

ANY QUESTIONS

Progress in contemporary medico-pharmaceutical research is such that the medical student must learn of products unknown to his fellows in the preceding academic year. This is a difficult task with which the production of text books is sometimes unable to keep pace.

It is one of the functions of our Medical Information Department to keep the enquiring physician informed of recent advances in the development and use of our medical specialities, and parallel with this service, we are always happy to receive enquiries from medical students. We invite you to write to us whenever you have a problem or query in which you think we can be of help.



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ON ENGLISH

Two articles in this column have already been devoted to the subject of Medical Education; the question of English is so important that it deserves separate consideration. The first article dealt with Scientific thought in medicine. The student is required to learn a vast array of unrelated facts, many of which have little practical value, many more of which he is most certainly going to forget. When scientific method in teaching is abandoned, the student no longer learns to think for himself, nor does he acquire a general knowledge of other subjects. The second article dealt with textbooks. These are in as urgent need of reorganisation as is the curriculum. In spite of the fact that authors of standard textbooks must be aware that they are addressing students, they make little attempt to limit their subjects. Each, in trying to make the student a specialist, fails to impart the necessary fundamental understanding of his subject by confusing him with detail.

The immense volume of written material produced every year has not improved English language, in spite of, or because of, the universality of its distribution. The turnover of the book publishing trade was £18,000,000 in 1942, and demand greatly exceeded supply. The shortage does not appear to have had its effect upon the quality of writing. Words are chosen badly, and used in so many different senses, that it becomes increasingly difficult to illustrate a shade of meaning. Advertising has strained superlatives beyond their limit of elasticity, and is ever making more to destroy. Looking at the extracts from Bacon's essays used in a following article, it is apparent that each of his words is made to carry its full meaning . . . and more. There are no unnecessary words,

his ideas are revealed with striking clarity. These essays were constantly under revision and expansion throughout the last twenty years of Bacon's life, a marked contrast to modern methods of mass production.

To convey our ideas to others, it is essential, not only to perceive these ideas clearly ourselves, but to have a firm mastery of our tongue, and to be accurate in our use of words. Conversely, precise language clarifies our own ideas, thereby increasing our insight into new problems. This enhances our ability to appreciate the views of others, a faculty singularly lacking in the medical profession. Slovenly use of words has resulted in confused thinking. Confused thinking is constantly exploited by politicians. By frequent use of slogans, which permit of several interpretations, they appear to agree with many more people than they do in fact. "Peace in our time" and "Time is on our side" are two of the more unfortunate. Let them be a warning to those who would create more of the same breed. "Health for all," "The right treatment in the right hospital," "Equal pay for equal work," "Social security from the cradle to the grave"—these may all turn out to be quite pathetic. Medicine is not immune from these deceptions of thought. "The patient's resistance" is met constantly, and yet few have any conception of its nature. The word "disease" is still misused. It is still regarded as an evil spirit with many forms, settling willy-nilly upon unsuspecting persons. Thus treatment is directed at removing the "disease" from the person, who is only too often ignored, unless he yells aloud, forcing his feeling upon the doctor. "Treat the whole patient" is a slogan to which medical men pay lip service, yet how few act upon it. The word

"taxis" is yet another prostitution in the use of words. Why have herniæ to be reduced by this mysterious process of Taxis? Respiration is the process of breathing, and ordinarily requires no plural. Pseudocycosis is a condition which settles obligingly upon a woman who was erroneously thought to be pregnant. No one with a lump below his knee would consider that it was "wishing him well," even though his doctor assured him that it was only a "benign" Osteoclastoma. The present method of examination makes it necessary for most students to cram knowledge; observation is not required, but only a precise knowledge of the observations of others. Evidence of independent thought is subordinated to the relatively inaccurate reproduction of the thoughts of others.

The report of secondary education by Lord Northwood finds that the deficiency in the use of language is disgracefully widespread. There are three recommendations, which are easily applicable to medical education:

- (1) Every teacher should realise that he is a teacher of English.

- (2) Pupils should hear English spoken and utter it themselves.
- (3) The pupil should be encouraged to read books of high literary value.

The last is perhaps the most valuable suggestion. In general literature and in the field of medical literature the scholars on the staff should indicate to students books of merit, and urge students to study them. To many students who enjoy literature the medical classics are unknown. It entails much more than reading to profit from such books; their style, construction and thought must be studied. Aid and encouragement are essential. In acquiring proficiency in the use of language, next to studying the masters comes practice in writing. "Reading maketh a full man; conference a ready man; and writing an exact man."

It is a pity that medicine does not lend itself readily to writing essays or long and wordy case histories. This JOURNAL always welcomes case histories, articles (serious or humorous) written by students. Our standard is not high.

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We have much pleasure in congratulating Air Vice-Marshal Geoffrey Keynes on his election to the Council of the Royal College of Surgeons and Sir Girling Ball on his re-election as a Vice-President of the same College.

PENICILLIN

By L. P. GARROD

In a paper in this JOURNAL rather more than a year ago entitled "The Revival of Antisepsis" I pointed out that surgical belief in the usefulness of the chemical treatment of wounds had undergone a radical change since the war began. At the time when this was written penicillin was recognised as being the ideal antiseptic, but comparatively few people had any experience of it. Since then we have had the advantage of a considerable supply at one of the research centres at which treatment with penicillin has been further studied, and many readers of the JOURNAL will have seen patients who have been treated with it with more or less success. Since Bart's has had a considerable share in this work, everyone in the hospital may wish to have some understanding of it, and this the present article is intended to afford.

Penicillin is news, and even the popular press has had so much to say about it that its history

is now almost common knowledge. Fleming's contaminated culture in 1929 in which a mould colony was seen to be destroying those of staphylococci is the starting point of the story, and this mould colony is actually the ancestor of innumerable mass cultures which are now being used for the production of penicillin on a vast scale. Fleming discovered that this mould produced an antiseptic of remarkable qualities with a selective action mainly on gram-positive bacteria. He used it as an ingredient in selective culture media, although he recognised that it might also be used in therapeutics. The crude culture filtrates then available were too weak and too unstable for clinical use. Further progress began only in 1939 when Florey and Chain discovered a method of extracting penicillin in a relatively concentrated form. With the help of other colleagues in Oxford they studied the action of this substance

on many bacteria in vitro under various conditions, proceeded then to test its effect on experimental infection in animals, and finally tried it in human infections. These labours reached a stage at which their significance became evident in 1941, and since then progress has been delayed only by difficulty of producing penicillin in adequate quantities.

THE PROPERTIES OF PENICILLIN

Penicillin as available now is a light yellow powder freely soluble in water. It is fairly stable in the dry form, but deteriorates in solution and is rapidly destroyed by heat, by acids and alkalies, the salts of certain metals, alcohols and even by certain bacteria. What it is capable of doing may be gathered from a comparison of its properties with those of the sulphonamide drugs. The nature of their action is the same—i.e., both simply inhibit bacterial growth. There is an enormous difference between them in the concentration necessary to achieve this effect. Sulphonamide treatment is usually aimed at maintaining a concentration in the blood of about 1 in 20,000 (i.e., 5 mg. per 100 c.c. blood). The effective concentration of penicillin cannot be measured in these terms, since pure penicillin is not available, but a round figure roughly indicating the sort of concentration necessary is of the order of 1 in 20 million. Both drugs act well in blood, but another difference becomes apparent when they are called upon to act in a different medium such as the fluid in a wound. Pus contains products which inhibit sulphonamide action, but penicillin is quite indifferent to these and acts as well in pus as in blood. It also acts as well on large numbers of bacteria as on small, and these two properties largely explain its excellence as a local antiseptic. Penicillin has another advantage in almost complete freedom from toxicity. Enormous doses can be given by any route without any serious injury to the tissues, and even the minor ill-effects which have been seen appear to be due to impurities rather than to penicillin itself. Its sole drawback is the rapidity with which it is excreted. The effect of this is that very large doses have to be given at frequent intervals if an adequate concentration is to be maintained in the blood. Florey has aptly compared this form of treatment to trying to maintain the water level in a bath with the plug out.

It is as necessary with penicillin as with sulphonamide, so know the nature of the infection to be treated. While some bacteria are extraordinarily susceptible to it, others are completely unaffected, and to use penicillin in

an effort to eliminate them is a complete waste of valuable material. There are three groups of bacteria against which both the sulphonamides and penicillin are effective, with some important individual differences, and these account for most of the infections in which penicillin has been used.

SUSCEPTIBLE AND RESISTANT BACTERIA

Gram-positive cocci. Apart from the total resistance of *Strep. faecalis* and some strain variation in *Strep. viridans* and perhaps *Pneumococcus* all the pathogenic gram-positive cocci are penicillin-sensitive. Penicillin can therefore be used to supplement the deficiencies of sulphonamide treatment. The greatest of these is the comparative failure of sulphonamide drugs in infections by *Staph. aureus*. Staphylococcal septicæmia, osteomyelitis, carbuncle, and other severe staphylococcal infections therefore afford one of the clearest indications for penicillin treatment. Hæmolytic streptococcal and pneumococcal infections, whatever their nature—septicæmia, pneumonia, meningitis, etc.—should only require penicillin when, as occasionally happens, the responsible organism is exceptionally resistant to sulphonamides. Such strains are fully sensitive to penicillin: indeed, no hæmolytic streptococcus with any high degree of resistance to penicillin has yet been discovered, although occasional strains of *Staph. aureus* possess this property.

Gram-negative cocci. The pathogenic *Neisserias*, notably the gonococcus, are the most sensitive to penicillin of all micro-organisms. Here again, therefore, penicillin steps in when sulphonamides fail. About 10 per cent. of cases of gonorrhœa are sulphonamide-resistant—a proportion which is said to be rising in some places, as is only to be expected, since strains which survive treatment must naturally tend eventually to predominate. Uncomplicated gonorrhœa at any stage and whether sulphonamide-resistant or not, can be cured by less than 24 hours' treatment with penicillin, involving a total dosage of only about 100,000 units. This rapid effect in an otherwise intractable disease is among the most striking achievements of penicillin, and creates a demand which at present must largely remain unsatisfied. Few cases of meningococcal infection have been treated, since cerebrospinal fever responds well to sulphonamides.

Clostridia. Of the three chief toxigenic clostridia causing gas gangrene *Cl. welchii*, the commonest, and *Cl. septicum* are sulphonamide-sensitive and *Cl. adamsii* is much more resistant. This is another gap filled by penicil-

lin, since *Cl. edematiens* is nearly as sensitive to penicillin as the other two. Recent information from Italy about the treatment of gas gangrene confirms that penicillin will control the spread of the infection, although it by no means removes the need for antitoxin treatment and the excision of affected muscle or even amputation.

Resistant organisms. There are large numbers of species—indeed whole genera—on which penicillin has little or no effect, and apart from the three groups of bacteria already referred to, the only other important pathogens highly susceptible to it are *B. anthracis*, *C. diphtheriae* and *Actinomyces*. In connection with the treatment of wounds and suppuration generally an unfortunate hiatus in the powers of penicillin is its total lack of effect on "coliforms"—*Proteus*, *Ps. pyocyanea*, etc. The sulphonamides have some action on these: penicillin not only has none but they sometimes actually destroy it by producing an enzyme, penicillinase, which decomposes it.

METHODS OF APPLICATION

Systematic Treatment. Of the two ways in which penicillin can be used, this is much the more extravagant, but often the more certain. It aims at maintaining continuously in the blood—and hence in all vascular tissue, including the area of the infection—a sufficient concentration of penicillin to prevent the growth of the invading micro-organism. Since gastric acid destroys penicillin it has to be injected either intravenously or intramuscularly, and since renal excretion is rapid, the dose has to be large and if single injections are given the intervals between them should not exceed three hours. The continuous intramuscular drip first employed at Hill End and recently improved by a better system of automatic control is perhaps the most convenient method of systematic administration.

This form of treatment is necessary in septicaemia and in any local infection which is too deep-seated or extensive to be controlled by local application: examples are gas gangrene, osteomyelitis, infected compound fractures and pneumonia. Gonorrhoea is also treated in this way.

Local Treatment. This consists of applying a solution or other preparation of penicillin to the infection site itself. There are many indications for this and many ways of doing it: it is indeed in this direction that most progress has lately been made, since it may call for

ingenuity, whereas systematic treatment employs the same technique regardless of what condition is being treated. The development of this form of treatment is mainly a British achievement, and indirectly a product of the scantiness of our supplies of penicillin, which has compelled us to exercise economy in their use. Our transatlantic friends with vastly greater supplies have been much more lavish in their use and treated a much higher proportion of cases systematically.

There are some conditions in which local treatment is imperative: these include meningitis, since penicillin does not traverse the blood-brain barrier and must therefore be injected intra-theically. The same consideration applies to some extent to the pleural cavity, and empyema should be treated by injecting penicillin solution into the cavity itself. In these two situations penicillin is well retained and continues to act for many hours: elsewhere retention may be more difficult to secure, and surgical technique must be modified accordingly. Pus abscesses are aspirated and injected, as in the cases of staphylococcal breast abscess recently treated at Bart.'s, instead of being freely incised. Infected wounds and large joints should be sutured over small tubes through which penicillin solution is subsequently instilled. Where local treatment fails it is often because retention is mechanically impossible. Other conditions amenable to local treatment are burns, certain infections of the skin, notably impetigo and sycosis, and infections of the conjunctiva and cornea.

It is in local treatment, particularly of suppurative conditions, that penicillin most clearly excels as compared with the sulphonamides. It is the ideal antiseptic, and of the three reasons already given for its superiority, perhaps the most important is indifference to the breakdown products in pus which are known to inhibit sulphonamide action. Sulphonamides in blood and sulphonamides in pus are two entirely different things: penicillin in blood and penicillin in pus are the same.

That is in short the theory of penicillin therapeutics, and practice deduced from it cannot go far wrong. The indiscriminate and unintelligent use of which we shall doubtless see a good deal when supplies become generally available will be worse than wasteful: while there is still any scarcity of this remarkable substance it will be sinful.

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THE UNTIMELY END OF AN OLD BART'S MAN

*A true account of the life (and works) of a forgotten son of this Hospital.
Compiled by ALAN TOIS.*

Just on a 100 years ago there entered Bart.'s a young man whose name is almost certainly unknown to the present generation, and who left behind him scant record of his stay in the College books. But he became a great figure in his day, and the unknowing subject of an immense amount of posthumous literature, both here and in countries overseas that have probably never heard the names of Abernethy or Paget.

His life was a tragic one, and culminated in a tragic end, when at the early age of 32 he was attending some sort of governmental meeting in an important capacity and the platform gave way beneath his feet.

In his short span he seems to have had his full share of sorrow and mourning. His father died when he was young, then after seven years of apparently happy married life his wife was similarly taken from him. Four of his five children died in infancy, next his brother and a little later on his best friend, one John Cook, also tragically passed away.

His student days seem to have been his only happy ones. He had rooms in Bartholomew's Close, where he entertained his friends on a lavish scale, and, as one of his later biographers put it, "plunged gaily into the dissipations of the town." And in those days, mind you, there were real dissipations at hand to be plunged into. It was his habit to take his dinner at Evans's Supper-rooms in Covent Garden, where the clientèle was, shall we say, of the light-hearted type, and included a number of females that the nineteenth-century editors referred to as "unfortunates." He was probably a bright lad all the same, for he enjoyed his dissipations and at the same time passed his examinations—a feat that only one or two of our more admired students manage to accomplish to-day.

Once he had his Diploma in his pocket, he married a pretty little girl called Anne Brookes, whose charms were enhanced by a dowery of £1,500, and returned to his home in Staffordshire to breed race-horses and practice surgery, in the order of preference named. It was then that the carefree aura of his student days left him and death started following in his unhappy footsteps. First his four children, then

after a short but obscure illness his wife—the poor doctor was deeply distressed at her passing, and was heard many times moaning hopelessly into his cupped hands:

"My poor Anne in dead! I shall not live long after her!"

His great sorrow for her death was only tempered by his having thoughtfully insured her life with three companies for £13,000 just nine months previously, and the blow of the loss of his children perhaps softened by one of his maidservants presenting him, nine months after his wife's demise, with a new one.

Before his wife's body was cold he had penned notes to the insurance companies drawing their attention to the event (probably to get the whole unhappy affair over as soon as possible), and although one company were unaccommodating enough to reply that, in their practised eye at any rate, the whole affair looked rather fishy, the other two consoled the unfortunate husband to the tune of £8,000.

This apparently made him alive to the great social service being so capably performed by the insurance companies, and it needed no agent knocking on his door to convince him it would be a very good thing to insure for £80,000 the life of his brother (a long-established drunkard) and to take out a £10,000 policy on the life of one of his farm-hands called Bate, a worthy turnip-hoer, by all accounts, but one who even in these days of labour shortage could hardly be worth all that amount to a less fond employer. Unluckily the companies concerned considered he had done well enough for himself over his wife's life (on which, by the way, one premium only had been paid) and regretted that, things being as they were, they couldn't see themselves touching his application with the end of a barge-pole.

At this juncture Mr. Cook enters the miserable life of our friend. Both keen followers of the Turf, they went around together to the various meetings, lending and borrowing from each other, sharing the sorrows of their frequent losses and rejoicing together if one of them ever pulled off a long shot. Besides, Cook was an invalid, and was glad to have a Bart.'s man at hand to give him advice from time to time

—why, after he'd collected that packet on Pole Star at Shrewsbury had not his friend nursed him in the sudden alarming illness that overtook him during the night? And a little later on in the month, when he had a second attack of this terrible malady, did not this young doctor sit up with him to the dawn, and even give him his food with his own trained hands? And indeed, three nights later when he was writhing and screaming on his death-bed, was not his very last word the panted name of his old crony?

Our friend was terribly upset again, but cared for the affairs of poor Cook with his usual efficiency and promptitude. Ten minutes after his death, with the echo of his last scream almost hanging in the room, the doctor was found going through the dead man's pockets, lest some vandal or a servant should steal his ready cash. He also made arrangements for the funeral without losing any time, as the presence of his dear friend's body in the house was obviously a constant source of pain to him. Before he could get him decently interred, however, the poor chap's step-father appeared on the scene, took one look at the dead man's twisted features and clenched hands, and loudly demanded a post mortem.

At the P.M. our friend behaved rather queerly. As the pathologist was opening the stomach he gave him a violent push from behind that made his knife slip. A little later he might have been seen lying in wait outside the mortuary gate for the boy who was taking the jars of specimens to the analyst. When the lad appeared he offered him a gift of £10 if

he could somehow contrive to upset the whole lot over the roadway.

The upshot of *l'affaire Cook* was that our friend once more found himself in the Smithfield district, standing in the dock of the Old Bailey. It is difficult to say how much his antics in the mortuary had upset the "post-mortem appearances," but it is on clear record that one of the most startling and delightful aspects of the trial was the succession of doctors filing in and out of the witness-box swearing that the unfortunate Mr. Cook had, in their several opinions, been plucked from this life by the agency of inherited delicacy, mental excitement, syphilis, apoplexy, arachnitis, idiopathic tetanus, traumatic tetanus, angina pectoris, and epilepsy with tetanic complications.

The Judge, apparently not a believer in high-brow medicine, promptly diagnosed strychnine poisoning and told the jury as much. It was also declared by one and all that the doctor's wife and brother had met their fate in the same way, while as for his children it seems probable he had anticipated Marie Stopes by some decades and for economic reasons decided to limit the size of his family, by means of the same drug.

The resulting verdict, for a long time after criticized by unknown pamphleteers at home and abroad, declared that our ex student was guilty. His name, by the way, was William Palmer, he is to be found in Tussaud's Chamber of Horrors, and, as I mentioned at the beginning of this short history, he was hanged by the neck until he was dead.

OF DISCOURSE

"SOME in their discourse desire rather commendation of wit, in being able to hold all arguments, than of judgement, in discerning what is true; as if it were a praise to know what might have been said, and not what should be thought. Some have certain common places and themes wherein they are good, and want variety; which kind of poverty is for the most part tedious, and, when it is once perceived, ridiculous. The honorablest part of talk is to give the occasion; and again to moderate and pass to somewhat else; for then a man leads the dance. It is good, in discourse, and speech of conversation, to vary and intermingle speech of the present occasion with argument; tales

with reason; asking of questions with telling of opinions; and jest with earnest: for it is a dull thing to tire, and, as we say now, to jade anything too far. As for jest, there be certain things which ought to be privileged from it; namely, religion, matters of state, great persons, any man's present business of importance, and any case that deserveth pity."

On reading this extract from the famous essay by FRANCIS BACON one is impressed by its relevance to-day. The precision of his style and the pithiness of his subject matter render his essays attractive to those who enjoy good English and little leisure. It may well be said of Bacon that writing made him an exact

man.

The tempo of modern life has reduced conversation from a pleasurable art to the level of a tourist's phrase book. The language in which we conduct the business of living has degenerated into the mere crude indication of desires and the passing on of information in a barren occupational jargon, which is almost devoid of the warmth of human feeling. This loss is felt more keenly in wartime when men and women, with widely differing backgrounds, are thrown together haphazard for long and wearisome hours of the night; and the night-time is the time for conversation. Yet how rare it is to meet a good conversationalist. The factors leading to his disappearance are many. Perhaps one of the most important is that the open hearth is vanishing from our homes; another the neglect of Bacon's exemptions from jest. Politics, religion and like subjects are charged with too much emotion to lend themselves to mellow discourse. To-day great men are held as fitting subjects for the common wit. "Some help themselves with countenance and gesture, and are wise by signs; as Cicero sayeth of Piso,

that when he answered him he fetched one of his brows up to his forehead, and bent the other down to his chin."

The noise incidental to modern city life has played its part in destroying the atmosphere necessary for private discussion. In a busy London street conversation is inaudible, and a clap of thunder will pass unheard. Others would attribute the loss of the art of conversation to "prefabricated" amusements. The attitude towards discourse has changed from that of a disinterested pastime in which personalities were lost in the shifting theme, to be replaced by factual discussion directed always towards particular ends. Now good conversation is too often dismissed as idle chatter. "Some, whatsoever is beyond their reach, will seem to despise or to make light of it as impertinent or curious; and so would have their ignorance seem judgement, (others) with a subtilty blanch the matter; generally, such men in all deliberations find ease to be of the negative side."

P. B. K. & F. J. C.

CORRESPONDENCE

AVE ATQUE VALE, POBO

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

It is likely that only the older, almost the oldest generation of Bart's men will know that the last word in the above heading, obviously not Latin, is the soubriquet bestowed on the late Dr. J. H. Thursfield, in the later days of the last century, by which he has ever since been affectionately known by certain of his friends.

Words are, of course, entirely inadequate to express the sense of loss brought about by his death: occasional, far too infrequent meetings with him have constituted one of the rarer amenities of existence during many years.

At the funeral service at Woking Crematorium on the 23rd June, only a brother, Mr. Philip Thursfield, his cousin, Admiral Harry Thursfield, and the writer of this short note were present.

As by his own wish no form of memorial is to be erected, after the service we three sought a suitable spot in the beautiful grounds for the scattering of the ashes.

The wanderer may find, at the end of a grassy path, a small enclosure, with a garden seat facing the opening in a low circular hedge; as the sward in front of this seat seemed a likely assembly-point for the birds he loved so well, this was the place selected.

B. H.

THE CATERING COMPANY

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

The Board of Directors of the Catering Company has appointed a small Sub-Committee to consider what changes will be required after the war. It occurs to me that many of those who have their meals at Bart's may have constructive ideas on this subject.

I would like to take this opportunity of inviting suggestions which might in any way be thought to improve the facilities provided for the students.

Yours faithfully,

JAMES MAXWELL.

17, Harley Street, W.1.
June 26th, 1944.

THE MAN BEHIND THE MOVES

To the Editor, *St. Bartholomew's Hospital Journal*
Dear Sir,

I read with great interest Dr. Harris's letter in the July number of the Bart's JOURNAL concerning the move of your students when the Second Front opened.

As you may imagine absolute "security" was necessary for this move and neither the places to which individuals, whether doctors, nurses or students, were to be sent nor the date could be notified until just before the move took place.

The fact that approximately 1000 individuals were moved on D-1 day without a hitch (apart from the temporary mislaying of a radiographer gallantly rescued by Mr. Capps) was entirely due to the whole-hearted co-operation of the Medical Superintendents and Matrons concerned and of the individuals moved—to all of whom the heartiest thanks are due from

Yours sincerely,

"THE MAN WHO PLANNED THE MOVES."

5th July, 1944.

VOICE OF THE PROPHET OR WRITING ON THE WALL?

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

The face of our hospital is changing. Scattered by circumstances, curtailed by adversities, we fill our place in the ranks of London's hospitals to-day. Conscious at times of our traditions; alive to our ancestry; not unaware of our greatness. Yet greatness is mortal; ancestry is strength, not deeds; tradition is dynamic, full of effort, and if these things are to be kept our pride, we must revive the flagging spirit that is ours to-day.

Do we deserve our great—perhaps our failing—name? Are we in unison; do we pull together, students, staff, nurses and administration? Are we training the best for medicine to-morrow?

Perhaps those cheering crowds that surge along our touchlines could answer. Possibly the hundreds amongst us who cherish only the best in their hospital, the finest aims of their art of healing, could give reply. And would they not say:

1. We look to to-day's students for to-morrow's leaders of our craft. Their responsibility is to preserve themselves and their work beyond the present suspicion of the layman and beyond the reproach of posterity.
2. The war has brought us many tribes and many tongues. When we are certain that all our fellow-countrymen who wish to enter our profession have their national right to pride of place in entry to our medical schools, then as befits the greatness of our calling we welcome others who seek to join us in the work.
3. None can deny that amongst all student bodies to-day, there are a few who are unconcerned with the higher concepts of the practice of medicine. Encouraged by the hard alternatives of other forms of national service; attracted by some of the possibilities this profession presents, this few must be a bar, not only to our own progress, but to that understanding between profession and laity on whose confidence so much treatment depends.
4. It is essential to our good name; it is vital to our future, that we should attract to this hospital the best of that great crowd which lies beyond our gates. We are compelled by the insidious grip of State control, represented by their indispensable grant to our Medical College, to maintain the number of our student body. By our name and reputation alone can we ensure that that number contains the highest possible proportion of the best.
5. If the fair sex is one day to swing the stethoscope and wield the knife within these greying walls, let nostalgia make us jealous of our greatest gifts, and at least remind us where our

past was laid.

6. As oil in our lamp is the accrued devotion of the past; of men like Paget and Abernethy. The lamp still burns, but we must replenish it, or awake one day like foolish virgins in this world of dark disrespect.
7. Our administration must keep alive to the wideness of its task; to the needs of progress; to the importance of providing the best in modern equipment.

Our wards and our departments must honour their past in terms of intelligent appreciation of the value of discipline and service.

Our students must awake to the activities of the few who do battle in sport on their behalf; must share alike the slight responsibilities of wartime duties; must cherish the dignity of their calling in relationships with the patients of their hospital.

By regard to all these things it is possible that the Mother Hospital of the Empire may still deserve the name; by disregard of them it is certain that nonentity will overtake her greatness. These answers, then, they would give. If they had tongues.

I am, Sir,

Yours truly,

CASSANDRA.

The Abernethian Room,
St. Bartholomew's Hospital, E.C.1.
June 10th, 1944.

PLANNING FOR SPORT

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

In your May number I read with interest the article entitled "Planning for Sport," by J. H. G., and with greater interest I awaited the June number hoping to read the further suggestions for which the author had asked. But none came... at least, none were published.

Alas, Mr. G., what you said was correct, and what you suggested was sound; but your words fell upon stony ground. The answer to your problem is really as plain as a pikestaff. Bart.'s is no longer interested in sport.

I say "no longer interested" because you may be interested to know that, once upon a time, there was a period when Bart.'s was decidedly interested in this matter. A period in which a very large percentage of her students and, believe it or not, some of the housemen and even an occasional chief assistant could be found regularly on the playing fields of London.

These men of old played enthusiastically and hard. What is more important, perhaps fundamental, they played with the knowledge that the whole of Bart.'s approved of their playing. That no one thought them odd for playing, and no obstacles were placed in their way. That their seniors encouraged their playing, some believing that a man with courage on the field of play might have courage in the field of medicine, while others believed that exercise, far from being a deterrent to work, itself led to physical health, which actually encouraged mental efficiency.

With this knowledge these men played happily, healthily, and well. So well in fact did they play, in these halcyon days it was Bart.'s who lead in the field of sport, and, perhaps coincidentally, in the field of medicine also.

But these days are gone Mr. G., and you must

realise this ere you break your spirit against the illusion that Bart.'s will rise to your cry. What is required is a complete change of attitude by the whole hospital on the subject of sport, and until the present apathy is buried with the ignominy which it deserves, your plans will never mature.

Let not the few sportsmen in Bart.'s be disappointed that they must continue to play without encouragement, for one day I hope the pendulum will swing back, the spirit of our forebears will live again, and then the few sportsmen of the last ten

years will be glad that they did carry on the fine traditions of Bart.'s through these lean and discouraging years.

Until then, Mr. G., join me in sadly watching the horizon for the coming of this renaissance, hoping, hoping, hoping that it may not be too late.

I am, Sir,

Your obedient servant,

JAMES T. HAROLD,

"Somewhere in the Army."

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS. A Collection of Papers Recently Published from the Hospital. Volume XII, 1943. (Pp. 163; illustrated. Copies obtainable from the Secretary, The Hospital for Consumption, Brompton, London, S.W.3. 8s. 7d. post free). Aldershot: Gale and Polden, Ltd.

All the papers in this volume have been published elsewhere with the exception of one entitled "A Problem in Diagnosis and Treatment," in which a case of chronic localised pulmonary suppuration is discussed.

The publication of Annual Hospital Reports has often been criticised on the grounds that material worth publishing will have already appeared in the general medical press and that the rest does not matter. Such criticism has a certain element of truth when applied to Reports coming from a general hospital, but, in the case of special hospitals, many of the papers will have been published in special journals with a relatively small circulation, so that their collection into one volume reduces the labour of anyone wishing to know the views of those recognised as experts in that speciality. This volume annually fulfils that function.

The first article (reprinted from the British Medical

Journal) is a report from the Hospital Research Department by Dr. Margaret Macpherson and will have already received wide attention. In this paper shallow pneumothorax treatment is advocated for the early case of pulmonary tuberculosis discovered by mass radiography. This suggestion will undoubtedly arouse considerable discussion.

The two articles on Thoracoplasty by C. Price Thomas and W. P. Cleland are perhaps the best yet published on the subject in this country. The most striking fact which emerges from the review of the results of the operation is that those cases with more than two years' history do much better than more chronic cases.

R. C. Brock's paper on artificially-produced pleurisy for the manufacture of pleural adhesion has already had a widespread effect on intrathoracic surgery as well as on the treatment of recurrent or chronic spontaneous pneumothorax.

The description of the bronchial tree by A. F. Foster-Carter is a valuable addition to his previous publications on the subject as it is less detailed and hence more acceptable to the average reader.

But the contents of this volume must be left to the reader who will be well-repaid for his purchase if he has any interest in disorders of the chest.

in a volume of the right size—not short enough to be in the nature of a synopsis nor long enough to be useless to the elementary student and to the busy practitioner desirous of quickly refreshing his knowledge or treating cases in his own practice.

Syphilis and gonorrhoea occupy most of the book, though chapters on chancroid, urethroscopy and conditions commonly referred to the Venereal Disease Department are included. The volume contains several tables conveniently marshalling facts for differential diagnosis, as well as 159 illustrations which are, with one or two exceptions, clear and helpful.

with therapeutics and diseases of the blood. The recent advances in these subjects are of interest to nurses.

More detail on the administration of oxygen would have been an advantage.

With the help of clear and increased number of illustrations, nurses should find the book very informative.

HANDBOOK OF DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES, by A. E. W. McLachlan, M.B., Ch.B. (Edin.), D.P.H., F.R.S.Ed. (E. & S. Livingstone, 15s.)

Not only by their present war-time increase do the venereal diseases compel the attention of the practitioner, but the branches that spring from the seed of their first infection infiltrate general medicine and surgery to an extent that requires the student often to keep syphilis and gonorrhoea in mind before making a diagnosis.

Dr. McLachlan's book fills a want in presenting clearly the manifestations of V.D.

A TEXTBOOK OF MEDICINE FOR NURSES. By E. Noble Chamberlain, M.D., M.Sc., F.R.C.P. (Oxford University Press; price 21s.)

This is on the whole a very comprehensive book on Medicine for Nurses.

It is now published in its fourth edition. Many changes have been made and in some chapters the subject matter has been re-arranged. New material has been added, especially in the chapters dealing

INDUSTRIAL MEDICINE, Edited by Sir Humphrey Rolleston, Bt., G.C.V.O., K.C.B., M.D., F.R.C.P., and Alan Moncrieff, M.D., F.R.C.P. (Eyre & Spottiswoode, 16s.)

This is a further addition to the well-known "Practitioner Series," a growing library that needs no introduction.

"Industrial Medicine" is intended primarily for the hard-worked practitioner with many patients who spend the greater part of their waking hours in a factory—a not inconsiderable fraction of the com-

PARODONTAL DISEASE, by E. Wilfred Fish, M.D., Ch.B., L.D.S. (Manch.), D.D.Sc. (Melb.), D.Sc. (Lond.). (Eyre & Spottiswoode, 18s.)

The preface to this book states: "It is hoped that the senior medical student will not regard the subject as too specialised for his attention. Apart from the clinical importance to him of Vincent's acute ulcerative stomatitis, the chronic forms of gingival inflammation affect nearly every patient who still possesses his own natural teeth. Moreover, the problem of the association of focal sepsis and the general health has always been shelved, rather than solved. . . ."

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS, by J. A. Gunn, M.A., M.D., D.Sc., F.R.C.P. (Humphrey Milford. English price 7s. 6d.)

It gives us great pleasure to recommend our old friend "Gunn," whose worth has often proved itself in the stern atmosphere of the examination room as well as by its seven editions in the past fifteen years.

This short, concise, clear and comprehensive book, if studied with reasonable diligence and backed with good lecture notes and practical classes, will be very useful to the harassed student fitting in

munity these days—and who cannot himself spare the time to see the conditions under which they work. "Industrial" is, however, used in a wide sense, and includes not only the diseases likely to befall factory workers, but miners, quarrymen, dockers, ship assistants, and the "black-coated" workers also. Chapters deal with Backstrain, Neurosis in Industry, Malingering, Fatigue and Boredom, and Nutritional Problems as well as the treatment of the injured workman and occupational diseases.

No one will disagree with the two latter sentences: however, this book, though not large, is too specialised for the overburdened medical student. Its publishers state it is intended for the general practitioner of dentistry, its suitability in which respect we are in no position to judge. It contains chapters on the nature, diagnosis, course and treatment of parodontal disease and acute ulcerative stomatitis, which are worth the perusal of interested and inquiring medical eyes, though the chapters dealing with the operation of gingivectomy seem, again, too specialised for the casual medical reader; which censure also applies to the excellent plates forming the Atlas of Pathology at the end of the book.

his pre-clinical pharmacology with his anatomy and physiology, or preparing himself, perhaps after a too leisurely long vacation term, for his Cambridge Pharmacology Exam, or its equivalents. It has for some years been popular with students, and there is no reason why its popularity should not be maintained.

The new edition includes the more permanent changes involved in the latest five Addenda to the British Pharmacopoeia, and also brings it into line with recent advances in pharmacology and therapeutics.

* * *

It is with regret we have to record the resignation of the JOURNAL'S energetic Manager, Mr. Tony Livingstone, who has so capably kept our bank-balance in blue figures for many months past. His place has been taken by Mr. James Conway.

* * *

The post of Assistant Editor has been filled by Mr. Peter Banks.

* * *

All contributions for the September issue of the JOURNAL should reach the JOURNAL Office, in the Pathology Block, by August 13th.

* * *

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ANDREWES, C. H. (and King, H.: Van den Ende, M., and Walker, J.). "Substances Chemotherapeutically Active Against Typhus Rickettsiae." *Lancet*, June 17, 1944, pp. 777-781.

CURTISS, E. S. "Pentothal Sodium in North Africa." *Lancet*, June 24, 1944, pp. 822-824.

CUTHBERT, J. B. "Comminuted Fractures of Mandible." *Lancet*, June 10, 1944, pp. 748-750.

FLETCHER, E. "Ankylosing Spondylitis." *Lancet*, June 10, 1944, pp. 754-756.

GAISFORD, W. F. "Tuberculosis in Childhood." *Practitioner*, July, 1944, pp. 22-28.

HOWELL, I. H. "The Future of Post-Graduate Education." *Post-Grad. Med. J.*, May, 1944, pp. 152-154.

LANGSTON, H. H. (and Ellis, V. H., and Ellis, J. S.). "Treatment of Fractures of the Femoral and Tibial Shafts in the Same Limb." *Lancet*, June 17, 1944, pp. 786-787.

MARTIN, J. P. "Venous Thrombosis in the Central Nervous System." *Prac. Roy. Soc. Med.*, May, 1944, pp. 383-386.

MILES, A. A. "Epidemiology of Wound Infection." *Lancet*, June 24, 1944, pp. 809-813.

ROCHE, A. E. "Pseudo-Hematuria after Eating Beetroot." *Med. World*, June 23, 1944, pp. 541-543.

ROLLESTON, Sir H. "Respiratory Folklore." *Tubercle*, Jan./Feb., 1944, pp. 7-12.

SHAW, W. "The National Health Service." *Brit. Med. J.* (Suppl.), June 17, 1944, pp. 147-149.

SHUCKSMITH, H. S. (and Harrison, G. K.). "Clinical Aspects of Neoplasm of the Testis and Case Reports." *J. Roy. Army Med. Corps*, May, 1944, pp. 232-234.

* * *

At HILL END

When asked to write notes on the month at Hill End I read through a large stack of back numbers of this JOURNAL to see how my predecessors had tackled the job. I found that there were two almost unbroken traditions. The first never to say "I," but "we" or even "your correspondent"; the second to point out in the course of the first paragraph that nothing world shattering had happened at Hill End during the last month. At the risk of seeming unduly egotistical, I intend to break the first of these conventions, having been brought up to believe that the use of the royal *we* is the prerogative of the King, assumed all too often by the editors of provincial newspapers. The second I should like to break, but a high regard for truth does not enable me to. Nothing world shattering has occurred at Hill End—not so much as a single flying bomb, not that I could mention it if there had been.

The most important event in the social life of the Hospital has been the production of *House-master*, which will be reviewed later. Suffice it for me to say that the greatest credit is due to all concerned. The Choral Society also performed this month, singing with great verve extracts

from Gilbert and Sullivan operas. Two further successful and highly contrasted colloquies were held under the benevolent chairmanship of John Cozens-Hardy: The Rev. T. R. Milford, Vicar of the University Church, Oxford, gave a scholarly and abstract talk on the Resurrection of the Body; the Rev. Ted Wickham, Industrial Chaplain to the Diocese of Sheffield, spoke on *The Human Problem* and the relationship between the Christian, the economic and the medical solutions of that problem.

Other activities go on much as usual; Scotch dancing continues with unabated fury on Wednesday evenings—happily, casualties from this savage rite have been gratifyingly low this month. Perhaps I should add that we have managed to do some work this month. This might seem superfluous, but nowadays it seems the fashion, not only for the public but also for medical men (admittedly from other hospitals), to denounce medical students as lazy, unobservant, uncultured and the persons least suited to the study of medicine; so I thought it might be as well to point it out. It is high time that as a body we hit back at our ever-willing detractors.

H. W. C.

SPORTS

ATHLETIC CLUB

The annual general meeting of the club was held on May 31st, with Mr. J. P. Hosford in the chair. The President and Vice-Presidents were re-elected, and Prof. Paterson Ross was elected as a Vice-President. A. E. Fyfe was elected captain, K. M. Blackhouse secretary, and T. W. A. Glenister assistant secretary. Mr. J. P. Haile, J. O. Andrew, I. T. Holloway and V. C. Morris were elected to the Committee.

It was decided that once again the club should assist the London University Tyrian Club and the United Hospitals Hare and Hounds Club rather than run its own matches.

Mr. J. P. Haile and K. M. Blackhouse were elected to the committee of the United Hospitals Hare and Hounds at the annual general meeting of that club.

United Hospitals War-time Cross Country Championships (for the Kent-Hughes Cup), London

University War-time Championships and United Hospitals v. London University. At Southampton on April 23rd.

These competitions were run off concurrently. After much scrapping for men, who thought themselves fit enough on war-time food and "labours" to run across five miles of rather difficult country, we raised a team. It consisted largely of youthful enthusiasts from Cambridge, rather than the more seasoned veterans from the clinical school. This, however, did not appear to affect our morale very greatly, and after a somewhat gruelling course we all managed to finish in satisfactory time. As a result of good bunching and team work rather than individual brilliance we beat the London Hospital into second place and took the Kent-Hughes cup. In the London University Championships, however, we were placed second to Imperial College with London Hospital third.

It was unfortunate that the Middlesex Hospital, owing to the small-pox outbreak at Mount Vernon Hospital and the subsequent vaccinations, were unable to enter the very strong team that had been feverishly preparing for this meeting. We are also sorry that owing to examinations and vacations we were unable to run a separate match with the Middlesex, who were very keen to meet us if it could have been arranged.

In these two events the Bart's team (in order of finishing) was Morris, Backhouse, Williams, Glanvill, Abbot, A.N. Other.

In addition some of the Bart's team assisted the United Hospitals to beat the University of London.

U.L.A.U. (Cambridge) Championships.

These were held in May in Cambridge, and although Bart's (Preclinicals) raised the largest number of entrants they were beaten by the odd point by Queen Mary College, with L.S.E. a poor third.

United Hospitals War-time Championships.

These were held in conjunction with the London University War-time Championships at Parliament Hill on June 3rd.

Bart's entered, what seemed on paper to be, a strong team, and many people keen to turn out could not be included. Unfortunately first-class school reputations counted for nothing, our supposed crack men seemed to crack up, and several people didn't even arrive. In each event we showed a strong inclination not to impress ourselves upon the world and so finished the day fifth with 8 points, the finishing order being Middlesex, London, St. Thomas's, St. Mary's, and Bart's, followed by the Royal Dental. Our points were made by A. E. Fyfe, who was second in the furlong and third in the 440 yards, whilst K. M. Backhouse was second in the $\frac{1}{2}$ mile. I. T. Holloway, who came out of a virtual retirement, ran well in the 3 miles, but could not make the pace, whilst H. D. Dale, who last year ran well in the 100 yards and 120 yards Hurdles, was ill, and although he ran in 100 yards heats, was unable to continue. Morris and Dobson both coming up to Bart's with excellent schoolboy reputations over the mile, showed complete lack of training and initiative over that distance and did not at any time look very hopeful for a place. Cole and Slayden of Middlesex showed their usual complete mastery of the situation, and were first and second respectively in the mile, and Cree also won the 3 miles. Winstone, Glanville and Bass also turned out for Bart's.

Several Bart's men did good work as track officials, but the smattering among the spectators was almost imaginary.

The Annual Sports Day was held this year on Saturday, June 24th, at Foxbury Chislehurst. Although there was a number of men away doing various "second-front" duties, and "wombats" were annoying the South of England and making travel rather doubtful, we decided to continue with the meeting. As a result of these emergencies the usual dance was cancelled.

Many of the "chiefs" were unable to come on account of extra war-time duties, but we were very pleased that Dr. George Graham, Prof. Geoffrey Hadfield and Lt.-Col. H. B. Lee, R.A.M.C., were able to assist as judges. Mr. D. B. Fraser, with the efficient keenness of an old athlete, carried out the duties of timekeeper, handing over his almost traditional megaphone to Mr. James Smith. Thanks to Mr. Smith's keen wit and ability the meeting went like clockwork, as near to time as a Bart's Sports Day ever was.

Lt.-Col. Lee, who turned out last year (after an illness) and ran in borrowed kit, arrived this year all set for action and showed many a worthy youngster his heels.

That spirit we regret is absent in so many of our contemporary students.

A. R. Corbett, who was unable to turn out in a more active way, was the starter.

The 3 miles championship had been run at Fenner's (Cambridge) on Wednesday, June 14th, but was very poorly attended by spectators from the Preclinicals. In fact so poor was the support that the starter, timekeeper and judge were one and the same person.

Unlike the traditional Bart's Sports Day the weather was warm and sunny and hence seemed more conducive to pleasant relaxation than to good athletics. Among the number of ladies present, we noted especially two ex-Bart's army nursing sisters who had come back for the event. Some gentlemen, however, did not appear to consider that the sports day was the correct place for ladies and were seen to depart fairly early in the afternoon to the arms of the beloved. We therefore suggest that next year the meeting place be the Bart's Sports.

During the day Mr. D. B. Fraser was seen to be hurling various forms of impediments, but ceased as soon as he realised the discovery of his efforts—the ghost of the old athletic haunts the scenes of his triumphs.

All the events were completed for with the exception of the "Housemen's 100" and the Tug-o-war. The former was due to a lack of housemen, the second to an over zealous judge testing the rope too vigorously.

The prizes and trophies were graciously presented by Mrs. Geoffrey Hadfield, who was ably supported by her husband.

RESULTS.

- 100 yds. Championship (for the Bowlby Cup):
1, Fyfe; 2, Glenister; 3, Andrew.
220 yds. Championship (for the Griffith Cup):
1, Fyfe; 2, Glenister; 3, Neilson.
440 yds. Championship (for the Mrs. Harrison Cripps Cup): 1, Fyfe; 2, Winstone; 3, Glenister.
880 yds. Handicap: 1, Timmis (80 yds.); 2, Backhouse (Scr); 3, Lt.-Col. Lee (20 yds.).
1 mile Championship (for the Mrs. Morley Fletcher Cup): 1, Backhouse; 2, Lt.-Col. Lee; 3, Holloway (I.T.).

3 miles Championship (for the Sir Charles Gordon-Watson Cup): 1, Backhouse; 2, Morris; 3, Glanvill (M.E.).

120 yds. Handicap: 1, Winstone; 2, Glenister; 3, Dosseter.

120 yds. Hurdles (for the B. N. Ash Cup): 1, Andrew; 2, Domaingue; 3, Backhouse.

Long Jump (for the Edgar Hartley Kettle Cup): 1, Dosseter; 2, Hunt; 3, Domaingue.

High Jump (for the Mrs. Reginald Vick Cup):

- 1, Domaingue; 2, Andrew; 3, Walker-Brash.
Putting the Weight (for the B. N. Ash Cup):
1, Fyfe; 2, Walker-Brash; 3, Andrew.
Throwing the Discus (for the B. N. Ash Cup):
1, Walker-Brash; 2, Winstone; 3, Fyfe.
Throwing the Javelin: 1, Walker-Brash; 2, Hunt; 3, Dosseter.
4 by 220 yds. Relay (for the Drysdale Cup): 1, Cambridge-Hill End; 2, Friern.

ANNOUNCEMENTS

CHANGE OF ADDRESS

Dr. George Simon. Address now: 15, Upper Wimpole Street, W.1. Tel. Wel. 5903.

Dr. D. M. Tomson. Address now: Wescroft, Dartford, Kent. Tel. 2594.

EXAMINATION RESULTS UNIVERSITY OF CAMBRIDGE FINAL M.B. EXAMINATION

EASTER TERM, 1944.

Part I.

Andrew, J. D.
Beard, T. C.
Bethell, M. F.
Gregory, B. A. J. C.
Headley, P. R.
Leech, K. W.

Roberts, G. F.
Roberts, J. M.
Robinson, P. K.
Westall, P. R.
Yerbury, G.

Part II.

Brazier, D.
Hartley, C. E.
Roberts, C. F.

Veater, D. G.
Westall, P. R.
Wingate, A. P.

CONJOINT BOARD PRE-MEDICAL EXAMINATION

JUNE, 1944.

Chemistry.

Batt, B. J.

Physics.

Wallace, J. R. C.
Beattie, A. O. C.

Cohen, H.

Vercoe, M. G. S.

Biology.

Wallace, J. R. C.
Beattie, A. O. C.

Mager, M. E.

FIRST EXAMINATION

Anatomy.

Griffiths, E. R.
Shattock, F. M.
Maitland, R. I.
Davy, P. H.
Powell, F. J.

Physiology.

Tucker, D. K.
Powell, F. J.
Davy, P. H.

Adams, K. J.
Bendas, J.
Bradfield, G. P.
Clifford, W. E.
Moscr, J. B.

Berman, J. M.
Bradfield, G. P.
Graham-Stewart, J. C.

Griffiths, E. R.
Maitland, R. I.
Adams, K. J.
Bendas, J.

Pharmacology.

De Vitre, H. R.
Bhagan, K. A.
Murley, A. H. G.
Richter, D.

Ussher, C. W. J.
Bomonji, I. K.
Maude, A. R. S.

Alment, E. A. J.
Sharrod, F. J.
Ward-Tetley, J. I.
Ballantine, R. I. W.

new



'MYOCRISIN' booklet . . .

A new edition of this much requested publication is now available. Following American investigations on the subject, the pharmacological sections have been re-written and reflect the recent trend of opinion concerning the mode of action of gold from stimulation of the reticulo-endothelial system to the original conception of a direct bacteriostatic or bactericidal action. The gold therapy of rheumatoid and other forms of arthritis is described, as is its use in various dermatoses and other conditions. The reactions which may occur during gold therapy are discussed in their aetiological, prophylactic and therapeutic aspects and there are notes on the erythrocyte sedimentation rate. A bibliography of the more important papers on the different aspects of gold therapy is appended.

A copy of the 'Myocrisin' booklet is free on request for members of the medical profession.

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HOSPITAL JOURNAL

Vol. XLVIII

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No. 8

THRASHING THE MEDICAL STUDENT

Harmless fireside humorists have often asked the old conundrum: "Where do all the dreadful medical students go to, and where do all the nice doctors come from?" and, having posed their hoary chestnut, like jesting Pilate they do not stop for an answer.

It may surprise a good many of us, but the view that medical students are dreadful is very commonly held by the lay public, and when we canvassed the opinion of a section of them, it was, briefly summarised, this:—

The average medical student dresses badly, generally achieving the air of having been dragged through a hedge backwards—albeit cheerfully. Many observers claimed to be able to identify medical students in public with 90 per cent success.

Allied to a poor appearance is the accusation of bad manners, generally attributed to thoughtlessness and a narrow educational system. At social gatherings medical students tend to group into cliques, paying no attention to anyone else. This is thought to be a Good Thing, however, as conversationally the medical student is uninteresting. Music, art, literature and the drama do not appear to exist for him, and to a lay person medical "shop," and occasional cricket or rugby "shop" have very little entertainment value.

And there we have it! The word dreadful as applied to the above description is surely a masterpiece of understatement, and seems to apply to all of us. Not only that, but coming on top of the much publicised remarks of Lord Moran, couched in a similar vein, they require careful examination, not so much for what they contain, but for what is omitted from them.

A striking absence from this frightening diatribe is any suggestion that the medical

student lacks a sense of responsibility and we would like to suggest that this is the hub of the whole matter.

We believe that the average medical student has a large capacity for accepting responsibility and using his own initiative, but that until some definite crisis arises this capacity remains latent and undeveloped—indeed, if it is developed in any individual student he promptly rises above that average.

As an example of what we mean can be cited the recent demand for students to man trains and transit bases on D-day. The behaviour and responsibility shown by those selected to go earned the praise and acknowledgment of Dr. Harris in his letter of the July issue.

Going to the final stage of our argument, the supreme crisis which changes the "dreadful" medical student into the "nice" doctor is surely the event of his qualification. This event, and with it the knowledge that from now on he is on his own, is to him the greatest possible stimulus to make patent his ability to accept responsibility and which taxes his initiative to the full. Hence the improvement in his dress, manners and behaviour, which are of increased importance in a vastly more critical world. In a non-medical community medical "shop" is no longer a topic of conversation, and music, literature, the arts and other things achieve a proper perspective in his life and lo! the "nice" doctor is born.

All this boils down to the plain fact that the average medical student, outside his interest in qualifying, is unbelievably, but not incurably lazy, and so long as others are prepared to make the necessary effort in his little community, which in our case is Bart.'s, he is quite pre-

pared to drift idly through it. This may be fine for him, and, though we doubt it, good for his health, but it is certainly not good for the health of the community in which he works and lives.

Applying this argument to Bart.'s, we think that at present our health is pretty low, and that a great lack of individual effort and initiative is being shown, with about forty sterling exceptions.

If you don't believe this, and if you think

that you are carrying your share of responsibility and show enough initiative, then we suggest you consult the Students' Union Council, the Sports' Secretaries and the Vicarage Committee. Even ask the Journal Publication Committee about the contributions you send in to *your* JOURNAL.

One last word. A Very Great Man once said that nobody could claim to be a Bart.'s man until he had done something for Bart.'s. How about doing it?—NOW!

* * *

We regret to announce the death of Dr. H. J. D. Metten, demonstrator of Biology to the Medical College. An obituary will appear in our next issue.

* * *

We should like to congratulate Dr. J. C. Boursnell on having been awarded a Junior Beit Fellowship. It is a long time since one of these fellowships came to Bart.'s, and it reflects great credit on Professor Wormwall's department.

A set of four copperplate engravings, "The stages of crucifixion," by Hogarth (1751), has been presented to the Library by Air Vice-Marshal Geoffrey Keynes.

(An article on one of these engravings appeared in the July edition of the JOURNAL.)

* * *

A meeting of the Abernethian Society will be held in the Abernethian Room, St. Bartholomew's Hospital, on Tuesday, September 12th, at 5.30 p.m., at which Prof. Grey Turner will give an informal talk entitled:

"Just Yesterday in Surgery."

THE B.M.S.A.

In view of the interest centring around the B.M.S.A., we asked the Public Relations Officer of the Association to write an article for the JOURNAL, explaining the functions and status of the B.M.S.A.

The objects of the B.M.S.A. are:—

(a) To provide an organisation whereby medical students can consult together on matters of common interest.

(b) To provide a means for the exchange of views between medical students and the medical profession and between medical students and all other students.

(c) To promote the interest of its members and to take any action that may be considered necessary for this purpose.

The bogey of politics has been raised repeatedly and the policy of the B.M.S.A. can be explained briefly. Almost any controversial subject comes under this heading and to avoid politics, as has been recommended, would mean ignoring the Beveridge Report and the White

Paper on a National Health Service, a negative attitude which would be absurd. The B.M.S.A. has, however, been scrupulously careful to avoid, not politics, but political prejudice. Reference to our reports and resolutions will confirm this.

The jibe that the Association had no power was true, to a certain extent, when it was born, but after only two years' work its opinions are beginning to carry considerable weight. Both the Goodenough Committee and the Sir Henry Dale Committee asked us to give evidence. The B.M.A. and the N.U.S. refer to us for medical student opinion and when the Moran report was published a spate of 'phone calls came from the newspapers to ask our views. The answer was simple—we had said much of it

ourselves a year before. We are now preparing a review of all these reports on Medical Education to correlate the suggestions.

In general usefulness the B.M.S.A. has been most valuable. It is sometimes asked "what does the B.M.S.A. do for me?" One member said, "If it could get some petrol for my car there might be some use in it." Our policy has never been to concentrate on doing things for our members, but to provide an organisation to help them to do things for themselves. For example, one school wanted to start a Staff-Student Committee, and the staff asked what precedents there were that such a thing could be of any use; the Association was able to quote the experience of several other schools. Again, improvement of canteen conditions was helped in one school by suggestions from others which had solved similar problems of their own. The central organisation does, of course, help individual schools directly and has been able to act as liaison between schools—or even individual students—and various government departments. Subjects dealt with in this way have included National Service, extra clothing coupons and the mass radiography scheme. A guide to documentary films on medical subjects has been prepared for the use of Medical Societies.

In addition to the distribution of information, the B.M.S.A. has been able to carry out ideas impossible for any one school. An appeal from besieged Malta for textbooks was answered magnificently by our members. Two courses of lectures were arranged, one on War Surgery and one on Post-war Relief, both with a very imposing list of speakers. The former were so popular that they have been printed and will be on sale shortly.

* * *

POISONED ARROWS

By COL. L. B. CANE

*whose effect
Holds such an enmity with blood of man
That quick as quicksilver it courses through
The natural gates and alleys of the body."*

In these days of modern warfare it is interesting to find in many parts of Africa the bow and arrow still in daily use, and as effective as ever against both man and beast.

In Ethiopia poisoned arrows were reported as early as about B.C. 300, and although now replaced whenever possible by a rifle, usually of Italian origin, few natives in the country

The cost to constituent organisations is as follows: £1 for every 50 members up to 650 and £1 for every additional 100 members. Representation is by one delegate for every 150 members. Bart.'s would therefore pay £14 per annum, and have five delegates on the National Council. Officers of the Association are elected by the delegates from among their own number. Every Medical School in the United Kingdom belongs to the Association, except three London schools. Apart from Bart.'s these are St. Thomas's and the Middlesex. Over 90 per cent. of the students in the country are members. In addition, Malta has recently affiliated, and so has the Irish Council of Dublin and Belfast. Although the B.M.A. have been very generous in allowing us facilities in their London and Edinburgh offices, and we have co-operated closely with them on Medical, and the N.U.S. on Student, affairs, we are entirely independent of both these organisations.

Our work on student opinion on the White Paper need not be described, for it has received sufficient prominence in the Press.

The Annual General Meeting, which was to have been held in July, was postponed owing to the war situation, but we hope to arrange it in November. The Minister of Health has promised to meet us to discuss our views on the proposed National Health Service. The discussion will be in an open meeting, and any member of the B.M.S.A. will be able to participate.

Not all our activities can be mentioned in such a short article but we shall be pleased to elaborate points in which readers are interested.

JOHN RICH,

Public Relations Officer, B.M.S.A.

* * *

districts are without a spear and bow and arrows.

Further south in East Africa and the mountainous districts of the Belgian Congo the arrow and the spear are almost universally carried by men and boys even when driving their cattle, or are kept near by as they cultivate their scattered crops.

With these they protect themselves against wild beasts: I have myself seen a photograph of a recently killed lion with an arrow in its flank. They also kill buck of various kinds, and other animals for food.

The arrows are of various kinds, some made entirely of wood, others long and square in diameter, but most with metal heads which are either barbed or spear shaped. They vary in size, from the tiny arrows I have seen carried by the forest pygmies in the Belgian Congo to those with metal heads up to five inches long in the west of Tanganyika.

Many of these are partly coated with poisons. These are made from local trees, generally by secret processes known only to a few. The arrows in my possession had a dark somewhat sticky substance adhering to the shaft of the head, which was scraped off and sent for analysis. In most cases the shafts of the metal heads are roughened, lightly notched, or bound with fibre to make the poison more adherent.

Not only lions, leopards, and other big game, are killed by such arrows, but also human beings. In the records of the Government Laboratory at Dar es Salaam arrow poison ranks second only to arsenic, and of thirty-nine recent post-mortem examinations of all kinds carried out by the medical officer of the Musoma District alone seven involved poisoned arrows.

Occasionally considerable ingenuity is displayed by the African in the application of his arrow poison. In one case the poison was reputed to have been coated on to prickly seed pods strewn in the path of the suspected victim, and accounts have been received also of its employment on splinters introduced under the finger nail of sleeping victims.

Poison Ingredients

Arnauld in 1888 described the arrow poison of the Somali, and from it isolated a toxic principle which he named ouabain.

Other studies were later made by Germans in Tanganyika, and shortly before the war an exhaustive series of analyses was made by W. D. Raymond, the Government Analyst, Tanganyika Territory, from whose excellent description, published in the East African Medical Journal for March, 1939, most of the details here given have been obtained.

Ouabain is a cardiac glucoside allied to strophantin, scillaren, and digitalin. Raymond's article describes a series of chemical, historical, and physiological tests by which the presence

of this substance may be recognised, distinguished from the strophantius, and tested as to its strength and actions.

It was found that a single arrow frequently carries sufficient poison to kill about 250 men.

It is, therefore, not surprising to find that when such an arrow wounds a man death commonly results in within half an hour to two hours, and cases have been reported of death occurring in from three minutes to less than half an hour.

Post-mortem examinations seldom show signs of poisoning, though one Chief stated in evidence on a case, "I know he died from poisoning for when we buried him the skin came off as though it was quite rotten, though the deceased had only died that night."

The flesh of game killed with these arrows is, however, edible and is fearlessly eaten by the natives.

The poison depends for its success on being introduced into the blood by a wound. It may be handled, and even drunk, with no more effect than the causation of some diarrhoea.

The local antidote for the poison is the root of a tree (Fadogia) which is ground against a stone or piece of metal, or even chewed, and then rubbed into the wound. It is said that this is always effective when the wound is in an extremity, such as the hand or leg but any puncture near the heart is instantaneously fatal.

Methods of Preparation

The method of manufacture has been described by Dowsett, formerly District Officer in the Southern Province of Tanganyika:

"The tree known as uchungo (=bitter) is cut into slivers. These are then placed in a pot with a certain amount of water, and boiled until a black sticky mass is produced which can be stored or smeared on the arrow head. The strength remains unimpaired for two or three years if protected from sun and rain."

In some districts the magical ingredient, so highly esteemed by the African, plays a role.

"The gall bladder of a crocodile mixed with the poison adds to its strength. . . Red and blue lizards, and the stomach of a puff adder and another snake are also used as ingredients when obtainable."

Emin Pasha described how "the arrow poison is prepared by the expert far from the village and in the full secrecy of the forest.

"He cooks together the pounded root bark of bungo-bungo and mwelle-mwelle and adds lizards, snakes' heads, snake tongues, and other

dismal ingredients. The rising vapour is very deadly.

"After some time the pot is removed from the fire, and the poison, which now forms a dark pulpy mass, is allowed to cool overnight."

In another district of Tanganyika the poison is prepared from a species of Scilla. The sea-onion or squill, formerly used as a medicine by the Egyptians and Romans, contains like ouabain a cardiac glucoside.

The manufacture of this poison differs from the processes previously described in that only small quantities at a time are made. The bulb is first pounded between two stones, and the resultant fibres dried in the sun. The mass is then pounded again, water added to make a paste, which is then coated around the arrow and dried in the sun. Sometimes juice from a species of aloe is mixed with the poison.

Two bulbs are sold for 50 cents (6d.), three

bulbs for one arrow, or five bulbs for one poisoned arrow.

The iron arrow heads are made locally, and the shafts spirally twisted to facilitate adherence of the poison.

"It is remarkable," writes Mr. Raymond, "that in a single territory practically all the indigenous vegetable cardiac glucosides known to modern science should be utilised by tribes for the preparation of arrow poison. This supposes a degree of accuracy of observation not usually attributed to backward races."

Compared with modern inventions, which send death and destruction for long distances, over land, beneath the sea, and from the air, the bow and arrow may seem a relatively harmless weapon. In many parts of the world, however, it is at short range as deadly as it was upwards of 2,000 years ago.

JAMES HUGH THURSFIELD

1869—1944



... he always played the game
And nothing could deflect his steadfast aim
No matter what the cost, in giving all
When once he heard stern Duty's clarion call
Guerdons and gain made no appeal to him,
Who filled his life with service to the brim.

Dr. Thursfield, who has recently died at Basingstoke, was little known to the present students of St. Bartholomew's Hospital. To those who were his contemporaries and to the students round about 1900 until he retired he was a most delightful friend, affectionately

known as "Pobo." The latter word is alleged to be an abbreviated derivative of the fact that as a young man he gained all the prizes and became the "pot boy" of his School and College.

He took a degree in Classics at Oxford,

which led to his entering Medicine rather late. He obtained his D.M. (Oxon.) from Bart.'s in 1899.

He was a House Physician to Dr. Samuel Gee, subsequently entering the Pathological Department as a Demonstrator. In those days there were four Demonstrators who, together with the Head of the Department, carried out the routine investigations of the whole Hospital. They were part-time workers, starting at ten o'clock in the morning and working until seven o'clock in the evening, or even later.

For many years Thursfield was the virtual Head of the Department, so far as the organisation was concerned, working as the Senior Demonstrator. He was largely responsible for helping Sir Frederick Andrews in the organisation of the present Pathological Department, which was opened in 1907. He withstood the gibes of his colleagues, who stated the building was of unnecessary size, which appeared to be true as compared with the single room (the present surgical demonstration room) which had been used for years. Thursfield's foresight in stimulating this action proved to be correct, for now at the end of thirty years it is already too small.

When Sir Archibald Garrod gave up the Children's Department at St. Bartholomew's, Dr. Morley Fletcher became its Head, Thursfield becoming his Assistant. Already a fully established Physician at the Great Ormond Street Hospital for Children, he forwarded the interests of the Children's Department with great enthusiasm and eventually became its Head.

He had one great misfortune, in that although he was a general Physician to the Hospital in the Out-Patient Department for sixteen years, he was the first person to be hit by the reduction of the retiring age to 60, which prevented him from becoming a full Physician. His colleagues held him in such

The verse at the head of this appreciation is taken from a poem by the late Charles Graves written about Dr. Thursfield and is reprinted by kind permission of "The Times" and Sir Cecil Graves. The photograph is reproduced by kind permission of THE LANCET.

All contributions for the October issue should reach the JOURNAL Office by September 11th.

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esteem and recognised his hard luck; during the last year of his attachment to the Hospital he was given the title and privileges of a full Physician.

He became an F.R.C.P. in 1906 and a Member of the Council of the Royal College of Physicians in 1929.

He did a great deal of writing and was the co-Editor with Sir Archibald Garrod and Dr. Batten in their book on the "Diseases of Children," the third edition of which was published in 1935. He was also the first Editor of the "Archives of Diseases of Children," and was largely responsible for its policy, and for a number of years was co-Editor of the "St. Bartholomew's Hospital Reports." He further joined with Dr. Branson in a descriptive book of the specimens of the Museum, which is a most valuable addition to our armamentarium.

In the Great War of 1914-18 he was a member of the Staff of the City of London No. 1 Territorial Hospital, and during the course of the war went to France with the 53rd General Hospital to Wimereux, for the formation of the medical side of which institution he was responsible. He was an authority on all the good estaminets within ten miles, to which he used to walk for an evening meal, taking with him one of his friends, who were delighted to go with him and enjoy his good company. He was a most excellent companion and had great general knowledge, largely based on his classical education. He loved a discussion, either political or medical, expressing perfectly honest opinions which he emphasised with great dogmatism. He was loved by everybody who knew him.

When he retired he went to live at Basingstoke, where he pursued the study of bird life—an interest which he had long indulged in.

During the present war he returned to his profession as a Physician in the Emergency Medical Service at Park Prewett Hospital, where he was serving at the time of his death.

DR. L. E. SHORE

1863—1944

All old Cambridge men who went through the Department of Physiology will hear with deep regret of the death of Dr. L. E. Shore. If, for a minute, they lean back in their chairs and think of those far off happy days and remember again the men who worked under Langley:—Hardy, Anderson, Fletcher, Keith Lucas, Mines, William and Percy—those giants of old—then at the same time they will picture Shore.

A spare man with grave eyes but a kind smile. Always helpful. Never crushing. Invariably good tempered, with quiet accurate answers.

A man whose lectures were a pleasure to listen to; a man who drew multi-coloured works of art on the blackboards, a man who could make those thin paraffin sections live again in the flesh so that one could readily visualise their cells about their daily tasks contracting, relaxing, secreting, excreting; each one playing its vital part in the intricate mechanism of the body.

Some people have the ability to bring home to us the mysteriousness and the complexity of science. We say of them, "How clever they must be to understand such difficult stuff." With Shore it was quite different, for he had the knack of making the obscure seem simple and the rough seem smooth.

It is clear that students owe a great debt of gratitude to Dr. Shore which they will never

be able to repay, what does science owe to him? If ever there was a hard nut to crack it was presented by the sympathetic nervous system. A collection of ganglia, scattered apparently at random throughout the visceral organs, were connected together by a profusion of nerve fibres like a tangled mass of twine.

At the time that Shore began his research work no one knew the purpose of this system, or in what directions nerve-impulses travelled in it. Soon, as the result of the incentive of Langley, Anderson and Shore, order replaced chaos and the potency of the Sympathetic Nervous System unfolded itself.

Shore's education began at the Grammar School and Hartley College, Southampton. Then he came up to St. John's College, Cambridge and sat for the Natural Science Tripos. He did medicine at Bart.'s; went to Breslau University; took his M.D. degree at Cambridge; was appointed university lecturer in Physiology; and was made Fellow and Junior Bursar of St. John's College.

During the last World War he was neurologist at the 1st Eastern Hospital and in 1919 he was awarded the O.B.E. In collaboration with Sir Michael Foster, Shore wrote the well known text book, "Physiology for Beginners."

Lewis Erle Shore's death will be deeply regretted by all Bart.'s men.

H. H.

MISS HELEN BAINES

Miss Helen Baines died at Bart.'s in April of this year.

She entered the Hospital in 1909, and her whole life was one of unstinted service.

She became Assistant Matron in 1921, which office she held right up to the time of her last illness. During the whole of that time, never did she falter at her post, and even when at last she could remain on duty no longer, her thought was not for herself, but regret that she was forced to leave her work at such a busy and critical time.

The memory that she leaves in the minds of those members of the Medical Staff, who had the privilege of working with her, is one of imperturbable cheerfulness and a very high degree of administrative ability.

Whoever went to her for help was always sure of a smiling welcome and an efficient

response. To many generations of Bart.'s men, it will be a matter of deep regret that they will never again see Miss Baines's familiar figure within the precincts of the Hospital.

She died after a long and painful illness borne with the greatest fortitude.

A memorial service was held in the Parish Church of St. Bartholomew-the-Less, which was crowded with representatives of every branch of Hospital life.

She was just one more example of those servants of our great Hospital, who give their all willingly to maintain our glorious traditions.

R. M. V.

A Helen Baines Memorial fund has been started, to endow Scholarships for League of St. Bartholomew's Hospital Nurses. Those wishing to subscribe should send their subscriptions to the Matron.

THE STATUS OF THE FAMILY DOCTOR

By A G.P.

A quarter of a century ago, I was one of a crowd of rather unusual medical students. We were above the average age of such, for we had served up to four years in what we then called the Great War. Most of us were helped by Government educational grants. All of us realised rather grimly that we had to make good pretty soon, for time was not on our side. We were faced, too, with the choice of what to do when qualified: could we afford to wait for appointments? Should we go into general practice? Would a safe salary and pension in the Public Health services be a sounder bet?

After a quarter of a century, there will soon be another generation with the same problems to face; but with rather different possibilities. Like us, they may welcome some guidance.

Of the men who were my friends at that time, one is now M.O.H. to a large provincial city. One is Medical Superintendent of an enormous new municipal hospital. Both secure, both as far up the ladder they have chosen as they can hope to get. Two, a surgeon and a physician, are on the staff of my old hospital. The physician was caught up by this war into an administrative job; and an intimate friend said to me: "What rotten luck, when he was just beginning to get established!" Just beginning! After twenty-five years.

Both their names are known—a little—where doctors meet. Neither has ever been heard of by the great public.

Two men got their fellowship and went to practise surgery in large provincial towns. They are successful there, and have local reputations. Four who went into general practice have done well in different spheres; one in the East End, where he has a colossal practice; one in a small Devon town; one in an industrial city of the Midlands, and one in a town of the Home Counties, whose inhabitants regularly catch the 8.45 to London. Which of all these is to be envied?

It depends on one's temperament. Personally, I have no envy for the two who have found security, for I feel they have missed adventure. I do not envy the consultants, who will be old before they enjoy the fruits of their labours. I entered general practice and, if I had my time over again, I would do it again.

Of these ten men, all with one exception— he who went to Devon because his heart was more in fishing and hunting than in medicine—were of nearly equal ability. Opportunity and temperament alone guided their steps. For

most students with the temperament of adventure and wide human interests, family practice will continue to be the likeliest opportunity.

But family practice is at the cross roads today. What is its future to be? It needs reshaping, because it suffers under grievous handicaps; but what shape will it take? Its handicaps are due to the piecemeal organisation of our medical services. The family doctor lacks liaison with hospitals, with public health services, with laboratories, research workers. He finds it difficult to enter hospitals with his patients; he finds it difficult to keep abreast of new knowledge. Unless he makes great efforts, or is lucky in the place where he practises, he is apt to find himself growing rusty and frustrated as the years roll on.

All this is common gossip, and the planners of a new Health Service would solve it in their own way. They would gather the family doctors together in health centres or groups, provide post graduate courses and holidays, guide the doctors in the way they should go—and remove every spice of adventure from the life. They would provide a ladder whose top could be quickly reached, providing an exquisite view of sheer monotony. How desirable then would be the proffered pension? Why not go straight into public health services instead, and lead an easier life?

The family doctor's real handicap is not the lack of a Ministerial wet-nurse. It is entirely a question of status. Many years ago, I spoke to a young house physician, and asked him if he were going into general practice. "Depends if I get my membership," he said. "If I don't I'll have to; but if I do, I wouldn't touch it with a barge pole."

There is an artificial kudos about being a consultant—even if the consultant is only a clinical assistant at a minor hospital; providing he has the part-time use of a plate in Harley Street and sees a private patient once a week. He is among the elect. It is not long since he would not have been seen out without a tail coat. While many a family doctor of wide experience could have wiped the floor with him on any point of practical medicine.

It takes every whit as much ability to be a good family doctor as it does to be a good consultant. If knowledge of the world and the ways of man be included, it takes more. The specialist may know all about the kidney; the consultant every rare disease; but the family doctor has to know the man or woman, his

home, his job, his virtues and his vices. And he has to learn all this by experience, for none of it is taught him at his medical school, where the consultant reigns supreme.

In my view it is essential, if the best men are to be attracted to family practice—and without this British Medicine will suffer a fearful decline, for the family doctor will always be in the front line, and must be made of good stuff—it is essential that his equal status be recognised; that he should take part in the teaching of the students, and that he should

have his own wards in hospitals. Those are the two essentials. Whether he teaches actually in the hospital is a doubtful point. Possibly he would do better to teach on his own stamping grounds. It might be thought just as important for a newly qualified man to work for six months under a qualified G.P. as to do six months on the house. I think he should do both. If that man knows that, in his turn, he may rank with his teachers while engaged in family practice—then, however clever he is, if he has the right stuff in him, he will become, in every sense, a real doctor.

IN NEO-SLAVONIA NOW

By PETER QUINCE

Apart from his slight accent my plump little fellow-traveller might have been English. On learning that he hailed from Neo-Slavonia my interest was aroused, for I had spent an evening with Prince Michael* when he visited this country in 1924 and I am always curious to learn what latest reforms that Anglophile monarch may have been introducing. In these matters I couldn't have encountered a better-versed informant:—

"I suppose you've heard all about his Blue Print for Motor Mechanics and Car Doctors? No? You surprise me.

"Well, as I expect you know, everybody in Neo-Slavonia has a car. The big idea was that everybody in Neo-Slavonia should be able to get free repair and maintenance for his car. Our Prince said it was intolerable that the rich should be able to get better and more frequent attention than the poor. And somebody said that absenteeism from work owing to car breakdowns would be reduced. So Industry backed the Prince, and there we were. . . . At any rate, nowadays everybody pays a weekly subscription, and everybody can call upon the car doctor's services just as much and as often as he likes."

"It certainly sounds a good idea," I remarked. "How does it work in practice?"

He crowed with delight and slapped his thigh triumphantly:

"Exactly as anyone—anyone except a complete moron—would have expected."

He leaned forward and tapped me on the knee.

"I used to be in the car racket myself," he said. "Very nice little business I had. Good connection. Did good work and got well paid

for it. I was going to put my son into it—until all this nonsense cropped up. No thank you! I cleared out. Clean as a whistle. Left my Cousin Albert holding the baby. Poor fish!" He chuckled reminiscently.

"So it doesn't suit everybody?" I said. "But what about the poor? If they are any better off, that seems to me to be the important thing, if you'll excuse my saying so."

"Better off?" His voice rose incredulously. "Better off? They are worse off. A thousand times. But they don't realise it. Look here, seriously now, in the old days they jolly well took care of their cars. They couldn't afford to have them go wrong. Did their own running repairs whenever possible. There wasn't one of us car doctors who wouldn't slip them a word of advice—if asked, mind you—free, gratis, and for nothing. And we'd lend them a hand if they got into a proper jam. Just charged for the materials at cost price. It made for Goodwill, you understand. But, dear me, no! That wasn't good enough for Prince Michael! They mustn't be dependent upon our charity. No! Maintenance had got to be theirs by rights. So there we were!"

"But surely," I expostulated, "it only means that you get paid a salary for your whole-time services and don't have to worry about sending out bills?"

His shoulders began to shake again. "That's good!" he sobbed. "Cousin Albert doesn't have to send out bills any more. He doesn't have to worry about his income. It's more than he'll ever have time to spend. Whole-time, too, oh lord! whole-time! You've said it! But it's the sort of work he has got to do that'll get him down. . . . D'you know, he has to

keep three times the clerical staff I ever kept? Every smallest job he does has to be entered on the car's registration book in detail. He has to keep a day-book, render weekly 'sick list' returns in triplicate, indent in triplicate for every spare nut and bolt he wants, and he has to issue certificates." (He was wheezing and wiping his eyes.) "Everybody has to have certificates for one thing and another; and Cousin Albert has got to sign them all himself, personally."

"I'm sorry about your Cousin Albert," I said, rather impatiently.

"I'm not," he interjected.

"But you were going to tell me in what way the poor were worse off, you know."

"I'm not," he interjected.

became thoughtful. "It's really rather frightening, the effect of this scheme on the poor—and even the not-so-poor—car owner. I can't understand it. They've ceased to bother. Ceased to take any pride in their buses. They're too lazy to top up their own batteries—to blow up their own tyres—even to oil their own squeaky door hinges. After all, who's to blame them if there's some poor stooge round the corner paid to do the job for them? Mind you, if their breakdown is likely to make them late for work, they've got to get a certificate from Cousin Albert as an alibi. Industry insists on it. So Cousin Albert gets cluttered up with all those minor running repairs and adjustments which any moderately intelligent car owner can—and used to—do for himself."

"I'm surprised at that," I said. "I should have thought that steps would have been taken to prevent—or at any rate to discourage—breakdown. Education or propaganda or something?"

"Yes. Well, there is a sort of lip-service to Prevention being Better than Cure. Kiddies at school are being taught cranking-up, the use of muffs and anti-freeze mixtures in winter, the avoidance of inferior fuel and oils, and how to change a tyre in an emergency. All that sort of thing. And the radio does a bit, too. But the joke is that Cousin Albert and Co. are instructed to give free advice and guidance that will improve the car-owners' efficiency! I ask you! As if anyone ever listened to advice he hasn't paid for! . . . No. They prefer to buy the cheapest petrols and oils and go round to Cousin Albert for 'pep' tablets to stick in their tanks 'because the engine isn't pulling.' And Cousin Albert has to issue them free. . . .

"D'you know, the incidence of preventable breakdown has gone up more than three hundred per cent? Neglected lubrication, poor fuel, radiators running dry. Last week Cousin Albert had twenty-three blocked inductions due to cheap petrol with water in it. Poor fish."

"What has Industry to say about it?" I asked.

"Ah, any firm that can afford it supplies its employees with as much high-grade petrol and oil as they can take, free of charge, and keeps a staff of car doctors on the spot to overhaul the cars while their owners are at work. They find it pays in the long run. . . .

"Talking of overhauls," he continued, "in the old days my better clients would get me to overhaul and decarbonise their cars, say, once a year, and then when it was convenient to me. It's a long and responsible job; and even if I found nothing that wanted repair or replacement, my clients were glad of the reassurance and paid quite handsomely for the job. . . . And look at 'em now! Every week-end they come queueing up, demanding a new headlamp bulb or a packet of pep tablets, and then it's 'I wish you'd run the rule over the old bus. There are some funny squeaks under the bonnet. Yesterday something fell off underneath. I don't know what it was. I shan't want it until Monday.' Of course it's impossible to give anything more than a superficial overhaul when there's a waiting-yard full. But Cousin Albert has to give a certificate all the same. And if anything goes wrong afterwards, he's for it. Poor fish. . . . It was the radio that put the idea into everybody's head. . . .

"The latest fanteeg is some talk about a Blue Print for Lawyers. They are all to be enrolled in a State Legal Service, so that—how did the Prince put it?—that the most expensive litigation shall be within the reach of all.' If so, it should be great fun for everyone—except the lawyers. Poor fish. Makes me roar with laughter. Cousin Stanley—Albert's brother—is a lawyer. I don't know what's come over our Prince. Where does he get all these ideas? They are not particularly English, are they?"

"Eh?—Oh, no. No. I shouldn't say so," I replied.

Well, I mean to say, I couldn't very well let the old school down in front of a foreigner, could I now?

* Milne, A. A. *To Have The Honour*. (1924). Wyndham's.

* * * * *

At HILL END

Walking into the A.R. the other day and seeing a number of new faces and at one end of the room three of my colleagues each doing their (?) celebrated imitations of Prof. — and others at the other end engaged in mimicking Prof. ****, a gentleman with a strong Scotch accent standing on a chair shouting, "Splendid, splendid" in what he fondly imagined to be the manner of Dr. —, I realised that another Introductory Course had begun and that my considerate contemporaries were giving the newcomers a preview of the treats in store for them. I heard one person say with just the faintest trace of bitterness, "Mr. — will probably ask you if they still teach anatomy in the 2nd M.B." "It's wisest not to commit yourself," he added.

In the world of sport, the cricket team, after a disaster at the beginning of the month, fully recovered and gained several comfortable victories. Notable features have been a lightning century by the captain, J. R. Dixon, against St. Albans' School, and remarkably consistent all-round play by G. C. Elliott. Hammond or Wellard, accustomed as they are to hitting the ball over the pavilion at Lord's, would have difficulty in driving to the boundary "all along the carpet" at Hill End; the hay in the outfield is a little, shall we say, *de trop*. The tennis VI has maintained its unbroken record of success.

Mr. C. S. Lewis has given his long awaited talk on Miracles. He defined miracles as interruptions or reversals of the Laws of Nature.

THE HOUSEMASTER

(Ian Hay)

Our schools have progressed a lot since the days of Dotheboys Hall and compulsory "physicking" is based on scientific fact rather than economical reason. That is not to say that the good schoolmaster of the present day is entirely alien to the efficacy of brimstone, but its use, owing to the vigilance of governing bodies and the solicitude of fond parents, must be leavened with liberal helpings of treacle. Thus the ideal schoolmaster must be an amalgam of a stern disciplinarian and a soft-hearted old buffer—a part that Mr. Lionel Barrymore plays so well . . . and so often. Mr. Squeers was the first without a trace of the second while Mr. Chips erred on the side of the latter.

The "Housemaster" is an ideal comedy which avoids the banality of a Tom Merry & Co. saga because of the atmosphere of genial satire which perfuses the whole action. Yet its emotions are never adult enough to bore even the youngest playgoer. The result, as the posters proclaim,

He was concerned less with the significance of the Christian miracles, which are to him as an old-fashioned dogmatic Christian (as he described himself) fundamental tenets of his faith, than to refute some of the commoner objections to miracles. He dealt with all types of objection, from the scientific and pseudo-scientific to those of Hume in his essay on miracles. His arguments were closely reasoned but presented with such clearness and such an easy mastery that they were easily followed. His lecture, in addition to being an intellectual feat, was also extremely entertaining—a model of what a lecture on a philosophic subject should be. At the end Mr. Lewis answered with gracious adroitness the many questions put to him.

I have to report that the L—Z volume of the A.R. copy of the London Telephone Directory has sustained irreparable damage due to a wholly praiseworthy attempt by a gentleman to terminate a one-fingered performance of Ravel's *Bolero* on the piano. A piano in a common room is bound to give rise to some controversy and on the whole we manage pretty well, but I think I can say that, with very few exceptions, we are all tired of this masterpiece.

As a footnote I should like to quote a remark made to me by an elderly foreign patient on leaving the hospital, "I'm very sorry to go: everyone has been nice to me, the doctors, the nurses, even the students." I think he meant it kindly.

H. W. C.

"pleases schoolboys of every age"—a tremendous achievement!

The theme of the "Housemaster" revolves round the arrival at the monastic establishment of Marble-down of three irresponsible girls with a regrettable Parisian upbringing, chaperoned in a mild way by the serene Barbara Fane. The plot deals with the battle of Donkin v. The Egg, otherwise the soul destroying Headmaster. The presence of the uninhibited Farringdon girls precipitates the crisis which resolves finally, leaving the Farringdons affianced and promised right and left, the Egg "wafted to more appreciative spheres and Donkin as the new Headmaster.

The individual performances were, on the whole, exceptionally good. Outstanding was Kay Simmons' "Button," the menace of the Farringdons. Mrs. Simmons gave a brilliant performance in a part that might so easily have been just tiresome. Margaret Harvey and Pat Birkinshaw as Rosemary and Chris

were both attractive and credible in well contrasted roles. The latter was as unselfconscious as she was supposed to be. The last of the Farringdons was the much to be pitied Bimbo—a difficult part well handled by Peter Weston—who suffered for a whole summer half the embarrassment that one felt when one's own family were out of one's sight some where in the school grounds.

Dorothy Robertson was well cast in the part of Barbara Fane, and she gave a very poised performance which, however, could well have been more managing. Her insistence on open windows would have been more convincing had she been more insistent. So much for the visitors.

As Donkin, Peter Banks made rather heavy weather of the title role. His was a long and hard part, and in the lighter scenes he sustained the character excellently. The disparity of ages weighed heavily upon him in his more serious moods, and to overcome this he assumed a pompousness which was a caricature rather than a character study. His brief, bantering encounters with Frank Hastings, a part brilliantly played by Ian Proctor with just the right amount of scholarly vacuousness, showed him at his best as a comfortable bachelor doing a job that he loved above all else.

Roger Dixey, who seems fated to play the part of the plausible villain, was delightful as the Rev.

Ovington—"the Egg." His voice of icy precision and studied mannerisms held promise of brimstone for all—including the Resident Staff.

Robert Ballantine as Sir Berkley Nightingale, uncle of the egregious "Flossie," held the stage for a delightful five minutes in the last act with a smooth display of political jockeying.

The smaller parts were ably filled by Ian Holloway as the diffident Peter de Porville; Martin Birnstingl as "old Crump"; Button's ideal of vibrant manhood; Brian Storey and McClaren-Thomson as Travers and Pop; Joanna Oaten as the matron, and Frances Jeans as the maid.

Messrs. Banks and Buchanan were irresponsible for a warm and distinguished set that formed an attractive setting for an extremely well-dressed production.

The "Housemaster" was produced by Harold Yauner, who also played the part of Victor Beamish, the self-opinionated house tutor. In both spheres he showed real talent and a nice sense of comedy.

The Hill End Bart's Dramatic Society chose wisely to follow the rather sombre and solid whole play was excellent entertainment, and points "Robert's Wife" with this exuberant comedy. The once again the corollary that the plays that are written primarily for professionals are best left alone by amateurs.

J.R.N.

CORRESPONDENCE

APATHY ON THE FIELD

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

Your correspondent, James T. Harold, writes of sport in Bart's, and suggests that the reason for the present position of apathy is due entirely to lack of encouragement from "Higher up," and lack of interest "Lower down." While both may be true, surely there is another reason?

Given reasonable ability, which has been encouraged while still at school, a student will in the majority of cases take part in sporting activities in the Hospital, as he would in peace time.

Although I have no knowledge of peace-time Bart's, I imagine that even then there was a percentage who took no part in extra-medical activities.

Now we have a large percentage who take no part for two reasons (a) because they would not anyway, and (b) because they, perhaps rightly, consider such activity as being out of place.

One remedy is to admit students to the hospital purely on their physical prowess, and hope that Mr. Bevin will allow them to stay on long enough for their prowess to be "exploited" by the Hospital—but I for one do earnestly hope that those responsible for the admittance of students shall never sink so low as to do that. No—I consider that the Hospital sport is at a low ebb simply because the material just is not there, and I have no doubt that the pendulum will swing back when the material arrives, as arrive it will in time.

Yours sincerely,

W. PIERCE KELLY.

BARTS ON THE BEACHES

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

I am sure you would like to know how well the hospital was represented in Normandy on D-day. So great was the proportion of Bart's men in the forward units that the A.D.M.S. gave them the name of "Bart's on the Beaches." They will be too modest to record this fact themselves, but as I was not one of them I can do so without a blush. It is a proud title, and should not be forgotten, and so perhaps you would like to record it in the JOURNAL.

Yours sincerely,

SEYMOUR PHILIPS.

Mobile Eye Unit,

86 General Hospital, B.M.E.F.

PALMER AND PALMERSTON

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

Alan Tois' interesting article about that forgotten Bart's man, William Palmer, the poisoner of Rugby, reminds me of an amusing sequel to his exploits. The inhabitants of Rugby were so disturbed at the effect this might have on the people of their town that they appealed for permission to change its name. The Prime Minister gave consent on condition that it was named after himself. The Prime Minister at that time was Palmerston!

Faithfully yours,

W. LANGDON-BROWN.

Corpus Christi College,
Cambridge.

RECENT PAPERS BY BART'S MEN

- ADRIAN, E. D. "Localization in the Cerebrum and Cerebellum." *Brit. Med. J.*, July 29, 1944, pp. 137-140.
- AINSWORTH-DAVIS, J. C. "Diagnosis and Treatment of Infections of the Male Genital Organs, other than Tuberculosis and Gonorrhoea." *Brit. J. Urol.*, June, 1944, pp. 35-40.
- ANDREWES, C. H. (and Glover, R. F.). "The Influenza 'A' Outbreak of October-December, 1943." *Lancet*, July 22, 1944, pp. 104-105.
- BIRDSALL, S. E. "The Diagnosis and Treatment of Sinusitis in Children." *Proc. Roy. Soc. Med.*, June, 1944, pp. 403-404.
- CANE, L. B. "Kilimanjaro." *East African Med. J.*, March, 1944.
- CLARKE, S. H. C. (and Estcourt, H. G., Ross, J. A., and Ross, R. W.). "Abdominal Wounds." *Lancet*, July 8, 1944, pp. 38-41.
- HAWKING, F. "Histological Effect of Injection of Mepacrine (Atebrin) Dihydrochloride." *Brit. Med. J.*, Aug. 12th, 1944, pp. 209-210.
- HORDER, LORD. "Cautious Food Reform." *Lancet*, July 8, 1944, p. 53.
- KILNER, T. P. "Principles in Plastic Surgery." *Practitioner*, Aug., 1944, pp. 65-72.
- MCMEHEM, W. H. (and Worster-Drought, C., and Greenfield, J. G.). "A Form of Familial Presenile Dementia with Spastic Paralysis." *Brain*, March, 1944, pp. 38-45.
- MILNER, J. G. "Penicillin in Ophthalmology." *Brit. Med. J.*, Aug. 5, 1944, pp. 175-178.
- PHILLIPS, C. G. (and Liddell, E. G. T.). "Pyramidal Section in the Cat." *Brain*, March, 1944, pp. 1-9.
- RADLEY, S. B. "A Case of Perforated Gastric Ulcer with Complications and their Treatment." *Clin. J.*, July/Aug., 1944, pp. 151-153.
- RAVEN, R. W. "Proflavine Powder in Wounds." *Lancet*, July 15, 1944, pp. 73-75.
- ROCHE, A. E. "A Non-opaque Stone in the Outer of Two Left Ureters." *Brit. J. Urol.*, June, 1944, pp. 64-65.
- RUSSELL, H. G., Bedford. "The Recognition and Palliative Treatment of Early Sinus Trouble in Children." *Proc. Roy. Soc. Med.*, June, 1944, pp. 401-403.
- SMART, J. "Pulmonary Tuberculosis and Pregnancy." *Post-Grad. Med. J.*, July, 1944, pp. 198-201.
- THOMPSON, V. C. (and Sellors, T. H., and Qvist, G.). "Dissection Lobectomy for Bronchiectasis." *Lancet*, July 22, 1944, pp. 101-103.
- THIBBS, O. S. "The Effect of Ligation on Infection of the Patent Ductus Arteriosus." *Brit. J. Surg.*, July, 1944, pp. 1-11.

SPORT

CRICKET

At Chislehurst, July 30th, v. Buccaneers. Result: Lost.

This last home match of the season marked the farewell appearances of McIlroy and Livingstone, stalwart if irregular supporters of the club for some years. An incomplete team embarked at London Bridge and arrived on the ground at the same time as the day's first wombat (fortunately still airborne). Bart's took the field first, where they were joined at once by the visitors' opening pair, and ten minutes later by the missing members of our side. The batsmen were not outwardly perturbed by the bowling of Juckes and Dingley, spirited as it was. It was not until the appearance of Murley with the ball that any of the batsmen appeared to be in difficulties, and indeed he was the only Bart's bowler to look dangerous.

The Buccaneers scored fast, though their batting was not particularly distinguished, with the exception of Hely Hutchinson, who helped himself to a brisk fifty and smote the ball with great vigour and not a little skill.

After tea Murley and Bob Ellis opened for Bart's in a quiet and steady fashion, and looked almost set when Ellis fell to a pretty poor sort of stroke. After this wickets fell fairly regularly without the innings ever becoming a rout. The bowling was accurate and not without cunning, as opposed to the home bowlers, who mainly toiled, neither did they spin.

Walker was the only batsman to show up at all well and batted soundly for his thirty-odd runs. Hunt came and went as if pressing business awaited him, but was honest enough not to connect his dismissal with the passage of the afternoon's last wombat overhead, both occurring simultaneously.

Paget looked like making runs but didn't, Kelly just didn't. Juckes made several optimistic passes at the ball with apparent lack of success before being dismissed while carrying out an offensive sweep. Livingstone was unhappy from start to finish of an innings, the key note of which was brevity. As the last wicket fell McIlroy claimed that he was getting set, though what for was not evident till later in the evening.

Bart's: 124. (Walker 31, H. Hely Hutchinson 2 for 8, Read 2 for 16, Wellings 4 for 45.)

Buccaneers: 181 for 4 decl. (H. Hely Hutchinson 66, Wellings 32, Murley 4 for 49.)

v. Broxbourne, August 6th. Won by 8 wickets.

By some incredible feat of organisation, eleven people turned up at Broxbourne at least half-an-hour before the game was due to start, though standing in a corridor all the way, and in some cases in the compartment itself was not the most comfortable method imaginable.

Losing the toss, we prepared for a hot afternoon in the field, and we were not disappointed. Having come without our scorer, we played the usual game of shouting the bowler's name to theirs, who was evidently completely mystified, and took the matter into his own hands, calling the bowlers by whatever name he considered suited them best, which all made the score book very interesting reading particularly as the identity of "Hedgy" eluded us for some time.

In the field itself we distinguished ourselves by missing four opportunities of running our opponents out, but this was partly redeemed by Newcombe, who caught three catches, one after a lengthy juggling feat.

After dismissing our opponents for 120 runs, we met disaster by losing Ellis in the first over. Kelly joined Murley, and stayed in for his allotted fifteen minutes, to be replaced by Paget, after which the runs came quickly, Murley reaching 61 and Paget 40, our opponents' score being thus passed for the loss of only two wickets.

After the match there was an unofficial contest, in which we won "the Weight," the 50 yards and "the Throwing the Cricket Ball," in which Dingley surpassed himself with a prodigious throw of 95 yards.

Rumour has it that a Wombat just missed us on the return journey, but who cares! Our best memory was while we were batting, when Dallas Ross, who was scoring, was "assisted" by June, aged 5, who was convinced that her troubles were over—she had found a man!

v. Stanmore. August 7th. Lost by 5 wickets.

Winning the toss was some consolation for having had to walk up "the hill," but the advantage was short lived, as only Paget and Dingley—who hadn't walked up the hill, offered any resistance, and we were all out for a dismal 49. Our opponents then batted, and even they found some difficulty getting the runs, losing five wickets for 50 runs, but Juckes was bowling better than he has done for some time, as four consecutive maidens, two of them wicket maidens, testify, while Lucas was steady at the other end. Franklin distinguished himself with two beautiful catches in the slips.

The unofficial second innings, both sides batting for 75 minutes, was considerably better, with Dingley beating happily about, but even in this we were just beaten by our run.

Stanmore was as much affected by the great drought as was the rest of London over Bank Holiday, and there was nothing for it but to wend our way dis-

consolately home. Still, like good scouts, we sang in our adversity, and rumour has it that the standard of singing was so high, that in fact one spectator was overheard to declare that with English choirs like this around, some of the American negro choirs had better look to their laurels.

Bart's v. St. Albans, at St. Albans, on August 11th. Result: Lost.

This was a most regrettable game. Although fielding what was, on paper, the strongest side of the season. Bart's offered little more than a mere gesture of resistance to a team which only six days before had been beaten by Hill End.

Having lost the toss, Bart's proceeded to acquit themselves fairly creditably in the field by dismissing nine of their opponents for 139. The fielding was noteworthy, if for nothing else, for the number of catches taken (seven in all) and the bowling was consistent. Morgan, a newcomer to the team, was a source of considerable exasperation to the batsmen, many times foxing both them and the wicket-keeper with his slow leg breaks, and at the same time keeping down the runs.

Of the second half of the game, the less that is said the better. Gourlay was a pleasure to watch, but his wicket fell all too soon. Brazier was the only member of the team who refused to be demoralised by the rapid fall of the earlier wickets, and for a while hope ran high, but as Bart's innings will, so this innings did and the final score was too dismal to contemplate.

St. Albans: 139 for 9 decl. (Juckes 3 for 37, Morgan 3 for 43).

Bart's: 74. (Brazier 22.)

BOOK REVIEWS

TREATMENT BY MANIPULATION, by A. G. Timbrell Fisher, M.C., M.B., Ch.B., F.R.C.S. Eng. 4th Edition. (H. K. Lewis & Co., Ltd.)

In this book, the aim of the author is to focus the attention of the Medical Profession on the importance and value of manipulative treatment in carefully selected cases.

In his preface the author ascribes the prevailing attitude of uncertainty to manipulative treatment, to ignorance of the anatomy, physiology and pathology of articulations. The early chapters are therefore devoted to a description of the pathology and experimental physiology of joints. The pathology of adhesions is described with special reference to immobility, disease and oedema.

The chapter on prevention of adhesions discusses the role of early movement, both in certain injuries, and in acute and chronic inflammations of joints. In general the discussion conforms to the modern conception of methods of rehabilitation, underlining the importance of attention to muscle tone and carefully controlled active movements.

Cases that may be cured or benefited by manipulative treatment are classified. The surgical anatomy, normal range of movements and manipulative technique is discussed for individual joints.

This fourth edition of the book is published at a time when orthopaedic cases are being treated by many general as well as orthopaedic surgeons. The

disastrous results accruing from manipulation of elbows and fingers are still not widely recognised, and although the author has been cautious in advising the importance and value of manipulation in carefully selected cases, his indications for manipulative treatment are not specific enough. There is a vast difference between gentle stretching and a manipulation.

The book is well written and illustrated, but should not be used as a textbook by undergraduates, or those who are just beginning to take a special interest in the subject.

COMMON SKIN DISEASES. A. C. Roxburgh, M.D., F.R.C.P. Seventh edition. Price 18s. (H. K. Lewis & Co.)

This book needs no introduction to Bart's men, and probably none to students and practitioners elsewhere. That it has reached its seventh edition in twelve years is sufficient proof of its popularity.

This edition has been generally revised and expanded throughout, and notable editions are included on scabies, avitaminosis and the penicillin treatment of various skin troubles. The standard of print and photography remains high in this the fifth year of war.

We have nothing but praise for this book, which is one of the most useful that students and practitioners can buy.

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(We apologise for the mistake in this notice printed in our August Journal.)

Col. L. B. Cane, Provincial Medical Headquarters, Dodomo.

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JULY, 1944

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. XLVIII

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No. 9

TO THE NEW STUDENTS

By SIR GIRLING BALL

Dean of the Medical College

It was the custom in peace-time for the Dean, or one of the Officers of the Medical College, on the admission of new students each year to address them in order to advise them of its traditions and activities. During the past five years this has not been possible as the College is split up into various sections for convenient working purposes, rendering it impossible to collect all the students together.

Amongst other things the object of this meeting was to introduce the new men to those already there, so that they might learn of our doings and those of their predecessors, famous and otherwise. We hope that very shortly it will be possible to hold this convivial meeting again, but in the meantime the College authorities apologise that, although they are doing the best that they can to keep the College together, they are unable to meet the students in the traditional manner.

The great disadvantage in this is that there is a tendency for the students not to realise that they are the members of a great institution which has been in existence for more than eight hundred years, and that they have a great tradition to uphold. Further, they lose the opportunity of meeting the Presidents, Captains and Secretaries of the various athletic clubs.

Although it is hoped that the war will shortly come to an end, it will not be possible for us all to return to Bart.'s at once; the buildings have been knocked about by the enemy and during war-time it is not possible to carry out the necessary repairs. A large number, however, will go back as soon as possible.

Cambridge University has stood by us as a

great friend and has given us the most wonderful facilities in performing our pre-clinical work, in addition to giving us very adequate athletic facilities; the Hertford County Council and the London County Council have given us other facilities in their institutions to enable us to carry out the clinical work. Fortunately Bart.'s itself has been able to do a great deal, especially in the Out-Patient Department, and some time during his career a student spends a portion of his time there. Even in the In-Patient Department the members of the Staff have stood by us and in the midst of danger have carried on. There can be little doubt that the Old Bart.'s men will think the present Staff has done well.

I, as the Dean, can appreciate that the students have put up with this arrangement in an admirable manner; they have done well with their work and have helped in dealing with casualties, etc.

There is one thing, however, in which they have fallen short, and that is the carrying on of the sports. In the past the Bart.'s Rugby Football team was one of the best of the Hospital teams and in the last war fought with Guy's most strenuously for the Cup. It is a matter of disappointment, therefore, that last year the First XV were very much behind the mark; it is a great pleasure, however, to see announced in the daily press that this year there will be five teams. Let us hope that they will have great success. The maintenance of health of a medical student is a very important item in his education. The best facilities are available. The only requirement is the stimulus to form a team

instead of three separate teams as the main evidence of effort.

There is an obvious difficulty, and that is that the students are housed in widely separated institutions. In order to make a first-class team it will be necessary for some to sacrifice themselves to play for the good of the College and not simply think of their local branch. Let us have a shot at the Hospital Cup.

It required a great deal of effort on the part of certain members of the team to hold it together in the last war; similar efforts must be made this time. The Cambridge section must not only play for Cambridge; they are members

of our College, let them fight for its reputation. The same remark applies to the teams of other athletic activities of course, but I as a Past President of the Bart's Rugby Football Club have a natural affection for it and do not like to see it fail. However, my wishes for the other teams are such that I trust they will have good luck.

I welcome the students to the College, hoping that they will have a happy time with us, and that before they become qualified they will reap the full benefits of being housed in the old Hospital and will realise what a great thing it is to be regarded as a Bart.'s man.

EDITORIAL

For the second time in a generation the Medical Profession is being hurled into the political melting pot. Largely against its wishes the Panel system was introduced as a solution to the problem of creating an efficient health organisation. The panel system has, in the short and tragic period between the two world wars, proved a failure. Now, when the Medical Profession is overstrained and tired from its work in the second war, there is talk of another scheme being forced upon it. The White Paper which was brought out in the early part of this year proposes a vast reconstruction of the medical services in this country, and yet the medical profession is unable to spend sufficient time and energy to play its part in this reconstruction. Criticism of the proposals has, on the whole, been superficial and unorganised, but by and large there has been a feeling of dissatisfaction. There are rumours that when Parliament meets this autumn legislation is to be introduced based upon the White Paper. Those who feel that the "Health Service" is a political stunt believe their suspicions to be confirmed. No matter what legislation is introduced, it is certain that it cannot be expedited until after the war—long after; why then such haste?

The White Paper is entitled "A National Health Service." The emphasis is laid upon *health*, not upon one aspect—the medical. The health of the nation does not depend upon the medical services so much as upon the social services. Sir John Orr and many others have for many years been impressing upon the Government the effect of malnutrition upon the nation's health. Their work started before the introduction of the "Panel," yet their advice

went unheard until this war started. The Medical Profession is always prepared to offer advice upon health matters. If the State's concern is health it must attend to the *Economic conditions* of the workers, to their *Housing*, their *Education*, and to the adequacy of their *Diet*. The health of the nation will be improved not only by reorganising the medical services, but by accepting and acting upon the advice of the Medical Profession. It is perhaps a foolish argument to state that Penicillin will save more lives than the White Paper, but the implications of the remark are not foolish. Research yields a plentiful harvest and the Medical Profession loses faith in a Government that supports research so feebly. The position of Tuberculosis is out of the hands of the Medical Profession. It is now a purely social problem; yet the attention given it by the State is negligible. It is inconsistent that the authorities' interest in health should be unmoved by the appeals for clean milk. Is the Medical Profession to go into partnership with the cause of disease, famine and war?

Present Fears

The White Paper has raised the fears of large sections of the Medical Profession, and they have come to look at it with a critical eye. Firstly they see that it threatens the very nerve centre of the profession—the great Voluntary Hospitals. No proposals can be acceptable which in any way diminish the activities and leadership of these hospitals, around which gathers the whole profession. It is feared that they are to be reduced to the general level, rather than acting as a desirable standard of attainment. Secondly it is feared that with the introduction of a "State" system it will be

inevitable that the profession will become involved in Party Politics. There is a move to make the Medical Profession politically-minded, but few will agree to making it a tool in Party Politics. The third is that we cannot serve two masters—the State and our patients. It is in the interests of the patients that the medical profession are their servants; a position that the profession does not want to see changed. The personal contact between patient and doctor, which is *essential* to medical treatment, is bound to be adversely affected by the intervention of the State between the two. Fourthly the profession fears control. There is no governmental organisation capable of giving such freedom as is essential to Medicine. Medicine is an Art and a Science; in each capacity it must have complete freedom of action and expression.

Evolution NOT Revolution

The proposals of the White Paper are radical, and there is no evidence that the new organisation will be any better than the present one. All that is good, and all that is evil, of the present system is scrapped; this gives the illusion that the new will be better than the old, but it is only an illusion. It would surely be more expedient to preserve the good and improve the bad; this is a proven and fruitful path of progress. It is recognised that the Voluntary Hospitals have no equal; they must be preserved and fostered. The chief complaint to-day is that our services are deficient, and not that they are wrong. The Panel system is an example. A panel practice has to be of immense proportions for the doctor to live. Doctors with a purely panel practice will readily admit that they cannot treat the huge numbers that come to their surgeries. Other doctors will complain that they have to make every effort to enlarge their private practice in order to make it an economic proposition. Those who have lived with General Practitioners will know that they are by no means

overpaid for the work they do. It is the exception to find a doctor making his practice a business proposition. It has been shown in the Norwegian Medical Service that an extended panel system can work efficiently. The present Panel is defective in its remuneration to doctors, thereby forcing them either to seek a large private practice, or else to have such an enormous panel practice that the treatment is ineffective. The inequality of treatment between rich and poor can be levelled by improving the panel system. The Panel fails in that it does not reach a large enough section of the population; in particular, that it does not cover the wife and family of a member, and the income limit of £420 is too low.

General practice is lacking in several essentials to modern medicine; these essentials could profitably be supplied by the State. Two of the greatest needs are for a Pathological and a Radiological service. The establishment of these requires considerable quantities of money. The State could profitably embark upon a scheme for supplying these services, based upon local Cottage Hospitals.

All is not well in the Medical camp. In 1938 it was proposed by the B.M.A. that a comprehensive medical service was necessary. The profession has shown pride that it was early in the field of reorganisation. It has no cause for pride. To be aware for so long that a change was necessary, and to do nothing about it is a crime greater than ignorance. Unless the Medical Profession is prepared to face facts, and make some concrete suggestions upon which basis a policy can be made, then they deserve to suffer from the impatience of the politicians and have a scheme forced upon them. In this article we have tried to point the road; the medical profession must take stock of the present faults and eradicate them. It must take stock of present virtues and foster them. The solution lies in our own hands. We must be constructive.

WOMBATS

WOMBAT, n. *Australian marsupial (native).*

The word came into general use at Bart's before the attacks were more than a week old. From there it spread to Friern and Hill End and was even carried by our students as far as Portsmouth, beating the real article to that city by about three days. It made its unobtrusive entry into the JOURNAL, buried deep in the Sports Reports to be sure, but now risen above

its original depreciating inverted commas. It came into invariable and natural use by the Students and the Residents. It spread like 'flu among the Nurses. Even sisters began using it, and one evening the term even dropped from the precise lips of a member of the Staff.

On the face of it, the exact connection is a little obscure between one of the most uncon-

portable weapons of the war to date, *i.e.*, the flying bomb, and a reasonably inoffensive Australian animal who shares (so the Surgery Book says) with man and certain anthropoid apes the brotherhood of the vermiform appendix. Setting out to discover the originator of the sobriquet, we suspected first of all two members of the House, both haunted by syringe and drip, who were implicated in the etymology of the words *plebotomy*, *phebotomy* and *phebotome*. But we drew a blank. A suggestion that the name was the natural abbreviation of Winged-One-Motored-Bomb-Ariel-Torpedo met with spirited derision. A long search eventually traced it down to one of the senior students who, we are happy to say of

such a successful word-coiner, is a sporadic contributor to these pages. He christened the flying bomb one evening halfway between the Hospital and the "Maggie and Stump," and confessed himself mildly surprised at his brain-child's rapid and extensive spread. "I thought it sounded rather onomatopoeic," he added in explanation.

Some later time, perhaps, the whole story of our Wombat-trouble can be told. The only reason for this short note is to put in print for those who one day turn our yellowing files, a breath of the atmosphere of these dangerous days when we used for such a delicate and complicated matter such a very short and—really quite expressive—little word.

ROLL OF HONOUR

RINGDAHL, K. E. O., *Surg. Lieut., R.N.*
January 19th, 1940.
ROPER, R. D., *Surg. Lieut., R.N.V.R.*
January, 1941.
EVANS, T. G., *Surg. Lt.-Cmdr., R.N.V.R.*
November, 1940.
de LABILLIERE, C. D. D., *Surg. Lieut.-Cmdr., R.N.* May, 1941.
PROTHERO, D. A., *Surg. Lieut., R.N.*
August, 1941.
KENNEDY, A. B., *Surg. Lieut., R.N.V.R.*
November, 1942.
PHILLIPS, A. L., *Surg. Lieut., R.N.V.R.*
November, 1942.
STOREY, T. P., *Surg. Lieut., R.N.V.R.* 1943.
JEFFRIES, P. G., *Surg. Lieut., R.N.V.R.*
January, 1944.
SANDES, D. L., *Surg. Lieut., R.N.V.R.*
February, 1944.
JACKSON, B. F., *Surg. Lt.-Cmdr., R.N.* 1944.
DAVIES, I. R., *Lieut., R.A.M.C.* July, 1940.
WELPLY, R., *Capt., R.A.M.C.* May, 1940.
McMENAMIN, J. G., *Lieut. Col.*
April 22nd, 1941.
FOUNTAIN, E. C., *Capt., R.A.M.C.*
January 3rd, 1942.

MISSING

DAVIS, H. de L. N., *Surg. Lieut.-Cmdr., R.N.V.R.* October 23rd, 1943.
OXLEY, W. M., *Major, R.A.M.C.*
June 1th, 1944.

PRISONERS OF WAR

STOKER, G. E., *Lt., R.A.M.C.*
DEARLOVE, A. R., *Lt., R.A.M.C.*
MELLOR, A. W. C., *Lt., R.A.M.C.*
BARBER, S. W., *Major, R.A.M.C.*
ROSE, I. F., *Lt., R.A.M.C.*
WOODING, J. E., *Lt., R.A.M.C.*
STALLARD, A. F., *Lt., R.A.M.C.*
HANKEY, G. T., *Lt.-Col., R.A.M.C.*
HOSFORD, M. D. C., *Surg. Lt., R.N.V.R.*
JAMIESON, J. G., *Capt., R.A.M.C.*
SYKES, W. S., *Major, R.A.M.C.*
FREWEN, W. K., *Capt., R.A.M.C.*
JACKSON, C. A., *Surg. Lieut., R.N.V.R.*
TINCKER, R. W. H., *Surg. Cmdr., R.N.V.R.*
ROGERS, N. C., *Capt., R.A.M.C.*
SINCLAIR, M. R., *Lt.-Col., I.M.S.*
SYRED, D. R., *Surg. Lt., R.N.V.R.*
BARBER, A., *Capt., R.A.M.C.*
GRANT, W. R., *Capt., R.A.M.C.*
ENNIS, J. E., *Capt., I.M.S.*
MARSHALL, G. K., *Capt., R.A.M.C.*
CURTIN, A. P., *Surg. Lt., R.N.V.R.*
CHURCHILL, M. H., *Capt., R.A.M.C.*

HONOURS

C.I.E.

White, A. D., *Lt.-Col., I.M.S.*

C.B.E.

Smyth, F. G. A., *Col., R.A.M.C.*
Lynn, G. R., *Col., I.M.S.*

O.B.E.

Ward, R. O., *Lt.-Col., R.A.M.C.*
Smyth, F. G. A., *Col., R.A.M.C.*
Littlejohn, C. W. B., *Lt.-Col., A.M.F.*
Bateman, A. D., *Surg. Lt.-Cmdr., R.N.V.R.*
Braun, L. I., *Col., S.A.F.*
Viviers, P. R., *Col., S.A.F.*

Moore, F. T., *S/L, R.A.F.*
Maclay, Hon. W. S.
Crosse, J. H. J., *Lt.-Col., R.A.M.C.*
Rodgers, H. W., *Major, R.A.M.C.*
Underwood, W. E., *Col., R.A.M.C.*
Richards, P. J., *Lt.-Col., R.A.M.C.*
Debono, P. P.
Slinger, L. A. P.

M.B.E.

Brennan, E. B., *Lieut., R.A.M.C.*
Sinclair-Loutit, K. W. C.
Dillon, J. D.
Oliver, W. A., *Capt., R.A.M.C.*
Stallard, H. B., *Capt., R.A.M.C.*

Isaac, P. W., *Surg. Lieut., R.N.V.R.*
Dunn, D. M.
Barnett, B.
Barnes, C. O., *Capt., R.A.M.C.*
Graham, G. D., *F/L, R.A.F.V.R.*

D.S.O.

Graham, G. D., *F/L, R.A.F.V.R.*

Kenshole, H. H., *Lt.-Col., R.A.M.C.*

D.S.C.

Donald, K. W., *Surg. Lt., R.N.*
Lewis, B. S., *Surg. Lt.-Cmdr., R.N.*
Howell, D. R. S., *Surg. Lt., R.N.V.R.*

Robinson, R. D., *Surg. Lt., R.N.V.R.*
Storey, T. P., *Surg. Lt., R.N.V.R.*

M.C.

Nicoll, E. D. V., *Capt., R.A.M.C.*
Barclay, P. S., *Capt., R.A.M.C.*
Pleydell, M. J., *Capt., R.A.M.C.*

Miller, J. E., *Capt., R.A.M.C.*
Turner, E. G., *Capt., R.A.M.C.*
Morris Jones, H., *Capt., R.A.M.C.*

We regret that these lists may not be complete, and we should be glad if anyone knowing further names would kindly send them to us.

APPENDIX AND TONSILS

By CAPT. J. R. KINGDON, R.A.M.C.

The late Professor H. H. Woollard in 1930, complained that most medical papers would be better for ten years digestion before publication, and that this might well be kept in mind by those with an urge to literary diarrhoea. He also suggested that the functions of the appendix might occupy our attention. While reading for the finals, this thought recurred, as in none of the textbooks was there any mention of a function for the appendix, or for a fellow lymphoid structure, the tonsil, though both may suffer from inflammation, and both be removed without fatal result necessarily ensuing. From this one may assume that their functions are taken over by similar structures in the neighbourhood, the lingual tonsils and the Peyer's patches.

These two groups of lymphoid tissue are situated at the two most heavily infected areas of the body, the tonsils receiving the debris from the mouth and nose, wafted to them by the ciliated epithelium, the appendix acting as a sampling test-tube for the contents of the caecum, this being more obvious in the case of the vegetarian animals, which have a large caecum for fermentation. They are also remarkable in that they are the sole masses of lymphoid tissue on the body surfaces, the crypts thereof thus forming the only channels of communication, not obstructed by a continuous layer of epithelium, from the exterior of the body to the interior proper. Down this channel can go bacteria, unhindered in their passage, except for the series of lymph-glands which lie on all lymphatics, to inflame only when organisms from this or traumatic sources are too virulent to be safely allowed passage in to the blood stream. The contention is that the admission of selected organisms by this means is essential.

Life is a battle for existence. If one believes in the theory of evolution, one assumes that the survival of a species depends primarily on the ease of obtaining enough food, and secondly on the rate of reproduction. In the process of obtaining food, species may become parasitic, in which case the organs of locomotion and digestion diminish, and so the size decreases, and the rate of reproduction increases, but the food has to be predigested in the host's alimentary canal, excreta, body fluids or cells. Those which can adapt themselves to our body fluids or cells are pathogenic and the body must have

protection against them. The more efficient the parasitism, the smaller the parasite tends to become, but the more specialised in its living conditions, suggesting that the viruses are later models than the bacteria.

Diseases against which the species has no previously organised resistance behave like measles did, when introduced to some Pacific islands. The majority of adults died, but only a minority of children. Thus the survival of a race depends on its power to overcome new diseases by turning epidemics into children's endemics, till it finds other means of control. Most children's diseases are due to viruses, *e.g.*, measles, mumps, etc., and the common adult diseases due to bacteria, *e.g.*, boils, diarrhoea, bronchitis, sore throats, and the secondary infections of colds. (The primary infection of a cold admittedly is a virus, but it is not sufficiently lethal to require making it a children's endemic.) This definitely suggests that we have a means of protection against the common pathogenic bacteria, only succumbing to them when either we are under the weather from bad conditions, as exposure, overwork, overcrowding, etc., or the infection is massive or virulent from passage in an epidemic. Application of hygienic principles reduces these factors, but in spite of this it is common to get diarrhoea a week or so after landing in a hot country, *e.g.*, Gypsy tummy, heavily secondarily infected colds after returning to normal civilization from cold conditions as in Arctic explorers, severe streptococcal infections in post-mortem workers on return from holidays, cerebro spinal meningitis in young lads on going to towns and other overcrowded places, *e.g.*, the meningitis epidemic at the beginning of the war.

A subclinical infection is the means of sustaining immunity. All forms of life must be adaptable to circumstances and the most dangerous of these are the common organisms. A healthy body has an intact surface and it is illogical to assume that essential immunity is dependent on accidental trauma. One would expect in such a well designed structure as the human body a simple system for this purpose and I suggest that the tonsils and appendix are parts thereof; that the reason for the lymphoid tissues being less in adults is that the body then has a greater experience, a higher average immunity, and so less frequent lymphoid activity; that the smallness in size of many appendices

implies that its use was more necessary when we were vegetarians and enjoyed fermentation in the caecum.

Summary:

1. Our existence depends on overcoming all other forms of life which can attack us.
2. No battle was ever won by passive defence. Immunity must be active.

* * *

THOUGHTS ON BREAKFAST

Breakfast is a sacred meal, during which no conversation whatsoever should be permitted, with the possible exception of such essentials as "Good Morning" from a late-comer, or "Pass the butter," remarks which require no more than a grunt by way of answer.

There are those who wish to disturb this Utopian condition, and one excuse has been generously handed to them by the B.B.C. As a rule I deprecate attempts by so-called "Radio-Critics" to criticise the efforts of the B.B.C., as I do not consider that the criticisms are justified in the majority of cases, but in this instance I consider the B.B.C. have slipped up, as they now provide us with a news bulletin of some sort every hour at least, and to make matters worse these bulletins are never on the same programme twice running.

Now I must further enlarge and explain what everyone knows, that there are three types of News-listener: (a) those who have never listened, and who don't intend to start now; (b) those who listen when they can, but are completely happy if they only hear one news bulletin in the day, with maybe a news-headline or so thrown in for good measure, and finally (c) those who have to be perpetually listening to "NEWS"—irrespective of station or tongue. The chances are that they do not understand more than a word here and there, but on the principle of axillary absorption, their conscience is satisfied. It is into the hands of these listeners that the B.B.C. has so generously played.

Everyone knows the routine of getting up in the morning. We all do it every day, except, of course, on those occasions when we postpone the unpleasant task until after lunch.

The alarm goes, but having had the fore-sight to place it well out of reach the night before, you are unable to stifle its hideous symphony without getting out of bed; you undo the black-out, stumble into the sitting room, which *la bonne* calls "the Lounge," stubbing your toe severely against some piece

3. There must be contact between the defence and the enemy. Immunity production being internal there must be a channel from the surface.

4. The suggestion is that for the common bacteria this channel consists of the lymphatics from the pharyngeal and caecal areas, and that the tonsils and appendix are parts thereof.

of furniture, the existence of which has temporarily slipped your mind; switch the wireless on (since you are there you might as well), shy off into the bathroom, take a cursory glance at your tongue, one look at which reveals why that offending organ seems to be glued to the roof of your mouth; turn on your bath, burn your already painful toe getting in, shave with a blunt blade; cook the breakfast; and at long last you are ready to sit down to the meal which in normal circumstances is far and away the best of the day.

You bury yourself in *The Times*, in case any misguided person should think you are prepared to enter into conversation before you have poured out your second cup of coffee and lit your first, that superlative first, cigarette, when out of the blue, as it were, the bombshell comes—the situation you have built up for yourself with great trouble is destroyed. You cower behind your paper, you try and imagine that it is all a ghastly mistake, but no!—there it is again, only louder this time, and with more emphasis—"I say, is the wireless on the Forces Programme?"

You swallow your indignation with difficulty and answer thickly: "No, but you can't want to listen to that news, he reads it so slowly and anyway there is nothing fresh, the 8 o'clock news was exactly the same as the midnight one, and there is rather a jolly programme coming on at nine on the Home service." This last remark is a deliberate untruth—no programme at that hour could be jolly. But he is not put off—"But there might be some fresh news." This strikes you as silly, but you don't like to say so, and then it really comes out. It transpires that he isn't really interested in the news for its own sake, but is just one of those unfortunates who cannot help listening to the news he has "News Fever," prognosis hopeless unless he be marooned on a desert island with only an ophthalmoscope, eight batteries and an unlimited supply of snakes.

CORRESPONDENCE

THE WARDEN'S HOUSE

To the Editor, *St. Bartholomew's Hospital Journal*.
4th September, 1944.

My dear Mr. Editor,

In the eyes of a past Warden of the College the disappearance of the Warden's House in Little Britain is a sad sight. It is probably unknown to the present generation of students that the old buildings on the Little Britain site of the Hospital originally formed the Residential College.

They were derived from six houses which were presented to the Hospital in 1139 and built into a College Hall, a Warden's House and a number of other houses, in which sixteen students were able to reside. It was such a success that a year later this number of rooms was doubled.

The central house, or Warden's House, occupied a site which was originally a passage, which led through from the Hospital precincts to Little Britain. It was placed there at the request of the Police. The students of the Hospital used to go to Highbury Barn in Islington (which was a pleasure resort) and on the road home used to pull off the knockers of the doors all the way down John Street. As long as they arrived in this passage they were protected from arrest. For this reason it was closed in.

The first Warden was Sir James Paget, and in this house were born his family, which consisted of two Bishops and a Consultant Surgeon. It has also housed a large number of Wardens, until the Wardenship of Mr. Vick, when he vacated the premises and they became the home of the Matron.

The old buildings on one side subsequently housed the Junior Resident Staff until 1907, when they were transferred to their present quarters. The opposite side of the Warden's house housed the College students, who were selected by the Warden.

I am trying to acquire the front door in Little Britain, which is the original door, and to incorporate it somewhere in the College buildings as a memento of an institution which has played a very great part in the College history.

Yours sincerely,

W. GIRLING BALL.

Dean of the Medical College.

The Medical College,
St. Bartholomew's Hospital,
West Smithfield, E.C.1.

LOOKING FOR THE HIDDEN HAND

To the Editor, *St. Bartholomew's Hospital Journal*.
Dear Sir,

In last month's issue of the Journal we were surprised to read of "the interest centring around the B.M.S.A." May we ask who has expressed this interest and whether it emanates from the same, presumably converted, source which, in 1942, asked us

to vote against joining this Association? Perhaps this article is part of a softening-up process for us to reverse our two-year-old decision. And if so, why?

Yours sincerely,

KINGSLEY LAWRENCE.
R. A. HUNTER.
D. E. PUGH.
H. DE B. WARREN.

The Abernethian Room,
September 11th, 1944.

(The interest was expressed by their own elected representatives forming the Council of the Students' Union, who have been to a great deal of trouble to examine the question of membership of the B.M.S.A. in the light of current events. The article was published to afford the Students of the Hospital an easy opportunity to learn something about the Association. If these gentlemen, our correspondents, had taken the trouble or displayed the interest of reading the notices on the Students' Union Board, they would have saved themselves a certain amount of paper, ink and indigation.—ED., THE JOURNAL.)

APATHY IN THE RING

To the Editor, *St. Bartholomew's Hospital Journal*.
Dear Sir,

I should like to bring to the notice of all Bart.'s Men that a meeting of the United Hospital Boxing Club will take place in the Medical School Committee Room, Guy's Hospital, on October 13th, 1944, at 5.15 p.m., and should like to see Bart.'s well represented.

I would like to point out that Bart.'s has been poorly represented in this fine sport. All other hospitals last year were fully represented, while Bart.'s had only one or two active members. Excellent facilities are provided for the training entailed. Matches, etc., are being arranged against the leading Universities and Services' teams.

It is my hope that this letter may stimulate more enthusiasm in Bart.'s concerning this sport, especially as both Rugby and Boxing were once looked upon as the two leading hospital sports. Bart.'s used to shine in both, and could now I am sure, but for lack of effort on many a man's part.

Yours sincerely,

A. T. H. GLANVILL.

The Abernethian Room,
St. Bartholomew's Hospital,
18th September, 1944.

OBITUARY

Dr. H. D. METTEN

On July 28th last, H. D. J. Metten, Ph.D., B.Sc., A.R.C.S., who was for thirteen years a member of the teaching staff in the Department of Biology of this College, was instantly killed while engaged in "tactical research."

Metten began his academic career when, in 1926, he left St. Paul's School and became a student of Birkbeck College. He took his Intermediate B.Sc. examination at Birkbeck and won an open scholarship to the Imperial College of Science and Technology where, in 1931, he obtained his B.Sc. degree, and became an Associate of the Royal College of Science, being in that year the only student of the University to obtain a "first" in Biology. He also won the Forbes Memorial Prize. Professor E. W. MacBride, who was then head of the Department of Zoology, said of his student that he was "above the ordinary first class, he is in a class by himself." In the same year, and so just after graduation, Metten answered an advertisement for a demonstrator in Biology at St. Bartholomew's, and was appointed to the post, which he held until his death. What must at the time have seemed a heartening success was not in every way good fortune, for the young man was thrust straight from his student life into the busy work of teaching large elementary classes, missing the preliminary period of research scholarships and the like which help many who are making their debut in science; it was seven or eight years later that Metten, overcoming all difficulties, appeared before the scientific world as an original investigator. But if this long period brought little advancement to himself, it brought much advantage to the students of the College. Metten made for himself a place which, if not unique, was at least exceptional, for he became so skilled a teacher that he was said to be one of a little group of men, to be numbered on the fingers of a hand, who were the best teachers in the University. No man can say whether this was true or not; but his students could see that he always "knew his stuff," having it clear cut and settled in his mind, that he put it across trenchantly, vividly, and forcefully, whether in the lecture room or in the laboratory. Students will remember Metten both as a teacher to whom many owe their successful clearing of a difficult hurdle in the early stages of their medical careers and as a friend whose ready help and counsel was always at their service. His col-

leagues of the teaching staff, and especially those who shared with him the work and tribulations of the Biology Department, will remember a good and loyal friend who could be trusted never to let one down when there was work to be done, whose cheerful disposition made light of difficulties, and whose interest in the more difficult kinds of teaching ensured that the less attractive jobs would be done as well as, or better than, the easier and more enjoyable.

To a great extent the course of every man's life, and often the manner of his death, is determined by his personality and the things that interest him. There were woven into the nature of Harry Metten four strands making the pattern of the man. One, perhaps the dominant thread in the pattern, was his devotion to the wife and two boys whom he leaves behind. The centre of his life was in his charming home, the "White Cottage" at Whitchurch, and in the fields and woods around it. A second was his religious faith which, shared by his family, will now help to comfort them in the dark hours of their sorrow. Metten was sincerely and deeply Catholic. Whether because of this or not, he was, in the best sense of the word, a good man. Where he saw his duty he did it, he gave love and loyalty to his family and friends, justice to his neighbours, and did wrong to none. His sense of duty caused him, I think, some unhappiness in the last years of his life, for he saw himself, a young and strong man, forced to stand aside while so many thousands like him were hazarding their lives against the wrong he hated as much as they. At last his chance came, and he was released from the College to do "tactical research" for the War Department, work which has proved not less dangerous than the battle-field. His sense of duty was not the only impulse driving him into active participation in the war. He must himself have felt, and he showed as an officer in the Home Guard, that he would have made a fine soldier. He had that gift of quick, incisive thought and action which mark the man to be trusted in a crisis; and indeed his gifts were as much those of action as of thought. This expressed itself in the third strand of his pattern, his love of out-door life. Of his skill as a fly-fisherman and shot those who know may speak; that he liked to be out-doors rather than indoors, that to him the real life was that of

action, none who knew him can doubt. The fourth strand was that of science. His too early plunge into the responsibilities of intensive teaching delayed his development in research, and it was only in 1939 that his first and principal publication appeared. This was a fine study of reproduction in the female dogfish, whose quality was recognised by its publication in the Philosophical Transactions of the Royal Society. Later there came a smaller work on the fate of the spermatozoa in the female genital

tract of the same animal. When he left the College he was engaged on an investigation of skeletal changes in the accelerated metamorphosis of the frog tadpole. The quantity of Metten's published work is small, but its quality is high.

His death was not in vain; one who knows has said that, before he lost his own life, his work had saved many lives in Normandy. Knowing this, he would be content.

P. D. F. M.

* * *

THE ABERNETHIAN SOCIETY

At a meeting of the Abernethian Society, the first for about eighteen months, held on September 12th in the Abernethian Room, Professor Grey Turner, Professor of Surgery at the British Post-graduate School of Surgery, gave an informal talk entitled: "Just Yesterday in Surgery."

Although very much of the present, Professor Grey Turner, in the course of a most interesting talk, provided us with some idea of what sort of men the founders of modern surgery really were, and one could not help being struck by the number of these great men that he had known personally. It was interesting also to hear something of the conditions prevailing "Just Yesterday." For instance, he told us that iron bedsteads did not come into use until a century ago, and that before that wooden bedsteads, which provided a home from home for numerous bugs of different shapes and sizes, were the vogue.

We have all heard of Sir James Paget, of Lord Lister, of C. B. Lockwood, and many others, but to us they tend to be just names associated with a disease or a technique, yet to Professor Grey Turner they are pioneers, each with a separate story, and it was a pleasure to hear about these men from someone who is really interested in them and their doings, and who is able so well to tell us about them.

Drawing on his prodigious memory, he recounted many anecdotes and told us some of the maxims of these men. One maxim in particular that we might all remember was Lockwood's Rules for diagnosis: "Eyes first and mouth next, Hands next, and Ears last and least."

Professor Grey Turner told us also about the surgical discoveries of some of these men: Sir Henry Butlin, who was responsible for the

idea of dissection of the glands of the neck in association with malignant disease in the mouth; of Walsham, whom he preferred to call "Wee Willie Walsham," and his technique for strangulated hernia; of Brodie, Jonathan Hutchinson, Lawson Tait, Bilroth, Lorenz and his revolutionary treatment of congenital dislocation of the hip, which had previously been considered untreatable; and among the Americans, Harvey Cushing and the Mayo Brothers, Charles and William. He told us how the town of Rochester had been "made" by the Mayo clinic, and also how one day a wealthy person in New York wired to Charles Mayo to come and see a case, adding: "Money no object," to which Mayo replied: "Too busy—Money no object."

Professor Grey Turner ended his lecture by stressing the need for international and national co-operation if surgery was to advance, adding that seeing how other men and other hospitals work is one of the best methods of learning, and that he never regretted his visits abroad.

Mr. Rupert Corbett, in proposing a vote of thanks, said that Bart's looked on Professor Grey Turner as one of her own sons, albeit by adoption, as he had been elected a perpetual student of the hospital in 1928, when he was attached to the professorial unit in a form of "Lease-lend" service which Bart's used to run before the war.

Our thanks are due to Professor Grey Turner for a most enjoyable talk, and perhaps the day is not too far away when the accommodation and acoustics in the Society's room reach the high standard attained by its guest speakers.

* * *

RECENT PAPERS BY BART'S MEN

- ANDERSON, C. "Psychiatric Casualties from the Normandy Beach-head." *Lancet*, Aug. 12th, 1944, pp. 218-221.
- CAPENER, N. "Regional Consultant Service." *Lancet*, Sept. 9th, 1944, p. 355.
- EVANS, G. "Clinical Manifestations of Arteriosclerotic Disease." *Practitioner*, Sept., 1944, pp. 129-135.
- GILLIES, SIR H. "Note on Scalp Closure." *Lancet*, Sept. 2nd, 1944, pp. 310-311.
- KEISHMAN, A. R. See Leishman, A.W.D.

- KEYNES, G. L. "Resuscitation." *M.T.E. Journal*, June/July, 1944, pp. 3-4.
- LEISHMAN, A. W. D. (and Kelsall, A. R.). "A Year of Military Medicine in India." *Lancet*, Aug. 19th, 1944, pp. 231-235.
- RICHARDS, W. F. "Situs Inversus Viscerum: Absent Frontal Sinuses with Ethmoid and Maxillary Infection and Bronchiectasis." *Tubercle*, March/April, 1944, pp. 27-29.
- STALLARD, H. B. "Retinal Detachment: A series of 78 cases in the Middle East Force." *Brit. Med. J.*, Sept. 9th, 1944, pp. 329-333.

* * *

BOOK REVIEWS

RECENT ADVANCES IN ANÆSTHESIA AND ANALGESIA, Fifth Edition. By C. Langton Hewer, M.B., B.S., D.A. (J. & A. Churchill, Ltd. Price 18s.)

The fact that a fifth edition of this book is required so soon after the publication of the fourth is surely the best indication of the value and popularity of this work, and it says much for the industry of Dr. Hewer and the advance of anaesthesia that this edition, far from being a reprint of the fourth, contains much that is new and of importance.

In addition to its previous contents, additional information is to be found on anaesthesia for thymectomy, intravenous analgesia with Procaine, Pethidine and caudal analgesia in obstetrics, descriptions of new closed circuit apparatus for controlled respiration and the uses of the new injector unit, both for suction and for diluting oxygen.

The last chapter is entirely new and is a lucid account of Dr. Nosworthy's anaesthetic chart and card index system, with full diagrams and directions for use.

For the many who know this work, further information is perhaps unnecessary, but for those who do not, it should be said that this book of 332 pages, with full diagrams and illustrations, is written in a clear and concise manner, and covers the entire field of anaesthesia and analgesia, with descriptions of the modern apparatus and modern methods, all the standard drugs employed and their dosage. Moreover, for those who wish to read the original documents of the work described, there is attached at the end of each chapter a full and clear list of references, an advantage too often lacking in books of this nature.

Owing, we understand, to the limited quantity of paper available, this volume is more concise than its predecessors, and is not a book for the beginner in anaesthetics, but for all others it must be of the greatest assistance and must surely be regarded as the standard textbook and reference work on this subject.

REGIONAL ANALGESIA, by H. W. L. Molesworth, F.R.C.S. (viii and 90 pages. H. K. Lewis & Co. Price 8s. 6d.)

This volume is not a textbook which covers every aspect of all techniques of inducing local analgesia, but is written as an account of the methods of the author himself, and of the results obtained.

Almost all the methods employed are standard techniques, and the methods of approach are well

described and illustrated, except for a tendency to use the old anatomical terminology, which may confuse younger readers.

Single nerve blocks are described lucidly and briefly, and a full account of true paravertebral (as opposed to intercostal) blocks from cervical to sacral nerves is included. A good case is made out for local analgesia for long abdominal cases, e.g., partial gastrectomy, but many may quarrel with his implied statement that it is easier and safer to use this form of analgesia for operations on the hand and foot.

The drugs employed both in spinal and local analgesia are all standard preparations, although the author does not mention the now extensively used Amethocaine Hydrochloride.

This volume, although not without interest to anaesthetists and surgeons who already employ local analgesia successfully, is of most value to those who may have used it with limited success and to those who contemplate using it in the future. To them it will be a most useful guide, not only to technique, but to the choice of patient and his preparation, both mental and physical.

THE BLOOD PRESSURE AND ANGINA PECTORIS, by J. Plesch, M.D. Price 15s. (Baillière, Tindall & Cox.)

Definitely not everyone's meat is this volume. We feel that it has a slightly limited scope and venture to say that it will only be read with real comprehension and enjoyment by the specialist. We confess that several of the terms are a little confusing, and consider that at least two of the author's contentions will not be met by universal agreement.

Therefore, while we cannot heartily recommend this book to the student's attention, we feel that it probably occupies a place of some importance in a slightly higher sphere of learning.

MEDICAL BACTERIOLOGY, L. E. H. Whitby, M.D., F.R.C.P. Fourth edition (J & A Churchill, Ltd.) Price 14s.

A mine of information is contained in this modest volume. The scope of the book is concisely outlined in its preface, which we should advise the purchaser to read carefully before quarrelling with any opinions expressed in the pages within. This edition

includes a new chapter on chemotherapy, short but to the point, while many other sections have been revised in the light of recent events—particularly war-time experience. The publishers have economised space in their now traditionally skilful manner without any visible detriment to the final result.

We strongly recommend this book.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY. Ninth Edition, Hamilton Bailey, F.R.C.S. (John Wright & Sons.) Price 25s.

The keynote of this work lies in the word "demonstrations." Physical signs do not change with the times (except by addition), and hence the

value of a book on the subject depends on clear and concise demonstration only. We consider that the author (surely the most prolific in the medical world to-day?) has succeeded in this respect, and this opinion is readily borne out by the continued popularity of this book.

If we have one criticism, it is that the limitations of some of the signs—so excellently described and illustrated—are not frankly recorded in the text. (Limitations, it is true, ascertained by the reviewer's humble hands at the bedside!)

We see no reason why this work should not become even more popular than hitherto—we consider it is a book of great value.

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ANNOUNCEMENTS

MARRIAGES

DUNK—VICKERS.—On June 17th, 1944, at Luton Parish Church, by Rev. Canon W. Davison, M.A., Flight Lieutenant John Hubert Dunk, D.S.O., D.F.C., LL.M., second son of Mr. and Mrs. J. H. Dunk, of Bryn Don, Conisborough, Yorks., to Rose Irene, only daughter of Dr. and Mrs. B. Randall Vickers, of 51, Marsh Road, Luton.

FISK—AIREY.—On August 19th, 1944, at Swepstone, Leics., Geoffrey Raymond Fisk, M.B., B.S., F.R.C.S.E. (at Bart's 1933-41), to Susan Airey, M.B., Ch.B., of Llwynon, Newtown, Montgomeryshire.

CHANGE OF ADDRESS

Dr. V. F. T. Swan, R.A.M.C., Military Hospital, Gibraltar.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

FIRST EXAMINATION

JULY, 1944

Bass, P.	Brown, H. S.
Corbet, J. L. M.	Crook, R. A.
Lodge, J. H.	Menon, J. A.
Nielsen, J. S.	Stanton, T. J.
Timmins, W. L.	Willis, P. F.
Coombs, G. A.	Hacking, S.
Third, A. J.	Hamblin, M. H.
Beattie, A. O. C.	Coldrey, J. B.
Cox, J. S.	Kazantzis, G.
Mehta, J. S.	Morris, V. C.
Smyly, D. P.	Thomas, D. H. C.
Yecoc, M. G. S.	Wright, A. N. H.
Gusling, R. E. G.	Reiss, B. B.
Capstick, N. S.	Hardy, C. G. J.

SECOND EXAMINATION

JULY, 1944

Adams, K. J.	Deane, K. R. H.
Brown, D.	Bennett, J. W.
Dibb, F. R. F.	Colley, R. O. N. G.
Jones-Morgan, C.	Griffiths, E. R.
Maude, A. R. S.	Maitland, R. I.
Read, P. A.	Pilling, A.
Sheppard, J. G. H.	Shucif, M. D.
Watson, J. R.	Thomas, D. P. P.
Bendas, J.	Bradfield, G. P.
Clifford, W. E.	Davy, P. H.
Edwards, D.	Heighway, J. D.
Lonsdale, D.	Mangan, M. K.
Morgan, R.	Powell, F. J.
Rogers, D. J. H.	Shattock, F. M.
Smallwood, R. I. L.	Tucker, D. K.

* * *

We must apologise (once more) for certain unfortunate printing errors in last month's JOURNAL and in Professor Garrod's article on Penicillin the month previously, where the word "systemic" somehow became constantly changed into "systematic."

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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No. 10

DESIGN FOR LIVING

What are the functions of the University, the College and the School? Simply providing instruction for their pupils is most emphatically neither their sole nor most important duty.

The roots and the flower of the old tree of British Education are both of them made up of the boarding school and the residential colleges of the "older" universities. At present it is fashionable for anyone not enjoying to the full the shade of this tough old plant to lay about it with an axe, so that no one will be able to take advantage of its spreading branches in the future. They say the wood is too old, or it is rotten under its solid-looking bark. Be that as it may, foreigners have time and time again taken cuttings from our tree to plant in the soil of their own countries. And in its life our British trunk has produced some excellent fruit.

In the early part of the last century very few Oxford or Cambridge dons, living in their generations-old colleges, could seriously have considered the spread of university education up and down the land, to the cities of the industrial north, to Wales and the West country, and as an added distinction and responsibility for London itself. As an expression of the need and the ability of more and more young people to tackle a higher education, the "red-brick universities" have come into being. They are now all staffed by good teachers, their courses are efficient and their examination standards high. But in many cases they do not offer, in some cases they have not tried to offer, and in a few cases they cannot offer a traditional, congenial, communal life to their students.

To come nearer home. Before the war our hospital had already decided to make "College

life" available to its students by constructing in Charterhouse Square a residential block for some 200 men. Its plans had been drawn up and a plate of the proposed college is to be seen in the handbook. One or two other hospitals in London had already students' hostels in occupation, while from the time of Paget up to a few years ago a handful of our students lived in "College houses." But the enormous amount of post-war rebuilding that would be necessary to restore the country in general, and the Hospitals' educational capacity in particular, quashes effectively the prospect of a residential college for many years to come. Above all this, the money for the building, at the pre-war rate of some £1,000 a bed, is even further away than it was in 1939. The funds must perforce come from gifts, and it is not really unreasonable for prospective donors to consider the large amounts still needed for medical research and treatment, then wonder why they should put their hands in their pockets in the cause of lodging medical students.

Although a residential college would provide the medical student with the companionship of college life, an easing of his financial burdens and emancipation from the "rectangular figure that can be reduced to its lowest terms by a series of propositions" of Stephen Leacock's geometry, objections are raisable to such an institution attached to a hospital on the grounds, firstly, that its inmates must live with the people they work with, and for the whole year round: secondly, that the place for a residential hostel is not on top of the Hospital, but outside London altogether (at Chislehurst, for instance, in our case): thirdly, most potent argument of all, the college would be full of nothing else but medical students.

Now these objections, theoretical and prac-

tical, can be overcome, but the remedy does not lie so much in the hands of the separate Hospitals and Colleges, as with the Universities as such. The Universities—in the case of Bart.'s, London University—are in a better position to persuade the Treasury to give them help than each separate institution they embrace. They could build, or re-build if necessary, on a larger and consequently more economical scale. But above all, the Universities are able to gather together under one roof students of all faculties, in which medical students would become diluted down to an innocuous fraction.

Such colleges would be all the better for being constructed somewhere on the outskirts of London, or if possible in one of its few remaining pleasant residential districts. Their inmates should be free to choose residence at any college, irrespective of which laboratories, lecture rooms or wards they might be attending

during the day, although (and this is an extremely important practical point) the Heads of these institutions would be obliged to show care in the selection of their students: better still, the residents themselves might be allowed some say in the matter.

This is only a brief sketch of a tremendous plan, but it is no new idea. The University of Paris had carried out much the same sort of scheme before the war, when it gave its students an opportunity to leave the picturesque but unhygienic Montparnasse area for newly-constructed buildings at the end of the Metro line. If London University and the provincial universities took the same course, they might well in time capture for their own students the pleasant companionship that has had its home for so many years in the quads and courts of Oxford and Cambridge.

* * *

In a medical school such as ours a few men in each generation stand out in strong relief by virtue of their physical prowess, their lovable personal qualities and their inborn capacity to lead and inspire their fellows. Such men possess in full measure all those virile and gentle attributes which we, as a nation, prize above all others. In the last generation R. B. Etherington-Smith was such a man; in this generation, Dick Hall was another.

Surgeon Lieutenant R. L. Hall, R.N.V.R., Bart.'s, the Navy and England, has been killed in action at sea, and at Honor Oak Park on Saturday, October 14th, when Bart.'s played

Guy's, his team paid tribute to his memory in a sublimely simple and deeply impressive ceremony. The two XV's took up their playing positions on the field and, at a blast of the whistle, stood silent for a while in honour of a great Bart.'s captain.

Dick Hall wielded a powerful influence on amateur and international Rugby and it was singularly appropriate that the Guy's XV should stand side by side with our men at Honor Oak. Dick had many friends among them and we shall not forget this act of sympathy on the part of our old friends and rivals of the Borough.
G. H.

WHY SWIFT WROTE GULLIVER'S TRAVELS

By SIR WALTER LANGDON-BROWN

It is a really great pleasure to me to address the Abernethian Society* once more, a pleasure which on this occasion is enhanced by the recollection that it is exactly 50 years since I first listened to an Abernethian address, which on that occasion was delivered by the great Sir James Paget, the last one he gave. His first paper had been given before the Society in 1835, when a first year student, announcing his discovery of the *trichina spiralis*. Such things give one a sense of continuity, which

* An address to the Abernethian Society last October.

makes a strong appeal to me. For 36 years I spent the larger part of my life within the walls of this hospital; I have seen great men and interesting personalities enter the square, and in the course of years quietly vanish, until it seems to me more populated by ghosts than by living beings.

The plan for the buildings that now surround the Square was generously presented to the Hospital in 1729 by that great architect, James Gibbs, to whom we also owe the Churches of St. Mary's le Strand and St.

Martin's in the Fields in London, King's College Fellows' Buildings and the Senate House at Cambridge and the Radcliffe Dome at Oxford. Of the earlier hospital buildings there only remain the Church, which dates from the reign of Henry II, and the main gateway, which was erected in the first year of Queen Anne's reign. Just three years before Gibbs produced these plans an extraordinary book was published by Jonathan Swift—"Gulliver's Travels," probably the bitterest satire on mankind ever written.

In previous Abernethian addresses I tried to deal with various medico-psychological aspects in the writings of Barrie, Robert Bridges and Robert Louis Stevenson. To-day I should like to attempt a similar method with Swift and in particular to show what there was in the temperament and experience of the man which led him to the savage satisfaction of writing Gulliver's Travels, because they illustrate some psychological theories unknown in his day. In the first place, it has become a platitude that the first essential for satisfactory development of the personality is that the child must be surrounded by love and a sense of security. Swift had neither. He was a posthumous child and his mother, otherwise an attractive and interesting person, allowed his nurse to kidnap him for five years, after which he was left in charge of his uncle Godwin and hardly ever saw her until he was 21, although apparently he was devoted to her. His uncle does not appear to have lavished much affection on him, but did see to his education. Such as it was, Swift does not appear to have appreciated it, for he said once that his uncle gave him the education of a dog. "Then," came the reply, "you haven't even the gratitude of a dog." Yet it could not have been a very satisfactory education, for at the first attempt he totally failed to obtain his degree at Trinity College, Dublin, which was a humiliating blow. It is interesting in passing to note the effect of similar failures on different people. De Valera, having had the same experience at the same institution, indignantly harangued his fellow students from the steps of the examination hall and discovered to his surprise that he had the power of holding men by his oratory, with considerable subsequent effects on the British Commonwealth. A. E. Housman, of "Shropshire Lad" fame, was embittered by his complete failure in Greats at Oxford, but determined to become, as he did, the greatest Latin scholar of his age. I commend these examples to anyone among my hearers who may be smarting under a recent defeat of that kind. Swift was subsequently granted a sort of con-

solation degree.

He had to begin earning his living at once, and Sir Wm. Temple offered him the post of secretary. Temple reminds me of the late Lord Rosebery: wealthy, attractive and able, he thought himself more of a scholar than the facts justified. He had, however, a wide statesmanlike outlook, but lacking tenacity or great ambition, he was apt, when faced with political difficulties, to retire to cultivate his library and his estate. It was on one of these interludes of retirement to Moor Park that Swift came to him. "An eccentric, uncouth, disagreeable young Irishman," as Macaulay calls him, who, "for board and 20 pounds a year, dined at the second table, wrote bad verses in praise of his employer, and made love to a very pretty dark-eyed girl, who waited on Lady Giffard. Little did Temple imagine that the coarse exterior of his dependent concealed a genius equally suited to politics and to letters, a genius destined to shake great nations, to stir the laughter and rage of millions and to leave to posterity memorials which can perish only with the English language. Little did he think that the flirtation in the servants' hall, which he perhaps scarcely deigned to make the subject of a jest, was the beginning of a long unprosperous love, which was to be as widely famed as the passion of Petrarch or of Abelard. For Lady Giffard's waiting maid was poor Stella."

Swift retained no pleasing recollection of Moor Park. And we may easily suppose a situation like his to have been intolerably painful to a mind haughty, irascible and conscious of pre-eminent ability. . . . Yet in justice to Temple, we must say that there is no reason to think that Swift was more unhappy at Moor Park than he would have been in a similar situation under any roof in England. We think also that the obligations which the mind of Swift owed to that of Temple were not inconsiderable." So far, Macaulay, and I think we can add that Temple gave Swift the opportunity of meeting men of influence in the political and literary world from whose patronage he got something though not so much as he expected. If the political world was murky, it was a fortunate time for literature. It is a curious fact that the three great periods of English literature each began when a Queen was on the throne. The Elizabethan drama is one of our great prides; Queen Anne's reign was the Augustan age of our literature, while the Victorian age saw a great outpouring of many kinds of creative writing. One may hope when in due course, but not too soon, a Queen again occupies the throne there may be another age of great

creative literature, of which at present there is no sign.

Alfred Adler, whom I knew fairly well, was accustomed to say that for a contented life everyone had to make a satisfactory adjustment to three things—society, occupation and sex; which I have abbreviated into the "S.O.S. of life." Now Swift signally failed in each of these three, as I will proceed to show. He had an unfortunate start, as we have seen, and he said of his early years that he was depressed by the ill treatment of his nearest relations, so that his desire for independence became a passion. This independence he asserted at college by insolence to the Dean, and by cutting chapels and roll-calls. He was told that his mind was like conjured spirit which would do mischief without employment. Temple suggested taking orders. Swift said that he "had a scruple of entering the Church merely for support," but added that he would only do so if the King promised him a prebend, which sounds a little inconsistent. So Temple interested him in political life and being himself ill with gout, sent him on a mission to William III, who refused to accept the advice tendered, diverted the conversation on the way to eat asparagus, and finally offered him a commission in the Cavalry, which he declined. Swift said this was the first incident that helped to cure him of his vanity. So Temple found a lay post for him in Dublin, which Swift thought not important enough, so they quarrelled. After all he was ordained in Dublin, but was obliged to obtain a testimonial from Temple first, for which he had to apply in sufficiently humiliating terms: Temple forgivingly provided one. Soon after this Swift returned to Temple to help him with his literary work and began writing himself. When Temple died, although he left Swift some money and made him his literary executor, Swift lost a patron who would have continued to seek promotion for him. Swift kept up an agitation for clerical advancement with almost unseemly persistence, but his satire, "A Tale of a Tub," so shocked Queen Anne by its hint of unorthodoxy that she would give him nothing in England, though she consented to make him a prebendary at St. Patrick's Cathedral, Dublin. In those days absenteeism was prevalent and Swift seems to have spent as much time in London as in Dublin. In the London coffee houses he was known as the mad parson, but his literary contacts were happier. He was friendly with Pope, Addison, Steele, Congreve, Prior, Gay and Arbuthnot and planned joint literary works with some of them. At last in 1713, when he was 36, he was made

Dean of St. Patrick's, and had to realise that this was as far as he would go in the Church. He showed extreme devotion to his order, with all the prejudices of the Irish churchmen of his days. But he also showed great devotion to the Dublin poor and was heartily desirous of helping poor authors. The epithet of "sycophant disguised as a bully" which has been applied to him is unfair. Against his own interests he showed himself violently hostile to the English oppression of Ireland. He became alienated in consequence from official Dublin society, but kept those friends who could put up with his masterful ways, though the circle gradually narrowed. But the common people retained an enormous reverence for him. Parsimonious for himself, he was very charitable to others in need, and ultimately gave more than £10,000 for the foundation of St. Patrick's Hospital.

There are humanitarians who profess love for mankind but who hate most individuals with whom they come into contact. Swift was the exact opposite: as he said, "I hate and detest that animal called man, although I heartily love John, Peter, Thomas and so forth." As we shall see, as life went on hatred grew at expense of love. But I have probably shown by these selected incidents in his career that he was maladjusted in relation to both society and occupation. Still more maladjusted was he in relation to women, which led to misery and tragedy. As I have said, it was curious that his mother seems to have taken little notice of him till he was 21, and still more curious that after that she used to pass him off as her lover when on visits to Dublin. I imagine the Freudians would have something to say about mother fixation. She was alarmed about his attentions to a certain Betty Jones, but he told her that prudence and a cold temper shut out the idea of marriage. Swift was much affected by his mother's death, but it does not seem to have set him free from fixation. Of Stella I have already spoken, but must say more, for she played an important part in Swift's life. Her real name was Esther Johnson and while at Sir Wm. Temple's Swift did much to forward her deficient education. For years he kept up his famous "Journal to Stella," but when he went to Dublin he made extravagant protestations of affection to a Miss Waring, whom he called Varina, and urged her to use her influence for his clerical advancement. When later she suggested that he could now afford to marry, he offered to do so, but in such insulting terms as to make her acceptance incompatible with the slightest self-

respect. As Leslie Stephen says, "This, perhaps the most unpleasant of his actions, produced the desired effect."

Then Stella re-appeared. With the aid of Sir Wm. Temple's legacy she came over to Dublin, but Swift carefully guarded against scandal and never saw her except in the presence of a third person. Nevertheless he strongly opposed her marrying another Dublin clergyman, Tisdall, to whom he retained a hostile attitude thereafter. Whether Swift ever went through the form of marriage with Stella has been the subject of much debate; the evidence is in favour of his having done so, but it is immaterial as they certainly never lived as man and wife; the ceremony was a mere formality. Meanwhile another star had been rising on the horizon—Esther Vanhomrigh, who became his devoted slave, and whom he called Vanessa. He behaved to her, as he generally did towards women, with a mixture of tyrannisation and petting. He used caressing language in his letters, but reproached her for morbid sentiment. Then she startled him by confessing her love, whereupon he tried to persuade her to adopt an attitude of mere friendship. Nevertheless she followed him to Dublin, where he received her, as she said, with awful looks and killing words which struck her dumb. Some years later, when the marriage with Stella was freely rumoured, the luckless Vanessa wrote to her, asking if it were true. Swift rode over to Vanessa's house, glared at her angrily, threw down the letter and retired without a word. Not long afterwards Vanessa died—it is said of the shock she received. Anyhow she had time to revoke the will she had made in favour of Swift. Shortly before Vanessa's death Swift offered to acknowledge the marriage, but Stella only said, "too late."

When Stella became seriously ill, Swift was greatly distressed for her, but he was also very anxious that she should not die in the Deanery, so careful was he of his own reputation, however careless of that of others. He selfishly wrote: "Tell me no particulars (of her illness) but the event in general: my weakness, my age and my friendship will bear no more." When her death was announced he sat down at once and penned a character sketch of her in most affectionate terms—"The truest, most virtuous and valued friend that I, or perhaps any other person was ever blest with," he wrote, who never swerved from her principles "in any one action or moment of her life . . . Never was any of her sex born with better gifts of the mind." He was too overcome to attend her funeral, and always kept a lock of her hair.

He was at the last buried in the same coffin. Here was post-mortem affection in plenty, but what Stella thought of it all, and of the sacrifices she was expected to make we do not know. It is perhaps not without significance that she signed her will with her maiden name.

The whole of the complicated story is a study in morbid psychology. I do not think we can fail to attribute some of it, though not all, to mother fixation. His mother's desire to represent him as her lover points unmistakably that way. The Greeks, who had a shrewd insight into human motives, symbolised this in the myth of the All-devouring Mother, and in recent times the motif underlies Audent Isherwood's play, "The Ascent of 76." You should be on the lookout for it in your practice, for it not infrequently is the cause of curious psychological symptoms. Thus I knew a man very high up in his own profession who, if he had the slightest cold, took to bed for three days because his mother, long since dead, made him do so when a child. Another man verging on middle life chafed at his mother's dictation but obeyed her. She wrote letters to him twice a day telling him just what he was to do. Not surprisingly he had achieved nothing, in spite of a good education and ample means. I could give examples of even more curious aberrations. Among writers, J. M. Barrie and D. H. Lawrence are clear examples of the damaging effects of this fixation on their whole outlook. By one thing you shall know the mother fixed—their incapacity to achieve a happy marriage—to which rule there is only one exception—they may be happy with a girl cousin on the mother's side.

Henry Morley, who always puts the most favourable interpretation on all Swift's actions, attributes his reluctance to marry to his belief that he would become insane—which he actually did—and that he resolved not to transmit this tendency to a child. On the other hand, we know that Swift himself attributed it to prudence and a cold temper, though this may, of course, have been a rationalisation. It is clear that he was incapable of regarding marriage as a partnership; he must dominate and feared to put any woman into a position where she might dominate him. Indeed, when one comes to think of it, the successive episodes with Betty, Stella, Varina and Vanessa do not argue a particularly cold temperament. But in such matters he was a taker and not a giver, which ended in his getting very little and inflicting great suffering on others. And Stella, who loved him best, was the greatest sufferer, though he had to suffer bitter remorse.

I do not think it is possible to separate entirely his maladjustment towards women from his maladjustment to society as a whole. To try to combine an autocratic bearing with unashamed clamouring for clerical preferment was a task beyond even Swift's ability. To expect a bishopric after publishing heterodox opinions is a trifle naïve. In the political world he rose to a considerable height for a time, but as he never concealed his view that politicians were rogues and knaves, his prospects here vanished on the death of his patron, Temple. "Although very ambitious he never knew what he really wanted and at the crisis of his life he made a wrong choice." To add to the contradictions in his curious make-up, he combined arrogance towards the powerful with an intense sympathy for the under-dog, so long as he had not been responsible for putting that dog where he found him.

There are some additional points of medico-psychological interest. He had an abnormal interest in excreta and excretory processes and delighted in dirty imagery, yet with a fascinated revolt as is not uncommon in some psychopaths. Without going into all the Freudian explanations of this, it seems to me to occur in people who resent sharing any physiological characteristics in common with animals. It is an angry jeer at humanity, just as James Joyce's obscenities are a jeer at his strict Jesuit upbringing. Swift combined a dirty mind with a scrupulous cleanliness of body. Obsessional washing is another not uncommon feature in psychopaths. I remember an elderly lady who contracted pneumonia after her third bath during a single night—each time she felt sure some dust had fallen on to her from the ceiling! Now this obsession is based on the wish to get rid of a sense of guilt by penance. But note—it may not be that individual's guilt; they may be offering themselves as a scapegoat for someone else near and dear to them. So it behoves us to walk delicately when we are faced with an instance of this obsession.

A more purely medical fact in Swift's life was that he was liable to severe attacks of labyrinthine vertigo—Menière's disease. He had his first attack while at Sir Wm. Temple's and as it occurred after eating a surfeit of fruit, he attributed the seizure to them, and never ate fruit any more; but the attacks continued. When he was 64 he was writing a violent attack on a scheme for the equalisation of benefices and the requiring of residences on the part of the incumbent; very reasonable reforms one would have supposed. Swift said, "it took its birth from hell," and worked himself up so

much that he had a particularly severe attack of giddiness, was unable to finish the article and was thereafter never fit for serious work. Mentally he began to do down hill and ultimately became, as he feared he would, insane. He said he would die "like a poisoned rat in a hole." Unfortunately he was an unconscionable time a-dying, for he lasted seven years after the complete decay of his brilliant intellect. It has been alleged, I know not on what authority, that his vertigo was due to a tumour on the acoustic nerve, the pressure of which ultimately drove him insane. But there is no record of his having nerve deafness or facial paralysis which accompanies such a tumour, nor do these tumours usually lead to insanity. To-day we are more inclined to lay stress on the evil effects of a prolonged and unresolved psychological conflict which becomes so intolerable that it results in a splitting of the mind. This conflict certainly existed for Swift. Leslie Stephen sums him up as a "combination of an intense and glowing mind with narrow prejudices and the perversion of a deeply affectionate nature with a kind of double selfishness." Surely sufficient contradictions to provoke severe conflict, but just the ingredients for the making of a great satirist. His first ambition to be a poet failed because he could not harmonise these contradictions, but such harmonisation is not necessary in a satire.

He appeared incapable of such sublimation as Beethoven achieved in his last years which were clouded by total deafness, family disappointment, poverty, loneliness, frustration and despair. For in spite of all this he then composed some of the most exhilarating, if mysterious music ever written.

Let us pass now from the man to the book in the hope that a study of his personality will throw light on his work. Not that there need be any doubt about the intention of the latter, for, as he wrote to Pope, "The chief end I propose to myself in all my labours is to vex the world rather than divert it." Which is exactly the opposite to what actually happened, for the savage satire on mankind in Gulliver's Travels has become, in a rather bowdlerised form, a diverting book for the nursery. Dr. Arbuthnot, physician to Queen Anne and himself a writer, prophesied that it would have as great a success as Bunyan's Pilgrim's Progress, which it has had in more ways than one, for just as the satire has evaporated and left an adventure story behind, so Bunyan's theology is largely set aside and his book read for its character drawing and superb literary style.

Both books are allegories, and that allegories are difficult to write is shown by the few that have survived. Dr. Johnson sneered, "when once you have thought of big men and little men, it is very easy to do all the rest." But he was wrong. I do not think we should be wrong, however, if we say that the careful, realistic detail with which the beginning of each voyage is described was learned by Swift from Defoe in Robinson Crusoe. The shift from the realistic to the fantastic is made so cleverly that it completely deceived the Irish bishop who said that the story "was so full of improbable lies, that he didn't believe a word of it." He must have taken the idea of Lilliput from Lucian, who imagined the man in the moon looking down on the little Argives and Spartans struggling for a bit of land that looked to him no bigger than a lentil. It is said that Swift was indebted for some of his

ideas to Cyrano de Bergerac, that swashbuckler famous for his enormous nose, who wrote playful accounts of voyages to the sun and moon. I have read an abbreviated version of de Bergerac's voyage to the moon and it is clear to me that Swift did make use of some of the incidents related therein. What is of more importance to my present thesis is the way in which, as we proceed, the story becomes less and the satire more bitter. To quote G. B. Harrison: "In the first voyage Lilliput is a bird's eye view of humanity and the story is of more importance than its interpretation. In each succeeding book the story becomes less important as Swift's disgust with humanity increases until at length Gulliver reaches the Yahoos and is obliged to admit that he himself is one of the tribe."

(To be concluded next month.)

There will be a meeting of the Fellows and Members of the Royal College of Surgeons at Lincoln's Inn Fields on Thursday, November 16th, at 2.30 p.m., to receive the Report of the Council for the past year. A copy of the Agenda will be issued on or after November 11th to any Fellow or Member applying to the Secretary.

SKIAGRAM

By W. MCADAM ECCLES

Has not the time come when an effort should be made—and internationally—for a standard term to be used for the photograph produced by x-rays? To some this would appear to be long overdue, and it would rebound to the credit of the English-speaking peoples if they were the nations to bring this about.

At the present time—1944—there are no less than nineteen words which have been used in connection with "a negative produced upon a film sensitive to the action of x-rays." Chronologically they may be tabled thus:—

- | | |
|------------------------|-------------------|
| 1. X-ray. | 10. Actinogram. |
| 2. X rays. | 11. Radiograph. |
| 3. X-ray picture. | 12. Radiogram. |
| 4. X-ray photograph. | 13. Scia-graph. |
| 5. X-ray plate. | 14. Scia-gram. |
| 6. X-ray film. | 15. Shadow-graph. |
| 7. Röntgen photograph. | 16. Shadow-gram. |
| 8. Roentgenogram. | 17. Skiogram. |
| 9. Actinograph. | 18. Skiagraph. |
| | 19. Skiagram. |

Much confusion, and uncertainty, is caused by such variety of terms. Some very absurd expressions are still in common use, such as "Take an x-ray of this fractured bone" . . . "Has a radiogram been made?" and so on. In reviewing what should be considered as the best—and international—word, it may be said that two terms stand out, namely, Skiagram and X-ray Film. Of these two, almost certainly the first—SKIAGRAM—would appear to be the better.

This word is etymologically sound, for its origin is from two Greek words, "skia," a shadow, and "gramma," writing.

The following are the cogent reasons for its use from now onwards as the only word to designate the results upon a film sensitive to the action of x-rays:—

- a It implies a "shadow writing," which is a negative produced by x-rays.

- b* It has never been used for any other purpose, nor is it likely to be used, if it were to become "standardized," and that internationally.
- c* It has a distinctly "scientific sound" about it, and has for years now been used "scientifically."
- d* Once standardized, it would become used in all scientific text books, in reports upon patients, in courts of law, etc.

The following are possible reasons for not using the term "x-ray film":—

- a* It is somewhat cumbersome.
- b* The term x-ray thus applied is unscientific.
- c* The term "film" is used in several senses:
- i.* A sensitized material upon which a negative is produced.
 - ii.* A common term for a "movie" or "stop-film" strip, upon which prints have been produced for exhibition.
 - iii.* A "moisture on glass," "a haze," and a "thin membrane."

* * *

A CASE OF ACUTE INTESTINAL OBSTRUCTION

By R. M. T. WALKER-BRASH

The following case of intestinal obstruction is of interest owing to its occurrence late in life and some unexpected findings:—

Mrs. M. L., aet. 75, was admitted to St. Bartholomew's Hospital on 20.7.43 with a four days' history of colicky abdominal pain and vomiting. The vomit had become brown-black and foul-smelling. There had been anorexia and constipation. The severity of the symptoms had abated markedly before admission.

There was a history some thirty years previously of two operations for peptic ulcer. No details were obtainable, and there had been no recurrence of symptoms.

C.O.E. T.99—P.72. R.18.—B.P.140/85.

The patient was thin and dehydrated. The mucous membranes were a normal colour. The abdomen was distended. There was visible peristalsis in the lower quadrants. On the right were two 4in. paramedian incisions. There was generalised tenderness and hyper-resonance, but the liver dullness was present. There were no other abnormal physical findings. The hernial orifices were normal and the scars sound. The rectum was empty but not ballooned.

On admission, the second of two enemata yielded a non faeculent motion with flatus. In the next five days, the patient's general condition improved with the aid of intravenous saline infusions. There was no vomiting, but the bowels did not open.

On 25.7.43 the distension increased, and vomiting recurred. A Miller-Abbott tube was passed into the stomach and a laparotomy performed under cyclopropane anaesthesia.

The cause of the obstruction was a fibrous band, which, passing down from the region of the stomach, constricted the upper ileum.

The obstruction was completed by the kinking of the distal loop of gut around the band.

The band was divided and an ileostomy established by the implantation of a Jacques catheter into the lumen of the ileum by Witzels method, proximal to the obstruction.

Post-operatively, intravenous salines were continued. The Miller-Abbott tube failed to descend and was withdrawn. Frequency and incontinence of motions and urine developed. The faeces contained altered blood. Hb. 65 per cent. Two pints of blood and a course of 58 grammes of sulphaguanidine were given.

The frequency of bowel action diminished, but the patient's condition deteriorated; ulceration of the abdominal wound developed. On 7.8.43, the thirteenth day post-operatively, she had two severe hæmatemeses and despite active treatment died next day.

It was considered that the fibrous band which caused the obstruction had developed in connection with the previous operations, one of which was known to be a gastro-jejunostomy, and that death was probably a result of secondary hæmorrhage from the ileostomy site. At post-mortem, however, it was found that the ileostomy site was satisfactorily healed. The stomach, jejunum and ileum were filled with blood. The stomach had an hour-glass constriction, in association with which was an healed ulcer, while distal to it was the site of a posterior anti-peristaltic jejunostomy. There was a scarring of the mucosa in the duodenum. In the efferent loop of the jejunum, 2in. from the anastomosis was a chronic active ulcer, in the centre of which was an open arterial stump, which was believed to be the cause of death.

This case presents some unusual features.

- (i) The cause of the obstruction.

(ii) The improvement in the patient's condition following the institution of conservative measures—apart from the relief of the dehydration.

(iii) The complication of a fatal hæmorrhage from a jejunal ulcer after the intestinal obstruction had been successfully dealt with.

At 75, carcinoma or a strangulated hernia are frequent causes of intestinal obstruction, but a band following an old adhesion—common in younger people—is rare.

In this case the severity of the obstruction was partially relieved before admission, and the acute stage did not recur for five days. This was no doubt due to some variation in the degree of kinking of the distal loop of ileum around the band.

The post-mortem findings of past peptic ulceration probably explained the difficulty experienced in passing the Miller-Abbott tube. It was fortunate that greater reliance had not

been placed on this device in the earlier stages of the disease.

Since her operations thirty years previously, the patient had been free from symptoms of peptic ulceration, despite the fact that the jejunal ulcer must have been present, though quiescent, for some time. The hæmorrhage from such an ulcer may be considered a result of the obstruction rather than coincidental. The gross engorgement of the small gut observed at operation, and also toxic absorption, must have interfered with the viability of the ulcer floor, producing necrosis and hæmorrhage, which, in an elderly patient, even in less severe and uncomplicated cases, would be unlikely to respond to medical treatment. In this case further surgical interference was impossible and the sequence of events disappointing.

I am indebted to Mr. Rupert Corbett for permission to publish this case, and for much help in its presentation.

* * *

RECENT PAPERS BY BART'S MEN

- COHEN, E. LIPMAN. "Oil Acne." *Post-Grad. Med. J.*, Sept., 1944, pp. 267-270.
- ELAM, J. "The Oxford Ether Vaporizer." *Current Researches in Anesth. and Analg.* July/Aug., 1944, pp. 164-170.
- "The Present Position of Anaesthesia." *Practitioner*, Oct., 1944, pp. 238-244.
- FRANCIS, A. E. See Stansfeld, J. M.
- GARROD, L. P. (and Heatley, N. G.). "Bacteriological Methods in Connection with Penicillin Treatment." *Brit. J. Surg.*, Special Issue, Oct., pp. 117-124.
- HADFIELD, C. F. "The Use of Anesthesia in X-Ray Department." *Current Researches in Anesth. and Analg.* July/Aug., 1944, pp. 154-163.
- LANE-ROBERTS, C. S. "A Note on the Problem of Subfertility." *Post-Grad. Med. J.*, Aug., 1944, pp. 232-236.
- MAIDLOW, W. M. "Intravenous Anaesthesia." *Brit. Med. J.*, Sept. 30th, 1944, pp. 432-433.
- MCCURRICH, H. J. "Diagnosis and Treatment of Tumours of the Pancreas." *Post-Grad. Med. J.*, Sept., 1944, pp. 260-261.
- PREWER, R. R. "Psychiatry in Detention." *Brit. Med. J.*, Sept. 16th, 1944, pp. 368-370.
- RACE, R. R. "Some Recent Observations on the Inheritance of Blood Groups." *Brit. Med. Bull.*, Vol. 2, No. 8-9, p. 165.
- (and Taylor, G. L.). "Human Blood Groups." *Ibid.*, pp. 160-164.
- SCOTT, R. BODLEY. "Neurological Complications of Relapsing Fever." *Lancet*, Sept. 30, 1944, pp. 436-438.
- STANSFELD, J. M. (Francis A. E., and Stuart-Harris, C. H.). "Laboratory and Clinical Trials of Patulin." *Lancet*, Sept. 16, 1944, pp. 370-372.
- STUART-HARRIS, C. H. See Stansfeld, J. M.
- WATKYN-THOMAS, F. W. "Diseases of the Ear, Nose and Throat." *Practitioner*, Oct., 1944, pp. 228-232.
- WEDDELL, J. M. "Surgery in Tunisia: November, 1942 to May, 1943." *Brit. Med. J.*, Oct. 7th, 1944, pp. 459-462.

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CORRESPONDENCE

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

I see in the present Journal that amongst the list of Prisoners of War you give the name of "M. D. C. Hosford." You ask for additions to the list, and therefore I imagine you will be glad to have corrections.

My brothers and myself are often confused one

with the other as there were four of us up at Bart.'s. My brother, M. D. C. Hosford, has not been and is not a prisoner, but my brother, Major B. B. Hosford, R.A.M.C., was taken prisoner in France in 1940 and remained in German hands until last month; for the last two years he had been the Medical Officer in charge of a British civilian Internee Camp at St. Denys on the outskirts of Paris, and when the

Americans captured Paris and the German guards fled, he was, of course, automatically, with all the other prisoners, liberated and he is now safely in this country. While in the prison camp at St. Denis he was on a great many occasions allowed out on parole, and in the full military uniform of a British Officer walked around wherever he liked in Paris. He was the only British Officer who did this and he was never once challenged as to who he was and what he was doing.

I also know that Stoker, amongst the list of Prisoners, has been safely in this country for some time, having been repatriated in one of the parties who returned from Germany.

You may care to make a note of the correction in the next Journal about my brother in case some of his friends think that M. D. C. Hosford is a prisoner, and I know that a great many people have enquired from me as to whether B. B. Hosford has been liberated or not.

Yours sincerely,
JOHN HOSFORD.

89, Harley Street,
W.1.
October 12th, 1944.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I was slightly shocked to see my friend, Ronald Ogier Ward, alluded to in recent honours as Lt.-Col. whereas he is a Brigadier-General in the East. Besides his recent O.B.E. he is a D.S.O. and an M.C. of the last war, both distinctions having been earned as a Commander of a battery of artillery. He was in Iceland, fishing, shortly before the present war, remote from civilisation, when on the banks of a river an Irishman slouched up to him and suggested that he had better exchange his rod for his gun as Germany was at war with England. Ward, thoroughly roused, put his rod hastily together and took the night mail for England, and the quickest possible way back into the Army. But not this time as a combatant. That was not possible. He was too old and too well known.

But in the last war he was determined to fight and concealed from all his medical identity even to the extent of hiding behind a cross-Channel funnel to avoid Sir Anthony Bowlby, and concealing himself behind a pillar of the restaurant of the Continental Hotel, Cairo, from me, lest I should exclaim his name and surgical renown.

I really must protest that he is Brigadier-General R. Ogier Ward, D.S.O., M.C., O.B.E., and one of Bart.'s renowned sons.

Yours faithfully,
H. E. BLOXSOME.

Croft House,
Fairford, Gloucestershire.
October 9th, 1944.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

As Medical Correspondent to the Old Eastbournian, may I bring to your notice that the name of G. M. Vickery should be amongst those on your Roll of Honour?

G. M. Vickery was educated at Chafyn Grove School and Eastbourne College, leaving the latter in July, 1939. Having decided to follow his father's profession, he entered St. Bartholomew's Hospital Medical College at the beginning of this war as a first year student. In 1941, before reaching his clinical studies, he volunteered for the Fleet Air Arm. On completing his training he saw fifteen months' service in the Mediterranean and then returned to England on a course.

At the time of his death he held the rank of Sub-Lieut. (A), R.N.V.R. A fuller obituary notice appears in the "Eastbournian" of December, 1943, Vol. 49, No. 327.

Yours sincerely,
NAPIER A. THORNE.

The Abernethian Room,
St. Bartholomew's Hospital,
West Smithfield, E.C.1.
October 10th, 1944.

We are grateful to the following additions and corrections also received from correspondents:—

ROLL OF HONOUR

Levick, R. E. K., held the rank of Captain, R.A.M.C.

HONOURS

Dunn, D. M., holds the rank of Major, R.A.M.C. The C.B.E. has also been awarded to Col. E. B. Allnutt, M.C., R.A.M.C., and to Col. J. M. Weddell, R.A.M.C.

EYES FIRST . . .

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

"Eyes, first and much. Fingers, next and little. Tongue, not at all!" I heard this so often from Lockwood's lips, that I confidently present it as the correct rendering of his diagnostic counsel. Moreover, it is, I venture to think, not only more epigrammatic but more significant than Professor Grey Turner's version recently to the Abernethian Society. Although many of Lockwood's pithy exhortations and admonitions were original, and indeed in some instances clearly impromptu, I have the impression that this one now under consideration, perhaps the best-known of all, was second hand. In his obituary notice in the Journal of December, 1914, I wrote, "Of course he did not originate this exhortation but its application he was never weary of reiterating." I do not think I should have used the dogmatic "of course" without good reason, although unhappily the passage of 30 years prevents me from advancing a better argument. At a guess, I would give Savory the credit.

Although a great Bart.'s personality, Lockwood appealed to relatively few, and I fancy the Hospital as a whole regarded the small band of hero-worshippers as indiscriminating. One learnt a great deal from his incisive invective, but the frequent accompaniment of a cruel indifference towards his victim's feelings alienated the occasional visitor and his admirers were few outside his own firm.

I am,
Yours very truly,
ADOLPHE ABRAHAM.

86, Brook Street,
Grosvenor Square, W.1.
October 10th, 1944.

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

In the report of Prof. Grey Turner's talk to the Abernethian Society on "Just Yesterday in Surgery" a famous maxim is wrongly attributed to C. B. Lockwood and is incorrectly quoted. According to C. B. Lockwood himself writing in the St. Bartholomew's Hospital Reports, Volume xxxii., the maxim is "Eyes first and much, hands next and least, tongue not at all," and the originator of this maxim was another son of Bart.'s—Sir George Murray Humphry, Professor of Surgery at Cambridge University some sixty years ago.

Yours truly,
A. HUMPHRY.

Springfield,
Grosmont, Hereford.

TOM GILLESPIE

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

Members of the 8th Decennial Club will have read with deep regret the announcement of the death on September 16th of Tom Gillespie. He came down from Cambridge in the middle nineties, and his charming and genial personality at once endeared him to a fresh circle of men, who have valued his friendship through half a century. After qualifying he became House Surgeon at the Metropolitan Hospital, and was then House Physician to Sir William Church.

On leaving Bart.'s he went into practice in the suburbs of Southampton, where his natural gifts and personality soon secured for him a wide popularity among all classes; in later years his services as a Consultant were in considerable demand by his colleagues in an extensive area.

In his younger days a lawn tennis player of no mean order, he always maintained a beautiful court in his garden. With a deep knowledge of good wine, and a cellar well stocked with the same, with a strong sense of humour, and his well-known geniality as a host he was unsurpassed.

In later year while much handicapped by osteoarthritis in both hips, and while never really free

from pain by day or night, he was always bright and cheery.

A keen Freemason; a capable accompanist on the piano; the world is the poorer by the loss of a very great gentleman.

B. H.

Surrey.

MORE ABOUT APATHY

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

In the September number of the Journal Mr. W. Pierce Kelly wrote a letter entitled "Apathy on the Field," in which he came to the conclusion that the main reason for our lack of success on the games field, was due to a swing of the pendulum, whereby there simply was not the material in the hospital to form good sides. Though I agree with him in this he made one statement with which I beg to differ, and there also, I think, another important cause.

Referring to the large percentage of non-games playing members of the hospital he gave as one view that "they, perhaps rightly, consider such activity as being out of place." In other words, he means that there are potential players in the hospital who say to themselves, "owing to the war I must stop playing games and work instead."

If this is really the case surely these people are very mistaken. Most people find that if they are in the habit of regular exercise, they work far better if this is continued, and they are, therefore, relatively fit. They will surely agree that the time lost in games is amply made up for by the better work done as a result of them. I think the answer is that Mr. Kelly is mistaken and that this reason is not the cause of such a lack of games players. May it not be that the lack of players, and the lack of success of those that do play games is due, in part, to lack of good organisation and leadership? This lack has unquestionably been present, and it will be interesting to see whether our games record will not be better now that there is promise of something better in this line.

Yours sincerely,
WILLIAM R. JUCKES.

BOOK REVIEWS

PHYSICAL METHODS OF TREATMENT IN PSYCHIATRY.
By Slater and Sargent. Pp. 165. Livingstone, 8/6.

This book, emanating from the Maudsley Hospital, is intended for the young clinician in psychiatry, the general practitioner and the senior student. It provides continuity of approach to psychiatry from general medicine.

It contains full descriptions of the new methods and techniques in the physical treatment of psychoses, Insulin treatment for Schizophrenia, Convulsive Therapy, Prefrontal Leucotomy, Malarial Treatment, etc. The uses and results of each method are dealt with adequately. It is paradoxical that while modern knowledge has made the nature and relation of mind and body more obscure, yet at the same time physical methods of treatment have yielded such excellent results.

To the student and the practitioner the more general chapters will probably be of greater interest. There is a brief introduction on the pathogenesis of mental disease, and a concluding chapter on the relation of psychological to somatic treatment. The chapter dealing with chemical sedation and stimulation is of particular value. It contains a clear account of the indications for and the uses of several barbiturates, bromide and benzedrine. The ordinary textbooks deal inadequately with the analgesics, sedatives and stimulants, which are used so frequently in both hospital and general practice. This book fills that gap, but it is a pity that it does not cover a wider range of drugs. Trade names are used throughout the text, the authors thereby indulge in a practice which they admit to be wrong. Trade names must be abandoned in medical literature if confusion is to be avoided.

LOCAL ANÆSTHESIA: BRACHIAL PLEXUS. By MacIntosh and Mushin. (Blackwell Scientific Publications Ltd. 56 pages. Price 10/6.)

Professor MacIntosh and Dr. Mushin have set out to describe simply, completely and with a wealth of pictorial and anatomical detail, the technique which they use for brachial plexus block. In the way in which they have done it they have achieved perfection.

While it would be idle to claim that this book is as good as a personal demonstration, it is quite the next best thing, and the authors and their artist, Miss M. McLarty, are to be warmly congratulated.

The technique employed in this volume is to take the reader, step by step, through an exposition of the

MEANING AND PURPOSE. By Kenneth Walker. Pp. 163. Johnathan Cape, 7/6.

In this short book Kenneth Walker reviews briefly some scientific theories which have influenced thought in the past century, and he endeavours to place them in their proper perspective.

He discusses scientific materialism of the last century, and the inability of science to give a complete account of reality. He devotes two chapters to the theories of evolution which have had a profound effect on thought. These will be of much interest to the student whose knowledge of the wider implications of Darwin's ideas is somewhat hazier than his knowledge of evolutionary processes, which he accepts so readily.

The chapter on Psychology gives an unbiased account of the Behaviorist school which is poorly understood by many who find its teaching unacceptable and therefore its refutation easy. The chapter on the Influence of Freud is disappointing; it deals not so much with the influence of Freud but with the author's disrespect for his views.

The "Creative Evolution" of Bergson introduces another means of contact with reality by the *Intuition* which is a necessary postulate if one believes the intellect to be incapable of understanding the universe, and, in particular, incapable of finding a purpose. Another postulate is the *élan vital* which reinstates an aim into a universe which science has reduced to a series of *chance* variations. The in-

relevant anatomy and how the landmarks may be identified, then to show him how to place the needle accurately and to prove that it is accurately placed, and finally to perform the injection.

In using this method the authors have not economised over illustrations, but by using photographs of the human skeleton, they have superimposed drawings of the structures which they wish to emphasise, and to ensure complete clarity they have most carefully correlated the text with the illustrations so that at no time is there any doubt in the reader's mind as to the meaning intended.

Should the reader doubt whether any book of fifty-six pages is worth 10/6, then we advise him to buy this one and find out.

tuition of Bergson meets an ally in the excellent chapter on the Religious account of Reality, which is based on the experience of an emotional state of *Unity* with the *Tao*, the first cause, the Divinity.

He discusses various "substitute" philosophies which men have tried since the dawn of "unbelief": Humanism, Racialism, Communism, and he shows how these have proved unsatisfying. The chapter "New Horizons" deals with the new conceptions coming from the World of Physics, which have made us more uncertain than ever about our knowledge of the universe. It is the revolutionary changes in physics by which our ideas will be most affected in the future; it is a pity, therefore, that they receive such scant attention.

This book can well be recommended to students and doctors, who tend to become so absorbed by medicine that they no longer appreciate that they are looking at but one facet of the world, and that facet is of the smallest. This book is an excellent guide and introduction to modern thought and the works of those writers who are having such a profound influence upon the world, e.g., A. N. Whitehead, James Jeans, Eddington, Lippman, Huxley, Watson, etc., there is a short bibliography at the end of the book. If it stimulates thought this work will have achieved something of great value, and very dull of mind must be whose curiosity is not aroused by the subjects dealt with in this book.

At HILL END

Infected perhaps by the melancholy of autumn it is borne in upon me that what one can write about any one month at Hill End is much the same as what one could write about any other. When you come to think of it, the same sort of things occur in a sequence. People come, they go after twelve months, while they are here they act plays, organise dances, philosophise at colloquies, play games and all the rest of it. So that when no report from Hill

End appeared in the JOURNAL (through no fault of mine—it was lost in transit) I expected it to pass unnoticed or even to prove a welcome omission. However, I have been reproached by some and accused of laziness by others, so I suppose I must throw off my despondency and get down to it: and really, every month here has a different and distinctive flavour. The last two have provided some interesting and even bizarre happenings.

Not the least interesting more from a sociological than a sporting point of view was the cricket match against the Housemen. It would be true to say that a good time was had by all, but the general consensus of opinion seems to be that the best time was had by the umpires. Armed with quart bottles of beer, these two learned doctors—I regret to say they were both "qualified gentlemen"—provided the most decorative feature of the match. Despite their efforts their colleagues were defeated by one run, amidst, as the newspapers say, scenes of wild excitement. On another equally uproarious occasion a scratch team defeated the nurses. The ladies, batting first, were all out for 57, the range and variety of the bowling baffling many of them, but certainly not Miss Page, who scored nearly half of her side's runs in an innings of forceful mastery. Undoubtedly the outstanding performance of the day. Batting left-handed and retiring when they had scored ten, the Gentlemen knocked off the runs fairly easily. Alan McDonald so far forgot the rules of decorous conduct as to hit a magnificent six.

In pursuance of my policy of blowing, in my own humble way, the medical student's trumpet (if one can blow a trumpet in a humble way), I should like to hit out at another popular misconception of our ill-used race. For some rea-

son we are notorious for having few interests outside our work. At any rate at Hill End this is quite untrue and the traditional conception of the student as a hearty tough intolerant of such of his contemporaries as have intelligent interests is confounded at every turn. Apart from everything else, there have been public performances by the Dramatic Society, the Choral Society and a recital of poetry and music. The Choral Society has grown from its comparatively humble origins to a large, enthusiastic and flourishing institution. At their concert they attempted a more ambitious programme and were triumphantly successful. The recital of poetry and music organised by Bryan Storey, who deserves a special word of thanks for his initiative, was also a *succès fou*. It suffered to some extent from under-rehearsal and the standard of reading was higher than that of the music: but the whole effect was pleasing.

We mourn the migration of many friends to London, and as the winter closes in upon us, it is a solemn thought indeed that no more shall we catch glimpses of Mr. D—y's scarlet braces flashing under the July sun as he shifted bedridden patients with that adroitness that was peculiarly his. With that solemn reflection I will leave you.

H. W. C.

At CAMBRIDGE

After a lapse of three months caused by the long vacation another newsletter appears from Cambridge. While, on the face of it, this may seem to be a somewhat generous period of rest, those that have had to contend with vacation courses, camps and conjoint examinations will realise that the term "vacation" is more apparent than real.

Since the last Cambridge news appeared in July we have undergone the perennial changes that accompany the end and beginning of a university year. There are very many freshmen up this term, to whom we extend our greetings, and there are very many old faces absent, all of whom we are sorry to lose (though in all fairness it must be added that there are also very many old faces that seem to be still here).

Amongst those that have passed on to higher things is one of the late correspondents from this sector during the last year. Our counterpart at Hill End enquired a little while back why the term "we" as opposed to "I" is

almost invariably used by correspondents of this JOURNAL. If he still requires the answer he can do no better than to apply to that giant figure who, for a whole year, "carried back the can" for all the foibles and frailties of his partner and, incidentally, did most of the hard work for him. Few know the sleepless nights that the threat of a "little piece of sartorius" caused him following a somewhat indiscreet quotation from an unguarded moment of one of the great, or of the coolness of a certain department following a famous Lost and Found notice. The surviving partner of the pair hopes that he may start with a clean sheet again, but despairs of preserving it if he remains for long a one man act. "We" advise the Hill End writer to follow suit or take the consequences.

As the term has only just begun there has so far been nothing worthy of the title of News to report. The main anxiety has been that of finding lodgings. This is a problem

that grows worse each year and seems to be almost impossible to alleviate. So thankful are most students to get a roof over their heads at all that the quality of the accommodation and the great disparity in cost of living between this and some other sectors and even between Cambridge to-day and two or three years ago generally passes unnoticed or unremarked. It would seem that perhaps the vexed question of how long the Preclinicals will remain in Cambridge may be settled eventually by the simple disappearance of sufficient living room. With all the talk of Portal houses and converted Nissen huts the prospect of finding this living room nearer home would seem, however, to be rather bleak. Perhaps we will finish up in a great camp, the last word

in prefabrication and monotony, on Parker's Piece or Charterhouse Square.

It would be out of place for us to add anything here to the obituary of Dr. Mettin that appeared in the last issue. Suffice it to say that that fine man and really great teacher will be most sadly missed in almost every aspect of our life here in Cambridge. He was probably the most brilliant lecturer that most of us have had the privilege and pleasure to hear, and to this the attendances at his famous revision courses bore testimony. Volumes might express less than the fact that I never knew of a man who, having signed one of the attendance sheets for one of Dr. Mettin's lectures, found his presence required elsewhere before its commencement.

P. J. C. C.

ANNOUNCEMENTS

BIRTHS

MARTIN-JONES.—On October 9th, 1944, at Chalfonts Nursing Home, Gerrards Cross, to Margaret (née Figgis), wife of Major J. D. Martin-Jones, R.A.M.C.—a daughter.

TAIT.—On September 22nd, 1944, at Princess Christian's Nursing Home, Windsor, to Roselle, wife of Charles Tait, M.B., D.O.M.S.—a son.

COOPER.—On October 1st, at Darlington, to Frieda, wife of Lieut. J. R. Cooper, R.A.M.C.—a son (still-born).

McGUIRE.—On September 15th, 1944, at St. Bartholomew's Hospital, to Alison (née Liddell), wife of Lieut. Neil G. McGuire, M.B., B.S., R.A.M.C.—a son (Michael Alexander).

CHANGES OF ADDRESS

Roy S. Anderson, M.R.C.S., L.R.C.P., 56, Prestbury Road, Cheltenham.

Surgeon Captain E. Moxon Browne, R.N., Royal Naval Barracks, Devonport.

SPORTS

RUGGER

At the Annual General Meeting of the Club, Professor Hadfield was elected President, Sir Girling Ball was made a Vice-President, and last year's Vice-Presidents were re-elected.

Professor Hadfield was in the chair at a meeting held on the 30th August, 1944. He thanked the club for his election and appealed for goodwill and cohesion from the members. He also thanked Arthur Jones for all his efforts last year.

The following proposals were made and adopted:

(1) That the Pre-clinicals should be encouraged to play in the 1st and "A" XV's.

(2) That a ground should be hired near the Hospital for practices on Wednesday afternoons.

(3) That Vice-Presidents should be kept better informed of the activities of the club, and that in addition to fixture cards they should be sent a

synopsis of the minutes of each meeting.

(4) That dances should be held at Chislehurst to encourage supporters for the matches, and to improve the social aspect of the club.

That, if possible, sleeping accommodation (in the West Wing) should be provided for the visiting pre-clinicals.

Since this meeting all these proposals have been put into effect.

The H.A.C. have very kindly given us the use of their ground at Moorgate for practices on Wednesdays.

Several rooms in the west wing have been opened for the use of pre-clinical students over Friday and Saturday nights and these have already been used.

By the time this appears in print the first dance will have been held at Chislehurst.

Bart's v. King's College Hospital. Played at Denmark Hill. Won 24-8.

Before eight enthusiastic supporters, Bart's won their first match of the season in good style, and if the score slightly flattered us, the victory was well deserved.

Both sides started out with fourteen men, and after about ten minutes of spirited, if scrappy, play Mathew scored and Hawkes converted. Shortly after this King's equalised and were joined by their fifteenth man.

Undismayed, Bart's went ahead with another try by R. F. Jones, Hawkes again converting. The game became very open after this, but no threequarter movements of any note took place partly because Buchanan, playing out of position at scrum-half, failed to get the threequarters moving, since he was too slow from the base of the scrum and rather inaccurate with his passes when he did get the ball. His defensive play, on the other hand, was excellent.

A series of penalty goals followed, one to King's and two to us, and when Charles went over for another try, to complete the scoring, Hacking crossed the line again.

Of the newcomers from Cambridge, Hacking impressed as a fast runner with a fine swerve, and he looked dangerous whenever he got the ball, which was all too seldom, while Jukes in his new position at full back would do well to curb his attempts to join the threequarters and to develop more accurate kicking.

Our victory was mainly due to the pack ably led by Richards backed up by A. Jones, and we have the making of a fine fast pack who can be relied upon to be up with the ball in attack and combiure well in defence.

The fifteenth man, it remains to be said, was met outside the ground after the game, having found his way back via Chislehurst.

Team: Jukes; Hacking, Jones R. F., Hawkes, Wallis; Robinson P. K., Buchanan; Smallwood, Mathew, Richards, Reiss, McMillan, Charles, Jones A., Davy.

v. Guy's Hospital at Honor Oak Park. Won 11-6.

A most encouraging feature of this game was the presence of the President and two Vice-Presidents of the Rugger Club, who, together with some fifteen other fans, gave the First XV much welcome support from the touch-line. I hope this support will not only be maintained but also increased during the coming weeks.

The game started, as it was to continue, hard and fast with much stalwart work being done by both packs, whose play throughout was excellent. After ten minutes a mistake on our part resulted in a penalty goal being scored by Guy's; however, some

hard play and a good passing movement amongst our forwards resulted in J. Smallwood going over between their posts, the goal points being added by P. Hawkes. A sharp burst of rain now rendered the ground and ball slippery, and handling amongst the threequarters deteriorated, P. Hawkes scoring a penalty goal before half-time.

In the second half play was even, most work being done by the forwards. Guys were seeing much more of the ball from both set and loose scrums, but our own threequarters were noticeably good in defence. A clever break through by Guys was eventually checked by a tackle by Hacking, who himself looked very dangerous at times and was most unfortunate not to score on one occasion. A try by S. Smallwood in the last ten minutes was not converted, and from the kick-off Guys rushed through due to some poor fumbling on our part and scored in the corner.

Team: Jukes; Hacking, Batten, R. F. Jones, Davy; Hunt, Hawkes; Smallwood, Maitland, Richards, Reiss, McMillan, Buchanan, Rimington, MacRobert.

v. Royal Marines, Chatham. October 11th. Home. Won 36-3.

This was one of those games in which the forwards of both sides dominated the play. In spite of their weight the Marines saw much less of the ball in the right. However, in the loose they were very lively, binding better and looking for the ball more than the Bart's forwards.

The game opened with a good forward rush by Bart's, resulting in a try by Davey, which was converted by Hawkes. Later Hawkes kicked a penalty goal awarded against the Marines in their twenty-five. Just before half-time the Marines rallied and following a rush scored a penalty goal.

The passing in the Bart's threequarters line was a bit sticky at times. Once they got going, however, they did well, Davey and Hacking being outstanding.

For the Marines their scrum half and full back both played a very plucky game. The style of the former, however, was rather cramped by the vigilance of Buchanan and Jones.

After half-time the Marines tired and the Bart's score mounted. Richards and Smallwood were well to the fore in the rushes. Hawkes did well to convert with such regularity.

This was a good game, but one could not help being struck by the leisurely way in which Bart's so often followed up.

Trios were scored by: Davey (2), Buchanan, Richards (2), Hacking (2), Smallwood. All but the last were converted. Hawkes kicked a penalty goal.

Team: Jukes; Hacking, Batten, Pitman, Davy; Robinson, Hawkes; Smallwood, Mathew, Richards; Reiss, McMillan, Buchanan, Rimington, A. Jones.

Notices of the teams for the coming Saturday are now posted at Hill End and Bart's on Mondays. Those responsible for running the club would be greatly helped if players would make sure of ticking their names on the lists or crossing them off by Wednesdays at the latest.

All contributions for the December issue should reach the JOURNAL Office by November 11th.

EXAMINATION RESULTS
CONJOINT BOARD
FINAL EXAMINATION

OCTOBER, 1944

Surgery

Bannerman, R. H. O.
Samrah, M. E.
Parry, H. E.
Lloyd, G. H.
Thorne, N. A.
Waddell, T. R.
Mark, P. M. C.
Jones, A.
Bowen, C. W.
Gregory, B. A. J. C.
Ellis, E.
Andrew, J.
Pitman, R. G.
Weatherhead, A. D.
Helps, E. P. W.
Routh, C. D.

Walker, P. H.
Grossmark, G. J.
Dawson, A. M.
Duggal, S. L.
Pracy, J. P.
Ellis, R. H.
Jackman, C. C.
Alment, E. A. J.
Roberts, D. C.
Coulson, J. H.
Meyrick, J.
Sharrod, F. J.
McMillan, J.
Dingley, A. G.
Debenham, J. A. R.
Church, R. E.

Midwifery

Bhagan, K. A.
Bannerman, R. H. O.
Lloyd, G. H.
Pitman, R. G.
Allison, R. C.
Todd, C.
Andrew, J. D.
Samrah, M. E.
Sharrod, F. J.
Mark, P. M. C.

Grossmark, G. J.
Milbourne, A. G.
Nuttall, K. M.
Laymond, A. O.
McMillan, J.
Cartledge, V. L.
Sheldon, A. F.
Shohet, N. I. A.
Conway, F. J.

Pathology

Bhagan, K. A.
Allison, R. C.
Glanvill, A. T. H.
Ostle, G. S.
Yerbury, G.
Seymour, J. C.
Peck, I. A. W.
Robinson, J. O.
Yeardsley, F. J.
Watson, D. A.
Pitman, R. G.
Sharrod, F. J.
Grant, M.
Gloster, J.

Strangeways, W. M. B.
Youngman, R.
Davies, G. R.
Merritt, D. M.
Thompson, J. M.
Scott, M. G.
Marrett, J. E.
Finlayson, R.
van Zwanenberg, D.F.
Richter, D.
Robinson, K. W.
McGregor, R. C.
Taylor, T.

Medicine

Bhagan, K. A.
Mason, S.
Andrew, J.
Pracy, R.
Corbett, A. R.
Pitman, R. G.
Andrew, J. D.

Dawson, A. M.
Headley, P. R.
McKerrow, C. B.
Balls, E. A.
Bannerman, R. H. O.
Claremont, H. E.
Holden, F. A.

The following completed the examination for the Diplomas M.R.C.S., I.R.C.P.:—

Pitman, R. G.
Andrew, J.
Pracy, R.
Corbett, A. R.
Roberts, D. C.
Coulson, J. H.
Waddell, T. R.
Duggal, S. L.
Andrew, J. D.
Dawson, A. M.
Headley, P. R.
Samrah, M. E.

Lloyd, G. H.
Routh, C. D.
Grossmark, G. J.
Gregory, B. A. J. C.
Bannerman, R. H. O.
Claremont, H. E.
Holden, F. A.
Parry, H. E.
Helps, E. P. W.
Meyrick, J.
Jones, A.
Pracy, J. P.

PRE-MEDICAL EXAMINATION

SEPTEMBER, 1944

Chemistry

Kinsman, F. M. Wallace, J. R. C.

Physics

Barker, S. D. Kinsman, F. M.

*Gittings, D. J.**Biology*

Kinsman, F. M. Gittings, D. J.
Andrews, J. D. B. McKee, J. F. M.
Barker, S. D. Rosedale, R. A.

L.M.S.S.A.

AUGUST, 1944

Midwifery

Halabi, N. S.

FIRST EXAMINATION

SEPTEMBER, 1944

Anatomy

Monckton, J. Dobson, J. D.
Hindle, J. F. Holby, M. C.
Ussher, C. W. J. Graham-Stewart, J. C.
Chapman, P. J. C.

Physiology

Chapman, P. J. C. Holby, M. C.
Glanvill, M. E. Friedman, D. E. I.

Pharmacology

Backhouse, K. M. Montagnon, M. L.
Haire, I. R. Mann, F. M.
Sutton, W. K. Hogben, B. H.
Pitman, R. G. Denny, W. R.
Batten, J. C.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. XLVIII

DECEMBER 1st, 1944.

No. 11

PROGNOSIS GOOD

Now that our calendars are once again thin and dirty and dog-eared we can look back on a year that has to date been one of the most eventful ever to flow past the grey and timeless walls of the Hospital—although not, unfortunately, without leaving some definite souvenirs of its passage thereupon.

For three months in the Summer, starting just before D-day, members of the Staff and students were away backing up the medical services of the Normandy bridgehead. A little later we realized the days when

*Fierce fiery warriors fought upon the clouds,
In ranks and squadrons and right form of war.*

were being left behind almost as much as the quotation has left behind its original meaning. Since then we have been subjected to devices that were as unthinkable to us five years ago as they were to Rahere.

The wonder of it is that the Hospital, despite these distractions, should not only have maintained its personality but out of these turbulent months engendered a new spirit that is now spreading slowly and diffidently through the branches of its life. This renaissance has shown itself predominantly in a new-found interest in hospital sport, with the result that the Rugby, Soccer and Hockey Clubs are now in a position to field more than one team, while the 1st XV is receiving long-forgotten support for its home matches at Chislehurst. In fact, we have now reached the stage when we feel less inclined to stigmatize those who do not come, than warmly to compliment those who do. Although there is room for improvement, the affairs of the Hospital are receiving so much more attention from students as heretofore, it almost seems some of them have been awaken-

ed to the realisation that just as the Hospital has its duty towards them, so they have their duty to perform towards the Hospital.

There have been one or two wisecracks ready to wave a reproving finger at us on the grounds that work, not play, should be the student's preoccupation in war-time, and the frivolity of games and dances and the like should be banished as completely as Christmas pudding under the Protectorate. Actually, Britain's sport at the moment is going through one of the most flourishing phases in its distinguished career, while the Services have always been the first to recognise its importance. Medical students have for over five years now worked under conditions that have been often awkward and sometimes dangerous, they have never failed to do their national duty when asked, and have every right to enjoy their recreation.

But there is more in it than that. Sport and other activities making for *esprit de corps* are more important to us now than in peace time, apart from giving football players and spectators a chance to introduce themselves to the fresh air once a week. The object of the Hospital is not, surely enough, simply to produce doctors, but to turn out men who will be a credit to its name. The medical branches of the future depend for their success on the type of men who go to make them up. The skill of these people as doctors is only half the story; their personal qualities are as much or more important. We hear so much about the "team spirit" that it is easy to regard it as a cliché invented by people who have the habit of presenting school prizes. But it is a very real and useful thing that once settled in a hospital or anywhere else will be perpetuated,

as long as the right material is available.

To this revival credit is due to the supporters, players, secretaries, captains and members of the Staff who have made great efforts in the last three months to lick the extra curricular activities of the Hospital back into something like shape again. And as modesty is never an Editor's strong point, we claim a little of this credit for the JOURNAL. But the silver lining has a dark cloud to it. Despite awakening interest elsewhere, no enthusiasm has been shown among our readers for contributing to our pages. During the last twelve months our regular contributors have been mainly members of the Editorial staff, in various disguises, and some of our older stalwart subscribers. Members of the Teaching Staff, all of whom are more busy than ever before, have been very good to us in writing articles, though we make no secret that we should like to see more of their names in print. The JOURNAL is the property of the Students; but it scatters itself very far over the world and requires for its real success strengthening articles that only the Chiefs are able to write for us.

The students of the Hospital, at Bart's, and especially at Hill End and Cambridge, are bad contributors. Most of them excuse themselves that they "cannot write": but our standard is not high, our scope is not limited, and it is usually some other fault that earns the occasional rejection-slip. It has already been remarked that writing is a most simple affair—

one writes down the entertaining thoughts as they occur. It isn't the writing that's difficult, it's the occurring. Perhaps our readers who say they cannot write really mean they cannot think, or are too lazy to do either. A little practice in writing an article now will do its author no harm, for in the future he may wish, or be obliged, to collect information on some facet of medicine to present to a wider audience.

To give practice in the art of writing is in fact one of the five foundation stones laid down in 1893, upon which the JOURNAL rests. The second of these objects of policy declares it is the JOURNAL'S duty: "*To promote and extend the feeling of esprit de corps among students, past and present, in their work, amusements, and matters of interest to them in daily life . . . to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so by example, to rouse them into activity.*"

It is trying to carry out this charge that we have been creating an occasional Editorial fuss in the last year or so. We have been trying to drive home to some people that the Hospital is not simply the place they attend five days a week to learn medicine.

We have a rich legacy from our past men: we have great traditions and a proud men to live up to. We must not let them slip from our hands, for these days they are very precious things.

WHY SWIFT WROTE GULLIVER'S TRAVELS

By Sir Walter Langdon-Brown

(continued)

The first voyage—that is to Lilliput—is the most artistically conceived. Lemuel Gulliver is represented as a ship's surgeon who is cast up on an island from a wreck of which he is the sole survivor. He finds the inhabitants are six inches in height, except the King, who measures seven inches. Every detail is carefully drawn to scale and the story is not unamusing. It is like a civilization seen through the wrong end of a telescope. But the reader is soon made to realise that the author's object is to satirise human nature, and this he does by two devices which might be thought incompatible. The first is to make fun of these puny creatures who mimic our ways; but when we are told that high offices of state are allotted according to

skill in dancing on a tight-rope, and honours distributed according to ability to crawl under a stick held by the King near the floor, we see he is getting at human methods of achieving political and social success. Particularly so when we see the competition for the award of coloured threads which they proudly wore round their bodies, we know he is thinking of the blue riband of the K.G. or the red one of the K.C.B. And when we read of the extravagantly high sounding titles of this tiny King, we recall that even in Swift's day the British monarch was still describing himself as King of France. A dispute between parties in the State as to the wearing of high or low heels reminds us of the contest between

Whig and Tory, the heir-apparent tending to side against the King; and that in the Hanoverian dynasty the Prince of Wales was always on bad terms with the Sovereign. A controversy between those who think that eggs should be opened at the narrow end, and those who open them at the big end actually leads to war, although one of their own prophets had declared "That all true Believers shall break their eggs at the convenient end," and that meant leaving it to every man's conscience. The gibe at religious quarrels is obvious, even though Swift himself was a virulent controversialist in such matters himself. Although Gulliver did great service to Lilliput by dragging the whole of an enemy's tiny fleet into their port, a successful intrigue was started against him, for as he says, "of so little weight are the greatest services to Princes, when put into the balance with a refusal to gratify their passions." The object of all this is clear. If this change of scale enables us to look down upon the ridiculous pride and ambitions of the Lilliputians, how does our own glory show in the eyes of higher beings? Yet there is none of the grim pity that Thomas Hardy, almost as much a pessimist as Swift, shows in "The Dynasts" towards poor humanity; there is only contempt.

The second method Swift adopts resembles that of Samuel Butler in Erewhon; the inhabitants explain their own social ideas, which are opposite to our own, to our great disadvantage. But as this is done more fully in Gulliver's second adventure, I will pass on to that.

The voyage to Brobdingnag lands Gulliver in a country of giants 60 feet in height, so everything is exactly opposite to the conditions in Lilliput. Yet the moral is the same. He found it a mortification to appear as inconsiderable there as one single Lilliputian would be among us. He had noticed what fine skins the Lilliputians appeared to have, though they themselves were critical of each others, but agreed, to his annoyance, that his was coarse. He found the Brobdingnagians' skin very coarse, though they were satisfied with them. Ergo, beauty is not only skin deep, but depends also on the relative scale. Three learned men are summoned to account for Gulliver's minuteness. None of them can agree, so they decide he is a *lusus naturæ*, which explains precisely nothing. It is on the third voyage, however, that Swift belabours learning hardest. The King invites Gulliver to tell of the conditions in England, which he does with mock enthusiasm concerning trade, war by sea and land, religious schisms and parties in the state. Whereupon the King laughs heartily and says,

"how contemptible a thing is human grandeur which could be mimicked by such diminutive insects." Having closely cross-examined Gulliver about all our institutions the King says, "I cannot but conclude the bulk of your nation to be the most pernicious race of little odious vermin that Nature ever suffered to crawl upon the surface of the Earth." Note the increasing bitterness of the satire as we proceed.

It becomes even more virulent in the later voyages. The next one is to Laputa, an island capable of being in the air or descending to ground level by means of an enormous loadstone. I see in this a skit on William Gilbert's work on the magnet, published in the preceding century and still greatly admired. For he discovered terrestrial magnetism, and some of Swift's mock mathematical demonstrations are a fairly close parody of Gilbert's reasoning. The whole of this voyage, indeed, is in modern slang a "debunking" of learning, especially of scientific learning. And there are some shrewd hits, as we shall see. First we are shown the absent mindedness of pedants who have to be roused by a smack from an expanded bladder on a stick, manipulated by men called Flappers. In modern parlance, Flappers are rather different! If they want to describe the beauty of a woman they describe it by rhombs, circles, parallelograms, ellipses and other geometrical terms," so they evidently anticipated the Cubists.

On the mainland of which this floating island is the capital we are introduced to an Academy of the projects where new rules and methods of all processes, whether of agriculture or building, or anything else, are worked out. The only requirement was that it should be quite different from what had gone before, even though successful previously. To-day we meet with some of these Projectors, but we call them Planners. Some of these projects were disgusting, some extravagant and some amusing. One is amusing in the way the author did not intend. It was a scheme for extracting sunbeams out of cucumbers and bottling it up for use when the sun did not shine. I am told this was not an unfair skit on some of the papers read before the Royal Society in its early days, but to a generation familiar with the storing of solar energy as vitamin D and its bottling up as Cod Liver Oil, it does not seem so funny. The wisdom of one generation is often the foolishness of the next, but it is also true that what seems the foolishness of one may prove the wisdom of the next. We are led on to other astonishing ideas and though one smacks of Basic English, it degenerates into an anti-

pation of the White Knight's behaviour in Alice through the Looking Glass. In the main the attack is levelled at smatterers. Like his friend, Alexander Pope, he held that "a little learning is a dangerous thing," and as he says it is "a very common infirmity of human nature, inclining us to be more curious and conceited in matters where we have least concern, and for which we are least adapted either by study or by nature."

On this journey Gulliver encounters the Struldbrugs who are immortal. The desire for prolongation of life led the alchemists of old to search for the Elixir of Life and in more recent times we see Bernard Shaw in "Back to Methuselah" preaching it in a curious mixture of evolution and wishful thinking. Certainly it seems to have been effective in his own case, for at 88 he is as puckish as ever. But Swift's point is the horror of physical immortality without immortal youth. Tennyson dealt with it delicately in "Tithonus" who was granted immortality by Jupiter.

"But thy Strong Hours indignant worked
their will
And beat me down and marred and wasted
me
And though they could not end me, left
me maimed
... And all I was in ashes.
"Take back thy gift
Why should a man desire in any way
To vary from the kindly race of men
Or pass beyond the goal of ordinance
Where all should pause as is most meet
for all."

As may be imagined, Swift's vision was very different—terrible and macabre. "They were the most mortifying sight I ever beheld . . . and from what I had heard and seen my keen appetite for perpetuity of life was much abated."

In the course of his voyage Gulliver calls at Japan, which it is interesting to observe he treats as a fabulous country just like Lilliput or Laputa. Indeed, even in Gilbert and Sullivan's "Mikado," Japan was still treated as a fabulous country. Mortimer Mepes pictured it as a lotus land, filled with almond blossom and coloured lanterns, while Whistler set it up as the temple of art, whereas we now know that Japanese art is an inferior imitation of the Chinese. To-day we should be glad if Japan had remained in fact a fabulous country.

In Gulliver's last voyage Swift's virulent hatred and contempt for mankind finds its fullest expression. Here he finds a race of civilised, sensitive, highly intelligent horses,

the Houyhnhnm (which is supposed to be pronounced like a whinny). Instead of being beasts of burden to mankind, they are the dominating species who have as toilers and labourers for them a degenerate group of humans, called Yahoos. It is easy to see the scope such an idea gives to Swift's malice. The Yahoos are kept in stables tied by a cord round their necks, and draw sledge-like vehicles for their masters. You can imagine the indignation these super horses feel on hearing that with us the precise opposite is the practice. Their language was said to resemble German, which, as Charles V remarked, was the language he would use if he were to speak to his horse. Gulliver found a kind master who asked him all about his own country, but was at a loss to know what could be the use or necessity of practising the vices he described, but added that "whoever understood the nature of Yahoos might easily believe it possible for so vile an animal to be capable of every action I had named, if their strength and cunning equalled their malice." Gulliver was asked about our lawyers and doctors, and his description was far from complimentary, the lawyers frankly crooks and the doctors absurd. The practice of the latter, he says, to rid the body of disease is to treat it in a directly contrary manner to the natural one "by interchanging the use of each orifice, forcing solids and liquids in at the anus, and making evacuations at the mouth" by emetics. And there was some ground for that accusation at the time.

I will not detail the horrible and disgusting accounts he gave of the appearance and habits of the Yahoos; this part has to be extensively cut in the editions for the nursery. The dignified race of horses finally expelled Gulliver, because, as he said, "I could no longer deny that I was a real Yahoo in every limb and feature."

On his return to England Gulliver sums up his adventures in a mock serious style, saying that throughout he had not been so studious of ornament as of truth, and that his sole intention in relating them was for the public good. "I write," he says, "for the noblest end, to inform and instruct mankind, over whom I may without breach of modesty pretend to some superiority from the advantages I received by conversing so long among the most accomplished Houyhnhnms."

The book is the man with his genius, his bitterness, his contempt and hatred of the human race, and his dirty mind. Only by such a book could he relieve his sense of exasperation. "To those who did not know him he

was a savage misanthrope; his friends loved him and one woman died of a broken heart for him." (G. B. Harrison). His final realisation that after all he was only a Yahoo himself was too devastating and drove him out of his mind.

Could Swift have escaped his fate? No one can say, and the answer anyone attempts will be coloured by the relative importance they attach to heredity or environment; or in other words, to nature or to nurture. We do not know what was the influence of his hereditary genes, but we do at least know that other men have overcome an equally unfavourable environment. So that it is probable his genes were at any rate in part responsible for his outlook on life. But to-day we are inclined to attach more importance to environment, especially in the first five years of life, than was the case 40 years ago. Now these early years were not unhappy ones for Swift. True he was deprived of a mother's care, but his nurse was devoted to him and looked after his education so well that at five he was able to read the Bible easily. I do not believe this could have been imposed upon an unwilling child. His bad time came later and by the time he went to Trinity College, Dublin, he was already in revolt.

It has been well said that heredity determines what we can do and environment what we do do. The trouble with eugenists is that they are not always clear what their aim is—whether for brain or brawn. Certain it is that a biological inferiority may be consistent with genius. Turner's defective eyesight was utilised by him to create gorgeous visions, many immortal works have been produced by the tuberculous, and Beethoven's hereditary otosclerosis did not prevent his reaching supreme heights in musical composition.

To return to Swift; there can be little doubt that in his case hate was the dominant emotion. It has been said of William Hazlitt, the essayist, that the gods dowered him with a two-edged knife over which he had little control and with which he inevitably dealt himself crueler wounds than either friend or foe could inflict. And that is true for Swift also. He

Owing to misprints in the typewritten MS. we regret the following mistakes crept into the first part of Sir Walter Langdon-Brown's paper:—

Swift was 46, not 36 as stated, when he became

could see nothing but evil in the times he lived in, yet G. M. Trevelyan has said of Defoe's picture of them that it "leaves the impression of a healthy national life, in which town and country, agriculture, industry and commerce were harmonious parts of a single economic system . . . This interplay of the activity of town and country, not yet subversive of the old social order, gave Queen Anne's England a fundamental harmony and strength below the surface of the fierce distracting antagonisms of sect and faction." Evidently these contemporaries saw England through strangely different eyes. Of course, there were evils then as there are now, and Swift, knowing nothing of the slowness of evolution, was impatient in a way for which modern thinkers have less excuse. Our much fuller information about the rise and fall of past civilisations has taught us that progress is not continuous, but that, as Flinders Petrie expressed it, the winters are getting shorter and the summers longer. Your seniors who grew up in the apparent stability and security of the Victorian age might well feel pessimistic at the relapse into barbarism that this Age of Violence has seen. Yet any reading of the social history of the past will show that despite ups and downs there has been great improvement in the main. Swift failed to take into account the inevitable aftermath of the Civil War and James II's attack on constitutional liberty. Readjustments after great upheavals always takes time as we shall find in the near future. But Swift would have been a misfit in whatever age he had lived. One of my reasons for this detailed analysis is because in practice you will encounter many such, without Swift's redeeming genius. To understand and to try to help them to make reasonable adjustments is one of the things which makes the career of medicine the most satisfying. Nor if I had my time over again would I have chosen any other. In a world that is always seeking new ways of inflicting suffering and death, it is our lot to alleviate the one and postpone the other. We deal with individuals, and the civilisation of a state can never be far ahead of the individuals who compose it. And in the wise words of Plato, "Civilisation is the victory of persuasion over force."

Dean of St Patrick's.

"Audent Isherwood's play 'The Ascent of 76' should have read 'Audent and Isherwood's play 'The Ascent of F.6.'"

* * *

All contributions for the January, 1945, issue should reach the JOURNAL Office by December 11th.

THE PROBLEM OF THE HERNE HILL GROCER

A true account of the indiscretions of the Rev. George Dyson and the dangers of over-educating your wife.

By ALAN TOIS

It was to one of those large and expressionless mansions in Belgravia that, on New Year's Eve 1885, a Mr. Thomas Bartlett returned from visiting his dentist, and after tucking-in to a supper of oysters, chutney, cake and tea, early next morning was found dead in his bed—really a pretty reasonable and deserving sequel.

This most unseasonable discovery was made by none other than the beautiful Mrs. Bartlett, the tiresome but inevitable legal formalities attendant thereon dragging her from the secure obscurity of Claverton Street, where she lived, to the dazzle of public life and the dock of the Old Bailey.

The little affair came to be discussed over every London teacup in what Alexander Woollcott would have called "an ecstasy of apprehension." Parenthetically, it has always seemed to me a great pity that the late Mr. Woollcott never lighted upon this case, to include it among his accounts of other domestic tiffs, such as the upset in the Bennett family (when the wife overbid two spades and shot her husband all in the space of twenty minutes), and the lapses of Cæsar Young (who killed himself in his paramour's hansom and unsportingly put the gun back in his pocket afterwards). Not only would Woollcott have been tickled pink over the family life of the Bartletts, but the maiden name of the pretty widow might have worked him up to the enthusiasm he showed for Jerry Verity, Old Shakespeare, and La Belle Hélène, who reigned for a few highly immoral years in Thomas Street, New York. Mrs. Bartlett was christened nothing less exotic than Adelaide Blanche de la Tremoville, and, as can be understood, only managed to hold on to her surname for nineteen years, when she swapped it for one that decorated half-a-dozen grocery shops in the Herne Hill district.

This Herne Hill grocer of hers started off the marriage at something of a disadvantage. He was a man of sketchy education, he was eleven years older than his bride, and after all, he hardly knew the woman. Papa de la Tremoville set himself up as a sort of manager for his daughter, who only met her husband once before the happy day. It is quite unfair to raise a moral eyebrow over this: Mr. Bart-

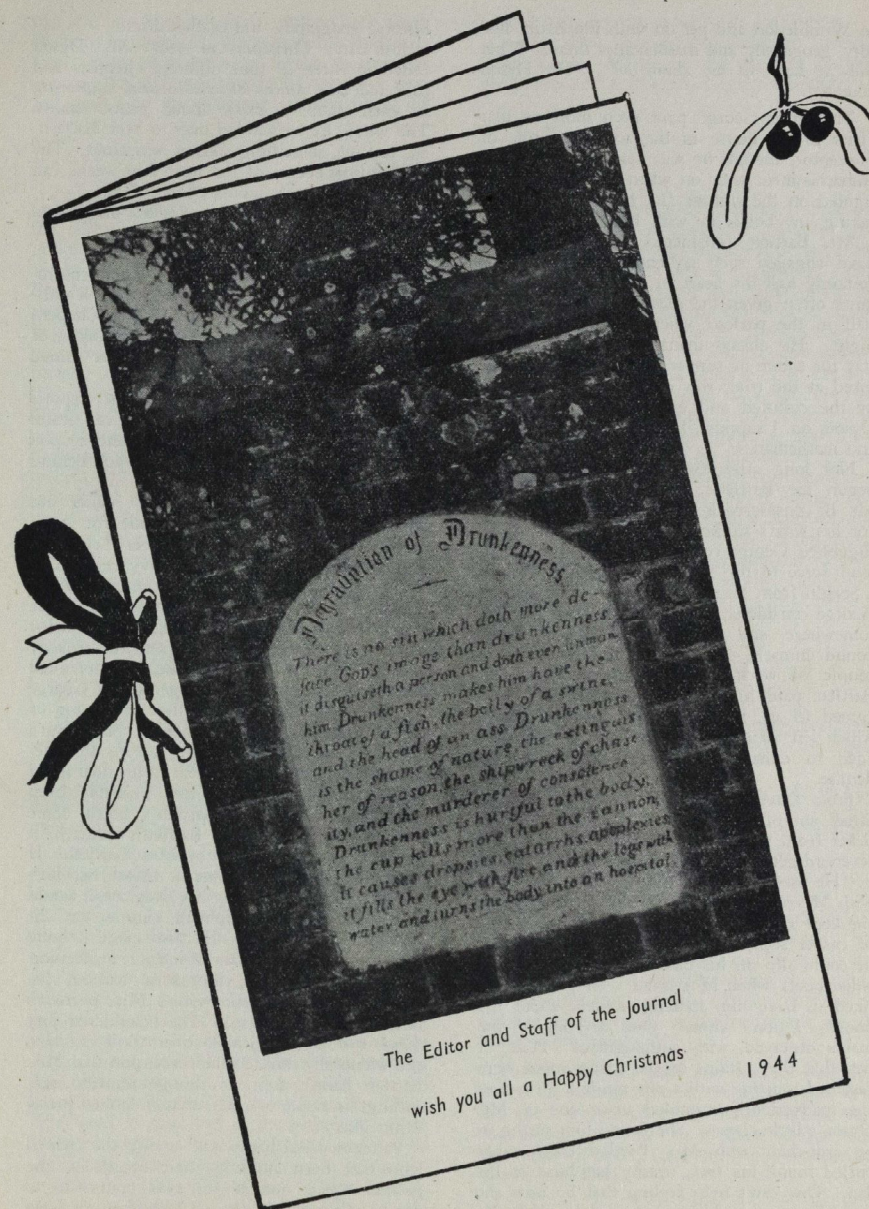
lett's intentions were all most strictly honourable. No sooner had young Adelaide walked back up the aisle than he packed her off to boarding school for two years, with another twelve months at a convent in Belgium, just to make sure.

What must have been a highly-educated young woman finally took up residence with her husband at the age of 23. During the next seven years she does not appear to have done anything in particular except run off with her brother-in-law and have a baby, which later died. 1885 finds the Bartletts living together again quite happily at Merton, the husband possibly treating the brother-in-law incident as the headstrong prank of a girl only recently left school.

At this point the Rev. George Dyson intruded himself into the scene. The minister was apparently young, cultured, Irish and "had a black curly moustache." All these personal qualities seemed to have appealed to the impressionable Mrs. Bartlett, but as for the one that finally turned the scale of her affections—I bet it was that moustache.

The Rev. George paid a pastoral call on the Bartletts, making, so it seems, a good impression all round. A few weeks later, finding himself with nothing to do of an afternoon, he popped in once more for tea and cucumber sandwiches. Shortly afterwards he was around again. Rationalizing his conduct as a mixture of spiritual guidance and partiality for cucumber, the young minister became a more and more frequent caller. Every time the door bell rang at four o'clock it soon became a case of "Well now, and if it isn't Mr. Dyson again!"

Now, the care of his wife's education seems to have become something of an obsession with Mr. Bartlett, and one tea-time he suggested to the Rev. George he might pop in a little more regularly, for an hour or two at a time, in order to instruct his wife in Latin, history, geography and mathematics. He might call in the daytime, suggested Mr. Bartlett, when he himself would be away at his business, then the couple would have the house nice and quiet, and to themselves. If it would be more convenient, Mr. Bartlett went on, the Minister could have his wife round to his own rooms



in Wimbledon and get on with the Latin, history, geography and mathematics there. What did he have to say about it? Mr. Dyson accepted.

Thereafter George paid even more regular visits to the house in the accredited rôle of præceptor, though he was caused considerable embarrassment later on when Queen's Counsel lighted on the sinister fact he was never seen taking any books in with him. But shame!

Mr. Bartlett considered himself lucky to have engaged such an enthusiastic tutor—he certainly had his heart in his work—and was quite often given the pleasure of finding him still in the parlour when he came home at night. He always managed to press him to stay for a bite of supper, which meal, it transpired at the trial, was enlivened for everyone by the cultured and erudite remarks of Mr. Dyson, on, I suppose, Latin, history, geography and mathematics.

Not long after the course of lessons had begun the Bartletts moved down to Dover. Mr. B. considered it would be an awful shame for his wife's studies to be interrupted, so he suggested George continued to visit them. To lend force to the proposition he offered him a Season from Victoria to Dover. The startled George considered a man had to draw the line somewhere, and refused. All the same, he found himself on his way to Dover for a couple of week-ends (the conscientious Mr. Bartlett paid his fare), on one of which he agreed to act as executor for his host's will, which left all to his wife as long as she managed to remain single after her husband's demise.

From Dover the couple moved to Claverton Street, and of course George came too. (Season ticket from Putney to Waterloo.) By now the reverend gentleman was making quite a day of it. He used to arrive about nine a.m. and stay with Mrs. Bartlett well into the evening, while she kept a comfortable house jacket and a pair of carpet slippers in the back parlour, so that he could slip off his black worsted and elastic-sided boots when he arrived. Or perhaps she liked to have him looking homely about the house. I don't know. One day one of the maids observed, with a thoughtful "H'm" I bet, that the curtains of the living room were fastened together with a pin, while a little later she inadvertently stumbled upon one of Mr. Dyson's little classes. She found him sitting in an arm-chair with Mrs. Bartlett comfortably curled round his feet, resting her head in his lap. One can't help feeling that by now she must have got to know an awful lot of Latin,

history, geography and mathematics.

Just after Christmas in 1885 Mr. Dyson called in three or four different chemists and collected five ounces of chloroform, muttering in each shop a story about grease stains. The whole lot he handed over to Mrs. Bartlett. So, you see, something sinister was afoot. The outstanding events of the next few weeks can now be adequately tabulated as follows:—

Jan. 1st.: Mr. Bartlett shuffles off mortal coil.

Jan. 2nd.: P.M. held on same.

Jan. 3rd (Sun.): Rev. Dyson hurls chloroform bottles into bushes on Wandsworth Common. (On way to Chapel.)

Jan. 4th.: Rev. Dyson declares, *à propos* of nothing in particular, he is a ruined man.

Jan. 26th.: Home Office analyst reports chloroform as being cause of death. Mrs. Bartlett and George pounced upon by delighted police and clapped behind bars.

The British public rubbed its hands and waited for the trial, which was due for April 12th. Popular sympathy was overwhelmingly with the pretty widow, as it always seems to be in the case of husbands who murder their wives and vice versa. All the same, it looked on the face of it as if George and Adelaide were in for a pretty thin time. But thanks to the tenacity and ability of Sir Edward Clarke, who defended the accused woman—the charge against George was unexpectedly dropped—the complexion of the case quickly started to change. Sir Edward had spent some weeks reading up his anaesthetics until he became quite clear in his own mind that although chloroform had probably been transferred from Mrs. Bartlett's bottle some time, somehow, into Mr. Bartlett's stomach, it couldn't have been done by Mrs. Bartlett. If she had attempted to pour it down her husband's oesophagus during his sleep there would have been a most frightful rumpus, as Sir Edward pointed out. He also made it quite clear to the court that to induce a sleeping patient with an open chloroform without disturbing him was a task beyond Mrs. Bartlett's skill as an anaesthetist. The bewildered jury spent two hours turning over these niceties, and eventually came to the conclusion that Mrs. Bartlett hadn't done it—though unorthodoxly adding, as a sort of rider, that it looked pretty damn likely.

Pandemonium broke out among the crowds who had been holding their breath in the packed streets outside for two hours—so to speak. Cheers split the air, hats flew off right

and left, and Sir Edward was wafted back along Holborn by a raucous wave of public appreciation. Even when he went to the theatre that evening the audience rose to its feet as a man and gave him the pleasant embarrassment of

* * *

DR. EGBERT MORLAND

The retirement of Dr. Egbert Morland from the editorial chair of *The Lancet* will be regretted most by those who know him best. His ability was already apparent when he came to Bart's in 1893 with an entrance scholarship, and as a student he won a senior scholarship, in physiology of the London M.B. He was also vice-president of the Abernethian Society. He became ophthalmic house-surgeon in 1898 and then house-physician; but as resident at Great Ormond Street he developed tuberculosis. This new interest led him (with an architect brother) to submit plans for the King Edward VII Sanatorium, and among 180 competitors they received 3rd prize. Sent to Switzerland for his health, he took the M.D., Berne, and practised in three languages at Arosa, where he directed the Villa Gentiana, an English sanatorium. He joined *The Lancet* in 1915, and succeeded to the editorship in 1937. Already another Bart's man, Dr. Gerald Horner, was editor of the *British Medical Journal*.

what I suppose you would call an ovation.

As for what happened to Adelaide Bartlett, I don't know. Maybe she took up Latin, history, geography and mathematics really seriously.

DIVI'S

Croute à la Fraser, alas no longer available, were Divi's tributes to some of his especially favoured customers.

In 1941 the Eusebio's flat in the West End was destroyed in the blitz, so they came to live over the premises. Even during the heaviest bombardment Divi never closed, and although his windows were blown in with monotonous frequency, Divi would merely shrug his shoulders and set off to the market with his old shopping bag. Staff difficulties, however, became acute, and latterly Divi had to do all the cooking himself, as well as doing the buying and running the business. This at the age of 68 was no easy task, so the restaurant we all loved so well was sold.

For the present, Divi and Madam continue to live in Newgate Street, and I am sure that the good wishes of every Bart's person, past and present, will go out to them in the hope that they will have a long and happy retirement. Thank you, Divi!

J. K. I.

CORRESPONDENCE

CORRECTION AND APPRECIATION

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

I was pleased to receive the October number of the JOURNAL. It has been well read this month, for there are quite a few Bart.'s men in these parts. In fact the personnel of the two Field Surgical Units working in this centre is 100 per cent. Bart.'s: John (J.A.) Squire and Geoffrey Darke, Keith (K.F.) Stephens and myself. My copy has also been seen by Brennan (Peter) De Vine, who has been awarded the M.C. recently. Perhaps you are correct not to have published the news of this decoration, for I believe it has not yet appeared in the London Gazette, but it is a fact, so watch out for it.

There are several errors of both omission and commission in the lists you have printed on pages 143 and 144. Most important is the omission of the name of J. R. O. (Jo) Thompson from the Roll of Honour. Jo died on duty in his hospital ship when it was bombed off Anzio. Jo, as all will agree who knew him, was one of the most lovable and quite one of the most remarkable men who ever became a student at Bart.'s. He was on the Students' Union Council and his ideas were always practical and far-sighted. He was the best poker player even seen at Bart.'s, and to play with him was worth every penny of the money he took off you in sheer amusement.

You have also omitted the name of A. R. P. Ellis (Tubby) from the list of those who have won the D.S.O. He has had it since El Alamein days. It is rumoured that both Elston Grey Turner and Cedric England have been decorated. The latter has been reported missing since Arnhem, but the Parachute Field Ambulance to which he was surgeon is rumoured, this time well authenticated, to have been taken prisoners with practically no casualties.

Stoker, who you still have in your list of P.O.W.'s, has been repatriated. I recently treated Capt. N. C. Rodgers, who was a midder clerk when I was intern, for a leg wound at the relief of Le Harvre. Perhaps there are two Bart.'s men with the same initials and similarly spelt names, or is it a printer's error? Anyway, this Rodgers certainly wasn't a prisoner and was doing very well when evacuated to hospital.

I hope you will forgive this letter of correction. We all think the BART'S JOURNAL is well up to standard.

Yours sincerely,
CLIFFORD NEWBOLD,
Major, R.A.M.C.

November 5th, 1944.

DISSATISFIED CUSTOMERS' DEPT.

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

I regret to have to say this, but as the standard of the BART'S JOURNAL has fallen off so much during the last year or so, I do not feel that it is worth my while to continue my subscriptions any longer.

Yours faithfully,
F. J. JENNER.

17, The Close,
Spring Grove Road, Isleworth,
October 20th, 1944.

Hmm.

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

Having spent many hours reading Path. books and 4 gns. to take the Conjoint Path, and having satisfied the examiners in that subject, I was most upset to find that my name is not in the list of successful candidates printed in the November JOURNAL.

I trust this error of omission will be corrected in the next issue.

Yours, etc.,

N. ROSENBERG.

Abernethian Room,
Bart's,
November 6th, 1944.
It is.

COLD COMFORT

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

As spring turns to summer, the feathers drop off the birds; the snake sheds its skin, and the bark flakes off the plane trees. Periodically the human being changes the lining of his respiratory tract: we call it a cold, and classify it as a disease. Isn't it really something in the nature of a moult?

"Ah," but you say, "I went to see B, who was suffering from a bad cold, and caught it from him." Did you in fact, or was it that you were ripening for your autumn moult, and that the sight of him wheezing and blowing brought yours on—something like a yawn? Hasn't it been found impossible to infect Bart.'s students experimentally from one another? No specific bacillus seems to have been discovered.

No, you won't have it? All right: it is a disease. A filter-passing virus—so easy! Nevertheless, I am convinced, I moult.

"PERCIPIO."

November 9th, 1944.

The Editor has got such a filthy moult at the moment that he doesn't care.

WHERE'S OUR WHITAKER?

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

In reference to your correspondent's letter in the last number of the JOURNAL, concerning Brigadier-General R. Ogier Ward, etc., etc., surely your correspondent himself is incorrect in his final designation, which should read, "Brigadier R. Ogier Ward, D.S.O., O.B.E., M.C." The fourth class of the Order of the British Empire taking precedence to the Military Cross, but being junior to the Distinguished Service Order.

Your faithfully,
G. H. BUNCOMBE.

Attleborough Emergency Hospital,
Attleborough, Norfolk.
November 6th, 1944.

HOIST THE BURGEE

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

We feel that the activities of the United Hospitals Sailing Club should be brought more fully to the notice of Bart.'s men. Latterly there has been a great falling off in the number of sailing members,

which, in view of the great part which Bart.'s has played in the past, is all the more to be regretted. We would like to point out a few of the activities and facilities available.

The Club is now sailing from the London Corinthian Sailing Club at Hammersmith, and has done so during the war. Six boats are available during the week and the week-ends. Club races are usually organised each week-end, also inter-hospital races.

The Club also provides an excellent bar and catering facilities, although it has not escaped war damage entirely.

It is a good opportunity for those wishing to learn to sail, and for meeting fellow students from other hospitals.

* * *

RECENT PAPERS BY BART'S MEN

APPLETON, A. B. "Segments and Blood Vessels of the Lungs." *Lancet*, Nov. 4th, 1944, pp. 592-594.

ATKINSON, M. "Ménière's Syndrome, Migraine and Certain Related Conditions." *J. Med. Soc., New Jersey*, Jan., 1944, p. 11.

— "Ménière's Syndrome—Its Mechanism and Management." *N.Y. State J. Med.*, March, 1944, pp. 489-492.

FRANKLIN, A. W. "The Prognosis of Bronchiectasis in Childhood." *Proc. Roy. Soc. Med.*, Aug., 1944, pp. 576-577.

HERSON, R. N. (and Christopoulos, G. P., and Coghill, N. F.). "Mumps in Cypriot Troops." *J. Roy. Army Med. Corps*, Sept., 1944, pp. 107-118.

JOHN, A. O. "Tuberculous Endometritis." *Tubercle*, July/Aug., 1944, pp. 69-71.

KERSLEY, G. D. "Post-War Rehabilitation and Resettlement." *Brit. Med. J.*, Nov. 11, 1944, p. 632.

LANGDON-BROWN, Sir W. "Some Chapters in Cambridge Medical History." *Proc. Roy. Soc. Med.*, Sept., 1944, pp. 664-668.

* * *

BOOK REVIEW

SURGERY, by C. A. Pannett, B.Sc., M.D., F.R.C.S., Professor of Surgery, Univ. of Lond. Hodder and Stoughton, London. Pp. 740. 35s.

In writing this book Prof. Pannett has kept uppermost in his mind the laudable object of lightening the undergraduate's burden. He has made the text as brief as possible, omitting what he considers unessential facts and the details of operative technique. Furthermore, working on the assumption that it would be unjust to expect the candidate to have more specialised knowledge than his examiner, he has not asked for the help of experts in any of the special branches of surgery, but presents the book as representing the opinion and the doctrine of an experienced general surgeon, which should suffice, therefore, for a student reading for a qualifying examination in surgery.

It is well illustrated from the author's own pen, and the book is easy to read; yet one's first impression is that it has not quite succeeded in its real object of providing the undergraduate with all

Other advantages of being at Hammersmith are, that it provides the opportunity for a day's sailing up-river, that sailing is possible all the year, and the Club is easy to get to.

Membership is 10s. per annum, which is inclusive of everything.

We shall be very pleased to give further details to those interested and to welcome them at the Club at any time.

Yours sincerely,

MIKE HEWETT, Bart.'s Secretary.

MIKE SCOTT, Secretary, U.H.S.C.

Abernethian Room,
St. Bartholomew's Hospital.
October 15th, 1944.

LONGLAND, C. T. (and MacKeith, R.). "The Film in Medical Education." *Lancet*, Nov. 4, 1944, pp. 585-588.

MAINGOT, R. "Extramucous Oesophagocardiomycotomy in Cardiospasm." *Post-Grad. Med. J.*, Oct., 1944, pp. 278-282.

MORISON, C. R. "Some Observations on Gynaecology and Obstetrics in Nigeria." *J. Roy. Army Med. Corps*, Aug., 1944, pp. 60-65.

RAVEN, R. W. "The Surgical Complications of Typhus Fever." *J. Roy. Army Med. Corps*, Sept., 1944, pp. 119-122.

RICHARDS, W. F. "Bronchial Obstructions in Primary Pulmonary Tuberculosis." *Proc. Roy. Soc. Med.*, Aug., 1944, pp. 589-598.

— "The Problem on Childhood Tuberculosis with Special Reference to the Younger Child." *Tubercle*, July/Aug., 1944, pp. 60-65.

TURNER, J. W. A. "Acute Brachial Radiculitis." *Brit. Med. J.*, Nov. 4, 1944, pp. 592-594.

WILLIAMS, H. C. M. "Child Health: Day Nurseries and Nursery Schools." *Practitioner*, Nov., 1944, pp. 309-316.

the facts he needs for his final examination.

There are certain broad principles of surgery which can be fairly briefly enunciated, and it would seem that if a short book is required then principles alone should be included, leaving the student to build his facts on to the foundation thus supplied. Professor Pannett wants his book to present facts to the student yet his thoughtful attitude, and his frequent admission of honest doubt about the "facts" themselves forbids the use of the dogmatic style which seems necessary if facts are to be driven home. We think it likely that the student may find that on many topics he is given insufficient to hold on to, and there are ambiguities and half-truths which must muddle him. Often the various opinions of other surgeons are quoted, though it would have been better had the essentials of the problem been stated, with the author's own reasoned solution of it. It is impossible for one man to deal equally well with all branches of surgery, and there are many minor inaccuracies which could have been avoided by the

minimum of collaboration. A few proper names have been misspelt—a cardinal sin in a student's text book—but this and the other shortcomings must

be attributed to the difficult war-time conditions under which the volume has been produced.

* * * *

INSIDE INFORMATION

Moving in High Official Circles (usually well informed) and in and out of Authoritative Quarters we learn it is no unconfirmed report that a Students' Union Ball will be held towards the end of January—watch out for it!

* * * *

SPORTS

This month's Rugger reports were unavoidably delayed until the JOURNAL had already gone to press. Full reports will be published next month.

SOCCER

At the Annual General Meeting held in early summer Mr. Rupert Scott was elected President of the Club. Dr. A. E. Gow, who has been President for many years was unanimously elected a Vice-President. Mr. J. P. Hosford was elected, and has consented to become a Vice-President, while the Vice-Presidents of last season were elected *en bloc*. J. O. Robinson and W. P. Dallas-Ross were elected captain and secretary respectively, whilst P. H. Walker was elected assistant secretary and treasurer. At the time of writing the club has won four out of its first five matches, and there is every prospect of a highly successful season before us. A side representative of the whole Medical College, both clinical and pre-clinical, is being fielded, and a regular 2nd XI is now taking the field each Saturday with D. L. Griffith as captain. We have once again entered the London University League and are playing in Division I, and at the end of the season the Hospitals' Cup will again be fought for. In addition to these two elevens an "A" side is playing matches on Wednesdays against clubs in the St. Albans' district, and the Pre-clinicals are running a side at Cambridge. A. H. G. Murley has been elected secretary of the United Hospitals' Association Football Club.

St. Bart's Hospital v. London Hospital. Played at Chislehurst on Saturday, October 14th (London University League Match). Won 12-1.

This, the first league match of the season, was notable on account of several things. Firstly, the extent of our victory by the largest margin for many seasons, secondly Burns' feat of scoring seven goals from outside left, and thirdly the play of our forwards in general, who for once played like a real scoring-machine, passing and shooting with accuracy. It was mainly due to their splendid display that we won so convincingly. Burns was quite outstanding, and even if he, in company with the other forwards, was given too much rope by the London defence, this in no way detracted from the quality of his football. With him McClusky at inside right always played constructively and scored three well-deserved goals.

The game started with Bart's at once in the

attack, and we were rewarded inside five minutes when Burns scored from a scrimmage in front of goal. London quickly equalised to score their only goal of the match, and were again attacking when the ball, from a clearance by the Bart's goalkeeper, went to McClusky, who made it 2-1 to us. Five minutes later he dribbled right through the London defence to score again. Bart's were now right on top and playing well. London continued to attack spasmodically, and at no stage of the game did they give up. Before half-time Burns scored twice more, once with a classical header and once after a somewhat extensive dribble from one side of the goal to the other before eventually a shot went in.

Half-time: Bart's 5, London 1.

With the restart it looked for some minutes as if London might fight back, but ten minutes later the first of a steady stream of seven more goals was added by Burns, and a few minutes later another. McClusky got his third with a left-footed shot from a pass by Burns, and with the chance of a double figure score to spur us on Mangan scored from twenty yards to make it nine, after three shots in rapid succession had hit the crossbar and posts. For a time it looked as if the tenth goal would not arrive, with the shooting less accurate and London rallying to the attack, but ten minutes from the end Burns made it ten. This so inspired Elliot at left back that he proceeded to take the ball right down the left wing from well inside our own half, beating four opponents on the way and finishing near the corner flag, where from 30 yards or so out he banged a terrific shot into the net. Just before time Burns made it a round dozen, heading a long pass from Winstone past the goalkeeper while lying almost prone on his stomach.

Despite our great number of goals London still attacked and threatened our goal if given a chance. But the defence, and in particular Elliot playing a fine game, never gave anything away. Indeed a game in which the whole team without exception played at their best.

Team: P. Dallas-Ross; C. Elliot, J. Robinson; D. Griffiths, L. Cartledge, N. Winstone; R. Burns, K. McClusky, J. Blackman, K. Mangan, R. Pine.

St. Bart's Hospital v. St. Mary's College. Played at Chislehurst on Saturday, November 4th. (London University League Match.) Lost 3-5.

This match resulted in our first defeat of the season, and on the day's play it was not undeserved. We started by playing quite atrocious football, miskicking and passing very loosely, and within five minutes St. Mary's were a goal up as a result of one of our defence miskicking in front of goal. We quickly equalised when, with the team playing more together, Burns scored from in front of goal. St. Mary's went ahead again almost immediately when another miskick again resulted in a goal, and at this stage Mangan left the field injured. Despite his absence we equalised again after ten minutes when Thomas with some forceful dribbling pushed past three defenders and scored. At this stage we were attacking and on top, but before half-time was blown St. Mary's had scored again, to make it 3-2 in their favour. Thus, although we had had more of the game, defensive errors had left us behind.

With some degree of confidence we kicked off again with wind, slope, and sun all in our favour, and Mangan back on the field. However, after ten minutes, during which we forced several corners, St. Mary's broke away and scored. Burns quickly got one for us, but from then onwards our play deteriorated and St. Mary's did most of the attacking during the latter part of the second half, scoring once again to make the final score 5-3 in their favour.

In general most of the team had played below their usual form, the entire defence being less sure of itself than usual. Mangan being a passenger most of the time, our left-sided defenders had extra work thrust upon them, while St. Mary's were constantly faster on to the ball. McClusky did well filling the place of both inside forwards whilst Thomas was a thrustful centre-forward.

Team: Dallas-Ross; Walker, Robinson; Amos, Murley, Griffith; Abraham, McClusky, Thomas (B.), Mangan, Burns.

HOCKEY

v. Guy's. Away. Lost 3-0.

As one of the players was heard to remark, "I have never seen a shambles, but ——" This will not go down in history as one of our better games. There was complete inco-ordination all round. Dossitor and Roberts, in unaccustomed positions as backs, made valiant but unsuccessful attempts to stop the opposing forwards. Our forwards seemed to be bogged down in the mud and made few half-hearted attempts to score. Fison in the centre prevented the side from collapsing altogether. The score does not give a true picture of the game—Guy's deserved more.

Team: Ellis; Dossitor, Roberts; Fyfe, Fison, Dixon; Mark, Brazier, Andrew, Marsh, Giles.

v. Lensbury. Away. Drawn 1-1.

After being nearly run off our feet in the first five minutes we settled down and soon got our second wind. In spite of many attacks by both sides there was no score at half-time. In the second half Lensbury scored after a good movement which left our defence wide open. Our forwards retaliated by playing a passable imitation of good hockey for a change, Dixon scoring the equaliser. Both he and Marsh

scored again, but the umpire did not like the way they did it. We were awarded a penalty bully on one occasion. Most of the team had not seen this variety before, but unfortunately we failed to score from it. The result might have been different had not the rugger club's treasurer turned traitor and played in the Lensbury goal, where he was to be found filling it at most inappropriate moments. Macdonald, a newcomer to the side at back, put up a very good performance both during and after the match.

Team: Ellis; Mehta, Macdonald; Dossitor, Fyfe, Roberts; Buckley, Marsh, Darcy, Dixon, Giles.

SQUASH

This year there has been a revival in Squash, largely because of the increased number of players, and as a result the new secretary, Derrick Marsh, has been justified in arranging a very full fixture list. As it would be almost impossible to run two separate teams, most of the matches will be played by "A" teams, to enable as many people as possible to take part, and so allow the "regulars" an occasional night off. This may mean that the results are not quite so satisfactory as they might be if we were to field our strongest team in every match, but as the object is to ensure people getting games, thus stimulating interest in the club, the end result, namely, an active Squash club should be attained, so that when Bart's is once more in a position to entertain visitors in Charterhouse Square, there should be an adequate nucleus of enthusiasts to get the club on its feet again. Finally, may we thank our war-time hosts, the West London Squash Club, for once more allowing us to use their courts at Shepherds Bush?

Five matches have already been played, two of which have been won, and three lost. The first game was against the Westminster Hospital, and we lost 3-2; it was rumoured that Seymour lost because he was due to celebrate something that night though what it was we never discovered. Dossitor, a newcomer to the side, playing in black "gym" shoes—shame—follows the Yerbury style of looking as fresh after the game as he was at the beginning. Marrett has acquired another "stream-lined" racket, and it is a matter of conjecture as to how long it will last, but owing to his distressing and expensive habit of seeing how hard he can hit it against the wall without breaking it our guess is that it won't see the season out—anyway he looks very nice in his short white trousers with a beautiful crease in each leg. Bob Ballantyne joined Marrett and Seymour in the loser's box, while Storey, like Dossitor, won.

Against U.C.H., much the same sort of thing happened. Marsh and Storey won, the former declaring that his "new" drop shot, which consists roughly of shutting his eyes and letting the ball fall on to the front wall off the wood of his racket, is responsible for his recent successes, while Yerbury, Dossitor and Williams were not quite so lucky, though they all put up a magnificent fight. Dossitor provided the moment of the evening when he asked his opponent, a brigadier with a fine head of skin, for the loan of a comb!

The third match found us on our toes, as we were against our hosts, the West London, and putting what is probably our best team out, we were gratified to win 4-1, our only loser being the captain, Marrett. Yerbury won comfortably. Dossitor had to fight for

it, but just got home by the odd game in five. Tim Kelly, whose first appearance it was this year, also had to fight for it, not because his opponent was particularly good but because it appeared that his eyes and arms were not acting in co-ordination. Unlike Seymour in the first match, it is rumoured that he did his celebrating the night before the game, and not the night after. Marsh "drop-shotted" his away to another victory.

Information on the next match, against the White House, is scanty, the participants being singularly reticent about the whole thing, but we gather that Alan MacDonald brought himself and his eyebrows all the way from Hill End. In spite of this the result was 4-1 against us, so it must be assumed that the eyebrows did not have the anticipated demoralising effect on our opponents.

The Buccaneers, who also use the West London Club as a home from home, did not put a very strong team "into the courts," apart from their number one, Jack Davies, of cricket and Rugby football fame. It was a real pleasure to see someone make George Yerbury run around, and though the latter lost by 3 games to 1 after one of the best of matches, he didn't even look warm, though he did take his sweater off. Kelly, Dossitor, Storey and Marsh won very much as they pleased, to give us a 7-1 victory.

GOLF

v. St. Mary's Hospital. Won by 5 matches to 4.

Conditions at Oxhey could not have been worse on the day the golf team sallied out to keep the name of Bart's alive on the Fairway (or was it the rough?), but with the thought that by doing something for Bart's, we could call ourselves Bart's men; we struggled through the drenching rain to the first tee for the singles, which were played before lunch. As your correspondent was playing he is unable to give an account of all the games, which anyway would make dull reading, so suffice it to say that our secretary, Rodney Finlayson, pulled off a victory against an imposing man with plus fours and a caddie. Henry Giles was not so successful against a cloth cap and a caddie. Cecil Paget held his own to win in the last green, Tim Pierce-Kelly was beaten 3 and 2, but not losing a ball made him feel that the morning wasn't wasted, and Peter Dallas-Ross, although not so fortunate in the manner of balls, managed to win.

At lunch time we were joined by Alan Macdonald and Tony Foster, who explained their absence to

the impossibility of obtaining a taxi in St. Albans on a Sunday morning, and they were sent off as the top foursome as it was considered that, being fresh and dry, it would give the rest of us a chance to thaw before embarking on the second round. The rain had stopped, but its place had been taken by a wind which never once fell below gale force, and it was a little disturbing to see the ball reeling drunkenly on the green, just as a putt was about to be made.

The top foursome did well to be beaten by only 2 and 1 against two players who are good (if a little temperamental). Finlayson and Giles won comfortably, Kelly and Paget, in spite of the former losing three balls (which caused him to mutter most horribly), lost by 2 and 1, and Ross bringing up the rear in a sort of three ball foursome also won by 4 and 3.

In spite of the appalling weather, it was a most enjoyable day, which, needless to say, didn't end on the last green, though there were one or two regrettable, "sorry chaps, must get back" noises, and it is to be hoped that the secretary with his newly found vigour will soon have some more matches for us.

THIS MONTH AT CHISIEHURST

- Dec. 9th. Hockey 2nd XI v. Imperial College.
Dec. 16th. Soccer 2nd XI v. Gt. Westminster House (Ministry of Supply).
Dec. 23rd. Hockey 2nd XI v. Bexley Hospital.
Rugger 1st XV v. Welsh Guards.
Rugger "A" v. London Fire Services.
Dec. 30th. Soccer 1st XI v. Old Lyonians.
Jan. 6th. Hockey 1st XI v. Birmingham Univ.
Soccer 2nd XI v. Guy's Hospital.

AWAY FIXTURES

- (1st Teams)—
Dec. 6th. Rugger, Nuneaton.
Soccer, Reading University.
Hockey, Broxbourne.
Dec. 16th. Rugger, Aldershot Services.
Soccer, Mayfield Athletic Club.
Hockey, Richmond & Kingston Hill.
Dec. 17th (Sun.). Hockey, Lensbury.
Dec. 30th. Hockey, Chamelions.
Jan. 6th. Rugger, St. Mary's Hospital.
Soccer, Barclays Bank.
Hockey, Birmingham University.

EXAMINATION RESULTS LONDON UNIVERSITY FINAL M.B., B.S.

OCTOBER, 1944

Honours

Harrison, R. (Distinguished in Obstetrics and Gynaecology).

Pass

Adams, J. C. L.
Domaingue, F. G.
Randall, K. J.
Wood, P. A. T.
Ball, E. W.
Monckton, G.
Smith, W. H. R.
Claremont, H. E.

Part I

Austin, R. N.
Gray, P. W. S.
Mathew, G. G.
Samrah, M. E.
Thomson, S. W.
Cuthbert, O. D.
Holgate, J. E.
Peck, I. A. W.
Schneiderman, B.
Weatherhead, A. D.

Andrew, J.
Le Bouvier, G. L.
Routh, C. D.
Pitman, R. G.
Walker, C. H.

SUPPLEMENTARY PASS LIST

Youngman, R.
Bourne, G. L.
Guillem, V. L.
Milbourne, A. G.
Sanger, C.
Watson, D. A.
Part II
Bannerman, R. H.
Davies, G. R.
Jones, A.
Rosenberg, H. N.
Seymour, I. C.
Yeardsley, F. J.
Sharp, C. D. W.

Part III

Bannerman, R. H.
Mark, P. M. C.
Roberts, D. C.
Waterlow, J. K.
Bhagan, K. A.
Mayers, J. R.
Thomson, J. L. G.
Weatherhead, A. D.
Hart, P. L. de V.
Parry, H. E.
Thorne, N. A.
Jones, R. F. McN.
Patel, R. K.
Vogel, L.

L.M.S.S.A.

FINAL EXAMINATION

FEBRUARY, 1944

Pathology, Bacteriology and Forensic Medicine—
Halabi, N.S.
*Medicine—*Nazroo, I. A.
*Midwifery—*Martin, C. G.

MARCH, 1944

Pathology, Bacteriology and Forensic Medicine—
Nazroo, I. A.
OCTOBER, 1944
*Surgery—*Nazroo, I. A.
Diploma granted to I. A. Nazroo, October, 1944.

ANNOUNCEMENTS

MARRIAGE

LLOYD—WATSON.—On October 21st, 1944, at St. Saviour's, St. Albans, Dr. George Holt Lloyd, son of Mr. and Mrs. A. T. Lloyd, of 59, Sandridge Road, St. Albans, to Kathleen Patricia, youngest daughter of Mr. and Mrs. W. F. Watson, of 46, Lancaster Road, St. Albans.

CHANGES OF ADDRESS

Dr. Miles Atkinson, to 127, East 70th Street, New York.
Mrs. R. de V. Gipps, Eagle Heights, Queensland, Australia.
Mr. R. Ogier Ward, 149, Harley Street, W.1. Welbeck 4444.

A NEW BROCHURE

"THE USE OF PLASTER OF PARIS IN THE TREATMENT OF BURNS"

A survey of the stages of Burns Treatment for which plaster of Paris has been used with success has been carried out by the Medical Department of the manufacturers of "Cellona."

Copies of a limited edition of the new publication are now available, on request, to members of the medical profession who are interested in this technique.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. XLVIII

JANUARY 1st, 1945.

No. 12

WHAT'S IN A NAME

Day by day medicine becomes more and more associated with the hard and fast methods of science. The scientists are continually trying to impose their systematised ways of thinking on the doctors. The doctors know by hard experience that rules and generalisations will always break down when imposed on such complexities as human body and mind. The technicians tend to say such and such is either positive or negative, therefore a condition is either present or absent. Let there be no arguments or aberrations. Science has spoken. But the old school listen, chuckle and carry on. It is the age old conflict between the individualist and the system. A conflict that began when man started to answer his "whys" with "hows" that were moulded solely to fit the narrow limits of human comprehension, and will continue until dogmatism is extinguished in the knowledge of his own limitations. Where there is conflict there is muddle and nowhere is the muddle more apparent than in medical terminology.

On the one side we have the Cavaliers—Paget's disease, Hodgkin's disease, and the spaces of Fontana, and on the other the Roundheads—Osteitis Deformans, Systematised reticulo-endothelial hyperplasia and the lacunæ of the sinus venosus scleræ. The former stand for conservatism, for the perpetuation of the names of their illustrious ancestors, for a simple well-mannered name, easy to remember and easy to spell. The etymological Roundheads stand for a term that means something, for a scientific vocabulary and for improved spelling conditions. They condemn their enemies as ancestor-worshippers encumbered with the dusty relics of the past. They point out that a single name at some cases stands in front of two or three

completely different conditions and often several instruments as well—a source of never-ending confusion to those who learn.

Again the credit is often laid at the wrong door as is the case in Graves' disease and often national prejudice leads to a whole array of polysyllabic names being applied to the same thing either separately or hyphenated together into a maddening babble of different languages. To which the right wing replies that the name itself is only a symbol to remind the student of the great history of his profession and to encourage him to learn something of its great men. The Roundheads mutter about sentimentality and marbled monuments to muddle, urging a wholesale terminological decapitation and a clean start.

Compromise has always been the British standby and we venture to suggest that here once again it could be put to good use. Let the scientific Roundheads have their way—they have the clearer and more reasonable system—and let the names be put afterwards in a genitive sense so that they will not be forgotten by those inclined to use them and yet will no longer be a source of perplexity to the student. Thus Graves' disease and hyperthyroidism are fused to hyperthyroidism of Graves', to the satisfaction of both parties.

Compromise is often a necessity and frequently the result manages to embody the best of both sides, but under no circumstances must the scientific outlook be allowed to dominate medicine. Such an outlook is compatible only with machines and patients are not machines. Medicine must remain what it has always been—an art.

CASES OF MEDICO-LEGAL INTEREST—I.

By JOHN TAYLOR

The three cases which I am presenting to you, whatever their deficiencies, at least show variety.

The first was a fatal motoring accident, the second death due to an attempt to procure abortion, and the third murder by shooting.

The first case is that of Miss D., who was, in the words of a learned Judge, "a vigorous, well-made young woman," 32 years of age. She was fond of games, in perfect health and apparently free from all worries. She had owned a motor car for four years and drove and looked after it herself. She was insured with regard to her car and the Insurance Company had undertaken to pay a thousand pounds in the event of death, provided that "death occurred within six weeks from the date of the accident and as the result solely of bodily injury caused by violent accidental external and visible means sustained by the Insured whilst riding in, mounting into, or dismounting from the Insured's car."

I have quoted the policy at some length for reasons which you will appreciate presently.

On an evening in July Miss D. set out on a journey from Bristol in her car. The weather was wet and windy. Some hours later two women in different houses heard a screaming of brakes and a noise as of something crashing through a hedge. They looked out but seeing and hearing nothing, and possibly discouraged by the rain, retired to rest. The next morning a man going to his work saw Miss D.'s car. It had evidently left the road, crashed through a hedge and fallen down a steep bank and was now lying on its side much damaged. The off-side door was open, the engine and lights were switched off. Farther down the bank was a sort of track through some bushes. The track was winding as if made by someone wandering in an aimless way and eventually led to a stream at the bottom of the bank and some 30 or 40 yards from the road. In the stream was the body of Miss D. She was more or less upright, her feet in mud and the water some inches over her head. There was an overhanging branch just over her head and within easy reach so that she could have pulled herself out if she was conscious. A post mortem examination was made and the salient findings were these:—

A bruise beneath the scalp over the left parietal bone; no fracture of the skull, but considerable bruising of both parietal lobes on the

brain. There was no water in the air passages or lungs or stomach, and it was therefore clear that death was not due to drowning. Since there was no inhalation of water although the head was below the surface we are led to two alternatives—either Miss D. was put into the water after she was dead, or she died instantly at the moment when she fell in. There was no suggestion that any other person was present to put her body in and there seems very little doubt that she died of "the shock of immersion."

"Shock of immersion" is a much more common cause of death than is generally realised. It explains many deaths loosely attributed to drowning when it would have been quite easy for the victim to get out of the water or at any rate to cling to the bank or a boat. As you know, children are very fond of falling into the emergency water tanks now a common feature of the London landscape. In most cases they could easily cling to the side. If they do they are fished out, go home, are smacked and put to bed. The dead ones, I find, have as a rule not been drowned but have died of shock. The naso-pharynx perhaps, the larynx certainly, is most resentful of the sudden impact of a foreign body either solid or fluid. If you have the courage, try the effect of suddenly inhaling only a teaspoonful of water. If you survive, you will realize that you were very profoundly shocked, and that I think explains these deaths. It is particularly liable to happen when the subject goes into the water feet first. It can also happen, I think, when the water is suddenly splashed into the mouth of the bather.

Now the trouble began—

The Insurance Company disputed the claim in that death was not due *solely* to the motoring accident, but to the second and independent action of falling into the stream. I cannot weary you with all the arguments, I may say the trial occupied two days, but roughly they were these:—

We, I speak for the Plaintiffs, said that Miss D. was certainly concussed, there was ample evidence of a severe blow on the head. In her concussed state she performed certain actions. It is, I think, fairly common knowledge that quite complicated actions can be and are automatically performed during a state of concussion. There are numerous examples from the football field and the boxing ring, for example. While concussed Miss D. turned off her engine

and her lights but instead of getting back to the road, which she knew well, wandered through the bushes into the stream and so died, her unfortunate mistake being the direct sequence of the car accident.

A learned medical witness for the Defendants gave it as his opinion that as the shock of immersion is partly at any rate psychological it would be less likely to occur in a concussed person. Conversely, he argued that if Miss D. died of the shock of immersion she was not likely to be suffering from the effects of concussion, and that she walked into the water

while in a normal mental state. Moreover he maintained that a bruise on the brain would have the same beneficial effect. At this point the Judge observed "in other words, Sir W., if you thought a man was going to fall out of a boat you would give him a good crack on the head with an oar—it would give him a better chance!" I think that remark gave us some confidence in our case. At any rate, after another day's legal argument, chiefly about the interpretation of the word "solely" and the expressions "whilst riding in," "mounting into," or "dismounting from the insured car," the verdict was given in our favour.

* * *

INTRAVENOUS TRANSFUSIONS

This article is not intended for those who are already expert in the art of setting up intravenous infusions. It is hoped that it may be of slight assistance to some others with whom the course of Drips is not quite so smooth.

Techniques now in use with the E.M.S. Transfusion Packages are:—

1. Inserting a needle into a vein.
2. Tying a cannula into a vein.

NEEDLE

Advantages

1. Simple apparatus.
2. Rapid insertion.
3. Fairly wide bore.
4. Easy to dismantle.
5. Vein not usually damaged beyond repair.
6. Absence of a final mark or scar.
7. Small likelihood of infection.

Disadvantages

1. Difficulty of insertion.
2. Difficulty in proper fixation.
3. Tendency for point to pierce the vein wall.
4. A medium sized vein necessary for a novice.

CANNULA

Advantages

1. Certainty of "final" success.
2. Good fixation.
3. Wide bore.
4. Easier to insert into poor veins.

Disadvantages

1. Insertion is a lengthy procedure
2. Many instruments are required for insertion.
3. The vein becomes of no further use.
4. Removal is a "small operation."

Needles can be inserted so easily, and, with reasonable care, can run for such long periods with so little trouble, that by now they should have superseded tied-in cannulae. The tying-in of cannulae should be considered bad practice, except in very unusual circumstances.

INSERTION OF NEEDLE

1. *Find a good vein.*

Put a light tourniquet on the limb and rub up the veins. Select a site suitable for venepuncture and mark it down. A good site is if possible away from a joint and in the middle of a long bone—*i.e.*, on the forearm (preferably the left) or above the medial malleolus. The dorsum of the foot is also a useful site.

Features that make veins easier to puncture are:—

- (a) Large size;
- (b) Not freely mobile or varicose (these should never be employed);
- (c) Where two join to form an inverted "Y";
- (d) At the point where a deep vein comes to the surface.

2. Having selected a vein, release the tourniquet in a conscious patient unless ready to proceed immediately. On the leg the tourniquet should be as low down as possible, to make the veins stand out well, but on the arm any position will do equally well.

3. *Sterility*

- (a) A hairy site must be shaved well above and below the venepuncture;
- (b) When ready to start have the tourniquet applied by an assistant while scrubbing up the hands;
- (c) Assemble the apparatus and have the bottle placed on a stand. Allow the fluid to

run until the tubing is filled completely. It helps to avoid bubbles of air from being trapped if the tube is held above the bottle, and only lowered as it is filled with fluid;

(d) Rub the vein UPWARDS with the antiseptic fluid over a wide area;

(e) Apply a sterile towel around the limb.

4. *Local Analgesia.* 2% Procaine; $\frac{1}{2}$ % Procaine and Adrenaline is better if obtainable.

(a) Raise a white bleb in the skin to one side of the vein;

(b) Push the "local" needle through the bleb and inject more fluid deep to the vein than superficially. ASPIRATION TEST must be performed before the injection of the local analgesic.

5. *Insertion of Needle*

(a) Push the transfusion needle through the bleb;

(b) Move the skin so that the point of the needle lies over the vein;

(c) Place a finger beside the vein at the place where the needle is to pierce its wall and press very firmly downwards to fix the fascial layers. DO NOT stretch the tissues as this obliterates the vein;

(d) The needle must be pushed firmly into the vein at an angle of about 30°. It is no use pushing it parallel to the skin.

(e) The feel of a distinct "Click" usually heralds the entry of the needle into the vein, and at this point blood should run back from the needle.

If the blood does run freely out of the needle:

(f) Lift the point of the needle and push it well up into the vein. Unless this is done, you can never be sure that a drip will run smoothly.

If blood does not come out:

(g) Pull the needle back very slowly, lifting the point all the time until blood flows, then proceed as in "f." If blood does not flow when the needle is brought right back, then begin the puncture of the vein again.

It is usually possible to see the vein being compressed by the needle and suddenly re-expand as the needle enters its lumen.

6. *Wash the patient's blood from the needle.*

It is most important that the patient's blood should be cleared out of the needle as rapidly as possible, to prevent it clotting in the needle, so connect the apparatus and run in the infusion fluid as rapidly as it will for a short period, then adjust the drip to the desired rate

of flow. NOTE speed of drip at an operation.

When blood loss is at speed,

A fast drip is the need;

When slow loss is the case,

Then sluggish the pace;

But if no blood lost at all,

Then for blood there's no call.

7. *Fixation of Needle*

Correct fixation is very important and aims at:—

(a) Keeping the needle stationary in the vein when the limb is moved—by placing two or three pieces of strapping over the needle boss and immediately adjacent rubber tubing
NOTE: Use a good length of non-elastic adhesive tape.

(b) Preventing pulls on the rubber tubing from being transmitted to the needle, and so displacing it. This is done by strapping the tube back up the limb to form a loop. The slight loss in length is more than made up by the increased stability of the needle.

Do NOT make the loop by twisting the tube round the fingers or toes, or over any joint, as movements of the joint may easily prove disastrous to the vein.

8. *Fixation of the Limb*

Anything that compresses the limb above the needle is to be avoided, as it obstructs the flow in the vein. For this reason, splinting the limb should not be a routine, but only an emergency measure. If the needle is in a good position, well into the vein, and firmly fixed, it will not be affected by movements of the limb, and the drip itself will run all the longer. The only trouble in war time is that the tubing supplied in the transfusion packets is hardly long enough to allow the limb much latitude of posture.

If the limb of a restless subject requires fixing to keep it near the bottle, tie the wrist or ankle—well padded with cotton wool—on to the bed-frame with a piece of bandage, and splint it only if absolutely necessary.

9. *Warmth*

Keep the limb warm in cotton wool. Cold veins go into spasm.

TO KEEP THE DRIP RUNNING

1. *Freedom from mechanical obstruction*

This is caused mainly by splints, tight clothing, and faulty posture of the limb; all these may obstruct the return of venous blood (the last of these especially during operations). The Anatomical Posture is the best one for a drip.

2. *Obstructed filter and air-intake*

(a) After every two bottles of blood the filter should be either changed or washed

thoroughly by shaking in a bottle of saline before putting up the next bottle. Blood in bottles must be well mixed by gently tilting the bottle a NUMBER of times.

NOTE: When warming a bottle of blood it must never be placed in water that is more than PLEASANTLY warm to the hand.

(b) Remove the fluid that collects in the air-intake of the bottle, as this may affect the free running of the drip.

3. *Fluids employed in infusion*

An unavoidable reason for the stopping of drips is that certain fluids cause venous spasm or thrombosis more readily than others. Two in common use are Glucose-saline and the soluble Sulphonamides.

4. *Changing the Fluid used*

In using blood after watery fluids, remember that the drip will require to be opened-up since blood is more viscid than the previous fluid and may stop the drip.

The converse is also true, and I have known a bottle of saline empty in 10 minutes following a bottle of blood which was running in at a normal speed.

* * * * *

FOOTE-BALLE

By PETER BANKS

Players of Association Football never tire of telling us that Rugby Football is only an unworthy offspring of their game, that it is a game without a history, a mere "nouveau riche" already on the decline. It always puzzled me that the Englishmen of the period in which these associationists claim their game was flourishing, could have been prevailed upon to play such an anæmic sport as football. How could such a game possibly be a contemporary of baiting the bull, burning the witch, fighting the watch, or any other of the multitude of thuggies and batteries which were then accepted as public amusements. I am perplexed no longer, for record shows that although the medieval game was called "foote-balle," in practice it resembled rugger far more closely. In fact it appears that the feet were hardly ever used unless as weapons of offence. Perhaps the following extracts will serve to show that rugby is the game of ancient English lineage, while soccer is only the decadent product of the 19th century public schools.

Without doubt the Britons must have played some kind of football long before the Romans introduced their game of handball or "follis" to our shores, just as the Greeks

TO START A STOPPED INFUSION

1. Make sure that the tubing is all connected correctly, as it may have become detached while a bottle is being changed, and reassembled in the wrong way.

2. Raise the height of the bottle if possible.

3. Try altering the posture of the limb and look for anything compressing it.

4. A Higginson's syringe may be used to produce positive pressure, but great care must be taken to avoid an air embolism.

5. Turn the needle round $\frac{1}{2}$ -circle on its own axis in the vein, and try altering its position in other ways.

6. Milk the drip tubing and the vein just distal to the needle.

7. Exchange the drip tubing on the needle for a syringe and inject 20 to 30 cc. warm saline fairly rapidly.

8. Put 1.7 cc. Nikethamide (Coramine) through the needle in the same manner.

9. Put a hot-water-bottle near the limb, or warm it up with a packing of cotton wool.

PENTOTHAL.

played their more robust version, *harpaston* (Gk.) or small-ball, long before they were subjected to Roman rule. Yet official credit as always goes to the inventive genius of Rome. Nevertheless English ingenuity comes well to the fore some centuries later, when we find the inhabitants of Chester playing a friendly match, in celebration of a local victory, on Shrove Tuesday, with the head of a decapitated Dane. The habit of kicking the opponent's head still remains a popular, if unofficial, feature of the modern game.

Football, or foote-balle, as it was then called, greatly appealed to the English mind and its popularity was such that in the 12th century a whole day of the Easter festival was devoted to its practise. The resultant scrummages were so violent and disastrous to players and on-lookers alike that Edward II in 1314 was asked by the burghers of London to forbid "rageries de grosses pelotes" or scrummages over large balls taking place within the city limits. This drove the enthusiasts out into the fields, and one wonders how many battered apprentice lads were carried into Bart.'s after the virile battles on Smiths Field, a favourite place of play. Edward III, engaging in the

Hundred Years War, had more rooted objections to the game, because it detracted the attention of the people from archery, on which the military power of the nation depended. In consequence he ordered the Sheriffs of London to repress it completely.

In spite of this and many other admonitions the game continued to flourish, especially among the lawless lower elements of the community. In 1508 Sir Thomas Elyot, in his book on the correct behaviour for those of noble birth, advises gentlemen not to play the game at all.

"Foote-balle be utterly abjected of all noblemen, wherein is nothing but bestlie furie and extreme violence, whereof procedeth hurte and rancour and malice do remain with them that are wounded."

Shakespeare has a word to say in King Lear.

Steward: I'll not be stricken, my lord.

Kent (tripping him): Nor tripped niether, you base football player.

At this time the game was for any number and there were often several hundred on each side. The pitch was sometimes a field or several fields, with the hedges and ditches as lines of defence, but more often the game was held in the twisting narrow streets of a town. The streets then had open drains running down the middle. The goals were usually the pumps in the squares of adjoining villages or in different parts of a town, and in some districts the object was to throw the ball and as many of one's opponents adherent to it, into the neighbouring pond. That this caused some disorder is shown by the following exert taken from the Middlesex County Records during the reign of Queen Elizabeth.

"That on the said Day at Ruyslippe, Co. Midd., Arthur Reynolds, husbandman with five others, all of Ruyslippe afsd, Thomas Darcy, of Woxbridge, yoman, with seven others four of whom were husbandmen, one a taylor, one a harnis-maker, one a yoman, all of Woxbridge afsd, with unknown malefactors to the number of one hundred, did assemble themselves unlawfully and playd a certain unlawful game called foote-ball, by means of which unlawful game there was amongst them a great affray likely to result in homicides and serious accidents."

and on March 5th, five years later—

"Coroners inquisition—post-mortem taken at Southemys, Co. Midd., in view of the body of Roger Ludforde, yoman, there lying dead with verdict of jurors that Nicholas Martyn and Richard Turvey, both of Southemys, yomen, were on the 3rd instant between 3 and 4 p.m. playing with other persons at foote-ball in the field called Evanses field at Southemys, when the said Roger Ludforde and a certain Simon Maltus, of the said parish, yoman, came to the ground, and that Roger Ludforde cried out, 'Cast hym over the hedge,' indicating that he ment Nicholas Martyn, who replied, 'Come thou and do yt.' That thereupon Roger Ludforde ran towards the balle with the intention to kick it, whereupon Nicholas Martyn with the foreparte of his

right arm and Richard Turvey with the foreparte of his left arm struck Roger Ludforde on the forepart of the body under the breast, giving him a mortal blow and concussion of which he did dye within one quarter of the hour, and that Nicholas and Richard in this manner feloniously slew the said Roger."*

By 1608 the more respectable inhabitants of Manchester had had enough and in the *Lete Roll* of that year we find—

"That whereas there hath been heretofore great disorder in our towne of Manchester, and the inhabitants thereof greatly wronged and charged with makinge and amendinge of their glasse windows broken yearlye and spoyled by a compayne of lewd and disordered psons using that unlawful exercise of playinge with the ffoete-ball in ye streets of ye said toune breakinge many mens windowes and glasse at their plesures and other great enormities. Therefore, wee of this jurye doe order that no manner of psons hereafter shall play or use the ffoete-ball in any street within the said toune of Manchester, subpoend to enye one that shall so use thae same for enye time xiid."

The Puritans, as became their crabby outlook, objected even more violently to these healthy demonstrations and poor Stubbs, a Puritan writer, was of the opinion the Sunday football matches would bring about the divine destruction of the whole planet. He writes—

"Lord, remove these exercises from the Sabaoth. Any exercise which withdraweth from godliness, either upon the Sabaoth or on any other day, is wicked and to be forbidden. Now who is so grossly blinde that seeth not that these aforesaid exercises withdraw us from godliness and virtue, but also haile and allure us to wickedness and sinne? For concerning football playing I protest unto you that it may rather be called a friendlie kinde of fyghte than a play—a bloody and murdering practise than a felowly sport. For dooth not everyone lye in waight for his adversarie, seeking to overthrow him and picke him on the nose, though it be on hard stones, on ditch or dale, on hill or vallee, or whatever place soever it be he careth not, so he have him downe; and he that can serve the most of this fashion is counted the only fellow, and who but he? So that by this means sometimes their necks be broken, sometimes their backs, sometimes their legs, sometimes their armes, sometimes their noses gush out with blood, sometimes their eyes start out and times hurte in one place times in the other. But whosoever scapeth away the best goeth not scot free, but he is either forewounded or craised or bruised, so he dyeth of it or else scapeth very hardlie; and no mervaile, for they have the slights to meet the one betwixt the two, to dash him to the hart with elbow, to butt him under ribs with fist griped, and with their knees to catch him on the hip and pick him onto his nose, with a hundred other murdering devices, and so hereof grows malice, envy, rancour, brawling, murders, homicides, and great effusions of blood, as experience daily teaches. Is this not now murdering play an exercise for the Sabaoth?"

Under Puritan influence the game was confined more and more to the schools, where it lost a lot of its natural virility and acquired a set of rules. Eventually both modern games

* Ruptured spleen, subsequent to Chronic Malaria?

come from this source. The heartier form persisted, however, and Charles II is known to have watched a fine match between his household servants and those of the Duke of Albermarle. Pepys and Joseph Addison both mention the game. According to the latter, writing in the *Spectator*, an ability to play a good game of rigger was considered a certain "open sesame" into the hearts of any of the voluminous maidens of those days. This is a peculiar partiality which is still found among the voluminous maidens. Yet by far the most valuable precedent is given by Misson writing in 1815—

"At about twelve o'clock the ball is turned loose, with those to kick it. There were several balls in the town of Kingston and of course several parties. I observed some persons of respectability following the ball. The games lasted about four hours, when the parties retired to the public houses."

A final picture taken from Glover's History of Derbyshire will serve to put the callow associationists right out of the picture.

"1829. The contest lies between the parishes of St. Peter and All Saints, and the goals to which the ball is taken are Nun's mill and Gallows balk on the Normanton road. The inhabitants all join in the sport together with the people from the adjacent country. The players are young men from eighteen to thirty or upwards, married as well as single, and there are many veterans retaining a relish for the sport to be seen in the very heat of the battle. The game commences in the market place where the combatants are drawn up on either side and about

ALAS! POOR RAHERE

When Cambridge University were playing St. Bartholomew's Hospital, medical students turned up in force and cheered loudly.

Suddenly a melancholy looking American

appeared on the touch line, spat out his chewing gum and inquired of the crowd: "Say, who is this guy Barts?"

(By kind permission of the "Daily Telegraph.")

* * * *

IMPORTANT ANNOUNCEMENT

The Place: The Grosvenor House.
The Event: The Students' Union Ball.
The Time: 8 till 1 on Tuesday, January 16th.
The Clothes: Evening Dress or Uniform.
And of course, the price: 25s. Double; 15s. Single.

Tickets from L. W. Clarke, Bart.'s, E.C.1.
 You'll be coming too, won't you?

OBITUARY

SIR HUMPHRY DAVY ROLLESTON, Bart.

Humphry Davy Rolleston was born at Oxford in 1862. His father, Professor George Rolleston, held the Chair of Physiology at that University, having received his medical education at St. Bartholomew's Hospital. His mother, Grace Davy, was a niece of the celebrated Sir Humphry Davy, from whom Rolleston derived his christian name.

His school life was passed at Marlborough, after which he entered our hospital in 1881 or 1882 to work for his 1st and 2nd M.B. This done, he entered St. John's College, Cambridge, and took his degree with a 1st Class in the natural Science Tripos, Parts 1 and 2. After qualifying M.B. at Cambridge, he returned to Bart.'s, to take up his appointment as House Physician to Dr. (later Sir William) Church. In those days the appointment was for twelve months, not for six months as it later became.

It was the writer's great privilege to have been a clerk to Dr. Church during Rolleston's time as H.P., and this led to the strengthening of a friendship already begun at Cambridge and which lasted till his death. Rolleston was an ideal H.P., kindly and tolerant and ever ready with help and advice to the young clerks under his charge. He used to give regular classes for us in his sitting-room, usually on some special subject, and these were always most carefully prepared. He was a most stimulating teacher.

His next appointment at Bart.'s was that of Demonstrator of Anatomy, a post which he held for some years, while at the same time he was gaining clinical experience as Assistant Physician to the Metropolitan Hospital. About this time he was elected a Fellow of St. John's College, Cambridge.

Seeing that there was no likelihood of a vacancy occurring on the staff of Bart.'s for some years, he applied for the post of Curator of the Museum and Pathologist at St. George's Hospital, which he held until elected as Assistant Physician to that Hospital a year or two later. He was deeply interested in Pathology and Morbid Anatomy, and during this period made many interesting contributions, especially to the Pathological Society. In 1898 he became full Physician to St. George's, and on his retirement under the age limit, the Governors appointed him Emeritus Physician for life, a signal mark of their estimation of the value of his services.

His marriage in 1894 to Miss Lisette Eila Ogilvy was the beginning of a ideally happy partnership, and they celebrated its 50th anniversary early this year.

During the Boer War Rolleston was attached to the Imperial Yeomanry Hospital, Pretoria, where he was a colleague of Sir Anthony Bowlby. In the Great War he was appointed consulting physician to the Navy as Surgeon Rear-Admiral, and in 1919 the K.C.B. was conferred on him.

His position as a leader of the medical profession in this country was recognised in 1922 when he succeeded Sir Norman Moore as President of the Royal College of Physicians, a position he held until 1926. It was a moving moment for both when the aged Sir William Church, a past president of the College and Rolleston's former teacher, counsellor and friend, placed the presidential robes on his shoulders.

In 1925 he followed his old friend, Sir Clifford Allbutt, as Regius Professor of Physic at Cambridge. He occupied the Chair until 1933, when he resigned under the retiring age regulation.

In 1923 he was appointed Physician in Ordinary to King George V and in 1924 was created a Baronet. He and Lord Dawson, with other specialists, had a time of intense anxiety when in charge during the King's grave illness in 1928-9. After the King's temporary recovery he received the G.C.V.O.

Few members of the medical profession have received such world-wide recognition of the value of their contribution to medicine as he had. The list of Honorary degrees and academic distinctions which he received is too long to be given in detail, but include either that of L.L.D., D.C.L., M.D. or D.Sc. of at least eleven British and foreign Universities. He was also a corresponding member of the Academies of Medicine of Paris and Rome.

Rolleston's literary output was most extensive, in fact writing might be said to have been his chief hobby. His most important works were on "Diseases of the Liver, Gall Bladder and Bile Ducts," a System of Medicine, jointly with Allbutt, and the Editorship of the British Encyclopædia of Medicine. In addition to these, his fluent pen produced numerous works on medical and historical subjects. From 1928 to 1944 he edited "The Practitioner," with

marked success.

So far we have dealt mainly with Rolleston's achievements and distinctions, but not with his personality and private life. His later years were mostly spent in the spacious library of his charming house at Haslemere. He was fond of exercise, and in his earlier days enjoyed walking and lawn tennis. During his professorship at Cambridge many will remember his hospitality and his tennis court. Those who knew him only in his later years may be surprised to know that as an undergraduate at Cambridge he was a good Rugby player and played for his college and occasionally for the University. Bart.'s men will be interested to learn that he played in the Hospital Rugby team which won the Inter-Hospital Cup, which was not regained until after the lapse of many years.

CORRESPONDENCE

VERY DISSATISFIED CUSTOMERS DEPT.

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

On behalf of the Hill End Bart.'s Dramatic Society we should like to lodge a protest regarding the omission of the criticism on "Distinguished Gathering." This is not the first time that the Hill End Bart.'s Dramatic Society has been rebuffed, the criticism written by Mr. John Russell Napier on the "Housemaster" was mutilated and distorted without his permission, the last paragraph failing even to make sense at all.

It will have been noted by readers of the last issue of the JOURNAL that the Editor asks for further contributions, it would be a good idea if he inserted those articles that were sent to him before clamouring for more. We suggest he could begin by inserting the criticism of "Distinguished Gathering" in the January issue.

Yours faithfully,
GRAHAM BRACEWELL,
ROBERT DIBB,
IAN PROCTOR,
KAY SIMMONS.

Hill End Hospital,
St. Albans, Herts.
December 14th, 1944.

Temper, now!

You place us in the uncomfortable position of having to explain in front of all our readers that we will not publish the criticism your Society sent us because—

One, it arrived far too late to be topical.

Two, it was so shockingly written as to fall below even the miserable lower standards of composition for this JOURNAL.

Your letter is so full of self-pity it pains us to point out that Mr. John Napier is our dramatic critic, not yours (or do irate actors descend on the Editor of the "Sunday Times" for Mr. Agate's misprints?) and THAT affair has been most amicably settled between us. Furthermore, inspired by the

His chief characteristics were a never failing courtesy and great modesty. It might truly be said of him that he was one of those rare men who had a host of friends and no enemies. He was a good conversationalist with a keen sense of humour, and one can vividly recall his quaint whimsical smile when amused. He was a delightful travelling companion, as the writer can testify from his own experience.

There are still a few of his contemporaries and many more of the later generation who owe him a deep debt of gratitude for his kindly help and advice so freely and ungrudgingly given. There memory of him will endure.

St. Bart.'s has indeed reason to be proud of their former student, who to the last took the greatest interest in his old Medical School.

H. M. F.

logic behind your little note we wish to give notice that the entire JOURNAL Committee insist on being included in the cast of your next production—we're not much good at acting, but as you have been canvassing for actors at Hill End as long as we can remember we suggest you ought to make use of any material that turns up, without considering your audience. We shall be frightfully hurt if you don't put us on the stage.

And, my dears, the Editor's decision is final.

BART.'S IN EAST AFRICA

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

War scatters us far and wide, and unexpected meetings in remote places have been commonplace. But for no less than twelve Bart.'s contemporaries to have turned up in Mombassa twenty years or so later seems worthy of record.

I have met, sailed and dined with Chattaway, Hale and Wilkinson (all in Government service) on the same day. H. G. Anderson, of the C.M.S., recently called here, but I missed seeing him. Chilton is the only naval representative, and I came across him in Uganda.

The Army supplies the rest of the list, headed by Brigadiers Ogier Ward and Cullinan, followed by lesser fry such as Cowley and Phelps (who were M.O.'s on ships), Heathcote, Oxley, and lastly,

Your "Constant Reader,"

J. R. BEAGLEY, Major.

D.A.D.M.S. (E) Coast Sub Area,
East African Command.

The "Cedric England" referred to in Major Newbold's letter last month should have read "Cedric Longland."

SWEET MUSIC

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I feel I am expressing the opinion of many Bart's men when I say how much we appreciate "the JOURNAL." Every year we pay our massive subscription with gratitude. And we agree with your policy of keeping the volume small so that the texture remains good.

Yours, etc.,
"SEDENTARY WORKER."

The Abenethian Room,
St. Bart's.

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

In your issue for December, 1944, you publish a letter from Dr. F. J. Jenner, in which he deprecates the fact that the standard of the JOURNAL has fallen off during the last year or so, he does not say whether, two, four or six. He does not specify to what quality he refers in his use of the unspecified term "standard." Does he refer to the paper, to the print, or to the literary matter? If the latter, does he deplore the moral tone, the academic style, or the sporting or the advertising sections?

His threat to terminate his financial support may be evidence of thrift, or of an attempt to hasten the Journal's oblivion—an attempt as foredoomed as that to wreck the British Empire.

Does Dr. Jenner wish to restore the standards the death of which he regrets? Does his letter show the zeal of a reformer?

Should Dr. Jenner, in his daily round, find some strange and wonderful instance of those miracles that none sees but the wise physician, would not you, Mr. Editor, even now, be proud and happy to receive the written observations of a fellow-student of this place, and to pass them on to our many thousand brothers?

Yours faithfully,
E. S. BIRDSALL.

10, Harley Street, W.
December 6th, 1944.

Yes.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

As usual things are being done in a hurry. One of the pillars of Social Security is health, and, in order to save their face, the Government must present a Health Service for all, and it would be wiser to assume that this is a serious attempt to improve the health of our people. In the post-war world this will be a condition of survival as a thriving nation. That this may not happen unless the medical profession as a whole come in as a real co-operating factor rather than a branch of the Civil Service has probably not been realised by the Government.

Sir Robert Marrant, the designer of National Insurance, always intended this to be a health measure, but unfortunately died before he could complete his design. National Insurance partly failed for several reasons.

It was not sufficiently attractive to get in all the profession, and many practitioners prided themselves on being "non-panel doctors."

It was not comprehensive enough.

It was conceived in bitter party strife.

Now a great opportunity presents itself.

My method of procedure would be—

1. An improved panel system, which should include all families but with an option of using the family contribution as a basis for family insurance for doctor's bills, should be instituted.

2. A real attempt to co-ordinate all health services, and not separate them further as these proposals do, should be made.

3. A framework for such things as Health Centres, Research Laboratories, Clinics, etc., should be set up which would be gradually filled in by continual consultation between the Government and the profession.

This would start a living, growing organism which could satisfy the public, could not possibly alienate the profession, and pave the way for a real Health Service.

Yours sincerely,
NORMAN MACFADYEN.

123, Norton Way,
Letchworth, Hertfordshire.
October 10th, 1944.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- ABERNETHY, D. A. "A Case of Extrusion and Strangulation of a Ureterocele." *Brit. J. Urol.*, Sept., 1944, pp. 103-105.
- BELL, R. C. "An Analysis of 259 of the Recent Flying Bomb Casualties." *Brit. Med. J.*, Nov. 29th, 1944, pp. 689-692.
- BUCKLEY, W. "Malignant Transformation in a Previously Benign Tubular Adenoma of the Kidney." *Brit. J. Surg.*, Oct., 1944, pp. 515-519.
- CRABB, D. R. "The Examination for Life Assurance." *Post-Grad. Med. J.*, Nov., 1944, pp. 309-315.
- FERNANDES, H. P. "Bilateral Tuberculous Pleural Effusions." *Tubercle*, Sept./Oct., 1944, pp. 82-84.
- FRANKEL, P. "A Case of Addison's Disease of Tuberculous Origin." *J. Roy. Army Med. Corps*, Oct., 1944, pp. 201-204.

- KEYNES, G. L. "The Portraits of William Harvey." *Brit. Med. J.*, Nov. 18th, 1944, pp. 669-670.
- "Rupture of the Pancreas." *Brit. J. Surg.*, Oct., 1944, pp. 300-303.
- LESCHER, F. G. "Influenza and Its Complications." *Practitioner*, Dec., 1944, pp. 328-333.
- LONG, D. A. (and MacGregor, A. B.). "The Use of Penicillin Pastilles in Oral Infections." *Brit. Med. J.*, Nov. 25th, 1944, pp. 686-689.
- LONGLAND, C. J. (and Kessel, Lipmann). "Surgery in an Airborne Division." *Brit. J. Surg.*, Oct., 1944, pp. 275-281.
- MARSHALL, J. COLE. "A Case of Polycythemia Vera—Extraction of Both Lenses. Satisfactory Result." *Brit. J. Ophthalm.*, Oct., 1944, pp. 481-486.

- O'CONNELL, J. E. A. "Maternal Obstetrical Paralysis." *Surg. Gyn. and Obstet.*, Oct., 1944, pp. 374-382.
- OLIVER, W. A. (and Illingworth, R. S.). "Smallpox in the Middle East." *Lancet*, Nov. 25th, 1944, pp. 681-685.
- RADLEY, S. R. "Intestinal Obstruction due to a Gall Stone." *Clin. J.*, Nov./Dec., 1944, pp. 226-227.
- SCOWEN, E. F. "The Metabolism and Therapeutic Use of Progesterone." *Proc. Roy. Soc. Med.*, Oct., 1944, pp. 677-679.

- SEDDON, H. J. (and the late Hight, W. B., and Holmes, W.). "Ischoemic Nerve Lesions Occurring in Volkmann's Contracture." *Brit. J. Surg.*, Oct., 1944, pp. 259-275.
- THOMAS, D. (and Barrett, N. R.). "Massive Surgical Emphysema during the Course of General Anaesthesia." *Brit. Med. J.*, Nov. 25th, 1944, pp. 287-299.
- UNGLEY, H. G. (and Suggitt, S. C.). "Fractures of the Zygomatic Tripod." *Brit. J. Surg.*, Oct., 1944, pp. 287-299.

* * *

BOOK REVIEWS

ENDOCRINE DISORDERS IN CHILDHOOD AND ADOLESCENCE, by H. S. Le Marquand and F. H. W. Tozer. Hodder & Stoughton, pp. 298, 15s.

Much reading and much clinical study went into the making of this book. If the authors' knowledge of the ductless glands and their disorders has led them to put forward some hypotheses which seem improbable, the opportunity is there to devise for oneself more satisfying explanations. No one will quarrel with the enthusiasm with which the book is written or with its two main theses to show the value of repeated routine measurement, and to trace the subtle connection from one endocrine syndrome to another.

On lesser points one must join issue. For instance, there is the question of accuracy in quoting authorities. In the section on hypoparathyroidism there occurs the statement, "All things considered, the most important factor in the production of tetany in this condition is probably the increase of serum phosphate which leads secondarily, in obedience to the law of mass action, to a decrease of calcium"; this is supported by reference to page 50 of "Diseases of Children," edited by Garrod, Balben, Thursfield and Paterson, 1934. A search shows that page 50 has nothing on the subject, but that on page 151 Parsons quotes Guild as making a statement very nearly to this effect and indicates his own mental reservations by putting the quotation in inverted commas; he gives its origin both in the text and at the end of the section. On yet other occasions information is passed on, not always with an indication of its source, as if it were an established fact when it would be better treated as a tentative suggestion.

These are details; they are not brought forward to imply that this book stimulates solely by acting as an irritant.

"PENICILLIN IN WARFARE." Being a special issue of the *British Journal of Surgery*. Price 12s. 6d.

This compendium, though not claiming to be comprehensive, does succeed in its object of giving an authoritative account of the properties of Penicillin, the principles of its application to wounds and the laboratory methods by which its use should be controlled, though, as befits the publication in which it appears, the subject matter is almost entirely confined to Penicillin in war wounds.

The results obtained by contributors both in this country and the Middle East in some cases compared with "controls" not treated with Penicillin, are variable; Colonel Cutler, of the

U.S. Army Medical Corps, for instance, stating that its use did not prevent cases, where Colonel Jeffrey and Major Scott Thomson, of the R.A.M.C. in Italy, considered that in a series of thirty-three cases, penicillin alongside with antiserum and surgery, penicillin was most valuable, though the arrest of the progressive myositis did not remove all danger to life. But on the whole there seems no doubt that combined with surgery, and nearly all contributors were emphatic that use of penicillin is not a substitute for surgery, war wounds heal more quickly, the mortality rate is lower, and in the case of badly wounded limbs, more limbs are saved when penicillin is used than in those in which it is not used.

One or two articles state that chronic sepsis, due possibly to hemolytic streptococci spread by droplet infection or mechanical contamination during wound "dressing," was not fully controlled by penicillin.

There are two chapters on venereal diseases, the treatment of sulphonamide resistant gonorrhoea being dramatic, while great results are claimed in the treatment of primary and secondary syphilis, though the syphilis cases have not been sufficiently followed up for any far-reaching conclusions to be drawn.

This edition of the *British Journal of Surgery* will be welcomed by surgeons in particular, and all medical men, not excluding students, in general, and though mainly an "Interim Report," careful study of its contents should be amply repaid at a later date.

THE VENEREAL DISEASES. By James Marshall, M.B., B.S. MacMillan. Price 21s.

This book is intended for practitioners and students, though it is probable that it may be rather too full for the latter. It is well written, and the chapters on syphilis are profusely illustrated; the photographs would be of more value if they were of a higher standard, but on the whole they serve their purpose in illustrating the text. The special value of the book lies not so much in the chapters on the diagnosis and course of venereal disease as in the chapters on the practical aspect of treatment, which is explained in detail, even to the technique. There is also a chapter on the prognosis of syphilis, in which the author declares himself to be an optimist of the highest order, being of the opinion that all syphilitic symptoms apart from Parenchymatous neurosyphilis, and advancing aortitis and aneurysm can be cured, by which he means "cured as far as the patient is concerned," although the Wasserman reaction may be positive, which he does not consider unduly significant.

BACTERIOLOGY FOR MEDICAL STUDENTS AND PRACTITIONERS, by A. D. Gardner, D.M., F.R.C.S. Third Edition. Pp. 258. Oxford University Press. 8s. 6d.

Although the third edition of "Gardner" is twice the thickness of its predecessors, the short-book addicts have no grounds for disquiet. In contrast to most war-time text-books, which have shrunk down from an overwhelming thickness to a more encouraging size, Gardner's work has become fatter under the Paper Controller's treatment. In reality it contains less pages than before, and very good pages they are too. The author has tried to present as concisely as possible as much—or as little—of the subject of Bacteriology as the student needs to know. In the main he has succeeded, and candidates for the Conjoint will find more than enough Bacteriology in these pages for their needs, and, indeed, their main difficulty will be one of selection. For the M.B., on the other hand, it might be advisable to have a larger book at hand to explain and expand certain points.

The book is on the whole well written and clearly set out. The characters of each organism are described under separate headings for cultivation, biochemistry, antigenic characters, etc. Most of the important points are included, though we should have liked to have seen the grouping and typing of streptococci dealt with more fully. The general bacteriology is not very well arranged, and the reader is obliged to hunt at both ends of the book for the important and informative sections. The author has tried to deal with antibody reactions and allergy too fully for the space he allows himself, with the result that these chapters of the book are very difficult to grapple with—although this subject is, of course, a particularly sticky bacteriological wicket to play upon.

Apart from these points the book should be very helpful, and contains some useful tables of microbial characteristics which may be of value to examinees.

This edition contains a new chapter on disinfection and chemotherapy, while the text has been brought up to date throughout, especially the sections dealing with immunology and viruses.

AFTER-TREATMENT, by H. J. B. Atkins, D.M., M.Ch., F.R.C.S. 2nd Edition. Pp. 296. Blackwell Scientific Publications. 18s.

Surgical patients, like cross-Channel passengers, have been described as going through two most upsetting phases: the first (before the operation) when they are afraid they are going to die; and the

second, after visiting the theatre, when they are afraid they are not.

Mr. Atkins's book will be a great help to those responsible for staving off the second of these unhappy contemplations on the part of their patients. It contains full information on the management of all the common surgical cases once they have left the theatre, and "after-treatment" is throughout considered in the widest sense, as is especially noticeable in the sections on fractures, the nervous system, perforated peptic ulcer, and rehabilitation. The book even includes, ominously, an appended chapter on "Appearing in Court."

As well as containing the most useful information within its covers, the book is, most refreshingly, written in decent English and with a good literary style. It is quite a surprise to open a text-book and find its author is capable of expressing himself with anything approaching literary skill. Certainly Mr. Atkins has the ability, and we suggest that he continues to write books on Surgery, or, for that matter, any subject he should feel inclined to light upon.

"After-Treatment" should certainly be in the hands of every house surgeon, and become a "high-priority" extra to the student's set of standard text-books. Higher personages than these, such as chief assistants, general practitioners (and even sisters) will often find themselves benefited by having a copy at hand.

The new edition contains an added chapter on the post-operative treatment of children, and new sections on post-operative coronary thrombosis and the after-care of diabetics, as well as many revisions to the original text.

MODERN TREATMENT YEAR BOOK. Edited by Cecil P. C. Wakeley, C.B., D.Sc., F.R.C.S. Pp. viii & 211, 17 plates. Medical Press & Circular. 15s.

This book is composed of 42 articles written by prominent surgeons and physicians from both sides of the Atlantic, on subjects varying from "The Treatment of Coronary Artery Disease" to "Cancer of the Tongue" and "Staphylectomy for the control of colds and sinusitis."

There is also a long section on war medicine and surgery. This book is not intended for students, but is more a sort of "refresher" for general practitioners and Service doctors. The articles do not set out to give revolutionary methods of treatment, but give briefly an outline of modern treatment in certain diverse conditions. In this the object of the book is attained, and it can be warmly recommended to all those who are somewhat out of touch with modern developments.

All contributions for the February issue should reach the JOURNAL Office by January 15th.

SPORTS

RUGGER

Cambridge University, 13; St. Bart's, 3.
Played at Grange Road, under ideal conditions, before a large crowd armed with some so-called musical instruments. From our point of view the match may be said to have been thrown away, our scoring chances going with the passes—everywhere

but the right place. Throughout the pace was fast, but skill practically entirely absent. In the first 20 minutes we did most of the attacking and looked like scoring on several occasions, but on each the final pass either wasn't given or went astray. Cambridge attacked late and were given two penalties,

both of which they converted. Early in the second half some good loose rushes kept us in the Cambridge half, Richards and Jones being outstanding among the forwards during this period. Indeed during this time it appeared that McMillan had scored a try, the referee, however, disallowed it; he followed this up by penalising Davey for carrying over the line when in fact he only just stopped the ball from going over the dead ball line; from the ensuing scrum the Cambridge fly half dropped a goal to make 10-0. The forwards continued to play well though they still did not get enough of the ball from the loose. In the closing stages Cambridge produced the one good outside movement of the game and scored an unconverted try. To this Hawkes replied with an excellent penalty to make the score 13-3. An unsatisfactory game which we could have won with better handling.

v. St. Thomas. Lost 5-3.

Another fast and hard fought game with a lack of skill on both sides.

St. Thomas's scored far out in the first few minutes and converted with a very good kick. From then play swung back and forth from end to end, both sides making strong rushes. Towards half-time Bart's kept up some intense pressure and were unlucky not to score on several occasions, they were, however, awarded a penalty, which Hawkes converted with a good kick. The backs, who had been drastically rearranged, were now playing better, Peterson's service from the scrum being excellent. One main criticism of the back play was a tendency to kick rather than run, always a negative more and more so if the kick is poorly placed.

The second half was almost a replica of the first except that neither side scored, though both came very near to it on many occasions.

v. Middlesex Hospital. Lost 34-0.

Before going any further, let me say that the score fairly represented the superiority of the Middlesex team over us, but that the fault did not lie in the team that Bart's fielded.

Faults there were, but although enjoying equality in the scrum, and even superiority in the first half, we were out-paced and out-maneuvred in the three-quarter line by players who had the pace of our threees and who handled brilliantly.

The game opened with Middlesex playing downwind. After about five minutes' play they got the ball from a set scrum and Thompson, cutting through the middle, passed to Colson, who was tackled by Gibson but gave a good pass to one of the two men who were by now outside him. The ball was grounded between the posts and the kick converted.

From the kick-off Bart's pressed, and an electrifying run by Davey, our best three-quarter, through a mass of opposition took the ball almost to the line. Here we remained for the most exciting part of the game. From both set and loose scrums we got the ball and twice crossed the line only to find the man in possession held up by a rock-like defence. This, our only attacking period, ended when the ball travelled along the line to Jukes, who, when tackled, unluckily threw the ball into the hands of the opposing centre, who gave his wing a clear run down field to score Middlesex's second try, which was also converted.

The Middlesex team were now in their stride and the rest of the match showed a tiring Bart's pack, which had always been up with the ball, gradually

failing to stop the Middlesex threes doing almost as they pleased.

Hawkes at scrum half was our best outside, who always did something with the ball, and Gibson played a safe game at full-back. Of the forwards Buchanan nailed the Middlesex stand-off with untiring regularity, Corbett corner-flagged intelligently and well, and Richards and McMillan worked hard, the latter failing to stop a well-directed right cross to his eye from Glanville.

The majority of our threees were at fault in that, when unsupported and tackled, instead of "dying" with the ball they tended to throw it wildly away from them, a habit which was fully exploited by the opposition and led to two tries, but apart from this they did their best to cope with an attack whose qualities have already been outlined, and who dominated what was, from our point of view, a rather melancholy game.

Team: Gibson; Davey, Jones, Batten, Jukes; Dale, Hawkes; Richards, Matthew, Smallwood, Reiss, McMillan, Glanville, Corbett and Buchanan.

St. Bart's Hospital v. Nuneaton. At Nuneaton. Won 9-6.

After three and a quarter hours in the train Bart's arrived with only fourteen men to face a stand full of frozen looking spectators. The place of the fifteenth player, who was unavoidably detained at a coroner's court, was taken by a diminutive Nuneaton supporter.

The Hospital kicked off and attacked strongly, playing against the sun, the wind and the referee. After the play had been well in the opposing half for the first twenty minutes Nuneaton intercepted a loose pass in the centre and scored. The kick failed.

Tucker then picked up a dropped pass from the opposing side and cut through, neatly side stepping the full-back, to equalise. Just before half-time Nuneaton started a movement from a loose scrum-mage in our twenty-five and scored close to the touch line. They were unlucky to miss with the kick, the ball hitting the post.

Bart's being three points down at half time took the game into their own hands, and after ten minutes a Nuneaton player left the field with concussion. Soon after this the Bart's pack, who were playing magnificently, heeled the ball from a loose scrum and the threequarters passed quickly to send Tucker over the line. Jukes narrowly failed to improve the try.

On the few occasions when Nuneaton managed to get within striking distance, Arthur Jones was invariably present to fight the ball back into the opposing half.

Bart's continued to attack and after several unsuccessful attacks Richards touched down far out after a fast forward dribble from a line-out.

The most encouraging feature of the day was that the team as a whole looked fitter and seemed to have thrown off the symptoms of the various infective diseases which have been raging for the past few weeks.

Team: Jukes; Hacking, R. F. Jones, Tucker, P. H. Davy; D. Morgan, D. Petersen; Smallwood, Mathew, Richards, Reiss, Limmington, B. Buchanan, Corbett, A. Jones.

HOCKEY

v. King's College Hospital, at Dog Kennel Park on November 18th.

The ground was more fit for a game of rugger, but we set out to play hockey on it by an agree-

ment with King's College. The grass was long and growing on mud, the pitch sloped down to one side where it was like a cattle market by the evening. But we kept the ball moving through the grass, and no one stuck to it too long. Otherwise the game would not have been worth it. King's College were very energetic and untiring; their goalkeeper seemed a little inexperienced, while our forwards played in a most experienced way. Marsh scored 4 times, Dixon 3, Johnstone 2, and Juby scored once. But of these only three were scored in the second half.

Team: Sugden; Mehta, Cozens-Hardy; Fyfe, Dossetor, Todd; Fox, Marsh, Dixon, Johnston, Juby.

v. Middlesex Hospital. Home. Won 3-0.

This game will go down in history as one of our better matches, the team playing as one team. Middlesex attacked fiercely from the first but were held all along the line. They kept it up until Juby, playing for the first time at inside right, disheartened them with a shot from a long corner that ricocheted off the goalkeeper's pads. Giles added another before half-time by following up an attack by Marsh with a pretty reverse stick stroke. This roused Middlesex, who produced even greater efforts which had no effect principally due to Todd and Mehta, who were veritable stonewalls. Dixon, who seldom fails to score, rounded off the game with his usual goal scored in his own unobtrusive way.

Team: Ellis; Mehta, Macdonald; Todd, Fyfe, Cozens-Hardy; Roberts, Marsh, Dixon, Juby, Giles.

v. Broxbourne. Away. Won 4-2.

Here we repeated our performance of a fortnight before against Middlesex by playing hockey "as she is done." For a change our front five men were demonstrably of the same team, and all goals were scored intentionally with not a little forethought. We opened the scoring early when Dixon sent in a good one, but at half-time it was anyone's game, Broxbourne having equalised. They took the lead in the second half with a goal from a short corner. They provided a rude awakening for us, but Broxbourne lived to regret it. Giles centred a pass neatly to Fison, who sent in a humdinger nearly giving the goalkeeper an unwanted haircut. Dixon, "Ginger" to our opponents, soon put us in the lead again with a flick out of a scramble in front of the net. We consolidated our position with a fine movement which started with a cross pass from Dossetor to Fison, then to Proctor, back again to Giles, and into the net. The evening's entertainments were of the same high standard as the afternoon's, after which an eminent member of the team was seen trying to short cut across an unbridged canal with disastrous results.

Team: Sugden; Mehta, Cozens-Hardy; Todd, Fyfe, Dossetor; Proctor, Fison, Dixon, Juby, Giles.

Saturday, November 11th, was memorable not only for being Armistice Day but also because the hockey

club for the first time since the war fielded three teams. Although we had already two fixtures for this date, we received a challenge from a third team, and as this was the Vauxhall Motor Works, Luton, we promptly accepted. A team entirely from St. Albans provided the opposition at Luton, while a 1st and 2nd XI's were provided by those left over. This was the more remarkable as Dr. Harris had claimed the "odd" victim for vaccination, and our captain was captaining London University.

1st XI v. National Physical Lab. Home. Lost 5-2.

The Lab., as they like to be called, scored the first goal by following up a shot by their right wing. This, however, was soon equalised by a very good run by Dixon from the half-way line, he passed three of their defence, and drawing the remaining back neatly passed the ball to the edge of the circle where Marsh caught it up and lodged the ball neatly in the net. Then followed three short corners for our opponents, and they managed to move off the last. The beginning of the 2nd half was our downfall, our opponents, undeterred by our intrusion, succeeded in scoring twice by some very neat passing manoeuvres. However, we did regain our balance and on one of our breaks through Marsh caught the ball in the air and scored again, while Dixon had bad luck in hitting the ball clean over the goal in one particularly vicious shot. Then towards the end the N.P.L. scored once more, making the score 5-2.

We were all very pleased to see our President, Professor Ross, come down to cheer us on, and hope that we will produce something more worthy of his support next time.

Team: Ellis; Dossetor, Bradford; Roberts, Todd, Juby; Fox, Marsh, Dixon, Daniels, Robins.

v. Vauxhall Motor Works. Away. Won 4-1.

Cheered on by the sight of a spectator, Mr. O—, who came out of hibernation specially for the occasion, Peebles soon opened the scoring after a break-away down the right wing. Vauxhall soon equalised, but Proctor put both the ball and the goalkeeper into the back of the net to make the score 2-1 at half-time. The second half found the defence well organised, and most of the play was in opposition's half of the field. Fison seemed to be ubiquitous and distributed the ball continuously amongst the forwards, who by consistent concertive action enabled Proctor to score two further goals. A word might be said here in favour of "Bob," who refereed most competently, blowing his whistle loud and often, and who carried his activities into the evening, when at 10 o'clock he was just dissuaded from blowing "time."

Team: Pearson; Mehta, MacDonald; —?—
Fison, Stanley-Smith; Usher, Bermanji, Proctor,
Peebles, Phelps.

St. Alban's XI v. Luton Vauxhall Motor Works. Away...Won 4-2.

ANNOUNCEMENTS

MARRIAGE

WESTALL—DOBBYN.—On November 4th, 1944, at Thaxted, Peter Rapkin Westall, M.B., B.Chir., to Mary Margaret Dobbyn.

CHANGE OF ADDRESS

Dr. D. B. Fraser, Moorgate, North Bovey, Newton Abbot, Devon.

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