital, not 375 miles away from Hyde Park Corner, with only half as many in-patients, spent close on £500 in wines and spirits alone, or a cost *per capita* of 20'4 pence—far and away the highest figure on the list.

Now what is the reason for all this? Is Mr. A. P. Herbert on the Board of Governors? Do happy Bacchanalias take place nightly behind those apparently sober walls, some surgical Silenus handing round the foaming tankards to the laughing patients, some new Dr. Rabelais, with purple stained mouth, splitting his shaking sides as he knocks the top off another bottle, or hurries to the operating theatre to broach another keg? We cannot tell. We have never been present.

Mark you, they have considerable support for such therapeutics. The ancients called Bacchus "Liber pater a liberando", Father Liber, because he liberated. Horace, in the 11th ode of Book 2, remarks, "Curas edaces dissipat Evius"—the God of Wine dissolves heart-eating Care—and again, "Nunc vino pellite curas". We find him echoed by such mature and experienced minds as those of Gellius, Placentius, Avicenna, Smin-dyrides the Sybarite, who saw no sun rise or set so much as once in twenty years so earnestly did he devote himself to wine, by Petronius in Tacitus, by Seneca, who insists upon it again and again, by Valescus de Taranta, Sylvaticus, a late writer and physician of Milan, Orbasius (5 Collect., cap. 7), Mathiolus, "in Dioscordium", by Virgil in the *Aeniad* and other books, by Arnoldus in his *Aphorisms*, "who preferred it above all other medicines, in what kind soever", by Homer, Sallust,

Ovid, and even Heliogabalus in Lampridius. These are just a few that I have run across in the normal course of my reading.

And if these are not sufficient there yet remains an even more august authority, for "it gladdens the heart of man", say the Psalms, and Solomon, in his Proverbs, XXXI, 6, bids the unfortunate "drink that he may forget his poverty, and remember his misery no more". "Give wine to them that are in sorrow" say the Scriptures, and St. Paul bids Timothy drink wine for his stomach's sake. St. Chrysostom says "ad lætium datum est vinum"—wine is given us for mirth—and the prophet Zachary and Bartholomæus Angelicus echo him.

This, you will agree, is weighty evidence, and not lightly to be set aside, and I expect the staff of the hospital in question have been into it all pretty fully, before they decided to embark on the gorgeous primrose path that leads so soon to roses and raptures. It is not every hospital in London which can claim the lesson of Timothy's stomach, and know that they have the approval of Bartholomæus Angelicus for their therapeutic measures.

Of course maybe I am mistaken about all this. Maybe those long, cool wards don't ring nightly to the merry shouts of intoxicated convalescents, and the gentle liccups of happy house-surgeons. Maybe there are no vine-leaves wreathed in the nurses' hair, and festooned about the theatre lamps. Maybe they just use the stuff to preserve pathological specimens in.

G. FLAVELL.

A CASE OF INTERSTITIAL HYDROCELE.



N interstitial hydrocele is bilocular in form, consisting of one loculus which lies inside the scrotum and another which passes upwards towards the abdomen. The constricting neck separating the two lies in the inguinal canal. The hydrocele originally forms in the upper part of the scrotum above the testicle, and as the fluid increases in amount it becomes larger and spreads up through the inguinal canal, either pre-peritoneally or retro-peritoneally, the latter situation being the more common of the two.

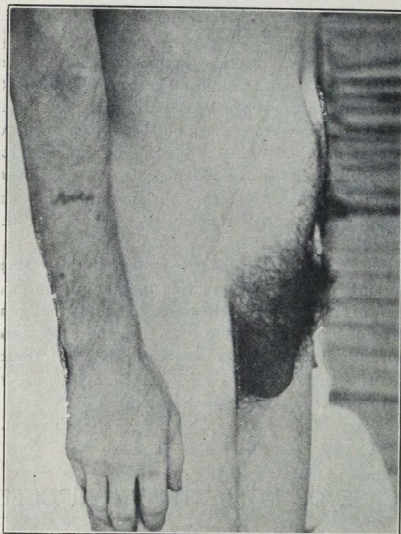
The pre-peritoneal hydroceles usually lie between the peritoneum and the muscle layers, but may lie in between the muscles of the abdominal wall, or even superficial to them.

Charles A—, æt. 25, a moulder, was admitted to Percival Pott Ward on June 7th, 1936, under the care of the Surgical Professional Unit. He was complaining of a swelling in the lower part of the right side of the abdomen.

The history was that he had noticed the lump four months previously, when it was situated in the upper part of the scrotum. There was no history of injury. It was quite small at first, but gradually increased in size, spreading both downwards into the scrotum and upwards in the abdominal wall. It was always soft in consistency and never caused him any pain. It did not seem to increase in size as the day wore on, but became smaller on lying down.

His alimentary system appeared normal, his bowels were always quite regular, and he had no urinary symptoms. He had no cough or evidence of tuberculosis, and in his past and family histories there was no account of syphilis or gonorrhoea.

On examination of the abdomen the lower part below the umbilicus was swollen, more particularly on the right side, the swelling extending out nearly to the anterior superior iliac spine, but also 2 in. to the left of the mid-line. The skin over the swelling was normal



in appearance, movements were good on both sides, and it was found that when the patient sat up in bed and put his recti abdominis muscles into action, most of the swelling disappeared. These facts showed that the swelling in the abdominal wall lay deep to the muscles.

In the lower part of the groin the swelling continued down into the scrotum in front of the testis, with a narrow constriction $1\frac{1}{2}$ in. in diameter in the region of the inguinal canal. It was quite soft in consistency and to a certain extent could be compressed up to the abdomen, through the external abdominal ring. It was found that the testicle moved with the swelling and that the latter could not be compressed, retaining the former in its original position. There was an impulse on coughing, and when the patient strained, the scrotal part of the swelling became more prominent. The swelling was translucent, dull to percussion, and on tapping the front of the abdomen a marked fluid thrill could be detected, travelling down into the scrotum. The right testicle was rather elongated, and appeared harder than the one on the opposite side, which felt normal. There was no craginess of the testis, and testicular sensation was normal.

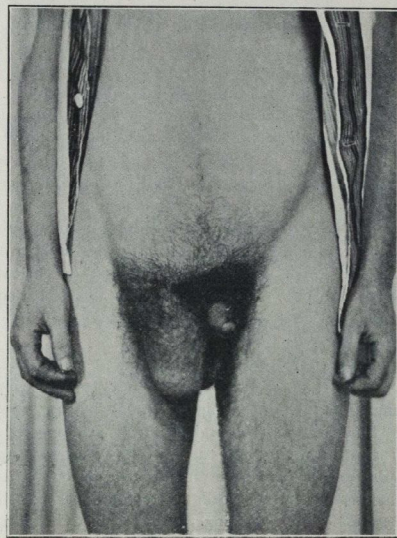
The rest of the abdomen was normal to palpation, and there was no sign of free fluid in the peritoneal cavity. Rectal examination showed that the swelling did not extend into the pelvis, and that the prostate and seminal vesicles were normal.

The urine was normal in specific gravity, appearance and constituents.

An operation for the removal of the hydrocele was performed by Prof. Ross on June 12th, 1936.

An 8-in. oblique incision was made on the right side, passing downwards and inwards, above and parallel to the inguinal ligament. The muscles of the abdominal wall were split in the direction of their fibres and the rectus sheath was incised to reveal the sac, which lay superficial to the peritoneum. Its walls were thin and transparent, with numerous vessels running over the surface. Approximately 2 pints of fluid were withdrawn, and on examination this appeared pale yellow and clear, containing numerous cholesterol crystals. The sac was then dissected away from the adhesions, and was traced down into the scrotum.

The testis was located and drawn up into the abdominal cavity



through the inguinal canal. The main mass of the sac was ligatured and removed, above the level of the testicle.

The testis was quite normal in size, appearance and consistency, and the vas was found below it, as it had been drawn upside down from the scrotum. This also appeared normal, and it was decided to leave the testis behind. As much as possible of the neck of the sac was removed and the testis returned to the scrotum.

A drainage-tube was inserted down into the neck of the scrotum and the muscles of the abdominal wall were sutured. The skin was closed with a continuous elastic stitch.

After the operation the patient made an uninterrupted recovery, and was discharged on June 30th, 1936.

Cases of interstitial hydrocele are exceedingly rare, but those that occur are nearly always right-sided. There is often an associated abnormality in the migration of the testis to account for the malformation of the tunica vaginalis.

Holmes reported the case of a man, *et.* 22, who had on the left side a bilocular hydrocele, in which the abdominal loculus reached up to the umbilicus. The

STUDENTS' UNION.

UNIVERSITY OF LONDON O.T.C.: MEDICAL UNIT,
No. 1 COY.

The year's training was brought successfully to a close by a fortnight's training under canvas in France Bottom, near Eastbourne, from July 18th to August 1st. As usual the Medical and Infantry units camped together, although their training is entirely separate; but this year a few demonstrations were given to the Infantry Unit by senior members of the Medicals.

Other new departures from previous training were the introduction of gas-drill and the formation of a demonstration squad which, amongst other things, constructed a gas-proof dug-out in the side of a hill. This was fitted up as an Advanced Dressing Station in the scheme carried out on July 29th, and much impressed Col. J. W. L. Scott, D.S.O., Deputy-Director-General, Army Medical Services, the War Office, who inspected the Medical Unit on that day. In addition, two cellars of houses on the outskirts of Eastbourne were turned into Regimental Aid Posts, and a tented Main Dressing Station was pitched on the Downs behind Beachy Head. Casualties were evacuated under conditions obtaining on active service, special attention being paid to the consequences of the spraying of gas by enemy aircraft.

The training programme also included a course of lectures, amongst which those on the Medical Services of the Royal Navy, of the Royal Air Force, of India and in the Colonies were delivered by senior officers of their respective services.

On July 31st the Medical Unit marched to the Eastbourne Municipal Airport at Wilmington, where Col. E. M. Cowell, D.S.O., M.D., F.R.C.S., gave a lecture and demonstration on the first air ambulance in this country, which he invented himself. He also demonstrated a canvas covering designed for the ordinary service stretcher, so that it could be carried at any angle without inconvenience to the patient. In fact, he claimed that a patient could be carried in it strapped to the fuselage of an ordinary aeroplane.

No. 1 Coy. (St. Bart.'s) had thirty-five O/Cts. in camp, and all those who entered for the Certificates A and B were successful in their practical examinations, held on July 30th.

Major-General A. C. Temperley, Military Correspondent to the *Daily Telegraph*, spent a day in camp with us, and, writing afterwards in that journal, said, "It is one of the best O.T.C.'s. I have ever seen."

The social programme was fuller than in previous years, including two Sergeants' Mess Balls and the entertaining of a party of Canadian schoolboys in camp, followed by a three-cornered swimming contest with the Eastbourne Swimming Club at the Devonshire Park Baths. Also the Sergeants' Mess was at Home to visitors on Sunday, July 26th, when various demonstrations were carried out in the presence of the Mayor of Eastbourne.

Parades are held (in mufti) on Monday afternoons at 5 p.m., during each session in the Pharmacology Lecture Theatre, Chertchouse Square. All those interested are cordially invited to attend, when details of enrolment and training will be explained.

CRICKET CLUB.

Final Cup tie.

St. Bartholomew's beat St. Thomas's in the final of the Hospitals Cricket Cup at Winchmore Hill on Sunday, Monday and Tuesday, September 6th, 7th and 8th, by 151 runs.

Winning the toss St. Bartholomew's batted first. There had been considerable rain during the preceding 24 hours, but the wicket had dried out well and there was never anything to suggest that St. Thomas's should have been made to bat. Brown and Wheeler began against Newsholme, medium left hand round the wicket from the far end, and Wynne, slow left arm from the pavilion. The wind came from the direction of the Winchmore Hill Girls' School. Wheeler very soon showed signs of being in something like his form of previous seasons, hitting Newsholme for three 4's in his second over. Wynne opened with two maidens and was rewarded by getting Brown, who played very late to a swinger. With the score 28 Wheeler was bowled, Wynne again being responsible for the wicket. Maidlow and Heyland treated the bowling with less respect and Wynne was hit for 6 and 4 in consecutive balls. Newsholme then tempted Maidlow with a good length ball with the result that cover-point held the catch. At 53 Grant joined Heyland, and careful

peritoneum was slightly adherent to the upper end, and the scrotal part was attached to the scrotal tissues, cord and testis, which were included in the removal of the whole.

More commonly the hydrocele sac pushes up retro-peritoneally between the peritoneum and the psoas muscle. The peritoneum then becomes pressed forwards against the anterior abdominal wall, and the patient very often complains of a swelling in the abdomen.

Lasbrey has recorded a retro-peritoneal tumour, found to be connected with a hydrocele on the left side, although there was also a hydrocele on the right side as well; and Coleman reported a right-sided retro-peritoneal bilocular hydrocele from which 27 pints of fluid, rich in cholesterol, were removed.

Bickle described the case of a man complaining of a swelling in the abdomen on the right side, who had a double-sided hydrocele. In this case incision of the right hydrocele sac was followed by a rush of fluid and a decrease in size of the abdominal tumour. Nothing more was done except that a drainage-tube was inserted, and the patient made a good recovery.

In three of these cases a history of injury to the scrotum was given, but in the present case no such history could be elucidated, neither could any other cause be found either in the history or the examination of the patient to account for his condition.

I wish to thank Prof. Ross for his permission to publish this case. D. E. MACRAE.

REFERENCES.

- HOLMES, J. M.—*Brit. Journ. Surg.*, 1932 33, xxx, p. 346.
LASBREY, F. O.—*Brit. Med. Journ.*, 1916, ii, p. 292.
COLEMAN, R. B.—*Ibid.*, 1918, ii, p. 629.
BICKLE, L. W.—*Ibid.*, 1919, ii, p. 13.

CLERIHIEWS.

Professor James Paterson Ross becomes extraordinarily cross if one prescribes for matters gastronomic a tonic.

Professor Witts consistently submits a good prognosis for alkalosis.

Mr. Reginald Elmslie tells me he has written many tomes on bones.

cricket was the order. Both batted very soundly before Grant was taken at the wicket for an excellent 43. This pair had added 113. Except for Heyland the rest of the side failed dismally, and the last 6 wickets could only muster 33 runs. The total score showed 103. Heyland's 78 was most valuable, and was one of the best innings played by him this season.

Wynne bowled very steadily, taking 5 wickets for 53. Behind the wicket Fenwick was extremely safe, letting only 3 byes, besides dismissing two batsmen.

St. Thomas's began their innings at 5 p.m., and could never be said to have enjoyed the light they played in, with Mundy swinging away three or four inches from one end, and Grant keeping a splendid length from the other. Smith twice touched at Mundy's out-swing, but was given a further chance by 1st slip. Porter, too, had luck, being dropped behind the wicket before James held him in the slips off Mundy with the score at 15. Smith now played delightful cricket, scoring freely and not appearing unduly troubled by either bowler. There was always with him that extra second in which he could move his feet to play the appropriate shot. Nevertheless it seemed that Bart's might secure his wicket from a catch on the square boundary from the way he was hooking many balls from Grant. It might well have been a wise plan to move another man on to this boundary as one man was covering the area from long-leg to mid-on. Bartley was surprised to see his off-ball removed by Mundy with the score at 29. Fenwick was content to watch Smith do the scoring, and the pair increased the score to 66 before Fenwick was bowled by Grant, the ball just carrying away the bats.

Newsholme at once appealed against the light but the objection was not sustained, and he was soon out to another fine ball from Mundy. The score was then 73 for 4, and with the fall of the next wicket the light was considered too poor for further play.

Mundy and Grant reopened the attack and Bonham-Carter was soon back in the pavilion. Smith continued to play delightful strokes, but Mundy bowled him with what appeared a very ordinary ball. The final score was 147, giving St. Bart's a lead of 46. The game certainly could still be won or lost by either side. Mundy bowled better than ever before, taking 8 wickets for 70. Hunt only allowed 1 bye and the Bart's fielding on Sunday was good, but the score should not have reached 147, some rather sleepy ground-finding on Monday morning contributing partly to it.

Brown and Wheeler again opened the Bart's innings. Neither took any risks, and it looked as if there would be a profitable opening partnership. But at 29 Newsholme bowled Brown, and with the next ball Hill joined the ranks of many celebrated men. Heyland played steadily, but it was Wheeler who overshadowed him and set the team a fine example, showing that there was absolutely no hurry, and that to win this match St. Thomas's should be set 400 to get. Batting quite faultlessly he was content to score runs only when they were meant to be scored. He lost Heyland at 91 for a patient 29, and then ran smoothly on to his 50.

Maidlow followed Wheeler's advice and scored 32 until he was taken by deep mid-on running back. Meanwhile Wheeler had been caught smartly at the wicket for 90, which laid the foundations of a large score.

Grant and Mundy in the best partnership of the match then added 122 for the 6th wicket, and put the score up to 319. This demoralized the bowlers, and must have been a pointer to the final result. Mundy played his best innings of the season, scoring 96 before being stumped, and Grant made 53 without blemish. James showed that he could have made more than his 12 if others had survived, and the final score read 344, giving an almost winning lead of 390.

Smith and Porter began easily enough to Mundy and Grant and 40 runs were on the board in a short time. Smith, then trying one of his hook shots, was amazingly well taken low down by North running in from the square leg boundary. This must have been a great blow to St. Thomas's, and certainly another important landmark to the result.

Porter batted very soundly, and Fenwick stayed with him, after Bartley had again been dismissed cheaply, James getting him lb.w. with his first ball, this being the first Bart's bowling change of the match.

Porter and Fenwick played risk-free cricket until Porter astonishingly played a harmless ball from Rutherford into James's hands at silly mid-on. Newsholme seemed to see the ball clearly this time, but Grant bowled him with a beauty, and a moment later had Fenwick caught by Hunt for 42. Score 146 for 5. After this St. Thomas's showed signs that they were not keen on prolonging the agony to a fourth day, and presented Bart's with a run-out and easy catch to mid-off, Grant hitting the stumps and Maidlow

the catch. Mundy dismissed his opposing captain Donham-Carter with a grand one-handed effort to his own bowling, and St. Thomas's were all out for 239, Ballantyne being undefeated for a bright 32. Bart's thus won the cup for the third time in the last seven years.

St. Bartholomew's Hospital.

Table with columns for 1st Innings and 2nd Innings, listing players like D. J. A. Brown, Wynne, F. E. Wheeler, and their runs and wickets.

Bowling.

Table with columns for 1st Innings and 2nd Innings, listing bowlers like A. D. Newsholme, H. K. Wynne, and their overs, maidens, runs, and wickets.

St. Thomas's Hospital.

Table with columns for 1st Innings and 2nd Innings, listing players like E. R. Smith, Mundy, H. L. Porter, and their runs and wickets.

Bowling.

Table with columns for 1st Innings and 2nd Innings, listing bowlers like R. Mundy, R. N. Grant, and their overs, maidens, runs, and wickets.

1st XI Results.

Matches played 22, won 8, lost 8, drawn 6.

Inter-Hospital Cup.

2nd round beat Middlesex Hospital by 181 runs. Semi-final beat St. Mary's Hospital by 109 runs. Final beat St. Thomas's Hospital by 151 runs.

Batting Averages, 1st XI.

Table with columns for Name, Innings, Times not out, Highest score, Runs, and Average, listing players like R. N. Grant, K. Heyland, and their batting statistics.

* Not out.

Bowling Averages, 1st XI.

Table with columns for Name, Overs, Maidens, Runs, Wickets, and Average, listing bowlers like R. Mundy, R. N. Grant, and their bowling statistics.

Order of catches.—J. Stowe (10), R. Heyland (9), A. H. Hunt (8), R. Mundy (7), J. North (7), C. T. A. James (6), S. T. Rutherford (5), J. D. Anderson (4), W. M. Maidlow (3), R. N. Grant (3), F. E. Wheeler (2), J. S. Johnstone (2), C. G. Nicholson (2), C. M. Dransfield (2), M. H. Harmer (2), P. G. Hill (1), W. M. Capper (1), D. J. A. Brown (1), P. A. K. Brownlee (1), J. W. Perrott (1).

2nd XI Results.

Matches played 12, won 3, lost 5, drawn 4.

2nd XI.

In the second round of the Inter-Hospitals Junior Cup Competition Middlesex Hospital were defeated by 0 wickets, largely due to some excellent bowling by Nicholson (3 for 14) and R. N. Grant (4 for 6)—the latter taking his wickets in five balls, including the hat-trick. The scores were Middlesex 52, Bart's 53 for 1.

In the Semi-final, however, St. Mary's defeated us somewhat easily—the side batting lamentably badly with the notable exception of N. A. F. Young. Scores: Bart's 138 (Young 54); St. Mary's 139 for 3.

3rd XI Results.

Matches played 15, won 6, lost 6, drawn 3.

CRICKET TOUR IN SOMERSET, DORSET AND DEVON.

St. Bartholomew's Hospital v. BRIDPORT.

Played on August 6th. Before lunch we were interrupted by rain, but after lunch the sun shone and we had no more rain for the rest of the tour.

Scores.—Bridport 108 (Col. Pinney 75), (Mundy 3 for 27), Wheeler 3 for 35). St. Bartholomew's Hospital, 177 for 6 (Grant 56 not out, Mundy 31, Maidlow 30). Won by 4 wickets.

St. Bartholomew's Hospital v. CAMBRIDGE SOU'WESTERS.

Played at Honiton on August 7th and 8th. St. Bartholomew's Hospital 227 (Brown 53, Mundy 46, North 37). Cambridge Sou'Westers 54 (Mundy 7 for 25), and 147 (Grant 4 for 10). Won by an innings and 26 runs.

St. Bartholomew's Hospital v. SOMERSET STRAGGLERS.

Played at Taunton on August 10th and 11th. St. Bartholomew's Hospital 257 (Grant 77 not out, Maidlow 51, Wheeler 48, Brown 38), and 171 for 6 dec. (North 78). Somerset Stragglers 166 (Grant 6 for 60), and 263 for 2 (MacRae 113 not out, P. G. Hill 70, Ballock 67 not out). Lost by 8 wickets.

St. Bartholomew's Hospital v. MR. MAIDLOW'S XI.

Played at Ilminster on August 12th. St. Bartholomew's Hospital 160 (Heyland 48, Mundy 46 not out, North 35). Mr. Maidlow's XI 135 (Bangham 50) (Mundy 3 for 45, Grant 3 for 36). Won by 25 runs.

AVERAGES FOR TOUR.

Batting.

Table with columns for Name, Innings, Times not out, Highest score, Runs, and Average, listing players like R. N. Grant, R. Mundy, and their batting averages.

* Not out.

Also batted: W. M. Capper, 5; 18; A. H. Hunt, 10; P. G. Hill 6, 8; J. J. Slowe, 1.

Bowling.

Table with columns for Name, Overs, Maidens, Runs, Wickets, and Average, listing bowlers like R. Mundy, R. N. Grant, and their bowling averages.

Also bowled: W. M. Maidlow, 1 for 0; W. M. Capper, 1 for 4; P. G. Hill, 1 for 20; J. North, 0 for 9; D. J. A. Brown, 0 for 20; A. H. Hunt, 0 for 1.

Catches.—J. North (4); J. J. Slowe, S. T. Rutherford (3); R. Heyland, R. N. Grant, C. M. Dransfield (2); W. M. Maidlow, R. Mundy, D. J. A. Brown, P. G. Hill, W. M. Capper (1).

Stumping.—A. H. Hunt (1).

—that is, operations on the lower extremity, the tendons and the vertebral column.

The book, of course, still remains a text-book for the teaching and practising surgeon and the candidate for higher examinations, and the sections on special subjects are accordingly limited only to those operations which the general surgeon may be called upon to perform. Thoracic surgery, in this manner, is treated only briefly, but it seems a pity that with its very rapid progress since the appearance of the last edition, more space could not have been given to it. The operations of lobectomy and pneumectomy, for example, are dismissed in one paragraph of small type and would seem to merit more attention.

The text, however, contains numerous references to more exhaustive studies of special subjects set out in various journals, and in details of post-operative treatment throughout are still discussed in admirable detail. The book, in fact, is sure to maintain in its new edition the widespread popularity it has always enjoyed. The figures are excellent, and the type and make-up all that could be desired.

BIRTH-CONTROL METHODS. By NORMAN HAIRE, Ch.M., M.B. Illustrated; with a foreword by ALDOUS HUXLEY. (George Allen & Unwin, Ltd., 1936.) Pp. 192. Price 6s.

Dr. Norman Haire publishes this book reluctantly. He feels that, in spite of fifteen years' experience and personal acquaintance with more than 15,000 cases, he is scarcely ready to commit himself to definite opinions. Such meekness should surely inherit the earth, besides serving an example to those who rush into print on the slightest provocation. For many years he cried prophetically in the wilderness of prejudice (there is an interesting account of the growth of the birth-control "movement"), but his reward is at hand and one of the goals would at any rate appear to be in sight, namely, the revision of the law relating to abortion.

Dr. Haire has written this small book because he has found himself unable to recommend to numerous inquirers, both medical and lay, a "fairly brief and simple, but reliable, manual of birth-control". In our opinion this book supplies that demand. The various contraceptive methods are dealt with systematically and these conclusions emerge: That no method is 100% safe; that the "safe period" cannot be relied upon, and that the condom is not as infallible as is usually supposed; that a vaginal diaphragm plus a chemical contraceptive offers the best protection; that (in his opinion) Gräfenberg's intra-uterine ring is a safe and reliable method; and that cervical caps and intra-cervical pessaries are not to be recommended.

EXAMINATIONS, ETC.

Society of Apothecaries of London.

The Diploma of the Society has been conferred on:
Mills, C. W.

CHANGES OF ADDRESS.

HOBDAY, F. T. J., Winchester, Yeovil, Somerset. (Tel. Yeovil 431.)
JENKINS, Flying Officer J. R. R., No. 5 Flying Training School R.A.F., Sealand, nr. Chester. (Tel. Connahs Quay 190.)
SKAIFE, W. F., Medical Superintendent, Grey's Hospital, Pietermaritzburg, Natal, South Africa.
SQUARE, W. RUSSELL, Fortal, Down Road, Tavistock, Devon.

BIRTHS.

BROCKLEHURST.—On August 12th, 1936, to Sybille and Robert J. Brocklehurst, 11, Avon Grove, Sneyd Park, Bristol, 9—a daughter.
CARR.—On August 13th, 1936, at Birdwood, The Green, St. Leonards-on-Sea, to Lorna (née Christopherson), wife of Dr. C. M. Carr—a daughter.
DAVIES.—On August 10th, 1936, at St. Ealdhelm's Nursing Home, to Ethel Mary (Sheila), wife of Dr. W. H. D. Davies, Pagoda Avenue, Richmond—a son.
GREEN.—On September 4th, 1936, at 255, Wickham Chase, West Wickham, Kent, to Margaret, wife of H. F. Green, M.B.—a daughter.

HATTON.—On August 16th, 1936, at Eastbourne, to Zadia Vivienne, wife of Dr. P. L. S. Hatton, of Hailsham—a son.
KERSLEY.—On August 21st, 1936, to Mary, wife of Dr. G. D. Kersley, M.D., of Bath—a daughter.
MANSELL.—On September 19th, 1936, at Sussex House, Sutherland Avenue, W. 9, to Gladys Mary ("Jill"), wife of Major R. A. Mansell, R.A.M.C.—a son.
MILNER.—On August 31st, 1936, to Barbara (née Woodd Walker) and Silvanus M. Milner, F.R.C.S., 3, Parkfield Road, Manchester—a daughter.

MORGAN.—On August 14th, 1936, at 24, Stow Park Avenue, Newport, Mon., to Nancy, wife of Glyn Morgan, M.C.—a son.
SCOTT.—On August 12th, 1936, at 20, Devonshire Place, to Betty, wife of Philip G. Scott, F.R.C.S., of 130, Harley Street—a daughter.
SPENCE.—On September 24th, 1936, at 20, Devonshire Place, W. 1, to Lena, wife of A. W. Spence, M.D.—a son.
UNDERWOOD.—On August 18th, 1936, at 20, Devonshire Place, W. 1, to Vera (née Beck), wife of William Underwood, F.R.C.S.—a son.

MARRIAGES.

BOWEN.—PEEL.—On August 26th, 1936, at Tortworth, Glos., by the Rev. W. A. Peel, B.A., Rector, John W. Bowen, L.D.S.(Eng.), of Park Lane, Croydon, to Ruby (Pat) Peel, of Llanilar, Aberystwyth.
HUNT.—STOCKWELL.—On September 5th, 1936, at Beaconsfield Parish Church, by the Rev. W. Hodgkinson, M.A., assisted by the Rev. R. J. E. Dix, M.A., Richard Swinton Hunt, M.A., B.Ch.(Camb.), M.R.C.S., L.R.C.P., only son of Lieut.-Col. S. Hunt, I.M.S. (retired), and Mrs. Hunt, of Beaconsfield, to Eveline Ethel, younger daughter of Mr. and Mrs. W. A. Stockwell, of Beaconsfield.
REES.—AYLING.—On September 14th, 1936, at The Sacred Heart Church, West Hampstead, London, by the Rev. Father H. Bilsborrow, of Chipping Campden, Glos., Dr. Evan Robert Rees, of Myrdim, Preston Road, Harrow, youngest son of the late Mr. and Mrs. Thomas Rees, Myrdim, Carmarthen, to Joan Eleanor, elder twin daughter of the late Mr. John Ayling and of Mrs. Ayling, 20, Acol Court, West End Lane, London, N.W. 6.

SILVER WEDDING.

LAWSON DICK.—DUKE.—On August 30th, 1911, at St. Andrew's Church, Muswell Hill, John Lawson Dick, M.D., F.R.C.S., of Stamford Hill and Highgate, to Winifred Duke. Present address: The Gables, Chichester Road, Dorking, Surrey.

DEATHS.

FERGUSON.—On September 14th, 1936, Archibald Ferguson, M.B., B.S., D.P.H., M.O.H. Stepney, of 12A, Albert Mansions, Northumberland Street, W. 1, son of Dr. J. M. Ferguson, of Burnley.
GRIGGS.—On August 28th, 1936, in a nursing home at Hove, William Alfred Griggs, L.R.C.P.(Lond.), M.R.C.S.(Eng.), of 10, Oriental Place, Brighton, aged 74.
KESTVEN.—On September 20th, 1936, at Yorklets, Whitstable, William Henry Kestven, M.R.C.S., L.S.A., elder son of the late Dr. Kestven, of Holloway and Boxhill, Dorking.
MOYNIHAN.—On September 7th, 1936, suddenly, at Carr Manor, Measwood, Leeds, Berkeley George Andrew, first Baron Moynihau of Leeds, son of Captain Andrew Moynihau, V.C.
STURTON.—On September 4th, 1936, at Norwich, the result of an accident, Clement Sturton, F.R.C.S., of Kettering, aged 36.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.
All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



Journal

"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 2

NOVEMBER 1st, 1936

PRICE NINEPENCE

CALENDAR

Tues., Nov. 3.	—Dr. Hinds Howell and Mr. Wilson on duty.	Wed., Nov. 18.	—Surgery: Clinical Lecture by Mr. Roberts. Hockey Match v. University College. Away.
Wed., " 4.	—Surgery: Clinical Lecture by Mr. Vick.	Thurs., " 19.	—Last day for receiving matter for the December issue of the Journal.
Fri., " 6.	—Dr. Gow and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Dr. Evans.	Fri., " 20.	—Dr. Hinds Howell and Mr. Wilson on duty. Medicine: Clinical Lecture by Dr. Girham.
Sat., " 7.	—Hockey Match v. Nore Command. Home.	Sat., " 21.	—Hockey Match v. Emmanuel College, Cambridge. Away.
Mon., " 9.	—Special Subjects: Lecture by Mr. Higgs.	Mon., " 23.	—Special Subjects: Lecture by Dr. Cumberbatch.
Tues., " 10.	—Dr. Graham and Mr. Roberts on duty.	Tues., " 24.	—Dr. Gow and Mr. Girling Ball on duty.
Wed., " 11.	—Hockey Match v. University College Hospital. Away.	Wed., " 25.	—Surgery: Clinical Lecture by Mr. Girling Dall.
Fri., " 13.	—Dr. Evans and Mr. Vick on duty. Medicine: Clinical Lecture by Dr. Gow.	Fri., " 27.	—Dr. Graham and Mr. Roberts on duty. Medicine: Clinical Lecture by Dr. Graham.
Sat., " 14.	—Hockey Match v. Bank of England. Away.	Sat., " 28.	—Hockey Match v. Boxley. Away.
Mon., " 16.	—Special Subjects: Lecture by Mr. Sydney Scott.	Mon., " 30.	—Special Subjects: Lecture by Mr. Eluslie.
Tues., " 17.	—Prof. Wits and Prof. Paterson Ross on duty.		

EDITORIAL

MAGIC IN MEDICINE

IN the Middle Ages doctors had a philosophy. To-day they have none. And that is very important. For you cannot treat patients' bodies if you know nothing of their souls." These are the words spoken by Prof. Jung as he drew the astonished attention of the Abernethian Society to the *Quadratum Magicum* of the alchemists.

From so great a man the words fall with peculiar weight. No one can doubt that they are true.

Once priests were the only doctors. Whatever their gods, healing remained a gift from the spirit to the flesh. This Hospital was founded by a priest.

In medieval times the physician was at the same time an alchemist. Only the ignorant alchemist, or the corrupt, sought in the *Tinctura Physicorum* a means to transmute base metals into gold. He misunderstood the metaphor. The medicine was for men.

That was not all they sought. There was the *Electrum Magicum*, the mirror with which one might view the future and the past. There was the *Primum Ens Melissa*, which bestowed upon its possessor

eternal youth. These things were not the cobwebbed hocus-pocus of a witch's kitchen. They were philosophic goals, not to be understood by the uninitiated, or debased by the charlatan and quack.

One of the greatest of alchemists, Paracelsus, in the preface of his *Paragranum*, says: "We know that a lover will go far to meet the woman he adores; how much further, then, will the lover of wisdom be tempted to go in search of his divine Mistress! . . . Those who remain at home may grow richer, and live more comfortably than those who wander; but I desire neither to live comfortably, nor to grow rich."

The philosopher of to-day is the psychologist. He alone approaches the body through the mind. But the ship of his philosophy is not equipped. It has sails, a crew, and a helmsman. But as yet there is no compass, and the helmsman has no course.

And just as there were corrupt alchemists, there are also corrupt psychologists who do not seek to transmute lives, but whose quest is metal.

For better or worse, many people no longer turn to their priests when in spiritual distress. Some who do so are not content. Prelates who were till late pillars of the church are now, not infrequently, columns of the daily press.

Every year adds a great army of psychotics and psycho-neurotics to the population. Every year we see more and more "functional cases" in our wards. According to statistics, the day is in sight (if not already here) when we may begin to number the sane among us.

Who is to save this army? To whom can they now turn? There is little point in removing a man's thyroid gland or prescribing an aperient if it is his soul that is sick.

Lord Horder believes that if we can decrease our daily "phons" we will have gone far. But noise is only one stress of modern life, and it is possible that noise keeps as many people sane as it drives mad. It keeps the pale mind from looking inwards at itself.

There is no doubt that the mantle of the Father Confessor and of the alchemist is about to fall upon the shoulders of the doctor, whether it is welcome or not. What steps must be taken to prepare ourselves for this great burden?

The specialist of psychology must inevitably gain his training late, and as a post graduate. But it is not the specialist who matters. He sees the machinery only when it has completely broken down. It is the practitioner who must detect its first laggings, and upon whose wisdom the machine's salvation rests.

There are not a few physicians who still look askance at the very word "psychology", and at the names of Freud and Jung, just as there were many who sneered at Lister and Pasteur. They are not important, and will soon be left behind. It must be remembered that even bacteriology is still a science in its infancy. Lister and Pasteur did not solve all its problems.

The modern medical student must equip himself as best he can. In an already overcrowded course he cannot be expected to make an adequate systematic study of psychology, although he will encounter as many "psychological" as he will midwifery cases, and the former will probably be the more serious. His knowledge, indeed, will be necessary in the handling of every patient with whom he ever comes in contact.

If somewhere he can hear a few lectures on elementary principles, and perhaps read a book or two, he will be fortunate, but he will not be taken far.

The essential steps rest with him alone. In the midst of the turmoil of his work, and the painful grasping of a thousand isolated facts about as many apparently isolated ills, he must find time to pause, and to look, not at the disease, but at the human being; to see with larger and more pitiful eye the frightened child who hides within the man.

The priest was a doctor. The circle is complete, and now it is time for the doctor to become a priest.

CURRENT EVENTS

PORT REGIS PREPARATORY SCHOOL

At this preparatory school two scholarships of £100 each are annually awarded to the sons of medical men. The school is at Broadstairs, Kent, and the scholarships were recently founded by Sir Milsom Rees. The next examination will be held in March, 1937. Candidates must be under 9 years of age at the time of competing, and the scholarships are normally tenable till the holder leaves the school. The holders will be selected at an interview in London from among those boys who have done best in some simple examination conducted in or near their houses. Applications for the scholarships must be addressed to the Headmaster, Port Regis School, Broadstairs, from whom full particulars may be obtained. The applications must be made not later than February 20th, 1937.—From the *Lancet*, November 3rd, 1934.

We are very pleased to insert the above notice, as the Scholarships were founded by an Old Bart.'s man. Sir Milsom would particularly like to have the sons of Bart.'s men as candidates for these scholarships. We are given to understand that if a sufficient number were to apply he might consider giving a special scholarship.

We can recommend this school very highly to old Bart.'s men.

* * *

We have received the following appreciation of the Hospitaller, whose retirement was recorded with great regret in our last issue:

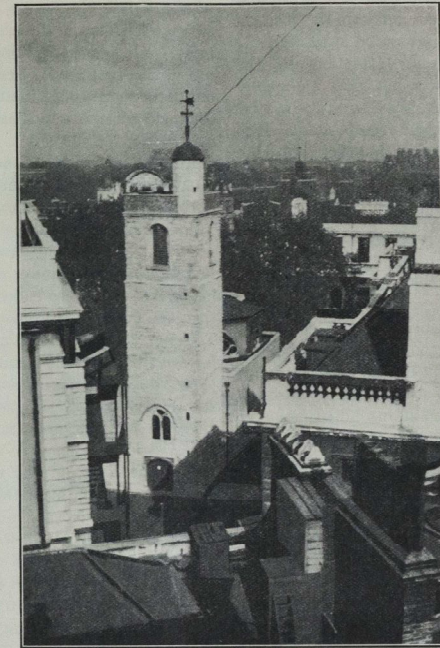
§

THE REVEREND JUSTYN L. DOUGLAS

"Knowing, as I do, Mr. Douglas's aversion from any form of self-advertisement or publicity, I feel I am taking my courage into my hands in writing this appreciation for the JOURNAL. It is an obvious duty, however, which has to be performed by someone of his many friends at the Hospital, and so, under cover of anonymity, I will make the attempt.

"There have been few figures more familiar, in the Square and in the wards, than his. At any hour of the day or night almost he might have been seen moving about, with that peculiar gait which never appeared hurried, but which was incredibly rapid, as those who have had occasion to run after him can bear witness, from ward to ward, from one block to another, varying his step with an odd, familiar hop and a skip, which took him up and down staircases in an amazingly short space of time. 'Where's the Vicar?' one would ask, and as likely as not one would see him appear that very moment out of a doorway, only to

be engulfed immediately in another unless he happened to stop to talk with patients round the Fountain, nearly all of whom he appeared to know intimately. It is really rather odd to reflect that the Vicar—he was never called the Hospitaller—was the incumbent of one of the City churches; it was, nevertheless, a status accepted by Mr. Douglas as one involving quite definite obligations which it was highly important should be observed. During the twelve years of his vicariate—he was presented to the benefice in 1924, after having been Assistant Hospitaller for one year—he has safeguarded the Hospital church with care and affection, rightly



regarding it as a peculiar and precious treasure, not only one of the City of London's treasures, but one of the Hospital's greatest possessions, with a significance and value quite unique in the history and continuity of the Hospital itself, as well as in its present life and interest. Observers will have noticed the steady adornment and enrichment of the church during the Vicar's incumbency; additions and alterations, cleanings and renovations have been made with almost unceasing regularity; but all has been done with vision and with purpose, as well as with good taste and judgment, and with the goodwill of the Governors and of those interested in all that the church represents. This careful attention to the Hospital church, moreover, was not paid on merely antiquarian or æsthetic grounds, but also with the view of enabling the church to fulfil its true purpose. It is quite lately that, in addition to all that has been done to the interior of the building, the Vicar has had the satisfaction of seeing the exterior of the church renovated and old and hitherto unsuspected beauties revealed.

"The church, however, provided the background to the Vicar's own work in the wards, and here, as so many patients would agree, he has been in his right sphere. It does not require any special knowledge or imagination to realize that the most valuable part of a chaplain's work lies in the personal contacts he makes with the patients, and the personal influence he exercises upon them; and here the Vicar has shown that he possesses just those gifts—bestowed by no means indiscriminately—of establishing bonds of friendship with the sick and suffering, whose value cannot be lightly estimated or appraised.

"His relations with the Staff, with the administrative, teaching and nursing Staffs, have always been most happy and sympathetic, his ready help and counsel have always been available to those who sought them, and it would be quite impossible to give an account of the wide range of interests upon which that counsel has been so often sought, from matters intimately affecting the tradition and progress of the Hospital down to the subject of amateur photography—an art concerning which he is an admitted expert. But it is, above all, as a spiritual guide to sick and suffering people that he has shown what a hospital chaplain can be and can achieve. Here, may it be added, he has always been aided, as in all the friendships he has made, by a sense of humour, spontaneous and subtle—a real refreshment to those privileged to know and enjoy it.

"He has felt that he should offer himself for parochial work once again, and so, after having refused many invitations to leave the Hospital during the last few years, he has accepted the offer of the Dean and Chapter of Westminster, and has been instituted as Vicar of

Godmanchester. He carries with him the good wishes of a wide circle of Hospital friends, as well as their deep appreciation and affection."

* * *

"Why didn't he join the Society for the Relief of Widows and Orphans of Medical Men?"

This question, which comes so naturally to one's mind on hearing of the death of some young doctor who has left his family unprovided for, has been answered in many different ways. The commonest reply is that he had probably never heard of it, and, considering that the Society was founded in 1788, and is one of the richest of its kind in the United Kingdom, it is astounding how few medical men in London know of its existence.

Another reason for its neglect is that the Society is often regarded as being purely a charity, and the young doctor rarely has much money to spare for subscriptions which bring him nothing in return. But this is a provident society, and if a member should die before he has been able to make provision for his dependents, his widow and orphans receive in benefits much more than any insurance company could afford to offer them. The annual subscription is 2 guineas. One widow whose husband had been a member for nine years and had paid £18 18s in subscriptions received £2272 in grants, and this is only one example out of a vast number which might be quoted to indicate how substantial may be the return for one's money.

It is true, however, that the Society is to be regarded as beneficent also, for if the third reason applies—that such assistance is very unlikely to be required—the subscriptions paid will help to alleviate the distress of the widows and orphans of less successful members. There must be very few of the younger members of the profession who are able to say for certain that their early death would not bring financial embarrassment to their dependents, and the question which we set out to answer therefore becomes a personal one—

"Why don't *you* join the Society for the Relief of Widows and Orphans of Medical Men?"

All those whose minds are sound and whose hearts are compassionate must wish to join the Society, and can do so by writing to the Secretary at the offices of the Society, 11, Chandos Street, Cavendish Square, W. 1.

* * *

We congratulate Mr. C. Naunton Morgan on his appointment as Assistant Director of the Surgical Professorial Unit.

LORD MOYNIHAN

BY the death of Lord Moynihan of Leeds, St. Bartholomew's has lost one of the most distinguished of her select band of "perpetual students". For many years Moynihan had been the High Priest of surgery in this country, and his name will be remembered as long as any of the present generation of surgeons remain. In Leeds his name will be held in veneration as long as a medical school exists there, though elsewhere it will be his influence that will outlive the memory of his name. This prediction is not intended to belittle his surgical achievement—rather the reverse, for it is not by any one operation or clinical discovery that his reputation was made. There can be few men in the history of surgery who have influenced surgical procedure in Great Britain more profoundly than Moynihan. He arrived on the crest of the wave of surgical advance that has taken place during the last forty years, and he possessed qualities which enabled him to take supreme advantage of his opportunities. So far from suffering from "provincialism" in Leeds, conditions there enabled him to create surgical clinics, in hospital and in private practice, such as he could hardly have achieved in London, where the one-man clinic is manifestly unsuitable. Moynihan's intellect and personality inevitably drove him to dominate his associates and surroundings, and he would not have fitted easily into the surgical community of a London teaching hospital.

The Great Surgeon

His capacity for organization was able to create in Leeds a surgical team of great efficiency, and to maintain a standard of surgical technique which was for many years in advance of any that was to be seen in the Metropolis. Moynihan achieved this by close attention to every detail of the work in the operating theatre, and by never resting content until all the materials that were employed and every instrument that was used were the best and most suitable that could be obtained. He developed the ritual of asepsis until no loophole could be found for the entry of unwanted bacteria into his wounds, so that a surgical operation conducted by Moynihan seemed sometimes almost more like a religious ceremony than a purely technical procedure. Finally he brought to the performance of his operations a fine judgment, and a pair of hands that can never have been excelled for precision, dexterity and gentleness. It was the last of these qualities that he liked to extol as the secret of successful surgery, and the loving care with which he handled his patients' tissues was a marvel to watch. Moynihan's operations never took

long, although he did not appear to hurry, for there was never a fumble or unnecessary movement. When he was not engaged in operative or clinical work his mind was apt to be engaged in thinking out improvements or new steps in technique, so that few moments of his waking hours during many years were allowed to pass in mental lethargy.

The Great Showman

All this technical perfection, however, could never have borne fruit had it merely passed before the eyes of his assistants and the students who happened to work in his wards. It exerted its influence because Moynihan possessed in an extraordinary degree the capacity for showmanship, and for communicating his methods and ideas to others. Onlookers were impressed alike by his words and his actions, so that the fame of his clinic soon spread far and wide. Hundreds of surgeons from every part of the British Empire and the United States visited his operating theatre, some of them many times, and there can have been few who did not in some particular modify their own procedure in the direction of gentleness and respect for the human body after witnessing Moynihan at work. In this way Moynihan influenced profoundly the surgical technique of his time, and no one was more aware of the fact than himself. He enjoyed the fun of personal success and the panoply of worldly advancement, but he cared more for the welfare of the art and craft of surgery, and he bent the whole force of his vivid personality towards that end. He excelled as an orator and as an inventor of the telling phrase, so that he could usually catch the attention and fix the memory of his audience. Oratory is perhaps a dangerous medium for the propagation of so exacting a science as surgery, and there can be no doubt that Moynihan's enthusiasm sometimes allowed his tongue to outrun his judgment. It was impossible, however, for him to advocate coldly, and little was lost by occasional exaggeration when so much was gained by the art with which his subject was presented.

Moynihan could write with much the same grace and facility with which he spoke. Yet he did not permit himself to run to waste with written words. His textbook in two volumes on *Abdominal Operations* is a classic in its own kind, and contains the greater part of his contribution to surgery as far as it could be put into words. It is written with literary skill and lucidity, and will only be superseded as technique inevitably changes.

Moynihan's influence on surgery did not end with perfect technique and polished periods. No one realized better than himself the capabilities of a personality such as he possessed, and by its means he set

himself to realize his visions. He envisaged a surgical periodical good enough to carry the message of British surgery everywhere. The result is the *British Journal of Surgery*, created by Moynihan and his willing band of collaborators, and acknowledged to be the best journal of its kind in the world. He envisaged a community of interest among the surgeons of Great Britain which could only be achieved by personal contacts and direct exchange of ideas. The result is the Association of Surgeons, created by Moynihan, and meeting yearly in private session, so that every surgical question of the day can be debated frankly and fully. He further envisaged a wider community of interest among the surgeons of Europe. The result is the Moynihan Travelling Club and its several imitators, all ultimately owing their existence to him, and year by year taking parties of British surgeons to every notable continental clinic. He envisaged a Royal College of Surgeons taking an active part in current surgical research, in addition to the more academic functions served by the Museum of the College in Lincoln's Inn Fields. The result is the Buxton Brown Research Farm at Downe, owing its existence to Moynihan's influence, which directed the impulse of a generous benefactor into the right channels.

Such, in broad outline, is Moynihan's contribution to surgery. Innumerable details might be added of his performance of this or that operation for the first time in Great Britain, of valuable clinical investigations carried out at Leeds under his inspiration, and so forth. Great, too, in the aggregate was the influence Moynihan exerted on the individuals who came within his orbit. Anyone who was privileged to enjoy his very entertaining companionship was not allowed to remain long in ignorance of his past achievement in any field of surgery that came under discussion. Moynihan's pleasure in his own brilliant record was too naive, almost, to give offence, and it was always being offset by his intense awareness of the personalities and claims of others. He was an excellent, if disconcerting friend, for he was lavish in giving praise or reproof, and always it was the good of surgery that prompted his outspoken criticism.

Moynihan's contribution to surgery was as nearly complete at the time of his death as that of any man who ever laboured in that cause. Its full extent can never be known because its confines were so broad.

ST. DAMIAN.

The Editors will welcome contributions either in prose or verse. They will not be responsible for the loss of MS unaccompanied by a stamped addressed envelope.

INFLUENZA AND THE FIRST-YEAR STUDENT

ABOUT five years ago W. G. Oakley and I appealed for help from Bart.'s students in an investigation into the common cold. A hundred men responded, offering to be inoculated with common cold material in the cause of science. Unfortunately their public spirit did not yield the results we hoped for, and, as you are only too well aware, the common cold is still with us. We were able with the aid of these volunteers to confirm the fact that there is something in infectious cold secretions which will pass a bacteria-tight filter, but we failed to confirm the claim of Dochez and his colleagues in New York that the active agent would multiply *in vitro* in their special culture-medium. Our results were recorded in this Journal in January, 1933, in a paper entitled "The Common Cold Wins the First Round".

At the present time my colleagues, Wilson Smith, C. H. Stuart-Harris and myself are engaged in pursuing the influenza virus, a close ally of the common cold. We had to ask for human volunteers to inoculate in our studies of colds, for no experimental animal was available, except the chimpanzee, but with influenza we are more fortunate, for ferrets, and later mice, have been found to be susceptible to infection with the disease. When influenza garglings are dropped into the noses of ferrets, they become ill forty-eight hours later, with high fever, weakness, sneezing, nasal obstruction and discharge, and loss of appetite. At the Medical Research Council's farm laboratories at Mill Hill we have a ferret hospital containing 32 small isolation cubicles. Very careful precautions are necessary in working with ferret-influenza, as one animal can readily infect another. Worse than this, one of us (S.-H.) was sneezed upon by a ferret this spring and developed a sharp attack of 'flu two days later.

An Epidemic Coming?

By studying ferrets and mice we have found out a number of things about the agent of the disease; it belongs to the class of viruses and has a diameter of one ten thousandth of a millimetre. People who have recently had an attack of 'flu have, in their serum, antibodies which will kill or inactivate the virus. We estimate the potency of these antibodies by dropping mixtures of serum and virus filtrates into the noses of ferrets or mice; if antibodies are present, the animal fails to develop the disease. Three years ago, after a widespread 'flu outbreak in London, almost all Londoners had antibodies to the virus in their blood, whether or

not they had recently had an attack. To-day it appears that the antibodies of most Londoners are of very inferior quality, or not detectable at all. Does this mean that a 'flu epidemic is about to break upon us this winter? We do not know. We very much want to know whether poor antibodies in the community mean a likelihood that 'flu will turn up shortly.

There is another thing we badly want to know. We have found that the 'flu virus can be killed with weak formaldehyde, and that this killed virus, injected as a vaccine into ferrets or mice will stimulate them to produce potent influenzal antibodies in their blood. It will also confer upon them a considerable degree of resistance to infection if this is tested by dropping 'flu virus up their noses. We have injected this vaccine into ourselves and some of our long-suffering colleagues and have found that here, too, we can as a rule cause antibodies to appear or, if already present, to increase in amount. But we have not gone the length of inoculating these people with influenza virus up the nose, so we do not know whether their increased antibodies imply increased resistance to 'flu. By analogy with the animal experiments this conclusion should follow, but you never know till you try. Again, then, we find we are lacking in information as to the significance of the antibody level as regards immunity.

Volunteers Wanted!

We are now, therefore, asking for fifty first-year students to volunteer to help us. We do not wish to vaccinate them against 'flu; we would prefer them to remain unvaccinated. It is their blood we want, though only 5 or 10 c.c. of it. They are a particularly valuable set of people, at any rate to us, because they will be here for some time to come. We can estimate the antibodies in their blood now, and for a number of years to come we can find them once a year or so and try to discover what their antibodies are doing. We hope thus to learn whether there is any relation between 'flu epidemics and the antibody-level in a representative section of the community; whether or not their bloods will serve us as a 'flu-barometer. We hope also to learn whether, if there is a 'flu epidemic, those of them with good antibodies will be the ones to escape, while the others fall victims. If such proves to be the case, we shall be encouraged to hope that by pushing up antibodies by vaccinating people we are actually increasing their resistance to 'flu.

Now, suppose this epidemic comes, we shall not know whether these volunteers develop 'flu simply from what they tell us. It is pretty certain that several diseases are mixed up together under the name of "influenza". We are anxious, therefore, that any of our volunteers

who get what they think is 'flu shall communicate with us by telephone within the first twenty-four hours of their disease. They can ring up the National Institute for Medical Research (Hampstead 2232) and ask for me or Dr. Wilson Smith or Dr. Stuart-Harris; or they can ring up the Dean's office, whence a message will be sent along to us. We can then come and collect saline garglings from them and drop the same into the noses of ferrets at Mill Hill. We shall then have a good idea whether or not their "flu" is the variety we are studying. (Our private conviction of course is that it is "real influenza" we are studying, and that other kinds are spurious imitations.) Of course we may get a really big epidemic and we and all the volunteers may get the 'flu simultaneously, but let us hope not.

C. H. ANDREWES.

PHLEBOGRAPHY

VISUALIZATION of the blood-vessels by means of injection of radio-opaque substances into the circulation is no new thing, and at present is especially of value in the investigation of arterial disease. The injection of thorotrast into the larger arteries produces excellent definition of the main vessels of the limbs and brain. The use of this method, however, gives no definition of the capillary circulation. It has been employed in the study of veins, by taking a plate at a longer interval after injection, but the difficulty of timing the arrival of the radio-opaque substance at any given point, and changes in concentration, render this method unsatisfactory, unless extremely complicated calculations are employed.

The injection of uroselectan directly into the venous system overcomes both these difficulties of timing and concentration; for it is possible to ensure that the substance is definitely in the field under examination at the time the film is taken, and the local concentration and radio-opacity are both high, and therefore give a picture with excellent definition.

Lower Limb Phlebography

The patient lies with the affected limb flexed, abducted and externally rotated. The opposite buttock is raised so that the lateral aspect of the affected limb is in contact with the X-ray plate. One vena comes of the posterior tibial artery is exposed by dissection above the internal annular ligament, and uroselectan is injected with a fine needle. A plate taken after the injection of 15 c.c. gives excellent definition of the posterior tibial and popliteal veins. Completion of the injection of 20 c.c. gives good definition of the femoral veins (Fig. 1).

Upper Limb Phlebography

In the upper arm the arrangement of the venous drainage necessitates the taking of two plates. The

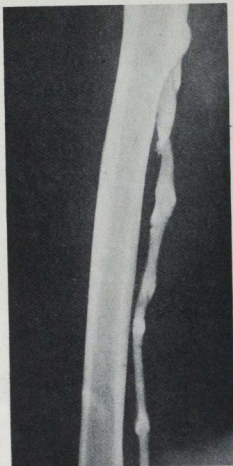


FIG. 1.—NORMAL DEEP FEMORAL VEIN SHOWING THE LARGE NUMBER OF VALVES.

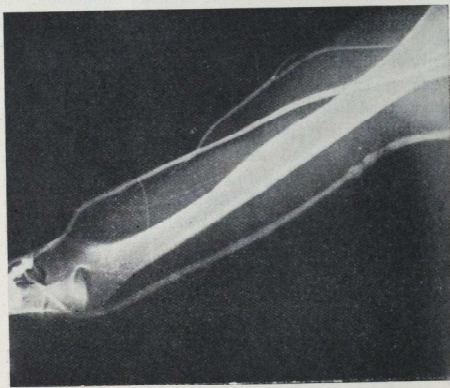


FIG. 2.—AFTER INJECTION OF THE MEDIAN CEPHALIC VEIN — SHOWING CROSS COMMUNICATING BRANCHES AND FILLING OF THE AXILLARY VEIN.

patient lies with the plate behind the shoulder and upper arm. Injection is made by subcutaneous puncture, 10 c.c. of uroselectan being injected in turn into the median cephalic (Fig. 2) and median basilic veins

(Fig. 3). The plate is taken on the completion of injection in each case.

In all cases the taking of plates at intervals after injection gives evidence of delayed emptying. The pictures obtained are of interest in illustrating the normal anatomy and valvular mechanism in the deep veins.

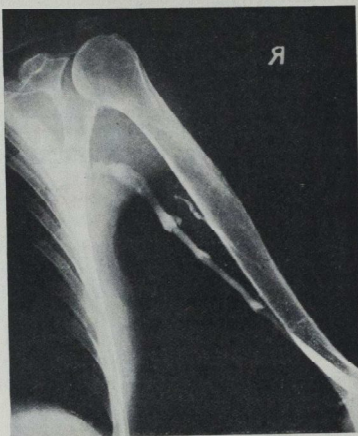


FIG. 3.—AFTER INJECTION OF THE MEDIAN BASILIC VEIN. NORMAL AXILLARY VEIN SHOWING NUMEROUS VALVES.

The clinical value of this method is chiefly in the investigation of obscure cases of unilateral oedema. It appears to have some therapeutic value in exposing areas of unsuspected thrombosis, excision of which has, in certain cases, resulted in improvement in the local condition.

G. C. KNIGHT.

We have been asked by the Honorary Secretaries to announce that the Dinner of the St. Bartholomew's Cambridge Graduates' Club will be held at the Mayfair Hotel on Wednesday, November 18th, at 7.30 o'clock, when Dr. T. S. Hele, the Master of Emmanuel College, will be in the Chair. All Cambridge men are welcome, and will receive notices in due course. Let us, however, make this a reminder that those who have attended the dinner in previous years will not need. To those who have not—particularly the Freshmen—we have the greatest pleasure in suggesting that they allow nothing to keep them away, as a really delightful evening is certain to result, and the formation of what should be a very attractive annual habit.

"TO A VERY WISE MAN."

SOON after the war I picked up a copy of Siegfried Sassoon's new poems in Rivers's rooms at Cambridge, and read the one entitled "To a Very Wise Man". Turning to the title-page I found it endorsed in the author's handwriting with the same phrase, and thus I learned what Rivers's help had meant to him. Now that he has told the whole story in *Sherston's Progress*, I think it may be not unfitting to remind Bart.'s men of one of their number who did so much to place British psychotherapy on a sound basis. I am emboldened to undertake this task because there cannot be so very many of us left who saw the evolution of Rivers in the earlier phases.

W. H. R. Rivers was house physician to Dr. Samuel Gee. He was to have succeeded E. G. Browne, who afterwards became Professor of Arabic at Cambridge. But Browne, fascinated by the delights of Persia, failed to return to take up his post, so Rivers held it for an unusually long period. Those of us who had the privilege of serving under that great clinician, Gee, were conscious of his indifference towards, if not actual dislike of, the psychological aspects of medicine. It may have been a reaction against this which led some of us subsequently to become interested in those aspects, though as far as I know, only Rivers and C. S. Myers ultimately devoted themselves entirely to them.

In 1893 Prof. McKendrick, of Glasgow, examined for the Natural Sciences Tripos at Cambridge, and reported unfavourably on the scant knowledge of the special senses displayed by the candidates. Michael Foster lost no time and brought Rivers to lecture on that subject. Two years previously he had brought Hugh Anderson from Bart.'s to demonstrate in Physiology. It is a testimony to Foster's extraordinary flair for choosing the right man that he was able to realize the great promise of those two shy retiring men from our Hospital. Nor was that promise unfulfilled, for just as Sir Hugh Anderson became one of the most powerful influences in the reconstitution of the University, so Rivers's leadership in psychotherapy became widely recognized.

Rivers became a Fellow Commoner at St. John's, and then I got to know him well. In those days he was very reserved in mixed company, and was hampered by a stammer which he had not yet entirely overcome. But if among two or three friends his conversation was full of interest and illumination. He was always out to elicit the truth, entirely sincere, and disdainful of mere dialectic. In the laboratory he devoted himself to experimental psychology of the Wundt type. In 1897 I got him to come and address the Abernethian Society. The occasion was not an unqualified success. He chose

"Fatigue" as his subject, and before he had finished his title was writ large on the faces of his audience. He had not yet acquired the art of expressing his original ideas in an attractive form, except in private conversation.

A Decisive Expedition

In 1898 an event occurred which was not only a turning-point in his own career, but which was also fraught with far-reaching consequences to English medicine. Yet it was not initiated by a medical man at all, but by an anthropologist, Dr. A. C. Haddon, who organized an expedition to the Torres Straits, and took Rivers, William McDougall and C. S. Myers with him. They went as physiologists; they returned as psychologists. This was in effect the beginning of the new psychology in England. McDougall's work in this respect has been accorded a wide and popular recognition. Myers has placed the study of industrial fatigue on a scientific basis. Rivers went specially to investigate the vision of uncivilized peoples. He came to the conclusion that while no substantial difference exists between the visual acuity of civilized and uncivilized peoples, the latter show a definite lack of colour discrimination. I believe that the Homeric poems show a similar lack. This suggests that much of colour-perception is central rather than peripheral, psychological rather than physiological. It was extraordinarily fascinating to me to watch the evolution of Rivers from a physiologist, particularly concerned with the special senses, into an anthropologist, with a shrewd insight into the mentality of savages, based on a study of their sensory discrimination, and then into a psychotherapist. In my opinion, few were so well equipped to lay the foundations of a sane psychotherapy, for few psychotherapists had his biological training.

On his return he undertook the well known experiments on cutaneous sensations in conjunction with Henry Head, who had the cutaneous nerves of his own arm divided and then sutured. Rivers carefully and laboriously studied the return of the sensations as the nerves regenerated. On these observations they built up their theory of protopathic and epicritic sensations. It was a real disappointment to Rivers that much of this work has not stood the test of time, and he never accepted its overthrow. Indeed he based some of his psychological views on these observations, regarding protopathic sensations as instinctive, while the evolution of epicritic sensations coincided with the development of reason. Most of us, however, would prefer to accept that merely as an illuminating illustration. But he also applied and extended Hughlings Jackson's great generalization of the three levels of the central nervous system in a remarkable way to explain

certain mental processes. As is well known, Hughlings Jackson regarded these three levels, reflex, sensori-motor and psychical, as representing successive stages in the development of the central nervous system, and maintained that in the disintegrative process of disease the highest, most recently acquired levels were the ones which would suffer first. Many symptoms of nervous disease were due to uncontrolled action of lower levels released from the restraint of higher levels. Rivers extended this conception by postulating a number of different layers, as it were, within the highest level. The development of the individual mind led to the formation of consecutive layers, each possessed of more reality-principle and self-control. But each individual started out equipped in these lower layers with earlier racial tendencies, which were held more or less in abeyance by the higher layers. One might compare this part of the brain to that deep cleft in the rocks near Garavan, where for 100,000 years men dwelt, each generation merely living on the top of the *débris* left by its predecessors. And now, as excavations have removed layer after layer, more and more primitive types of man are revealed. Just so, in disease and in dreams, this control of the higher layers is lessened and the older more primitive methods of thought reassert themselves. One can see, on this view, how natural it is for the sick person to revert to the primitive belief in magic.

Rivers did not accept Freud's conception of a censorship, but regarded the fantastic and symbolic forms in which hysteria and dreams manifest themselves as a regression to a lower level which was natural to the infantile stages of human development, individual or collective. He considered that a mental event could be relegated to the unconscious either by a conscious act of volition, in which case it could be recalled into consciousness, or by an "unwitting" suppression. This latter he regarded as a normal event in development, and pointed out that it would be very inconvenient to the butterfly if it did not completely suppress the motor responses which had been of service to it when it was a caterpillar. Thus we reach the higher levels of our nervous system on the stepping-stones not only of our dead selves, but of our long-dead ancestors.

The War

But it was really not until the war that Rivers found himself and discovered his remarkable aptitude for treating the psychoneuroses. I think it was because he had had to heal himself that he could heal others. Anyhow his whole personality expanded as he grew to realize what was his true mission in life. Myers said, "He became another and a far happier man. Diffidence gave place to confidence, reticence to outspokenness, a

somewhat laboured literary style to one remarkable for ease and charm." Rivers himself said that after this war work "which brought me into contact with the real problems of life . . . I felt that it was impossible for me to return to my life of detachment".

Of his effect upon his patients Siegfried Sassoon has drawn a vivid picture: "Rivers never seemed elderly; though there were more than twenty years between us, he talked as if I were his mental equal, which was very far from being the case. . . . All that matters is my remembrance of that great and good man who gave me his friendship and guidance. I can visualize him, sitting at his table in the late summer twilight, with his spectacles pushed up on his forehead and his hands clasped in front of one knee; always communicating his integrity of mind; never revealing that he was weary, as he must often have been after days of exceptionally tiring work on those war neuroses which demanded such an exercise of sympathy and detachment combined. . . . Quiet and alert, purposeful and unhesitating, he seemed to empty the room of everything that had needed exorcising."

Cambridge just after the war was a strange place. Many returned thither after some years at the front and mingled with those fresh from school. There was a clash of temperaments and years. Would the old traditions re-establish themselves, or should we of the pre-war generation find ourselves strangers within the walls of our own Alma Mater? I have said before that Cambridge is adept at putting new wine into old bottles—and so it proved again. Amid changes the essentials remained. In that process Rivers played his part. His rooms were often filled with men of widely different points of view, who, however, agreed in this—that there was a man who could help them and who sincerely wished to do so. His brief incursion into politics I regretted as a distraction from the work for which he was best fitted. And then in 1922, just when his influence was at its height, he died. He lost his life through his consideration for others. He told his gyp not to trouble to come in one Sunday morning; he would get his own breakfast. In the night a duodenal ulcer perforated; he lay helpless and alone. When at last he was found, it was too late and he knew it.

"Come the blind Fury with the abhorred shears
And slits the thin-spun life. But not the praise!"—

for his reputation is secure. There were enthusiastic psychotherapists before Rivers, but the orthodox profession were inclined to regard them as cranks. But Rivers's position as an academic scientist was unassailable, and his adhesion to this new branch of medicine commanded respect for it. For he was known to be "a very wise man".

WALTER LANGDON-BROWN.

HALF-A-CENTURY AFTER LISTER

IT is but barely credible that a mere sixty odd years ago eminent London surgeons were saying that "an abdominal operation should be classed among the methods of execution", that the existence of germs was still a good music-hall joke, and that one in every three patients who submitted to surgical intervention of any kind died horribly of the universal scourge of the day—"hospital gangrene".

In those days every hospital ward in London had upon it, quite literally, the smell of death. In the eyes of the public, a card of admission to a hospital was tantamount to a death certificate. In military hospitals the death-rate was from 80 to 90%.

Surgeons operated in flowing beards and frock coats stiff with blood. On their ward rounds they were followed by a sister bearing a towel and basin of water that they might moisten their fingers after the examination of some suppurating wound, before passing to the next. And over all there hung the paralysing cloud of professional arrogance—as a contemporary observer said, "the colossal apathy, the monstrous inertia, the inconceivable indifference of the students and surgeons of London to new ideas".

In this atmosphere of 1877 two men entered King's College Hospital, one as a surgeon, the other as a student. The first, Joseph Lister, was an Englishman of fifty, who had been working along new lines in Glasgow and Edinburgh, the second, who is now one of King's most distinguished sons, Sir St Clair Thomson, was a young Scot just embarking upon his professional career.

Sir St Clair's story of his meeting with Lister, his experiences as dresser, house surgeon, and later friend and colleague of the great master, and of all the miraculous transformation of medical science which the work of Lister brought about, and which he has been privileged to watch and assist from its earliest struggles, formed the subject of his recent address to the Listerian Society of King's College.

When Lister chose "The Changes in Organic Matter Designated by the Term 'Fermentation'" as the subject of his inaugural address, the only comment of his fellow surgeons was "Such matters are no concern of a surgeon!"

As soon as he entered the wards he was at once subjected to the petty persecutions of the Nursing Sisters of St. John, who disapproved of his "excessive hand-washing", while his colleagues on the staff delighted in raising the usual sycophantic student laughter by calling on someone to "shut that door lest one of Mr. Lister's 'germs' gets in!"

In 1877, for the first time in history, Lister performed an operation for wiring a fractured patella. Surgeons were agast at "this unwarrantable opening of a healthy joint". Had the patient died, Lister should have been prosecuted for manslaughter, they said. "C'est magnifique," one more cynical onlooker remarked, "mais ce n'est pas la chirurgie!"

The struggle of this gentle and long-suffering man went on for many years before acceptance and recognition came. Carbolic, corrosive sublimate and other chemicals were tried and discarded one by one in the search for antiseptics. Alone in the wards, Lister's cases escaped gangrene. "See, gentlemen," he would say to the half dozen apathetic youths who followed him upon his rounds, "See, the wound is quite sweet. Just a little serous discharge—that is all". But like most people who assist at miracles, their minds were upon other things.

One day as he entered the hospital he was met by Sir St Clair, then his house surgeon, and, putting his arm about the young man's shoulder, he began to speak sadly of the need for universal recognition of his doctrines. "I do not expect to see the day," he said, "but, Thomson, you may".

Within ten years Lister had received the first peerage ever conferred upon a surgeon, and had been hailed as one of the greatest minds in the whole history of medical science. Those who had been loudest in their sneers were now most vociferous in their acclamations; while Sir St Clair, who had himself been the first to introduce the doctrines of asepsis into Queen Charlotte's Hospital, was able to rise at dinner and remind his master of those earlier words, and to tell him that that very day in Germany a midwife had been arrested for not observing antiseptics. The battle had been won.

So in the lifetime of one man we bridge the gulf which lies between those days and ours—days which, as Sir St Clair suggested, might well be ranked "Before" and "After Lister", that great genius who "created anew the ancient art of healing, and did more in his own lifetime than all the surgeons of the earth had done since the era of Hippocrates".

G. F.

POEM.

A daisy grew,
Too blue;
Another grew,
Too blue too;
No one knew
What made them blue.
Do
You?

PLEASURE CRUISE

HAVING at last succeeded in deceiving the Examiners at Queen Square, George and I decided to have a holiday. We discussed ways and means. George, being the sort of fellow who can enjoy a fortnight in some outlandish place to which civilization has not yet spread, spending his days tramping the countryside and his evenings drinking beer with a few yokels in the village inn, was in favour of a walking tour in Ireland. I would have preferred a spell of *dolce far niente* at Bognor Regis, where the greatest call that can be made on one's energies is the early morning bath—and even that is often avoidable without appreciable loss of dignity.

But I was soon to learn that Fate had other things in store for us, the first intimation being a quite unwarranted telephone call at 11.30 p.m. from George, who was obviously in a wildly excited state. I gathered from his rather incoherent conversation that he wished to repeat an earlier holiday adventure he'd had with his brother, except that I was to play the part of the brother. I remembered meeting this brother once at St. Ives, when he and George arrived in a dirty 30-ft. ketch, having crossed the channel from St. Malo. I remember that boat distinctly as an unpleasant blot on one of the prettiest harbours on the south coast, but they were both so proud of her that I refrained from expressing my natural distaste for their craft. These memories were vividly revived by George's 'phone call, and it was only after a tactful reference to the lateness of the hour that I managed to get him to stop talking about his marvellous old ketch and return to the matter in hand.

It appeared that the brother once upon a time owned a canoe—this was even before the ketch days—and that if it hadn't been sold at the local jumble sale it would be in the garage at home, and George suggested that it would be a good idea to borrow it for our proposed holiday. Being unable to think of a good argument against this idiotic plan, and hoping against hope that the canoe had been disposed of as jumble, I lamely asked what he intended to do with it if he found it. He wasn't quite sure, but promised to let me know; and since he took my reply to mean assent he rang off, obviously well pleased with himself.

Two days later he rang again and told me, to my dismay, that he had found the canoe, and had decided that we should take it to the source of the Thames and sail down, getting as far as we could in ten days. He made all the arrangements, and on the following Friday we made our way to Paddington in a taxi, accompanied by the canoe. I forgot to say that it

was a collapsible canoe, and could be packed in two canvas bags weighing about 100 lb. We had some trouble at the station, but the porter finally allowed us to take it on the train as camping kit. It all seemed to me rather undignified, but as George seemed deliriously happy I said nothing. We finally arrived at a place called Cricklade, which, according to George, marks the upper limit of navigation even for canoes. We found a rather pleasant pub and spent the afternoon ordering stores.

Next morning we borrowed a handcart from the hotel and loaded everything on it. We had two suit-cases, the boat itself, and a large soap-box filled with a more than adequate supply of food and drink. This we transported in the cart down a lane to the river.

We had some difficulty in putting the boat together, but finally we succeeded, and the result was, to my mind at any rate, rather impressive. I had never seen such a craft before, and out of an enormous number of odd parts we had produced a two-seater affair about 18 ft. long and 3 ft. wide. It was decked over except for a sort of cockpit 10 ft. long, and it resembled the Eskimo kayaks. We were able to stow our goods without difficulty, and I was surprised at the amount of room there was to spare. Finally, encouraged by the cheers of a crowd of delighted children from the village, we put her in the water and departed on our great adventure.

The Thames at this point is very charming. It is about 20 ft. wide and quite shallow, with a strong current, being well above the highest lock. After the recent heavy rains the river was high, and we made a steady four knots for the whole of the rest of the day without doing anything more than keep her straight.

The river here runs through pleasant farm-land, following a winding course between high banks, often overhung by trees. It was difficult for us to realize that this was part of "London River", with its docks and sailing barges and smells. We knew it from London Bridge to Gravesend and from Hampton to Richmond, and we were becoming acquainted with it above Oxford, but it was astonishing to think that such variety of scene was to be found in one and the same river.

We travelled throughout the whole of the first day, doing about twenty-five miles, and when we reached Lechlade at the end of it our only complaint was a certain soreness, for which we bought a couple of sorbo cushions. Lechlade is rather an attractive place and, if the guide-book is to be believed, has several "places of interest" in its neighbourhood. Neither George nor I were attracted by these, our place of interest being noted for a very pleasant brew which is not mentioned in the guide-books!

The river is wider here and is just beginning to be spoiled by the presence of other people. The previous day we had seen literally nobody, but from now onwards we were never far from motor boats and riverside bungalows, which do so much to spoil the beauty of the river.

Next morning George announced that we were to have another lazy day. Yesterday the current had done the work for us, but now it would be done by a strong westerly wind. He rigged up two masts, each of which was in two sections and jointed like a fishing-rod, and these took three sails—a jib, a large mainsail and a somewhat smaller mizzen. Apparently this was also a ketch rig, George said, though I wasn't quite clear why. I was more concerned for our safety. Here was a boat 18 ft. long and 3 ft. wide, drawing 4 in. of water, with two relatively huge sails and a couple of 6-ft. masts. I couldn't for the life of me see how we could possibly avoid capsizing, but George was quite satisfied. One reassuring fact was that he couldn't swim, which seemed to me clear evidence of his faith in the boat.

However, it soon became obvious that she was tolerably safe, for the wind was rather uncertain, with occasional nasty squalls, which in an ordinary boat would have necessitated a reef or two for comfort and safety. I suppose we were doing about six knots most of the time, and an easy eight in the squalls, yet at no time during that day did she even threaten to turn over, and my spirits began to revive.

She wasn't an easy boat to handle, for we had no rudder, and George steered with an oar over the side. At the same time he had to look after the mizzen, while I had my hands full with the mainsail and jib. The only real danger was in gybing. The mainsail could be made to behave itself as we could keep an eye on it, but the mizzen, being behind us and out of sight, was apt to swing across without warning and cause trouble. Every time this happened George had to change his oar from one side to the other, which meant that she was out of control for a few seconds and was apt to run for the nearest motor boat before we could bring her back on her course.

We were held up for two hours in the afternoon by rain. There was a canvas awning, which we fixed between the masts, and although we managed to keep fairly dry, we were unable to reach port until late that evening. A new feature, which we met for the first time that day, was the numerous locks, the highest being close below Lechdale. There are forty-five locks on the river, and we passed through forty-two of them in the course of our trip, at sixpence a time. Almost every one is a miniature beauty-spot, usually set in the midst of trees, with a well-kept garden ablaze with

flowers. There is an annual prize for the best-tended lock and garden, and the result is that the lock-keepers spend most of their spare time working for it. We were familiar with the well-known locks from Chertsey downwards, but those in the upper reaches are more favoured in that there are no houseboats and bungalows to mar their beauty.

We stopped that night at a village named Eynsham, which lies a few miles above Oxford, but we saw nothing of the place itself owing to the heavy rain which set in that evening, and continued as an incessant downpour throughout the next day. However, our inn was very comfortable, and we managed to save ourselves from boredom.

The following day brought promise of better weather, with a clear sky and a southerly wind. We were unable to make use of our sails owing to the bend which the river makes to the south as it runs from this point through Oxford, and we therefore had to make plans for a full day's hard work with the paddles. It was our intention to pass through Oxford and to reach Abingdon, about fifteen miles further on. At Oxford the river runs round the back of the town between factories and blocks of poor, rather dirty houses, and the waterway-farer stopping there for refreshment misses the impressive sights which Oxford has to offer to those on the road.

During the afternoon clouds reappeared and rain started again, but we decided to push on and reach Abingdon at all costs. We were wearing bathing-suits under our sweaters, so we discarded the latter and fitted the spray cover—a canvas affair strapped around our waists, which was intended to prevent any water from trickling into the boat. We carried on for about four hours in this fashion, and finally arrived at Abingdon about 7 o'clock, feeling absolutely exhausted. In spite of the spray cover everything was wet, including most of our clothes, and, to add to our misery, it took us about half an hour to find an inn. Even then the dinner wasn't as good as it might have been. Altogether rather a murky day!

Next day, our fifth, was nearly as bad, for it rained and went on raining as though it never intended to stop. George was bad-tempered, and I was beginning to feel the first symptoms of a cold in the head. I began to wish that I had been strong-minded enough to squash this hare-brained scheme at its inception, but truth to tell it had been rather fun at first, and while the sun was shining and the wind came from the right quarter life in a canoe on the Thames wasn't too bad. But to sweat back to London under our own power through blizzards and torrential downpours was more than we had bargained for.

However, the next day was fine, our troubles melted

away in the sunshine, and with a soldier's wind to help us we reeled off a very pleasant thirty miles to Goring. From here to Reading we passed through what is undoubtedly the most beautiful part of the river. It runs through large stretches of densely wooded hill slopes, and the banks are as yet unspoiled by the architectural atrocities which abound lower down.

I won't describe the rest of our journey in detail, for the river from Henley downwards is fairly well known and much less interesting. The only real fun we had was on the last day.

It was blowing half a gale and we were fairly whizzing along under our mainsail alone. George said that it would be fun to see what she really could do under full sail, so we hoisted the mizzen, and finally the jib as well. We passed several motor boats in the course of the afternoon, nearly capsized twice in squalls, and at last an extra strong puff carried away our mizzen. My only consolation was that the falling gaff hit George on the head, and though it wasn't particularly heavy, it had the full force of the wind behind it, and George's ear had to be repaired with strapping. It takes more than this, however, to damp his ardour, for he seems to expect and usually gets this sort of knocking about when on holiday.

We managed to reach Hampton Court on the tenth day, where we packed up, after having covered about 120 miles of the upper Thames. It was well worth doing, but next year I shall go to Bognor if George will give me my way. Unfortunately he has already bought a large-scale map of the Danube, which seems to me sinister, and it may be that my visit to the south coast will have to be indefinitely postponed. O. I.

FABLE

Two men began to practise physiotherapy: one was qualified, the other unqualified.

Patients were referred to the qualified man, and many of them recovered from their aches and pains. Because he was qualified, they felt that recovery was their due, and they paid his moderate fees without enthusiasm.

Patients flocked to the unqualified man, and many of them also recovered—after identical treatment. "But this is marvellous," they said; "He is an Unqualified Practitioner, and yet he is able to Cure us! He must indeed be—

"A GENIUS!!"

So they recommended him to all their friends.

F. H. K. G.

SOME EDINBURGH JOTTINGS

THE agony of mind and apprehensions at leaving the Hospital, for the first time in thirteen years, for a "foreign" country was adequately dulled by a rapturous send-off by a very representative gathering at Euston. All good Scotsmen on crossing the border stand up and take a deep breath, discarding the residual air inhaled in England. I did not. I was unaware of the crossing. On approaching Auld Reekie the pall of smoke hanging over the city informs all knowledgeable Celts that they have arrived. I did not see it. My first conscious impression of Scotland came to me in a siding of the Caledonian Station. It looked much like any other siding of any other terminus. I gathered from the porters that I had arrived, and their gesticulations suggested that it was time to leave the train.

My first impression of Edinburgh, in contradistinction to Mr. Eric Linklater's criticism, was the extreme cleanliness of the city and its inhabitants, and the multiplicity of mendicant unemployed. The pall of smoke was not obvious in the city itself.

The first task of every intending student of the city's culture is the finding of suitable accommodation. Edinburgh landladies, however, make this no easy matter, exhibiting a characteristic dourness and suspicion in dealing with what they seem to regard as an unwelcome addition to the household. While the name of St. Bartholomew's is a passport to every faculty in this University City, these pachyderms generically refuse to exhibit the enthusiasm betrayed by the professorial fraternity.

Most of the students live in residential colleges or hostels, which provide good quarters at very small cost. The hostels are self-governed by a committee of students, who are responsible for discipline to the University authorities.

I had been led to suppose, partly, perhaps, by *The Wind and the Rain*, that Scots medical students were a wild and woolly lot, and I was therefore much surprised to find them earnest and studious, comparing very favourably with their southern *confrères*. They have little opportunity of evading their labours, even should they so desire. Their curriculum is full and time well occupied. The pre-clinical curriculum closely resembles our own, but is frequently punctuated with class examinations, the passing of which is obligatory before progressing to the next term's work. The examination pass-lists are high, because men are not permitted to sit unless their chiefs consider them to be well up to standard.

The teaching of clinical subjects differs considerably from our own. Surgical "firms" may have as many as 50 or more dressers, which prevents the intimate contact with patients afforded in most London hospitals. This is partly due to the number of medical students, and partly to the fact that university terms are kept. Cases have to be taken in groups, a quarter of the ward being allotted to 10 to 15 dressers, any of whom may be called upon to read his note during a round. It follows that dressers have less opportunity for bedside study. They seldom have much time for practical work in the wards, although, as usual, the keen student manages it by remaining "up" during the vacations. A typical day would be:

Lecture	9 a.m.
Ward demonstration	10-11 a.m.
Operations	11-1 p.m.
Ward round	2 p.m.
Pathology lecture and practical class	4-6 p.m.

A scheme of lectures is in force in which an attempt is made to consider disease from every angle, and bridge the gulf between medicine, surgery and pathology. For example, lectures and demonstrations in the medicine, pathology, surgery and pharmacology of the stomach ran concurrently, enabling the student to grasp every aspect of the disorder in question.

Attendance at operations is compulsory, and a roll is taken, though scarcely necessary, since the theatre teaching is one of the most instructive classes of the day. Each case is reviewed thoroughly and the prospective findings enumerated. Each stage of the operation is well demonstrated, the table being turned this way and that, so that all may see. Attention is stimulated by frequent questions. The theatres are constructed like lecture theatres, with a semicircular, exposed gallery, from which a surprisingly good view is obtained. Only the dresser of the case is allowed on the floor, and takes no part in the operation. Specially selected senior dressers called "juniors"—men in their final year who are prospective house surgeons—fetch the patient from the ward, anesthetize the patient under the supervision of the visiting anaesthetist and carry out generally the work of theatre orderlies. As might be expected in the home of Simpson, chloroform is still used. It is pleasant so see once again "the rag and bottle" so deftly wielded. Induction was rapid and smooth, abdominal relaxation all the surgeon could desire. At no time did I see a patient give rise to anxiety or depart from his corpse-like appearance. Death under anaesthesia is a very rare occurrence, and the small number of "post-operative chests" rather striking.

The Out-Patient Department is in charge of two casualty surgeons, one of whom is always on duty and

sees all fractures and serious cases. Clean cases are segregated from the septic ones, thus avoiding the necessity of dressing a recent clean wound in the proximity of a festering sore. Boils and small abscesses are opened in a small operation room adjoining the septic dressing-room. The "major" minor operations are performed by the casualty surgeons in the Out-Patient Theatre. This theatre resembles the major operation theatres and has a large gallery, where students attend to watch the work, thus inculcating good technique for minor but important procedures. The orderly appearance and lack of crowds of waiting patients struck me very forcibly. In a typical examination room there is provision for the patients, and on adjacent benches for their friends and relatives. The opposite side of the room is divided into cubicles containing examination couches and trolleys for instruments. After examination the patient is drafted to the appropriate department, or sent for treatment to one of the city dispensaries. The Out-Patient Department is thus able to act in a consulting capacity as a general hospital should, continuation of treatment being carried out elsewhere. The Department is equipped with an excellent diagnostic X-ray service. Recent fractures are X-rayed, reduced and re-X-rayed in the minimum time, all wet plates being seen by the casualty surgeon before the patient leaves. Although the Out-Patient Department is small, the excellent organization and constant presence of a skilled opinion whose decision is final prevents waste of time and congestion, minimizing the number of hands a patient has to pass through prior to treatment.

My time in Edinburgh was short, and my programme full, yet there was time to study other things beside "legitimate medicine". In Edinburgh there resides a healer through whose consulting-rooms there is a constant procession of the infirm. It is a pleasure to see cripples hobble in and walk out with a sprightly gait. A visit to Dr. Kelman Macdonald's consulting-rooms and an opportunity to see the celebrated exponent of osteopathy at work was a great pleasure and a source of inspiration to me.

This magnetic personality impresses upon the most sceptical visitor that osteopathy cannot be dismissed as mere quackery. Distinguished in the realm of medicine, Dr. Macdonald saw the value of osteopathy while in America, and returned to this country a convert to the science. A man of sound clinical judgment, he realizes the limits of osteopathy, and only those cases that come within this category are treated by him. Many of his cases consist of "chronics" in whom their doctors have long since ceased to take an active interest, cases that are regarded as "snags" in most hospitals—a fact which makes their treatment and cure all the more

instructive. It would be unsuitable in these brief notes on my Edinburgh impressions to describe the cases and technique of treatment that I was privileged to see, but they will always remain in my memory as serious food for thought.

Six months pass very rapidly, and many things I should have liked to have seen remained unseen, but I shall always retain the happiest of memories of the extreme kindness and hospitality of my friends in Auld Reekie.

A. M. B.

**"THE INTRUDER"
A STUDY IN INTROSPECTION**

TO those who have the . . . wit to see behind this confused drama a hidden meaning the play may serve some useful purpose. To others it will appear but as a badly told story." With these words Mr. Kenneth Walker launches us upon his self-portrait, *The Intruder*, recently published by Lovat Dickson (9s.).

Of course Mr. Walker is quite incapable of telling any story badly. Whether he is describing French royalty in Iceland, mangled cooks in Africa, or champagne therapeutics in Buenos Aires, he catches the interest of his readers with brilliant ease.

Born the youngest of three, and probably a late child, of eminently stolid and unimaginative Scots parents, he rapidly developed into the highly intelligent, imaginative, introspective and rather neurotic boy which we would anticipate in such circumstances.

Though Mr. Walker is no Proust, it was not long before he recognized within himself four characters (among many minor ones), who were long to determine his life course. They were a stoical redskin, an egotistical adventurer, a crusading-missionary in search of a cause, and a "Great Man". As Mr. Walker does not subscribe to orthodox psychological theories, the essential oneness of all these figures cannot be demonstrated here.

But on a few rare occasions, once, upon first seeing the Sphinx, again on visiting the Taj Mahal, and later upon looking down from a plane on the Battle of the Somme, he believes a being of higher consciousness, "The Intruder" himself, interrupted the pleasingly romantic antics of his quadrumvirate. While we may, perhaps, not share Mr. Walker's external stimuli, we have probably all shared his experience. Our interpretations of it will naturally vary. Mr. Walker gives us to understand that his has changed his life.

Upon this rather tenuous philosophical background the exceedingly interesting life of Mr. Walker as lived

by his four friends reveals itself. Mr. Walker himself says he had nothing to do with it.

The first few decades were spent in travel, work and living down the awful disabilities of the English Public School. The four were ingenuous and snobbish at first, but they tried anything once, and eventually finished up endeavouring to extract enough in fees from the Argentine to come home and enter politics. Whatever their origins, in their actions they were extroverts.

During the war they did valuable work as consulting surgeons, investigating shock in the front line. And after the war, having hoped at least for a D.S.O., they wrote a very beautiful letter to the Minister for War explaining to him precisely what to do with the O.B.E. A spirited quartette.

The quadrirème now felt that it was time to anchor, and put into the peaceful haven of Harley Street, where it has remained very comfortably docked ever since. The old sea-going days are over.

The author ends his book with a flourish of Plato and some very guarded philosophical hints. Our late contemporary, Mr. Gerald Gould, of the *Observer*, confessed that though he had read several times over what Mr. Walker here records, he was no nearer to getting at the meaning and his essential questions were left unanswered. In other words, "wit to see" is not enough. Nothing but inside information is likely to clear up the reader's difficulties, and this Mr. Walker, who does not believe in broadcasting philosophy, has apparently no disposition to give, but seems to say, rather archly, "I know something that you don't know", and runs off chuckling happily in the direction of the South Downs. In this sense, then, the book is unsatisfying and tantalizing. Perhaps it was meant to be so.

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‡Isle of Wight	191	13	0	(13) †
‡Kent	588	3	0	(72) †
‡Lancashire	127	14	6	(16) †
‡Leicestershire	142	0	0	(8) †
‡Lincolnshire	61	9	0	(18) †
‡Middlesex	497	14	0	(34) †
‡Norfolk	178	0	6	(21) †
‡Northamptonshire	59	14	6	(6) †
‡Northumberland	121	1	0	(2) †
‡Nottinghamshire	24	3	0	(5) †
‡Oxfordshire	231	15	0	(22) †
‡Rutland	1	1	0	(1) †
‡Shropshire	38	1	0	(10) †
‡Somersetshire	2,837	6	4	(28) †
‡Staffordshire	194	18	0	(6) †
‡Suffolk	331	0	6	(26) †
‡Surrey	523	18	6	(62) †
‡Sussex	752	4	6	(63) †
‡Warwickshire	214	19	0	(24) †
‡Westmorland	2	10	0	(1) †
‡Wiltshire	1011	12	0	(13) †
‡Worcestershire	161	1	6	(25) †
‡Yorkshire	353	6	6	(29) †
Wales	69	12	0	(20) †
London	6,894	15	2	(229) †
Channel Islands	20	0	0	(2) †
Scotland	15	5	0	(5) †
Abroad	119	1	0	(13) †
South Africa	376	15	6	(20) †
Canada	14	3	6	(8) †
East Africa	87	12	0	(10) †
West Africa	146	10	0	(5) †
India	207	12	0	(13) †
Ireland	25	4	0	(4) †
North Africa	1	0	0	(1) †
North Borneo	10	10	0	(1) †
Australia	130	10	0	(8) †
China	52	8	4	(9) †
Siam	10	0	0	(1) †
France	50	0	0	(1) †
British West Indies	65	8	0	(7) †
Straits Settlements	7	1	0	(3) †
New Zealand	6	1	0	(3) †
Services	654	14	6	(49) †
Others	72,422	18	1	(576) †
Lord Mayor's Appeal	17,000	16	0	
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STUDENTS' UNION

RUGBY CLUB

St. Bartholomew's Hospital v. Old Alleynians

Played at Dulwich. *Lost*, 21-6.
Warm sunshine and soft breezes greeted us for our second match of the season, and a fine stretch of turf induced us to say: "Ah! a grand day for the backs". **Alas! it was not to be.** The backs had a bad day; perhaps it was too early in the season, perhaps the ball was unusually light; whatever the reason may have been, the back play was poor, and little consolation can be drawn from the fact that the opposing backs played not much better.

Hearn, at the base of the scrum, played with plenty of dash and vigour, threw out some excellent passes, and occasionally broke through on his own, but too often found himself unsupported; his partner, Leybourne, after a shaky start, improved considerably as the game went on.

Candler, playing in the centre, showed unusually poor form, much of which can possibly be ascribed to a total lack of support from his fellow three-quarters. Although he himself did a few clever things, the line as a whole showed a complete lack of combination, and, with the exception of Candler, a hopeless lack of pace.

It is a matter for surprise that men who have, presumably, been playing Rucker for years should not have learnt to take and to give passes while running at speed. Pleydell, on the left wing, had not a bad first match. Berry, at full back, had an off day.

The forwards, all of whom played well, did very well in the tight scrummages, getting more than their fair share of the ball; frequently they made a lot of ground by good rushes, and their backing-up was much better than usual—it was good backing-up which gave *Manganin both our tries.*

The Alleynians played even worse than we did, except that they accepted the opportunities which had play too, frequently offered them.

St. Bartholomew's Hospital v. Old Blues

Played at Winchmore Hill. *Won*, 6-3.
Before only a moderately-sized gate, we recorded our first victory of the season, after a close match, against the Old Blues.

The return of Evans and Griffiths and Youngman to the three-quarter line resulted in an improvement in the back play, especially as regards speed, which was a pleasant contrast to the week before.

The forwards played less well against a mediocre pack, their opponents giving as good as they got in all departments of the game. Our main advantage was in the middle, where Leybourne, Candler and Evans were in excellent form; Leybourne took some very peculiar passes with great skill, and played with a dash and verve which was good to see. **It was a magnificent run of his which led up to our try,** which was actually touched down by Captain Newbold, backing up well. Candler made some noteworthy runs through the middle, but too often his kick ahead was not well placed; Evans ran strongly, but spoil several fine efforts by delaying his pass too long.

Berry was in better form at full back, but would convey a greater feeling of confidence if he would give up waiting for the ball to bounce. Of the forwards, Newbold, Mundy, Wilson and Irving were the best, and King kicked a good penalty goal.

St. Bartholomew's Hospital v. Cambridge University

Played at Cambridge. *Lost*, 45-0.

"Alas! unheeded of their doom the little victims play." On the road to Cambridge, during lunch, and on the Rucker ground itself before the match, all was gaiety and badinage. And afterwards?—well, *solace may be obtained in Cambridge.*

Little need be said of this match except that we were outplayed at all points; the forwards had a distressing afternoon chasing eight men who were faster and fitter than themselves, who practised the art of backing up both in attack and defence, and obtained the ball from every scrumpage and every line-out, except, possibly, once or twice in each half; we did, indeed, achieve some loose rushes, which gained a deal of ground, and with the aid of the wind we kept the game almost as much in their half as in ours.

The backs had little to do but defend, which they did slightly better than the score would suggest; Marshall, playing for the sadly missed Candler, did as well as anybody, and Hearn, at the heels of a beaten pack, somehow managed to play good football.

The loss of Captain Newbold early in the game was a bitter blow,

associated as it was with sundry other minor casualties. Swinstead displayed as much timidity over the prospect of being stitched up by Windsor Lewis as some of his own more nervous patients in the Surgery may have done.

St. Bartholomew's Hospital v. London Irish

Played at Sunbury on Thames. *Lost, 25-0.*
Sundry old gentlemen and disabled warriors gathered on the touch-line in the full expectation that Bart.'s would at least beat a bunch of expatriated Picts and Celts; such overbearing arrogance was fated to melt in Hibernian fire.

Although the backs did not cover themselves with glory, the chief fault lay with the forwards; seldom have I seen an effete exhibition of rugby football by a supposedly first-class side. If the tight scrums were poor, the loose scrums were unspeakable; there was no cohesion, no dash, no attempt at recovery. Gone are the days when one could hear a Bart.'s forward tackle; now one cannot even see it. It seems to be a case of "Your turn, dearie"; meanwhile some puny little fellow has run right through the middle of them. Graham, a newcomer to the park, was the sole exception to this no-tackle rule.

Hearn played his usual dashing game, Candler and Evans did a few good things, and the wings got very few chances and did not use them. Leybourne again took some tricky passes, but his own passing was not above reproach; Berry made a few good kicks, but was too often out of position and was much too slow in coming across.

In the words of the schoolmaster: "Can do better".

HOCKEY CLUB

For the 1st XI the season has opened extraordinarily well. Of three matches played, two have been won and one lost. Much new talent has been unearthed, and when the side is welded together it should hold its own with any.

St. Bartholomew's Hospital v. Beckenham II

Played at Beckenham. *Lost 2-3.*
This was the first match of the season, but, in spite of that, the side played very well together and there were many sparkling movements. M. E. Moore in goal played a stalwart game and he was rather poorly assisted by the backs, who had an off day. The game was hard and fast throughout, and their forwards had just that little extra finish which ours lacked. At half-time they had scored two goals. From the restart our forwards attacked, and after pummeling away on the circle Roberts and Harrison pushed the ball into the net. Their forwards were playing extremely well, but were checked by the admirable defensive work of the three halves. P. W. Isaacs at centre-half seemed tireless. After many good passing movements among our forwards Roberts finished off a sound piece of play with a shot which beat the goal-keeper. 2-2. At this stage of the game their forwards produced that little extra "bit of grit", and the game ended with a win to them by 3 goals to 2. A most enjoyable game.

St. Bartholomew's Hospital v. R.M.A. Woolwich

Played at Winchmore Hill. *Won, 3-2.*
This was a Wednesday, and we were handicapped by the absence of several regular players. As a result the game was a scrappy one. Two pretty goals scored by Roberts at inside-left turned the tide, and we eventually won by 3 goals to 2. Rather a poor game, with a very lucky winning side.

St. Bartholomew's Hospital v. St. John's Hospital, Cambridge

Played at Cambridge. *Won, 6-1.*
It was an ideal hockey afternoon, and the side as a whole played together well; the forwards especially revelled themselves. For the first ten minutes play was in midfield, with our forwards always looking dangerous. After a good passing movement on the left wing Newcombe bored on towards the circle and scored. This was followed up by a good shot by Heyland from a short corner which left the goalkeeper standing. Immediately afterwards Harrison made full use of his weight and speed, and made the score 3 goals to nil. In the second half we continually pressed and produced some pattern-like movements. Macina, at left-half, throughout played a stalwart game and seldom let his man through. Soon after the restart Harrison produced some really fine stick-work and scored a beautiful goal. Heyland added to the score by finishing off a

movement in which all the forwards had a hand. Our backs had a moment's lapse, let their forwards beat them, and the shot from which they scored left Moore very little chance to stop. Just before the whistle went for time Harrison raised our score to 6. The final score was 6-1. It was rather a one-sided game, but was hard and fast throughout.

Up to date the results of matches are:

1st XI v. Beckenham II. *Lost, 2-3.*
v. R.M.A. Woolwich. *Won, 3-2.*
v. St. John's, Cambridge. *Won, 6-1.*

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Ninth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at Hadley Wood Golf Club on Friday, October 2nd.

The weather was good and the course was in excellent condition, although most players considered the greens difficult. Twenty-five players took part in the Milsom Rees Cup, and the winner was Dr. G. T. Hankey. Eighteen players stayed to supper after playing nine holes in the foursomes competition.

The following is the result of the competitions:

Winner of the Milsom Rees Cup:

1st. Hankey, G. T. (3 up).
2nd. Leishman, A. W. D. (1 up).
3rd. Barnes, W. A. (all square).

Best score for the last nine holes:

Hankey, G. T. (1 up).
Milner, J. G. (1 up).
Barnes, W. A. (1 up).

Sealed handicap:

Barnes, W. A. (2 up).
Parrish, J. (2 up).
Cooper, A. B. (1 up).

Foursomes.

Best score for the first nine holes:

Youngman, J. G., and Hankey, G. T. (1 up).
Brewer, W. A., and Francis, C. A. (all square).
Drewer, H. F., and Beattie, J. (all square).

Sealed holes:

Barnes, W. A., and Francis, C. A. (2 up).

FENCING CLUB

The Club fought Guy's, the London Hospital and Dulwich College during October and won all three matches.

The following engagements for November have been arranged:

Wed., Nov. 4th. Croydon F.C. Home.
Sat., ,, 14th. Westminster School Home.
Tues., ,, 17th. Imperial College. Away.
Wed., ,, 18th. Whitgift School ("A" Team). Home.
Sat., ,, 21st. St. Thomas's Hospital. Away.

AMATEUR DRAMATIC SOCIETY

The forthcoming production of the Society will be *Bees on the Boat-deck*, the recent J. B. Priestley success.

Play-Reading Group

In Mr. Architect Paget's "olde Englishe" beamed and panelled, but electrically lit retreat in Cloth Fair, the culture-seeking members of the junior A.D.S. met to hear square-jawed Surveyor Scott tell of his work preparing new air trails over the Greenland ice-cap. Pleasingly wind-swept beside his blackboard, Mr. Scott, who is no relation of the explorer, compared life in an igloo to that in a Turkish bath. "You keep clean by sweating" explained the intrepid surveyor.

Salmon was so plentiful that it was eaten wholly by the dogs. *Mr. Scott and friends ate the roos.* Another feature of Mr. Scott's diet was a tasty 3-in. slab of porcupine fat served in a cigarette tin and tantalizingly consumed before his fatless colleagues.

From these dietetic refinements the epicureans passed easily to the better-known delicacies of the Paget supper table.

CORRESPONDENCE

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

Sir,—I did not know you were going to print my long, though inadequate letter, but since you have so honoured me, may I make a small but important correction?
I am made to impute to Mr. Hastings the view that "at present it is hardly possible to treat any panel patients without ulterior considerations". What I meant to write, and hope I did write, was "any but panel patients"—a very different proposition.

And since the letter has been printed may I add this much—that the root of the matter (which neither Mr. Hastings nor Dr. Evans seems to me to have touched) is, surely, the question of freedom.

No State, however democratic, and no department of State can allow untrammelled freedom of action, of expression or even of judgment to its servants.

The R.A.M.C. officer, the member of a medical board, the medical officer of a clinic all inevitably suffer some curtailment of their professional liberty. There is appreciably less freedom in "panel practice" than in "private practice", and the considerable degree of freedom that the panel practitioner enjoys depends in part on the simultaneous existence of independent practice.

No doubt we sometimes abuse it, yet, if truth is to prevail and if the science and art of medicine are to live, and the doctor to keep his soul intact, freedom we must have.

We are offered co-ordination, increased leisure, opportunities for research, relief from fee-charging and competition and a lightening of the burden of responsibility in return for our freedom.

As so often, when payment is to be made on the instalment system, the price is not mentioned, but it will be cumulative and heavy, and I finally believe the bargain would be disastrous. I trust we shall never make it.

L. W. BATTEN.
12, Lyndhurst Road,
N.W. 3;

October 20th, 1936.

REVIEWS

Handbook of Urology. By V. C. PENNELL, F.R.C.S. (Cambridge University Press.) Pp. 223. Price 7s. 6d.

Mr. Pennell's well-known principle of wasting neither his pupil's nor his own time is brought into effect in this volume with a something which almost smacks of virtuosity. In contriving to cover the whole of this large field in 223 pages the author has had perforce to abandon all anecdote and metaphysical asides, and, very properly, deliver himself at once to essentials. The result is naturally somewhat Lenten fare. Here are neither *hors d'œuvre* nor sweets but pretty finely minced meat.

There is an excellent chapter on the significance of symptoms—a positive Open Sesame for Queen's Square—and the chapter of investigation is more than an adequate summary in which the emphasis is rather upon observation and common sense than the telescope of high pathology. It seems curious in discussing the treatment of strictures that the use of a curved Kollman should be recommended, as the instrument is regarded in some quarters as merely liable to give temporary stretching to the lesion and permanent impairment to the sphincter.

He also recommends the passage of this machine upon the neurotic. It is to be regretted that Mr. Pennell has confined himself merely to recording this injunction.

A most grave defect of this book, which only sets out to be a handbook or summary, is the complete absence of reference to more detailed volumes and original papers which would give particulars of methods and researches acceptable to the author.

Other chapters deal with methods of anaesthesia, and the author greatly favours spinal anaesthesia for urological work. Genito-urinary tubercle, despite the fact that the author is a practical clinician, might well have been given a more detailed pathology. There is also a useful urological pharmacopoeia in which we were glad to find gin had a place. However, with this valuable drug the author departed from his practice of naming a manufacturer, and we are left without a really authoritative canon of excellence.

In his introduction the author states: "If a certain dogmatism has crept into the text it represents only the considered judgment of the author, after weighing the evidence as he has heard and seen it, together with a laudable desire to avoid a still further loading of

the already crowded medical curriculum." Now this is most fair, and to some extent explains the absence of references. Mr. Pennell's most valued references are his own patients.

In conclusion your reviewer would say that while this book has value, it has more value to those who have experienced the teaching of its author and understand his individual outlook, and that it will find a place, not too distant, upon your critic's shelves.

Absorption from the Intestine. By F. VERZAR, Professor of Physiology, Basle, and F. J. McDougall, Ph.D. Monographs on Physiology. (Longmans Green & Co., 1936.)

Theories of intestinal absorption have covered a wide range of physical, chemical and physiological phenomena. The following physico-chemical processes—filtration, diffusion, osmosis, surface activity, change of permeability, electro-osmosis, kataphoresis and hydrotropy—have been supposed by different authors to play a major part in absorption. The following physiological processes have also received much consideration: phagocytosis, nervous influences, blood circulation, movements of villi, hormones, vitamins, specific ions (e.g. calcium).

Verzar and McDougall commence their book by discussing the merits of each of these processes. They then describe, in detail, the histology of villi, the mechanism of their movements, the nerve centres for these movements, and the influences of chemical substances on them. From page 71 onwards the authors consider in turn the absorption of water, alkali salts, heavy metals, carbohydrates, fats, lipoids and related bodies, pigments, proteins, purins, alcohol, organic acids, products of bacteria, enzymes, dyestuffs, gas and corpuscular elements. They conclude that, in the small gut, diffusion and osmosis are always the chief forces causing absorption. On the contrary, filtration, under a high hydrostatic pressure, is the main factor of absorption in the large gut. Movements aid by accelerating these processes, particularly the individual movements of the villi. In the case of no single substance did they find it necessary to suppose the existence of special vital forces to bring about absorption.

This book is an excellent example of the carefully reasoned application of physical chemistry to an essentially biological process. The illustrations are excellent.

Vitamins and Other Dietary Essentials. By W. R. AYKROYD, M.D. Second edition. (William Heinemann (Medical Books), Ltd., 1936.) Price 7s. 6d.

Dr. Aykroyd has made a fair number of alterations and deletions in the second edition of his book, which is published only four years after the first one. His book is written in a most attractive style, and although it does not contain tables of food values or vitamin contents of food, should be of great interest, not only to the doctors, medical students and nurses, but also to all those who are interested in nutrition. The first four chapters contain an excellent account of the physiology of proteins, fats and carbohydrates, and should attract students who have been bored with these subjects in their textbooks of physiology, and forgotten them as quickly as possible. The next nine chapters are concerned with the vitamins A, B, C and D, and the importance of mineral constituents of the diet. The description of the diseases with which they are concerned is very clear and easily understood. The last six chapters are, in many ways, the most interesting in the whole book, as Dr. Aykroyd writes about the dietary value of foodstuffs, factors governing dietary habits, nutrition, physique, health and the perfect diet. The instances of actual disease and of ill-health and lack of energy resulting from badly-chosen diets are most interesting. The wider use of this new knowledge will surely improve the general health of mankind and its animals, but the improvement in health of the backward communities will raise many other problems.

Peeps on the Nursing Trail. By DERRY DOWN; with a Foreword by Mrs. Rome, R.R.C., Matron in Chief, British Red Cross Society. (John Bale, Sons & Danielsson.) Price 3s. 6d.

This is a most amusing and entertaining book. Most of the incidents are so true to life, and can be as thoroughly enjoyed by those who have had similar experiences in hospital as by those who have never entered a ward.

So many people say, "Hospital life must be so sad and depressing!" but they should just read this book and they would soon realize the truth of—"Wherever human nature is massed together—humour is there."

(Chapter 3, p. 45.)

Notes on the Nervous System. By E. L. HOPEWELL ASH, M.D. (Faber & Faber.) Price 3s.

A little book intended for nurses and elementary students of anatomy and physiology. It deals in the earlier chapters with the main outlines of the evolution, anatomy and physiology of the nervous system, which the average student with any knowledge of biology will find rather elementary—one regrets here the absence of any mention of the origin of the neopallium.

It concludes with a few brief notes on the investigation of nervous cases (these are quite good), and on the commoner nervous diseases. The latter would have been of greater value to the nurse had they been more explicit and complete. (Hemianopia is mentioned, but the mechanism not fully explained. "Swelling of the disc" is also discussed—yet she is left to guess what the structure is.)

On the whole, the earlier part is admirable for the nurse, and the latter part for the student—but this is the reversal of the author's intentions.

There are various inaccuracies, for some of which the printer is to blame.

The Patient Looks at the Hospital. By FLORENCE G. FIDLER. Foreword by Dr. JOAN MALLESON. (Robert Hale & Co.) Price 2s. 6d. net.

This "educated gentlewoman" describes our nurses as possessing "immeasurable conceit, abysmal stupidity, complete lack of imagination, often a petty, mean attitude towards others, and always a deficiency of common sense and intelligence in everyday affairs". With this petard she subsequently manages to hoist herself with astonishing ease. We agree that nurses' hours are too long and too arduous, but we are at a loss to understand why so reputable a firm as Hale & Co. should have seen fit to publish so silly an embroidery upon that theme—a theme through which the author's own "septic poisoning" runs like a leit-motif.

Practical Preparations. By N. W. POWELL, late Sister Hope, St. Bartholomew's Hospital. Second edition, revised by P. GILL, late Sister Tutor, The Royal Free Hospital. (Faber & Faber.) Price 3s. 6d. net.

It is a pleasure to welcome this new edition of one of the most valuable little pocket companions that Messrs. Faber & Faber have produced. Although written primarily for nurses, it is a volume which no medical student or house surgeon should be without.

We have also received the following:

THE LOW POTENCIES OF HEMOPHATHY. By W. E. BOYD, M.A., M.D. (Heinemann Ltd.) Price 2s. 6d.

OUTLINES OF MESSAGE AND MEDICAL GYMNASTICS. By B. M. G. COPESTAKE. (Faber & Faber.) Price 2s.

C.M.B. EXAMINATION QUESTIONS AND ANSWERS. (Faber & Faber.) Price 1s. 6d.

CATECHISM SERIES: PATHOLOGY. Parts III and IV. (E. & S. Livingstone.) Price 1s. 6d.

A TEXT-BOOK OF MIDWIFERY. By JANE AITKEN. (Ash & Co.) Price 3s.

EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

M.D.—Price, L. R. W.

M.B.—Cohen, E. L.

B.Chir.—Lown, J. F.

Conjoint Examination Board

Pre-Medical Examination, September, 1936

Chemistry.—Brennan, A. H. W., Holmes, R. M.
Physics.—Anklesaria, J. M., Brennan, A. H. W., Holmes, R. M.
Biology.—Badock, G. B.

First Examination, October, 1936

Anatomy.—Finnegan, J. D., Hart, J. R., Khan, H. H., Kingstou, R. F., Silcock, A. R., Syred, D. R.
Physiology.—Grant, R. N., Hart, J. R., Khan, H. H., Owlett, R., Thompson, J. F.
Pharmacology.—Gluckman, J., Grant, D. S., Mundy, M. L.

Final Examination, October, 1936

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.**, and have had the Diplomas conferred on them:

Basu, H. B., Cates, J. E., De Vine, J. G. B., Donald, K. W., Dunn, R. W., Gray, G., Hughes, T. H., Kelnar, L., Knight, W. C., Lewis, C. L., Loxton, G. E., Maclaren, H. C., Smith, J. L., Thompson, J. W., Vahrman, J.

CHANGES OF ADDRESS

ARCHER, C. W., 1, Rising Sun Cottages, The Quay, Wareham, Dorset.
DONALDSON, E., 5, Ovington Gardens, S.W. 3. (Tel. Kensington 6647.)

HOSFORD, J. P., 58, Harley Street, W. 1. (Tel. Langham 1832.)
MOYSKACH, D. W., 40c, Lexham Gardens, Kensington, W. 8. (Tel. Western 0962.)

RAIT-SMITH, B., 1, Hyde Park Mansions, N.W. 1. (Tel. Ambassador 1025.)

RILEY, A. C., 31, Pine Walk, Surbiton. (Tel. Elmhurst 1600.)
SAVAGE, R. W., 8, Coombe Lane, Coombe Dingle, Bristol.

TAYLOR, R. W., Flat 49, Green Hill, N.W. 3. (Tel. Hampstead 4013.)

APPOINTMENT

GILBERT, R. G., M.B., B.S.(Lond.), appointed House Surgeon to the Royal National Orthopaedic Hospital, Great Portland Street, W. 1

BIRTHS

ANDERSON.—On October 11th, 1936, to Beryl (née Anderson), wife of Dr. R. G. Anderson, of 86, Harley Street, W. 1—a daughter (premature), survived only 12 hours.

CAMBRIDGE.—On October 2nd, 1936, at 20, Devonshire Place, W. 1, to Joan (née Bowman), wife of Dr. J. Draper Cambridge—a daughter.

CHADWICK.—On October 13th, 1936, to Constance Moulton, wife of Dr. N. E. Chadwick, Uplands, Bishop's Road, Hove—a daughter.
HARRIS.—On September 26th, 1936, at 13, Lansdown Place, Clifton, Bristol, to Rowena (née Clarkson), wife of H. Elwin Harris, F.R.C.S.—a son.

LANGHORNE.—On October 4th, 1936, at 19, Bentinck Street, W. 1, to Yvonne (née Jessop), wife of Dr. D. A. Langhorne—a son.

MELLOWS.—On October 21st, 1936, to Gwendolen (née Randall-Jones), wife of Dr. P. B. P. Mellows, of Hartley, Longfield, Kent—a son (stillborn).

TAYLOR.—On October 16th, 1936, at 9, Crescent Road, N. 8, to Méane, wife of Hermon Taylor—a son.

DEATHS

BUCHANAN.—On October 11th, 1936, Sir George Seaton Buchanan, C.B., M.D., of 43, Wetherby Mansions, Earl's Court Square, London.

BUTLER-SMYTHE.—On October 9th, 1936, at his residence, 76, Brook Street, Grosvenor Square, after a long illness, patiently borne, Albert Charles Butler-Smythe, M.B.E., F.R.C.P., F.R.C.S.E., aged 83.

DUFF MICHELL.—On October 5th, 1936, at Stone Court, Sutton, Surrey, James Murray Duff Mitchell, F.R.C.S.

FORD.—On October 11th, 1936, at Wimbledon, I. N. C. Ford, M.A.(Oxon.), M.B., B.Ch., of 1, The Goffs, Eastbourne.

WORTHINGTON.—On September 28th, 1936, Richard Till Worthington, M.A., M.B., of Mile End, Knutsford, younger son of the late F. S. Worthington, of Lowestoft, aged 61.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the Manager, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



Journal

"*Equam memento rebus in arduis
Servare mentem.*"

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 3

DECEMBER 1ST, 1936

PRICE NINEPENCE

CALENDAR

Tues., Dec. 1.—Dr. Evans and Mr. Vick on duty.	Sat., Dec. 12.—Rugby Match v. Old Paulines. Away. Hockey Match v. Royal Naval College, Greenwich. Away.
Wed., " 2.—Surgery: Clinical Lecture by Mr. Wilson.	Tues., " 15.—Dr. Graham and Mr. Roberts on duty.
Fri., " 4.—Prof. Witts and Prof. Ross on duty. Medicine: Clinical Lecture by Dr. Hinds Howell.	Wed., " 16.—Surgery: Clinical Lecture by Mr. Girling Ball.
Sat., " 5.—Rugby Match v. Pontypool. Away. Hockey Match v. Surbiton. Away.	Fri., " 18.—Dr. Evans and Mr. Vick on duty. Last day for receiving matter for the January issue of the Journal.
Mon., " 7.—Special Subjects: Lecture by Mr. Capps.	Tues., " 22.—Prof. Witts and Prof. Ross on duty.
Tues., " 8.—Dr. Hinds Howell and Mr. Wilson on duty.	Fri., " 25.— Christmas Day. Dr. Hinds Howell and Mr. Wilson on duty.
Wed., " 9.—Hockey Match v. Aldershot Command R.A. Away.	Tues., " 29.—Dr. Gow and Mr. Girling Ball on duty.
Fri., " 11.—Dr. Gow and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Prof. Witts.	Wed., " 30.—Rugby Match v. Old Merchistonians. Home.

EDITORIAL

PHYSICAL TRAINING

THE KING'S SPEECH, with its references to a comprehensive scheme for physical training, has aroused the interest of the whole nation.

With its background of political inspiration it has also aroused some little misgiving and a great deal of debate.

It is profoundly true that, for a variety of reasons, the prevailing standards of physical fitness leave much to be desired.

Our highly organized and highly expensive public health services appear in some ways to have defeated their own ends. Within the last twenty-five years the mortality from tuberculosis has been halved; infant mortality has been reduced to 57 per 1000 births, and the death-rate from many of the diseases which once ravaged the population has been similarly diminished.

This cost us in 1936 £200,000,000. In 1941 it will cost £300,000,000!

The result of these remarkable achievements and of this astonishing expenditure is not so wholly beneficial as might be supposed. It represents, in short, the survival of the unfit, and the upsetting of the natural means for their elimination.

It leaves us with a high percentage of the population which is being more or less artificially kept alive, and which, according to the ordinary criteria, is physically unfit.

And it is still further complicated by present day social conditions, bearing as they do in their wake such evils as malnutrition, faulty housing, the limitation of families by those best fitted to rear them, and the indiscriminate propagation of those who unfortunately are not.

It is clear that the proper solution of the problem is to raise the physical standard of the people, and any measure which will do this is most heartily to be welcomed.

The grave difficulties which stand in the way were recently discussed in the House of Lords. It was observed by LORD HORDER that a democracy, like an army—and especially a democracy asked to be physically fit—advances on its stomach.

He said, "I believe food to be fundamental in all questions of fitness".

He mentioned the necessity for leisure.

LORD MILNE pointed out that such schemes failed all too often because the very last person who should be in control of physical training was put in charge—the drill instructor. The difference between drill and physical training is great.

A more ominous note was struck by LORD MOUNT TEMPLE. He said, "Perhaps something will be done on a voluntary basis, and then something more on a voluntary basis; and perhaps in the end there will be something in the nature of compulsion".

During the current month DR. DONALDSON has brought forward a scheme for physical training in this Hospital.

There is no doubt that if any national measures are to be taken in this matter the medical profession, deeply concerned as it must be, should lead the way.

But is the physique of the average medical student bad? And if it is bad, is this due to lack of physical training?

The answer to the first of these questions is, we think, that while the standard is much above the general average, it is capable of very great improvement.

The second raises more difficult issues.

As LORD HORDER emphasized, food and leisure are the first pre-requisites of physical fitness.

The medical student, especially as he advances in his course, has a minimum of leisure—much less than the average artisan or city worker.

And a recent investigation has shown that the average student of this Hospital spends only sevenpence on his mid-day meal.

When it is remembered that a majority of students live in inexpensive lodgings where food is often far from being either good or adequate, one wonders whether this is not the crucial problem to be settled by any future reformers of student physique.

It is obvious that no system of physical training which ignores the foundation upon which it hopes to build can succeed. But it will be very easy, as LORD DAWSON OF PENN recently observed in a letter to *The Times*, for the essentials of physical well-being to become "obscured by a façade of playing-fields and swimming-pools".

DR. DONALDSON has stressed that a system of physical training introduced into the Hospital must be entirely voluntary.

It is certain that it would be most unacceptable in any other form.

On the other hand, we are disposed to think that the people most in need of physical culture are precisely those who would not dream of indulging in it unless compelled to do so.

And it has been suggested in some quarters that the provision of adequate squash courts, or of a swimming-pool, would afford a more congenial method of taking exercise.

However this may be, there are still real difficulties to be faced in the scheme itself.

It will hardly be possible to carry out daily training without taking the necessary time from the Hospital curriculum—a curriculum already so full that it sometimes costs the student his mid-day meal.

And time will be required not only for the training itself, but for changing before and afterwards, and for taking a shower.

If the scheme is to be comprehensive, some 700 students must be marshalled daily, and accommodation for changing and for showers provided.

These are the first problems which must confront the organizers. The concept of the scheme is admirable; the difficulties great.

With so able and energetic a man as DR. DONALDSON behind the scheme, we feel that these difficulties have the best possible chance of being overcome.

If they are, he can count upon the wholehearted support of the Hospital.

But finally, in the words of LORD HORDER, "I hope that we shall not be regimentative towards this end. I cannot think that it is necessary".

CURRENT EVENTS

DOUBLY DEAN

Our heartiest congratulations go out to Mr. Girling Ball on his election (by an overwhelming majority) as Dean of the Faculty of Medicine in the University of London.

The election took place on Thursday, November 5th, and was one of the best attended meetings the Faculty has ever had.

We, who know what it is to have Mr. Girling Ball as Dean, may well congratulate the University of London also in its good fortune. For if he achieves half as much for that body as he has achieved for us, the Fifth of November will be a red-letter day in its history.

* * *

DR. WILLUGHBY AND DR. SHEFFIELD NEAVE

It is with deep regret we record the passing of these two old Bart's men. Dr. Willoughby was, of course, Medical Officer of Health for the City of London, and was well loved by a wide circle of friends and colleagues.

Like Dr. Neave, he combined his profession with a wealth of other interests, being especially learned in the natural sciences, of which geology was his chief love.

Dr. Neave, on the other hand, who took up medicine while still Master of the Essex Stagounds, was devoted to the hunting field all his life, and spent a considerable period in Africa, where he managed to combine some big game hunting with his researches into sleeping-sickness in the Congo, and with his work as travelling pathologist to the Sudan Government.

He was a man of considerable financial ability, and held a number of directorships in the City.

* * *

THE LATE SIR WALTER FLETCHER

On the afternoon of November 11th the subscribers to the Memorial Fund were invited by the Medical Research Council to view Miss Dora Clarke's portrait-bust of the late Sir Walter Morley Fletcher, Secretary

of the Council from 1914 to 1933, and former student of Cambridge and Bart's. The ceremony was held at the National Institute for Medical Research, Hampstead, in the library of which the bust is to be permanently placed.

* * *

HOGARTH FAIR

We understand that this very successful enterprise of the Women's Guild is expected to yield almost £2000. We have seldom seen a project so meticulously organized and well carried out in all its details, and its success redounds to the credit of all concerned.

Among our own especially pleasing recollections is the Gin Shop, which proved a potent factor in breaking down sales resistance, and must have contributed no little to the takings, both directly and indirectly.

To take a morning coffee in the Nurses' Home was also a stimulating novelty, especially as it was delightfully served, and served by the Nursing Staff itself! As a permanent institution it has much to recommend it.

* * *

DRAMATIC CLUB

The forthcoming Amateur Dramatic Club production, "Bees on the Boat Deck", by J. B. Priestley, is described as a farcical tragedy. Rehearsals are already in progress, and the show will go on in the Great Hall on the evenings of January 12th, 13th, 14th and 15th, 1937.

Tickets will be available on and after January 1st, and since the number available for students is limited, early application after that date is requested.

* * *

BALL AT GROSVENOR HOUSE

The Students' Union's Annual Ball was again held at Grosvenor House, and was attended by the usual large

gathering of old and young Bart.'s men with their beautiful and distinguished ladies. That the company was well groomed and magnificently gowned goes without saying; even if the cabaret was a little disappointing, the evening was a merry one, and the dance-floor crowded with a gay throng.

Among those who brought parties were: The President, Dr. Roxburgh, and Mrs. Roxburgh, Dr. and Mrs. C. F. Harris, Mrs. James Maxwell, Mr. and Mrs. Rupert Scott, Dr. and Mrs. Wilfred Shaw, Lord Wakefield, Mr. and Mrs. Girling Ball, Dr. W. J. Hamilton, Miss Hatridge, Mr. and Mrs. Higgs, Mr. and Mrs. Hume, Mr. and Mrs. J. E. H. Roberts, Major Woodhouse, Mr. and Mrs. Harold Wilson, Mr. Rait-Smith, Mr. Jewesbury, Mr. Capps, Mr. Naunton Morgan, Mr. Hanbury-Webber, Mr. and Mrs. Ronald Gibson, Dr. Bodley-Scott, Dr. and Mrs. Darmady, Mr. George Ellis, Mr. Coupland, Mr. Burnham-Slipper, Mr. and Mrs. Armstrong, Mr. Slowe, and Dr. Avery-Jones.

* * *

RUGGER CLUB DINNER

Following the match against Dr. Darmady's XV, a dinner was held at the White Hart Hotel which was attended by about forty members and a sprinkling of guests. A delicious meal was followed by some short but pleasing speeches, notably from Dr. C. F. Harris, who took the chair, Mr. F. C. W. Capps, and the captain, J. C. Newbold. Subsequently the evening was given up to wine and song, of which a surprising amount was good; most of the songs seemed to be variations on the theme, "He lived in affluence and died in great pain", but no one deemed it necessary to point the obvious moral. J. B. Wheelwright and his "plonk" were a tower of entertaining strength.

* * *

SQUASH COURTS APPEAL

We have already appealed to our readers for funds to help build new squash courts at Charterhouse, and though the response has been encouraging, it is still very far from adequate.

It is hoped that it will not be necessary to charge students for the use of the new courts, and a determined effort is being made to raise a sufficient sum before the end of the year.

The Hospital, in the meantime, remains bottom of the Junior League.

Contributions should be addressed care of Mr. R.

Hanbury Webber or Mr. M. C. Roberts, Hon. Secs. of the Students' Union, St. Bartholomew's Hospital.

* * *

THE MILSOM REES SCHOLARSHIPS

The applications for these scholarships must be made not later than February 20th, 1937, to the Headmaster, Port Regis Preparatory School, Broadstairs. As we stated in our last issue, there are two of these scholarships each worth £100, and awarded annually to the sons of medical men. Candidates must be under nine years of age, and the award is tenable until the holder leaves school.

Sir Milsom is an old Bart.'s man, and would especially like to have the sons of Bart.'s men as candidates. If a sufficient number were to apply he might consider giving a special scholarship.

The holders will be chosen by interview from among the boys who do best in a simple exam. conducted in or near their homes.

We cannot commend this school too highly to old Bart.'s men.

* * *

CAMBRIDGE GRADUATES' DINNER

The Annual Dinner of the Club was held at the Mayfair Hotel on Wednesday, November 18th, and was well attended, especially by the younger generation. The Master of Emmanuel, who was in the Chair told the company that he was known as "Master Hele" in the U.S.A., while Dr. George Graham went further into the Hele nomenclature in a polished speech which reviewed the derivations of the Master's many nicknames.

Other speakers of the evening were Dr. Morley Fletcher, who claimed to be the only foundation member present, and Mr. Reginald Vick, who welcomed Mr. Underwood as his new co-secretary.

The meeting was subsequently entertained at Mr. Vick's residence, where the usual celebrations were held, including the time-honoured unfolding of the tale of "Hairy-Rouchy", which was admirably performed by the host, and the equally traditional singing of the "Twelve Apostles".

AT HIS MAJESTY'S.

You shall see if there you go
Juliet and Romeo;
Leaving, you will not have met
"Romeo and Juliet".

N. E. S.

1736-1936

"The mastoid process was opened for the first time in the history of surgery by Jean-Louis Petit in 1736."—GARRISON.

THOSE who take the trouble to read Petit's own account of the mastoid operation in his *Traité des Maladies Chirurgicales* will find that it was

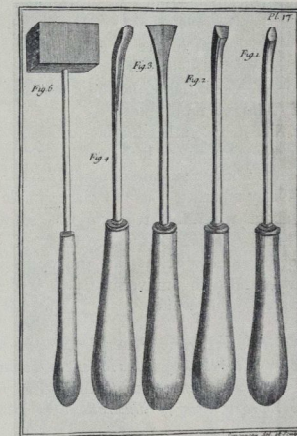
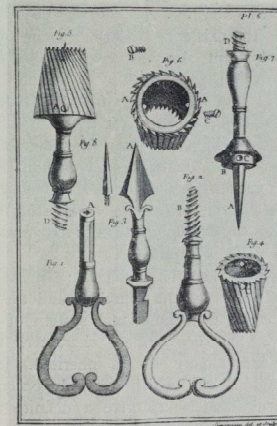
undertaken only after the most painstaking and thoughtful research into the anatomy and pathology of the temporal bone, and against the advice of his more conservative colleagues. He operated because he felt certain in his own mind that infection spreading from the pharynx to the ear could extend between the tables of the skull and even into the cranial cavity; and that the compact bone of the outer table, by preventing the spread of suppuration to the surface, favoured a more extensive involvement of the diploë, and subsequent penetration of the inner table. He argued that the removal of the bone covering the mastoid would



JEAN-LOUIS PETIT. 1674-1750.

Jean-Louis Petit was regarded by his contemporaries as the greatest French surgeon who had ever lived, and one of his eulogists said of him that if surgery had not been known before his time he would have created it. He was born in 1674, and from his infancy he is said to have shown unusual mental alertness and penetration.

The celebrated anatomist Littre was a friend of Jean-Louis' father, and as they lived in the same house the child naturally wandered into the dissecting-room. Anatomy seems to have had an extraordinary fascination for him, and by the age of seven he was assisting Littre regularly in his work. His must have been a strange childhood, for dissection took the place of games, and anatomy was his only education. When he was nine years old Littre commonly left him to make his preparations, and even to give his demonstrations, mounted on a chair so that he might see and be seen by the class. The lack of a general education and a



SOME OF THE INSTRUMENTS USED BY JEAN-LOUIS PETIT IN HIS OPERATIONS UPON THE SKULL AND THE MASTOID.

relieve pain and accelerate the natural process of cure, and the book shows clearly how delighted he was when experience proved him correct.

grounding in classics was a severe handicap to him in later life, and it is pathetic to read of the brilliant surgeon of forty striving to learn Latin so as to be able

to meet his less distinguished colleagues on equal terms.

His skill and especially his judgment won him an international reputation, and many tempting offers were made to him to leave France, but he preferred to stay at home in order to try to raise the standard of surgery in his own country. Surgical teaching especially had declined in the latter part of the seventeenth century, but when the revival set in, Petit was chosen first as a Demonstrator of Anatomy and Surgery in the school of St. Côme, and was later made the first Director of the Royal Academy of Surgery. He thus achieved his great object, making many important contributions to the science of surgery, especially in regard to the mechanism of the arrest of hæmorrhage, the surgery of the lacrimal ducts, hernia, head injuries (laying down clear indications for craniotomy in such cases), amputations and genito-urinary surgery, adding to each subject some fresh anatomical or physiological observations, and introducing ingenious improvements in surgical technique.

His book, which was first published in 1770, twenty years after his death, was written in the conversational style of clinical lectures, and bears eloquent testimony to the fertility of his mind and the maturity of his judgment, as well as to his modesty and passion for truth. "Mistakes," said he, "are but faults if we have the courage to confess them; but if in our pride we conceal them they become crimes". He must have become fairly well acquainted with English surgeons of his day, for he was made a Fellow of the Royal Society, and was sent over to investigate the notorious case of Mary Toft, the Guildford rabbit-breeder.

It is strange that in the rather fulsome tributes paid him by his many worshippers little notice has been taken of his pioneer work on suppuration in the mastoid. It may be that they regarded it as but one example of osteomyelitis, about which his teaching was so well known. Time has established the greatness of his contribution to the surgery of the ear, and we should not let this two-hundredth anniversary pass without offering our homage to his genius.

J. P. R.

(I am indebted to Sir D'Arcy Power for drawing my attention to a paper on the History of the Mastoid Operation by the late Sir Charles Ballance, and to Miss Vaughan for making the reproductions of illustrations in Petit's book.)

THE CONCEPT OF THE COLLECTIVE UNCONSCIOUS

By C. G. JUNG.

PROBABLY none of my empirical concepts has met with so much misunderstanding as the concept of the collective unconscious. In the following paper I will try to give (1) a definition of the concept, (2) a description of what it means for psychology, (3) an explanation of the method of proof, and (4) some examples.

(1) DEFINITION.

The collective unconscious is a part of the psyche, which can be distinguished from a personal subconscious by the fact that it does not owe its existence to personal experience, and consequently is not a personal acquisition. While the personal subconscious is made up essentially of contents which have at one time been conscious, but which have disappeared from consciousness either by having been forgotten or repressed, the contents of the collective unconscious have never been in consciousness, and therefore have never been individually acquired, but owe their existence exclusively to heredity. The personal subconscious consists for the most part of complexes; the essence of the collective unconscious consists of the *archetypes*.

The *concept of the archetype*, which is an indispensable correlate of the idea of the collective unconscious, indicates the existence of forms in the psyche, which are omnipresent although unconscious. Mythological research calls them "motives"; in the psychology of primitives they correspond to LÉVY-BRUHL's concept of "*représentations collectives*"; and in the field of comparative religion they have been defined by HUBERT and MAUSS as "categories of imagination". From these references it should be clear enough that my idea of the archetype—literally a pre-existing form—is not exclusively my concept, but is also recognized and named in other fields of knowledge.

My thesis, then, is as follows: In contrast to the personal nature of the conscious and the unconscious psyche, there is a functional system of a universal, collective, and non-personal character. It does not develop individually, but is inherited. It consists of pre-existent forms, which can only become conscious secondarily, and which give a definite form to the contents of consciousness.

(2) THE PSYCHOLOGICAL MEANING OF THE COLLECTIVE UNCONSCIOUS.

To-day we are mainly concerned with *medical psychology*, which has grown out of professional practice and

insists on the *personal* nature of the psyche. I mean primarily the views of FREUD and ADLER. It is a *psychology of the person*, and its ætiological or causal factors are regarded almost wholly as personal in nature. None the less, this psychology is based upon certain general biological factors, for instance, on the sexual instinct or on the urge towards self-assertion—by no means merely personal peculiarities. It is forced to do this inasmuch as it lays claim to being an explanatory science. None of these views denies pre-existent instincts common to animals and man alike, nor their significant influence on personal psychology. Yet instincts are non-personal, universally distributed and hereditary presuppositions of a dynamic, that is, of a motivating character, which very often fail so completely to reach consciousness that modern psychotherapy is faced with the task of helping the patient to become conscious of them. Moreover, the instincts are not vague and indefinite in character, but specifically formed motive forces, which, long before there is any consciousness, and despite any degree of consciousness later on, pursue their inherent goals. Consequently they form very close analogies to the archetypes—so close, in fact, that there is reason for assuming that the archetypes are the unconscious images of the instincts themselves.

The hypothesis of the collective unconscious is, therefore, just about as daring as the assumption that there are instincts. One may admit without hesitation that human activity is influenced to a high degree by instincts—apart from the rational motivations of consciousness. Now, when the assertion is made that our fantasy, perception and thinking are likewise influenced by inborn and universally present principles of form, it seems to me that a normally functioning understanding can discover in this idea just as much and as little mysticism as in the theory of instincts. Or, are we to regard the pre-existent "categories of judgment" in KANT's "*Critique of Pure Reason*" analogous in every way to my concept, as nothing but mysticism? Although this reproach of mysticism has often been brought against my concept, I must emphasize again that the concept of the collective unconscious is neither a speculative, nor a philosophical, but an empirical matter. The question is simply this, Are there or are there not such universal forms? If they exist, then there is a region of the psyche which one can call the collective unconscious. Moreover, if such an unconscious is present psychological explanation must take notice of it, and submit certain alleged personal ætiologies to a sharper critique.

Some Concrete Examples.

What I mean can perhaps be made clear by a concrete example. You have probably all read FREUD'S

discussion of a certain picture of LEONARDO DA VINCI'S—"St. Anne with Mary and the Christ Child". Freud explains the noteworthy picture from the fact that Leonardo himself had had two mothers. This causality is personal. We will not pause over the fact that such pictures are far from unique, nor over the minor inaccuracy that St. Anne is the *Grandmother* of Christ, but will point out that interwoven with the apparently personal psychology there is a non-personal motive, well known to us from other fields. It is the *motive of the two mothers*, an archetype to be found in the field of mythology and religion in many variants, and forming the basis of numerous *représentations collectives*. I might mention, for instance, the *motive of the double-descent*, that is, descent from both human and divine parents, like Heracles, who, because of an unwitting adoption by Hera, received immortality. What is myth in Greece is even a ritual in Egypt. There the Pharaoh is both human and divine in nature. In the birth chambers of the Egyptian temples, the Pharaoh's second divine conception and birth is represented on the walls—he is "twice-born". This is an idea which is the basis of all re-birth mysteries, including those of Christianity. Christ Himself is twice-born: through His baptism in the Jordan He received His re-birth out of water and spirit. Consequently in the early Church, in the *sacramentarium Gelasianum*, the baptismal font is designated as the *uterus ecclesie*; and, as one may read in the Roman missal, it is called this even to-day in the benediction of the font on the *sabbatum sanctum* before Easter. However, according to an early gnostic teaching, the spirit, which appeared in the form of a dove, was conceived of as Sophia: Sapientia, Wisdom, and as the mother of Christ. Due to this idea of dual parentage, children to-day, instead of having good and evil fairies, who carry out a "magical" adoption with curses or blessings, are given sponsors, namely, a "godfather" and a "godmother".

The idea of a second birth extends throughout time and space. At the time of the first beginnings of medicine it is to be found as a magical means of healing; in many religions it is the mystical experience; it is the central idea of medieval, natural philosophy, and last, not least, the infantile fantasy of many small and "grown-up" children, who believe that their parents are not their real parents, but merely adopted ones, to whom they have been handed over. BENVENUTO CELLINI, for instance, as he himself relates in his autobiography, also had this idea.

The Fantasy of the Two Mothers.

Now it is absolutely out of the question that all of the individuals who believe in a dual descent have in

reality always had two mothers, or conversely, that those few who share LEONARDO'S fate have infected the rest of humanity with their complex. The fact is, one cannot avoid assuming that the universal presence of the dual birth fantasy, and with it, the fantasy of the two mothers, answers an omnipresent human need pictured in this theme. Now if LEONARDO DA VINCI actually portrayed his two mothers in St. Anne and Mary—which I doubt—he none the less was only expressing something which countless millions of people before and after him have believed. Likewise the *vulture* symbol, which FREUD has also treated, in the same essay makes this view all the more plausible. He quotes, with justification, as the source of the symbol, the *Hieroglyphica* of Horapollo, a book much in use at that time. There you read that vultures are female only and symbolically mean the mother; they *conceive through the wind* (Greek: *pneuma*). This word *pneuma* took on the meaning of "spirit", chiefly under the influence of Christianity. Even in the account of the miracles of Pentecost, "*pneuma*" still has the double meaning of "wind" and "spirit". In my opinion, this fact points without doubt to Mary, who, *virgin* in nature, conceived from the "*pneuma*", that is, *like a vulture*. Besides this, according to Horapollo, the vulture is also the symbol of Athene, who sprang directly from the head of the highest god, was a virgin, and knew only spiritual motherhood. All this points really to Mary and to the re-birth motive. There does not exist a shadow of evidence that Leonardo meant anything else by his picture. If it is correct to assume that he identified himself with the Christ Child, he was in all probability representing the dual mythical motherhood, but by no means his own personal history. And what about all the other artists who have represented the same motive? Surely not all of them had two mothers?

The Field of the Neuroses.

Let us now transpose LEONARDO'S case to the field of the neuroses by assuming that it is a question of a patient with a mother complex, and that he is suffering under the delusion that the cause of his neurosis consists in his having had really two mothers. The personal interpretation would have to admit that he is right and yet, actually, it would be quite wrong. For, in reality, the cause of his neurosis would lie in the reawakening of the archetype of the dual mother, quite apart from any question whether or not he had one or two mothers, because, as we have seen, this archetype functions individually and historically without any connection with the relatively rare occurrence of dual motherhood.

It is, of course, tempting to presuppose so simple and personal a cause, yet, the hypothesis is not only

inexact, but wholly false. It is, of course, difficult to understand how a dual mother motive, unknown to a physician trained only in medicine, could have so great a determining power as to produce the effects of a traumatic condition. But if we consider the enormous powers lying hidden in the mythical sphere of man, the causal importance of the archetypes becomes less fantastic. In fact, numerous neuroses occur, showing disturbances, which arise from the very fact that the psychic life of the patient lacks the co-operation of these driving forces. None the less, the purely personal psychology, through the reduction to personal causes, tries its level best to deny the existence of the archetypal motives, and even seeks to destroy them in personal analysis. I consider this a rather dangerous procedure. To-day you can judge better than you could twenty years ago the nature of the forces involved. Can we not see how an entire great nation is revivifying an archaic symbol—yes, even archaic religious forms—and how this new emotion is influencing the individual in a revolutionary and transforming manner? The man of the past is alive in us in a degree of which we did not dream before the war, and in the last analysis, what is the fate of great peoples but a summation of the psychic transformation of individuals?

The Rise of the Swastika.

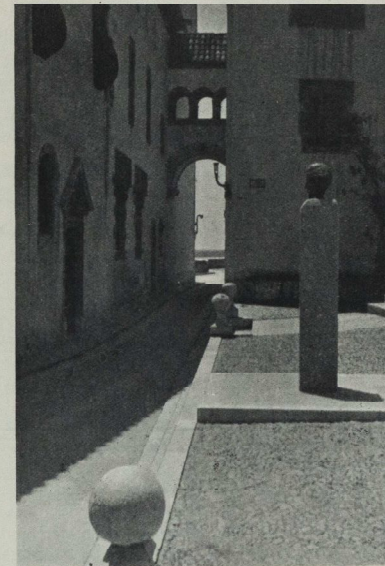
In so far as a neurosis is really only a private matter, that is to say, having its roots really only in personal causes, archetypes play no rôle at all. But if it is a matter of a general incompatibility or an otherwise injurious condition producing neuroses in a relatively large number of individuals, then we must assume the presence of archetypes. Since neuroses are in most cases not only private concerns, but social phenomena, we must also assume the presence of archetypes in most cases; the kind of archetype corresponding to the situation is revivified, and as a result those explosive and hence so dangerous motive powers hidden in the archetype come into action, frequently with unpredictable results. There is even no evil to which people under the rule of an archetype will not fall a prey. If thirty years ago anyone had dared to predict that the psychological development was tending towards a reawakening of medieval persecutions of the Jews, that Europe would again tremble before the Roman lictor bundles and the tramp of the legions, that one would once more give the Roman salute, as two thousand years ago, and that in place of the Christian cross an archaic Swastika would lure on millions of warriors ready for death, that man would have been hooted at as a mystical fool. And to-day? Surprising as it may seem, all this absurdity is an awe-inspiring reality.

Private life, private motives and causes and private neuroses have become almost a fiction in the world of to-day. The man of the past who lived in a world of archaic *représentations collectives* has risen again into a very visible and painfully real life, and this not only in a few unbalanced individuals, but in many millions of people.

There are as many archetypes as there are typical situations in life. Endless repetition has engraved these experiences into the psychic constitution, not in the form of pictures filled with content, but at first only as *forms without content*, presenting merely the possibility of a certain type of perception and action. When something occurs in life which corresponds to an archetype, then the latter becomes activated and a compulsoriness appears, which, like an instinctual reaction, gains its way against reason and will, or produces a conflict increasing to the point of pathology—that is to say, a neurosis.

(To be continued.)

(We believe this Journal to be the first Hospital periodical in England to obtain an article from the pen of Prof. Jung. We take great pride therefore in presenting it to our readers. It will appear in two instalments.)



CANNON BALLS IN SUN.

INTERLUDE IN THE SUN

IT is said of Madrid that it is the noisiest city in the world. I came to believe it. At 7.30 p.m. the roar of the city surpasses imagination—the screech of the klaxon, the chatter of the people, the cries of the hawkers, who sell anything: postcards, maps, a green lizard—"Cinco pesetas, Señor"—ties, shirts, cameras, steel rulers, tinted spectacles, and the inevitable State lottery ticket.

A sense of unrest? A strike of tram-drivers in San Sebastian, of waiters and bull-fighters in Madrid, were but the outward sign of a more sinister, indefinable undercurrent.

"Señor, there are twenty million people in Spain, and believe me, there are twenty million different opinions! They cannot agree. Here in Catalonia all is quiet. Nothing happens."

It was very warm. The cities were behind me. I inclined to agree. There was an avenue of palms stirred by a gentle breeze—a sea that invited and was warm as a fine Amontillado, that slept with just an occasional ripple to divide it from the sky—not a cloud.

Spain became Mohammedan in the eighth century, and their rapid invasion argues but little resistance on the part of the people. Using the culture of Greece and Rome as a basis rapid developments took place. A vast encyclopædia was composed which served as the main text-book of medicine among the Arabic-speaking people and in the Latin West until the seventeenth century, and in which measles was described for the first time and carefully distinguished from smallpox.

They studied physiology and hygiene, and in point of sanitation their cities compare favourably with the Spain of to-day. Their materia medica was practically the same as ours to-day. Many of their methods of treatment are still in use. Their surgeons understood the use of anaesthetics, and performed some of the most

TRIOLET.

The circular Dean
Was in Charterhouse Square.
It's easily seen
The circular Dean
Wouldn't fit—what I mean
There'd be corners to spare
If the circular Dean
Was in Charterhouse Square.

△

difficult operations known. At the time when in the rest of Europe the practice of medicine was forbidden by the Church, which expected cures to be effected by religious rites performed by the clergy, the Moors had a real science of medicine. The Moriscoe influence led to the founding of the first medical schools in Christendom.

In optics they corrected many of the current misconceptions concerning the nature of light and discussed the true nature of refraction. They applied mathematics to astronomy and physics, introduced algebra, and raised chemistry to a science. They invented the pendulum and the mariner's compass. They built the first observatories in Europe. They introduced the culture of sugar, rice, silk and cotton. The potteries of Malaga, the cloth of Mercia, the silk of Granada, the leather of Cordova, the weapons of Toledo were renowned throughout the world.

The control of the country fell to Christian hands in 1492 with solemn stipulation, sworn by Ferdinand and Isabella, that surrender would permit the Moors to live "in their laws and faith inviolate". But they were 'heretics', and what was the stipulation but a mere scrap of paper? They were robbed, murdered, persecuted, exterminated, expelled from the country, pillaged, sold into slavery, and sent to the galleys.

And what was once the rebirth of science became the rebirth of the Church. Spain made itself the most Christian country in Europe, and at the same time the most decadent.

She divested herself of her intellectual element by Jewish and Moorish expulsion. There were fifty colleges in Mohammedan Granada and its environs; schools were attached to every mosque and public libraries were established. Later there were upwards of 9000 monasteries in Spain, and Sevilla alone occupied 14,000 chaplains.

Centuries later Copernicus was denounced, Bruno burnt, and Galileo imprisoned by the Christians for teaching what had been familiar to the Spanish Moslems and Jews for the better part of a thousand years.

Perhaps it is unwise at the present time to form too concrete an opinion of the current Spanish conflict when Press reports are at variance. A leading article in a London daily paper recently stated that "our denominations are showing the utmost sympathy for the Spanish Catholic Church in this hour of its anguish, recognizing the noble work it has done in the past". Perhaps Madrid remembers. Suffice it to comment that it is indeed a paradox that the Church which expelled the Moors now obtains their support to expel another power.

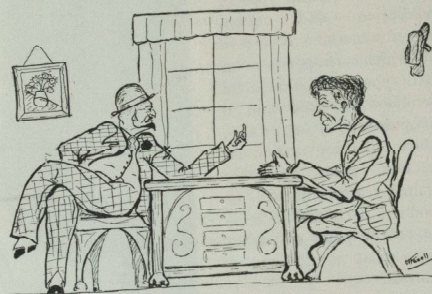
The pendulum swings. Which way?

KENNETH VANDY.

THE DEVIL IN HARLEY STREET

"If Beelzebub himself came here and said, 'Doctor, I'm ill, cure me,' I should do my utmost for him. And so I feel sure would any of us. I can picture the scene. Enter the Devil, rather nervous. There is something unusual about the situation . . . bother this inferiority feeling . . . tries to cover it with a shake of the hand that is a shade too hearty . . . walks round a little, but is motioned to what, after all, can only be the patient's chair . . ."
—Extract from Lord Horder's inaugural address at the opening of the Westminster Hospital Medical School.

IT was a dull day, for two patients had at the last minute telephoned to cancel their appointments, and left me with an unwelcomed gap in my late afternoon programme. Two hours with nothing to do! I looked out of the window at the grimy Harley Street chimney pots; hostile, menacing and ugly were



these old Georgian houses. All that could be said of that drab scene was that it matched the colour of the thoughts within me; nothing seemed worth doing.

The sound of an opening door broke in on my meditation. My secretary had entered with the news that a gentleman who refused to give his name was in the waiting-room, hoping to see me. Named or nameless, a patient was better than nothing, so I asked her to show him in. The door opened again to admit my anonymous visitor. He stood for a moment hesitating on the threshold and then, pulling himself together, strode into the room and seated himself, without waiting to be asked, in the vacant chair beside my desk. His clothes were distinctly vulgar, and reminiscent of other days—black and white check trousers, a braided coat, patent leather boots, a fawn waistcoat and light-coloured gloves, which he placed carefully across his knees, and was now smoothing out with the tips of his fingers. I had had time to notice that he walked with a limp, and was wearing a thin red ribbon tied round the upper part of his left arm. Altogether an unpleasant fellow seemed this middle-aged man who had refused to give

his name. "Check trousers, suffers from rheumatism and has been vaccinated against smallpox!" Where had I read that description? Surely it was in some book a year ago? The answer came to me in a flash—Dostoevsky's description of the Devil in *The Brothers Karamazov*. I looked at him with a newborn interest. At that moment he raised his head, and I noticed a joyless smile, behind which lurked anxiety and irritation.

"Doctor, I am ill. Cure me." Then briefly he outlined his symptoms—a weight on the top of the head, a sinking in the pit of the stomach, loss of appetite, insomnia and an inexplicable depression.

"From what you tell me, my good sir," I answered, "you are not exactly in my line. You should have consulted a physician."

The smile on his face crumpled into an angry frown, as he muttered, "I have just come from one—Lord Horder".

"Then you couldn't have chosen better. He is quite the right man for you. But tell me, as a matter of interest, what did he make of your case?" Without answering the Devil got up from his chair and limped to the window, turning his back on me. I could see that he was struggling with his emotions, too angry to speak. Suddenly he swung round.

"Treated me kindly, took pity on me, patted me on the head as though I were a sickly child, and ended by telling me that I was suffering from . . ."—he made a supreme effort, but the words would not come. So tactfully I turned my eyes from him in the hope of lessening his embarrassment—" . . . from an inferiority complex," exploded my patient, and, exhausted by his effort, crawled back to the chair and crumpled up on its cushions. A long silence followed whilst he was struggling to regain his composure. This he succeeded in doing by stages, finally throwing out his chest and raising his head proudly.

"Do you know who I am? I am Beelzebub—His Satanic Majesty—Lucifer—the Devil!"

"I had guessed," I answered quietly.

"Then you can understand how I felt—treating me like a nobody, me, the Prince of Darkness! But I will get him yet." The Devil's eyes glittered, and with the tip of his tongue he moistened his lips.

"You get us all some time or other," I muttered under my breath. But his hearing was acute, and my words brought comfort to his wounded pride. He rose and grasped me warmly by the hand.

"I knew that you would understand and dispute that diagnosis"—the words still came with difficulty—"an inferiority complex!"

"It is the only point on which we agree," I admitted.

"Neither you nor I nor anybody else sees himself as anything but superior. It is only the position we occupy in the estimation of other people that we judge to be inferior. We ourselves are never inferior, but other people will not admit our superiority. That is our difficulty."

"Exactly," agreed the Devil. "And Horder treated me like a nobody; Me, whose kingdom is the world." He had risen to his feet, sweeping his arms dramatically round the room. But his vaccination hurt him, and he dropped them suddenly to his side.

"The world of small things," I murmured.

"What on earth do you mean?" exploded the Devil, sitting down again.

"Look here," I answered, leaning forward, "let us at least try to be honest with each other. You know as well as I do that Milton's picture of you as an ambitious angel 'dropped from the zenith like a falling star' is pure bunk. There is nothing big about you nor in anything you stand for. On the contrary you work by cheapening everything, belittling, bringing things to the same low level, exchanging bright lights for a mess of pottage. Why, I even sensed your presence in my waiting room long before you entered."

"Ah, you felt my power."

"Yes, your power to make nothing seem worth while. Slander is your *métier*, and that is why I said your kingdom was the world of little things. You are indeed the disease from which you are suffering."

"What disease?"

"The nameless depression, the sinking in the stomach, all those useless fears and worries about things that might happen but won't, like catching smallpox. I hope that your arm will go septic."

The Devil fingered his gloves nervously. Suddenly he got up and made for the door. Just before he reached it he turned round and shouted angrily, "I am going back to Horder. At any rate he was kind and polite".

"He deals with a less brutal side of therapeutics. Physicians are more gentlemanly than surgeons," I retorted, "or perhaps he dislikes you less than I do."

But the door had shut with a bang, and I doubted whether he had heard me. Phew! How oppressive the atmosphere had become! Going over to the window I threw it open and looked out again over the chimney-pots of Harley Street. What a pleasant pattern they made against the opalescence of the sky, and how festive seemed the mews below me with lights appearing behind the little windows! Friendly, reassuring, and even beautiful were those old Georgian houses.

KENNETH WALKER.

One or two errors exist in the index, and the omission of the final "e" in names such as adrenaline, thyroxine, creatinine, etc., is to be deprecated, especially since the text and the index are not consistent on this point.

A Manual of Practical Anatomy. Part III: The Head and Neck. By THOMAS WALMSLEY. Second edition. (London: Longmans, Green & Co., Ltd., 1936.) Pp. viii + 357. 133 figures. Plate III. Price 12s. 6d. net.

This book is, as the author claims for it, essentially a manual for use in the dissecting-room. In this edition an introduction is included which should be extremely helpful to the student before commencing the dissection.

The subject-matter is admirably arranged without unnecessary detail, and the student should have no difficulty in displaying any of the structures and following their relations. Many new diagrams have been added.

The scope of this book is further enhanced by the addition of a few X-ray photographs, as it is now generally recognized that the study of these should form an essential part of the students' anatomical training.

In dealing with the anatomy of the living body the author has not given so full a description as in Part I of this edition.

We would have no hesitation in recommending this book to medical students.

Illustrations of Regional Anatomy. By E. B. JAMIESON, M.D. In two sections. Section VI: Upper Limb; 42 plates, price 7s. 6d. net. Section VII: Lower Limb, 52 plates, price 10s. net. (Edinburgh: E. & S. Livingstone, 1936.)

With the publication of Parts VI and VII of *Illustrations of Regional Anatomy* Dr. Jamieson has now completed the series of useful drawings and schematic diagrams of the entire body. Many of the diagrams are very instructive and original, but others are somewhat stereotyped.

The absence of an explanatory text has been compensated for by the ample and clear labelling of all the structures. The outlines of the bones are useful in some instances, but in others they are too prominent, and so obscure the relations of other structures.

These booklets should help the student to visualize and revise the relations of the "parts" which they have previously dissected.

We have also received the following:

THE INCIDENCE OF ANÆSTHETIC COMPLICATIONS AND THEIR RELATION TO BASAL NARCOSIS. By C. J. M. DAWKINS, M.A., M.D., D.A. (John Murray.) 3s. 6d. net.

A MEDICAL HANDBOOK FOR NURSES. By I. STEWART, S.R.N. Third Edition. (Faber & Faber.) 6s. net.

EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

M.B.—Dahne, S. F. L.

British College of Obstetricians and Gynaecologists

The following have been admitted to the Membership:

Abernethy, D. A., Robertson, I. M., Rosser, E. ap I., Sugden, E. C.

Royal College of Surgeons

The following were successful at the Examination for the Primary Fellowship:

Haggag, H., Innes, A., Talwalkar, M. G.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.P.H.—Greenfield, C. R. M.

D.A.—Corfield, C.

CHANGES OF ADDRESS

BULL, L. I. F., Rhosydd, Llanfyllin, Mont.
 COWAN, G. A., 76, Wimpole Street, W. 1. (Tel. Welbeck 4327.)
 DAVIES, H. H., 1, Auckland Villas, Darjeeling, Bengal, N. India.
 ELSMIE, R. C., 23, Park Crescent, W. 1. (Tel. Welbeck 4128.)

GRAHAM POLE, R. M., "Dobbs", High Bickington, Umberleigh, R.S.O., North Devon. (Tel. High Bickington 8.)
 HAMILTON, I. E.-Col. W. G., I.M.S. (ret.), "Dunaivon" Rhu, Dumbartonshire.

SAVAGE, R. W., 12, Gloucester Road, Bishopston, Bristol, 7. (Tel. Bristol 43228.)

SCOTT, A. W., 65, Harley Street, W. 1. (Tel. Langham 1534—unchanged.)

WILLIAMS, H. M., The Green Croft, 14, Sandecotes Road, Parkstone. (Tel. Parkstone 1160.)

Correction.

RAIT-SMITH, B., 1st, Hyde Park Mansions, N.W. 1.

BIRTHS

BUNCOMBE.—On November 3rd, 1936, at a Norwich nursing home, to Grace Ellen, wife of Dr. G. H. Buncombe, of Gorleston—a daughter.

GOODHART.—On October 27th, 1936, at 3, Wilbraham Place, S.W. 1, to Blanche (née Robertson), wife of Douglas Goodhart—a son.

HEWLINGS.—On October 27th, 1936, at 20, Devonshire Place, London, W. 1, to Præb, wife of N. J. P. Howlings—a daughter.

MILNER.—On November 4th, 1936, at "Blythwood", Harpenden, to Monica (née Mardall), wife of J. G. Milner, F.R.C.S.—a daughter.

WILSON.—On November 15th, 1936, at Brickfields, Harrow-on-the-Hill, to Ruth, wife of Henry Wilson, M.D.—a daughter.

MARRIAGES

BEATTIE—SMITH.—On October 29th, 1936, at Lamesley, Gateshead, DAVIS Andrew Beattie to Frances Olive Smith.

COSGROVE—ROBERTSON.—On November 4th, 1936, at Brompton Oratory, Edward Cecil, only son of the late Dr. Edward and the late Mrs. Cosgrove, of Killeck, Kildare, Ireland, to Jessie, youngest daughter of Mr. and Mrs. William Robertson, of Moorcroft, Buxton.

LANE—DOWGLASS.—On October 24th, 1936, at Cirencester Parish Church, Charles Roger Lyssen Lane, elder son of Mr. and Mrs. W. A. P. Lane, of Ashtead, Surrey, to Anne Louise, only daughter of Mr. and Mrs. A. P. Dowglass, of Cirencester, Glos.

LEWIS—HODGSON.—On October 28th, 1936, at the Church of St. Bartholomew-the-Less, Chiford Loudun Lewis, elder son of Mr. and Mrs. Robert Lewis, of Westcliff-on-Sea, to Mary Priscilla, elder daughter of Mr. and Mrs. Alfred Bowyer Hodgson, of Malaga, Spain.

DEATHS

CUMMING.—On November 18th, 1936, after a short illness, at St. Mawes, Cornwall, John Hamilton Cumming, M.R.C.S., of 35c, Queen's Gate, London, aged 51.

GLOVER.—On September 3rd, 1936, Dr. Reginald James Cecil Glover, M.A., F.R.C.S. of Denholme Gate, Bradford, Yorks.

GREAVES.—On November 18th, 1936, knocked down by car in Cardiff, Dr. G. Gordon Greaves, aged 51.

MORRICE.—On October 22nd, 1936, at Glebe House, Weymouth, George Gavin Morrice, M.D., F.R.C.P., aged 77.

NEAVE.—On October 24th, 1936, at a nursing home in London, Sheffield Henry Morier Neave, M.R.C.P., of Mill Green Park, Ingatstone, aged 83.

SADLER.—On November 7th, 1936, at Barnsley, Yorkshire, Francis Joseph Sadler, M.D., aged 69.

WILLOUGHBY.—On November 4th, 1936, at St. Bartholomew's Hospital, Dr. W. M. Willoughby, B.A., M.D., D.P.H. (Camb.), Medical Officer of Health, City of London, of Horsell Rise Cottage, Woking.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



Journal

"Æquum memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 4

JANUARY 1st, 1937

PRICE NINEPENCE

CALENDAR

Fri., Jan. 1.	—Dr. Graham and Mr. Roberts on duty.	Tues., "	19.—Dr. Graham and Mr. Roberts on duty.
Sat., "	2.—Rugby Match v. Harlequins. Home.		Last day for receiving matter for the February issue of the Journal.
Tues., "	5.—Dr. Evans and Mr. Vick on duty.	Wed., "	20.—Surgery: Lecture by Mr. Vick.
Fri., "	8.—Prof. Witts and Prof. Ross on duty. Squash Match v. St. George's Hospital. Home.	Thurs., "	21.—Squash Match v. London Hospital. Away.
Sat., "	9.—Rugby Match v. O.M.T.'s. Home. Soccer Match v. Old Malvernians. Home. Hockey Match v. Sevenoaks.	Fri., "	22.—Dr. Evans and Mr. Vick on duty. Medicine: Lecture by Dr. Evans.
Mon., "	11.—Special Subjects: Lecture by Mr. Higgs.	Sat., "	23.—Soccer Match v. Birkbeck College. Home. Hockey Match v. Nore Command, Chatham.
Tues., "	12.—Dr. Hinds-Howell and Mr. Wilson on duty.	Mon., "	25.—Special Subjects: Lecture by Mr. Scott.
Wed., "	13.—Surgery: Clinical Lecture by Mr. Roberts. Soccer Match v. Reading University. Home.	Tues., "	26.—Prof. Witts and Prof. Ross on duty.
Thurs., "	14.—Squash Match v. Guy's Hospital. Home.	Wed., "	27.—Surgery: Lecture by Mr. Roberts. Hockey Match v. Shoeburyness Garrison.
Fri., "	15.—Dr. Gow and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Dr. Gow.	Fri., "	29.—Dr. Hinds-Howell and Mr. Wilson on duty. Medicine: Lecture by Dr. Hinds-Howell.
Sat., "	16.—Soccer Match v. Old Bradfieldians. Home. Hockey Match v. Old Southendians.	Sat., "	30.—Rugby Match v. Halifax. Home. Soccer Match v. Westminster College. Away. Hockey Match v. Hertford College, Oxford.
Mon., "	18.—Special Subjects: Lecture by Dr. Cumberbatch.		

EDITORIAL

THE OLD AND THE NEW YEARS

FOR a man, the passing of twelve months is no just ground for self-congratulation, and in the recording of it there must be much that is melancholy.

If Time be an illusion, then Man is part of the chimera, and cannot hope to prove his own permanence by denying the passage of the hours.

The waters of this river are too swift for our frailty; we are like travellers in coracles, who look back with desperate nostalgia to those cities they would fain revisit were the tide less strong, or the

ocean further off. And in the annual welcome we accord to January, and the resolutions with which we both flatter and absolve ourselves, we neither change our course nor improve upon it, but merely mark another mile along the bank, and settle ourselves a little more comfortably in the boat.

But institutions (or institutions such as this) are in other state. Their progression is more ample, and they are enriched, not robbed by Time.

That is not to say they have no losses, or in the survey of the past twelve months no cause for grief.

For such a Hospital as this men may well be born and live to serve her increment, desiring in the end not to be remembered for themselves, but rather for the stones they have added to her history or to her substance. And thus, we feel, would the men whose services the Hospital has lost during 1936, either by death or by retirement, most desire their lives to be regarded.

At the very opening of the year, LORD HORDER OF ASHFORD, a child of St. Bartholomew's, if ever there was one, retired, one might almost say, into public life; while at the same time that most brilliant pathologist, DR. RONALD CANTI, was lost to us by death.

In March, SIR ARCHIBALD GARROD died, and in the following June a double loss was suffered in the retirement of SIR CHARLES GORDON-WATSON, and in the death of MR. NELSON, the tragedy of which was so much heightened by the youth and by the promise of the man.

At Charterhouse, too, there have been changes. Dr. W. H. HURTLEY, for no less than thirty years head of the Chemistry Department, died in June, while Prof. H. H. WOOLLARD, who did such invaluable work in planning and fighting for the new Department of Anatomy, has left a fine and difficult legacy for Prof. HAMILTON, and departed to the outer darkness of University College Hospital.

Now, upon the eve of the New Year, we hear MR. ELMSLIE give his last lecture, and see one more added to the great list of those that have served the Hospital a lifetime, and found within her walls the motive and the moving spirit of their careers.

When one looks upon names so brilliant and so distinguished as are these, one sees how solid are the foundations of a Hospital which can lose them all within twelve months, and yet survive their departure.

Nevertheless, 1936 will be recalled, not as a year of loss, but rather as one of gain; more material perhaps, but gain so substantial as the Hospital has not known since the eighteenth century, when the medical blocks as we know them now were first erected.

We have watched rising during this year the noble white façade which now completes the Square, and which echoes the note struck 200 years ago by GIBBS, while the great expansion of the Teaching College to Charterhouse Square—a tremendous task for which the future must always be beholden to the present Dean, MR. GIRLING BALL, by whose energy and resolution it has alone been made possible—is now an accomplished fact.

Be sure there is no virtue in our isolated efforts. Here and there, perhaps, some man more gifted or more fortunate than his fellows, may break away from the common avenues of thought, and in giving to Science some fresh discovery, achieve for himself an individual immortality. Even the fame of such men as this is enhanced when it is wedded to that of some great and beneficent establishment which gives power, purpose and solidity to what would otherwise be but a transient illumination.

How much more then, should the efforts of the common run of men whose death in the nature of things sets a period to their influence, be preserved by service to an institution in whose duration they may find a more lasting and more worthy monument.

Before us lies the New Year. What it will bring forth depends not upon Fate or upon Time, but upon ourselves. There is little that we can do to further our own destinies, and even that little is a vanity and a thing of dust. But for this Hospital, this certain friend among a world of things uncertain, for whose life, unlike our own, there is no end in sight, and which has already lived and grown 800 years, we may well dedicate our efforts and devote our lives.

CURRENT EVENTS

MR. ELMSLIE'S RETIREMENT

We are glad to hear that Mr. Elmslie is to continue at the Hospital until January, although he gave his farewell lecture on November 30th. A very large audience, which heard him speak of the history of orthopaedics, of its gradual development in this country, and of the establishment of the Orthopaedic Department at St. Bartholomew's in particular, gave him a great ovation, and at the conclusion of the lecture sent him away with a burst of cheering that had a ring of real sincerity about it.

There can be few surgeons who have been more genuinely popular with the students than has Mr. Elmslie, or whose departure will be more deplored by his colleagues and by his pupils alike.

Of his remarkable work over a period of some thirty-five years for his Department and the vast amount that he has accomplished for the Hospital in general during that time there is no need to speak here. In our next number we hope to present to our readers some of Mr. Elmslie's own recollections of the earlier days of the Orthopaedic Department, which will amplify the comments he made upon it in his address.

THE NEW X-RAY PLANT

For a long time now we have watched the strange squat building grow in the corner of the Square, taking,

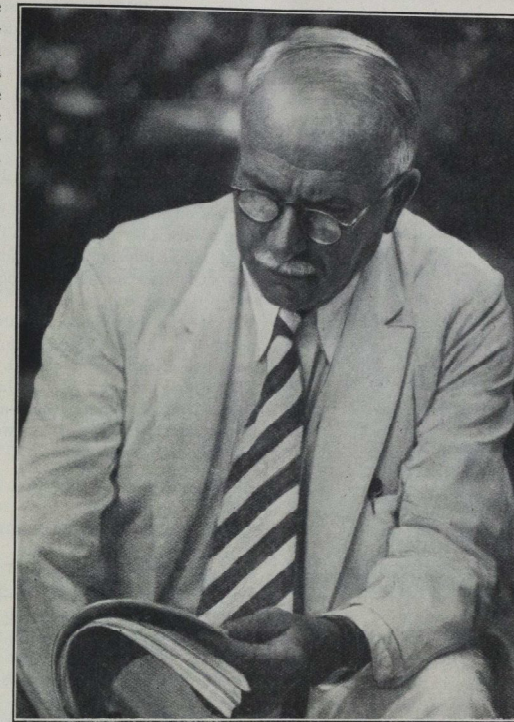
it seems, longer to complete than the whole new Medical Block. Of late one has been able to peer in the open door at the fantastic shape of things to come that fill the interior with mysterious scarlet columns and yellow globes. And on December 10th the Mozelle Sassoon High Voltage X-Ray Therapy Department, to give it its full title, was formally opened by Mrs. Meyer Sassoon, who has financed the undertaking.

In the past it has been difficult to give an adequate dose of X-rays to deep structures without damaging the intervening ones, while doses could not be given within a reasonable margin of safety in the difference in radio-sensitivity of normal and malignant tissues.

The new plant, which operates at 280,000 to 1,000,000 volts, will do away with these difficulties, since rays of greater penetrative power, higher intensity and shorter mean wavelength can be used.

The walls of the building are radiation-proof, of interlocking barium concrete, and the doors of the treatment section are constructed of heavy steel plates.

The tube itself is 30 ft. long and weighs 10 tons, and since it is fixed to the walls, the floor of the treatment room can be moved to adjust the horizontal position of the patient as desired. Communication between the control room and the patient is made by a two-way microphone and loud-speaker, and the patient can be



Fellerer, photo.

PROFESSOR CARL GUSTAV JUNG.

watched through a periscopic system of eight concave mirrors.

At the opening ceremony Lord Rutherford congratulated the Hospital on its acquisition, and said that it would put this country in the lead in experiments with cancer treatment by high-voltage radiation. After Mrs. Sassoon had declared the new Department open, Sir Charles Gordon-Watson, as Chairman of the Cancer Department, expressed the thanks of the Hospital, and later Dr. Donaldson, Director of the Department, unveiled a bronze plaque of the late Dr. Ronald Canti, who did such brilliant work in cancer research at this Hospital.

* * *

CHISLEHURST

A news item of great general interest has just reached us in an announcement that the legal negotiations for the purchase of sixteen acres of ground between Chislehurst and Sidcup for a new Hospital sports ground are well advanced.

In the meantime the old Winchmore Hill property is in the process of being sold, and the new ground should be available for use by next October.

A pavilion and stand are to be built, and there will be room for three rugby fields, one soccer and one hockey field, and six tennis courts.

The ground is about the same distance from London as Winchmore Hill.

* * *

SIR HENRY LENNOX HOPKINSON

We regret to record the death of Sir Henry Hopkinson, who was for so long an Almoner of St. Bartholomew's Hospital.

Born in 1855, he was educated at Cheltenham and Trinity College, Cambridge, and his invaluable services, so freely given, to the institutions in which he interested himself extended over very long periods.

He served this Hospital for eighteen years, and from 1908 onwards was closely connected with King Edward's Hospital Fund. In 1908-1911 he was hospital visitor, and 1910-1911 Master of the Merchant Taylors' Company.

He was created a K.C.V.O. this year, and was eighty-one years of age when he died.

* * *

SIR EDWIN DELLER

An earlier civilization would have seen in the tragic death of the late Principal of London University while

inspecting the great structure he had done so much to make possible, a high and symbolic sacrifice to the gods who watch over institutions.

There is a classical touch, too, in the fact that the accident was announced on November 28th, 1936, the centenary of the University's first Royal Charter, and that so wanton a mishap, under circumstances so strange, should have robbed the University of the very man whose remarkable ability and administrative skill had brought the scheme to fruition, and were so much needed for its completion.

* * *

THE ANNUAL PLAY

"Bees on the Boat Deck," J. B. Priestley's play, is being produced by the Dramatic Club for the Governor's annual entertainment to the resident staff. It will be performed in the Great Hall on the evenings of January 12th, 13th, 14th and 15th, 1937.

Tickets may be obtained on and after January 1st, and since the number available for students is limited, early application is recommended.

The Pot Pourri, on the other hand, will be given at Charterhouse on January 9th—a change which may soon be extended to the play as well.

* * *

SIR MILSOM REES' GENEROSITY

We are delighted to learn from Sir Milsom Rees that the response to our "notice" of his intention to give a special £100 annual scholarship to the Port Regis Preparatory School, Broadstairs, for the sons of old Bart.'s men if a sufficient number presented themselves, has been so good that he has now definitely decided to give the scholarship.

The school is, of course, an excellent one, and Sir Milsom, as an old Bart.'s man, would like to see a tradition of Bart.'s children begun there.

Applications for the scholarship, of which there are two more for sons of medical men in general, must be made to the Headmaster not later than February 20th, 1937, and the candidates must be under nine years of age. The holders will be chosen by interview from among the boys who do best in a simple exam. conducted in or near their homes, and the award is tenable until they leave school.

THE CHARTERHOUSE DANCE

On November 27th the Students' Union gave a dance in the Great Hall at Charterhouse, which, although one took the better part of the evening to get over the first unhappy impression of a handful of slightly depressed pygmies sitting in a single dispirited row round a colossal auditorium, finished up by being reasonably bright.

It was rather too soon after the Grosvenor House Ball to secure a very large attendance, and the bar was too remote from the hall to enable one to drink and dance in proper proportions. You could drink or you could dance, but it was not easy to do both. The buffet, too, was strongly reminiscent, with its gay old ladies, of the similar establishments at railway stations, although the fare provided was very good.

We would heartily recommend the organizers in future to wed the refreshments and the dance rather more closely, and indeed find it hard to see why the bar should not be in the hall itself.

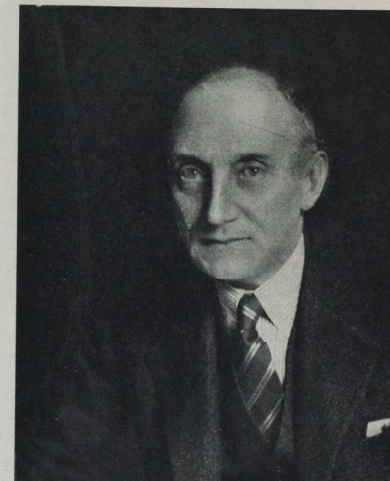
OBITUARY

PROF. E. H. KETTLE, M.D., F.R.C.P., F.R.S.

THE death of Dr. Kettle in the early fifties from a bleeding gastric ulcer is a calamity, for not only was he a leader in pathology of outstanding ability and distinction, but his modesty, helpfulness, perennial humour and tact endeared him to all who were brought into close association with him. A succession of illnesses, including excision of the knee-joint at the age of sixteen and perforation from gastric ulcer ten years ago, would have damped the spirits of most people, but Kettle reacted by making fun of them, and by his fortitude, unflinching sense of humour, extensive knowledge of English literature and a natural gift for making the best of things he succeeded so completely that his cheerful and genial philosophy was not only sufficient for his own needs, but was dispensed liberally to others. As a result, people who were depressed or in a difficulty have been known deliberately to come and seek him out, not only to get the benefit of his special knowledge and shrewd judgment, but also to have their spirits raised. He developed in this way into a kind of pathological referee or father-confessor to whom a wide circle has reason to be grateful. In addition to his personal charm he had a flair for successful organization, so that had Kettle

been a parson he might have made an excellent bishop or even archbishop—although the idea of such a thing would have amused him intensely.

The *Lancet* of December 12th has an admirable biography of Dr. Kettle, from which the following points are taken: He was trained at St. Mary's Hospital and qualified M.B., B.S. London in 1907. After holding the posts of Demonstrator and Assistant Pathologist at St. Mary's he worked for four years in the Pathology Department of the Cancer Hospital, then



By kind permission of the Lancet.

Photo by Russell.

presided over by his friend Alexander Paine. During this period he also worked for a time at Freiburg in Prof. Aschoff's laboratory. In 1912 he returned to the pathological staff of St. Mary's, where he was associated with Sir Bernard Spilsbury, and finally took charge of the department. At St. Mary's he continued for twelve years, including the war years, during which his activities were numerous and varied, including for a time the post of Resident Obstetric Officer. In 1924 he was called to the Chair of Pathology in the Welsh National School at Cardiff, which he held for three years. In 1927 he was appointed to succeed Sir F. Andrewes in the Chair at St. Bartholomew's, which he held for six years—a time that he frequently alluded to as "the happiest period of my life". In 1934 when the Chair of Pathology at

the British Post-Graduate Medical School at Hammer-smith was instituted pressure was brought to bear on him to accept it, and as it was the leading pathological post in the country, with immense possibilities for which he was particularly qualified both by his experience and standing, he assented.

Kettle made many contributions to pathology, all of which were valuable and pertinent. Histopathology was his special province, and from an early stage of his career he devoted much attention to malignant disease. In 1912 he distinguished himself by an important bit of original work on carcinomatosis of the spleen. In 1916 there followed his classical little monograph on the pathology of tumours, wherein he condensed the available information on the subject into a succinct and readable volume, adding at the same time useful criticism of the various theories. This book was the more valuable since it included an excellent account of the work done up to that time on the experimental side by transplanting tumour grafts in animals, and his close friendship with Dr. J. A. Murray, of the Imperial Cancer Research Fund, was here of great help. Kettle himself typed out the whole of this book in the evenings, and having studied the technique of that great histological artist, the late John Ford, he executed all the drawings himself. Malignant disease continued throughout his life to have a special interest for him. His reaction to the virus theory was never enthusiastic, and his caution in this respect was expressed by a recent remark of his to the effect that the virus supporters "have still a long way to go".

Kettle's interests, however, were by no means confined to cancer. From his early days at St. Mary's right up to the end of his life he was supremely interested in the histopathology of infective diseases. In the first place he studied the changes during acute rheumatism, and then he took to producing lesions experimentally with various bacteria and making accurate observations in this branch of histopathology, of which he was the pioneer. His vast experience of the microscopy of lesions produced by known agents was invaluable to colleagues who sought his help. It was Kettle who first defined and accurately described the actual nature of the lesions in gas gangrene in a report published in 1919. In his earlier work on silicosis in 1922, in which he had the good fortune to be associated with W. E. Gye, the pathological significance of the chemical action of silicon compounds was demonstrated for the first time. In view of the industrial importance of silicosis, Kettle in recent years resumed the study of this problem in its various aspects, and there can be little doubt that the contributions he succeeded in

making in this his last phase, and especially the experimental test that he devised for determining whether a given specimen of dust can produce silicosis or not, constitutes a valuable advance. It was in recognition of this and his previous experimental work as a pathologist that he was elected to the Royal Society in the present year.

When Kettle came to St. Bartholomew's in 1927 to take charge of the Pathological Department he entered into the life of the place wholeheartedly, and was equally successful in winning the affectionate regard and respect both of his colleagues and of his pupils. This was a continued source of joy to him, for he appreciated to the full the mutual trust and goodwill, the high but unspoken traditions, and the entire absence of strife. His happiness at this time was expressed one day by the following incident: A rather grim medical official of the old school was interviewing one of his colleagues when a side door into the laboratory opened, and Kettle tripped in sideways with the skirts of his white coat held out and dancing on his toes in a beautiful imitation of a lady of the ballet, and having pirouetted round and bowed, tripped off through another door!

To his pupils Prof. Kettle was a thoughtful friend who helped them over stiles as a matter of course, and if they deserved it he would spare no pains in their advancement. A master of his own subject, his standard was high both for himself and for others. He had an intimate knowledge of English literature and a cultivated capacity for apt expression and irony so that his company was a continual delight. That such a life should be lost from a bleeding gastric ulcer is a sad reminder of the limits of practical medicine to-day.

In 1918 Dr. Kettle was married to Dr. Marguerite Pam of the *Lancet* staff, whose devoted care of him has been the constant admiration of his friends. To her we offer our sincerest sympathy.

MRS. HAYES.

On the eve of going to press we have heard with deep regret of the death on December 27th of Mrs. Frances Ann Hayes, wife of Thomas Hayes, Esquire, Clerk to the Governors of St. Bartholomew's Hospital.

A Memorial Service was held at 11 o'clock on December 30th in the Church of St. Bartholomew-the-Less.

MENS SANA IN CORPORE SANO

PHYSICAL fitness and physical training are expressions to be found in the mouth of every statesman, politician, leaders of the medical profession and in every daily paper. No wonder that the man in the street asks, "Why this sudden enthusiasm for physical fitness?" The same question is being asked by medical students. They say to themselves, "Is this generation really more degenerate physically than any other, or is there some hidden reason for trying to get us fitter?" And it is even suggested that the Government wants to get them fit in order that they should make better cannon-fodder. If, however, the whole matter is considered calmly, it is not difficult to realize why there is this enthusiasm for physical fitness.

Prevention not Cure.

First, there has been a very great change in the mental outlook of the medical profession in the last hundred years. A hundred years ago the general idea was to wait until a disease forced its presence on the notice of the physician. Following this, with a better knowledge of the aetiology of disease came a stage when certain of the sick were segregated so as to prevent others from catching the disease. More recently the idea of searching out and treating conditions in the body which may lead to disease has been undertaken, and as a further step in this direction we come to the present-day zeal for starting with a fit body.

If there is any other idea in the minds of the politicians it might well be that they realize that in years to come the amount of time available for recreation for those employed in manual labour will be very great, and if these people have no opportunities for occupying their physical energy, they will rapidly grow discontented.

It is not difficult for me to realize the truth of this from my own experience. When for some reason I do not get an opportunity to take my weekly "pinch" of squash, my temper becomes short, the students realize that something has gone wrong, and the cat gets kicked out of the house. After an hour's exercise life once more becomes normal.

In addition to all this, if we consult the Dean and his staff, we shall find that quite a large percentage of students fall by the wayside owing to ill-health—some temporarily, some permanently. It is not true that the present generation are very much less fit than previous generations, but it is only necessary to look round at the various classes to realize that many of the students could be very much fitter, and even our representative teams are not, according to report, as fit as they might be. We see in the *JOURNAL* that "the forwards had a

distressing afternoon chasing eight men who were faster and fitter than ourselves".

The Objections.

What, then, are the objections to having such physical training? The first excuse given is that "We have not got the time". This is a most useful phrase, but I am quite sure that none of us use it except when we are asked to do something that we dislike. If it were really true that a medical student's life was so crowded with work that he could not keep fit, surely there must be something wrong with the curriculum. I understand that recently Cambridge University considered that the medical students were not getting sufficient relaxation and exercise (a sad change from the good old days), and have changed the curriculum in consequence. Something must be radically wrong with our sense of proportion if we are going to cripple a big percentage of our students whilst making them into doctors.

It has been suggested that it would be very much better for everybody to play games. Granted this would be the ideal, but a great many people are not sufficiently good at games to enjoy them, and in any case it requires a train journey in order to get to some space where such games are possible, and this cannot be undertaken each day of the week, whereas with physical training it can be carried out in the Hospital grounds daily.

The other objections that have been put forward need not concern us here, as they can undoubtedly all be overcome.

M. DONALDSON.

A lake
Wave-bespeckled in the wind
Two ducks at flight
And the colour of gentian

That was the power
Which took me in my stride
Took me to halt
And sit
By a gnarled oak
My mind on the Wind

An hour before
The lake was grey
An hour after
The grass still
And without colour
Between the hours
A wind
And a colour
Two ducks at flight.

M.

THE CONCEPT OF THE COLLECTIVE UNCONSCIOUS

By C. G. JUNG.

(Continued from p. 46.)

(3) METHOD OF PROOF.

Now we must turn to the question of how the existence of archetypes can be proved. Since archetypes are psychic products, we must explain where and how one can get hold of the material demonstrating these forms. When it is a question of material produced by consciousness, there is little hope of demonstration, although this is not wholly excluded, because even in places where we think we are acting consciously, unconscious determinants push in, and with them probably archetypes also. However, we exclude this material because language and education provide consciousness with a mass of mythological motives, which, however, by no means prove their previous unconscious existence.

Another possible source lies in *dreams*, which have the advantage of being involuntary, spontaneous products of the unconscious psyche, and which are, therefore, pure products of nature uninfluenced by any conscious purpose. By questioning the individual one can ascertain what motives appearing in the dreams are known to him. Among those which are unknown to him, we must exclude all motives which *might* be known to him, as, for instance, to revert to the case of LEONARDO, the vulture symbol. We are not sure whether LEONARDO drew this symbol from Horapollo, although this would have been perfectly possible for a man of culture of his time, for artists especially at this time were distinguished by considerable humanistic knowledge. Therefore, although the bird-motive is an archetype *par excellence*, its existence in LEONARDO'S fantasy would prove nothing; consequently we must search for motives, which simply *could* not be known to the dreamer and yet behave functionally in his dream in such a manner as to coincide with the functioning of the archetypes known from historical sources. This is no easy condition, as you see.

Dreams and Fantasies.

Another source for the material needed is the so-called *active imagination*. By this I mean those series of fantasies which intentional concentration calls into being. I have made the experience that the intensity and frequency of dreams is increased through the presence of unrealized and unconscious fantasies, and that when these fantasies are brought into consciousness, dreams change their character and become weaker and less frequent. From this I have drawn the conclusion

that dreams often contain fantasies tending to become conscious—dream-sources are often suppressed instincts possessing a natural tendency to influence consciousness. In cases of this sort, we simply impose upon the patient the task of observing any one fragment of his fantasy which seems important to him for its so-called *context*, that is to say, the pertinent associative material in which it is imbedded, until he understands it. It is here not only a question of *free association* as recommended by FREUD for the purpose of the dream analysis, but of the elaboration of the fantasy through observation of further fantasy material, such as is added on to the fragment in a natural manner.

This is not the place to enter upon technical elucidations of the method. Suffice it to state that the series of fantasies produced relieve the unconscious and present a material rich in archetypal forms. Obviously this method may only be used in certain carefully selected cases. It is not wholly without danger, because it may lead the patient too far from reality. A warning in the face of thoughtless application is in place.

Last, but not least interesting as sources, we must consider the delusions of paranoiacs, the delirious fantasies in trance states, and the dreams of early childhood, from the third to the fifth year. Masses of such material are available, but it is valueless if one does not succeed in retrieving convincing historical parallels. It does not, of course, suffice to connect a dream about a snake with the mythical existence of the snake, for who could guarantee that the functional meaning of the snake in the dream is the same as in its mythical setting?

The Difficult Parallel.

In order to draw the valid parallel, it is, therefore, necessary to know the functional meaning of an individual symbol, and then to find out if the seemingly parallel mythological symbol belongs to the same kind of condition and has, consequently, the same functional importance. The establishing of such facts is not only a matter of lengthy and troublesome investigation, but also an ungrateful subject for demonstration. Since the symbols may not be torn out of their context, one must give exhaustive personal as well as symbolological descriptions—a thing practically impossible in the course of one article. I have repeatedly tried it at the risk of putting one half of my readers to sleep. Despite the frequency of the phenomenon, cases which can be demonstrated are rare. If, despite this, I try to demonstrate the proof on the strength of one practical example, you may excuse my daring on the score of my finding the idea of archetypes interesting for a variety of reasons. In any case, this idea has annoyed many people, myself

included, and thanks to it, as I have said, I have been accused of mysticism.

An Extraordinary Experience.

I am choosing as an example a case-history which, though already published, I use again because its brevity makes it peculiarly suitable as an illustration. About 1906 I came across a curious fantasy in the case of a paranoid, who had been interned for many years. The patient had been ailing since his youth from incurable schizophrenia. He had gone through the public schools and been employed as a clerk in an office. He was possessed of no special gifts, and I knew nothing of mythology or archaeology in those days, so the situation was not in any way suspect. One day I found him standing near the window shaking his head and blinking into the sun. He asked me to do the same, promising me I would then see something very interesting. When I asked him what he saw, he was surprised that I myself saw nothing, and said: "Surely you see the solar penis—when I shake my head, it also shakes, and that is the origin of the wind." Of course I did not understand the strange idea in the least, but I made a note of it. Then, about four years later, during my mythological studies, I discovered a book by the late ALBRECHT DIETERICH, the well known philologist, which threw light on this fantasy. The work, published about 1910, deals with a Greek papyrus in the Bibliothèque Nationale in Paris. DIETERICH thought he had discovered a Mithraic ritual in one part of the text. The text is undoubtedly a religious prescription for the carrying out of certain incantations, in which Mithras is named. It comes from the Alexandrian school of mystics, and accords in meaning with certain portions of the so-called Leyden Papyri and with the *Corpus Hermeticum*. In DIETERICH'S text we read the following directions:

"Draw breath from the rays, draw in three times as strongly as you can and you will feel yourself raised up and walking towards the height and you will seem to be in the middle of the aerial region. . . . The path of the visible gods will appear through the sun, the God, my Father; similarly will become visible also the so-called tube, the origin of the serving winds. For you will see from the disk of the sun like a dangling tube: and this is in the region toward the west, endless as eastwind; when the destination towards the regions of the east belongs to the other, you will see similarly in the regions of that the reversal of the vision."

The text shows the intention of the author to enable the reader himself to experience this vision, which the author has had, or which, at least, he believes in. The

reader is to be initiated into the inner experience of the author or—what seems more likely—into one of those mystical communities then existing, of which PHILO JUDEUS gives contemporary evidence. For the fire- and sun-god here invoked is a figure which has historical parallels standing, for instance, in close connection with the Christ figure of the *Book of Revelations*. It is therefore a collective representation, as are the ritual actions described, such as the imitation of animal voices, etc. This vision, then, is embedded in a religious context of a distinctly ecstatic nature, and describes a sort of initiation into the mystic experience of the Deity.

Our patient was about ten years older than I. He was a megalomaniac, being God and Christ in one. His attitude towards me was benevolent—he liked me, as the only person with any sympathy for his abstruse ideas. His delusions were mainly of a religious nature, and when he invited me to blink into the sun like himself and to wag my head, he apparently intended to let me partake of his vision. He played the *role* of the mystic sage and I was the pupil. He was even the sun-god himself, creating the wind by shaking his head. The ritual transformation into the Deity is attested by APULIUS in the Isis mysteries, and this in the form of a sun-apotheosis. The meaning of the "serving wind" is very likely that of the generating spirit (*pneuma* is wind), which streams from the sun-god into the soul and fructifies it.

The Proof.

Now proof must be brought, and it is not a question of a purely chance coincidence between two individual cases. We must therefore show that the idea of a wind-tube connected with God or the sun possesses a collective existence independent of these two statements, or, to state it in another way, that it occurs also at other times, and in other places. Some medieval paintings do represent the Immaculate Conception with a tube-like contraption reaching from the throne of God to the body of Mary. Either the dove or the Christ Child descends through it. The dove represents the fructifier, the Holy Ghost—wind.

Now it is quite out of the question that the patient could have had any knowledge whatever of a papyrus published four years later, and it is in the highest degree unlikely that his vision had anything to do with the strange medieval representation of the Immaculate Conception, even if, through some quite improbable chance, he should ever have seen a copy of such a painting.

I do not mention this case in order to prove the vision an archetype, but only to present to you the procedure of investigation in the simplest possible form. If we had only such cases, our task of investigation would be relatively simple, but the presentation of

proof is in reality more complicated. First of all, certain symbols must be isolated clearly enough as to be recognizable as phenomena subject to known laws, not just matters of chance. This is done by examining a long series of dreams, say a few hundred, or active fantasies, for typical figures, and by observing their development in the series. By this method it is possible to establish certain continuities and variations of one and the same figure. One may select any figure which gives the impression of being an archetype through its behaviour in the dream. If the material at one's disposal has been well observed and is sufficiently ample, one can establish interesting facts about the variation undergone by a type. Not only the type itself, but its variants also can be substantiated by evidence from comparative mythological material. I have described the method of investigation in an essay published in 1935, and have also given there the necessary empirical material.

SOME HOWLERS FROM THE NURSES' STATE REGISTRATION EXAMS.

(NOT THE LONDON DISTRICT.)

Put three fingers on the inner side of the wrist and feel till you can hear the pulse beating.

The pulse may be rapid if patient has been sitting up. It should be taken with a watch with a minute hand and counted slowly.

If a person has had a flea on them, they should have a bath in 1000 gallons of water to which 4 lb. of sulphur has been added.

The flea is a vegetable parasite: it hops and flies long distances.

The flea harbours blankets.

One of the dangers of fleas is that they cause flebitis.

If there are fleas in a private house, the householder should notify the Minister of Health, who should make it his business to deal with it.

Fleas do not live long. They suck so much blood they are liable to burst.

Bugs are usually to be found in beds.

Bugs may be swallowed with strawberries and turn to intestinal worms, which gradually eat you away.

Bugs invest in mattresses.

Bugs completely ruin the hair.

The bug, though a hideous object, is quite a cleanly being.

The bug is a human parasite.

The bug is about the size of a large button. It sucks blood and can do this for six hours.

A. L. CANDLER.

THE CHRISTMAS SHOWS

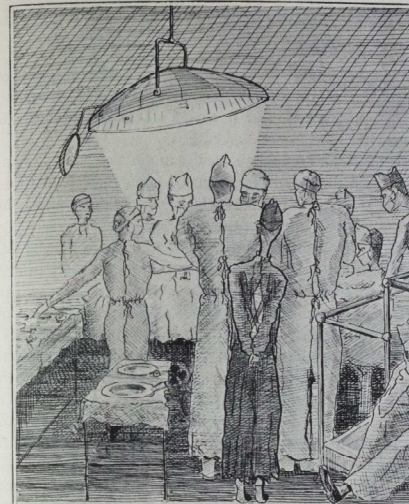
THE rehearsals of the past few weeks, which filled the neighbourhood of the Surgery with sound of strife and ear-astounding cacophony, resulted on Christmas Day in a number of entertainments which surprised by reason of their euphony; and, gracious heavens, what an annually recurring surprise it is to find even the most retiring of our friends and acquaintances starring in comedy, or playing juvenile lead in some romantic episode; it is an unusual sidelight on the Bartish character, and, if I may quote Butt of the Residents' Brigade, "The men are splendid, Mr. Rafflin!"

Another aspect of the Bartish character illustrated by the poster opposite was less in evidence than of late; operation scenes have been rather overdone in the last few years—last year by no less than six shows; this year, praise be, there were none.

A remarkable development of the past few seasons has been the decline in favour of the pierrot costume; this costume has much to recommend it, not least its simplicity; once upon a time most, if not all, of the shows were clad in some modified form of this dress; this year only the *Residents* used it, and even with them it was limited to the ruffle at neck and wrist. Tails and mess jackets are popular now; some say that it is evidence of greater sophistication; I think it is a pity.

The improvement in lighting has been maintained, although the possibilities latent in several very elaborate sets of footlights were not exploited with much skill or imagination, except by the *Beaux Jests*. That pause between items still remains the bugbear that it has always been; it is in this respect that experience seems to count more than in any other, since the *Beaux Jests*, the *Sennapodians* and the *Pep-tones* only were free of this fault. Again these three, particularly the *Pep-tones*, shared the uncommon virtue of being able to stand still while they were singing; it was a great relief to listen to them without having the eye irritated by a continuous jiggling; *Strike-me-pink* was also good in this respect. Pitching the voice to the back rows has always been a difficulty among amateurs, and it was again in evidence in one or two shows this time. But these are all very elementary points, easily corrected by an experienced producer. This is just one of the reasons that may be brought forward against the recent custom of collecting most of the talent in a few shows, and leaving the rest to fend for themselves; it seems a pity that men with experience should desert their firms, which happened, one is led to believe, in one or two cases this year.

The standard this Christmas was as high as it has ever been. There was no really bad show, and several were very good indeed. So many times does one hear the question, "Who do you think was the best?" that one may be forgiven so invidious a pastime as making a "ranking list". Right at the top must come the *Beaux Jests*; very close behind them, in fact almost in their pockets, are the *Sennapodians* and the *Pep-tones*, and then, at no great distance at all, come the *Residents*, *Strike-me-pink* and the *China C's*. One must refuse absolutely to commit oneself as to the relative merits of the others; suffice it to say that the bottom of the ladder is completely deserted.



THE BARTISH CHARACTER.

Love of watching operations. (with apologies)

The China C's.—Gerry Richards, having imported a number of performers whose abilities have been already proved, produced an excellent entertainment, which even the last-minute infection of his pianist was powerless to spoil, since Garrod nimbly deputized for the sick Pope; also an indisposed Ramsey was hurriedly replaced by his younger brother. The best turns in this show were, "Firstly, my dear Brethren", sung by Dunn and Phillips, and "Audrey, the Nurse with Girlish Laughter", by Dunn, Hardie and Ramsey. Aladdin, a potted pantomime in rhyming couplets, went very well with Dunn and Phillips as juvenile leads, Hoskyn as the Widow Twankey, and Stoker doubling the parts of Court Chamberlain and the Genie of the Lamp.

The Dark Blue Seamen.—Murley wrestled manfully with an enormous and hearty cast which made more noise than one remembers to have heard in the wards for a long time. The high lights of this show were Oscier at the piano, Murley and Desmarais "Doing their Party Piece", and Murley, Dawnay and Elder in "Three Schoolmasters"; the sketch was rather thin, but the acting of Gimson, Hayes and Mackay reached a higher level than is customary in Christmas shows.

The Gangreens.—This show was produced by Grunbaum, who, considering his abilities at the piano and the fact that he has quite a pleasant voice, hardly exploited himself sufficiently; in the singing department he was most effectively assisted by Gimson; for the rest, the jokes were too often too close to the wind,

though the whole cast, especially Goodman, played with enthusiasm, if with little polish.

Reginald's Vicktims. For the last three years the Light Blue firm have been unfortunate in leaving no one to produce a good show; this year, however, the spell has been broken, and Geoffrey Darke is to be congratulated on being the one to do it. Cleverly assisted by Dick Howell at the piano, by Baum, who carried a large part of the show, metaphorically, on his shoulders, he gave us half an hour of continuous amusement. Wedd, Hughes and Sookias sang "Dandelion, Daisy and Buttercup" with verve, although their words were often incomprehensible; their appearance, however, made up for this. Cody and Golledge did well in smaller parts. In a nicely conceived moving tableau, "The House that Rahere built", the latter aroused the jealousy of many nurses by looking far more beautiful than any pro. has a right to do.

Strike-me-pink.—Gordon Evans produced a slick and varied entertainment which was notable among the firm shows for the absence of gaps. Of many good turns, the best were the tap-dancing, the conjuring and the harmony singing; our old friend, "Do you Want any Dirty Work Done?" was as popular as ever in a new garb.

The Residents.—Produced this year by Eric Jewsbury, the *Residents* magnificently overcame the many difficulties which must stand in the way of any Residents'



show. Their broadcast commentary, "In Bart's to-night", was one of the best things in any of the shows. Butt made a *tour de force* of the chief part in an excellent bit of the Anglo-Indian Army variety, which was followed by Jewesbury singing at the piano in his well-known romantic manner. Gabb and Jewesbury combined well in song and dance and dialogue, while Thorne-Thorne demonstrated that his tap had considerably improved since last year. A very gay performance, ably supported by Baynes, Blackburne and the rest, with Bohn pounding manfully away at the piano.

The Jolly Rogers.—Illness had stalked Alf Evans from the time this show was first conceived—a fact that was apparent in the hesitation with which the show was put together; more rehearsal was obviously needed. There were one or two excellent lightning sketches, spoilt by the long waits before and after. Tubby Ellis and Macpherson sang well; the latter also recited a good poem of his own composition. Some very good songs, particularly "Sailors Beware", were spoilt by Evans's tendency to go off the rails, and a good stage-manager was urgently needed.

The Pep-tones.—Who produced this show nobody knows; judging by the noise at rehearsals, they all produced it all the time. However, the result was excellent. Particular mention must be made of their close (very close) harmony renderings of "Ragtime Cowboy Joe" and "Shoe Shine Boy", with which last they incorporated "Sleepy Head", which presented them with some very tricky reefs composed of sharps and flats, through which they steered with remarkable skill. "The Deadly Nightshirts" was well done, if a little long; "Dirty Songs" sung by McKenzie was the only really sophisticated item of the year. They had an amusing, well-executed sketch, and the *compère* Allen, filled in the gaps very nicely. But the singing was the best part.

The Sennapodians.—In their third season the *Sennapodians* gave us another polished performance, of which the bright particular star was undoubtedly Lumb. He has an assurance and a flair which carried his audience with him. The rest of the cast displayed their usual skill in putting over a number of good items, including a "Musical Out-patients" (which might have been cut in one or two places), and a very good song called, "The Cause of all the Trouble is the App-en-dix". Their community song was up to standard.

The Beaux Jests.—The main credit for this production goes to Ronald Gibson, whose self-effacing work at the piano is not sufficiently appreciated. Joe Wheelwright, appearing as a disembodied face somewhere up by the ceiling, plonked away, and sang some rollicking songs, of which "Giddy up Napoleon" was most applauded. Trevor Roberts did some good impersonations, and Newbold sang really well, while the others danced about in a care-free manner. The stage managing of Cawthorne was very good.

With regard to all the shows: "Always remember that the men are still splendid, Mr. Rafflin."

FIRST IMPRESSIONS OF A RURAL DISTRICT COUNCIL

OUR Rural Council prides itself on being one of the most, if not the most, progressive of all the Districts, and a model of what all councils should be.

We meet in an upper chamber in a little country town, in a room strongly reminiscent of a schoolroom, with its desks of varnished pine, each with a little shelf to hold the reams of paper notices with which we are served.

Many of our members are farmers, a few townsfolk, and just a sprinkling of the gentry. They tramp in like a lot of school-boys and girls, for there is a small element of female representatives, and the noise and clatter is like that of a flock of starlings.

The proceedings open with business-like precision. The Chairman hits the table a resounding crack with a wooden mallet and brings us all to attention. I expect the District Clerk, seeing that our Chairman is an ex-General, to salute smartly and report "All present and correct". Instead of that the minutes are read and signed as correct, and then the fun starts. This is question-time, and the opportunity to air pet hobbies and let off steam. "I should like to ask, Mr. Chairman, whether it is a fact that one of the tenants of the council houses we have put up at Little Mudford is in receipt of such wages which make him unsuitable, whereas there are poor people who haven't any home. Now I am an 'umble man myself, but I know wot's wot!" and then he launches into a long rigmarole of what he thinks should happen or would like to happen and the Chairman has to call him to order and says, "I must remind you, Mr. Turmut, that this is question-time, and not the time to air your views on matters of general policy". "Oh, all right, Mr. Chairman, but I should just like to say this—" and then he is off again at full gallop on his hobby-horse. Smack! comes the gavel on the table! "Mr. Turmut," says the Chairman, "I cannot allow you to make a speech. You have put your question, and if possible you shall have an answer." Subsidence of Mr. Turmut.

To the newcomer these questions and speeches proved difficult. It was hard to understand what members were saying and what they were driving at, for most of them have a distinct burr to which the London ear is not tuned in. With a little time, strict attention, and grasp of certain rules, things come slowly clearer. We don't like to use too common terms. Houses, for instance, are not built to live in, they are for "ummin 'abitashun". Following these rules the new member was actually able to take in what was said, and rise to proclaim his view that the isolation hospital should not

be abolished as it is now empty, because one could never know when it might be required in case of an epidemic.

The other day one of our members was in a most provocative mood. He is a real Red, and he might have been addressing a crowd from a tub at Hyde Park Corner. What he said was not so bad, but it was his nasty way of saying it. He used the most un-Councillian language, and would not stop until he had been called sharply to order in the best barrack-square voice of the Chairman. This inflamed him still more and he burst out indignantly: "I don't think it fair, Mr. Chairman; I just get up to tell you about what I want, and all you do is to make a paraphernalia of it." I really do not know the word he was seeking, and perhaps he did not know himself.

As they say in Parliament, our relations with neighbouring bodies are friendly, but still differences do occur. A disagreement arose with a nearby borough council about a drainage system. Our surveyor said a manhole should be of a certain size, and their surveyor said it should be bigger. Both parties were obstinate, neither would give way and a deadlock ensued. So a round-table conference was called, at which some fifteen or sixteen worthies gathered under the guidance of the Chairman of the Public Health Committee. He is a working man, but he has the domed head of the Beaker man, like Sir Oliver Lodge or the late Marquess of Salisbury, and the calm and judicial way he managed the meeting would have done credit to a meeting of the League of Nations or of the British Medical Association. The spokesman of the recalcitrant side put his case very firmly and fairly. Opinion and counter-opinion were expressed about the size of a manhole, and whether two men could work in a manhole 3 ft. by 3 ft. or whether it must be 4 ft. by 3 ft. I was about to suggest reference to the experimental method and that the two surveyors should dig a hole 3 ft. square and fight it out, when the Chairman terminated the proceedings in a most charming way:

"Gentlemen," he said, "we have argued this matter to and fro. I think a great deal too much has been made of it, and what I think we have all been doing is making a mountain out of a manhole." Much laughter and a general amicable settlement.

As you see, our council has its humorous side, but it has its serious side too. Its objects, besides attention to the village pump, which if you happen to live in a village is of vast importance, are to give the district a decent water supply, a drainage system and sound weatherproof houses. This sounds ambitious, but it is being done, and one cannot conceive a greater work in the interests of the public health and general well-being of the nation.

Blessings on its labours.

THE RURAL COUNCILLOR FOR WORTON-LE-NER.

AN AIR AMBULANCE

THE first work in connection with medical aviation was carried out by M. de Mooy, a Dutch doctor, during the years 1890 to 1911. He was assisted in this work by Mlle. Marvingt, a medical student and aviator, who proposed plans for air ambulance work of a military nature. Since then the French have been the champions of the air ambulance. In 1915 they evacuated casualties from Albania, but on the Western Front casualties were too numerous, and machines too few and unsuitable for this work. The French continued to develop this service and, during 1921 and 1928, evacuated nearly 4000 casualties from Morocco with only two fatal accidents.

The first air ambulance to be developed in this country was the Monospar Ambulance, named the "Florence Nightingale", produced in 1934 through the collaboration of Col. E. M. Cowell, D.S.O., D.L., M.D., F.R.C.S., County Director of the Surrey Branch of the British Red Cross Society, and General Aircraft Ltd.

The purpose which the designers had in mind was to produce a means whereby an urgent case could be taken quickly and without discomfort from some remote spot to a hospital; or medical aid to an emergency or epidemic far from civilization. Obviously time is the most important factor in these emergencies and the air supplied the answer, for the flying ambulance can cross, in an hour or so, dense and dangerous jungles that would take weeks to traverse by ordinary methods. Moreover, it can take sandy deserts, where only specially-equipped expeditions could survive, and waterways in its stride; and, equipped with skis, it can operate from snow-covered surfaces.

For such a task it is necessary to have a vehicle which will function efficiently as an aeroplane and an ambulance. The Monospar Ambulance is fitted with two 95 h.p. engines, each being capable of maintaining height if the other should fail, radio transmitting, receiving and direction-finding apparatus and full night-flying and blind-flying equipment. The interior is sound-proofed, and is fitted with comfortable seating accommodation for a doctor and nurse in addition to the specially designed stretcher equipment. The cabin can also be maintained at an evenly controlled temperature, and the side panel lifts so as to give easy access when loading and unloading the stretcher into the ambulance.

In addition to comprehensive medical and surgical equipment, including a blood-transfusion apparatus, a collapsible oxygen tent is also incorporated as part of

the standard equipment. This tent fits comfortably round the patient's head and, being open at the top, permits of easy inspection, and obviates distress to the patient caused by the use of a nasal catheter or other appliance. The required concentration of oxygen is maintained continuously from a cylinder in the usual way, and there is no interference with nursing the patient. By virtue of this equipment, the Monospar has been aptly called a miniature flying hospital.

opportunity for showing that efficiency was not impaired by these very unfavourable flying conditions.

The value of an air ambulance service in any future war is obvious; but the expense of providing a fleet of air ambulances is prohibitive. Consequently, I understand, manufacturers are keeping in mind the question of convertibility as they design new commercial machines.

I am much indebted to Col. Cowell for the information



Illustration reproduced by courtesy of General Aircraft Ltd.

The range is 496 miles at a cruising speed of 118 miles per hour, or 468 miles at 123 miles per hour. The take-off in still air is 195 yards, and the landing run 120 yards.

Recently I had the opportunity of attending a lecture and demonstration on the Monospar, given by Col. Cowell and Mr. S. L. Noel-Brown, of General Aircraft Ltd. The "patient" was placed on the stretcher and loaded into the ambulance in thirty seconds, and the plane took off ten seconds later. The "patient" informed me afterwards that everything was very comfortable, including the oxygen tent, which had been brought into use while in mid air. Unfortunately continuous rain fell all the time, and this rather spoilt one's view of the Monospar in flight and the inspection of it in the open; but it afforded an excellent

I have derived from his very interesting article to the *Journal of the Royal Army Medical Corps* (April, 1934), to which I refer anyone who is interested in this subject.

D. W. BOATMAN.

SQUASH COURTS APPEAL.

It is earnestly hoped that the Squash Club will not have to charge for admission to the new courts, which have proved an expensive undertaking, and will be of enormous service to students when they are completed. Contributions to the fund should be sent to the Secretary of the Students' Union.

STUDENTS' UNION

COUNCIL As we announced last month, the gymnastic equipment at Charterhouse is now installed and ready for use. It has been decided to add to this equipment a rowing machine, which is unquestionably a very great asset, and will give members of the Rowing Club and others an opportunity for a little dry-land practice. Anyone with a lust for physical training has now ample facilities for indulging his passion.

* * *

We have remarked in "Current Events" upon the acquisition of a new 16-acre property near Chislehurst for the new sports ground. At the same time a light car for conversion into a tractor has been purchased, thus replacing the ponderous and rather disastrous machine that formerly succeeded in concreting the top-dressing.

* * *

A party-wall award is being drawn up with our neighbours at the new squash courts at Charterhouse, and this, although the process is being accelerated as much as possible, will mean a further delay of some weeks. The Club are still hoping to collect enough money to

avoid charging for admission to the courts, and contributions for this purpose should be sent to the Secretary of the Students' Union.

* * *

As we remark elsewhere, the Pot Pourri will this year be held on a temporary stage at Charterhouse. It is, of course, highly desirable that all the theatrical performances should move across, and that adequate facilities should be provided. The question of giving the A.D.S. show at Charterhouse has, we understand, been broached to the Governors, and they have given it favourable consideration.

* * *

It is hoped, in connection with the Pot Pourri, that patrons will see their way to subscribing a little more than the usual sixpence in the plate. The show is always an excellent night's entertainment and surely worth more than this rather parsimonious but very prevalent contribution.

* * *

Gas drill, long a subject of heated debate and anxious anticipation, is at last to be included in the Hospital curriculum. London Hospital, we understand, has practised it for some time, and it is now felt that we should also prepare ourselves for emergency.

SPORTS NEWS

RUGBY FOOTBALL As their Cornish supporters said, "It was a nice clean game" against Redruth at Winchmore Hill on a sparkling November afternoon; it was certainly one of the best seen there this season.

The rearrangement of the back division seems to have justified itself; Candler has shown that he is not only an enterprising stand-off half, but that he can hand on his knowledge and experience to the rest of the men behind the scrum. Laybourne appears to be a real footballer, and has settled down nicely in his new position at centre-three-quarter, and he and Evans are beginning to show of what good stuff they are made. Before this match one wondered how our young three-quarter line would fare against the notoriously robust methods of the West Countrymen; however, they seemed to enjoy themselves, and suggested that the Cup Ties will prove more exciting for Bart.'s than one might have expected.

In the opinion of your humble correspondent, the reason why Bart.'s lost this match was the extremely poor packing of the forwards. The criticisms that one would level at them are: (i) That the packing was loose; (ii) that each rank failed to get down as a unit, particularly the second row; (iii) that the back row seemed unable to get down in time. Moynagh's hooking was excellent against a hooker who persistently used the outside foot. However, there need be no complaints about the loose play, since each forward played his part. The line-out work continues to improve with every game, though Mundy stands out head and shoulders above the rest in this respect. Effective hooking up was well demonstrated by the fact that both tries were scored by a forward, Irving—other forwards please note.

The spectators' hearts were repeatedly in their mouths by reason of the full back's preference for taking the ball first bounce; perhaps a little more practice on full back's part would relieve such an embarrassing cardiac displacement.

Redruth ultimately won by 9 points to 8 a game that was exciting to watch, and testified to the belief that Bart.'s Rugger is once more on the up grade.

E. M. D.

* * *

In perfect Riviera weather, and before a large and very enthusiastic crowd, the Hospital played an effective, scintillating game to defeat the Devonport Services by 18 points to 13. It is very many years since we have beaten this side, and to have done so even more decisively than the score suggests, without any particular aid from Dame Fortune, is a fine feather in the Club cap.

The play was fast and open, the forwards hailing particularly well from the loose, allowing Hearn to give an ample, fast and accurate service to the men behind him. It was comparatively seldom that the ball reached the Services' wing men, whereas the Hospital outsidels had plenty of the ball, and always made ground

either individually, or by some of the prettiest pieces of combination that we remember to have seen. Unfortunately Candler sustained an injury that kept him off the field for twenty minutes of the first half, and it was during this period that the Services secured their first score; on his return after half-time he cut through the entire defence in that oh-so-easy seeming manner, and scored a try that brought the crowd to its feet. The three-quarter line, especially the wings, played admirably, and it was grand to see the ball travelling backwards and forwards from end to end as though on a string. Unluckily Berry, at full-back, seemed to spend much of his time in a daze, and undoubtedly struck an off day.

The forwards set a hot pace, which they managed to maintain till the final whistle went; they played well together as a pack, and were always well up with the ball.

Regrettably the place-kicking was lamentable, for, of the six tries scored, not one was converted! Several kickers were tried, which gave the impression that they were just having a "crack at it". Every possible place-kicking fault was demonstrated to a somewhat caustic, though appreciative audience—it made the scores more level, and indeed the lead changed hands many times amid the greatest excitement. But one cannot help feeling that a little more serious and more frequent practice of this not too difficult art would bring us a sorely needed accretion of points.

J. M. M.

* * *

In contrast to the previous Saturday Bart.'s were distinctly lucky to beat the Old Paulines by 10 points to 7 on their first visit to town. Played on a bitterly cold day at Winchmore Hill, the game was not devoid of excitement, though it lacked all those finer touches which make a game memorable.

Although the forwards held their own, and worked hard from start to finish, the backs appeared to have left their brains at home. Time after time the ball just went down the line and stopped; the movement, if such it can be called, was performed in bottom gear, and quite a lot of ground was lost. The defence, with the aid of our opponents' innumerable mistakes, proved adequate.

* * *

We went to Thames Ditton on an ordinary sort of autumn day to meet the Old Paulines, and beat them fairly easily by two placed goals to one penalty goal, 10-3.

The game was a rather scrappy one. Old Boy sides have a happy knack of seizing every chance that is presented to them; in fact they rarely allow their opponents to cottle down owing to their unorthodox methods. Not that this is to be despised; on the other hand it is a very good lesson for Cup Ties. From that point of view one cannot help feeling that one would like to see everybody taking their man a trifle sooner and a good deal harder.

Rushed though they appeared to be at times, Bart's never allowed themselves to be rattled, and heeled the ball well in the loose, and the backs did the rest in admirable style. Hearn and Marshall (deputy for Candler) did very well indeed, but Evans's and Laybourne's passes went astray too often for the spectators to maintain their customary equanimity. *Berry had a good match; he has given up waiting for the ball to bounce, for which we must be truly thankful, his kicking was excellent, and altogether he hardly put a foot wrong.*

The forwards have not yet learned to scrimmage; *the pack is high, ragged, and lacks cohesion*; practice would put this right, but until a coach comes and tells them how, the urgent and persistent cries of the captain will be of no avail. This poor scrimmaging nearly cost us the match, and we may consider ourselves lucky that the Old Paulines seemed to have lost the art of passing.

An early bout of passing put Griffiths in under the posts for a try which Newbold converted; and in the second half the same player did the tactful thing when, with several forwards from which to choose, he gave the ball to his captain, who scored a try under the posts and converted it himself!

Hogbin, still playing almost as well as in the old days for Guy's, kicked their penalty goal. The remainder of the game saw the Paulines doing most of the attacking, and heeling from every scrum and taking scrums from every line-out; but the defence just held out till "no-side".

The match was admirably refereed by T. N. Pearce, perhaps better known as a cricketer; one ventures to hope that he will be seen in the Cup Ties. E. M. D.

ASSOCIATION Two League matches have been played in the A.F.C. this December, and the form shown by the first XI was not very good.

The match against **Westminster College** at Winchmore Hill was lost 1-2.

The Hospital side did not get together at all. James opened the scoring with a good goal after twenty minutes. Westminster equalized before half-time and then played with more determination. Bart's were slow on the ball, and on the run of the play the opposition deserved their winning goal obtained during the second half.

The match against **Queen Mary's Hospital** at Leyton was drawn 3-3.

This match was played in a dense fog and consequently is hard to describe. One of the Hospital full-backs was stranded with his motor car on the way to the ground so the team consisted of ten men.

Perhaps the fog made the opposition think they were playing against a full side, because they failed to show much enterprise. The four Bart's forwards played very hard and deserved the three goals they scored. It was also good to see the defence tackling really hard for the first time this season. Knowles, at right back, was outstanding.

HOCKEY We should like to take this opportunity of expressing our thanks and appreciation to the Financial Council of the Students' Union, and to Ronald Gibson in particular, for the revision of the Club Wants whereby the Hockey Club has been granted £20 annually for a tour. We are grateful for an added source of revenue, and also for the opportunity we have been given to wend a respectable side together.

Not only was our tour in Germany last Easter greatly enjoyed, but I think also that it did a certain amount of good—at any rate in the town of München Gladbach.

It was a perfect day for hockey or any other game when Bart's took the field against **Emmanuel College** at Cambridge. (Won 2-0.) The hardness and unevenness of the ground would probably lead to a hard, fast and somewhat disjointed sort of game. This is what actually did occur. It was one of those annoying grounds, seemingly billiard-table in flatness, which caused the ball to "pop" at critical moments. In spite of this handicap both sides played well together, many nice movements being forthcoming. In the first half Bart's were definitely superior in every sphere of the game, and at half-time we were leading by one goal. In the second half their forwards always looked dangerous, and medals

must be handed out to a sterling goalkeeper and to a defence backed up by tireless work by the halves, reinforced by the two inside-forwards, who completed a picture which must surely have gladdened the heart of any hockey enthusiast. Our opponents peppered our circle with centres, but their shots were either stopped brilliantly by Moore, or bottled up by anyone who happened to be near. I think it right to say that for the last 20 minutes they were continuously in our twenty-five, and, surprising thought it may seem, during that time our forwards broke away and scored in a movement in which they all had a hand. The game ended with a *mêlée* in our circle, closely resembling a rucker scrum, with our left-half's "posterior" prominently in action. (I don't know what he'd do without that appendage!) A well-earned victory.

This game, which was played at **Bexley** (won, 7-0), produced good hockey, considering the appalling condition of the ground. Bart's were much too good for their opponents, and scored seven times without reply. The forwards combined very well, and the defence was sure, and never looked like being "bamboozled". Goal scorers were Morrison (5), Hewitt (1), and Taylor (1).

Played at **Surbiton**. In Kugger terminology this would have been described as a glorious defeat, but in modest Hockey lingo it may be called "a cracking good game"! In spite of the score, Bart's and **Surbiton** were very evenly matched.

In the first 35 minutes the backs lacked cohesion, chiefly because they had not often played together before. Be that as it may, at half-time Surbiton were leading by 2 goals. After that they had added two quick goals we woke up with a bang. Stielis ceased to be seotinine-covered, and the ball shot backwards and forwards across the field, seldom up and down. "A spirit of bustle pervaded the muscle-covered limbs of the black and white shirted sons of Achilles," and in the words of Omai Khayyam—

"The ball no question made of Ayes and Noes,
But Left or Right as strikes the player goes."

Such a metamorphosis was bound to produce good fruit. Two goals were quickly scored, and while their defence was dismantling itself from "Ju-jitsu" knots, Griffiths twice sent in wellnigh unstoppable shoulder-high shots which could only have failed to be goals by a *2 or 3*.

However, the goddess of Fortune did not smile on us, and the better side won.

Moore, in goal, once more held the fort nobly, and Griffiths, at centre half (foaming at the mouth), was here, there and everywhere. There has seldom been a player in such bad training, yet so utterly tireless and always at the top of his game. Morrison was most commendable at centre-forward, always quick on to the ball, and quick to snaffle up his chances. (Lost 2-4.)

RESULTS UP TO DATE.
Played 13, won 8, lost 4, drawn 1. Goals for, 44; goals against, 27.

SQUASH The opening match of the season against **King's College Hospital** (away) resulted in a defeat by 3 matches to 2. Taking into consideration the lack of practice enforced on our team by the delay in construction of the new squash courts, the result was by no means disappointing.

Maidlow and Marrett won their matches comfortably, both exploiting the drop and angle shot with effect. The remainder of the squash players in the Hospital would do well to practice. A criticism which might be made was the tendency to hit the ball too hard, instead of playing to a length down the side walls. This, however, will come with practice. All we are waiting for now is the building of the courts, and whole-hearted enthusiasm to enable us to win the Inter-Hospital League.

Bart's. v. B. B. Waddy, 2-9, 4-9, 9-4, 2-9. Lost.
v. D. I. Williams, 2-9, 9-5, 7-9, 9-6. Won.
v. T. X. G. Copestake, 9-3, 9-2, 9-0. Won.
v. G. R. Steed, 9-2, 7-9, 9-3, 7-9, 6-9. Lost.
v. D. J. Fairweather, 7-9, 5-9, 9-7, 1-9. Lost.

This match resulted in a very encouraging win for Bart's against **The Fyare Club** by 3 matches to nil.

Although playing on strange courts, Marrett quickly adapted himself, and ran into a 2 games' lead, using the drop and angle shot with success. The next two games went to his opponent, who placed the ball cleverly. Marrett, however, took the fifth game with ease.

Maidlow was slow in starting, but made a good recovery and fully deserved his win.

James was up against a man obviously out of form and won comfortably.

Bart's. v. Col. Rattigan, 9-3, 9-1, 6-9, 7-9, 9-0. Won.
v. W. M. Maidlow v. J. Feathers, 9-9, 5-9, 9-0, 9-4, 10-8. Won.
v. C. T. James v. J. Maikes, 9-3, 9-4, 9-4. Won.

O.T.C. MEDICAL UNIT No. 1 COY. The resignation of Capt. R. F. Phillips, who has been in command of No. 1 Coy. since 1930, has been received with deep regret throughout the Medical Unit. Capt. Phillips served as an O/Cdt. in the Junior O.T.C. while at Christ's Hospital; but he did not join the Senior O.T.C. until he took his commission in November, 1930. He was promoted Captain in May, 1934.

When he took over the command of No. 1 Coy., it consisted of O/Cdts. from St. Thomas's and King's College Hospitals, as well as from this Hospital, and the number of Bart's men then in the Corps was thirty. Since that time this number has been doubled, and No. 1 Coy. is now formed entirely of O/Cdts. from this Hospital. This success was mainly due to the personal efforts of Capt. Phillips.

A cordial welcome is extended to Lieut. A. W. D. Leishman, who has just joined the Corps, and now assumes command of No. 1 Coy. We wish him every success.
Lt.-Col. C. H. Hope-Carlton, M.C., O.C. Medical Unit, gave an extremely interesting lecture on November 30th, entitled "The Work of a Field Ambulance in Warfare".

On December 7th, S/Sgt. Burrows, P.S.I., showed a film entitled "Defence against Gas". This illustrated the methods of training which the British Army is employing to combat the menace of noxious gases, which may be used against it at some future date, although the use of such weapons is prohibited by the Geneva Protocol of 1925. Lieut. Leishman pointed out, afterwards, that lectures on the prevention and treatment of gas casualties would soon form part of the regular medical curriculum.

RIFLE CLUB Throughout the first half of the miniature range season the Rifle Club has maintained its usual standard of shooting, since up to the present only three matches have been lost.

A new feature of this season's programme has been a number of shoulder-to-shoulder matches in place of the City of London postal matches. This arrangement has been a success, and is to be continued in the future.

At the close of the first round of the Lloyd Cup in the **Inter-Hospital League** Bart's holds the pleasant position of top of the list, having won all matches.

Scores.
v. Guy's Hospital at Hay's Wharf. Bart's 883, Guy's 573.
v. Middelex at Bart's. Bart's 538, Middlesex 550.
v. St. Mary's at Marylebone. Bart's 481, St. Mary's 560.
v. St. Thomas's at St. Thomas's. Bart's 577, St. Thomas's 576.

The average scores in the **Engineers' Cup League** compare favourably with those of previous years, our present position being third, with King's and Northampton Engineering College.

Results to date: Matches shot 6, won 4, lost 2, drawn 0; points 8; position, = 3.

A novices' spoon shoot was held during the month of November, only persons who had not represented the Hospital in any match being eligible.

The spoon was won by Flavell. Score 95 + handicap 5 = 100. Cuthbert was runner-up with a handicap score of 98.

A clay disc tournament was held during the session, a pewter tankard being awarded to Armstrong, the winner.

It is hoped that a somewhat similar competition with "golf" targets will be arranged to start in January.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

Staff	£	s	d	(*)
Demonstrators	13,580	19	4	(80)
Students	1,774	17	0	(72)
Old Bart's men:	1,311	4	11	(330)
‡Bedfordshire	45	18	6	(9)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(20)
‡Cambridgeshire	194	6	0	(42)
‡Cheshire	6	16	6	(3)
‡Cornwall	22	12	0	(8)
‡Cumberland	5	0	0	(1)
‡Derbyshire	19	14	0	(4)
‡Devonshire	575	1	0	(54)
‡Dorset	77	11	6	(14)
‡Durham	17	7	0	(4)
‡Essex	267	3	6	(23)
‡Gloucestershire	257	5	0	(29)
‡Hampshire	1,519	4	0	(60)
‡Herefordshire	17	12	0	(4)
‡Hertfordshire	107	13	0	(21)
‡Huntingdonshire	5	5	0	(1)
‡Isle of Wight	194	13	6	(13)
‡Kent	588	3	0	(72)
‡Lancashire	129	16	6	(17)
‡Leicestershire	142	0	9	(8)
‡Lincolnshire	61	9	0	(18)
‡Middlesex	497	14	0	(34)
‡Norfolk	178	0	6	(21)
‡Northamptonshire	39	14	6	(6)
‡Northumberland	101	1	0	(2)
‡Nottinghamshire	24	3	0	(5)
‡Oxfordshire	231	15	0	(22)
‡Rutland	7	2	0	(1)
‡Shropshire	38	1	0	(10)
‡Somersetshire	2,837	6	4	(28)
‡Staffordshire	194	18	0	(6)
‡Suffolk	331	0	6	(36)
‡Surrey	523	18	6	(62)
‡Sussex	752	4	6	(63)
‡Warwickshire	214	19	0	(24)
‡Westmorland	2	10	0	(1)
‡Wiltshire	1,011	12	0	(13)
‡Worcestershire	161	1	6	(25)
‡Yorkshire	353	6	6	(29)
Wales	60	12	0	(20)
London	6,894	15	2	(229)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(5)
Abroad	119	1	0	(13)
South Africa	376	15	6	(20)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(15)
India	207	12	0	(13)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	130	10	0	(8)
China	52	0	4	(9)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	654	14	6	(49)
Others	72,948	4	3	(82)
Lord Mayor's Appeal	17,990	16	0	(0)
Funds of College	8,000	0	0	(0)
Value of Building	20,000	0	0	(0)
Loan	20,000	0	0	(0)
Stock Sold	4,061	0	0	(0)
	£180,705	11	10	

* Number of Bart's men subscribing. † Number of Bart's men in County. ‡ Counties with Secretaries.

- HARRISON, G. A., M.D. "Albuminuria" or "Proteinuria." *Medical Press and Circular*, September 2nd and 9th, 1936.
- HARRIDGE, H., M.D., Sc.D., F.R.S. Editor of *Bainbridge and Menzies' Essentials of Physiology*. Eighth edition. London: Longmans, Green & Co., 1936.
- HEWER, C. LANGTON, M.B., B.S. "Modern Anesthesia." *Clinical Journal*, November, 1936.
- HIGGS, S. L., M.B., F.R.C.S. "Fractures of the Internal Epicondyle of the Humerus." *British Medical Journal*, October 3rd, 1936.
- HINDS HOWELL, C. M., M.D., F.R.C.P. "Arachnoiditis." *Proceedings of the Royal Society of Medicine*, November, 1936.
- HORDER, LORD, K.C.V.O., M.D., F.R.C.P. "Septic Endocarditis." *Lancet*, July 25th, 1936.
- "The Edward Gamaliel Janaway Lecture: Direct Action in Medicine." *Journal Mount Sinai Hospital*, November-December, 1936.
- HUNT, ALAN H., B.M. "A Method of Splinting Septic Fingers." *Lancet*, August 15th, 1936.
- HUNT, JOHN H., B.M., M.R.C.P. "The Raynaud Phenomena: A Critical Review." *Quarterly Journal of Medicine*, July, 1936.
- KERSLEY, G. D., M.D., M.R.C.P. "Gout." *Clinical Journal*, September, 1936.
- KEYNES, GEOFFREY, M.D., F.R.C.S. "An Inactive Parathyroid Tumour." *British Journal of Surgery*, October, 1936.
- KLABER, R., M.D., M.R.C.P. "Molluscum Contagiosum Milliare (Whitfield)." *Proceedings of the Royal Society of Medicine*, November, 1936.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "Present Position of Endocrinology." *British Medical Journal*, October 17th, 1936.
- "On Hy popituitarism." *British Medical Journal*, November 14th, 1936.
- "The Background to Harvey." *Lancet*, October 24th, 1936, and *British Medical Journal*, October 24th, 1936.
- "The Biology of Social Life." *Lancet*, December 5th, 1936.
- LOYD, ERIC I., F.R.C.S. "Hallux Valgus: A Comparison of the Results of Two Operations." *British Journal of Surgery*, October, 1936.
- LOYD, WYNDHAM, E. B., M.R.C.S., D.P.H. *A Hundred Years of Medicine*. London: Duckworth, 1936.
- LOYD, W. ERNEST, M.D., F.R.C.P. (and MACPHERSON, A. MARGARET, M.D.). "Pulmonary Tuberculosis in Young Adults." *British Medical Journal*, December 5th, 1936.
- MAGNON, H. A., M.B., B.S., and SCOTT, R. BODLEY, B.M., B.Ch., M.R.C.P. "Chronic Renal Destruction and Parathyroid Hyperplasia." *Journal of Pathology and Bacteriology*, vol. xlii, No. 3, 1936.
- MAAWELL, JAMES, M.D., F.R.C.P. "Investigation of Cases of Hemoptysis." *General Practice*, April-June, 1936.
- "Lung Abscess." *Lancet*, August 22nd, 1936.
- "Treatment of Asthma." *Medical Press and Circular*, July 22nd, 1936.
- MERRIMAN, BASH, M.R.C.S. "Complete Repair of 'Mallet Finger.'" *British Medical Journal*, October 17th, 1936.
- MILES, W. ERNEST, F.R.C.S. "Ano-Rectal Fistula." *Post-Graduate Medical Journal*, August, 1936.
- MORGAN, C. NAUNTON, M.B., F.R.C.S. "The Surgical Anatomy of the Anal Canal and Rectum." *Post-Graduate Medical Journal*, August, 1936.
- O'KELL, C. C., M.B., F.R.C.P. (and ELLIOTT, S. D., M.B.). "Cross-infection with Hamolytic Streptococci in Otorhinological Wards." *Lancet*, October 10th, 1936.
- PAYNE, REGINALD T., M.D., F.R.C.S. "Diverticula of Stomach." *British Medical Journal*, November 14th, 1936.
- "Hyperparathyroidism including Renal Calculi." *Proceedings of the Royal Society of Medicine*, July, 1936.
- POWER, SIR DAVID, K.B.E., F.R.C.S. "Ipsissima Verba. XI: Two Liverpool Surgeons: 1. Henry Park, who excised Joints in 1781." *British Journal of Surgery*, October, 1936.
- "The Abernethian Society." *Medical Press and Circular*, December 2nd, 1936.
- PYBES, F. C., M.S., F.R.C.S. "Serous Cyst of the Breast: Its Cure by Injection." *Lancet*, October 10th, 1936.
- RAVEN, R. W., F.R.C.S. "Pain in the Rectum and Anus." *Post-Graduate Medical Journal*, August, 1936.
- "Perforated Peptic Ulcer." *Post-Graduate Medical Journal*, December, 1936.
- REAVELL, D. C., M.B. "A Note on the Oxygen Tent." *Lancet*, August 1st, 1936.

EXAMINATIONS, ETC.

University of London
Third (M.B., B.S.) Examination for Medical Degrees,
November, 1936.

Honours.—*Rovston, G. R.
* Distinguished in Medicine.
Pass.—Bickford, B. J., Clarke, R. F., Corea, F. E., Fearnley, J. D. O., Gibson, R. E., Grundy, T. N., Leask, L. R., McGladdery, J. P., Rieby, E. P., Roberts, J. L. D., Rosser, E. ap I., Rotter, K. G., Samuel, D. M., Smyth, E. H. J.

Supplementary Pass List.

Group I.—Balfour, H. I. C., de Saram, G. S. W., Hcnig, L., Hollands, F. G., Roy, A. N., Sandell, L. J., Taylor, R. W., Yates, F. H.
Group II.—MacCarthy, D. de la C., Moore, F. T., Sutton, R. J. C., Williams, A. M.

CHANGES OF ADDRESS

ATKINSON, E. MILES, 570, Park Avenue, New York City.
CANNLEDEN, L. I. M., 3, Bassett Road, W. 10.
CHOLMELEY, J. A., Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middlesex.
ENOCH, R. H., "Wingate," Farnham Road, Guildford, Surrey. (Tel. Guildford 138.)
HUDSON, B., Haus am Kurpark 3, Davos-Platz, Switzerland.
ROSS, K. M., 69, West Street, Farnham, Surrey. (Tel. Farnham 34.)

APPOINTMENTS

ATKINSON, E. MILES, M.B., F.R.C.S., appointed Assistant Surgeon to Manhattan Eye and Ear Hospital, New York City.
CHOLMELEY, J. A., F.R.C.S., appointed Assistant Resident Surgeon to the Country Branch of the Royal National Orthopaedic Hospital.
WILLIAMSON, J. C. F. LL., M.B., F.R.C.S., appointed Surgeon to Hove General Hospital.

BIRTHS

BELLAMY.—On November 27th, 1936, at 20, Devonshire Place, to Elsie, wife of Dr. W. A. Bellamy—a daughter (Pauline).
MOORE.—On Saturday, December 5th, 1936, at 12, Hyde Gardens, Eastbourne, to Mary, wife of Sir Alan Moore, Bt.—a daughter.
PROWSE.—On Monday, December 7th, 1936, at 20, Devonshire Place, W. 1, to Joan (née Grant) and Cedric Barrington Prowse—twin sons.
ROBB.—On December 6th, 1936, at Quarrylands, Dunsford Hill, Exeter, to Anna, wife of W. Austin Robb—a son.

MARRIAGES

HADFIELD—MACDOUGALL of MACDOUGALL.—On December 2nd, 1936, at St. John's Cathedral, Oban, by the Rt. Rev. the Bishop of Argyll and the Isles, Stephen John, elder son of Dr. and Mrs. Charles Hadfield, of London, and Jean, second daughter of Col. and Mrs. MacDougall of MacDougall and Dunollie, Oban.
SIMCOX—TASKER SMITH.—On November 28th, 1936, at the Church of St. Bartholomew-the-Less, London, Dr. Ronald Simcox to Olwyn Tasker Smith.

DEATHS

CHAFF.—On November 26th, 1936, in Salford, Thomas Waycott Chaff, M.R.C.S., L.R.C.P., of "Thorpe", Leicester Road, Higher Broughton, Manchester.
CLAPHAM.—On December 11th, 1936, at Woodside Hospital, Capt. John Thurlow Clapham, late R.A.M.C., eldest son of the late Edward Clapham, M.D., of Wimbledon, aged 70.
KETTLE.—On December 1st, 1936, at his home, 44, Lansdowne Road, London, W. 11, Edgar Hartley Kettle, M.D., F.R.C.P., F.R.S., of Whilby.—On December 8th, 1936, Frank Whilby, M.B., B.S., of The Priory, New Romney, Kent.
WHITWELL.—On December 1st, 1936, Alfred Frank Whitwell, M.R.C.S., L.S.A., of 52, Abbey Foregate, Shrewsbury, aged 81.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.
All Communications, financial or otherwise, relative to Advertisements THE ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital



Journal

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

VOL. XLIV.—No. 5

FEBRUARY 1ST, 1937

PRICE NINEPENCE

CALENDAR

Fri., Jan. 29.	—Dr. Hinds Howell and Mr. Wilson on duty.	Wed., Feb. 17.	—Surgery: Clinical Lecture by Mr. Girling Ball. Squash Match v. St. George's Hospital. Home.
Mon., Feb. 1.	—Special Subjects: Lecture by Mr. Capps.	Thurs., "	18. —Rugby: 1st Round of Inter-Hospital Cup v. London Hospital.
Tues., "	2.—Dr. Gow and Mr. Girling Ball on duty.	Fri., "	19.—Dr. Gow and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Dr. Evans. Last day for receiving matter for the March issue of the Journal.
Wed., "	3.—Surgery: Clinical lecture by Mr. Wilson. Hockey Match v. University College Hospital.	Sat., "	20.—Rugby Match v. Old Leysians. Away. Soccer Match v. University College. Away. Hockey Match v. Aldershot Command, R.A. Away. Fencing Match v. London Hospital. Away.
Fri., "	5.—Dr. Graham and Mr. Roberts on duty. Medicine: Clinical Lecture by Dr. Graham.	Mon., "	22.—Special Subjects: Lecture by Mr. Bedford Russell.
Sat., "	6.—Rugby Match v. Old Millhillians. Away. Soccer Match v. Imperial College. Home. Hockey Match v. Seaford College. Away.	Tues., "	23.—Dr. Graham and Mr. Roberts on duty. Squash Match v. London Hospital.
Mon., "	8.—Special Subjects: Lecture by Mr. Higgs.	Wed., "	24.—Surgery: Clinical Lecture by Mr. Girling Ball. Hockey Match v. R.M.A., Woolwich. Away.
Tues., "	9.—Dr. Evans and Mr. Vick on duty. Squash Match v. King's College Hospital. Home.	Fri., "	26.—Dr. Evans and Mr. Vick on duty. Medicine: Lecture by Dr. Graham. Fives Match v. King's College. Home.
Wed., "	10.—Surgery: Clinical Lecture by Mr. Vick.	Sat., "	27.—Rugby Match v. Old Tauntonians. Away. Soccer Match v. Keble College. Away. Hockey Match v. King's School, Canterbury. Away.
Fri., "	12.—Prof. Witts and Prof. Ross on duty. Medicine: Clinical Lecture by Dr. Gow.		Fencing Match v. St. Thomas's Hospital. Away.
Sat., "	13.—Rugby Match v. Mosely. Home. Soccer Match v. Hon. Artillery Company. Home. Hockey Match v. Staff College, Camberley. Away. Fencing Match v. Guy's Hospital. Away.		
Mon., "	15.—Special Subjects: Lecture by Mr. Bedford Russell.		
Tues., "	16.—Dr. Hinds Howell and Mr. Wilson on duty. Fives Match v. Guy's Hospital. Home.		

EDITORIAL

ANTI-GAS MEASURES

THE course of instruction which has recently been instituted at Charterhouse Square, and which is being conducted by Major Haden Guest fills a want of which both the Government and the Medical College authorities have become increasingly aware within recent months. For some time one or two other London hospitals have been interesting themselves in gas instruction for medical students, but official circles have now decided that nothing less than concerted

action throughout the whole community will meet the country's need.

The intention of the campaign is purely protective. It is not dictated by any militaristic spirit on the part of the administration, nor is it intended to produce any such spirit in those members of the public who undergo the course. It is not even, as so many people have suggested, a warning of imminent war.

But we live in times more troublous and amongst

spirits, it would seem, more inflammable than any since the French Revolution and the era of Napoleon, and it is to-day a wise man indeed who knows where his next bomb is coming from.

The war of to-morrow, there can be little doubt, will be one of intense mobility, sudden blows, and startling onset. It goes without saying that one of its chief weapons will be the bombing aeroplane, directed not only upon military objectives, but upon administrative bases and the civilian populations of important cities with a view to creating at least panic and disorder, if not complete annihilation.

Such attacks will be extraordinarily difficult if not impossible to parry, for anti-aircraft fire is hopelessly inadequate to deal with them, and they can be met effectively only by air squadrons of equal or superior strength. Even under such circumstances it is very doubtful whether they could be held completely from their objectives.

The bombs would come in three waves. First, high explosives would wreck buildings and highways, disorganizing transport and hoping to destroy vital centres, besides creating panic. Incendiary bombs would then complete the confusion and start unmanageable fires at widely different points of the city. Finally, when the terror was at its height and the population most vulnerable, gas bombs would deliver their quietus.

With the great powers of Eastern and Central Europe only a few flying hours away—a distance that grows shorter as each new engine is perfected—the necessity for precaution and organization is obvious.

The present measures are designed chiefly to render the civilian capable of looking after himself in such emergency, of keeping cool, and of keeping out of the way of those with serious work to do. It is a process of decentralization and passive defence.

The chief dangers from gas attack lie not so much in the bombs themselves as in the ignorance or incompetence of the people bombed. During the Great War only 12% of casualties were caused by gas, and of these only 2% proved fatal. Gas incapacitates, but does not kill upon anything like the same scale as shell-fire.

Correspondingly, if the civilian is given an effective mask and shown how to use it, the horror of an insidious and intangible menace will be largely

exorcised, and the resulting panic, which is precisely what renders him vulnerable, avoided.

Masks of three main types have now been prepared. The first, which is probably the one best suited to the needs of medical men, is the standard army service type, and may be worn for forty-eight hours without adjustment. This will enable men engaged in decontamination work, casualty evacuation, or the control of any of the essential services in areas where the concentration is heavy and the hours of service long and uncertain, to carry on with perfect confidence. It is the instruction model of this mask which is being chiefly used in the present course for demonstrations.

The construction of the mask is simple, and it is guaranteed effective against any of the poison gases at present known to the Government, with the exception, of course, of such vesicants as liquid mustard and Lewisite, for which special protective clothing must be worn. The bogey of mysterious gases which can penetrate the present masks is nonsense. They do not exist. And the oft-quoted instances of ineffective masks can almost invariably be traced to misapplication, and not to technical defects.

The other two types are the civilian service type and the standard civilian mask, the former good for about six to eight hours, and the latter for three or four. The service mask is intended for those on special duties of one sort or another, such as stretcher-bearing, point duty, and shifts in factories and public works. The ordinary mask, which is the one now being mass-produced, gives a sufficient margin of protection for the civilian to take cover in a gas-proof shelter, or to escape from the danger zone altogether.

It is clear that in all these preparations the medical man must not only set an example to the rest of the community, but hold himself in readiness to instruct those with whom he comes in contact. Efficiency in the use of these masks, and an understanding of their working, is likely to make the difference between life and death in times of emergency, and the present course of instruction affords an excellent opportunity of acquiring just the necessary confidence and facility.

It is very much to be hoped, therefore, that this chance of learning will not be neglected, and that students as a whole will give it every support in their power.

CURRENT EVENTS

RAHERE REVUE 1937

For the first time this annual function was held in the Great Hall at Charterhouse Square, and for the first time for some years it was possible to admit everybody who wished to be present; in fact there was room for more. Partly this may be ascribed to the greater size of the Hall, and partly to the absence of the Nursing Staff owing to the influenza epidemic.

However, this increased size has its drawbacks: the acoustics are not all that could be desired, and a certain intimacy which has hitherto been a marked feature of these shows was noticeably missing.

Mr. W. A. Cobb and his colleagues had worked extremely hard over the erection of the stage, the arrangement of seats and the thousand and one other things which crop up on these occasions. Their labours resulted in a very excellent entertainment, lasting nearly three hours. The stage management and lighting, under the supervision of Mr. J. F. Cawthorne, were perfectly carried out.

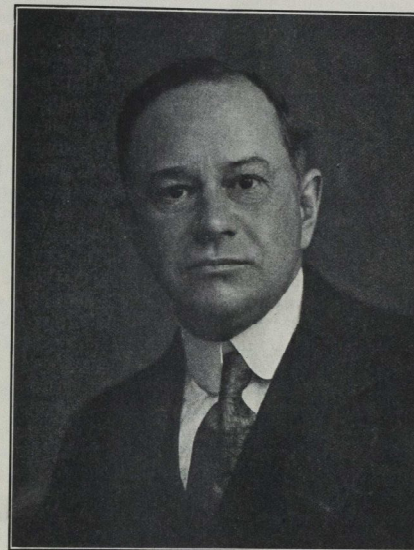
Since the programme consisted, as usual, of the best turns from the various Christmas shows, it requires no description here; the many performers are to be congratulated on the way they presented their songs and sketches, and overcame the acoustic difficulties, although a few speaking parts were inaudible at the back of the hall.

The collection and sale of programmes resulted in just over £21 being paid into the College Appeal Fund.

JOURNAL CHANGES

During the past three months a number of changes have been made in the administration of the JOURNAL, as well as in its printing and make-up. One of the most

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[Deresford, photo.]

MR. K. C. ELMSLIE.

significant of these is the appointment of two students, Mr. George Ellis and Mr. E. F. Stewart, to the Publication Committee, which has consisted, within recent years at least, solely of members of the staff. It is hoped by this move to keep the JOURNAL more closely in touch with student interests.

Mr. Blackburn, who has rendered the JOURNAL such excellent services during his period of editorship, retired in November, and was succeeded by Mr. Flavell. And Mr. Michael Hamner, whose illness has unhappily prevented him from continuing his work as Assistant Editor, has given place to Mr. Martin Ware.

THE SQUASH COURTS

Mr. A. E. Slazenger, who is one of our Governors, has with great generosity given £100 towards the building of the new squash courts. We hope that this fine gesture will give a much-needed impetus to the fund. The subscription list has not yet closed!

THE NEW TELEPHONE SYSTEM

Within the last few weeks the whole internal telephone system of the Hospital has been modernized. The new equipment consists of an automatic installation similar in every way to the Post Office phones. There is accommodation for about 200 lines, 150 being already in use, and it is possible to deal with 15 simultaneous calls.

We offer our congratulations to Mr. Philip Scott on being elected to the Geoffrey Duveen Studentship for 1937.

The 1937 issue of the Hospital *Pharmacopæia* will become official on Monday, March 1st.

ORTHOPÆDICS

THE history of orthopædics goes back at least to Hippocrates, and probably further still. Hippocrates described spinal curvatures and other deformities and used bandaging and machines for their correction. One of the latter (scamnon) continued in use in the Middle Ages, and a specimen is in the Wellcome Medical Museum. He also recommended gymnastics for the preservation of health. Galen also wrote about deformities, and introduced the terms "kyphosis", "lordosis" and "scoliosis".

In the time of Ambroise Paré corrective and supporting apparatus was used and was made by armourers, who were apparently also responsible for making artificial limbs. Paré illustrates such apparatus in his works. In the seventeenth century Glisson, in his treatise on rickets, describes a splint for the correction of deformities of the knee. In the eighteenth century orthopædic practice was apparently largely in the hands of mechanics and appliance makers, but Chesshir, of Hinckley, was a qualified surgeon, and carried on an extensive practice based largely on mechanical methods although he also operated, and Cheselden not only described the correction of talipes by using bandages impregnated with albumen, but also carried out the first tenotomy of the sterno-mastoid muscle.

In 1736 a French physician, Andry, wrote his classical work entitled *Orthopædia, or the Art of Correcting and Preventing Deformities in Children*. He thus introduced the name "orthopædic" for the first time, and he enunciated many valuable principles which are still of value. In his work he included the consideration of many subjects which would not now come within the scope of orthopædic surgery. But he had an ideal:

"We ought to shun having anything about us that is shocking: and even though a person be left alone in the world, he ought not to neglect his body so as to let it become ugly."

He discusses the proper postures for standing, sitting and lying, the suitability of chairs, and the wearing of such clothing as will not interfere with freedom of movement. He discusses also the correction of simple deformities by manipulations, and particularly by training of posture and by active movements. But Andry was a physician and not a surgeon, and he did not use surgical or elaborate mechanical methods of treatment. Up to 1800 orthopædic treatment remained purely mechanical, and was largely in the hands of appliance makers; even on the Continent, where there were numerous orthopædic institutes, the work remained instrumental rather than surgical. It was not until

Strohmeyer showed that tenotomy was a safe operation that orthopædic surgery began to go ahead.

So far as orthopædics in England is concerned, the influence of Dr. Little, a physician to the London Hospital, was considerable. Little had a club-foot, probably paralytic in origin. He was convinced that he could be greatly improved if the tendo Achillis was divided so as to allow the heel to come on to the ground. He travelled on the Continent trying to find someone who would undertake the operation. Delpsch had previously divided the tendo Achillis, and the wound had suppurred, with dire result. Consequently surgeons were loth to repeat the experiment. But eventually Little persuaded Strohmeyer to carry out the operation. The foot was greatly improved, and in 1829 Little founded the first orthopædic hospital in London. The discovery that subcutaneous tenotomy was a safe operation and the foundation of orthopædic hospitals brought the practice of this speciality into the hands of the surgeon rather than those of the appliance makers, and gave a great stimulus to orthopædic surgery. In the middle of the century (1847), subcutaneous osteotomy was also introduced. The orthopædic surgeon thus had two important operative procedures at his command which were safe before the days of antiseptics, because they were performed subcutaneously.

In 1864 the Orthopædic Department of this Hospital was founded, the first surgeon being Alfred Willett, one of the assistant surgeons. Willett performed the first osteotomy that was carried out in London. He was a distinguished pioneer in bone surgery, and he was still on the surgical staff at the time that I was a student.

Another important event at about this time was the foundation of the Alexandra Hospital for hip disease, one of the pioneer institutions for the conservative treatment of tuberculous disease of the bones and joints. This hospital is closely associated with Bart.'s from its inception. The first surgeon was Howard Marsh, at that time an assistant surgeon at Bart.'s. Marsh was closely associated with Sir James Paget for many years. In his lectures he constantly alluded to Paget as his "old friend". He succeeded Willett in the Orthopædic Department in 1879, and he was on the staff at the time that I was a student, but left to go to Cambridge, where he was Regius Professor of Surgery and Master of Downing College. His book on *Disease of the Joints and Spine*, first published in 1884, is a classic, and had a profound influence upon the surgery of bones and joints. Even the first edition is still worthy of study, and it has been brought up to date from time to time by Marsh himself, and later by Sir Charles Gordon-Watson, who was his house surgeon.

There were certain other important influences which

affected orthopædic surgery during the nineteenth century. One was the work of Hilton and of H. O. Thomas. Hilton's lectures on "Rest and Pain" had a most profound effect upon surgery. For the most part this effect was good; the teaching that an inflamed structure required rest was fundamentally sound. So far as it taught that rest was required in inflammatory disease of the bones and joints it had a beneficial effect upon orthopædic surgery, but unfortunately this teaching was applied to the treatment of injuries, and in this way it led to immobilization at a period when active use would have been preferable, with the result that there was much after-stiffness and delay or even failure to restore functional use. H. O. Thomas is best known for the splints which bear his name, (sometimes with a "Saint" prefixed—presumably by confusion with the Hospital rather than from a desire to canonize the surgeon). But Thomas was also an advocate of rest and immobilization. He even carried this so far that he expended much time and energy and a great deal of ink in advocating the treatment of intestinal obstruction by giving morphia to rest the bowel—perhaps not after all such a bad treatment at a time when obstruction was commonly treated by violent purgatives. It is a matter of some interest that in the extensive correspondence upon this subject given in Thomas's collected works (1880) there is only one mention of surgical treatment, in a short letter from Frederick Treves.

A second influence upon orthopædic surgery came from the bone-setters. The unqualified bone-setter had existed in England for centuries, but there had also been some that were qualified. Norman Moore records the appointment of a surgeon bone-setter to St. Bartholomew's Hospital in the seventeenth century. In the nineteenth century these bone-setters were doing much and beneficial work in treating by manipulations cases of stiff and painful joints and muscles and of functional derangement. There is no doubt in my mind that the influence of the teaching of Hilton and Thomas was a potent factor in producing the conditions that the bone-setters treated successfully. It is somewhat remarkable that Thomas's teaching should have had this effect, because his own practice was derived from that of his father, who was a bone-setter. But the probable cause was that accurate scientific diagnosis was more difficult than it is now, so that it was not possible to differentiate with any certainty between conditions that were inflammatory and those that were wholly traumatic. Sir James Paget studied the methods and results of the bone-setter and published a lecture upon the subject in 1867. Although he accurately records the results of breaking down adhesions, it

is noteworthy that he is very careful about advocating the manipulation of stiff joints because of his fear of lighting up inflammation. Marsh followed up Paget in this respect, and at the time that I was a student he regularly devoted one of his clinical lectures to bone-setting.

The surgeon, however, who was really responsible for bringing the methods of bone-setters into surgery was Wharton Hood. Wharton Hood's father was a general practitioner in the West End of London. He treated Hutton, who was the most successful bone-setter in London, for pneumonia and refused to take fees from him. Hutton out of gratitude offered to teach Hood's son his methods, and as a result Wharton Hood as a medical student and after worked with Hutton and even looked after his practice for him; he published his observations and experiences in a small book. Very early in my career I attended Marsh's lecture on "Bone-Setting", and I also became possessed of Wharton Hood's book. I can claim that I have used manipulation as a method of treatment since I first took up orthopædic surgery.

A third influence upon orthopædic surgery was that of Swedish massage and gymnastics. Peter Ling founded the Swedish School early in the nineteenth century. He worked out a scientific system of physical education based upon anatomy and physiology, and he grafted upon it a curative system of massage, movements and active exercises. Whereas the surgeon had been concerned, perhaps excessively, with the cure of disease and the correction of deformity, Ling and his followers thought in terms of functional use. In a hospital the massage and physical exercise department is largely concerned with the restoration of function; in school or college physical education is concerned with the perfection of function, and consequently with the prevention of disfunction and deformity. The introduction of Ling's methods into this country was long delayed. On the educational side Fröken Bergmann founded what is now the Dartford Physical Training College just over fifty years ago. On the curative side it was only in 1894 that a small body of women founded a society which is now the Chartered Society of Massage and Medical Gymnastics—a society which has now about 10,000 members.

My first experience of the Orthopædic Department was in 1901 when I acted as a dresser for three months. Marsh had been succeeded by William Walsham (1882), who also gained a great reputation in orthopædics, and wrote a work on club-foot which was for long the classical work upon the subject. He in turn was succeeded by Bruce Clarke (1887), who was in charge when I was a dresser, and for whom I subsequently

became house surgeon. Bruce Clarke, commonly known to the students as the "Bruiser", was a very powerful man, and he did not hesitate to use his strength. In 1901 rickety deformities were common. The Orthopaedic Department met one day a week in the old Surgery. After a short class in which the new cases were dealt with, minor operations were carried out. There were nearly always cases of bowed tibiae for osteoclasia. The dressers were usually given the first chance of doing these and usually failed to crack the tibia. I have seen Bruce Clarke, after a particularly powerful dresser had failed to break the tibia, pick the child up off the table by the leg and crack the bone in the air as if it was a fragile stick.

When after acting as house surgeon to the Orthopaedic Hospital I returned to Bart's as a Demonstrator of Pathology in 1905, I became an assistant in the Orthopaedic Department first under Bruce Clarke, later under Mr. Eccles, so that I have now worked in the Department for over thirty years. In 1905 there was one out patient day a week; this was held in some of the rooms of the old Surgery. There were no beds, cases being admitted into the beds that the assistant surgeon in charge received by courtesy from his senior. There were no special facilities at all, and the Massage Department consisted of one porter and one masseuse, who were certificated by the Incorporated Society of Trained Masseuses. Very soon afterwards, however, the Swedish system was introduced, as I have described in a previous article in this journal.

My experience in the Department convinced me that with the development of operative surgery it was becoming impossible for a surgeon to keep up to date in either knowledge or technique in the whole of his subject. More particularly that a surgeon who was constantly occupied with operative work could not develop his knowledge and skill on the lines that are specially required in orthopaedic work. I therefore set to work to persuade my seniors that a specialist should be put in charge of the Orthopaedic Department, and in this I was successful in 1912. The surgery of the war proved this contention, and gave this branch of surgery its greatest chance of development, a chance of which, thanks to the personality and genius of Sir Robert Jones, it made full use.

The further development of the Orthopaedic Department is so recent and is concerned so much with my personal career that I feel disinclined to write of it. The Department now fills a very definite function in the Hospital and College, and the teaching obtainable in it is, I believe, of real value to the student. Modern medicine and surgery leads us sometimes in the laboratory to abstruse investigations, the scientific interest of

which is apt to distract our attention from the patient. Sometimes, in treating acute cases, we have to engage with a struggle between life and death which is of absorbing interest. Sometimes in surgery a handicap or technique must be developed so difficult in itself that it obscures the true object of our work. Orthopaedic surgery can supply a corrective to these tendencies, because in this branch of work we are concerned with physical function and its restoration. We have always to keep this end in view. The object of orthopaedics has, in fact, been well defined as the restoration of the best possible function in a damaged or diseased part by the simplest possible means. R. C. ELMSLIE.

BEEES ON THE BOAT DECK

NO doubt some of those who were fortunate enough to obtain tickets for the Dramatic Society's Christmas production wondered what Mr. J. B. Priestley was doing with bees on a boat deck, and, in view of the fact that it had but a short run in the West End, why the Society made this play their choice.

The title is explained early on in the play, while the reasons for this choice are not far to seek when you consider the limitations imposed upon the selection committee. The size of the stage prohibits much change of scenery; in fact a play with only one "set" is perhaps preferable. An even distribution of parts is appreciated so that the burden does not fall upon one or two characters only, and the feminine interest must not be too prominent.

Although this is not a particularly good play, the Society is to be congratulated on its choice, as it aptly fitted the personnel available, and it should be pointed out that lately, out of seven hundred odd students, barely sufficient attended the casting rehearsal to allot the parts, and there has been little scope for selection.

The individual members of the cast, as well as the producer, must be complimented on relieving the audience of any of the embarrassment associated with some amateur productions for, amongst other things, they had no need of a prompter—one of the more outward and audible signs. In fact it was a pleasure to sit back and enjoy the play with complete confidence in the actors and without any nervous apprehension.

The lively action of the play and the well-managed explosions were a pleasant contrast to the relative but necessary inactivity of last year's court scene.

The game of deck tennis with which the play opened was obviously difficult to make convincing in such

small space, and it would have been wise, perhaps, to have left it out altogether as it resulted in a rather slow opening, but with the entrance of Mr. Slivers the production speeded up. The players were commendably quick on their cues, which made the reading from Karl Marx by the Communist a most effective climax to the first act, the tame ending of which was not improved by a slow curtain.

Not long ago female parts were taken by students, and still further back persons of no less fame than the present editor of the *Lancet* and the recently retired Orthopaedic Surgeon to this Hospital filled these rôles.

We cannot forgive him, though, for spotting the staff in the front rows instead of looking out over the estuary, oblivious of an audience, but in an equally long part he was as reliable as his colleague, and their partnership was a delight, especially in awkward situations.

The comic element, provided by Hetherington and Slivers, could hardly have been in safer or more accomplished hands. As the former, a research chemist, Eric Jewesbury had a part, we feel, after his own heart, and if perhaps it resembled his "Mr. Blanquet" of three years ago and he tended to broaden the farce a little at times we can forgive him, for he was a constant source



[London Press Photos.]

BEEES ON THE BOAT DECK.

Nevertheless, this year the Society were fortunate in the help given them by the two ladies, of whom Sheila Speirs-Alexander took the part of the chief engineer's niece, Hilda Jackson, and, we were glad to hear, had "had a very good training—Truby King". Marjorie Hunter gave a very sound performance as Lord Cottingley's daughter Ursula, in which part she used her eyes a good deal more than her "expensive education".

As Sam Gridley, chief engineer, Donald Crowther was a tower of strength to the rest of the cast, his words were always audible, and he was obviously at home on the stage. His diabolic wrath as he emerged from his temporary prison in the ship's hold, his convincing devotion to the sea and his old ship, and his delightful manner in dealing with "Tatter lovely", Ursula, perhaps stand out from this carefully studied performance. Trevor Baynes as a brother officer flung himself into his part wholeheartedly, and obviously enjoyed locking people in cabins and threatening them with crowbars,

of amusement while on the stage without "stealing" undue attention. Thanks to J. E. Cawthorne, as proficient a stage manager as ever, he had a delightful first entrance, and he made the most of it, and during the time he was on the stage he was acting every moment of it, not to mention the ingenious handling of his little bag and his scores of note-books. That more was not seen of Trevor Roberts as the local grocer, Mr. Slivers, was very disappointing, and we await the day when a lengthier part does justice to his ability. His mastery of character parts, with no alteration of make-up to help him, was shown in his all too short return to the stage in the second act, for his portrayal of a drunken Mr. Slivers was never exaggerated and magnificently timed in every movement, giving him an exit that could hardly be bettered.

In the last few years the police force has come in for some brief ridicule on more than one occasion by this Society, but never quite so thoroughly as at the hands

of Clifford Newbold. His voice, perhaps, was not as consistent as his acting, but that he was the country constabulary in person was obvious from his nose to his boots, and they squeaked—a delightful touch.

The political element did not entirely escape ridicule either, for Richard Gabb as Capt. Mellock of the New British Fascisti disguised his own quiet personality so well as to make you wonder if the Albert Hall would still be with us if Mosley had more followers of his calibre. His diction was clear if at the expense of speed at times, but his definition of the character must have approximated closely the author's intentions.

Leslie Gimson as the Communist Party candidate at the local by-election was one of the better pieces of casting of this play, for a more ardent disciple of Marx would be difficult to find. He made the most of a short part, and his final exit thoroughly deserved the applause it was given.

By a slight exaggeration of the character and voice of Lord Cottingley, Kim Tickell sacrificed what might have been a convincing portrait and made his words at times inaudible, but he had plenty of confidence on the stage, and was never at a loss what to do when not actually speaking. Having had nothing to do all the evening as prompter, it was left to Douglas Mail as Mr. Tooke, chief clerk of the firm that owned the "Gloriana", to close the story, but his casual delivery of the verdict that the ship was to be blown up after all made the most of an otherwise indifferent curtain to the last act.

It was much appreciated that the producer, in his polished speech at the end, persuaded "Bert", who has been responsible for the make-up for a number of years now, to come before the footlights. Just tribute was also paid to Ronald Gibson and Alan Thomson, who presided at two pianos with their usual skill—a very real support to the company and ever a delight to the audience.

Thus another page in the history of the Dramatic Society has been filled, and Eric Jewesbury, as producer, has made it difficult enough for himself, let alone his successor, to maintain this standard in the future. It is hoped that he will be able to run up his flag over another boat deck next year, and in this event may he have as able a crew behind him.

OLD STUDENTS' DINNER

We very much regret that no account of the Old Students' Dinner, held in October last year, appeared in the Journal, and would wish to assure the Old Students that this was entirely due to an editorial oversight.

JOHN WOODALL AND HIS TREPHINE

THE JOURNAL for December, 1936, illustrates some of the instruments, including the trephine, used by Jean-Louis Petit for his mastoid operation in 1736. This has suggested to me that it may be worth while to draw attention to the earlier history of the trephine, for it seems clear that this instrument in its modern form was invented by a surgeon who was elected to the staff of St. Bartholomew's Hospital a hundred and twenty years before Petit used it for his operations.

John Woodall was born about 1556, and started his career in 1591 as a military surgeon. After living abroad for some years he was admitted to the Barber Surgeons Company of London in 1599 and became Master of the Company in 1633. He was elected Surgeon to St. Bartholomew's Hospital on January 19th, 1616, and held office until his death in 1643, so that his term of service to the Hospital coincided for a long period with that of William Harvey. Woodall was also from 1612 the first Surgeon-General to the East India Company, and it was in this capacity that he wrote his famous book entitled *The Surgeon's Mate, or a Treatise Discovering Faithfully the Due Contents of the Surgeon's Chest*. This was published in 1617, and was the earliest book designed to instruct and aid the ship's surgeon in the performance of his duties. It contains a full description of scurvy, and, although lime-juice had been used in the treatment of scurvy as early as 1593, Woodall was the first to prescribe its use in print. This medical priority has always been regarded as his chief claim to fame, though it will be seen that his surgical claim is in fact almost as great.

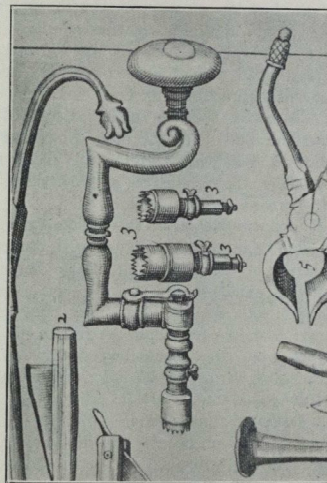
Woodall's second book was his *Viaticum, being the Pathway to the Surgeon's Chest*, published in 1628. It is a short treatise on the cure of "wounds made by gunshot", and is really an appendix to *The Surgeon's Mate*. His last publication was an enlarged edition of his two earlier treatises under the title *The Surgeon's Mate, or Military and Domestique Surgery . . . with a Treatise of the Cure of the Plague*. It was published in 1639, and has an admirable engraved title-page, from which the accompanying portrait of the author has been taken. This book was described by Sir D'Arcy Power in the *British Journal of Surgery* in 1928, but he and most other writers on Woodall have not mentioned the fact that this re-issue of his treatises contains an extremely interesting addition in the shape of his description of the *trafine*, later known as the *trepine*. In *The Surgeon's Mate* Woodall had described and illustrated the *trapan*, or *trepán*, as usually employed

for opening the skull, and he allowed this to remain in his new edition. He added, however, to the *Viaticum* six pages wholly devoted to the description of the *trafine*, which he claims unequivocally as his own invention, and he illustrated it on an engraved plate (reproduced here). His opening sentence is somewhat unwieldy, but it must be quoted in full if only to establish his position as inventor of the instrument: "Having had sufficient tryals of the facility and safe use of the *Trafine*, I have thought fit to commend it and the use thereof, for the future, to the younger Artists, upon some of their requests, not detracting ought from the worthinesse, and due commendations of the Authoure of the *Trapan*, concerning that excellent invention, yet by way of addition to

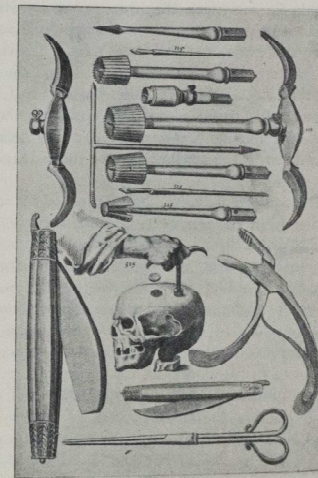


JOHN WOODALL.

degree and more, and for that it was so fashioned, and first practised by my selfe, I thought fit to put the name of a *Trafine* upon it (a *tribus finibus*) from the three ends thereof, each being of severall uses, and being as it may appeare triangular or three cornered, each corner thereof performing the part it seemeth to undertake, so that it fully supplyeth & maketh good all the uses of a *Trapan*, with the one end, and that with more facility as is said, and safety then the *Trapan* doth, or can doe, and it supplyeth with the second end all the uses of a smooth Levatory, and supplyeth the necessity of a Jagged or toothed Levatory with the third end, the said Levatories being all necessary adjunctors in helping to make and finish the *Trafino* or (*tres finis*) and who so



THE TREPAN, AFTER WOODALL.



WOODALL'S TRAFINE.

my former Edition, I thought fit here to describe the *Trafine*, it being an Instrument of my owne composing, which experience will shew, is more compendious and of more facility in the use thereof, for young practitioners in Surgery then is the *Trapan*, the which Instrument, although it may be said to be a derivative or Epitomy of, or from the *Trapan*, yet well observed, it performeth as much as the *Trapan* in every

shall please to make a judicall experience thereof, not being prejudicated, will find that it far exceedeth the *Trapan* in all his uses; in the compendious and safe performance of the workes, as well of the two Levatories as of a *Trapan* recited which the former can no way be said to do." Woodall then proceeds to enlarge upon the advantages of his instrument over the conventional trepan, pointing out that it can be used without an

assistant, the surgeon using one hand to steady the patient's head and the other to operate the instrument by the movements of the wrist alone; that for the same reason it is quicker and more dexterous; that it is much safer, the conical head preventing injury to the dura mater by slipping of the instrument when the bone has been penetrated; that it is provided with a central pin to fix the instrument at the start, but to be removed when the teeth have made a groove in the bone lest it penetrate the dura mater. It is plain, therefore, that Woodall had, by a stroke of genius, eliminated once and for all the defects of the primitive trepan as handed down from ancient times, and established in its place an efficient instrument which has undergone no essential alteration up to the present day. He was careful, however, to warn the "young Artist" not to embark rashly upon using the *trafine* on his patients until he had practised on "a Calves-head, or the like subject", and "to proceed by the advices of antient grave Artists that are experienced Surgeons in those works". He recommends for use with the *trafine* "an instrument called a *Lenticular*, to cleanse away all small shivers and raspings of bone, as also for the removing whatever else may seeme by consequence to offend the Dura Mater, or that way else might hinder healing". Clearly Woodall, with his *trafine*, *levatories* and *lenticular* was a surgeon of refinement, who deserves to be honoured for a fundamental contribution to the advance of surgical technique.

It will be noticed that Woodall christened his instrument *trafine* from the *tres fines*, or three corners, of its shape. The word seems soon, however, to have been corrupted into *trephine*, and was always so printed in the eighteenth century. The alteration was etymologically incorrect, and has helped to cast into oblivion the inspired originality of the inventor of the instrument. Woodall's improvements were not, moreover, universally accepted, even in the middle of the eighteenth century. Thus Samuel Sharp, Surgeon to Guy's Hospital, in his celebrated *Treatise on the Operations of Surgery*, first published in 1739, describes "the operation of the Trapan", but remarks at the end, "I have us'd the Word Trepan all along, for the sake of being better understood, but the Instrument I recommend is a Trephine". Even so, Sharp did not accept one of the main advantages of Woodall's trephine, for he states that he prefers a saw-head which is "Cylindrical, or one nearly Cylindrical". He admits that it differs from those in use "which are all Conical, and some in a very great degree", and proceeds to argue the pros and cons. The general verdict of succeeding generations of surgeons has been in favour of Woodall, as may be seen by looking at any ordinary trephine at present in

use in the theatres of Woodall's hospital. The ends of the handle are no longer adapted for use as "levatories", though in other respects the instrument would not be disclaimed by its inventor. GEOFFREY KEYNES.

AN UNUSUAL CASE OF GANGLION

MISS B—, æt. 58, a cook, was admitted to Waring Ward under the care of Mr. Girling Ball on November 10th, 1936, complaining of "a lump in the left leg".

History.—Twenty months ago she had a tingling sensation in the second, third and fourth toes of the left foot. This lasted for two months.

Eighteen months ago noticed a painless lump, the size of an hen's egg, in the upper part of the left leg. It had increased very slightly in size.

Twelve months ago she started to become easily tired, she had loss of appetite, and thought she had lost some weight in the last eighteen months.

Past history.—Twelve years ago she had had a lump in the right breast which had been locally excised. She had suffered from arthritis for years.

On examination she was pale and wasted. Temperature and pulse were normal. No abnormalities were discovered on general examination except that the right shoulder, the right elbow and the wrists showed advanced osteo-arthritis changes.

Local examination of the left leg.—There was a swelling of dimensions 5 in. × 3 in., situated at the outer part of the junction of the upper and middle thirds of the leg. It was spindle-shaped and of a soft consistency. Its surface was smooth. The inner edge could be felt apart from the tibia, but the rest of the swelling faded away into the surrounding structures. It was not tender or warm. It did not transilluminate, but fluctuation was obtained. It did not pulsate.

Relationship to surrounding structures.—It was attached to the muscle, for on dorsi-flexion of the foot it hardened. It could not be moved separately from the muscle, but could be moved as a whole. It was not attached to the skin. It was not fixed to bone. Peripheral nerve function, sensory and motor, of the leg and foot was not impaired.

X-ray films showed that it did not involve the tibia or fibula. A tentative diagnosis of fibrosarcoma was made. The chest was X-rayed for secondary deposits; this proved negative.

Exploration was carried out. A vertical incision was made through the skin and fascia over the swelling and the tibialis anticus muscle exposed. It was divided

longitudinally, and a spindle-shaped, shiny, cystic swelling was revealed lying in the substance of the muscle. A clear jelly-like material was aspirated from it. Complete removal was decided upon, as it gave the appearances of a ganglion and there was no infiltration into the surrounding tissues. Its upper pole was formed by a fibrous band, which took origin from the muscle and was in no way connected with the joint. Its lower pole was similarly attached by a fibrous band to the muscle, in which it was embedded. The patient had foot-drop after the operation, but this was probably only temporary, as the muscles acted normally though weakly to electrical stimuli. She felt better than she had been for several years.

REPORT FROM THE PATHOLOGICAL DEPARTMENT.

The structure consisted of collapsed walls of a cyst with partitions dividing the cavity of the cyst. The walls were thin, opaque and white in colour. The lining was smooth and shiny.

On section the wall of the cyst was formed of dense fibrous tissue lined by flattened epithelium. The surrounding muscles showed a fibrosing myositis. [The appearances are compatible with a ganglion, but the degree of surrounding reaction of the stroma is unusual.] The ganglion fluid contained protein, most of which was mucoid. The bacteriological examination of the fluid showed no organisms.

CONCLUSIONS.

This is a very unusual site for a ganglion, and no such case similar to this has been reported in the literature. It perhaps throws some light on the origin of a ganglion.

A ganglion is generally accepted to arise in one of the following ways:

1. In connection with a herniated portion of a tendon sheath or joint capsule which has become detached.
2. In a displaced islet of synovial tissue resulting from trauma.
3. As a myxomatous degeneration of fibrous tissue—usually from a tendinous sheath.

The third theory, that it is a myxomatous degeneration of fibrous tissue, perhaps is the most correct, and I think this case illustrates that fact.

I must thank Mr. Girling Ball for his kind permission to publish this case. F. RAMSAY.

There will be a dance at Charterhouse Square on Friday, March 5th.

THE REVISED CLINICAL COURSE

AN attempt is being made to simplify the clinical curriculum of students working at this Hospital. The new schedule of work affects those who started clinical work in January, 1937, and, in a less degree, the men who began in July and October, 1936, will be involved. It seems desirable, therefore, to give some explanation of the new clinical course and the objects which it sets out to attain.

The alterations seek to make the following things possible: First, that every student shall have the same scheme of work, instead of there being different schemes which lay down from the beginning within rather narrow limits the course that a particular student shall follow. Secondly, it is intended to diminish the number of men attending the sessions in some Special Departments. It has long been realized that it is difficult to give satisfactory clinical opportunities in such Departments as the Ear, Eye and Throat Departments if the group of students is large. The demonstration of cases in the Skin and Orthopædic Departments does not present the same difficulty. Thirdly, it seeks to give an opportunity to men who want to obtain more than a working knowledge of some special subject to get additional facilities in one or more special subjects in groups that make the study of cases possible. Fourthly, the practice of grouping students together twice a year for a three months' course in Practical Pathology has led to an undesirable congestion in the later clinical periods and to a very complicated plan of clinical work. Under the new arrangement the teaching of Pathology is spread over six months and goes on all the year round; all men can do their practical pathology at the same stage in their curriculum, no matter in which quarter they started their clinical work.

It will be seen from the scheme set out below that the alterations in the curriculum are very small. They affect principally the nine months during which Surgical Out-Patients, Medical Out-Patients and Pathology are done. Under the new scheme a man will have a free choice on which pairs of days he does his Surgical Out-Patients and his Medical Out-Patients, the only limitation being the number of students that can be allotted to any pair of Out-Patient Physicians or Surgeons. During the six months that he is doing his Surgical and Medical Out-Patients a student will attend a minimum number of sessions in the Eye, Ear, Throat and Skin Departments. Because the sessions to be attended by any one student are fewer, the number of men attending at each session will be smaller.

1st 3 months	Surgery Dresser			} or {	Ward Clerking.
2nd 3 months	1st Ward Dresser				Surgery Dresser.
3rd 3 months	Ward Clerking				1st Ward Dresser.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
4th 3 months A. a.m. p.m.	S.O.P. Ears	Throats ..	.. Path.	S.O.P. Path.	.. Path.	..
or B. a.m. p.m.	.. Throats	S.O.P. ..	.. Path.	Ears Path.	S.O.P. Path.	..
or C. a.m. p.m.	.. ..	Ears ..	S.O.P. Path.	Throats Path.	.. Path.	S.O.P. ..
5th 3 months D. a.m. p.m.	M.O.P. Eyes	.. ..	.. Path.	M.O.P. Path.	Skins Path.	..
or E. a.m. p.m.	.. Eyes*	M.O.P. Eyes*	Skins Path.	.. Path.	M.O.P. Path.	..
or F. a.m. p.m.	.. ..	.. Eyes	M.O.P. Path.	.. Path.	Skins Path.	M.O.P. ..
6th 3 months G. a.m. p.m.	Children† Orthops.	Fevers Children	.. Children	Psychological Med. Orthops.	Fevers Eyes† or Throats† or Ears†	..
or H. a.m. p.m.	Children† Orthops.	Fevers ..	.. Children	Psychological Med. Eyes† or Orthops.†	Fevers Children	..

7th 3 months	2nd Ward Dressing		} or {	2nd Ward Clerking
8th 3 months	1 month Gynaecology			Gynaecology.
	1 month Gynaecology			Gynaecology.
	1 month Gynaecology			Elizabeth.
9th 3 months	1 month Elizabeth		} or {	District.
	1 month District			Anaesthetics.
	1 month Anaesthetics			Gynaecology.
10th 3 months	2nd Ward Clerking			2nd Ward Dressing.

* Students in this group do Ophthalmic Out-Patients on Monday or Tuesday afternoons, and not on both afternoons.
 † A student may elect to join one or more of the sessions marked † in this period of his curriculum. They are intended as advanced classes for students who have had some previous instruction in the subjects so marked.

The teaching of Practical Pathology will be divided into the following groups :

- A. Bacteriology, Applied Bacteriology, Parasitology.
- B. Haematology, Chemical Pathology and Histological methods.

In Group A there will be 32 classes, made up of—

Bacteriology	20
Applied Bacteriology	6
Parasitology	6

In Group B there will be 24 classes, made up of—

Haematology	10
Chemical Pathology	12
Histological methods	2

The teaching will be made continuous in these subjects by the following grouping :

January	} Group B {	No classes in January, and 3 classes per week throughout February and March.
February		
March		
April	} Group A {	32 classes in 12 weeks (3 per week) throughout the whole period.
May		
June		
July	} Group B {	12 classes in Chemical Pathology during July (3 per week). No classes in August. 12 classes in Haematology in September.
August		
September		
October	} Group A {	32 classes in 12 weeks (3 per week) throughout the whole period.
November		
December		

During the same two periods of three months the student will work systematically through his Practical Pathology. The teaching in Pathology will be so arranged (see the accompanying scheme) that he can start in January, April, July or October and continue for the next six months, the two sets of three months being independent; no handicap will be offered by the alternation of the subjects with which the Pathology course is started.

In the third period of three months under consideration he will attend his course in Fevers and in Psychological Medicine, each course at an appropriate hospital. He will attend the minimum number of sessions of the Special Departments he has not already done, namely, Orthopaedics and Children. In addition he will have an opportunity voluntarily to attend advanced courses in any of the Special Departments. It is hoped to make the work valuable for those who elect to take the advanced courses.

The work to be done before the three periods immediately under consideration and after them will be very little changed. Again within the limitations of numbers on any particular firm, a student will be able to choose whether he does his second period of ward clerking or second period of ward dressing first, in order

to fit in with his own ideas of how he should take his final examination.

For the men starting in January, 1937, and thereafter this scheme will work smoothly. It will not affect the men who take their Pathology under the old scheme in April, 1937, but there will be a group of men who started their clinical work in July and October, 1936, for whom some special consideration is needed, for the teaching of Pathology starting in October, 1937, will not correspond to that laid down in the scheme issued to them. It is realized that these men will need special help in arranging their curriculum, and the Medical College Office is prepared to offer them advice and other assistance to get their work done without unduly disturbing their routine.

No scheme of work can be ideal, nor need any scheme be regarded as final. It is hoped that this new one will be less complicated than the old; that it will give a freer choice of teachers, cut down the number of Special Department Out-Patient sessions required, and will thereby lighten the burden of men doing their clinical work, and make it easier for them to acquire the practical experience they need before qualification.

CHARLES HARRIS.

THE PSYCHOLOGICAL APPROACH TO FUNCTIONAL DISORDERS OF CHILDHOOD

IT is important to realize that a psychological interpretation of the physical disorders which are frequently found in the psychoneuroses is not in any way comparable to an organic interpretation.

What the psychologist asks is what meaning has this symptom for the patient? What the neurologist or pathologist asks is what are the physical mechanisms underlying this symptom, where in the body is the disturbance created, and what is its physical nature?

The empirical fact is that mental disturbances occur in physical diseases and physical disturbances occur in mental diseases, but the actual problem of how body and soul are related is nowhere near a solution.

For the time being we have to leave this problem, and as psychological methods are effective where physical methods are not, we have to assume that we are working with something which is real though not material; this something we call the "psyche".*

There are many ways in which we study the psyche; they are all indirect, but the essential feature of the psychic manifestation is that it must represent an experience. The experience can be represented through the medium of speech, painting, dancing, modelling, playing, dreams and visions or any other means that can be conceived. It is in these materials we have the materials for research.

These materials may be divided into rational and irrational concepts. Rational concepts are generally recognized as effective, but it is sometimes not realized how potent are irrational or dream products, using the term "dream" in the widest sense, for the fate of the individual. A child, *æt.* 7, came to the Child Guidance Clinic because he could not do his arithmetic, and we worked at it for some time. He could not do the simplest sums, nor did the way in which he wrote the sums down make any sense; the ordinary conventional signs were ignored or left out, and he could not even copy a sum that I wrote down for him. This boy was an intelligent boy who had previously been able to do his sums correctly, so it was clear that something was disturbing his capacity for attention. The whole process of orderly thinking was in disorder. I pointed this out to him, and asked him about his dreams. He had been having very vivid dreams, and he told me the following one:

"There was a castle in which lived an evil Hungarian count. This count had captured an old woman and her beautiful daughter, who were kept prisoners in a tower

of the castle as the Count's servants. When the Count wanted the old woman, he would bang on a gong and down the stairs would come the old woman, making a noise like a pencil hitting on the table. Over the wall of the castle came a young Englishman, who was going to rescue the old woman and her beautiful daughter, and the Count banged on the gong and the old woman came down the stairs. The Count then gave the old woman a knife and told her to kill the Englishman. She, however, exclaimed, 'I am only an old mother', and stabbed the Count."

At my suggestion he drew a picture of the main features of the dream.

Now this dream is like a myth; a typical parallel is the Parsifal story, the Englishman being like Parsifal, the Count like Klingsore, and the old woman like Kundry. This is an analogy. The dream, of course, differs in important details. It was possible to explain this to the boy, and also to point out that the Count represented the principle of law and order. Now order is the thing that was missing from his arithmetic, and this I pointed out to him too. There was thus in his dream the function that was required in his work. After this he could do the arithmetic correctly, and when I made up a more difficult sum to test him, this he also solved successfully.

This dream is, of course, full of meaning; it is really a picture of his whole psychic situation, but it was not necessary to go into the whole of this. The reason why this interpretation was effective was that the boy could separate himself from the dream, which remains active so long as the images are not understood in some way or other.

This naturally brings us on to the question of children's play, because if you watch a child playing it is quite evident that there is a close analogy between the child's play and its dreams. Children seem to be actually living a dream; the toys under their hands become the most fantastic things that act and live like independent beings in a world of their own. This world is the child's own world in which it has its own realities out of which will be developed its future life. The discoveries that it makes will be tested out against the outer world, with the result that either the world is found wanting, or the play phantasy is not adequate for the world. It is this constant interplay between the world of play and the world of everyday life that is so important. It is not often that the child becomes lost* in its everyday life, but it is a real danger that the child becomes lost in its play or phantasy, and this may lead to serious disorders

* "Lost" in this sense means that the individual does things or dreams things without knowing that he does them or dreams them, and without knowing their significance.

of behaviour. For example, a child that plays with knives may suddenly attack another person in a dangerous fashion, inflicting a serious injury. Sometimes phantasy leads children into the court. Sometimes it leads to an almost complete outer inhibition just because the child is living out its life entirely within its own soul. One boy in particular could not make any relationships; at the age of seven he had learnt nothing at school, and clung to his mother on all possible occasions. He was lost in a terrifying phantasy, the outward expression of which was that he had to burn paper. At the clinic he could do this, making dangerous fires, and whilst he did this his relationships at home and at school improved.

If we look for the cause of disturbances with children, we must look ultimately to the home.

A boy, *æt.* 10, came to the clinic because he feared the dark, other boys and schoolmasters. He was pale and weak-looking, and made little progress until he one day told me a recurrent dream about "a terrible woman, not his mother, who was always shutting him up in a dark room, or threatening to squash him in a trouser-press". Now it often happens that a man's moods are represented in a dream as a woman, and so I inquired about the father from the mother. She told me that the father and she were at cross-purposes, that his moods devastated the home, and that he was taking to drink, and she suspected, other women.

After seeing the father the boy's dreams changed, and this followed the fact that the father made a real effort to keep his moods off the children. He was a man full of phantasies, particularly in relation to women. He regarded his mother as the best of all women, but he could not live up to her standards. Yet he regarded all other women as evil and malicious, and this included his wife. They all seemed to upset him. He also felt that there were certain malicious people that were working against him.

As the case developed a rather astonishing thing happened. The boy broke into the house of the people next door and stole some scent, which he gave to his mother. Besides this, he upset the whole house so much that the owners called in the police and the small boy duly appeared in court. It did not take long to unravel this mystery. I was convinced that the boy was not a criminal, and he told me that he had gone into the house to take the money that was owing to his father, thinking that he had a right to anything that was there, since everything belonged to his father. He took some scent for his mother. The father belonged to a furnishing company which had sold furniture on the hire-purchase system to the neighbour. The neighbour had got behind with his instalments and the father had woven a mass of phantasy round him and his wife. They

were an immoral, unscrupulous couple, who were not married, who were a thorough danger to the community, and he said that he could sell them up at any minute. The boy, finding that the father did not do so, stepped in and took what he wanted.

Such a father is a continuous danger to a child; he is like a tuberculous patient who is continually spraying germs over his children, infecting and re-infecting them. The child is also more susceptible to the disease, for whilst the father has the sense not to commit an act that will land him in court, the child is absolutely dependent on what the father says, proceeds to act naively, and so gets into trouble which is really the responsibility of the father.

It is often difficult to get at the child's phantasies, and requires special understanding on the part of the adult. It is very important that the child should be able to go to its parents and tell them its phantasies when it wants to; but often it is not possible because the phantasy has a peculiar meaning to the parent, who will neglect it or even punish the child for having such a phantasy, and so the child becomes ostracized from its parents. Once the rift between parent and child becomes serious, then the child is likely to develop symptoms, such as fears, pains, headaches, or the child may simply look ill, go off its food, become enuretic, or become "naughty" and fail in its school work, etc., and it is often not understood that the symptoms, apparently physical, can be dealt with by psychological methods where physical methods fail; and even a physical symptom such as enuresis is quite frequently treatable by psychological methods.

The sort of psychological situation that arises can be illustrated by the following case:

A boy, *æt.* 8, had never given up wetting the bed. He was a quiet, introverted boy, very different from the cheerful, aggressive slum children, his brothers and sisters. It appeared that he thought of his urine as a destructive liquid which was "like accumulator acid", and so it was as if he were destroying his bed when he wet it every night. The bed-wetting caused great consternation to his respectable parents; the mother fussed over it and said that it would "drive her mad". Eventually, in despair, she ceased to wash the child's sheets, so that he slept in the same dirty bed every night. The father got angry with him, though he knew that the boy could not exactly help it; the other children jeered at him with "Old wet-the-bed", which made him furious, but impotent in face of the majority against him. In this way a vicious circle was set up; his relatives cursed him, and he had his secret revenge by bed-wetting.

In the face of this situation we decided to send the

* For further elaboration of this complex problem cf. "The Basic Postulates of Analytical Psychology" in *Modern Man in Search of a Soul*, by C. G. Jung.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	3,580	19	4	(80)
Demonstrators, etc.	1,807	3	0	(73)
Students	1,314	14	11	(330)
Old Bart.'s men :				†
‡Bedfordshire	45	18	6	(6)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(15)
‡Cambridgeshire	104	6	0	(18)
‡Cheshire	6	16	6	(3)
‡Cornwall	22	12	0	(8)
Cumberland	5	0	0	(1)
Derbyshire	10	14	0	(4)
‡Devonshire	575	1	0	(54)
‡Dorset	77	11	6	(14)
‡Durham	17	7	0	(4)
Essex	267	3	6	(23)
‡Gloucestershire	257	5	6	(20)
Hampshire	1,519	4	6	(60)
‡Herefordshire	17	12	0	(4)
Hertfordshire	107	13	0	(21)
Huntingdonshire	5	5	0	(1)
Iste of Wight	101	13	0	(13)
‡Kent	559	6	0	(72)
‡Lancashire	159	16	6	(20)
Leicestershire	142	0	0	(8)
‡Lincolnshire	61	9	0	(18)
‡Middlesex	497	14	0	(34)
‡Norfolk	178	0	6	(21)
‡Northamptonshire	59	14	6	(6)
‡Northumberland	101	1	0	(2)
‡Nottinghamshire	24	3	0	(5)
‡Oxfordshire	231	15	0	(22)
Rutland	1	1	0	(1)
Shropshire	38	1	0	(10)
‡Somersetshire	2,837	6	4	(28)
Staffordshire	194	18	0	(9)
‡Suffolk	331	11	0	(26)
Surrey	243	18	6	(20)
Sussex	752	4	6	(65)
‡Warwickshire	215	19	0	(24)
Westmorland	2	10	0	(1)
‡Wiltshire	1,011	12	0	(13)
‡Worcestershire	161	1	6	(25)
‡Yorkshire	353	6	6	(29)
Wales	59	12	0	(20)
London	6,894	15	2	(229)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(5)
Abroad	119	1	0	(13)
South Africa	376	15	6	(90)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(5)
India	207	12	0	(13)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	130	10	0	(8)
China	52	8	4	9
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	654	14	6	(49)
Others	72,955	3	9	(584)
Lord Mayor's Appeal	17,990	10	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
Loan	20,000	0	0	
Stock Sold	4,001	0	0	
	180,742	18	10	

Author Unknown, dated 1622.

* Number of Bart.'s men subscribing, † Number of Bart.'s men in County. ‡ Counties with Secretaries.

boy away for three weeks. Instead of bed-wetting every night he only wet once.

Enuresis is an example of an organic disturbance which is definitely treatable by psychological methods. In saying this, I am not denying that the symptom cannot also be "cured" by such means as raising at night, or restricting fluids, or with large doses of belladonna, or for that matter by doing nothing, but there is a residuum of cases where only psychological methods will work.

There are other syndromes that need much further investigation—namely asthma, *petit mal*, vaso-vagal attacks, and so on, about which there is beginning to accumulate a certain body of psychological knowledge.

In so-called functional disturbances the psychological approach is almost always worth trying; but in doing so we have to ignore the symptom in its physical sense. The development of psychology is beginning to show, however, that it is not only in functional disturbances that psychology has its place; there are indications that in organic disease the psychological factor can be decisive, and it is probable that psychological health could be one of the most important factors in the prevention of disease processes. It, therefore, is especially important that children should be started in life with a sound psyche which can stand the buffets which it is likely to meet with in after life.

M. S. M. FORDHAM.

THE DOCTOR.

The Doctor's like a God whom men adore,
When death about the sick man's bed doth soar,
When hath he great respect and high regard,
Fed with the timely promise of reward.
But as the patient doth begin to mend,
So doth the Doctor's Godhead end.
Yet such attendance on him still is given
As if he were an Angel come from Heaven.
When health and strength the patient do inspire
To sleep, eat, walk, and sit up by the fire,
Then straight the Doctor's state angelical
In his esteem unto a man doth fall.
Last, when the sick or sore is heal'd again
And that the Doctor seeks reward for's pain,
He's neither counted God nor Angel then,
Nor is he entertained as a man:
But, through ingratitude, that hellish evil,
They bid the Doctor welcome as the devil.

When pain'd thy patient is, call for thy fee,
Or when he's well, then patient *thou* must be.

STUDENTS' UNION

COUNCIL Colonel Woodhouse outlined the scheme for Hospital Week. Flag-days have troubled us incessantly in the past. This year street collections for the Hospitals will be held in one week only—May 2nd to May 8th. The Central London Hospitals have been allotted May 4th for making their collections. Guy's, the London and Bart.'s are to divide the spoils of the City. All available students—with their friends—will be needed to give this great drive the success it deserves. More details of the scheme will be available in a later issue of the JOURNAL.

There is soon to be a meeting of the Committee appointed at the General Meeting of the Students' Union to investigate the practicability of the Physical Training Scheme. The Committee is under the chairmanship of Dr. Donaldson, and consists of student representatives of the various years.

Mr. White, our groundsman at Winchmore Hill and Chiselhurst, presented his report of what ground materials and tools he would need for the coming year. As we have only one more year at Winchmore it was decided to refer the report to the Financial Committee.

SPORTS NEWS

RUGBY FOOTBALL Against the Old Merchistonians, a very good team, Bart.'s turned out a rather weak side. However, our team started strongly, scoring two tries in the first ten minutes. This was the best we could do; after that the Old Merchistonians did most of the attacking and all the scoring, and won fairly easily.

and was forced to kick to touch, and the whistle sounded for "no-side".

Against the Harlequins on January and we turned out a very peculiar team indeed, which surprised everybody, not least themselves, by drawing 3 pts. all. We had three forwards in the three-quarter line—Mundy, Way and Graham—who played extremely well, especially in defence. In this respect the whole side played well, their covering of one another being better than ever before.

On January 9th Bart.'s went to Teddington to play the Old Merchant Taylors, and were badly defeated by 30 pts. to 9. Our failure was due to a number of causes. In the first place the tackling was bad, only three of the forwards tackled low. Secondly, there was no jumping at all in the line-out; here Mundy, down with 'flu, was sadly missed. Thirdly, although the wings ran hard, they must learn to stick to their man in defence, and not to come inside even if the opposing centre has broken through; this man should be taken by a forward or by the full back. Fourthly, the heeling was much too slow, both in the loose and in the fight, which gave Candler little or no chance, although Miller played very well indeed, his service being excellent.

The game was an exciting one, largely contested in the middle of the field. Marshall, who was deputizing for Candler, kicked off away from the pavilion, and we immediately gained 40 yards; however, the Harlequin forwards, among whom Prescott, Mycock and Hamilton-Hill were prominent, rushed the ball back to our line, where one of them fell outside. From a scrum on our "23" Hudson broke through cleverly and reached our goal line, but his pass went astray, and Berry cleared.

Laybourne played well, his defensive kicking being admirable, but Evans had an off day; he must learn that, if he is going to kick in defence, he must get his kick in at once.

The Bart.'s forwards then came into the picture with a good rush, in which Newbold and Swinstead were prominent, taking the ball well into our opponents' half. Hearn's service with the heavy, muddy ball was excellent, and Marshall frequently gained ground with good kicks to touch; on one or two occasions the latter broke through the opposing defence very well, but lost his three-quarters. The Dart.'s side spent quite a lot of the latter part of the first half hammering away at the Harlequin line, until one of our opponents cleared with a fly kick to touch. From a free kick Chapman, their captain, gained a lot of ground, and Craddock and Hudson ran well to reach our goal line, but the latter's pass to Brook (another forward playing in the centre) was forward, and the play returned to midfield.

Darnady made a temporary come-back for this game and, though obviously out of training—his great experience saved him a great deal of useless running about—his tremendous knowledge of the game was apparent in all that he did. A good performance.

Soon after this the Harlequins gained possession, and the ball travelled down their three-quarter line, reaching Horsley, who, handing-off Graham, scored a good try in the corner, which Chapman failed to convert. It is noteworthy that that was the only occasion during the afternoon that Horsley's famous hand-off was successful.

Berry had a difficult time, but played well in the circumstances. The forwards have been much criticized this season, but they must remember that in Cup Ties, the first of which occurs on February 18th, the type of play is such that the two back divisions cancel each other out, so that the initiative, and therefore the result of the match, more than ever rests with the forwards.

Soon after the kick-off Hearn and Way worked the blind side and made a lot of ground, and the first half finished with Bart.'s attacking 0-3 to the Harlequins.

BOXING A match between the United Hospitals and Cambridge University was held at Charterhouse Square, by permission of the Dean. This Hospital was represented by T. P. Storey as a featherweight, and J. W. G. Evans among the lightweights.

The Harlequins pressed hard from the re-start. Warth, running strongly, made half the length of the field, but was tackled on the line; Hudson was held up on the line, and then pushed back into touch. Our opponents were heeling the ball from nearly all the loose scrums, but the momentarily-expected dropped goal failed to materialize; in fact only one attempt was made, and that a poor one.

Storey was outreached and outclassed, and the fight was stopped in the first round. The fight between Evans and Bentall was more interesting. In the first round Evans pushed Bentall over, but was hit quite a number of times about the face. Evans warmed up in the second round and had his opponent on the ropes on several occasions. In the last round there was quite a vigorous exchange of blows, Bentall fighting very pluckily in defiance of Evans' longer reach. This was the best fight of the evening, and it resulted in a well-deserved victory for Evans, the referee congratulating the loser on a plucky fight.

Then Laybourne and our other "backs" combined nicely in a foot-rush which saved the situation. A kicking duel between Berry and Crichton was won by the former.

The match ended in a win for Cambridge by eight fights to three.

With less than a quarter of an hour left, from a scrum just inside our own half Burrow went away with the ball at his feet and, showing magnificent ball control, dribbled half the length of the field until, confronted by the full back, he tipped the ball outwards to Newbold, who gathered it at full speed and dashed over for a try to make the score 3-3. Macpherson failed with the kick.

SQUASH This match against Guy's Hospital in the Inter-Hospital Cup resulted in a defeat by 4 matches to 1. Bart.'s, still at a disadvantage owing to absence of courts whereon to practise, were further handicapped by the inability of Cah and Thorne-Thorne to turn out.

Soon after this Bart.'s had a severe fright when Wauth dribbled over the line, but missed the ball in trying to touch down; Way was there to save the situation. Then Marshall made a brilliant break through and gained a lot of ground, but found nobody with him

Marrett was up against a good player, and after a shaky start played as well as he was allowed. Maidlow had an off day, and never really found his true form.

Jamea won a ding-dong struggle in the fifth game, the drop and angle shots being the deciding factor.

Walley and Heyland both played better than the scores suggest, and with practice will prove very useful.

Bart's. Guy's.
H. R. Marrett v. A. D. Willis: 1-9, 3-9, 9-3, 4-9. *Lost.*
W. M. Maidlow v. C. P. Cutler: 3-9, 8-10, 5-9. *Lost.*
C. T. A. James v. P. H. Birks: 9-4, 9-2, 0-9, 2-9, 9-3. *Won.*
G. J. Walley v. V. W. P. Roberts: 2-9, 3-9, 6-9. *Lost.*
R. Heyland v. D. G. Channell: 7-9, 2-9, 2-9. *Lost.*

The palatial precincts of the Payre Club was the site of our match against **The Escorts**. It resulted in a defeat by two matches to one.

The standard of squash was a great improvement on the Guy's match, and Maidlow put up a very good show against a clever opponent.

The match between James and Birt provided the marathon of the evening in which energy was the deciding factor.

Marrett won very comfortably, having decided to take this game as practice for the next cup match. It is encouraging to see the drop and lo-bots intermingled with the lengths down the side wall.

Bart's. *Escorts.*
W. M. Maidlow v. W. R. May: 7-9, 7-9, 5-9. *Lost.*
C. T. A. James v. St. J. M. C. Birt: 5-9, 8-10, 9-3, 8-10. *Lost.*
H. R. Marrett v. Hon. J. Arundel: 0-0, 10-8, 0-7. *Won.*

O.T.C. MEDICAL At the end of last term past and present **UNIT NO. 1 COY.** members of No. 1 Coy. gave Capt. R. F. Phillips a farewell dinner. Ex-R.Q.M.S. A. B. Kennedy proposed Capt. Phillips's health in an admirable speech, in which he reminded us how much Capt. Phillips had done for the Medical Unit as a whole, whilst Adjutant, as well as for No. 1 Coy. itself. The Chairman, R.S.M. L. L. Alexander, made a presentation on behalf of No. 1 Coy., and a very enjoyable evening was rounded off by singing O.T.C. songs.

On January 12th Major L. Haden Guest, M.C., commenced a series of demonstrations on Air Raid Precautions. All O/Cdts. are reminded that they are expected to attend these demonstrations, which are held in the Physiology Lecture Theatre, Charterhouse Square, on Tuesdays at 5.30 p.m.

The Medical Unit will provide a first aid post and take part in lining the route of the procession on Coronation Day, May 12th, 1937. Will all O/Cdts. who wish to undertake duties on this day give their names to O/Cdt. S. G. H. Pickering and D. W. Boatman at a very early date? Signs of those O/Cdts. wishing to attend either the Hygiene or Deport Courses in April should also be sent in immediately.

The Miniature Range is open on Wednesdays, between 4 p.m. and 6 p.m., for all O/Cdts. Ammunition is free.

CORRESPONDENCE

THE CHARTERHOUSE DANCE

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

DEAR SIR,—Having had the privilege of serving on the Charterhouse Dance Committee, I feel it is not inappropriate for me to reply in protest against the review which appears in last month's **JOURNAL** on "The Charterhouse Dance". I feel sure that if our critic had given more thought to the matter, much of what he wrote would have remained unwritten. To write that it took the greater part of the evening to get over " . . . the first unhappy impression of a handful of slightly depressed pignies sitting in a single dispersed row . . ."—these being supporters of the dance, and including members of the staff, our colleagues and their women-folk, is grossly disloyal, distasteful and inapt. The "accumulation" that the bar is held in the hall itself shows a surprising lack of thought, and a complete lack of knowledge of the circumstances under which the dances are held.

The sentence, "You could drink or you could dance, but it was not easy to do both", baffles me. I believe there are places where couples dance with cigarettes dangling from their lips and glasses clutched in their hands; one wonders if this is what our critic has in mind! The reference to the "gay old ladies" is deplorable and unworthy of space in the **JOURNAL**. One trusts that Messrs. Kingston Miller & Co., Ltd., will treat the comment with the contempt it deserves should they be unfortunate enough to read it. These same "gay old ladies", incidentally, served tea and refreshments when we were honoured by a visit to Charterhouse by the Prince of Wales.

It is refreshing to learn that one thing at least was "very good", namely, the food. I make no comment.

It is a pity that no mention is made of things that really mattered; for instance, the improvement of the floor surface, though not by any means perfect yet, is due to the co-operation of the Dean in this matter, and the floral decorations so tastefully arranged by Mrs. Girling Ball and Mrs. Harris.

My hearty "recommendations" to our reviewer are these:—

1. Let your criticisms be constructive, not destructive; they would then be helpful, and I am sure, welcome.

2. Get to know more about organizing and running a dance of this description.

3. Think twice and write once, then think again before sending to print.

I sincerely trust that readers of the review will take it for what it is worth, then the popularity of these dances will not be impaired.

I am,

St. Bartholomew's Hospital; Yours, etc.,

January 11th, 1937. CECIL WEBB.

THE SQUASH COURTS APPEAL

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

DEAR SIR,—In contributing my widow's mite, or bachelor's button, towards the Squash Courts Appeal, may I call your attention once more not only to the apathy with which the appeal has been received, but also to the unfavourable impression which this apathy has made on the minds of those who are responsible for the new courts, and especially on the minds of those members of the staff who have devoted so much energy to the affairs of the Students. One can understand how discouraged and disappointed they must feel over such a poor response. In contributing so late I place myself among the offenders. One knows, however, that we, as a whole, are neither ungrateful nor, unconcerned as to, what is done for us; nor are we peculiarly mean in character. After talking the matter over with others I believe, that the apathy is entirely due to the fact that the appeal has never "got over". The matter is important not only in itself, but in influencing the attitude to be taken up towards further improvements.

The first circular letter was deservedly relegated to the waste-paper basket, or its equivalent. The appeals in the **JOURNAL** have been so ineffectively tucked away in corners as to leave both our consciences and our pockets undisturbed, either by escaping our notice altogether, or by registering only as a matter of no importance.

I feel we may have been judged and condemned in this matter without knowing we were on trial, the summons having been placed in our pockets when we were not looking.

May I suggest to you that the **JOURNAL** is the best place in which to serve the summons, and that it should, if possible, in your next issue occupy at least a whole page, and be striking enough so that we do not have to hunt for trouble, but get it squarely between the eyes, leaving either our consciences or our pockets in a worse condition than they were before.

If you can see your way to doing this I feel sure there would be a marked response.

If apathy were still to persist we could only come to one of two unwelcome conclusions: either that the Council in voting for the new courts unanimously did not represent the general opinion, or that the students, emanating some tropical plant, close their eyes, ears and minds when their pockets are touched. In the former case obviously some correction is needed to prevent the Council in future spending large sums of money for their own personal amusement; if the latter be true, why "cast pearls of courts before swine"? But—

"Let Grill be Grill and have his hoggish mind,
But let us hence depart whilset wether, ewes and wind".

In conclusion I feel it would be wise to stress the point that the order for construction has been given, and that the courts will be with us in a matter of months; and that the Students' Union are not merely at last finding a use for £1500 of hitherto idle capital, but that a large part of that sum must be made up so as to balance the annual income with expenses. Apart from substantial help, donations, however small, would at least give evidence of appreciation, and encourage further improvements in the future.

Yours sincerely,

G. A. RICHARDS.

24A, CHEPSTOW CRESCENT,

W. 11;

January 8th, 1937.

THE LATE PROF. E. H. KETTLE

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

DEAR SIR,—I write to thank you for the vivid picture drawn in your January issue of E. H. Kettle, which must have charmed all those who knew him well. One correction, however, must be made. His untimely death is certainly "a sad reminder of the limits of practical medicine to-day", but the failure was in preventing a fatal issue, not, as you suggest, from a bleeding gastric ulcer, but from a carcinoma of the stomach.

I am, Dear Sir,
Yours faithfully,
M. N. KETTLE.

January 8th, 1937.

REVIEWS

Treatment in General Practice. Vol. II. (London: H. K. Lewis & Co., Ltd.) Pp. xi + 418. Demy 8vo. Price 10s. 6d.

This is a collection of fifty articles, each written by an eminent consultant, published, by invitation, during the last year in the *British Medical Journal* and completes a similar series, published last spring.

Despite the obvious temptations, the authors have managed to keep before them the words "General Practice" and "Treatment", although some have realized that the latter is impossible without accurate diagnosis and so have given this pride of place, with, *over*, exceptions, such as a rather long discussion on the indications for operation in acute hamatemesis, or the necessity for duodenal intubation in the diagnosis of gall-bladder disease, neither of which are likely to be undertaken except by a competent specialist.

Usually very careful detail is given of methods of treatment which might be considered at all new, so that anyone, quite unfamiliar with them, would feel completely at home in trying them. It is, however, a little disappointing to see such a well-tried favourite as protein shock, for the spasticity of disseminated sclerosis, dismissed as "a B. coli vaccine . . . intravenously . . . 3 times a week", while on the other hand, there is a very comprehensive article on the details of the various individual methods of spa treatment. This latter is redeemed by a short, but excellent, chapter on the types of patient who are likely to benefit from the different spas in this country.

This is a most excellent book, and will not only be absolutely invaluable to those to whom it is dedicated, but will also be a godsend to those whose horizon is, for the moment, a little obscured by little baby tables, presided over by pairs, of sometimes, not too kind gentlemen; for are not the authors amongst them?

Materia Medica and Therapeutics. By the late RAKHALDAS GHOSH. Fourteenth edition by BRENDRA NATH GHOSH. (Calcutta: Hilton & Co., or Scientific Publishing Co. London Agents: Messrs. H. K. Lewis & Co., Ltd.)

In the preface the author states that although the old title *Materia Medica and Therapeutics* is retained, it is now more a work on pharmacology as applied to therapeutics. Such an aim is admirable, but we fear that the task is a very difficult one, and the author has been overwhelmed by it in many places. In an endeavour to combine an immense accumulation of pharmacological data with detailed therapeutics and pharmaceuticals, the book has tended to become encyclopaedic in character, and it is difficult for the student to appreciate the essential facts. For this reason the book is unlikely to appeal to students of medicine in this country as a textbook, and there are several inaccuracies which render its utility doubtful as a book of reference. We cannot understand, for example, why the Aschheim-Zondek test for pregnancy is said to be based on the hyperplasia of the genital tract and mamma produced in immature mice and rats by the injection of the oestrogenic hormone in the urine of pregnant women.

There are also many curious sentences throughout the book, such as "A vaccine is a sterilized suspension of organisms, either living or dead".

The section on the Indian Indigenous Drugs is probably very useful to students and practitioners in India, and we do not feel competent to pass any remarks on these chapters.

Text Book of Medicine. Edited by J. J. CONYBEARE. Third edition. (Edinburgh: E. & S. Livingstone.) Pp. xii + 1027. Price 21s.

The value of a text-book of medicine for students must be judged by certain definite standards. It must be clearly written and concise, yet it must contain all the relevant information on each subject; it must also not be unduly expensive. The present volume, the third edition, of this already established text-book conforms in all respects to these standards, and may therefore be recommended to the student with every confidence.

It is always difficult to maintain uniformity when a number of authors are concerned in the production of different parts of a book, yet in this case the standard is so high in all respects that it is impossible to pick out any definite weaknesses. The section on diseases of the chest is perhaps unduly brief in view of the importance of the subject, and it is difficult to see any justification for the chapters on pulmonary tuberculosis being grouped with the infectious diseases, in quite a separate part of the book. Pulmonary tuberculosis forms so integral a part of thoracic medicine that its inclusion with other chest diseases is essential if a balanced view is to be maintained. The section on asthma loses most of its value because the allergic side of the condition is stressed out of all proportion, and it is surprising to read that secondary growths are as common as primary growths in the lungs. The other common chest conditions, such as bronchiectasis and lung abscesses, are too briefly dealt with, and the recent advances in chest surgery have been to a large extent ignored. The section on diseases of the kidneys is extremely clear and concise, and serves as a model of what such contributions should be. The section on diseases of the nervous system is well written, and avoids the error of dealing with the subject in unnecessary detail.

The remaining systems are all competently dealt with. Useful sections on common diseases of the skin and on life assurance examinations are included.

The text is clearly printed, and the illustrations are well reproduced. This is undoubtedly a book which the student of the elements of medicine would be safe in adopting.

Safe Childbirth: The Three Essentials. By KATHLEEN VAUGHAN, M.B. (Lond.); with a Foreword by Prof. HOWARD KELLY, M.D., LL.D. Pp. xiv + 150. 49 illustrations. Price, cloth, 7s. 6d.

This book falls naturally into three parts. The first, a survey of childbirth among peoples in various states of civilization—from town-dwellers to crofters in the Shetlands and the natives of Tibet—shows how far lower is the maternal mortality-rate among the primitive country folk than among those who are more civilized.

The second part is an analysis of the causes of this lower death-rate—"The Three Essentials". They are a round pelvic brim, flexible joints, and the posture in which parturition takes place. The third part tells how the obstetrician can ease labour by observing these principles.

By the time a woman presents herself to her doctor the shape of her pelvis is already established and her ligaments are to a certain extent unyielding. It is therefore by adopting a correct position for the act of childbirth that most can be done.

The author convinces us that the best position is squatting on the heels. This position is the safest for the unattended woman, and is naturally assumed when the mother is left to herself. Evidence of this comes from every part of the world. The recumbent position was only adopted when attendants became the fashion.

That is the best position for the attendant, not for the mother. These points are driven home, by some beautifully posed photographs. There is also a short chapter of training for the expectant mother so that she may be able to co-operate efficiently during the birth.

This is a fascinating book, which could be read with advantage by the expectant mother as well as by her medical adviser.

Our Rheumatism. By OSCAR PARKES, O.B.E., M.B., Ch.B. (London: Sampson Low.) Pp. vi + 106. Price 5s.

This is a book written at two great disadvantages: firstly it is quasi-scientific for a lay public, and secondly, it has a gospel to preach. This latter is apparently that everything that comes under the generic head of rheumatism is due to lactic acid, which has got

locked up in the tissues and cannot get out again, but so far so good. Unfortunately calcium and ammonium stop in and then there is a most fearful chemical mix-up, and it is the undoing of this that makes treatment so tiresome. This is all shown in a nice micro-photograph of the sweat of a rheumatic sufferer, under which we find inscribed: " are crystals of lacto-chloride of ammonium shaped like broken scaling ladders; the surrounding dagger crystals are formed urea and salt (urates). In this case the urates were formed because the excess of lactic acid was locked up with ammonium."

Apart from these excursions into the realms of chemical unorthodoxy, the book fulfils a very real need. It gives hope to the rheumatic sufferer, and enables him to understand the essential chronicity of his complaint. For his medical adviser there is also much useful advice, and he will be most certainly stimulated to widen his methods of treatment, particularly in regard to the minor forms of physical therapy.

EXAMINATIONS, ETC.

University of Cambridge

Third Examination for Medical and Surgical Degrees,
Michaelmas Term, 1936.

Part I.—Beckett, F. G. A., Dickens, C. M., Hutt, C. W., Jeremy, W. H. R., Ledward, A. D., Masina, A. H.
Part II.—Donald, K. W., Dunn, G. W. N., Loxton, G. E., Maclaren, H. C., McNeil, C., Payne, A. M. M.

University of London

M.D. Examination, December, 1936.

Branch I (Medicine).—Danino, E. A., Jones, F. Avery, Reavell, D. C.
Branch II (Pathology).—Cunningham, G. J., * Kobb-Smith, A. H. T.

* Awarded University Medal.

First Examination for Medical Degrees, December, 1936.

Badock, G. B., Boyle, A. C., Brennan, A. H. W., Carr, D. T., Charles, W. V. N., Craike, W. H., Emtage, G. S., Feldman, L., Griffiths, E. J., Hall, R. L., Hall, T. E., Hewitt, S. R., Hicks, G. E., Harbarz, H., Manson, C. N. S., Miller, P. J., Sadler, J. A., Shah, J., Taylor, G. E., Thrower, A. L.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.A.—Hobbes, T. H., Pirie, A. H.

Royal College of Surgeons

The Diploma of Fellow has been conferred on the following:

Bintcliffe, E. W., Bonnin, N. J., Cochrane, H. L., Cookson, C. C., Cosin, L. Z., Davies, D. O., Doctor, H. K., Ghosh, S. K., Gray, A. S., Hughes, J., Lee, H. B., O'Brien, D. P., Pellow, L. J., Stallworthy, J. A., Stevens, B. W., Treisman, H., Tunks, O. C.

Conjoint Examination Board

Pre-Medical Examination, December, 1936.

Chemistry.—Badock, G. B., Brewerton, R. S. E., Burkeman, L. E., Davies, J. H., Emtage, G. S., Gifford, A. C., Sheen, C. R. P.
Physics.—Badock, G. B., Burkeman, L. E., Davies, J. H., Emtage, G. S., Gifford, A. C., Helme, P. E., Sheen, C. R. P., Weinreb, H.
Biology.—Burkeman, L. E., Emtage, G. S., Genese, H. N. H., Gifford, A. C., Weinreb, H.

First Examination, December, 1936.

Anatomy.—Barwood, A. J., Carroll, C. R. K., Corfield, C. C., Heyland, R., James, C. T. A., Thompson, J. F.
Physiology.—Barwood, A. J., Corfield, C. C., Finnegan, J. D., Heyland, R., Kingston, R. F., Mail, W. D., Marrett, H. R., Roberts, T. M. C., Silcock, A. R., Syred, D. R.
Pharmacology.—Dawnay, P. F. H., Irvine, B. A., MacKelvie, K. C., Redman, V. L., Stewart, E. F. G.

CHANGES OF ADDRESS

ANDERSON, J. S., "Sunboro", Rolston Road, Hornsea, E. Yorks.
HARRIS, A. G. JEFFRESON, 5, Greenhill Court, Sherborne, Dorset.

APPOINTMENT

GLENNY, E. T., M.B., B.S.(Lond.), appointed Medical Instructor, Air Raids Precautions Department, Home Office—South Wales Area, Cardiff Centre.

BIRTHS

ABERNETHY.—On Christmas Day, 1936, at St. Bartholomew's Hospital, to Mary (*née* Whitelocke) and Douglas Abernethy, of Oxford—a son.

GRAHAM POLE.—On Christmas Day, 1936, at High Bickington, North Devon, to Florence Doreen, wife of Dr. Richard Macvean Graham Pole—a daughter (Mary Doreen).

HALL SMITH.—On January 3rd, 1937, to Kathleen Mary, wife of Dr. Cedric Hall Smith, of Swaffham, Norfolk—a son (Cedric John, who survived only three days).

HOLDEN TROTTEN.—On January 3th, 1937, at Painswick, to Kathleen (*née* Bates), wife of Surg. Lieut.-Cmdr. R. W. Holden Tincker, R.N.V.R.—a fourth daughter.

HOWARD JONES.—On January 11th, 1937, at 29, Devonshire Place, W. 1, to Ruth (*née* Fontes), wife of Dr. Norman Howard Jones, of 90, Gloucester Terrace, W. 2—a daughter.

PUGH.—On January 3rd, 1937, at Sevenoaks, to Audrey (*née* Sewel), wife of T. W. E. Pugh—a daughter.

SODEN.—On December 28th, 1936, at "Beekdale", Dryburgh Road, Putney, to Clare (*née* Jessup), wife of Dr. George Soden, of Croft Lodge, Brackley, Northants—a son.

TESTSON MOSSE.—On December 26th, 1936, at St. Brenda's, Bristol, to Ethel Gregory (Tom), wife of Dr. B. E. Tenison Mosse—a son.

VARTAN.—On December 16th, 1936, at 19, Bentinck Street, W. 1, to Marjorie, wife of Keith Vartan, F.R.C.S.—a daughter.

WARE.—On January 10th, 1937, to Dr. and Mrs. H. A. Ware, of 10, St. Andrew's Street N., Bury St. Edmunds—a daughter.

MARRIAGES

JOLLIFFE—WALLIS.—On December 19th, 1936, quietly, at Christ Church, Folkestone, William Anthony Jolliffe, Surg.-Cmdr. R.N., to Eileen Mary Wallis.

POOLE—DINES.—On January 1st, 1937, at Benson, Oxford, Dr. Denys Stanton Poole to Grace Catharine, eldest daughter of Mr. and Mrs. Lewen Dines, of Teddington.

POPE—BUCHANAN.—On December 17th, 1936, quietly, in London, Alfred Richard, elder son of the late Dr. Charles A. W. Pope and of Mrs. Pope, of St. Leonards-on-Sea, to Joyce Eleanor, eldest daughter of Lieut.-Col. L. E. Buchanan and the late Mrs. Buchanan, of Lisnamallard, Co. Tyrone.

DEATHS

BERRYMAN.—On December 17th, 1936, Richard Charles Palmer Berryman, M.R.C.S., L.R.C.P., eldest son of the late Rev. C. P. Berryman and Mrs. Berryman, Guildford.

CRIPPS ROGERS.—On January 15th, 1937, at Eastbourne, Henry Cripps Rogers, M.K.C.S., aged 93.

DAYMAN.—On January 13th, 1937, at 17, Hampstead Road, Bristol, Barnfield Dayman, M.D., aged 89.

LLOYD.—On December 16th, 1936, at his residence, "Menairon", Bangor, North Wales, Edward James Lloyd, M.D., aged 86.

ROSE.—On January 7th, 1937, at Peppers, East Harling, Norfolk, Dr. Edmund Frederick Rose, aged 66.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

St. Bartholomew's Hospital Journal

VOL. XLIV.—No. 6

MARCH 1st, 1937

PRICE NINEPENCE

CALENDAR

Fri., Feb. 26.	—Dr. Evans and Mr. Vick on duty.	Fri., ,, 12.	—Dr. Graham and Mr. Roberts on duty. Medicine: Lecture by Prof. Witts.
Mon., Mar. 1.	—Special Subjects: Lecture by Mr. Scott.	Sat., ,, 13.	—Soccer Match v. Q.M. College. Hockey Match v. St. Thomas's Hospital.
Tues., ,, 2.	—Prof. Witts and Prof. Ross on duty. Fives Match v. Oxford University.	Mon., ,, 15.	—Special Subjects: Lecture by Mr. Higgs.
Wed., ,, 3.	—Surgery: Clinical Lecture by Mr. Wilson. Students' Union: Election of Committee. Soccer Match v. King's College.	Tues., ,, 16.	—Dr. Evans and Mr. Vick on duty. Fencing Match v. St. Mary's Hospital.
Thurs., ,, 4.	— Semi-final of Hospitals Rugby Cup v. St. Mary's.	Wed., ,, 17.	—Surgery: Lecture by Mr. Vick.
Fri., ,, 5.	—Dr. Hinds Howell and Mr. Wilson on duty. Medicine: Clinical Lecture by Dr. Harris. Soccer Match v. Centels. Fives Match v. Old Merchant Tailors.	Fri., ,, 19.	—Prof. Witts and Prof. Ross on duty. Medicine: Lecture by Dr. Hinds Howell.
Sat., ,, 6.	—Rugby Match v. Rosslyn Park. Hockey Match v. Reading University.	Sat., ,, 20.	—Hockey Match v. Folkestone Optimists.
Mon., ,, 8.	—Special Subjects: Lecture by Mr. Bedford Russell.	Tues., ,, 23.	—Dr. Hinds Howell and Mr. Wilson on duty.
Tues., ,, 9.	—Dr. Gow and Mr. Girling Ball on duty.	Fri., ,, 26.	—Dr. Gow and Mr. Girling Ball on duty.
		Sat., ,, 27.	—Soccer Match v. Old Carthusians. Hockey Match v. Staines.
		Tues., ,, 30.	—Dr. Graham and Mr. Roberts on duty.

Last day for receiving matter for the April issue of the Journal.

EDITORIAL

HOSPITALS WEEK

CONTRARY to the expectations of Utopians, Erewhonians, and social phantasists of all periods and shades of opinion (especially the extremely Right and Left), the "State" magnified into a vast, vague, collective wet-nurse, upon whose amorphous but gigantic bosom almost every individual responsibility might somehow or other eventually be laid, has proved in practice, as everybody now knows, to be a theoretical blessing mixed with any number of practical curses.

Nothing, it would appear at first sight, could be more right and just than that the national hospitals should be supported by national subsidy, either in the local form of a levy on the rates, or as State taxation. And, on the other hand, nothing could be more iniquitous than that the great hospitals and especially those hospitals most concerned with teaching—should be mendicants dependent almost entirely upon casual charity, and quite without any sure source of income but pennies picked up upon

the street, and an occasional and uncertain endowment or bequest.

The reason this extraordinary system works so well in spite of its many obvious disadvantages is partly due, we think, to that prejudice of the British character which strongly prefers the voluntary to the compulsory; and perhaps also to our strange but very successful trick of conducting great affairs by apparently irresponsible methods.

The disadvantages of what seems the more logical system of the social reformers become evident when it is put into practice. The independence of policy which distinguishes the older hospitals is gone, and all too frequently replaced by considerations of local politics, or the obscurantism of some well-meaning officious hospital board elected by the ratepayers.

Besides, a public which is already being taxed for a hospital's support will never subscribe voluntarily to it, although the levies may be totally inadequate, nor will it ever hesitate to make the most severe calls upon a hospital for which it is paying compulsorily. It is clear, too, that the existence of any tradition, or pride of establishment, in a place which is, after all, merely a department of some local borough council is not to be looked for.

This Hospital, unlike so many of its fellows, has rarely had recourse to street collections and flag days in the past, and has preferred to rely rather upon private generosity than upon the public dunning which has made some of our charitable institutions appear rather in the light of public nuisances.

The public has grown hardened, during the past few years, to the ever more frequent appearance upon the street corners of good-hearted ladies selling flags or flowers, and the net result has been to drive the man-in-the-street out into the road.

The whole system has long been in need of review, and over seventy voluntary hospitals which have collected no less than £30,000 a year in the past, which would not otherwise have come in, have agreed, at the suggestion of the Commissioner of Police, to abolish all the individual flag days, and concentrate their collecting talent into one Hospitals Week.

The dates fixed are from the 2nd to the 8th of May—Coronation month—the actual collection for London proper being on Tuesday the 4th, and that for Greater London upon the 8th. The Special Hospitals have had Tuesday, October 12th, set aside for their appeal.

The hospitals concerned represent a total of 10,800 beds and an annual expenditure of £2,200,000, and the control of the scheme is in the hands of the hospitals themselves, being organized by a representative central committee under the chairmanship of LORD LUKE. At least 50,000 volunteer collectors will be needed, every hospital providing its own.

Each hospital, too, has been allotted a specific area in which to collect, and from that area will retain two-thirds of the takings, the remaining one-third being pooled for the benefit of hospitals in unproductive areas. In this way we are likely to see some spirited rivalry for the largest collection, especially upon boundaries where, for instance, Bart.'s may be collecting upon one pavement and Guy's upon the other.

The last occasion upon which this Hospital took part in a street collection was in 1926, when the Associated Press organized "Fleet Street Week", and with the aid of students and their friends brought in no less than £32,000 for St. Bartholomew's. One of the features of the Week was a gigantic brontosaurus (filled with Bart.'s men) which perambulated the City, striking terror into the hearts of reluctant subscribers, and stopping for frequent refreshment at horse-troughs and other suitable places. There seems no good reason why such an excellent animal should not be repeated.

St. Bartholomew's area extends along Holborn as far as Gray's Inn Road, includes Fleet Street and the Temple, stretches from Blackfriars to St. Paul's Cathedral, and then Cheapside, the Guildhall, and up to Cripplegate. The very wealthy area round the Bank and the Stock Exchange will be shared with Guy's and the London Hospital.

Not less than 1000 collectors will be needed for this area, which means that Bart.'s men must not only volunteer themselves, but must bring their ladies with them.

CURRENT EVENTS

BIRTHDAY HONOURS

Although few medical men seemed to feature in the recent Honours List, two of their number were old Bart.'s men. The first, Sir Joseph Arthur Arkwright, M.D., B.Ch., F.R.C.P., M.R.C.S., F.R.S., who is a distinguished member of the Agricultural Research Council, became a knight-bachelor, while Dr. P. A. Dingle, M.R.C.S., L.R.C.P., who is the Chief Medical Officer to the Government of North Borneo, received the C.B.E.

* * *

DECENNIAL CLUBS

The next Annual Dinner of the Eleventh Decennial Club will be held at the Café Royal, Regent Street, on Friday, April 16th. Dr. E. R. Cullinan will be in the Chair. The Honorary Secretaries are Dr. Wilfred Shaw and Mr. F. C. W. Capps.

The Twelfth Decennial Club is now being formed for men who entered the Hospital between 1925 and 1935. All qualified Bart.'s men of this decade are automatically entitled to membership. Like its elder brothers, the Twelfth Decennial Club will have as its object the helping of contemporary Bart.'s men to continue their association by meeting at a dinner to be held annually.

A dinner has been fixed for Friday, May 7th, at the Café Royal, and it is hoped that as many men as possible will be present to inaugurate the Club and to decide its constitution.

OBITUARY

THEODORE HARTMANN JUST 1886—1937

(*Non omnis moriar*)

EVERYONE who came in contact with Theodore Just, and particularly St. Bartholomew's men, learnt with profound grief of his untimely death in London on February 13th, after a long illness, which he bore courageously to the very end.

In 1908, when he entered St. Bartholomew's Hospital, Just had already made a name for himself as a scholar and athlete of distinction. He belonged to an elect group of "Blues" that Trinity, Cambridge, have sent to Bart.'s. With no more auspicious introduction could a student have entered our Medical School, and well did Just uphold the promise of his youth.

§

A letter to this effect will be circularized by the Honorary Secretaries, Mr. Hermon Taylor and Dr. Clive Barnes.

* * *

THE SQUASH COURTS

The Women's Guild have recently made the Students' Union a very generous gift of £100, which was part of the proceeds of the Hogarth Fair. This money has been set aside for use in the building of the new Squash Courts at Charterhouse. It is still necessary to collect nearly £400 if admission charges are to be avoided, and it is hoped that students will now come forward and do their share in contributing towards it. Subscriptions should be sent to the Secretary of the Students' Union.

* * *

A DANCE AT CHARTERHOUSE

A dance is to be held at Charterhouse on Friday, March 5th, under the auspices of the Students' Union. Ben Wells and his band will be in attendance, and the double ticket costs 10s. 6d. (single, 6s.). Tickets may be obtained from the Secretaries of the Union.

* * *

TENTH DECENNIAL DINNER

Owing to the fact that the date arranged for the Tenth Decennial Dinner for this year almost coincides with the Coronation, it has been decided to cancel the Dinner.

He was the only son of a distinguished father, the late Sir Hartmann Just, K.C.M.G., C.B., of the Colonial Office, and was at school at St. Paul's, where he showed brilliance as a scholar, founder and prizeman. He obtained an exhibition at Trinity College, Cambridge, whence he matriculated in 1904. He graduated in 1908, having been awarded 1st Class Honours in the Natural Science Tripos.

He entered St. Bartholomew's Hospital in 1908 and was granted the Diploma of the Conjoint Board—M.R.C.S.Eng., L.R.C.P.Lond.—in 1910, and proceeded to his degree in medicine and surgery in his University (M.B., B.Ch.) 1912. [The war interrupted his plans for gaining the F.R.C.S.Eng., but he sat for the Final in 1919, being duly elected.]

As regards house appointments, he obtained the post of House Surgeon to the late Sir Anthony Bowlby,

Bart., in 1911-12, and afterwards was appointed House-Surgeon to the Throat and Ear Departments in 1912. A vacancy for Demonstrator in the Pathological Department having been declared, Just was elected, and was able to carry out some bacteriological researches in disease of the ear and throat under the late Sir Frederick Andrewes, while he was at the same time Chief Assistant in the Throat Department under Mr. Douglas Harmer.

In 1914 Just was among those Bart.'s men who offered their services to the country, and crossed over to France with a commission in the R.A.M.C. ten days after war was declared. He was mentioned in the early despatches by General French (later the Field Marshal, Earl of Ypres) for conspicuous devotion to duty, and for many months was attached to No. 12 General Hospital, Rouen, where he organized an Ear, Nose and Throat Department. At Christmas, 1917, he went up the line with No. 33 Casualty Clearing Station, and for some time was at St. Pol. He remained with the British Forces as temporary Major R.A.M.C. throughout the advance in 1918. He was a recipient of the Mons Star in 1914, and other decorations, and was demobilized in March, 1919, having served continuously over four and a half years.

It was on his return to London that he entered for the Final Examination and was elected to the Fellowship of the Royal College of Surgeons of England. He now decided to settle down to practise as a specialist in the surgery of the throat, nose and ear; and besides being Chief Assistant in the Throat Department, was elected Assistant Surgeon to the Throat Hospital at Golden Square.

By the resignation in 1921 of Mr. West, Senior Aural Surgeon to the Hospital, an unexpected vacancy on the Staff was created, which Just was elected to fill, and he was duly appointed Assistant Aural Surgeon to St. Bartholomew's in March, 1922. Five years later the title was changed to that of Aural Surgeon with Charge of Out-Patients—an office he still held at the time of his death.

It was Just's integrity of character, delightful modesty, charm of manner, friendly spirit and ease of approach that gave him innumerable friends. His ability to give carefully reasoned and considered opinions inspired the confidence that led to many requiring his

willing services. Being a giant for work, he accepted many honorary appointments—Consulting Aural Surgeon to Lord Mayor Treloar's Hospital at Alton, Honorary Consulting Aural Surgeon to the Foundling Hospital and to Harrow Hospital, Honorary Consulting Surgeon to the Ear, Nose and Throat Department of the West Suffolk General Hospital at Bury St. Edmunds, and Consulting Surgeon for Disease of the Ear, Nose and Throat, Alexandra's Hospital for Children, at Swanley.

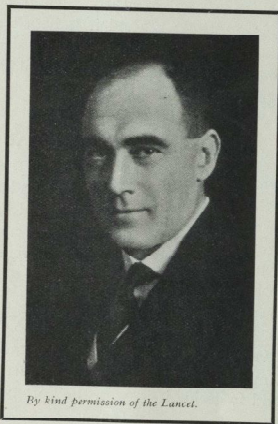
He was, moreover, for many years Assistant Aural Surgeon to the National Hospital for Nervous Diseases at Queen Square.

Owing to pressure of work in 1933 he felt obliged to resign the office of Surgeon at Golden Square, but did not relinquish the office at Queen Square until last summer, when he was trying to conserve his failing strength in order to perform his duties at St. Bartholomew's. These duties he bravely struggled to carry out until a few days before Christmas, when he was compelled to take to bed. His cheerfulness, optimism and good humour, which were remarkable, never seemed to leave him, and he never gave up hopes of returning to his work, though he said "he was afraid it would not be much before May".

Of such a man may it not be said, "Natura lo fece e poi ruppe la stampa".

Apart from his hospital work Just was particularly keen on field sports. He was marked out as an athlete of renown in his early school days, and received the coveted Shepherd Cup as the "best all-round athlete" of St. Paul's School two years in succession.

It was at school that he won the endearment "Father"—a name he took to Cambridge, and by which he was known to a generation of Bart.'s men. At the Inter-varsity Sports at Queen's Club Old Paulines and others among his enthusiastic supporters were wont to shout encouragement, "Go it, Father", every time he ran. For he ran for Cambridge against Oxford in 1907, 1908 and 1909 in the half mile, and in 1908 in the mile as well. The zenith of his running career was probably 1908, when he won the "half" for Cambridge in 1 min. 55½ sec., and later became Amateur Champion Half Miler for the United Kingdom. In the same year he was a member of the British team in the Fourth



By kind permission of the Lancel.

THEODORE HARTMANN JUST, 1886-1937.

Olympiad in London. He won his heat in the 800 metres and ran into fifth place in the final, which was won in 1 min. 53½ sec.

He was elected President of the Cambridge University Athletic Club 1908-9. We may recall a story some of his friends at Cambridge vouch for, of how he succeeded in sprinting round the Great Court of Trinity while the clock struck the midnight hour.* His friends who witnessed this feat may remember and perhaps vouch for the time "under 55 seconds", and it is said that Just was one of the very few men who ever succeeded in getting round before the last stroke of the clock.

Those who remember the Hospital Rugby team in 1909, 1910, 1911 and 1912, when he was captain, will, of course, recollect the good work Just put into the three-quarter line. His length of reach was prodigious, and his strength and pace made him a fine and natural three-quarter. He always continued to take great interest in the Hospital Rugby Club, of which he became Vice-President.

During the same years he kept himself in training despite his duties on the Resident Staff, and four times won the half mile for St. Bartholomew's in the Inter-Hospital Sports.

As President of the St. Bartholomew's Hospital Athletic Club he continued to take an interest in the doings of members of the Club, repeatedly holding office of time-keeper, or starter or judge.

A day or two before he died he showed appreciation when told he had been re-elected the Club's President for 1937.

In later life Just became a golf enthusiast. He hardly ever missed a Staff v. Students annual meeting of the Hospital Golfing Society, and in the last ten years won five out of his ten matches. For a time he was Captain of the Old Pauline Golfing Society, and it gave him his heart's delight to be invited to join the team of the Halford-Hewitt Cup as reserve at Deal.

Not to be outdone by the younger generation, he took up winter sports in Switzerland, where he showed the same keenness and enthusiasm in learning to ski, which was so characteristic. In the summer he enjoyed golfing holidays in the West Country and Scotland, finding time as opportunity occurred of putting in some fishing now and then as well.

To the Arts Just was no stranger, and was personally interested in drawing, painting and light music. His friends in the Fountain Club will greatly miss his convivial spirit and cheery voice, for he could always

* Trinity Clock chimes and strikes the midnight hour twice—first for Trinity, then for St. John's.

be depended upon to strike up a note on the piano when called upon to do so.

Twenty-five or more years ago, when Sir Leonard Hill was carrying out researches concerning muscular fatigue and oxygen debt in athletes, Just was one of his subjects for observation, as some members of the staff of the London Hospital will recollect.

As a contributor to the literature of medicine Just also played his part. He was an authority on oesophagoscopy and bronchoscopy—on which he wrote in Carson's (now Grey Turner's) *Modern Operative Surgery*. He read a very valuable paper, modestly entitled, "Some Notes on the Diagnosis of Acoustic Tumours", before the Section of Otology of the Royal Society of Medicine in December, 1929 (published in the *Proceedings of the Royal Society of Medicine* in March, 1930, vol. xxiii, No. 5, pp. 722 et seq.). This was an analysis of thirty-three proved cases which he himself had seen, and can be regarded as one of the best papers on this subject published up to that time in this country.

He also wrote an interesting paper for the *St. Bartholomew's Hospital Reports*, 1928, describing "Cystic Serous Meningitis of the Posterior Fossa Originating in Otitis Media".

The *Proceedings of the Royal Society of Medicine* (Sections of Otology and Laryngology) contain many accounts of cases which Just exhibited at meetings of the Sections during the last fifteen years, amongst them several showing successful recovery from brain abscess and other intracranial complications.

Just took part in the Annual Meetings of the British Medical Association, being Honorary Secretary of the Sections of Laryngology and Otology at the Bradford Meeting in 1924, and Vice-President of the Section at the Bournemouth Meeting in 1934.

His Masonic friends will miss him, for he was a keen Mason, having been Master of Rahere Lodge in 1930, and at the time of his death was Chairman of the Chapter.

Just was interred at Highgate Cemetery on February 17th, and a Memorial Service was held in St. Bartholomew's the Less the same day, both being attended by many friends, students, nurses and members of the Hospital staff.

Thus do we mourn the untimely loss of a distinguished surgeon, a great sportsman, and a true gentleman.

On April 19th, 1922, Just married Alice Marie, daughter of H. B. Mactaggart, Esq., of Kintyre, Argyllshire.

To his devoted wife and his mother who survive him we offer expressions of our most sincere sympathy.

SYDNEY R. SCOTT.

H.S. THROAT AND EAR DEPARTMENT.

Mr. Harmer writes: "In 1907, when the new Out-Patient Department and Abernethy Ward were being organized, doubts were expressed by some whether it would be possible to attract good house-surgeons in such a limited speciality. Actually the appointment in the Throat and Ear Department proved to be one of the most coveted resident posts. Amongst a long list of brilliant names Just's will always be remembered, for he was a scholar, a gentleman and a fine sportsman; never known to say an unkind word or to be criticized by anyone. Naturally he had many friends who relied on him for sound judgment, and who never appealed to him for help in vain. Although highly strung and with a curiously nervous manner, he was very definite and determined both in theory and practice once his mind was made up. His patients knew that they could rely on him because his honesty was so transparent."

Mr. H. B. STALLARD writes: "The death of Mr. T. H. Just is not only a tragic loss to his friends and his profession, but also to athletics. He was President of the C.U.A.C., and in 1908 won the half-mile for Cambridge against Oxford in 1 minute 55½ seconds, a remarkably fast time under such weather conditions that exist in March when the Inter Varsity Sports are held. In the same year he was amateur half-mile champion and represented Great Britain at the Olympic Games held in London. His athletic prowess continued during the time he was a student at St. Bartholomew's.

"Mr. Just showed a constant and faithful interest in the Athletic Club of this Hospital, of which he was President at the time of his death. He will be remembered with very genuine appreciation and warm affection by many generations of Bart.'s athletes for his generosity in giving much of his valuable time to the cause of athletic activities. His constant cheerfulness and fund of good humour earned him the popularity which he enjoyed up to his sad end."

The Editor invites contributions to the JOURNAL, either prose or verse. All such contributions must be accompanied by a stamped addressed envelope.

SOME NOTES ON ECTOPIC GESTATION

ADISEASE whose pathological lesion may vary from an old hæmatoma in one Fallopian tube to a full-time child at large in the abdomen should, and most certainly does, provide us with more interesting clinical variations than any other condition in surgery, and I think it may be helpful to record notes on some of the cases on which I have operated during the past year in the Department of Gynaecology at this Hospital, and to emphasize the lessons which can be learned from them.

A common conception of the condition of ectopic gestation is, that a pregnant woman is seized with intense abdominal pain, notices vaginal bleeding, and arrives at hospital acutely shocked. This is, however, only one type, and it is well to realize that there are at least three common, as well as innumerable uncommon, types to be encountered. The common ones are the unruptured ectopic, the one which ruptures slowly, and the one which ruptures acutely.

Amongst the uncommon varieties are the cases in which a secondary gestation takes place, and in which the diagnosis may be obscure if the primary rupture has been overlooked.

Pregnancy plus a swelling to one side of the uterus as in Fig. 1 sounds a remarkably easy diagnosis, but because these signs are expected to be easy of recognition, the diagnosis is frequently missed. Two such cases come to mind, the first Mrs. W—, æt. 30 (154152), who came up complaining of sickness and pain in the abdomen, and because of a run of similar cases she was admitted with a diagnosis of gastritis, and the second Mrs. K— (109473), who had abdominal pain and distension, and was diagnosed as appendicitis with peritonitis. In both of these cases the diagnosis was not made early, because secretion could not be expressed from the breast, and because a lump was not palpable to the side of the uterus. The points to note are that the criterion of activity of the breast at this very early stage is not the presence of milk, but the recognition of the shotty feeling in the active gland, and secondly that when an ectopic gestation half the size of a normal ovary ruptures, no very great lump is to be expected. The photograph (Fig. 2) illustrates this point. The diagnosis is made by appreciating that the woman is pale and restless and has a running pulse. These are the signs of internal hæmorrhage, and are probably due, in a woman, to ruptured ectopic gestation. Now search for the early signs of pregnancy.

The next two cases illustrate how the slowly rupturing

ectopic may cause difficulty. The first, Mrs. S— (160878), whose menses had always been regular, till one day she had pain and bleeding. The former subsided. Because there was no amenorrhœa pregnancy was not considered; the breasts contained the evidence, however, and at operation a large tubal mole with a paratubal hæmatocele was found. It is important to note that the ectopic may rupture before amenorrhœa has had time to be established. The second is Mrs. S—, æt. 29 (157246), who had been awaiting admission to

at laparotomy was seen to be the follicular cyst of metropathia hæmorrhagica, which disease also accounted for the pallor, the amenorrhœa, and the enlargement of the uterus! The pulse—92—indicated that one could have waited, and it would have been better, for a Zondek-Ascheim test might have been done and the correct diagnosis made. Mrs. W—, æt. 43 (162840), who came up with seven weeks' amenorrhœa, intense abdominal pain and vaginal bleeding. On examination there was tenderness and rigidity in the R.I.F. At operation both tubes were normal but the appendix was red and swollen, and on section was seen to contain a lot of turbid fluid and three small fecoliths. In neither of these cases was there activity of the breasts.

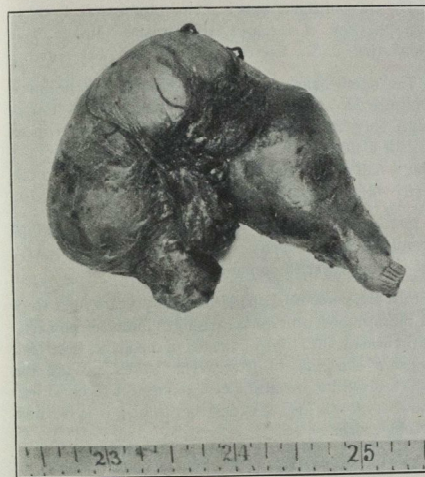


FIG. 1.

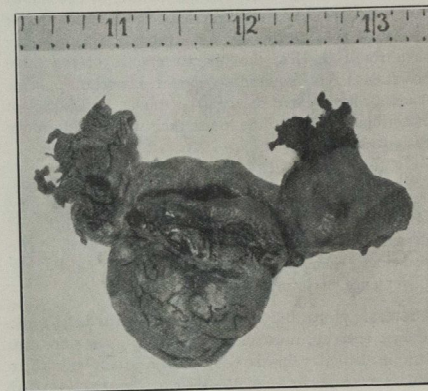


FIG. 2.

another hospital for removal of fibroids, and who came in here because she had been kept waiting so long. The signs were those of an irregularly enlarged uterus. The diagnosis was already made and laparotomy was performed. She had got an old ruptured ectopic firmly bound down to the back of the uterus. Two lessons emerge. Never accept anybody else's diagnosis without first forming an independent opinion. A swelling which appears to be of the uterus may just as well be one firmly adherent to it.

Finally, here are two cases which illustrate that all that glitters is not gold, and that consequently there is always the differential diagnosis to be borne in mind. Mrs. W—, æt. 29 (79414), came in at midnight, with abdominal pain and vaginal bleeding. She had had seven weeks' amenorrhœa. She was pale, and had a lump to the right of an enlarged uterus. The swelling

No two cases seem to be alike. All women in the child-bearing period of life may have an ectopic gestation. It is better to diagnose it wrongly than to let the patient die on her way home from her consultation.

These patients I have described were all admitted to Charity Ward under the care of Dr. Donaldson or Dr. Shaw, and I acknowledge my indebtedness to them for permission to write about them.

C. K. VARTAN.

THE NEW PHARMACOPŒIA OF ST. BARTHOLOMEW'S HOSPITAL

ONE purpose of a hospital pharmacopœia is to simplify the work of the dispensary, and thereby to economise in effort and in drugs. To the student and young practitioner it serves as a guide, and sometimes as an inspiration; it should be, therefore, not only simple and free from redundancies, but also sufficiently comprehensive. It was with these ends in view that the Hospital Pharmacopœia has recently been revised.

The *British Pharmacopœia* has tended to become at each revision more and more a book of standards for medicinal substances, and less and less a formulary; as a result of this, the pharmacopœias of the large hospitals have acquired a special importance, since students have come to regard them as text-books of prescribing, and continue to use their well-tried formulæ in general practice.

In the new issue English names are again given to the substances employed, which are taken, with very few exceptions, from the B.P., and the weights and measures used are those authorised in that work. The medicines themselves are given Latin names for convenience of prescription.

Several preparations have been discarded, some because they are now seldom prescribed, some because their medicinal value is not sufficient to justify their retention in such a book. Where formerly several preparations with similar action were included, in the new issue the number has been reduced by selecting those which seem to be most valuable and most frequently prescribed.

A list is given, together with instructions concerning their strength, of all preparations which are simply aqueous solutions of substances, since it is considered desirable that the prescriber should state the solution he wishes to be used rather than the degree to which a stock solution should be diluted.

All preparations for external use are now expressed as percentages. In preparations for internal use the formulæ are those for a single dose, and are again stated both in metric and Imperial units; this time the metric units come first, as they do in the B.P. In Imperial units only grains and ounces or minims and fluid ounces are used, for, following the example of the B.P., the fluid drachm as a unit has been discarded.

Roman figures are not employed. The signs $\bar{3}$ and $\bar{3}$ were discarded by the Hospital Pharmacopœia in 1877.

A factor of some importance which has influenced the revision of this book is the issue of the *National Formulary for National Health Insurance Purposes* (N.F.). It is clearly undesirable that a hospital formulary should be in conflict with the N.F. over either names, composition, or quantities.

Various *confections* have been omitted since the B.P. preparations are available, but not much used.

The chief of the *creams* is *cremor zinci*, and, to avoid multiplication of formulæ, this cream is taken as a foundation, and a few common additions are noted.

The name *haustus* has been retained for the stock mixtures for adults, although they are *haustus* now in name only, the dose in each case having been reduced to half a fluid ounce. In 1865 the dose was an ounce and a half; by 1888 they had all been reduced to one ounce—now to a paltry half ounce.

Powders for internal use have disappeared almost completely since tablets, which can be easily crushed, are much simpler to prepare.

Pills have not been made for many years, and since all pill formulæ, and an increasing number of powders, are now made into tablets, the list of medicines described as *tablets* continues to grow. The "Bart's Wind Pill (which blows its own trumpet)" seems not to be so well known as it was and as it deserves to be; it is retained in tablet form.

The appendices will be the same as before, with notes on the regulations of the D.D.A.

A little surprise may be caused by the omission of many of the newer remedies. It is not always desirable to stereotype a prescription prematurely, or to introduce a formula until considerable experience of its efficacy and keeping powers has been obtained. Certain substances are omitted on the grounds of cost.

THE TRAVELLER'S TALE.

Every day I travel to town in a train which runs on the self same lines as it ran on yesterday.

Every day I watch from the train and the self same buildings and things pass by that passed by yesterday.

At times they shine in the morning sun; often they're pale and cold; whatever the weather they're never the same as they seemed to be yesterday. L.

"CONTINENTAL CLINICS"

ARRIVED in Berlin during the Olympic Games. The "Dritte Reich", intent on revealing its majesty and power to all mankind, had made the city quite unrecognizable. Bunting streamed everywhere, the "linden" of the "Unter den Linden" had been uprooted and replaced by a neat array of lamp-posts in order to make a sort of Roman triumphal road, and the Swastika, hung or exposed from every available position, provided a background of deep scarlet, from which at the height of the proceedings "der Führer" himself emerged, smiling, gracious and well pleased.

When the excitement had died down I made my way to the University Clinic of the Charité. To say that the Charité is enormous is a sorry under-statement; it is a city in its own right, whose multitude of buildings are linked by excellent private roads, and by a more subtle system of inter-departmental notes and messages, all with the same manner of ending: "Mit Deutschem Gruss—und Heil Hitler!"

Prof. Kaufmann received me in the gynaecological department. He has acquired fame for having produced an artificial menstrual cycle in ovariectomized women with synthesized female hormones, though, as he himself is the first to admit, this is of no practical value whatever. It was done merely to determine the dosage necessary to produce the endometrial changes. In the "Polyklinik" we find these hormones being used in the treatment of a variety of other conditions. Menopausal disturbances, sterility, secondary amenorrhœa, kraurosis vulvæ and spasmodic dysmenorrhœa associated with uterine hypoplasia are all treated with the follicular hormone; while the corpus luteum hormone is used in metropathia hæmorrhagica and threatened abortion.

The patients are not examined in the manner which is usual in this country, but sit up in special chairs placed side by side in the examining room, and they are exposed in a way that might seem indelicate to some of us. Nor is the German patient encouraged to have any but the most stoical views on pain, and I saw several minor operations performed with no anaesthesia whatever.

Major operations are usually performed under spinal anaesthesia, and it is interesting to note that the surgeon wears neither mask nor gloves. I was told that this was introduced by Prof. Wagner, the director of the clinic, who had been a pupil of Wertheim in Vienna. He maintains that freedom from gloves gives greater delicacy of touch and ease of movement to the hand;

but it is somewhat disconcerting to the stranger used to the familiar shrouding of the surgeon to see a lightly clothed man, with the shortest of sleeves to his jacket, demonstrating to the students the stages of an extensive abdominal operation in the same nonchalant way that he might in the operative surgery class. Droplets of saliva in the abdomen there must be in profusion, and even of honest Teuton fat, yet their post-operative statistics are among the finest in the world.

The great therapeutic success which they have obtained with the female sex hormones in the Charité is to a large extent due to the genius of Adolf Butenandt. It was he who first showed that hydrogenation of the follicular hormone increased its activity four to five times, and that esterification as the benzoic acid ester delays the rate of absorption so that a more sustained action is produced after intramuscular injection. It was he who first determined the highly complex molecular formula of the corpus luteum hormone, progesterone (working on considerably less than one gramme of substance, by the way), and who subsequently synthesized it from stigma sterol. Then he identified the male hormones, androsterone and testosterone, showed their close relationship to the female hormones, and synthesized them. He is now working on the activation of testosterone by esterification. "He is the most brilliant man in Germany—possibly in the world," they told me.

This may seem to you to be the most painful exaggeration, but when you are told he is now only thirty and made his first important discovery in 1928, you may be more inclined to agree. At any rate I determined to visit him.

Butenandt was a pupil of Windaus, in Göttingen. When the chair of organic chemistry in Danzig became vacant a few years ago he accepted it, though it might not seem politically the most desirable move for a young German of outstanding ability to make. (Danzig, it must be remembered, is a free city bounded by Germany proper, East Prussia, and the northern part of the Polish Corridor: the very heart of European discontent. A clear account of Danzig's significance, both political and economic, is given in *Poland's Access to the Sea*, by Casimir Smagorzewski. Allen & Unwin, Ltd.)

In the University itself there seemed no greater promise of success. The laboratories were ill-designed for the work he wished to do, and nearly all his time would be occupied in teaching. Within four years Butenandt had built one of the most perfectly equipped organic chemistry institutes in the world, and had gathered round him a team of twenty-three carefully chosen assistants. By the time I arrived in Danzig he was just preparing to move the entire organization

to Germany, where his work has earned for him a professorship in the University of Berlin. Everything will go; the assistants, every single piece of apparatus, and all the animals, to be set up at the "Kaiser Wilhelm Institut" in Berlin Dahlem, exactly as in Danzig. The whole reads like a novel of the most violent type, the triumph of genius in a naughty world. But the biggest surprise is the man himself. Tall, thin, evilly dressed, shy and looking about twenty-two—no wonder that the deputation sent to meet him at an American railway station, seeing him on the platform, hurriedly returned to say the Professor "ist nicht angekommen". His lectures at University College last summer produced the startling phenomenon of being better attended towards the end of the course than at the inaugural lecture.

But, leaving an account of what we actually saw in the laboratory for another and more serious occasion, and leaving the Professor to grapple with his gigantic packing, let us continue on our journey. There is not time, however, to describe Warsaw or the "Deutschen Universität" in Prague, full of interest though they are, for we are on the pilgrim railroad to the Mecca of medical sciences—Vienna.

The name Vienna brings to mind a confused medley of waltzes, Merry Widows, and princes in disguise, the Prater, and romance perpetual. If you happen to be so prosaic an object as a doctor it will also bring to your mind the clinics. Vienna is actually a saddened city. The Prater is closed, the waltz, as elsewhere, has given way to less pleasant forms of dance, princes are no more, and the throes of the present political strife and discord are upon her. But the clinics still remain, and to walk among their buildings is to walk into the pages of the history of medicine.

Eplinger in charge of the Medical Clinic, now reputed to be at the zenith of achievement, Wagner-Jauregg (who won the Nobel Prize for his work on the malaria treatment of G.P.I.) in the neurological clinic, Hamburger the pediatrician, and Heinrich Neumann the otologist, himself almost completely deaf—these I met there in a single day.

"Professor Heinrich" (he is called this to distinguish him from his two brothers) "saw your King's ear when he was here last month" I was told. "And," they added proudly, "the Professor was asked to stay in England in 1937". Little did we think then that in less than two months King Edward would have returned to Vienna as a commoner.

At the very top of the Eplinger clinic Prof. Freund has his laboratory. A tired, lined face on a tall, gaunt, stooping figure, Prof. Freund is the very embodiment of the popular conception of a scientist. But his eyes

are the burning eyes of the fanatic, rather than of the impartial observer of events. He is undoubtedly heroic, for he is working on the cancer problem.

As his views are not well known in this country, it may perhaps be of interest to summarize them. In the test-tube it has been established that normal serum exerts a cytologic action on carcinoma-cells. This reaction is not obtained with the serum of carcinoma patients, and Freund believes that this is due to the presence of pathological fatty acids of high molecular weight which protect the carcinoma-cells in some way. He has devised a quantitative diagnostic reaction whereby he can determine the ratio between the cytolytic and "protective capacity" of the serum towards carcinoma cells. On the basis of this he can detect people with a "predisposition" towards carcinoma as well as those actually suffering from the disease, for he believes that the presence of these pathological fatty acids only causes a general predisposition to the formation of carcinomata, and that some local abnormality of metabolism in susceptible cells is also needed before a carcinoma can actually occur. At any rate, he is treating carcinoma patients by withdrawing from the diet all foodstuffs which on chemical examination are found to be able to give rise to these pathological fatty acids.

It could not, of course, be claimed for such a system of treatment that it is a cancer "cure" in the sense that it causes resolution of a tumour once established. Freund only claims that it does tend to prevent increase in size of the primary growth and to limit the appearance of metastases. Moreover, in almost every case pain seems to be relieved to a very considerable extent. Most important of all is Freund's claim to be able to detect "predisposition" by his serum test and to correct it by suitable alteration of the diet. Certainly he has from time to time treated people with an exceedingly bad family history of malignant disease, and they have all so far remained free.

As I went out into the street I thought of the fanatic with the blazing eyes, and of the words of Peyton Rous: "Not long ago, in the dark ages of medicine, one could think nearly anything about disease because one knew almost nothing . . . the tumour problem is the last stronghold of metaphysics in medicine." But it is a stronghold closely besieged.

The next day I went out to the Prater to see Prof. Steinach, who is chiefly known in England for the operations which bear his name. In appearance, if I may be permitted to make a personal comparison, he is not unlike Mr. Lloyd George, having the same rather short stature, broad shoulders and magnificent head. Only Prof. Steinach has a flowing white beard. I

remember thinking at the time how impossible it would be to find another so unlike Freund, both in appearance and in temperament. The immediate impression that he gives is of being essentially practical. There is in him none of the diffuseness of personality of the dreamer, the maker of images, and his personality seems concentrated in a personal and ambitious direction. He has an excellent sense of the dramatic in the regulation of his life, and on several occasions the Austrian papers have been supplied with headlines by material from his laboratory.

I detected an absence of warmth in his reception; this was in marked contrast to the cordial and very generous way in which the others had received me. He demanded to know "my mission"! I explained it was a desire to see something of the path along which he had travelled to his conclusions—if he could be so kind. This idea seemed to put him in a better humour, and together we went to his small private museum, and there arranged chronologically on the shelves were the specimens from the whole series of beautiful experiments which he had planned during the early part of the century to show the biological action of the internal secretion of the testis. It was his animal work which had paved the way for the later chemical work of Butenandt, and so (as in a cinema that one has entered half-way through a film) I had seen the first part of the picture, which was now complete and whole.

But Christmas-time had arrived in the outside world, and for me at least Christmas means England. Quite suddenly I flew home. And now as I sit writing this the vividness of it all is "like some insubstantial pageant faded", and but a memory of yesterday. One thing remains—a message of Christmas greeting from Germany: "Mit deutschem Gruss", runs the inscription, "und Heil Hitler!" That seems real enough. Hitler over Europe.

B. M. MERRIMAN.

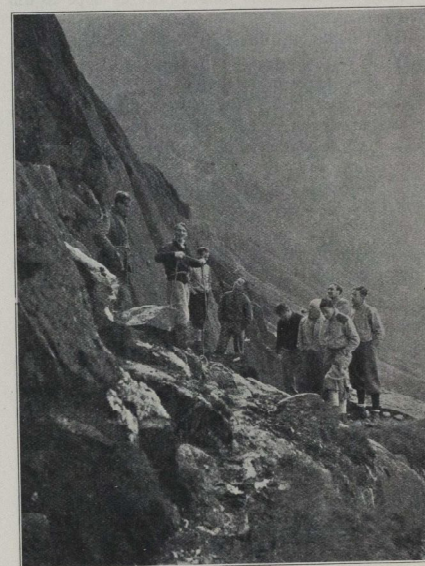
"You must wake and call me early,
Call me early, mother dear."
Said the maiden to her mother,
"Call me so that I can hear;
You must call me bright and early,
You must shake me by the arm."
But her mother answered, "Blast you,
Can't you set the damned alarm?"

R. G. P.

BART'S ALPINE CLUB

ON January 26th a large number of members of the Bart's Alpine Club met at the Chancery Restaurant to eat their annual dinner and see Mr. Smythe's film of the last Everest Expedition.

After the serious business of the evening had been concluded Dr. Hadfield, in a fine presidential swan-song, gave us the future plans of the Club. Opportunity



AT THE FOOT OF THE HOLLY TREE WALL.

will be given for climbers to meet in members' houses each month to arrange expeditions to Wales or elsewhere. There are to be three dinners each year, at which members of the Club will be encouraged to talk about their own experiences. In these ways it is hoped that some of the difficulty in finding climbing companions will be removed.

Dr. Hadfield then retired from the office of President and Dr. Finzi reigned in his stead.

The restaurant was soon converted into a cinema, and Dr. Warren became a delightful, though slightly inaudible, *compère*.

A short history of the attacks on Everest, combined with a review of the various methods of approach to

the mountain, precluded Mr. Smythe's film. The film itself is partly in colour and partly plain. Certain shots stick in one's memory—the great monastery at Kampa Dzong, perched on its rock fortress with a glowing sunset behind; the rich embroideries of the Tibetan merchants as they rode upon their diminutive ponies; a distant dawn over Everest itself—all these gained by being in colour.

Although the party did not climb the mountain, they have at least blazed a trail of Belisha beacons and road warnings for those who follow. Let us hope it will give them confidence.

Many thanks are due to Dr. Warren for such an enjoyable evening.

Last year three meets were held at Helyg by the generous permission of the Climbers' Club. This year the season was opened in February with a party of twelve. Of these the more experienced assaulted the Great Gulley on Craig Yr Ysfa, while two "nursery" parties struggled on the Ampitheatre Buttress.

Of the senior members of the Club we were glad to note Dr. Cullinan among the climbers. It would be a pleasure if more of the senior members would come to these meets.

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AN INTERESTING CASE OF NATURAL CLOSURE OF A PULMONARY CAVITY

THE case described is that of a woman *æt.* 51, with long-standing tuberculosis of the right lung. When she arrived in Davos she was in a very poor state of health. There was a large cavity, obviously of considerable duration, occupying the greater part of the upper lobe of the right lung, and surrounded by a thick, fibrous capsule. There was a considerable amount of purulent sputum, containing tubercle bacilli and elastic fibres. The general condition was poor, and the state of the heart weak. Artificial pneumothorax was attempted, but failed, owing to massive adhesions. Further surgical intervention, such as thoracoplasty, was ruled out, because of the age of the patient and the state of the heart. There remained, then, only the ordinary routine treatment of rest in the mountain climate.

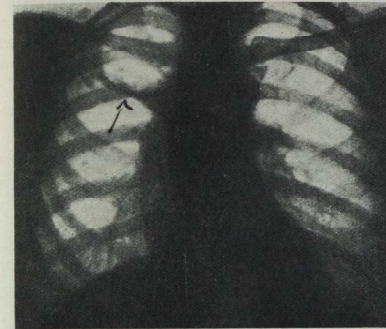
A year later the cavity had shrunk to about a quarter of its original size and the sputum had diminished. The bacilli and elastic fibres became less in quantity, and finally disappeared. The general health also showed progressive improvement. Two years later, *i. e.* after three years, the cavity had disappeared, and was represented by a scar. This was accompanied by a marked deviation to the right of the trachea. Except for a tendency to bronchitis, owing to the distortion of the bronchial tubes, consequent upon the retraction and healing, the local and clinical cure has been maintained for over three years.

This case is interesting, and worthy of note, for the following reasons: Firstly, the age of the patient was certainly against her. Secondly, although this cavity had obviously been present for a long time, without showing any signs of healing, yet after a comparatively short period in the mountains it was reduced to a quarter of its size, and ultimately became obliterated and cicatrized, even though this was a cavity of some age, and with hard, sclerotic walls. In addition, the cavity was situated in a position unfavourable to healing—that is to say, it occupied the whole apex, and was surrounded by very little pulmonary tissue.

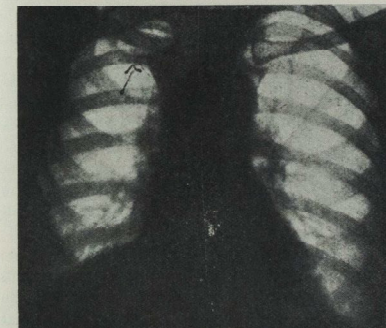
Of cavities which heal spontaneously, the easiest are those of fairly recent formation, where the walls are still soft, and which are situated more or less in the median region of the lung, and so surrounded by plenty of pulmonary tissue. Cavities at the apex, hylum and base are much less likely to heal by natural means, especially if of old standing, as in this case. It seems, then, that the fact of dwelling at an altitude must have

modified the course of this case, as I am sure it does in many others.

Radiograph 1 shows the cavity at the commencement of sojourn in the mountains, Radiograph 2 after one year.



RADIOGRAPH I.



RADIOGRAPH II.

Two years later healing became complete, but naturally was accompanied by considerable contraction, and deviation of the trachea.

BERNARD HUDSON
(Davos Platz).

DE CUBILIBUS

IHAD cause, some little time ago, to remark in these columns upon the fearful decline in culture portended by the present abuse of such venerable institutions as the bath. And though Browne may sadly warn us that "Epicurus lies deep in Dante's hell", my world has never spun in Dante's seven circles, and I am prepared to risk and doubt, as even wise Sir Thomas doubted, any such hermetic, imminent entombment.

I hesitate no longer, therefore, to take up my pen in defence of that far more sacred and essential thing, the bed; for the iniquities of the twin Cities of the Plain pale into insignificance beside the malpractices which have of late been practised upon it.

The Philistines have always outnumbered the Sybarites, for vicious fools are always in a majority; and yet, if Samson could so swiftly slay a thousand, it would be a poor thing indeed were I not also to wield the jawbone of my ass.

At a conservative estimate, we spend one-third of our lives upon our beds. We are born in them, make love in them, and, when the time comes, most of us die in them. They are the sites of our greatest joys, and our profoundest griefs. There is no other single spot where we spend so much of our time, or time to such great effect. One would presume, then, that our beds would be commensurate in amplitude and richness with their importance in our lives. To-day no such thing is true.

I am but five feet seven inches in extent, not so deep as a well, nor so wide as a church door, you may think, and yet, in London at any rate (that city of flat chested pillows), I have never been able to obtain a bed long enough, wide enough, or deep enough for my requirements.

Who can consider the Great Bed of Ware, or the Italian couches of which Mr. Norman Douglas so delightfully tells us, without a thrill of shame at modern parsimony? Strangely enough, Epicurus slept in a portable bed, and Napoleon, who so appreciated baths, seldom but in a camp one. The martial exigencies of the one and the tedious vesical stone of the other readily explain the apparent incongruity. What excuse, pray, have we?

I have no patience with those poltroons who say they can "sleep anywhere". They are the same unfastidious pork who can "eat anything". I have slept, myself, on stones and under hedges, on roofs and floors, in gales of wind and torrents of rain, in trains, ships, aeroplanes, and the rest; even upon the ribs of an open boat tossed in the gales of a far Antipodean sea. But

the only pleasure I derived from these experiences was the pleasure of climbing at last into a decent, fat, contented bed.

The inadequacy of our beds, however, is not the least of our sins against the whole practice of bedding. For there is a lamentable majority which goes to bed to sleep. Can anything more brutish be conceived? Who can appreciate the pleasures of his bed if he is asleep in it?

The uses, of course, to which beds have been put in more civilized times are almost innumerable. Though Dido may have stood upon the wild sea banks to bid her love adieu, Virgil tells us that she first welcomed Aeneas from her bed, and the custom of receiving visitors in bed lasted, like the Apostolic Succession, to the days of Lady Mary Wortley Montague.

There the Roi Soleil conducted his affairs of state, although in his case, perhaps, the process made for centralization of control; and it was the mode at a slightly earlier date for all great ladies to hold a morning salon from their beds, to those gentlemen diligent in attendance the name "roué" being given—derived, despite the myopic idiocy of the Oxford Dictionary upon the subject, from the medieval term for the alley which ran beside the bed.

How different are the manners of to-day, when social matrons, fearful and majestic in the drawing room, become in bed, their thinning hair ridiculous in curling-pins, their sagging features pasty with vain preservatives, mere figures of pathetic fun!

The bed has always been held in honour by literary men, as is shown by Shakespeare's tender bequest to his wife, and the preoccupation of many of Donne's early songs and sonnets. In bed, also, was *Paradise Lost* largely composed—a circumstance to which I attribute all its greater merits, and which must have led the poet irresistibly on to *Paradise Regained*.

Of Samuel Pepys' robust love of his bed we are most of us aware. Should a friendly bug be discovered, or some vessel or other upset upon the sheets, no one's laughter was louder than his own, and his inevitable "so to bed" comes like a gentle sigh of satisfaction at the long day's end.

Miss Rose Macaulay, who has herself written charmingly of beds, reminds me that Dr. Johnson "lay all his life until noon or until two, purposing to rise at eight, and telling young men that nobody who did not rise early would ever come to good".

And the late Mr. G. K. Chesterton longed to lie in bed and do charcoal drawings on the plaster ceiling with a very long stick; while Hobbes, the mathematician, actually worked out his problems upon the sheets. I need hardly tell you that I write this note in the

grand tradition, in bed, a typewriter poised sumptuously upon my abdomen.

It is not sleep but the gentle wooing of sleep and waking that is delightful in bed, the emancipated range of the disembodied spirit through time and space, reality and sweet illusion. I know of only two people who have expressed this state with justice—Marcel Proust, the greatest of all novelists, and an unknown genius of the twelfth century, who wrote in the course of a longer poem:

"Hinc caligantes mira novitate
oculi nanteo in palpebrarum rate."
"Then with the wondrous strangeness
the eyes grow dim and float
on the rafts of the eyelids."

I wish that I could quote the rest.

The bed is a kind of moral judge, that will not receive us in its arms with evil consciences, casting us forth sleepless or sleep-walking, Lady Macbeth-wise; but if all is well with us, how better escape the barbarity of a boorish world than to savour like Brooke—

"The cool kindness of sheets that soon smooth away trouble;
and the rough male kiss of blankets"?

Alas, that I have no space to speak here of the art of reading in bed, or of fires in bedrooms, or of hot-water bottles, or of curtained beds; of the proper height for pillows, the degree of softness or hardness of the mattress, of feathers, springs, and capok, of windows open and shut, of the texture of sheets, the colour of counterpanes, of sick beds and Sunday beds, single and double and twin beds, of the strange "Dutch wife" that forms part of the bed in Java, or of the extraordinary pillow of Japan—in fact, of all the exquisite, inexhaustible bedlore of which I am a student.

You must not think that beds are wholly pleasure places. Lytton Strachey tells us that Victorian beds were "full of bugs and disasters", a fact to which I can bear witness, for England is still in the clutch of that abominable woman. But disaster more sombre has laid its cold hand upon the pillow-slips from the days of Tarquin and Desdemona, and that of the unhappy Princes in the Tower, down to our own dramatic hour, when the German Führer flew through the night to Munich and shot his best friend as he lay asleep.

Our beds, to most of us, will soon be Charon's terry, and with thin fingers in the rippled sheets, and some soft stirring, now of the curtains, now of the veils of darkness which will close in upon us, we will feel the lapping of the silent waters, and hear the night-breezes which blow upon the banks of Styx and Lethe.

G. F.

STUDENTS' UNION

FINANCE The Finance Committee of the Students' Union has issued a Report stating that in future any balance standing to the account of any Club of the Union at the end of the financial year shall be carried forward to the ensuing year, and that similarly any debit shall be paid off from the Club's next year's grant.

The Report also emphasizes that in future the Students' Union will not make itself responsible, under any circumstances, for an overdraft incurred by any Club.

To make this new scheme possible it was agreed that the grants to certain of the Clubs would have to be increased, and after a report

had been read from the Rugby Club upon the suggested changes, this was accordingly done.

The Committee gave permission for the expenditure of over £140 on apparatus for the Gymnasium at Charterhouse Square, and also discussed the report from the groundsman at Winchmore Hill, the cost of the necessary apparatus required for the new ground at Chislehurst being over £200.

The gift to the Squash Courts Appeal of £100 from the Committee of the Women's Guild and a further gift of £25 from Mr. Girling Ball were acknowledged by the Committee with much gratitude.

SPORTS NEWS

RUGBY FOOTBALL The **Old Millhillians** were played at Headstone Lane, on a fine but cold afternoon. Taking it by and large, the team gave a poor display. The forwards were not together, we held no advantage at halfback, where, although Hearn and Candler both played well, their opposite numbers, of whom Spang, the old international, was one, played equally well if not better; the three-quarters had a mixed afternoon, at times showing flashes of brilliance, at times doing the stupidest things imaginable.

Although our defence, on the whole, was good, especially that of Laybourne and Pleydell, there were too many lapses. Evans displayed to the full his unfortunate propensity for hanging on just too long and then hurling the ball wildly from him; in the second half he spoilt a really magnificent break-away, which carried him half the length of the field to the full back, by ignoring Griffiths who was beside him and crying aloud for a pass, by choosing to kick ahead.

What with the opportunities which we missed and the opportunities with which we presented the Old Millhillians, they deserved their victory by 15-7.

In spite of the conditions at Winchmore Hill—there was a cold wind following recent heavy rains, and the ground was practically a morass—the game against **Moseley**, played in the morning, before the International against Ireland, produced some really good football.

We had by no means a full side, but the deputies played admirably. Notwithstanding the greasiness of the ball, it was thrown about with a freedom and an accuracy which was good to see; hardly a pass was dropped on our side throughout the game. However, the difficulty of manoeuvring on the sticky surface rather destroyed the effectiveness of these tactics, and it was not till we tried "kick and rush" methods, which our opponents had employed from the start, that we held our own territorially.

The first half was even, each side making dangerous rushes in turn, and it was in this aspect of the game that Mackay, in his first appearance for the first XV, particularly distinguished himself, fielding well and going down to the rushes in grand style. All the backs played well, their kicking especially being an improvement on former efforts, although too many of their kicks ahead still went straight to the full back. The tackling of the whole side was admirable except for one lapse which let in the opposing fly half on the blind side for the only score of the match. —3.

Our first Cup tie of the season was against the **London Hospital** at Richmond, which was in unusually poor shape as a result of the terrific rainfall of this season.

We fielded a strong team, as selected, except that the unfortunate Laybourne was out through a broken nose, Marshall taking his place, and Berry deputized for Mackay, who had an injured knee.

The two sides were very evenly matched except at half-back, where Hearn and Candler were definitely superior to the opposing halves, and at full back, where the London man was distinctly more reliable than Berry.

The Bart's forwards were magnificent individually, every man being prominent at times; but as a pack there was an obvious

lack of cohesion between them; it is hardly sufficient for only two people at a time to be doing things, particularly against a set of forwards as well led as was the London pack.

Moynagh's hooking was excellent, and Burrow, Mundy and Irving played very well indeed; the last-named did much to prove his boast of being the fittest man on the side by the amount of work which he got through.

Hearn's service from the scrum was quick and accurate, although the heeling was apt to be slow. His occasional breaks away and his kicking to touch were well judged. It was he who scored our first try by a brilliant solo dash on the blind side from a scrum fifteen yards from their line.

Later, Burrow and Irving combined in a magnificent dribble which resulted in a try in a good position, there being some doubt as to who actually touched down. Newbold failed with both kicks, so that the score was 6-0 at half-time.

Bart's continued to throw the ball about with some freedom in the second half, and it was from a wild pass that London gained a footing on our line, so that when they were awarded a penalty kick under the posts they had no difficulty in converting it into three points.

Candler's kicking had throughout been superlative, his kicks ahead always being remarkably well placed, and on two or three occasions he went through the defence like a knife to gain many yards. However, it was London who scored next, a try resulting from a series of hard kicks ahead and the speed of their left wing. No one on the Bart's side seemed to think it their business to fall on the ball. The kick failed, so that the score became 6-6, and remained so for some time.

About eight minutes from the end Evans broke away nicely and passed to Griffiths, who was pulled up on the 25-yard line, apparently under the impression that he had crossed the goal line; however, from the ensuing *midée* the ball came out smartly on the Bart's side, and, after going through various hands, reached Burrow unmarked, who crossed for a try under the posts, which he himself converted. This ended the scoring, although Bart's continued to fling the ball about in a magnificently un-cup-tie-like manner. 11-6.

Two days later Bart's sent a shadow team to play the **Old Leysians** at Wandsworth. Not surprisingly a certain amount of lethargy was apparent, most of the play being slow and disjointed. The forwards were at sixes and sevens much of the time, and the light scrums appeared from the touch-line to be extremely uncomfortable; however, Mundy managed to play well throughout, being well supported at times by Kyle, whose first appearance this was.

Hearn had an off day, neither his passes nor his kicks being as accurate as usual. Candler, however, again played well; he it was who scored our only try after going through a couple of gaps in his best style. Evans converted from a fairly easy position.

Coupland ran with determination, but found Sykes rather a handful. Evans did many good things, and Hayes ran strongly at times.

Many times Bart's looked as though they must score, notably after a good combined movement by the backs, when Evans gave Armstrong a good pass on the line with no one to beat; the pass,

however, was dropped. The game ended in a win for the Old Leysians, 14-5.

* * *

The second Cup tie of the season was played at Richmond on a fairly warm sunny afternoon, with the ground amazingly dry. On this occasion we defeated **University College Hospital** by 2 goals, a penalty goal and 2 tries to nothing.

The game was an unsatisfactory one for Bart's in many ways. That this was, for most of the team, their third game in six days was only too apparent, an obvious listlessness pervading much of their play, especially at forward. Berry gave a much improved display at full back, his play in the second half particularly, reaching a high standard.

Griffiths and Evans form a dangerous attacking wing, which would be more effective if Evans would pass sooner more often. Marshall had a good afternoon, both in attack and defence, except that his kicks showed a tendency to go straight up in the air. The unfortunate Pleydell did very well with only about one muscle of his legs untorn, until that, too, went, when he became a passenger for most of the second half.

Candler and Hearn were once more the mainstay of the side, in every aspect of the game. The former's ability to make openings, to get his three-quarters on the move, his magnificent defence and his splendid well-judged kicking showed him to be far and away the best footballer on the field. Hearn, too, was a tower of strength, throwing out long fast passes, going down to the rushes, and generally being always on the right spot.

The forwards seemed overweighted in the tight scrums, but Moynagh's hooking did much to counterbalance this handicap; nor did they have things entirely their own way in the loose, in the lines-out, however, they were the masters, at least until Mundy went into the three-quarter line.

Swinstead and Graham were often prominent, the former falling on the ball with great courage, the latter tackling as fiercely and effectively as ever. Newbold, Munday and Ellis did many good things; Irving was less noticeable than usual. Burrow once more demonstrated his ability to be up for the final pass.

Neither side ever really got used to the light, bouncing ball, and the game went from end to end of the field in a rather aimless sort of way; considering that our opponents had only two good forwards and one dangerous three-quarter, and that most were sadly lacking in skill if not in determination, we should have spent most of the time on their line.

Griffiths scored a very good try after a magnificent run by Candler, whose final pass was so quick that few of the spectators saw it. Griffiths's turn of speed also carried him first to the touch down, following a perfectly-judged kick ahead by Candler. One try was scored as the result of a forward rush, and Burrow appeared from nowhere (shades of the *Morning Post*) to take a scoring pass from Marshall. Burrow converted two tries and Candler kicked a penalty goal.

ASSOCIATION FOOTBALL

The first Cup tie of the season was played against **Guy's** on February 4th at Honor Oak, the game resulting in a win for Bart's by 4 goals to 3, this being the third successive year that we have beaten Guy's.

We had a full team, except that McKane, the captain, chose to visit Switzerland. Our usual small band of supporters was present just deserved to win, since our shooting was better than that of Guy's, though we had many shocks before the end; even allowing the Bart's XI had no game since before Christmas, our display was disappointing. The weakness of the completely lacking, in which any system of marking seemed completely lacking. Mail played a grand game in goal, his fielding and punching were first class. Howell was much less certain than normally. "You must watch your opposing centre forward, Howell!" Cardwell gave a very poor display at right half, playing too far up-field, like Howell, and being very slow in recovering. James was a magnificent centre forward—he was unlucky not to score more than once, and it took at least two men to mark him. He was certainly the star of the match.

Now for the game itself: Howell won the toss, and we had a good breeze behind us, and for the opening quarter of an hour we did most of the attacking and produced the best football of the game. We went very near to scoring several times. In Pat

Hardie's words, "Open goals were missed". Their goalie was agile, and pushed several shots round the posts for corners. James then headed a good goal from Brownlee's centre. A few minutes later Grossmark headed in another with the back of his neck. Guy's then started to attack, and thanks to our defence declining to tackle, their outside right scored a good goal. Just before half-time our left wing pair were guilty of a bad breach of football manners, and we should have had a penalty against us. "This must not occur again."

Guy's spent most of the second period in our half of the field. We had only two active forwards, as our right wing pair were heartily trodden upon, and Grossmark mistakenly thought that his mission was to help Mail in goal. From a breakaway, Brownlee scored a fine long range goal from James's pass. They pressed hard, and in spite of some spectacular dives by Mail, reduced the lead. Brownlee then repeated his scoring effort. For the rest of the game it was all Guy's, but Knowles and Gallimore defended well and they only scored once more.

In the next round we play **St. George's**, who beat the London. Bart's must put up a better fight. We want hard, quick tackling and recovery by the defence, and even at this late hour—"What about going back to the old method of defence whereby the wing halves mark the wing forwards?" We stand a good chance of winning back that cup.

* * *

Played on Saturday, February 6th, at Winchmore Hill—the seventh League match of the season resulted in a win against **Imperial College**. Very weary football was produced by both sides until Howell scored a good goal. This roused the opposition, and when Harold, at full back, kicked over the top of the ball, they pushed it into the net. Thus 1-1 at half-time, soon after the restart Sookias, the other back, did precisely the same thing and another goal was scored. Fifteen minutes from the end the outlook was poor for Bart's, but a sudden burst of energy by the forwards produced two goals in ten minutes; first a good centre from the left, then one from the right—both were finished off by James.

The match finished with a 3-2 victory for the Hospital, and Imperial College, then second in the League, were shaken off temporarily, and Bart's remained top.

* * *

SECOND XI The Cup tie at Winchmore Hill v. **St. George's** Second XI was won, 13-0.

HOCKEY On Wednesday, February 17th, a very confident XI took the field against **St. Mary's** in the Second Round of the Hospital Cup, at Motspur Park. We had not met them for some years and were looking forward to a tough struggle. After five minutes' play it was soon seen which way the wind would blow. Our opponents pressed from the start and Moore, in goal, saved several penetrating shots. Our forwards up till now had had little to do, but the game soon opened out, and several good movements were spoilt by the "glutinous" sticks of the inside forwards. The side was working hard but seemed to lack the cohesion of their opponents. Slowness in getting rid of the ball, a mishit here and blundering there, and Mary's had scored, 1-0. Soon afterwards a little comedy was enacted, centering round a penalty bully. Heyland took it and the Mary's man managed to get the ball into our net, and again the whistle was blown for a trivial matter. The third time the referee could think of nothing to blow the whistle about and Heyland managed to get the ball safely away. Play continued, but our forwards never looked dangerous, although the two inside forwards were working really hard, and Harrison, at centre-forward, took the ball whenever he had a chance. Mary's continued to press, and after several threatening attempts at scoring, eventually gained their second goal. Half-time came with the same score, and with no reason why we should not wipe off the deficit. Early on in the second half Heyland was injured, and was a passenger more or less for the rest of the game. After Mary's had scored a third goal, the side pulled itself together and several times came within an ace of scoring, but a better side stemmed the tide of our attack and eventually won a hard, fast game by 5 goals to nil.

HOCKEY RESULTS UP TO DATE.

Played 17, won 8, lost 7, drawn 2. Goals for, 55; goals against, 43.

FIVES The courts at Charterhouse have been well patronized this season and there has been keener competition than usual for places in the team.

The results of matches since Christmas have been moderately satisfactory. We avenged our defeat by Westminster Bank last October by the narrow margin of 98 points to 85. Alleen Old Boys beat us fairly easily, as did the Old Alleenians in the following week. Both these matches were played away, though this factor cannot account for our complete debacle in the latter match. However, we made up for this to some extent by beating **Guy's** at Charterhouse by 91 points to 74, the games being actually more one-sided than the score suggests. Murley, Little, Elder, Bull and Anthony have played in most of these matches.

Foil.	Épée.	Sabre.
July 2-1	Morel 2-1	July 2-1
Jopping 1-2	July 2-1	Burkitt 2-1
Burkitt 0-3	Gould 2-1	Gould 1-2

SHOOTING The Hospital won the Inter-Hospital Cup last month when they drew with St. Thomas's.

Matches shot	Won	Drawn	Lost	Points	Position.
9	7*	1	1	13	1st

TEAM AVERAGES.

	Shot.	Highest score.	Average.
G. H. Pickering	7	100	97.14
B. P. Armstrong	7	100	96.86
G. Conti	7	98	96.25
J. Dalziel	4	97	95.57
M. B. H. Golden	6	99	96
W. H. Halper	6	97	95.17
also W. R. Grant	1	98	98
W. A. Owen	2	98	96.5

* Including one walk-over.

The Bell medal was won by G. H. Pickering with an average of 98.6.

	Average.
B. P. Armstrong	99.4 Previous winner.
G. H. Pickering	98.6 Winner.
G. Conti	98.4 Runner up.
W. H. Halper	98
J. Dalziel	97
M. B. H. Golden	97
D. O. Davies	96.8

The golf target competition is now in full swing. The range is open on Tuesdays and Thursdays from 4-5 p.m. Anyone can fire cards. The prize is two silver spoons.

O.T.C. MEDICAL On January 26th Major-General the Earl of Athlone, Chancellor of the University of London, and Hon. Colonel of the University Contingent of the Officers' Training Corps, unveiled a War Memorial to the members of the Corps who fell in the war.

The memorial, which has been designed by the Architect responsible for the new University buildings in the course of erection in Bloomsbury, is in the south entrance hall of the already completed portion of the building. The north wall of the hall is brought out to form a massive stone tablet bearing in bronze letters the words: "To the Glory of God, and in Memory of those Members of the University of London O.T.C. who gave their lives whilst serving in the armed forces of the Crown, 1914-1919. *Sic vos non nobis.*"

Above the inscription is a bronze casket in which has been placed an illuminated manuscript containing the names of the fallen; whilst at the foot is a shelf carrying a printed copy of the Roll of Honour, bound in red leather.

The Earl of Athlone was received at the West Entrance to the building by a Guard of Honour, provided by the Infantry Unit. Before the unveiling ceremony he said that although the occasion was one of solemnity, it need not be regarded as a time for sadness. "They had met to honour those who had laid down their lives for their country. The delay in the erection of the memorial was due to the fact that before any decision could be reached the great project for the provision of a home of its own in Bloomsbury for the University became a practical project, and it was obviously necessary to wait until the memorial could be placed in a proper place. The surplus funds subscribed for the memorial would be used for the provision of a memorial library in the O.T.C. quarters, so that it would not only be a memorial to the fallen, but would also be of value to those who followed them. The memorial must serve as a stimulus to those of the University who lived in times no less difficult than the time preceding the war. The strength of the Contingent now was greater than it was in the days of 1914—evidence that the present generation was not lacking in a sense of duty to its country."

Having presented a bound copy of the Roll of Honour to the

SQUASH The second Cup Match of the season was played against the **London Hospital**, and resulted in the first win that Bart's have ever recorded in a cup match.

The manner in which it was won was little short of miraculous. James and Maidlow were not expected to make much headway against such notable players as Northcroft and Isles, and the first two matches went to the London.

Marrett then fought a terrific struggle, and after being led 8-1 in the first game and 7-1 in the second, won both these and the match. Better was to come. Gabb made the matches level by a convincing 3-0 win, and it was left to Thorne-Thorne to pull the match out of the fire. This he did in sensational manner. Losing the first two games and being 8-2 down in the third, the match looked as good as over, but by superlative retrieving and keeping the pace going he tired his opponent, and eventually ran away with the fifth game. This ended what must be the most memorable victory ever attained by a Bart's squash team, and renews hope that with some courts to practise on, we shall soon be competing in the senior hospital division.

* * *

Another Cup victory has just been gained at the expense of **King's College Hospital** by 3 matches to 2. This brings our cup record to 2 wins against 1 defeat.

* * *

The **Fayre Club** in the return fixture beat the Hospital by 2 matches to 1. The first string match was always interesting to watch, but Verney was too steady for Marrett and won a closely fought match. Maidlow gave himself and those who thought we might yet win the fixture a fright by losing the first two games to his opponent, but Glead fired and lost the next three games, although in the final game he held the lead at 7-3. Gabb played very gallantly against a very careful and precise player but went down by 3 games to 1.

Scores:

- J. Verney (F.C.) beat H. R. Marrett (St. B.H.) 10-8; 9-3; 10-8.
- R. Glead (F.C.) lost to W. M. Maidlow (St. B.H.) 9-4; 9-3; 4-9; 6-9; 7-9.
- M. Moira (F.C.) beat R. T. Gabb (St. B.H.) 9-7; 8-10; 9-3; 9-4.

TENNIS At the Annual General Meeting on Friday, November 13th, with Sir Charles Gordon-Watson in the chair, the following officers were elected for the season 1937:

- President: Sir Charles Gordon-Watson.
- Vice-President: Mr H G Radford-Russell.
- Captain: G. I. Way.
- Hon. Sec.: R. I. G. Coupland.
- Captain 2nd VI: G. T. S. Williams.
- Committee: G. L. Way, R. I. G. Coupland, G. T. S. Williams, E. Corsi.

The following have been awarded Honours: E. Corsi, W. K. Frewen, P. J. Hardie, H. R. Marrett, J. B. Waring, G. L. Way, R. C. Witt.

FENCING After a long series of defeats we beat **Guy's** on February 13th by 14-13, the result being decided by the last fight of the match. Scores:

Vice-Chancellor for the University Library, the Earl of Athlone went to the South Entrance Hall for the unveiling ceremony. Here a representative party drawn from all units of the Contingent was on guard in the charge of Major G. P. Crowden, second-in-command of the Medical Unit.

St. Bart's was represented by O/Cdts. R. Macpherson and N. Pitt. The Roll of Honour contains the names of twenty-one Bart's men.

CORRESPONDENCE

AN UNUSUAL CASE OF GANGLION

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

DEAR SIR,—I read the article written by F. Ramsay for your last publication with much interest. I have, however, a fourth explanation to put forward—that the "ganglion" was rheumatic. I have seen a number of swellings resembling ganglia on the wrist, elbow and dorsum of the foot occurring in patients suffering from rheumatoid arthritis. Some have disappeared under treatment with Scott's dressing and immobilization and one I had excised. The surgeon described this as a ganglion with rather far-reaching attachments arising from a tendonsheath, but under the microscope it showed exactly the same reaction as a piece of synovial membrane taken from a similar rheumatoid case.

I have never seen such a "ganglion" in the centre of a muscle, but have had a rheumatic nodule excised from such a situation in a man of 35, and would suggest that the disintegration of such a nodule might leave a gangliiform swelling, with some inflammatory reaction around it. I should suggest that the osteo-arthritis in the case cited in the JOURNAL was secondary to rheumatoid arthritis, the distribution being much more suggestive of the latter, primary osteo-arthritis of both wrists without a history of trauma being rare. The pallor and loss of weight also bear out this hypothesis. I think Mr. Ramsay will find the sedimentation rate definitely increased, at all events unless there has been a big clinical improvement with hospitalization.

I should like to thank Mr. Ramsay for recording a very interesting case.

Yours sincerely,

G. D. KERSLEY.

6, The Circus, Bath,
February 10th, 1937.

MOORISH MEDICINE

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

DEAR SIR,—I have read with interest Mr. Kenneth Vandy's "Interlude in the Sun" in your December number. He rightly does honour to the achievements of the Mohammedan conquerors of Spain in the field of medicine between the eighth and the thirteenth centuries. In doing so he must not, however, detract from others, and give, as I believe he does, the impression that they, the Moors, were responsible for "the main text-book of medicine among the Arabic-speaking peoples". By this he means, I think, the "Qanun" or "System" of Avicenna. Nor was a Moor the first to describe measles and distinguish it from smallpox, but Rhazes. Now Rhazes and Avicenna were Persians.

Yours faithfully,

A. R. NELIGAN.

December 18th, 1936.

REVIEWS

Cunningham's Text-book of Anatomy. Seventh edition. (Oxford University Press.) Price 42s.

The seventh edition of Cunningham's *Text-book of Anatomy* appears under the new editorship of J. C. Brash and E. B. Jamieson. The terminology used is the Birmingham Revision, supplemented by a B.N.A. glossary.

The sections on Arthrology, Embryology, Myology, Neurology, Osteology and Splanchnology maintain the high standard of the previous edition, and their broad outlines remain the same. The description of the lymphatic system is improved by the addition of larger and clearer diagrams, although two of them are old plates from Sappay.

The section on the Ductless Glands has been re-written, and the

descriptions of the thyroid and the pituitary contain much new material of practical interest.

Surgical anatomy and surface anatomy are dealt with together in the final section. From the point of view of the pre-clinical student, it is questionable whether it is desirable to segregate the applied points from the pure descriptive anatomy. From the viewpoint of the clinical student, it seems impossible to treat surgical anatomy adequately in a book of this character. The text of this section is but little changed, but the treatment of surface anatomy is vastly improved by the provision of many fine photographs of the living body in action.

An excellent new feature is the introduction of many beautifully reproduced and labelled X-ray plates, which make this book an acquisition to the armamentarium of anyone about to negotiate the more modern type of anatomical examination. It is a great pity that these plates are not indexed, and that the plates of the pelvis of the two sexes are not strictly comparable.

What is Wrong with British Diet? By HARRY CAMPBELL, M.D. (William Heinemann, Ltd., 1936.) Price 10s. 6d.

During the last few years it has begun to be realized that the national diet is inadequate, especially among the poorer classes. The title indicates that this is a book on the subject and is intended for "mothers, teachers and voluntary workers in health propaganda", but it deals chiefly with "the factors responsible for the undernourished jaws and appalling prevalence of dental disease among the British people". It suffers from wearisome repetitions and exaggeration.

Dental caries is widespread in this country and malformation of the jaws is common, but the author's enthusiasm for his own theories carries him too far when he proclaims that "a normally developed jaw is rarely to be found in this country". Being a dogmatic follower of the oral hygiene school, he denounces the eating of large quantities of sticky carbohydrates. The lack of chewing and the stickiness are responsible in his opinion for the maldevelopment and dental caries, rather than the ill-balanced diet with lack of calcium, phosphates and vitamin D.

In Part I there are introductory chapters on aetiology, hygiene, etc., and the different types of food. The modern white loaf is condemned in no uncertain terms—yet he advocates plenty of white bread as a staple diet provided that it is well baked and crusty. His ideal school diet with breakfast and tea, consisting almost entirely of well-baked crusty bread is just the very "grub" that drives the schoolboy to the tuckshop! Part II is devoted to ultraviolet light, rickets, and an unjustifiable condemnation of general sun-bathing. Part III is a tedious account of teeth, dental caries, etc., and its prevention by well-baked crusty bread.

The author exposes many of the deficiencies and effects of our present diet, but his methods of preventing these effects are not by any means completely convincing.

Practical Methods in the Diagnosis and Treatment of Venereal Disease. By DAVID LEES, F.R.C.S.(Edin.). Third edition. Edited and revised by ROBERT LEES. (Edinburgh: E. & S. Livingstone, 1937.) Pp. 608. Price 15s.

The third edition of this work may be regarded as a tribute to the memory of the late Dr. David Lees. The Venereal Clinic of Edinburgh, of which he took charge, established for itself a world-wide reputation, and this new volume is the official text-book of Edinburgh University. But it is more than that. David Lees' reputation was not confined to Edinburgh and the text-book that bears his name will be widely read both in this country and abroad. His nephew, Dr. Robert Lees, who undertook the editing and revision of his uncle's work, has done it with discrimination and skill. Although the size of the book remains the same, it contains many additions, most of them contributed by new collaborators—Drs. R. Cranston Low, W. R. Logan and R. C. L. Batchelor.

Lees' *Diagnosis and Treatment of Venereal Disease* is to be recommended to all who require a practical and up-to-date account of diagnosis and treatment.

Infra-Red Irradiation. By WILLIAM BEAUMONT, M.R.C.S. (Eng.), L.R.C.P.(Lond.). With Foreword by LORD HORDER, K.C.V.O. (London: H. K. Lewis & Co., Ltd., 1936.) Pp. 139. 29 Figures. Price 6s. 6d.

This book is written by a man who is thoroughly conversant with the practical side of his subject and has had unique experience of it. Further, he has the gift of passing on his experience to others in a simple and lucid fashion. For these reasons the book has great value and will be of much use to practitioners and nurses.

In the Introduction care has been taken to define accurately the terms used—a feature of importance in a comparatively young subject.

A brief exposition of the physics is followed by an account of the physiology of infra-red irradiation. As far as they are known the physiological effects of these radiations are clearly explained, though one or two points are of doubtful accuracy. For instance, it is surely not possible to raise the temperature of the tissues 5 cm. from the surface to 118° F. (47.7° C.) in a conscious patient, as quoted from Sonne?

In the succeeding sections the descriptions of the apparatus and technique are excellent, and are illustrated by first-class photographs.

In the section on application to disease Dr. Beaumont introduces, as Lord Horder remarks in his Foreword, "An apology on the acquisition to the treatment of symptoms rather than of the disease of which the symptoms are an expression". Lord Horder adds: "Since the symptom *par excellence* for which infra-red irradiation is used is pain. . . . such apology is hardly necessary." Surely there is always room for improvement in the symptomatic treatment of pain. An earlier recognition of the properties of infra-red irradiation would, perhaps, have gone far to prevent the present glut of analgesic drugs, many of whose untoward results could never be laid at the door of radiation therapy, and whose pain-killing properties are often surpassed by it.

Starling's Principles of Human Physiology. Edited and revised by C. LOVATT EVANS. The chapters on the Central Nervous System and the Special Sense Organs revised by H. HARRIDGE. Seventh Edition. (London: Churchill.) Pp. xiv + 1096. Price 24s.

Although the sixth edition of what may well be called the physiologist's *code mecum* was published only three years ago, no one who is acquainted with the style and substance of the text will be surprised at the call for a new edition.

The editor has succeeded in a very difficult task—the presentation of recent very important advances in the subject in a co-ordinated and readable fashion while omitting the minimum possible amount of matter present in the previous editions. He has, in fact, reduced the volume by 23 pages, though still maintaining that clarity of exposition which is so flattering to the reader in that it persuades him that he already knows much more than is generally the case.

While adequate attention is paid to the more rapidly advancing branches of the subject, this is not done to the detriment of the more static parts. This result has been attained by a good deal of re-writing and condensation and some omission, e.g. of biochemical and histological elements. A few subjects which have been dealt with more fully, in keeping with their increased importance, are vitamins, absorption from the gut, humoral agents in nervous activity, the metabolism of cardiac muscle, renal adaptation, sex hormones and fetal physiology, while there are some excellent new illustrations in the section on the endocrine organs.

The style and make-up of the volume are similar to those of the sixth edition, and the very useful feature of footnote references to original authorities is retained. The book is evidence of wide reading and balanced judgment, and should be in the hands of all with any pretence to an interest in physiology.

Surgical Note-Taking. By CHARLES F. M. SAINT, C.B.E., M.D., M.S., F.R.C.S.(Eng.). Second edition. (London: H. K. Lewis & Co., Ltd.) Price 3s.

A useful and convenient guide emphasizing the importance of good notes, and detailing methods for making them full, accurate and relevant. The main part of the book is a series of schemes for the examination of the special features in particular diseases. These are well illustrated by a number of examples of cases which should be very useful for comparison with cases which the dresser has under his care. The book should be used softly in the wards; the examples, although making interesting reading, should not be taken seriously.

Also Received:

AIDS to the DIAGNOSIS AND TREATMENT OF DISEASES OF CHILDREN. By F. M. B. ALLEN, M.D., F.R.C.P. Price 4s. 6d.

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS. By J. A. GUNN. Fifth edition. Price 5s.

THE NURSING MIRROR POCKET ENCYCLOPEDIA, DIARY AND GUIDE, 1937. Price 15s. 6d.

AN INTRODUCTION TO GENERAL PRACTICE. By E. KAYE LE FLEMING, M.A., M.D. (Edward Arnold & Co.) Price 5s.

SOME PRINCIPLES IN DIAGNOSIS, TREATMENT AND PROGNOSIS. By ROBERT HUTCHISON, M.D., LL.D., F.R.C.P. (John Wright & Sons, Ltd.) Price 3s. 6d.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

BANKS, T. E., Ph.D. See D'ABREU and BANKS.

CHANDLER, F. G., M.D., F.R.C.P. "Internal Pneumolysis: A Further One Hundred Consecutive Operations." *Lancet*, January 9th, 1937.

— "Value of Oleothorax in Obliterative Pleurisy." *British Medical Journal*, January 9th, 1937.

COCKAYNE, E. A., D.M. "Gargoylism (Chondro-osteo-dystrophy, Hepatosplenomegaly, Deafness in Two Brothers." *Proceedings of the Royal Society of Medicine*, December, 1936.

— "Myositis Ossificans Progressiva." *Proceedings of the Royal Society of Medicine*, December, 1936.

D'ABREU, FRANK, F.R.C.S. (MICHAEL SMYTH, F.R.C.S., and F. D'A.). "The Surgery of Haematemesis in Chronic Peptic Ulcer." *Lancet*, December 19th, 1936.

— and BANKS, T. E., Ph.D. "A Survey of the Fields of Radiation in the Female Pelvis for Some Typical Distributions of Radium Used in Treatment." *British Journal of Radiology*, January, 1937.

DALRYMPLE-CHAMPEYS, SIR WELDON, Bart., M.D., F.R.C.P. "Modern Views on Infection and Disinfection." *Lancet*, January 9th, 1937.

DISCOMBE, GEORGE, B.Sc. "Fluoresceinuria." *Lancet*, January 9th, 1937.

FRANKLIN, A. WHITE, M.B., M.R.C.P. "Precocious Puberty in a Girl, aged 4 years." *Proceedings of the Royal Society of Medicine*, December, 1936.

HALLS-DALLY, J. F., M.D., M.R.C.P. "Psychological Influences on the Circulation." *Medical World*, July 17th, 1936.

HARTSILVER, J., M.R.C.P. "Accident Cases in General Practice." *Medical World*, May 22nd, 1936.

— "Malignant Disease in General Practice." *Medical World*, December 25th, 1936, and January 21st, 1937.

HUNT, JOHN H., M.D. "Raynaud's Phenomenon in Workmen Using Vibrating Instruments." *Proceedings of the Royal Society of Medicine*, December, 1936.

LESCHER, F. GRAHAM, M.D. "Nervous Complications following Treatment by Gold Salts." *British Medical Journal*, December 26th, 1936.

McDONAGH, J. E. R., F.R.C.S. "Life, Disease and Death." *Medical Press and Circular*, July 15th, 1936.

MACFARLANE, R. G., M.B. "Fibrinolysis Following Operation." *Lancet*, January 9th, 1937.

MAXWELL, JAMES, M.D., F.R.C.P. "Paratyphoid Infections of the Respiratory Tract." *Clinical Journal*, January, 1937.

RODGERS, H. W., F.R.C.S. "A Device for Increasing the Field in Gastroscopy." *Lancet*, August 22nd, 1936.

— "Gastroscopy." *Post-Graduate Medical Journal*, September, 1936.

ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "Centennial of the Army Medical Library, Washington." *British Medical Journal*, November 28th, 1936.

— *The Endocrine Organs in Health and Disease.* London: Oxford University Press, 1936.

ROPER, F. A., M.D., M.R.C.P. "The Modern View of Nephritis and Its Treatment." *Clinical Journal*, September, 1936.

SCOTT, R. BODLEY, B.M., M.R.C.P. See MAGNUS and SCOTT, January JOURNAL.

SCOTT-BROWN, W. G., F.R.C.S. "Treatment of Recurrent Nasal Polypi with Radium." *Lancet*, September 12th, 1936.

SEDDON, HERBERT J., F.R.C.S. "Fatal Case of Empyema Secondary to a Tuberculous Spinal Abscess. Rupture of a Tuberculous Spinal Abscess into the Oesophagus." *Proceedings of the Royal Society of Medicine*, October, 1936.

SHAW, WILFRED, M.D., F.R.C.S., F.C.O.G. "Some Gynaecological Sequela of Natural Delivery." *Practitioner*, January, 1937.

SHORE, L. R., M.B., M.R.C.P. "Some Examples of Disease of the Visceral Column found in Skeletal of Ancient Egypt. A Contribution to Paleopathology." *British Journal of Surgery*, October, 1936.

SPENCE, A. W., M.D., M.R.C.P. "Gastrin in Toxic Goitre." *Lancet*, October 24th, 1936.

— "Recent Advances in Hormone Therapy." *Post-Graduate Medical Journal*, September, 1936.

- STALLARD, H. B., M.D., F.R.C.S. "Glioma Retinae Treated by Radon Seeds." *British Medical Journal*, November 14th, 1936.
- THEOBALD, G. W., M.D., M.R.C.P., F.C.O.G. "Further Observations on the Relation of Pregnancy to Hypertension and Chronic Nephritis." *Journal of Obstetrics and Gynaecology of the British Empire*, December, 1936.
- "Referred Pain in Dysmenorrhoea and Labour." *British Medical Journal*, December 26th, 1936.
- VARRIER-JONES, Sir PENDRILL, F.R.C.P. "Papworth and the After-Care Movement in England." *Tubercle*, September, 1936.
- WALKER, KENNETH, O.B.E., F.R.C.S. "Diseases of the Male External Genitalia (other than Venereal)." *Practitioner*, December, 1936.
- WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Posture and Diuresis in the Treatment of Renal Calculi." *Lancet*, January 2nd, 1937.
- WAINYNS-THOMAS, F. W., F.R.C.S. "Hoarseness." *Practitioner*, November, 1936.
- WEBER, F. PARKES, M.D., F.R.C.P. "Ehlers-Danlos Syndrome." *Proceedings of the Royal Society of Medicine*, November, 1936.
- "Further Report on a Case Illustrating the Action of Bran in the Treatment of Hirschsprung's Disease." *Proceedings of the Royal Society of Medicine*, December, 1936.
- (and SCHLÜTER, A., M.D.). "Sebocystomatosis (Glinther) in Two Brothers." *Proceedings of the Royal Society of Medicine*, November, 1936.
- "Chronic Leucopenic Lymphadenitis Complicated by Tuberculosis." *Lancet*, December 19th, 1936.
- WILLIAMS, H. C. MAURICE, M.R.C.S., L.R.C.P. (and DEAR, J. R., M.B., and STEWART, W., M.B.). "Active Immunization against Diphtheria. Relative Values of Two Methods as shown by Subsequent Schick Testing." *British Medical Journal*, November 28th, 1936.
- WITTS, L. J., M.D., F.R.C.P. "Effect of Toxic Substances on the Blood-forming Organs." *British Medical Journal*, August 1st, 1936.
- WOOD, W. BURTON, M.D., M.R.C.P. (B. C. COHEN, M.D., and W. H. W.). "The Mirror Test in Pulmonary Tuberculosis." *British Medical Journal*, July 11th, 1936.
- YATES, A. LOWYDES, M.C., M.D., F.R.C.S. "Lymphosarcoma of Tonsil." *Proceedings of the Royal Society of Medicine*, October, 1936.

EXAMINATIONS, ETC.

University of Oxford

The following Degree has been conferred:

B.M.—Cone, C. R.

University of Cambridge

The following Degrees have been conferred:

M.D. Recordon, E. G.
M.B., B.Chir.—Wilson, J.
B.Chir.—Beckett, F. G. A., Maclaren, H. C., McNeil, C., Masterman, E. B. Z., Payne, A. M. M.

Conjoint Examination Board

Final Examination, January, 1937.

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.**, and have had the Diplomas conferred on them:

Armstrong, J. H., Baum, I. H., Blakelock, L. H., Boden, G. W., Carpenter, M. A., Datzel, J., Darke, G. H., Ellis, B. H., Ennis, J. E., Foster, L., Foucar, R. A., Hambly, E. H., Harvey, M. W., Herbert, G., Jackson, H., Jordan, A., Knight, F. D. W., Longland, C. J., McGladery, R., Mitchell, J. G., Mountjoy, E. R., Pearce, H. A., Reenik, H. S., Roualle, H. L. M., Saltman, P. B. L., Stevenson, R. V., Woddis, G. M., Yates, F. H.

CHANGES OF ADDRESS

- BARRIS, J. D., 20, Upper Wimpole Street, W. 1. (Tel. Primrose 6870.)
- BETT, W. R., 70, Haven Avenue, Apt. 4c, New York City.
- BROOKE, E. B., Surrey County Hospital, Earlswood Common, Redhill, Surrey.
- HOGBEN, G. HAMILTON, The Town Hall, Tottenham, N. 15. (As from May 6th, 1937.)
- WELLS, W., Constantine, Falmouth. (Tel. Constantine 5.)

APPOINTMENT

HOGBEN, G. HAMILTON, D.P.H.(Eng.), appointed Medical Officer of Health to the Borough of Tottenham.

BIRTHS

- CULLINAN.—On February 3rd, 1937, at Tower House, Fitzjohn's Avenue, N.W. 3, to Joy, wife of Dr. E. R. Cullinan, 10, Park Square West—a daughter.
- EVANS.—On February 18th, 1937, at St. Bartholomew's Hospital, to Muriel (née Henderson), wife of E. Stanley Evans, F.R.C.S., Heatherwood, Ascot—a son.
- GOW.—On February 11th, 1937, at 3, Upper Harley Street, N.W. 1, to Aileen, wife of Dr. A. E. Gow—a girl and a boy.
- PHILLIPS.—On February 2nd, 1937, to Barbara (née Reeves), wife of Ralph Phillips, M.S., F.R.C.S., of 1, Southwood Hall, Highgate—a son.
- TAIT.—On January 25th, 1937, at 20, Devonshire Place, W., to Roselle, the wife of Charles B. V. Tait, M.B., D.O.M.S., of 7, Park Street, Windsor—a daughter.
- VISICK.—On January 28th, 1937, at 25, High Petergate, York, to Christine (née Ruegg) and Arthur Visick—a son.

SILVER WEDDING

HUDLESTON—LOWE.—On January 31st, 1912, at Sunninghill, Berks. Ivor Robert Hudleston, R.A.M.C., only son of Mr. and Mrs. R. J. Hudleston, of Raclay House, Poutishead, to Eleanor Dorothy, elder daughter of the late Edward Casner Lowe and Mrs. E. C. Lowe, of Claverhouse, Sunninghill.

DEATHS

- CORKER.—On February 24th, 1937, at 38, Lexham Gardens, W. 8, Major General Thomas Martin Corker, C.B., M.A., M.D., L.L.D., Knight of Grace of St. John of Jerusalem, Army Medical Service (retired).
- DOBSON.—On February 11th, 1937, at 92, Kingsley Way, N. 2, Dr. Eric Leonard Dobson.
- GOVER.—On February 11th, 1937, at 19, Nevern Square, S.W. 5, Col. John Maxwell Gover, D.S.O., M.D., aged 59.
- JUST.—On February 13th, 1937, in London, Theodore Hartmann Just, F.R.C.S., M.B.Camb., only son of the late Sir Hartmann Just, K.C.M.G., C.B.
- ROBERTSON.—On February 9th, 1937, after a few hours' illness, Frederick William Robertson, O.B.E., M.D., of The Grange, Bletchingley Surrey, aged 70.
- WITHERS.—On January 23rd, 1937, at 80a, passed peacefully away, Frederick Ernest Withers, M.R.C.S., L.R.C.P., of Audleys, Bradford-on-Avon, Wiltshire.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLIAMS, M.B.E., D.A., at the Hospital.

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St. Bartholomew's Hospital



Journal

"Æquum memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

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APRIL 1ST, 1937

PRICE NINEPENCE

CALENDAR

Tues., Mar. 30.—Dr. Graham and Mr. Roberts on duty.	Tues., April 20.—Dr. Evans and Mr. Vick on duty.
Fri., April 2.—Dr. Evans and Mr. Vick on duty.	Fri., " 23.—Prof. Witts and Prof. Ross on duty.
Tues., " 6.—Prof. Witts and Prof. Ross on duty.	Tues., " 27.—Dr. Gow and Mr. Wilson on duty.
Fri., " 9.—Dr. Hinds-Howell and Mr. Wilson on duty.	Fri., " 30.—Dr. Graham and Mr. Girling Ball on duty.
Tues., " 13.—Dr. Gow and Mr. Girling Ball on duty.	Tues., May 4.—Dr. Evans and Mr. Roberts on duty.
Fri., " 16.—Dr. Graham and Mr. Roberts on duty.	Fri., " 7.—Dr. Chandler and Mr. Vick on duty.
Mon., " 19.—Last day for receiving matter for the May issue of the Journal.	Tues., " 11.—Prof. Witts and Prof. Ross on duty.

EDITORIAL

THE STUDENTS' UNION

SINCE about the year 1642 there have been students of one kind or another attending the Hospital of St. Bartholomew; being at one and the same time part of the Hospital and yet forming an entity in themselves—an entity which for the greater part of its existence was without conscious organization or cohesion, but like all other such entities, providing in itself a microcosm of the outer world, and reflecting the variety of interests, the cliques, the stratas, and even the political gropings of contemporary society.

At first it was natural enough that these young men should group themselves into societies and

clubs which gave them opportunities to pursue their various sports, or which reproduced the order of the universities whence they came. There was no desire or need for conscious unity beyond the knowledge that all formed part of the same Hospital and were trained in its tradition. Nor was there any wish at first, in boys who came callow from their public schools, or detachedly from their universities, for independent government or a communal voice. If anything it was quite the reverse.

In any case, up till the year 1892 there was no sign of a union. Perhaps the spirit of the age was not one to foster even the mildest of rebellions