

# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

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### A GLIMPSE OF U.N.O.

Called upon unexpectedly to write an editorial, and being unable to moralise on a medical subject at such short notice, I hope readers will forgive me if I break with tradition and offer, instead of the usual impersonal sermon, a first hand account and some reflections on two short visits to the General Assembly of the United Nations Organisation at Central Hall, Westminster.

I should, perhaps, apologise for adding to the spate of descriptions that have come from the press gallery, but apart from the extraordinary significance of the occasion, nearly every description has been written by a seasoned and experienced journalist used to the atmosphere of international conferences. Several features of the assembly that struck me, a newcomer to such gatherings, as distinctly peculiar have so far escaped any comment.

My first visit was made in the company of an American journalist, who took me with him to the press gallery. As I bluffed my way past the phalanx of marines and detectives on the steps, and forced my way through clusters of delegates in the lobby, I consoled myself with the thought that I was connected with this Journal in an editorial capacity, and that we had a moral, if not a legal right to be represented. On emerging into the gallery I was struck at once by the change in the hall; the organ covered by huge draperies in blue and grey, stretching from floor to ceiling, the platform boxed in with many a tasteful curve, the floor entirely covered with a thick beige carpet, and those excessively uncomfortable chairs replaced by long, light oak tables and chairs upholstered in blue. All this brightly, even garishly, lit by huge chandeliers and floodlights. The whole effect was pleasing if a shade gaudy, and highly

dramatic. The scene seemed in some way improbable and unreal.

The press gallery faces the chair. Behind an enormous gilt box of a desk sat M. Spaak, the chairman, remarkably Churchillian in feature and build.

The chief delegate for the Argentine was speaking as I came in. As what he had to say did not seem exactly epoch making, I made a closer survey of the delegations below me. Two things struck me, first the very large number of South American delegates, and second, the casualness of it all. It was early in the afternoon and there were many empty seats. The only member of the British delegation was Mr. Noel-Baker, and of the people that were there only a very few seemed to be listening to the speaker. Some were openly reading unfolded newspapers, others skimming through piles of documents, but most were just talking to their neighbours. But everyone clapped politely when the speaker finished. His place was at once taken by an interpreter who gave a full version in French.

The next speaker was from Colombia; he spoke in Spanish and his long and rather boring speech had to be translated into English and French. Meanwhile the delegates were rolling up in greater force, Mrs. Roosevelt and Senator Conally joined the Americans, and Mr. Bevin dropped in, slumped in his chair, and had what appeared to be a series of amusing conversations with his colleagues. The three Russian delegations were there in great force and seemed to pay greater attention than most. The U.S.S.R. delegation, with M. Gromyko and M. Gusev, looked very poker-faced, the Ukrainians and Byelo-Russians less diplomatic, and as if they might sometimes unbend. The Ukrainians



in particular clapped heartily and gave vigorous moral support to the Polish Foreign Minister who spoke next.

Frankly, this and the other speeches that afternoon were uninspired in delivery and material, and might well have been left unsaid without grave detriment to the future of the world. Doubtless platitudes and frequent repetitions are part and parcel of any international conference, but I felt that a little more plain speaking, along the lines of Mr. Bevin to the Security Council, would have done more in a shorter time.

I was told that Mr. Bevin was to speak first the next day, and as I was curious to hear him I managed to get a seat. It was a strange contrast between the dull January morning and the brilliant theatrical atmosphere of the conference hall. Nearly every seat was full; it was obviously a great occasion. The Prime Minister and the entire British delegation were there. In contrast to the previous day everyone listened with the closest attention to the Foreign Secretary. He had something to say and spoke im-

pressively and with feeling—yet he was not at his best, perhaps because he was sticking so closely to his typescript. After he had finished and the applause had subsided dignified diplomatic pandemonium broke out and the interpreter had to shout against a hum of conversation and to-ing and fro-ing.

Feeling that I had heard enough speeches I left the Peruvian delegate to it and made my way out through the crowded lobbies. My ears were assailed with foreign tongues and snatches of conversation . . . "Enchanté Madame . . . Trieste is the problem . . . zinging 'Roll out ze barelle' . . . Vishinsky shown up? . . . Les Ruses . . . a really firm line . . . Général de Gaulle . . ." I had certainly seen history in the making but was it only the opening act of another tragedy? I did not feel that the deliberations of the assembly were sufficiently dominated by the horrific possibilities of the atom bomb. Perhaps the huge gilt insignia of the United Nations which hangs above the rostrum should be replaced by an aerial photograph of Hiroshima.

## CURARE

By C. LANGTON HEWER

The speciality of Anæsthesia celebrates its centenary this year and few would deny that it is still in a most vigorous and progressive stage. A proof of this is to be found in the advances which have been made in the production of muscular relaxation—a condition necessary for many operations, particularly those affecting the upper abdomen.

Until recently, relaxation was obtained in one of two ways. In deep general anæsthesia:—either inhalational or intravenous, it appears that the functions of the anterior horn cells in the spinal cord become depressed and that there is a corresponding diminution of skeletal muscle tone. Alternatively, we can temporarily isolate the muscles from their nerve supply either by single or multiple nerve blocking (*e.g.*, spinal analgesia) and the affected muscles will become paralyzed and flaccid.

Curare acts in an entirely different way by suppressing the normal action of acetylcholine in transmitting impulses at the myoneural junc-

tion. This effect has been known for many years but the impure forms of curare available contained toxic substances which gave rise to serious side-actions such as bronchospasm, so that the drug was of no practical use. As a matter of fact, the current edition of one of the best known standard works on therapeutics contains no mention of curare. It is, perhaps, of sufficient interest to review very briefly the history of this alkaloid to date.

The pioneer explorers of South America, such as Magellan, in the sixteenth century, found that some of the natives in the Orinoco region were preparing a syrup from certain plants and were smearing it on the arrows which were used for shooting big game. Animals which were hit became paralyzed almost immediately even if the wound was only of a trifling nature. In 1800, Humbolt pursued this matter further and discovered that the plant used was a particular type of creeper which was later called *strychnos toxifera*. Sixty years

later, Claude Bernard showed that the active principle of the poison prevented muscles contracting when their motor nerves were stimulated and it was named curare. The impure samples obtainable held up work on the human subject until 1935 when H. King, of the National Institute for Medical Research, London, succeeded for the first time in isolating the pure alkaloid, which was named d-tubo curarine chloride. West (an old Bart.'s man) was also prominent in the research work at this stage. The new drug rapidly proved its merits—first in the field of psychiatry, to minimize the risk of fracture and dislocation during electro-convulsive therapy. If curare is injected intravenously just before the current is switched on, the resulting convulsion is "softened" and trauma is unlikely to occur. Within a short time 40,000 injections for this purpose had been reported. The use of the drug has since been extended for the treatment of many nervous disorders associated with spasticity and hyper-tonia. Curare was first used as a muscle relaxant during anæsthesia in Canada and proved so satisfactory that it is rapidly becoming a standard technique.

There are two commercial preparations of purified curare available at the present time and unfortunately they differ in potency. They are "intocostrin" (Squibb) and "Curarine chloride" (B and W).

Intocostrin is a sterile yellow solution containing 20 mg. of "curare extract" per c.c. with 0.5 per cent. chlorbutanol added as a preservative. It is supplied in rubber capped bottles of 5 c.c. and 10 c.c. and is a purified extract from the plant *chondodendron tomentosum*. The initial intravenous dose of intocostrin to a lightly anæsthetized adult is about 3 c.c. (60 mg.) For long procedures, such as partial gastrectomy, however, an additional 2 c.c. (40 mg.) may have to be injected before closing the peritoneum if muscular relaxation is then inadequate.

Curarine chloride is a white powder and is put up in glass ampoules each containing 100 mg. It is claimed that this substance is identical with the pure alkaloid d-tubocurarine chloride isolated by King and is consequently considerably more potent than intocostrin. 30 mg. is approximately the average adult total dose. The powder is dissolved in 10 c.c. of distilled water and can just be brought to the boil for sterilization without appreciable decomposition. It is imperative to distinguish between these two preparations.

Various techniques have been used for giving curare during general anæsthesia. A simple

and satisfactory one is to give an initial dose intravenously, as the abdomen is being opened and a supplementary one later on if necessary.

These injections can conveniently be given into the tubing of the drip saline, which is usually already set up for major abdominal operations. An alternative technique, of which the writer has had no experience, is to give curare as a diluted solution by a continuous intrasternal drip.

It must be remembered that in normal dosage curare has no anæsthetic or analgesic action, so that a light general narcosis must be maintained. Endotracheal cyclopropane or nitrous oxide-oxygen-trilene has proved quite satisfactory. The endotracheal route is desirable as laryngospasm, bronchospasm and apnoea can be dealt with more efficiently than if the patient is not intubated. Ether has itself a slight curariform action and if used necessitates cutting down the dose of curare so that less benefit will accrue.

Operating conditions are ideal with this method as muscular relaxation is equal to that produced by a high spinal block, while the intestines are relaxed and immobile, instead of being contracted with increased peristalsis, as is usually the case with spinal analgesia.

Myasthenia gravis is a definite contra-indication to the use of curare. This should be obvious as the effects produced by the drug are indistinguishable from a transient but severe attack of myasthenia. Prostigmine, used so much in the treatment of the disease, can also be used as an antidote to curare overdose, but this is rarely necessary, as controlled respiration easily maintains the gaseous exchange until normal breathing is resumed. The elimination of the drug takes place fairly rapidly, partly by destruction in the liver and partly by being excreted unchanged in the urine. Curare should be avoided in the late stages of pregnancy and for Caesarian section, as it is probable that the alkaloid passes into the foetal circulation and affects the child.

Careful study of blood-pressure curves shows that unless an overdose of curare has been given with subsequent diaphragmatic paralysis, no significant change occurs. Furthermore there is considerably less variation in pressure and pulse rate during the operation than is usual with deep general anæsthesia. This is an unexpected observation as one would imagine that trauma to structures just below the diaphragm would cause considerable reflex changes in blood pressure to patients lightly anæsthetized and unprotected by splanchnic block. Further study is necessary into this phenomenon.

The results obtained at Hill End have so far proved most satisfactory, although it has not



been possible to record a large series of cases owing to difficulties of supply. These, however, are now being overcome. The first twenty administrations were practically all for partial gastrectomy and in each case muscular relaxation was perfect. A careful follow-up failed to show any serious after-effects which could be attributed to curare. Four patients complained of difficulty in opening their eyes widely and some blurring of vision from a few hours up to three days. These symptoms are common in myasthenia gravis and were presumably due to a slight "hang-over" of the action of the curare. This series is, of course, far too small to justify any comparison of results with more orthodox methods of anaesthesia.

A word of warning is perhaps not out of place. Curare is in no sense a substitute for skill and will not convert a poorly given administration into a good one. For example, if through an obstructed airway, an anaesthetized patient is using all his accessory respiratory muscles in order to obtain enough oxygen and to get rid of his carbon dioxide, the surgeon will naturally complain of straining and muscular rigidity. To give curare under such conditions is to invite disaster.

In conclusion, it would appear that the results obtained to date warrant the assumption that curare will attain a permanent place in anæ-

thesia. The modern tendency to use multiple drugs requires watching, but there is little reason to believe that the fewest toxic effects will necessarily follow the administration of one drug only to produce unconsciousness as well as muscular relaxation. The adoption of curare is only one stage further than the combination of light narcosis with field blocking or spinal analgesia with the advantage that the central nervous system itself is not affected and that almost instantaneous relaxation of all the voluntary muscles except the diaphragm can be produced by a single intravenous injection. It is true that major abdominal operations can be performed under intravenous anaesthesia alone, but to obtain continuous and complete relaxation with the barbiturates entails a most undesirable degree of circulatory and respiratory depression. Without assuming the thankless role of prophet, it is the writer's opinion that future anaesthetists will look back on the introduction of curare as one of the greatest advances of the craft and that field blocking and spinal analgesia for upper abdominal surgery will gradually be displaced by this product of the jungle.

I should like to express my thanks to Mr. G. Ostlere, Resident Anaesthetist at Hill End, for his help in note-taking and following up the cases described.

## THE ROYAL AND ANCIENT HOSPITAL OF ST. BARTHOLOMEW

By W. McADAM ECCLES

Founded in A.D. 1123, with the royal aid of King Henry I, by RAHERE, the monk who was the King's Jester, the Hospital still stands on the same ground on which it was first built 826 years ago.

It has passed safely through two very serious epochs in its history. The latest has been the action of the enemy by bombs, flying-bombs and rockets during the six years of the second great war.

The former, when it very nearly went under through the vagaries of the Merry Monarch, four hundred years ago.

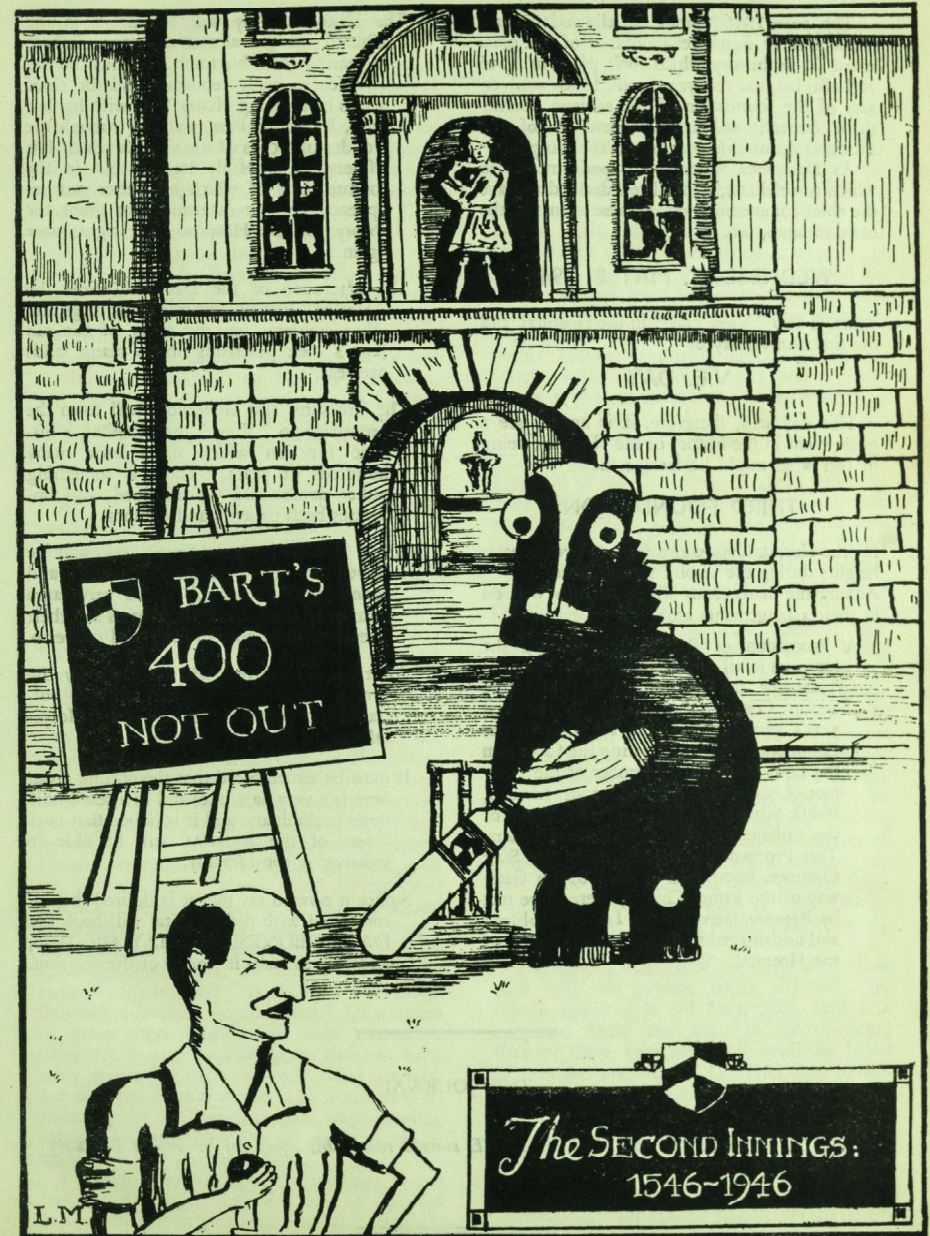
After having despoiled the Priory and Hospital in 1538, King Henry VIII finally came to his better self at the end of December, 1546, when he entered into a "Covenant" with the then Mayor and Citizens of London for the

control of the affairs of the Hospital.

In this document it was agreed that "the late Hospital of St. Bartholomew in West Smithfield nigh London, otherwise called the Hospital of Little St. Bartholomew in West Smithfield" should have restored to it all its former possessions, and should be controlled by the City. This agreement was followed by "Letters Patent" on January 13, 1547, and King Henry died on January 28th of the same year. Thus the Hospital was saved in the nick of time!

It is rightly regarded that the year 1546 saw the Second Foundation of the Royal and Ancient Hospital.

Four hundred years have passed since then, during which the Hospital escaped destruction in the Great Fire of London in 1666, and the City Fires of 1940 and 1941.





The year 1946 cannot be allowed to pass without some signal remembrance of the great event in its history which took place in 1546 and also because this year is the 150th anniversary of the foundation of the ancient Abernethian Society, and is the centenary of the introduction of chloroform into the Hospital.

As December would be a poor month in which to celebrate, it has been decided to have the chief commemoration of these events in the early summer, on:

### WEDNESDAY, MAY 8, 1946

which is also "View Day" in the Hospital, and the first anniversary of

#### V.E. DAY

This day will, therefore, it is hoped, see a great event in the history of the Hospital, being in fact what might be termed the

### THIRD FOUNDATION

for the Hospital has to rise again to even greater heights during the second year of Peace. Among the many items which are now well on in their arrangements are:—

A Procession of Persons representing the Hospital in all its various activities from the Treasurer to the Boilerman, from the Senior Consulting Physician to the first year's student, and from the Peer to the Commoner, and representing the City from the Lord Mayor to a Member of the Common Council, the University of London, Public Schools, Professors and Members of the College Council, among many others. This Procession will form up in the Staff Common Room and proceed to the Gateway of the Priory Church, there to be met by Representative Clergy from the blitzed and undamaged Churches in the vicinity of the Hospital.

The Historical Play will commence in the Church on the stroke of noon, Rahere appearing from his tomb, in which he has lain for so many centuries, and the chief actors being King Henry VIII with his last wife, Katherine Parr, walking through the wonderful arches of the Church which His Majesty so woefully treated, but in the sombre light of which his better self reappears, and he determines to grant the Priory and the Hospital their rights once again.

The afternoon of the Day will show the "Square" bravely decorated with flags and other emblems sent by many of the old Bart.'s men practising in so many lands overseas.

The Treasurer and Governors will form the procession to "View" the Hospital, a historic function which dates back many hundreds of years. There is something rather quaint and yet dignified, and impresses both patients and visitors.

About 4 o'clock, it is hoped, tea will be served in the beloved "Square" and round the "Fountain," and a very large number of Staff, Students, Nurses and their friends will be able to meet and converse.

After tea, an address will be given by the Senior Consulting Surgeon, on the outstanding events in the history of the Hospital and its Medical College.

It must be remembered that the outline given here is a very bare one, and in a sense only quite preliminary, and it is hoped that later issues of the JOURNAL will be able to enhance it considerably.

Suffice it now to say that it is desired that all connected with the Hospital will book the DAY, WEDNESDAY, MAY 8th, 1946, and help to make it worthy of the occasion.

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### THE JOURNAL

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Contributions for the MARCH ISSUE should reach this office on or before February 18th, 1946.

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## ST. BARTHOLOMEW'S HOSPITAL SEVENTY YEARS AGO

By SIR WILLIAM J. COLLINS

It was, I think, in the year 1884 that Sir James Paget delivered an address at the Abernethian Society, entitled, "St. Bartholomew's Hospital and School fifty years ago." The epoch to which it related was therefore in the thirties of the 19th century, when Sir William Laurence held the stage and dominated the School. When the latter was asked by Paget to perform a similar task he replied that he had not a sufficient sense of the ludicrous to undertake it. Paget had just retired from the consulting staff when I entered in 1876, but his great personality was an abiding presence. I enjoyed his friendship, had served with him on the Senate of London University when he was Vice-Chancellor, and also on a Royal Commission which sat for seven years. After he had retired to Park Square he allowed me to seek his aid in consultation and I last met him in North Wales, where he was staying near Penmaenmawr with his daughter. Paget spoke of the gloom of the wards in those days, the school curriculum then only eighteen months leading up to one examination at the Hall or the College. Dr. Iluc, the senior physician, lectured on five different subjects, and "Tommy Wormald" taught anatomy. There were no special departments. At that time "bleeding was mere commonplace," but as Paget remarked, the question was not asked, "What would have happened if this had not been done?" "The excess in the use of bleeding was fully matched by that of mercury." There were then no anaesthetics, and swiftness was the great aim of the surgeon, as seen conspicuously in the case of Sir Astley Cooper or Robert Liston. Asepsis was undreamt of, and anti-septics unknown. Though some Sisters "had practical sagacity and a sort of rough practical knowledge," the ordinary nurses were "rough, dull, unobservant and untaught women." Fifty years ago, said Paget, the admission of young ladies to any hospital "would have been called indecent, audacious, unprincipled." Of students in those times Paget said there was much drinking, cursing and swearing and too many nasty stories, but they were only living and talking after the manner of the day; "he, however, failed to see in later years any corresponding increase in the intensity of work done by students" half a century later.

I now turn to Bart.'s in the seventies of last century. Of Paget himself it may be said that oratorically and surgically he emulated Laurence,

but, unlike him, he was no sceptic. His clinical lectures read like novels, and at the International Medical Congress in London in 1881 it was refreshing to listen to him after the dry addresses of some of the foreign delegates. It was said that he learnt his speeches by heart, though I doubt it, for at the Commission lunches, or at its sittings, his words were always apt, and the stories he told were as pointed as they were chaste, while his lustrous eyes riveted attention.

Sir James's successor a senior surgeon was Luther Holden, cultured, handsome and debonair, with chiselled features and a spare frame, a great anatomist and a sportsman, too, devoted to Bart.'s, but disinclined to private practice. Next in order was Savory, later Sir William Savory, F.R.S., and the masterful President of the College of Surgeons. His lectures were oratorical without effort and without a note. He was rather more respected than beloved and the saying was:—"Great Savory of Bartholomew's, by the nine Gods he swore; of five and twenty candidates he would pluck twenty-four."

At the meeting of the British Medical Association in 1879 at Cork I listened to his strong indictment against Listerism. I remember the great antiseptic teacher visiting Bart.'s one Sunday when he declined an invitation to visit Savory's wards. The latter's treatment in those days comprised bread poultices and Condy's fluid, while carbolic in any form was excluded. Mr. Callender came next in the surgical hierarchy, and then Tom Smith, later Sir Thomas, always jaunty and jovial, a popular lecturer on anatomy and a bold and skilful surgeon; his jests were highly enjoyed, even though sometimes *risque*; but on Sundays at Page Robert's church he took the plate round with becoming gravity and decorum.

The striking contrast of the surgeons in those days with the present ritual was that they usually operated in old frock coats, kept in a cupboard under the stairs in the operating theatre; these were often stiff with the blood of previous operations. On Thursdays consultations were held in the operating theatre on selected cases from the wards, when each surgeon in turn delivered himself in characteristic, and sometimes caustic, diagnosis of the patient under review.

The Physicians' staff was not, perhaps, quite so illustrious. Sir George Burrows (1801-1887)



had retired, Dr. Patrick Black was Senior Physician, one quite of the old school, described by his biographer as "a tolerant sceptic." Dr. James Andrew, orthodox, a good clinician, but an unexhilarating lecturer. Dr. Southy, related to the poet. Dr. (later Sir William) Church, President of the College of Physicians, a good Conservative, though he generally wore a red cravat. Dr. Samuel Gee, imported from University College, deliberate and oracular in diagnosis, always solemn and sedate. The special departments were then embarking on their careers. That of ophthalmology being early in its start, under the distinguished control of the handsome Henry Power and the highly esteemed Bowater Vernon, whose chronic

### THE CHRISTMAS SHOWS

It is a truism to say that of players and audience at any performance, the performers have usually had more fun out of the whole thing than the audience—at any rate in amateur dramatics. Nevertheless, there is nothing more likely to cause calamity than an unresponsive audience. When both companies enjoy themselves the result is success and success certainly attended the Christmas Shows of 1945. In wards decorated with ingenuity, hard work, and much colour, Ballet Pinkun, Free and Confidential, The Wassermen, Stuffing and Sauce, and Shooting Stars entertained the patients and visitors and such of us who could get in. The Ballet Pinkun's Theatre Scene must have brought gloomy foreboding to some patients and an uneasy retrospect to others. Free and Confidential were certainly free—especially in the delightful singing of "Come into the garden, Maude." The Wassermen were happily less pornographic than the name led some of us to expect. Stuffing and Sauce gave us an excellent revival of "One Finger One Thumb Keep Moving" and "Shenandoah," sung by Shooting Stars, was particularly pleasing. To make a burlesque of ballet and do it well is not easy but if it is achieved, a lively and laughing audience is assured. The Pas à Deux, by Tucker and Robins, deservedly had its encore in the Pot Pourri. Of the monologues and performances solus, Tony (Septimus) Alment, Ken (Hermine) Nuttall, Dean Roger Dixey, and Patient Galbraith's "You'll Get Used to It" were most entertaining.

After which untrammelled praise your re-

blepharospasm was apt to be misinterpreted by the unfamiliar. Dr. Matthews Duncan had been transported from Scotland to redeem the gynæcological department and his Aberdonian accent intrigued the large and admiring audiences which he addressed.

The staff and students, then as now, occasionally foregathered at meetings of the Abernethian Society, the eponymous memorial of the great John of that name (1764-1831) anatomist, physiologist and surgeon. The minutes of the Society record many dogmatic addresses and lively debates, of which, as President for two years, I have the happiest recollections.

viewer permits himself two small criticisms. Firstly, he cannot believe that jokes—and good ones at that—which can be told even to maiden aunts, are so scarce as to justify some of the chestnuts. True, there were not many, but those we heard were very, very hairy. Secondly, for one or two of the sketches we saw, though well done, the same holds good.

By kind permission of the Matron, a Pot Pourri was held in the Nurses' Lounge. Not until this combination of the shows took place did the topical songs come into their own. It is a mental exercise to decide, despite tradition, whether the topical song has its place or not. Since the shows are primarily performed for the patients and their visitors, a song elaborating upon the habits of the staff is largely wasted and only those which deal broadly with the Hospital in sickness and in health can possibly have a wide appeal. Few realise the trouble involved in combining the best of five shows into one, and the smooth performance, lasting one and a half hours, which we had in the Pot Pourri, says much for the work and co-operation of thirty or forty people.

It is a pleasure to record that for twenty-five years "Bert" has painted and powdered and bewigged the plays, reviews, pantomimes, and Christmas Shows of Bart.'s. To him we owe a great debt of gratitude for his expert and unflinching help to the Hospital's Amateur Theatricals. We look forward to many more examples of his mastery when future curtains ring up.

H. W. B.

### VACCINATION IN THE TROPICS

By COL. L. B. CANE

The preparation of vaccine lymph has been fully described in various Ministry of Health Reports and other publications.

Its preparation under tropical conditions, though essentially upon the same lines, requires not only careful selection of a suitable site for a Vaccine Institute, but special precautions against deterioration due to climate during its transit over long distances.

In Tanganyika vaccine lymph, at first imported from South Africa and even from England, was later manufactured in the Territory, where cattle are plentiful and cheap, and labour is readily obtainable at low rates.

In 1928 a Vaccine Institute was opened at Mpwapwa, 3000 feet above sea level, where the headquarters of the Veterinary Department provided facilities for selection of healthy calves, and for bacteriological examinations. This, however, has been recently temporarily closed for reconstruction.

Situated ten miles from the Central Railway, only a few hours distant by rail from the capital, Dar es Salaam, and from Dodoma, an important rail, road, and air station, Mpwapwa provided a convenient centre for distribution throughout Tanganyika, Kenya, Uganda, Nyassaland, Rhodesia and Zanzibar, and in 1944 provided 3,312,700 doses of vaccine.

#### REJUVENATION

Here two strains of Seed Lymph were maintained, which had been passed for several generations through calves and monkeys.

When the potency of a lymph strain is dying down it can be rejuvenated by passage through other animals, in Europe generally rabbits or hares, but in this country through monkeys. The original lymph is inoculated into a monkey, and then to a calf, from which about twenty others are inoculated, and the vaccine lymph from those collected for preparation and issue.

To rejuvenate it when necessary the lymph is again passed through a similar cycle of monkey and calves.

For storage the seed lymph is ground, and mixed with two parts of 50 per cent. glycerine solution, further glycerine solution being added just before issue.

#### PREPARATION

For the preparation of lymph female calves of from one to one and a half years old are selected. Those with a pink skin have been

found to give the best and clearest yields. Black or mottled skins are usually tougher, and give a smaller and darker yield.

The calves to be vaccinated have their abdomens and inner sides of their thighs shaved the previous evening. The area vaccinated is the abdomen up to the costal arch, avoiding the udders, and about six inches up each thigh.

The calf having been placed upon the table and strapped down, the under parts are washed and scrubbed with sterile water. After drying the surrounding parts are covered with sterile towels, and the diluted seed lymph applied in lines about 1½ in. apart. After scarification the lymph is rubbed in with the end of a sterile test tube, a little more being applied where necessary. After application of a clean binder the calf is removed to a stall, where it is given plenty of green grass, hay, and corn stalks. It is moved daily to a clean stall and the binder changed.

After five days the calf is again placed on the table, and after thorough cleansing and covering with sterile towels around the area, the lines of vesicles are scraped with a Volkmann's spoon, and the material collected in a glass dish. This having been previously weighed and numbered is now weighed with the pulp, which is then passed five times through a Chalybus grinding machine, with two c.c.s of 50 per cent. glycerine added for each gramme of pulp. This results in a fine emulsion, and two parts more of the glycerine solution are added before storage in a sterile glass stoppered bottle, in which, after measuring and labelling with batch number, etc., and date, it is stored in a refrigerator.

When all the pulp has been collected a saturated solution of potassium permanganate with zinc oxide is applied to the calf's abdomen before it is removed to its stall. Usually the surface of the abdomen is healed after five days, and the calves are then returned to their owners, who are well satisfied with the 5s. given to them for their hire.

#### TESTING

A month or so before the lymph is likely to be required samples are taken, and in various dilutions are inoculated into tubes of media for incubation and bacteriological examinations.

Of the 1/100 dilution, 0.1 cc is put into (a) Robertson's bullock heart media, (b) ordinary broth, and (c) milk. Of the 1/1000 dilu-



tion, 0.1 c.c. is put into MacConkey's agar, and the same amount into ordinary agar, for plating.

The first three, after heating to 80° C. for ten minutes, to destroy non-spore bearers, and incubation for 48 hours, are examined for possible presence of *B. Welchi*, *Tetanus*, and *Anthrax* spores. In the very rare event of any of these being found the batch of lymph, after addition of carbolic solution and boiling, is thrown away. The last two provide for discovery of possible coliform organisms, streptococci, and for colony counts.

#### POTENCY TEST

Monkeys are used for this test, and show the intradermal reactions better than rabbits. From the culture tubes a monkey is inoculated intradermally into the skin of the shaved abdomen, with the different dilutions, beginning with the 1/20,000. A Tuberculin syringe with a fine needle is used, and 0.1 c.c. of each dilution inoculated on either side of a median line. After six or seven days the potency of the different solutions is indicated by the local reaction in each case.

The international standard of potency with Groth's test is that 0.1 c.c. of 1/1000 dilution should produce local infiltration and redness in rabbits, but it has been found that monkeys are more susceptible to vaccinia and almost invariably give a positive with 1/20,000.

#### DISTRIBUTION AND USE

The vaccine lymph from Mpwapwa is sent out in a 1 in 5 dilution with glycerine. It is despatched generally in ampoules containing 1 c.c., sufficient for about 100 cases, or in capillary tubes each containing sufficient for two cases. The ampoules and tubes are rolled in paper and packed in sawdust and ice, in tins with press down covers.

Unfortunately the conditions for cool storage, so necessary in the tropics, can seldom be maintained beyond the hospital centres to which the lymph is in most cases first despatched for distribution.

Its transit on to dressing stations and vaccinating centres, often 60 or 70 miles distant from these, frequently by porters on foot, through days of tropical heat, and the absence there of any provision for cool storage until use, must inevitably cause some diminution in potency. (In England instructions are issued with all lymph supplied to Public Vaccinators that any unused within a week should be returned.)

A more important cause, however, of unsatisfactory results is faulty technique by tribal dressers and other partially trained vaccinators,

and their neglect of elementary precautions to ensure success.

Unless persons are directed to remain in the shade for a short time the lymph often dries up before it has "soaked in," sometimes even before scarification, and if they are permitted to wander off immediately after vaccination the lymph may be quickly wiped off, either intentionally or accidentally. In some instances it has been found that arms had been wiped with strong antiseptic solution before vaccination, and in many there was only a single scarification instead of the three recommended by the Lymph Institute.

In wholesale mass vaccinations it is of course seldom practicable to apply aseptic coverings, so that septic infection is frequent.

For faulty technique the native vaccinators, however, are not always wholly to blame. During a recent tour, during an epidemic, native vaccinators were found, through lack of suitable lancets, to be using such improvised tools as a blunt worn-down scalpel, a small curved needle, a pen nib (used also for rendering returns!), two old nails with flattened points rubbed down by stones, and part of a rib from an ancient umbrella.

Though admiring such ingenuity, and the enthusiasm with which some thousands of vaccinations had been done with these tools, it was surprising that the percentage of failures had not been even greater.

#### RESULTS

During emergency mass vaccinations by ill-trained operators, in the midst of epidemics, it is inevitable that records of even the numbers vaccinated and revaccinated should be imperfectly kept, even when the necessary record books or even paper had been supplied. Also that very large proportions of those vaccinated are never examined afterwards for results or revaccination. Investigation of such records as were available indicated that in most areas at least one third, and in others considerably more, had never been examined after vaccination.

Of those who had been examined, at least one vaccination in three had been returned as unsuccessful, and few of these had been re-vaccinated.

In another district the return for 1944 shows that of primary vaccinations re-inspected 50 per cent. had been found unsuccessful, and of re-vaccinations as many as 64 per cent. In some places the total of unsuccessful vaccinations considerably exceeded those returned as successful.

Another factor increasing the extent of

epidemics in country districts is the almost entire absence in many of even temporary isolation accommodation.

To limit the extent of the epidemics of small-pox which recurs so frequently in Tanganyika it would seem desirable that more isolation accommodation should be provided, that additional vaccinators should be trained, with more supervision than is possible under present conditions, and that instead of wholesale vaccination campaigns only when and where epidemics have already occurred, systematic and continuous vaccinations should be carried on every year.

This brief outline of the methods of preparation of vaccine lymph, and of the difficulties

attending its distribution and use under tropical conditions, may perhaps be of some interest to those in practice at home, who have been using vaccine lymph for years with very little knowledge of its methods of manufacture.

For demonstration and details of preparation at Mpwapwa Institute I am indebted to Captain G. H. Blaker, I.M.D., formerly in charge of the Vaccine Institute at Maiktila in Burma, who was later for several years in charge of the production of vaccine lymph in Tanganyika.

L. B. CANE.

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### NIGHT

By CALVIN LAMBERT

The night about me is  
Dark and still . . .  
The stars above glitter  
Out of a blackened sky;

They are the ever-lasting  
Eyes of heaven,  
Through which God looks  
Upon my solitude.

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### SPRINGTIME IN ENGLAND

By CALVIN LAMBERT

Birds are singing on the trees;  
Grasses sway before the breeze;  
Country folk are on their knees—  
'Tis early morn in Springtime.

Golden girls and blithesome boys,  
Playing with their youthful toys,  
Finding in them ceaseless joys—  
'Tis afternoon in Springtime.

Diana sheds her silver beams  
On waters deep and placid streams.  
Oars' feathered spray like diamond gleams—  
'Tis even-tide in Springtime.



"I Got  
Traumatic Haematoma Palpebri  
Doc"



## EXILES RETURN

Do not think  
Because you are clever and well-read,  
Having the Membership or Fellowship  
Within your well-deserving grasp,  
Do not think  
Us envious.

We who have watched  
Dusk seeping through the steamy jungle,  
Elephants sprinkling sparkling as they wash,  
Blue diaphanous butterflies  
Circling teak  
In Malabar.

We who have seen  
The asphodel on Tiryns' walls,  
Worthless banknotes flung from shops,  
Prostitutes in cages out for hire,  
Rainbow fish  
And toucans' nests.

We who have known  
Fear, scratched the rocking earth to hide  
ourselves,  
Sweated; shivered, mumbled stupid prayers,  
Crept quiet at night  
Through back streets  
In strange cities.

We who have seen  
Three braggart empires laughed to dust,  
Lines of red-eyed prisoners shuffling past  
Back through their dead  
And by ours  
Whom they had killed.

Yet we know,  
We are blind fools, now six years starved  
Of learning, carrying text-books out of date.  
But do not think,  
Never think,  
We envy you.

E. M. E.

## RECENT PAPERS BY BART'S MEN

- APPLETON, A. B. "Posture." *Practitioner*, January, 1946, pp. 48-55.
- BINTCLIFFE, E. W. "Delayed Closure of Compound Fracture Wounds." *Post-Grad. Med. J.*, December, 1945, pp. 338-348.
- CULLINAN, E. R. (et. al.). "Fungus Poisoning in the Nairobi District." *E. African Med. J.*, August, 1945, pp. 252-254.
- DONALDSON, M. "Some New Facts concerning the Prognosis and Treatment of Carcinoma of the Cervix by Radiation." *Proc. Roy. Soc. Med.*, November, 1945, pp. 10-15.
- HAMILL, P. "The Names of New Drugs." *Practitioner*, January, 1946, pp. 61-64.
- HAWKING, F. "The Choice of Sulphonamides." *Practitioner*, January, 1946, pp. 72-73.
- LEISHMAN, A. W. D. "Thoughts on Sprue." *Lancet*, December 22nd, 1945, pp. 813-815.
- MACKENZIE, M. D. "Notes on Certain Trends in Public Health Work in the City of New York." *Proc. Roy. Soc. Med.*, November, 1945, pp. 19-26.
- ROSS, J. PATERSON. "The Surgery of Arterial Disease and Injury." *Brit. Med. J.*, January 5th, 1946, pp. 1-4.
- WARD, R. OSTER. "Some Surgical Aspects of Urinary Bilharziasis." *Proc. Roy. Soc. Med.*, November, 1945, pp. 27-38.

## SPORTS

## SOCCER

*St. Bartholomew's v. Guys. Home. Won 3-0.*  
Team: Watson; Pine, Elliott; Blackman, Murley, Amos, Leach; Pilling, Goodrich, McClusky, Mangan.

This could not be called a spectacular victory over our traditional enemies, as Guys were playing with a weakened team. However, we did not have all of our regular team out either, and the team played well, and on the day's showing were much the better side. Bart's attacked strongly at first, with a light ball and the wind behind them, and the Guys' goal was soon under fire. Once in a scrimmage in the goal mouth, we should have scored. Just after this McClusky, when almost in mid-field, lifted the ball in the air, and after a remarkable flight it came down in the top of the goal. Guys fought back

and made several dangerous attacks, but our defence was playing well, and quick and forceful tackling prevented them scoring.

In the second half we were playing against the wind, but were well on top. Mangan put us further ahead when he ran in from the left wing, and shot past the goalkeeper. Shortly after this McClusky sent an excellent through-pass to Mangan, who, while running at full speed, sent in a beautiful shot, a left-footed drive, which gave the goalkeeper no chance. There was no further score, although there were some near misses round our goal before time. Murley and Amos played well in the defence, and Watson played a sure game in goal.

## ROWING IN LONDON

The College Boat Club was formed again in London in October last, after a lapse of several years. In November we were granted permission to row from the University Boat House at Chiswick, although the shortage of boats is such that all outings are limited to thirty minutes' duration. Lacking equipment of our own, and in spite of the fact that we had no coach, we managed by early December to put an Eight on the river two afternoons of the week. Unfortunately, at this stage, we lost Matthias, our stroke, through illness, but by the timely help of Lonsdale and a slight change in the order of the crew we were able to compete in the University

December Eights.

In the heats we were drawn against King's College II. and Q.M.C. I., and after a consistently close race we won by three yards. In the final against L.S.E.I. a good start gave us a lead of half a length in the first minute, but we were unable to retain this against the heavier crew who crept up to win by a few feet. In both races the leading crews had to wait for an umpire's decision.

In closing, we wish to thank N. Paros for his invaluable work in starting the club, and to congratulate our captain, B. E. L. Thompson, on his election as a Rowing Vice-President of the U.L.B.C.



## EXAMINATION RESULTS

## UNIVERSITY OF OXFORD

## SECOND B.M. EXAMINATIONS, DECEMBER, 1945

*Medicine, Surgery and Midwifery*  
Rawlins, J. S. P.

*Pharmacology and Principles of Therapeutics*  
Leslie, W. G. H. Platt, J. W.

*General Pathology and Bacteriology*  
Griffiths, A. W. Leslie, W. G. H.  
Platt, J. W.

## UNIVERSITY OF CAMBRIDGE

## FINAL M.B. EXAMINATION, DECEMBER, 1945

*Part I. Surgery, Midwifery and Gynaecology*  
Dixey, J. R. B. Gloster, J.  
Wand, L. G. R.

*Part II. Principles and Practice of Physic, Pathology and Pharmacology*  
Allison, R. C. Philip, P. P.  
Ellis, R. H. Watson, P.  
Ostlere, G. S. Ellis, E.  
Walker, P. H. Kunkler, P. B.  
Conway, F. J. Reed, B. O.  
Gregory, B. A. J. C.

## ROYAL COLLEGE OF SURGEONS

## FINAL F.R.C.S., NOVEMBER, 1945

Moore, F. T. Zimmermann, J.

## SOCIETY OF APOTHECARIES

## FINAL EXAMINATIONS, NOVEMBER, 1945

*Surgery*  
Roden, P. J.—Diploma conferred.

DECEMBER, 1945

*Medicine*  
Osborne, P. F.

## ANNOUNCEMENTS

## SITUATION REQUIRED

EX-BART'S NURSE offers services as nurse, receptionist, etc., to doctor, in return for furnished or unfurnished accommodation in the London area, for self, ex-service husband and six-year-old son—from March onwards. Very urgent. Any suggestions considered.—Mrs. Cameron, at Scone Palace, Perth.

## BIRTH

ON NOVEMBER 7TH, 1945, to Dr. and Mrs. Druitt at 27, Bloom Road, Rotherham—a sister, BEVERLY JANE, for Jason.

## OMISSION

The author of the poem, "The City Fire," published in the January issue of the Journal, was CALVIN LAMBERT.

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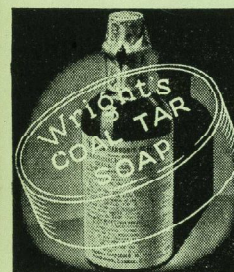
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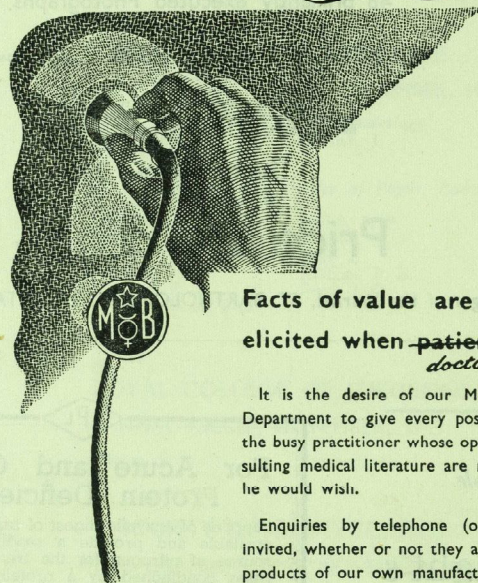
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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

Vol. L

MARCH 1st, 1946.

No. 2

### APPRENTICESHIP IN MEDICINE

The well-known cliché about medicine being a blend of science and art leaves out of account the fact that it is also a craft. In medical education to-day there are very adequate arrangements made for teaching the scientific basis of medical practice. In so far as medicine is an art, no amount of teaching will impart that art to anyone; it is partly inborn and partly acquired after years of experience. The traditional way of learning a craft is through the medium of apprenticeship. In this respect our present day training is inadequate. No one is in any sense apprenticed until they become house physicians or house surgeons. The reason for this is that the medical and surgical firms, which should provide training of this kind, are, as a general rule, too large. Probably four or five, or at the most six, is a suitable number for teaching at the bedside. Unfortunately firms of this size are the exception and not the rule. Firms with from twelve to sixteen students are all too common: whilst out-patient classes often attain prodigious dimensions. In classes of this size it is not possible for more than a small proportion of the students to examine any one patient. It will be said that as far as in-patient firms are concerned, no matter how large the firm is, the patients are always in the hospital available for examination by anyone who is keen enough to do so. This, of course, is true, but only up to a point, for even the most long-suffering patient will object to a dozen or more students, in addition to the chief, the chief assistant and the houseman, palpating his abdomen or determining the situation, the size, the shape, etc., of his particular lump or swelling. When a patient is acutely ill such a procedure is quite out of the question. In large classes the teaching is more like that of a lecture-

demonstration and one loses that indefinable "something" which is the essence of apprenticeship. The student has fewer opportunities of seeing how the mind of a highly skilled and long experienced doctor works when confronted with a medical problem. When the recommendations of the Goodenough Report on Medical Education are implemented and the proposed changes in the curriculum made, we hope the authorities will pay great attention to the problem of large classes. It is obviously not a matter which can be remedied overnight. Great administrative difficulties stand in the way and doubtless financial considerations are involved. It is not over-emphasising the importance of this subject to suggest an increase in the Treasury grant to medical schools, with the aim of reducing the present size of the classes. It would be money well spent. Incidentally it is worthy of note that firms at some other teaching hospitals are very much larger than our own. This article is in no way intended as a criticism of Bart.'s, but is a protest against what is a nation-wide system.

It is interesting that while we are asking for a return to the principle of apprenticeship another great teaching hospital is making an experiment in quite an opposite direction. There, a medical firm no longer has a single chief, giving two or three rounds each week, but three or four chiefs, each of them specialists in certain fields. Thus a given firm will have three rounds in the week from, say, specialists in diseases of the chest, the nervous system and the endocrine glands. This step has apparently been taken on the ground that as medicine becomes more and more complex it is increasingly difficult for one man to master all its intricacies; and that it is better for a student to



be initiated into the mysteries of a given branch of medicine by a specialist in that field. The weak point in this system would seem to be that the unfortunate student is expected to absorb that which it is alleged no one man is competent to teach. Furthermore, the logical conclusion of this line of reasoning is an argument against the conception of the general practitioner. In fact the general practitioner will be the foundation of any new health service. The obvious danger of such a scheme is that it will not provide such a thorough, all-round training as the old system. As the majority of students are destined to become general practitioners it is important that their training should be as comprehensive as possible, and a training (on the whole) in *method* rather than detail. It is for this training in method that the age-old system of apprenticeship is so valuable.

### AN APPEAL

In the course of the next few weeks the preclinical students will return to their rightful home at Charterhouse Square. Those of us, and there are many, who have enjoyed the hospi-

ality of Cambridge University during our pre-clinical studies, cannot deny the constant desire to go to London—to the mother hospital, in spite of all that Cambridge has to offer us. Similarly those in London feel that a vital part of our organisation is out of touch with us in Cambridge and should be in London. Both desires will be fulfilled by the return of our "exiles."

One of the major problems concerned with this return is the now familiar one of housing. A considerable body of students is coming to London and they have got to be housed. We therefore appeal for all possible assistance in solving this problem. If you can take a student into your own home or squeeze another into your "digs," or if you know anyone who would be willing to do so, please communicate with the Secretary of the Medical School.

The country urgently requires more doctors and it is up to us both as a body and as individuals to pull our full weight in the attainment of this goal. An important contribution which we can make is to ensure that our own students at least are housed in the best possible manner.

### COMMEMORATION DAY

Arrangements are nearing completion for the proceedings of Commemoration Day, in the way of:—The Procession, the Historical Play, the Special Service, "View-Day," Reception in the Square. Tea, for Governors, friends of Nurses, Students, and Medical and Lay Staff. Address on "Outstanding Points in the History of the Royal and Ancient Hospital," and the Exhibition, which last will be open for three days, Tuesday, May 7th, Wednesday, May 8th, and Thursday, May 9th. As "labour" for many matters is going to be very scarce, it is hoped that a body of students will give of their energy, and specially on Monday, Tuesday and Wednesday. Further, some twenty-five Students could render great aid by acting as sidemen in the Church on Wednesday, May 8th. All students willing to render service to the old Hospital in these various ways are asked to hand in their names to the:—

Hon. Secretary, "Commemoration,"  
St. Bartholemew's Hospital, E.C.1,  
and without delay. Particulars will be sent to all who do so.

### THE ABERNETHIAN SOCIETY CELEBRATIONS

APRIL 5th, 1946

This season marks the 150th Anniversary of the Foundation of the Abernethian Society. On April 5th there will be a Celebration Dinner and Ball in the Savoy Hotel.

Lord Horder will preside at the dinner.

Reception at 7 o'clock in the River Room.

Applications for tickets at £2 2s. single and £4 4s. double should be sent to:—

The Secretary,  
The Abernethian Society,  
St. Bartholemew's Hospital.

Funds are needed to defray the expenses of this celebration. All contributions from past and present members of the Society and from any person associated with the Hospital will be gratefully received by the Vice-President of the Abernethian Society.

Cheques should be made payable to "The Abernethian Society."

### A CASE OF NEPHROLITHIASIS FOLLOWING TRAUMA

By A. W. N. DRUITT

The following case has been considered as worth noting because of the surprising number of conditions simulated at one time and another by one disease process, and because it brings together several lessons to be learned from the treatment of trauma.

A German prisoner of war, aged 39, was transferred to this Hospital on 30.10.44 labelled "crush fracture of the pelvis and rupture of the bladder," having occurred on 13.9.44. His field notes gave no more history, and no notes of his six weeks' stay or travel from one hospital to another were found. Skiagrams showed fractures of his left pubis and ischial bones, with very little displacement. A supra-pubic wound had healed. His left leg was œdematous possibly due to some recent thrombophlebitis.

The patient was nursed on his back for a further three weeks, until on 22.11.44 he was rolled over in bed towards the right, in order to inspect his back (which was intact and well cared for). From this simple action all his following signs, symptoms and operations date.

*1st Day.* Two hours later the patient complained of severe abdominal pain, particularly on the left side, and during the course of the afternoon the abdomen became distended, patient vomited, there was no bowel action, and flatus was not passed. The condition towards evening did not improve. Two enemata were given, with an interval of half an hour between them—the first was returned coloured, and the second returned clear, with no flatus. His pulse varied between 90 and 140 per minute.

Morphia and its derivatives were withheld because it was considered this might be a case of acute intestinal obstruction, due to volvulus. As the clinical picture, however, was not a classical one, it was considered justifiable to withhold operation for a few hours. Constant personal observation throughout the earlier part of the night showed that his condition was in no way deteriorating, as was shown by his regular pulse, lack of vomiting and long periods of restful sleep, and as will be seen later, this conservative treatment was entirely justified.

*2nd Day.* About half an hour before the

morning visit, the patient passed tremendous quantities of flatus, with easing of the pain. But on palpation there was marked tenderness in the left posterior renal angle, and also in the left iliac fossa. Throughout the day his abdomen again became distended, but was relieved by an injection of pitressin (1 c.c.). His temperature rose from 99° to 103° and pulse from 90 to 150, and rigors commenced. The urine was examined and found to contain albumin plus, plus red blood cells, and pus cells. His blood urea was 53 mgms. per 100 c.c.'s.

*3rd Day.* His general condition was worse, with acute pain in the left renal region. Patient vomited three times, and hæmaturia was more marked. Culture of the urine from the previous day showed a profuse growth of *Bacillus proteus*. A course of sulphanilamide was commenced (1 gm. 4 hourly).

*4th Day.* Signs and symptoms were much the same, but his general condition was worse. He passed thick brown urine. Bowel actions had returned.

*5th Day.* There was no dramatic response to sulphanilamide. From the urine, *B. proteus* could still be cultured. The blood urea had risen to 82 mgms. per 100 c.c.'s.

*7th Day.* Condition worse, patient at times appearing almost moribund. Abdominal distention which had occurred at intervals throughout the week was relieved by ½ c.c. doses of pitressin. In the evening, cystoscopy was performed, with bilateral ureteric catheterisation.

*8th Day.* Condition improved slightly. After 6 hours, left ureter had drained 6 c.c.'s and produced a growth of *Staph. aureus*. The right ureter had drained 83 c.c.'s and produced a growth of *B. proteus*.

*9th Day.* Catheters were still draining well, but patient was cathectic, listless, and appeared at times to be in a coma. There was gross œdema of legs and lumbar region.

*10th Day.* Urine from both catheters now grew *Staph. aureus* and *B. proteus* (spreading of *B. proteus* prevented by 5% agar instead of 2%). Blood culture also grew *Staph. aureus*. Blood urea was still 82 mgms. per 100 c.c.'s. A continuous intramuscular drip of penicillin was commenced with 200,000 units in 1 litre



given over 48 hours.

11th Day. General condition much improved, although patient was still extremely ill.

12th Day. Both catheters were withdrawn and patient passed urine normally.

14th Day. Condition much improved. Penicillin treatment discontinued. Total, 400,000 units. Blood urea 40 mgms. per 100 c.c.'s.

21st Day. For the last three days the patient had had an evening temperature climbing to 101° and his general condition was again deteriorating. Pathological report of the urine showed albumin and pus with a culture of *Staph. aureus*, coliform bacilli and *B. proteus*. It was evident that there was an exacerbation of his pyelonephritis, and so penicillin was again commenced, in spite of the Gram negative organisms. This time it was given continuously by a clockdriven syringe containing 50,000 units in 10 c.c.'s, and lasting over a period of 12 hours. 200,000 units in all were given. Following this, his condition again quickly improved.

5th Week. Blood urea 29 mgms. per 100 c.c.'s and urine grew a moderate growth of *B. proteus* and *Staph. aureus*. There was occasionally an evening temperature up to 120°.

6th Week. A large subcutaneous abscess of thigh was opened, containing about 1 pint of thin pus, presumably metastatic.

7th Week. A large subcutaneous abscess of left arm was opened. Both these abscesses healed in a few days. Only now were skiagrams of the renal tract taken, revealing three calculi in the right kidney, and a small suggestive shadow in the line of the left ureter. But owing to the poor general condition of the patient, no operation was thought advisable at the moment.

13th Week. Skiagrams following uroselectan showed that only the right kidney filled. A small suggestive shadow in the region of the left ureteric orifice was seen, presumably the same shadow as was seen higher up in the ureter some weeks before.

14th Week. The patient stated that for the last five days he had been unable satisfactorily to pass urine when standing, as the flow would suddenly stop. He could manage better when lying on his back. He also experienced slight pain in the glans penis at the end of micturition. Cystoscopy was performed later, but no calculus was seen. A few days later the patient stated that he had heard and seen a small stone fall into the lavatory when urinating! Skiagram and uroselectan later showed both kidneys secreting the Dye, but three calculi still in the right kidney.

16th Week. On informing the patient his condition was now satisfactory for the removal of the stones, he withheld his permission for operation. He was then given physiotherapy prior to discharge.

17th Week. Attack of pain in R.I.F., vomiting and temperature of 102°. Very tender on palpation over McBurney's point. Urine deposit showed blood and pus. Skiagram showed that a calculus had moved and was in a position corresponding to the uretero-pelvic junction of the right kidney. Preparations for the removal of the stones was begun. Another course of penicillin treatment was given, his temperature settled, urine cleared and the blood urea decreased to 58 mgms. for 100 c.c.'s.

18th Week. Right nephrolithotomy was performed. A large soft nodular kidney was found. The organ was delivered and a transverse incision made in the posterior wall of the pelvis. Two stones (adherent to each other) were removed from the pelvis, and two more stones removed from the unusually friable kidney substance. The post-operative course was uneventful, except that the wound broke down and discharged pus for some time. The discharge containing gram negative bacilli was treated with dressings of phenoxetol, and soon after the wound healed.

30th Week. The left leg was still considerably swollen. The thrombosed saphenous vein could be felt. With the aid of a crepe bandage the patient could walk fairly well, and he was discharged nine months after receiving his original injury.

#### COMMENT

As has been pointed out, renal calculi following prolonged rest in bed, especially from fractures, are not uncommon.<sup>1</sup> Had his treatment included the things outlined in the article, the calculi might have been entirely avoided. Briefly they are:—

1. Large quantities of fluid.
2. Active movements of the uninjured parts.
3. Position changed at regular intervals.
4. Urine kept acid.
5. Prophylactic doses of Vitamin A.

The second lesson is to expect and X-ray for renal calculi in pyelitis, especially when occurring during prolonged decubitus, and when there has been failure to respond adequately to treatment.

Lastly, one may draw attention to the rare though recognised occurrence of renal colic presenting as an acute intestinal obstruction.

<sup>1</sup> *British Medical Journal*, June 23rd, 1945. "Any Questions."

## SOME MEDICAL ASPECTS OF CZECHO-SLOVAKIA

By FRANCIS SHATTOCK

On November 12th, 1946, I left England for Prague, as a delegate to the World Students' Congress. I stayed in Prague for a week, and later spent three weeks seeing the rest of Czechoslovakia, flying back to England on December 3rd.

The first hospital I visited in Prague was the Bulovka. It was to this hospital that Heydrich, the Butcher of Prague, was taken after he had been shot by two Czechoslovakian patriots, and here he later died.

In the hospital there were 3,150 beds, and the surgical block was divided into four floors. The first floor was reserved for the septic cases, the second floor for the "clean" women, the third floor for the "clean" men, and the top floor was occupied by the theatres and the dining rooms.

Besides the surgical block there were also blocks for medical patients and infectious patients. In these blocks there were a number of separate rooms besides the wards—the authorities were trying to make separate rooms for all the infectious patients. There were also blocks for gynaecology and midwifery, another for skins and another for X-rays and physiotherapy.

The only anaesthetics used were open ethers, spinals and blocks. I was told that it was impossible to get either evipan or pentothal.

In Prague there are so many hospitals for the inhabitants (there are eight hospitals for 1,000,000 inhabitants), that at the most patients only have to wait three weeks for admission. It is of interest to note that the only long waiting lists are for children and tuberculous patients. It is very difficult, if not impossible, to get statistics, possibly because they did not wish to give them to medical students, but also because the Government has been in power only a short time, and has very many urgent problems to attend to, the re-organisation of the administration not yet being complete. However, I was told that there were 9,000 undernourished children in the country. I was also told, at another hospital, St. Anna's, in Brno, that of all the patients seen 30 per cent. were tuberculous, and of these only 10 per cent. could get proper treatment.

In the Bulovka there is a system of appointments for the out-patients, so that they only have to wait for half an hour before being seen.

During the occupation this hospital conducted 14 lobectomies under open ether, with no mortalities. These were done for bronchiectasis and cysts, but not for tumours. The patients ranged from the ages of 20-30, and were of both sexes.

We were also shown a man who had shot himself through Hunter's canal, in the region of the femoral opening, and had lacerated his femoral artery. A plastic operation was undertaken, a piece of the femoral vein was removed and substituted for the part of the femoral artery, which had been shot away. Unfortunately he later developed gangrene, and the leg had to be amputated. This method of operation has also been occasionally tried for emboli. Unfortunately I could get no statistics relating to this operation, but I was told that a number of patients had recovered.

In this hospital all the surgeons received the same salary, irrespective of their seniority, except the chief. Only he is allowed private patients. The other surgeons get 2,000K a month, this is about £10 a month, but living expenses are somewhat cheaper in that country. Once the newly qualified surgeons are appointed to the hospital they carry on, not being re-appointed, as in England, for higher posts, becoming more senior each year, until they are asked to leave by their chief. To achieve a specialist's status they have to work in the hospital for seven years. There are no post-graduate exams. The surgeon to whom I was talking said that he believed that the standard of British surgery was higher on account of our post-graduate examinations. He also told me that before the war there were 10,000 doctors in Moravia and Bohemia, but that now there were only 5,000.

Next we visited the tuberculosis block. Here the patients were chiefly cases of pulmonary tuberculosis, but there were also other chest cases.

In Prague there is only one centre for mass radiography, and this cannot be used as they cannot obtain the film for it. This also applies to all the hospitals—it is nearly impossible to obtain film.

There are three theatres in the chest block, one for the division of adhesions, one for the septic cases, such as empyæmas, and the other for the clean surgery.



Nurses are not allowed to enter the tuberculosis wards unless they are over 22, and a "high," so I was told, percentage of them contracted the disease however, the exact figure is not known.

At this hospital I also managed to obtain some information on nursing conditions.

The nurses undergo two years of training one year in a training school, and one year in a hospital; at the training school they do all the theory and concentrate only on the practical side during their year's training at the hospital. After this they have to pass an exam. They have to pay for their two years' training, unless they are fortunate enough to get a scholarship. Trained nurses receive 1,000-1,200K a month, or £5-£6.

Those nurses who nurse tuberculous patients receive extra milk, butter and eggs, bacon and meat.

The nursing situation is critical in Czechoslovakia. In 1936 there were three nurses to 30-40 patients during the day, and one for the same number at night. During the war there were many more nurses, in fact often there were too many, as the Germans said that if a woman was employed as a nurse she needn't go to Germany for forced labour, but now that the war has finished all these nurses have returned to their peace-time occupations. In the chest and surgical blocks of the Bulovka hospital there are only two nurses to 300 patients, and during the day only one to each ward, or 20-30 nurses for 300 patients. This includes the theatre staff. Married nurses are allowed to live out, and only nurses under training are made to live in. They are allowed half a day off each week, and alternate Sundays. The day staff start at 6.30 a.m. and are relieved at 6.30 p.m.

The shortage of nurses is attributable to three factors, first there always has been a shortage, second there are not enough training schools, and third conditions are poor.

Before leaving Prague I must mention the medical students at the University.

Saturday morning and afternoon, October 28th, 1939, is a day which is engraved on the memory of all Czechoslovakians, especially the citizens of Prague. It was on this day that they showed their first sign of resistance against their occupiers. At 9.30 the first clash in the streets of Prague was reported, the initiators being two German students, by ten o'clock the number of clashes had increased. However, peace was kept by the Czech population. At 5 p.m. some shooting took place in the Wenceslas Square, and at 6.25 the first Czech was killed; with him five more persons were

wounded, amongst them being a student of medicine—Jan Opletal, aged 25. He was taken to hospital, wounded in the abdomen, where he later died. He has since become the figurhead of all student resistance in Czechoslovakia, and the beacon of the students' resistance and their struggle for freedom. Thus the first student to die for freedom in the second world war was a member of our profession.

During the occupation all Universities were closed, and thus stayed closed for six years. Now that peace is reigning again they are able to open their doors once more, and consequently all those students who would have entered those Universities during the war years have now entered them. This leads to impossible, and inconceivable conditions. In Prague there are 6,000 first year medical students, 3,000 studying Law, and 2,000 studying Philosophy. The lectures have to be held in the largest hall in the City, the Lucerna Hall, about the size of the Albert Hall, and are delivered through a microphone.

As far as books are concerned the situation is very bad. The students publish some, which are very cheap, consisting of a few hundred duplicated sheets of paper in a paper folder, with no illustrations. In order to buy one, the student has to present a form, stamped by his University, stating his name and the book he requires. Matters got to such a stage that these forms were often forged, so that the students could secure the books in order to work. They have a few better books written by the Professors. The authors never get any royalties, but instead get a lump sum, which again decreases the cost of the book. It is imperative that the Czech students should be sent some British medical books as soon as possible, as their need is so great. This also applies to post-graduate medical publications, such as the *Lancet* and *B.M.J.*

Of all the students in Prague there are 7,000 who have nowhere to live. They have to sleep in parks, or spend a few nights at the houses of their friends. This situation is made even worse when one realises that many of the students, who are much older than the students in this country—as they have not been able to go to their University for the last six years—are married and have children.

In Czechoslovakia there are, or were pre-war, 4½ million students, of these 1½ million suffered in concentration camps, and may die, or were killed.

The rations for the Czech population provide them with 1,650 cal. daily.

It must be realised that it is impossible to go into a restaurant and buy a meal, as in this

country. In Czechoslovakia, one has to give up one's coupons for any food bought in restaurants.

In a letter I have just received from Hungary I was told that in Budapest they get 550 cal. daily.

We also paid a visit to the Medical Faculty, and saw the chemistry and physiology departments, as well as the department of anatomy and the museum.

The department of chemistry and physiology had been used by the Germans, who left it in a chaotic state; they left the older building for the Czechs, but later destroyed it.

The staff are making very great efforts to restore the laboratories, and they hope to have them re-opened for the students in six months, but material, as well as manpower, is very short. They will be able to re-equip the laboratories for the students' needs, but will not be able to equip them for research.

In the department of anatomy the professor and his assistants were very busy preparing wall diagrams, and anatomical models, to replace those destroyed by the Germans. These are of inestimable importance, in the absence of text-books and lack of sufficient subjects for dissection. Here I was told that there were 8,000 medical students in Prague, and in one class alone there were 3,000! It is impossible to teach anatomy adequately to such numbers, especially when it is realised that each student may only attend in the anatomy dissecting rooms, for three consecutive weeks in the year. Thus as far as anatomy is concerned the situation is nothing short of catastrophic. In England we attend the anatomy labs. for a period of fifteen months, usually spending each morning or afternoon in them, if not all day.

The skulls used for the students' study are those of Czech patriots who died in the fight for freedom.

The sanatorium at Dobrise was also visited. This is one of the hospitals in the Health Insurance scheme, which has some fifty hospitals scattered around the country. There are five others similar to this one, the others are tuberculous sanatoria, and other types of rest homes.

The sanatorium we visited was built in 1938, and is a modern and pleasant building, with many very large windows.

It is divided into two departments, the first for diagnosis, containing an excellent X-ray unit, and electro-cardiograph, B.M.R. apparatus, and a biochemical laboratory.

The second department is for the treatment of patients.

There are two types of sanatoria, those exclusively for the treatment of tuberculosis,

and those for the treatment of other diseases.

In this sanatorium there was room for 137 patients. Both chronic and acute cases are treated—such as cases of rheumatism, cardiac diseases, thyroid complaints, nervous diseases, and gastric cases.

It was greatly stressed that this hospital, and the treatment provided, was for the benefit of the ordinary people, and not only for those who could pay for it.

Veneral diseases at the moment present rather a problem to the Czechoslovakian medical service, on account of the German occupation.

The German authorities, during the occupation, said that the German soldier on leave in Czechoslovakia had to be provided for; of course he was not allowed to produce a child with a woman of the "low" Czech race, so that they had to find prostitutes. Before the war this profession was practically extinct in Czechoslovakia, a condition brought about by an Act for the prevention of venereal disease. The situation changed completely after the German occupation of the country. Figures are quoted in a document produced by the German police, which stated that in 1938, in Prague, there were only 440 prostitutes. On 1941 the number had increased to 5,000. A third of these were German women; this is a fantastically high proportion when it is remembered that the German population in Prague was only 3 per cent. In 1938, 243 prostitutes suffered from V.D., in 1940 there were already 598, thus in one year V.D. had increased by 100 per cent. Still according to the German police report, German civilian patients suffering from V.D. sought mostly the treatment of private practitioners, therefore the exact number of the victims of this disease cannot be stated. Almost a third of the diseased women were German.

Obviously the German authorities did not like the situation, so instead of fighting against prostitution as a cure for the disease, they started to organise it. They fought V.D. with the motto: "Prostitution must be healthy." As they were not satisfied with the number of Czech prostitutes, and especially they were not satisfied with the Act which effectively prevented it, the German Police Department took matters into their own enlightened hands. What did they do? They set up brothels!

The following is an extract from a report from the Criminal Police:—

"In accordance with the principle that German citizens should have no contact with diseased persons, and in particular this applies to bearers of the German uniform, the Forces had to be given the opportunity of intercourse



with healthy prostitutes. This meant that the regulation of Czech conditions of prostitution was not the primary task of the German authorities, who were chiefly concerned with the setting up of well controlled prostitution connected only with Germans."

Prostitutes were issued with control cards, so that everybody could make sure that their prospective partner held a card, and would also be able to see when she had been last medically examined.

Again quoting from the above report:—

"As it was not intended to send prostitutes to these bothels by compulsion, because in such cases they exercise their profession only with aversion, the prostitutes in question were given the alternative either to have intercourse only in the brothel or to cease sexual intercourse with Germans altogether. It was decided that Czech prostitutes were also eligible for brothels."

Thus we have the explanation for the various notices appearing in the Press:—"Fraulein Brunhilde Meier begs to inform our glorious Fuhrer that she gave birth to a healthy son who soon will become a soldier able to fight for Fuhrer and Reich."

This is the legacy, or one of them, left to the medical profession by the progenitors of the "New Order."

A number of the delegates paid a visit to Terezin. I also visited the remains of Lidice.

During a reception given by President Benes to all the delegates of the World Students' Congress, at his palace, I had the opportunity of meeting the Rector of the Charles University of Prague. He had spent two years in the Terezin concentration camp, where he performed all his operations using a razor. His only drugs consisted of a small number of aspirins. He was one of the Ruckkehr Unerwünscht prisoners, which translated means "Return unwanted," and was just a way of saying that those prisoners were not expected by the German authorities to return. In one camp they had a number tattooed on their forearm, in the other camps they were marked with a number with an indelible pencil, which I was told lasted for four to five months—this was usually quite long enough. The prisoners themselves did not know what the number meant. The Rector fell ill, and was told he would be returned to Prague. However, the authorities said that this was undesirable. On the day of Hitler's death 120 prisoners at the camp were executed, on the following day 49 were killed. On the next day the Rector was one of those led out for execution. The crematorium authorities said that they could not take any more internees, as the crematorium was

already too full, so the internees had to dig their own mass grave, and the Rector was standing before this waiting to be shot, when the Russians entered the camp and relieved it.

Dr. Belehradek told me that as a doctor he was interested in the psychological reactions of the internees, and he said that their chief feeling was one of deep shame for the Germans, and that there was very little hatred.

I asked him if he thought there was any hope in trying to re-educate the German children, and he told me that the Czech police, after Czechoslovakia had been freed, found a number of German boys, whose ages ranged from 12-16, in a bombed building, where they had a number of young Czech children as prisoners, and were slitting their noses, and cutting off their eyelids and lips—after they had tortured them.

He also told me that due to the lack of drugs most cases of glaucoma were blinded.

In Prague also I went to the UNRRA headquarters, where I was told of the appalling agricultural conditions in Czechoslovakia, where the Germans took all the cattle and horses, and slaughtered those they did not require. It was also mentioned that before Germany was opened all the UNRRA supplies had to go via Constantia, and that as they passed through Rumania every single train was attacked by the Russians, and a number of them looted.

On one of our last days in Prague the medical students gave a dinner for all the medical students, who were delegates at the Congress. At that dinner we met medical students of many countries there were 49 countries represented at the World Students' Congress, and we were able to compare medical education in the various countries. At about 1 a.m. all the professors and other doctors left, and we were left to carry on the party in the way all parties of medical students the world over are conducted. The members of the various countries all sang songs, and when dry refreshed themselves with as much as they wanted to drink, and then followed national dances of the various countries. I was called upon to perform an English national dance, but had to confess that we had none. I was then asked to give a demonstration of boogie-woogie, and had great difficulty in convincing everyone that it was an American "dance," and not British!

Finally, before leaving Prague, I would like to give a brief outline of the system of their medical education at the Charles University.

As far as the exams. are concerned, there are no set days for them, as in England. Instead when one feels one knows enough of the subject concerned one applies to the professor for

examination, and gives the day on which one would like to be examined. As far as possible the professor does his best to comply. The next stage is to see the matron of the hospital, who will allot the case one has to take, having been previously told by the professor which cases to allot. The candidate then has to get a complete history of his case, and make a complete examination. On his case history sheet he is also expected to note and make suggestions for any further tests to make, such as X-rays, electrocardiograms, B.M.R.s, etc. etc. He must not attempt to make a diagnosis.

Armed with his notes he approaches the professor, who listens to him read out his history and examination and then try and arrive at a diagnosis. The professor will then ask the candidate two or three questions, and the examination is finished.

A number of our "medical expedition" were fortunate enough to see a number of candidates being examined, and though we could not understand the questions and answers, we could tell from the expressions on the candidates' faces that they were undergoing the same psychological stress and strain as the British counterparts.

As far as the examination in pathology is concerned, their system is very different from ours. The students have to conduct a post-mortem examination on their own, and then hand in their case sheets. The professor in charge then compares their notes with the findings, and this is followed by a series of four or five questions, one of which consists of five slides, which have to be recognised, and the candidate has to give a brief description of the disease represented, diagnosis, prognosis, and so on.

Finally I would like to quote a very apt saying of one of the professors of surgery, which I heard at the party given to us by the Czech medical students:—"A surgeon working without a good knowledge of anatomy is like a mole—working in the dark, and his progress is marked by a series of little mounds."

The next hospital I visited was the Hospital of St. Anna in Brno.

Here the whole of one block had been blown down. The outside wall of the hospital was pock-marked with bullet holes. The damage throughout Moravia and Slovakia was much greater than the damage in Bohemia, of which Prague is the capital, as it was in Moravia and Slovakia that most of the fighting occurred, also parts of Moravia suffered heavily from the Allied air assault.

All the nursing was done by nuns, St. Franciscans, a Roman Catholic order. In the

instrument cupboard in the theatre, amongst all the scalpels, was a little statue of the Blessed Virgin, surrounded by candles, amidst all the gleaming steel.

During the war the Germans allowed girls to take up nursing in this hospital, as civil nurses, but they were not allowed to enter the Order of St. Francis.

The nuns have their own training schools for nurses, to which "civilians" are allowed, and correspondingly, the nuns can train in the ordinary nursing schools. They are not paid, the money is given to their Order.

I was shown their blood bank. Each department in the hospital keeps its own blood supply. There is a list of blood donors, and six weeks is the minimum amount of time allowed between transfusions. 500ccs. is the maximum amount ever taken off one donor at a time. Donors are paid 2K per cc. This works out to about £5 a pint. Private patients have to pay for any transfusions they have, and other patients are given the first free, then they have to pay a nominal sum for any others. When possible it is arranged so that the donor and recipient come from the same family, so that there should be no financial transaction. Should a patient not pay, he is sent only one reminder, if he ignores this, the country pays for him. I was also shown two instruments for direct transfusion, with which one can transfuse at the rate of a pint in a few minutes. The second instrument was the Brown's direct transfuser.

We were told that there is a very great shortage of penicillin in Czechoslovakia. There is a factory in Prague, which is not producing penicillin, but something very similar.

Another thing which we had noticed throughout the hospital, and indeed throughout the whole of Czechoslovakia, was the fact that wherever there was a notice, or a street name, there were always some screw holes above it. This, we were told, was because whatever was written up in Czech, was duplicated by the Germans, who placed their notices above the Czech ones.

While in Brno I also visited the Augustinian monastery, where Mendel lived and worked. Here I was shown his original writings, and later shown the plot of ground he used for his experiments on heredity with peas.

I must also mention the Konnic Colleges which all the delegates visited in Brno, as it was there many medical students were killed. All the delegates went to see these colleges, and to lay wreaths around the three gallows,



which had accounted for hundreds of lives of students, professors and all patriotic Czechoslovakians. The gallows were like those seen in the picture books, we read in our youth, dealing with highwaymen. There was no drop, and there was not even a knot in the rope, one end passed through an eye in the other end of the loop, so that the victims were hauled off the ground by their guards and slowly strangled. Next to the gallows was a pock-marked wall against which the rest of the victims were shot, when their guards were tired of hanging them. As the wreaths were being laid at the base of these monuments to Nazi culture the snow was gently falling.

Later I saw the Castle of Brno, which would have been the largest underground concentration camp in Europe; it was in the process of construction when the Russians freed the country. Here we saw the special death chambers, with their floors sloping to a gutter in the centre to carry away the blood, we saw the gas chambers, and also the chapel, where the altar had been removed, and in its place there was a colossal German eagle, weighing 51 tons, in front of it was the Holy Writ of the New Order—a copy of *Mein Kampf*, in an illuminated cupboard.

As I was travelling from Brno to Luhacovice, I spent most of the time talking to a girl medical student from Brno, who was telling me about the clinical student's life in Brno.

The clinics belong to the University, and there is one professor to each clinic.

A lot of the students are married, and a number have children, so that they have to make time to try and get food, and also to look after the children.

The Ministry of Education arranges matters so that students can work in hospitals in the country for 6-12 weeks, and during their holidays. This means that the students can take their holidays in one of the sanatoria, if they want to, and can also join in the winter sports. They get no pay for this work, but are kept by the hospital, and are taught; if it is a small hospital they are the equivalent of student house physicians or surgeons in this country.

When students reach the stage of their clinical work they can do it in any hospital, but the lectures are only given in the clinics, thus if they go to a hospital they lose all the lectures; it is for this reason there is a minimum period of four weeks in the clinics, as previously mentioned.

After qualifying, all doctors have to practice in a hospital for one year before going into general practice, but for appointments such as bacteriologists, they needn't practice in a

hospital. In order to specialise one has to work in a hospital or clinic for four years. The clinic pay is much less, but it provides lodging and very good teaching, whereas in the hospitals the teaching is not so good, but the pay is over twice as much and one's lodging is assured.

Having reached the specialist's standard, after one's four years at either a hospital or clinic, it is customary to start a practice as a specialist, or one can stay on at the hospital, and apply for an assistantship. Applications have to be made to the Ministry of Education, and the result of an application depends on the recommendation of the professor, for whose assistantship one applies. After a few jobs as an assistant, one can apply to become a primary physician or surgeon, which is the equivalent of a chief, and one can get appointed to a clinic, where one is under the professor. After a few years as a chief, and if possible travelling abroad, or writing a book, one becomes a "Docent" and is allowed to teach at a University.

After Brno a number of us went on to Lazne Luhacovice. This is one of the most beautiful spas in Czechoslovakia. It is situated in the Moravian White Carpathians, and is not far from the town of Zlín, which was built round the Bata shoe factories. I was informed that the medicinal springs are to be counted amongst the strongest alkalino-muriatic springs of Europe.

From Luhacovice we went to the Tatra mountains. Here I saw a sanatorium which must be one of the most marvellous in the world. It is situated high up amongst the mountain peaks, which rise, snow capped behind it, at Vysuc Hagy, near Stary Smokovec, where we stayed.

Again we were shown the greatest courtesy by all the medical staff, who showed us round the buildings. The sanatorium is exclusively for tuberculosis. The buildings are eight stories high, and at the moment there are only 250 patients, it can hold 500, but at the present it is being reconstructed. The building was started in 1934 and it was finished in 1938. It was opened to patients in 1941, so is very modern.

Although it could only accommodate 500 patients, during the Slovakian uprising it found room for over 1,000 partisans.

The nursing is done exclusively by nuns, also of the Franciscan Order. None are allowed to nurse in this sanatorium unless they are over the age of 25.

We were shown round the theatres, which were beautifully equipped; here we were told that no operations were done under ether, so that all operations are done under locals, if high, and lumbar, if low.

After the theatres we were shown round the wards and saw many cases of tuberculosis. Here the shortage of X-ray films was much more marked, as their need was so much greater than in a general hospital, and most examinations were done with a fluorescent screen.

We saw a number of pulmonary tuberculosis, in which direct drainage of the cavities was being employed, by means of a rubber tube. We also saw two cases of tuberculosis of the spine, in which the spines of the vertebral column had been split, and a graft of the tibia inserted, which, after union, secured complete immobilisation.

The nursing staff consisted of 35 nuns. Of these only two had tuberculosis, and were in bed; some of the others may have had it, as I was told that the other nuns were as well as could be expected.

I also visited the "workers' hospital at Stary Smokovec. This is a very large hospital, for all diseases, and also is very modern.

During the war Slovakia had enough food, as the Germans had turned it into one of their

model countries, but after the uprising they suffered greatly. The food situation is very bad, and there is little prospect of it improving next year, as their fields were turned into battlefields twice, once during the uprising, and again as the Russians fought their way across the country, and will not be able to produce food again for some while.

In closing this report, I would like to stress certain points, such as the very great need of Czechoslovakia for British medical books and journals, X-ray film, and drugs.

The members of our "British Medical Mission," if we can call ourselves such, were four final year students:—Tom Maddon and Maurice Lissos, both of Guy's Hospital, London, Miss Jean Ross, of Edinburgh University, and Francis Shattock, of St. Bartholomew's Hospital, London.

Finally I would like to thank all the members of the Czechoslovakian medical profession, who always extended to us the utmost courtesy and forbearance.



*Sanatorium in the Tatra Mountains.*



## SILENCE CIVILIAN

You who return  
Come back to these greying walls  
Back to the quiet, slow,  
Fumbling, studious ways  
Of the hospital you left so strong.

You were away  
Tasting joys and eating sorrows  
Under strange unfriendly skies;  
Fighting with suffering and pain  
That we could be secure so long.

It was quiet  
After the motor of the flying bomb  
Had stopped above  
Little people in the streets below  
Going about the day's civilian tasks.

They were slow  
Those bright descending showers  
Of incandescent rain  
Falling so white and greedy  
To burn and destroy these city homes.

They were fumbling,  
Those dull, menacing engines  
Droning and weaving above serene balloons,  
Transfixed by shafts of accusing light,  
Spreading their deadly droppings on this city  
earth.

Studious days  
When we sat with books by the fire,  
Until the shattering, unheralded roar  
Brought days and nights of toil  
Among the dusty living and the bloody dying  
Here at home.

E. A. J. A.

## A BETTER DISSECTING MANUAL FOR CHILDREN

By J. C. WOOLF

*On the 4th day, the Body will be brought into the room, placed on the table and laid on its back. The student will proceed to shave the limb and examine the attachments of M. Silcstocinus Fulifascia in the female subject or M. Sockulis Utiliti in the male subject . . .*

M. SOCKULIS UTILITI arises from the distal third of the leg, embracing it feebly, passing downwards and forwards, clothing the ankle-joint and foot, and is inserted through the additus of the leather sac (Foramen of Schuhorn).

It is innervated by C C 41 (at any hosiers), though this supply is often deficient.

M. Sockulis Utiliti acts by contracting at irregular intervals, thereby producing social embarrassment. This muscle is easily ruptured at the calcaneum and at the extremity of the hallux, requiring prompt surgical attention.

(The female M. Bobisockulis possesses very similar attachments.)

M. Sockulis Utiliti is now degenerating in favour of a revision to the more-expedient M. Pax Sockulis (or M. Pre-Utilitis), a very successful structure, of larger origin, range and with a reduced tendency to rupture or contract erratically. It often possesses a suspensory origin (c.f. M. Silcstocinus Fulifascia) from the ligamentum elasticæ (the constricted Band of Garter) which reduces, considerably, the incidence of that exhausing male dysfunction: Chronic Prolapse of the Sockulis.

In contradistinction to M. Silcstocinus Fulifascia, this muscle is normally invisible to the naked eye. This is due to the fact that it is covered, in post-junior males, by a very loose sheath: the Sartorial Appendage or Montyburton's Fascia, and is inserted into the Organ of Schumacher via Schuhorn's Foramen.

N.B.—The female M. Silcstocinus Fulifascia

is, nowadays, visible to the naked eye in the lower two-thirds of its course, though variations in feminine attire continually alter this distance, often reducing it completely.

M. SILCSTOCINUS FULIFASCIA is a shimmering, sheath-like, slender structure, firmly embracing the lower extremity of the female.

It arises, usually, by two or three ligamentous processes (suspensori) from the superficial pelvic sheath (Suspender Belt or Berlei) and after passing downwards from the middle third of the thigh, which it ensheathes, tightly grips the knee-joint, leg, ankle-joint and foot, to be inserted, somewhat loosely, into the additus of the leather sac (Foramen of Dolcis).

It is supplied (with a nerve!) by a branch of the Black Market—usually from W.I.

It acts as a bracer of the lower extremity, enhancing muscle tonus and supplementing contour.

M. Silcstocinus Fulifascia acts as a stimulant to male tonus in general, causing conjugate deviations of the eye axis. It abducts men and augments the B.M.R.

Under certain conditions, it is capable of producing a reflex enhancement of the Sacral parasympathetic outflow.

M. Silcstocinus Fulifascia often undergoes a pathological change, known as "laddering."

It may be supported in origin by a band of dense elastic tissue, circumscribing the thickened, superior, margin of Silcstocinus. This structure was patronised, according to legend, by King Edward the Third and is known as the Garter of Knight.

*. . . After spending considerable time studying this structure, the student will proceed to rip it off and get down to work. Make an incision . . .*

## BOOK REVIEWS

A MANUAL OF TUBERCULOSIS, by E. Ashworth Underwood. Third Edition. E. & S. Livingstone, Ltd.

This book in previous editions was written as a manual for nurses working in tuberculosis institutions, and for health visitors. In this edition it has been expanded to make it suitable for medical students and practitioners. As a result, it contains much that should be known to the average senior medical student, and there is a lack of detail in some chapters—i.e., that on post-sanatorium treatment of patients which is so important for practitioners. On the other side, a nurse confronted with the nursing care of a thoracoplasty would find little to help her

in this book. It does, however, emphasise the truth that tuberculosis affecting various organs is one disease and it covers the treatment of all forms of tuberculosis.

On the whole, the clinical side is sound. The book provides also a very adequate account of the pathogenesis, epidemiology and public health side of the disease. This combination is not available in any other one book and for this reason the book can be recommended to the medical student. It will be very useful to the nurse who is working for the Health Visitor's Certificate, though she will find some chapters rather stiff reading.



**BORN OF THE DESERT**, by Malcolm James.

The author, whose Christian names are Malcolm James, was trained at St. Bartholomew's Hospital.

"Born of the Desert" is an outstanding achievement, which compares at least favourably with the best war books of the First World War. The author tells the story of the work of the Special Air Service in the Western Desert, with a lively account of methods of training and adventurous duties. The book teems with interest and there is hardly a dull moment. It is more than possible that the book has historical value, for apart from its accurate record of fact, it portrays the personalities of the leaders and gives a record of personal experiences. The book should be of great interest to the medical profession, for the difficulties which had to be overcome are well brought out. Not only will the book be widely read, but it is reasonable to believe that the author will become listed with famous Bart's men of the past who have shown literary ability. I have asked permission to write this review to bring it to the notice of all Bart's men and nurses so that they can join with me in congratulating the author.

Since reading the book, I have pondered over Malcolm James's career as a student. He had an opportunity to show his fearlessness in his student days, and I can remember his great sincerity and what I now recognise as his idealism. He had the makings of a Sir Galahad, and I think it possible

that he, like de Maudhuy's children, was made to pray to become like du Guesclin and Bayard. I saw him a few months ago in his prime, resplendent in uniform with a Military Cross ribbon, and he told me that this book was being published shortly.

However much I had thought of him as a du Guesclin, I had never thought he had the makings of an author, and for this reason I have studied the book very carefully. I am afraid I had never appreciated his versatility as I should have done. The literary style is graceful, and his description of the hair-raising adventures are portrayed as vividly as the best of authors could do. There is evidence of wide reading, such as of the March of Cambyzes, of interesting Greco-Roman pottery, of animal life in the desert, of penetrating criticism of administration and the people he met.

Little was written either of the Crimean War or the First World War, but the adventures of the mobile war of the Peninsular were handed down in the novels of Charles Lever and G. A. Henty. Perhaps the dreadful carnage of the static warfare of the Crimea and the First World War produced only horror and not adventure. "Born of the Desert" shows clearly that the old fighting spirit and resource which the British people showed during the Napoleonic wars, is still present in our young manhood.

A MEMBER OF THE STAFF.

**SPORTS****ASSOCIATION FOOTBALL**

Chelsea are not the only undependable football club, for the Bart's soccer club seems only too realistically to be following in their footsteps.

Since our tour, which, one would have thought, would have supplied us with that much-needed practice and instilled our minds anew with our seemingly successful goal-scoring policy which we once possessed, we have lost six matches out of eight.

In order to confuse our critics, and indeed ourselves, and to complete our unreliability, the two matches in which we were the victors were won at the expense of our two most feared rivals, Guy's Hospital and London Hospital, both of whom it may be said, comparatively speaking, are two of the hardest teams to beat of any we play.

The first match against Guys, at Honor Oak Park, was lost 1-6; but as our side resembled more or less our second XI, it was to be expected.

However, the following week a comparatively strong side was taken to Lee Green to play the Old Colfeians. Having spent 80 out of the 90 minutes in their half, hitting the uprights, the crossbar, side-netting and goalkeeper, everything in fact except the back of the net, we returned to the pavilion losers by four goals to one.

This was followed, quite deservedly, by our short-lived spell of success, when Guys were beaten 3-0

and London Hospital 5-0, the latter on their ground.

This, from the secretary's point of view, would have been an excellent place at which to put down his pen. For the next four matches were thrown away by a series of silly, there's no other word for it, mistakes by the defence unremitting in their regularity. Each game was lost by the odd goal of several after, in each case, being well placed with a comfortable lead.

These errors were combined by an equally unbalanced share of bad luck.

If our luck, however, has been unkind to us in our regular matches, such has not been the case with regard to the Hospital Cup. Having drawn a bye in the first round, we were then duly informed, at a later date, that we had reached the semi-final as St. George's Hospital and King's College had both withdrawn. So on March 2nd, at Honor Oak Park, we are to meet the winner of the match between St. Thomas's and Middlesex Hospitals. As the Guys' ground is but a short distance from us, as football grounds go, we will greatly appreciate any support on this occasion, not only to act as a spur to ourselves but to nullify to a certain extent the vigorous support which the other hospitals seem always to manage to produce.

**EXAMINATION RESULTS****CONJOINT BOARD****FINAL EXAMINATION, JANUARY, 1946***Pathology*

Backhouse, K. M.  
Storey, B. H.

Chamberlain, G. B.  
Hopper, P. K.

*Surgery*

Banks, P. J.  
Chamberlain, G. B.  
Heneghan, N. D. H.  
Royle, F. C. W.  
Teeuwen, J. J.  
Ballantine, R. I. W.  
DeVitre, H. R.

Krister, S. J.  
Shairp, B. E.  
Williams, J. R. B.  
Blackledge, P.  
Gloster, J.  
Nuttall, D.  
Sutton, W. K.

*Medicine*

Backhouse, K. M.  
Jackson, I.  
Millichap, J. G.  
Phillip, P. P.  
Williams, R. D.  
Bond, G. E.  
Johnston, I. H. D.  
Kelly, W. P.

Montagnon, M. L.  
Renwick, R.  
Drooks, D. Hall  
Jordan, J. W.  
Jordan, P.  
Krister, S. J.  
Murley, A. H. G.  
Williams, J. R. B.

*Midwifery*

Bracewell, G. A.  
Cozens-Hardy, J. N.  
Dixey, J. R. B.  
Marsh, E. D.  
Proctor, I. R. D.  
Rogers, J. C.  
Williams, J. R. B.  
Banks, P. J.  
Brierley, D. S. N.  
Davis, P. R.  
Fox, R. H.

Merritt, D. McV.  
Paros, N. L.  
Shairp, B. E.  
Blackledge, P.  
Clarke, L. W.  
DeVitre, H. R.  
Mau, F. M.  
Pavey Smith, J.  
Richards, D. H.  
Wand, L. G. R.  
Ballantyne, P. T.

The following have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.:—

Backhouse, K. M.  
DeVitre, H. R.  
Johnston, I. H. D.  
Krister, S. J.  
Nuttall, D.  
Williams, J. R. B.  
Ballantine, R. I. W.  
Gloster, J.  
Jordan, J. W.

Mann, F. M.  
Phillip, P. P.  
Williams, R. D.  
Bond, G. E.  
Heneghan, N. D. H.  
Kelly, W. P.  
Merritt, D. McV.  
Sutton, W. K.

**THE LIBRARY**

The Library has recently received a collection of about 500 volumes presented by Moreen M. Sargison and Esmé T. Greenyer in memory of their father, Vivian T. Greenyer, F.R.C.S., a former Bart's student.

Dr. Carruthers Corfield has presented a further seven old medical classics to the Library.

**THE JOURNAL**

Contributions for the April issue of the JOURNAL should reach this office on or before March 16th, 1946.

**ANNOUNCEMENTS****CHANGE OF ADDRESS**

Dr. G. BUCHLER to South Lodge, 58, Brook Road, Neasden, London, N.W.2.

**APPOINTMENTS**

Mr. C. MARTIN-DOYLE has been appointed Assistant Surgeon to the Worcester City and County Eye Hospital.



## RECENT PAPERS BY BART'S MEN

- ATKINSON, M. "Ménieres Syndrome." *Arch. Neurol. & Psychiat.*, September, 1945, pp. 192-196.
- CHURCHILL, M. H. "Dietary Deficiency Diseases Among Prisoners of War." *J. Roy. Army Med. Corps*, December, 1945, pp. 294-298.
- COHEN, E. LIPMAN. "The Treatment of Penile Warts with Podophyllin." *Practitioner*, February, 1946, pp. 133-134.
- CROOK, E. A. "Non-Specific Intestinal Granuloma." *Proc. Roy. Soc. Med.*, January, 1946, pp. 125-127.
- DAVIES, J. H. T. (and Dixon, K., and Stuart-Harris, C. H.). "A Therapeutic Trial of Penicillin in Infective Conditions of the Skin." *Quart. J. Med.*, October, 1945, pp. 183-196.
- DISCOMBE, G. "Criteria of Eosinophilia." *Lancet*, February 9th, 1946, pp. 195-196.
- DUBASH, JAL. (and Teare, D.). "Poisoning by Amanita Phalloides." *Brit. Med. J.*, January 12th, 1946, pp. 45-47.
- GAISFORD, W. F. "Primary Tuberculosis in Childhood." *Brit. Med. J.*, January 19th, 1926, pp. 84-86.
- HILL, H. B. "Delinquency, Split Mind, Magistrate, Doctor and Parent." *Med. Press*, January 9th, 1946, pp. 22-24.
- HOWELLS, G. "Two Cases of Amoebic Granuloma." *Brit. Med. J.*, February 2nd, 1946, pp. 161-162.
- KEELE, K. D. (and Bound, J. P.). "Sprue in India." *Brit. Med. J.*, January 19th, 1946, pp. 77-81.
- LANGDON-BROWN, SIR W. "Some Chapters in Cambridge Medical History: V. Clifford Allbutt and the Transition from the Nineteenth Century." *Proc. Roy. Soc. Med.*, December, 1943, pp. 83-88.
- MAXWELL, J. "Early Recognition of Respiratory Disease." *Practitioner*, February, 1946, pp. 135-140.
- O'BRIEN, J. R. (and Carter, C. W.). "The Nicotinic Acid Content of Blood in Health and Disease." *Quart. J. Med.*, October, 1945, pp. 197-205.
- O'CONNELL, J. E. A. "Clinical Diagnosis of Lumbar Intervertebral Disk Protrusions." *Brit. Med. J.*, January 26th, 1946, pp. 122-124.
- SPENCER, J. (et. al.). "Non-Greasy Jelly Base for Penicillin." *Lancet*, January 26th, 1946, pp. 127-128.
- STUART-HARRIS, C. H. See Davies, J. H. T.
- WEFRER, F. PARKES. "On Rare Diseases and Syndromes with some Examples." *Med. Press*, February 6th, 1946, pp. 87-92.

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ST. BARTHOLOMEW'S



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No. 3

## BRICKS WITHOUT STRAW

*"There is no straw given unto thy servants, and they say to us: Make brick: and behold thy servants are beaten, but the fault is in thine own people."*

Exodus ch. V., verse 16.

To the Editor of this Journal, the task set to the ancient Israelites would have been but child's play. For him, Pharaoh's taskmasters would have held no terrors, for he is well versed in the art of making bricks without straw. Each month it is his miserable lot to compose a Journal and rarely, if ever, is there sufficient material for the purpose.

Recently, as I was searching through the rubble on the Journal desk, hoping with the aid of a magnifying glass to find this month's contributions, I decided that the time was meet and ripe for another harangue. I know this is a very old sermon, which has been preached many times in the past and will doubtless be preached even more times in the future. My apologies for raising the matter now, but the situation warrants it.

A year ago, one of my predecessors wrote an editorial "on the essential importance of becoming a contributor." At that time it appeared that the students were the chief offenders. Apparently most of his words fell upon stony ground for not only has the student contribution continued its decline in quantity as well as quality, but also contributions from other sources have shown an alarming drop, especially in recent months.

With such a paucity of material we cannot afford to select articles as we should like, resulting in an inevitable lowering of standards. More often than not it is difficult even to find sufficient material to fill the fifteen or so small pages allowed to us by the paper controllers.

There are times when the thought of filling next month's Journal becomes a nightmare, and the possibility of having to publish a Journal composed of advertisements, examination results and blank paper becomes almost a reality.

There is, of course, no scarcity of criticism—mostly verbal, for few of our readers ever think of writing to us. Please do not think we object to this criticism—on the contrary we find it helpful. Most of it is well-meant and all of it well-deserved. We are aware that this Journal has many faults, we like to be told about them and we shall do our best to correct them. But without the necessary material it is difficult to effect any improvement at all, let alone carry out the sweeping reforms suggested by the more voluble of our critics.

So far we have been stressing our side of the problem, but this does not mean to say that we are not alive to your difficulties. The majority of our readers would, I think, be willing to contribute, could they find a suitable subject upon which to write. This should not be an insuperable difficulty, considering that we have a fairly wide range of interests. Original articles, short or long, on medical or non-medical subjects; reports on interesting cases you have seen in or out of Bart.'s; poems; letters suitable for publication (we have had none in the last few months); and humorous items, which we may use as yeast to leaven the dough—will all be welcomed with open arms. Articles need not be typewritten—they need not



even be legible, although this is always desirable. Illustrations: sketches, drawings, cartoons are particularly wanted—they should, if possible, be drawn in indian ink. Above all we invite your suggestions: if you have any ideas please write or come and tell us about them. The Journal Office has recently been moved from the Medical College Office to the Library.

This year 1946 is an important one for the Hospital. For the first time in nearly seven years most of our students are—or soon will be—back in London; this month we celebrate the 150th birthday of the Abernethian Society—next month, the fourth centenary of the re-founding of the Hospital. Please help us to produce a Journal worthy of the occasion. After all, centenaries come only once—well TWICE every hundred years.

### MEDICAL FILMS

By W. MCADAM ECCLES

*Remarks made on opening a Discussion on "Medical Films" at the Royal Society of Medicine, February 26th, 1946*

Will you forgive a teacher, first of Anatomy and afterwards of Surgery, who has lived through the conception and the wonderful development of the use of the movie, whether sound or silent, in practical medical education?

Forgive me when I say that the war years have had a great deal of "chatter" on the subject but little co-ordinated action.

On the preclinical subjects of chemistry, physics and biology, I am not competent to speak, save to say that even in these three there is a great field for the film.

But when we come to anatomy and physiology and even pharmacology, the field becomes an expanse in which we are apt to be lost, more or less.

Take anatomy, a subject in which I delved for many pleasant years—Why does a medical student have to dissect, to read, to listen and to ponder upon the marvellous structure of the human body? The answer is very simple. It is because he has to deal with the *living* man, in all the vicissitudes of earthly life. To my mind to start the budding medical upon the dead corpse, without anything to relieve the real shock there may be in such an entrance, is not only unwise, it is also a waste of time. Let me give two simple instances. In my day, we started on dry bones, and they were very dry, and at the end of the first term we had—fancy, we had a set "College" Examination on them!

Remember the young man who had but little respect for dead osseous tissue and who being shown the eight carpal bones and being asked to place them in natural order, and describe their inter-relation, plaintively said, "Oh! Sir,

I thought my examination was tomorrow and I was going to look at these bones tonight." Now what is more fascinating to be shown the two rows of these bones in a moist specimen and to see their movements and the co-operation in their movements of a living wrist on a film! How often even in 1946 is this method of instruction given, or even possible. Why?

The other example I would give and on much the same lines is taken from the time when I was an Examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England. There were no films in those days, but as a good substitute I introduced a living model into the examination room, and I would ask a candidate to show me pronation and supination in the lad, and then to describe succinctly the muscles, their attachments, their nerve and arterial supplies which produced those wonderful functional movements. How well these could be taught by seeing the intricate changes in position of the bones in a cinematograph film. This living model caused a heavy fall in the number who passed and I was blamed.

Let us turn to Surgery. Some would say that every medical practitioner should be prepared to perform any operation in the living in cases of emergency. Perhaps so, but who present to-day could say they had performed each one, or even seen each one performed by someone else. Take an example. Take a Caesarian Section. Not a very difficult proceeding but tricky if its details have not been seen. Further, it is not infrequently an emergency, and may save two lives.

I personally during the whole of my student days at my hospital never saw such a procedure. It just did not come my way. I think to-day of the thrill I got when the first talkie medical movie was a "Caesarian," and the first cry of the baby came over to us all. I weary you, but let me come to the practical points, or some of them:—

1. We are nearly all agreed of the real value of films—silent, sound and colour, in the teaching of medicine.
2. No co-ordinated method has as yet been made fully to:—
  - (a) Provide a series of good medical films.
  - (b) To bring them together where they can be hired or loaned with the least possible trouble
  - (c) To keep abreast with all the advances in medicine which can be illustrated by films.

I know the snags, and here are some:—

- (a) There are not as yet many medicals with the enthusiasm and technical knowledge needed for production. There should soon be.
- (b) Such production must entail very heavy expense. I deny that this is necessarily so, and even were it so now, it would become greatly less.
- (c) There is not enough demand for medical films to make it worth while to produce them. This want of demand is based largely on ignorance of the consummate value there will be admitted before many years are over, and that throughout a peaceful world.

Let the medical profession in Great Britain be up and doing, so as to make this country a leader in this advance, so needed. It would be the joy of my professional life to see these wonders open to every medical school on earth. So be it.

### THREE WARS ARE ENOUGH

By R. OGIER WARD, D.S.O., O.B.E., M.C.

*An Extract from an Address delivered to the Abernethian Society*

In Conan Doyle's book *Rodney Stone*—the narrator, now an old retired sea captain, prefaces his reminiscences of the Corinthians of the Regency and their interest in prize fighting by wondering how to tell his children about the early years of the 18th century. He might dwell upon "the weary struggle of two and twenty years with that great and evil man, Napoleon. How freedom fled from the whole broad continent and how the nation's great men strove that it should not pass from England for ever to take refuge with our brothers across the Atlantic," but he prefers to give them a story of the ring.

Please do not suppose that I intend to adopt the parental style in my address to you this evening or that it is as an old soldier with his personal adventures that I would risk wearying you. Yet, when with the British Expeditionary Force in France at the beginning of this war I read Rodney Stone once again, that opening paragraph held me fixed. The war was young, indeed it had not begun, on the western front it was still a "phony" war. Was it possible that there lay ahead of us a weary struggle of

two and twenty years, a long conflict with a man not great as Napoleon was, but incomparably more evil? I confess that it seemed to me quite possible that such might prove to be the case. England was unready, perhaps even more so than she had been in 1914; certainly France was less prepared.

Personally, I never failed to believe that we should stop the Boche, hold him and then beat him, but I did not, of course, realise that we should be chased out of France. I could not see the great risk which soon proved so real, that Freedom might not merely pass from us for ever, but perhaps even fail to find a refuge with our brothers across the Atlantic. I was sure that America would be with us, but I did not know that we must hold out alone for so long. The two greatest military disasters in Britain's history lay ahead but below the horizon, Dunkirk and Singapore. I could see clearly that retreats might well be necessary until we could develop our strength, but how close to disaster those retreats would carry us was certainly not in my power to foresee.

It is a strange, and I think a somewhat



important fact when looking back over the first half of this century, that I, who have never been a regular soldier, should have spent ten years of my professional life on active service. Add to that another year as a civilian at the end of this war and that makes eleven years of war out of thirty-three years as a doctor. One third of that part of one's life given to war is a lot. In the days when I became a medical student such a prospect would have seemed to most people utterly improbable.

Yet we had our warnings

In "The Islanders" Kipling wrote in respect of Britain's unwillingness to accept universal training:—

But ye say "It will mar our comfort,"  
Ye say, "it will 'minish our trade."  
Do ye wait for the spattered shrapnel  
Ere ye learn how a gun is laid?  
For the low, red glare to the southward  
When the raided coast-towns burn?  
(Light ye shall have on that lesson,  
But little time to learn.)

The poet's thoughts ranged far into the future, beyond the days of the first Dreadnought, past the age of Beresford and Fisher, of Jellicoe and Beatty; he alone saw the flaming coast-towns of 1940.

In the Autumn of 1912 the examiners to the Conjoint Board decided that I might be permitted to practise Medicine, Surgery, Gynaecology and Obstetrics. I regret in many ways that I have never felt competent to avail myself of their kindness except in the matter of Surgery. But at that particular moment it was Surgery which called specially to me, for surgeons were wanted; a war had started in the Balkans and the Red Cross needed them for the ambulances which they were about to despatch to each of the belligerents in the Near East. Of course I was not one in any sense other than that I could now write M.R.C.S. (and also L.R.C.P.) after my name. But as that was all that seemed to be required I was appointed to one of the three ambulances which quickly departed for Constantinople.

Those were vital days, the full significance of them was not at all realised by the majority of people and, as it now seems to me, not even comprehended by those whose special business it was to understand such things. Yet Europe turned uneasily in her sleep, as though some evil spirit disturbed her peaceful slumber—but she quickly went to sleep once more.

Bulgaria, Greece, Servia and tiny Montenegro declared war on Turkey, rotten and unready, corrupt and unstable within, and in a series of big battles, big even compared with some of more recent years, defeated her utterly,

tore from her the provinces of Macedonia and Thrace and advanced in triumph upon Constantinople. They advanced to within 25 miles of the capital and then they hesitated. The Turks counter-attacked and drove them back. The chance and the great prize which was within the finger tips of their outstretched fingers was lost. They got no further chance.

The chaos which reigned in the Turkish capital during those autumn days was terrible to see. The Red Cross ambulances arrived when it was at its worst. It seemed that at any moment the ruthless Bulgars and the triumphant Greeks who had for so many years writhed under Turkish rule would burst into the city and take a horrible vengeance for their wrongs. The fashionable centre of Pera seemed much as usual but the poorer parts of the city were crammed with many thousands of refugees.

Those days were full of portent. Fate was wearing a sardonic smile, a smile that did not soften but rather grew progressively more grim in the thirty years and more which have since passed by. And so it was that while great events were beginning to take shape I was privileged to get some insight into the trend of things to come.

All the great powers sent war ships to the Golden Horn to protect their nationals should the city fall. France sent two battleships so utterly obsolete that every Turkish school-boy laughed. Out of politeness to France, to whom was conceded superiority in the Mediterranean, England sent only the cruiser Hampshire (sunk with Lord Kitchener on board in 1916) and the second-class cruiser Weymouth. These two ships would not have made an impressive array at any time, particularly as the Weymouth's after mast had an unsightly bend in it, but as it was they and all the shipping lying in the Golden Horn were utterly dominated by the obvious strength and beauty of a German cruiser, the Goeben, the ship which, with the Breslau, was in 1915 to escape our ineffective clutches, and having passed the Dardanelles to help to bring Turkey into the war against us. Yes, everyone in Stambul could see that Britain's sea power was at last on the wane and that Germany was finally in the ascendant. Our naval mission to Turkey, an institution of many years' standing, was thrust into the background. The Turkish naval officers took their difficulties to officers of the Goeben for solution.

Our Red Cross Mission was well led by Lt.-Colonel Doughty-Wylie, a regular soldier (not a doctor), who knew the Turks. He always told us they did not ask military or even diplomatic support against the invaders. What they wanted was sympathy from Britain, but all they got

was what we of the Red Cross brought them. For England was not strong enough to call a halt to war. Mr. Asquith declared that "whatever the outcome of the fighting, the status quo will be maintained"; but no one paid the slightest heed to him. Nor did Germany show her hand. I think she was rather glad to see the Turks get a good licking, rightly judging that thus in due course they would more easily become dependent upon the Fatherland.

I will not discuss the Surgery which we undertook in these six months. It was of the usual type that is met with in war. It is not perhaps generally known that in our hospital in the *École des Beaux Arts* beside the Golden Horn, Capt. Max Page, R.A.M.C., designed a method of suspending fractures of the lower extremity, and that the appliance is very properly still known as the Balkan Beam.

I returned to England in the Spring of 1913. Lord Roberts was appealing for universal service, Robert Blatchford's letters were appearing in the *Daily Mail* urging attention to the menace of Germany. But everyone was, of course, much too busy with things that really mattered to pay heed to a soldier who was, well, already an old man, or to the words of a contributor to a rather unstable daily paper.

In 1914, I being a lieutenant in the Honourable Artillery Company, mobilised automatically, though at that time I was a senior house surgeon at this hospital to Mr. d'Arcy Power, and I remained a gunner all the war. Of these eventful years I will tell one episode which occurred during the retreat of the British Armies in March, 1918.

Our Army Brigade (as artillery regiments were then called) was on the IIIrd Army front before Bapaume, and by the end of the second day of the battle two of the batteries had lost all their guns. Mine was more fortunate and was able to fight on. The infantry had already sustained severe casualties. By 8 p.m. on the evening of March 25th, though we did not know it, there was a gap of seven miles between my right hand gun and the next British troops to the south, and in front of the battery there were none of our troops but only Germans. However on that morning the news was good. The enemy, we were told, was no longer advancing, on the contrary after five days of retreat we ourselves were ordered to advance. Soon I was trotting forward with my trumpeter and some signallers towards the high ground in front which entirely shut out all distant view in that direction. Up the easy grass slopes we went towards the long level skyline, and about a hundred yards short of it we found our Artillery Brigade Commander and his small staff. It

was about 7 a.m. and I was just getting my instructions from my Colonel, when suddenly a gunner subaltern came running back towards us from the crest a hundred yards in front, and as he drew near he called out, "Do you know the Boche are just the other side of the hill?"

This really was a shock; orders to mount were heard all round, and very swiftly the officers and staffs were up and galloping down the slope back to their own batteries. The wide open valley behind was crammed with helpless transport of every possible kind, and it seemed certain that awful chaos would shortly result. But what was more important, if the enemy once gained the line of the hill he would be even more strongly placed than before the Battle of the Somme, for from it he would have the uninterrupted view for many miles to the north west which he never possessed in 1916, and all movements in that area would be under his eye.

The day was saved because alone of all of us who were there, my commanding officer, Lt.-Colonel Arthur Main, D.S.O., did the right thing. He called out to me to wait and then ran up to the crest, took a brief look, and then came running back again. Orders followed at once. I was to bring my battery into action and to open fire into the valley. These brief orders given, he hurried back to the crest, gathered together about twenty weary but willing infantrymen and told them to open up for all they were worth with their rifles on the advancing Germans. Meantime my battery and our two howitzers, all that was left of the 293rd Army Brigade, had begun to open a heavy fire, in which the other brigades soon joined, upon the Germans in the valley. This unexpected opposition caused them to pause, and having paused then to wait for fresh orders and for reinforcements. They never advanced another step for by the evening the New Zealanders had arrived in strength and the retreat on the Third Army front was over. Not without question to take other people's word, when by making an effort a man can learn for himself is a good rule at all times. Good in surgery and good in war. And those who make reports—how careful they must be that they report only what they know in fact to be true.

A pause in the film picture and then a new reel begins . . . After the still darker hues of the spring months of 1918 the music now becomes less sombre and the colours brighter, until with a crash of triumphant marches and brilliant glories we witness November 11th, 1918. It is the end of the performance, the picture fades out, God Save the King . . . This surely is the end, the grand finale, the triumph of a just cause over evil.



The tumult and the shouting dies . . .

The captains and the kings depart,  
Lord God of Hosts, be with us yet,  
Lest we forget.

We forgot last time, what are we going to do now?

Well, it is all over and so we ordinary people drift outside, glad to get a breath of fresh air. But no, something tells us that we mustn't go home yet. Oh no, for in fact this proves to be merely the interval, and we have seen only the supporting programme. And so again we take our seats, but to our disgust find that only a string of advertisements and the news items is showing.

A land fit for heroes to live in, says Mr. Lloyd George . . . Nations at Geneva . . . 1st League Results . . . and these are not quite what we were expecting . . . Haig lunches with the officers of his old regiment now holding the Rhine. "Gentlemen," he says, "your first duty is to prepare for the next war." They listen with the polite respect due to a great soldier, but amongst themselves not unnaturally they laugh . . . Unemployment in Britain . . . The Dominions and America, when not otherwise occupied, look upon these years in puzzled doubt . . . The Oxford Union declares:—"That this house will under no circumstances fight for King and Country" . . . Baldwin assures England that all is well, draws breath and declares, "Our frontier is on the Rhine" . . . Chamberlain says we shall have "Peace in our time." And as that is just what we wish to hear and we cheer him to the echo, particularly as he declares it is "Peace with Honour."

And now the house begins to fill, more swiftly the items flash upon the screen . . . the Spanish war . . . Badoglio uses gas against the Ethiopians . . . Munich . . . the Germans march into Czechoslovakia . . . Churchill declares that thereby we have lost the equivalent of 30 divisions, but the general feeling is that he is beginning to lose his grip on affairs.

All those who have booked seats in advance are now being ushered into them and those who have not done so crowd the gangways.

Now the feature film for which we have waited so anxiously to see, is about to begin:—"World Triumph."

Scenario by Mussolini.

Script by Goebbels.

Sound recording by Lord Haw-Haw.

Costumes by Goering.

Directed and produced by Hitler.

Great Britain declared war on Germany at mid-day on September 3rd, 1939. How did that event affect you? Did you feel disposed

to shout and cheer? No, we all felt the moment too grave, the risks too indeterminable, and the extent of human suffering that must result too immense for any outburst of jubilation. There was missing the display of enthusiasm when, after a pause which seemed at the time to indicate hesitation, we joined France in 1914. The task now before us was too grim, the outcome too uncertain, but at least it was clear that no home in Britain would be spared in the fearful toll exacted by modern war. Yet the declaration of war brought to many a thrill of profound excitement and exaltation, and it is well that we should recognise the fact.

When a partly "sozzled" man barges into you and replica to your remonstrance with insolence, wrath rises within you, your fists clench, the instinct is to "sock him one." But you suppress these instincts, which except for those of love, are the most powerful which affect mankind. It may be, of course, that you think he looks rather more than your weight, that may influence you, but far more governing is the knowledge that for your class street brawling is not in the code. Not only that, but you know you would be breaking the law and, right or wrong as your cause might be, there would be a good chance of an evening in Bow Street. The declaration of war causes a profound disturbance in the heart of every man who may be called to serve in it. The glorious knowledge that it will put him into some team of which every member will be in training, where toughness and endurance will rank with fighting proficiency and courage. He wonders about his ability to face the risks that must befall; he has hope of the life-long prizes that each may win who knows his task has been well done. This will be the supreme test of each one's individuality, the greatest of all adventures.

And nations move towards and into war in the same manner. The aggressor building up his aggressiveness by every calculated device. The nation who is to be attacked seeking desperately to escape until finally driven into a position in which it must either fight or perish. When once international affairs have been allowed to reach that pitch of fury then there can be no escape from war, unless, just in time, a some all-powerful policeman walks out of the darkness.

In 1939 after a short spell in the Emergency Medical Service I managed to get into the Army once more and in November had charge of a surgical division in a General Hospital at Dieppe. And here I once more watched a great retreat. On May 10th, 1940, the Germans,

having disposed of the forces opposed to them in Belgium, turned south. Dieppe was bombed on several occasions but the hospitals were spared. Soon refugees in thousands began to pour through the town and in the days that followed they streamed along the roads to Rouen and thence by the main highways leading south from that city. These people pursued their way in a most orderly fashion. No panic, no demanding of a place in a passing car, only a calmness which I wonder if our own people could equal. The children appeared to enjoy it; the most pathetic figures were the grandmothers seated on the tops of the high farm carts, staring fixedly ahead; behind was left all they counted precious. The tragic spectacle of a people struck dumb and powerless by the greatest defeat which their country had ever sustained! The news got worse and worse as the days passed by, and before we embarked at San Malo on June 16th, 1940, we saw disaster grow until no hope of swift repair remained.

I spent a month in England and in July, 1940, I went to Egypt, and from that time my work was chiefly amongst general hospitals and in places of relative comfort.

There was one brief interlude when, for two days, I was once more in the line of battle, and whilst I was there saw another retreat begin to take shape, the fourth of which I have been a witness.

On June 3rd, 1942, I was sent from Cairo to Tobruk. Every moment of the time I spent there was deeply interesting. I will not attempt to describe the events which led to the loss of Tobruk but anyone could see that, though the troops were in fine form and fighting with great skill, the battle, which had now gone on without a break for fourteen days, was turning against us. By then we had already lost far more heavily in tanks than the enemy and had been forced to yield a good deal of ground.

In the many months during which the battle swayed to and fro around Tobruk none lived under more strain or showed more endurance than the nursing sisters of No. 62 General Hospital, which was unfortunately situated a quarter of a mile from the harbour. The enemy did not wish to bomb it, indeed I feel sure they tried to avoid it, but it could not entirely escape.

Troops engaged against the enemy in the field inevitably face much greater hazards. But they are men, soldiers put there that they may impose still greater hazards upon the enemy. On one day the battle goes against them, on another it is they who have the upper hand, what they have received they now return in full measure. But life for those nursing sisters held

no such respite, nothing less than complete and final victory in Tunisia could ensure their safety, and that victory was still far distant.

So long as daylight lasts hard work has to be done by doctors and sisters and nursing orderlies. In the morning the convoys arrive. All must receive attention, be cleaned, clothed and fed, and many are too ill or too weary to be able to do much for themselves. The receiving room, the passages leading from it to the operating theatres, to the X-ray department and to the wards are filled with stretchers. Blood and sweat and toil.

And when the morning's work is done no chance of an afternoon off for the sisters. No hope of a visit to the shops, a restful hour whilst the coiffeuse works her mysteries, or tea and a talk with some dear friend. Far from it; the best is a walk through shattered streets out into a countryside strewn with dispersed or smashed up lorries. Is there to be an evening off, the cinema, or dinner and a dance? Tobruk spends its night in a different fashion. The sun sets, the moon rises in a flawless setting of tropic sky and sea. A hard day's work is over, just such another lies ahead and a good night's sleep will give a weary hospital staff the strength to face it in good heart.

But a distant droning cadence can be heard and steadily it grows. Bombers are approaching Tobruk. Those not on duty must drag themselves from their beds, no time to tidy up, just time to get below ground, not into well-proofed dug-outs, for only shelter trenches are available. And the night staff, they must stay at their posts and try to show a calm which they cannot feel. It was like this a few nights ago, it will happen again a few nights hence. The luck has held so far, how much longer can it hold? Brave women, these.

In August, 1942, I was transferred to the East African Command as Consulting Surgeon and there, though my duty took me far and wide by land and sea and air, and though it taught me much, and has left me with many things worthy of long remembrance, I saw very little more fighting, for the Empire's first successful campaign in this war had been completed. Platt and Cunningham had destroyed Italy's power in East Africa.

There is no more that I would tell you about the three wars in which I have served, except to say that *three wars are enough*. Am I not justified in saying so? Have I not seen enough of suffering and courage, of glory and disaster? And what do you say? You, young men who have endured the worst of all wars; no, not that, for what if we had been defeated! You have



seen London in flames, the Hospital packed with air raid casualties, you have heard the whine of bombs through the roar of "ack-ack" fire, the sinister trail of the "buzz bombs," the crash of the rocket and after-following heralds of its approach. You have had to care for the victims while the battle still raged, and then after a night of storm to rise in good heart, thread your way through mined buildings, and resume in concentration the studies which make you into doctors. Some of you have been eyewitnesses of the hideous German cruelties of Belsen. Oh, yes, you all know what war is, and if you have not seen the glory of an armoured formation advancing to attack, your picture is as true though coloured in more sombre hues.

And what are you going to do about it? This is no mere rhetorical question, it is vital. For you, the youth of England, must play a large part in finding the answer. What are you going to do? Pray? Yes, that may be well, yet even the most devout person cannot believe that prayer alone will suffice. Of course I do not know the answer, who does? Yet I will venture in all humility to offer some suggestions. First make England strong. Our attitude in the Balkan war was read by the world, and particularly by those in Germany who were already plotting for world power, to mean that our prime object was to keep well out of trouble. The passive part which we then played seemed to assure them that in 1914 we should not risk even sitting on the fence but would certainly keep well behind it. The Germans are the most stupid race in the world and the years 1914-1918 taught them nothing except to improve their tactics and to broaden considerably their strategy. They still believed that they could take on the world, for England was the main enemy and in England "Safety First" was not merely a slogan to keep death off the roads, it was something rooted deeply in the national life of the country. It was England's vital moral code. She would play for safety always, risking nothing, hoping only to hold what she had got.

Make England strong. Do not allow yourselves or the manhood of our country to become

soft. Demand that national service shall be a duty gladly given.

Those of us who watched the years that followed 1918 can bear witness that one result of the end of "the war to end wars" was a real tendency to national softening. Germany saw it, but being profoundly lacking in understanding she over-estimated it.

Of course, this alone is not enough. Personal quarrels, and wars, too, begin and develop chiefly because one does not understand the outlook of the other fellow. Get to know him better and you may find that his aims are as well justified as your own. Understand him and you may realise that any sign of willingness to make concessions will only be construed as weakness, that to bring him to reason his bluff must be called and his intention to bully be stopped before he has overstepped himself.

Broaden your acquaintanceship. Have your loyalties but find out for yourselves that there are other quite decent hospitals besides Bart.'s, that other countries have their own loyalties, different from ours but just as real. Travel far and wide when the chance to travel is again given back to us. Get on a steamer, doctors can always do that, and go to the ends of the world. Save up your money to pay for a seat in a plane and take your holidays in other countries, meet the people, and, avoiding the places where English tourists gather, learn something of their languages, live with their families, dance with their daughters—but find your wife in your own land. Remember that doctors can do a lot to promote international contacts in these days. To-day, medicine in Europe looks more to this island than ever since history began to dawn. Welcome foreign visitors to our shores, take pains with them, let them meet you not only in the hospital but in your homes.

It is little enough that each one of us can do but it is something. We have been far too insular in the past. Let us guard the English Channel as our fathers learnt they must do, let us also command the skies over it, but let our thoughts and our knowledge range far beyond it and let all the world be our welcomed guests, and departing take with them some knowledge of what England is and for what she truly stands.

## THE JOURNAL

Contributions for the May issue should reach this Office on or before April 16th.

## A PAPAL ADDRESS

*Early last year a medical conference of Allied Service Medical Specialists was held in Rome, which I attended as a guest. The members of the conference were received by Pope Pius XII, who addressed us. His words, in faultless English, made a deep impression on us all and are reproduced here because they*

*may interest readers. They are particularly apposite at the present time: advances in science are so engrossing and life is being so "planned" that there is grave danger of the individual being forgotten. As His Holiness says, "It is after all the man who is to be treated."*

E. R. CULLINAN.

## THE ADDRESS

Your presence, gentlemen, brings vividly before our minds a parable told almost 2,000 years ago by Christ, the divine physician, when He walked so graciously among men. It is the story of the Good Samaritan, and with striking fitness it has been preserved for posterity in the gospel written by St. Luke, who was himself a doctor. The scene depicted is familiar to you all. A lonely road; a wounded man, helpless and bleeding lying on the roadside evidently a victim of robbers who have stripped him after a rough and violent struggle; the Good Samaritan hurrying home sees him; he turns from his way, dismounts, goes to the suffering stranger, with sympathy examines his wounds, gently applies oil and wine to clean and heal him, lifts him to his horse and carries him to the nearest inn, where he gives orders for his special care. Nothing is to be spared for his complete cure.

The setting may be different from the circumstances that are common in your experience; but the spirit of prompt and unselfish devotion, of lofty principle inspiring sacrifice of self in the interest of another, of tenderness and love—that is the same spirit that has characterized your profession at all periods of human history. Alas for mankind, were it not so.

For the doctor is not handling inert matter, however priceless. Suffering in his hands is a human creature, a man like himself. Like himself that patient has a post of duty in some family where loving hearts are anxiously awaiting him; he has a mission to fulfil, even though humble, in human society. What is more, that ailing, crippled, pining form has a rendezvous with eternity; and when breath leaves his body, he will there begin an immortal life whose joy or misery will reflect the success or failure before God of his earthly mission. Precious creature of God's love and omnipotence!

Spirit and dust compounded to form an image of the Infinite, living in time and space, yet headed towards a goal that lies beyond both; part of the created universe, yet destined to share the glory and joy of the Creator, that man who places himself in the care of a doctor

is something more than nerves and tissues, blood and organs. And though a doctor is called in directly to heal the body, he must often give advice, make decisions, formulate principles that affect the spirit of man and his eternal destiny. It is after all the man who is to be treated: a man made up of soul and body, who has temporal interests but also eternal; and as his temporal interests and responsibility to family and society may not be sacrificed to fitful fancies or desperate desires of passion, so his eternal interests and responsibility to God may never be subordinated to any temporal advantage.

Hence, as we said recently when speaking to the doctors belonging to the Italian Union of St. Luke, hence flows a whole series of principles and practical rules which regulate the use and the right to dispose of the organs and members of the body, and which are mandatory both for the person concerned and the doctor whose advice has been asked. For man is not really the absolute owner and master of his body, but only has the use of it; and God cannot permit him to use it in a manner contrary to the intrinsic and natural purpose which He has assigned as the function of its diverse parts.

It is clear, then, as we observed on the same occasion, how the medical profession places its representatives squarely within the orbit of the moral order, to be governed in their activity by its laws. Whether it be a question of teaching or giving advice or prescribing a cure or applying a remedy, the doctor may not step outside the frontier of the morality dissociating himself from the fundamental principles of ethics and religion. His vocation is noble, sublime; his responsibility to society is grave; but God will not fail to bless him for his charity and for his unstinting, devoted efforts to alleviate the sufferings of his fellow-man on earth, so however that he may not fall short of the incomparable joys of heaven. It is our most earnest prayer that this blessing may be granted to you all abundantly from the loving bounty of God.



## OBITUARY

## ROBERT KLABER

Robert Klaber, who died quite suddenly on March 2nd at the age of 45, was a distinguished physician and a loveable, bighearted man.

From early on as a student it was clear to those of us who knew him that he would grace the profession, and so it turned out—he became one of the ablest dermatologists of his years.

After leaving Tonbridge, Klaber was at Bart.'s, where he won the Burrows and Skynner prizes and was proxime accessit in the Brackenbury medical scholarship. He qualified in 1923 and went to Oxford as house physician and house surgeon at the Radcliffe Infirmary. He took the diploma in Public Health and the diploma in tropical medicine and hygiene, and got his membership and London M.D. Soon becoming interested in dermatology he returned to Bart.'s, to the Skin and Pathology department in 1928, after a period of study in Vienna. During the war he was the consulting dermatologist to Sector 2 in the E.M.S., and built up a fine department centred at Haymead's Hospital. Among his other appointments he was Physician in charge of the skin department of the Prince of Wales Hospital, Tottenham. In 1941 he was made a fellow of the Royal College of

Physicians. His wide grasp of general medicine helped to make him the distinguished dermatologist that he was.

Robert had abounding energy and enthusiasm. He said "Yes" to life, and loved it all—its quality, its colour, and its bouquet. For everything he did—whether it was rambling in the high Pyrenees, sipping vintage claret at Bordeaux, skiing in the Arlberg, trying to ski in Sussex, rowing a boat, camping by the Thames, riding on Dartmoor, or choosing a fine Persian carpet—he had the same zest, gaiety and love of perfection. What fun some of those holidays were and what a grand companion Robert was. His spirit of enquiry was sometimes disingenuous, but he was seldom nonplussed, even when he called on a "femme sage" in Paris to have his fortune told.

Kindness, thoughtfulness for others, generosity, and forbearance were among his other qualities.

He leaves a wife and two small children to whom he was devoted. To them we offer our deepest sympathies.

Dermatology has lost a physician: we have lost a friend.

## A SOUTH WALES BART'S SOCIETY

At a meeting of the Cardiff Division of the B.M.A. on January 23rd, Mr. Geoffrey Keynes gave an address on "The Surgical Treatment of Myasthenia Gravis," with a description, illustrated by slides demonstrating the technique of 57 cases of successful removal of the Thymus Gland.

Following the meeting, Mr. Geoffrey Keynes was entertained to dinner by the chairman, Dr. Morgan Williams, supported by the local Bart.'s practitioners, including among others, Dr. Ivor J. Davies, F.R.C.P., Mr. A. L. d'Abreu, F.R.C.S., Mr. Melbourne Thomas, F.R.C.S.E., Dr. C. M. Fletcher, Dr. Emrys Harries, Dr. S. R. Rees, Dr. J. P. H. Davies, Dr. P. D. Richards,

Dr. R. Walker, Dr. Mervyn Jones, Dr. Dillwyn Thomas, and Dr. E. H. Spickett.

On the suggestion of Mr. Melbourne Thomas it was decided to form a South Wales Bart.'s Society, and that a member of the staff of St. Bartholomew's should be invited to give an annual address, and that the Annual Dinner be held on the same day. The following office holders were elected: President—Dr. Robert Walker; Vice-President—Dr. Ivor J. Davies; Secretary—Dr. Emrys Harries, Medical Superintendent, City Isolation Hospital, Cardiff.

The Secretary would be glad if all Bart.'s men in the area would make contact with him.

## ST. BARTHOLOMEW'S HOSPITAL CHRISTIAN UNION

60th ANNIVERSARY MAY 6th—10th, 1946

Four meetings will be held during Commemoration Week in the Library at 5.30 p.m. Speakers will include Leith Samuel, Esq.,

B.A., members of the Staff and Medical College, and others.

Details will be announced later.

## STUDENTS' UNION

## THE ANNUAL GENERAL MEETING

The Annual General Meeting of the Students' Union was held in the Abernethian Room at Bart.'s on March 13th. The following appointments for 1946-47 were announced:—

President of the Students' Union: Mr. Rupert Corbett.

Treasurers: Professor A. Wormall, Mr. F. C. W. Capps, Mr. J. B. Hume.

Senior Secretary: Mr. M. Whiteley.

The results of the recent elections for the Students' Union Council were announced as follows:—

Constituency A. Clinical Students:

1st year: D. J. R. Morgan,

B. B. Reiss.

2nd year: D. K. Tucker,

E. R. Griffiths.

3rd year: J. H. S. Buchanan.

Constituency B. Preclinical Students:

G. W. Marsh.

J. J. Burn,

W. H. Bexon.

Constituency C. Junior Staff:

Dr. J. North (Senior Resident).

There was a meeting of the Students' Union Council on March 20th. W. H. G. Leslie was elected Financial Secretary, and D. J. R. Morgan was elected Junior Secretary for the coming year. D. H. Richards was co-opted as a second representative of the 3rd year on the Council.

For your future reference there are two items of particular interest. The Boat Club is now in the process of purchasing an eight. It is believed that this is the first time that Bart.'s have had their own eight and the Club is deservingly of our good wishes.

A "Suggestion Book" will shortly be placed in the Abernethian Room. This is primarily for the use of students who wish to present to the Students' Union Council any matter concerning the affairs of the students which merits attention. As the author of the plan has stated, this book should prove both useful and good reading.

M. M. W.

## BART'S ALPINE CLUB

The objects of the Bart.'s Alpine Club are to promote interest in mountaineering, skiing and fell-walking. Membership is open to past and present students and to members of the staff. Quarterly meetings were held before the war and usually took the form of a dinner, followed by a talk given by a member or guest. Meets were also held in Wales at Easter and at week-ends.

During the war no meetings were held and access to the hills has been difficult or impossible. The Club now intends to resume all its activities with the help of new members. It is hoped that lack of practical experience will not

stop anyone from joining who is interested. The subscription is half-a-crown a year.

The first meeting will be held on Thursday, May 9th, at Diviani's Restaurant, Newgate Street, at 7 p.m. After dinner a talk on "Climbing in the Dolomites" will be given by Dr. James Joyce and will be illustrated by slides. The price of the dinner will be 5/- a head.

Will all those who intend coming to the dinner or who would like further information about the Club please communicate with the Secretary, Dr. John Gask.

## ANNOUNCEMENTS

## DEATH

It is with very great regret that we announce the death, on February 23rd, at St. Bartholomew's Hospital, of Dr. JOHN BARRIS, consulting physician-accoucheur to the Hospital. An obituary will appear in the May issue of the JOURNAL.

## BIRTH

FISK—On February 26th, at the Brunswick Nursing Home, Cambridge, to Dr. Susan Airey, wife of Mr. Geoffrey Fisk, M.B., F.R.C.S.Ed., a son.

## CHANGES OF ADDRESS

C. NAUNTON MORGAN—To 142, Harley Street, London, W.1. Phone Welbeck 4444.

Dr. and Mrs. E. L. TAYLOR—To St. Mabena, Trethevy, Tintagel, Cornwall. Tel.: Tintagel 70.

SPACKMANN—Colonel W. Spackmann, F.R.C.S., F.R.C.O.G., K.H.S., is now working for the Health Division of U.N.R.R.A., in Italy. Col. Spackmann, U.N.R.R.A. Italian Mission, Florence.



## SPORTS

## ATHLETICS

The first post-war Inter-Hospitals Cross Country Championship for the Kent-Hughes Cup was held at Roehampton on Saturday, March 9th.

Dr. H. B. C. Sandiford, treasurer of the United Hospitals Hare and Hounds Club, officiated, acting as starter and judge.

The course was  $3\frac{1}{2}$  miles in length, and was completed in 31 mins. 20 secs. by W. J. L. Sladen of Middlesex (English Universities Captain). The usual course was changed in order to give the spectators a chance of seeing more of the race than before.

All the Bart.'s team set out for a "flying start" and succeeded in what they had set out to do: Mathews (Bart.'s) kept close up to Sladen for the first two miles of the race over some very difficult and "sticky" ground, then Burn of Bart.'s, running very well indeed, came up to the front and kept the fast pace going, whilst Mathews dropped back a little for a well-deserved rest. After satisfactory positions had been gained, Bart.'s held on to them for the remainder of the course, enabling the team to defeat Middlesex by 26 points to 29 (lowest number of points scoring). A great part of the credit for the Bart.'s success goes to the tail end of the team, the two runners there being Stanley-Smith and Rosser; Steinhall Almond and Whiting also gave very valuable support to the team.

The majority of the runners had come down from Bart.'s in Cambridge; so after having visited the

"White Hart" and having drunk out of the cup in the traditional manner, midst communal singing, they left on their return journey with the cup.

It remains only to be said that it was undeniably the true team spirit which accounted for the team's success.

Results: Sladen (Middx.), Burn (Bart.'s), Glanvill (Bart.'s), Dansie (Middx.), Gilchrist (Middx.), Mathews (Bart.'s), Rosser (Bart.'s), Stanley-Smith (Bart.'s), Mellings and Webber (both of Middx.).

The London University Inter-Collegiate Cross-Country Championships took place on Saturday, March 16th, at Roehampton, on the  $4\frac{1}{2}$  miles course. Unfortunately, on the same day the Cambridge Runners had Anatomy terminals; if this had not been the case Bart.'s would certainly have had a good "tussle" with the winners, namely, King's College, for the cup.

Glanvill represented Bart.'s in the United Hospitals team. University of London beat United Hospitals by 37 points to 49.

For the athletic season, the Bart.'s team have had offers for matches against King's College, Middlesex Hospital, and the Southgate Harriers. It is hoped that the team will have enthusiastic support in these matches, and that anyone who can run or throw, however bad an athlete he may think he is, will give us his support.

## BOOK REVIEW

ILLUSTRATIONS OF REGIONAL ANATOMY. By E. B. Jamieson. Sixth Edition. E. and S. Livingstone Ltd. Plates 320. Price 75s. complete.

The sixth edition has recently been published.

There can be few medical students who are not already familiar with this collection of anatomical drawings, obtainable either as a single bound volume or as seven parts sold singly.

The drawings, most of which have been prepared from actual specimens, are clear, accurate, highly coloured and reproduced on fine art paper, making the book a thing of great beauty and a joy to its owner. The direct system of labelling, together with an index (added in the sixth edition) facilitates easy reference.

This work, the first edition of which appeared in 1934, has come to be regarded by many as an essential adjunct to any ordinary textbook of anatomy. I have even heard it criticised on the score that it has become too useful and that its possessor will be disinclined to seek his information in the dissecting room, giving the attractive alternative of settling down in an armchair with a book of pictures. The book is not, and was never intended to be, a substitute for the body, but used intelligently it can make the study of the latter much more profitable. For instance, a careful perusal of the relevant drawings will provide a preliminary knowledge of the part to be dissected. A great asset, for in anatomy as in all things, one only sees that for which one looks.

Clinical students and practitioners who do not

always have ready access to the dissecting room will find the book especially useful. How easily one forgets one's anatomy. How quickly it can be revised with the aid of these drawings, always at hand to fortify the all too quickly fading mental picture of the body.

In my opinion, the separate parts are preferable to the single volume, attractive though the latter appears, in its blue and gold binding. The separate parts contain loose leaf sheets which may be removed at will or arranged in any desired order or disorder—usually the latter. The drawings are printed on one side of the paper only so that several sheets may be exposed at the same time, thus enabling one to study the form and relations of any given structure from several different aspects. In this way one is able to build up the composite, three-dimensional picture, so essential for the understanding of anatomy.

The sixth edition does not differ in any major way from its predecessors. New features include the addition of an index; the addition of a new plate showing cross sections of the mid brain; the replacement of the diagram of the side wall of the female pelvis by a coloured drawing of the same; a new system of numbering the plates, and various minor alterations and corrections.

The prices of the individual parts are as follows:—Part I, Central Nervous System, 12s.; II, Head and Neck, 15s.; III, Abdomen, 10s.; IV, Pelvis, 8s. 6d.; V, Thorax, 7s. 6d.; VI, Upper Limb, 10s.; VII, Lower Limb, 12s.

## EXAMINATION RESULTS

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## M.D. EXAMINATION, DECEMBER, 1945

Jones, A. E. (Branch I—Medicine).

Taylor, W. M. (Branch V—Hygiene).

## THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES, FEBRUARY, 1946

HONOURS  
Millichap, J. G. (Distinguished in Surgery).

PASS  
Ballantyne, P. T. Peck, I. A. W.  
Folkson, A. Watt, J. G.  
Lewis, B. Cooper, B. S.  
Samrah, M. E. Jordan, J. W.  
Batten, J. C. Pugh, D. E.  
Jaslowitz, B. W. Young, N. A. F.

PART I  
Backhouse, K. M. Patuck, F.  
Hobson, J. H. Yauncr, H. D.

Osborn, T. W. Hadfield, G. J.  
Wand-Tetley, J. I. Lapage, S. P.  
Boxer, E. I. Sils, O. A.  
Hopper, P. K.

PART II  
Aronson, R. P. Dale, H. D.  
Rogers, J. C. Murley, A. H. G.

PART III  
Banks, P. J. Griffiths, D. I.  
DeVitre, H. R. Pugh, J. I.  
Molesworth, P. R. H. Chamberlain, G. B.  
Williams, J. R. B. Hobson, J. H.  
Blackledge, P. Wand-Tetley, J. I.

## FIRST EXAMINATION FOR MEDICAL DEGREES, DECEMBER, 1945

Almond, F. A.  
Jenkins, G. C.  
Myers, P. G.  
Molloy, C.

Schagrin, J. P.  
Sacks, R. H. B.  
Hurter, D. G.  
Matthews, P. D.

## THE ROYAL COLLEGE OF SURGEONS

## PRIMARY F.R.C.S., JANUARY, 1946

Watts, R. W. E.

## THE SOCIETY OF APOTHECARIES

## JANUARY, 1946

MIDWIFERY  
Bulmer, K.

## FEBRUARY, 1946

MEDICINE  
Holloway, I. T.

## RECENT PAPERS BY BART'S MEN

BETT, W. R. "Jubilee of the Discovery of X-rays." *Post-Grad. Med. J.*, January 22nd, 1946, pp. 40-41.

DITTOF, G. T. (and Enslin, T. B.). "Analysis of One Hundred Consecutive Arthrotomies for Traumatic Internal Derangement of the Knee Joint." *J. Bone and Joint Surg.*, July, 1945, pp. 412-425.

EVANS, F. T. "Sepsis and Asepsis in Spinal Analgesia." *Proc. Roy. Soc. Med.*, February, 1946, pp. 181-185.

INNES, G. S. "Million Volt Therapy." *Brit. Med. Bull.*, 4, No. 1, pp. 51-58.

JENKINS, G. N. "Vitamin C Content of Home-cooked Vegetables." *Brit. Med. J.*, February 16, 1946, pp. 233-235.

KEYNES, G. L. "The Surgery of the Thymus Gland." *Brit. J. Surg.*, January, 1946, pp. 201-214.

MCALPINE, D. "Neurological Experiences in the Middle East and India." *Proc. Roy. Soc. Med.*, February, 1946, pp. 169-175.

MARTIN, J. P. "The 'Discharging Lesion' in Neurology." *Brain*, 68, iii, 1945, pp. 12-187.

OAKLEY, W. (and Gray, C. H.). "Possible Role of Anterior Pituitary in Human Diabetes." *Lancet*, March 9th, 1946, pp. 343-345.

ROXBURGH, A. C. "Case of Patchy Punctate Pigmentation for Diagnosis." *Brit. J. Dermatol. and Syph.*, January-February, 1946, pp. 26-27.

SEDDON, H. J. "The Treatment of Lower Motor Neurone Lesions." *General Pract. Austral. and N.Z.*, December 15th, 1945, pp. 333-338.



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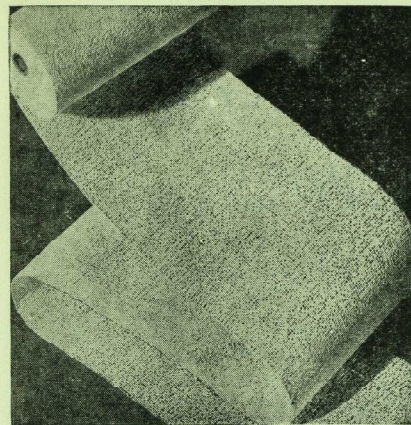


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## ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

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### RUDENESS AND ALLIED TOPICS

Sir Alfred Webb Johnson, speaking at the Abernethian Society's celebration dinner at the Savoy, remarked that the tradition of Abernethy's rudeness had died out, and added that in his opinion this was a pity "as one knew where one stood in those days." There can be no doubt that the tradition is dying out despite the stalwart efforts of teachers of anatomy and gynaecology. It seems likely that this improvement in manners dates from as little as forty years ago, for Mr. Reginald Vick has told us of how he went in awe of the chiefs of his student days, and has recounted instances of the formidable treatment meted out to their inferiors by some of the honorary staff of that time.

There are many well-known instances of Abernethy's appalling rudeness and when they are quoted nowadays it seems incredible that anyone could have had so little respect for the feelings of others. But it must be remembered that he lived in an age of plain speaking. For instance a contemporary of his, Thomas Wakley, who founded the *Lancet*, wrote with a pen every bit as ferocious as his tongue. He habitually wrote of The Society of Apothecaries of London as "Rhubarb Hall" and of its governors as "The Old Hags," and on one occasion described them as "a contemptible gang of Retail Druggists." Concluding an attack on a certain Dr. Johnson, who edited *The Medico-Chirurgical Review*, he wrote, "He was disingenuous without plausibility, and dishonest without dexterity. He had the wriggling lubricity, without the cunning of a serpent." In such an age some of Abernethy's comments, pungent as they were, cannot have seemed so outrageous as they would to-day.

Probably Sir Alfred considers that a great deal of time would be saved if we all spoke our minds more plainly. He surely holds no brief for pure rudeness as such? In passing, one wonders how he would relish the Royal College of Surgeons being called an "avaricious corporation," as it was in an open letter to the Court of Examiners of the College published in the *Lancet* of August, 1825. But for plain speaking there is much to be said. Many of us must envy the moral courage of Lord Birkenhead (F. E. Smith) who, when asked by his barber how he liked his hair cut, replied "In silence." The trouble is, of course, that real frankness is often indistinguishable from inexcusable rudeness.

History and literature abound in famous replications, retorts, passages of invective and instances of heroic rudeness, and this age of better manners (or hypocrisy, as you care to look at it) will add little to that treasury. For pure rudeness it would be difficult to beat Dr. Johnson's observation to a gentleman who told Johnson that his wife's sister was *really* happy, a remark that annoyed the doctor. "If your sister-in-law is really the contented being she professes herself, Sir, her life gives the lie to every research of humanity; for she is happy without health, without beauty, without money and without understanding." Another rather uncalled for sally comes from Sydney Smith, at one time a Canon of St. Paul's Cathedral, and usually noted for his kindness and good humour as well as his wit. In a discussion he remarked to a man who had expressed a very strong opinion and justified it on the ground that he was a plain man, "I am not aware, Sir, that your personal appearance has anything to do with the matter."



Another justly famous outburst is that of Swinburne against Emerson, this time in a letter. Swinburne revealed in a conversation with Edmund Gosse that he had written this letter. Gosse asked Swinburne if he had received a reply from Emerson to an earlier letter. Swinburne replied that he had not and that he had sent another. "I hope your language was quite moderate," said Gosse. "Perfectly moderate. I merely reminded him, in language of the strictest reserve, that he was an old, and now toothless baboon, who had climbed to notoriety on the shoulders of Carlyle and now spits and splutters from a filthier platform of his own finding and fouling. That is all I said."

It is possible to take a more unalloyed pleasure in retorts to initially rude or impudent remarks. On one occasion a young man asked Dr. Erasmus Darwin (grandfather of Charles), who had a bad stutter, if he did not find this very inconvenient. "Not in the least," replied Dr. Darwin, "for it gives me time for reflection before asking imp-p-pertinent questions." There is a story that during the Great War a woman came up to G. K. Chesterton in the street and said, "Young man, why aren't you out at the front?" Chesterton, who was very fat, replied, "Madam, if you will look at me from the side you will see that I am."

In the same way as the art of being rude on a grand scale is slowly dying, so are people's powers of invective withering. Even Mr. Churchill, our only surviving orator, is not at his best in that vein. The general election one year ago was a dull and sordid affair from that point of view. Only the other day in the House of Commons we had the unedifying spectacle of Mr. Quintin Hogg calling the member for the Exchange Division of Liverpool his "pin up girl." To which Mrs. Braddock replied that if she had her way she would take Mr. Hogg by the scruff of his neck and . . ." (at which point the Speaker mercifully intervened). How Disraeli must have turned in his grave—Disraeli, the great master of invective. Listen to him on Palmerston: "Your Lordship is like a favourite footman on easy terms with his mistress. Your dexterity seems a happy compound of the smartness of an attorney's clerk and the intrigue of a Greek of the lower empire." Or again on Lord John

Russell: "If a traveller were informed that such a man was leader of the House of Commons he may begin to comprehend how the Egyptians worshipped an insect. You are now exhaling upon the constitution of your country all that long hoarded venom and all those dis-tempered humours that have for years accumulated in your petty heart and tainted the current of your mortified life." Pin-up girl, indeed.

The law is a particularly fruitful source of wit of all kinds, and probably no one is more famous in legal circles for the acid quality of his wit than Mr. Justice Darling. While pleading before him one day a Learned Counsel said, "Concerning those bags, my lord, they might have been large bags or small bags. Again they might have been full bags or empty bags." "Or wind bags," interjected his lordship. Collapse, as they used to say in *Punch*, of Learned Counsel.

Lawyers, as much as anyone, have helped to make homeric rudeness a thing of the past, for the laws of slander and of libel are very much more strict than they were. Mr. Reginald Hine, the distinguished lawyer and historian, has done some interesting research into what was, and what was not, considered *malediction* in the Elizabethan age (the following quotations are from his *Confessions of an Uncommon Attorney*). It was not held to be *malediction* when someone described the Archbishop of York as "a covetous and malicious bishop," or an Innkeeper as ". . . a caterpillar for he lives by robbing his guests." Someone else successfully maintained that a certain lawyer was the falsest knave in England, and by God's blood he would cut his throat. The following descriptions of magistrates were allowed, "He is a vermin in the commonwealth and a hypocrite and dissembler in the Church of God." "He is a blood-sucker and thirsteth after blood, but if any man will give him a couple of capons and a score of wethers he will take them and be his friend." Another incident of singular charm was when a gentleman said of the Lord Keeper, Francis North, that he had been seen riding on the back of a rhinoceros. This "most impudent buffoon lie with the brazen affirmations of truth to it" are said to "have roiled him extremely."

One can but agree with Sir Alfred that this is a politer but a poorer world.

## IN OUR LIBRARY—I.

NEEDHAM'S DE FORMATO FOETU, 1668

By JOHN L. THORNTON, *Librarian*

Among several interesting books recently presented to the Library by Dr. Carruthers Corfield is one by Walter Needham, entitled *Disquisitio anatomica de formato foetu. Editio altera priori emendatior*, Amsterdam, 1668. This is probably the most important of Needham's writings on comparative anatomy, and deals with the structure and function of the placenta in man and animals.

Walter Needham was probably a native of Shropshire, and is believed to have been born in 1631. He was educated at Cambridge, where he acquired the degree of doctor of physic in 1664, and then proceeded to Oxford to attend the lectures of Willis, Lower and Millington. He was elected a Fellow of the Royal Society in 1671, and two years later was appointed Physician to the Charterhouse. By charter of James II he became a Fellow of the College of Physicians, and was admitted on April 12th, 1687.

Needham was highly esteemed by his contemporaries, and is believed to have had a highly lucrative practice, but little is known of his career. It is thought that he died on April 5th, 1691, and was buried obscurely at St. Giles-in-the-Fields, "executions being out to seize both body and goods."

## AFRICAN MEDICINES

By COL. L. B. CANE

In the mind of the African, medicines and magic are closely associated, and the witch-doctor exercises considerable influence over the conduct and activities of his community.

Diseases that a patient can see seldom cause him any anxiety, but should he suffer the slightest pain in his abdomen his fears are immediately aroused that he has been bewitched, the only satisfactory explanation in his own mind being that some person possessed of mystic powers has exerted an evil influence over his body.

To repel or counteract this he wears charms consisting of various herbs and barks tied up in little bags, and carried in the form of a necklace or amulet.

His *Disquisitio* was first published at London in 1667, and is dedicated to Robert Boyle. It was reprinted at Amsterdam the following year, and was also included by Le Clerc and Manget in their *Bibliotheca anatomica*, 1699 (1, pp. 687-723). Our copy of the book, which is the Amsterdam reprint, contains 234 pages of text, and seven folding plates. It is bound with Joseph Jackson's *Enchiridion medicum, theoretico-practicum; sive tractatus, de morborum theoria and praxi. (Cui subnectitur appendix de lue venerea.)* [etc.], Amsterdam, 1697. The volume is bound in half vellum, with paper sides.

Needham published several papers, including at least one in the *Philosophical Transactions*, and also *Observationes anatomicae*, [etc.], Leyden, 1714, this not being the original edition. It is recorded in the *Bibliotheca Osleriana* (No. 3491), although it is not mentioned in any of the biographical sources consulted for information regarding the author. But little remains respecting Walter Needham, and he would probably have been completely forgotten but for the existence of this little book, which is praised by Prof. F. J. Cole in his *History of comparative anatomy*, 1944.

Similarly in Burma I remember a native to whom I had given a prescription to be made up at the local hospital, who returned a week later with this sewn up in a little packet and tied over the affected part. To my surprise this appeared to have nearly cured him!

The diseases recognised by the African doctor appear to be relatively few, but the drugs used in their treatment are legion. These are applied externally or internally, and occasionally even by injection.

Amongst those used for external application are many roots, leaves, barks, and some fruits. Dried and powdered roots of various kinds are rubbed into multiple skin incisions for internal inflammation, pneumonia, abdominal pains,



and enlarged spleens, sprinkled on snake bites, and, mixed with salt, put into various cavities to relieve toothache.

Certain leaves, after drying, are also rubbed into incisions in cases of pneumonia; powdered and put into cars for carache, or mixed with salt and water as a lotion for inflamed eyes.

High fever is reduced by bathing all over with a certain bark soaked in hot water; and some fruits, dried and powdered, are considered to effectively dry up sores of any kind.

Internally: infusions from roots and barks are used for treatment of dysentery, diarrhoea and vomiting, and for the prevention of relapsing fever as gargles for sore throats.

Certain dried roots are given in powder form for tapeworms.

The inhalation of vapour from other roots is considered a cure for migraine, and an infusion of papaya root a specific for syphilis.

Infusions of various leaves are given effectively for constipation and dried and powdered—as snuff for relief of headache.

Certain pulverised fruits check diarrhoea, and the stem of maize cobs boiled and taken freely in water is given for relapsing fever.

From analyses made of a large number of these native remedies it would appear that about 60 per cent. to 70 per cent. of those given for dysentery, diarrhoea, menorrhagia, rhinitis and other discharges, sore throats, sores, etc., depend for their action almost entirely upon the action of tannin, as an astringent.

#### MAGICAL CONTENTS

Although many of these remedies prepared by the witch doctors from local plants may have some direct therapeutic effect, it is not upon this alone that he relies; frequently he adds to his mixture of drugs the additional touch of magic to nullify any witchcraft which may affect his patient.

As an example of one such charm, or *chingira*, added to a mixture of the root of four plants (and given in the treatment of a man with high fever and severe pains) may be quoted the following ingredients and their meaning:

A piece of the feather of an owl, indicating the origin of the misfortune.

A piece of the flesh of a witch added for the same reason.

A piece of the flesh of a puppy before its eyes were open, signifying that the witch failed to see the right person and thus her charms will be powerless.

A piece of a wrinkle from the forehead of a lion, supposed to give power to the patient.

Some soil from an ant-hill from which a rainbow had been seen to rise, probably signifying restoration to health.

A splinter from a tree near a grave, the significance of this being unknown.

Amongst other magical charms prepared from animals may be noted: love potions made from the fat of a hippopotamus, and also from sections of tubes found in the livers of elephants.

The fat of a crocodile is considered a safeguard against all forms of poisons, but its brain on the other hand, dried, powdered, and given with snuff, is a swift and certain poison.

Stones found in the gall bladder insure long life, and its eyes and heart muscles are considered a powerful and effective addition to medicines.

The eyes of a buffalo, dried and powdered, given in a medicine increases a man's courage, and from these, or the eyelashes of a hyena, is made a love potion for a girl.

#### POISONS

The mixtures of the witch-doctor are, however, not all intended to be curative. To remove an illness it is often considered necessary to kill the person to whose bewitchment this is attributed.

Other motives for poisoning are to secure a man's property, as an act of revenge or jealousy, or even in some remote parts, to eat him.

The poison is usually administered mixed with food or beer, or scratched into the skin with a claw or sharp instrument, but in one recorded case, thorns soaked in poison were strewed along the path to his hut over which he would pass with naked feet.

If desired to poison several people a beer drinking is a favourite method. He may conceal the poison in the hollow gourd stem of the beer cup and, following custom, be first drinks from the cup, and then by giving it a gentle swirl the poison in the handle is freely mixed so that those who drink later are poisoned.

Another method is to place the poison under a long finger nail, and after first drinking some of the beer he dips the finger in and so dissolves the poison before the cup is handed round.

With such power of life and death at his disposal the position of the witch doctor in an ignorant community is very strong.

Though some of his remedies have some definite therapeutic value his treatment is entirely symptomatic, and his reputation depends less upon this than upon his power of removing an alleged source of bewitchment or any enemy.

## THE ABERNETHIAN SOCIETY

*Marginal Notes on the Dinner and Ball held in the Savoy Hotel on April 5th, in Celebration of the 150th Anniversary of the Foundation of the Society.*

"Live on sixpence a day," said John Abernethy, "and earn it." And that was not the only incongruity about the Dinner and Ball with which we celebrated the 150th Anniversary of the Foundation of the Society to which he had been chiefest in giving life.

Yet the occasion was notable, and it was auspicious.

Lord Horder presided: "Lord Horder at home"; so, therefore, was everyone else. And the River Room laughed with its company and their cocktails, until the silence prayed for by the Toastmaster announced that Dinner was served.

The Ballroom, set and stately for Dinner, slowly filled; flowers as at court. The High Table, three sides of a square, to the left and embracing two round tables; floor space extending from these to the orchestra stage at the opposite end of the room to the right, with round tables on both sides.

The Dean of St. Paul's said the office of Grace, and the company sat. Sat still. Told to do so by men on the ceiling with cameras. We held it; then breathed, and the walls opened like sluiceways to let on the waiters, single-minded waiters who went about their business as only waiters can.

Dinner being ended, we toasted The King. Like flashlamps matches were struck and fumes of tobacco rose. The Lord Chairman rose. And if anyone had by this time forgotten who they were or what they were doing, they were reminded. Guests and friends; members of the hospital; friends celebrating. Her Royal Highness the Princess Elizabeth, invited, had been unable to accept, and sent a kind message. It was a great disappointment that Sir Gordon Gordon-Taylor, President of the Royal Society of Medicine, who, with wisdom and eloquence, was to have proposed the toast to the Abernethian Society, had been prevented from coming by an affection of the larynx contracted a day or two previously.

The Guests were: Sir Alfred and Lady Webb-Johnson; The Dean of Saint Paul's and Mrs. Matthews; Surgeon Rear-Admiral Cecil Wakeley; Mr. and Mrs. Douglas Abernethy; the Treasurer of the Hospital and Lady Aylwen; Professor Grey Turner, Perpetual Student of St. Bartholomew's Hospital, and Mrs. Grey Turner;

Miss Helen Dey, the Matron; Professor and Mrs. Lovatt Evans; the Clerk to the Governors and Mrs. Carus Wilson; Mrs. Sinclair, the Lady Almoner, and Colonel Fardell, the President of the Hunterian Society of London and Mrs. Mortimer Woolf; and, with their partners, officers of the Medical Societies of London Hospitals: Mr. Taylor of the Middlesex Hospital, Mr. Kenneth Lloyd Williams of St. Thomas's Hospital, Mr. John Taylor of the London Hospital, Mr. J. C. Cook of Guy's Hospital, Mr. P. M. Higgins of University College Hospital, Miss Betty Allday of the London School of Medicine for Women, and Miss Thelma Jørgensen of the Listerian Society, King's College Hospital.

And we had the pleasure of the company of the Deans of six London Medical Schools and Colleges: Dr. S. Cochrane Shanks of University College Hospital; Dr. and Mrs. A. E. Clarke Kennedy, of the London Hospital; Dr. and Mrs. Maurice Shaw, the West London Hospital; Dr. and Mrs. H. W. C. Vines, of Charing Cross Hospital; Dr. and Mrs. E. Rowan Boland, Guy's Hospital; and Dr. and Mrs. Hugh Gordon, of St. George's Hospital. From Holland we were honoured by four guests, medical students having a holiday in this country: Mr. Josef Broekman and Miss Sari ven der Walle, and Mr. Hans van Schelven and Miss van Arbel. From "The Times" one gentleman, and from the Press Association, one.

So glasses were charged, and we toasted "our Guests and friends, coupled with the name of Sir Alfred Webb-Johnson."

Then, magnificently removing a magnificent cigar, he whom Lord Horder has described as "every inch a President," rose to reply. He was quick off the mark. He had never before had to reply on behalf of a matron; how well he remembered Helen Dey as a girl, and a buxom girl at that. He congratulated the Abernethian Society on its 150th Anniversary, and noted the inherent inability of St. Bartholomew's Hospital not to celebrate. If it wasn't the Octocentenary of its foundation, it was the four hundredth Anniversary of its restoration. There was always some excuse. But this Society, how tender in years it was! More than twenty years junior to the Middlesex Hospital Society. Why, only the other day he'd met a man whose



brother had been around about the time of its Foundation. Yet even in the few years of its existence it had formed a tradition. John Abernethy had been a tradition; but his rudeness had been dropped out—a thing to be regretted, one knew then where one stood. With these and other words the President of the Royal College of Surgeons cleared us, honoured us, and marked the occasion.

To propose the Toast to the Abernethian Society, Surgeon Rear-Admiral Cecil Wakeley leapt to his feet, and the splash of salt water in a harbour breeze was felt by every face. It was only within the past 24 hours that, late at night, a trunk call from London had roused him in his Hampshire home. "Will you make a speech to-morrow evening?" it said. "No, I won't." "It's a command." "Then I will." He did, and delightfully. Lots of things, and stories to take away. Fresher and fitter, we reached port again, and all rose to toast the Society.

Mr. Douglas Abernethy, a surgeon of Oxford, slowly and surely replied. His great-grandfather had been a nephew of John Abernethy. John was a man who was not only rude; his manner was direct but not thoughtless; though he did not suffer fools gladly, he had a strong impartial sympathy with his patients, and his charity was a part of his character that we now hear little about. Of the Society which John Abernethy and Dr. Richard Powell promoted, the speaker said that it had and still was fulfilling a very important function, and it must continue to do so. He wished it well; that it should continue its tradition, that it should continue to encourage honest medicine, the honest study of medicine, and honest reflection upon the subjects of medicine.

Already the orchestra was *in situ*. His Lordship from the chair declared the first part of the evening complete, and the floor open.

## TWO TRUE STORIES

*A doctor examining a girl recruited for the A.T.S. found something amiss with her and asked if she had ever been X-rayed. "No," she said, "but I have been ultra-violated."*

*Letter received by the Editor from the Commissioners of Inland Revenue, "Please state amount of remuneration received by you as a student at St. Bartholomew's Hospital Medical College."*

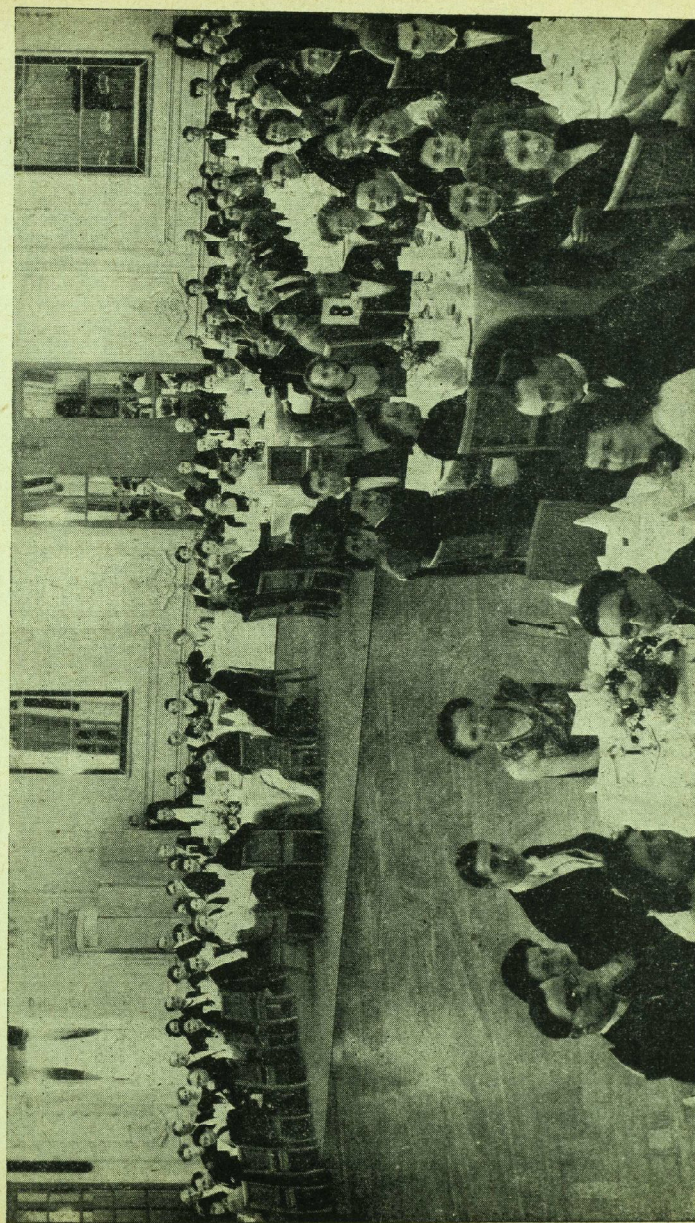
From the last toast to the last dance, as energetic as anyone was Dr. Malcolm Donaldson. It was a happy thing for us that at the time of his retirement he and Mrs. Donaldson should come to such a celebration and increase its gaiety. I congratulate them with admiration. At table with them were Dr. and Mrs. Donald Fraser, Mr. and Mrs. Tubbs, Mr. and Mrs. Coltart, Dr. Tony Alment and Mrs. James Smith, Dr. Henry Giles and Miss Pamela Lloyd.

With their partners were members of the committee of the Abernethian Society: Dr. D'Almero Kok, the President, Dr. R. E. Watts and Mr. John Cozens-Hardy, Vice-Presidents, and the two Secretaries, Mr. Martin Birnstingl and Mr. George Chamberlain.

Mr. and Mrs. Rupert Corbett were there; Mr. and Mrs. Higgs, Dr. and Mrs. A. C. Roxburgh, Dr. and Mrs. Cullinan, Mr. and Mrs. Underwood, Mr. Capps, Dr. Ernest Shaw, Major-General Barnsley from the Southern Command H.Q., and Dr. H. J. W. Cunningham. Also several members of the House, many of them just back from the wars, a few just off. And about forty students. A total gathering of two hundred and twenty-six.

Except to say that it was very great, it is beyond me to describe the delight at seeing so many different people from so many different hospitals all mixed up and mixing. Many of the guests have written warmly to congratulate the Committee on the occasion. But, to be sure, the Committee is most grateful to them for joining us in the celebration, for saving us from that self-satisfaction into which we easily slip, and for opening our hands and our eyes. I wouldn't have believed such a party possible. So many people helped by coming; many helped but didn't come; Lord Horder presided.

NEUTER.



The Abernethian Dinner held in the Savoy Hotel on April 5th.



## CORRESPONDENCE

## THE MEDICAL ART SOCIETY

To THE EDITOR, *St. Bartholomew's Journal*.

DEAR SIR,—The Medical Art Society is again arising from the war ashes. I am writing to you to ask if you would be so kind as to bring this fact to the notice of your readers. The subscription to the Society is 10s. 6d. per year, and the membership is limited to qualified medical men and women. There is likely to be an exhibition and an annual dinner at the latter end of this year, and the Committee are anxious to hear of any possible new members.

There is no restriction as to the school of painting or drawing, and we are interested in all methods from those of Burne Jones to those of Picasso. Sculpture is included.

I am,

Yours faithfully,

47, Queen Anne Street,  
Cavendish Square, London, W.1. 9th April, 1946.

GEOFFREY BOURNE

## BRICKBATS WITHOUT STRAW

THE EDITOR, *The St. Bartholomew's Hospital Journal*.

DEAR SIR,—You began the last edition of the Journal with an article headed "Bricks Without Straw." By Biblical quotation, and by a ludicrous enthusiasm for current criticisms of the Journal you sought to stimulate your readers into action. Without doubt you will succeed. Even the despairing shrieks of a drowning man will evoke some response from the passers-by, although his pathetic cries have none of the irritant properties of your remarks.

But can you be serious in supposing that this form of stimulus will produce anything more than a momentary gesture of impatience from your subscribers? Do you suppose that by such methods Stefan Lorant could have raised *Lilliput* from its humble beginnings or the *Daily Express* maintain its circulation? Is it not reasonable to suggest that more initiative is required from yourself than is involved in the collecting of examination results, the transcription of Abernethian Lectures and the vetting of whatever chance contributions a bountiful providence may cast into your lap?

Within my circle of acquaintances nobody save the Union's secretary has ever been asked for contributions by any representative of the Journal. Yet would you deny that in such matters a personal request to an individual yields results which no general appeal can ever achieve? Only think, dear sir, of the galaxy of experts with which the Abernethian Room is littered. What results might not follow if more of your fellows were approached upon their special subjects. With what interest should we not read Mr. Chapman's remarks on the economics of railway travel; Messrs. Wedd, Whiteley and Hathaway on the month's politics; Mr. Rassim, perchance, on the history of medicine as he has experienced it; Mr. Giri on some current monstrosity of contemporary art; or, in higher spheres, a topical ballet criticism from the honorary staff with practical illustrations by Dr. Wells?

There are at present no serial features in the Journal, either related or unrelated to the subject of medicine. The Gossip Column, which in past

Journals made amusing reading, has disappeared. Such accessory medical topics as the history of the profession are left untouched. The present political developments, which affect us so intimately, were entirely unmentioned in your last edition. And are there no matters for regret here at Bart's against which you are prepared to lead a crusade?

If you consider that my remarks are overheated you must blame yourself. My endeavour is to show that you are placing on others your own responsibility, that current criticism of the Journal is not entirely negative, and that the parable of the Talents is perhaps more pertinent to this question than any story of Egyptian Bricks.

I am, sir,

Yours faithfully,

W. G. H. LESLIE.

The Abernethian Room,  
April 13th, 1946.

*Since you have taken it upon yourself to reply to a temperate appeal for more contributions to this Journal by roundly accusing the editorial staff of lacking in initiative, (in language which I entirely agree is overheated but for which I categorically refuse to blame myself), I trust that you will bear with a detailed reply.*

*Your main contention would seem to be that we do not commission articles, and you suggest with heavy facetiousness that we should solicit a number of articles on selected topics from your colleagues. In reply to this I should like to say, firstly, that in fact the Assistant Editor and I, spend a good deal of time in trying to extract contributions from our fellow students. I feel confident that if you had had our experience you would not talk so glibly of the efficacy of this method. You would have become accustomed, as we have, to the hunted expression in your friends' eyes as you approached them, to shuffling and evasive replies, to muttered excuses and talk of being busy and the proximity of exams. Secondly, a great disadvantage of the system of commissioning articles is that the people who write them expect you to publish them, even if—as sometimes happens—they are complete trash. It would be pointless and unprofitable for us to approach everyone in the hospital, friend and stranger alike, irrespective of whether or not they had any pretensions to literary style or aspirations to appear in print. I myself find it difficult to believe that a personal appeal from me would elicit contributions from Messrs. Chapman, Wedd, Whiteley, Hathaway or Rassim. I may be wrong, I admit that I have never tried. It may be that you, sir, are bursting to let us know about some special interest of your own, and only require a little personal encouragement. If so, drop me a line.*

*Having poured scorn upon us for appealing for further and more varied contributions you then proceed to reproach us for not including articles on various subjects. If we are to have a wide variety of material we have no other recourse than to appeal to our readers, short of writing the entire Journal ourselves, which would probably be as distasteful to you as it would be to us. If you are addicted to gossip columns why not write one? If you are interested in the history of medicine, submit an article on the subject, but spare us, please, your ill-informed and bumptious criticism.*

THE EDITOR.

THE EDITOR, *St. Bartholomew's Hospital Journal*.  
SIR,—Judging by the last number of this Journal I observe that there is a definite inclination on the part of the profession to associate medicine with religion, which is very gratifying since the modern tendency is to exclude religion from consideration as far as is possible.

The association is welcome, because if religion has any answer, or indeed relation to the problems of life, all members of the profession will assume a position of responsibility, and will be able to play an important part in helping the nation whom they meet as patients.

May I then use your columns to remind readers of the only answer to the problems facing everybody in these times, which are so adequately described in the extract from an address recently delivered to the Abernethian Society?

The vital question of "what are you going to do?" emphasises the facts that something must be done and that each individual must shoulder the responsibility for doing it.

It is well known that diagnosis is the first essential to successful treatment, yet where is this truth more persistently ignored than in connection with life

itself? Throughout the world's history men have repeatedly avoided the correct diagnosis because of its unpleasantness, at the same time offering their own explanations of wordly strife and sorrow, and applying the wrong treatment.

In this 20th Century A.D. it is high time that all should face the fact which some are at last willing to admit, namely that human nature which forms a part of each one of us is itself at fault. The question is "What are you going to do about it?" Take the words of the Lord Jesus Christ seriously for once and accept the fact that He did not offer to us the hard crust of Christian ethics, as some would suggest, but rather Himself to live in us as a Power and a Light. The tragedy is still the same however, that the Gospel which has been proved by the few to be of such Power, is one of offence to the majority.

"Three Wars are Enough." If readers agree with this statement their sincerity will be revealed in their attitude to this answer offered by and in God Himself.

I am, etc.,

F. C. STALLYBRASS.

## REVIEWS

A TEXTBOOK OF THE PRACTISE OF MEDICINE. By various authors, edited by Frederick W. Price. Seventh Edition. Pp. 2034. Published by Geoffrey Cumberlege at the Oxford University Press. 42s.

Numerous additions and alterations characterise the seventh edition of Price, which appears less than five years after its predecessor.

The additions include articles upon: penicillin, poisoning by morphine, cocaine, atrophine and barbiturates, spontaneous hypoglycaemia, dwarfism, cunuchoidism, the climacteric, dysphagia in hysteria and in organic nervous diseases, trauma of the heart, primary atypical pneumonia, cerebral atheroma, tumours of the spinal cord, protruding intervertebral disc, acute transverse myelitis and spina bifida.

Among the articles which have been almost entirely re-written are: bacillary dysentery, malaria, black-water fever, sea-sickness, infantilis, toxic adenoma, liver function tests, infective hepatitis, hæmolytic disease of the newborn, thyroidectomy in the treatment of heart failure, the treatment of cardiovascular syphilis, the estimation of the function of each kidney, benign and malignant nephrosclerosis.

Other alterations are too numerous to mention separately. Some articles have been partly re-written—special attention having been paid to treatment, and there are several changes in nomenclature and classification.

The section on nervous diseases has been re-written by Drs. J. Purdon Martin and J. St. C. Elkington, both of whom are new contributors. The division of nervous diseases into groups of related conditions is a welcome, if long overdue feature, and does much to enhance the value of what has always been one of the best sections in this book. Besides dealing with diseases as such, some of the main symptoms of nervous disease—such as aphasia, are dealt with separately. We find this very helpful and would welcome an extension of the scheme to include more of the important neurological signs and symptoms.

The great effort which has obviously been made to bring the book up to date has not been entirely

successful. Although the introductory chapters contain a helpful, if brief, account of penicillin, references to the use of this drug in the treatment of various infections are either inadequate or are omitted entirely. Thus its use in subacute bacterial endocarditis is dismissed as being disappointing, whilst it would appear that potassium iodide is still the most valuable drug in the treatment of actinomycosis. We do not wish to blame the authors for a state of affairs which may have been due—at least in part—to the necessary information being unavailable at the time of going to press. Nevertheless we do hope that an attempt will be made to reduce this time lag in future editions.

The account of the principles of sulphonamide therapy, contained in one of the introductory sections, is inadequate in that the list of drugs mentioned is incomplete and the factors governing the choice of drug are not clearly stated. Also the toxic effects and their treatment might well have been discussed in more detail. A statement that haematuria is "seldom a serious complication" can hardly be said to deal adequately with the possible effects of the sulphonamides on the kidneys.

However, further references to sulphonamide therapy, are to be found in other parts of the book. These deal with the treatment of specific infections and as such are excellent, although statements to the effect that sulphapyridine is still the drug of choice in the treatment of pneumococcal infections will not meet with universal approval.

The chemotherapy of syphilis is dealt with extremely well and the account given includes discussions on the use of penicillin and oxophenarsine.

We were disappointed to find no mention of the Ellis classification of inflammatory Bright's disease. We do not challenge the author's right to express his own opinion, namely that the Vohhard-Van Slyke classification best fits the observed facts. We do however feel that one of the functions of a book such as this, which claims to be a "complete survey of modern medicine," should be to keep its readers informed of modern trends of thought.



The general arrangement is the same as in previous editions. Following the introductory chapters the book is divided into sections in which the various diseases are dealt with systematically under various sub-headings: aetiology, pathology, symptoms, course complications, prognosis, diagnosis and treatment. The resulting uniformity of style makes for clarity and easy reference—no mean achievement when one considers that twenty-seven different people have combined to produce a single volume.

The length of the book is unchanged. Two thousand pages is not excessive in view of the vastness of the subject to be covered. Most of the individual sections are in fact as concise as any reasonably complete accounts can hope to be.

We believe that many parts of this book, particularly the sections on skin diseases and fevers, would be improved by more illustrations, even though these might increase the cost.

In this book you may find statements with which you quarrel, whole chapters which you dislike—this is almost inevitable considering the huge field which has been covered. But for all this you must agree that the book as a whole is sound, that it lives up to its claim to be a reasonably complete survey of modern medicine and that it remains the best and most reliable general textbook of medicine available in this country today. We have no hesitation in recommending it to students as an invaluable work of reference. We should like to take this chance of thanking the writers for the pains they have taken in producing this volume and to compliment them on the splendid result they have achieved.

#### THE SULPHONAMIDES IN THEORY AND PRACTICE. D. Stewart Lawrence. Messrs. Lewis & Co.

One has only to turn to the bibliography of Dr. Stewart Lawrence's book to realise the bulk of the literature which has appeared on the subject of the sulphonamides since Domagk's observation that sulphamide-crysoidin would prevent the development of streptococcal septicemia in mice. Hence the reader may well enquire what a modest little volume of just over one hundred pages has to offer new. True, there are few entirely original observations in the work under review, although these are not entirely lacking, as, for example, the author's observation on the controlled treatment of tonsillar infections by sulphonamides. What Dr. Stewart Lawrence has, however, succeeded in doing is to bring together and give a comprehensive account of the results of the work which has been done on the sulphonamides up to the present time.

The book is roughly divided into two parts, the earlier chapters which deal with chemical, pharmacological and bacteriological aspects of the subject, and the later chapters which deal with the clinical aspects and are supplemented by a brief account of the technique of sulphamide estimations in blood and urine.

In spite of its brevity and essentially concise style per se points for commendation, undue dogmatism is conspicuous by its absence.

There are, however, a few small points of criticism. Firstly, the treatment of sulphonamides receives but passing mention. Secondly, the chapter on toxic manifestations of the sulphonamides—otherwise one of the best in the book—contains no mention of the arteritis occasionally occurring during sulphamide therapy. Finally the formula for sulphadiazine is represented as 2—(para-aminobenzinesulphonamido) imiazole instead of 2—(para-aminobenzinesulphona-

mido)-pyrimidine. The construction is, however, correctly stated in the text and the error of structural formula only occurs on page 19. These points are small and do nothing to detract from the general high standard of the book.

This is a book which could be used with profit by students preparing for a final examination in therapeutics and applied pharmacology. For them, the earlier chapters will be especially reliable as they contain much information otherwise to be obtained only by a time consuming perusal of the literature.

This volume should also be of value to the practising physician who must maintain a balanced outlook towards recent therapeutic advancements, neither unduly conservative nor too readily persuaded to forsake established remedies for as yet untried ones. It provides vital information as to indications, dosage, and toxic manifestations, the triad upon which efficient, safe, and logical therapy must rest.

#### A POCKET MEDICAL DICTIONARY, compiled by Lois Oakes, assisted by Thos. B. Davie. Seventh Edition. E. & S. Livingstone, 1946.

The fact that this little book has reached a seventh edition in thirteen years indicates its continued popularity and usefulness both to nurses and students. Despite its small size it contains numerous helpful diagrams and tables, while the actual dictionary is followed by sections devoted to "Trays prepared for nursing techniques," "First-aid," "Some Common Poisons," "Urine Testing," "Diet in Disease," etc. The section devoted to "Gas Warfare Precautions" remains to remind us of the recent past, if not of the possible future.

#### LEWIS'S, 1844-1944. A brief account of a century's work. H. K. Lewis & Co., Ltd., 1945.

The year 1944 marked the centenary of the foundation of "Lewis's", but recent conditions have delayed the issue of this beautifully produced booklet until now. As a record of a hundred years in the publishing and book-selling business it is of great interest, and the numerous illustrations enhance its historical value. We trace the history of the firm from the birth of its founder, Henry King Lewis (1822-1899), through its early days in Gower Street, its association with Sir Jonathan Hutchinson and the New Sydenham Society, the foundation of the Lending Library in 1852, and its expansion into the extensive business contained in the imposing building on the corner of Gower Street and Gower Place.

We congratulate Lewis's on attaining their first century, and look forward to their services in the years to come, for no medical student could contemplate facing his studies without the aid of "Lewis's".

#### FIRST AID QUIZ, Evelyn Pearce. Faber & Faber. 3s. 6d.

Quiz books on this subject are usually quite popular, and this one with the subjects very well arranged, can be highly recommended to all interested in first aid work.

It originally appeared as a series of articles in the *Nursing Mirror*, but will be more practical in its present book form. E. M. C.

#### ARTIFICIAL RESPIRATION EXPLAINED, by Frank C. Eve, M.D. (Cambridge), F.R.C.P. (London).

A great deal of concise information on this very important subject is contained in this book. The author makes the reader acutely aware of the necessity for all to study further the methods of artificial respiration.

Clear explanations of the various methods now practised and the reasons for each are given. The photographs are good and help in understanding the new methods suggested.

E. M. C.

#### A SUMMARY OF MEDICINE FOR NURSES. R. Gordon Cooke, M.D., M.R.C.S., L.R.C.P. Faber & Faber. 3s. 6d.

This small book is a very convenient size, and its material is quite up-to-date. It is written in a very brief style and is only intended for use in revision. As such it will have little general use, but may prove quite helpful to student nurses working for examinations, and for those who have difficulty in studying medical conditions.

#### THE CONQUEST OF DISEASE—the story of penicillin, by George Bankoff, M.D., F.R.C.S. Macdonald, "Conquest Series."

This volume, the first of a series of six popular books on medical topics written for the layman deals with methods of combating disease, with special reference to the panacea penicillin.

Unfortunately, like many popular medical writers the author has confused the required degree of sim-

plification with a considerable degree of inaccuracy, most noticeable in his introductory chapters on bacteria and fungi in relation to diseases of man. While it is desirable that highly technical terms and details should be avoided in this type of work, I feel that here the author has written down to his audience to such a degree as to allow himself to make not only considerable inconsistencies in his degree of simplification but also many unpardonable errors in plain grammar.

Apart from these faults, the latter chapters which deal with the scope and application of penicillin in diseases of various regions such as the brain, chest and bones are quite fairly assessed and presented, each of these chapters commencing with a brief exposition of the nature of the disease processes peculiar to the region under discussion.

The book ends with a highly fanciful flight into the possible benefits to be derived from penicillin in the future and a suggested connection between the miracle of Lourdes and the miracle of penicillin!

I would recommend this work and its fellows in the series to the layman more conscientiously if I felt that the faults mentioned were going to be corrected in future printings. First M.B. students may find it of some interest for general reading, but should not take the contents as gospel.

## SOCCER

#### v. St. Thomas's, at Honor Oak Park, March 2nd. Lost 2-7.

The score in no way represents the state of the game, which was, until the closing stages, fairly even.

The game, as football, was marred by driving snow and sleet, and a treacherous mud-ridden surface on which it was almost impossible to keep one's balance.

We made the strategical mistake of playing our heaviest and largest players in the belief that this is what is most needed in a cup-tie. However, on account of their smallness, and therefore nimbleness, Thomas's managed to use the mud to their own advantage whilst we floundered about like elephants in treacle.

The first goal came after fifteen minutes, against the run of play and against us. The centre-forward, allowed a spare second to shoot whilst Morgan was stuck in the mud, kicked the heavily laden ball with all his might, and what would have in the normal way gone ten yards or so over the bar, found the top right-hand corner of the net.

Some ten minutes later McCluskey dribbled through the mud and the defence to score with a shot from a position almost parallel to the goal line.

This renewed us to further efforts, but whereas up to now we had been on top, Thomas's were slowly but surely gaining mastery. And it was not very long before they had scored again.

By now their goalkeeper was being called on less and less, and Watson more and more. And it was due to the fact that the backs left our goalie alone in a duel with their centre-forward that the third goal was scored. In an effort to avoid being bundled into the net Watson threw the ball out to a back playing, for the moment, the part of a spectator some yards away. And it was not difficult for the Thomas's man to recollect and shoot into an open goal.

Half-time 1-3.

Soon after half-time, Leach, who had been giving the opposing back a hard time all the game, scored a good goal, shooting as he cut in to the goal from the wing. But he too was slow at times, especially when two centres crashed an open goal and were allowed to go harmlessly over the line.

Within 40 seconds Thomas's scored again! And again in 60 seconds!

From then onwards Bart's were beaten in every department of the game, and except for a very vigorous attempt by Morgan to get the attack going, and a very stolid performance by Wright in the defence, there was not much to be seen.

Before the close two more goals were conceded to make the final score 2-7.

Team: J. R. Watson; R. Pinc, J. A. S. Amos; N. Wright, M. N. Morgan (captain), D. Griffiths; P. Jordan, P. M. Goodrich, K. A. McCluskey, A. H. Murley, J. Leach.



## RUGBY

## ANNUAL REPORT

It is with rather mixed feelings that one looks back on our late season.

As usual we started off with a win against K.C.H. Then followed matches against:—

Old Blues	...	L	11-0
Middlesex Hospital	...	L	11-0
R.A.A.F.	...	L	17-0
St. Mary's Hospital	...	L	38-0
Cambridge	...	L	30-0
London Hospital	...	L	6-5
Nuncaton	...	W	8-5
St. Thomas's Hospital	...	W	18-3
Cheltenham	...	L	24-0
Rugby	...	L	10-6
Bedford	...	L	9-0
Welsh Guards	...	L	12-6
O.M.T.'s	...	W	11-0
London Irish	...	L	24-6
Guards Depot	...	W	11-0
Aldershot Services	...	L	15-5
Catford Bridge	...	W	2-0
Wasps	...	L	25-0

At times there were glimpses of good open Rugger as if the Hospital hadn't quite forgotten how to play the Rugger for which it was once renowned.

But these glimpses were only too brief.

I think one is justified in saying that the forwards were usually a match for opposing packs—they have yet to learn to use their heads in the loose and to back their three-quarters up—but not so their more fleet-footed colleagues in the three-quarter line.

They seldom led the attack to the opponents, seldom completed a movement, and when they did the ball usually ended up in the hands of a wing already crowded into touch.

In fact, we seldom gained the initiative and the results only go to show how true those few words are: "offence is the best form of defence."

In the majority of the games the run of the play was evenly shared, the Hospital giving as much as it got; but we lacked punch and scoring power in the

three-quarters—with the result that our offence was lacking and our defence subsequently poor.

One or two names in particular should be mentioned.

J. H. S. BUCHANAN, Capt. Wing Forward. A very capable captain, always in the thick of the play, set a fine example with his hard tackling, backing up and general hard work.

D. H. RICHARDS, Vice-Capt. Front Row. Whose stentorian voice on occasions shook many a lagging forward into temporary activity. An inspiration with his fiery play and hard work in the loose.

J. McMILLAN, Middle Row. A tower of strength in loose and set scrums; particularly shone in the "line-outs" and "forward rushes."

R. I. MAILLAND, Hooker. A hard-working forward; hooked with great success throughout the season, shove or no shove!

D. MORGAN, Fly-half. Quick off the mark and shewed great initiative and sound Rugger sense. Set a fine example by his first-rate tackling and falling.

B. REISS, Back Row. Used his size and weight to great advantage particularly in the "line-outs" and "bunches."

Much has been said about the 1st XV, but it should be pointed out that both A and extra A teams flourished; particularly the A—the Club's most successful team who won 7, lost 13, drew 1.

Lastly, a word to our supporters. They have been few and far between, but the Club would extend its thanks to those who have taken the trouble to come down and lend their support—particularly Prof. G. Hadfield, Dr. Scowen and Mr. Frazer, who have given up a great deal of their valuable time.

Many thanks to Bert Cambridge for all his help and cheerful encouragement.

We owe a word of heartfelt thanks to Mr. and Mrs. L. White and their helpers, for the excellent maintenance of the ground and for their help in making such parties and Dances as were held at the Pavilion a success.

R. I. L. S.

## THE CORNISH TOUR

On December 13th the appearance of some rather haggard and sleepy-eyed individuals in the precincts of Bart's, heralded the return of the side from a Cornish Rugger Tour.

On December 8th, 19 fitter-looking individuals had left Paddington on the "Riviera", equipped with everything from chicken sandwiches and I.P.A. to dice and packs of cards—with the prospect of playing three games in four days.

Arriving at St. Erth, we were met by Rex Carr, hon. sec. of the Penzance and Newlyn R.F.C., and chief organiser of the Tour. We were conveyed in private cars to the "White Hart," Hale, where we were quickly refreshed with "food and wine." Our hosts proved very kindly people and fed us extremely well.

After dinner we were conveyed with renewed spirits, to the strains of hymn 215 (unauthorised version), to the Winter Garden, Penzance, where we were guests of honour at a Rugger Dance. The boys seemed to need no urging, and a happy time was had by all. Little did our skipper realise that his fair partner was to be *proximo accessit* in the local beauty contest on the following days.

The side was finally rounded up by the Beach Master, and having cleared the transport of stow-aways—mostly from Clapham and Hounslow—we returned to the "White Hart."

The following day after a preliminary scare when our scrum half was apparently lost, having been last seen walking past a distant headland, we played N. and P. R.F.C., and after the usual preliminary

hand-playing and picture-taking, we got off to a fast start. We won after a thrilling open game by 3-3.

That night we met the opposing side at dinner, and after the usual toasts and speeches, we again descended on the dance floor.

Most of the next day, Sunday, we spent sight-seeing. Rex Carr had arranged the tour in private cars—and we spent a very interesting time exploring the maze of cobbled streets in St. Ives.

Certain members of the side were a little late for lunch—and subsequent meals, owing to the mysterious qualities of a certain "Black and Tan,"—in fact one member on alighting from his car shewed marked Scottish tendencies.

On Monday, December 11th, we played Redruth. Rain had made the ground very boggy and the ball impossible to hold. A much heavier and superior pack proved too much for us, and the loss of R.

Morgan, full-back, with a broken arm, weakened our defence considerably. We lost 11-0.

On Tuesday we said goodbye to Cornwall, our extremely kind hosts, and shades of BABBY, and travelled to Plymouth in order to play the last match versus Devonport Services.

A very tired side, weakened by injuries, turned out on to a hard-going pitch to play a gallant but futile game against a fit and fast Naval side.

We watched (at a distance) a scintillating display of Rugger given by Les Williams (Llanelli and Wales), and Moore (Navy and England)—and the final whistle blew for a Naval victory by 38-0.

Just in case this Journal should reach The West Country, we should like to thank our Cornish friends very much indeed for the wonderful reception they gave us; we hope to renew our acquaintanceship next year in November.

## RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

BOURNE, G. "Comment on the Bill." *Med. Press and Circ.*, March 28th, 1946, pp. 201-202.

CHRISTIE, R. V. "Penicillin in Subacute Bacterial Endocarditis." *Brit. Med. J.*, March 16th, 1946, pp. 381-383.

D'ABREU, A. L. "Penicillin Treatment in Surgical Conditions of the Chest." *Med. Press and Circ.*, April 10th, 1946, pp. 236-238.

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FOOTE, R. R. "Some Everyday Problems in the Treatment of Varicose Veins." *Practitioner*, April, 1946, pp. 295-306.

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## ANNOUNCEMENTS AND CHANGES OF ADDRESS

Mr. C. MARTIN-DOYLE has been appointed Assistant Surgeon to the Worcester City and County Eye Hospital.

Dr. G. BUCHLER to South Lodge, 58, Brook Road, Neasden, London, N.W.2.

Dr. K. DIGLEY BELL to Avenue Cottage, 19, The Avenue, Alverstoke, Hants.

Dr. E. BUCHLER to South Lodge, 58, Brook Road, N.W.2. Gla 2301.

## BIRTHS

FRANKLIN.—On Sunday, March 24th, 1946, at 20, Devonshire Place, to Ann Grizel (née Vaisey), wife of Dr. Alfred White Franklin, a daughter—Victoria Ann.

GLUCKMAN.—On April 14th, 1946, at Johannesburg, South Africa, to Lois (née McLean), wife of John Gluckman—a son.

Dr. E. S. EVANS, Medical Superintendent, Lord Mayor Trelow Hospital, Alton, Hants.

Dr. H. E. FLINT to 7, Lauriston Road, Wimbledon Common, S.W.19.

LORD HORDER to 32, Devonshire Place, W.1. Welbeck 2200.

Dr. A. M. HUMPHREY to Springfield, Gosmont, Hereford.

Dr. W. M. LEVITT to 9, Old Square, Lincoln's Inn, W.C.2. Holborn 2001.

Mr. RUPERT SCOTT has resumed private practice at 55, Draycott Place, S.W.3. Kensington 2727.

## DEATHS

HUNT COOKE.—On March 28th, 1946, at Hatchcroft, Hendon, N.W.4, Ebenezer Hunt Cooke in his 83rd year.





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(*Lancet*, 1945, July 28th, p. 97)

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**HOSPITAL JOURNAL**

Vol. L

JUNE 1st, 1946.

No. 5

**APPOINTMENTS TO THE STAFF OF THE HOSPITAL**  
**APRIL AND MAY, 1946**

PHYSICIANS IN CHARGE OF MEDICAL UNITS—

Dr. Geoffrey Bourne.  
Dr. E. R. Cullinan.  
Dr. A. W. Spence.

NEUROLOGIST—

Dr. J. W. A. Turner.

GYNÆCOLOGICAL AND OBSTETRICAL  
SURGEON—

Mr. Donald Fraser.

SURGEONS IN CHARGE OF SURGICAL UNITS—

Mr. Geoffrey Keynes.  
Mr. Basil Hume.  
Mr. Rupert Corbett.  
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SURGEON IN CHARGE OF GYNÆCOLOGICAL AND  
OBSTETRICAL DEPARTMENT—

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PLASTIC SURGEON—

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Mr. Michael Boyd.  
Mr. Alan Hunt.  
Mr. W. E. Underwood.

ASSISTANT SURGEON TO THE ORTHOPÆDIC  
DEPARTMENT—

Mr. W. T. Coltart.

**THE JOURNAL**

The July issue of the JOURNAL will be a special number commemorating the second founding of the Hospital. It will contain a full description of the ceremonies with which the four-hundredth anniversary of this event were celebrated. Four pages of this number of the JOURNAL have been "borrowed" to do justice to the occasion. The Editor craves the indulgence of readers for the slimmness of this issue and hopes they will feel recompensed when the July issue appears.



## IN OUR LIBRARY—II.

## ADDISON ON THE SUPRA-RENAL CAPSULES, 1855.

By JOHN L. THORNTON, *Librarian*.

Thomas Addison (1793-1860), of Longben ton, Cumberland, graduated M.D. at Edinburgh in 1815, and shortly afterwards set up practice in London. In 1824 he became Assistant Physician at Guy's Hospital, and for over forty years was associated with that hospital as a teacher. He never had a large practice, probably owing to an assumed haughty manner, but he excelled as a lecturer and diagnostician. At Guy's, Addison was a colleague of the equally eminent Richard Bright, and the two physicians collaborated in writing *Elements of the practice of medicine*, of which two parts were published 1837-8, and which we also possess in the library.

In 1849 Thomas Addison read a paper (published in *London Med. Gaz.*, 43, 1849, p. 517-8), describing pernicious anæmia and disease of the supra-renal capsules. This was expanded into the volume under consideration, which at first attracted attention as a scientific curiosity, but is now recognised as an epoch-making classic. Entitled *On the constitutional and local effects of disease of the supra-renal capsules*, it was published in 1855, and is a handsome quarto, dedicated to Lord Hawke. Eleven case histories are recorded, and the same number of plates provided are beautifully

coloured. It was Trousseau who first proposed to call the supra-renal syndrome "Addison's disease," by which it has since been known.

Addison's writings have assumed additional importance in the years since his death, several of them being regarded as classic descriptions. These include *An essay on the operation of poisonous agents upon the living body*, 1829, written with John Morgan, and which represents the first book in English on the action of poisons on the living body; and "On the influence of electricity, as a remedy in certain convulsive and spasmodic diseases" (*Guy's Hosp. Rep.*, 1837, ii, pp. 493-507), describing the earliest therapeutic employment of static electricity. Addison's *Collected writings* were published by the New Sydenham Society in 1868.

Thomas Addison represented the study of an unassuming physician, entirely neglected by the profession during his lifetime, but who patiently and conscientiously studied his subject, and faithfully described his findings in papers that have since received due recognition. In this note we are only concerned with one of his publications, but a thorough study of the man and his writings amply repays the enquirer.

## BY DEVIUS ROOTS

By NAT

*Hamlet*:

Assume a virtue, if you have it not.  
That monster, custom, who all sense doth  
eat,  
Of habits devil, is angel yet in this,  
That to the use of actions fair and good  
He likewise gives a frock or livery,  
That aptly is put on.

This is not a work of erudition. Its etymology is open to question, and semasiologically it will cause critical irritation—since it is little more than a list composed from a dictionary, a lexicon and a small history of Medicine. Work and no wit has been involved in its production, and by one whose ignorance of the Latin and

Greek tongues and of English literature is evidently as lamentable as that of most medical men. This particular lamentation is part of a larger one for what-might-have-been did we not serve under the régime of the Great Specialisation. Blinkers were pressed on when we were too unaware to resist: we were har-

nessed shortly after puberty, and did not realise what was up.

When we talk or write professionally, we may do two things. First, very often we use bad English; when it is grammatically correct, that is all that can be said for it. Second, a large part worked into what we say is a language whose meaning has been mislaid; mislaid because forgotten or never known. It has been cut off from its roots, and we turn the fruit to our own uses. Half this language was made to describe (for convenience) what was observed; surely no more nor less than that. But that pure and innocent creature, a Term, has, under our guidance grown into a monster. She has tentacles; she allures, as the Green Woman allured Peer Gynt. So now when we use a member of our monstrous technical vocabulary, very often we are confusing a sign or symptom with an underlying process of disease, and nearly always we feel that by using it (and most self-peruasively in examinations and prandial arguments of shop) we have hit the nail on the head, placed an exact finger on an exact something, or handed over the goods, complete and checked. By saying "Leukoplakia" we feel we have said more than "a white flaking"; "Bronchiectasis" grasps at more than a stretching out of the air passages; a man with Foetor Oris has more than a breath which stinks; he has Foetor Oris.

This attitude is reinforced by the habit, developed in our training, of pigeon-holing. "This occurs in this condition, that is never found"—all right if the attitude is wise and humble, and, for instance, if it will allow for variation. The classical example, the typical picture, is impressively rare. But the system has become dried, rigid and cut. It is from the habit of tabulation, the penny-in-the-slot and answer came there one, the habit (at any rate the danger) of not thinking and not imagining.

(Many scientists boast that the heritage of accuracy is theirs; that they alone, by the endless cycle of observation, calculation, experiment and observation, can give the accurate account of what is, and how it is. They are right, but as usual, only by half. The poet, too, is accurate. Isn't it the only thing he is?)

We use the word Pathology in an entirely objective sense. Its subject matter includes the behaviour of tissues in vivo and in vitro. The derivation of the word is from the Greek verb *paschō*, meaning to suffer, to be affected by anything, to have happen to one. The noun is *to pathos*, which means anything that befalls one, suffering, and also the state of suffering, or even an incident. The pathology of Acute

Cholecystitis has been described by Sir Walter Scott:

"On the 5th I had a most violent attack which broke up a small party at my house and sent me to bed, roaring like a bull calf, and all sorts of remedies were applied, as in the case of Gil Blas' pretended colic, but such was the pain of the real disorder that it out-devilled the doctor hollow . . ."

and he wrote to Miss Clephane:

"The cause was a cramp in my stomach which, after various painful visits, as if it had been sent by Prospero and had mistaken me for Caliban, at length chose to conclude by setting fire to its lodging like the Frenchmen as they retreated through Russia, and placed me in a proper state of inflammation." That is pathology; so is the first incoherent spilling of words from the out-patient's mouth. The pathology is clear before the lab. is called on to investigate, before the thermometer enters the mouth or the stethoscope is whipped from the pocket. It is sealed as soon as there is a transaction of *pathos*. In fact, as soon as there is *sympathy*. And as the transaction continues, so the pathology becomes clearer.

There are other roots to the fruit that we use but have forgotten how to taste.

Chirurgia is still the name of the craft in Universities with classical foundations. It means Surgery, and was also used by Latin authors to signify violent remedies. The Greek word *cheir* means a hand (*pompholux*—a blister or bubble, *to pompholugo-papblasma*—the noise of bubbles rising). *Cheirurgia* is a working by hand, practising a handicraft or art; and so, a trade or business. *ho cheirurgos*—the surgeon or surgeon.

The verb *plassō* means to form, mould, shape, fashion, and thence to make up or forge; the noun *plastēs* = a moulder, a modeller. The adjective *plastōs* describes the result, meaning also counterfeit or unreal. *to plasma* is anything moulded or modelled, an image or figure.

And there is *rhaptō*, meaning to sew or stitch together. Later, to work with a needle, embroider, and thence to devise, contrive, plot. *ho rhapheus* is the stitcher or scwer; *rhaphē*, a seam; *rhaphis*, a needle or pin.

The titles of many operations contain common suffixes. *temnō* is a verb—to cut, hew in battle, maim, to divide, cut with a knife as opposed to cautery. *Tomas* is the noun meaning a cut, a slice; thence a part of a book rolled up by itself, a tome, a volume. Further, *ektomō* means a cutting out, castration, and *ektomias*, a eunuch.



to *stoma* (-atos) is something else; firstly the mouth, and then loosened to include the tongue—speech, words, language; the front, the point of a weapon. *ho stomachos* means the throat or gullet; also the stomach, especially the cardiac orifice in later Greek. Phagedæna = *phagedaina* = an eating sore. to *phagon* that which is eaten; *oisophagos*, that which carries the food (*pherō*, *oisoma*, *enefgka*, irreg. vb. = I bear). *ho phagos* a glutton.

The term atheroma refers to the soft lipid within the intima. *Atharē* or *atherē* were groats or meal, or porridge made of it.

*Skellō* = to dry up, wither or parch. The adjective is *skleros*, dry, hard, rough, stiff, tough, and thence austere or stubborn.

*Stenos*, the adjective, = narrow, straight. to *stenos*—difficulty or trouble. *Stenosis* only in the Septuagint: it is a corrupt verbal noun from the suppositious *stenōō* to straighten or constrict. *Stenotēs*—narrowness.

There is a multitude of basic prefixes which lie in medical terms. Some were there in the beginning, others have been brought in more lately, and of these many are not at all at home. *a-* is used in two chief ways:

*a-* (*an-*) privative, signifies not—

*sophos*—wise, *asophos*—unwise

*baīma* (—atos), *anaimos*—bloodless.

*a-* copulative, gives a sense of together:

*hē keleutbos*—a road, a journey.

*akolouthos*—following on, attending on.

*hupo*—under; also denotes what is gradual, secret.

*hyper*—over, above; denoting also, excess.

*epi*—upon; by, near, in the presence of; in addition to; of Time—after.

*para*—beside.

*syn*—(Latin—*cum*) along with, in company with, at the same time.

*dys*—equivalent to the English un-, mis-, with the notion of bad or ill, destroying a word's good sense or increasing its bad.

Opposite to *eu*—

*kata*—down from, down towards, in opposition to.

*ana*—denotes the opposite to *kata*; on, upon, upwards; in certain cases it gives the sense of back or backwards (Lat.—*retro*—).

*neo*—confers the sense of new.

*dia*—right through, across; all through, completely.

*ek*—from out of, away from; utterly.

*pro*—of Place: before, forward.  
—of Time: before, earlier.  
—preference: rather, sooner.  
And it can strengthen the meaning of a word.

*pleon*—more (neuter; masc.—*pleōn*).

*pleos*—full (neuter—*pleōn*).

*prophulassō*—to keep guard in front, to be on the look out, to guard against.

*prophulax*—an advanced guard.

*rheō* is a radical verb which is common to many terms. It means to flow, stream or gush, and has been used of a flow of words.

*katarreō*—to flow down, to run with wet.

*katarroos* was used for a running from the head, a catarrh.

*diarreō*—to flow through, slip through, to leak.

*diarroia*—a flowing through.

*diarroizeō*—to whizz through.

*haimorroēō*—to have a discharge of blood.

*haimorroia*—a discharge of blood.

*haimorrhages*—bleeding violently. (*rbegnumi* —to break, burst, shatter, rend in grief, to let loose.)

*haimatōpos*—bloody to behold; "hæmatopic" might be useful.

Symptoms must be objectified in considering a diagnosis. This should be part of the process whereby pity as the motive suppresses pity the emotion. *piprō* means to fall, *ptosia*—a fall, and *ptoma* a fall in the sense of misfortune, calamity, disaster. *sumpiprō* is a verb, and to *sumptōma* (—atos) the noun meaning anything that has befallen one, a chance, mischance, calamity. Symptomatology and Pathology should mean nearly the same thing. One has stayed about where it was, the other has been cut away.

Atelectasis is synthetic (*thesis*—a setting, arranging). *a-* privative, *telos*—the end or completion of anything, *ektainō*—to stretch out *ektasis*—expansion or stretching. The whole?

*thalamos* was a word with many meanings. Originally an inner room or chamber. Then it grew in use—the women's apartment, the inner part of the house; a bed-room, a bride chamber; and more generally any abode, even a pen for sheep. It was used as a term for the lowest part or hold of a ship in which *hoi thalamitai*, the lowest rowers, sat, using the shortest oars with the least pay. The Latin *thalamus* was used to mean a woman's room, a sleeping room of a woman, or of a husband and wife; thence a marriage bed, and even marriage, or wedlock. Do we use the word now to describe its sheltered anatomical position, or was there some arch-Freudian anatomist who recognised this mass of tissue as the seat of the sensations? The epithalamium was the nuptial song sung in chorus before the bridal chamber.

*therapeuō* is the result of an attitude. It means a list of things: to wait upon, attend, serve, to do service to the Gods, to worship, to pay court to, to take care of, to keep holy, to tend the sick, to cure, to cultivate the land.

*ho therapon* is the attendant or servant; also a companion-in-arms, inferior in rank; he is *therapeutikos*, attentive, obedient, courteous.

We use paresis to describe a state. It means what occurs in that state, and more: a letting go, a relaxing (once, remission, forgiveness). Hippocrates used it to mean a slackening of strength or paralysis. Plegia is subjugated to mean a greater degree of paresis. Its radical derivation is *pleōō*, to strike or wound, amaze or stun (*plegeis erōti*, smitten with love).

*plēgē* means a blow or stroke; also fighting with clubs. *Paraplesso*—to strike on one side, and in the passive—to be stricken on one side, to be palsied, deranged, frenzied, *paraplex* (—ēgos)—struck sideways. *epilepsis*—a laying hold of, a seizure, a finding fault.

*klinō* means to slant, a prop, rest, to sit down, lean, lie down, to wander from the right course. *klinē* is a couch or bed.

*pleura*—a rib; in the plural, the ribs, the side; later, the page of a book. *Pleuritis*—pain in the side, but this was a development: *itis* was originally an adjectival termination agreeing with *nosos* (—disease):

e.g., *blepharitis nosos*—disease of the eyelids; *nosos* later dropped; now—*itis* = inflammation.

Indeed, "Nosology" should replace "Pathology."

*faex* means no more than grounds, sediment or dregs, and thence impurity. *Stercus* (—oris) means dung. Mucus has come from far away: *muxō*—to murmur with closed lips, to mutter.

*ho mukter*—the nose, snout. *hē muxa*—the discharge from the nose, mucus, phlegm. And so mucus.

Odds and ends:

*sibenos*—strength, power.

*astheneia*—weakness, sickness or even a disease.

*sideros*—Iron. ? Asiderosis.

*skolios*—crooked, bent, twisting; unjust.

*aitia*—cause, origin; the occasion of something bad, an accusation, fault.

*pnēō*—to breathe.

*pneuma*—wind, air, breath; spirit.

*tussio*—to cough, *tussis*—a cough.

*teras* (—atos)—a sign, wonder, marvel; anything that serves as an omen; a monster.

*terateuma*—a juggling trick, quackery.

*glans, glandis* (gk. *balanos*)—mast, nut-like fruit, acorn, chestnut, etc.

Ball of lead or clay which was slung at enemy—bullet. The Greek was also used for the iron peg used as the bolt of a door.

*pessarion*—the diminutive of *peessos*, a draughtsman, which in Greece was oval, not discoid.

The thyroid was called the glandula laryngea by Eustachius (1520-1574) and received its present name in 1656 from Thomas Wharton (1614-1673). The root is also in *thura* (German *Thur*, English door). Thyroid is from *thureo-eidēs* (to *eidos*—the form, shape, figure of a thing) which is contracted to *thuroidēs*.

The gland is possibly named merely from its proximity to the cartilage, which is roughly shield shaped. *ho thureos* (the shield of Faith in the N.T.), besides the great stone put against a door to keep it shut, was the big oblong shield, either flat or curved like that of the Roman legionaries. The cartilage might get its likeness from this.

*Guttur*, the gullet or throat; goitre via the French. *Struma* meant a scrofulous tumour or wen, perhaps derived from the verb *struo*, to pile up. It was an inclusive, non-specific term. *Stroma* comes from *stroma*, meaning bed-clothes, mattress, pavement, foundations, etc., from *stronnumi*, to spread, strew, furnish, etc.

The thing about Diphtheria which attracted attention was the membrane: *diphthera*—a prepared hide, leather. The mental fogging of Typhoid fever brought it its name. *tupbeō*—to wrap in mist, to make dull, senseless, dim, obscure, to be stupid. *tuphōdes* was used by Hippocrates and Galen to mean delirious, and by both of Typhoid Fever. *tuphōdes* is also a contraction for *tuphō-eidēs* and might just as well have been *tuphoides*, but apparently was never used in that form.

The clinical picture of Jaundice is splashed with van den Bergh's, cholesterol, blood phosphatase, and liver function tests. The disease has long been associated with the grumpiness and unreasonableness of the patient. We condemn a jaundiced view, but do not look for pigment.

e.g.

Guildestern: The King, sir—  
Hamlet: Ay, sir, what of him?  
Gui.: Is in his retirement marvellous distemper'd.

Ham.: With drink, sir?  
Gui.: No, my lord, with cholera.

*hē cholē*—gall, bile; *ho cholos* was more in-



clusive, meaning also anger. *chole melaina* was black, i.e., diseased, bile (*melan*—black dye, ink; *melas*—black, dark, gloomy). *melancholō*—to be jaundiced, to be full of black bile, to be melancholy mad.

*bustereō*—to be behind, to come later.

*busteros*—the latter, coming after, too late, inferior.

*be bustera*—the womb.

It is said that a woman was called hysterical because her womb was believed to be displaced.

Whence is the suffix—*oma*? Gould's derivation from *ongkōma*, a swelling, has been doubted, with the suggestion that it was originally a substantival termination for 5th conjugation verbal nouns:

*delōō*—to show; *delōma*—means of showing, i.e., -*oma*, =ness.

e.g., *sarx*—flesh; *sarkōma*—fleshiness, fleshy lump. What about *karkinos* and *karkinōma*?

*gignōskō* means to perceive, to gain knowledge of; to know, to understand; to examine, form an opinion of, decide upon. The noun is *gnōsis*, a seeking to know, an enquiry; knowledge, wisdom; acquaintance with; a recognising. *diagnōsis*—a distinguishing, discrimination; discerning between two, a resolving, deciding. And *prognōsis*, a perceiving beforehand, foreknowledge. Agnosis, hypergnosis.

The emphasis in medical training undergoes periodic variation. At one time it is on Diagnosis, at another on Prognosis, at another on

Pathology, Psychology or Sociology. In each of these it may be part of the process of DIAGNOSIS (in a more synthetic sense): the drive to know the way through. Through to what? "Science has seen through this" and "seen through that." What is left? Something, if those who profess and call themselves agnostics are sincere. But some set out to be diagnostics. They think they have made their diagnosis and now know what was unknown. They see through it. But a man cannot go on "seeing through" things for ever. "The whole point of seeing through something is to see through it. It is good that the window is transparent, because the street or garden beyond it is opaque. How if you saw through the garden too? . . . If you see through everything, then everything is transparent. But a wholly transparent world is an invisible world. To see through everything is the same as not to see." I may "diagnose" a hundred diseases, but I shall never "diagnose" one person, because no man can.

*This paper would have been more unsound without the corrections and suggestions of Richard Hardy, of U.C.H. I am grateful for his help.*

To print the Greek letters in the manuscript of this synthesis was too difficult. Therefore an italic type has been used. The author apologises for this unsatisfactory modification and for the ridiculous possibilities of *be* and *bo*.

## CHARTERHOUSE SQUARE\*

\* This article was commissioned, accepted for publication and printed before Dr. Harris's address to the Abernethian Society on the subject.

I often wonder how many people wandering past this famous London square and gazing upon its fine tall plane trees and its once well kept green, now upturned and transplanted with air raid shelters, realise the vivid history to which it has been witness. Most of us, too, know little or nothing about the buildings of our Medical College which have been so intimately associated with the story of this square in the past. This small plot of land, now encroached upon by shops and flats from all sides, has but a vestige of its glory; many great men have walked upon it, the fate of nations has been decided upon it, and it has been a thorn in the sides of Kings and Queens.

Perhaps the trigger of fate in this instance was fired in the heart of St. Bruno; such is the

notoriety that tobacco brings, that he is but little thought of in any other connection. It was he who left Paris in 1084 to found the first of what was to be a long historical line of monasteries, the order of which still survives to this day, that of the Carthusian Monks. This order has perhaps proved itself the most exemplary of all, at any rate less doubt has been cast upon the morality of its living than upon others. It owes its name to the original foundation near the village of Chartreuse in West France, but it was not until two centuries later that this order spread across the Channel and founded its own proselytes in this country, establishing in 1371 a monastery on the grounds which we know so well.

London at that time extended little beyond

the old City's walls, and Spital Croft, as the square was then called, was distinctly rural. A little previously the Black Death had ravaged through the population of London, leaving a death toll of thousands in its wake; there had been no organised burial of the dead, and bodies lay rotting where life had left them; but when at last the epidemic was failing, the dead were collected together and moved to disposing areas, some twenty thousand persons being buried in this ground. (It is interesting to note that the first plague of 1349 affected mostly the adult population of the city, whereas eleven years later when a second outbreak occurred it was chiefly children who were the victims.) A few years later a small church was erected on this burial site by the efforts of Sir Walter de Manny, a knight of King Edward's court distinguished equally for his ardour in battle, and religion, and by the end of the century he had fulfilled his ambition by expanding the original foundation into the beginnings of the fifth Carthusian monastery in the country, despite, it is alleged, much opposition from the Dean of the then Diocese of St. Paul's and the Master of St. Bartholomew's Hospital. The first few cells of the monastery were already occupied in 1371, but in the following year its founder died and was laid to rest in the chapel of his own building.

From then onwards the history of this monastery was one of increasing prosperity and devotion to its work. The number of its cells, each occupied by a monk, increased to its maximum of twenty-four, and they were arranged as the sides of a square around a central grass enclosure. Adjoining from the far sides of these cells were small walled in gardens, in which the monks did much of their work. A cloister ran round the inner walls of the cells, giving sheltered access to and from the chapel, and part of this cloister can still be seen, with the obliterated entrances to two cells, on the west side of the present college grounds. The chapel was probably in the neighbourhood of the present clock tower, although little now remains of it.

As time passed and Henry VIII acceded the throne, so dark clouds gathered on the horizon. He inevitably drifted away from the Catholic Church through his polygamous life, and in revenge of his treatment by the Pope turned to vent his wrath on the proselytes of this faith under his own rule. He rummaged after suitable excuses for his intentions into the past life of the monastery, he sent spies into its midst who insulted the religious observances of the monks, and in short he removed the moss from

everything to find fault in the conduct of these holy lives. He failed utterly, but in declaring himself the only Head of the Church, he found his pretext. Perhaps he regretted this step later, but the monks certainly could not concede to this blasphemy, and as a result their Prior and two other monks were seized and thrown into the Tower; subsequently they were dragged through the streets, assaulted in all the most brutal ways, and finally hanged. Henry himself is believed to have been present at this slaughter, masked. The next day the three bodies were quartered and parts nailed to the monastery walls, a fine tribute to the lives of such men. In two years time ten more of these monks had died unseen in Newgate gaol, and under such treatment the existence of the monastery soon drew to a close. These two hundred years of great unselfish life, with the promotion of all man's highest ideals, had passed, and now all was swept away and the ground lay desolate.

So, the great buildings remained for two years, used as a storeroom for the hunting nets and tents of the King. In 1545, however, Lord North acquired the grounds and buildings, which, changing through many hands, gradually developed into a sumptuous country mansion, and as such played a prominent part in the social and political life of the country. North died soon after taking possession and the estate passed into the hands of the Duke of Northumberland. Here, then, his daughter-in-law, Lady Jane Grey, must have spent much of her unhappy and misdirected life; but, like her's, the Duke's head later came to rest on the block, and with the arrival of Elizabeth in London to accept the throne, we find her residing here as the guest of the new owner of the mansion, the Duke of Norfolk. In between visits to the Tower and his plottings against the Queen, the Duke found time to alter and redecorate the buildings; a great deal was done to change the old monastic buildings into a magnificent country house, probably the finest in the country at this time. To his initiative are attributed the fine hall with its decorative screen, and the famous oak staircase. Upon the balcony above must have been hatched the schemes behind the Ridolfi Plot. Through such folly the Duke died a death similar to his predecessor, and the Queen granted the land to the Earl of Arundel. It seems, however, that the owners of Howard House were all destined to a similar fate, and after three years in the Tower this Earl also lost his head. Elizabeth held several state assemblies on these grounds and the Spanish Ambassador was for some time resident, until finally the Queen's



favourite admiral, Lord Thomas Howard, received them from her hands in token of his services on the high seas, and a yearly payment of £822. Probably the latter proved too great a burden, for in 1611 he sold the whole estate to a certain Thomas Sutton for thirteen thousand pounds.

With this last change in hands a new era in the Square's history was to unfold. It was to say good-bye to its passed century of court life, and to devote its future to the fulfilment of Sutton's ambitions; as hospital and school it was to give succour to the old and poor, and learning to the young. In the words of the constitution only such people who were not rogues and beggars and could bring "goode testimonye and certifiat of their good behavioure and soundness in Religion and such as have been Servaunts of the Kyng either decrepit or old Captaynes either at Sea or Land, Souldiers maymed and ympotent decayed Merchaunts men fallen into decaye through Shipwrecke, Casualtie or Fyre and such evil Accident; those that have been Captives under the Turkes" were admitted and there were "No children to be placed there whose parents

have any estate or land to leave them but onlie the Children of poore Men that want Meanes to bring them up." One of the first scholars was the son of a surgeon at our own Hospital, who was later ordered to be removed when his father's income was found to exceed more than four hundred pounds a year.

So for two whole centuries the school grew and flourished; great men such as Thackeray, Addison, and Wesley passed in and out of its doors deriving knowledge and satisfaction from their surroundings, while less known men spent their early years in such company. At last in 1872 the school left its ancestral site and the grounds were bought by Merchant Taylors, in whose hands they remained until our late Dean, Sir Girling Ball, purchased part of the site in 1921 with the object of founding a Medical College to the Hospital. And what could be more suitable than that two such great foundations, which must inevitably in the past have shared many of the slings and arrows inflicted on the neighbourhood, should link their traditions and together face the future.

T. A. J. P.

## CORRESPONDENCE

DEAR SIR,

How much easier it was for Mr. Leslie to write his letter, rather than contribute something constructive.

And how childish is his complaint, that the editor is not more active in soliciting contributions. If someone with literary talent has something worth saying, they will say it. It is pointless, for you, sir, to push the majority of students, of which I admit I am one, who have not the gift, into contributing matter not worth publishing. Perhaps Mr. Leslie

hankers for the days when his form master set him a weekly essay.

Anyway, I suggest that the vitriolic and ponderous nature of his wit leaves him with no likely competitors for the part of scandal-monger, whose efforts, he thinks, would improve the magazine.

With one hundred per cent. less hypocrisy, I sign myself as did he.

Your faithfully,

A. B. HAIGH.

The Abernethan Room,  
St. Bartholomew's Hospital.

## REVIEW

REGIONAL ANALGESIA, H. W. L. Molesworth, F.R.C.S. Second Edition. H. K. Lewis and Co., Ltd. Price 8s. 6d.

Owing to destruction of stocks by enemy action, a second edition of this book has been published. As only two years have elapsed since it first made its appearance little alteration has been required.

In order to avoid disappointment it must be realized that "Regional Analgesia" is not a textbook of the subject, but a record of the author's personal experiences with methods, for common operation, which he has proved to be satisfactory. There are, consequently, many matters which are not even mentioned, such as, transverse section analysis for amputations, continuous flow syringes, pressure infiltrators, refrigeration analgesia, etc. With this qualification, however, the book is most useful as it gives the practical details of technique, which are so essential but which are so often omitted from more pretentious works.

The methods described are well known and sound although some exceptions are present. For example, no mention is made of the risk of subsequent gangrene from local analgesia of the fingers, while anaesthetists will raise their eyebrows at the statement that from 0.3 to 0.6 c.c. of stovaine (Claput's formula) injected intrathecally produces analgesia limited to the sacral segments. It now appears probable that the various abdominal blocks described will soon be outmoded by light general narcosis with curare.

The terminology employed is rather confusing. For instance, the author usually (but not always) refers to "procaine" by the proprietary name "novocain" and uses "percaïne" and "nupercaine" indiscriminately. Furthermore, by "aesthetic drugs" he usually means local analgesics. However, these are minor imperfections and the book can be thoroughly recommended. It is excellently produced and the drawings are clear and informative.

## BALLADE

*With apologies to G. K. Chesterton*

I will not read a rotten page  
Of Mearns and Price and all the rest,  
I'm sick of cocci, rods and 'phage,  
I will not auscultate one chest.  
Forensic Medicine!—I protest—  
Oh how that B.I.D. smell clings!  
I'll get me washed and evening-dressed,  
And feed my brain with better things.

Where is my earlier, noble rage,  
My earnest altruistic zest?  
Killed in that factual heritage  
By Deans and Dons and Doctors stressed?  
Perhaps it's only been depressed,  
And all that Registration brings,  
May put back ardour in my breast  
And feed my brain with better things.

Somebody wants a Wiser Age  
Where every patient comes as guest,  
Where Bevan is the sainted sage,  
And specialists shall tremble lest  
Their forms should not be thought the best,  
Red tape shall whirl around in rings  
And—Heck! I'll practice in Trieste,  
And feed my brain with better things.

Envoi.

Princess, I must not sink in jest  
To Catering Company cavillings,  
But I should have such good suppressed  
And feed my brain with better things.

W. G. H. L.

## SPORTS

### ATHLETICS

The St. Bartholomew's Hospital Athletics Club is holding its ANNUAL SPORTS MEETING at FOXBURY, CHISLEHURST, on SATURDAY, JUNE 15th, at 2.30 p.m. It is hoped that as many Bart.'s men as possible will attend.

The programme will include a children's race and two Nurses' events.

The sports will be followed by tea and a dance.

Transport will be provided.

### CRICKET

Our first match was on May 4th against St. Thomas' Hospital at Chislehurst. We batted first, Hawkes kept one end going steadily all the time and was 65 not out when Dixon declared shortly after 5 o'clock at 148 for 7. Some rather less artistic runs were produced at the other end by Vazifdar (21), Morgan (20) and D. G. Taylor (17). St. Thomas' pushed along at a faster pace from the outset. Their runs were obtained by Bishop, who went for the bowling, was granted 3 or 4 lives, and ended with 91 not out. Wickets were hard to come by though Vazifdar yorped Beardmore a left-hander quite early on and Odium caused two catches just before the end. The best we could manage was a draw, they were 139 for 4 at the close.

Team in order of batting: Hawkes, Dixon, Taylor, Odium, Vazifdar, Morgan, Goodrich, Bass, Whitting, Struthers, Chapman.

*May 11th v. Orpington at Chislehurst.*

We fielded and their runs came all too smoothly for the first hour. Then we seemed to penetrate their defences suddenly and a collapse was in progress

when at 5 o'clock they declared with 159 for 7. We were 2 for 2 when Cozens-Hardy was joined by Vazifdar and together they pulled the game round. Cozens-Hardy with some very powerful straight drives knocked off the opening bowlers and in about three-quarters of an hour obtained a very well-timed 41. We were then struggling again until Elliott went in, hit the ball hard in spite of an injured ankle, and with Struthers played out time in comfort. Elliott made 35 not out and the total was 122 for 6.

Team in order of batting: Bass, D. G. Taylor, Cozens-Hardy, Vazifdar, Morgan, Odium, Elliott, Struthers, Dawson, Moynahan, Taylor, G. B.

Both games so far have been rather dull as is inevitable when the side fielding has little say in the course which the game takes. Our batting has been adequate though it has not yet been tested very severely. Of bowling we are very short and in fielding weak. We shall no doubt improve with practice. Last season in the last game at Finchley, they said ours was the best fielding seen there that year. The Australians had visited them some weeks before.



Saturday, May 11th, v. Orpington Cricket Club. Result, a draw, the usual consequence of the 4-hours limit.

## ORPINGTON.

D. Lockie b. Cozens-Hardy ... ..	58
K. Pearce ct. Struthers, b. Vazifdar ...	12
H. Howe lbw, b. Morgan ... ..	27
H. Reeves b. Cozens-Hardy ... ..	34
C. Hall b. Morgan ... ..	8
D. Duthoit st. Struthers, b. Morgan ...	4
H. Adams b. Vazifdar ... ..	7
— Murphy not out ... ..	3
C. Pitts, S. Haynes, T. Crowhurst did not bat.	—

Total (7 wkts. dec.) ... .. 159

Bowling: Vazifdar, 2—33; Odlum, 0—33; Bass, 0—11; Cozens-Hardy, 2—35; Morgan, 3—37; Elliott, 0—15.

## ST. BARTHOLOMEW'S HOSPITAL

D. Taylor b. Haynes ... ..	2
P. H. Bass b. Pitts ... ..	0
J. N. Cozens-Hardy b. Howe ... ..	41
J. S. Vazifdar b. Pitts ... ..	9
R. Morgan ct. Hall b. Adams ... ..	13
H. R. Odlum b. Adams ... ..	2
C. G. Elliott not out ... ..	35
R. A. Struthers not out ... ..	8
W. G. Dawson, A. R. Moynahan, G. B. Taylor did not bat.	—
Extras ... ..	12

Total (6 wkts.) ... .. 122

May 18th, v. London Hospital, at Chislehurst. (1st Round Hospitals Cup.)

We have failed miserably. A thunderstorm prevented an 11 o'clock start as arranged. At 12 o'clock the square was covered with a sheet of water, but we began under reasonable conditions on a different pitch

at 2.30. N. G. O. Gourlay won the toss and elected to bat. By 4.10 we were all back in the pavilion for 39. Opinions varied, but I think the pitch was slow and true, there was no sun to make it otherwise. London Hospital do own a skilful bowler, Shaddick, whom we have encountered before to our cost, this time he took 6 for 7. Really, however, the damage was done before he came on at all, and we have only unsteady batting to thank for this calamity.

With such a total to bowl to, there was little our bowlers could do, and London got their 40 runs for the loss of one wicket.

## ST. BART'S HOSPITAL.

P. H. R. Hawkes, c. Kilpatrick b. Chew ...	2
J. E. R. Dixon, c. Simpson b. Chew ...	6
J. Vazifdar, c. Wray b. Lloyd ... ..	6
R. Morgan, lbw., Shaddick ... ..	10
N. G. O. Gourlay, hit wkt., Shaddick ...	4
C. E. Elliott, b. Shaddick ... ..	2
D. G. Taylor, b. Shaddick ... ..	3
R. A. Struthers, not out ... ..	0
P. D. Moyes, run out ... ..	0
B. H. K. Odlum, lbw., Shaddick ... ..	0
C. P. Newcombe, c. Hanworth, b. Shaddick	0
Extras ... ..	6

39

## LONDON HOSPITAL.

G. A. Phillips, b. Vazifdar ... ..	14
A. H. Kilpatrick, not out ... ..	17
W. R. Hanworth, not out ... ..	7
Extras ... ..	2

(For 1 wkt.) 40

K. A. A. Wray, R. A. Shaddick, J. W. Lloyd, J. C. Sloper, B. R. J. Simpson, H. H. Rynn, N. A. Nobbs and H. E. R. Chew did not bat.

Bowling: Newcombe 0—13, Vazifdar 1—16, Morgan 0—9.

## RECENT PAPERS BY ST. BART'S MEN

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- BETT, W. R. "Two Truants from Medicine." *Post Grad. Med. J.* March 22nd, 1946, p. 99.
- BOURNE, G. "Bicuspid Aortic Valve Diagnosed During Life." *Brit. Med. J.* April 20th, 1946, p. 609.
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- WILLIAMSON, J. C. F. L. "Three Cases of Fracture-Dislocation of the Hip Occurring Simultaneously in One Car Accident." *Brit. J. Surg.* April, 1946, pp. 368-372.

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July (1946)

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## INDEX

May 8th, 1946	68	Correspondence	83
The Address by the Dean of Manchester	70	Book Reviews	84
In Our Library, III, by John L. Thornton	73	One up to Bart's	85
The Exhibition in the College Library	74	Cricket	86
Some Medical References in Ben Jonson's Plays, by Mr. Wilfred Shaw	80	Golf	87
The Weekes Letters	81	Bart's Alpine Club	87
		Examination Results	88

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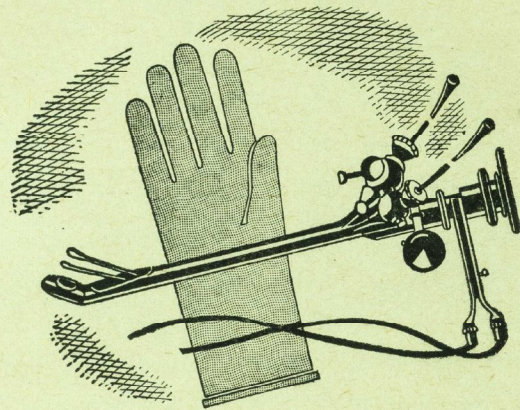
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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

Vol. L

JULY 1st, 1946.

No. 6

MAY 8th, 1946

The four-hundredth anniversary of the second foundation of the Hospital was celebrated on Wednesday, May 8th. The central feature of the celebrations was the visit of Their Majesties the King and Queen who attended A Thanksgiving Service and saw a Pageant at the Priory Church of St. Bartholomew the Great.

It was a grey and sombre day—superficially disappointing weather—but in keeping with the mood of solemn thanksgiving and resolve which was the keynote of the occasion. A little before eleven o'clock a procession left the hospital through the Henry VIII gateway on its way to the church. It included the Lord Mayor and Aldermen of the City of London in full regalia, the Treasurer of the Hospital—Sir George Aylwen, members of the staff in academic dress, the Matron and members of the nursing staff, students and others representing every section of the hospital. Soon after the members of the procession had taken their places in the nave of the church, the King and Queen arrived and were escorted to their places in the front of the nave by Sir George Aylwen. It was a scene of vivid contrasts, the white surplices of the clergy, the scarlet robes of the aldermen and the sudden slashes of colour in the hoods and facings of the academic gowns set against the grey and weathered walls of the church.

A simple, moving and unpretentious pageant, "The Awakening," was presented on the altar steps. In four episodes it depicted four different phases in the life of the hospital. The first, A.D. 1546, dealt with one of the blackest periods in the hospital's long history, following the confiscation by the Crown of the revenues of the Priory and much of the income of the hospital. A Lay-Brother, played by Mr. O. B. Clarence, is lamenting this sad and sorry state of affairs when King Henry VIII and Queen

Katherine Parr appear. King Henry is in an arrogant and irritable mood, annoyed by the crying of a sick child whom he has tried to patronise and by the querulous tone of the lay-brother. But his Queen is touched by the brother's story and sympathetic to the hospital's cause. Mr. Robert Morley cut a magnificent figure as the King, and might have stepped straight down from the portrait in the Hall of Trinity College, Cambridge. The Queen was charmingly played by Miss Viola Lyel. The second episode, Rome 1123, showed the sick Rahere (Mr. John Byron) repenting his life as a dissipated courtier, and his vision of St. Bartholomew. St. Bartholomew commands him to found a Church and Hospital House in Smooth-field. Sir Lewis Casson made a stately and dignified St. Bartholomew. For the third episode the scene changes to London, 1946. A British airman (Mr. Hubert Gregg) is showing an American soldier (Mr. Hartley Power) around the church. They discuss the miraculous preservation of most of the hospital buildings, despite the hail of high explosive and incendiary bombs that landed all around, and the virtual destruction of the Medical College at Charterhouse Square. Rahere reappears and speaks to them of the history and work of the hospital in the past 800 years. For the last episode we return again to London, 1546. King Henry chastened by illness returns to Smithfield and proclaims the second founding of the hospital, granting a Charter to that effect. The part of a clerk, who reads extracts from the Charter, was skillfully played by Mr. Wilfrid Walter. The Bargemen who acted as escort to King Henry were played by past winners of Doggett's Coat and Badge. The pageant was directed by Mr. Robert Atkins, who is to be



congratulated on the simplicity and elegance of its presentation.

The music for the pageant was directed by Mr. Nicholas Choveaux, organist, St. Bartholomew the Great, and included music played on the virginals, the bass-viol, the recorder and the lute. King Henry's entrances were heralded by trumpeters with glorious and magnificently regal bursts of sound.

Following the pageant there was a short Commemoration Service of Thanksgiving. Prayers were said by the Vicar of St. Bartholomew-the-Less, Hospitalier—the Reverend D. F. Donne, by the Reverend Canon E. S. Savage and by the Rector of the Priory Church—the Reverend Dr. N. E. Walbank. The address was given by the Dean of Manchester, The Very Reverend Garfield Williams, M.B., B.S., who took his medical degree from the hospital. The address is published in this number of the *Journal*.

After the Service Sir George Aylweu presented various dignitaries of the hospital to the King and Queen, among them the Senior Physician, Dr. Gow, the Senior Surgeon, Mr. Roberts

and the Matron, Miss Helen Dey. Their majesties were cheered by a large crowd as they drove away through the rain.

Nineteen-forty-six also commemorates the 600th anniversary of "View Day"—which ceremony was carried out as usual in the afternoon; the 150th anniversary of the foundation of the Abernethian Society and the Jubilee of the use of X-rays in the hospital. An exhibition was held in the library of historic documents belonging to the hospital and the Abernethian Society, of X-rays and of anaesthetic apparatus. This last to commemorate the introduction of chloroform into the hospital just under a century ago. There is a detailed report of the exhibition elsewhere in these pages.

Many people by their devoted labours helped to make this great and historic occasion the success that it was. Many who deserve special commendation have asked that their names should not be mentioned. Their reward must be the certain knowledge that this four hundredth anniversary of the second foundation of our great hospital was celebrated in a worthy fashion.

### MR. MACADAM ECCLES

We announce with great regret the death of Mr. MacAdam Eccles. He had much to do with the conception and planning of the anniversary celebrations. Unfortunately his last illness prevented him from attending on May 8th. Happily he lived long enough to know that this project, so dear to his heart, was an unqualified success. It was typical of his devo-

tion to every interest and activity of this hospital that he should have taken a detailed interest in the fortunes of this journal. The Editorial Staff would like to put on record their appreciation of the advice and encouragement which he gave them on many occasions.

A full obituary of Mr. MacAdam Eccles will appear in the next issue.

*The Editor would like to thank all those who have helped in the production of this number and especially Mr. Elborne of the Exoma Press, Mr. Brown of the Express Composition Company, Dr. D. A. Kōk (who wrote the article on and secured the photographs of the Exhibition in the College Library), and last but not least, Mr. Thornton, the librarian, for much valuable advice and help. The Journal "office" is now in a corner of the Library and at all times Mr. Thornton has been a charming and most helpful host.*

*The cover was designed by the Assistant Editor, Mr. L. E. McGee.*

### THE ADDRESS BY THE DEAN OF MANCHESTER

*Address given by the Dean of Manchester at the Commemoration of the Second Foundation of St. Bartholomew's Hospital, at the Priory Church of St. Bartholomew the Great, May 8th, 1946.*

Here in the very heart of the City of London stands St. Bartholomew's Hospital, familiarly known as "Bart.'s."

It has been here for more than 800 years and we have just now, through the medium of dramatic art, been helped to *relive* some of those years.

Rahere, who founded it, had apparently lived a very gay life at the courts of William Rufus and Henry I—until disaster befell. On November 25th, 1120, "The White Ship," which was bringing back a merry party from Normandy, foundered, and the King's only son and heir was drowned. This incident changed the whole character of the King's Court, and seems to have changed Rahere too.

In those days, throughout much of Europe something like a *revival of religion* was taking place. One of its perhaps less authentic manifestations was the crusading spirit. What was more typical was the revival of monasticism. William of Malmesbury, writing about this time, tells of its influence in England, but, indeed, enough remains of the great abbeys of Furness and Rivaux and Fountains and Kirkstall and Tintern and Tewkesbury and of many another, to attest its influence in this country.

Rahere, swept into this revival movement, went on a pilgrimage to Rome, and became a priest living under the rule of St. Augustine—a rule which apparently found considerable favour with his King, who about this time was himself founding other Priors for Augustinian Canons (for instance, at Dunstable).

The story, of which you have been so brilliantly reminded, of Rahere's illness in Rome, and of his vow to found a hospital and priory in London if he recovered, and of his vision of St. Bartholomew who indicated to him the site on which he should build, are part of the sacred tradition of Bart.'s.

More than 800 years later, we are gathered together in the old Priory church which is one of the *practical* results of that vision, and a hundred yards or so away is the ancient Hospital which in his vision he then saw. In it for many years Rahere himself as Prior, and the Canons who were associated with him in this place, tended the sick. This, as is well known, was the first hospital of any considerable size in England.

For more than four centuries then, this old

Hospital continued its beneficent work in connection with this old Priory church. There would doubtless be lay brothers, but most of its doctors would be priests, and so physicians; priests were not allowed to become surgeons in those days.

What of the city it served?

During those four centuries London became one of the most important cities in the world, and its merchants became more and more influential, both in the governance of England and in International affairs; and a growing London seems to have been growingly proud, as it was certainly growingly in need of this old Hospital.

There was a tendency a generation or so ago to belittle the philanthropic institutions of the church in the middle ages. A very different attitude is taken up by modern scholars such as, for instance, Lewis Mumford. We now know that in many respects they were in advance of the secular institutions which in some subsequent centuries replaced them. Yet it cannot be denied that they went through a bad period in the 15th Century, and that there was much justification for the anti-clericalism which was rife at that time, and which made it possible for Henry VIII in the second quarter of the 16th Century to set about the destruction of the great religious foundations. At any rate, with apparent impunity, in 1539, along with many similar foundations he dissolved the Priory of St. Bartholomew. The glorious Nave of this church, and much else, was destroyed, and other parts were desecrated, and only in this century have they been brought back again to their proper use. As a result, the ancient Hospital was shorn of all its endowments and it became practically impossible to continue its work.

*Then things began to happen:* For seven years later, on May 8th, 1546 (exactly 400 years ago) *the Hospital* was strangely reborn, and it was actually reborn as "The Royal Hospital of St. Bartholomew of King Henry VIII's foundation."

How came this about? There were many contributory factors. Let me mention some of them:

At this time, the King was in ill-health and was constantly seeing his doctors. One of those doctors was that very remarkable man, Dr.



Thomas Vicary. He had been the King's Surgeon for some twenty years and was going to remain in the office of Sargeant Surgeon to three successive sovereigns after Henry VIII had died—clearly he was a very trusted man.

When Bart's starts its new life, the City Fathers make Thomas Vicary a Governor, and he is re-appointed each year, until, as the Minute Book dated 1552 puts it, he was made "one of the assistants of this house for the term of his life." Moreover, in 1554 he was appointed Superintendent Surgeon to the Hospital. There is no doubt that under Vicary surgery is going to have a chance to develop at Bart's, even if it has never had it before. Vicary is of course a lay man. He is indeed Master of the Company of Barber-Surgeons in the year 1541. You can see him among a group of them in a picture which is in the possession of the Royal College of Surgeons.\*

Yes, there is certainly Thomas Vicary, the surgeon, in the background—and not always in the background—at the refounding of St. Bartholomew's Hospital. But you may ask—What was in the background of Dr. Thomas Vicary? I have little doubt but that the answer is the *Medical Renaissance in Italy*, and particularly developments at the University of Padua. In that University at this time there existed an "exuberant scientific activity" emanating chiefly from a single great personality—one of the greatest in the history of medicine. It was in 1543—note the date—three years before the refounding of St. Bartholomew's, that *Versalino* published his *Anatomy*, surely one of the most revolutionary books ever published. Now although the book on Surgery which is attributed to Thomas Vicary is pre-versalian in its outlook, yet we know that its author—if indeed Vicary was its author—came closely in touch with the Italian Medical Renaissance, and we also know that King Henry VIII was rather exceptionally well informed concerning developments in the thought of his age. What more natural than that the King and his surgeon should discuss the exciting possibilities that were emerging in the world of surgery—essentially a lay world be it noted—not troubled by clerics. Indeed the whole scientific development of those days was an essentially lay activity. Why then should the King's elimination of the control of St. Bartholomew's Hospital by the Canons regular of St. Austin involve the *cessation* of its activities, especially seeing that "white lay surgeons" were more up-to-date than "black Canons"!

(\* See note at end.)

If money could be found to finance it, surely laymen could be found to carry on the good work. Was there not indeed Thomas Vicary?

Nor was there any likelihood that the ethics of the profession would suffer in the long run from the change. An institution organised by laymen, can be just as much a "church" organisation, as one organised by clergy, and saintliness is certainly not a monopoly of clerics. Here is a description of a saintly surgeon: "His gentle nature, imperturbable temper, resolute will, and indifference to ridicule, and tolerance of hostile criticism, combined to make him one of the noblest of men. His work will last for all time; humanity will bless him evermore and his fame will be immortal." That quotation from a report of the Royal College of Surgeons, which I take from Dr. Douglas Guthrie's recent History of Medicine, concerns one who died not much more than 50 years ago—Lord Lister—but Lord Lister, though not himself a Bart's man, was in a great succession, and in speaking of the ethics of the profession, it is very significant, far more so than is usually realised, that twenty years before the refounding of St. Bartholomew's Hospital the whole Western medical world was for the first time presented with the works of Hippocrates—they were written in the 4th century before Christ, but they were printed in 1526. The Hippocratic oath, one of the most Christian utterances of the pre-Christian world, has increasingly dominated the ethics of the profession to its immense benefit, ever since.

The truth was, that in Henry VIII's day, the clerical body was no longer as necessary as it had been, and had for the most part so honourably been, for the organisation of institutions for the tending of the sick; there were honourable competitors now!

What then was the problem involved in the continuance of the Hospital? Was it finance? Why! this hospital was in the city of London! London had not yet become the greatest city in the world, but it was on the way to becoming it, and what is more, it was *consciously* on the way to becoming it. If the great merchants of the city of London wanted to retain their hospital, retain it they would. All that was necessary was that they should come to terms with the King.

We don't know how much of the original endowment Sir Thomas Gresham got from the King. We do know how much money the City had to put up before the King would take action, and we note that when the King refounds the Hospital it is vested, *not* in any ecclesiastical

body, but in the mayor (as he was then designated), the commonalty and citizens of London and their successors for ever, in consideration of the payment by them of 500 marks per annum towards its maintenance, but with that payment, be it noted, went the nomination and appointment of all the officers, which suggests that the city fathers in those days did not believe in paying the piper without calling the tune, and that the King sympathised with them in this.

In one form or another, this relationship between the city and the Royal Hospital of St. Bartholomew (and other Royal Hospitals) has continued ever since.

Who do you think was the intermediary between Sir Thomas Gresham and the King? Surely, Thomas Vicary the Surgeon. Do you think it possible that he may have been Sir Thomas Gresham's doctor as well as the King's? I wonder! However that may be, seldom in their long history of fruitful co-operation have the Crown and the citizens of London co-operated to better purpose than in the case of the refounding of Bart's. For the second four centuries of the life of this ancient hospital have been fraught with immense significance in the warfare against disease and pain. I hesitate to mention names—Harvey, Caius, Pott, Abernethy, Paget, are obvious, but besides these admittedly very great names, there are hundreds and thousands of others, many of them hardly less great and some even contemporary with us, and the sum total of their goods gifts to humanity are incalculable, and one and all they would acclaim the Royal Hospital of St. Bartholomew's as the chief source of any gifts and powers that they have possessed for the relief of human suffering and disease. Nor is it otherwise with the nursing profession. I dare not mention names; if I dared, some would be names of sisters who reigned over wards I myself worked in more than 40 years ago, and no man in my day would have left out "Sister Surgery."

What a tradition this ancient hospital possesses! What a superb achievement taken all in all has been the life and work of this hospital during the four hundred years since its refounding—the achievement of a great company of the laity, whether they knew it or not, inspired by Jesus Christ and enabled by His spirit to wage warfare against pain and disease and death.

What of the next four hundred years? If

its control of its own scientific discoveries allows humanity to continue to exist for so long! The massive character of the demands of new knowledge, and the stimulus of a more alert and more Christian social consciousness have between them created to-day a situation which can only be met by the re-organisation in the near future, on a vast scale, of almost all institutions which seek to prevent and to cure disease.

For the first 400 years of its existence, this old Hospital was one of the chief glories of the Mediaeval Church in this country. In its second 400 years it was one of the chief glories of an age of scientific discovery, all the more so in that it discovered for life rather than for death. Whatever reconstruction there be in the future, it will be as necessary as ever for State and City and the Medical and Nursing professions and the Church to collaborate in order to make as fruitful as possible the outpouring of selfless service which in the last 820 years, in spite of inevitable human shortcomings, has nevertheless been characteristic of this place and which will not fail us in the future. And let us hope that this generation of doctors may produce its Thomas Vicarys to bring about the wise co-operation which is so essential if great tradition is to be a stimulus rather than a brake to great advance. For, to conserve the best in tradition whilst remaining open minded to fresh discoveries of truth, and to new methods of organising it for the service of man, is the *hall mark* of the useful institution.

During eight centuries, St. Bartholomew's Hospital, with all its ups and downs, has borne that stamp as honourably as any institution in the world; and to-day, in its ancient priory church, we unite in prayer to God that it may long continue so to do.

Note.—In my address I spoke of Holbein's picture of Henry VIII giving the Charter into the hands of Thomas Vicary for the Barber Surgeons' Company, as being in the possession of the College of Surgeons. In fact, I thought it had been loaned to them. This is incorrect. Dr. George Graham has very kindly put me in possession of the facts concerning this picture. The original picture by Hans Holbein the Younger is in the possession of the Barbers' Company. It was badly damaged by water in the Great Fire of 1666, and Pepys inspected it at that time, as he recalls in his diary, and says that it was not worth buying! The Barbers' Company has had it in safe keeping outside London in the last few years. The picture in the College of Surgeons is a copy of the original, and is a little different from it.

G. W.



## IN OUR LIBRARY—III.

## THE WRITINGS OF JOHN HUNTER (1728-1793)

By JOHN L. THORNTON, Librarian

The Librarian of the Royal College of Surgeons, W. R. Le Fanu, has recently compiled a hand-list of John Hunter's books (*John Hunter; a list of his books*, 1946), and it appears opportune to examine the writings of Hunter in our own library. Considering the number of editions and translations recorded by Le Fanu, we are not very rich in this respect, but the books are of great interest and worthy of study even today.

Much has been written about John Hunter. Friends and enemies have found ample material that they considered worthy of record, and probably the best unbiased biography is that by George C. Peachey (*A Memoir of William and John Hunter*, 1924<sup>1</sup>). Such being the case we will not concern ourselves with the story of his life and brilliant career, but concentrate upon his writings.

In 1771 appeared the first edition of John Hunter's *The Natural History of the Human Teeth*, of which we possess only the second (1778), and third (1803) editions. This book is said to have revolutionised the practice of dentistry, and it was translated into Dutch and Latin, German and Italian. His *Treatise on the Venereal Disease* was first published in 1786, but we possess the second edition of 1788, the third edition of 1810, and the French translation by M. Audiberti, which was published in Paris in 1787.

The *Observations on Certain Parts of the Animal Oeconomy* first appeared in 1786, and contains the original description of the olfactory nerves, Hunter's observations on secondary sexual characteristics in birds, on the descent of the testis, and on the structure of the placenta. These are chiefly extensions of Hunter's papers contributed to the *Philosophical Transactions*, and the Library houses the second edition dated 1792. This copy formerly belonged to John Abernethy, at one time a pupil of Hunter. Probably Hunter's most important publication

<sup>1</sup>This will shortly be available in the Library.

was *A Treatise on the Blood, Inflammation and Gun-Shot Wounds*, 1794, the material for which he collected while serving as an army surgeon. We possess the 1794 issue, together with the two-volume edition of 1812, and "a new edition" dated 1828.

John Hunter's surgical lectures are represented in the Library by *Hunterian remminiscences; being the substance of a course of lectures on the principles and practice of surgery, delivered by the late Mr. John Hunter, in the year 1785: taken in shorthand . . . by . . . James Parkinson. Edited by his son, J. W. K. Parkinson [etc.]*, 1833. The writings of John Hunter were collected together and issued as *Works*, edited by James F. Palmer, in four volumes and an atlas. We possess three composite sets of these, dated 1835-1837.

The Library also contains John Hunter's *Observations and reflections on geology . . . intended to serve as an introduction to the catalogue of his collection of extraneous fossils*, 1859, and his *Essays and observations on natural history, anatomy, physiology, psychology, and geology . . . Being his posthumous papers on those subjects, arranged and revised, with notes . . . by Richard Owen*, two volumes, 1861.

It is interesting to note that John Hunter had most of his books printed at his home at No. 13, Castle Street, Leicester Square, employing three printers, among other personnel. This may have been an attempt to frustrate the Irish pirate printers, or that Hunter might supervise the production of his books throughout the entire process. It was typical of him that he should spare no expense in furthering his research, and his books are well-produced, containing many fine engravings.

John Hunter was a pupil of both Cheselden and Pott at one period, and if we could find any definite record of his entry as a student at this Hospital, we should be gratified to house his writings among the Athenae Collection of Books by Bart's men.

## THE EXHIBITION IN THE COLLEGE LIBRARY, MAY 8th &amp; 9th

The Exhibition which was included in the Commemoration celebrations planned by Mr. MacAdam Eccles was held in the College Library on May 8th and 9th and consisted of four sections, marking the jubilee of the use of X-rays; the centenary of the introduction of chloroform into the hospital; the 150th anniversary of the foundation of the Abernethian Society and the 400th centenary of the second foundation of the hospital.

One X-ray photograph of fifty years ago remains in the possession of the hospital, taken on an immense sheet of glass and showing a huge renal calculus. Examples of the various regions of the body now capable of radiographic investigation were also shown.

Bart's is sometimes criticised as being a stronghold of Conservatism, yet fourteen days after Simpson's paper was published, the hospital ordered a supply of chloroform from Edinburgh. The Mills drop bottle and the Richard Gill "lint" technique, both developed at Bart's, were therefore specially interesting. In addition, a most impressive collection of apparatus was on view, showing the development from Clover's original gas-ether inhaler and the original Boyle's model to the latest Boyle's machine, with a section too, of ether apparatus from the open drop bottle to the Oxford inhaler. The evolution of intravenous anaesthetics, both Barbiturates and Curare, was also outlined.

The first Minute Book of the "Medical and Philosophical Society of St. Bartholomew's Hospital" founded in 1796 has been lost. The oldest Minute Book available, dates from 1799, when Abernethy was a regular attendant at meetings. After his death, the Society was reconstituted as the "Abernethian Society," at a meeting held on November 23rd, 1832. These two Minutes and those of February, 1835, when Mr. James Paget described to the Society "a new entozoon in human muscle," later given the name *Trichina Spiralis*, were included in a collection of Abernethy's letters and publications. His gold watch and several sets of instruments used by him were also exhibited. The opportunity too, was taken of showing three lithographs of Abernethy which had recently been given to the Society by Mr. Geoffrey Keynes. The most interesting item, however, was the very lovely miniature of Abernethy, reputed to have been done by Lawrence, which, together with his gold watch, were very kindly lent by the President of the Royal College of Surgeons.

The remaining section of the Exhibition contained the original Deed of Covenant of December 27th, 1546, signed by King Henry VIIIth, by which the hospital with all its contents and most of its former possessions, were granted by the King to the Mayor, Commonalty and Citizens of London and on which the present constitution of the hospital is still based.

The atmosphere created by the historical play in the church of St. Bartholomew-the-Great, heightened one's appreciation of the original charter.

The occasion provided an excellent opportunity of showing some of the hospital's treasures, which are seen all too infrequently. The selection of these included the oldest document in the possession of the hospital—a grant by Rahere to Hagno the Clerk of the church of St. Sepulchre (A.D. 1137). The following is a translation:—

"Be it known to all the faithful, that I, Rahere, of St. Bartholomew's which is in Smithfield, the Prior and the whole convent of our church have granted in alms to the end of his days the church of St. Sepulchre to Hagno the clerk, provided ye are to know that the same aforesaid Hagno shall every year pay us for the use of the canons and of the poor abiding in the hospital fifty shillings—at Michaelmas twenty-five shillings, twenty-five at Easter. In the year of the Lord's incarnation one thousand one hundred and thirty-seven, the second year moreover of the rule of King Stephen in England. These being witnesses: Haco the Dean, Hugh, Canon of St. Martin's; Walter, brother of William the Archdeacon; Tiold the Canon; Ralph the Master; Gilbert the Priest; Osbert the Priest; Robert of St. Mary's; Algar the Priest; Godfrey, son of Baldwin the Priest; Roger niger; Alexander; Odo; Geoffrey Constable; Richard the Priest; Burdo the Clerk; Geoffrey of Heli."

The earliest record of the Arms now recognised as those of St. Bartholomew's Hospital was also shown. This is the seal attached to an agreement between John Wakering, Master of the Hospital and the Prioress of St. Helens, on June 14th, 1423, and was apparently adopted in the course of years as the hospital Alms.

Brother John Cok, Renter of the Hospital from 1421 till his death (at some time after 1468) wrote two elaborate cartularies by which

(continued on page 80)





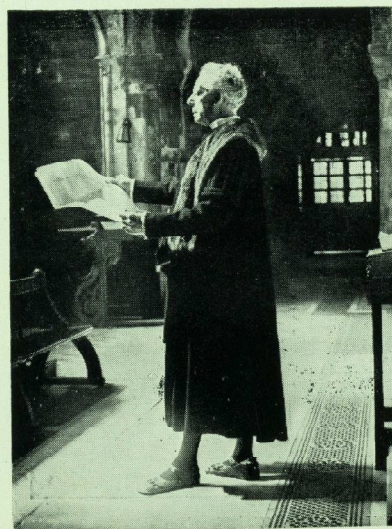
*The King and Queen, The Lord Mayor, and Sir George Aylwen.*



*Members of the Nursing Staff in the Procession.*



*Miss Viola Lyel as Queen Katherine, A Lay Brother—Mr. O. B. Clarence, and Mr. Robert Morley as King Henry VIII.*



*A Clerk, played by Mr. Wilfrid Walter*

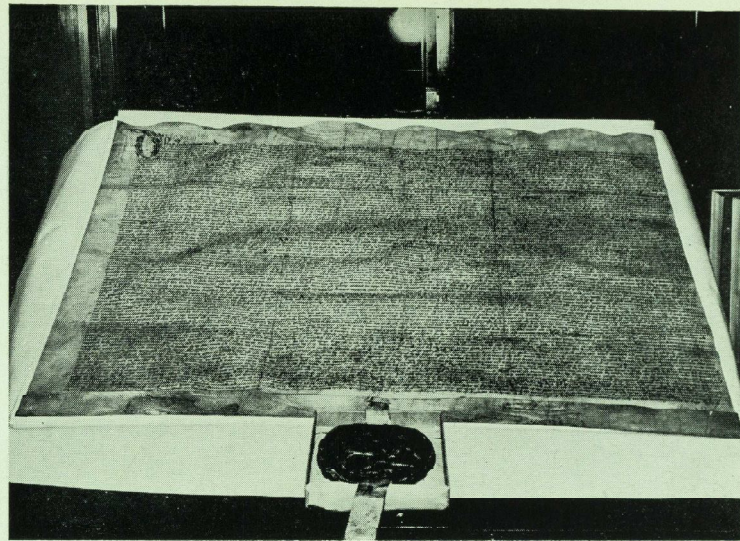


*A British Airman—Mr. Hubert Gregg, Rabere—Mr. John Byon, and An American Soldier—Mr. Hartley Power*

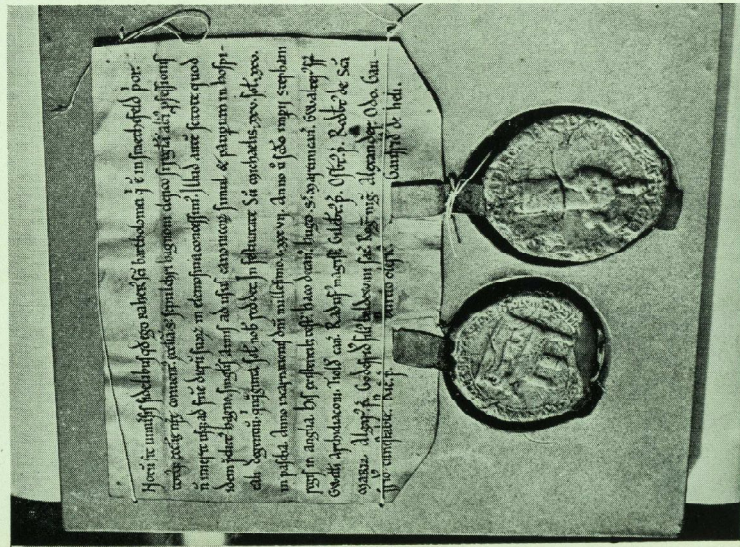




Mr. Robert Morley as King Henry VIII and Miss Viola Lyel as Queen Katherine Parr.



The Charter of King Henry VIII, 27th December, 1546.  
The Signature may be seen at the top left-hand corner.



Grant by Rabere to the Church of St. Sepulchre,  
A.D. 1137.



most of the earliest history of the hospital has been preserved. The photograph shows the page containing a capital illuminated by a portrait of John Cok in a red gown and black cap, the livery of a Goldsmith, kneeling before a cross supported by three angels, with his arms at the foot of the cross.

The Renter's mug in which tenants of the hospital were given refreshment when they came

to pay their dues and two flint-lock pistols carried by the Renter on his journeys collecting other rents, were also included. The remaining photograph shows an entry in the "Feast Book," the record of the annual "Buck Feasts" which were held in the Great Hall from very early times till 1903, when they were discontinued.

### SOME MEDICAL REFERENCES IN BEN JONSON'S PLAYS

By MR. WILFRED SHAW

Ben Jonson, the first poet laureate, one of the great figures in English literature, a man of vigorous personality, was amongst the most learned of the Elizabethans. He combined a vivid representation of the common people with much scholarship and erudition. Some of his poems are of first rank and he wrote much light verse of good quality. He had considerable medical knowledge and I have collected together the following examples.

In his play, Bartholomew Fair, with its prologue welcoming King James I to the play, he mentions St. Bartholomew's Hospital. In the Induction, one of the characters, Littlewit, is referred to as "playing one o' the Arches that dwells about the Hospital." This allusion refers to the Court of Arches, the Consistory Court of the Archbishop of Canterbury, so that people holding official positions were playfully called Arches. I remember a member of the staff, now a man of great eminence, pulling himself together with a glass of champagne at the Arches, which has perhaps replaced to some extent the original Court of Arches. An important character in the play is Mrs. Ursula, who keeps a store at the Fair where roasted pigs were sold with great ostentation. The Bartholomew pigs were famous and it was well recognised in Elizabethan times that they induced the longings of pregnancy. Mrs. Ursula, the pig woman is a typical Jonsonian character, representative of the modern cockney woman. In the play, she falls down when carrying her dripping pan and scalds her leg.

Urs.: "Curse of hell! that ever I saw these fiends! oh! I have scalded my leg, my leg, my leg! I have lost a limb in the service! run for some cream and sallad-oil, quickly. Are you underpeering, you baboon? rip off my hose, an you be men, men, men."

After a little first aid, she cries out again:—

"Oh, the pox! why do you put me in mind of my leg thus, to make it prick and shoo? "Would you have me in the hospital afore my time?"

This mention of the hospital is of some importance because it implies that about the year 1616, when the play was written, the hospital was used for the reception of the aged sick.

Much reference is made in the play to the longings of pregnancy. One of the characters, Win-the-fight Littlewit, so named that Ben Jonson could ridicule the Puritans, pretends that she has a longing for roast pig so that she can obtain permission from her mother to go to the Fair. This is what her husband Littlewit says to his mother-in-law:—

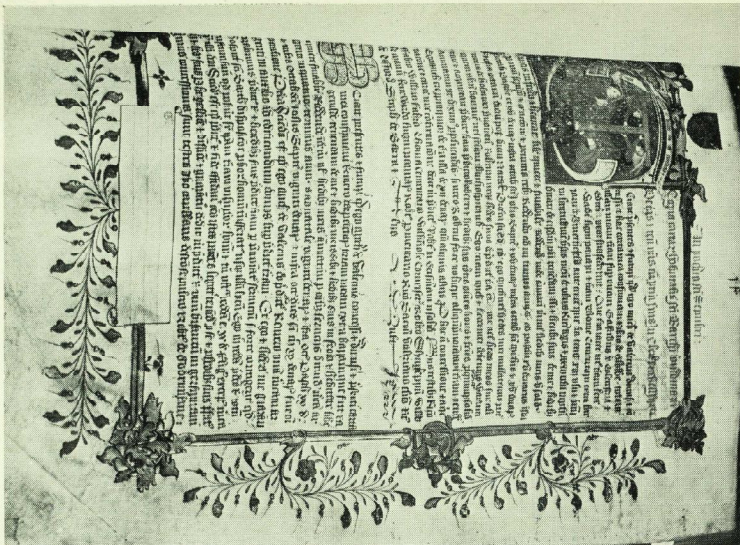
Lit.: "Good mother, I pray you, that she may eat some pig, and her belly full too; and do not you cast away your own child, and perhaps one of mine, with your tale of the tempter."

In modern midwifery, longing for pig is almost unknown, though I remember the wife of a member of the staff developing a longing for steak and kidney pudding in early pregnancy. The member of the staff, perhaps not of the same eminence as the one mentioned before, suffered the indignity of his wife being urged to go into a second class restaurant in the Tottenham Court Road because she smelled steak and kidney pudding when out shopping.

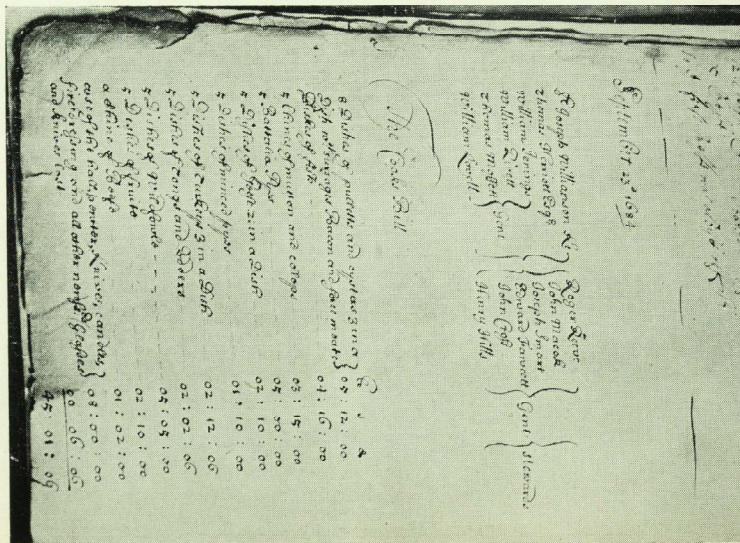
Win-the-fight's mother makes this remark:—  
Pure: "Truly I do love my child dearly, and I would not have her miscarry, or hazard her first-fruits, if it might be otherwise."

The modern student might well be taught to use the expression "hazard her first-fruits" rather than say "run the risk of miscarriage."

Lit.: "Good i'faith, I will eat heartily too, because I will be no Jew, I could never away with that stiff-necked generation: and truly, I



The Cartulary of St. Bartholomew's Hospital written by Brother John Cok.



The Feast Book



hope my little one will be like me, that cries for pig so in the mother's belly."

One of the most amusing of Ben Jonson's plays is the "Magnetic Lady," the chief character being Lady Loadstone. Lady Loadstone has a niece who is given the unusual name Placentia by Ben Jonson. As Ben Jonson puts it:—

... her mother

She died in child-bed of her.

Placentia is in poor health and is first thought to be suffering from the green sickness, or as Ben Jonson calls it, the maiden's malady—a most elegant description. Subsequently, she is thought to have a dropsy, but her maid points out that what is really the matter with Placentia is that she is "puft and blown." Asked what she means by "puft and blown," this is what she says:

*Pol.*: "Tainted, an't please you, some do call it.

She swells, and so swells with it—"

Rut, the physician to Lady Loadstone, then makes the following remarks, which are of very great interest, for they anticipate the alliterative nemonic fat, fluid, flatus, foetus, for the causes of abdominal swelling in the human female:—

*Rut.*: "Give her vent,

If she do swell. A gimlet must be had;

It is a tympanites she is troubled with.

There are three kinds: the first is anasarca,

Under the flesh a tumour; that's not her's.

The second is ascites, or aquosus, A watery humour; that is not her's neither.

But tympanites, which we call the drum,

A wind-bombs in her belly, must be unbraced,

And with a faucet or peg, let out, And she'll do well: get her a husband."

All this was written before Harvey wrote "The Circulation of the Blood," and is illustrative of Ben Jonson's phenomenal crudition. Poor Placentia in due course goes into labour and "is newly brought to bed of the bravest boy." However, the midwife, Mother Chait, conveniently overcomes the difficulty of the baby, by suggesting that her own daughter is responsible—"She shall pretend to have had a fit o' the mother."

In the play "The Staple of News," there are some other medical references. Almanac, a doctor of physic, is disputing mildly with an old patient, Pennyboy Senior.

*Al.*: "Well, wolf, hyena, you old pocky rascal,

You will have the hernia fall down again

Into your scrotum, and I shall be sent for:

I will remember then, that, and your fistula

In ano, I cured you of."

*P.B.*: "Thank your dog leech craft!

They were wholesome piles afore you meddled with them."

Later, in the same play,

*P.Can.*: "The doctor here; I will proceed with the learned.

When he discourseth of dissection, Or any point of anatomy; that he tells you

Of vena carva, and of vena porta, The meseraics, and the mesenterium."

There are many medical references of great interest in the "Alchemist," though they are not all suitable for reproduction.

In addition to his knowledge of medicine, Ben Jonson was well acquainted with Elizabethan pharmacy. He was well versed in law and had great versatility. He was never lascivious or obscene, but he never shunned coarseness and vulgarity in depicting his characters. It is for this reason that his plays are not suitable for study by young people.

## THE WEEKES LETTERS

Richard Weekes of Hurstpierpoint, Sussex was born in 1751 and went to St. Thomas's Hospital, then situated near London Bridge, for his medical education. Later his two sons, Hampton and Richard, also went to St. Thomas's and letters which have been kept in

the family throw an interesting light on the conditions of medical education in 1800. A war was on then, and one of the later letters refers to the hanging of flags to celebrate the short-lived peace (of Amiens). Richard Weekes senior had gone to St. Thomas's at a

time when drastic changes had improved unsatisfactory conditions. A Grand Committee had found that the disagreement between certain surgeons of the hospital had caused a death of pupils, and two of the surgeons were induced to resign. With a view to healing the breach which had arisen between them in 1760 the Grand Committee had also opened negotiations with Guy's Hospital across the road: so successful were these that the pupils of each Hospital were once again free to attend the practice of the other Hospital. So was re-established the harmonious co-operation illustrated in the practice of a former period. William Cooper, Surgeon to Guy's, was uncle to Sir Astley Cooper, who, commencing as a pupil of St. Thomas's, later succeeded him as Surgeon at Guy's. Fordyce, then the most junior of the St. Thomas's physicians, was still at St. Thomas's when young Richard Weekes became a pupil thirty years later. Richard Weekes returned to Hurstpierpoint to practise there. He had wide interests for it is recorded of him that his chief hobby was the study of botany, chemistry, anatomy and mineralogy, while in his later years he read much. He died in 1823 at the age of 72 of a "schlissus of the pylorus, just like his friend Mr. Cline, and Buonaparte."

The sons, Hampton and Richard, after going to the Merchant Taylors School, appear to have assisted their father in his practice for some time before going as pupils to St. Thomas's. Letters to Richard addressed him as "Surgeon, Hurstpierpoint," when he was only 16. It was thus that these young men had so "post-graduate" an outlook on their work when they went to the Hospital. Hampton, who wrote most of the letters that have been preserved, eagerly compared the methods he saw in use at St. Thomas's with those to which he was accustomed at home. For his father he made enquiries on technical points and was kept busy ordering instruments and materials; for the Seniors to whom he had introduction he secured hares and partridges from the country. The famous Henry Cline was one of the St. Thomas's Surgeons, and Sir Astley Cooper, just previously appointed to Guy's, still gave lectures on anatomy and surgery in St. Thomas's. Hampton and his brother Richard returned to practice in Hurstpierpoint where they owned most of the village between them, Hampton at least having taken the degree of M.D., in Aberdeen. Richard, following in his father's footsteps, had many interests, being keen on conchology, book-collecting, and antiquarian matters generally. It is remembered of

him that he cared much for his poorer patients, to whom he sent no bills—at least latterly.

Recent events which have led to the establishment of Manor House, Godalming, as the country headquarters of St. Thomas's Hospital Medical School renew the connection of the Weekes family with St. Thomas's, for the house was built by a son of Richard, and a grandson and granddaughters now live immediately adjacent to it. It is owing to the kindness of these descendants that the letters printed below have become available, and a debt of gratitude is due to those who have so carefully preserved these records of the past.

A. B. APPLETON,  
THREE LETTERS TO HAMPTON WEEKES  
FROM A FRIEND AT ST. BARTHOLOMEW'S HOSPITAL, 1796, 1797.  
ADDRESSED TO MR. H. WEEKES, SURGEON,  
HURSTPIERPOINT, NEAR BRIGHTON, SUSSEX  
St. Bartholomew's Hospital  
October 8th, '96.

DEAR WEEKES,

I suppose you begin to think I have almost forgotten there is such a place as Hurst . . . I am sorry to hear of the Death of poor Tom Madge's Wife; the puerperal Fever is certainly a terrible disease . . . Dr. Clarke recommends us in Puerperal Convulsion, which may happen either before or after Delivery, during the fit to throw cold water in the face so as to give the sensation of drowning to the patient; to open the Temporal Artery, & to give as large a dose of Opium as you dare to give . . .

You must well have an Idea how extremely busy I am now, but just to give you an account of it, still farther convince you of its reality, I will begin with the morning before breakfast, at which time I have to visit several patients in the Hospital, at 10 O'Clock Dr. Roberts Lectures on the Practice of Physic & Materia Medica, at 1 O'Clock we go into the Dissecting Room to hear Demonstrations, at 2 O'Clock Mr. Abernethy begins his Anatomical Lectures; dine at 4, half past 5 Dr. Clarke on Midwifery, 7 Dr. Powell on Chemistry & during the Winter there will be 3 times a week at 8 O'Clock in the evening Mr. Wilkinson on Experimental Philosophy, and every Friday Evening the Medical Society of which I am a Member, from here we do not get away till 10 O'Clock. I hardly ever get to bed before 12 or 1 O'Clock & sometimes later, I am obliged to do this to get my writing done. I have quite a Folio of Dr. Roberts Lectures: I am now writing out . . . Mr. Ab<sup>d</sup> on Physiology. I almost forgot Mr. A<sup>s</sup> Surgical



Lectures which begin next month to add to the lot: all I can say is, it is too much, I assure you it works me confoundedly.

I have been several times to old Fordyce, it always puts me in mind of your Father's time . . . the poor old Man is almost worn out.

My respectful Compl<sup>ts</sup> to your Father & the family, & I remain

Yours sincerely OWEN EVANS

St. Bartholomew's Hospital  
Jan'y 2<sup>d</sup> '97

DEAR WEEKES,

. . . I fully intended writing to you by Dick when he returned into Sussex. . . . We have been of late froze out of the Dissecting Rooms . . . in fact I have not as yet done much for myself in making Preparations, neither do I think I shall as I am sorry to say Subjects are very scarce in proportion to what they formerly were & they charge a most exorbitant price for blood vessels & extremities; they charge 4 guineas for a Muscular Subject.—

I have during the season spent a great deal of time in the Dissecting Room assisting one or other & sometimes help Mr. Abernethy's Man get the Subjects ready for Lecture; I assure you the more I know of Anatomy the fonder I am of it which I hope will be of some encouragement to you: at the same time lament my forgetfulness of things which I have before learnt & I am confident the minutiae of Anatomy is a part of our Science which a Man very soon forgets except he is constantly in the habit of seeing or renewing his memory by reading on this subject.—We get a great deal too much to attend to; I am of opinion for a Man to make himself a good anatomist sh<sup>d</sup> attend only to that subject . . . but in the situation in which I am I cannot as I must attend to the Patients in the Hospital & go round with the Physicians as well as the Surgeons which takes up a great deal of time.

My mind becomes every day attacked with the

Reprinted from *The St. Thomas's Hospital Gazette* of October, 1942, by kind permission of the Editor.

## CORRESPONDENCE

### CHLOROFORM AT BART'S.

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

The statement that 1946 marks the centenary of the first administration of chloroform at Bart's has appeared in the medical Press, including your own columns.

thoughts of procuring a livelihood . . . I often think I should like to see your Father to consult with him. I understand Capt Jefferson has said he could . . . get me as Surgeon Lieutenant in one of the Militias which would certainly be a pretty thing for a young Man. I do not feel much inclination to go abroad or otherwise there are plenty of situations. . . . A Gentleman . . . has recommended me a situation . . . in Bucks . . . there is another Practitioner . . . who by the bye is no Conjurer . . . he has just married a Woman of large fortune . . . & he was prior to this negligent of this business & as far as I can understand the people about the neighbourhood are tired of his inattention.—The worst of it is I understand it is a *dirty* Country.—Please remember me to all the Family & I remain Yours faithfully

OWEN EVANS

I hope the Oysters arrived  
safe & proved good.

St. Bartholomew's Hospital

Apr. 12th

DEAR WEEKES,

I cannot suffer my old friend Dick to return home without writing you a few lines. . . . Dick will inform you of the particulars of our excursion to Chelsea on Tuesday & I must confess, I was never more highly entertained than with the company of little Grace; the very sensible & pleasing manner in which she expressed her surprise at the different curiosities.

I have at last sent you the Formula of our Hospital . . . there has not been any of them printed until now again.

Our Lectures &c & my time here is now drawing to a speedy conclusion.—There are no situations at present in this City except where large Premiums are demanded.

Dick is now waiting for this . . . I am

D(ea)r Weekes

Yours sincerely O EVANS

In the interests of accuracy I would point out that so far as I know there is no evidence of this.

Sir James Young Simpson reported having anesthetized three patients with chloroform in a paper read to the Medico-Chirurgical Society at Edinburgh on November 10th, 1847. It is usually accepted that these were the first administrations in Great Britain. An order for 3 oz. of chloroform was sent from St.

### MR. MACADAM ECCLES

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

Dear Sir,

With the passing of MacAdam Eccles, another Edwardian figure has left the stage.

He was a link between the slashing giants of the nineties and the polished technicians of today.

When first I entered his sphere, he was fifty and wearing uniform. His vigour was tremendous and stamina remarkable; he was able to do a list at the 1st London General in the morning and then come to Theatre B to operate again from 1.30 to 6 p.m.

Always punctual, he was kind and courteous and possessed of admirable self-control. His surgery was cautious, but operations were completed in unusually short times owing to his sure knowledge of anatomy and unhesitating progress.

Once I fetched him down at 3 a.m. to a gastric crisis and he proceeded to demonstrate the signs in a way that I can never forget, but without a word of blame. He was an admirable man.

Yours very truly,

J. WHITTINGDALE.

Newland,

Sherborne.

June 1st, 1946.

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

Dear Sir,

May I make use of your columns to appeal for medical books and journals for Czechoslovakia?

Since the publication of my article in the March edition of the JOURNAL the B.M.S.A. have organised a collection of medical books and journals for Czechoslovakia, and I would be very grateful if any students or qualified members of the hospital could either send any contributions to the B.M.S.A., B.M.A. House, Tavistock Square, London, W.C.1, or else to me, at St. Bartholomew's Hospital.

I would also like to take this opportunity to thank all those who have already written to me with offers of help for their colleagues, who are working under such terrible difficulties in Czechoslovakia.

Yours sincerely,

FRANCIS M. SHATTOCK.

Victory, Ex-Services Club,

Holborn, London, W.C.1.

March 26th, 1946.

## BOOK REVIEWS

A POCKET SURGERY, by P. H. Mitchener, C.B., C.B.E., T.D., M.S., F.R.C.S., and A. Hedley White, D.S.O., T.D., M.S., F.R.C.S. 2nd Edition. London. J. & A. Churchill, Ltd.

This work was originally prepared by the authors as a concise *vade-mecum* for the Service medical officer. In presenting a second edition, the authors suggest that the book may be of value to those doctors returning to civil practice after a prolonged absence.

The sections on abdominal and scrotal conditions are, on the whole, good. Bone tumours are quite well presented; but, apart from these subjects, the book does not impress the reviewer.

It is difficult to understand why slipped femoral epiphysis is dismissed in two lines, while Yaws is dealt with in nine lines; and leprosy and guinea worm

in ten lines each. It is true that scabies is frequently encountered by the Service doctor, but there seems little point in describing it in "a Pocket Surgery"; furthermore, it is surprising to find almost a whole page devoted to a detailed chart of Mapharside and Bismuth therapy in syphilis.

In several places the text tends to be confusing, due to the terse style adopted; and, quite apart from this, there are a number of very misleading statements.

Tannic acid, gentian violet and silver nitrate are recommended in the treatment of burns, while in dealing with the first-aid treatment of burns, the authors mention "tanning" before morphine is recommended. The statement that "Tracheotomy is not necessary" in jaw wounds is unduly dogmatic



and quite untrue in a number of severe cases. Primary suture is advocated for nerve injuries, but this is certainly not the modern view. "Ligature" of the nerve sheath to "limit neuritis" is advocated where there is nerve injury in the presence of sepsis. Sayre's method is suggested in the treatment of fractured clavicle, but should certainly not be used. The pot belly in Rickets is said to be due to splenomegaly; spasm is alleged to be absent in Perthes disease, and ulnar deviation to be present in Colles fracture. These are but a few of the faults noticed. It is difficult to understand why the authors should mention operations for ligature of a branch of the pulmonary artery, in hæmoptysis, or for stretching of the mitral valve in mitral stenosis. Finally, there are a great number of printing mistakes.

This book does not appear to meet the requirements of any kind of surgical reader and cannot be recommended. It gives the impression of having been prepared by the hurried and unselective summarising of a larger work.

CAUSATION OF APPENDICITIS, by A. Rendle Short, M.D., F.R.C.S. Published, John Wright & Sons, Ltd. (10s. net).

Those interested in the aetiology of appendicitis, or who wish to study a scientific and yet fascinating presentation of statistics, should read this book.

Evidence is produced showing that a marked increase in the disease since 1900 has been associated with a change in the nation's diet, especially a decrease in the proportion of cellulose-containing foods consumed. The author considers this to be the most important factor concerned.

ANATOMY AND PHYSIOLOGY FOR NURSES, by J. L. Hamilton-Paterson, M.D. Published by H. K. Lewis & Co., Ltd., London.

The study of Anatomy and Physiology often proves very difficult to the student nurse, and the choice of a textbook for her guidance has to be carefully chosen.

At the moment many books of this type are being published. This book, however, could be recommended and would be helpful to the student nurse, who has had some previous elementary tuition.

The many diagrams are clearly drawn but some are rather austere and too many details labelled. To the uninformed these might prove overwhelming.

The appendix giving a list of the derivations of anatomical words is of great value and might well be added to other similar textbooks.

E. M. C.

THE NURSES' TEXTBOOK OF ANATOMY AND PHYSIOLOGY, by A. M. Spence, M.B., Ch.B. (Bristol), B.Sc. (Wales), M.R.C.S. (Eng.), L.R.C.P. (London), D.P.M. Published by Faber & Faber, priced 8s. 6d. net.

The author of this book has dealt with his subject, often so difficult for the student nurse, in a very painstaking manner. The material is well planned and is not so set as is usual in books of this description. The diagrams are good and pleasing, and have obviously been prepared with great care. It also contains a number of questions and model answers, which are usually well received by junior nurses.

The book can be well recommended and deserves a wide publication.

E. M. C.

ONE UP TO BART'S.

In September, 1944, we had just swept the first narrow approach channel into the Gulf of Corinth and were tying up in Patras harbour. One of the lads in the leader's ship collapsed in circumstances which suggested a ruptured cerebral aneurysm. A Greek Naval doctor, who saw him, I am sure suspected that the bloodstained froth from his nose meant tubercle or amoebic abscess of the lung. He injected Emetine and Calcium Lactate—both of which we carried—but the patient died on the doorstep of the Civil Hospital.

Post-mortem examination seemed to be called for and permission was readily obtained. Then the trouble began. I speak no Greek—not even the classical kind.

I had to find the body. The first directions led me to the military hospital, which proved to be a school with beds and blankets. The Germans had removed all else. Here an exchange of French and Italian smatterings produced a small boy who acted as guide as far as the Civil Hospital. His languages were fragmentary Italian and German.

The Civil Hospital was much better equipped, although very short of certain things. I found a man who spoke American. What luck! I saw the body and fixed a date for 6 p.m. I was also offered a loan of scalpels and saw.

At six then, we met again. Apart from myself and the body, there were: (i) the Theatre Sister, who helped me and spoke Italian; (ii) two army M.O.'s, the whole local complement, who came to lend support and advice; (iii) two Greek civil doctors who spoke French. I was glad to find that the circle of Willis is also the "cercle de Willis"; (iv) about six nurses; (v) about six presumed students and (vi) a mixed bag of hangers-on, including patients, who filled the floor and gazed in through the grille windows.

It was soon clear that it would have been wiser not to have borrowed the scalpels. A penknife would have cut better, but I felt it would be impolite to make the exchange. A good deal of hacking produced the ordinary viscera and demonstrated their substantial normality.

It was now getting dark and we soon realised that the electricity was *bors de combat*. A little scratching around produced a hurricane lamp

and by its light the calvarium was lifted and the aneurysm exposed. One up to Barts. J. B.

CRICKET

Saturday, June 1st, v. Old Rutlishians, at Chislehurst, Lost.

After much rain in the morning the weather cleared in the nick of time. N. G. O. Gourlay won the toss and chose to bat. We failed to secure a start and came tumbling out in a rapid procession. They opened with Nutman, who was quite fast and might well have got more of us out. It was not he, however, who did the damage, but Richardson bowling left-handed leg-breaks which seldom turned and were on such a dead pitch quite innocuous. We got ourselves out to a series of bad balls—as he said—and the total was 37.

Hope dawned for a brief moment when Hawkes brilliantly caught Breed off Newcombe, but then we missed a chance of a run out and two slip catches went down and that was that. Newcombe got one more wicket and they won with 38 for 2.

We got them all out finally for 117.

St. Bart's Hospital

P. H. R. Hawkes, b Richardson	...	1
P. D. Moyes, run out	...	3
J. S. Vazifdar, c Bailey, b Richardson	...	0
N. G. O. Gourlay, b Nutman	...	2
R. Morgan, lbw Richardson	...	17
C. G. Elliott, b Richardson	...	4
P. Haigh, b Richardson	...	0
D. Taylor, c Nutman, b Richardson	...	5
H. R. Odlum, run out	...	0
A. R. Struthers, b Nutman	...	2
C. P. Newcombe, not out	...	1
Extras	...	2
		37
		117

Bowling—Nutman 2-8, Richardson 6-15.

Old Rutlishians

P. C. Francis, not out	...	66
E. G. Breed, c Hawkes, b Newcombe	...	0
D. C. Bailey, b Newcombe	...	9
B. W. Clarke, b Vazifdar	...	16
C. F. Gale, c and b Odlum	...	7
A. J. Byerley, c Taylor, b Odlum	...	5
H. L. Richardson, st Struthers, b Haigh	...	2
D. Rayner, b Vazifdar	...	2
E. Blake, c Gourlay, b Haigh	...	5
D. P. Nutman, c Hawkes, b Morgan	...	0
E. V. S. Ericson, b Vazifdar	...	0
Extras	...	5
		117

Bowling—Newcombe 2-14, Elliott 0-13, Hawkes 0-19, Vazifdar 3-20, Odlum 2-20, Haigh 2-20, Morgan 1-6.

Sunday, June 9th, v. Public School Wanderers, at Chislehurst. Drawn.

The Wanderers chose to bat on a much rained-upon wicket. We opened with three no-balls in the first over. Vazifdar got two useful wickets quite early, both bowled, and 23 for 2 looked promising. Then came some runs, and we were glad when Khurshid arrived to take the fourth wicket at 81. The tail was soon sent back and they were all out for 122.

Hawkes gave us a good send-off with a sound 38, and with Vazifdar took the score from 30 to 63, when he was caught and bowled. Vazifdar was given out lbw, apparently the ball hit him near McBurney's point, and Gourlay alone was unable to score fast enough. Stumps came up at 7 o'clock when we still needed 14 with 4 wickets in hand.

Public School Wanderers

S. Harris, b Vazifdar	...	5
G. A. Talhurst, c Gourlay, b Hawkes	...	23
A. F. Starlowe, b Vazifdar	...	3
K. H. S. Wilson, c Gourlay, b Khurshid	...	31
K. A. Etheridge, b Khurshid	...	28
R. W. Jamieson, b Odlum	...	16
B. Kemp, b Khurshid	...	0
C. Carrie, b Odlum	...	2
T. A. C. Keenan, c Hawkes, b Morgan	...	5
R. H. Young, b Morgan	...	2
C. Burton, not out	...	0
Extras	...	7
		122

Bowling—Burn 0-16, Vazifdar 2-12, Hawkes 1-13, Simpson 0-19, Khurshid 3-19, Odlum 2-33, Morgan 2-3.

St. Bartholomew's Hospital

P. D. Moyes, b Young	...	4
P. H. R. Hawkes, c and b Keenan	...	38
R. Morgan, lbw Keenan	...	1
J. S. Vazifdar, lbw Keenan	...	26
C. Simpson, b Young	...	0
N. G. O. Gourlay, not out	...	27
—, Ogilvy, lbw Keenan	...	2
P. Haigh, not out	...	3
Extras	...	7
		109

(For 6 wks.)

H. R. Odlum, M. M. Khurshid and . . . Burn did not bat.

Bowling—Young 2-20, Keenan 4-40. Monday, June 10th, v. Gerrard's Cross, at Gerrard's Cross. Won.

The weather was hardly fit for cricket on Whit Monday, but we braved wind and rain before lunch and made a good start. Odlum seemed to confuse the batsmen, Newcombe caught a slip catch, a sub. they were lending us ran one of his fellows out, and 4 wickets were down for 15. Then the batsmen had a go, the bowling folded up and it was not until a change was made that we broke up a costly partnership. After lunch there was little resistance and their innings closed for 117.

Several of our side made a few runs, especially Cozens-Hardy, who swung a heavy bat and Gourlay with some deflections. Our first triumph of this season was consummated shortly before 6 o'clock, and we had a pleasant evening celebrating with our most hospitable opponents.

Gerrard's Cross

F. Hill, c Elliott, b Morgan	...	39
H. E. Brown, lbw Odlum	...	0
N. Bellingham, run out	...	2



H. Bayley, b Odium	0
J. Pennock, c Newcombe, b Odium	1
W. R. May, c Elliott, b Odium	46
A. Christmas, b Newcombe	10
A. Martingell, b Odium	8
W. Macfarlane, b Odium	5
P. Powell, c Taylor, b Newcombe	5
P. Miles, not out	0
Extras	1

117

Bowling—Newcombe 2-30-, Odium 6-56, Martingell 0-15, Morgan 1-15.

## GOLF

A meeting of the pre-war Committee of this Society took place on the 9th May, 1946.

It was decided that an Autumn meeting be held this year on Wednesday, September 25th, at Porters Park Golf Club (on the introduction of Mr. J. G. Milner). The Club is approximately 5 minutes' walk from Radlett Station, L.M.S.

Play will commence at 1.30 p.m. for the 18-hole Bogey competition under handicap. The inclusive cost of green fee and of lunch and tea (provided by the Club) will be 10s. 6d. After the competition a Business Meeting will be held to appoint future Officers of the Club.

This is a preliminary notice to enable members to reserve the date; a detailed circular will be sent out at the beginning of September.

The St. Bartholomew's Hospital Golfing Society is open to all qualified Bart's men. Spring and Autumn meetings are held each year on courses alternately north and south of the Thames. The Gordon-Watson and Milson-Rees cups are competed for annually. The entrance fee to the Society is 5s., and a fee of 2s. 6d. is payable by members entering the competition at the meetings.

The Club would welcome new members from recently qualified Bart's men. Names should be sent in to one of the Honorary Secretaries:—Mr. R. S. Corbett or Dr. H. F. Brewer, St. Bartholomew's Hospital, London, E.C.1.

The 27th annual Staff v. Students' match was played at Denham Golf Course on May 22nd in the most perfect golfing weather. It was regretted that Dr. Graham was unable to play as it was to be his last match as President of the Club.

## BART'S ALPINE CLUB

A reinaugural meeting of the club was held at Divianis Restaurant on May 9th. Dr. Finzi, the retiring President, was in the chair.

Some twenty-five past and present members of the Hospital attended.

The following officers and Committee members were elected:—

President: Dr. E. R. Cullinan.  
Hon. Treasurer: Mr. S. Higgs (re-elected).  
Hon. Secretary: J. W. Platt.  
Committee: Dr. G. Abercrombie, D. Brown, Mr. F.

<i>St. Bartholomew's Hospital</i>	
P. Sawyer, c Martingell, b Powell	1
G. Martingell, b Martingell	13
R. Morgan, c Powell, b Brown	13
P. Haigh, c Miles, b Hill	12
N. G. O. Gourlay, c Miles, b Pennock	27
J. N. Cozens-Hardy, b Martingell	34
C. G. Elliott, not out	6
R. Harding, not out	10
Extras	4

(For 6 wks.) 120

D. G. Taylor, C. P. Newcombe and H. R. Odium did not bat.

EXAMINATION RESULTS  
UNIVERSITY OF OXFORD

*Forensic Medicine and Public Health*  
Cozens-Hardy, J. N.

*Special and Clinical Pathology*  
Cozens-Hardy, J. N. Elliott, C. G.

## UNIVERSITY OF CAMBRIDGE

## EXAMINATION IN PHARMACOLOGY FOR MEDICAL DEGREES

Houlton, T. B.	Dench, P. G. R.	Douglas, D. J.	Page, G. W.
Harris, J. R.	Odlum, H. R.		

## UNIVERSITY OF LONDON

## THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES, APRIL, 1946

## Pass

Aronson, R. P.	Warren, H. de B.	Paros, N. L.	Hobson, J. H.
Chamberlain, G. B.	Bennett, D. L.	Smith, B. J. D.	Morris, O. D.
Garrod, O.	Dale, H. D.	Watson, D. A.	Patel, B. K.
Hunter, R. A.	Griffiths, D. L.	Blackledge, P.	Wand-Tetley, J. I.
Murley, A. H. C.	Lawrance, K.	Dawsou, D. A.	Wince, W. H. D.
Rogers, J. C.			

## SUPPLEMENTARY PASS LIST

## Part I

Birnstingl, M. A.	Prankeid, T. A. J.	King, R. C.	Gourlay, N. G. O.
Campbell, F. G.	Winstone, N. E.	Matthias, J. Q.	Jones, T. G.
Galbraith, H. J. B.	Buerley, D. S. N.	Weston, P. A. M.	Kreeger, I. S.
Haigh, A. B.	Cheshire, D. J. E.	Burrows, C. J.	Pine, R. S.
Juby, H. B.	Glenister, T. W. A.	Franklin, C. J. G. De L.	Whittle, R. J. M.
McCluskey, K. A.	Jones, F.		

## Part II

Glatson, H.	Jamieson, J. G.
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## Part III

Boxer, E. I.	Franklin, C. J. G. De L.	Sutton, W. K.	Fraser, F. E.
Fox, R. II.	Macpherson, R.	Brierley, D. S. N.	Newcombe, C. P.
Joudau, P.	Davis, P. R.		

## SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES, MARCH, 1946

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Cardwell, J. S.	Holtby, M. C.	Morley, D. F.	Turner, W. J. A.
Charles, D.	Hooper, E. K. S.	Morris, V. C.	Vercoe, M. G. S.
Crook, R. A.	Jackson, P. G.	Myers, S.	Vince, A. A. P.
Drown, G. K. M.	Kazantzis, G.	Reading, J. H.	Wainwright, A. J.
Ebrahimoff, N.	Leary, B. D. J.	Reiss, B. B.	Willis, P. F.
Evans, T. I.	Linnett, M. J.	Rosen, I.	Wilson, F.
Ffooks, O. O. F.	McIntyre, J. W. R.	Singh, B.	Woolf, J. C.
Freier, S.	Mehta, J. S.	Smyly, D. P.	Wright, R. F.
Harris, J. W. S.			

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<i>Chemistry</i> Dickman, H. R.	Sims, A. J.	McDonald, I. R.	Wyner, S. E. A.
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HON. SEC., S.B.H.A.C.



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O'Reilly, P. B. M.

Cottam, W. B.

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Timmins, P.Tucker, D. K.  
Ussher, C. W. J.Williamson, T. B.  
Young, R.

## FINAL EXAMINATION, APRIL, 1946

*Pathology*Buchanan, J. H. S.  
Birnstring, M. A.  
Cozens-Hardy, J. N.  
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Cheshire, D. J. E.  
Clarke, L. W.  
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Marsh, E. D.  
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Noon, C. F.  
Pranker, T. A. J.Proctor, I. R. D.  
Weston, P. A. M.  
Shairp, B. E.  
Winstone, N. E.  
Wand, L. G. R.  
Weston, P. A. M.*Medicine*Blackledge, P.  
Chamberlain, G. B.  
Griffiths, D. L.Lawrance, K.  
Patuck, F.Royle, F. C. W.  
Sankey, P. R. B.Wand-Tetley, J. I.  
Teuwen, J. J.*Surgery*Bracewell, G. A.  
Chopra, A.  
Davis, P. R.  
Deane, K. R. H.  
Dickinson, A. M.Denny, W. R.  
Fuller, J. D.  
Fox, R. H.  
Jordan, P.  
Millichap, J. G.Murley, A. H. G.  
Marsh, F. D.  
Newcombe, C. P.  
Osborne, P. F.  
Patuck, F.Paros, N. L.  
Pavey-Smith, J.  
Rogers, J. C.  
Rassim, F.*Midwifery*Buchanan, J. H. S.  
Chamberlain, G. B.  
Daniel, W. R.Dickinson, A. M.  
Griffiths, D. L.  
Jordan, P.Murley, A. H. G.  
Newcombe, C. P.Patuck, F.  
Storey, B. H.

The following students have completed the

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Blackledge, P. Jordan, P.  
Chamberlain, G. B. Montagnon, M. L.  
Denny, W. R. Murley, A. H. G.Patuck, F.  
Royle, F. C. W.  
Millichap, J. G.Sankey, P. R. B.  
Teuwen, J. J.  
Wand-Tetley, J. I.

## ROYAL COLLEGE OF SURGEONS

## PRIMARY F.R.C.S., APRIL, 1946

Gillingham, F. J.  
Simmons, G. H. A.Hartley, C. E.  
Temple, J. L.

Jackson, C. A.

Jackson, J. M.

## SOCIETY OF APOTHECARIES

## FINAL EXAMINATION, 1946

MARCH, 1946

*Surgery*

Holloway, I. T.

Osborne, P. F.

The diploma was conferred on P. F. Osborne.

MAY, 1946

*Path. Bact. and Forensic Medicine*

Holloway, I. T.

*Midwifery*

Holloway, I. T.

The diploma was conferred on I. T. Holloway.

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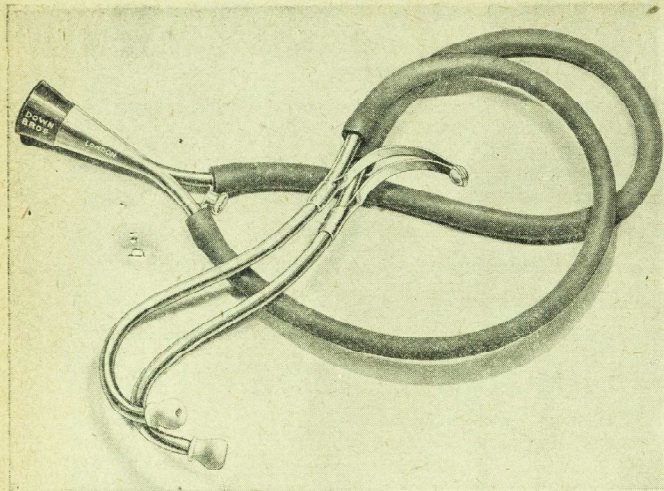
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It is seldom, however, that a practitioner wishes to resort to such drastic methods of raising the metabolic rate as intravenous injection of thyroxin, or the oral administration of compounds of the nitro-phenol group. Indeed, both these measures are usually contra-indicated, owing to the fact that either is liable to involve severe interference with the normal mechanism of the body.

For this reason the practitioner generally prefers to prescribe certain stimulating

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## BRAND'S ESSENCE

# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

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No. 7

### PATENT MEDICINES

"For all practical purposes British law is powerless to prevent any persons from procuring any drug or making any mixture whether potent or without any therapeutical activity whatever (so long as it does not contain a scheduled poison) and advertising it in any decent terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinions and facsimile signatures of fictitious physicians and selling it under any name he chooses, on the payment of a small stamp duty, for any price they can persuade a credulous public to pay." This extract is taken from the report issued by the Select Committee on Patent Medicines in 1914.

This extremely unsatisfactory position is very much the same to-day. It is true that it is now illegal for anyone but a registered medical practitioner to treat venereal disease and manufacturers of patent medicines are compelled by law to publish the contents of their products on the packing. The first of these improvements is a very real advance but the second, though desirable in itself, has done nothing to put an end to what can only be described as a major scandal and in current parlance—a racket. As ninety-nine per cent. of the public have had no training in pharmacology they are not one jot the wiser. This regulation only provides a little grim amusement for the medical profession.

The advertising campaigns continue with unabated fury. The P.E.P. report on the British Health Services published in 1937 estimated that "Over £3,000,000 a year are spent in urging in the newspapers the merits of proprietary medicines and health foods." This does not take into account the money spent on advertising in the trains and buses, on free samples and on disfiguring the towns and countryside

with hideous hoardings. Many advertisements for patent medicines make absolutely fantastic claims. As anyone who travels in the Underground knows it is nothing to see an advertisement for one patent medicine which will cure all, or nearly all, the ills that man is heir to—including headache, backache, "kidney trouble," "acidity," "sluggish bile," and a host of other complaints. There is one preparation on the market to-day which is advertised as follows: "For the Blood, Veins, Arteries and Heart;—o; Take it and stop limping." By present day standards that is a comparatively moderate claim. It is no coincidence that these posters are of unparalleled vulgarity and shoddiness. Everyone must be familiar with the gruesome picture of the "acid in your stomach," burning a hole in the carpet, and there are others just as bad.

One might think that the public would be sceptical about medicines for which such obviously ridiculous claims were made. But one would be wrong. To quote but a single example—some weeks ago a colleague of the writer was clerking a patient with a urinary infection. In the course of taking her history he asked her what treatment she had had before admission to the hospital. She told him that she always took "Bladderex" (that is not its real name). One Monday morning she coyly produced an empty bottle of "Bladderex" that her relatives had smuggled to her, and which she was secretly taking to supplement her treatment. The preparation proved to contain such minute doses of harmless drugs that even a homœopathic prescription would look like a potent blunderbuss remedy beside it. It could have done her no harm but plainly indicated the public's lack of education and discrimination in