

- STALLARD, H. B., M.D., F.R.C.S. "Glioma Retinae Treated by Radon Seeds." *British Medical Journal*, November 14th, 1936.
- THEOBALD, G. W., M.D., M.R.C.P., F.C.O.G. "Further Observations on the Relation of Pregnancy to Hypertension and Chronic Nephritis." *Journal of Obstetrics and Gynaecology of the British Empire*, December, 1936.
- "Referred Pain in Dysmenorrhoea and Labour." *British Medical Journal*, December 26th, 1936.
- VARRIER-JONES, Sir PENDRILL, F.R.C.P. "Papworth and the After-Care Movement in England." *Tubercle*, September, 1936.
- WALKER, KENNETH, O.B.E., F.R.C.S. "Diseases of the Male External Genitalia (other than Venereal)." *Practitioner*, December, 1936.
- WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Posture and Diuresis in the Treatment of Renal Calculi." *Lancet*, January 2nd, 1937.
- WATKINS-THOMAS, F. W., F.R.C.S. "Hoarseness." *Practitioner*, November, 1936.
- WEBER, F. PARKES, M.D., F.R.C.P. "Ehlers-Danlos Syndrome." *Proceedings of the Royal Society of Medicine*, November, 1936.
- "Further Report on a Case Illustrating the Action of Bran in the Treatment of Hirschsprung's Disease." *Proceedings of the Royal Society of Medicine*, December, 1936.
- (and SCHLÜTER, A., M.D.). "Sebocystomatosis (Glinther) in Two Brothers." *Proceedings of the Royal Society of Medicine*, November, 1936.
- "Chronic Leucopenic Lymphadenitis Complicated by Tuberculosis." *Lancet*, December 19th, 1936.
- WILLIAMS, H. C. MAURICE, M.R.C.S., L.R.C.P. (and DEAR, J. R., M.B., and STEWART, W., M.B.). "Active Immunization against Diphtheria. Relative Values of Two Methods as shown by Subsequent Schick Testing." *British Medical Journal*, November 26th, 1936.
- WITTS, L. J., M.D., F.R.C.P. "Effect of Toxic Substances on the Blood-forming Organs." *British Medical Journal*, August 1st, 1936.
- WOOD, W. BURTON, M.D., M.R.C.P. (B. C. COHEN, M.D., and W. H. W.). "The Mirror Test in Pulmonary Tuberculosis." *British Medical Journal*, July 11th, 1936.
- YATES, A. LOWYDES, M.C., M.D., F.R.C.S. "Lymphosarcoma of Tonsil." *Proceedings of the Royal Society of Medicine*, October, 1936.

EXAMINATIONS, ETC.

University of Oxford

The following Degree has been conferred:

B.M.—Cone, C. R.

University of Cambridge

The following Degrees have been conferred:

M.D. Recordon, E. G.
M.B., B.Chir.—Wilson, J.
B.Chir.—Beckett, F. G. A., Maclaren, H. C., McNeil, C., Masterman, E. B. Z., Payne, A. M. M.

Conjoint Examination Board

Final Examination, January, 1937.

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

Armstrong, J. H., Baum, I. H., Blakeclack, L. H., Boden, G. W., Carpenter, M. A., Datzel, J., Darke, G. H., Ellis, B. H., Ennis, J. E., Foster, L., Foucar, R. A., Hambly, E. H., Harvey, M. W., Herbert, G., Jackson, H., Jordan, A., Knight, F. D. W., Longland, C. J., McGladery, R., Mitchell, J. G., Mountjoy, E. R., Pearce, H. A., Reenik, H. S., Roualle, H. L. M., Saltman, P. B. L., Stevenson, R. V., Woddis, G. M., Yates, F. H.

CHANGES OF ADDRESS

- BARRIS, J. D., 20, Upper Wimpole Street, W. 1. (Tel. Primrose 6870.)
- BETT, W. R., 70, Haven Avenue, Apt. 4c, New York City.
- BROOKE, E. B., Surrey County Hospital, Earlswood Common, Redhill, Surrey.
- HOGBEN, G. HAMILTON, The Town Hall, Tottenham, N. 15. (As from May 6th, 1937.)
- WELLS, W., Constantine, Falmouth. (Tel. Constantine 5.)

APPOINTMENT

HOGBEN, G. HAMILTON, D.P.H.(Eng.), appointed Medical Officer of Health to the Borough of Tottenham.

BIRTHS

- CULLINAN.—On February 3rd, 1937, at Tower House, Fitzjohn's Avenue, N.W. 3, to Joy, wife of Dr. E. R. Cullinan, 10, Park Square West—a daughter.
- EVANS.—On February 18th, 1937, at St. Bartholomew's Hospital, to Muriel (née Henderson), wife of E. Stanley Evans, F.R.C.S., Heatherwood, Ascot—a son.
- GOW.—On February 11th, 1937, at 3, Upper Harley Street, N.W. 1, to Aileen, wife of Dr. A. E. Gow—a girl and a boy.
- PHILLIPS.—On February 2nd, 1937, to Barbara (née Reeves), wife of Ralph Phillips, M.S., F.R.C.S., of 1, Southwood Hall, Highgate—a son.
- TAIT.—On January 25th, 1937, at 20, Devonshire Place, W., to Roselle, the wife of Charles B. V. Tait, M.B., D.O.M.S., of 7, Park Street, Windsor—a daughter.
- VISICK.—On January 28th, 1937, at 25, High Petergate, York, to Christine (née Ruegg) and Arthur Visick—a son.

SILVER WEDDING

HUDLESTON—LOWE.—On January 31st, 1912, at Sunninghill, Berks. Ivor Robert Hudleston, R.A.M.C., only son of Mr. and Mrs. R. J. Hudleston, of Raclay House, Poutishead, to Eleanor Dorothy, elder daughter of the late Edward Casner Lowe and Mrs. E. C. Lowe, of Claverhouse, Sunninghill.

DEATHS

- CORKER.—On February 24th, 1937, at 38, Lexham Gardens, W. 8, Major General Thomas Martin Corker, C.B., M.A., M.D., L.L.D., Knight of Grace of St. John of Jerusalem, Army Medical Service (retired).
- DOBSON.—On February 11th, 1937, at 92, Kingsley Way, N. 2, Dr. Eric Leonard Dobson.
- GOVER.—On February 11th, 1937, at 19, Nevern Square, S.W. 5, Col. John Maxwell Gover, D.S.O., M.D., aged 59.
- JUST.—On February 13th, 1937, in London, Theodore Hartmann Just, F.R.C.S., M.B.Camb., only son of the late Sir Hartmann Just, K.C.M.G., C.B.
- ROBERTSON.—On February 9th, 1937, after a few hours' illness, Frederick William Robertson, O.B.E., M.D., of The Grange, Bletchingley Surrey, aged 70.
- WITHERS.—On January 23rd, 1937, at 80a, passed peacefully away, Frederick Ernest Withers, M.R.C.S., L.R.C.P., of Audleys, Bradford-on-Avon, Wiltshire.

NOTICE

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

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

St. Bartholomew's Hospital



Journal

"Æquam memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 7

APRIL 1ST, 1937

PRICE NINEPENCE

CALENDAR

Tues., Mar. 30.—Dr. Graham and Mr. Roberts on duty.	Tues., April 20.—Dr. Evans and Mr. Vick on duty.
Fri., April 2.—Dr. Evans and Mr. Vick on duty.	Fri., " 23.—Prof. Witts and Prof. Ross on duty.
Tues., " 6.—Prof. Witts and Prof. Ross on duty.	Tues., " 27.—Dr. Gow and Mr. Wilson on duty.
Fri., " 9.—Dr. Hinds-Howell and Mr. Wilson on duty.	Fri., " 30.—Dr. Graham and Mr. Girling Ball on duty.
Tues., " 13.—Dr. Gow and Mr. Girling Ball on duty.	Tues., May 4.—Dr. Evans and Mr. Roberts on duty.
Fri., " 16.—Dr. Graham and Mr. Roberts on duty.	Fri., " 7.—Dr. Chandler and Mr. Vick on duty.
Mon., " 19.—Last day for receiving matter for the May issue of the Journal.	Tues., " 11.—Prof. Witts and Prof. Ross on duty.

EDITORIAL

THE STUDENTS' UNION

SINCE about the year 1642 there have been students of one kind or another attending the Hospital of St. Bartholomew; being at one and the same time part of the Hospital and yet forming an entity in themselves—an entity which for the greater part of its existence was without conscious organization or cohesion, but like all other such entities, providing in itself a microcosm of the outer world, and reflecting the variety of interests, the cliques, the stratas, and even the political gropings of contemporary society.

clubs which gave them opportunities to pursue their various sports, or which reproduced the order of the universities whence they came. There was no desire or need for conscious unity beyond the knowledge that all formed part of the same Hospital and were trained in its tradition. Nor was there any wish at first, in boys who came callow from their public schools, or detachedly from their universities, for independent government or a communal voice. If anything it was quite the reverse.

In any case, up till the year 1892 there was no sign of a union. Perhaps the spirit of the age was not one to foster even the mildest of rebellions

against the unquestioned hierarchy of "the Authorities". The school spirit was much too well ingrained for that.

However, in that year a change did take place which was not only the first vestige of student unity, but which paved the way for the Union as we know it to-day.

It was found that the financial interests of the various sports clubs were suffering by reason of wastage, overlap, and the absence of any central control, so after much cautious deliberation an amalgamation took place, and a central Financial Committee was set up to administer what now became the communal funds. Its constitution was significant. It was made up (as might be expected) of the secretaries of all the individual clubs (since all subscribed to the central fund), working under the guidance of two general secretaries and two members of the staff who acted as President and Treasurer. For its purpose this committee was adequate and reasonably efficient. It made no pretence of representing student opinion or of being anything more than a financial convenience. It did not embrace all the students, even indirectly, and there were many interests that did not come under its notice. It was concerned with finance, and finance alone. So far as the students were concerned St. Bartholomew's was still a comfortable extension of the public school, with housemen for prefects and honoraries for masters.

Whether it was the turn of the century, or the death of the old Queen, or the genial restlessness of her successor, or the first murmurings of the suffragettes, we can no longer be sure, but in 1904 the feudal system suddenly crumbled, and the Students' Union as we know it to-day came into being.

"It was the outcome," says the *Hospital Year Book* of 1905, "of a general feeling among the students of the Hospital that their interests and welfare suffered from a lack of a students' representative committee". And again, "It was established with the object of restoring a waning *esprit de corps*".

It had for its objects:

"(a) The promotion of social intercourse and unity of interest among its members," and—

"(b) The incorporation of those clubs and societies which constituted the Amalgamated Clubs."

The electorate provided five representatives of the Clinical years and two of the Pre-Clinical, all carefully segregated into Conjoint, London University and Oxford or Cambridge—an unpleasing and quite useless relic of an altogether earlier age. These representatives were simply grafted on to the Financial Committee of the old Amalgamated Clubs. They, the only directly elected representatives of student opinion, beyond the somewhat narrow bounds of club interests and finance, were outnumbered by club secretaries in the ratio of 18 to 7.

We see, therefore, that the formation of a genuinely representative council was hampered, first of all by a senseless and arbitrary division of the electorate, and secondly by a legacy from 1892, which left a number of club secretaries, some of whom represented groups of six or seven people only, and who had been elected, not as deliberative representatives, but purely to look after the funds and fixtures of their various clubs, heavily outvoting (if they chose) the real student representatives.

The system, inherently unsatisfactory, has dragged on now for over thirty years with only an occasional protest. In point of fact, so far as general administration and finance goes, it works very well. But if, as that ancient *Year Book* says, it was intended to be truly representative and to "restore a waning *esprit de corps*", it is high time it underwent a little mild reform.

At the Annual General Meeting of this year the first reformer entered the lists. Mr. BURNHAM-SLIPPER, who has long been the Council's keenest constitutionalist, brought in a motion for the abolition of the Conjoint and University categories in the electorate, and the substitution of six straight-out representatives in the first constituency and three in the second.

It is a great step forward, and a long needed measure, and perhaps at some future date we may see the inequality which still allows the secretary of a club whose effective membership is half-a-dozen to have as much (or more) influence on the Council as a man who may represent (as do the secretaries of the Rugby, Soccer and Cricket Clubs) groups of hundreds, finally abolished.

CURRENT EVENTS

CORONATION WEEK

Bart.'s share in the Coronation festivities will begin with the great Hospitals' Week flag day on May 4th, when it is hoped all available Bart.'s men will volunteer for service during some part of the day. During the last fortnight of April men will be placed about the Hospital to take the names of all those willing to act as collectors in the City. All lectures for the day have been cancelled.

Wednesday, May 5th, is View Day, and from then until Friday, May 14th (excluding Sunday, 9th, and Wednesday, 12th), a special Exhibition of historical objects associated with the Hospital will be held in the Great Hall (daily 11 a.m. to 5.30 p.m.). Talks will also be given twice daily (at 11 a.m. and 2.30 p.m.) on the Hogarth paintings by Mr. MacAdam Eccles.

On May 5th the ceremonies will begin with a service in the Priory Church of St. Bartholomew-the-Great at 2.15 p.m., followed by the opening of the Exhibition at 3.15, and the talk on the Hogarths at 4.30.

* * *
THE RUGBY DANCE

This favourite amongst Hospital parties is due on April 10th, and will be held at 16, Bruton Street. It will give the final touch to what should be an exceedingly entertaining day, for in the afternoon at 2.30 the Inter Firm seven a side matches will be played, and also the match Chief Assistants v. Residents. These games will be historic in a way, for they are the last that will ever be played at Winchmore Hill. Tickets (8/- each) may be obtained from Mr. A. H. Evans.

* * *
THE CHARTERHOUSE DANCE

The Entertainments Committee is to be congratulated on the notable success of this dance—a success which was all the more brilliant for the very great improvement it showed upon the last Charterhouse function. Well organized and well attended, it showed a corresponding rise in profit, and the proceeds of the bar (the remoteness of which was criticized in the *JOURNAL* at the time, and which was moved up next to the hall itself on this occasion), yielded a little under £50, instead of the previous £12. The special thanks of the Union are due to Mr. C. N. Burnham-Slipper and to Mr. C. Webb for their untiring work in connection with these dances; work which, though it may sometimes be criticized, is certainly not unappreciated.

§

HOUSE APPOINTMENTS

The following gentlemen have been nominated to House Appointments from May 1st, 1937:

Junior House Physicians—

Dr. Hinds Howell	P. W. Morse.
Dr. Gow	W. E. Gibb.
Dr. Graham	J. C. Cochran.
Dr. Geoffrey Evans	A. W. Dawson Grove.
Prof. Witts	A. H. Masina.

Casualty House Physicians—

Dr. Hinds Howell	{ P. F. Barwood.*†
	{ E. R. Monntjoy.†
Dr. Gow	{ J. W. Thompson.†
	{ G. R. Royston.†
Dr. Graham	{ A. Jordan.†
	{ R. Y. Stevenson.†
Dr. Geoffrey Evans	{ I. H. Baum.†
	{ G. E. Loxton.†
Prof. Witts	{ F. H. Yates.†
	{ G. Herbert.†

Junior House Surgeons—

Mr. Harold Wilson	D. B. Fraser.
Mr. Girling Ball	J. C. Newbold.
Mr. J. E. H. Roberts	D. A. Prothero.
Mr. Reginald Vick	E. H. J. Smyth.
Prof. J. Paterson Ross	E. P. Clarke.

Casualty House Surgeons—

Mr. Harold Wilson	{ H. L. M. Roualle.†
	{ D. M. Samuel.†
Mr. Girling Ball	{ C. J. Longland.†
	{ G. A. Fairlie-Clarke.*†
Mr. J. E. H. Roberts	{ B. H. Goodrich.*†
	{ G. G. Waldin.†
	{ G. H. Darko.†
Mr. Reginald Vick	{ H. C. MacLaren.†
	{ J. D. O. Fearnley.†
Prof. J. Paterson Ross	{ J. E. Ennis.†

Intern Midwifery Assistant (Resident)	G. Dailey.
Intern Midwifery Assistant (Non-Resident)	T. L. S. Baynes.
Extern Midwifery Assistant	B. H. Ellis.††
H.S. to Throat and Ear Department	F. Braithwaite.
Junior H.S. to Throat and Ear Department {	J. T. H. Butt.†
	B. J. Bickford.†

H.S. to Ophthalmic Department	J. W. Parks.
H.S. to Skin and Venereal Departments	{ E. C. O. Jewesbury.†
	{ A. D. Ledward.†
	(Non-Resident) {
H.S. to Orthopaedic Department	M. P. Morel.
H.P. to Children's Department	C. McNeill.
Senior Resident Anaesthetist	G. Blackburn.‡
Junior Resident Anaesthetists	{ G. Gray.
	{ T. H. Hughes.
Non-Resident Anaesthetist	C. M. Dransfield.

* If qualified. † 3 months, May. ‡ 3 months, August. § 1 year. Others for 6 months.

MICROBIOLOGY AND MEDICINE

FOR a whole week during last summer the maze of lecture theatres at University College was occupied almost continuously by an assortment of scientists from almost every corner of the globe. They had come not merely from familiar research centres in distant countries, such as America, Japan and Russia, but from unexpected places like Istanbul, Algiers and Tashkent, from places with unpronounceable names, and from some which one had frankly never heard of; for instance, where are Ankara, Lwow, Taihoku, Poznan, Helsinki, Szeged, Garches, Dairen and Lund? These are the home towns of some of the 450 speakers at the 53 meetings, which, together with many demonstrations and a prodigious programme of excursions and receptions, made up this, the Second International Congress for Microbiology.

No one goes to such meetings in the hope of hearing much that is new; the object is to hear and see the man himself instead of merely reading his work, and perhaps even to buttonhole him afterwards and catechize him. It is intensely interesting to be able to attach a face and a voice to what was merely a name, if that name is internationally famous, and the list of speakers seemed to include almost every name that mattered, and a score or more which are almost venerated. To choose only a few which figure in every text-book, there were Blake and Cecil, Dochez, Felton, Homer Swift, Landsteiner, Madsen, Neufeld, Opie, Park, Ramon, Rous and Zinsser. A galaxy of stars is no more a guarantee of a good meeting than of a good play, and in the choice of subjects the net was often thrown so wide that people might be talking about half a dozen different problems only theoretically related: the meetings as a whole were therefore apt to be discursive, unco-ordinated, at times even boring, and again sometimes humorous. But there were some high lights, when there was real debate over ideas which have clashed before only on paper, and one of these was a huge meeting which sat for over three hours under the presidency of Peyton Rous himself to discuss the agency of viruses in producing new-growths. Here was a first-rate mystery, and some of the acutest minds in Europe and America whose recent studies, illuminating as they are, have by no means simplified it. Between those who believe that tumours in mammals as well as in birds are due in part at least to the action of a virus, and those who look in other directions for their cause, there is a far greater difference than appears on the surface. In cancer research there are some who look for a solution in orthodox terms, to be reached eventually by patient and painstaking work on existing lines, and others who

class this problem apart, as something distinct in its very nature, and going somehow deeper than any other. There are degrees of this attitude, varying from the mere recognition of practical difficulties to a sort of reverence accompanied by a suspicion that the human mind is incapable of bringing this task to an end, but the underlying idea was well expressed by Rous when he said that "it will be a pity if this problem is solved without revealing some new biological principle".

The word "microbe", which denotes the subject of this Congress, is current at only one London medical school; the rest of us, perhaps unfortunately, talk of "micro-organisms", which is a clumsy word, or just "organisms", which is really meaningless. Anyhow, these terms refer not merely to bacteria, but to protozoa and "protista", and not merely to pathogenic species, but to many others, of which some are useful instead of being harmful and the rest merely indifferent. Hence, while some sections of the Congress were discussing the manifold activities of streptococci, the meaning of the term "allergy", immunization against specific fevers, or the control of pneumonia, others were immersed in such matters as water purification, sewage disposal, brewing, food preservation, the properties of manure, and the bacterial decomposition of wood. A member from Warsaw described the flora of Polish milk, and one from Cork discussed methods of estimating bacteria in ice cream; Switzerland had a word to say on the bacteriology of cheese, Upsala on the decomposition of forest litter, and Amsterdam on the "bulking of activated sludge". A visitor from Cambridge, U.S.A., had flown to prodigious heights in order to study the flora of the upper air, which reminds one that a present-day professor of pathology at one of the London medical schools once discussed, before the Royal Society, the interplanetary transit of bacteria as a possible explanation of how life originated on the earth. Microbiology is indeed not all medical, and it is well that we should know something of these other microbial activities, or rather that we should view and study microbial behaviour as a whole, in the hope that sound general principles will find their practical outlets for themselves, as in fact they often do.

This occasion furnishes an excuse for asking the question: What does microbiology mean to Medicine at the present day? The golden era of bacteriological discovery in the eighties and nineties is long past, when one had only to stain a film or make the right sort of culture to discover the cause of another disease, and of the many consequences which have followed these discoveries the practical fruits may seem nearly all to have been gathered. To the student in the wards bacteriology stands for a means of verifying a few

diagnoses, such as diphtheria, typhoid and tuberculosis, and perhaps for the source of so-called "specific" treatments, not all of which seem very successful (he has perhaps yet to see what they can do in some of the infectious fevers, and to learn that the supreme benefits of specific immunization are not curative but preventive). Well, even mere diagnostic bacteriology has by no means come to a standstill. The recognition by laboratory methods of undulant fever, glandular fever and Weil's disease are all of comparatively recent introduction, and as far as this hospital is concerned have been achieved only within the past few years; the leptospira of Weil's disease was seen within these walls for the first time in 1935. Within the same period fall Gordon's biological test for lymphadenoma and the complement-fixation and other tests for psittacosis. Until not long ago a hæmolytic streptococcus was just a hæmolytic streptococcus, the same to all appearances whether its capacity for evil was almost unlimited or practically nil. Now that serological methods are available for classifying them, we can say with certainty whether any patient's streptococcus is or is not the one responsible for an outbreak of sepsis or scarlet fever, and thus identify all sources of danger and banish them.

These are great conveniences, but something more is to be expected of the science than that. We have already granted that it is capable of a good deal in the sphere of therapeutics, but what prospects are there of further discoveries about the nature and causes of disease? Here many people would draw a sharp distinction between two classes of micro-organisms, the visible and the ultramicroscopic. The sphere of virus diseases is still a gold mine in which all the claims have not yet even been pegged out, but the methods of working are difficult and the yield uncertain. On the other hand are the visible bacteria, and some seem to consider that the research potentialities of these are played out. Whether this be true or not, one thing is fairly certain: the era of mere searching after new bacteria, or old ones in new places, is nearly over. There are still a few people who appear to think that one has only to find bacteria in some lesion to establish its cause, but it is becoming more and more generally recognized that the causes leading up to many states of infection are more subtle than that. Among these perhaps the commonest is mechanical obstruction in such places as the respiratory and urinary tracts, and two which have been defined more recently are vitamin A deficiency and agranulocytosis. But it is no exaggeration to say that we simply do not know the ultimate cause of a large majority of chronic infections, at least of body surfaces, such as the skin, the lining of the urinary tract and the nasal and bronchial mucosa. The bacteria

doing the damage are easily demonstrated, but why the body allows them to do it is another matter. We do not even really know why some people get lobar pneumonia; the accident of picking up a virulent pneumococcus is not the whole story, and the victims are not all addicted to alcohol, nor have many of them plunged into an icy river in mid-winter to rescue a drowning man.

Of course it is still possible that some distinct micro-organisms, other than viruses, are still unrecognized, either because they closely resemble familiar types and have not been differentiated from them, or because dyes will not stain them, and existing culture media will not permit their growth. There may even be a whole race of undiscovered micro-organisms having characters and behaviour hitherto unimagined; this there certainly was before the discovery of bacteriophage in 1917. But a personal belief, for what it is worth, is that the study of known infections by new methods has a greater future than the search for new agents of infection by old ones.

There is one direction in which bacteriological methods have made two substantial contributions to clinical medicine within the past few years; some would say, indeed, that they represent the greatest therapeutic advances of recent times. It has long been the fashion to deride antiseptics, denying them even the virtue of surface action, despite the fact that there have long been several which, used intelligently and in their proper sphere, are at least valuable preventives of infection. Their use has been a matter of convention rather than conviction, of pious hope rather than of confidence in securing any specified effect. This has been as true of urinary antiseptics as of any others, yet we can now sterilize most urinary tracts within a few days by means of mandelic acid. The idea of being able to kill bacteria in the blood stream by chemical means has been looked upon as a fundamental impossibility, as a chimera which has been chased for forty years and is still as far away as ever—although it is true that some people have pumped useless things like mercurochrome into veins rather for want of anything better to do. Yet nothing in therapeutics is more certain now than that para-aminobenzenesulphonamide, taken simply by the mouth, of all improbable routes, not only does kill streptococci in the circulating blood and tissues, but will regularly abort erysipelas and reduce the mortality of puerperal fever almost to nil. What more it will do we do not yet altogether know.

These reflections are intended to suggest that microbiology is at least maintaining its place in medicine. They are perhaps rather more—a confession of faith in what it may yet achieve. At least let no one who may

at any time be tempted to take up this subject fear the dullness of mere routine. That is only one side of the picture; to anyone who follows progress in the laboratories of the world and tries in whatever way to contribute to it, life can be very exciting indeed.

L. P. GARROD.

THE CHAIR OF PHYSIOLOGY AT CAMBRIDGE

MICHAEL Foster, Langley, Barcroft—and now Adrian: a succession as notable as that of the Cavendish Professorship. Had Sherrington—with whom he shared the Nobel Prize a few years ago—been twenty-five years younger, as he was when he went to Oxford, Adrian might have evaded the natural consequence of his reputation, and remained a Research Professor of the Royal Society. Fortunately for Cambridge he has in fact been willing to accept the harder, and so the more honourable, task.

A mountaineer and fencer, an experimenter with the same skill and subtlety as those two arts require, an admirable Chairman of Committee—not least because of his anxiety to get the business over—Editor since Langley died of the *Journal of Physiology*, Member of the Medical Research Council and Chairman of one of its Committees on Mental Disease, an Honorary Doctor of Harvard and Oxford, an investigator whose discoveries have permanently enriched our knowledge of the nervous system, Adrian's chief pride is to think of himself as a disciple of the young Cambridge physiologist and engineer, Keith Lucas (who died flying in 1917). Colleagues in several continents are proud to count themselves disciples of Adrian. So the flame is handed on.

From Westminster, Adrian became a scholar of Trinity, and taking the Natural Sciences Tripos, was not content to get a first class in one subject and a certain aggregate on the whole; he proceeded to get—it is alleged—a first class in five separate subjects: Goodness knows what they can have been! The least marks he made were the highest in the subject.

Joining Lucas in his studies of nerve, Adrian soon became a Fellow of Trinity and then, a year or two after, the War came. By some kind of magic, comparable only with that of his Tripos, he rapidly emerged from Bart's with medical qualifications, and proceeded to work on military patients with nervous injuries or disorders. Electrical stimuli, however, were not quite forgotten, for their judicious (and painful) application seems, from his own dry account of the matter, to have

produced memorable recoveries from certain determined inhibitions. Returning to Cambridge after the War he inherited Keith Lucas' laboratory and apparatus and started where he—and Lucas—had left off.

Sherrington's work had made it certain that ordered muscular movement is based upon a continual balance between motor impulses on the one hand, proprioceptive impulses on the other: a quantitative balance, not merely an interplay. But how could the motor, or the sensory, effect be measured? Merely by the number of nerve fibres involved? To have given a new quantitative basis to nervous behaviour, to have shown that afferent or efferent effect in any given neurone depends on the pattern in time of the impulses which travel in it, is the great achievement of Adrian's recent work. In it he and his pupils have explored the activity of the single neurone, the single sensory end-organ, the single muscle group, their excitation, their adaptation, their fatigue. In the last few years, however, as though that were not difficult enough, Adrian has been exploring the electrical phenomena occurring in the brain and with a reasonable latent period which one hopes his new duties will not extend—some new wonder will doubtless emerge.

Adrian would be an admirable conjurer but for the fact that his genuine magic is as good as any fake. Cambridge classes may hope to have some of the treats he has given to the Physiological Society: the rhythmic waves of his own brain, shown on a screen or written in ink on a strip of paper, disturbed or abolished by mental arithmetic: the action potentials of a single fibre-group in a colleague's biceps, demonstrated with a needle and loud speaker to show how the strength of muscular contraction is graded: the ear of a (more or less) dead cat used as a microphone. Adrian's dry wit and his friendly elusiveness have endeared him to his colleagues and to the Physiological Society, and while his predecessor stands high in the affections of Cambridge students, Adrian's friends know that, with a different technique, he will soon reach a similar position.

A. V. H.

ANIMAL CRACKERS.

I often think
If tigers were pink,
And lions a nice shade of blue,
We'd be well on the way
To achieving some day
A really enjoyable zoo.

WOT.

THE SIGNIFICANCE OF OCULAR NYSTAGMUS IN ACUTE OTITIS MEDIA

NYSTAGMUS, literally "nodding", is a to-and-fro jerking movement of the eyeballs. To test for nystagmus the patient should fix the eyes on an object not less than 18 in. away and just within the binocular field of vision. The movement in each direction is usually distinguished as a phase. The slow phase represents the primary deviation; the rapid jerk is the secondary phase; the direction of the latter gives the name to the nystagmus.

Nystagmus may be "to the right" or "to the left". When due to ear disease it is never symmetrical. Nystagmus may be in a horizontal or vertical plane; or else rotational—clockwise or counter-clockwise. Congenital nystagmus may be met with in young children in good health apart from aural disease. It is constant, rapid and symmetrical in all directions. The child is not ill, and the knowledge of its presence before otitis media commenced should serve to distinguish it from the forms of nystagmus which may arise from ear disease. Telegraph-pole nystagmus is familiar to all who travel by train; it is unaccompanied by vertigo, and is due to visual, not vestibular, stimulation. Nystagmus is occasionally present in the early stages of severe otitis media, and is then associated with vomiting. In these cases the direction of the nystagmus is towards the affected ear; it usually disappears rapidly after the drum has been incised or ruptured spontaneously. Tension within the tympanum, and not infection of the labyrinth, is responsible for this symptom. This type of case may well be contrasted with that in which acute otitis media is followed within a few hours of the commencement of the discharge by suppurative labyrinthitis. As seen from the reports of the following two cases, violent vertigo, vomiting and severe pain appeared early and were succeeded by increasing deafness. The danger in cases of this type is rapidly spreading, fatal meningitis.

Nystagmus associated with cerebellar abscess is outside the scope of this paper and has therefore been omitted.

CASE I.—Mrs. H. H.—: *Acute suppurative labyrinthitis; drainage; recovery.*

23.i.34: History:—Five days ago, cold in head. Two days ago pain in left ear commenced. One day ago pain in right ear commenced. Bilateral myringotomy performed.

24.i.34, 3.30 a.m.: Sudden onset of giddiness; vomited several times.

9 a.m.: Violent rotatory nystagmus to her right. Very deaf in her left ear, loud voice being inaudible in this ear, with a noise-box in right ear.

Caloric test: No reaction in left ear. (Warm water and cold air.)

Weber: Referred to the right.

Bone-conduction: Left, 256 dv. not heard.

12 p.m.: Neurologist confirmed no meningitis.

4.45 p.m.: Mastoid opened; black hæmorrhages in the cells and pus in the antrum. Radical operation performed and the stapes was found pushed out of the vestibule into the tympanum. The outer labyrinthine wall was trephined and a counter-opening made in external semicircular canal. Absolute alcohol injected.

26.i.34: Right mastoid drained; Schwartz operation. No labyrinthitis on this side.

Vertigo and nystagmus gradually disappeared during the next six weeks.

Recovery with absolute deafness in the left ear. No facial paresis.

CASE 2.—L. B.—.

9.iii.34: Earache all night.

10.iii.34: Pain continued.

11.iii.34: Discharge from the right ear commenced.

12.iii.34, 2 a.m.: Suddenly giddy. Vomited several times during the night.

11.45 a.m.: Wildly giddy; thought to be hysterical.

12.45 p.m.: Seen for the first time. Nystagmus to her left. Absolutely deaf in the right ear to air- and bone-conduction. No change in spontaneous nystagmus when applying the caloric test with Dundas-Grant air cooler on the right ear, but nystagmus to her left diminished and nystagmus to her right appeared when air cooled in left ear.

6 p.m.: Radical mastoid operation (right). Extensive cells all infected, with many submucous hæmorrhages. Stapes not identified. Vestibule trephined and absolute alcohol injected. External semicircular canal opened.

Recovery in three months with permanent deafness in the right ear.

The writer (1) of a recent publication on otology for general practitioners tells us that in the treatment of acute labyrinthitis there are two schools—operative and non-operative. That there should be such divergence of opinion is surely due to the possibly incorrect diagnosis of suppurative labyrinthitis. In reality the occurrence of vertigo, nystagmus and vomiting in the course of acute otitis media does not justify a diagnosis of suppurative labyrinthitis. The following is an example to show the methods adopted to make a

differential diagnosis. The patient was admitted to St. Bartholomew's Hospital.

CASE 3.—Charles M—, æt. 14, was first seen May 21st, 1936, in the Out-Patient Aural Department, complaining of pain in the right ear since the previous night. The tympanic membrane was red and bulging; temperature 98.8° F., and the tongue furred. He had no vertigo at this time. He was anesthetized and the drum incised, with such immediate relief of pain that he was allowed to return home and slept well that night. He awoke on the following day feeling giddy and vomited. He was seen again at the hospital about midday, by which time he had become very giddy and walked unsteadily. He vomited once in the Out-Patient Department. There was a blood-stained discharge in the meatus and the pain in this ear had returned, although there was no mastoid tenderness. The temperature was 101.6° F. The left ear was normal. When standing with the eyes closed he swayed to his right, but did not fall; there was fine horizontal nystagmus on looking to his left, and coarse nystagmus on looking to his right, *i. e.* to the same side as the affected ear. After lying down for a time the nystagmus and giddiness temporarily ceased.

At 6.30 p.m. on the same day the temperature was 103.4, the pulse was 120. The giddiness returned and became worse and the nystagmus became very marked without changing its character. There was now slight tenderness over the right mastoid.

Hearing tests.—Bezold-Edelmann tuning-forks were used for these tests. Hearing in the left ear was normal. In the right ear there was loss of the low tones by air-conduction consistent with otitis media, but bone-conduction was normal and he could just hear a whisper in the right ear, while a noise apparatus was applied to exclude the left ear.

Vestibular tests.—*Caloric test:* The cold-air apparatus of Dundas Grant was applied to the right ear; the response was delayed and feeble, and it was doubtful whether this caloric stimulus reached the labyrinth, for the spontaneous nystagmus was unchanged. When the caloric test was applied to the left ear it provoked a normal and rapid response, *i. e.* the existing spontaneous nystagmus to the right was more marked and giddiness increased. It was impossible to be certain whether the absence of caloric response in the right ear was due to failure of cold air to reach the labyrinth, or failure of the labyrinth on account of destruction of the nerve end organ. There was no nuchal rigidity or facial paresis, and the examination of the central nervous system revealed nothing abnormal in the superficial or deep reflexes. No hypotonia could be detected.

The temperature continued to rise to 104° and it

was decided to drain the right mastoid antrum and cells. The mastoid was opened in the usual way, and it was noticed that a few superficial cells still contained air, but all the deeper cells and the antrum were filled with pus. All cells were opened and the cavity drained through the post-aural incision. Pneumococci, not typed, grew profusely from pus taken from the mastoid. Lumbar puncture yielded clear cerebro-spinal fluid at a pressure of 260 mm., the contents of which proved to be normal. Vertigo and vomiting rapidly ceased and the nystagmus never altered in character, but slowly and completely disappeared in about one week. This was followed by normal convalescence and restoration of hearing.

The diagnosis in this case lay between infective labyrinthitis and an irritative lesion, often passing under the name of "serous labyrinthitis". The result showed that this was not a case of suppurative labyrinthitis, for, as seen from the two other cases described above, the latter destroys the labyrinth, while the former results in recovery without loss of labyrinthine function.

The comparison between these two types is interesting. Both occurred in acute otitis media, both had vomiting and vertigo, but in the suppurative labyrinthitis (Cases 1 and 2) deafness was early, progressive and complete. The coarse nystagmus was persistently to the opposite side, away from the lesion, and there was absolutely no response to caloric stimulation, whereas in the irritative lesion (Case 3) deafness was neither progressive nor complete and nystagmus was more marked towards the lesion, while caloric stimulation produced some feeble response.

The importance of the correct diagnosis is well emphasized by the reports on these patients. Had the patients in Cases 1 or 2 been treated without operation, the possibility of ensuing cerebellar abscess or meningitis would have become almost a certainty: the hearing, having already been destroyed by labyrinthitis, was not affected by the operation.

In Case 3 the diagnosis of suppurative labyrinthitis would have indicated a labyrinth operation involving permanent deafness and perhaps infection to the meninges.

In conclusion I wish to acknowledge my indebtedness to Mr. Sydney Scott for permission to publish the report on these patients seen while deputising for him.

REFERENCE.

- (1) WOODS, R. R.—*Painful and Dangerous Diseases of the Ear*, Pt. 4, chap. ii.

PHILIP G. SCOTT.

"WHAT I ALWAYS SAY IS."

WHEN Mr. R. Cozens Bailey retired from the Active Staff just after the War the Hospital lost a great clinician, but the influence of his teaching survives in the practice of many St. Bartholomew's men who were his associates. His aphorisms, when prefaced with "What I always say is", and accompanied by his inimitable twinkle, were gems of wit and wisdom which enriched our clinical experience, and even in cold print we believe they will be valued by a later generation of students.

Should they ever be read by their author we trust that he may recognize in them a fair reproduction of his own words, and a testimony to the affection and regard for him which deepen with the years.

1. Carcinoma has no symptoms.
2. If they'd take down the texts in the board schools and put up instead "Painless Lumps are Dangerous Lumps" it would probably do much more good!
3. Some text-books make a fetish of retraction of the nipple as being diagnostic of carcinoma—well, 'tisn't.
4. There are three degrees of hardness—hard, very hard, and damned hard.
5. Encephaloid carcinoma—you may say this is a rotten name. Well, so 'tis. But when you've cut one across if you can find a better one then go to it.*
6. I talk of scirrhus carcinoma and encephaloid carcinoma. You may not find this classification in the story books, but I've used it for many years and you can't teach an old dog new tricks.
7. Atrophic scirrhus carcinoma occurs in old women with atrophic breasts; because if a woman hasn't got the blood supply to nourish an ordinary decent breast, she hasn't the blood supply to nourish an ordinary decent carcinoma.
8. You'll read in your text-books about various groups of glands in the axilla. Well, if you want to feel for them, pass your hand up to the apex and draw it down the chest-wall. If there are glands to be felt you'll feel them there.
9. When you're examining a breast, first make your diagnosis, and then feel for glands in the axilla.
10. Glands in the axilla don't affect the diagnosis; they only affect the prognosis.
11. If you can't diagnose a malignant growth before there are secondary deposits you'd better try another job—be a physician!
12. The medical profession is usually fifty years behind the times, and the public are fifty years behind the profession.

* The allusion was to Bairnsfather's "If yer knows of a better 'ole, then go to it!"

(To be continued.)

A CASE OF PARTIAL NEPHRECTOMY

THE much maligned proceeding known popularly as "vivisection" has proved that partial nephrectomy is a justifiable operation. As early as 1888 experiments on animals and histological research supplied "ample proof of the healing power of the kidney and the process by which healing is accomplished even after extirpation of considerable portions. Paoli of Perugia performed extraperitoneal operations for resection of the kidney upon twenty-five dogs, cats and rabbits with perfect recovery" (Morris). So much for the normal animal kidney. What of the diseased human kidney? The records of thirty-two cases of partial nephrectomy performed by different surgeons for such conditions as tuberculous foci, cysts, new-growths, fistula, laceration and, in one case, for double kidney, one half of which contained calculi, show that the operative mortality has been nil. Though the series is too short for accurate comparison, the mortality compares favourably with that of nephrectomy, which in good hands is about 2.5% (Thompson-Walker). Of these 32 cases 12 have required further operative treatment or have been unsatisfactory, and 9 of these failures were in cases of tuberculosis, for which condition the operation is unsatisfactory. One at least of the non-tuberculous cases developed a fistula after operation.

The description that follows is of a case in which partial nephrectomy was performed:

Mrs. F—, æt. 55, who comes from a Surrey farm, was admitted to this hospital under the care of Mr. G. L. Keynes in October, 1936, troubled by pain in the right loin. In the street Mrs. F— would pass as an ordinary person without attracting one's notice particularly. In the ward she soon became much liked; she was always cheerful, and this, combined with her bright and kindly nature, quickly induced affection for her.

In July, 1936, this individual's life was rudely disturbed by the onset of severe pain in the right side of her abdomen and back, followed by repeated vomiting and bouts of shivering. This attack descended almost unheralded; she was well up to this time and had never experienced anything like it before. Her past medical history boasted only an attack of jaundice at 21 years of age and an attack of scarlet fever. She had no children. To cut a month's story short, a diagnosis of pyonephrosis was made and the kidney drained at another hospital. She was discharged improved, and with the wound, which had been leaking urine, well healed. She returned to her farm house, but despite the summer weather and the country surroundings suffered occasional pain in the right loin and back, and

was not restored to quite her old self. In October pain and stiffness in her back and loin became worse, so that stooping became a matter of some difficulty; the symptoms varied in intensity, and at times were in abeyance, but throughout she was easily tired and could not do her housework properly. She had developed some nocturnal frequency of micturition, which could be controlled by drinking nothing after tea. Micturition

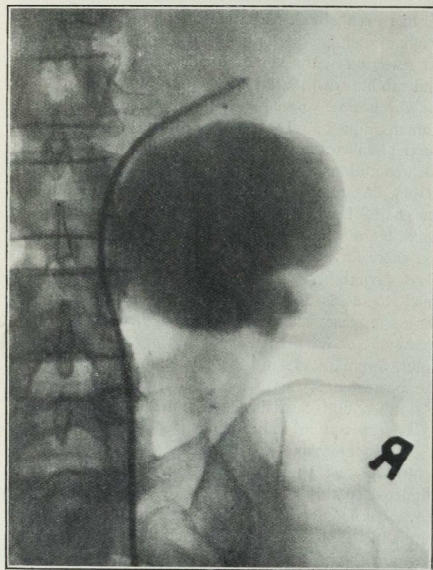


FIG. 1.—RETROGRADE PYLEGRAM, SHOWING THE RELATION OF THE CATHETER TO THE HYDRONEPHROSIS.

was normal and free from pain; the urine never contained obvious blood or gravel, nor was it thick. She noticed no marked variation in the amount passed. Her alimentary system was apparently behaving itself except for a little nausea in the mornings; her cardiovascular, respiratory and nervous systems left little to be desired. Her weight was, if anything, increasing, and she had no shivering or night-sweats.

It was in this state that Mrs. F— was admitted to this hospital for investigation. A general examination revealed little. She was not unduly anxious, but being an energetic soul at times she rather grudged the period of waiting during which her renal tract was examined.

She was a fairly well nourished woman; her mouth

presented a few carious teeth, and a tongue which was slightly furred and moist. Her chest raised no surgical misgivings. Blood-pressure 146/108. The lower pole of the right kidney could be felt during inspiration, but there was no tenderness, rigidity or alteration of contour in front or behind. The left kidney could not be felt, and the abdomen was otherwise normal. The urine, however, showed a *B. coli* infection. Temperature 98.8° F. in evenings; pulse 90.

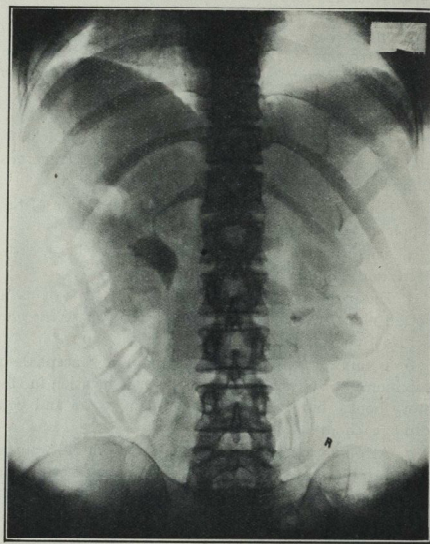


FIG. 2.—INTRAVENOUS PYLEGRAM, FOR COMPARISON WITH RETROGRADE PYLEGRAM. THE LEFT RENAL PELVIS IS A LITTLE DILATED.

The various special investigations were as follows:

Blood-urea.—32 mgm. per 100 c.c. blood.

Plain X-ray of renal tract.—No abnormality detected.

Excretion pyelography.—Left kidney showed a slightly dilated pelvis—concentration a little defective. Right kidney showed apparently a poorly-filled upper calyx, abnormally distended middle and lower calyces and a small pelvis.

Cystoscopy.—Bladder washed clear rapidly; bladder and ureteric orifices normal.

Indigo carmine.—Right: Efflux at 12 minutes; further flow at 15 minutes. Left: No efflux.

Retrograde pyelography.—This proved most interesting to watch. A catheter was passed up the right ureter,

and on screening could be seen pursuing a slightly S-shaped course. 20 c.c. of sodium iodide solution were injected with the screen in position; it could be seen filling the uppermost calyx, in which the catheter apparently lay, and then flowing back alongside the catheter and out of the field of view. A further 20 c.c. were injected, when it was seen that a large circular area was becoming opaque below the end of the catheter. A further 10 c.c. (50 c.c. in all) caused pain in the flank, and films were taken, one of which is here reproduced. It will be seen that the opacity has no visible connection with the catheter and is separate from it. From these appearances it was suggested that what appeared at first to be the upper calyx was in reality an undilated renal pelvis, while the large opacity represented a grossly dilated second pelvis separate from the first and drained by a branch from the ureter (in which the catheter lay).

In any case the presence of a large infected hydronephrosis was proved and operation became desirable. With regard to the renal function the blood-urea was normal, the specific gravity of the urine was 1018, with a fluid intake of 75 oz., and the excretion of uroselectan by the left kidney was very fair. That the right was still functioning to some extent was shown by the excretion of uroselectan and indigo carmine. Hence operation with the possibility of heminephrectomy was decided upon, and when assured that it would not be so bad as her previous illness and operation, Mrs. F— consented.

The operation was performed on November 27th. A "boomerang" incision was used, and the upper part of the kidney was freed without much difficulty. A much dilated pelvis could be seen springing from the lower part of the kidney, and considerable dissection was required to free it from the surrounding tissues, to which it was adherent as a result of the previous inflammation; during the dissection the hydronephrosis was opened and discharged turbid urine.

At length the entire kidney was freed and the true state of affairs stood revealed. The previous surmises, based on the pyelography findings, were confirmed. The operation note at this stage reads: ". . . the kidney was seen to have a normal upper third with a normal ureter running into this upper part. The remainder of the organ was hydronephrotic, the cortex being bulged out and thinned and associated with a very dilated pelvis. Running along and attached to the posterior aspect of the latter was the ureter draining the upper part of the kidney. An orifice leading from the dilated pelvis into the ureter was demonstrated by a ureteric bougie, and after freeing the ureter a short branch could be seen uniting it to the pelvis". The condition was, in fact, that of a kidney having a double pelvis supplied by a bifid ureter; and a point of additional interest was the

high level at which the ureter divided, the branch to the lower pelvis being only 1 in. long. No cause, such as an abnormal vessel or stenosis of the uretero-pelvic junction, was found to account for the hydronephrosis. Since the upper part of the kidney appeared normal, resection of the diseased portion seemed to be the ideal procedure. The ureteric branch was crushed, divided and tied. The renal pedicle was digitally compressed for about 10 minutes, while the lower portion of the kidney was cut away; the knife passed through healthy-looking cortex of somewhat reduced width, and left a flap of the wall of the dilated pelvis still attached to the kidney; this was utilized to cover the raw end, and on completing the suturing and releasing the pedicle no bleeding occurred. The kidney was returned to the abdomen: being much reduced in bulk, it tended to fall towards the bottom of the cavity it originally occupied, and in so doing twisted its pedicle. It was therefore suspended from the tissues about the twelfth rib by chromicized catgut. The patient was not greatly shocked; pulse 80, but of poor volume; this was rectified by 30 oz. of 5% glucose saline *per rectum*.

During the first week of convalescence the temperature was swinging between 102° and 98° F.; after the third day the pulse-rate fell consistently, the urinary output became satisfactory and the urine ceased to give a positive guaiac reaction. But with the improvement in output the dressings became soaked with urine. The tube was removed on the tenth day, when the general condition was good. Mrs. F— remained in hospital for another three weeks and the saturation or otherwise of the dressings became the topic uppermost in her mind, though not in her conversation. At length a little less seemed to be coming away, and she returned home well and hopeful, but with a urinary fistula requiring constant dressings. Time, the great healer (though perhaps not of physical ills), has failed, and now, two months later, nephrectomy is to be performed.

It is possible that in this case drainage of the sound pelvis, by a nephrostomy at the end of the operation, might have avoided the complication of fistula formation. But on a previous occasion Mr. Keynes performed a partial nephrectomy, removing the lower pole, which had become hydronephrotic as a result of the impaction of a stone in the lower calyx, and in this instance complete healing occurred, though no drainage of the pelvis had been provided.

A fistula might also result in a kidney with two pelves if insufficient cortex were removed, so that functioning cortex originally drained by the removed pelvis were left behind.

I wish to thank Mr. Keynes for permission to publish this case and for information about it.

C. J. LONGLAND.

BART'S ON HOLIDAY

I. MOROCCO

A TRAVELLER at the bows of a liner, looking at the abrupt northern edge of Africa, can hardly fail to be excited by his first glimpse of a continent made famous by the explorers of the last century. Furthermore, a map of Africa, with the word "Morocco" written neatly at its uppermost fringe, indicates that this country is a part of the sun-scorched land sometimes romantically called the "dark continent".

But if it is legitimate to include Morocco as a part of Africa because of its continuity with it, it belongs,



MOROCCAN WOMEN.

because of its landscape and vegetation, to the countries which border the Mediterranean. Like Spain, Italy, Yugo-Slavia, Palestine and the rest, it is, therefore, a place well suited for holiday travelling as distinct from exploration.

The Spanish zone in northern Morocco, where the present tragic civil war began, is hard to distinguish from southern Spain. The limestone Riff mountains overlooking the Straits of Gibraltar are skirted with bracken, heath, and cork trees, not unlike the hills of Andalusia.

To the south of the Riff lies the larger French Protectorate, whose modern political and economic structure was inspired by the work of the late Marshal Lyantey. Like many great men, Lyantey encountered little but blame while alive, receiving only after his death the honour due to so brilliant and persevering a soldier.

French Morocco consists of a northern region of dry but cultivated plains, scattered with farms, Berber villages, and a few great historical cities; and a southern

region covered by the Atlas Mountains, whence rivers flow northwards into the plains. This mountain range stretches from the Gulf of Carthage in the east to the Atlantic seaboard in the west, 1200 miles from end to end. The line of its watershed is the climatic boundary which separates the northern fertile regions of Morocco, Algeria and Tunisia from the arid Sahara.

For mountaineers the highest massif of the Atlas, to the south of the city of Marrakesh, provides an easily accessible group of summits, many over 13,000 feet, with opportunity for first-class mountain adventure. Though there are no glaciers, snow lies on the loftier peaks till June. The mountains are precipitous and barren, devoid of grass, though covered with drifts of prickly *Alyssum spinosum* up to 10,000 feet, and on the lower slopes with shrubs and trees of many kinds.

From the Toubkal, the highest summit of the Atlas, the climber gazes northwards at the dusty Moroccan plains, planted here and there with patches of grey olives; at the opposite point of the compass the mountains break away to the valleys of the Sus and Draa, beyond which, visible to the imagination alone, lies the scorching Sahara.

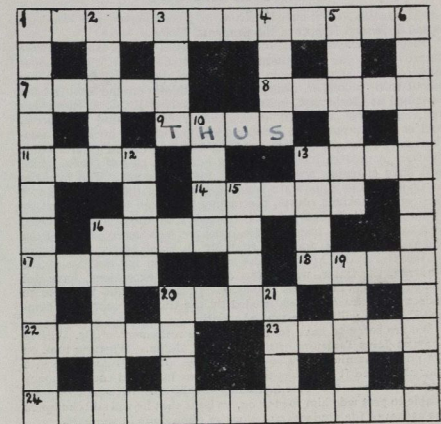
Many of the inhabitants of the Moroccan plains are semi-nomadic. They remain for a few months in some valley when the pasturage is sufficient for their beasts, and when this has been perhaps stripped by locusts, or when they tire of the locality, they gather their sons, wives and daughters, uproot the pegs of their tents, load their mules and asses, and wander to some new valley, where they again make for themselves a temporary home. With little food, little water, little luxury, little comfort, with extreme cold in winter, and severe heat in summer, these restless families suffer many privations. To anyone wandering in the plains they are a great help, in spite of the fleas imparted with their generous hospitality.

The Berbers, who were the inhabitants of the country before the Arab invasion, live, for the most part, in crude mud huts; they, too, are hospitable and inquisitive towards any wanderer who happens to enter their village at sundown; but their houses are, unfortunately, overrun with fleas, like the encampments of the nomads, so that it is usually advisable to sleep in the open country.

During the summer there are few tourists, owing to the heat. In winter, however, Morocco is flooded by numerous travellers from Europe, who visit the cities of the plains, and the skirts of the Atlas Mountains, at points where they are easily accessible.

Of the cities, the largest are Casablanca and Rabat on the coast, and Fez, Meknes and Marrakesh in the hinterland, all of which are separated into two sections, the old and the new. The new is built by the French a

CROSS-WORD



Across.

1. Not visiting, but a welcome visitor.
7. 5th of August, perhaps.
8. What is it that comes back?
9. — far and no further.
11. Back part of 1 down.
13. Olympic cupholder.
14. Subject to some drug perhaps.
16. — vierge.
17. Mussolini is such a Roman Bird.
18. Did he spring from the ankle?
20. Half quart.
22. Battle.
23. King of Troy's anag.
24. Does one grow proud of one's garden?

Down.

1. It would be prefixed by Mussolini (3 words).
2. The prolix do (2 words).
3. Push out; not necessarily the boat.
4. Upala.
5. It may be this before you finish.
6. A request for one order, not an order for many (2 words).
10. The old man in possession.
12. With naus she might have been seen at her washing.
13. Franz.
15. And be thankful on this Scottish hill.
16. With intention perhaps.
19. Part with this abroad.
20. $\frac{2}{3}$.
21. Apostrophize an iridescent friend.

(A prize of one copy of *Round the Fountain* will be given for the first correct solution to reach the Editor before April 20th.)

mile or more outside the walls of the old, and is always clean and uninteresting. The old is a disorderly mass of white, flat-topped houses, crammed into the narrow circumference of encircling ramparts, with here and there a minaret rising above the swarm of roofs. The streets are narrow, dark and cool, the one so like the other that it is easy to lose the way. As far as hygiene is concerned, these old cities are quite medieval, and though undoubtedly beautiful from a distance, at close quarters their offensiveness almost surpasses their colourful charm.

Fez, Meknes, Marrakesh and Rabat have, at various times, been the capital cities of Moroccan sultans. Of those rulers, most seem to have been romantic tyrants, uxorious, prolific fathers, each member of a dynasty becoming more degraded, till the line was overthrown by an upstart, who began a new dynasty.

Such was the history of Morocco till, by international agreement, France was granted a free hand there just before the Great War. As a result of their administration the country is now covered by a network of roads and railways. Four classes on the trains and high competition in ramshackle long-distance buses have resulted in surprisingly low tariffs, so that for those who are willing to jostle shoulders with peasants, travel can be very cheap.

There is also facility for more comfortable travel, and good hotel accommodation. For this reason increasing numbers of people are realizing, year by year, that it is possible to spend a safe, interesting and unconventional holiday in Morocco with very little greater expense than that of an average holiday on the Continent. W.

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£200

still to get.

Watch out for the big Squash Club

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Coming Soon!

And in the meantime send in your cheques to the Secretary, Students' Union, St. Bartholomew's Hospital, E.C. 1.

STUDENTS' UNION

ANNUAL REPORT

GENTLEMEN.—We have pleasure in presenting to you the 33rd Annual General Report of the Students' Union.

Four years ago the facilities for athletics in the Hospital were improved by the acquisition of the new College at Charterhouse Square. We are now able to announce that these facilities are about to be increased, owing to a new athletic ground having been obtained at Chislehurst, indirectly the result of Mr. G. A. Richards's untiring efforts on behalf of the Union. The ground is 17 acres, and is being prepared to accommodate 1 cricket, 1 hockey, 1 association and 3 rugby pitches, together with 6 lawn and 3 hard tennis courts. A modern pavilion is being built at a cost of £6,000, which will have changing accommodation for 150 people. The facilities at Charterhouse Square are being improved by the erection of two new squash rackets courts, the money for which is being raised by voluntary contribution. £400 is being lent by the Students' Union, and amongst other generous donations we have received £100 from the Women's Guild, and £100 from Mr. A. E. Slazenger, a Governor of the Hospital. Although the courts will be for the use of the students, the latter, with a few outstanding exceptions, have not responded as well as was expected. In spite of this we hope to collect the extra £300 now needed by the time the courts are completed, which will be in about 2½ months.

We are sorry to have to announce the retirement of Dr. Wilfred Shaw as Joint Treasurer of the Students' Union. When he took on the post some nine years ago the finances of the Union were in a poor state, and it is thanks to him that we have had enough money lately to meet the ever-increasing liabilities. Although we are unable to persuade him to stay on, we hope that he will still champion the causes of the students as he has so often done in the past.

A change which has been a great advantage is the formation of a permanent sub-committee of the Council to deal with all entertainments which are under the supervision of students. Mr. C. N. Burnham Slipper, in whose care the committee was placed, deserves our thanks for the hard work which he and his colleagues have done arranging various entertainments, the profits of which have gone to the Squash Club Fund. As usual considerable success has attended the activities of the clubs of the Union.

RUGBY FOOTBALL CLUB

This season has, on the whole, been a very successful one. The 1st XV, out of 24 matches played, have won 19, drawn 1, and lost 13. Notable games have been a victory over Devonport Services and a drawn game with the Harlequins.

In the 1st XV Cup tie we reached the semi-final when we were defeated by a strong Mary's side. In the earlier rounds we disposed of London and University College Hospital after good games.

It is gratifying to note that eight members of the 1st XV have at one time or another during the season represented the United Hospitals.

All the junior teams have had a successful season and on most Saturdays the club has fielded seven sides.

It is hoped that next season when we move to Chislehurst it will be possible to strengthen the fixtures of the junior sides and augment our takings at the gate.

In conclusion it is fitting to congratulate P. L. Candler on having represented England both against Wales and Ireland.

CRICKET CLUB.

Last season we were fortunate in having a splendid President in Mr. Boyle, and his stimulating interest played no small part in bringing the Cricket Cup back to Bart.'s for the third time in the last seven years.

In spite of a bad summer, 22 1st XI games were completed, of which 8 were won, 8 lost and 6 drawn.

In the Inter-Hospitals Cup Middlesex Hospital were beaten by 187 runs; St. Mary's were beaten by 109 runs; and in the final St. Thomas's were beaten by 157 runs.

A very successful cricket tour in Somerset, Dorset and Devon took place in the early part of August, and of the 4 matches played, 3 were won and 1 lost.

The 2nd XI played 12 matches, won 3, lost 5, drew 4.

The 2nd XI reached the semi-final, where they were beaten by Mary's.

ASSOCIATION FOOTBALL CLUB

The 1st XI has been a team of great promise throughout the season, but has never quite lived up to that promise. In the early part of the season goals were scored from sudden attacks by a strong forward line, and the team was successful. Later there were a few setbacks when the defence was weak and was unable to subdue strong opposition. In spite of this the Hospital was able to consolidate its position at the head of the League. So far only one match has been lost and two drawn, leaving a lead of 3 clear points over the next club. The Hospital Cup Competition is nearly finished and Bart.'s are in the final for the third time in four years. In the 1st round Guy's were beaten 4—3 at Honor Oak Park, and in the semi-final St. George's were beaten 3—1.

The Junior team seems to be very promising. In the 2nd round St. George's 2nd XI were beaten 13—0, and this was followed by a win in the semi-final by 10—1 against Charing Cross 1st XI. Once again both elevens are in their respective finals.

HOCKEY CLUB

This season has been characterized by a reinforced fixture list, with many new good fixtures, and a very large percentage of away matches. We have been able to run two regular teams and frequently a third eleven. With the German trip of last Easter behind us, our prospects for this season were bright.

In the second round of the Cup matches the 1st XI were beaten by Mary's 5—nil. This coming Easter a representative side is going to take part in a hockey tournament at Cologne, and the trip will be preceded by a dinner.

In the second round of the Junior Cup they swamped Westminster Hospital by 15 goals to nil.

A walk-over in the semi-final places them in the final, on which there is every likelihood of a win.

1st XI played 17, won 8, lost 7, drawn 2; 2nd XI played 11, won 4, lost 5, drawn 2.

ATHLETIC CLUB

The season was on the whole disappointing. Out of five fixtures the club won only one, that against Reading University. Success was lacking very largely on account of the more pressing call of examinations and disease. D. B. Fraser, the captain, was unluckily crocked throughout the season.

Sports Day, which was held early in May, was cold, and the meeting was not as well supported as we should like to see it, either by audience or competitors. The standard of performance, however, was well maintained.

In the Inter Hospitals Sports we drew with St. Thomas's for third place, only one point behind St. Mary's. A. R. P. Ellis set up a record for the javelin and won the Princess Marie-Louise Cup for the best individual performance of the day.

It is with deep regret that at the beginning of the new season we learn of the death of Mr. T. H. Just, our President. We extend our sympathy to his wife.

BOXING CLUB

The club was in a better position this year than it had been for three years. As well as having every weight represented, there were several reserves almost as good as those who secured places in the team. This proved useful, for at one time during the season there were no fewer than four of the team with injured hands. The club was unfortunate with fixtures; both the London Hospital and University College Hospital had to scratch their matches with us, and we were unable to meet a Cambridge University side.

The Orange Boxing Contest again proved to be a popular attraction and the Squash Courts Appeal Fund benefited by over £4. The result was, as usual, the pre-clinical winning by a wide margin. On January 15th the club fought against Belsize, being represented by eight pre-clinicals and one clinical. Although Belsize won at every weight, many of the fights were extremely close and Bart.'s was by no means disgraced.

During the season J. W. G. Evans, R. C. Bell and T. P. Storey were called upon to represent the United Hospitals, Evans winning all his fights. Although Bart.'s was represented in only six of the

eight weights in the Inter-Hospitals Boxing Contest, the Hospital was runner-up for the championship, being second to St. Mary's.

Results.—1st, St. Mary's, 24 points; 2nd, St. Bart.'s, 19 points; 3rd, St. Thomas's, 16 points.

Matt Wells again trained the team and is to be congratulated on the performance of the Bart.'s side.

TENNIS CLUB

On the whole the season was quite successful and many enjoyable matches were played.

Results.—1st VI, won 8, lost 8, scratched 3, unfinished 1. 2nd VI, won 12, lost 2, scratched 4.

In the Hospitals Cup the 1st VI defeated University College Hospital 9—0, but once again fell to a powerful side from Guy's, 3—0. A notable feature of this match was E. Corsi's plucky resistance to H. S. W. Cooper of Wimbledon fame, the latter only winning after a 16-game second set, which fully extended the skill of both contestants. The 2nd VI retained the Junior Cup for the third year in succession. They beat Guy's 8—7 after a thrilling encounter and St. Thomas's in the final, thus rounding up a most successful season for them. The Tennis Club, like all other clubs, is very satisfied with the prospect of moving to Chislehurst next year. Besides having better courts than at Winchmore we shall have twice the number, i. e. six, and thus be able, if necessary, to play both a 1st and 2nd VI fixture at once on our own ground.

SWIMMING CLUB

INTER-HOSPITALS WATER POLO LEAGUE.

St. Thomas's Hospital	WON 11—3.
St. Mary's Hospital	WON 8—3.
Dental and Charing Cross Hospital	WON 7—0.
University College Hospital	W.O.
Guy's Hospital	LOST 3—5.
London Hospital	WON 13—0.

The Water-Polo League produced very satisfactory results, except against Guy's, when we had a weak team and put up a poor show. Sutton, Newbold, Vartan and McKane scored most of our goals, and formed the backbone of the side. The league ended as a draw between Bart.'s, Guy's and Mary's, owing to difficulty in arranging the necessary replays, but Bart.'s undoubtedly had a good prospect of winning again.

Results of other fixtures: Water polo, won 3, lost 2; swimming, won 2, lost 3.

The water-polo was good throughout the year, but the swimming was only fair; more training for the specific match distances should improve the standard. The swimming against the Tadpoles showed promise of better things: Newbold and Pratt being first and second in the 100 yards, Singer second in the 50 yards, and Evans winning the diving. The new bath arrangements at St. Mary's Hospital have proved very satisfactory, and it is hoped more people will avail themselves of the opportunity.

THE UNITED HOSPITALS SWIMMING GALA.

The Gala was held in the Marshall Street Baths on July 4th. Bart.'s won the swimming, both in the individual events, in which Sutton and Newbold represented the Hospital, and in the relays, in which McKane, Singer, Vartan and Dransfield swam. We had a most successful evening. Evans came second in the diving in a close finish. Bart.'s have supplied several members of the United Hospitals swimming team throughout the season, including the tour to Dublin.

Finally R. J. C. Sutton is to be congratulated on his captaincy of the English Water-Polo team at the Olympic Games in Berlin.

SQUASH CLUB

Now that the squash season is reaching its close and the cup matches are completed, it seems an opportune moment to relate a brief account of the activities of the club in its first year of competitive squash.

Of paramount importance is the news that Bart.'s for the first time in history are not "wooden spoonists" in the Inter-Hospital Competition. Of the 4 cup matches, 2 were won and 2 lost, and of the two defeats it might be said that we were not at full strength on either occasion. Such a record is greatly stimulating when it is remembered that the team had almost no practice, due to the regrettable and somewhat annoying delay in the building of the new courts.

The "find" of the season has undoubtedly been H. R. Marrett. At the beginning of the year there was no outstanding player, as the result of the departure from the Hospital of J. S. Johnstone. Marrett has developed so rapidly, however, that he was winning at first string with the utmost regularity.

B. Thorne-Thorne, R. T. Gabb, W. M. Maidlow, C. T. A. James and W. A. Oliver have all given useful support, and it is they, together with a long list of rapidly improving players in the Hospital, who give such a bright outlook for the Club in the future.

A last word concerning the new courts. It is hoped that when they are completed it will be possible to arrange a "seeded" knock-out competition every term, and at the same time to run a "ladder" for the first twenty or thirty players.

FIVES CLUB

There has been plenty of enthusiasm in the club this season, and the courts at Charterhouse have been well patronized.

More matches have been played than in recent seasons, and the results have, with few exceptions, been satisfactory. Our biggest defeats were against Westminster Bank early in the season, and against Alleyn Old Boys and the Old Alleynians in their courts. However, we scored a big victory over the Old Blues and beat Westminster Bank in the return match; also Guy's and King's were beaten after we had lost the first matches by narrow margins.

To date 13 matches have been played, of which 6 have been won and 7 lost; points for, 1129; points against, 1237. Two matches against Oxford University and the Old Merchant Taylors remain to be played.

The tournament is going ahead well and it is hoped will be completed for a change. Murley, Little, Bull and Elder have played fairly regularly in the team; while Anthony, Pictou and Perkins all show signs of promise.

RIFLE CLUB

Our activities in Division 7 of the City of London League did not meet with overwhelming success. Out of 22 matches, only 4 were won and 1 was drawn.

In the Engineers' League 14 matches were shot, out of which 8 were won. Finally we were placed fourth with 16 points, and an average score of 387.7. The Cup was won by Imperial College with 22 points, and an average score of 392.7. Eight teams competed in this league.

Four hospitals competed in the Inter-Hospital League for the Lloyd Cup. Of the 6 matches shot, 4 were won and 2 lost.

St. Mary's Hospital took the Cup from us and left us with second place.

The Sir Holburn Waring Handicap Cup was won by E. E. R. Dillon with a total score of 98.5; and the Lady Ludlow Cup was won by G. H. Pickering with a score of 99.

The Bell Medal was awarded to B. P. Armstrong with an average of 98.8, and the City of London Medal to J. E. Underwood with an average of 98.1.

During the season two spoon shoots were held, and won by N. H. Halper and G. H. Pickering.

The custom of sharing targets with St. Thomas's Hospital on the open range at Bisleys was discontinued, it being considered that it would be more economical to make full use of the spoon competitions organized by the London and Middlesex Rifle Club.

There was a distinct lack of new talent during the season, which has been attributed to the awkwardness of effecting the necessary co-operation between clinical and pre-clinical students.

Both the Armitage and the United Hospitals Cups were won by St. Thomas's Hospital.

Mr. J. Dalziel represented the United Hospitals in the Astor Cup team, and Mr. Owen achieved some successes in the King's Cup and newspaper competitions.

AMATEUR DRAMATIC SOCIETY

At its annual performance in January the Society presented *Bees on the Bees Deck* by J. B. Priestley. The play was produced by Eric Jewsbury, and was given on four evenings before crowded and appreciative audiences.

GOLF CLUB

During the season six matches were played, of which one was won. This is by no means indicative of the play of the team, since most of the matches were very close. Four matches were cancelled due to weather conditions or inability to raise a suitable team.

In the Inter-Hospital match v. St. Mary's Hospital we turned out a very weak side, in which five members of the regular team of eight were unavailable. The match was lost 8-4, but three of the matches were lost on the last green, which gives an indication of the possible strength of the side.

On May 20th at Denham the Annual Staff v. Students' match was held in which the students gave the Staff two bisques, and after a very enjoyable day it was found that the students had won by 13-11. More than fifteen matches have been arranged for the coming season, including Royal Wimbledon, Sundridge Park and Royal St. George's. At the present moment we have only a dozen or so somewhat enthusiastic players, and in view of the fact that we have a very ambitious schedule, and we hope to run several additional

tournaments during the year, all students are asked to give their official and unofficial handicaps to the secretary.

The winners of the tournament were as follows:

Gilling Ball Cup	H. J. Robbins.
Graham Cup for Medal	H. J. Robbins.
Hospital Cup	M. H. Harmer.

Finally we wish the Students' Union every success in the coming year, and beg to remain,

Your obedient servants,

R. HANBURY-WEBBER.
T. M. C. ROBERTS.

SPORTS NEWS

RUGBY FOOTBALL

The semi-final of the Hospitals' Cup was played at Richmond on March 4th, on a dull but dry day, the pitch being in remarkably good condition. Our opponents were **St. Mary's**, who are favourites for the Cup, and possess a very strong and experienced side. On the whole St. Mary's were larger and faster than we were, and proved themselves better than we were in most departments, so they definitely deserved to win; however, the margin of victory may be considered slightly flattering to our opponents, who, except for a period in the second half, spent rather more time defending than attacking.

The first quarter of an hour was all in favour of Bart's, who attacked continuously; one brilliant cut-through and run by Candler all but led to a score. But at the end of this period Squire, Mary's left wing, came into the centre—a movement which should have been foreseen—from a scrum just outside their twenty-five, and ran right through our defence, no apparent attempt being made to tackle him. Five men were up in support of Squire, so Marshall was faced with an impossible situation. The try was converted by Henley.

This was Marshall's first game as a full-back, and he acquitted himself very well, only his sense of position being occasionally at fault.

Very shortly after their first try one of our passes went astray, and their forwards burst through in large numbers to score a try, which was also converted by Henley. The Bart's side never gave up trying, and really it was only in this matter of "numbers-at-a-time" that they were badly outplayed. Individually each did fairly well, Newbold particularly playing one of his best games this season, being full of dash, but usually ill-supported. All the other forwards did good things at different times, but seldom, if ever, at the same time; Mundy was as magnificent as ever in the line-outs.

Our half-backs were definitely superior to theirs, but both Hearn and Candler have played better. Our three-quarters tried hard throughout, but found the hard tackling of their opponents a little too much for them, although Evans and Laybourne were not far behind in this respect. Hayes played instead of the injured Pleydell.

Towards the end of the game, when St. Mary's were already leading by 18 points, good running and passing by Candler and Laybourne led to a try by Hayes in the corner, which was not converted. This followed a period of intense pressure by Bart's, which however, never looked like leading to a score, so that the try came as something of a surprise. There was too much footing about with the ball and not enough purpose behind their play for a score to look probable. Before the end St. Mary's scored another goal, so they ended with a victory by 23 points to 3.

Team.—G. K. Marshall; S. T. Hayes, M. Laybourne, J. W. G. Evans, E. Griffiths; P. L. Candler, R. D. Hearn, A. K. F. Ellis, K. D. Moynagh, G. D. Graham, P. D. Swinestead, K. G. Irving, J. C. Newbold (capt.), R. Mundy, K. C. Burrow.

* * *

A very tired and dispirited XV went to Richmond two days later to play **Rosslyn Park**. The regular members of the team, with the exception of Marshall in the centre, seemed not to be trying, and the many substitutes, with the possible exception of Macpherson in the pack, did not appear to be very clever.

Rosslyn Park scored at regular intervals throughout the game, and with better use of their wings would have scored many more.

They achieved a runaway victory by 30 points to 8—two tries scored by Marshall more or less on his own, one of which was converted by Macpherson.

* * *

A charity match against **Smithfield Market** in aid of the Hospital Funds was played on Tuesday, March 16th. The weather was abominable, and the pitch Herne Hill, kindly lent by the London Welsh—largely under water. However an interesting game between two evenly matched sides was watched by a fair number of spectators. Bart's kept the game open in spite of the conditions, and in spite of numerous fumbles and wild passes, attacked most of the first half and scored a try after a good run by Hayes. Irving converted with a good kick considering the state of the ball.

Right at the beginning of the second half Bart's scored another try in a forward rush, which was also converted by Irving. Then our side rather sat down in the mud on their laurels, which became even more bedraggled later, since, in the last twenty minutes, Smithfield proceeded to win the match by scoring a goal, a penalty goal and two tries.

The Smithfield full-back played very well, his kicking and fielding being admirable; at three-quarter and half-back we held the advantage, but their forwards played with considerably more dash and enthusiasm than ours, and their hooker was superior.

Team.—J. G. Berry; E. R. Holtby, J. W. G. Evans, M. Laybourne, S. T. Hayes; G. K. Marshall, R. D. Hearn; A. R. P. Ellis, K. D. Moynagh, P. D. Swinestead, G. Gray, K. G. Irving, J. C. Ryle, K. Pallot, R. Mundy.

Referee: C. H. Gadney.

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A **Junior Cup-tie** between Bart's "A" and **Guy's "A"** was played at Winchmore Hill in dismal weather conditions, which seemed to please none but the Bart's forwards, who began well by hooking the ball from the first six scrums; but Little at once proved that he suffered from a common falling, that of holding on to the ball too long, and being tackled in possession. Neither side seemed likely to score until just before half-time, when Coupland and Armstrong joined in a promising movement, the former just being beaten for the touch down. In the second half Bart's pressed almost continuously, and kept following up and tackling by Armstrong deserved a score. The forwards were ably led by a somewhat breathless Grant, and in the tight were excellent; otherwise they were too prone to aimless mauling, and were rather sluggish in the loose. Collinson, Macpherson and Hall worked hard, and Macpherson came near to scoring with two penalty kicks from far out.

The result was a draw with no score.

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The **Junior Cup-tie** between **Guy's "A"** XV and Bart's "A" XV was replayed on March 18th at Honor Oak Park; the conditions under which the game was played were terrible—pools of water lay on the ground, and thick mud took the place of grass over most of the pitch. As a result of this the game tended, for most of the time, to be rather uneventful, though the players, one and all, fought hard throughout an evenly contested game.

Bart's began well, a high kick ahead almost letting Armstrong score in the corner. Guy's forwards then began to assert their superiority, adapting themselves better to the obvious tactics of

the day, "kick and rush", and succeeded in keeping play in the Bart's half for some time; the Bart's forwards at this stage were not packing at all well, and consequently their backs, who looked as if they could handle the wet ball, did not have many opportunities. Half-time arrived with no score on the board, and little to choose between the sides.

The second half had not been going for long before Guy's were penalized in their own half. Macpherson took a kick at goal—an excellent shot which cleared one upright—there being some dispute among the tough judges as to whether it had gone over; the referee, however, decided that it had not. Bart's forwards now began to pack much lower, and the backs saw much more of the ball, several promising movements just being held up. In the last quarter of an hour, however, Guy's backs exerted considerable pressure, and only a very fine tackle by Boyle saved a certain score on one occasion. In the last minute of the game, when it looked as if extra time must be played, a scrum was formed on the Bart's line; a good wheel by the Guy's forwards resulted in several of their forwards touching the ball down, and a try was awarded. The kick failed, and Guy's had won by 3 points to nil.

Among the Bart's forwards, Sandiford, Collinson, Grant and Macpherson worked hard throughout the game, while Armstrong and Mackay played good defensive games among the backs.

BOXING The Inter-Hospital Boxing Competition was held at the Stadium Club, Holborn on Friday, February 26th, when some very interesting boxing was seen. St. Bart's Hospital were well represented, having an entry in each weight with the exception of the Bantam and Lightweight, and the results clearly showed that we have any amount of talent. We finished with 10 points, second only to St. Mary's, who totaled 24 points.

In the Flyweight, R. T. Routledge (St. Bart's) boxed very well indeed. He came out an easy winner against A. Macnochie (St. Thomas's) in his first fight, although Macnochie put up a plucky fight against an obviously better man. In the final of this weight Routledge was beaten by R. N. Lewis (Guy's), who had not fought previously; Routledge attacked strongly at the start, but left himself open to a series of powerful straight lefts, which caused the referee to intervene near the end of the first round.

In the Featherweight, T. Brady (St. Bart's) won the weight, beating D. B. R. Wilson (St. Thomas's), and, in the final, N. Wilkinson (St. Mary's). Against Wilson, Brady was up against a man with a longer reach, but this disadvantage he managed to overcome, knocking his opponent out in the second round. In his second fight Brady again won by a k.o., this time in the first round, when he was clearly the harder hitter from the start.

J. G. W. Evans (St. Bart's) won the Welter-weight after some very hard fighting. His first tie against L. Cohen (St. Mary's) he won on a casting vote; both men took heavy punishment in all three rounds, and Evans probably gained the verdict owing to his more continued attack. In the final Evans knocked out C. E. J. Glaiser (St. Thomas's) in the first round; Glaiser attacked vigorously at the beginning, but a beautifully timed right to the jaw terminated the fight prematurely.

The best fight of the evening proved to be the final of the Middle-weight, fought between H. G. Owen-Smith (St. Mary's) and J. J. Slove (St. Bart's), Owen-Smith winning in the last round. Slove had previously beaten D. W. Mahon (London) with some ease, while Owen-Smith had had two fights—one a hard one against S. A. Macdonald (St. Thomas's), which went the full distance. In the first round Slove attacked strongly, making Owen-Smith, who seemed tired, cover up a lot; the second round was a very even one, both attacking hard, but near its close, Owen-Smith landed a damaging right which probably turned the scale in his favour, for, in the last round, Owen-Smith gradually reduced his man with many hard rights, the referee stopping the fight in the middle of the round.

In the Light-heavy-weight, C. G. Nicholson (St. Bart's) just lost to W. B. Waterfall (London). Both fought to a standstill, and Waterfall won owing to his more persistent attack, Nicholson tending to miss a lot with his right. Waterfall deserves to be congratulated on a very plucky evening's boxing, fighting three times, two fights going the full distance.

A. Sandiford (St. Bart's) boxed well in the Heavy-weight. He beat L. S. Page (London) on points, Page having a longer reach, but not the same power in his punches. Both scored knock-downs in the first round, fought an even second round, and then Sandiford,

scoring freely with both hands in the last round, secured a decisive victory. Sandiford then met H. Muller (St. Mary's), who eventually won the weight, and did well to last out for the full three rounds. Muller won the fight on his superior left-hand punching, which proved to be the critical factor in the last round.

SWIMMING The Swimming Club has now started its activities in earnest, and it is hoped that the next three months will bring a few more supporters to swell its ranks. At present the honour of the Hospital in swimming and water-polo is upheld by a handful of students, and when these few pass on, as some day they must, the Swimming Club will have very little to fall back on to remould the team. We hope that this will come to the notice of our lukewarm supporters and to others, especially those over at Charterhouse Square, who contemplate taking up swimming and water-polo during the season. The Swimming Club meet every Friday at St. Mary's Hospital Swimming Baths, Paddington, from 5.30 p.m. to 7 p.m.

ASSOCIATION FOOTBALL The final of the Inter-Hospital Cup was played at Kingston against **St. Mary's**, and ended in a defeat to the tune of 0-6. It was a

perfect day for football, and the ground was in magnificent condition; alas and alack that the same cannot be said about the Bart's XI. The goal-keeper, Mall, played a courageous game, and had no chance with the six goals which were scored against him. Harold and Knowles, the full backs, defended stoutly, their kicking and tackling being of a high standard except for a few lapses, one of which presented our opponents with a goal; their positioning, however, left something to be desired. Howall's task at centre-half was made considerably easier by Square's obvious lack of knowledge of the game, but none the less, Howall played an extremely good game; his passes were well distributed, and it says much for his defence that such a dashing centre-forward, of a side which was constantly attacking, scored only one goal. It is a great pity that his advice on the field, which was sound and well timed, was seldom if ever taken. Our other half-backs had rather more than they could manage to hold the opposing wing men, but they tried hard throughout, especially Gallimore.

The forwards it can only be said that they can play better. On the day's performance it is difficult to understand how they ever managed to score any goals at all; Owen-Smith in St. Mary's goal, was never tested.

The start of the match saw the ball travel from end to end of the field at a tremendous speed, but in a rather aimless manner; after about a quarter of an hour St. Mary's settled down to attack and scored at regular intervals. Our intrepid raids were quickly and easily repulsed, and in the last few minutes St. Mary's demonstrated their superiority over a somewhat disharmonious defence by an individual and spectacular goal scored by their left wing forward, who danced small rings round at least six of our players before pushing the ball into the net.

Team.—W. D. Mall; H. Knowles, J. V. T. Harold; J. L. Cardwell, D. R. S. Howell, J. O. Gallimore; J. W. B. Waring, P. A. K. Brownlee, A. R. James, C. S. Grossmark, W. J. Atkinson.

O.T.C. No. 1 COY. Col. H. T. Jessop and a large company of over four hundred, including many distinguished members of the University, were

present at the Contingent Ball on February 26th. This was the first occasion on which a social function had been held at the New University Buildings. As befitted an occasion of this kind music was provided by a military band, in addition to an excellent professional dance band. Unfortunately the floor was not as smooth as might have been desired, but this was probably due to its newness. The buffet and bar on the third floor were admirably run and well patronized. Altogether the function was a great success and it is proposed to make it an annual affair.

The Annual Dinner of the Sergeants' Mess was held at The Old Bell on March 11th. Unfortunately "B" Coy., Infantry Unit, had arranged a private dinner for the same date, and consequently the attendance of the infantrymen was poor. Of the 23 past and present members at the dinner 15 were medicals. After an excellent meal a pleasant evening was spent around the piano.

CORRESPONDENCE

THE LATE T. H. JUST

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

DEAR SIR,—In their sympathetic tribute to "Father" Just in the last number of the JOURNAL, Mr. Sydney Scott and Mr. H. B. Stallard naturally refer to his athletic distinction—an activity which at one time loomed most prominently in his life. Just endeared himself to subsequent generations by his charm and geniality, and earned no little reputation for his achievements in the branch of surgery which he adopted and adorned. But since his earlier fame is to the present generation mainly traditional, I am emboldened to think you may be willing to publish a few reminiscences from a contemporary who was in that respect most closely associated with him over a quarter of a century ago.

Just came to Bart's early in the summer of 1908, in time to help us to win the Inter-Hospital Athletic Shield. His appearance in the team meant a great deal more than his own individual success, for he brought a distinction and dignity the force of which it is difficult to convey at the present time.

In those days the running track had little charm for young men of the educated classes, who generally abandoned all interest after their comparatively brief participation in Inter-Varsity contests, and very few entered the burly-burly of wider competition and displayed serious ambition for the highest titles. Just's brilliant performance at the Oxford and Cambridge Sports of that year had marked him out as the potential A.A.A. half-mile champion, and his expected success at the White City in July distinguished him—I think I am correct in this—as the first medical student to win an amateur championship on the track.

In reminding us that Just won the United Hospitals' half-mile on three subsequent occasions, Mr. Scott observes that he kept himself in training during the rigours and difficulties of a Resident's life. This is quite incorrect. Active athletics never interested Just; he had no stomach for the boredom of routine training. He kept the Lent Term of 1909 in order to make an appearance in the half-mile against Oxford and ran a desperate race in which he lost by 6 in., when he was, as he expressed it to me, in language more descriptive than scientific, a mixture of staleness and unfitness! This and all his subsequent athletic efforts were all the outcome of his inexhaustible good nature in acquiescing to the wishes of others, but training of any kind he completely neglected. And to me, a wasslipper of athletic prowess, this was a tragedy! His great natural capacity, his exceptional physique and his anatomical proportions, which permitted a colossal stride, would, under intensive and protracted training, have ensured almost fabulous possibilities. Bitterly I reflected that if he had had his enthusiasm, or I half his capability, nothing in the world on two legs could have surpassed the production.

I cannot refrain from pointing out that St. Bartholomew's has the proud distinction of claiming among her sons two who graduated with the highest honours in the athletic world whilst still in their student days: Just, who could have been developed into the greatest half-miler of all time; and Henry Stallard, whom I unhesitatingly acclaim the finest amateur runner this country ever produced.

Yours obediently,

ADOLPHE ABRAHAM.
86, Brook Street,
Grosvenor Square, W. 1;
March 6th, 1937.

THE USE OF PRONTOSIL

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

SIR,—The cause of sulphhaemoglobinemia is still uncertain. It occurs rarely in anaerobic sepsis, more frequently after long-continued administration of drugs, such as sulphonol, phenacetin, acetanilide, and, as has been shown more recently, sulphaniamide (prontosil album, streptocide, sulphonanilide-p) and its derivatives. It usually develops in constipated patients who are receiving regular laxatives or purges, and both constipation and the use of magnesium sulphate have been incriminated as important factors in its production.

The condition is not of great importance, unless the active haemoglobin falls below about 30% Haldane (oxygen combining power 5.6 c.c. %). When sulphhaemoglobin is present this bears no relation to the total haemoglobin as usually estimated, and can be determined only by a somewhat laborious process. Such determinations may, however, be necessary in some cases.

The following precautions are advised for all patients taking, or likely to take, any of the prontosil group of drugs:

(1) The analgesic and hypnotic drugs derived from aniline, phenylhydrazine or sulphonol should be strictly forbidden. They include phenacetin, acetanilide, methylacetanilide, amidopyrin, antipyrin, phenylsemicarbazide, sulphonol, trional and tetralol. Preparations containing these include vegamin, veramon, cibalgin, novalgin, pyramidon, galdan, yogenin, and the haustus phenacetini compositus of the Hospital Pharmacopoeia.

(2) No laxatives or purges of any kind should be used, though liquid paraffin is permissible.

(3) The total haemoglobin should be determined by Sahl's method at intervals not greater than two days.

(4) All patients with total haemoglobin below 40% and any patients showing signs of cyanosis should have their blood examined so that impending anoxia may be detected.

H. E. ARCHER,
G. DISCOMBE.

SPORTS REPORTING

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

DEAR SIR,—It seems to me a great pity that the names of the teams are not given in the descriptions of the matches, and I wonder why this old and excellent custom has been given up!

I should be grateful if you would publish this letter, as it may stimulate the expression of the views of others on the subject.

Yours faithfully,

F. G. CHANDLER,
1, Park Square West,
Portland Place, N.W. 1;
March 12th, 1937.

REVIEWS

Diseases of the Eye. By EUGENE WOLFF, M.B., B.S., F.R.C.S. (Cassell & Co., Ltd.) Price 15s.

This text-book has been written especially for the beginner in ophthalmology, so that automatically certain standards are set by which its success must be judged. The first is that the beginner should be shown the core of the apple without trimming. The second is that the book should co-ordinate and explain clinical observations rather than lead the innocent into the side-paths of speculative theory.

The book succeeds splendidly. The author takes each part of the eye separately and deals with its common diseases, their symptoms and treatment. This orderly classification is excellent, but if it went no further there would be danger that "book knowledge" would run a separate course from clinical experience. Happily the author thinks that to see is to understand, so that this gap is bridged by illustrations of the normal anatomy of the eye, both macroscopic and microscopic, drawings of pathological sections and, best of all, coloured pictures of how the outside parts of the eye and the fundus appear when diseased.

In addition to the chapters on diseases of the eye there are parts devoted to injuries, congenital anomalies and the manifestations due to malfunctioning of the nervous system. The orbit and the lachrymal apparatus each receive a chapter, and there is a final account of how the operations are performed.

This book is to be recommended highly to the student both as a guide to his clinical work and also for reference later on.

A Manual of Radiological Diagnosis. By IVAN C. TEHAPE ROFF, M.A., M.D., D.M.R.E. (Cambridge: W. Heffer & Sons, Ltd.) Pp. 254. Price 21s.

Mr. Mitchiner, who contributes the foreword, and the author both lay stress on the point that X-rays should be used only as a confirmation of the clinical diagnosis. In our clinical course X-ray diagnosis must be taught rather spasmodically as cases appear in the wards or clinical lectures, so that the average student has gaps in his knowledge of X-ray appearances. This book fills the gaps.

There is first a short chapter on the physics and technicalities. This is followed by a section on the diseases of bones from the general point of view, followed by a regional survey. Finally chests, the alimentary canal, urinary tract, etc., are dealt with.

About half of each page is taken up with plates which are very well reproduced, and clarified with arrows to the points of interest. The text consists of description and brief pathology from the X-ray point of view, tabulated where possible.

The book is intended for students and general practitioners. To those with orthopaedic leanings especially it should prove of great value, while in the other sections it is to be found material which could clear up many a worrying point.

A Manual of Pharmacology. By the late W. E. DIXON, M.D., F.R.S. Eighth edition. Revised by W. A. M. SMART, M.B., B.Sc. (Edward Arnold & Co.) Pp. 468. 70 figures in the text. Price 18s.

The object of the late W. E. Dixon, in his original book, was to emphasize the fact that drugs in common usage can be shown to have physiological actions and that, when possible, the results obtained in the laboratory should form the rational basis of therapeutic practice. His method was to take important representative drugs and illustrate their actions by physiological demonstration in animals.

Owing to the introduction of large numbers of synthetic substances during recent years this book differs from its predecessors in that much more space is devoted to purely chemical matters. Some may think that the chemical side of the subject has been over-stressed in this book, and that the student would do better to devote his time to the study of matters of more practical importance to the doctor. The clinical applications are not neglected, however, although some of the advice given may be open to criticism; for instance, on p. 282 we read, "The urethra requires vigorous treatment (with antiseptics) in the case of gonorrhoea. This is usually carried out by irrigation with permanganate (1/1000) . . ."; and again on the same page, "Instruments may be sterilized by a solution of 5% phenol or lysol . . .". Such pieces of advice, if put into practice, cannot fail to do more harm than good.

In places, too, the style is rather involved and lacking in clarity, particularly in the sections of the book dealing with the hormones and with the heavy metals. These sections and also the index might be better arranged.

The original editions of the book, which occupied a unique position as a scientific exposition of the subject, were somewhat remote from practical therapeutics, and this edition is more in touch with medical problems.

We welcome the re-appearance of this valuable standard text-book, which should continue to maintain its popularity with students of pharmacology.

Weight Reduction, Diet and Dishes, with Recipes by Lucy Burdick. By E. E. CLAXTON. (Heinemann.) Price 8s. 6d.

Insurance companies have known for some time to what an extent obesity shortens life, but doctors still have difficulty in persuading stout patients to keep to the diet necessary to reduce their weight and improve their health. This book should considerably ease their task. They can give it to their patients, who will discover that they can enjoy a large variety of appetising dishes whilst securing a steady loss in weight. The patients' cooks will have no reason to grumble, as the recipes are clearly described and simple to carry out. With the help of the food-value tables based on the latest English analyses doctors will find it easy to prescribe diets of any caloric value required, giving details as to the quantities of various foods allowed. The caloric values for a number of well-known varieties of biscuits, ice-creams, etc., should prove most useful in deciding whether these can be included in the diet.

Mineral salts do not seem to be given sufficient emphasis in the chapter on food values, and it is misleading to say that milk contains negligible mineral matter, though of course the salts are not fattening. On the other hand, most of the recipes and protective foods, so that patients choosing their menus from this book are in little danger of seriously reducing their usual intake of food essentials.

A distinguished nutritionist used to say that fat people often had fat heads. It is with a book such as Dr. Claxton's that this variety of disease may best be combated. The detail, the variety, and the assurance of successful slimming should help to remove the fat even from the head!

Favourite Prescriptions. Edited by Sir HUMPHRY ROLLESTON, Bart., G.C.V.O., K.C.B., M.D., and ALAN MOSGRIFF, M.D., F.R.C.P. (Byre & Spottiswoode, 1936.) Price 10s. 6d.

Generations of young and newly qualified practitioners within these walls have learned to write Haustus Gent. cum Rheo and lived to extol its virtues far and wide; so, too, have they been trained to the excellent properties of time and tradition-honoured remedies such as Gee's linctus, Adamson's ointment, and many more. And now that the Hospital Pharmacopoeia has been revised it is pleasant to see these in more selected and exclusive company—adjusted to modern-day methods and therapeutic standards.

In this book, however, not only is there set out an account of the favourite prescriptions of one hospital, but of eighteen similar bodies in all. The result is a collection of recipes, popularized perhaps more by habit than anything else, but at least tested in great part by the passage of time. The epitome, indeed, does credit to the ability and industry of the editors, and in bringing forward the best from individual pharmacopoeias, they have not only presented an account to satisfy all requirements in general practice, but have made an attempt to break down the barriers for their readers between views that are insular and not necessarily incompatible.

The publishers, indeed, are to be congratulated on this as the first volume of their new series of "Practitioner" handbooks.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ABRAHAM, ADOLPHE, O.B.E., M.D., F.R.C.P. "The Odour and Colour of Urine in Health and Disease." *Practitioner*, February, 1937.

"The 'Knee-jerk' in Health and Disease." *Practitioner*, March, 1937.

DEARWATER, A. P., M.B., Ch.B., F.R.C.S. Edin. "Acromioclavicular Dislocation and Sprain." *Clinical Journal*, February, 1937.

BOYD, A. M., F.R.C.S. "Thrombosis of the Popliteal and Femoral Arteries." *Lancet*, February 13th, 1937.

BURROWS, H. JACKSON, M.B., F.R.C.S. "Pathological Fracture of the Humerus Complicating Late Secondary Syphilis." *British Journal of Surgery*, January, 1937.

COLT, G. H., M.B., B.Ch., F.R.C.S. (and CLARK, G. N., F.R.C.S.) "Tuberculous Disease of the Abdominal Lymphatic Glands." *Lancet*, January 16th, 1937.

EDWARDS, J. T. RICE, F.R.C.S. Edin. "A New Instrument for Draining Quinsies." *Lancet*, January 30th, 1937.

FEILING, ANTHONY, M.D., F.R.C.P. "Nervous and Mental Post-Operative Complications." *Practitioner*, March, 1937.

HAMMOND, T. E., F.R.C.S. "The Bearing of the Constitution, Temperament, and Age in Tuberculosis." *Clinical Journal*, February, 1937.

HARVEY, FRANK, F.R.C.S. Edin. "Genito-Urinary Tuberculosis: with a Review of 100 Cases." *Lancet*, February 6th, 1937.

HINDS HOWELL, C. M., M.D., F.R.C.P. "Cerebral Vasculature Accidents." *British Medical Journal*, February 6th, 1937.

HUDSON, BERNARD, M.D., M.R.C.P. "Influence of Altitude on Asthma." *Practitioner*, February, 1937.

LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "The Present Position of Endocrinology." *Post-Graduate Medical Journal*, January, 1937.

LEVINE, DAVID, M.R.C.S. (HARRY WATERS, M.B., D. L., and BERNARD MYERS, C.M.G., M.D.). "Retropositional Sarcoma of Uterus Distribution." *Lancet*, January 23rd, 1937.

MCCURRICH, H. J., M.S., F.R.C.S., M.C.O.C. "Droplapse of the Uterus." *Clinical Journal*, February, 1937.

MCINDOE, A. H., M.S., F.R.C.S. "Operation for Cure of Adult Hypospadias." *British Medical Journal*, February 20th, 1937.

MAGNUS, H. A., M.B., B.S. "Multiple Necrosis of the Spleen." *Journal of Pathology and Bacteriology*, vol. XIV, No. 1, 1937.

MORLOCK, H. V., M.C., M.D., M.R.C.P. "A Case of Chronic Atrophy of the Liver." *Post-Graduate Medical Journal*, January, 1937.

"Postural Drainage." *Lancet*, February 13th, 1937.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. See Levine and Myers.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

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‡Hertfordshire	107	13	0	(17)
‡Huntingdonshire	5	5	0	(1)
‡Isle of Wight	191	13	0	(13)
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‡Middlesex	60	0	0	(18)
‡Norfolk	49	14	0	(27)
‡Northamptonshire	178	0	6	(34)
‡Northumberland	50	14	6	(21)
‡Nottinghamshire	101	1	0	(60)
‡Oxfordshire	24	3	0	(6)
‡Rutland	101	1	0	(2)
‡Shropshire	256	15	0	(22)
‡Somersetshire	1	1	0	(1)
‡Staffordshire	38	1	0	(2)
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‡Surrey	194	18	0	(28)
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‡Warwickshire	330	4	6	(62)
‡Westmorland	752	4	6	(174)
‡Wiltshire	215	19	0	(24)
‡Worcestershire	2	10	0	(1)
‡Yorkshire	1,011	12	0	(13)
Wales	161	1	6	(25)
London	353	0	0	(29)
Channel Islands	69	12	0	(20)
Scotland	0,994	15	2	(130)
Abroad	20	0	0	(229)
South Africa	13	3	0	(9)
Canada	119	1	0	(13)
East Africa	5	0	0	(20)
West Africa	114	3	6	(8)
India	87	12	0	(10)
Ireland	146	10	0	(5)
North Africa	207	12	0	(13)
North Borneo	25	4	0	(4)
Australia	1	0	0	(1)
China	130	10	0	(8)
Siam	52	8	4	(9)
France	40	0	0	(1)
British West Indies	50	0	0	(1)
Straits Settlements	65	8	0	(7)
New Zealand	7	1	0	(3)
Services	6	1	0	(3)
Others	654	14	6	(49)
Lord Mayor's Appeal	72,956	3	9	(584)
Funds of College	17,959	16	0	
Value of Building	8,000	0	0	
Loan	20,000	0	0	
Stock Sold	20,000	0	0	
	4,061	0	0	
	148,001	14	10	

* Number of Bart's men subscribing. † Number of Bart's men in County. ‡ Counties with Secretaries.

EXAMINATIONS, ETC.
University of Cambridge

The following Degrees have been conferred:

M.B., B.Chir.—Ledward, A. D., Livingstone, F. D. M., Williams, E. G. K.
M.B.—Beckett, F. G. A., McNeil, C., Martin, C. J., Newbold, J. C., Richards, W. F.

Royal College of Physicians

The following have been admitted **Members**:
Brookman, G. H., Hayward, G. W., Hulbert, N. G., Kelsall, A. R.

Royal Colleges of Physicians and Surgeons

The following Diploma has been conferred:

D.O.M.S.—Bacon, E.

Society of Apothecaries of London

Final Examination, February, 1937.

Medicine and Forensic Medicine.—Anderson, J. D.

CHANGES OF ADDRESS

BRIGSTOCKE, P. W., C.M.S. Hospital, Jaffa, Palestine.
FLETCHER, C., The White House, Acle, Norfolk. (Tel. Acle 6.)
HARRISON, J. O., The Brown House, Gaywood, King's Lynn. (Tel. 2838.)
PALMER, C. SPENCER, St. Helier, Brokes Road, Reigate. (Tel. Reigate 2310.)
RICHARDS, W. F., 9, Fordington Road, Highgate, N. 6.
WILTON, B. J., 43, Claremont Square, N. 1.
WOODS, I. G. KEWCASLE, 67, Iressillian Road, Brockley, S.E. 4.

APPOINTMENT

HARRISON, J. O., F.R.C.S., appointed Honorary Assistant Surgeon and Urologist to the West Norfolk and King's Lynn Hospital.

BIRTHS

HISCOCKS.—On March 17th, 1937, at "Newlyn", Westcliff-on-Sea, to Sybil (née Stallibrass), wife of Henry F. Hiscocks, M.D.—a daughter.
MACFARLANE.—On March 1st, 1937, at 20, Devonshire Place, W. 1, to Lilley (née Carson), wife of Dr. R. G. Macfarlane—a daughter.
MARSHALL.—On Feb. 21st, 1937, at 17, Winn Road, Southampton, to Betty, wife of Dr. R. M. Marshall—a son.
McNAIR.—On March 3rd, 1937, at 27, Welbeck Street, to Grace, wife of Arthur J. McNair—a daughter.

MARRIAGES

BALL—PEARSON.—On March 9th, 1937, at St. Marylebone Parish Church, Peter H. Ball, R.A.M.C., care of Grinley's, Bombay, only son of Dr. and Mrs. C. Ball, of Hunstanton, Norfolk, to Mary le Geyt, younger daughter of J. R. Pearson, C.I.E., late I.C.S., and Mrs. Pearson, of Jersey, C.I.

LESSER—RANSOM.—On March 3rd, 1937, at the Liberal Jewish Synagogue, St. John's Wood, Samuel Alfred Hugh, only son of Mr. and Mrs. Albert Lesser, Avenue Close, N.W. 8, to Joan, daughter of Mr. and Mrs. A. J. Ransom, of Cambridge.

VERGETTE—HOSELL.—On February 27th, 1937, at the Church of St. Philip and St. James, Clifton, York, Edward Seward Vergette to Margaret Hossell.

DEATHS

ALEXANDER.—On March 14th, 1937, at his residence, Bankside, Teddington, Frederick William Alexander, O.B.E., L.R.C.P., M.R.C.S., D.P.H., L.M., aged 78.
ATLEE.—On March 8th, 1937, at Wellingborough, John Atlee, M.D., late of 65, Grosvenor Street, W. 1, aged 67.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.
The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

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

St. Bartholomew's Hospital



Journal

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

VOL. XLIV.—No. 8

MAY 1ST, 1937

PRICE NINEPENCE

CALENDAR

Fri., April 30.—Dr. Graham and Mr. Girling Ball on duty.
Medicine: Clinical Lecture by Dr. Graham.
Sat., May 1.—Cricket Match v. U.C.S. Old Boys. Home.
Mon., „ 3.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 4.—Dr. Evans and Mr. Roberts on duty.
Thurs., „ 6.—Swimming Match v. Lensbury. Away.
Fri., „ 7.—Dr. Chandler and Mr. Vick on duty.
Medicine: Clinical Lecture by Dr. Evans.
Sat., „ 8.—Cricket Match v. St. John's, Cambridge. Away.
Mon., „ 10.—Special Subjects: Lecture by Mr. Higgs.
Tues., „ 11.—Prof. Witts and Prof. Ross on duty.
Fri., „ 14.—Dr. Gow and Mr. Wilson on duty.
Sat., „ 15.—Cricket Match v. Hornsey. Home.
Mon., „ 17.—Whit - Monday. Cricket Match v. Croydon. Away.

Tues., May 18. Dr. Graham and Mr. Girling Ball on duty.
Water Polo Match v. St. Mary's Hospital. Away.
Wed., „ 19.—Surgery: Clinical Lecture by Mr. Wilson.
Last day for receiving matter for the June issue of the Journal.
Fri., „ 21.—Dr. Evans and Mr. Roberts on duty.
Sat., „ 22.—Cricket Cup Match v. St. George's Hospital.
Sun., „ 23.—Cricket Match v. Romany
Mon., „ 24.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 25.—Dr. Chandler and Mr. Vick on duty.
Water Polo Match v. St. Thomas's Hospital. Away.
Wed., „ 26.—Surgery: Clinical Lecture by Mr. Girling Ball.
Fri., „ 28.—Prof. Witts and Prof. Ross on duty.
Medicine: Clinical Lecture by Dr. Gow.
Sat., „ 29.—Cricket Match v. Leavesden Mental Hospital. Away.
Mon., „ 31.—Special Subjects: Lecture by Mr. Capps.
Water Polo Match v. University College Hospital. Home.

DR. C. M. HINDS HOWELL

TIME has determined that Dr. Hinds Howell shall retire from the Hospital on attaining the age-limit. We shall miss him greatly for many reasons besides the loss of his professional attainments.

"Budge," as he is familiarly known to a wide circle of friends, was educated at Marlborough, and has paid that school the compliment of sending his three sons there, one of whom has had a distinguished and popular passage through our Medical College. From Marlborough he went to Trinity College, Oxford, with a Scholarship. There he obtained a First Class in the Final Honours School in Natural Science. He was awarded the Senior

Entrance Science Scholarship on entering St. Bartholomew's in 1900, and from that time onwards his progress has been marked by accomplishments and distinctions of all sorts. In 1903 he obtained both the Kirkes and the Medical Brackenbury Scholarships, and the next year was awarded the Lawrence Scholarship. He then became House Physician to Sir Dyce Duckworth and acquired a liking for neurology, which afterwards was to become of outstanding interest for him.

On leaving the House he joined the Department of Physiology as Demonstrator at a time when Dr. Edkins was in charge of it. In this position he at once sprang into popularity, and for two reasons:

First on account of his personality and transparent honesty of purpose, and secondly because of his gift of lucid exposition and his attractive teaching. He collected together a large coaching class, which secured for him permanent friends for the future, and provided bodily needs for the present. His connection with physiology gave him an unusual opportunity—an opportunity of which he took the fullest advantage—of perfecting an intimate knowledge of the anatomy of the central nervous system, and this has been of the greatest value to him in his neurological work.

At this time he also held the post of Registrar and Pathologist at the National Hospital for Nervous Diseases, Queen Square—an appointment which by natural succession led to the Staff of the Hospital. This post he still holds, and will in the natural course continue to hold for many years. During this same period he was Physician to the Royal Northern Hospital, and so continued until he was appointed to St. Bartholomew's.

His happy salutation of "Well, my dear", when his advice is sought is calculated to cheer the most gloomy, and his sense of judgment and sanity, combined with the soundest possible knowledge, causes his opinion to be very widely canvassed. During the tenure of his post on the Staff of the Hospital he has acted in the double capacity of Neurologist and Physician. To follow him in his rounds in the wards is a strenuous experience. His pace is such that only a few of the more athletic Housemen have been known to survive their six months' appointment without acquiring a strained heart. His recent lecture on syringomyelia, which circum-



C. M. HINDS HOWELL, D.M., F.R.C.P.

stances have since determined shall be the last of his regular course, will long be remembered by the very large number of those present as a model of lucidity and orderly arrangement. The large classes he has always attracted are the surest testimony of the excellence and usefulness of his teaching.

His interest in all sports is perennial. At Marlborough for three years he was in the cricket eleven. At Oxford he took to fencing, and represented the combined Universities in this art. He is a first-class golfer, with a handicap in single figures. He is a water-colour artist of no mean attainment, and in this, as would be guessed, he has a bright and refreshing originality. Perhaps his special gift is as a colourist; eschewing all the more sombre shades, he dabbles and daubs in a most refreshing manner with chrome yellow and rose madder. He is a good shot and a keen fisherman. He has been known to spend a solid month fishing for salmon without getting

a fish, and yet survive with his enthusiasm untarnished. His knowledge of salmon flies is odd.

We shall miss his brightly-coloured car, "the fire-engine", from the Square, reminiscent as it is of the red mail-cart of Lord Muntahed of Bath, and which he drives round corners with such careless abandon, chiefly on two wheels.

It is pleasant to remember that Budge has many years to serve on the Staff of the National Hospital, and the greater leisure resulting from his retirement from our own Hospital provides him with an increased opportunity in his private work of advancing his and our knowledge.

CURRENT EVENTS

MR. UNDERWOOD

Our heartiest congratulations are extended to Mr. W. E. Underwood, not only upon his appointment to the position of Sub-Dean of the College, but also for his having been awarded the Jacksonian Prize for 1936. Mr. Underwood's subject was "Hydronephrosis". He approached the question by way of comparative anatomy, and amongst other interesting facts discovered that pigs are peculiarly susceptible to the disease. A series of experiments then led him to consider the parts played by the sympathetic nervous system in the aetiology, and he eventually decided upon a periarterial sympathectomy of the renal vessels as the best method of treating the idiopathic type which has so long puzzled clinicians. The results obtained were amazingly good, and we hope to publish a fuller account of the work at a later date.

As Sub-Dean, Mr. Underwood succeeds Dr. Charles Harris, who has been for some time, of course, Warden of the College as well, and who will now be able to confine his labours to the latter office. Although he will be sadly missed from the position he has so excellently filled during the past three years, we are at least fortunate that he is to have such an able successor.

NEW BLOCK OPENING

A great occasion for the Hospital will be the opening of the new medical block on Thursday, July 8th next. Her Majesty Queen Mary is to perform the ceremony at 3 p.m., when the block will be named, in accordance with the wish of his late Majesty, the "King George V Building".

ST. BARTHOLOMEW'S HOSPITAL EIGHTH DECENNIAL CONTEMPORARY CLUB

The Annual Dinner will be held at the Langham Hotel, Portland Place, on Wednesday, June 30th, at 7.30 for 7.45 (price 10s. 6d.). Dr. Morley Fletcher will take the Chair. All who joined the Hospital between 1885 and 1895 inclusive, and who subsequently qualified, are eligible to attend.

The Honorary Secretaries are anxious to secure a good attendance for Coronation Year, and request members residing in London to invite their friends from the country. Cards will be sent to all those whose

names are on the list. Inquiries should be addressed to Sir Charles Gordon-Watson, 82, Harley Street.

ORTHOPÆDISTS

It gives us very great pleasure to announce the appointments of Mr. S. I. Higgs and Mr. H. J. Burrows to the respective positions of Orthopædic Surgeon and Assistant Orthopædic Surgeon, the former being, of course, in succession to Mr. R. C. Elmslie, who retired in January of this year.

CORONATION DANCE

One of the most ambitious functions of its kind which has yet been planned for Charterhouse will take place there on Friday, May 14th. A Coronation Ball is to be held, with a dazzling programme of our local cabaret stars to lend glamour to the evening. No fewer than two bars are to be provided, thus pleasing both hikers and journalists. You may depend upon it, red, white and blue—yes, all three of them—will be much in evidence, and a memorable evening will be spent by all.

SCHOLARSHIP RESULTS

Brackenbury Scholarship in Surgery	(J. B. Cuthbert)
	(D. I. Crowther) <i>2q.</i>
Brackenbury Scholarship in Medicine	L. A. Ives.
	<i>Prox. Access.</i> J. B. Cuthbert.
Matthews Duncan Medal and Prize	D. I. Crowther.
	<i>Prox. Access.</i> (H. L. M. Roualle.
	R. Thomson.)
Kirkes Scholarship and Gold Medal	L. A. Ives.
Willett Medal	J. B. Cuthbert.
	<i>Prox. Access.</i> B. R. Billimoria.
Burrows and Shynner Prizes	L. A. Ives.
Walsham Prize	C. J. Longland.
Foster Prize	M. D. M. O'Callaghan.
	(G. C. N. Acres.
	P. R. Latham.
	H. M. Jamison.
	R. F. Butterworth.)
Treasurer's Prize	K. T. Brown.
	(P. A. M. van de Linde.
	R. C. Bell.)
Harvey Prize	Not awarded.
Herbert Paterson Medal in Biochemistry	E. H. Rees.
	<i>Prox. Access.</i> A. J. Walker.
Senior Scholarship (in Anatomy, Physiology and Biochemistry)	A. J. Walker.
Junior Scholarship (in Anatomy and Physiology)	(K. T. Brown.
	(P. A. M. van de Linde.
Hichens Prize	J. M. Muirgavin.)
Wix Prize	Not yet awarded.
Bentley Prize	Not yet awarded.

VIEW DAY

In view of the Coronation a more extensive programme than usual has been planned for May 5th and the succeeding week. On Wednesday, the 5th, at 2.15 p.m. there will be a service in the Priory Church, with an address by Lord Horder, and at 3.15 the Lord Mayor will open an Exhibition of Bart's antiquities in the Great Hall. At 4.30 Mr. McAdam Eccles is to give a talk on the Hogarth Paintings.

On each succeeding day (with the exception of Sunday the 9th and Wednesday the 12th) there will be a specially conducted tour of the Priory Church and the Hospital at 11 a.m. and 2.30 p.m. until May 14th, and the Exhibition will also remain open daily from 11 a.m. to 5.30 p.m.

* * *

"BART'S WIND PILL"

We have received many inquiries from all parts of the country of the identity of the "Bart's wind pill" which was mentioned in our recent review of the new Hospital Pharmacopoeia, and which is apparently less well known than we had supposed. It is *tabella creosoti*, the composition being: Creosote, 1 min.; hard soap, 1 gr.; and of liquorice, a sufficiency. It does its work well.

* * *

HOSPITAL WEEK

Although hundreds of names have been recorded of those willing to collect in the City area for Bart's on the Hospitals' Week Flag Day (Tuesday, May 4th), many more are still required, and it is hoped that those willing to collect for a part of that day will immediately forward their names to Major R. P. Woodhouse, c/o Contributions and Appeals Department, St. Bartholomew's Hospital.

* * *

HOLIDAY COURSE IN GERMANY

Last year a group of St. Thomas's men had a "medical holiday" in the town of Frankfurt am Main. This summer a similar course is being arranged for Bart's students, who will be the guests of the municipal and medical authorities of Frankfurt during the last fortnight of July.

The programme includes visits to the Medical Poly-clinic, the Institutes of Radiology, of Orthopædics, of

Skin Diseases, of Pathology, of Neurology, the Bureau of Heredity and Race Hygiene, etc., and probably to Naubheim Spa. At most of these the heads of the departments organize special series of lectures, cinema shows and demonstrations.

Knowledge of German will by no means be essential, as English-speaking student guides are provided, and the lectures are given in English or directly interpreted.

Full time will be given to other activities, and the holiday will certainly not be only a series of scientific studies. Apart from its historic and artistic value, Frankfurt provides many entertainments, and last year's visitors found it a very gay town. They visited as well Heidelberg, a work camp, a Nazi school and the Graaf Zeppelin. Evenings and week-ends will be free, and, in any case, there will be no necessity to follow all the course as arranged.

The cost of about £12 15s. includes travel, all meals, hotel accommodation, courses, excursions, service of guides and tips.

The dates are from July 17th to August 2nd.

Those who are interested should get into touch with A. S. Playfair as soon as possible, if they have not already done so.

* * *

FILM FANS

Only a small portion of the audience drank coffee at the monster feature programme put on by that celebrated impresario Dr. E. C. O. Jewesbury, on the evening of Friday, April 23rd.

A natural colour sequence of Dr. Gabb and the Scilly Isles was followed by a stirring lantern lecture on the internal economy of Manchuria, delivered by the League of Nations' lecturer himself, assisted by Mr. Watney, Mr. Reid and Mr. Coombe.

A film of the Staff *v.* Residents seven-a-side match and a series of local character studies, many of which came from the lens of the Journal's Candid Camera, completed a highly entertaining evening.

* * *

BISHOP PAGET

It is with great regret that we announce the death of Bishop Luke Paget. A full obituary notice will appear in next month's number of the JOURNAL.

A CASE OF CARCINOID TUMOUR
OF THE STOMACH

ALTHOUGH the structure of carcinomata was recognized as early as 1833, not until 1888 did Lubarsch recognize the separate existence of carcinoid tumours. His distinction was the lack of metastases in carcinoids and the occasional multiplicity of carcinomatous tumours. To-day more importance is attached to staining methods, vacuolation and granulation of the cytoplasm, and to the lack of mitotic figures in the nucleus.

The common point of election is the appendix vermiformis, where carcinoid tumours are found in the routine examination of 0.3-0.4% of appendices removed surgically. More rarely is the tumour found in the small intestine, only 140 odd cases having been noted (Price). Still rarer is its occurrence in the stomach, the sole cases being recorded by Pettinari and Geshichter so far as can be discovered.

Carcinoid tumours are made up of spheroidal cells in definite groupings (*cf.* carcinoma), which are occasionally grouped round an atypical irregular lumen. They may involve the muscular layer and even the subserous layer. The cell cytoplasm is granular, staining deeply with Scharlach R and evidently contains lipoid material similar to that found in the adrenal cortex and in xanthoma-cells. The granulation is mainly at the vascular pole. There are rare mitoses but no amitotic figures. In the appendix carcinoids are generally single, but are often multiple in the small intestine.

The argentaffin or Kulchitsky cells are found in the bases of the crypts of Lieberkuhn, there being an average of 5-7 to each crypt. They appear in the fourth month of foetal life, and are distributed from the cardia of the stomach to the rectum. The cells are conical with a central nucleus, and deeply staining with Masson's silver reagents. Masson postulates that they form part of the endocrine system.

Albert C., *æt.* 41, an unemployed carter and cowman, was admitted to Abernethy Ward complaining of generalized abdominal discomfort. He was healthy until 2½ years ago, when there was a gradual onset of difficulty in opening his bowels.

1½ years ago there was a gradual onset of epigastric tenderness and generalized abdominal discomfort, unrelated to meals, and combined with wind and distension. There was severe constipation with loose stools on relief. Frequent waterbrash and occasional vomiting were experienced.

6 months ago appendicectomy was performed with no improvement.

His weight was steady. Occasionally he had "pins

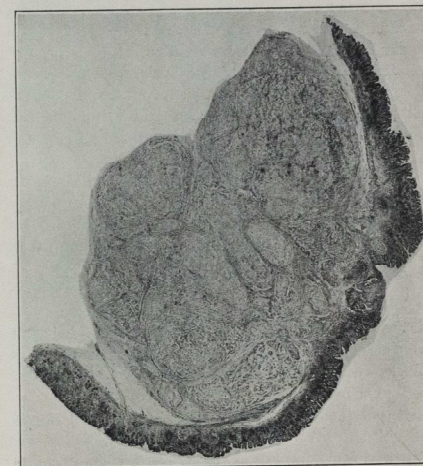
and needles" in the arms and legs. His appetite was poor.

Eleven years ago the patient had gastric influenza, 7 years ago "tuberculosis of the right knee", and recently influenza.

He formerly smoked 3 oz. of strong tobacco and drank 4-5 pints of beer per week. Meal-times were irregular owing to his occupation.

There was nothing relevant in his family history.

On examination, he is a well-built plethoric man.

CARCINOID TUMOUR. $\times 9$.

His tongue was moist, and he was almost edentulous. There were no palpable glands in the neck. In the chest gastric tympany was observed, peristaltic sounds being heard above the nipple in the left axilla.

The abdomen was well covered and moved well, with hyperæsthesia over the lower abdomen and lumbar region and generalized tenderness on deep palpation. There was no rigidity nor could any lump be felt. *Per rectum* nothing abnormal was discovered.

Over the ulnar three-quarters of the left hand and the lateral aspect of the entire left arm, and over the entire right hand and lateral aspect of the right arm, there was dullness to pinprick. Light touch sensation was impaired in all finger-tips.

There was generalized weakness of the calf and thigh muscles, with dullness to pinprick over the inner aspect of both calves.

The reflexes were normal.

The urine was normal.

The blood examination showed: Hæmoglobin 92%, red blood-cells 5,190,000, white blood cells 4,400.

The fractional test-meal showed complete achlorhydria, refractory to histamine.

On X-ray examination the gall-bladder, stomach and intestines were apparently normal save for marked pylorospasm.

Dr. Denny Brown saw the patient, and was of the opinion that the skin sensations were a mild neuritic manifestation of the type commonly occurring in gastric carcinoma and other cachectic diseases—probably due to a mild vitamin B complex deficiency.

Three months ago Mr. Rodgers performed gastroscopy. Atrophic gastritis was observed. A small polypoid mass 1 cm. in diameter was seen projecting into the lumen, situated on the posterior wall of the greater curvature of the stomach, near the sphincter antri.

Mr. Rodgers again performed gastroscopy on admission. The polyp was apparently unchanged. There was seen a moderately severe gastritis—the probable cause of symptoms—producing an increase in depth and opacity of the mucosa.

An operation for the excision of the polyp was performed by Mr. Girling Ball on March 2nd, 1937.

Through a left paramedian incision 8 in. long the polyp was located by palpation and excised through the anterior wall of the stomach. Apart from a brief post-operative crisis recovery was uneventful.

The polyp was of 1 cm. diameter and 1.5 cm. length, and covered by mucosa save at its base, which was white and firm. Section revealed a firm white encapsulated tumour lying beneath a freely movable mucosa, showing the changes of quiescent atrophic gastritis. Coarse strands of fibrous tissue separated the structure into lobules. Strands of spheroidal cells with granular cytoplasm and no mitotic figures were separated by loose connective tissue.

The structure was concluded to be similar to a carcinoid tumour. No argentaffin cells could be demonstrated by Masson's silver impregnation methods, but it is well-known that in some carcinoid tumours the reaction is negative (Masson *et al.*). There was no evidence of malignancy either macro- or microscopically, the nuclei being faint staining and there being no suggestion of mitotic figures.

The removal of the polyp has not affected the abdominal symptoms, these being virtually unchanged and probably due to gastritis.

The early work on the pathology of carcinoid or argentaffin tumours has been excellently epitomized by Forbes. *Inter alia* it has been suggested that they are

carcinomata derived from mucosal epithelium, that they are basalomas analogous to Krompecher's basal-cell tumours (Bunting), and that they are pancreatic rests (Frappe).

Masson has contributed much to the literature and to technical methods. His silver impregnation methods of selective staining of argentaffin cells are well known. He explains the genesis of the argentaffinomas by an autonomous proliferation of the argentaffin (Kulchitsky) cells found in the bases of the crypts of Lieberkuhn. From this he infers that carcinoids are tumours of paraganglia, and has endeavoured to further this by work on appendix-neuromas—a view perhaps requiring further substantiation.

An interesting pathological observation is that argentaffin cells abound in those intestinal glands found in regenerated mucosa following chronic gastritis.

Similar cases are reported in the jejunum (Wood), small intestine (Gierlich and Price), and in Meckel's diverticulum (Hertzog and Carlson).

I am indebted to Mr. Girling Ball for permission to publish this case, and to Mr. Rodgers for his assistance.

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G. J. WALLEY.

EPITAPH.

"Here lies Poor Sam, with learning unendowed,
 In each exam. inevitably ploughed;
 But now he's passed, and let no hand profane
 This hallowed ground, nor same be ploughed again."
 P. G.

A lift
 is swift
 'tween floors
 in stores.
 An escalator
 is sedater.

WOT.

SEQUESTRA

By the Probe

Hospital
 Ghost?

Sinister tales are being told on the water-front concerning the SENIOR RESIDENT'S garage. Used for many years as a place to keep the SENIOR RESIDENT'S car, the old building is now carefully avoided after dusk by wayfaring probationers. One tells of unaccountable noises coming from within, another of a hideous man emerging covered in blood.

* * *

Ghost Laid. When shown a recent statement in the 'Daily Express' to the effect that kissing is becoming increasingly common, SENIOR RESIDENT ANÆSTHETIST BLACKBURN, whose hand was swathed in bandages, laughed easily, and suggested that the noises were due to his engine cooling.

MR. INNES, a well-known expert, when asked for his views, laughed characteristically. "Some fun," he said, with a significant gesture, "is more fun than other fun." "I find they like it" said MR. JOYCE, with a proud sweep of his moustache.

* * *

Church Hits Out. A high official of the Student Christian Movement expressed strong views to me on the question and broke at once into

canticle:

"We will denounce it as a myth
 To say that Brother BRODIE SMITH
 Beguiles the hours of darkness with
 Clandestine osculations.

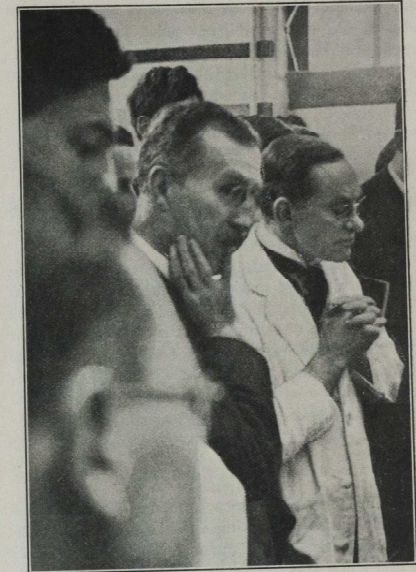
"For everybody ought to know
 That all good Student Christians go
 To bed by ten, and up again
 They get at six or seven.

"And then they practise with a will
 Some energetic Swedish drill,
 Or standing by the window-sill
 Inhale the air of heaven.

"So let us give a lough hurrah
 For FOSTER, MOYNAGH and KANAAR,
 And let us praise both JONES and JAYES
 And CARPENTER and HACKETT."

He stopped for breath.

OUR CANDID CAMERA.



"LIGHTEN OUR DARKNESS."

An exclusive shot of the recent big Oxford Group Rally.

* * *

Suffer, Little Children. I understand that RONALD GIBSON celebrated his daughter's first birthday by becoming a doctor. She expressed her appreciation in a way that babies have . . .

* * *

Medicos Step Out. At a recent party held by the Medical Unit in Bruton Street a certain amount of dancing took place. A rigid censorship forbids a full report, but suffice it to say that there is absolutely no truth in the statement that DR. SPENCE was seen drinking neat oestron. "I tell you there is *nothing* wrong with my glands!" shouted the irate doctor while denying this.

* * *

Watch on the Rhine. The recent Expeditionary Force to the German frontier returns with stirring tales of the Rhineland. Führer GRAY,

who was invalided home with severe gastric lesions, believes the enemy to have poisoned the drinking supplies. While his men, (who were simply splendid), manned the pumps and kept the cross-Channel transport completely dry from Ostend to Dover.

NOTES FOR THE USE OF WIVES OF YOUNG SURGEONS

IT is all very interesting, the sharing of life with the newly qualified surgical aspirant, so much so that one is prompted to offer a word of advice, and with it, sound a note of warning. An end has come to the former life when one paid anxious visits to Queen Square, where one's horizon was bounded by note-books and lectures, where the task was to spur on the lazy and put breaks on the over-zealous.

THE HOUSE SURGEON.

Now the student blossoms into the house surgeon, and the wifely duties have changed in character. The wife of a house surgeon in comparison has an easier time. The first fence has been taken, and there follows a year of ever-growing responsibility and interest. The first six months pass quickly, the greatest problem being to see that the house surgeon arrives punctually at 9 o'clock each morning in the surgery, and it is during the second six months that the young wife is apt to realize what she has undertaken in marrying a medical man. There is the period known as "being on duty", and she should get conditioned to this as soon as possible. Clever men infer to their wives that the running of the Hospital during that time rests on them alone. She will get used to such remarks as "I got — down last night to do that —, but of course I could have done it just as well myself", or "I worked non-stop for twenty hours—no time for food". This last statement may be interpreted, "I had at least eight snacks in the theatre". No house surgeon has ever been known to suffer from starvation. Slack duties are resented, arduous ones cursed but secretly enjoyed. When the husband returns home after one of the latter he must be handled with care, fed succulently, and allowed the maximum amount of sleep and rest. Social commitments should be avoided, particularly dinner engagements on the Chief's operating afternoon. It

is hard for a woman to realize at first, but the tit-bits of operating at the end of a list or the sewing up of a case are more prized than a most amusing party.

Early in her married life the surgeon's wife must learn to make graceful and convincing excuses—"being kept at the Hospital" is generally sufficient to calm the lay host or hostess, but it becomes tiresome if employed too often. To colleagues it must be used with discretion. It is sometimes helpful to give the impression of the great, though youthful, doctor working hard at his Hospital, grappling with death, every moment filled with vital work. The anger of an impatient cook, whose dinner is spoiled from being kept, will melt if this is pointed out, and, later on, when research work is done, and specimens are brought home to inspect or fix over the week-ends, when the best pic-dishes and buckets are borrowed for surgical research, this picture of the great man will again smooth the way.

The household will never know of the hours spent gossiping by the Fountain, or the discussions in the surgeons' changing rooms on far from surgical subjects. The great-man illusion is a subtle one, useful when arranging domestic matters, or even to cheer a despondent husband, but it must not be carried too far. If it is, the result will be complete slavery for wife and household.

THE DEMONSTRATOR.

An appointment that allows a husband to sleep at home. There are no duties to mar the months, but alas, this period is usually spent working for the "Fellowship". To the innocent wife the attainment of such coveted letters as F.R.C.S. conjure up visions of the immediate possession of a large house in Harley Street and a stately dining-room filled with expensively dressed private patients. Poor dear! The goal this time is Lincoln's Inn Fields, not Queen Square; the way is harder, the note-books fatter, and the volumes to be read are thicker. For months the anxious wife will not dare to dust desks or tables; scraps of lecture notes will drift through her rooms, and finally she will have to navigate between such weighty tomes as Messrs. Choice and Rose and Carliss. Examiners will be discussed, some cursed, while the atmosphere grows more tense each day. Now the examination, and finally, the last *viva*. The marble halls of the College are filled with silent, pale-faced men. The hour strikes. Candidates are called. If there is an interval and her husband disappears into the Library, the wife may break into song, for he has passed. The second fence has been cleared, the one with the water-jump at the far side. If he has failed, he slowly descends the noble staircase to be consoled and encouraged for the next attempt.

THE CHIEF ASSISTANT.

For the wife who, so to speak, has started at the beginning of the race, this is a welcome stretch of the course. Five years is a long time, and great things may happen. It is pleasant to hear one's husband called "Sir", and be looked up to, even admired, and slowly, at curiously spaced intervals, and from unexpected sources, private patients appear.

In this period it is possible to get to know many sides of hospital life, for which there is no better education than to sit in the Square at any time of day or night. Here is the Piccadilly Circus, where the humble and great pass by. During the day, white-coated figures, clutching stethoscopes, dash across; students lounge on the benches, while the Chiefs, their heads "lightly bowed, heavy with thought; pregnant with resource" meet their trail of dressers, and disappear into the blocks. Theatre pinks, with their inimitable air of chic and sophistication, and swift-footed nurses, heralded by the crackling of aprons, go by; ward maids emerge with baskets on their arms, looking as though they were about to cry "Bottles! Bottles of drugs!". The Matron may pass, her white coil billowing as she walks with all the dignity of a great chatelaine; porters trundle stretchers and food wagons; ambulances arrive with new patients, anxious relatives wander aimlessly about, cheerful convalescent children play around the shelters and talk to less fortunate companions in the rows of beds.

On summer evenings, when the Square is quiet after the day's traffic, the sisters sit in groups under the trees. As night falls come the distinctive sounds of a busy neighbourhood, the factory-like racket of the G.P.O., working up to a crescendo towards midnight, the hiss of steam lorries freighted carcasses for Smithfield, and ships' sirens wailing from London Pool. Beyond the Square is the quiet church, a pious reminder of the founders of the Hospital, the medieval gate-house, where twice a week a swarm of visitors block the way, leading to the market where cattle have been bought and sold for over a thousand years, and the smell of disinfectants has mingled with that of dust and curing bacon. On a busy morning the Surgery is too like a station before Bank Holiday, with all the trains delayed, to mean much to an onlooker; but for the doctor's wife, whose every minor ailment is coddled, it is a salutary experience to see sick people *walk* into hospital, and observe the stoical patience of the injured. Always the same types will be found, the bench full of garrulous old women exchanging lurid stories, enjoying themselves as though they were at a pub, anæmic clerks and burly meat porters, tired mothers with squalling babies

and youngsters themselves, probably former patients, bringing more juvenile members of the family up for treatment. Through the chatter comes the clang of an ambulance bell, and the entry of police conveying their catch.

It is helpful to know other wives and fellow sufferers, and such occasions as View Day, Christmas shows and other festivities give ample opportunity. She will find that she belongs to a closely-knit community with an absorbing common interest that makes friendship easy. She will find, too, that she is not the only wife who has accused her husband of "being married to the Hospital". It is the wise wife who realizes the charms of the mistress.

The end of the five years comes at last—and the high jump. Perhaps it is cleared, and a place on the staff achieved. A grand moment this, but far more often it means the finish of that familiar course. The wife whose husband, during the past year, has perhaps grown restless and critical, and longs to stretch his wings, may be surprised at the feeling of desolation that comes with the final week's work, the last out-patients, the last operating day. But she will not fail to share and understand the heart-ache of that farewell.

CLOTHES.

The young surgeon's apparel is of the greatest importance; he should be dressed in the neatest and darkest of suits; immaculate shirts and Bond Street ties are to be recommended. Only the most eminent can afford to be seen in brown tweeds baggy about the knees, pullovers, or cerise ties. If black coats are worn, a certain latitude is allowed in the stripes of trousers, and unexpected originality will often be discerned about the legs of the otherwise entirely soberly clad.

From the sartorial angle consider the following concerning a young surgeon who went to see a case when not in "uniform". One Sunday morning this newly-appointed Chief Assistant went to the Hospital wearing an ancient tweed suit. While in the wards a call came from an important G.P. in the country. A fat fee was mentioned. The young man had no time to return home to change, and, borrowing sufficient instruments from the theatre (he had none of his own, anyway), dashed off to the train. The G.P., driving a Rolls, met him at the station. His expression of disgust so unnerved the consultant that he nearly leaped on the train again. The result of this visit was that the G.P. never sent him another case, and next day the young surgeon interviewed his tailor. As a cheering fact the operation proved a success and the patient was satisfied. But that was not the point.

CARS.

It used to be easy to tell the financial position of a man by the horse-power of his car, but this is not so any more, and cases have been known of struggling members of the Junior Staff driving to Hospital in the most super models. A humble make of car will pass, but, like the apparel of its owner, must be kept spotless.

PLEASURE AND HOBBIES.

The importance of these cannot be too well stressed. The leisure of medical men is strictly limited, so the considerate wife has the opportunity to choose such things as will benefit and please her husband. Any hobby should be encouraged, however ill-fitting and undignified it be, and were it known how some immaculate and omnipotent Harley Street deities spend their Saturdays and Sundays, any fear of "lèse majesté" would disappear. There being little time for reading for pleasure, the considerate wife will tell her husband briefly the events of the outside world, and of the books and plays that may be discussed at dinner tables. If she is successful, her hosts on such occasions will compliment her on having such a well-read and intelligent husband.

TRAVELLING AND VISITING FOREIGN CLINICS.

To work at a foreign clinic gives, so to speak, the finishing touches to a medical education. The joys of travelling can be combined with a worthy purpose, or so the young surgeon argues to his wife. Doubts, nevertheless, darken her mind. If she has an iron constitution and the patience of Job, all will be well. Foreign clinics begin work earlier, have longer periods off for meals, the buildings are infinitely more modern, and there is an excess of steel equipment. The nurses in Europe will be found to be more like nuns than those at home, and those in America more like Mr. Cochrane's young ladies. But surgeons all over the world can be divided into three or four distinctive types, and their wives also. The travelling surgeon will vary between moods of wild exhilaration when he has seen something unique, or one of critical superiority when his own Hospital rises in his estimation. It is better for the accompanying wife to arrange her own programme, otherwise trailing about Hospitals looking at new theatres or dish sterilizers she will get foot-sore and exhausted. The wife who speaks a foreign language fluently scores many points, and if she can rise to translating scientific papers, she is treated with a new respect. It is amazing how a few days spent watching Prof. Poppiloff or Mr. Silas W. Scratch will enhance a budding reputation.

ON SECRETARIES AND CONSULTING ROOMS.

It is useful to be able to type, but unwise to take on too much secretarial work. There is a risk of being sacked by the time one's husband is doing really interesting work. Every wife must be prepared for an increase of professional expenses parallel with that of income. Full-time consulting rooms, dictaphones, longer instrumental bills—all are a necessary investment.

ENTERTAINING.

Entertaining will march with the purse—or perhaps a little faster. This applies especially to foreign doctors, and one's return visits will be overwhelmed with hospitality.

In entertaining the Chief and his wife, it is well to remember that they were probably young and struggling once. Therefore one must not swank, but try to keep the conversation on a suitable level, and be prepared for the inevitable shop. Be sure of the status of medical guests. It is fatal to ask a Chief Assistant "when he hopes to be qualified?" Patients should not be discussed, or one's husband's ambition to do the next appendix on the firm, or his plans should he be made President of the Royal College of Surgeons.

SCHOLARSHIPS, TRAVELLING AND OTHERWISE.

There are about ten of these available each year, and if one's husband is a bright young man he will try and get one of them, or possibly, having got away with one, will want several. It is best to make a rule that all work is done away from home. Laboratories in dressing-rooms and spare corners are never successful; the most valued specimens are apt to be thrown out by the char or eaten by the cat, and oneself will be blamed. If funds are low, learn to do lab.-boy work, and grin and bear it.

ON WRITING PAPERS FOR JOURNALS.

To be encouraged, for by such efforts are the fledgelings known. Listen attentively to each article the master of the house produces, and if one can make sense of it it is probably good. Any criticism must be tactful or the author is likely to go off in a huff, saying, "You don't know in the least what you are talking about!"

PHOTOGRAPHIC REFLECTION.

It's strange the way a person can Imagine he's a handsome man, When any camera will give An answer in the negative.

"WHAT I ALWAYS SAY IS."*

13. Get the history from the patient himself, unless you are a veterinary surgeon or a children's doctor.
14. When you're taking a history, never forget that there are some people who suffer from a congenital inability to tell the truth.
15. I've often said that a patient with gummatous disease of the larynx complains of pain in his leg.
16. I know only two causes of morning vomiting—pregnancy and drink.
17. All patients in a medical ward are constipated. As long as there's a "1" on the chart every day every-one's satisfied, but as a matter of fact most of them are a fortnight behind the times.
18. If an examiner gets in your way, ask him to get out of it.
19. You may examine a hernia with the patient lying down if you like, but you *must* examine him standing up.
20. No abdominal examination is complete without a rectal examination.
21. Any man who is suffering from some trouble in the region of his anus, from condylomata to carcinoma, will tell you he has "a touch of piles".
22. A globular swelling always contains fluid.
23. When Providence has taken the trouble to endow you with a specially sensitive index finger, why go and test for fluctuation with another?
24. Lipomata are "sub-" everything.
25. The commonest cause of tuberculous glands in the posterior triangle is *Pediculosis capitis*.
26. Leucoplakia of the tongue is said to be due to smoking. Well, it may be, but leucoplakia of the vulva isn't.
27. 95% of cases of chronic superficial glossitis are syphilitic; the other 5% occur in your relations and friends.

(To be continued.)

CROSS-WORD

There were no solvers of last month's puzzle so we present herewith a simpler proposition.

N.B.—All words down are reversed.

ACROSS.

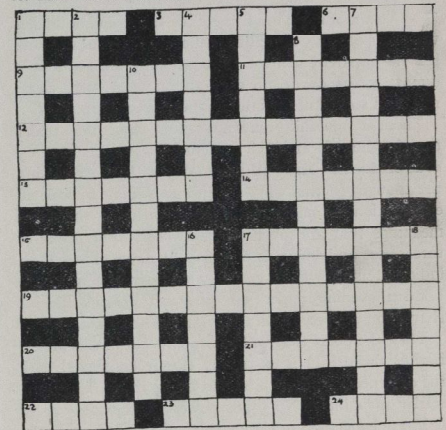
1. Cow, tool or water.
3. Frankincense and ———
6. Those of adversity are sweet.
9. These clues are.
11. Water up north.
12. Apple (4, 2, 9).
13. Figure cut by 1 down?
14. Like most phases.
15. Little trews for ladies.
17. Was Cain?
19. Talking shop? (8, 2, 5).
20. Goes before a Scot.
21. Like oil on troubled water.

* Mr. K. Cozens Bailey's Aphorisms, continued from vol. xlv, p. 125, 1937.

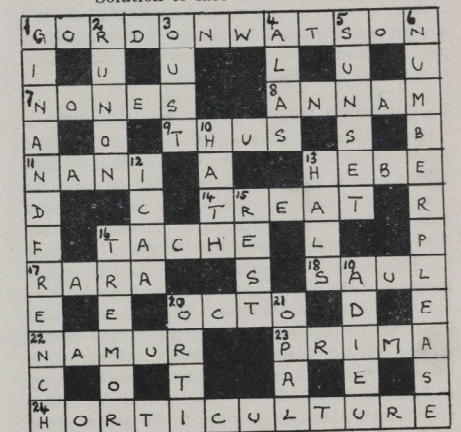
22. Is such a horse of pasteboard?
23. Reversed, as in a mirror.
24. The poet no longer carries a sword.

Downs.

1. See 13 across.
2. Marked by ceremony at sea (8, 3, 4).
4. As one is born.
5. Overweening—like the flesh, only more so.
7. Result of 10 with Red Biddy? (6, 9).
8. You may be this by 10 anyway (5, 2, 1, 4).
10. See 7 and 8 (2 words, 8 and 4).
16. Beginning.
17. Associated with George in the order.
18. These letters stand out.



Solution to last month's Puzzle.



(The prize offer of a copy of *Round the Fountain* for the first correct solution sent in before May 19th still holds.)

UNDERSTANDING DREAMS TO-DAY

A fruitful source for fruitless discussion, the subject of dreams is one on which most people have only a few vague but tenacious ideas.

This article sums up and correlates present-day knowledge, reviewing it in the light of modern psychology.

IT is really remarkable how the great majority of people are willing to take their dreams for granted.

To the waking mind there is a succession of images which appear only at nights, and over which the dreamer has no apparent control. Images they are without a doubt, yet as we dream they appear clear, very clear, real, and sometimes painful in their convincing ways.

There is something uncanny about this: no wonder that in their dreams the ancients saw visions sent by gods or devils. Many people to-day without expressing the thought in this way, are just as willing to seek an explanation in the supernatural (with all the loose meanings that are given to this word). For prices of threepence and upwards one may buy convenient little indices telling what yesterday's dream meant; one London evening paper will interpret dreams free of charge, on the receipt of a post card description.

The chief point that will be brought out in this article is that the dream is extremely closely connected with the dreamer himself as a human being and is dependent solely upon him. No other powers of darkness or of light are concerned in the matter. More than that, the dream is often an index to the hidden parts of the dreamer's mind. It is a purely personal business, and no one should recount his dreams light-heartedly in public without first stopping to consider if he is likely to give away part of his soul-secrets.

Its Convincing Ways.

Firstly, why is a dream so convincing at the time? A dream often seems absurd on waking, yet at the time of the dream it appears to have a fabric of reality far more genuine than day-dreams, and sometimes even more solid than the experiences of waking action. Asleep we have broken away from the world. We are in the dark, we have isolated ourselves; we are motionless, supine, and the sensory impressions reaching the body are reduced to their minimum. Obviously then what ideas pass through our heads become realities because genuine waking realities are absent and cannot be compared with mere mental processes to show them up as shadowy frauds. If the reader were to fall asleep now and were to dream of being at the bottom of the sea with fishes floating around him, he would no longer see his companions, the surrounding furniture, and the

printed page before him to prove to him by his senses that he was really comfortably on dry land, and that the fishes and seaweed were merely the result of cerebral wanderlust.

Yet we have exceptions. Here are examples from one man who did research on 500 of his own dreams. Van Eeden gives two cases where he quite realized the artificiality of his dream visions. One showed him lying on his chest in the garden. He realized that this was a dream, and decided to wake up and see how he would change back to the position of lying on his back in bed. "And so," he says, "I did, slowly, deliberately, and the transition (which I have since undergone many times) is most wonderful. It is like a feeling of stepping from one body into another, and there is a distinct double recollection of the two bodies."

On another occasion he writes: "I was perfectly well aware I was dreaming, and considered what sorts of experiments I could make. I began by trying to break glass by beating it with a stone. Yet it would not break. Then I took a fine claret glass from the table and struck it with my fist with all my might, at the same time reflecting how dangerous it would be to do this in waking life. Yet the glass remained whole. But when I looked again after some time it was broken.

"It broke all right, but a little too late, like an actor who has missed his cue. This gave me a very curious impression of being in a false world, cleverly imitated, but with small failures. I took the broken glass and threw it out of the window, in order to observe whether I could hear the tinkling. I heard the noise all right; I even saw two dogs run away from it quite naturally. I thought what a good imitation this comedy world was. Then I saw a decanter with claret and tasted it, noting with perfect clearness of mind, 'Well, we can also have voluntary impressions of taste in this dream world; this has quite the taste of wine.'"

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The Length of a Dream.

One much discussed point in dreams is the time factor. Does a dream occupy all the time it seems to, or does it take place in a flash, a fraction of a second? The answer is fairly simple, and it is surprising that experimenters, stop-watch in hand, still find it worth while to go on tickling sleepers with feathers, sousing them with water or directing lights on their faces to reach mutually conflicting results. If yours is a rapid, vivid imagination, the dream will occupy a relatively short time; but if you are one of the slower, plodding, more methodical thinkers, then the dream time will be correspondingly longer. It is a purely personal factor, and there is little point in trying to make a more general statement, applicable to everybody.

Its Origin.

By far the most important problem is that of the dream material. What are the component parts of dreams, what is their relationship to one another and to the dreamer, and what process is there to unite the dream stories?

Dreams seem to make their selection according to principles quite other than those of waking life. It is not what ordinarily seems essential and important which features, but generally the more trivial and subordinate details which waking life disregards. It is quite often stated that the material comes straight from the past. Not a distant past, but from the mental impressions of the last few days.

This statement needs careful qualifying. The last few days provides the material which acts as starting-point, which releases the trigger of dream work. Now by association in the mind long forgotten details crowd up and may feature. The younger material has stirred up the old dormant recollections. These may be so dormant that they are quite unrecognized by the dreamer; from the depths of the unconscious they appear. Many people in their dreams describe infantile experiences which are recognizable only by their elders. Freud states that already at two years old a child has the capability of understanding and reacting to complicated mental situations. However, between the ages of five and eight there is a mass forgetting, the *amnesia of childhood*. The past and forgotten wishes and impressions which were important to the child remain only in the unconscious mind. But they may appear later in the dreams or neuroses of adult life.

Investigation has been done of course on the bodily sources or external stimuli of dreams. For some people these are the only sources. We all know how a noise outside can be distorted into a dream of marching troops or a pressure in the neck suggest hanging. The representation may be more subtle and symbolic. One dreamer, for instance, was suffering from toothache. He saw two rows of fair boys opposite each other on a bridge. They suddenly fell upon each other and then reformed their original two rows. In this way the dream reminded him of the teeth of his upper and lower jaws at work.

Every dreamer knows how the alarm clock bell can appear disguised at first to fit in with a dream. One dreamer, for instance, saw himself on the road to church; he entered the grounds, and after meeting some friends, walked round the graveyard for some time, examining the tombstones. Then suddenly the church bells (*i.e.* the alarm clock) started pealing. What is interesting in this example is the way the external source of the dream,

the alarm ringing, has fitted in quite logically and nicely with the first part of the dream, which we can assume to have taken place before the alarm went off.

The Three Points of Nightmares.

Nightmares deserve a short mention. Of course it is impossible to define just where a dream leaves off being merely unpleasant and becomes a full-blooded nightmare. But at least three essential characteristics can be given for the nightmare. The first is the horrible state of mental anguish which accompanies it—a state best described by the untranslatable German word "Angst", a state of dread not fixed on any special object. Secondly there is feeling of oppression on the chest, a fear of suffocation. Nightmares are associated with visions of a devil sitting on one's chest. Added to these two there is the third feature, the finishing touch: a feeling of complete powerlessness, helpless paralysis. It is this inability to move against the evil influences one imagines that gives the dreamer such mental agony. What is the cause of the nightmare? *Over-eating?* *Indigestion?* This is a very popular idea, but has been energetically refuted by scientists. A regular sufferer found that his nightmares were far worse when he tried to go on a very light and easily digestible diet. Besides, one cannot make nightmares to order by having a huge meal at bedtime. An interesting point is that the nightmare is far more likely to appear if the sleeper is on his back. The wise psychologist advises the patient to sleep on his side. It is certain that there must be some bodily element at work.

Freud: The Wish-fulfilment.

It is about time now to detail the Freudian theory of dreams. It appeared in 1899, and almost everyone knows something about it. But only just something, and it is deplorable how often the mention of Freud is received either with a shrug of the shoulders or with a sly dig in the ribs. The work of Freud is extremely valuable, and by far the most important of any theory yet propounded on the matter. Even those who disagree with or have broken away from Freud, such as Jung or Adler or, in this country, McDougall, respect the man as a scientist and accept much of his theory.

Life in this world in our rather complicated social system is not easy, and it requires a vast amount of control and learning to hold ourselves back from many actions before we can fit in the scheme of communal living. Life is accompanied by constant repression of many wishes. What happens to these crushed wishes? One cannot merely dismiss and lose them. Stored under pressure they lie dormant in our subconscious mind. In various ways they will manifest themselves in trivial, apparently meaningless actions, in mannerisms, in

forgetfulness, in mistakes, in neuroses they appear. But above all they surge out in dreams.

If we cannot fulfil our desires when awake, then our repressions "come out at night", and are built up in the dream. The dream, then, is a *wish-fulfilment*. But do not imagine that all the wishes which thus appear fulfilled in dreams have necessarily come from the subconscious mind. They may be quite ordinary wishes, connected with the immediate bodily state of the dreamer. The poor, hungry man on the Embankment may dream of warmth, luxury and food. If the sleeper is thirsty, his mouth dry, and he badly needs a drink, he may dream that he is drinking water from a stream. Here the dream acts as a *preservative of sleep* as well as a wish-fulfilment. Here is another true example:

One medical student was awoken by his landlady, who told him he had to hurry if he was to reach the Hospital in time to perform his duties. But the student, very sleepy, dozed off again and dreamt that he was at the Hospital already, hard at work. The idea here was this: "I am at my work; all is well, and therefore I need exert myself no further." We have already seen the way the noise of an alarm clock can appear in a dream as a ringing quite different from that which suggests that it is time to get up. Here again the real state of affairs is disguised, and the dream cheats the sleeper into having a little longer rest, or perhaps even into being able to sleep through the alarm.

A. S. PLAYFAIR.

(To be continued.)

THE ARROWHEAD.

"I too touched this"
—His voice beside me—
"Fingered it lightly
While yet it lay unshapen."
"I envisaged it"
—Quietly, with pride—
"In my imagination fought it";
Traced its shaft;
Witnessed the victim's pain as it struck.
Then I laboured with tools,
Worked it and polished
Till it shone like a jewel
In its hasteless symmetry."
The voice faded—
I, in my turn, appraised his work;
Sought his intent.
Then cast I widely—
Stone for the next who finds! M.

BART'S ON HOLIDAY

2. LEPERS

IN the colonies the most difficult part of the native problem is to convince the natives that they are being ruled for their own good. Some of them remain unconvinced and adapt a very low standard of life, in which they develop various nutritional defects. They also tend to clothe themselves very inadequately. As a side issue of the main problem, the Latin countries have native leper problems which are dealt with by segregation.

During one winter vacation, in company with a number of other students, I was camping on an island near one of these leper asylums. We were naturally interested in the conditions under which they lived. The arrangements, as described, seemed ideal. There were about 150 lepers of both sexes, and so village and communal life was possible. They were left undisturbed, and supplied with food, bandages, medicine, clothing and fishing-nets. The only restriction was that they were not, in any circumstances, allowed to leave the island. No one was allowed to go near them. This last damped us a little, but did not extinguish our interest. There was nothing to stop us going, except the prospect of being gaoled or deported. However, it was not necessary for us to outlaw ourselves. A friendly native commissioner made arrangements for us to pay an unofficial visit on condition we kept it secret until our return to British territory.

The trip to the island was made on a sailing-boat. As we got near we saw the whole community paraded on the sands. At first sight they did not look different from poverty-stricken natives in any other part of Africa. There was a general uniformity in appearance, due to their being clothed in sacks. However, it is not exceptional to see natives so clothed.

Joe, the headman, welcomed us, or rather, he accepted us with resignation. His lesions were of the nodular type, and he had the overgrowth of the nose and tissues of the cheek to which text-books apply the name "lion face". His voice was husky, and he lost no time in asking us for bread. I don't think that this implied that he was starved, as he looked quite well nourished. It is more likely that he wanted a change from a particularly monotonous diet.

The majority had mixed nodular and nervous lesions. In cases where the nerves were affected it was possible to palpate the ulnar nerve from the axilla to the wrist. The phalanges of the fingers and toes were in various stages of absorption. The proximal phalanges were first absorbed—the digits became progressively shorter until, in some cases, there was a stump of a finger about

$\frac{1}{4}$ in long capped with a small nail. This eventually disappeared, leaving an ulcer. In severe cases the patients had nothing beyond the metacarpo-phalangeal joints. For some reason, absorption of the thumb appears to be slower. I did not examine the feet very carefully. A number walked about with the help of sticks, and their feet seemed very much shorter than they would have been had the process stopped short at the metatarso-phalangeal joints.

In some, especially children, the cartilage of the nose seemed to be particularly affected. In one case the septum was almost completely eroded, and it was possible to see the post-nasal space quite easily.

I regret that I am unable to describe the skin-lesions. They were rare, and I can recollect only a greyish-white circular patch on the chest of one patient.

The women resented everything about us. They demanded bread, and on our failure to produce any collected into a little band at a distance and chattered volubly. There were few children about, though some of them appeared quite healthy. Perhaps the women are not very fertile, or the infant mortality may be high.

The native village was not very different from most native villages. It contained clean and dirty huts, depending on the inhabitants. An attempt is made to cultivate a native tuber which is popular in the district. However, the soil is too sandy and crops do not do well.

I don't know whether occupational therapy for leprosy is generally recommended; anyway, it is the only one recognized on the island. Seeds and fishing-nets are provided. A ration of ground maize is also provided. However, even to the most anaesthetic palate, ground maize must soon become monotonous. At all events the lepers use their nets and many cunning contraptions for fishing, and they attempt to grow subsidiary foods. Bandages may be provided. I never saw any. Sores on the hands and feet were wrapped in rags which looked as if they had never been anything else.

A white functionary, who might be described as the keeper, visits the place once a week and sees to the distribution of the food ration. I think he also calls a roll sometimes. Once a month a medical officer pays a visit.

I made several attempts to find out how the patients felt about their conditions. However, I was not sufficiently fluent to be able to win their confidence. One individual, much emaciated and wearing dark-tinted spectacles, claimed to be English. Actually he was not, but he spoke English fluently. Unfortunately he was more anxious to show his intellectual accomplishments—reading, writing and telling the time—than to tell me how he felt and what he thought. However, I assumed that he was contented because he

showed no particular enthusiasm when I mentioned the possibility of his being repatriated. At least two adults had no trace of disease. One had been there for fourteen years. After two years his lesions had cleared up. Whether this was spontaneous, miraculous or just due to a wrong diagnosis it is impossible to say. It is also unimportant. The point is that he preferred remaining on the island to going home. The stay of the other had been shorter, but his story was similar. If two people are free to leave and they prefer to stay, then surely the place possesses attractions which are not patent to the casual visitor. I was never actually convinced that they were free to leave.

Subsequently, when out with the fishing-boats, I managed to pay several visits to the island which really were unofficial, and I could never decide whether the lepers were contented or merely resigned. Except for their physical disabilities and the fact that they live in a particularly unfertile spot, their conditions are not markedly worse than those of the natives of the mainland.

I have been vague as to the locality and administration of the island because I would not like to be the remote cause of a flare-up of the official conscience, which would satisfy itself with closer supervision of the lepers. The conditions on the island must be perfectly well known to the authorities through their medical officer.

A. R. D.

CORRESPONDENCE

A CENTENARIAN

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

DEAR SIR,—My mother celebrated her 100th birthday on April 16th. Inheritance is the dominant factor.

Her father was born as long ago as 1792, and himself lived into his 84th year. Her grandfather, born in 1760, died, I believe, in 1845; at any rate my mother remembers reading to him. Her mother was 85, and one of her sisters 94, and this sister's life was shortened by an accident. Incidentally she remembers her husband's grandfather, whose portrait hangs in the College Hall at Bart's.

This was John Jeaffreson, who was apprenticed to Abernethy, and who started practice in Islington when Islington was a village (1803). His son was Henry Jeaffreson, the Bart's physician. My father succeeded to the Islington practice and was another John Jeaffreson. The usual Royal telegram was sent on the 16th, and a private letter from Queen Mary (my mother still works for Queen Mary's Needlework Guild).

Yours faithfully,
J. LESLIE JEAFFRESON, M.D.

Thatched Cottage,
Blisworth;
April 19th, 1937.

STUDENTS' UNION

COUNCIL At a recent meeting a new Entertainments Committee for the coming year was elected. It will consist of Mr. R. Ramsay (Sec.), with Messrs. Burnham-Slipper and Bateman. Further members may be co-opted by the committee at its discretion. The new triumvirate's first big job is, of course, the Coronation Carnival Ball, and it argues well for their labours that at the time of going to press the tickets are already completely sold out.

A question which has been much debated of late was raised by Mr. Crowther. He suggested that the Library should remain open until 6 p.m. during term, and for a definite daily period during the Summer Vacation. He pointed out that at present the Library closes just when rounds and lectures are finished for the day, and it is possible to read uninterrupted for an hour or so. Theoretically, on the other hand, it opens at 9 a.m., an hour which is not only barbarous, but simply impossible for anyone living at a distance from the Hospital. Members voiced a similar grievance in respect of the Pathology Museum, which also closes at an early hour. The Council unanimously approved Mr. Crowther's suggestions, and it was agreed to send a letter to the Dean suggesting that the Medical College should consider the possibility of acting in the matter. With regard to Mr. Quibell's suggestion that the Museum should

stay open until 5 p.m., even during the vacation, the Secretary was instructed to approach Prof. Hadfield.

A sub-committee consisting of Mr. Burnham-Slipper, Mr. Harmer and Mr. Flavell (the two Secretaries and Vice-Presidents being *ex-officio* members) was elected to consider revision of the laws and rules of the constitution of the Union. Co-operation of club secretaries was to be invited, and suggested alterations in the rules of their respective clubs submitted to the subcommittee for approval.

The following honours for the past season were submitted and approved:

- Rugger Club*: P. L. Candler, J. C. Newbold, J. G. Berry, A. K. Marshall, J. Pleydell, J. W. G. Evans, M. Laybourne, E. Griffiths, S. T. Hayes, R. D. Hearn, K. Moynagh, P. D. Swinstead, A. R. P. Ellis, K. A. Irving, A. D. Graham, R. Mundy, K. C. Burrow.
- Fencing Club*: J. K. Gould and W. H. Jopling.
- Hockey Club*: A. D. Messer, R. Heyland, M. E. Moore, A. H. Massina, E. Griffiths, O. Sookias, J. R. Winter, T. M. C. Roberts, P. F. Barwood, S. K. Hewitt, K. O. Harrison.

SPORTS NEWS

RUGBY FOOTBALL The Annual Inter-firm Savon-a-side Tournament was held, before a gratifyingly large audience, at Winchmere Hill on April 10th. The day was fine and remarkably warm, the pitch, though slippery in places, was in better condition than at any time since last autumn, and the spectators were treated to some quite good football. The Cup was won by the Pink Firm for the first time. Their galaxy of stars had little difficulty in the earlier rounds, and in an interesting final they defeated the holders, the Light Blue Firm, by 11 pts. to 5. The Light Blues had previously defeated a much fancied side—the Pre-Clinicals.

Teams.—Pink: Candler; Couland, Jack, Berry; Irving, Collinson, Greenberg.
Light Blue: Benson; Hayes, Mundy, Akeroyd; Richards, Hanbury-Webber, Dalley.

The match between the Chief Assistants and the Residents was played on the same afternoon, and proved no less amusing than usual. In spite of every encouragement, however, the Chief Assistants were defeated without very much difficulty.

Teams.—Chief Assistants: A. B. Francis; D. G. ff. Edward, E. M. Darnady, J. N. Blusger, W. D. Coltart; J. W. Cope, W. E. Underwood (capt.), R. Klauer, H. B. Lee, C. K. Vartan, G. Discombe, O. S. Tubbs, R. L. Benson, R. G. Gilbert, J. M. Jackson.
Residents: F. G. Ward; R. T. Gabb, J. T. H. Butt (capt.), G. Blackburn, K. O. Black; J. C. Newbold, E. B. Z. Masterman; G. L. Bohn, C. McNeill, E. W. Douell, J. F. Patterson, W. Warren, G. Dalley, R. Mundy, E. C. O. Jewesbury.

Review of the Season.—The season's results have already been discussed; there remains only to mention the fact that, of the sixteen or seventeen people who have played more or less regularly for the 1st XV, at least fifteen will be with us next season, and at least twelve should still be with us the season after, which seems good for the future.

Of the men who have played for us: J. C. Newbold has captained the team throughout the season with great determination. His own play, though consistently good, seldom reached the heights of former seasons until the Cup matches came along, when his pyrotechnic displays proved that he can still be the ball-of-fire at which we have marvelled in the past.

Vice-captain Mundy has been a tower of strength to the Club, especially in the lines-out—usually when Mundy was out of the side, the ball went out on the other side. His speed and experience have

been tremendous assets, not least on his own return to the centre for the Harlequins match.

Mr. Secretary Hearn has not only fulfilled the functions of his office with remarkable efficiency, but also, as a scrum-half, has played so consistently well since the beginning of the season that one might almost think him unlucky because Ireland possesses another scrum-half of such unusual merit.

Of P. L. Candler little need be said here except that, well though he played last season, he has played even better this, and will, we hope, play even better next season as our captain. That he has continued to occupy a deserved place in the English XV shows that there are yet some (glory be!)—though they may not write for our contemporaries—who recognize a footballer when they see one.

K. C. Burrow having shown a very welcome return to form this season, many games have been made the more interesting by his skilful exposition of the art of that much maligned player the wing forward. It is possible to be a "spoiler" and yet not to spoil the game. The "points value" of such a player was many times demonstrated by the frequency with which he was up for the scoring pass.

The hooking of K. D. Moynagh has been a very real help to the side, the more praiseworthy because the shove has not always been as vigorous or well timed as it might have been.

In P. D. Swinstead the side possesses a forward of tremendously solid worth—his legs are still the thickest in the club. He has shovelled really hard throughout the season, and has proved a valuable member of the second row.

One must confess to a little disappointment in E. Griffiths. There was no improvement in his play since the previous season, and he seemed at times to be just a shade slower. However, he chased the ball very effectively on numerous occasions, which shows that he can still run with some rapidity.

J. W. G. Evans—a player of very great possibilities—was not ideally placed at centre three-quarter. He has speed, determination, and a fair technique, but his tactical sense leaves something to be desired. He has done many very good things, however, and in the last few matches showed great promise as a full back.

K. G. Irving has magnificently lived up to his reputation. He is a tireless runner who has given us many a fine filibustering performance. We wish him well in the ungrateful duties of Secretary.

M. Laybourne has been one of the stars of the season at centre three-quarter. This young player is destined for high honours when once he has "filled out".

J. G. Berry occupied the onerous position of full-back for most of the season, and even if, on occasion, he found the burden a little more than he could bear—he is not ideally built for first-class rugger—he has played several excellent games.

RUGBY TOUR The Rugger season was wound up by a very pleasant and not unsuccessful tour in Cornwall. It is true we lost against Torquay (0-6) and Falmouth (0-11), but a draw with Redruth (3-3) on their own ground in appalling weather conditions was very satisfactory. The feature of the tour was the excellent play of J. W. G. Evans at full-back—his first time—but surely not his last—for the Hospital in this position. The outsiders all tried hard. The tackling of M. Laybourne and the determined running of P. Armstrong were especially noticeable; the latter played a splendid game against Torquay. P. L. Candler played consistently well, and his kicking, both in attack and defence, was of great use to the side.

The forwards did very well, especially as they were outweighed in all three games. Against Redruth they were definitely on top, heeling the ball repeatedly both in the tight and loose scrums. In fact with a little more luck and a little more speed outside the scrum the results would have been undoubtedly better.

CRICKET PROSPECTS, 1937 The only blot on our "prospect landscape" is a cup-match which has to be played off before the end of May. This leaves us with only four matches with which to prepare ourselves for the fray—

a ridiculously short time in which to choose a match-winning side. However, our opponents are in the same boat. Nine of last year's cup-winning XI are available; we shall greatly miss Mr. Wheeler's fine batting and enthusiastic fielding, and it is with the utmost regret that we understand that our wicket-keeper Mr. A. H. Hunt cannot play until after May. There are many good batsmen in the Hospital, and a stalwart batting side should easily be built up. Our fast attack is again available, and if we can find a good slow bowler with a steady length, the attack will be formidable. The problem of unearthing a close bowler is a difficult one, there being a lack of class bowlers of this type in amateur cricket to-day. Mr. H. E. G. Boyle is our President for another year, and we shall mightily profit from his sound advice and stimulating enthusiasm. A cricketer with much experience has joined the ranks of our Vice-Presidents in the person of Mr. J. E. A. O'Connell, and we look forward to seeing him often at Winchmere Hill. A large number of freshmen at the Charterhouse Square have supplied details of their prowess on the cricket field, and, theoretically at any rate, should provide much good material. The 3rd XI is being equipped, and it is quite as important that the 2nd and 3rd XI's should have an enjoyable and successful season, as that the 1st XI should win every trophy under the sun. In the lower sides you may not find the most artistic players, but certainly you will see some of the keenest.

Cricket is a game, and not a cup-winning proposition. ("Hurrah!" —Ed.)

A tour has been arranged in Somerset, Devon and Dorset, with Ilminster as our headquarters. Games will be played at Ilminster, Seaton and Bruton, and at the county ground at Taunton. We hope this project will be as enjoyable as last year.

An innovation this year is the formation of the "Dart's Bulgarians" a thoroughly rustic side under the captaincy of C. J. Walley. We trust that he will safely steer his ship through long grass and cow-patches. Their games will mostly be played on Sundays, and matches have been arranged with several "pukka" village sides. There are few rules of membership, the chief being "that any gentleman failing to be out of his crease, shall forfeit the price of a pint of ale, payable in kind to his captain."

This will be our last season at Winchmere Hill, and it is with many regrets that we shall leave our happy hunting-ground, but at the same time pleasantly anticipating a grand square of good English turf which White assures us he is preparing for us at Chislehurst.

COLOGNE HOCKEY FESTIVAL The expedition was always light-hearted, and the terrors of the journey and the Channel were soon disproved, even by a certain member of the party who had forfeited his blood-sugar and liver long before Folkestone. On board, Messrs. Cook treated us to a passable lunch, washed down with Belgian ale. Some preferred to walk the deck, which was covered with "youth-in-shorts", while others preferred to extend their experience of Belgian beer. The latter, or some of them, passed through Ostend and the Customs in a mist—but what did that matter? Ostend seemed horrible, and for most of us beauty in Belgium seemed confined to design in certain railway coaches.

At Cologne we almost received the welcome that had been prepared

for the Metropolitan Police, who were meant to arrive on our train. Our hosts discovered the mistake just in time to stop the massed bands striking up. Two of our party missed the train at Brussels, but eventually arrived in the early hours of the morning. The Met. Police eventually arrived on another platform, and we stood stolidly to attention through four national anthems, while the natives, unconcerned, pursued their industry. The hotel was comfortable, secured for most to be an adequate excuse for sleep on our first night in Germany; but some were ready to burn the midnight oil, and waking next day, they found themselves tortured by the unaccustomed medium of their revelry. Dr. Masina prescribed castor oil for some unfortunate. The waiter took the poison upstairs and presented it to a sleepy innocent, with "Drink this, sir", in perfect English. The invitation was accepted, and there were now two patients instead of one.

On the first morning we took lessons in therapeutics, with a visit to the Buru Works, a short way to the north. We were conducted over the packing factory, and saw luminal, protosil, evipan and arsenicals in bulk. Aspirin in mountainous piles was directed into packets printed in a great variety of languages. Later we saw a film of the activities of the works, and we were carried back at high speed along a section of the new automobile roads.

Hockey was played and watched with great enthusiasm by our camp-followers; the Germans would watch in silence, which on occasion was fearfully broken by the well-worn cry, "Come on, Bart's". At intervals a few converts were made, and lessons were given in the technique of support. The German opponents took it very well, though usually they managed to score more often. The actual results were:

v. Kot. Weiss Hockey Club	Lost 5-0
" " " " " "	Won 2-1
v. M. Gladbach Hockey Club	Lost 5-1
v. Köln-Dolm Studentenschaft combined side	" " 2-1

The last-mentioned side was one of the strongest sides playing in the Hockey Festival and were unbeaten. We played them on Monday after four days of "fun and frolic" and, *mirabile dictu*, produced some brilliant hockey. Never before and possibly never again will the side play so well.

The trip up the Rhine by steamer was a cheery party in the huge cabin below decks; while on deck there was a single bright interval, when the whole company came up to admire the bridges at Bonn and the closely-set vineyards and hotels on the Siebengebirge. For most of the journey we were besieged with a mixture of snow and rain, so that the scenery did not become memorable. Many fine German songs were sung, including "O Tannenbaum", with its original delightful words, while we in our turn gave pious renderings of "Ilkley Moor", "Tipperary", "One finger, one thumb, one arm", etc.

For the rest of our trip the memory is clouded for some periods; lengthy collaboration would only assemble a dull collection of dates and events. The party was not slow to make friends, and not only with our compatriots, the police and the Deckenham Travellers. The colours of the latter were described as "dunkelblau, himmelblau, and vielchenblau". This description caused much amusement among the local people, who frequently use "blau" as a term for inebriation, while the degree may be indicated by the prefix.

Our friends were always courteous, and political questions were carefully avoided. Our guide, most esteemed Paul, was an expert in his job. He spoke perfect English, of course, and in addition he suffered our foibles willingly. The pleasant studious Wolfgang, with Rupert, who obliged us at last one night by turning "himmelblau", rolling off some fine songs in dialect; and the elusive ones whom on our departure we might regret, with Goethe:

"Unmöglich scheint immer die Rose,
Unbegreiflich die Nachtigall."

We learned much besides commonplace German. The songs were delightful, and through them we were able most readily to appreciate the spirit of the Rheinland.

"Du kannst nicht treu sein,
Noin, nein, das kannst du nicht,
Wenn auch dein Herz mir wahr liebe verspricht.
Im deinem Herzen
Hast du für viele Platz,
Deshalb bist du auch nicht für mich
Der richtige Schatz!"

We would sing this many times a day, and in the absence of our German friends we used to argue what the precise and even the general meaning of the song was. After all, a negative makes a deal of difference, and two extra ones were inserted at certain periods in the course of our visit.

It would be foolish to deny that there were most convivial moments. The banquet provided by our hosts, the Rot. Weiss Club, was a masterpiece of organization, and was completed with Rudesheimer, in quantity enough for any Englishman. The wine was superb, and there were a few who found, to their surprise and for their future guidance, that the precious fluid, like those "golden rain drops", never brought regret to the reveller.

If we wished to eat, there was always a snack available, and some of us would prefer "Leberwurst" to some of the items on the Bart's menu: while if it was night, the sausage sellers would always collect where they were needed. The sausages were excellent, provided they were adequately cooked; unfortunately, disaster overtook several gentlemen due to this innocent-looking foodstuff.

For some of us the pleasant hour was the contrast provided by rest; and even if we could not, or would not, sleep, there were memories of varied form. One could be serious and consider the fitness of the German hockey players; the beautifully ordered stadium, with its charming boating pool, its race-courses and tracks laid out in the old State Forest; those spontaneous laughs; the camaraderie of complete strangers; the efficient organization; and the never-to-be-forgotten "Tey-Tey" club under the Presidentship of Mr. Armstrong.

Need it be said that in spite of much done and greatly enjoyed, we were all glad to get back to England and to dig our teeth once more into good English steak.

REVIEWS

St. Bartholomew's Hospital Reports. Vol. LXIX, 1936. (London: John Murray.) Pp. xxvi + 413. Price 21s. (to Subscribers, 15s.).

The Hospital Reports are intended to give an account of the lines of investigation being pursued in the several Departments of the Hospital, and to keep old Bart's men in touch with the progress recorded on all sides. It is fitting, then, that this volume should contain an article by the Dean on the New Medical College, in which the history of the College and the details of its rehousing are excellently set out.

Dr. Cullinan's account of subacute necrosis of the liver describes the clinical picture of recurrent idiopathic jaundice associated with subacute necrosis of the liver, and the careful and detailed case-reports stress the clear-cut syndrome, which has not hitherto been as widely recognized as the pathological findings. The figures and plates are extremely clear and complete in the account of the histology of the condition. There follows an article by Dr. Bodley Scott and Dr. Kobb-Smith on the Progressive Hyperplasias of the Reticulo-Endothelial System, containing a classification of the diseases associated with hyperplasia of mesenchymal derivatives and three case-reports with histological findings to illustrate them.

Bronchiectasis and non-tuberculous "fibrosis" of the lungs in childhood is discussed by Dr. Franklin in a series of cases investigated with lipiodol. An account is given of the incidence of respiratory infections in the latter group, and the cases of bronchiectasis are divided into the sacular and fusiform types—a distinction which may well be valueless in clinical investigations, but is at least pleasing to radiologists and pathologists, who demonstrate it.

Mr. Payne has described the post-mortem findings after partial gastrectomy in 51 cases, and alludes in particular to the importance of fuller pre-operative investigation and preparation, and Mr. Raven presents an analysis of 52 cases of perforated gastric and the same number of perforated duodenal ulcer. This branch of surgery is also discussed from the radiological standpoint by Dr. Simon in a well-illustrated article on the Gastro-Duodenal Mucosal Pattern with graduated compression.

Perhaps the most striking surgical contribution, however, is Mr. Seddon's on Arthrodesis for Tuberculosis of the Hip in Children. The results of an extra-articular operation with a graft from the ilium rather than the tibia are analysed, and indicate the superiority of this method of treatment over the older conservative alternative.

The distinction between the localized and diffuse type of tuberculous cervical lymphadenitis and its treatment is admirably dealt with by Mr. Thompson, and Dr. Oakley's article on the erythrocyte sedimentation-rate in nephritis is the product of valuable and

painstaking enquiry. Dr. Warren, too, is to be congratulated on his contribution on auricular flutter during the treatment of auricular fibrillation by quinidine sulphate.

It only remains to allude to the Report of the Cancer Department for 1935 and an investigation of the results of Deep X-ray Therapy in Malignant Disease by Dr. Levitt and Dr. Phillips, and these two articles alone make this volume particularly attractive to all old Bart's men. It includes also great tributes to the late Dr. Gault, Sir Archibald Garrod and Sir Wilmot Herringham, and the usual summary of the proceedings of the Paget Club and Abernethian Society, together with a list of additions to the Library and Museum.

The Operations of Surgery. VOL. II: THE ABDOMEN. By R. P. ROWLANDS, M.S., F.R.C.S., and PHILIP TURNER, B.Sc., M.S., F.R.C.S. Eighth edition. (J. & A. Churchill, Ltd.) Pp. 979. Price 36s. net.

Vol. II of this admirable work (vol. I was reviewed in the October *JOURNAL*) deals with the surgery of the abdomen, including gynaecological operations, and concluding with a chapter on recent surgical developments. The first new edition since 1927, the book was ripe for revision, and a great part of it has actually been rewritten and revised, bringing it well up to date in all the departments within its scope. The latter is wide, though in such subjects as gynaecology, orthopaedics, etc., the operations described have been limited to those likely to be needed in emergency, and to a few of the more orthodox procedures.

In the chapter on "Recent Developments" an account is given of several cranial operations, of Berlin's complete thyroidectomy for congestive heart failure, and of the radical treatment of carcinoma of the oesophagus. A special section has also been contributed by Mr. R. C. Brock, M.S., upon surgery of the chest, which though excellent is still worthy, we think, of further expansion.

For the rest, the book is exceedingly well produced and lavishly illustrated. Considerable stress has been laid throughout upon the indications for and against operation, and a clear account given of the troubles that may beset the surgeon's path. For candidates working for Fellowship examinations, and for the busy surgeon who wishes rapidly to review alternative and recent methods of surgical procedure, we could hardly recommend a better book.

Leprosy: A Practical Text-book for Use in China. By JAMES L. MAXWELL, M.D.(Lond.) (Shanghai, 1937.) Price \$2 in China; abroad, 4s.

There is no disease which is associated with greater dread, with greater hatred for the unfortunate victim or with greater ignorance than leprosy. Because of the living death to which it consigns its victims, it has always been regarded with peculiar horror and cloaked with superstition. Medical interest in past decades has been scant, partly owing to general ignorance, and partly to the special difficulties that arise in investigating this chronic disease.

This book is a very welcome addition to the literature on the subject, and deals comprehensively with the problem from geographical survey, diagnosis and pathology to treatment, prognosis and the organization of leper settlements. The question of the number of lepers in China is cautiously discussed: "Considering the facts, an estimate of a million lepers in China is not likely after all to be any gross exaggeration," which is appalling, but probably true. The author rightly criticizes the view that climate is responsible for the patchy distribution of the disease. Insanitary conditions, hookworm and malarial infections are probably the deciding factors.

Although the classification of the many types of leprosy into neural and cutaneous types, as drawn up by the Philippine Leprosy Conference of 1931, is shown by the author to be unsuitable for China, it is the one adopted in this book for want of a better. Treatment is fully discussed under the headings of General, Dietetic and Medicinal. Voluntary segregation and personal prophylaxis are essential. Chaulmoogra oil and its derivatives form the basis of therapeutic treatment, and the auxiliary uses of potassium iodide are described. The claims of the aniline dye treatment are criticized.

The author points out in his chapter on leper settlements that "the provision of leper settlements does not solve the problem of leprosy". Treatment of all early cases is the only satisfactory method for eradication of the disease. That is the crux of the problem, for it is extremely difficult to get hold of the young cases. His proposal "to plan systematically to cover a given area of country by special leprosy clinics placed at strategic centres" appears to be a practical solution that will be successful.

An excellent book, well illustrated, it will be invaluable to practitioners in China and those interested in tropical disease.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients.	Dr. G. Bouline at 9 a.m.	Prof. L. Witts and Dr. A. W. Spence at 9 a.m.	Dr. J. Maxwell at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. L. Witts and Dr. A. W. Spence at 9 a.m.	Dr. E. R. Cullinan at 9 a.m.
New cases: 9 a.m. Old cases: male, 10 a.m.; female, 10.30 a.m.						
Surgical Out-Patients.	Mr. Naunton Morgan at 11 a.m.	Mr. J. B. Hume at 9 a.m.	Mr. J. P. Hosford at 9 a.m.	Prof. Paterson Ross at 9 a.m.	Mr. Rupert Corbett at 9 a.m.	Mr. G. L. Keynes at 9 a.m.
New cases: 9 a.m. Old cases: 10 a.m.						
Diseases of Women	Dr. Shaw (new cases at 9 a.m. only).	Cases referred from House Physicians and House Surgeons only at 10 a.m.	Dr. Donaldson and Dr. Beattie at 1 p.m. †	Cases referred from House Physicians and House Surgeons only at 10 a.m.	—	Dr. Shaw at 9 a.m.
Ante-Natal Clinic	Dr. Shaw at 9 a.m.	—	—	Dr. Donaldson, Dr. Shaw and Dr. Beattie at 12.30 p.m.	—	—
Orthopaedic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. H. J. Burrows at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. N. A. Jory (temporarily) at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. N. A. Jory (temporarily) at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—
*X-Ray Department	Dr. Loughborough at 9.30 a.m. Dr. Finzi and Dr. Sparks at 1.30 p.m.	Dr. Finzi at 9.30 a.m. Dr. Stone at 1.30 p.m.	Dr. Stone at 9.30 a.m.	Dr. Loughborough at 9.30 a.m. and Dr. Stone at 1.30 p.m.	Dr. Sparks at 9.30 a.m. Dr. Loughborough at 1.30 p.m.	Dr. Sparks at 9.30 a.m.
*Exercises and Massage Department	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. till 1 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. till 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m. Country cases at 12.45 p.m.	Dr. Franklin at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Franklin at 9 a.m.	Dr. Franklin at 9 a.m.
Dental Department	Mr. Cowan at 9 a.m.	Mr. Coleman and Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.	Mr. Fairbank and Mr. Cowan at 9 a.m.	Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m. to 2.30 p.m. 2.30 p.m. Art. Pneumothorax Clinic. 5 to 7 p.m. †	—	—	New cases: 12.30 p.m. Old cases: 3 to 4 p.m.	—
Veneral Department (New patients can be seen in the Department at any time)	Men, 4.45 to 6.45 p.m.	Women and children, 4 to 6 p.m. Irrigations 4.45-6.45 p.m.	—	Men, 12 to 2 p.m.	Women and children, 12 to 2 p.m.	—
Plastic Surgery	Sir Harold Gillies at 2 p.m.	—	—	—	Irrigations 4.45-6.45 p.m.	Irrigations 9-10.30 a.m.
Neurological Clinic	—	—	Dr. Denny-Brown at 12.30 p.m.	Dr. Hinds Howell at 12.30 p.m.	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.

† These hours are intended for patients who cannot attend at mid-day.

‡ Patients with Doctor's letters only, or who have been previously examined by the Gynaecological House Surgeon.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. XII: Two Liverpool Surgeons. II, Edward Alanson, A Pioneer in Hospital Sanitation." *British Journal of Surgery*, January, 1937.
- SMITH, W., M.D. "A Comparison between the Adsorptive Action of Kaolin and Kaolin-alumina Mixture on Faecal Bacteria." *Lancet*, February 20th, 1937.
- SPENCE, ALLAN W., M.D., M.R.C.P. "Addison's Disease and Suprarenal Insufficiency." *British Medical Journal*, February 6th, 1937.
- "The Adeno-Genital Syndrome and Suprarenal Tumours." *British Medical Journal*, February 13th, 1937.
- TAYLOR, HERMAN, M.Ch., F.R.C.S. "Gastroscopy: Its History, Technique, and Clinical Value, with Report on Sixty Cases." *British Journal of Surgery*, January, 1937.
- WALKER, KENNETH, M.B., F.R.C.S. "Recent Advances in the Pathology and Treatment of Prostatic Enlargement." *Clinical Journal*, March, 1937.
- WITTS, L. J., M.D., F.R.C.P. "Ritual Purgation in Modern Medicine." *Lancet*, February 20th, 1937.

EXAMINATIONS, ETC.

University of London

Second Examination for Medical Degree. March, 1937.

- Part I.**—Adlam, J. P., Anderson, A. W., Andrews, R. H., Bates, M., Bell, R. C., Bennett, D. H., Bhargava, K. P., Brown, K. T., Cantti, G., Coleau, L., Cooper, C. F., Feldman, L., Galvan, R. M., Harland, D. H. C., Harrison, K. O., Hcliu, H. G., Hershman, M., Horbacz, H., Jones, H. M., Kildjian, A., Lewis, B., Long, D., Lustigman, M., Lyon, W. C., McCready, I. A. J., MacDougall, I. P. M., Maconochie, A. D. A., Mariani, G., Mathes, C. J., Meade, F. B., Miller, P. J., Nicoll, E. D. Vere, O'Carroll, C. B., Ogilvie, K. R., Packer, F. H., Parker, K. H. J. B., Purcell, S. D., Reckless, D., Richards, I. H. E., Robertson, J. A., Sandilands, J. A. J., Schofield, R. D. W., Sinha, K. N., Stern, D., Stewart, J. G., Thompson, M. R., Tomback, S., van de Linde, P. A. M., Watson, P. C., Webb, E. J. E., Weber, G. N., Wild, A. M., Williams, T. M., Winocour, G.
- Part II.**—Akeroyd, C. A. S., Birch, E. G., Bone, D. H., Boonla, R. F., Butterworth, R. F., Chisholm, J. K., Corsi, E. L., Cronin, J. D., Desmarais, M., Dickson, R. R., Dunn, J. R., Fitzhardinge, A. N. B., Fry, P., Gollidge, N. H. H., Griffiths, E., Hall, W. S., Hayes, S. T., Horton, J. A. G., Jamison, H. M., John, A. O., Jones, H. B., Kingston, R. F., Latham, P. R., Libethson, A., McFarlane, M., Manning, J. D., Morris, O. D., O'Callaghan, M. D. M., Pablot, P. J., Pezeshgi, H., Rees, E. H., Saudek, A. C. J., Scatliff, J. N. R., Simpson, R. A. H., Sutton, M. G., Walker, A. J., Ward, A. I., Waytzman, M., Wince, W. H. D.

Conjoint Examination Board

Pre-Medical Examination, March, 1937.

- Chemistry.**—Bickford, J. A. R., Gallimore, J. O., Genese, H. N. H., Jones, H. G., Loveless, R.
- Physics.**—Bickford, J. A. R., Gallimore, J. O., Genese, H. N. H., Jones, H. G., Loveless, R., Malins, R. N.
- Biology.**—Bickford, J. A. R., Brewerton, R. S. E., Feanny, P., Gallimore, J. O., Levine, E., Loveless, R., Malins, K. N., Mistlin, L.

First Examination, April, 1937.

- Anatomy.**—Belam, O. H., McLean, T. M., Stratton, H. J. M., Upson, H. M.
- Physiology.**—Belam, O. H., Carroll, C. R. K., Evans, W. M., James, C. T. A., McLean, T. M., Upson, H. M., Vincent, S. E.
- Pharmacology.**—Howse, N. C., Joyce, J. B., Owlett, R., Stevenson, W. A. H., Vincent, S. E., Wheelwright, J. B.

CHANGES OF ADDRESS

- ALLOTT, E. N., Newtonmore, Downs Hill, Beckenham, Kent. (Tel. Beckenham 0964.)
- ARMITAGE, C. E. A., Dormers, Bannerdown, Bathaston, Bath.
- BARNSEY, A., The Gap, Fort Road, Guildford. (Tel. 2491—unchanged.)
- BURSTAL, E. W., The White House, Lutterworth, Rugby. (Tel. 19.)
- CLARK, B. MAULE, Municipal Health Department, Pietermaritzburg, South Africa.
- EVANS, FRANKIS T., 4, Regent's Court, Park Road, N.W. 1. (Tel. Paddington 9236.)
- GALLOP, E., 83, Vincent Square, Westminster, S.W. 1. (Tel. Victoria 5237.)
- JONES, F. AVERY, 43, Cleveland Square, W. 2.
- PATTERSON, R. M., 45, Wimpole Street, W. 1. (Tel. Welbeck 5063.)

APPOINTMENT

- CLARK, B. MAULE, M.R.C.P., D.P.H., appointed Medical Officer of Health to the City of Pietermaritzburg, South Africa.

BIRTHS

- DANNATT.—On March 24th, 1937, at the Middlesex Hospital, W. 1, to Marjorie, wife of R. M. Dannatt, F.R.C.S.—a son.
- GROVES.—On March 20th, 1937, at 20, Devonshire Place, W. 1, to Myrtle (*née* St. John), wife of Dr. John Nixon Groves—a daughter.
- LIST.—On March 31st, 1937, to Dr. and Mrs. H. M. List (*née* Carr), of 751, Manchester Road, Rochdale—a son.
- MERCER.—On March 26th, 1937, at Holmcroft, Datchett, Bucks, to Rita, wife of R. Vaudrey Mercer, B.Chir., St. Edmunds, Bourne End, Bucks—a daughter.
- PRIE.—On March 24th, 1937, at Great Baddow, to Margaret and Harold Prie—twins (a son and daughter).
- TURNER.—On March 23rd, 1937, at "The Gables", Bracknell, to Peggy, wife of Dr. Ronald Turner—a son.

MARRIAGES

- FLETCHER—FRANKS.—On March 23rd, 1937, in London, Dr. Ernest Fletcher, of 71, Harley Street, W. 1, to Mary Louise Franks, of Rectory Farm, Sellindge, Kent.
- WARD—TOOTH.—On April 17th, 1937, at Holy Trinity Church, Brompton, Dr. Frederick Godsalue Ward, only son of Dr. and Mrs. V. G. Ward, West Byfleet, Surrey, to Pamela Ada, only daughter of Mr. and Mrs. E. A. Tooth, of 6, Tilney Street, W. 1.

DEATHS

- COLES.—On April 15th, 1937, at 41, St. Margaret's Road, Oxford, Charles Coles, M.D., late M.O.H. for Oxfordshire.
- GREAT REX.—On March 28th, 1937, at a London nursing home, James Durnell Great Rex, M.R.C.S., L.R.C.P., of 108, Plumstead Common Road, S.E. 18, only son of the late Dr. A. B. Great Rex, of Harcastle, Staffordshire, aged 70.
- MARTYN.—On April 15th, 1937, Reginald Martyn, L.R.C.P. (Lond.), of Buckingham Lodge, Exmouth, aged 72.
- SPEAR.—On April 15th, 1937, at Gable End, Mellow, Guildford, John Augustus Spear, M.R.C.S., L.R.C.P.

NOTICE

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

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

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

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 9

JUNE 1ST, 1937

PRICE NINEPENCE

CALENDAR

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Fri., May 28.—Prof. Wits and Prof. Ross on duty. | Wed., June 16.—Surgery: Clinical Lecture by Mr. Wilson. Cricket Match v. Richmond. Away. |
| Tues., June 1.—Dr. Gow and Mr. Wilson on duty. | Fri., „ 18.—Dr. Gow and Mr. Wilson on duty. Water Polo Match v. London Hospital. Away. |
| Wed., „ 2.—Surgery: Clinical Lecture by Mr. Roberts. Cricket Match v. Horlicks. Away. Tennis Match v. U.C.H. Away. | Sat., „ 19.—Cricket Match v. M.C.C. Home. Last day for receiving matter for the July issue of the Journal. |
| Thurs., „ 3.—Abernethian Society: Lecture by Prof. R. E. Kelly, C.B., F.R.C.S. | Sun., „ 20.—Cricket Match v. Middlesex Hospital. Away. Tennis Match v. St. Thomas's Hospital. Away. |
| Fri., „ 4.—Dr. Graham and Mr. Girling Ball on duty. Medicine: Clinical Lecture by Dr. Graham. Water Polo Match v. Guy's Hospital. Home. | Mon., „ 21.—Special Subjects: Lecture by Mr. Higgs. |
| Sat., „ 5.—Cricket Match. Past v. Present. Home. Tennis Match: Past v. Present. | Tues., „ 22.—Dr. Graham and Mr. Girling Ball on duty. |
| Mon., „ 7.—Special Subjects: Lecture by Mr. Burrows. | Wed., „ 23.—Surgery: Clinical Lecture by Mr. Girling Ball. |
| Tues., „ 8.—Dr. Evans and Mr. Roberts on duty. Water Polo Match v. St. Mary's Hospital. Away. | Fri., „ 25.—Dr. Evans and Mr. Roberts on duty. Medicine: Clinical Lecture by Prof. Wits. |
| Wed., „ 9.—Surgery: Clinical Lecture by Mr. Vick. | Sat., „ 26.—Cricket Match v. St. George's Hospital. Away. Tennis Match v. Lancing Old Boys. Swimming Match v. Harrow School. Away. |
| Fri., „ 11.—Dr. Chandler and Mr. Vick on duty. Medicine: Clinical Lecture by Dr. Evans. | Mon., „ 28.—Special Subjects: Lecture by Mr. Scott. Cricket Match v. Finchley. Away. |
| Sat., „ 12.—Cricket Match v. Hampstead. Home. Tennis Match v. Melbury. Home. | Tues., „ 29.—Dr. Chandler and Mr. Vick on duty. |
| Mon., „ 14.—Special Subjects: Lecture by Mr. Bedford Russell. | Wed., „ 30.—Cricket Match v. Worthing. Away. |
| Tues., „ 15.—Prof. Wits and Prof. Ross on duty. | |

EDITORIAL

THE KING

IT would be unthinkable in a Hospital whose association with the Royal House has always been so happy and so close, whose Patron from the days of the eighth Henry has been the Monarch, and whose President his heir, were we to let so notable an occasion as the Coronation of His Majesty pass without adding to the tremendous flood of loyal good wishes our own fervent affirmation.

At the recent Coronation Ball held at Charterhouse

a loyal address from the students of this Hospital was, in fact, sent to His Majesty, and we can hardly do better than to repeat its wording here:

"To Your Most Gracious Majesties, King George VI and Queen Elizabeth.

"We, the Students of the Royal Hospital of St. Bartholomew, in the City of London, on the occasion of our Ball in celebration of your Coronation, beg your Majesties to accept this expression of our most loyal affection, with the hope that your reign may

be both long and happy, favoured by continued peace and prosperity, notable for the progress and welfare of your peoples, and, in particular, remarkable for the advancement of knowledge in medicine and its allied sciences.

"We earnestly hope that amongst us there are many who will play no small part in the furtherance of these objects and in the service of Your Majesties in all parts of your Empire.

"God Save the King!"

Within the hour a telegram in reply was received from the Palace:

"7.16 p.m. Buckingham Palace.

"To the Students of St. Bartholomew's Hospital.

"The King and Queen are much gratified to receive your message of congratulations on the

occasion of their Majesties' Coronation. I am desired to express their warm thanks to all who joined in these good wishes.

"Private Secretary."

As we write the news reaches us that H.R.H. the Duke of Gloucester has graciously expressed his pleasure and willingness to become President of the Hospital, and in July Her Majesty Queen Mary is to honour us with a visit for the purpose of opening the new King George V Building.

So 1937 becomes a year in which the Hospital is bound even more closely to our Royal Family by those links of affection, loyalty and association which have proved so potent and so honourable a bondage in the past.

CURRENT EVENTS

CORONATION HONOURS

Among the names appearing in the Coronation Honours list were those of two old Bart.'s men, and that of our Hospital Matron, Miss Helen Dey.

Created Baron for political and public services was the Rt. Hon. Christopher Addison, M.B., B.S., F.R.C.S., while Major-General William Haywood Hamilton, C.I.E., C.B.E., D.S.O., F.R.C.S., is the recipient of the C.B.

Miss Helen Dey, R.R.C., has been decorated Order of the British Empire.

These three honours, especially that of Miss Dey, who is so close to us and who stands so high in our personal estimation, must be a source of great gratification to the Hospital.

* * *
DR. SPENCE

Our heartiest congratulations are extended to Dr. Spence, who has recently been appointed Assistant Physician to Dr. Chandler.

* * *
GUARD OF HONOUR

We learn that a Guard of Honour of the O.T.C. (Medical Unit) will be mounted for Her Majesty Queen Mary on her arrival to open the new King George V Building on July 8th next.

THE CORONATION BALL

It is difficult to praise too highly the organization and work which went to make this dance the most successful ever given at Charterhouse Square. From the flood-lighted cloisters to the bacon and eggs, from the really excellent cabaret provided by our local talent to the vastly improved floor and the conveniently situated bars, everything was skilfully prepared and smoothly managed.

It would be exceedingly invidious to single out one name more than another from the Committee, who worked so indefatigably and under such difficult circumstances to make the Ball the success it was, but some mention should certainly be made of Mr. D. C. S. Rendall, whose labours seemed not far short of those of Hercules. He, together with his colleagues, can rest assured that they have put Charterhouse permanently on the map.

* * *
B.M.A. MEETING

The following Old Bart.'s men will speak or hold office at the One Hundred and Fifth Meeting of the British Medical Association at Belfast in July, 1937.

Medicine.—Discussion on the Hæmorrhagic States to be opened by Prof. L. J. Witts. Mechanism of Hæmorrhage and Hæmostasis, Dr. R. G. MacFarlane. Discussion on the Diagnosis and Treatment of Abscess of

the LUNG to be opened by Mr. J. E. H. Roberts, followed by Dr. W. Burton Wood. *Surgery.*—Vice-President, Mr. R. M. Vick. Paper on the Use of the Gastroscope in Cases of Dyspepsia with Normal X-ray Findings: Mr. H. W. Rodgers. *Obstetrics and Gynecology.*—Vice-President: Dr. Willfred Shaw. *Pathology, Bacteriology and Immunology.*—Discussion on Influenza to be opened by Dr. C. H. Andrewes. *Pharmacology and Therapeutics, including Anæsthetics.*—Discussion on Individual Variations in Response to Drugs to be opened by Prof. A. J. Clark. *Oto-Rhino-Laryngology.*—Honorary Secretary: Mr. F. C. W. Capps. *Tuberculosis.*—Vice-President: Mr. J. E. H. Roberts. *Medical Sociology.*—Vice-President: Sir Francis E. Fremantle. *Anatomy, Physiology and Biochemistry.*—Honorary Secretary and to read a paper on Recent Work in the Chemistry of Insulin: Prof. A. Wormall. *Diseases of Children.*—President: Dr. H. Morley Fletcher.

* * *
DR. MACAULAY HINE

Dr. Hine, who died at the end of last month, will be remembered at this Hospital for the invaluable work he did in collaboration with Dr. Mervyn Gordon upon cerebro-spinal fever. He demonstrated the presence of several strains of meningococci and found that they possessed their correspondingly specific sera. He also discovered the presence of "carriers" and helped devise both prophylactic and curative treatments. The results of the work of Dr. Gordon and Dr. Hine were published in the special reports of the Medical Research Council, of which Dr. Hine was Assistant Secretary, at various times between 1915 and 1920, and for his work he was decorated O.B.E. His death is not only a great loss to his numerous friends and colleagues, but also to medical science.

* * *
DECENNIAL CLUB MEETINGS

The Fiftieth Annual Dinner of the Seventh Decennial Club will be held as usual on the first Wednesday in July (7th July) at the Trocadero Restaurant, Piccadilly Circus, W. 1.

This flourishing Club, founded in 1884, held its first dinner at the Albion Hotel, Aldersgate Street, on July 4th that year, and with the exception of the four years of the war its members have dined together on each succeeding year.

Every St. Bartholomew's man who entered the Hospital between the years 1875 and 1885 inclusive, and subsequently qualified at whatever date, is eligible for membership of the Club.

All surviving members of the Sixth and previous Clubs are cordially invited to regard themselves as members of the Seventh.

The Hon. Secretaries at the present time are Sir James Berry and Dr. Roland D. Brinton.

* * *
The Annual Dinner of the Eighth Decennial Club will be held at the Langham Hotel, Portland Place, on Wednesday, June 30th, at 7.30 for 7.45 (price 10s. 6d.). Dr. Morley Fletcher will take the Chair. All who joined the Hospital between 1885 and 1895 inclusive, and who subsequently qualified, are eligible to attend.

The Honorary Secretaries are anxious to secure a good attendance for Coronation Year, and request members residing in London to invite their friends from the country. Cards will be sent to all those whose names are on the list. Inquiries should be addressed to Sir Charles Gordon-Watson, 82, Harley Street.

* * *
The Dinner of the Ninth Decennial Contemporary Club will take place at the Langham Hotel on Wednesday, July 7th, at 7.30.

This Club includes those who entered at the Hospital between 1895 and 1905, or qualified between 1900 and 1910.

The Secretaries are Mr. R. C. Elmslie and Dr. C. M. Hinds Howell.

* * *
FINANCIAL GRANTS FOR MEDICAL STUDENTS

Medical Students are immediately eligible, under certain qualifications, for financial grants from the John Land Charity administered by St. Dunstan's-in-the-West, Fleet Street, E.C. 4.

The grants range from £10 to £50 a year for two years "for the provision of professional articles, technical books, fees for instruction, and travelling expenses for children (under 21 years of age) whose parents are either poor Freemen of the City of London, or who have lived in the City for not less than five years, irrespective of present residence".

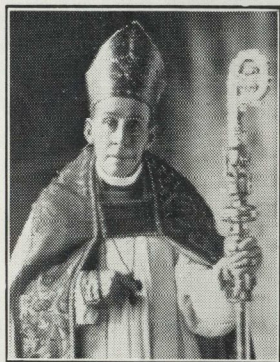
One beneficiary recently won a Classical Scholarship at St. John's College, Cambridge, and the John Land Trustees supplemented this by a bursary of £50 for two years.

Forms of application may be obtained from Mr. B. G. Geer, St. Dunstan's Vestry, Fleet Street, E.C. 4.

OBITUARY BISHOP PAGET

IT is with deep regret that we have to record the passing of Bishop Paget, Governor and Honorary Chaplain of the Hospital. All connected with the Hospital will have seen, from time to time, that well-known figure, with its slight stoop, passing through the Square and visiting in the Wards. And many patients will remember with gratitude his words of comfort and cheer.

It was just about five years ago that Bishop Paget, in announcing his intention of living in Cloth Fair on



his retirement from the Bishopric of Chester, was asked by the Hospital authorities to accept the posts of Governor and Honorary Chaplain of the Hospital. With what joy these posts were accepted will be seen from the following letter :

"Bishop's House,
Chester;
3rd May, 1932.

"DEAR LORD STANMORE,

"I write at once to thank you for a most delightful proposal, and to accept it very gratefully! Nothing could give me and all of us more pleasure than to have our name once more associated with the great Hospital, and we are indeed happy in having the home of our retirement so close to it.

"I need hardly say how glad I and Mrs. Paget will be if we can serve the Hospital in any way!

"I remain, Dear Lord Stanmore,
Yours very truly,
(Signed) "H. L. CHESTER."

But if it was a happiness to Bishop Paget to spend the evening of his life in such close proximity to the

Hospital he loved so dearly, it certainly was a happiness and privilege to the Hospital to have him so near at hand. Those who were fortunate enough to be brought into close contact with him will never forget his humility, his charity, and, perhaps above all, his spontaneous gaiety. The Hospital was deeply indebted to him for the wisdom of his counsel, frequently sought and ungrudgingly given.

Truly he was a great son of a great father.

But of his long association with the Hospital let Mrs. Paget speak :

"Luke Paget's association with the Hospital was fourfold—as the son of one of its famous surgeons, as a visitor, as a chaplain and as a patient. By tradition first when, as a child, he was allowed to follow his father round the wards, turning now and again a little faint at unusual sights and so seeking a refuge in the Sister's room. In pastoral work next when, as Vicar of St. Pancras, he had many opportunities of visiting parishioner patients in the wards, though, owing to the proximity of other hospitals near his church, he served, first, University College Hospital and, afterwards, the Elizabeth Garrett Anderson Hospital, as Chaplain. Even so, it was the love and training of a 'Son of Bart.'s' that made hospital work congenial to him. He was at home in the wards and he loved doctors and medicine and skilled nursing. It was, perhaps, natural, therefore, that he was asked to take part in the 800th anniversary of the Hospital, and he never ceased speaking of the beauty and dignity of the Commemoration. Later, when, by what seemed coincidence, his son rescued the last old house in Cloth Fair from demolition, and the time had come for his own resignation from active work, what could have been more delightful as a home than the rooms over the last cloth warehouse in the same ancient street? He wrote of this in *City Chimes*, and of the rare sense of neighbourhood that the place affords (Paget was himself the almost perfect neighbour); of the beauty and history of his surroundings; of the busy work in the Market and the unflinching courtesy of his friends, the Market men. This move brought him again into closest touch with the Hospital. He was immensely proud of being made a Governor and Honorary Chaplain. Both were real honours, precious in his sight. And he greatly valued occasional Hospital visiting, and, above all, his weekly Celebration in the Hospital Church, which he loved.

"Last, but not least, he loved Bart.'s as a patient—it was, in some ways, the greatest pride of all. The Matron herself fetched him one night when he was taken ill (and he could never forget that) and he was nursed in Rahere, the Founder's Ward, with all the skill that medicine and nursing offers so generously.

His mind constantly reverted to Night Prayers in the Ward as one of the beautiful experiences of his life. His characteristic 'Thank you much indeed' was never so whole-hearted as during those thirteen days of his stay. The whole ministry was, to him, sacramental. But, in conclusion, let Luke Paget speak himself about the Hospital—words from his article in *City Chimes* :

"I am sure, if you ask politely, you will be allowed to enter through the Gateway of St. Bartholomew's Hospital and stand quietly in the Hospital Square. There are, of course, the newer parts of the Hospital, marvellous in modern efficiency, but that stone quadrangle of Gibbs, with the fountain in the middle, is unlike any other place on earth. It is always beautiful, but it is never more beautiful than when, on a fine day, ever so many of the patients are moved out of the Wards, and look so happy in their beds in the open air.

"Founded more than 800 years ago, it is doing to-day, only better than ever, the blessed work its Founder had in mind. Many of our great institutions need explanation: some need apology. You have to say on their behalf that they are doing something not too unlike that for which they were intended. And it is not always easy to prove it. But there is no difficulty here. This is essentially what the Founder set his heart on, and prayed for and made provision for. But he never could have dreamed that it would be done like this. I should like to introduce him to the Medical Staff, and to let him go round the Wards with them, and have a little talk with some of the patients; and then, for it must be a Visiting Day, to stand for a moment in the Gateway and preach a little sermon to the crowd, waiting to come in with their flowers and with their gifts of fruit; about the beds, love, and human love, and the Divine Wisdom manifest in the healing art; and just tell them how glad he is to have founded St. Bartholomew's Hospital."

"May he rest in Peace."

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

SIR,—The death of Bishop Luke Paget will be deeply regretted by a large circle of friends, and especially so by those now working at our Hospital, where of late he has been such an active, frequent and welcome visitor. He was not born in St. Bartholomew's, as was his brother Francis, Bishop of Oxford, who himself told a great crowd at an Old Students' Dinner in the early 'eighties at which his father, Sir James, was in the chair, and had just proposed the Visitors, to which toast the (then) Dean of Christ Church replied (both most telling speakers), that he was no visitor, as he had been born in the Warden's House when Mr. James Paget had filled that post. Some months back, after

a Court of Governors in the Great Hall, I had a long talk with Bishop Luke, and told him, *inter alia* (I should like to record the fact in print), that I had had the honour to help Sir James at the last operation he ever did; that was in the year 1877. At the time I was a dresser for Tom Smith (later Sir Thomas Smith, Bart.); he was not really at all like his portrait in the Great Hall, any more than was Sir William Savory—both poor; Sir James Paget—Millais at his best—is excellent. I saw it again, with great pleasure, hanging in the English Art Collection loaned to Rome in 1910 or 1911—a most speaking likeness), and he took me one midday to Harewood Place, Hanover Square, W., and we drove in Sir James's carriage to somewhere in the Bloomsbury district, and there he cut for stone some elderly man, in a back bedroom, where we found a nurse, and things in order up to the lights of those days, and several generations before. On our way Sir James with his fingers ate his hot luncheon (a partridge) from a silver dish, throwing the bits out of the window. I suppose he washed his hands before, as well as after, the operation. Later, when, in 1878-9, I was H.S. to Mr. George Callender, F.R.S. (four of us in those days for a whole year—Bruce-Clark was one of us), I several times met Sir James, who later sent me patients. In the early years I practised at Hastings, and he gave me an excellent testimonial, which helped greatly when I was, with flying colours (thanks chiefly to my father's merits), elected to the Staff of what is now the Royal East Sussex Hospital. I later received great active support from the Bart.'s Staff, and I hold their memories in highest regard and warmest remembrance and esteem.

C. B. GABB.

Royal Societies' Club, S.W. 1;
April 29th, 1937.

DR. DODSON

By the death of Dr. George Everard Dodson on May 9th at Kerman, in Persia (Iran), St. Bartholomew's Hospital has lost a devoted and distinguished *alumnus*. The cause of death was typhus fever, contracted during his duties as medical officer in charge of the Church Missionary Society's Hospital in that city.

Dr. Dodson was born in 1872 at Higher Crumpsall, Manchester. He was educated at Giggleswick Grammar School, and St. Bartholomew's Hospital, where he obtained his M.R.C.S., L.R.C.P. diplomas in 1897. Subsequently, in 1913, he took his diploma in Tropical Medicine and Hygiene at Cambridge. He was Extern Midwifery Assistant at Bart.'s, and Assistant in the Orthopaedic Department of the Hospital in 1897. He gained in both these departments experience which he turned to the highest use in after years in social and missionary service for Iran. During the war he held a commission as Temporary Captain in the R.A.M.C., being appointed as Surgeon-Specialist to the Colaba War Hospital, Bombay.

Dr. Dodson married a trained nurse, Miss Emmie Lucy Wells, on April 21st, 1902, and he was accepted by the Church Missionary Society for service in Iran in July, 1903, sailing for that country with Mrs. Dodson in the following September.

During his thirty-four years of service under the C.M.S., Dr. Dodson did a work for Iran which will never be forgotten. He was a gifted surgeon, and laid the foundations of a social service and welfare work in Iran, specially in the city of Kerman, which has been of inestimable value to that country.

Dodson was a man of most retiring disposition, humble almost to self-effacement, but capable of supreme self-sacrifice in the interests of the sick and suffering. Outstanding features of his professional work were (1) his orthopaedic surgery amongst the crippled carpet-weavers in the city of Kerman. These children used to work under most unhygienic conditions, underfed and unsuitably fed, sitting at the loom for incredibly long hours from the tender age of five or six onwards. Little wonder that they suffered from a late form of rickets, and their limbs became fantastically deformed. By his orthopaedic skill Dodson straightened the most impossible femora and tibiae. He had the magic touch of a Sir Robert Jones. (2) The same little cripples, when they grew up to be mothers, suffered from extreme generally contracted pelvis, and would have been doomed to death but for Dodson's skilful obstetrical intervention. He was the pioneer in Iran of Caesarian section, performing many scores of these operations in a land where at that time such operations were unknown, and giving back to the mothers health and strength, and living bonny children. (3) Most important of all was the preventive and welfare work which he initiated, and which led to legislative reforms which revolutionized the working conditions in the carpet industry, flung down the gauntlet against child marriage, and made his hospital known throughout the length and breadth of Southern Persia.

As a missionary he was honoured and beloved by all he came in contact with. To his patients, his colleagues, and the many Persian friends who loved him his loss seems irreparable. He died—as he would have wished—among the people whom he had served and for whom he has given his life.

J. HOWARD COOK.

The winner of the Cross-Word Competition for May is Mr. R. G. Birch, who receives a copy of *Round the Fountain*. As the entries for the competitions are not great, it has been decided to discontinue them for the present.

VIEW DAY CEREMONIES

UNDER the auspicious shadow of the Coronation and while so many distinguished Empire visitors crowded the city, it was felt St. Bartholomew's Hospital View Day should be given a somewhat greater significance this year than has been usual in the past.

It was with this end in view that the Coronation Viewing Committee organized a representative procession (both of the Hospital and of various Empire delegates who were available at the time) from the Hospital to the Priory Church, where an address was delivered by Lord Horder, and subsequently back to the Great Hall, where the Lord Mayor of London was present to open an exhibition of Hospital antiquities and records.

Among those who took part in the procession were the Rt. Hon. the Lord Horder, Sir D'Arcy Power, Sir Robert Armstrong-Jones, Sir William Willcox, Lt.-Col. Sir Hassan Suhrawady (of the Indian Contingent), the Hon. George Williams, Mr. McAdam Eccles, Dr. George Graham, Dr. Lewis Glover, the Mayor of Hampstead, Dr. C. F. Hadfield, Prof. F. L. Hopwood, Dr. Cullinan, Col. Frank Gunasakeva (of Ceylon), Major N. W. M'D. Weir (Commanding Officer of the New Zealand Contingent), Major L. G. Pearson, Mr. W. Llewellyn Wall (of the Leeward Islands), Mr. Austen-Leigh, the Rev. Canon Sidney Savage (Rector of St. Bartholomew's-the-Great), Major Woodhouse, the Misses Grace Wilson and A. C. Dowsley (Matron-in-Chief and Principal Matron respectively of the Australian Nurses' Contingent), the Editor of the Journal, the Rector's Warden, Mrs. M. Mary Burne, the Rev. E. Graham-Harrison, and the Rev. E. F. Donne.

* * *

At the Church.

May 5th was a hot and sunny day, so that the contrast offered by the coolness of the Church was all the more delightful after the glare and heat of the streets outside. It is a church more haunted and more still, perhaps, than any other in London, and upon this afternoon, when the profound shadows which lie upon its ambulatory, cast down by the great Norman boles, were lit by the flame of altar candles and by the scarlet and the gold of academic robes, it seemed more beautiful to one memory at least than it has ever been before.

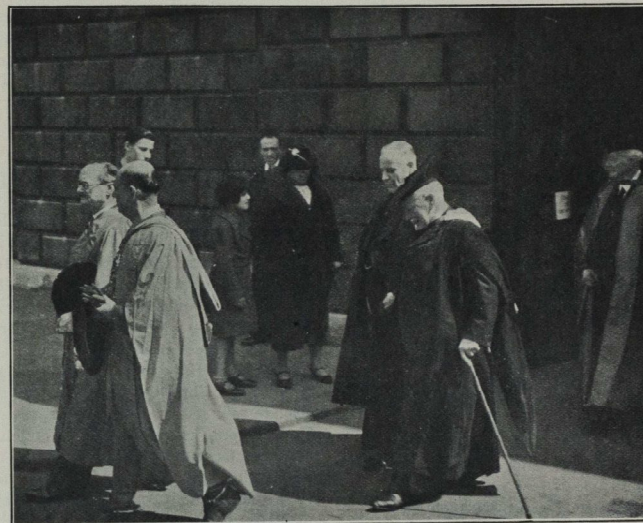
The service was short, the lesson read from the Apocrypha, and the voices of the choir lingered among the arches like a reminiscent echo of some medieval plain-song, heard in this place half a millennium ago, and wakened now from the forgetful ledges and the high arcades.

Then the Rector walked to the east of the Church and Lord Horder stood at the lectern and began to speak of those half-remembered days, and of other sunny afternoons, eight hundred years ago.

Lord Horder's Address.

He said: "Rather more than 800 years ago the place where we are now assembled was a part of the City playground, and it lay by the side of the pleasant Flect

blend the Saxons with their Norman conquerors—was drowned as he crossed the Channel from France to England. The Court was scattered. Many men and women took the vow and amongst these was the young Rahere. Whilst returning from a pilgrimage to Rome he dreamed a dream, and in it St. Bartholomew appeared to him, and ordered him to build a church in 'Smooth-Field', or Smithfield, near London, and close by the church, a hospital.



Left to right: LORD HORDER, LT.-COL. SIR HASSAN SUHRAWADY, MR. McADAM ECCLES, SIR D'ARCY POWER, SIR ROBERT ARMSTRONG-JONES.

river. A boy who was later to be known throughout the world as Thomas à Becket trundled his hoop no doubt on this very site; the young men on Saturday afternoon played football; the old men applauded and cheered the riders of the short races which were then so frequent. At Westminster King Henry I was the head of a court which was so magnificent, and so cultured, as to be easily the first in Europe.

"Among the King's courtiers was a tall, good-looking, witty young man, by name Rahere. He wrote letters for the nobles, set songs to music for their ladies, and came under the personal notice of the Monarch.

"Then, one day, a sudden change came over everything. The heir to the throne, on whom all eyes were fixed—for it was thought and hoped that he would

"Church and Hospital still remain, the one shorn of its first glory, the other still 'tending the sick until they recover and women until they are delivered', as Rahere had ordained at the beginning.

"Look around you and try to recall what these walls have seen. Rahere's own tomb is here; his bones still remain where they were placed, covered and protected under the effigy raised later by pious hands who still loved his memory.

"Try to realize that bright summer day when Archbishop Boniface, clad in mail armour beneath his vestments, rushed into the very choir where you are now sitting, and felled the Prior with a single blow of his fist, the Canons sitting in their stalls. A great confusion arose. The citizens rushed through the gate

by which you so recently entered and chased the Archbishop past the Hospital, through Giltspur Street, and down the Old Bailey until he took boat at Blackfriars and was glad to escape with his life to Lambeth.

"Think, too, of those magnificent jousts which took place immediately in front of the doors of this Priory church, when each lady led a knight on horseback to fight for her. The Herald proclaimed at the end of the encounter—such an one has jostled well and another has jostled better, but the prize goes to a third, and in the name of the victor he proclaimed him and his lady.

"Then turn your eyes in another direction as you pass out of the gates and look at the memorial to those who suffered for their faith. To Master Roger, the meek pastor of St. Sepulchre's, whose wife was not allowed by the surly sheriff to speak to her husband on his way to the place of burning. To John Leafe, the little apprentice to Humphry Gamly, the tallow chandler, and our neighbour in the parish of Christchurch. Surely as you pass the memorial to these men you will bear in mind their courage and devotion.

"Of the Hospital, as in duty bound, and from sheer affection, I could say much. But it must suffice to-day if I remind you that for four hundred years it was affiliated to, but not controlled by, the Priory. The patients, about one hundred in number, were treated by eight brethren and four sisters; it soon attained so high a degree of merit that the citizens of London showered upon it gifts of lands, houses and money. The sisters, selected by Rahere—our Founder—were young, good looking, musical and had served at court. Later they were often the unmarried daughters of worthy citizen families.

"In 1539, when King Henry VIII took away the revenues of both the Church and the Hospital, the old order suddenly ceased. The Church and the buildings were sold to one who later became the Lord Chancellor. The lead on the roof was stripped off and the Church was allowed to go into partial ruin, whilst the lady chapel was converted into a dwelling-house. This glorious choir alone remained as the parish church.

"The Hospital became desolate and but for a few beds it remained empty. But the need of a hospital was soon found to be urgent, and the institution was reorganized by the citizens of London. A new order began, adapted to suit new surroundings. But following the English custom, the old traditions remained. Much greater changes have taken place in connection with the Hospital than with the Church.

"Look around and you will see that the choir remains to testify to the magnificence of the original Norman architecture. The lady chapel, though it has been reconstructed, is also reminiscent of the past.

"But of the original Hospital nothing now remains except the tower and one wall of the chapel of 'The Holy Rood', now better known as the Church of St. Bartholomew-the-Less. Everything else has passed away. The ever-increasing needs of modern medicine have demanded more and more changes. Yet with all the lapse of time the spirit of Rahere is still with us, and his two foundations continue to carry out the duties which he imposed upon them.

"The Hospital is still the handmaid of the Church, but remains independent as Rahere designed that it should. To-day you will 'view' the twin foundation, and find them even more closely allied in friendly co-operation than they have ever been. Long may they so remain."*

* * *

In the Great Hall.

At the conclusion of this address and of the service the procession repaired to the Great Hall, where under the Chairmanship of Lord Stanmore, the Lord Mayor of London, Sir George Broadbridge, opened the Exhibition. Mr. McAdam Eccles replied upon behalf of the Coronation "Viewing" Committee.

Among the many treasures on view, perhaps the most precious was the deed of Rahere, dated 1137, by which he granted to Hagro, his successor as master of the Hospital, the Church of St. Sepulchre. The original seals are still intact. Also to be seen was the first official Hospital seal with its figure of John the Baptist.

Among the many other manuscripts could be read the following reference to an older Coronation:

"In the year 1413, on the ninth day of April, which was Passion Sunday, and a very rainy day, was the Coronation of King Henry V at Westminster. I, Brother John Cok, was present and saw the ceremony. This King waged many marvellous wars and brought a great part of France under his sway. He died in France in the 10th year of his reign and was buried at Westminster with great honour."

Among entries in the ledger of the Hospital recording receipts and expenditure under the date of 1548 are the following: "Paide to the Matron and Sisters for their wake goose, 2 shillings; paide for wax and paper and pack thread, 12 pence; paide to the Hospitaler for an olde mattress the under cook doth lye upon, 3 shillings 4 pence." Old flagons, alms dishes, and patens which belonged to the parishioners of St. Bartholomew-the-Less; fourteenth and sixteenth and seventeenth century articles found in the old City ditch; renter's pistols.

* [Lord Horder wishes to acknowledge his great indebtedness to Sir D'Arcy Power for much of the substance upon which this address is based.]

formerly carried by the renter on his rent-collecting journeys as a protection against footpads; and the renter's mug in which tenants of the Hospital were given refreshment when they called to pay their rents are among the many exhibits.

* * *

The ceremonies concluded with the traditional "Viewing" by the Treasurer and Almoners.

A tour of the exhibits was conducted by Mr. McAdam Eccles, who afterwards gave a talk on the Hogarth murals to a large and appreciative audience. This talk, together with a tour of the Hospital, was repeated daily during the following week.

"WHAT I ALWAYS SAY IS"

28.

There are some men, especially old men, who can never learn anything. They've tied their tie in the same way all their lives and they can't learn any other.

29.

Never operate on a woman when she's menstruating. It doesn't make any difference to her, but the Women of England think that it does.

30.

I never wear a mask because I don't know anything you can breathe through that you can't spit through.

31.

The chief duty of the assistant is to keep the surgeon clean.

32.

The perfect assistant should possess a prehensile tail.

33.

If I want to drain a wound I don't use gauze. What I always say is—if you want to put a cork in, put a cork in, but if you want to put a drain in, use a tube.

34.

Only the good workman appreciates good tools.

* Mr. R. Cozens Bailey's Aphorisms, continued from *St. Bartholomew's Hospital Journal*, vol. XLIV, p. 147, 1937.

35.

In the suture operation for undescended testicle you sew the testicle to the bottom of the scrotum. When you begin the testicle is in the inguinal canal; when you've finished, both the testicle and the scrotum are in the inguinal canal.

36.

The success of the scrotal operation for varicocele depends upon the assistant.

37.

If you've cut the vas it's no use trying to pretend you haven't—whatever you do it will always pop up and look at you.

38.

The fate of the general surgeon has been sealed by the cystoscope.

39.

Once a stricture, always a stricture.

40.

Dilate if you can; if you can't, cut.

41.

Don't wait for fluctuation before opening an ischiorectal abscess; if you do it'll have burst into the bowel.

42.

If you get bleeding after a tonsillectomy the first thing to do is what's usually done last—leave it alone.

43.

I don't mind what you *start* your adenoids with, but the best thing to *finish* them with is your finger.

44.

When you're operating on a superficial tuberculous abscess in the neck, you *must* look for the hole in the deep fascia. There's a special Hell waiting for the man who doesn't.

45.

If you have a case of hopeless paraplegia due to spinal caries, surgery won't do any good. It's like golf—if you are in a bunker and your opponent is two inches from the pin, it's time for you to pick up your ball and go to the next tee.

(To be continued.)

IN THE BEGINNING

WE take great pleasure in publishing here a brief reminiscence from Major W. Guyon Richards, who is a co-founder of this journal and who played a dominant part in starting the Amalgamated Clubs, which later gave birth to the Students' Union as we know it to-day. He writes:

"I qualified in 1893 and ran the Amalgamated Clubs for a year previously, so that brings us to 1892 as the date of the amalgamation of the Sports Clubs. The JOURNAL was started directly after the Clubs were formed. Borcherds, of Caius, a rowing man who, I think, got his trial eight cap, and myself had been active in getting the clubs to amalgamate. I had previously been secretary of the Athletic Club and had suffered much from the extraordinary system in vogue at the time. All the clubs were run on voluntary subscriptions; half-crowns were collected from students, and larger donations were made by certain members of the staff.

"Borcherds was keen to get the Boat Club put on its feet, and together we agitated against much opposition. Through the support of Mr. Anthony Bowlby and Dr. T. W. Shore, the Warden of the School agreed to collect fees for sports clubs with school fees at entrance. At first this was voluntary, but if the fee was not paid the student could make no use of any club. Borcherds was assistant secretary of the Amalgamated Clubs. Soon after we had effected the amalgamation he said we ought to have a journal. I forget the exact steps taken, but certainly we obtained the consent of the school authorities and the financial support of the Amalgamated Clubs. Borcherds co-opted me as his assistant editor, but as far as I can remember my duties were mainly touting for advertisements. I dealt also with accounts as secretary of the Amalgamated Clubs.

"After all these years my memory may be at fault, but I cannot remember there being any journal committee apart from the Amalgamated Clubs Committee. Usually Dr. Shore and Mr. Anthony Bowlby, as he then was, were present at these meetings. The journal was a students' affair, as it should be. A hospital journal should not attempt to be a copy of the B.M.J., but as far as possible a picture of hospital life, and a means of contact between past and present. Bart's men are spread all over the world and should be pressed to send in their experiences. When an old man like myself picks up the Journal he wants to know what the present generation are doing, and thinking not only about medicine and surgery, but life in general. The last number has some of these features. There are plenty of journals for experts; the Hospital Journal is the place for youth to express itself in. Occasionally reminiscence from the aged might interest present-day students.

In my day the ante-room to the one operating theatre still contained a blood-stained frock coat which had been used as an operating gown not so very long before. The older surgeons talked of laudable pus, and a good many operations were performed in a mixture of steam and carbolic. It was a time of transition, and the man who worked quickest got the best results.

W. GUYON RICHARDS.

SEQUESTRA

By the Probe

[In view of the unanimity of disapproving correspondence (see Correspondence columns) and on the advice of our Censors it has been somewhat reluctantly decided to suspend this column. The Candid Camera will continue (we earnestly hope) its nefarious work.]

Our Candid Camera



POLICE RAID DOWNS-TOWN HOT SPOT.

UNDERSTANDING DREAMS TO-DAY

(Continued from p. 150.)

Sex and the Subconscious Censor.

But let us return to the subconscious mind. It is natural that Freud should have laid stress upon the subconscious mind because he was working on neuroses, which are greatly the result of repressions in the subconscious. By discovering these elements in the dream he considerably simplified the psycho-analysis of his patients, and nowadays the neurotics have serious attention paid to their dreams. Analysis of dreams and the overcoming of the distortions, which generally mask their true meanings, shows everyone to be full of unconscious desires, desires which, according to our social conventions, are immoral. Plato rightly said that the good are those who content themselves with dreaming of what the wicked actually do.

A very large part of our repressed desires have to do with sexual matters, and that is how the sexual element has come so greatly to the fore in modern dream interpretation. Many people jib at this, exclaiming that their dreams have a very low sexual content, or none at all. This, says Freud, is a mistake. The sexual content is high, but it is not recognized. It is disguised by the work of a certain factor, a factor he names the *Dream Censor*, which presents the sexual ideas by apparently innocuous symbolism. In this way the dream is both more moral and more immoral than the waking thoughts. More immoral because our repressed desires are allowed to come forward, and more moral because they are not expressed directly, but masked.

The dream censor acts in several ways. It may suppress certain obvious parts of a train of thoughts, leaving only the less significant ones. A crude example will be enough. A man with strong ideas of fidelity to his wife may be markedly attracted by a woman who, let us say, is a sales-girl at a tobacconist's. The censor will not allow her to feature directly in the dream, but disguises the idea of her as, perhaps, a box of matches or a packet of cigarettes. This, of course, appears laughable, but is in reality very earnest.

Displacement has worked, transferring the accent from the more important element to one less important or more remote, even replacing that element by something else directly connected with it.

This tobacconist girl-into-matchbox dream shows in it another feature of the dream censor, the feature of symbolism. Various elements are represented in dreams by constantly recurring symbols. For instance the vision of emperors, kings, queens, represents one's parents; one's children are shown by little animals or

vermin. Death is disguised as travelling or setting out on a journey. In sexual matters the number of symbols is so large as to be quite disproportionate to the subject, at least as far as waking life is concerned. The female element here is often shown by enclosed spaces, a walled garden, a room or a box. Thus it is quite understandable that the tobacconist girl should have as symbol not only something connected with her occupation, but also that it should take the form of a box—one of the stock symbols for women.

The symbolism by the way is not confined to dreams; it appears in proverbs, colloquialisms, pictures, poetry, and so on at all times and in all places. It is, for instance common to refer to death as "the undiscovered country from which no traveller returns". Again, a house symbolizes the human body. A man's body is shown by a smooth-walled house; a woman's body features in dreams as a house with ledges or balconies. Freud quotes in connection with this the German expression for a woman with a very prominent figure: "Die hat viel Holz vor dem Hause." In French there is for the same thing a very similar expression: "Elle a du monde au balcon."

The Hidden Building-up of Dreams.

Now a dream is not a haphazard thing, but has a hard machinery behind it. We must distinguish between the dream we remember (manifest dream content) on the one hand and the various elements hidden or disguised which have gone to make it (latent dream content) on the other. That is, the dream as dreamt is to be distinguished from its true meaning. The building up which has converted the isolated elements into the dream we remember Freud has called the *Dream-work*. Of this dream-work we have already seen two features. The first is displacement, the shifting of stress to the less important feature, and replacing one thing by another associated with it (as in the case of the matchbox). The second is the process which disguises ideas by symbols. There are several other processes of dream-work.

Condensation is one of them. Invariably the contents of our dreams are far less rich than the various ideas which have given rise to that dream. The dream-work has condensed the various ideas together, by omitting certain features so that only fragments appear, and also by running together certain elements by means of parts which they possess in common. Here is one example quoted by Freud himself.

An Example of the Work of Condensation.

Dream: The patient remembers that she has two June bugs in a box which she must set at liberty, for otherwise they will suffocate. She opens the box and the bugs are quite exhausted. One of them flies out of

the window, but the other is crushed on the casement while she is shutting the window, as someone, rather to her disgust, requests her to do.

Factors Involved.

1. The previous evening her daughter showed her a moth drowning in a glass of water. She felt sorry for it but did nothing.

2. Years before she was worried by the cruel way her daughter tore the wings of butterflies, pinned them, killed them with *arsenic*, and ill-treated captive moths and beetles.

3. The little girl had once been horribly cruel, crushing some June bugs which were pestering them. At the same season she had seen a person tear off the wings of these bugs and eat them.

4. She had been married in June and her birthday was in June.

5. She had been re-reading old letters, including one from an aristocratic admirer who still occupied her thoughts.

6. The recounting of the dream brought back into her mind an anecdote contrasting the behaviour of a rough uneducated peasant and an alleged aristocrat. The latter had seduced a beautiful but foolish girl, who had in turn been contrasted with a plain but intelligent one.

The moral that it was impossible to tell character from looks made her think of herself: "Who could tell from her looks that she was tormented by sensual desires."

7. She had been worrying over her husband (who was absent at the time of the dream), and especially over his increasing senility and her sexual desires concerning him.

8. She thought of various rejuvenating or aphrodisiacal mixtures made of either *arsenic* or crushed bugs.

9. She was suffering from exhaustion at the time of her dream.

10. She frequently quarrelled with her husband over the window, which he wanted shut, while she preferred fresh air during her sleep.

Thus all these diverse elements—cruelty to animals in the past; the previous evening's moth; her exhaustion; the aristocratic admirer; her marriage (a none too happy one); the window quarrels with her husband, the declining virility of her husband, aphrodisiacs (*arsenic* and so on), and her own sensual feelings were woven together in this one apparently simple dream.

Plastic word representation is another process of the dream-work. Abstract ideas or thoughts are transformed into visual images. Freud gives as example the translating of a newspaper's leading article into pictures. Nouns of things, ordinary objects would be

easy—their pictures would be given without difficulty. Abstract things and thoughts would have to be retransformed into their original pictorial meanings. For instance the word *possessing* could be shown by its original roots (*potis-sedeo* = I sit upon), by the picture of sitting on the thing possessed. Certain conjunctions which represent intricate thought relations (because, but, why, therefore, etc.) have no pictorial equivalents and would have to disappear. This might be the cause of the lack of continuity in dreams. Two examples of plastic word representation will do. These examples seem so extraordinary and so far-fetched that their descriptions quite often defeat their own ends, and instead of convincing students make them scoffers:

1. The dreamer saw a woman holding a child with a deformed head. The shape of the head he was told was due to its embryonic history, and a doctor stated that it could be rectified, but that this would harm the brain.

Analysis, through other features in the dream, showed that this dream represented the expression, "*childish impressions*".

2. The dream showed a hotel in which the beds were damp, the water dripped from the ceiling, and outside of which there was a terrible rainstorm. The expression hidden here was "*superfluous*".

Another factor in dream-work is the *blending of opposites*. A picture which appears in a dream may stand for itself, or just for its opposite. In other words one may dream not of one's wish fulfilment, but just of the opposite process. This opposition idea appears to be the weakest part of the whole theory. Yet the author by a study of languages tries to show that in word-formation the subconscious mind has been doing this sort of thing all the time. Some of the examples he gives are:

Latin: altus = high or deep.
sacer = sacred or accursed.
clam = silently.
clamare = to shout.

German: stumm = dumb.
Stimme = voice.

English: the two verbs *cleave* and *cleave* to with their opposite meanings.

This consideration of the Freudian aspect of dreams may sound a series of unwarranted jumps to conclusions. But it should be mentioned that the man who drew up the theory is a hard-working scientist who does not try to jump to conclusions: one who tries to let his observations lead him to the only inevitable theory which fits in with and easily explains all data. Freud did not set out to make a theory of dreams. It was by chance that his study of neuroses led him to it. If Freud was the first to set up the theory, it is not because of his

original queer notions, but because he was the first to make a serious study of the mental processes behind dreams, in the light of modern psychology.

Dreams as Predictions.

The dream has been discussed in its relation to the past and present of the dreamer. Finally it should be considered in relation to the future.

Foreseeing the future in dreams is a very old and commonplace idea, and its treatment varies from hidden symbolism sent down by deities to perceiving directly the events as they are to occur. One could fill up many tomes with the study of dream prophecy. As a matter of fact this study would soon resolve itself into one of anthropology, one of religion and of local customs. The Mohammedans, for instance, in their chaste life, dream of hours awaiting their pleasure after death. While the Freudians would easily see in this a wish-fulfilment of repressed desires, the dreamers considered it a vision of the future, and actually made appointments (if they can be so called) with the alluring maidens who awaited their pleasure in Nirvana.

This article will not give any historical study of dream prophecy. Much of it would be in the nature of red herrings. Cæsar's wife had a warning dream. Couldn't this be attributed to an ordinary reaction of worry, expressed during sleep? Darius, before his attack on Alexander, dreamt that his enemy's camp was in flames, and that Alexander was fleeing in his (Darius') clothes. The official interpreters, after much thought, declared from this that either Darius would wipe out Alexander's army, or Alexander would wipe out Darius' army. The dreamer apparently was well satisfied with the first version, and on the strength of it attacked Alexander, only to find that the second prophecy was by far the more correct. If he had stopped to realize how the alternative and contradictory interpretations showed up the ineffectuality of the interpreters, he might have had a happier ending.

In Egypt and Chaldea sufferers from diseases used to go to sleep in the temples to await dreams from the gods, who suggested the right cures. The dream drugs prescribed in this way were mostly simple laxatives, probably suggested hypnotically by the priests.

On this question of medicine and dreams Aristotle gave out a more scientific theory of premonition. We all know how the sensory impressions received during sleep may be magnified to a very large degree. A slight prick on the finger may evoke the dream of amputation of the hand, or warmth on the face suggest visions of a fiery inferno. Aristotle suggested that in similar way the dream state could magnify the beginnings of pathological sensations, and prove of use for diagnosing

symptoms not yet noticeable when the subject was awake. For instance recent cases are on record in which someone dreamt of swallowing molten lead some time before developing tonsillitis. There is also the example of the man who repeatedly dreamt that he was cut down the midline of his body and could only move one side, some time before having an attack of hemiplegic paralysis.

It is, however, necessary to consider true prediction, forecasting of events for which there is as yet no physical or mental suggestion. Apart from the valuable studies of the Society for Psychological Research, there is only one man who has presented to the public any serious work on the problem. He is J. W. Dunne, whose book, *An Experiment with Time*, appeared first in 1927 and caused quite a minor sensation.

Already in 1898 Dunne was considerably perplexed by noticing that some of his dreams turned out to be representations of events of which he was to read about or experience later—in one case ten years after the dream, but generally only a few days afterwards.

At first he was unwilling to jump to the conclusion that he could thus foresee the future in this extraordinary way, and tried to explain it by such things as telepathy with the journalists who drew up the news-stories he was to read about the next day. Another possibility was that he suffered from "identifying paramnesia", i. e. a false memory. As he heard things, really for the first time, he imagined that he had met them in his dreams some time before.

To overcome this doubt he took notes of his dreams. Among them was the following: He was standing on a high plank bounded by a railing on one side; a dense cloud of smoke surrounded him. From below a long waving object which he recognized as a jet of water from a hosepipe was trying to reach him. The plank now became crowded with suffocating people, who lost their balance and fell headlong down.

He awoke and recorded the dream. There was nothing in the morning paper suggestive of it. But the evening brought the news of a fire in a Paris rubber factory. Working girls had been trapped on a balcony, which was too high for the fire-escapes or water-jets to reach. Fumes from the rubber burning below surrounded them, choking them to death so that many preferred to fling themselves over the edge.

Was this only a good coincidence? The book is full of them, all carefully recorded. Incidentally the rising fire hose, the wooden plank, the balcony and the falling bodies which featured in the dream are all examples of stock Freudian symbolism. In fact this dream could all too easily be interpreted in terms of subconscious symbolism with the dream-censor at work.

Of the many cases quoted by Dunne, one other should be mentioned. The dream occurred in autumn 1913, and showed what looked like the wreck of a train which had fallen from a height over the line. The dreamer vaguely realized that the scene lay just north of the Firth of Forth, and that the time was somewhere in April.

True enough the accident took place in April, 1914. The "Flying Scotsman" just north of the Firth of Forth fell over the embankment as the dream had shown.

Now it is an important point that Dunne does not maintain that dreams are all predictive. He sees in dreams a distortion not only of the past, but also of the future. We remember the past in dreams. Dunne found himself remembering the future with similar dream distortion.

Recipe for Dream Study.

Taking daily notes and going over his records he established convincing proof for himself. Anyone can experiment on his own dreams, and this is the technique given by Dunne:

1. Write your dreams down at once, within a minute of waking. The great difficulty is the speed with which dreams are forgotten—absolutely effaced from the memory. Even when one writes them down in the morning recollection may be lost by the evening. This is, of course, the reason why so many people say that they do not dream.

2. On waking one generally remembers only the atmosphere of the dream or one or two small details. Let the experimenter allow his mind to dwell without force on these points. The other parts of the dream will then build themselves around them, just as a solid crystal forms around the first minute specks.

3. Read daily over the previous day's records and carefully go over the details one by one with a highly critical mind. What predictions there are will show themselves up only after constant comparison and checking.

4. Bear in mind that the more unlikely the events which are dreamt of and which subsequently occur, the more are they valid to strengthen Dunne's theory. For instance one may dream of buying a book with a red cover, and two days later one may actually be buying such a book. Very obviously the chances of this occurring are fairly high and the dream is of no great value.

Here is a personal example, as the dreamer, a serious psychology student, related it to the author of the present article:

"A very long time ago I had an amazing dream. I

saw a large fairground with a high pointed tower in the centre. People climbed to the top of this and, hooking themselves on a cord with a flapping cloth above them, jumped over and went sailing gently down through the air. My dream self watched this succession of descending bodies with some apprehension, thinking that this seemed a dangerous and stupid pastime. I woke up with a queer feeling that I had seen something very important, but could not connect it with anything I knew and dismissed it as a fantasy. It was, of course, rather easy to interpret it by Freudian symbolism, and I had to leave it at that.

"About nine months later I was at the Brussels International Exhibition, watching the fairground. Here I saw just such a scene—a tower from which people were let down from an imitation parachute. This was—in Europe at least—an amazingly new thing, quite unlike anything set up before. As I looked on I wondered if it was really safe, and if it was really amusing. Suddenly with a shock I remembered my dream. What I saw, my viewpoint on it, the whole movement and arrangement was identical with the dream vision."

This is an example, a personal one, of a most unusual event featured both in dream and in waking future, and is therefore of the type eligible as strong evidence for the Dunne theory. However, it must be admitted again that this dream is easily interpretable by Freudian analysis.

Dunne has made numerous people experiment with their dreams, with promising positive results. He is a very sceptical worker, and results which most people would have accepted as good supporting evidence he labels as "poor" or "valueless". Not satisfied with ordinary dreams he has tried experimenting with day dreaming and found in them the same predictive elements. For instance, he would try to have visions of extracts from books, of which he had read just the title-page or only the first page. He found that he was successful in this. Unknown words or objects would appear to him, and he subsequently discovered them in his readings. Similarly day-dreaming made him foresee most unusual scenes, which occurred unexpectedly to him.

From these results Dunne has evolved a mathematical theory of time, which he names "serialism". It takes the reader into many dimensions, and visualizes many personalities for each individual. These personalities exist in different orders of time; the future of one particular self might be the now of another self. If these selves could communicate, then visions of the future would be obtainable. The whole is supported by much mathematics, and incidentally claims to be the first scientific argument for human immortality.

It is hoped that this discussion has not given the impression of dealing with a mere series of mental acrobatics. In such a problem it is horribly dangerous to consider the mind processes as a series of loose unknit happenings. *Laws of cause and effect exist in mental events, just as much as they do for the physical world.* There is nothing supernatural in dreams. Though their study is still a matter of much obscurity, all the modern tendencies point the way to a series of dream-laws explainable in ordinary normal terms.

A. S. PLAYFAIR.

A VISIT TO THE BALKANS

LAST of those long vacations which grace pre-clinical work was an opportunity for travel not to be missed, and a visit to the Balkans provided an interesting and exciting holiday. We travelled by the cheapest means of transport and walked through tracts of country unserved by road or rail, where the peasants live in the simplest of fashions just as they have for hundreds of years, many of them never having travelled out of sight of their fields. In Bosnia, Herzegovina and Albania the muezzin is still to be heard calling the faithful to prayer, and many women hide their entire faces from all men but their husbands.

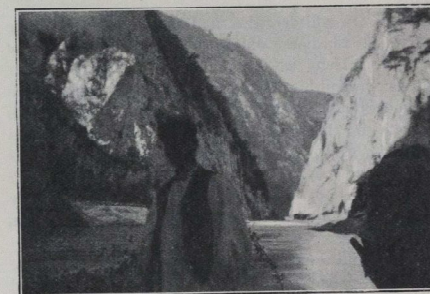
We spent some days in Vienna before taking the boat to Belgrade. The latter part of the journey was protracted by our being stranded on a sandbank for ten hours, to the distress of the Bulgarian Prime Minister, who was on board. Belgrade is situated on high ground at the confluence of the Save and the Danube; it has little of interest to show as it suffered so severely during the Great War; indeed in the last five centuries it has been besieged nearly a dozen times.

From Belgrade we went by train across Serbia to the Serbo-Bosnian border. The track was built after the war and runs through magnificent mountain country, passing along deep gorges or circling round valleys and burrowing in and out of the mountains, so that nearly a hundred tunnels had to be built before the huge task of making the railroad was completed.

We left the train at a town on the river Drina and camped on a green patch surrounding the village pump, where, to the delight of the local children, we washed and shaved. It was here that we first saw veiled women, and before we were used to the sight some of us half expected to hear a warning bell and a cry of "unclean" as each passed by.

On the following day we boarded a lumber raft and had several days' exciting journey drifting through gorges and chasms, the intense silence of which might

only be broken by the lapping of the water against the raft, the cries of strange birds or the strain of pan-pipes played by a nearby shepherd. A distant murmur growing in intensity would herald the approach to a cataract, and at this warning one of the men would significantly go round the raft with a hammer and secure any weak parts, while we would hang our rucksacks on a pole in the centre. The raft was quite loosely knit, and this was fortunate, for there were often falls of several feet to be encountered in the narrow rock-strewn channels through which the water raced, carrying the raft over submerged rocks so that it bent and cracked in alarming fashion. During this time, half-deafened by the roar, we would be crouching



ON THE DRINA.

low, clinging on to some support, with water surging over the raft and spray dashing in our faces.

Leaving the awe-inspiring valley of the Drina we made our way across the mountains to the west, carrying our baggage on pack-horses and having as guides two odoriferous Bosnians dressed in baggy white homespun costumes surmounted by tattered fezzes. Walking was very pleasant across the undulating plateaux above the tree-line, but it was spoilt for some of us by being weakened through disorders produced by the water we drank or the food we ate, consisting as it did principally of caraway bread, macaroni and curds made from goat's milk—a very unpalatable form in which to take one's protein and fat!

Some days later we reached Sarajevo by train, the track again winding through wonderful mountain country. The mountains encircle this city of over a hundred minarets and from them a beautiful panorama is obtained. Sarajevo is a town of contrasts, for in the west are wide streets and imposing buildings, while in the east, dominated by the mosque, the largest in Europe, is the old Turkish town where the streets are

deep and narrow and the chief attraction of the town is found the bazaar. Here it is difficult to believe one is still in Europe, the picturesque dress of the men squatting in the doorways of shops in front of which they display bright leather goods, fezzes, and other colourful articles of clothing or hand-worked silver jewellery of intricate detail, beaten copper and brass goods provide entertainment for many a sultry afternoon.

We visited the large mosque one day. Crossing the forecourt where pilgrims were bathing their feet, we came to a small door by which we took off our shoes, and entering the building we crossed the deep Smyrnan rugs which covered the floor by a narrow carpet put down specially for us. The interior was simply and artistically decorated, Arabic texts adorning the walls.

There are still dervishes in Bosnia, and one morning we visited the house of the so-called Chief Dervish of Sarajevo. Here we found him sitting with eight satellites round him, and soon the house was filled with the monotonous chanting of the men while the dervish danced, and then transfixed his cheek and later jumped upon the sharp edge of a sword held by two of his companions. Lastly he lay across the weapon and rubbed his bare tummy upon it, and then, carefully closing the door on his helpers, he received his 240 dinars (£1) from us.

In the wild country west of Sarajevo tiny villages are found where women dress in homespun costume and wear trousers, spinning wool by rolling it in their fingers as they mind the sheep. Wolves and bears still roam wild, and one night as we lay in a hayloft we heard the shouting of men and the howling of cattle coming from a nearby village, which we discovered next day was set up by the inhabitants to frighten away a pack of wolves which had been discovered in the vicinity. Needless to say when next day we saw a quadruped in the distance about ten miles from a village we were convinced it was a lone wolf and not a stray sheepdog.

We soon entered the bare karst country which characterizes much of Herzegovina, and walked for several days over arid plateaux surrounded by yellow stone from horizon to horizon, which reflected the heat and glare of the sun. Water was scarce and food unobtainable, so we started heavily loaded. Our guide was anxious to show us the beauties of his country and, in addition, he lost his way, so we had to tramp for from nine to twelve or thirteen hours a day on short rations. One day, looking across a great valley we saw the dim outlines of a range of mountains, and a day or two later we camped at the top of the highest at a height of 7000 feet, melting snow for cooking purposes. The next day was a most exacting one, for

we rose at dawn and ate a meal of porridge, and then had to descend a steep scree slope about a thousand feet in height. It was very difficult leading the horses down in a zigzag, one of us holding the head and another the tail of each beast. The morning wore on and our thirst grew as our bottles were empty, but the country was very beautiful, being broken up by gorges running in all directions, while occasionally eagles and vultures wheeled in the air. When darkness fell we decided not to camp, as we had finished all our food and could get no water for ourselves or the horses, so we pushed on and had to descend the deep mountain-side for 4000 ft. until we reached the valley of the Narenta, along which we walked until we staggered into a town.

We visited Mostar, reputed to be the hottest town in Europe, where the Muslim women cover themselves completely in a black garment with a slit in the region of their eyes.

In Montenegro brigands still commit outrages, and the bus on which we travelled one day carried two soldiers with fixed bayonets.

We turned homeward after a short visit to Albania and sailed up the Dalmatian coast, the romantic towns of which bear eloquent testimony of a great and glorious past.

C. K. W.

ET IN ARCADIA EGO

WHEN King Solomon, sad by the waters of Sharon and forlorn amidst a surfeit of concubines, sang first of the winter past, and the rain that was over and gone, his spring song was already old, and yet, like the season which it celebrated, perennially fresh.

For though poets have tramped all too often in the Garden of Proserpine, and all too indiscriminately praised her charms, there seems no end to her regenerated youth.

She visits annually different men in different ways. In the Gardens of the Luxembourg she is a kind of Pronstian frieze of girls. In the Prater, a new twist to a baroque moustache, a nostalgic and decaying gaiety. By the Moscowa she is not a goddess at all, but a resolution of the International Socialist Congress of 1899. And in Hyde Park, where from the grass lovers and narcissæ sprout in almost equal numbers, she is like a smile which turns to sudden beauty some face till then ugly, and cruel, and dull.

Indeed, it would seem that in spring one had no choice but to be gay. The very colour of spring flowers compels it, for the psychological effect of yellow is well

known, and all the rooms at Bethlem are painted with it. And to call Midas and Dives and Croesus misers and money-grubbers is to be guilty of an intolerable injustice, since in reality (whether they knew it or not), they loved gold for the very reason which first had made it valuable, namely, that it was yellow.

They were not lovers of wealth, but lovers of beauty, and it is only in these unhappy days, when patients no longer leave a golden guinea on the table at their departure, and non-Aryan stockbrokers wrangle not for gold, but for debentures and scraps of scrip, that the pursuit of money has become despicable.

Maia was the most lovely of the Seven Pleiades, and in her month the Romans celebrated their Floralia, and danced in flowery groves by Chloris's altar. Sour Martial tells us of "excessive merriment, drinking and indecorous games", and Seneca and Valerius both speak of innocent rural romping which became more naughty as they urbanized. Indeed, we may see the consistency of the May tradition, when we remember that the same view led Cromwell's cold-eyed Calvinists and latter-day Catos to cut down the village may-poles, and to institute the English Sunday.

But there is a darker side to Spring, and it is this which, walking solitary in Regent's Park of late, I felt reflected in myself. For if the Romans celebrated their Floralia in May, upon the 9th, the 11th, and the 13th (ill-fated date), Lemuria fell, when men walked barefooted, and threw black beans over their shoulders to placate the Powers of Evil. It was the festival of the unhappy dead, a time of spirits, and of catacombs; and "mense Maio malae nubent", little good could come of any marriage made in this unhappy month.

In fact, when we come to examine it, Spring is filled with horrors. The flowery breasted Persephone, playing in a meadow with the daughters of Oceanus, was first seduced by a narcissus, and with a pomegranate seed bound half the year to Hades. If she is the goddess of Joy, she is also the goddess of darkness and desolation, directress of the Furies, and mistress of Death.

Even the name, Narcissus, is ill-omened, a very symbol of useless love, and heartless beauty; a constant sign of soft-lipped Echo's loss, and of the stern Cytherean's revenge.

To be sad in Autumn is fitting; to be sad in Winter is inevitable. But to be sad in Spring is to walk barefooted by the desolate mere, and know the fearful hollow of one's ear pierced by the nightingale, and not the lark.

It is a melancholy Buton never dreamed of, and if I feel it now, it is in no jealous strife with him, or with an English Spring, but simply that, long since, I stood bareheaded beneath trees more green, and felt a sun that for a moment was more warm.

G. F.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,584	2	4	(81)
Demonstrators, etc.	1,810	0	0	(72)
Students	1,314	14	11	(330)
Old Bart's men :				
‡Bedfordshire	30	18	6	(10)
‡Berkshire	126	6	0	(37)
‡Buckinghamshire	94	13	0	(29)
‡Cambridgeshire	194	6	0	(42)
‡Cheshire	6	16	6	(2)
‡Cornwall	22	12	0	(8)
Cumberland	5	0	0	(1)
Derbyshire	19	14	0	(4)
‡Devonshire	375	1	0	(54)
‡Dorset	27	11	6	(14)
‡Durham	17	7	0	(4)
Essex	267	3	6	(23)
‡Gloucestershire	258	6	6	(29)
‡Hampshire	1,510	4	6	(134)
‡Herefordshire	17	12	0	(4)
Hertfordshire	110	16	0	(22)
Huntingdonshire	5	5	0	(1)
Isle of Wight	101	13	0	(13)
‡Kent	504	6	0	(72)
‡Lancashire	120	16	6	(17)
Leicestershire	142	0	0	(8)
Leicestershire	65	8	0	(17)
‡Lincolnshire	407	14	0	(34)
‡Middlesex	178	0	6	(21)
‡Norfolk	59	14	6	(6)
‡Northamptonshire	101	1	0	(2)
‡Northumberland	24	3	0	(5)
‡Nottinghamshire	256	15	0	(22)
‡Oxfordshire	1	1	0	(1)
Rutland	38	1	0	(10)
Shropshire	2,837	6	4	(28)
‡Somersetshire	194	13	0	(9)
Staffordshire	342	1	0	(20)
‡Suffolk	530	4	6	(62)
Surrey	857	9	0	(93)
‡Sussex	215	19	0	(24)
‡Warwickshire	2	10	0	(1)
Westmorland	1,011	12	0	(13)
‡Wiltshire	161	1	6	(23)
‡Worcestershire	353	6	6	(29)
‡Yorkshire	69	12	0	(20)
Wales	6,926	10	2	(240)
London	20	0	0	(2)
Channel Islands	14	4	0	(4)
Scotland	119	1	0	(13)
Abroad	390	15	6	(21)
South Africa	14	3	6	(8)
Canada	87	12	0	(10)
East Africa	146	10	0	(5)
West Africa	211	12	0	(13)
India	25	4	0	(4)
Iceland	1	0	0	(1)
North Africa	10	16	6	(1)
North Borneo	230	10	0	(9)
Australia	52	8	4	(0)
China	10	0	0	(1)
Siam	50	0	0	(1)
France	65	8	0	(7)
British West Indies	7	1	0	(3)
Straits Settlements	6	1	0	(3)
New Zealand	654	14	6	(49)
Services	73,022	14	10	(595)
Others	17,990	16	0	
Lord Mayor's Appeal	8,000	0	0	
Funds of College	20,000	0	0	
Value of Building	20,000	0	0	
Loan	4,061	0	0	
Stock Sold	4,061	0	0	
	£181,147	19	11	

* Number of Bart's men subscribing. † Number of Bart's men in County. ‡ Counties with Secretaries.

STUDENTS' UNION

COUNCIL The Athletic Club presented a list of additional Honours for 1936. Those elected were Messrs. A. I. Ward, D. S. Morris, A. R. P. Ellis, C. M. Dransfield, N. P. Shields, G. A. Beck and G. L. Way.

One of the most beneficial changes made by the Council for some time was the revising of the list of periodicals supplied to the Abernethy Room. It was decided to suspend the *Morning Post* and *Sporting Life*, and take in their stead the *Manchester Guardian*.

The Field is replaced by *Country Life*, and the *Lancet* and the *British Medical Journal* both dropped, since they are readily obtainable in the Library, and do not survive very long in the A.R. anyway. *Bradshaw* is also eliminated; and these are replaced by the *New Statesman and Nation*, the *Spectator*, and *Time*, the agreeably notorious American publication. An extra *Telegraph* is to be taken as well as a copy of the *Bystander*. All the rest of the present magazines and papers are to remain as they are, but it was decided to obtain covers for all the periodicals in use, with an eye to their preservation.

SPORTS NEWS

CRICKET The following officers were elected for the season:
President: H. E. G. Boyle, Esq., F.R.C.S., O.B.E.
Vice-Presidents: Dr. C. M. Hinds-Howell, Dr. Geoffrey Bourne, Dr. Wilfred Shaw, J. E. A. O'Connell, Esq., F.R.C.S.
Captain: J. Craig-Cochrane.
Vice-Captain: W. M. Maidlow.
Hon. Secretary: R. Heyland.
Captain and Hon. Secretary 2nd XI: E. O. Evans.
Captain and Hon. Secretary 3rd XI: R. Ramsay.
Captain and Hon. Secretary Bart's Bulgarians: C. J. Watley.

C. T. A. James, lbw, b Taylor	5	R. Mundy, lbw, b Moran	1
D. J. A. Brown, c Ableson, b Taylor	5	B. G. Gretton-Watson, lbw, b Moran	13
J. North, not out	72	Extras	6
R. Heyland, c Wilson, b Moran	15		
W. M. Maidlow, c Wilson, b Moran	2	Total (for 6 wickets)	119

Bowling:

	Overs.	Maidens.	Runs.	Wickets.	Average runs per wicket.
R. Mundy	13	1	45	4	11.25
R. Sabry	3	0	20	0	
J. Craig-Cochrane	4	0	18	0	
S. T. Rutherford	5	1	21	0	
C. T. A. James	8	0	28	2	14
B. G. Gretton-Watson	6	0	30	2	15

On the loveliest ground in Cambridge, an even and enjoyable game was played on Saturday, May 8th, against **St. John's**. We lost the toss and, strangely enough, were sent in to bat on a hard, straightforward wicket. Brown and James opened our innings and laid the foundations of a good score, putting on about 30 runs for the first wicket. James batted beautifully for his 17 before being caught in the gully and Brown soon followed suit, taking a leg-stumper on his pads. North and Heyland seemed confident and set, but both were deceived by late out-swingers. At lunch we had produced the paralytic score of 67 for 6, on what ought to have been a batsman's wicket. Lunch over, Maidlow, who had defended stolidly for some while, and Evans produced some really good cricket, both favouring aggression rather than safety. Between them they put on 70 runs and saved our bacon. Maidlow was out to a catch at extra-cover, trying an impossible stroke once too often. He had played an invaluable innings. Evans carried his bat for 53 well-earned runs, when we declared with our total at 165 for 9 wickets. Craig-Cochrane and James opened our bowling and both found a length quickly. James had some atrocious bad luck, beating A. G. C. Genders time and time again. Genders went on to make 27 with the utmost of luck. At one time they had made 134 for 4, and it looked as if they had it in the bag, but consistent bowling, reinforced by keen ground-holding and excellent catching, pinned them back, and resulted in the game being left as a draw, St. John's having lost 7 wickets for 151. The fielding in this match was as keen as ever, Nicholson and Maidlow performing especially well. When the returns to the wicket are perfected, there will be little to improve upon. Evans could only play two or three times last season, and it was refreshing to see him get into his stride so quickly with bat and ball.

The first match of the season was played on the afternoon of Saturday, May 1st, at Winchmore Hill. Our opponents, the **U.C.S. Old Boys**, won the toss and elected to bat first on a wicket that promised to be as true as possible. Mundy took the new ball and proceeded to get straight into form. His second over yielded a cleverly planned wicket, caught by Gretton-Watson, at second-slip. With the score at 33 their No. 2 batsman was clean bowled, giving Mundy a well-deserved second wicket. The next partnership put on 50 runs and was broken by a clever piece of bowling by Gretton-Watson, a catch being well held by Rutherford at silly-mid-on. James took a little time to mind his length, but once he did so, bowled steadily and well, and captured two valuable wickets. The fielding was as keen as mustard, but lacked practice—a fault easily remedied. Craig-Cochrane, who only bowled three balls last year, contented himself with a looseening-up for four overs, during which he bowled steadily, and with a surprisingly good length, considering that he has been out of the game for so long. They declared their innings closed at a quarter to five, with their score at 169 for 8 wickets. Brown and James opened our innings with great confidence, and it seemed likely that we might knock off the runs in the hour and a half left for play. After batting very nicely for a quarter of an hour, having knocked most of the shine off the ball, both lost their wickets. James was lbw and Brown caught in the gully, over-confidently trying to cut. North and Heyland stammered what threatened to be a rot, and during a stand of 33 played sound, careful cricket, punishing any loose ones that came along. With his score at 15 Heyland mistimed a hook-shot and was caught in the slips. Maidlow and Mundy followed in quick succession, and it was left to North and Gretton-Watson to carry our score to 119 for 6 wickets, when stumps were drawn. Gretton-Watson was out in the last over, when he threw discretion to the winds after batting steadily and well, and playing no small part in a partnership that produced 50 runs. North went in with the score at 9, and carried his bat for an admirable 72. After a shaky start he never gave the semblance of a chance. Playing balls on his leg-stump (a prevalent weakness last year) he was as sound as a rock, and his wristful forcing strokes were a delight. A useful and "couldn't-have-done-withoutable" innings.

Scores: U.C.S. Old Boys, 169 for 8 wickets declared; Bart's, 119 for 6 wickets.

Scores: St. Bartholomew's Hospital, 165 for 9 wickets declared; St. John's, 151 for 7 wickets.

D. J. A. Brown, lbw, b Taylor	11	R. G. Gretton-Watson, run out	4
C. T. A. James, c Barrett, b Taylor	17	E. O. Evans, not out	53
J. North, c Nicholson (sub), b Shaw	21	J. Craig-Cochrane, b Taylor	0
R. Heyland, c Lupton, b Shaw	0	C. A. Nicholson, lbw, b Lupton	0
W. M. Maidlow, c Taylor, b Lupton	39	J. J. Slowe, not out	4
P. G. Hill, b Shaw	0	Extras	7
		Total	165

P. McA. Elder did not bat.

Bowling:

	Overs.	Maidens.	Runs.	Wickets.	Average runs per wicket.
J. Craig-Cochrane	12	5	25	2	12.5
C. T. A. James	8	1	34	1	34
R. G. Gretton-Watson	7	1	27	1	27
E. O. Evans	6	2	17	0	
P. McA. Elder	3	0	10	0	
R. Heyland	2	0	13	0	
C. A. Nicholson	5	0	20	3	6.66

The Hospital recorded its first victory of the season against **Hornsey** on Saturday, May 15th, at Winchmore Hill. The weather was dismal to a degree, and the aftermath of the Coronation festivities scarcely added pleasure to the proceedings. Hornsey batted first on a soft wicket, but could make little headway against the hostile bowling of Mundy and Grant. However, the game took no definite change until E. O. Evans dismissed three batsmen in quick succession.

With 81 to get Bart's seemed fairly comfortably placed, but three wickets were down for 20 odd, and it was only some safe batting by Brown and Grant that enabled us to get the runs. The match ended on a high note, with a straight drive for six by Cochrane. Needless to say, the wicket favoured the bowlers.

Scores: Hornsey, 80; St. Bartholomew's Hospital, 87 for 8.

D. J. A. Brown, b Palmer	31	E. O. Evans, run out	11
C. T. A. James, c Teggins, b Palmer	1	J. J. Slowe, not out	9
J. North, c Haddock, b Bott	5	J. Craig-Cochrane, c Teggins, b Bott	8
R. Heyland, lbw, b Bott	3	C. A. Nicholson, c Ambler, b Bott	4
N. Grant, c Teggins, b Bott	17	Extras	2
R. Mundy, b Bott	2		
B. G. Gretton-Watson, b Fleck	0	Total	93

Bowling:

	Overs.	Maidens.	Runs.	Wickets.	Average runs per wicket.
R. Mundy	7	0	29	2	14.5
N. Grant	6	1	15	1	15
C. T. A. James	4	1	8	2	4
E. O. Evans	6	1	12	3	4
R. G. Gretton-Watson	2	0	8	0	

On Whit-Monday there was the usual exodus of our regulars to the outlying parts of the Empire, and the side that played **Croydon** on their ground was at half strength. Our weakness lay in the absence of four of our stock bowlers. Cochrane, who bowls better every match, did his best on a plumb and rather slow wicket. Bart's batted first, and thanks to a goldworthy innings from the bat of Brown, who scored 86 beautifully conceived runs, we produced quite a respectable 155. Our fielding, as usual, was excellent, Burnett and Rutherford making two "right-into-the-sun" catches. They eventually lost 3 wickets for 200, Heyland coming out best with 2 wickets for 19.

Scores: St. Bartholomew's Hospital, 155; Croydon, 200 for 5 wickets.

D. J. A. Brown, b Foster	86	P. McA. Elder, c Tibbs, b Lancaster	1
C. T. A. James, c Sturgess, b Lancaster	16	J. Craig-Cochrane, c May, b Foster	3
R. Heyland, c Lancaster, b May	1	J. V. T. Harold, c Saunders, b Foster	1
P. Pawson, c Tibbs, b Lancaster	3	S. T. Rutherford, not out	2
J. A. Burnett, c Saunders, b Isard	22	Extras	12
J. J. Slowe, b Foster	9	Total	155
S. T. Hayes, b Foster	0		

Bowling:

	Overs.	Maidens.	Runs.	Wickets.	Average runs per wicket.
J. Cochrane	14	0	67	2	33
S. T. Rutherford	11	0	69	1	69
C. T. A. James	5	0	33	0	
R. Heyland	4	0	18	2	9
J. Harold	2	0	14	0	

LAWN TENNIS Trials were held at Winchmore Hill on Wednesday, May 5th, when an encouraging number of freshmen turned up, many of whom displayed good form. Very few matches have been played so far, since several have had to be scratched.

Queen's Club; scratched.
 St. Thomas's Hospital: lost, 2—7. E. Corsi and H. R. Marrett won, 2, lost 1; M. Desmarais and G. T. S. Williams lost 3; C. Dalley and F. O. Evans lost 3.
 R.N.C. Greenwich; scratched.
 Melbury Club; postponed until July 21st.

Melbury Club (away): lost 6—2, with one match unfinished. R. I. G. Coupland and G. L. Way won 1, lost 1, 1 unfinished; G. T. S. Williams and M. Desmarais lost 3; J. H. Packer and J. D. Loughborough won 1, lost 2.

University College, London: won, 9—0. All three pairs—J. D. Loughborough and G. T. S. Williams, M. Desmarais and I. H. Packer, C. Dalley and J. Barwood—won all three of their matches, only two going to three sets. However, our first pairs second set against their third pair went to twenty-four games before it was won. We should like to call the attention of all Bart's men to the **Past v. Present** match which is to be played on Saturday, June 5th, at Winchmore. It is hoped to run 1st and 2nd VI matches this year, and all old Bart's men desirous of playing, who have not already done so, are requested to communicate with Mr. J. H. Hunt.

RUGGY FOOTBALL Owing to the generosity of several members of the Staff of this Hospital in guaranteeing our credit, the Club has been enabled to borrow sufficient money from the Rugby Union to build a stand on the new ground at Chislehurst.

Of some others who have played for the 1st XV during the past season we may say that:

A. R. P. Ellis played in the front row throughout the season, and never played a really bad game. He got through an immense amount of work, and is, we believe, the first Old Stoic to play for Bart's.

M. J. Pleydell is a very greatly improved player at wing three-quarter, who will play even better in the future. Remarkable more for determination than speed—the former being the more valuable—he is particularly safe in defence.

In G. K. Marshall the Club possesses a real footballer, who was doomed to act as "maid-of-all-work", though there is nothing maidenly about his play, and never to get a permanent place in the team. At various times he has deputized for nearly everyone in the back division, and on all occasions he has demonstrated most convincingly that it will be well-nigh impossible to leave him out of the side next season.

G. D. Graham proved himself to be a remarkably fit, hard-playing, front-row forward. His tackling, throughout the season, was an object-lesson to all.

S. J. Hayes has played several times for the 1st XV, and, although not tremendously fast, ran with skill and determination. He requires a little too much room in which to move.

In R. Macpherson the Club has a very promising and weighty forward, who improves every season. His place-kicking is the best in the Club; he should persevere with it.

SWIMMING CLUB

The League Polo Matches have started and the Club has up to the present won both its matches. Against Charing Cross and Royal Dental Hospital the score was 12-0, and against St. Mary's Hospital, who are one of our strongest opponents, the score was 8-3. Apart from these league matches the Club had a very excellent fixture at Cambridge against the Tadpoles. Unfortunately for this match we were only able to take up a very attenuated representation of the Club. However, we managed to win the swimming events, but lost the polo, probably in part due to everyone having used up much of their energy to win the swimming; afterwards we were entertained in a manner worthy of Cambridge. Other matches were against Goldsmith's College, won 6-3; against Lensbury, won 1-0; against Old Paulines, won 8-5.

ATHLETICS

The University of London Intercollegiate Sports were held on Saturday, May 8th.

Although a representative team was not entered, the four members competing gained for the Hospital fourth place, equal with Wye College. The meeting was won by University College and Hospital by half a point from Guy's.

A. I. Ward did well in winning the Long Jump at 20 ft. 10½ in., and getting third place in the 220 yards.

D. Reinold ran second in the High Hurdles.
N. P. Shields cleared 9 ft. 6 in. to come third in the Pole Vault.
G. A. Beck was second in the 880 yards in the fast time of 2 min. 17 sec. and third in the 1 mile.

The 54th Annual Sports were originally arranged for May 10th, but our old enemy the weather compelled us to postpone them to Saturday the 22nd.

The previous evening G. A. Beck again won the 3 miles on a track that was already inches deep in mud. The "field" of five (which, although very poor, is an improvement on the last two seasons) all completed the course, in fact J. Joyce in his enthusiasm ran thirteen laps.

Saturday morning started brightly, but our hopes that the ground might be reasonably dry by the afternoon were rudely shattered when a fine drizzle started at midday. With a few dry intervals this continued throughout the afternoon. Under the circumstances the turn-out was about equal to that of the last two seasons; this does not alter the fact that it is miserably poor for a Hospital of this size; that the whole of the pre-clinical years should be represented by only five entries is distressing. It appears from other sources also that there is a deplorable and growing spirit of apathy towards all the activities of the Students' Union amongst the new generation of Charterhouse students.

As far as results were concerned conditions did not permit any outstanding performances. K. Butler started off the meeting brightly by winning the 200 yards in 10½ sec, running in a lane that took him through ten yards of really soft mud. He has much improved since last season, and ran a beautiful race in the 220 to win by three yards from A. I. Ward.

D. G. Reinold's 17 seconds over a very treacherous flight of hurdles should be equivalent to an easy victory at the Inter-Hospital meeting.

A. R. P. Ellis won the Javelin at 131 ft. This is 30 ft short of the throw that won him the Marie-Louise Cup last year. We hope he will rise to the occasion again when he gets to the Duke of York's H.Q.

D. B. Fraser, having missed all last season, showed us that he can still put the shot to some purpose. He also won the discus.

Although the take-off was considered unfit for both the High Jump and Long Jump, N. P. Shields cleared 9 ft. 6 in. in the Pole Vault, landing in a pit, which, despite all White's untiring efforts, contained pools of standing water.

Mrs. Geoffrey Evans kindly came down to distribute the prizes. To her and all the members of the Staff and others who so generously gave of their time and talent on such an uninviting afternoon we offer our most grateful thanks. It is on their continued interest and assistance that the success of the Sports so largely depends.

Results.

100 Yards: 1, K. Butler; 2, A. I. Ward; 3, T. L. Benson (holder). Time 10.4 sec.

220 Yards: 1, K. Butler; 2, A. I. Ward; 3, A. R. James. Time 23.6 sec.

440 Yards: 1, H. Bevan-Jones; 2, G. A. Beck (holder); 3, R. C. Hogarth. Time 56.6 sec.

1 Mile: 1, G. A. Beck (holder); 2, W. J. Atkinson; 3, H. B. Lee. Time 5 min. 6.4 sec.

120 Yards Handicap: 1, G. L. Way (10 yds.); 2, G. A. S. Akers (4 yds.); 3, A. R. James (8 yds.). Time 12.2 sec.

880 Yards Handicap: 1, R. F. Kingston (100 yds.); 2, R. I. G. Coupland (100 yds.); 3, G. A. Beck (scratch) (holder). Time 2 min. 5.2 sec.

120 Yards Hurdles: 1, D. G. Reinold; 2, G. L. Way (holder); 3, N. P. Shields. Time 17 sec.

3 Miles: 1, G. A. Beck (holder); 2, W. J. Atkinson; 3, H. B. Lee. Time 16 min. 11.6 sec.

Pole Vault: 1, N. P. Shields (holder); 2, T. L. Benson; 3, R. F. Kingston. Height 9 ft. 6 in.

Javelin: 1, A. R. P. Ellis (holder); 2, D. B. Fraser; 3, N. P. Shields. Distance 131 ft. 7 in.

Weight: 1, D. B. Fraser; 2, G. L. Way (holder); 3, A. King. Distance 36 ft. 1 in.

Discus: 1, D. B. Fraser; 2, G. L. Way (holder); 3, P. C. Collinson. Distance 104 ft. 2½ in.

Inter-Club Relay: 1, Rugby "A" XV (J. W. Perrott, A. H. Jack, H. Bevan-Jones, K. Butler).

CORRESPONDENCE

EMBLEM DAY, May 4th

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

DEAR MR. EDITOR,—Would you please convey to all the Students our very sincere thanks for the great help which they gave to us on that day.

In all we had approximately 600 collectors, of whom 201 were Students from the Hospital and 139 Students from Charterhouse, and in addition, many of them were good enough to bring ladies to help, so that it is plain that success on that day would have been quite impossible without the splendid help which we received from the Students.

The total sum collected throughout our area amounted to £1036, and I would be grateful if you would inform all the Students who took part how very greatly their help was appreciated.

Yours sincerely,
R. P. WOODHOUSE,
Secretary, Contributions Department.

SPANISH AMBULANCE

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

DEAR SIR,—I should like to ask the hospitality of your columns to draw the attention of any of your readers who are medically qualified and who would like a change in their medical work to the possibility of gaining experience in Almeria, in southern Spain, with Sir George Young's Field Ambulance and in the two children's hospitals that he is staffing. The work is voluntary; but board and lodging will be provided, and for those who are prepared to spend three months there the fare there and back will be paid. I shall be only too pleased to put anyone in touch with Lady Young, who is responsible for the arrangements here in London.

I am, etc.,
E. P. POULTON.

25, Upper Wimpole Street, W.

THE GERMAN GUN

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

DEAR SIR,—There frequently appear in your columns appeals for the Squash Courts Fund. Within the walls of the Hospital there stands an object which is neither useful nor beautiful. The old German field gun, once so great a prize, brought from Whitehall in those days when all were flushed with victory, set in cement to safeguard it from the raids of University College students, is now scarcely noticed by the hundreds who pass it every day, unless it be by some dignity of the Visiting Staff, late in arrival, who covets the space for his car. The gun, when we stop to think about it, does not truly remind us of those who fell. The Memorial Arch does that. The gun can remind us of nothing that is good, but stands, a strange symbol of destruction, where the ideals of healing and the relief of suffering are paramount.

These monstrosities have been quietly disappearing all over the country. His Majesty has but recently sold those on the terrace at Windsor as a good example to us. The price of scrap metal is higher than it has been for years.

It would be interesting to see if your readers think the time is ripe for us to barter this base metal of Smithfield, which has brought only infirmity and death to the earth, for that fine metal we need to bring health and life to us at Charterhouse Square.

Yours faithfully,
GORDON EVANS,
The Students' Union,
St. Bartholomew's Hospital,
E.C. 1.

THE GOSSIP COLUMN

WHO KILLED COCK ROBIN?

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

SIR,—While agreeing in principle with the motives which—in our view—must have inspired the writer of "Sequestra", who wish to take this opportunity of registering a protest.

We do not, in fact, deary the use of personalities in a so-called "gossip column", but we find it difficult to understand the tolerance which the Committee and Censors have shown to the defamatory—nay, libellous—nature of the suggestions therein contained. It can hardly be in the best interests of a paper so reputable as the Hospital Journal to exceed the limits of journalistic licence—a transgression, we submit, which has been committed in this instance. Furthermore, we note with regret that the facts as presented sadly lack that vein of truth upon which wit essentially is based. Indeed, we cannot find better expression of our sentiment than by employing the remark—

"Some fun is more fun than other fun".
Yours, etc.,
G. BLACKBURN,
A. INNES,
J. B. JOYCE.

OTHER PROTEST LETTERS

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

DEAR SIR,—I am writing to protest at what I consider a most important photograph published in the May copy of the JOURNAL, on p. 143.

Intrusions into privacy, and a complete absence of the restraining influence of good taste, have for some time been associated with journalism, but one hardly expected to find a photograph of this nature in the *St. Bartholomew's Hospital Journal*.

If it is to be the policy of the JOURNAL in future to publish photographs of this nature, I would be glad if you would take steps to see that no further copies are sent to me.

Yours faithfully,
H. J. MCCURRICH,
M.S., F.R.C.S.

19, Palmeira Avenue,
Hove, Sussex;
May 5th, 1937.

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

DEAR SIR,—The Editorial Staff must be congratulated upon their efforts to brighten up the pages of the JOURNAL.

The question of whether the introduction of personalities is a breach of good taste or not is, however, arguable.

Apart from this, I do wish to protest most strongly against the irreverent use of texts from Holy Writ.

Yours faithfully,
C. LANGTON HEWER.

39, QUEEN'S ROAD,
St. John's Wood, N.W. 8;
May 7th, 1937.

REVIEWS

Diseases of the Nose and Throat. By Sir ST. CLAIR THOMSON, M.D., F.R.C.P., F.R.C.S., LL.D. (Hon.), etc., and V. E. NEGUS, M.S., F.R.C.S. Fourth edition. (Cassell & Co., Ltd.) 1937. Pp. 670. Price 45s. net.

In the preface of the first edition of this classical text-book, published in 1911, Sir St. Clair Thomson says: "This book is based on personal experience. In writing it I have striven to keep two things constantly in mind: one, that it should serve as a guide to senior students; and the other, that it should prove a volume of ready reference for those engaged in the exercise of their profession." That it has so excellently fulfilled these aims during the past twenty-five years is undoubtedly due to the soundness of the original design, and to the vigorous and diligent revision to which the book has been subjected from time to time.

Probably the best and most ably written text-book of rhinology for general use on the market, it is primarily a clinical work, laying stress upon practice and pathological essentials rather than upon anatomy and physiology in their relation to the parts studied. Hence the volume is meat from cover to cover, and few, if any, aspects of its subject remain untouched.

Profusely illustrated, and written with a remarkable distinction of style, it is both lucid and concise. In the present edition plates have been improved and added, while by judicious revision the volume has been but little increased in spite of the addition of much new material, such as the many sections describing the most recent uses of lipiodol and the various modern treatments of malignancy.

For a considerable number of these additions Sir St. Clair is indebted to Mr. Negus, who associates for the first time in this volume, and to whom the future of the work is confided. To sustain the standards of the past and present he will have a task well worthy of his ability.

Murder in Hospital. By JOSEPHINE BELL. (Loughmans.) Price 7s. 6d. net.

Here at last is a novel which exploits to the full the hospital atmosphere. While telling a thoroughly original story it contrives to embody not a little shrewd satire of hospital life—a subject upon which the authoress is so accurately informed that she must surely be an ex-medical student! So far as the present reviewer is concerned she makes no slip, even when dealing with quite obscure technicalities.

The story itself begins with the discovery in a laundry basket of the body of "St. Edmund's Hospital's" belle nurse—strangled with her own cap strings. Other mysterious deaths fairly pepper the post-mortem room.

Of how the shrewd young H.S. runs the killer to earth after a devious and thrilling pursuit readers will learn in this, one of the most original thrillers of the season. And at last the blame settles: just the department we have always felt deserved it!

Medical Diagnosis: Some Clinical Aspects. By S. LEVY SIMPSON, M.A., M.D., M.R.C.P. (H. K. Lewis & Co., Ltd.) Price 10s. 6d.

The author opens with the quotation, "The first part of treatment is diagnosis, and the second diagnosis, and the third diagnosis", and then proceeds to dispose of medical diagnosis from the point of view of the G.P. in 235 very closely printed pages. However, he concentrates on clinical diagnosis, and only mentions the indications for recourse to laboratory and radiological investigations and the import of their findings.

It is difficult to define where diagnosis ends and other symptoms begin. Etiology and response, or otherwise, to treatment are often factors in diagnosis, while knowledge of the morbid anatomy of a particular condition will often relieve the mind of the necessity of memorizing a long list of apparently unconnected signs and symptoms.

But Dr. Simpson is not concerned with diagnosis as an academic subject. Anything that his experience has taught him to be of value is included, and the result is a book that will prove very useful to practitioners and senior students. It is very readable, but defies analysis.

In the first part of the book a chapter is devoted to each of the systems of the body. The chapters are divided into sections by subheadings, which may be either a disease, a symptom or a physical sign. Thus in the chapter on the cardio-vascular system are found sections headed "Infective Endocarditis", "Intermittent Claudication" and "Position of the Apex-beat". The latter part of the book contains an excellent chapter on rheumatic diseases, and chapters on specific fevers and children.

The author makes no claim to comprehensiveness, and is careful not to encroach on the provinces of specialists more than is necessary. He does not deal with skin affections, but there are other omissions less easy to justify. For example, no mention can be found of intestinal parasites. But this book must be judged by the value of its contents rather than its omissions, and we have no hesitation in saying that it is a worthy addition to Messrs. Lewis's General Practitioner Series.

Sick Children: Diagnosis and Treatment. By DONALD PATERSON. Second edition. (London: Cassell, 1937.) Pp. 600. Price 12s. 6d.

The first edition of this book was good; the second is better. The statement that it has been revised is no empty claim. Not only are there some sixty more pages, but the make-up of the text has been altered and made more attractive. Whole sections such as that on diseases of the blood have been rewritten. All sections have been recast to include the latest available information.

The author would be the last to claim that this book is a complete work of reference on paediatrics. It does attain the object he sought, namely to provide a compact, readable and accurate handbook on diseases of children; as such it is strongly to be recommended.

Protection of the Public from Aerial Attack. By The Cambridge Scientists' Anti-War Group. (V. Gollancz.) Price 2s. 6d.

The first part of this book consists of a critical survey of the Government's proposals for the safeguarding of the public from aerial attack, while the second part (nearly half) gives detailed descriptions of various experiments performed to test the efficacy of gas-proofed rooms, gas masks, etc. Some of the experiments are very ingenious, those depending on the emulsion of amyl acetate admit the possibility of considerable experimental error. If we believe all the evidence this book contains, we are forced to the conclusion that the Government's recommendations are not of much use. But however inadequate they may be, they are better than no recommendations, and the Cambridge scientists do not suggest a single way in which they might be improved. Besides this purely destructive criticism, the book contains much thinly-veiled anti-Government propaganda.

The authors claim in the preface that the book has been written in the interests of peace. Sowing the seeds of panic in this country will not make any other country less likely to attack it. Peace is a product of order, and not of panic and chaos.

Scalpel and Sword. By Sir JAMES ELLIOTT, M.D. (Sydney: Angus & Robertson, Ltd.) Price 7s. 6d. net.

In the last few years the public has been inundated with books by medical men. Many of them are much alike, but here is one coming from the other side of the world, which combines a travel book with the usual autobiography, and has much that is new and fresh to offer.

The author has succeeded in packing into his life more adventure than will probably fall to the lot of most of us. As a small child he emigrated with his parents to Wellington, then a young city that would be unrecognizable to-day. There he grew up, and after vacillating between the Church, his father's calling, and medicine, finally chose the latter, and set out on his course at the infant

University of Otago. Thence to Edinburgh, but he was not to complete his course in peace. The Boer War called, he answered, and as a student he assisted at a field hospital in combating enteric, not the effects of Boer bullets.

Qualified, and home in New Zealand again, we next find him embarking on the "Maheno" in 1914. This was one of the hospital ships the New Zealand people sent over, and she became one of his greatest affections. With him we rejoice that, two years ago, old, and sold to a Japanese ship-breaker, she ended her career, not as razor blades, but with her bones on a reef off Frazer Island, Queensland.

A gap of years, and then the author takes us on a trip to America to travel in superheated trains to a super-conference and super-hospitality.

The book opens with a chapter on Maori history and a description of Wellington, and closes with a chapter entitled "Roving in Maoriland". This latter chapter is more what one expects to find behind the brightly coloured covers of a Government Tourist Bureau pamphlet, except that it is better written, and that the author's obvious love for his country peeps through. His description of native bush lives, but both this chapter and the first seem rather dissociated from the rest of the book, and are almost out of place.

The first half of this book is the best—up to the end of the Boer War. Thereafter he takes us less into his confidence, and tells us less about himself and his own impressions. With the fading of the personal touch the book loses some of the charm with which it begins.

Who'd be a Doctor? By ANTHONY WEYMOUTH. (Rich & Cowan.) Pp. 31. Price 8s. 6d. net.

An unusual book, this, first because it is the only autobiography of a doctor since 1920 that has not been referred to in some publisher's "blurb" as a "second San Michele", and secondly for its odd personal cachet and ingenious charm. Technically it is not well written, but this very fact enhances its intimate and unassuming effect.

The author tells us of his student days, his professional experiences, his houses, his war work, his wife and children, as though he were chatting to us from the depths of an adjacent arm-chair.

To be told anecdotes of the amusing things said by someone else's children is normally enough to make the present reviewer hurl a book out of the window. In this one he did not himself disarrange.

He is left with the feeling that Dr. Weymouth must be a very nice man, and what more, after all, should one ask of an autobiography?

Heart Disease. By PAUL DUDLEY WHITE, M.D. Second edition. (The Macmillan Co.) Pp. xxi + 774. Price £1 1s. 6d.

This book is one of a series of Medical Monographs, published by the Macmillan Co. under the general editorship of Dr. George Minot, and like the others is a model of what text-books should be in the way of printing, lay-out, etc.

Dr. White is well known in this country as the elaborator of the so-called American classification of heart disease, and it was through the first edition of this book that the classification became popularly adopted here. But, despite this, it will at first seem a little strange to the English reader in its conception.

It is divided into four parts:

- (1) Cardiovascular examination, symptoms and signs.
- (2) The incidence, causes and types of heart disease.
- (3) Structural cardiovascular abnormalities.
- (4) Disorders of cardiovascular function.

This division calls, of necessity, for much repetition. Mitral stenosis, for instance, requires a discussion in each part. Further, the results of the etiological factors mentioned in Part 1 provide a useful cross-reference to the aetiology of the resulting factors in Parts 3 and 4. It may, too, be necessary to read parts of half a dozen chapters to follow a heart from its original bout of rheumatic fever to its end in failure. This objection is, however, more than counterbalanced by the fine descriptions of such clinical entities as hypertension, congestive heart failure, the heart in thyroid disease, etc.

Proof, usually statistical and from the author's own experience, is given with extreme frequency, and gives one a feeling of security in accepting absolutely any statement in the book. In addition to this, there are many references at the end of each chapter, carefully divided under subheadings, and again into two further groups which might be described as classical and those which have appeared since 1931.

This book is, in short, by far the best of its kind, and may be emphatically recommended not only to cardiologists, but to anyone to whom clinical medicine is both a science and an art. Let it also be read as an example of the best traditional style of English scientific prose.

A Text-book of Medical Bacteriology. By R. W. FAIRBROTHER, D.Sc., M.D., M.R.C.P. (William Heinemann, Ltd.) Pp. 437. Price 15s. net.

As Fairbrother set himself the task of writing a text-book of bacteriology, it should avoid unnecessary detail, and confine itself to those aspects of the subject that are of real importance to the student of medicine. He has succeeded admirably and his book can be thoroughly recommended. It is divided into three parts: general bacteriology, including such subjects as the biology of bacteria, infection, immunity and the history of bacteriology; systematic bacteriology, which deals with the individual bacterial species responsible for disease in man and the diseases produced by them; and general technique, in which is given just so much of the detail of this part of the subject as is necessary for the ordinary medical student.

In his preface Dr. Fairbrother expresses his debt to Topley and Wilson's *Principles of Bacteriology*, and his book does in fact follow very closely the lines of that work. To say this is no disparagement. Topley and Wilson's book is the best English text-book of medical bacteriology of medium size, but it is a larger and more expensive book than the average medical student wants, and contains much more than the minimum he must know. There was room therefore for a smaller book along the same lines, and this is precisely what Dr. Fairbrother has produced.

The book is a convenient size and weight to handle; the print is large and clear, and the temptation to insert blocks of small print among the text has been resisted: there are good headings to the various subsections of the chapters and there are a number of excellent tables and illustrations. The coloured plates of bacteria are, however, rather misleading. They are drawings, and suffer from the usual faults of such in that both form and colour are too precise and sharp.

Rose and Carless' Manual of Surgery. Fifteenth edition. By CECIL P. G. WAKELEY, D.Sc., F.R.C.S., F.R.S.E., and JOHN B. HUNTER, M.C., M.Chir., F.R.S.E. Two volumes. (Baillière, Tindall & Cox.) Pp. xii + 1618, with 948 figures and 18 colour plates. Cloth. Price 30s.

Since the first appearance of this work in 1898 a new edition has been called for such three years, and sometimes more frequently. Yet so quickly is surgery advancing that we are told that this new edition probably contains more important changes and additions than any other previous edition.

Two new chapters have been added. The first is on Surgical Shock. The histamine theory of secondary traumatic shock is discredited, emphasis being laid on the local loss of blood and on vasomotor reflexes from the injured part. To combat the latter the practice of blocking nerves is advocated.

The second new chapter is on the Surgery of the Sympathetic Nervous System. A series of "romantic failures", where accidental discoveries were made, has paved the way for the present operations. The value of ganglionectomy depends largely on the relative parts played by sympathetic spasm and actual organic disease in the production of symptoms. Thus a choice of fit subjects in such states as Raynaud's or Hirschsprung's disease must depend upon previous experimental investigation. Ganglionectomy has also definite value in some cases of intractable pain, notably in causalgia.

It is pointed out that periarterial sympathectomy can be only an incomplete, though often a convenient operation owing to the two routes of sympathetic nerve supply to the larger arteries. The chapter ends with a technical description of the operations.

The chapter on the Surgery of the Chest has been enlarged. Bronchiectasis receives more space, and a detailed account of the operation of lobectomy is included. The surgical treatment of angina by grafting a fresh blood-supply on to the heart is briefly discussed.

Although these are the main additions, the whole book has received a very thorough revision, especially the chapter on X-ray and radium therapy. Many new and excellent illustrations have been added to the text. Our only regret is that such a famous book should be victim of Coronation decorations on its cover. Surely

surgery, at least, may be allowed to go her own modest way without borrowed feathers?

This is a fine edition, well worthy of its predecessors.

Also received:

THE MAIN POINTS OF CHEMICAL WARFARE. By K. SHALLCROSS DODDINGTON, M.R.C.S., L.R.C.P., Ph.C. (John Bale, Sons & Danielsson, Ltd.) Price 3s.

BOTANY: PART I. Catechism Series. Fourth edition. (E. & S. Livingstone.) Price 1s. 6d.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ADAMSON, H. G., M.D., F.R.C.P. "On the Bacteriology of Pemphigus Neonatorum, and a Suggestion for Further Investigation by a Different Method of Cultural Proceeding." *British Journal of Dermatology and Syphilis*, March, 1937.

ANDERSON, R. G., M.D., M.R.C.P. "The Glomus and the Glomus Tumour (Masson)," by Walter Freudenthal, M.D. With the Clinical Account of a Case by R. G. Anderson and F. Parkes Weber, M.D. *British Journal of Dermatology and Syphilis*, April, 1937.

BOURNE, GEOPFREY, M.D., F.R.C.P. "Angina Innocens: A Clinical Study." *British Medical Journal*, April 3rd, 1937.

—"The Treatment of a Case of Syphilitic Heart Disease." *Practitioner*, May, 1937.

BURROWS, H. JACKSON, M.D., F.R.C.S. "An Operation for the Correction of Madelung's Deformity and Similar Conditions." *Proceedings of the Royal Society of Medicine*, March, 1937.

BUTLER, T. HARRISON, D.M. (and WILSON, A. J., M.D.). "Ocular Paralysis following Mumps." *British Medical Journal*, April 10th, 1937.

CHANDLER, F. G., M.D., F.R.C.P. "Internal Pneumolysis. Result of 210 consecutive Operations." *Lancet*, April, 1937.

CHOPRA, R. N., C.I.E., K.H.P., M.D., I.M.S. (and DAS, N. N., and MUKHERJEE, S. N.). "The Action of Ajmaline on Nerve Impulses." *Indian Journal of Medical Research*, April, 1937.

—"and GHOSH, S., and DUTT, A. T.). "Some Inorganic Preparations of the Indian Indigenous Medicine. Part IV: *Kanpya Bhasma* (Reduced Silver)." *Indian Journal of Medical Research*, April, 1937.

—"Some Inorganic Preparations of the Indian Indigenous Medicine. Part V: *Swarna Bhasma* (Reduced Gold) and *Gold Kushth*." *Indian Journal of Medical Research*, April, 1937.

DAVENPORT, R. CECIL, F.R.C.S. "The Use and Abuse of Drugs in Diseases of the Eye." *Practitioner*, May, 1937.

DISCOMBE, GEORGE, B.Sc. "Sulphamoglobinemia following Sulphanilamide Treatment." *Lancet*, March 13th, 1937.

DRU DRURY, E. G., M.D., D.P.H. "On Growing a New Claw." *South African Nursing Journal*, February, 1937.

FISHER, A. G. TIMBRELL, M.C., M.B., B.Ch., F.R.C.S. "Pathology of the Rheumatoid Type of Arthritis and of Rheumatic Fever." *Lancet*, May 15th, 1937.

HALL, Sir ARTHUR, M.D., D.Sc., F.R.C.P. "Results of High Atropine Dosage in Chronic Epidemic Encephalitis." *British Medical Journal*, April 17th, 1937.

HARRIS, C. F., M.D., F.R.C.P. "The Treatment of a Case of Congenital Heart Disease." *Practitioner*, May, 1937.

HEWER, C. LANGTON, M.B., D.A. *Recent Advances in Anaesthesia and Analgesia (including Oxygen Therapy)*. 2nd edition. London: J. & A. Churchill, 1937.

KEELE, KENNETH D., M.D., M.R.C.P. (HAMILTON BAILEY, F.R.C.S., WILFRED I. B. STRINGER, M.D., and K. D. KEELE). "Continuous Intravenous Saline Infusion." *British Medical Journal*, March 13th, 1937.

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- MAGNUS, H. A., M.B., B.S. "Observations on the Presence of Intestinal Epithelium in the Gastric Mucosa." *Journal of Pathology and Bacteriology*, vol. XLIV, No. 2, 1937.
- MAXWELL, JAMES, M.D., F.R.C.P. "The Use and Abuse of Drugs in Lung Disease." *Practitioner*, April, 1937.
- MOORE, D. FITZGERALD, M.R.C.S. "Nutritional Retrobulbar Neuritis followed by Partial Optic Atrophy." *Lancet*, May 22nd, 1937.
- NAPIER, I. EVERARD, M.R.C.S., L.R.C.P. (and DAS GUPTA, C. R.). "Hamatologic Studies in Indians. Part VII: The Incidence and Degree of Anemia amongst Pregnant Females of the Coolie Population." *Indian Journal of Medical Research*, April, 1937.
- PAYNE, REGINALD T., M.D., F.R.C.S. "Acute Parotitis as a Manifestation of Latent Uremia." *Lancet*, April 10th, 1937.
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- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The Use and Abuse of Drugs and Preparations." *Practitioner*, May, 1937.
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- STOTT, ARNOLD W., M.D., F.R.C.P. See WEBER and others.
- VINES, H. W. C., M.D. (L. R. BROSTER, D.M., M.Ch., F.R.C.S., and H. W. C. V.), "The Adrenal Cortex." *British Medical Journal*, March 27th, 1937.
- WALKER, KENNETH M., O.B.E., F.R.C.S. "Hormone Deficiencies in the Male." *British Medical Journal*, March 20th, 1937.
- "Transurethral Resection of the Prostate." *British Medical Journal*, May 1st, 1937.
- WEBER, F. PARKES, M.D., F.R.C.P. (and CADE, STANFORD, F.R.C.S., STOTT, A. W., M.D., F.R.C.P., and POLVERTAFT, R. J. V.). "Systematized Atypical Amyloidosis with Macroglossia." *Quarterly Journal of Medicine*, April, 1937.
- WELLS, A. Q., D.M. "Experimental Lesions of the Rabbit's Appendix." *British Journal of Surgery*, April, 1937.
- "Tuberculosis in Wild Voles." *Lancet*, May 22nd, 1937.
- WITTS, L. J., M.D., F.R.C.P. "Hæmatemesis and Melæna." *British Medical Journal*, April 24th, 1937.
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EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

M.B.—Ballingall, D. C. G., Gawne, D. W. C.

Royal College of Physicians

The following have been elected Fellows:

Miles, A. A., Selwyn-Clarke, P. S., Spence, A. W.

The following have been admitted Members:

Danino, E. A., Hinds Howell, C. A., Jeffery, A. L. P., Smart, J.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.T.M.&H.—Barrett, R. H., Webb, J. G.

Conjoint Examination Board

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

Barwood, P. F., Berry, J. G., Biswas, S. L., Brooker, A. E. W., Brown, K. C., Cane, C. S., Cuthbert, J. B., Dancer, J. B., Dickins, C. M., Fairlie-Clarke, G. A., Foster, W. B., Gibson, R. G., Goodrich, B. H., Jenkins, S. T. H., Jeremy, W. H. R., Joly, J. S., Jones, D. W. G., McKane, T. O., Mankin, E. M., Owen, W. A., Thomson, R. W., White, R. A.

CHANGES OF ADDRESS

BRÚNYATE, W. D. T., 31, The Avenue, Stone, Staffs.

CARSBERG, A. E., Deerhurst, Widdicombe Avenue, Parkstone, Dorset.

COLDREY, R. S., 13, Orchard Gardens, Teignmouth, S. Devon. (Tel. Teignmouth 80.)

DRUITT, A. E., "Hylands", 896, Forest Road, E. 17

LEVICK, P. G., "The Beeches", Bungay, Suffolk. (Tel. Bungay 31.)

BIRTHS

PRICE.—On April 21st, 1937, to Mary, wife of Roy Kemball Price, M.D., of Brighton—a daughter.

THWAITES.—On April 20th, 1937, at a nursing home, Caterham, to Hilda, wife of Dr. P. Thwaites, "Dorley Dene", Whyteleafe—a daughter.

MARRIAGE

COLTART—ASKEW.—On April 24th, 1937, at the Church of St. Bartholomew-the-Great, E.C. 1, William Derrick Coltart, F.R.C.S., to Margaret Askew.

DEATHS

ADAMS.—On May 10th, 1937, at 4, Chiswick Place, Eastbourne, James Adams, M.D., F.R.C.S., aged 87.

BECKETT.—Suddenly, at Naivasha, Kenya Colony, whilst on a visit, Francis Henry Mears Alden Beckett, M.B., late of St. Audrey's, Ely, Cambridgeshire.

DODSON.—At Church Missionary Society Hospital, Kerman, Iran, from typhus fever, Dr. George Everard Dodson.

HINE.—On April 25th, 1937, suddenly, at Start House, Slapton, Devon, Major Thomas Guy Macaulay Hine, O.B.E., M.D., M.A., aged 66.

FORT.—On February 16th, 1937, at Pentiction, British Columbia, of pneumonia, Charles Leyland Fort, M.R.C.S., L.R.C.P., aged 67.

PAGET.—On April 26th, 1937, at a nursing home at Bournemouth, the Right Rev. Henry Luke Paget, D.D., formerly Bishop of Chester.

PARKER.—On April 26th, 1937, at 9, Pembroke Road, Clifton, Bristol, George Parker, M.D., LL.D.

SANGER.—On May 5th, 1937, in London, Frederick Sanger, M.D., of Tanworth-in-Arden.

WIGHTMAN.—On May 4th, 1937, at Royston, Herts, Cecil Frank Wightman, F.R.C.S.(Eng.), aged 67.

WILSON.—On May 12th, 1937, Dr. W. Bernard Wilson, of 6, Streat-ham Hill, S.W. 2.

NOTICE

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

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

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

St. Bartholomew's Hospital



Journal

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book II, Ode III.

VOL. XLIV.—No. 10

JULY 1ST, 1937

PRICE NINEPENCE

CALENDAR

We regret that owing to the re-arrangement of duties with the move to the New Medical Block we are unable to include them in this month's Calendar.

Sat., July 3.—Tennis Match v. Chiswick Park. Home.
United Hospitals Swimming Gala.

Sun., ,, 4.—Tennis Match v. Grasshoppers. Away.

Wed., ,, 7.—Surgery: Clinical Lecture by Mr. Vick.
Cricket Match v. South Hampstead. Away.

Sat., ,, 10.—Cricket Match v. Shoeburyness Garrison. Away.
Tennis Match v. Staff College. Away.

Wed., July 14.—Cricket Match v. St. Ann's. Away.
Tennis Match v. R.N. College. Home.

Sat., ,, 17.—Cricket Match v. Old Leysians. Home.
Tennis Match v. London Hospital. Home.

Sun., ,, 18.—Tennis Match v. Chiswick Hard Court. Home.

Mon., ,, 19.—Last day for receiving matter for the August issue of the Journal.

Thurs., ,, 22.—Cricket Match v. Midhurst. Away.

Sat., ,, 24.—Cricket Match v. Note Command, Chatham. Away

Wed., ,, 28.—Cricket Match v. Hornsey. Away.

Sat., ,, 31.—Cricket Match v. Lewes Priory. Away.

EDITORIAL

GOOD TASTE AND BAD TASTE

WE print in our correspondence columns this month a number of letters from students of the Hospital protesting against the suspension of a somewhat experimental column which appeared in the May JOURNAL.

With the actual substance of this column the Editors are not much concerned. With the principle which lies behind it, however, they are very deeply concerned indeed.

It has been repeated almost *ad nauseam* that this paper is the property of the Students. In the June number, which was the largest JOURNAL to date, 33 of the 48 columns were written entirely by

students, and 4 columns of the remainder were routine official news. In short, it is a paper owned and largely written by students for students.

We believe (and a recent letter from Major Guyon Richards, a founder of the JOURNAL, confirms us in this) that those old Bart.'s men in all parts of the world who read this paper, do so not for the sake of a characterless collection of lengthy clinical articles which would be better studied in the columns of our redoubtable contemporary, the *Lancet*, but to recapture something of the carefree atmosphere of hospital life, to hear an account, perhaps, of notable events and of auspicious ceremonies, and to listen

for a while to the harmless gossip and cheerful badinage around the Fountain.

The present Editor early expressed the view that a paper which did not pay and was not read should forthwith cease to exist.

The present JOURNAL has not paid for the past eight years. And in recent years the number of discarded and unclaimed journals in the cloakrooms has spoken eloquently of its unpopularity among students. But it is not only the students who have been dissatisfied, for outside subscriptions fell from £416 in 1933 to £293 in 1936, and at the end of the last financial year the JOURNAL showed a deficit of £50.

It was clearly high time that some drastic changes were made in the policy of the paper as well as in its administration, and during the past nine months a few of these changes have been made.

There are a certain number of subscribers who enjoyed opening their JOURNALS and finding within a redolent souvenir of the nineties, complete with monstrous floral capitals, forgotten fonts of print, and a measured and soporific prose so unvital that, together with the fortuitous arrival of the JOURNAL some thirty days late, they were amply confirmed in the view that time had indeed been standing still.

So strong was this emotion among a minority that when the Editor substituted the present sober and time-honoured Caslon type for the ugly and outmoded Victorian efflorescences he was actually accused by a member of the Staff of "American sensationalism".

It is consequently little to be wondered at that he does not view the present repetitions of this charge very seriously. Nor is he much moved by that ever facile accusation of "bad taste" which is the invariable refuge of he who disapproves but can think of no good reasons for doing so. For we are never told who are the arbiters of "good taste" beyond the fact that it is something the indignant letter writer possesses by instinct.

We see no virtue in a journal so loftily poised upon the peaks of its own acid correctness that it is completely beyond the reach of the common man. It is a poor thing to be irreproachable if one is also unapproachable. And if in bringing the paper down from its chilly cyrie we are accused of "lowering its tone", we are only too happy to acknowledge the responsibility.

The editorial policy has been consistently towards popularizing the JOURNAL. Clinical writers are

encouraged to be brief. Only three articles in the past nine months have been long, and these, the first of which was written by Professor Jung, constituted a related series upon psychological subjects which helped perhaps to fill a gap in the curriculum and to arouse interest in a vitally important but locally neglected subject.

The proceedings of the Student Council have been reported—for the first time—as fully as a tactful censorship will permit. And finally the contributions of students have invariably been published in preference to those from other sources. The net result of these and other measures has been that all available copies of the JOURNAL now regularly disappear from the cloakrooms within a few days of publication, and that instead of having to solicit matter from any desperate source, the Editors have now usually more material than they can print.

The Gossip Column and the Candid Camera were introduced in the logical continuance of this policy of humanization, and in answer to a very considerable demand. Both were frankly experimental and both had the approval of the Censor.

The effect of lacing with a little sparkle the traditional crusty port of this paper proved almost too heady in some quarters. Several letters were received which made it perfectly clear that the caption of the first Candid Camera study had been taken seriously, and later were followed hotly by profuse apologies, and still later and even more hotly by retractions of the retractions. Suchun certainty of mind as this, we think, was uncommon, but it is an undeniable fact that both the gentlemen concerned in the picture received letters deploring or approving their having joined the Buchmanites. For this we are extremely sorry, but cannot honestly feel deeply culpable, for even the most cursory examination of the picture, quite apart from its context, must have revealed the truth.

The experience, however, has given the Editors some pause, and they await with interest letters expressing amazement at Mr. Bristow's having joined the Police Force or Mr. Wilson's having been arrested by him in a city night club.

It is clear that half a century of sobriety has left a few of our older readers defenceless against a little bubbly, and while we do not promise totally to abstain in the future, we may, perhaps, lead them more gently to the spring and consider the advisability of inscribing clearly there "A Joke".

CURRENT EVENTS

OUR SPECIAL NUMBER

A special number of the Journal will appear in August to commemorate the opening of the new King George V Building by H.M. Queen Mary, on Thursday, July 8th. By a happy chance it will come out exactly thirty years after the special number issued on the occasion of the opening of the Out-Patient Block by His late Majesty King George V and Queen Mary, then Prince and Princess of Wales. The present visit therefore will be full of memories, not only for the Hospital, but for Her Majesty, and the issue of the Journal with which it is to be commemorated will possess a very considerable historic value, quite apart from the great interest of its contents.

* * *

MEMORIAL TO THE LATE PROFESSOR EDGAR HARTLEY KETTLE, F.R.S.

By the death of Edgar Hartley Kettle in December last, pathology, in this country, lost one of its most distinguished exponents, and all who knew him were deprived of a personal friend. We feel sure that those who were associated with him, as colleagues or students, in his professional work, or in any other of the activities in which he took part, would desire that his memory should be perpetuated in some suitable form.

Kettle's devotion to his subject, and to all that concerned it, including particularly the interests of his students and younger colleagues, was evidenced throughout his professional career. As an original worker, as a director who stimulated the work of others, as a teacher, as a senior member and Treasurer of the Pathological Society, and as an active member of numerous committees, he played a part that will not be forgotten. In each of the four University Schools in which he directed the teaching of Pathology—St. Mary's, Welsh National School of Medicine, St. Bartholomew's and the British Post-graduate Medical School—he won the admiration and affection of his colleagues and his students. We feel that a fitting tribute to his memory would be the foundation of a Kettle Memorial Lecture-ship in Pathology, and that this lecture might appropriately be given annually, in each of these Schools in turn.

An Endowment Fund is being collected for this purpose, and we are sure that his colleagues and friends, including many who though not pathologists, were associated with him in connection with his pioneer work on silicosis, or in other ways, would wish to be given the opportunity of contributing. It is suggested that

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individual contributions should not, in most cases, be more than two guineas, and smaller sums will be welcomed.

BALFOUR OF BURLEIGH	G. HADFIELD.
W. GIRLING BALL.	JAMES MCINTOSH.
A. E. BOYCOTT.	ROBERT MITT.
S. LYLE CUMMINS.	J. A. MURRAY.
DAWSON OF PENN.	A. J. ORENSTEIN.
H. K. DEAN.	A. H. PROCTOR.
J. HENRY DIBLE.	JOHN A. RYLE.
J. B. DUGUID.	A. W. SHEEN.
HERBERT L. FASON.	BERNARD SPILSBURY.
FRANCIS R. FRASER.	SQUIRE SPRIGGE.
G. F. GASK.	M. J. STEWART.
M. H. GORDON.	W. W. C. TOPLEY.
W. E. GYE.	C. M. WILSON.

Cheques toward this Fund should be drawn in favour of "The Treasurer, Kettle Memorial Fund" and crossed "Barclay & Co." They should be sent to

THE TREASURER,
Kettle Memorial Fund,
British Post-graduate Medical School,
Ducane Road,
London, W. 12.

* * *

APPOINTMENTS

Our congratulations are extended to Dr. E. F. Scowen upon his appointment as Assistant Director of the Medical Unit, and to Mr. N. A. Jory, who becomes Assistant Oral Surgeon.

A further appointment of great interest is that of Dr. A. H. I. Robb-Smith as Assistant Director of Pathology at the University of Oxford, under Lord Nuffield's Benefaction. His appointment takes effect from September 1st, 1937.

* * *

STUDENTS AND THE B.M.J.

The British Medical Association inform us that an arrangement has now been made whereby students who have completed the second year of the clinical part of the curriculum may receive the *British Medical Journal*, ordinarily costing 1s. 3d. a week, for a nominal annual subscription of 10s. 6d.

To take advantage of this offer students must sign a special form of application obtainable from the Dean's office, and forward it to the Medical Secretary of the British Medical Association.

OBITUARY

SIR SQUIRE SPRIGGE

IT is with sorrow we have to record the death of that great editor and great gentleman, Sir Squire Sprigge, Editor of the *Lancet*.

Trained at St. George's, he graduated at Cambridge in 1887, and after a number of resident appointments, became first secretary to Sir Russell Reynolds, and subsequently, through a friendship with Sir Walter Besant, secretary to the Society of Authors.

In 1893 he took a responsible post in the office of the *Lancet*, and very shortly afterwards became assistant editor.

When he was only 48, in 1909, he was promoted to sole editorship, and at once began to foster those interests and conduct the finely human policy which has ever since distinguished the journal, whose present eminence he did so much to win.

He was not a modern journalist in technique and did not much care whether a page looked formidable or readable. The tricks and strategies of the trade were unknown to him or ignored. And he had a typically English love of compromise and dislike of displayed emotion.

He insisted that the general practitioner should not be tendered specially cooked dishes, but that the *Lancet* fare should be adjusted to a community of palates and enjoyed in the consulting-rooms both of Harley Street and Peckham.

If a medical man had something worth saying, he could be sure of a pulpit: The *Lancet*, and the cause of medical education was always one close to the heart of the Editor.

The best test of an eminent man's real greatness is the testimony of those who work under him, and the esteem and affection with which Sir Squire Sprigge was regarded by his staff speaks eloquently of the richness and worth of his character.

Their tributes, together with those of many of the distinguished men who were his friends, are to be found in the *Lancet* of June 26th.

DR. LANGTON

Dr. Edward Athol Clarence Langton, only son of the late Dr. Herbert Langton, of Brighton, died suddenly at Kampala on May 27th at the age of 48.

He was educated at Epsom College and St. Bartholomew's Hospital, and had completed seventeen and a half years in the Colonial Medical Service.

He served with a Red Cross unit during the Turko-Bulgarian War of 1912-3, and on the outbreak of the

Great War he proceeded with the 10th Middlesex (Territorial Unit) to India, and after to Gallipoli in 1915, where he was commissioned.

He proceeded to England in 1916 to resume his studies at St. Bartholomew's Hospital, qualifying in February, 1917. He re-joined the Army (R.A.M.C.) and proceeded to the East African theatre of war. Remaining there he joined the Medical Service in Tanganyika, and in 1921 transferred to the Uganda service. He served in all four provinces, taking a great interest in the promotion of child welfare clinics.

He was promoted Senior Medical Officer in May, 1929. Since May, 1935, he had been attached to the Headquarters Office, Entebbe, acting as Assistant Director of Medical Services. He had the longest service in Uganda of any medical officer in the Protectorate Medical Service, being one of the first doctors at Mulago under Major Keane.

He was an enthusiastic cricketer and one of the best known and most popular figures in Uganda.

He leaves a widow and one son.

PRIMARY ACTINOMYCOSIS OF THE THORAX

REPORT OF A CASE TERMINATING WITH PERICARDITIS

A BRICKLAYER, *æt.* 35, of Aylesbury, Bucks, was admitted to St. Bartholomew's Hospital under the care of Dr. Chandler on July 14th, 1936, complaining of shortness of breath, cough and loss of weight.

In March (four months prior to admission) he experienced pain in the lower part of the right side of his chest; this pain came on suddenly, was worse on deep breathing and remained severe for twenty-four hours: he had a less severe pain lasting for a further two weeks but only remained in bed for one week. He had no cough or sputum and, at the end of one month, felt sufficiently well to return to work: however, after one week the pain recurred at a somewhat higher level in the chest and he developed a little cough, bringing up a small quantity of mucopurulent sputum; he was, therefore, admitted to the Royal Bucks Hospital on April 6th. At this time his temperature varied from 99° to 102° F., and he had the physical signs of a pleural effusion at the right base. X-ray examination of the chest showed a general veiling on the right side with pleural thickening at the base, possibly with effusion. Exploratory needleling was performed but no fluid obtained.

In the middle of May, *i.e.* two months after the first symptom, he developed a diffuse swelling below the right breast with redness of the overlying skin. The position of this swelling corresponded to the position of attachment of the diaphragm to the ribs anteriorly; it caused great pain and was very tender on palpation. No pus was obtained by aspiration of the swelling. At this stage of his disease he felt very weak and began to sweat at night.

On May 26th the inflammatory swelling was incised and half a pint of pus evacuated. *Bacillus coli* and *Streptococcus brevis* were seen in the pus, but no mycelium of the *Actinomyces bovis* could be found. Pyrexia was diminished but not abolished by this drainage operation.

Early in June his cough was very severe, keeping him awake at night, and productive of thick offensive purulent sputum which was blood-stained on one occasion. Microscopic investigation of this sputum revealed a streptothrix, repeated examinations having been performed previously for tubercle bacilli and none found.

At the beginning of July a painful fluctuating swelling appeared over the ribs posteriorly below the angle of the right scapula; this spontaneously diminished in size, and was only represented when admitted to St. Bartholomew's Hospital by a tender thickening of the soft tissues in this region.

Since July 3rd he had suffered from great breathlessness, which started suddenly and increased in severity, rendering him orthopnoic.

On admission he felt weak and tired and his nights were much disturbed by drenching sweats: he had a poor appetite, and had lost 2 st. in weight since March. In addition to the pain in the chest-wall in the position of the two swellings previously described, he also complained of a continuous retrosternal ache.

There was nothing relevant in the previous or family histories.

On examination he was a very ill man with a cyanotic malar flush: he was breathless when sitting up and more so when lying down. The temperature varied from 97°-99° F., the respirations from 30 to 44, and the pulse from 100 to 110: the latter was of exceedingly poor volume and the blood-pressure 110/70. His teeth showed some caries, and there was moderate pyorrhoea but no swelling of the jaw. Slight clubbing of his fingers was observed. Examination of the chest showed a sinus in the right nipple line at the level of the fifth intercostal space, with red indurated skin surrounding it and extending 2 in. concentrically from it. Posteriorly below the angle of the right scapula there was tenderness and some thickening of the subcutaneous tissues but no definite swelling.

The physical signs in the lung fields were those of effusion at both bases, larger on the right. The apex-beat could not be palpated, and the area of cardiac dullness could not be accurately determined owing to the dullness at both bases: the heart-sounds were weak but otherwise normal.

Cardiac failure was evident by the presence of œdema of the lower part of the anterior abdominal wall, sacral region and both ankles; there was also free fluid in the peritoneal cavity. No enlargement of the liver was discovered and there was no tumour in the caecal region; the urine contained no albumen.

Examination of the sputum, which was thick, offensive and muco-purulent, showed several opaque yellowish bodies about 2 mm. in diameter; Gram films of these showed pleomorphic branching Gram-positive mycelium. Pus obtained from the sinus in the chest-wall showed similar mycelial threads as well as many diphtheroids. On July 19th the white blood-count was 12,400, of which 92% were polymorphonuclear cells.

X-ray of the chest on July 21st showed great enlargement of the cardiac shadow in its transverse diameter: the report on the right lung states that "there is an opacity in the middle and lower zones suggesting consolidation with pleural involvement; there is a small cavity to the right of the cardiac shadow showing a fluid level; in the upper zone there is some diffuse mottling". The left lung showed compensatory emphysema with basal pleural involvement.

A diagnosis was made of actinomycosis involving the right lung, pleura and chest-wall. Pericardial involvement was evident by the sudden onset of dyspnoea ten days before admission, the clinical evidence of cardiac failure, and the large transverse diameter of the heart shadow in the X-ray.

Treatment with pot. iod. by mouth was commenced on July 16th, beginning with gr. x six-hourly; each dose was increased by gr. v every twenty-four hours, so that on July 22nd he was taking gr. xl six-hourly: this dose was maintained until his death.

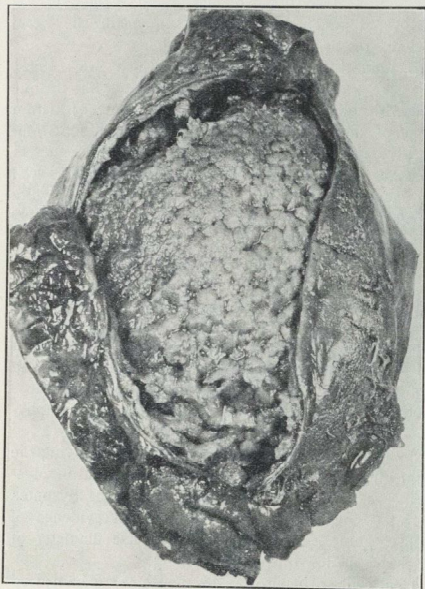
Deep X-ray treatment to the lung fields was given on three occasions commencing July 21st, but this was discontinued on July 24th as the patient was obviously going downhill.

The history of the patient following admission was that of progressive cardiac failure with increasing dyspnoea and anasarca, and he died on July 27th.

A post-mortem examination was performed and the salient findings were as follows:

The left pleural cavity contained a small, clear effusion: the left lung showed some collapse and œdema, but no evidence of actinomycosis. The right

pleural cavity contained an effusion, many adhesions and a small quantity of loculated pus. These collections of pus were continuous with further loculi in the posterior chest-wall; in some places the periosteum had been stripped up from the ribs and the bone involved. The actinomycotic process had spread posterior to the diaphragm into the tissues behind the right kidney, where further loculations of pus were



found. The right lung showed small areas of actinomycosis in the costophrenic border, but the rest of the lung was unaffected. The pericardium was the structure of greatest interest, for the pericardial cavity was filled with thick greenish-yellow pus, and both visceral and parietal layers of the serous pericardium were covered by very thick fibrinous exudate (see Fig.). Bacteriological examination of the pus showed that the infection was purely actinomycotic without secondary infection. There was a small right anterior intraperitoneal sub-phrenic abscess without involvement of the liver substance; it was quite clear that this was a recent complication and secondary to the thoracic disease and not *vice versa*. By anaerobic culture of the pericardial pus and of material obtained during life, Dr. Garrod

was able to grow the streptothrix and show it to be a typical *Actinomyces bovis* of the Israel-Wolff type.

Discussion

A survey of the literature on *primary* actinomycosis of the thorax shows that this case presented the clinical picture usually found with this disease and followed the almost inevitable result; however, it is unusual in that he developed a purulent pericarditis caused by the *Actinomyces bovis*.

The mycelium of *Actinomyces bovis* has three recognized portals of entry into the human tissues: firstly, through an abrasion in the gum or through a tooth-socket into the lower jaw, there to produce the cervico-facial type of disease often designated "woody jaw"; secondly, it may find its way through the wall of the intestinal tract following ingestion, this invasion almost invariably occurring in the caecal region; and lastly, probably following inhalation of the fungus the primary thoracic type of the disease is produced: we only wish to consider the latter group.

The relative frequency of these three types is generally agreed to show that 65-70% of the cases are of the cervico-facial type, 20% primarily caecal and 10-15% primarily thoracic.

The thoracic disease is more common in males and in the fourth decade of life: the right lung is more frequently affected than the left, and the lower lobe than the upper lobe. The case reported is consistent with these findings. A history of a blow on the chest has been obtained in many cases.

Before it had been demonstrated that the streptothrix which invades the human tissues, the *Actinomyces bovis* of Israel and Wolff, was anaerobic, whereas that found on grasses and other vegetation, the *Actinomyces* of Bostroem, was aerobic, stress was laid on the greater frequency of the disease in workers on the land, and infection of these people was supposed to occur by sucking grass or by inhalation of chaff infected with the fungus; since the recognition of the two distinct types of actinomycosis, further investigation into the records has revealed no such preponderance in agricultural workers. It is now believed that the fungus is a common inhabitant of the mouth, and that the disease in the lung is initiated by the organism passing through the bronchial wall following inhalation; passage through the wall of the oesophagus has been suggested as an alternative method of invasion, but the disease is usually less marked in the region of the mediastinum than in the periphery of the lung fields, and lesions in the oesophagus are almost invariably absent.

The symptoms correspond closely with the pathological stage of the disease. When there is only peri-bronchial infiltration, the symptoms are those of bronchitis; when the organism begins to involve the lung parenchyma, the patient suffers from symptoms resembling septic bronchopneumonia with high intermittent fever, sweating, lassitude, cough; pleuritic pain arises when the process reaches the pleura. During the bronchial and broncho-pulmonary stages, tenacious muco-purulent sputum often blood-stained and frequently containing fragments of the ray fungus is coughed up; the amount and character of the sputum, however, varies with the degree of secondary infection. Frank hæmoptysis is rare, as also is clubbing of the fingers.

It would appear that in the case reported the actinomycotic process commenced in the costo-phrenic border of the lung, so that pleuritic pain was an early manifestation, and symptoms of bronchial and broncho-pulmonary disease were very unobtrusive: in spite of this, granules of the streptothrix were found in the sputum.

The pleuritic stage is usually followed by a continuous severe pain due to involvement of the chest-wall, the streptothrix ultimately reaching the subcutaneous tissues, there to form a swelling resembling a subacute abscess but characterized by a surrounding "ligneous" induration. This perforation of the chest wall commonly occurs at the position of attachment of the diaphragm, either posteriorly below the angle of the scapula or anteriorly below the breast; it will be observed that both sites were affected in the case described. The skin over the abscess assumes a dull red violaceous hue and soon breaks down, resulting in multiple sinuses (if incision is not performed); from these sinuses pus containing the characteristic "sulphur" granules is discharged. X-ray at this stage may show evidence of periostitis of the ribs in the region involved, but is otherwise not of much diagnostic value.

Progressive weakness, loss of weight and anorexia ensue; amyloid disease often supervenes. Dyspnoea usually appears later, and is stated to be due to diminution in the amount of lung tissue capable of gaseous exchange, and is more marked when there is gross pulmonary fibrosis. In the case reported the onset of dyspnoea was sudden, and was almost certainly due to cardiac tamponade following invasion of the pericardium.

Blood examination has revealed a high white-cell count in most cases, an average figure being 20,000, of which 85% are polymorphonuclear cells; the hæmoglobin is reduced to about 65-70%.

A certain diagnosis can only be made by finding the

fungus in the sputum or discharge from a sinus in the chest-wall, but the condition should always be suspected in cases of chronic pulmonary disease, where the sputum is repeatedly negative for tubercle bacilli, and especially when there is evidence of infection of the chest-wall. In these cases careful search must be made for the characteristic streptothrix.

Many cases are primarily diagnosed as pulmonary tuberculosis and treated as such, but this should not occur, as the sputum is bacilli-free. After perforation of the chest-wall a diagnosis of intrathoracic neoplasm eroding the parietes has sometimes been made, but at this stage the streptothrix can nearly always be found if the disease is held in mind and search made.

Pathology

The stages of the disease depend on the tissues involved as has already been described, *i. e.* bronchial, broncho-pulmonary, pleural and that of invasion of the chest-wall. Like the granulomata of syphilis, two processes go hand in hand—new formation due to connective-tissue proliferation, and tissue destruction with abscess formation; either process may be in the ascendancy, the slower the progress of the disease the greater the tendency to connective-tissue proliferation. The streptothrix has no respect for any type of tissue, spread occurring by direct continuity; spread, however, appears to be somewhat more rapid in the connective-tissue planes, *e. g.* the extra-pleural fascia. It shows no tendency to spread by the lymphatics.

The streptothrix is Gram-positive and shows true branching; it is strictly anaerobic, which distinguishes it from any morphologically similar saprophytic streptothrices which are aerobic. This anaerobic characteristic is important as other streptothrix infections of the lung have been described in which aerobic cultures are obtainable and the prognosis is much more favourable.

Prognosis

It is generally agreed that the ultimate prognosis is invariably fatal. L. P. Good states that the average duration of life is eight months.

Treatment

From what has been said concerning the prognosis, it is obvious that no form of treatment so far carried out has had any lasting effect. However, iodides appear to be able to produce some amelioration, and should be given in the largest dose consistent with tolerance: Pot. iod. gr. v four-hourly should be instituted, and each

dose increased by gr. v every twenty-four hours until gr. ccc are taken per day. Intravenous sodium iodide is said to hold no advantage over pot. iod. by mouth. Miller and Merkel report a case in which marked improvement followed a bronchogram using lipiodol. Tinct. iodi has also been tried locally to sinuses when present.

Deep X ray therapy gives excellent results in the cervico-facial type of the disease, but offers little hope for the patient affected with the thoracic type; it is, however, worth trying. It is not known precisely how X-rays affect the disease, for they have no effect on the streptothrix growing *in vitro*.

Results of vaccine therapy have been variable, but it is worthy of a trial.

When the chest-wall has been perforated, various drugs which bring oxygen into contact with the affected tissues have been used to irrigate the sinuses in an attempt to disturb the anaerobic conditions preferred by the organism; such drugs include hydrogen peroxide, chlorophyll and ethereal methylene blue.

In view of the invariably fatal prognosis, it would seem that major surgery would be justifiable if it could offer any hope of permanent cure. Theoretically, if the disease was diagnosed prior to pleural involvement, lobectomy or even pneumonectomy might give such a cure. Further, if the case reported is considered, it would seem that, if actinomycosis had been diagnosed before the onset of the pericarditis (which occurred late), a major excision of the chest-wall together with the affected peripheral part of the lobe might have eradicated the disease. A rather similar case has been reported by Wangenstein in which cure by repeated excisions is claimed, although it seems to us that such a claim was premature in view of a small recurrence having been excised just prior to reporting the case.

In conclusion, this case has been reported owing to the rarity of the complication of pericarditis, which we felt should be put on record. In addition, it is hoped that some cases may be diagnosed in an earlier stage, and given the chance of recovery by the aid of major surgery.

We wish to thank Dr. Chandler for allowing us to publish the case, and Dr. Garrod for his helpful advice and for those bacteriological investigations carried out after admission to St. Bartholomew's Hospital. We are also indebted to the Royal Bucks Hospital and to Dr. Burra for the details given prior to the patient's admission, and to Dr. Robb-Smith who carried out the post-mortem examination.

O. S. TUBBS.
J. W. A. TURNER.

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"WHAT I ALWAYS SAY IS"*

46.
The appendix is God's gift to the poor surgeon.
47.
There are two pains that wake people up in the middle of the night—acute appendicitis and gout.
48.
If you can say confidently, "If only the pain were in the right place I'd say it was appendicitis", then 'tis appendicitis.
49.
When someone comes to you complaining of symptoms of appendicitis and says he has had an operation already, you'll probably find that you have to remove his appendix.
50.
If a man says he has a pain in his abdomen, nobody on earth can say that he hasn't.
51.
You read about anterior gastro-enterostomy and posterior gastro-enterostomy. Well, in time they're both going to be inferior gastro-enterostomy.

* Mr. R. Cozens Bailey's Aphorisms, continued from *St. Bartholomew's Hospital Journal*, vol. xlii, p. 165, 1937.

FOUR UNUSUAL CASES

THE following is an account of four cases which presented rather unusual features. While undergoing treatment for one condition, they developed symptoms which could be interpreted as a complication of it, but were in fact due to a second disease. They are the more remarkable because they were all admitted within a few days of one another.

Case 1.—A patient, *æt.* 22, was admitted with an encysted hydrocele of the spermatic cord on the right side and in due course excision of the cyst was performed.

Three days after operation he complained of generalized abdominal pain, and his temperature rose to 100.6° and pulse to 90. At that time he had a great deal of tenderness in the region of his wound and a hæmatoma was suspected. On the fifth day his temperature rose to 103° and pulse to 120 and he had anorexia and vomited once. On examination he had localized tenderness in the right iliac fossa, his wound looked healthy and he was tender in the rectum on the right side. Operation for appendicectomy was performed and a gangrenous appendix removed. On further questioning he admitted to previous attacks of right-sided pain which he had attributed to his hydrocele.

Case 2.—A male, *æt.* 71, was admitted with signs and symptoms of intestinal obstruction, and at operation relief of a strangulated right inguinal hernia was achieved without resection of intestine.

Following operation it was found that he was only passing small quantities of urine as compared with a large fluid intake by mouth and rectum. On the fourth day he had thirteen frequencies, passed 21 oz. of urine as compared with an intake of 101 oz. and his blood urea was found to be 101 mgm.%. He complained of no discomfort. It was at first thought that this was a post-operative anuria, but examination revealed a greatly distended bladder due to an enlarged prostate. Catheter drainage lowered his blood urea to 54 mgm.% in three days, and later a transurethral prostatectomy was performed without further complications.

Case 3.—A female, *æt.* 18, was admitted with exophthalmic goitre of moderately severe degree. One lobe of her thyroid only could be removed at the first operation.

One year previously she had had an appendix abscess drained and abdominal scars bore testimony to this.

On the eighth day following operation she was prepared for the second stage of her partial thyroidectomy, but during the night she had a sudden onset of

52.

Cholecystostomy:

When the bladder's opened
Bile begins to flow;
When it's going to stop again
Doctor doesn't know.

53.

There are three essentials for a hernia—something to come down, somewhere for it to come to, and something to push it there.

54.

The testicle is in the inguinal canal in the eighth month. Then the gubernaculum spits on its hands and starts hauling it down into the scrotum.

55.

Some boys keep their testicles in the inguinal canal for choice—but you can usually hunt them down into the scrotum.

56.

Innocent new growths of the testis occur only in museums.

57.

Some enthusiasts for colostomy say that Nature should have put the anus in the groin to start with.

58.

If you're going to advise a patient to have a colostomy you've got to know all about it, 'cos he'll want to.

59.

Feeling for a floating kidney is like trying to catch a piece of soap in the bath.

60.

If you find that a woman has a movable kidney, don't tell her about it. As long as she doesn't know, it's all right. Once she finds out she'll suffer the torments of the damned.

continuous abdominal pain, umbilical in position, which continued until the following afternoon. During the morning she retched, and several times vomited small quantities of clear fluid. A turpentine enema gave a clear result with a little flatus.

In view of the unremitting pain, the abdominal past history and the enema result, operation was performed for intestinal obstruction and this it proved to be. Part of the lower ileum had twisted round a band of adhesions attached to an old tuberculous mesenteric gland. The gut was merely congested, and following division of the adhesion she made a good recovery and was able later to have the second stage of the partial thyroidectomy.

Case 4.—This was a man, *et.* 58, who was admitted with a pedunculated melanotic sarcoma of the left buttock with metastases in the inguinal and external iliac lymphatic glands. An operation for removal of the growth was performed, and three days later the patient had a small hæmoptysis. It was thought at the time to be due to pulmonary metastases, but examination of the sputum showed tubercle bacilli in large numbers, and X-rays of the chest showed no evidence of metastases, but typical appearances of chronic fibroid phthisis.

As a general rule the appearance of fresh physical signs in a patient can be interpreted in terms of the disease from which he is suffering. It is, however, fitting to remember that patients do sometimes suffer from two separate conditions which may be active at the same time.

The fact that these four patients, who illustrated the truth of this observation, were all admitted within a short period of time provided the stimulus to write this article.

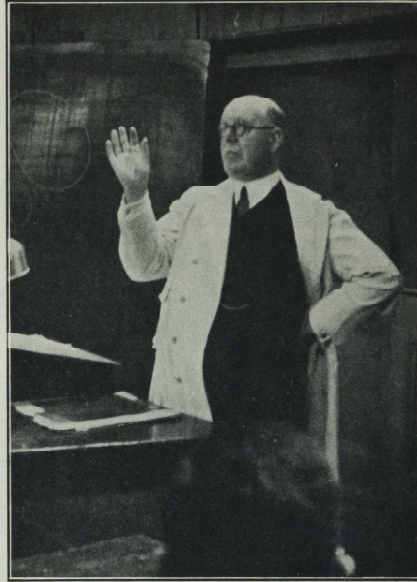
I am indebted to Prof. Paterson Ross for his permission to quote these cases and for many helpful suggestions.
TREVOR BAYNES.

DIRGE.

The Conjoint Board are harsh men
Who passed me with a frown ;
The Gentlemen of London—
They smiled and sent me down.

I've come to love the gruff voice,
The glower, the temper quick ;
A gentle face now chills me,
And of kindness I'm sick.

OUR CANDID CAMERA



Standing (left to right).
MR. GIRLING BALL.

SQUASH COURTS APPEAL

By the time you read this
the Squash Courts will have been opened.

But they are still hundreds of pounds in debt.
Go and see them. Judge for yourself what an asset they are to the Students' Union.
Play on them.

**Help us to pay for them by sending
your cheque to the Secretary,
Students' Union,
St. Bartholomew's Hospital.**

THE MEDICAL SERVICE OF TONGA

THE Kingdom of Tonga consists of a group of coral and volcanic islands lying roughly 1,100 miles North of New Zealand and 400 miles East of Fiji. It is the last independent kingdom in the South Seas under British protection, and it boasts a population of 30,000, mainly Polynesians.

The constitution is modelled on that of Great Britain, there being a Sovereign, Premier, Privy Council and Cabinet, including two European ministers (all of whom are permanent) and a Parliament representative of the nobles and people which sits once a year. All legislation enacted by the Government is subject to the approval of the British Consul, who has control of all expenditure of public monies and the appointment of European officials.

The head of the Medical Department is the Premier as Minister of Health. The staff consists of the Chief Medical Officer, two district Medical Officers, a part-time Dentist, and a Sister-in-charge of the Hospital, all of whom are European; six Tongan medical practitioners who have had four years' training at the Central Medical School, Fiji, three dispensers, three dressers, five students, three cooks, a dental assistant and three nurses (shortly to be increased to five), all of whom are Tongans.

The Chief Medical Officer administers the whole of the medical service. In addition he is Medical Officer of Health for Tongatabu (the main island), Port Health Officer, Officer in Charge of the Hospital, Medical Officer to Government Officials and Non-Tongans, Medical Storekeeper, and to a large extent his own clerk. At the same time he is expected to do the bulk of the treatment of the Tongans whether as out-patients or in their own homes. As Storekeeper he has to order all drugs and equipment, unpack them on arrival and pack all orders requisitioned by the district hospitals and dispensaries, mainly with his own hands. He has to provide and maintain his own car, for which he receives an inadequate allowance.

The district medical officers administer their own districts and small hospitals in Haapai and Vavau. They have to provide and maintain their own cars.

The sister-in-charge is responsible for the hospital, Nukualofa, the training of the Tongan nurses and the ante-natal and infant welfare clinics at the hospital.

The main hospital of the Kingdom is at Nukualofa, the capital, and consists of a collection of buildings mainly in permanent material. It was designed by a previous Chief Medical Officer without an architect's

assistance and is most inconveniently arranged, the buildings being scattered, *e.g.* the out-patients' department and dispensary are some 300 yards from the main building. There is accommodation for thirteen general cases and four maternity cases, a modern operating theatre (the original design entailed everyone walking through the theatre to get to the sterilizing room and storeroom, but this has been rectified), a labour theatre, a pathological laboratory with portable X-ray plant (all three innovations since 1933), and a small European ward containing two single-bedded rooms.

In Haapai and Vavau there are smaller hospitals consisting of a wooden building comprising dispensary,



operating theatre, and two wards each containing four beds. From time to time extensions in the form of Tongan huts are erected in the grounds.

Each district hospital is equipped for dealing with the common emergencies of surgery and each now has a high-pressure sterilizer.

The patients bring their own bedding in the form of mats and tapa cloth, and all their food is prepared by relatives, who camp in the grounds of the hospital. Two relatives sleep in the ward with the patient, and more would do so if strict control were not kept. One or more relatives attend to watch an operation and the husband usually attends to watch his wife's confinement.

In outlying districts there are dispensaries which are suitable only for the treatment of minor disorders and minor operations, and are in charge of either a Tongan medical practitioner, dispenser or dresser.

The Tongan medical practitioners should be capable of dealing with all ordinary cases of sickness and of doing simple operations such as hydrocele. One of the present ones is almost the equal of a European medical officer, and is a most efficient surgeon as well as being able to do blood grouping and blood transfusions, but he is exceptionally brilliant.

The dispensers, dressers and students are capable of dealing with minor ailments, opening abscesses and suturing cuts, performing circumcisions, and do the routine dispensing of medicines.

The nurses work under the Sister-in-charge, and become quite proficient at ordinary nursing duties and the delivery of normal confinement cases. All the Tongan members of the staff, however, quickly deteriorate if they are left for any length of time without the influence of a European medical officer or sister.

The public health of the Kingdom is administered by a Principal Board of Health and two District Boards. Each Board consists of the medical officer of the district, not necessarily as chairman, and a mixed Board of Europeans and Tongans.

Recommendations are made through the Principal Board to the Government but are seldom carried into effect. In fact the work of the Boards is practically a waste of time. One dispenser is also a sanitary inspector, and periodically makes tours of inspection in Tongatabu of water tanks, latrines, etc., and serves notices when necessary. The medical officers have to inspect all meat exposed for sale in the three main centres.

All water for drinking and nearly all for washing is obtained by the collection of rain-water in cement tanks, the catchments of which are hopelessly inadequate. The majority of tanks have no pump or tap, and water is obtained by dipping a dirty bucket into the tank. In spite of strong recommendations by the Principal Board of Health very few steps are taken to improve the water supply.

The latrines are of the bore-hole variety, with concrete slab and riser and wooden seat. They are fairly satisfactory when there is sufficient depth before water is encountered, but are an excellent breeding-ground for cockroaches. Many of the European houses have septic tanks.

The main diseases found among the Tongans are:

1. Tuberculosis (lungs, glands and skin), which easily heads the list of causes of death.
2. Typhoid fever, which is endemic and atypical, a rash rarely being encountered and no enlargement of spleen. Facilities for doing Widal reactions have only recently been made available, but the impression gained is that the disease is a true typhoid and not paratyphoid. The mortality is low, except when the relatives insist on pandering to the patient's requests for food and give them large meals of yam, etc.
3. Filariasis, which includes filarial fever, lymphangitis, elephantiasis and a peculiar form of myositis, which simulates an abscess but contains only blood and usually resolves under treatment.
4. Yaws. This is very prevalent, but the Tongans

have been educated up to the beneficial effect of N.A.B. and B.S.T. injections. However, they commonly do not bring cases for treatment until the secondary rash is well established, their reason being that they think that a certain amount of natural immunity is obtained by waiting.

5. Ankylostomiasis, which is not a serious problem.
6. Conjunctivitis and trachoma with its complications.
7. Skin diseases, *e. g.* scabies, impetigo, tinea, vitiligo, pediculosis capitis and boils.
8. Tetanus is comparatively common but, although clinically severe, must be of a mild type, as in most cases it responds to intrathecal or intravenous and intramuscular injections of anti-tetanic serum in doses of not more than 50,000 units per case.
9. Leprosy is not common. In three years I saw twelve cases, all of which were sent to Makogai, the leper station in Fiji.
10. Gonorrhoea, which is mild and remarkably free from complications. Syphilis is unknown, unless a case is imported.

The commonest operations are for hydrocele, hernia, elephantiasis, osteomyelitis and ovarian cysts.

The Tongans do not like operations, and are particularly frightened of general anaesthetics. Most operations are done under local or spinal anaesthesia with occasional evipan, to which they do not object.

The bulk of the midwifery is done by the Tongan midwife in their own homes, and only the abnormalities reach hospital after several days in labour.

The Tongans much prefer their own native medicines, which consist of the application of chewed leaves externally and infusion of leaves internally. Certain diseases are treated only by certain families, and there are in some places "specialists on specialists". Attempts to discourage Tongan treatment are blocked by the Government.

The climate on the whole is good, the temperature rarely rising to more than 90° F. in summer and dropping to as low as 50° F. in winter (at night). The four months January-April are trying, the humidity being as high as 100% frequently. The winter months are much drier with warm days and cool nights. The rainfall is fairly evenly spaced but is greater in the summer months, and the period from October to December is usually dry. The annual rainfall is about 85 in.

Mosquitoes are very prevalent, and consist of day-biting as well as night-biting varieties. Attempts to stamp them out are very difficult as they breed in any moisture, *e. g.* that left in the angle between the branches and trunks of trees.

Centipedes and scorpions are common but the bites are not serious, and there are certain poisonous fishes

whose sting is troublesome. There are no snakes except a harmless water snake. Sharks are present but shark bite is practically unknown.

There is no electric light except in a few private houses.

Fresh meat is obtainable twice a week in Nukualofa; vegetables and fruit are plentiful in Tongatabu; ice is obtainable in Nukualofa, but many people have their own refrigerators worked by Crossley "Icyballs", which are reasonably efficient.

Prohibition is enforced as regards the natives except on medical grounds.

There is no private practice, all Tongans being treated free, and fees from Europeans being taken by the Government.

Social amenities are few. There is an 8-hole golf course and a mixed tennis club. Bathing facilities are poor unless one goes to one of the islands in the lagoon.

The chief drawback to service under the Government of Tonga is the fact that it is a native administration.

The natives are apathetic and the Government is non-progressive. For instance the hospital, which was built in 1924, appeared on my arrival to be seldom used for in-patients, was most deficient in necessary equipment and was in a filthy condition.

A visit to the South Seas is certainly a great experience, but it explodes the myth, so encouraged by novelists and writers of film scenarios, that the islands there are little heavens on earth or rather sea.

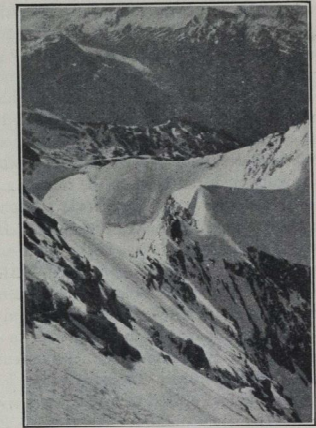
L. J. F. B.

CLIMBING IN THE PENNINE ALPS

THE main backbone of the Pennine Alps forms the frontier between Italy and Switzerland. The vertebra prominens is the Matterhorn. On the south side the mountains drop quickly to warm brown foothills; on the north they throw out long ridges towards the Rhone Valley, between which deep secondary valleys are enclosed. Zermatt, probably the most famous climbing centre in the world, is at the head of one of these valleys.

When we went to Zermatt in July last year we were a party of two, and climbing without guides. At the time of our arrival the weather was very bad and the big peaks unclimbable, so we decided to cross into the Val d'Herens, a parallel valley, by a high snow pass over the intervening ridge. We walked up to a hut at the foot of this, through rain as methodically thorough as everything else made in Switzerland, and slept the night there. Next morning we stumbled out into the mist at 4 a.m., and after some difficulty we managed

to set a compass course across a bleak expanse of glacier. The mist cleared later, and we reached the top of the pass, the Col d'Herens, with ease, and in bright sun. In Val d'Herens we had various minor adventures. We climbed two mountains, the Douves Blanches and Mont Blanc de Cheillon—splendid days snatched in the intervals of storm. We were snowed up in a hut for thirty-six hours. We met an eminent Bart.'s surgeon. We were mistaken by a hotel-keeper for a couple of Austrian guides. Finally, as the weather was too bad



ZINAL ROTHORN: THE ROUTE FROM ZERMATT.

to retrace Col d'Herens we walked for a whole day down Val d'Herens, through rain-soaked cherry orchards, and returned to Zermatt by a circuitous route of a hundred miles.

After this the weather cleared. We left Zermatt the morning after our return at 1.30 a.m. by lantern-light and climbed the Rimpfischhorn. This was a cold, windy climb up steepening slopes of snow for several hours, and then along a narrow rocky ridge to the summit, with flurries of snow whirling up from the depths on either side. From the top we looked away to an infinite blue haze in the south, where the mountains dropped into the plains of Lombardy. We returned to Zermatt eighteen hours after leaving it; across the valley the red crags of the Zinal Rothorn were catching the last of the sun. They were irresistible. We snatched three hours of sleep, and by 2 a.m. were clambering out of Zermatt again by moonlight. We reached the edge of the Rothorn glacier as the sun swept up over the eastern rim of hills, and climbed on up steep snow, using

ice claws, till about 10 o'clock. We were now about 600 metres below the summit, but a "Föhn" wind had been blowing up all the morning—a warm wind that brings mist and snow and risk of avalanches. We could tell it by the metallic blue-green colour of the sky and the long grey "Zeppelin" clouds. So we returned to the valley, out of which thick white mist was already seething.

We rested the next day and at 10 p.m. set off for the Matterhorn. The reputation of this mountain has been through many phases. At one time it was thought unclimbable by experienced mountaineers; guides would not touch it because of the evil spirits that haunted it. Now in good weather it is considered fairly easy when climbed by the Swiss route. Snow and ice, however, alter the condition, and on the day on which we left for it, a guide and an Englishman had been killed on it. We left the lights of Zermatt, and walked up through a cold still night to the foot of the north-east ridge. We had some coffee at the hut from which the ascent is usually made, and put on the rope at 2.30 a.m. The route was up steep unbroken rocks for four hours as far as a snow slope 800 metres higher up. Here we felt almost self-conscious, for this is the point on which all the telescopes of Zermatt are focused. After this the climbing became more difficult. A perpendicular wall of rock was climbed by a fixed rope; and on the final ice coated slope steps had to be cut with an ice-axe. We reached the top at 8 a.m. Our view extended for more than a hundred miles. The descent was long and wearisome; snow had melted to leave bare ice, and we had to go extremely carefully. We reached Zermatt twenty-three hours after leaving it.

Two days later, by way of a rest, we climbed the Breithorn, which involved six hours of walking from Zermatt with nothing more difficult than steep snow slopes; we basked in the sun on top, with a ground temperature cold enough to freeze our boots. All Switzerland was covered with a sea of cloud, from which the mountain tops emerged like Arctic islands. The next day was our last, and we both had secretly decided to try the Rothorn again. By 7 o'clock next morning we had reached the point attained on our previous attempt. From here we had to move along a knife-edge ridge of snow; on one side the curve dropped in a sheer cliff; on the other a clean-swept curve of snow fell away at a high angle. We traversed the ridge carefully, wearing ice-claws. Later we came to rock; in one place we had to cross some steep slabs, which curved away beneath at an ever-increasing angle, so that all one saw on looking down was the valley floor 1400 metres below.

This time we reached the summit in perfect weather, and it made a splendid climax to the holiday.

J. C. R.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,589	7	4	(82)
Demonstrators, etc.	1,810	0	0	(72)
Students	1,341	10	11	(330)
Old Bart's men:				†
‡Bedfordshire	50	18	6	(10)
‡Berkshire	126	6	0	(17)
‡Buckinghamshire	91	13	0	(10)
‡Cambridgeshire	194	6	0	(18)
‡Cheshire	6	16	0	(3)
‡Cornwall	22	12	0	(8)
‡Cumberland	5	0	0	(1)
‡Derbyshire	19	14	0	(4)
‡Devonshire	575	1	0	(54)
‡Dorset	77	11	6	(14)
‡Durham	17	7	0	(4)
‡Essex	267	3	6	(23)
‡Gloucestershire	258	6	6	(29)
‡Hampshire	1,524	4	6	(61)
‡Herefordshire	17	12	0	(4)
‡Hertfordshire	110	16	0	(22)
‡Huntingdonshire	5	5	0	(1)
‡Isle of Wight	191	13	0	(13)
‡Kent	594	6	0	(72)
‡Lancashire	129	10	0	(17)
‡Leicestershire	142	0	0	(8)
‡Lincolnshire	65	8	0	(17)
‡Middlesex	497	14	0	(34)
‡Norfolk	178	0	6	(21)
‡Northamptonshire	59	14	0	(6)
‡Northumberland	101	1	0	(2)
‡Nottinghamshire	24	3	0	(3)
‡Oxfordshire	250	15	0	(23)
‡Rutland	1	1	0	(1)
‡Shropshire	38	1	0	(10)
‡Somersetshire	2,857	6	4	(28)
‡Staffordshire	194	18	0	(6)
‡Suffolk	342	11	6	(26)
‡Surrey	530	4	6	(62)
‡Sussex	857	9	6	(63)
‡Warwickshire	215	19	0	(24)
‡Westmorland	2	10	0	(1)
‡Wiltshire	1,911	12	0	(13)
‡Worcestershire	161	1	6	(25)
‡Yorkshire	335	8	6	(30)
Wales	69	12	0	(20)
London	6,948	9	2	(242)
Channel Islands	20	0	0	(2)
Scotland	14	4	0	(4)
Abroad	119	1	0	(13)
South Africa	390	15	6	(21)
Canada	114	3	6	(8)
East Africa	82	12	0	(10)
West Africa	146	10	0	(5)
India	216	17	0	(14)
Ireland	30	4	0	(5)
North America	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	230	10	0	(9)
China	52	8	4	(6)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	654	14	6	(49)
Others	73,032	16	10	(595)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
Loan	20,000	0	0	
Stock Sold	4,061	0	0	
	181,229	19	5	

* Number of Bart's men subscribing † Number of Bart's men in County. ‡ Counties with Secretaries.

STUDENTS' UNION

COUNCIL The question of the Rugby Club grandstand at Chicheurst has been practically settled. It has been found possible to erect a suitable stand, seating 150 people and capable of further extension, for about £550. It was determined to borrow £600 from the English Rugby Union at 2½%, repayable within 15 years, and this loan was guaranteed in £50 lots by certain members of the Staff.

It is hoped to repay the money by means of dropping the annual Rugby tour, thus saving £40-50 per annum, of running extra dances at the Manchester Hotel, and of circularizing old Bart's Rugby players. By these methods it was felt the money could comfortably be paid back in the time.

It was decided not to take special numbers of the periodicals in the Abernethian Room unless specially ordered by the Council. The attention of the Council was drawn to the number of magazines both temporarily removed and permanently stolen from the Abernethian Room, on one morning no less than nine papers being gone, only three of which were subsequently returned. One of the missing magazines, *Time*, was subsequently discovered in a corner of the cloakroom, where it was rescued minus its cover by a porter. The Council decided to post a notice forbidding the removal of papers,

and recommending that anyone seen taking them should be at once reported to the Council.

£230 are still needed for the Squash Courts Appeal Fund, and an effort is being made to raise this outstanding sum. The Courts themselves are to be opened by Mr. Slazenger on Wednesday, June 30th.

It has been found necessary, in view of the present debt, to charge 1s. per three-quarters of an hour for play, to be paid at the time of booking, until the sum is paid off.

Mr. G. A. Richards proposed that an attempt be made to recondition and use the billiard table originally presented by the Governor to the Resident Staff, and since languishing these many years in the dungeons of the Hospital. £20-25 would be needed to repair the table, and although Mr. Richards had approached the Resident Staff their attitude was, he said, disappointing.

It had been agreed, however, that if the Students' Union would repair the table and provide for its upkeep, it might be thrown open for general use providing the Resident Staff had priority from 8-12 p.m. Failing compliance with these terms they preferred the table to remain disused. Mr. George Gray was eventually asked to approach Mr. Hayes upon the subject.

SPORTS NEWS

CRICKET Apology: The Cricket Club deploras the omission of the name of B. Rait-Smith, Esq., from the list of Vice-Presidents on this year's fixture-card, and sincerely apologizes to him for this mistake.

The toss was won by **Romany**, and they decided to bat on a wet wicket which was rapidly drying under a hot sun. Their opening batsmen started shakily, but Longton, with his score at 8, mistimed a short ball from James, giving mid-on an easy catch which was dropped. This, coupled with the fact that Mundy arrived too late to benefit from the new ball, gave the Hospital a disappointing start. The batsmen soon settled down to a high rate of scoring, especially Longton, who exhibited a wide range of strokes.

The first wicket fell at 80, Moffat playing a well-pitched off-spinner from James on to his wicket, having made 39. The next man was soon out, well taken by Maidlow in the deep, off Evans. After lunch, however, Longton and Waster settled down to aggressive cricket, scoring mostly by off drives and hooks, until Elder, in his first over, got rid of the latter, James making a good catch at deep mid-wicket. At the fall of the next wicket, the score having reached 269 for 4, Romany declared, Longton being 141 not out after an innings only marred by one chance.

James and Brown opened the innings for Bart's on a dried wicket, and both started confidently, especially James, who made some mid off when he was only 7. Brown and Heyland soon followed him to the pavilion, but North meanwhile had wasted no time in settling down, and was playing in his usual care-free, aggressive style. He and Maidlow made an excellent stand, which realized about 70 runs, until North was out when only 7 short of his 50.

The next five wickets fell very cheaply, but Maidlow and Napier put up a good last wicket stand of 25. Maidlow was last out for a valuable 64, which was characterized by some bright hitting, marred, however, by increasing carelessness and a tendency to hit across the ball.

Scores: Romany, 269 for 4 wickets declared (Elder 2 for 35); Bart's, 135.

The match against **Leavesden Mental Hospital** is always an enjoyable one; this year, to the strains of a tuneless brass band and the cat-calls of cretins, Bart's were beaten by five wickets.

Scores: Bart's, 78 (R. Mundy, 38 not out—no one else in double figures!); Leavesden Mental Hospital, 145 (Mundy, 3 for 38; R. N. Grant, 2 for 36; E. O. Evans, 2 for 5).

On Sunday, May 30th, at their beautiful little ground at Wimbledon, **St. George's** slew the dragon. This was the first round **Cup-tie**; let the score-board tell its sorry tale of woe.

Bart's, having won the toss, batted first. Scores: Bart's:

C. T. A. James, b Quayle	31	E. O. Evans, c Messent, b Davis	7
D. J. A. Brown, c Vere-Hodge, b Davis	0	J. Craig-Cochrane, b Davis	0
J. North, lbw, b Swayne	0	J. J. Slowe, b Davis	2
R. N. Grant, run out	32	B. G. Gretton-Watson, not out	2
R. Mundy, c Lancaster, b Quayle	7	Extras	16
R. Heyland, b Quayle	19		
W. M. Maidlow, c Messent, b Quayle	33	Total	149

St. George's, 153 for 7 wickets.

	Overs.	Maidens.	Runs.	Wickets.
Mundy	12	1	43	1
Grant	21	5	57	1
Craig-Cochrane	13	3	38	3
Evans	2	0	4	0
James	3	0	23	1
Gretton-Watson	3.4	0	35	1

A pleasant game was played at **Horlick's** on Wednesday, June 2nd. Bart's batted first on a pitch that gave every assistance to the bowlers, particularly V. Lund, a Bucks county player. Bart's were skittled out for 80 runs, Heyland, Rutheford and Napier alone offering any resistance. Heyland was fifth out, having made 39 out of 42.

When Horlick's went in, Bart's all but turned the tables on them; at one time 8 of their wickets were down for 67 runs. However, they just managed to top our score.

Scores: Bart's, 80 (Heyland 39, Rutherford 19, Napier 8); Horlick's, 91 (Grant, 4 for 41; Evans, 4 for 24; Elder, 2 for 1).

On Saturday, June 5th, at Winchmore Hill the annual **Past v. Present** match ended in a very even draw. A blazing sun beat down all day upon a pitch which even to the very last always favoured the batsmen.

The Present batted first and were given a great send-off by Heyland and James, who put up 50 for the first wicket. After the latter

had stepped in front of a straight one, Heyland, who was right back into form, proceeded to play an innings which was characterized by some very fine driving. With North and Grant both notching a few, the score at lunch was the very satisfactory one of 115 for 2—Heyland 60 not out. After lunch, first Heyland and then Grant gave encouragement to the bowlers by being out lbw, as had been their two predecessors (132 for 4). Maidlow and Brown stemmed the minor collapse, and then the former hit up a quick 59, the majority of which came from his characteristic "pull-drive" shot. Mundy carried on the good work. He achieved his ambition of hitting a straight six, and incidentally scored 56. The Present declared at the total of 273 for 6, leaving the Past five minutes longer to get the runs than they themselves had required.

The Past opened badly, Gilbert being out in the first over. Boney and Nunn then withstood the onslaught of Mundy and Grant, but scored at a pace which gave the Past a slender chance of victory. This was due in no small measure to some very accurate bowling by the Hospital change bowlers, Rutherford and James. James produced two good balls to defeat Nunn and Capper, and the Past were in the none too happy position of 73 for 3. However, soon after this the Hospital lost grip, and with Gabb and Boney taking toll of some loose bowling, it was obvious that the only possible result was a draw. Boney, who was especially severe on anything short of a length, reached a somewhat fortuitous century. He gave two chances behind the wicket with his score in the fifties.

James came out very well with 4 wickets for 33, but Rutherford bowled much better than 1 for 59 suggests and was unlucky. The fielding was very keen at the start, but wilted long before the 200 was up. Heyland completed a good day's work by holding a couple of very easily-missable catches.

THE PRESENT.	
R. Heyland, lbw, b Nunn	73
C. T. A. James, lbw, b Maley	20
J. North, lbw, b Anderson	11
N. Grant, lbw, b Nunn	17
W. M. Maidlow, c Gabb, b Nunn	59
D. J. A. Brown, c Boney, b Nunn	11
Total (for 7 wks. dec.) 273	

B. G. Gretton-Watson, S. T. Rutherford and J. J. Slowe did not bat.

THE PAST.	
A. R. Boney, c Heyland, b James	101
R. A. Gilbert, b Mundy	4
W. M. Capper, b James	0
W. H. Gabb, c North, b Heyland	56
J. A. Nunn, b James	43
Total (for 7 wks.) 220	

M. L. Maley, C. L. Hay-Shunker and S. J. Witteridge did not bat.

Bowling: Mundy, 1 for 30; Rutherford, 1 for 55; James, 4 for 33.

Rain put an end to a rather deadly game at Richmond on the Wednesday of their cricket week. On a good hard wicket they battled first and scored slowly, deplorably slowly—influenced perhaps by the fact that in the first two matches of their cricket week they had been soundly defeated—an unaccustomed experience for what is usually a strong side. Against a Bart's side which was by no means at full strength, they took 2½ hours to make 210 for 6 wickets, Dr. Higgs amassing a careful 119. It says much for the accuracy of the bowling that they were kept so quiet, although several catches were dropped.

Bart's were left with just over two hours to make the runs, and started their innings under a lowering sky and in semi-darkness; Heyland and James left before our score reached double figures, but North and Grant made a stand until, at 43 for 2, the skies opened wide and swamped the wicket and the game.

Scores: Richmond, 210 for 6 wickets, declared (Higgs 119; Grant 2 for 55, Heyland 3 for 42); Bart's, 43 for 2 (Head 2 for 22).

STOP PRESS CRICKET

The first of what we hope will be an annual fixture was played against Peperharrow C.C. on Saturday, June 19th, which was fine. It was to have "gone into the bill" at Peperharrow Park, but was transferred at the last moment to Charterhouse School. It was here that "Mr. J. R. O. Thompson's Bart's XI" prepared to meet their fate after a late start from town and several stops (for fuel). Passing down the drive we were duly impressed—nay, awed—by

the distant prospect of our opponents, already at the nets indulging in apparently quite needless practice, with the solemn dignity of the School Towers rising behind them above a majestic avenue of limes, which later might be a background to our humiliation and disgrace. It was not till then that I realized that the seven members of my side who had sworn that they had never made a run in their lives might possibly be speaking the truth!

The opposing captain having tossed his double-headed penny and got away with it [the Editor takes no responsibility for this unsporting accusation], Bart's crept unwillingly to field.

But what is this? Drausfield (Dragon to his friends) has opened the bowling with an accuracy so deadly that, *mirabile dictu*, two wickets have fallen in the first over. All Evans continued the bowling with a Machiavellian cunning which was not sufficient, however, to deceive our opponents, though it undoubtedly demoralized them; and when, ten minutes later, the score-board read 9—5—3, I felt, as did we all, that this was real cricket, and that our hosts were "playing the game, sir".

By 4.30 Peperharrow C.C. were all out for 57 runs, Drausfield having taken 8 wickets and Howell 2 at hardly any personal cost at all. Nor had the fielding been less brilliant: on two occasions Hill, in the slips, only escaped severe contusion by catching the ball, while Richards gave a hair-raising performance just behind the stumps, making one catch which dropped vertically from the skies and also stopping one or two balls which the batsmen were unable to hit; magnanimously he gave Hearn, at long st— I mean very fine leg, plenty of work, and the rest of us hysteric.

After ten I soon learned that *those seven had told us lies*. We kept up an almost continuous to-and-fro movement between pitch and pavilion, only interrupted for the exchange of bats, pads, gloves, compliments and all the other impedimenta so dear to the heart of a cricketer. These excursions were of course accompanied by wet and dry *rides*. Percy Armstrong (*wet rides*) scored.

All was changed when Drausfield and Howell appeared at the wickets; they displayed not only a wide command of stylish strokes, but their own and the Peperharrovians' running powers—there was no noticeable boundary. The former also displayed his lack of judgment of which ball to hit by hitting nearly every ball to where the boundary should have been.

When ultimately the team welcomed their captain back after a reassuringly brief absence at the wickets—no bowler had a chance to break stalwart Stoker's steady stumps—Bart's had compiled 20 runs, of which Drausfield and Howell had amassed 62 and 34 respectively. Only one "incident" marred our innings: Hill, umpiring in a benevolent daze, mistook a cry of "How's that?" for "Have another?" and automatically raised his elbow, thus betraying our worthy wicket-keeper, who, with cunning learnt in the field, was trying to kick a perfectly legitimate leg-bye.

The team was: Mr. A. Howard Evans, Dr. C. Murray Drausfield, Mr. Dennis Howell, Mr. Pascoe Hill, Ould Danny Hearn, Stoker, Mr. Eddie Stewart, Mr. Tubby Ellis, Mr. James (I-find-they-like-it) Joyce, Mr. Gerry Richards and me. J. R. O.

SWIMMING

The Interhospital Water Polo League Cup matches have now been completed, leaving Bart's the victors. This result was achieved mainly through the goal-scoring powers of R. J. C. Sutton and J. C. Newbold, though all the members of the team have played their parts well, even if a certain lack of combination has been evident at times. However, such a lack of combination is hardly surprising when it is realized that we have never turned out the same team on two occasions.

Our hardest match, and the one which decided the issue, was that against Guy's. They had previously drawn with St. Mary's, so we expected a fairly even tussle. With the exception of T. O. McKane, the captain, we had a full team in the water, which, however, gave our supporters much anxiety by allowing Guy's, whose combination was far better than ours, to snatch the lead several times, and indeed to keep it for a fairly long period.

Perhaps we were unfortunate in that a very large number of our shots only narrowly missed the net; but the final result was satisfactory, since we won a good game by 6 goals to 5.

Results:	
v. R. D. and Charing Cross	Won 12—0.
v. St. Mary's	8—3.
v. St. Thomas's	10—0.
v. U.C.H.	12—1.
v. Guy's	6—5.
v. London	(w.o.).

Players have been from R. J. C. Sutton, J. C. Newbold, C. K. Vartan, P. Quibell, T. O. McKane, H. G. Singer, G. J. Walley, M. J. Greenberg (goal), C. H. Hoskyn, J. H. Pratt.

Besides the League polo matches, two "A" team matches have been played, against K.C.H. and St. Mary's, in which we brought several fresh members into the water. Against the former, both the swimming and the polo ended in a draw—in the polo our great obstacle was a 16-stone South American, who seemed to be able to swim and throw the ball with two or three of our men holding on to him; we are informed that putting the weight is his true vocation. Against St. Mary's Bart's won 6—5.

The United Hospitals Swimming Gala will be held at the Marshall Street Baths at 8.30 p.m. on Saturday, July 3rd. We hope for good support and many supporters when we defend the Swimming Cup. In addition to the Swimming and Diving Championships there will be a water polo match against Oxford University. Tickets from T. O. McKane or C. H. Hoskyn.

ATHLETICS

For the Inter-Hospital Sports heats' day, May 24th, was discouraging for Bart's. G. A. Beck was unable to run in the 3 Miles owing to tendon trouble; late trains and the bus strike combined to make D. S. Morris last year's runner-up miss the High Jump; R. C. Hogarth, having run into the final of the 440, was disqualified on the grounds of an incorrect entry form; and one of our representatives failed to turn up altogether.

The final results on May 26th, however, were distinctly encouraging; at one stage, with three events to go, we were lying second, only four points behind Guy's, who were the ultimate winners.

After heavy rain the previous night and bright sun all the morning the Duke of York's track was at its best, as is reflected in the final times recorded despite the sharp bends and unfortunately short lap.

The first surprise for Bart's came when G. A. Beck won the 880 from E. V. Hope, the old Cambridge Blue. His time was 1½ sec. under the record held by two Bart's men, H. E. Graham and H. B. Stallard. D. Reinold, having taken three places in the High Jump, won the most exciting finish of the day, beating R. D. H. Collins in the High Hurdles by inches.

Though he has not yet struck last year's form, A. I. Ward won the Long Jump by nearly a foot. K. Butler fulfilled his promise of the earlier part of the season and won useful points with thirds in both the sprints.

When one saw the ease with which St. Thomas's won the Tug-of-war, one could not but regret that the Rugby Team had been unable to enter an "eight" to dispute second place with King's.

Amongst our opponents A. C. Franks (St. Thomas's) and E. I. Davis (Guy's) were outstanding. The former, having beaten Lovelock's record in the 3 Miles earlier in the week, set up a new record for the Mile in a sudden squall of wind and rain. The latter returned "evens" in the 100 Yards and also won the 220.

RESULTS.

- 100 Yards: 1, E. I. Davis (Guy's); 2, J. H. Hanson (Guy's); 3, K. Butler (Bart's), 3 yds. Time, 10 sec.
- 220 Yards: 1, E. I. Davis (Guy's); 2, G. T. Wallace (St. Thomas's); 3, K. Butler (Bart's), 5 yds. Time, 23 sec.
- 440 Yards: 1, G. T. Fletcher (Guy's); 2, A. Kagwa (London); 3, D. S. Foster (St. Mary's), 10 yds. Time, 51½ sec.
- 880 Yards: 1, G. A. Beck (Bart's); 2, F. V. Hope (St. Thomas's); 3, A. W. Frankland (St. Mary's), 6 yds. Time, 1 min. 59½ sec.
- 1 Mile: 1, A. C. Franks (St. Thomas's); 2, A. F. J. Etheridge (Guy's); 3, G. A. Beck (Bart's), 59 yds. Time, 4 min. 23 sec.
- 3 Miles: 1, A. C. Franks (St. Thomas's); 2, A. E. J. Etheridge (Guy's); 3, C. I. Murphey (King's), Time, 14 min. 59½ sec.
- 120 Yards Hurdles: 1, D. G. Reinold (Bart's); 2, R. D. H. Collins (King's); 3, P. H. Garrard (Middlesex), Inches. Time, 16½ sec.
- 440 Yards Hurdles: 1, K. N. Lloyd (London); 2, E. O. W. Jones (Guy's); 3, R. D. H. Collins (King's), 5 yds. Time, 58½ sec.
- High Jump: 1, J. L. Page (London), 5 ft. 7½ in.; 2, B. W. Powell (St. Thomas's), 5 ft. 4½ in.; 3, D. G. Reinold (Bart's), 5 ft. 2½ in.
- Long Jump: 1, A. I. Ward (Bart's), 21 ft. 2 in.; 2, E. I. Davis (Guy's), 20 ft. 4 in.; 3, R. F. Bonham-Carter (St. Thomas's), 19 ft. 11½ in.
- Pole Vault: 1, D. G. Blackburn (Guy's), 10 ft. 5 in.; 2, R. W. U. Kynaston (Guy's), 9 ft. 6 in.; 3, N. P. Shields (Bart's), 9 ft. 6 in.
- Weight: 1, H. E. A. Moody (King's), 39 ft. 7 in.; 2, A. J. Martin (St. Thomas's), 39 ft. 4½ in.; 3, D. B. Frazer (Bart's), 34 ft. 7 in.

Javelin: 1, N. F. Stidolph (St. Mary's), 152 ft. 8 in.; 2, A. R. P. Ellis (Bart's), 130 ft. 2 in.; 3, J. Muller (King's), 126 ft. 3 in.

Tug-of-War: St. Thomas's beat King's 2—0; King's beat Guy's for second place 2—0.

One Mile Relay: 1, St. Thomas's; 2, Guy's; 3, St. Mary's, 20 yds. Time, 3 min. 44½ sec.

Interhospital Shield: 1, Guy's, 44 points; 2, St. Thomas's, 39 points; 3, Bart's, 32 points.

British Medical Association Cup: E. I. Davis (Guy's). Princess Marie Louise Cup: A. C. Franks (St. Thomas's).

Run at Winchmore Hill on the evening of June 3rd. With a depleted side the Hospital secured a convincing victory for what will be presumably the last match that the Club holds on the old ground. We look forward anxiously to a flat track of more normal proportions at Chislehurst next season.

As usual the match was run in a pleasantly informal spirit, though it was unfortunate that as a result of late arrivals the start was more than half an hour late. Together with our thanks to the Staff, who so kindly acted as judges, we must offer apologies for the protracted nature of the proceedings.

Ward proved the mainstay of our attack, being placed in no less than four events. Reading, the vice-captain of the Bank, had an even more strenuous evening, as he performed in six events. Morris showed us what might have been in the Interhospital's clearing 5 ft. 6½ in., and Ellis's 134 ft. throw in the Javelin deserves special mention. In Atkinson we have a promising young middle distance runner; his time in the Mile, run only half an hour after the 880, was particularly commendable.

RESULTS.

- 100 Yards: 1, Butler (Bart's); 2, Ward (Bart's); 3, Payne (Barclay's), Time, 10.4 sec.
- 220 Yards: 1, Butler (Bart's); 2, Ward (Bart's); 3, Payne (Barclay's), Time, 21½ sec.
- 440 Yards: 1, Peate (Barclay's); 2, Hogarth (Bart's); 3, Reading (Barclay's), Time, 56½ sec.
- 880 Yards: 1, Peate (Barclay's); 2, Atkinson (Bart's); 3, Johnson (Bart's).
- 1 Mile: 1, Atkinson (Bart's); 2, Johnson (Bart's); 3, Strong (Barclay's), Time, 4 min. 51½ sec.
- High Jump: 1, Morris (Bart's), 5 ft. 6½ in.; 2, Reading (Barclay's), 5 ft. 5½ in.; 3, Ward (Bart's), 5 ft. 4½ in.
- Long Jump: 1, Ward (Bart's), 20 ft. 5 in.; 2, Reading (Barclay's), 19 ft. 10½ in.; 3, Southwell (Barclay's), 19 ft. 2 in.
- Weight: 1, Gibb (Barclay's), 32 ft. 8 in.; 2, Way (Bart's), 30 ft. 11 in.; 3, Ellis (Bart's), 29 ft. 10½ in.
- Discus: 1, Gibb (Barclay's), 101 ft.; 2, Way (Bart's), 84 ft. 4 in.; 3, Ellis (Bart's), 70 ft. 7½ in.
- Javelin: 1, Ellis (Bart's), 134 ft.; 2, Reading (Barclay's), 124 ft. 7 in.; 3, Gibb (Barclay's), 118 ft.

LAWN TENNIS

1st VI.
v. Chiswick Hard Courts; won 4, lost 3, unfinished
2, H. R. Marrett and C. S. M. Stephen won 3; R. I. G. Coupland and G. L. Way won 1, lost 1, unfinished; J. D. Loughborough and J. H. Packer lost 2, unfinished.
The unfinished matches were due to bad light.
v. Staff College; scratched.
v. U.C.II.; won 5—2, 2 unplayed owing to rain. H. R. Marrett and C. S. M. Stephen won 2; R. I. G. Coupland and G. L. Way won 2; G. T. S. Williams and J. H. Packer won 1 and lost 2.
v. Lancing O.B.s.; Won 8—1. W. K. Frewen and E. Corsi won 5; H. R. Marrett and C. S. M. Stephen won 3; G. I. Way and R. I. G. Coupland won 2, lost 1.
v. U.C.H.; at Perivale; won 7—2. H. R. Marrett and C. S. M. Stephen won 3; R. I. G. Coupland and G. I. Way won 2, lost 1; G. T. S. Williams and J. H. Packer won 2, lost 1.

2nd VI.

v. King's College Hospital; scratched owing to rain.
v. West Ham Schoolmasters' Association; scratched owing to rain.
v. St. Thomas's Hospital; lost 2—7. G. T. S. Williams and J. D. Loughborough lost 3; J. H. Packer and G. Dalley won 2, lost 1; J. A. Robertson and C. W. Manning lost 3.
v. King's College, Strand; scratched.

Past v. Present.

This match was played on Saturday, June 5th, at Winchmore in delightful weather. The Tennis Club were most pleased to welcome the members of the Past team who turned out, and most especially were they glad to see the President, Sir Charles Gordon-Watson, and the Vice-President, Mr. H. G. Bedford Russell.

1st and 2nd VI matches were played and there were many very close games; the match resulted in a win for the Present by 15-2, 1 unfinished.

Results:

1st VI.

W. K. Frewen and L. Corsi beat B. Thorne-Thorne and J. H. Hunt 6-4, 5-7, 6-3; beat H. G. Bedford Russell and O. A. Savage 6-2, 6-1; beat O. S. Tubbs and J. R. Kingdon 6-3, 6-3.
H. R. Marrett and C. S. M. Stephen beat B. Thorne-Thorne and J. H. Hunt 2-6, 6-3, 15-13; beat H. G. Bedford Russell and O. A. Savage 7-5, 7-5; beat O. S. Tubbs and J. R. Kingdon 6-2, 6-8, 6-4.
G. L. Way and R. I. G. Coupland lost to B. Thorne-Thorne and J. H. Hunt 5-7, 6-8; beat H. G. Bedford Russell and O. A. Savage 6-2, 6-3; beat O. S. Tubbs and J. R. Kingdon 6-2, 6-4. Won, 8-1.

2nd VI.

G. T. S. Williams and J. D. Loughborough beat Sir Charles Gordon-Watson and J. F. Beilly 6-3, 7-5; lost to Courtenay Evans and H. E. Archer 1-6, 5-7; beat E. M. Darmady and A. W. D. Leishman 6-4, 7-5.

J. H. Packer and G. Dalley beat Sir Charles Gordon-Watson and J. F. Beilly 6-3, 5-7, 6-4; lost to Courtenay Evans and H. E. Archer 6-2, 6-2; beat E. M. Darmady and A. W. D. Leishman 7-5, 6-4.

J. B. Waring and L. H. Cane v. Sir Charles Gordon-Watson and J. F. Beilly (unfinished), 7-5, 4-6; beat Courtenay Evans and H. E. Archer 6-2, 6-3; beat E. M. Darmady and A. W. D. Leishman 6-1, 6-3; won 7-1, 1 unfinished.

1st VI. v. Melbury.

This match was started at Winchmore Hill on Saturday, June 12th, but owing to a heavy thunderstorm it was impossible to finish; Col. Powell, however, very kindly gave us permission to complete the match at Melbury, where we spent a very enjoyable evening, losing by 3 matches to 5, 1 being unplayed.

E. Corsi and W. K. Frewen beat G. H. West and I. Spencer (1st pair) 6-3, 6-1; lost to J. Monahan and W. S. MacLay (2nd pair) 6-3, 5-7, 3-6; beat P. D. Howard and F. G. Evans (3rd pair) 6-4, 6-1.

H. R. Marrett and C. Stephen lost to 1st pair 4-6, 3-6; lost to 2nd pair 7-5, 4-6, 3-6.
G. L. Way and R. I. G. Coupland lost to 1st pair 1-6, 1-6; lost to 2nd pair 3-6, 4-6; beat 3rd pair 3-6, 6-2, 6-3.

The match v. St. Thomas's Hospital on June 20th was scratched by them.

The 2nd Round of the Senior Cup will be played on July 3rd at Winchmore Hill, against King's College Hospital.

RIFLE CLUB After four weeks of practice on Saturdays at 200, 500 and 600 yards, the Club started on the four stages of the United Hospitals Armitage Cup, the final stage of which was held on June 19th at Bisley, concurrent with the Annual United Hospital Prize meeting.

Seventeen members of the Club have shot at Bisley with an average attendance of 10. In addition, our Vice-Presidents, Mr. F. W. Haines and Mr. H. W. Rodgers, were present on June 19th, and Mr. Rodgers shot in the prize meeting.

The Hospital team finished fourth in the Armitage Cup. In the prize meeting N. H. Halper won the Final Stage Aggregate Cup, the Tyros' Aggregate Cup, the Donegal Badge and the 200 yards range prize. G. H. Pickering tied for the 600 yards range prize, but lost in the tie-shoot.

G. Canti, B. P. Armstrong, G. H. Pickering and N. H. Halper have represented the United Hospitals, and the two latter have been chosen to shoot for the United Hospitals in the Astor Cup.

N. H. Halper won the Benetfink Cup. In the miniature range G. H. Pickering won the Lady Ludlow Cup and the Sir Holburt Waring Cup.

CORRESPONDENCE
THE GOSSIP COLUMN

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

DEAR SIR,—We wish to congratulate the "Probe" on his "Sequestra", and to deplore the withdrawal of the column from the last issue. Surely the JOURNAL must realize that such adverse criticism as they have received fills the waste-paper baskets of every editor and public person of character. Most of the criticism is made by those who think they have a personal grievance, and can hardly be taken to represent the opinion of the majority of your readers.

Since this is the first attempt to introduce a new and much-needed bright feature into the JOURNAL, criticisms should have been encouraging in nature. Modifications and increased delicacy of touch might be expected as the "Sequestra" became established.

Yours sincerely,

Students' Union,
St. Bartholomew's Hospital,
E. C. 1;

June 15th, 1937.

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

SIR,—It is with much regret that I see that "Sequestra" by "the Probe" is to be discontinued on account of the "unanimity of disapproving correspondence". Moreover, it is with much deeper concern that I discover that certain of your readers have failed to appreciate the harmless nature of your humour in this column.

Is this because the good-humoured remarks were levelled at their own heads, or is it merely because their sense of humour is still embryonic?

You have been accused of indecency, bad taste, irreverence and even libel, so that one is, alas, forced to the conclusion that—"Some fun is no fun if it is against ourselves".

Yours etc.,

63, Eton Avenue,
W. Hampstead, N.W. 2;
June 9th, 1937.

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

DEAR SIR,—Together with a large body of students I deplore the suspension of your very entertaining and quite innocuous "Sequestra".

Probing for strictures is a pastime we all have far too little opportunity to indulge, especially when lightly and delicately performed as exemplified by the author of this series. I should like to see the feature continued as do many others.

Yours, etc.,

St. Bartholomew's Hospital,
E. C. 1;
June 14th, 1937.

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

DEAR SIR,—We have recently heard "much" about the article headed "Sequestra".

It would appear that you have offended against Christian decency, and, in the sight of your readers, intruded into the sacred privacy of Dr. Hatfield's ward, and made slanderous and libellous accusations against upright and sensitive members of this Hospital.

While at the same time I feel that any direct slight against a body such as the Christian Union (whose cause I do not propose to champion or otherwise) is a little offside, I cannot begin to understand the attitude taken up by those people who came under the very bantering fire from the "Probe" of your contributor.

I, for my part, enjoyed the article as did many others, and respectfully request that it be continued in the same vein, with due regard to the above and only criticism.

Yours sincerely,

St. Bartholomew's Hospital,
E. C. 1;
June 21st, 1937.

THE CAMBRIDGE SCIENTISTS'

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

DEAR SIR,—I wish to protest against the inadequate and misleading review, in your June issue, of *The Production of the Public from Aerial Attack*, by the Cambridge Scientists' Anti-War Group.

Your reviewer, whose name and qualifications are, as usual, not given, does not mention the fact that the editorial committee responsible for the book consists of a number of very distinguished scientists, whose names would be familiar to many of your readers, and whose opinion in such matters deserves the greatest respect.

Moreover, after a kindly word for the ingenuity of their experiments, your reviewer makes no detailed criticism of their evidence, but proceeds to accuse them of "purely destructive criticism", "thinly veiled anti-Government propaganda", and "sowing the seeds of panic".

If the Government Air-Raid Precautions cannot stand fair criticism, it is not the fault of the authors, nor can they reasonably be blamed for hostility to a Government which foists such precautions on the public.

As for the last accusation, panic is the fear of the unknown and unexpected; if the public is told clearly and repeatedly what it may expect in another war, it will be far less likely to panic if such a war occurs, and it may even be prepared to make some sacrifices to avoid it.

Yours faithfully,

St. Bartholomew's Hospital,
E. C. 1;
June 9th, 1937.

EDITOR'S NOTE

There appeared in this column last month a letter from Dr. E. B. Poulton appealing for volunteers for Sir George Young's Field Ambulance. For special reasons it has been found necessary after all to cancel this letter, as Sir George Young has decided to employ Spanish medical men instead of English.

REVIEWS

Common Skin Diseases. By A. C. ROXBURGH, M.A., M.D., B.Ch.(Cantab.), F.R.C.P.(Lond.). Fourth edition. (H. K. Lewis & Co Ltd.) Pp. 100. Price 15s. net.

If ever a text-book richly deserved to reach its fourth edition in the comparatively short space of five years this excellent volume of Dr. Roxburgh's does. A work on the skin diseases intended for the use of students and practitioners is notoriously a difficult one to compile, and few, if any, have achieved the task with such a nice balance between compactness and simplicity, on the one hand, and a reasonable measure of completeness on the other.

The present book is even more profusely illustrated than its predecessors, no less than twenty-six plates having been added and four of the old ones replaced.

The whole work has been revised and brought up to date, with special reference to the sections on treatment, and the paragraphs on dermatitis due to arsenic and gold rewritten more fully.

Additions have also been made to the account of zoster and varicella and to the treatment of varicose veins, where a list of contraindications to injection will be found.

Dr. Roxburgh believes that the incidence of intra-epidermal epithelioma is much greater than is commonly recognized, and for this reason a note has been inserted in this edition upon it.

For the rest, the book entirely maintains the very high standard of the previous editions, and its author is to be congratulated upon giving us so excellent and so readable a work.

Recent Advances in Anesthesia and Analgesia. By C. LANGTON HEWER, M.B., B.S., D.A. Second edition. (Messrs J. & A. Churchill.) Price 15s.

This is a really an excellent book and all students and practising anaesthetists should read this second edition that Mr. Hewer has brought out.

It is a clear, concise account of anaesthesia as it stands to-day. It is exceedingly well laid out, reads pleasantly, and there are lots and lots of pictures.

In the first part the method adopted is that of a discussion on the merits and demerits of each anaesthetic at a length proportionate

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

DEAR SIR,—Surely a few letters do not justify the withdrawal of the only really popular column the JOURNAL has ever had? They certainly do not express student opinion, and the JOURNAL is the students' property.

Yours faithfully,

N. H. HALPER.

St. Bartholomew's Hospital,
London, E.C. 1;
June 6th, 1937.

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

DEAR SIR,—I wish to join my protest to that of many others against the (in my opinion) unwarrantable suspension of the Gossip Column. It provided a much-needed lighter note to the hitherto rather solemn JOURNAL.

Yours faithfully,

R. T. JOHNSON.

St. Bartholomew's Hospital,
E. C. 1;
June 17th, 1937.

THE GERMAN GUN

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

SIR,—I read with delight the letter in your last issue on the German Gun. Your correspondent seems to have brought forward unanswerable reasons for the removal of this offensive object from the Hospital precincts, and I hope there may be widespread feeling in support of his suggestion.

Yours faithfully,

GROFFREY KEYNES.

June 16th, 1937.

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

DEAR SIR,—It seems so much the fashion to protest in these columns that I am filled with joy by the discovery of a suggestion against which I, too, may register a legitimate and emphatic protest. I refer, Sir, to the wanton proposition contained in a recent letter to remove that glorious and hoary old relic which stands outside the College Office. In a Hospital so full of glorious and hoary old relics, one wonders why this one should have been selected by iconoclastic youth for such storms of vituperation.

The piece of artillery in question is a trophy three won. It was first seized in the clamour of wide battle upon the Western Front; then snatched dramatically from constituted authority by that stout rebel, Dr. Charles Harris and his trusty lads; and finally, after its scoundrelly theft by the envious students of University College, gallantly recaptured, and returned to its rightful home.

That the young men of to-day could contemplate its removal and destruction is a sorry indication of the nadir to which their historic pride and moral standards have sunk.

One of the reasons unblushingly brought forward for its removal was the sordid consideration of providing more space for the sumptuous automobiles of our Visiting Staff. And so mercenary has the modern world become that the present writer at least would not be in the least surprised to see them writing to support this infamous project.

Your obedient and sorrowing servant,

St. Bartholomew's Hospital,
E. C. 1;
June 20th, 1937.

BART'S BULLETIN

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

DEAR SIR,—The new publication, *Bart's Bulletin*, has met with such general approval, coupled with the request for the supply of copies, that the Treasurer, Lord Stammers, has sent three copies to each of the old St. Bartholomew's men practising in this country.

It is hoped that these copies will be put in waiting-rooms, where they will be read by the patients with, we trust, the result that the needs of both Hospital and College will be widely recognized.

Yours very truly,

St. Bartholomew's Hospital,
E. C. 1;
June 16th, 1937.

GORDON CAMPDELL,
Chairman, Appeals Committee.
W. McADAM ECCLES,
Member of Appeals Committee.

to its clinical application. The author covers a cavalcade of anaesthetics from ether and chloroform, through pentothal sodium, evipan and cyclo-propane, finally touching on queer erratic drugs with strange exotic names from America.

In the second part of the book he discusses the ideal anaesthesia to be employed in various types of surgery, in chapters on Chest, Abdomen, Brain, Thyroid Surgery, etc. In each case the value of local, spinal, and nerve-block anaesthesia is fully considered.

In few cases is the author dogmatic; rather does he present the known evidence (and the references are inexhaustible) and give his own opinion.

The remainder of the book consists of really excellent chapters on the description of the various types of modern apparatus, the special use of oxygen (in tents, etc.), and post-operative complications.

Last, but not least, is an invaluable chapter on that grossly neglected art, that of "stretcher-side manner". What is just a whiff of gas to the anaesthetist is often, to the man the other end of the tube, a moment of gigantic solemnity.

In our opinion there is no better book of its kind for the man whose interest lies beyond the "rag and bottle".

Diathermy: Including Diathermotherapy and other forms of Medical and Surgical Electrothermic Treatment. By ELKIN P. CUMBERBATCH, M.A., B.M.(Oxon.), D.M.R.E.(Camb.), F.R.C.P. With nine collaborators. Third edition. (Heinemann.) Price 21s.

We congratulate Dr. Cumberbatch on an excellent book. He has included chapters written by those whose experience is beyond question in their own especial branch of the subject. All the diagrams are clearly printed, and there is no dearth of illustrations.

The present position with regard to short wave therapy, and inductothermy has been clearly and concisely put. The whole book is eminently readable, and we can thoroughly recommend it to both student and practitioner.

EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

- M.D.—Shepherd, F. W.
M.B., B.Chir.—LOXTON, G. E.
 M.B.—Black, K. O., Braithwaite, F., Houlton, A. C. L., Kelsall, A. R., Swain, K. H. A.
B.Chir.—Daniel, T. M.

University of London

Third (M.B., B.S.) Examination for Medical Degrees, May 1937.

Honours.—*Longland, C. J.

* Distinguished in Medicine.

PASS.—Balfour, H. I. C., Carpenter, M. A., Cates, J. E., Cuthbert, J. B., de Saram, G. S. W., Hill, J. R., MacCarthy, D. de la C., McKane, T. O., Pearce, H. A., Roualle, H. L. M., Sandell, L. J., Stevenson, R. Y., Taylor, R. W.

Supplementary Pass List.

Group I.—Brown, K. C., Darke, G. H., Foster, W. B., Herbert, G., Hoadley, J., Jackson, H., Jordan, A., Moynagh, D. W.
 Group II.—Ashton, D. R., Bradley-Watson, J. D., Ennis, J. E., Hambly, E. H., Mountjoy, E. R.

University of Edinburgh

The following has been elected a Fellow: Trueman, R. S.

Society of Apothecaries of London

Final Examination, May, 1937.

Midwifery.—Young, G. L.

CHANGES OF ADDRESS

BAMFORD, H. C., 15, Lypiatt Terrace, Cheltenham, Gloucestershire.
 BARNSELY, Lt.-Col. R. E., R.A.M.C., Headquarters, Northern Command, York.

BATEMAN, C. H., Sweeney, Rayleigh, Essex. (Tel. Rayleigh 36.)
 BIVELAPPEZ, E. W., 63, Harley Street, W. 1. (Tel. Langham 1534).
 And "St. Austins", Coolhurst Road, Highgate, N. (Tel. Mountview 6064.)

BRADBURY, E., c/o D.M.S.S., Lagos, Nigeria, W. Africa.
 HAY, K. R., 71, Addison Road, W. 14. (Tel. Park 6220).
 LANE, Lt.-Col. W. B., I.M.S.(ret.), 39, College Road, Chalk Farm, N.W. 3.
 LAWRENCE, D. E., 36, Ridgway, Newport, Mon.
 MOIR, E. D., 16, Portman Close, W. 1. (Tel. Welbeck 8818.) (From 1, Gordon Square, W.C. 1.)
 RAIT-SMITH, B., 11, Manchester Square, W. 1. (Tel. Welbeck 6280.)

APPOINTMENT

CASTLEDEN, L. I. M., M.D.(Lond.), appointed Demonstrator in Clinical Medicine to the British Post-Graduate Medical School, Hammersmith.

BIRTHS

ALEXANDER.—On June 7th, 1937, at Clive Vale, Gillingham, Dorset, to Bertha (née Crowder), wife of Dr. Bernard William Alexander—a son.
 BAYNES.—On June 5th, 1937, at Reed House, West Byfleet, Surrey, to Anne (née Leay), wife of Dr. H. Godwin Baynes—a daughter.
 ELKINGTON.—On May 23rd, 1937, at Newport, Shropshire, to Dr. and Mrs. G. E. Elkington—a daughter.
 MATTHEWS DUNCAN.—On June 11th, 1937, at The Wood, Sunninghill, Berks, to Betty (née Goddard), wife of Charles Matthews Duncan—a son.
 TRACEY.—On June 22nd, 1937, to Katherine Reavell and Basil Martin Tracey, of 62, Thorpe Road, Norwich—a son.

MARRIAGES

CUSACK—THOMPSON.—On April 26th, 1937, at Drisbane Convent Church, by Father Martin Cusack, Michael Kihian, eldest son of the late Mr. and Mrs. M. J. Cusack, of Mitchellstown, co. Cork, to Helen, eldest daughter of Mr. and Mrs. W. J. Thompson, Short-castle, Mallow, co. Cork.

DEAN—COUTTS.—On June 5th, 1937, at Christ Church, Crookham, David Maurice Dean, of King's Lynn, to Joan Evelyn, elder daughter of Mr. and Mrs. Edward Coutts, Airlie, Church Crookham, Hampshire.

GAWNE—SVOBODOVA.—On June 12th, 1937, at St. Mary's, Cadogan Gardens, Douglas W. C. Gawne, M.A., M.D., B.Ch., son of the late Wm. Gawne and Mrs. Gawne, of Pargys', Port Erin, Isle of Man, to Anna Maria Svobodova, daughter of Ladislav Svoboda, of Popovic, Czechoslovakia.

JENKINSON—MORRIS.—On June 12th, 1937, at St. Nicholas Church, Chiswick, Surgeon Lieutenant-Commander S. Jenkinson, Royal Navy, to Phyllis Ellen ("Red") Morris.

NEWTON DAVIS—WHITTAKER.—On June 9th, 1937, at the Priory Church of St. Bartholomew-the-Great, London, by the Rev. Canon Sidney Savage, Lieut.-Col. C. Newton-Davis, M.C., I.M.S., to Mrs. Kathleen Mary Whittaker, widow of Squadron-Leader John Tudor Whittaker, M.C., R.A.F., and daughter of the late J. W. Finlay and Mrs. Finlay, of Wolfhill House, Belfast.

SHAW—WATERLOW.—On June 1st, 1937, at Bournemouth, Campbell, elder son of the late P. H. Shaw, and Mrs. Shaw, of Basingstoke, to Iris Waterlow, daughter of the late C. R. Butler and Mrs. Douglas Brock, of Horning, Norfolk.

WILLIAMS—CROCKER.—On June 10th, 1937, at Parkstone, Hugh Morgan Williams, F.R.C.S., to Jean Esmé Crocker, both of Parkstone.

DEATHS

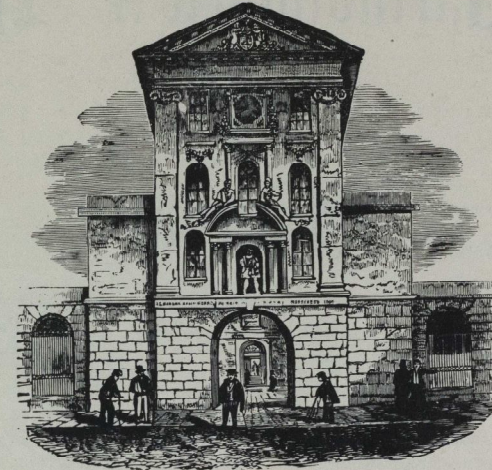
BISHOP.—On June 22nd, 1937, at 1, Montagu Mews South, W. 1, after a long illness, Frederick Michael Bishop, M.R.C.S., L.R.C.P.
 LEE.—On May 26th, 1937, at a nursing home in London, William Emerson Lee, M.D., of the East Sussex Club, St. Leonards-on-Sea, aged 61.

NOTICE

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

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

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



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St. Bartholomew's Hospital



Journal

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

VOL. XLIV. No. 11

AUGUST 1ST, 1937

PRICE ONE SHILLING

CALENDAR

Fri., July 30.—Dr. Graham and Mr. Wilson on duty.	Fri., Aug. 13.—Dr. Gow and Mr. Vick on duty.
Tues., Aug. 3.—Dr. Evans and Mr. Girling Ball on duty.	Cricket Match v. Seaton, at Seaton (2 days).
Fri., ,, 6.—Prof. Witts and Prof. Ross on duty.	Tues., ,, 17.—Dr. Graham and Mr. Wilson on duty.
Mon., ,, 9.—Cricket Tour.	Thurs., ,, 19.—Last day for receiving matter for the September issue of the Journal.
Cricket Match v. Somerset Stragglers at Taunton (2 days).	Fri., ,, 20.—Dr. Evans and Mr. Girling Ball on duty.
Tues., ,, 10.—Dr. Chandler and Mr. Roberts on duty.	Tues., ,, 24.—Prof. Witts and Prof. Ross on duty.
Wed., ,, 11.—Cricket Match v. Mr. Maidlow's XI at Ilminster.	Fri., ,, 27.—Dr. Chandler and Mr. Roberts on duty.
Thurs., ,, 12.—Cricket Match v. Men o' Mendip at Bruton.	Tues., ,, 31.—Dr. Gow and Mr. Vick on duty.

EDITORIAL

TO-MORROW

THE new Medical Block is opened. It seems but a few short weeks ago that the old building stood upon the south side of the Square. We watched, almost with a sense of sacrilege, the men begin their work; saw them strip off the tiles and batter down, stone by stone, the walls which had stood there massive these past two hundred years.

It was strange to look out into the Square and see the dusty fragments topple and to hear the corner-stones crashing down into the empty cellars.

We felt that the Square as we knew it could never be quite the same again.

Now the King George V Building has risen, a little too noble, a little too white, from those ruins, and already we have a generation with us who never knew the old, and to whom the new is no source of wonder, but a natural thing which only foreshadows a little the changes that are to come.

Although we may regret, from sentiment or from our recollection, the buildings of the past, there is not one of us who does not welcome this great new

AUGUST, 1937]

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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house which will become, as surely as the weathering of its stones blends it with its predecessors, an integral part of our daily lives and of our future memories.

For it embodies not only the tremendous, immediate advantages of light, of space, of air, and of scientific progress, but also the principle, never to be allowed far from our hearts, of the growth and the advancement of the Hospital itself.

Within the last few years the Hospital and the College—for they are, and ought to be, inseparable have undergone a series of expansions greater, perhaps, than any since the eighteenth century, and we have lately made an attempt to learn the views of the Governors upon the reconstructions we may expect to see in the immediate future.

It is clear, first of all, that any scheme to be satisfactory must form part of a consistent whole, preserving on the one hand our historical amenities, and on the other providing that space and unity which is essential in any great and modern scientific institution.

The Reconstruction Committee, very wisely, have determined that at all costs the arrangement of the Square, and of the North Block, will remain untouched.

For the rest, they hope to see a Hospital of some 750 beds, and since the present Medical and Surgical Blocks accommodate some 500, and we may be optimistic enough to think the number of 750 may be extended a little, it would appear that 250 to 300 beds are still to be provided.

The scheme we believe now finds most favour is for the reconstruction of the West Block, holding about 200 beds devoted to the Special Departments. The present site of the old Anatomy rooms would be

used for a Radiological Institute and for new lecture theatres.

The East Block, which would follow in the rebuilding, is to be set aside for more spacious Maternity and Gynaecological Wards, and any extra room would be used for special departments. The present Maternity Block, in the north-east corner, may be used for an extension of the Nurses' Home.

The basements of these new buildings are to be exploited to the utmost. It is proposed to move the Nurses' dining-room to the basement of the Surgical Block, while the patients' library and the other offices at present installed there will be transferred to the North Block, whose basement can be reconstructed and enlarged without interfering with the upper floors. Should any space be left, it is suggested they may be filled, during the day, with our cars, if the Works Department do not wish to return to the Hospital site, or the demands of Stores are not too insistent.

We all long, too, to see a Paying Patients' Department, for which, we understand, a site is available in Little Britain, and the building there is checked only by the exigencies of ways and means.

If we may venture to tread the perilous morasses of finance, we would observe that the land purchased of Christ's Hospital is being paid for by a Sinking Fund which has still about eighteen years to run, after which there should be some £5000 a year available to finance a further loan.

Thus, while the prospect may be disappointing to the impatient, we may hope to see the whole reconstruction scheme carried to completion by 1960, and though we take thereby some ten years longer than did our eighteenth century predecessors, we may hope that the result will be one not unworthy of the traditions which they set.

THE OPENING OF THE NEW BLOCK

"TUESDAY, July 23rd, 1907, will be long remembered by all those who were so fortunate as to take part in the opening of the New Out-Patient Block at St. Bartholomew's. To the present



Keystone photo.]

HER MAJESTY WITH THE TREASURER, THE RT. HON. LORD STANMORE.

writer, returning to the Hospital the day before, after a fortnight's absence, the scene had changed completely. It was then obviously impossible that the great Waiting Hall could be ready in time for the Royal visit, and yet here it was all but completed, with workmen putting the last touches that should make it to-morrow's finished palace. Out in the Square toiled a little army, tracing in canvas and carpets the line of the Prince and Princess's route, and decorating every royal inch with a wealth of blossom."

So wrote the JOURNAL of thirty years ago in celebration of a function which had many points of similarity with that of July 8th, 1937. Then, as now, was the same magic completion of what appeared an impossible task ;

the same little army laboured in the Square to erect the huge marquees, to lay the crimson carpets, and to bedeck the dais and the entrances "with a wealth of blossom"; and again H.M. Queen Mary—then Princess of Wales—came this time, alas, alone, to declare open the building which at his own gracious request was named after His late Majesty King George V.

The day was sunny, and the Square presented what

visitors, Staff, nurses and students, a mingling of official robes and garden party frocks, of uniforms and of academic gowns.

The Rt. Hon. the Lord Mayor was unable to attend the ceremony because of an injured foot, and when Queen Mary learned of this she wrote expressing her sympathy.

Her Majesty herself arrived by car at 3 p.m., accompanied by her Private Secretary, Sir Gerald Chichester, and by a lady-in-waiting, the Dowager Lady Amptill.



Photo L.N.A.]

HER MAJESTY CHATS WITH THE MATRON, MISS HELEN DEY. BEHIND ARE THOMAS HAYES, ESQ., CLERK TO THE GOVERNORS, AND DR. GOW, SENIOR PHYSICIAN.

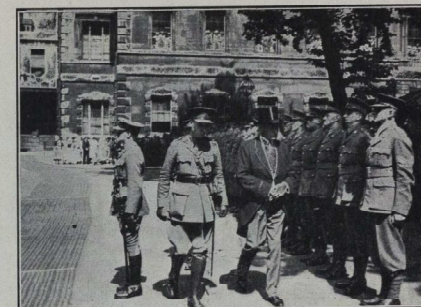
She was received by the Treasurer, Lord Stanmore, the Senior Almoner, Lord Stafford, and by Lady Stafford, who is President of St. Bartholomew's Women's Guild.

Lord Stanmore then presented to Her Majesty—

The Hon. Sir Odo Russell, K.C.M.G.	} Almoners.
George Aylwen, Esq.	
Admiral Sir Hugh Watson, K.C.B.,	
C.V.O.	
Sir Herbert B. Cohen, Bt., O.B.E.	

Alexander E. Gow, Esq., M.D., F.R.C.P., Senior Physician.

Harold W. Wilson, Esq., M.S., F.R.C.S., Senior Surgeon.



COL. SIR CHARLES GORDON-WATSON INSPECTING THE GUARD.

George Graham, Esq., M.D., F.R.C.P., Physician.
W. Girling Ball, Esq., F.R.C.S., Surgeon and Dean of the Medical College.

Thomas Hayes, Esq., C.B.E., Clerk to the Governors.



Photo A.C.R.]

MR. LODGE, THE ARCHITECT, IS PRESENTED TO HER MAJESTY.

C. C. Carus-Wilson, Esq., M.C., Assistant Clerk to the Governors.

Miss Helen Dey, O.B.E., R.R.C., Matron and Superintendent of Nursing.

Her Majesty was first conducted to the Mozelle Sassoon X-Ray Therapy Department, where she showed a very lively interest in the equipment, which was explained and demonstrated to her by Dr. N. S. Finzi.

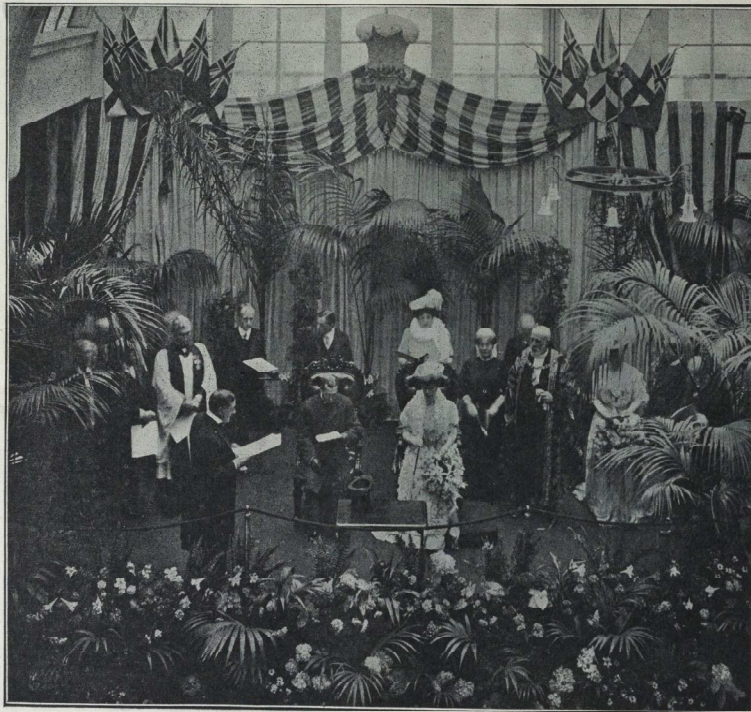
The procession then returned to the marquee, where the Queen was presented with a bouquet of flowers by

The Treasurer's Address.

"To Her Most Gracious Majesty, Queen Mary :

" May it please your Majesty—

" We, the Governors of St. Bartholomew's, welcome you again on your gracious visit to our ancient Hospital



THE TREASURER, LORD LUDLOW, DELIVERING HIS ADDRESS IN 1907.

Nurse Zoe Cottam, Senior Gold Medallist, who was congratulated by the Queen upon her success.

A number of other distinguished guests were presented to Her Majesty before she was conducted to the platform.

The Very Rev. the Archdeacon of London having asked God's blessing "on that which we are adding this day to this ancient foundation", Lord Stanmore read the following address :

and venture to recall to your Majesty's memory that it was established on this site more than eight centuries ago.

" Here, our founder, served at the Court of King Henry the First, who gave him the land which is still occupied by this Hospital. For eight hundred years, as our founder ordained, it has admitted the sick, the wounded and women labouring with child.

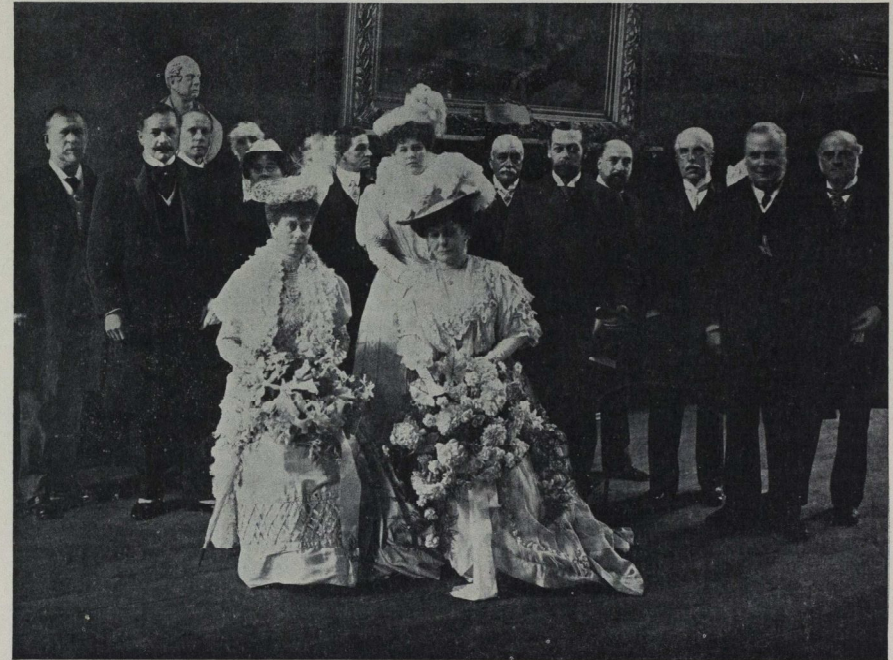
" For the first four hundred years the patients were

tended by Augustinian Canons and by Sisters, who ministered to their spiritual and physical needs.

" Then in 1536, as a result of the Reformation, the Monastery was dissolved and the Hospital was left almost derelict. The Mayor, Sir Richard Gresham,

" We remember with gratitude your Majesty's coming amongst us in July, 1907, on the occasion of the opening of our Out-Patients' Department by our beloved and revered Sovereign and Patron, King George the Fifth, and again in the year 1921 when

In 1907



From left to right :
SIR NORMAN MOORE, LORD LUDLOW, T. HAYES, ESQ., PATRICK L. BLYTHE, ESQ., CAPT. GODFREY FAUSSET, HENRY L. FLORENCE, ESQ., HARRISON CRIPPS, ESQ., H.K.H. THE PRINCE OF WALES, GEORGE ACTON DAVIS, ESQ., GEORGE BAKER, ESQ., E. MULREADY STONE, ESQ., MISS ISLA STEWART (Maitor), LADY SHAFTESBURY.
H.R.H. THE PRINCESS OF WALES, LADY LUDLOW.

the Aldermen and Commonalty of the City of London, presented a petition to King Henry VIII on behalf of the Hospital as the sick poor of the City were left unattended. The King refounded the Hospital in 1544, and so enabled the work of healing the sick to be resumed. Since this date the patients have been treated by physicians, surgeons and nurses, whose work has added to the prestige of the Hospital.

§§

your Majesty laid the Foundation Stone of the Nurses' Home which you so graciously allowed to bear your name. The Home which was erected on the site you dedicated has done much to help our nurses to lead a healthy life in comfortable surroundings.

" Your Majesty is now about to add to our obligations by opening this, the King George V Building. The erection of this Block of Medical Wards with the

most modern equipment will enable our ancient Hospital to retain the position it has always held in the forefront of the healing art and allow a larger number of patients to be treated in accordance with the highest ideals of modern medicine. For so doing, and for your continued interest in St. Bartholomew's Hospital, we offer your Majesty our most humble and grateful thanks."

Her Majesty then declared the new Building open, after which the architect, Mr. T. A. Lodge, O.B.E., F.R.I.B.A., was presented to the Queen and accompanied her during her inspection of the Building.

Dr. Gow conducted Her Majesty to Smithfield and Mary Wards, where she expressed her admiration of their pleasant spaciousness and talked with a number of the patients. She also paid close attention to the kitchens, and examined with interest some of the equipment there.

Having expressed a wish to visit a Surgical Ward, the Queen was shown Paget and Rees-Mog Wards by Mr. Harold Wilson, and again chatted with a number of the patients before going on to visit the British Red Cross Library and to inspect the Nurses' Home, which is named after Her Majesty, who laid its foundation stone in 1921.

So concluded a ceremony not soon to be forgotten by those privileged to be present, and one which marks a period in the history of the Hospital no less notable than its predecessor of thirty years ago.

HUNTERIAN PROFESSORS

The Hospital is extremely well represented this year by Hunterian Professors, no less than four having been appointed, three of whom are on the Hospital Staff. They are Mr. W. E. Underwood, Mr. R. T. Payne, Mr. H. Rodgers and Mr. J. Cole Marshall.

* * *

ROCKEFELLER AWARDS

Three more Bart.'s men, who intend to work at centres in the United States, have been awarded Rockefeller Travelling Scholarships in Medicine for 1937-38. They are Dr. E. F. Scowen, Assistant Director of the Medical Professorial Unit, Dr. C. H. Stuart-Harris, the Sir Henry Royce Research Fellow in Influenza, and Dr. G. W. Hayward, who is R.M.O. at the National Hospital for Diseases of the Heart. Another appointment of interest is that of Mr. Tubbs to the Dorothy Temple Cross Travelling Research Scholarship.

To all these gentlemen we extend our hearty congratulations.

THE KING GEORGE V BUILDING

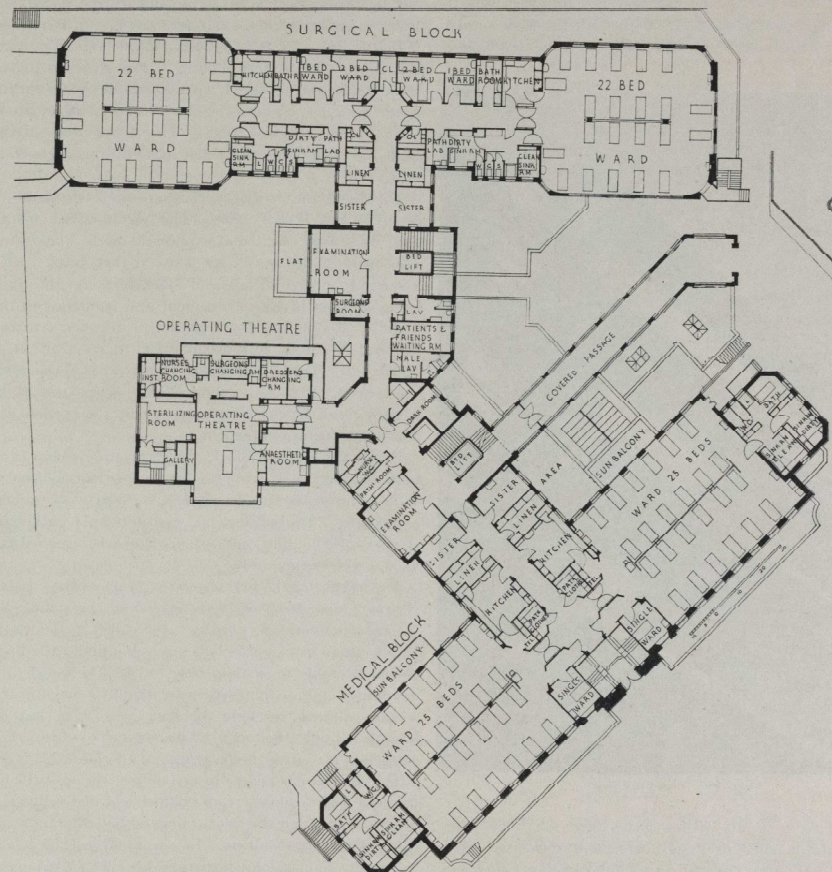
By THE ARCHITECT.

ANOTHER section of the great reconstruction scheme of St. Bartholomew's Hospital has been completed, and on Thursday, July 8th, Her Majesty Queen Mary opened the new Medical Block, named by permission of our late King "King George V Building". A large part of the Hospital now has been rebuilt on the most modern lines to embody the latest ideas of hospital planning and equipment. The Out-Patients' Department, Pathological Block, Kitchens, etc., and Nurses' Home are all comparatively new buildings, and only a few years ago the Surgical Block and Operating Theatres were completed. All these buildings form part of the complete reconstruction scheme, but there is still more to be done before the plan can be regarded as finished, such as the new Radiological Department, units for Maternity, Children, Ear, Nose and Throat, Ophthalmic and Obstetric cases, the large Lecture Theatre and also a Private Patients' Block, and additional accommodation for the Nursing Staff.

I am sure many will feel the loss of the fine old eighteenth century front facing the Square, with its restful proportions, but whilst every effort was made to embody this in the new design, it was found that the requirements of the Hospital and the difficulties of planning on a limited site made its retention impossible, since both the centreing of the windows and their height were unsatisfactory in relation to the new plan. In the new building, however, the architectural details have been closely followed, and since additional height was essential, the upper floors have been set back from the main face, and with a view to changing the effect of the Square as little as possible, much of the stone from the old building has been re-used in the new front, and the iron railings facing the Square are of the same design as those on the old North Block.

The Main Entrance to the building has not been changed, but with a view to preventing disturbances to the Ward Units on the ground floor a staircase is provided leading down to the lower ground-floor level. It is at this lower level that the main connecting corridors of the Hospital are provided. The new building is at present linked up directly to the Surgical Block and Operation Theatres, and to the Hospital Kitchens, and will be ultimately connected to the East and West Blocks, Out-Patients' Department, Nurses' Home, and, in fact, all other sections. The Main Entrance for patients has been arranged at the rear of the building, between the Medical and Surgical Blocks, and is at the ground floor level, to which position ambulances have easy access.

The new building has five floors of wards, in addition to the lower ground floor, on which is the Diet Kitchen, Cardiographic Department, Rest Rooms and Canteen for patients' friends. In four rows at right angles to the windows and with a screen down the centre of the ward, against which the heads of the beds are placed. The screen is about 7 ft.



GROUND-FLOOR PLAN OF MEDICAL AND SURGICAL BLOCKS.

patients' friends. On the top floor an Isolation Unit is planned and an extension of the Dunn Laboratories. Each of the ward floors contains 50 beds, giving a total of 250 medical beds in the block, and 7 isolation beds. The 50 beds are divided into two units of 25 beds each, male and female.

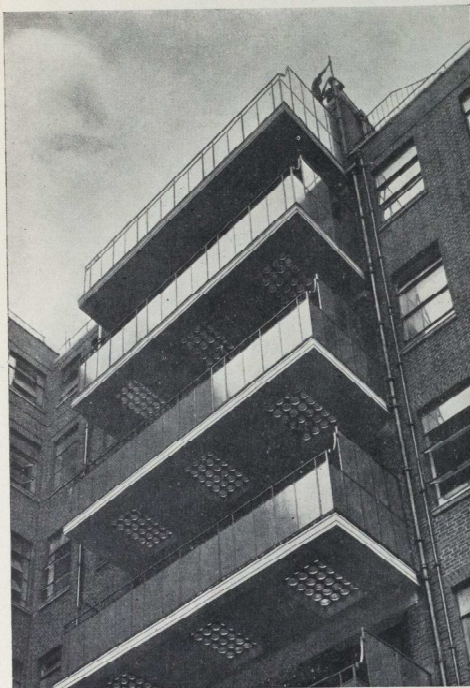
The unit comprises a large ward of 23 beds, arranged

in height, the lower part being solid and the upper glazed with clear glass.

Each ward has a balcony on the southern side large enough to take three beds, the balcony being closed in by a glass screen and with glass panels in the floor to prevent the obstruction of light to the wards beneath.

At the far end of the ward are the sanitary offices,

comprising Clean and Dirty Sink Rooms, Bathroom and two Patients' Lavatories, also a service lift for the removal of linen, etc., and the iron fire-escape stairs. At the near end, on the one side, is a lobby leading to two single-bed wards and, on the other side, a similar lobby giving access to the Kitchen. The Kitchen is



THE NEW SUN-BALCONIES.

fitted, as is usual, with a gas-cooker, small gas fire, refrigerator, sink, draining-boards, hot towel rail, etc., whilst built into the walls are cupboards for china and other things, and entered from the Kitchen is the Larder. Other rooms to each unit include a Store for patients' clothes divided up to give accommodation for each patient, a Linen Room with built-in cupboards, and a Sister's Room at the entrance to the unit.

On each floor, but common to the two units, is a large Examination Room in which minor pathological investigations will be carried out, capable of being darkened, and fitted with a laboratory bench on the window side,

also a sink, basin and slop sink, and, in addition, Nurses' Cloakroom and a small room for X-ray work.

The construction of this block, which was carried out by Messrs. Dove Bros., is similar to the Surgical Block in general, but the finishing and details have been varied, with a view to reducing noise and improving the appearance of the building. The structure has a steel frame and is faced with Portland stone on the front facing the Square, the other fronts being of brick, to match the Surgical Block. The upper story of the front has been designed in cast lead covering a concrete wall.

The floors and roofs generally are fireproof, made of concrete and hollow tiles. The windows are metal, and the doors are solid, veneered with mahogany. The floors in the wards are polished teak blocks, with a skirting and coved angle of black terrazzo, the walls being finished in Keene's cement and painted. In the Sanitary Rooms the floors are all of grey terrazzo and the walls are lined with a pale green tile to a height of about 8 ft. The black skirting is continued throughout the building, and the infilling of the floor in the rooms is either teak block or terrazzo to suit the purpose for which the room is intended.

Unlike the Surgical Block, the main staircase has been built between walls with the lift enclosed in the centre wall. The stairs are of concrete, covered with rubber, as also are all the landings and corridors. The lift-shaft is closed by folding metal doors at each level with a view to preventing noise.

The heating of the building is by means of the "panel system", consisting of pipes bedded in the ceilings of the various rooms and corridors, the panels in the wards having been arranged as far as possible under the beds of the floor above, and in cases where the panels are not under beds a thin layer of cork has been inserted to prevent heat reaching the floor over. The heat is obtained from the main boiler-house by means of calorifiers placed in the basement of the block.

The decorations generally are simple, the walls being finished with a gloss cream enamel and the ceilings a broken white, and the door-frames a shade darker than the ordinary wall colour. In the main entrance hall and stair, light-coloured marble has been used as a lining on the walls and the steps are in stone.

There is always something new to be done in hospital work, and perhaps in this block I might refer to the bed-pan washing apparatus. There are two washers in each sink room, electrically operated by means of a clock, and they both wash and sterilize the bed-pans. The clock ensures that water is admitted for a fixed period and likewise the steam, thus ensuring complete sterilization of the pans.

Oxygen has been laid on by means of pipe lines from a central supply room in the lower ground floor to all single-bed wards from the ground to fourth floors, as well as to two points in each large ward. These latter are placed so as to make the supply available at four beds. Points are also provided in two wards in the Isolation Department. Suction apparatus is also installed, and connected up to serve two beds in each large ward and all single-bed wards.

In the Entrance Vestibule on the lower ground floor there is an electrically operated "in and out" staff indicator board. This is inter-connected with various other similar boards in different parts of the Hospital, so that switches at any board operate the lights on all boards.

T. A. LODGE.

MEDICAL MEN IN POLITICS

Sir Arthur MacNalty, Chief Medical Officer to the Ministry of Health, delivered the annual MacAlister Lecture at the National Temperance Hospital. He took as his subject "The Doctor in Politics and Diplomacy".

There was hardly a field of high endeavour, Sir Arthur MacNalty said, in which they did not discover men with medical qualifications. Aristotle was an anatomist before he became a politician. The founder of the science of political economy, Sir William Petty, was a graduate of medicine at Oxford and professor of anatomy in the University. There had been several medical ambassadors, among them Sir Auckland Geddes, British Ambassador at Washington. Medical powers behind the Throne included Sir William Knighton, who became private secretary and privy purse to King George IV, and Baron Christian Friedrich Stockmar. Medical Prime Ministers had presided over the destinies of Denmark, France, Canada and South Africa. Georges Clemenceau took his medical degree at the University of Paris. Sir Leander Starr Jameson studied medicine at University College Hospital and took his degree. Mr. G. M. Huggins, the present Prime Minister of Southern Rhodesia, was a Fellow of the Royal College of Surgeons. There had been a medical president in Sun Yat Sen, "the father of the Chinese Republic," who in 1894 became the first graduate of the new medical school in Hong-Kong.

NEW BLOCKS OF THE PAST

THE opening of the new medical block by Her Majesty Queen Mary, who has again shown the gracious interest she takes in our Royal and ancient foundation, recalls some points in its building. Outwardly it retains the form given to it by James Gibbs, the architect who designed the quadrangle we know so well. James Gibbs is also responsible for St. Peter's, Vere Street, the church immediately opposite the Royal Society of Medicine, St. Martin's-in-the-Fields, the Radcliffe camera at Oxford and the buildings at King's College, Cambridge. His work therefore is well known to every student at the Hospital whether they be Londoners born or have graduated through the older universities. The Hospital in particular deserves well of him for he gave "his time, his drawings and his attendance gratuitously and out of charity to the poor". The Great Hall and the executive offices were begun in 1730, when the foundations were laid by one bricklayer, who was employed for six days at three shillings a day. They were not completed until 1734 when the cost had been defrayed by benefactors whose names with the sums they gave may still be read "in letters of gold on a dark porphyry background" upon the walls of the Great Hall.

The second pile, now reconstructed as the New Medical Block, was built between 1736-40. On July 30th, 1735, the President of the Hospital, Sir Richard Brocas, acquainted the Court of Governors "that a person (whose name is desired to be concealed) hath voluntarily given and paid as a free gift the sum of two thousand pounds towards building a second wing of this hospital for harbouring of the sick and poor". The gift was thankfully received and it was "resolved that another subscription of the Governors and other well-disposed persons be taken in order to raise a sum of money which together with the said Two thousand pounds shall be sufficient to defray the expence of another new Wing or pile of Building to consist of Wards for the use of the poor patients only". Work was commenced on September 23rd, 1736, with "one bricklayer and two labourers, 4 days each, one pound and eight shillings", who had used 25 hods of mortar and 400 bricks for which one pound and sixpence was paid. Real work, however, did not begin until April, 1738, when for digging and carrying away 3456 yards at 1s. 10d. per yard the Hospital paid £316 16s. A spring of water gave considerable trouble in laying the foundations. It was finally overcome by building a small swimming-bath with proper drainage. The bath with the original tiles but improved water supply remained until my own time. It was used when I was

house-surgeon by some of the four house physicians and four house surgeons after many a long night's work in the wards.

The building was of brick and was faced with Bath stone supplied by Ralph Allen, who built Prior Park, the stupendous villa at Bath, which after a chequered career has now passed into the gentle keeping of the Irish Christian Brethren. Ralph Allen, like James Gibbs, deserves well of the Hospital; at first he gave the stone from his quarries for nothing, but later he was badly treated by the authorities and was obliged to enter into a formal contract for its supply. He supplied his own masons and the foreman, and it shows how far we are removed from the building trade of to-day when he writes, "7 men will have to be made free of the City and in the cheapest company this will come to £30 apiece". There is no record of what company eventually admitted his workmen as members of the City were protected. Even then all was not happy, for Allen wrote saying that "Allabaster's people who are setting the stone are abusive and very idle". Mr. Richard Biggs, "manager of the stone work at St. Bartholomew's hospital", probably had a difficult job, but he was a faithful and trusted servant who remained as manager from 1731 to 1764. The stone seems to have been landed without trouble at Cotton's Wharf, Lambeth, and from there was carted to the Hospital.

It was far otherwise a few years later when the third block was being built. England had then become involved in the war of the Austrian succession and building operations had to be suspended. Mr. Allen writes in 1744 the difficulty of getting convoys from Bristol is so great that his ships can only make one voyage a year; that most of his men have left to join the Privateers and that he is obliged to the Governors of the hospital for using their influence with the Admiralty to prevent his sailors from being taken by the pressgangs.

The Bath stone did not withstand the atmosphere of London. The outside of the blocks needed constant repair, and in 1845 such serious defects appeared that the Surveyor to the Hospital (Philip Hardwick) was asked to make a general survey of the building particularly with reference to the state of the external masonry. He did so and reported that any attempt to repair the stonework would be hopeless. He recommended that no alteration whatever should be made in the architecture of the building, but that all the stonework should be replaced by stone from the eastern quarries of the Isle of Portland. His advice was taken and at a meeting of the House Committee on Tuesday, December 24th, 1850. "The Treasurer [John Kinnersley Hooper]

reported that the recasing of the South Wing of the Hospital which was commenced in February last had been nearly completed under the superintendence of the surveyor in a most satisfactory manner and that the work which had been done at a cost of £5200 was considerably under the estimate". There had been one fatal accident connected with the building, for on Thursday, November 14th, "£5 compensation was granted to the widow of Thomas Brown, a labourer who lost his life, leaving three children, by falling from the scaffold erected for the purpose of recasing the Hospital". The choice of stone was satisfactory, much of it has been used again in the present building and, like King Henry VIII's gateway, built in 1703, it has stood the test of time.

The Hospital still has the bills for the work done in the different blocks. Thus, in connection with the staircase in the West (Rahere) "pile" the account stands for "18 Wainscot Balls at 2/-; 185 wainscot bannisters at 21 pence each; 722 feet wainscot steps and quarter paces at 14 pence per foot: 1495 ft. five inches super in wainscot mouldings at 2/- per foot; summa £109. 12. 11." The result of this small outlay was the magnificent staircase with which we are all so familiar.

The bill for decorating the Great Hall and the Staircase is also interesting. Like all other parts of the Hospital it was done by piece-work so the individual items are set out. The decorations remain unchanged, and anyone going upstairs to the Hall can verify them at the present day. The only alteration is that the wooden candelabrum carved by John Freke, who founded the Museum and was the first Ophthalmic Surgeon to the Hospital, has been moved from the Steward's office. It now hangs over the well of the staircase to the Great Hall, and bears the inscription "*Opus Johannis Freke hujusc nosocomii chirurgii, 1735*".

"DECORATION OF THE GREAT HALL AND STAIRCASE.

	£	s.	d.
243 ft. 1 in. run of Oak right wainscot step at 2/- per foot	24.	6.	2
51 feet 4 in. run of large Right wainscot Rail and Ballister at 3/6 per foot	8.	19.	8
105 ft. 2 in. super of Right wainscot half pane [= landing] and joists at 14d per foot	6.	2.	8½
519 feet 5 in. superficial of wainscot mouldings wrought by hand at 2/- per foot	51.	18.	10
11 feet running of Oak Freer, carved with oak leaves, ribbons and Herons, 5 inches profile at 3/- per foot	1.	13.	0
To carving 2 scrolls to ye inside middle chimney peice in ye hall	1.	10.	0
To 2 shields and carving to 2nd Chimney peice in ye hall	2.	14.	0
Festoons to do. and carving	0.	8.	0
The account for the frett work done by John Baptist St. Michele for ye great Ceiling for (including washing and colouring of ye same £4. 4. 0)	100.	0.	0

for 5 roses in ye Stair case, a large & four smaller ones	3.	0.	0
for ye large, each 12s.	2.	8.	0
for eight festoons done in ye Walls of the Great Room each one at £2. 2	16.	16.	0
for 12 smaller festoons each one at 10s. 6d.	6.	6.	0
Summa	102.	16.	0
Paid May 2nd, 1734."			

It will be noticed that the addition is incorrect, for the total really comes to £286 8s. 4½d.

D'ARCY POWER.

STUDENTSHIPS FOR YOUNG GRADUATES

The Medical Research Council is inviting applications for a second series of studentships and fellowships intended to encourage young British medical graduates of special ability and original mind towards becoming investigators in those branches of medical science which are concerned directly with disease as it occurs in human beings. This field of research includes investigations into disease or manifestations of disease in patients, together with experimental work of an immediately relevant kind.

Six post-graduate studentships are offered for medical graduates who have already held house appointments, and are strongly inclined to a career in clinical science or experimental pathology. Each selected student will receive an inclusive grant at the rate of £200 per annum, during a period not exceeding 12 months, for personal maintenance while undertaking such approved courses of study in this country as may be best calculated to advance his training in methods of research. This study may include modern languages and such advanced physiological, pathological and special clinical work, under recognized teachers, as may form a suitable preliminary to serious research work to be undertaken later; the approved course may not include studies of which the purpose is to enable the student to pass further examinations.

The Council is also offering four research fellowships for candidates of similar qualifications who have already had some experience in the use of research methods. Each fellowship will be tenable for one year at the ordinary value of £250 per annum, and will be renewable in approved instances at the rate of £300 per annum for a second year. These fellowships are intended as probationary appointments for research in clinical science or experimental pathology under suitable direction in this country. Research expenses may be provided in addition to stipend.

Applications should be lodged with the Secretary, Medical Research Council, 38, Old Queen Street, London, S.W. 1, before October 1st. Forms for the purpose will be supplied on request.

THE MOZELLE SASSOON HIGH-VOLTAGE X-RAY THERAPY DEPARTMENT

THIS Department was opened by the donor, Mrs. Meyer Sassoon, on December 10th, 1936, and has been in regular operation for the past six months.

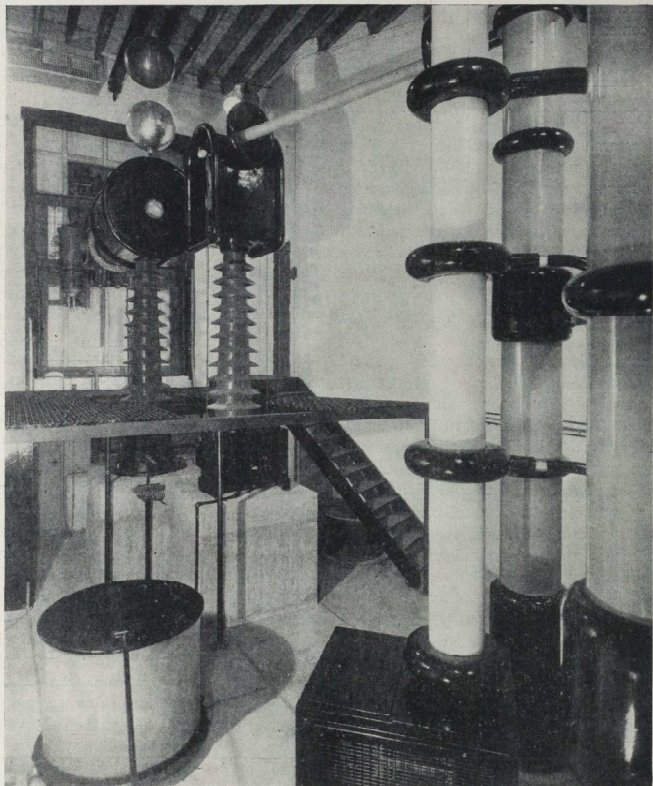
The standard X-ray therapy apparatus of the present day operates at 200 kv., and its value in the treatment of cancer is now so firmly established that it forms an integral part of the Hospital's service to its patients. There are, however, certain limitations to the further development of its usefulness, and it is for research into the possibilities of overcoming these limitations that an apparatus designed to operate at 1000 kv. has been installed. These limitations are mainly two: that the dose of X-rays necessary for the cure of a malignant tumour is very close to the tolerance dose for the skin, and that the administration of this dose is often close to the tolerance of the patient. The higher the voltage at which the X-rays are produced, the more penetrating they are, so that the necessary dose may be given to a deeply-situated tumour without exceeding the skin-tolerance dose; and the greater ease of administration may avoid constitutional disturbance to the patient through approaching his total tolerance.

There are at the present time two further questions needing investigation in X-ray therapy: whether the intensity of the radiation is of importance in the biological effects produced, and whether the biological effect depends upon the wave-length of the radiation employed. The high-voltage installation permits research into both these problems, since it can produce intensities ranging from 1 to 400 rontgens per minute, while the wave-length of the X-rays approximates to that of the gamma-rays from radium.

The apparatus itself is of the nature of an engineering research, and it is pleasing to report that up to the present it has more than fulfilled the expectations of its designers, Messrs. Metropolitan-Vickers Electrical Co. Ltd. There are also the physical problems of the safe control and satisfactory measurement of X-rays produced at very high voltages. Thus considerable engineering and physical research had to be carried out before the clinical use of the apparatus could commence, so that some five months elapsed from the opening of the department before the treatment of the first patient.

As regards electrical engineering, the high voltage is produced by two large generating installations, one producing 650 kv. positive, and the other 650 kv. negative. Each generator is contained in a room on

either side of the treatment room, and the X-ray tube, passing through the treatment room, connects one to the other. Thus the centre of the X-ray tube is earthed, so that the portion of it in the treatment room is shock-proof.



THE CATHODE.

The X-ray tube and the rectifying valves in the generators are of the continuously-evacuated type, so that they are virtually indestructible, and the replacement of burnt-out filaments is a simple and inexpensive matter.

The whole installation is controlled from a single desk in the Control Room, and by the provision of a host of automatic relays and safety interlocks, the control

has been made extremely simple. Here also is placed an illuminated diagram, reproducing the installation in miniature, so that the detection of any fault developing in the performance of the apparatus is rendered easy.

The physical work has required the design and

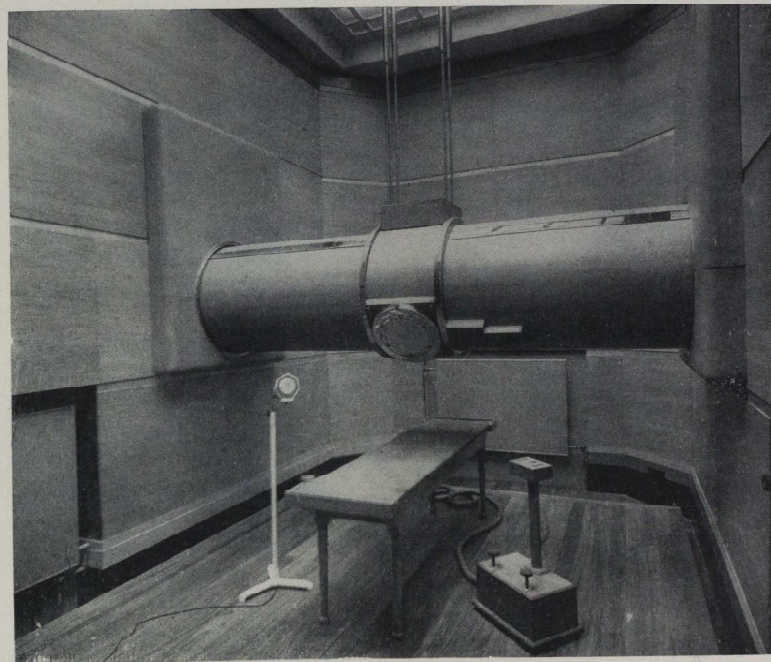
manufacture of apparatus for the measurement of high voltages, of the intensity of short wave-length X-rays, of the phenomena associated with the absorption of such radiation in various materials, and of the "stray" or leakage radiation. The performance of such physical apparatus has been satisfactory, showing agreement both with results deduced from measurements at lower voltages and with theoretical calculations. Physical

investigations have also been carried out in order to determine the optimum filtration at high voltages, and the thickness of the lead lining to the applicators necessary for a sharply-defined beam of radiation suitable for clinical use.

The use of barium concrete in the building for the protection of the personnel from stray radiation has

a remarkable tribute to the good name of St. Bartholomew's that none of the patients treated so far has expressed any apprehension at being left alone with an X-ray tube, the size and power of which have alarmed not a few medical men!

It may be emphasized in conclusion that the work to be done by the Department will be of importance outside



THE TREATMENT ROOM.

proved completely satisfactory, while the six inches of lead protection incorporated in the X-ray tube has prevented any ill-effects on the patient from scattered radiation.

Experimentally the X-ray tube has so far been run only up to 850 kv., but the full 1000 kv. will probably be reached within the next month. Meanwhile, treatment of patients has been commenced at 700 kv., and while it is of course too early to speak of the results of treatment, it is at any rate possible to say that there have been no ill-effects of any kind. It is also rather

the walls of the Hospital, and it is a happy augury for the future that the closest co-operation already exists between this Hospital and the Radium Beam Therapy Board, the Westminster Hospital and the Mount Vernon Hospital.

"THE ORDRE OF THE HOSPITAL"

IN the years 1544 to 1547 St. Bartholomew's Hospital received its charters from King Henry VIII, and five years later it seemed good to the Hospital authorities that the various duties of its properly constituted officers should be drawn up and permanently recorded in a printed book. Accordingly a small volume was prepared entitled *The Ordre of the Hospital of S. Bartholomewes in West smythfielde in London* and dated 1552. In this book were printed the duties of the

**The ordre of
the hospital of S. Bar-
tholomewes in west-
smythfielde in
London.**

Cl. Episc. Thon. ij. Chap.

*We shal sayge he wasterch in the tresp, and paterch his
paterch, came westerch and gent in the tresp. But
he shal louche his haterch, he dretch,
letch in the tresp.*

**L O N D I N I,
A N N O
1 5 5 2.**

Governors, President, Treasurer, Surveyors, Almoners, and Scrutiners. Also the charges of the Renter Clerck, the Hospiteler, the Butler, the Matrone, the twelve Sisters, the Porter, the eight Biddles, the Visitour of Newgate, and finally the three Chirurgiens. The book also contains various directions as to the records which were to be kept, and a list of the emoluments of the officers. It concludes with "A daily Service for the poore", directions being given that "At the Houre of eyght of the Clocke in the mornyng, and iij of the clock at the afternoone, throughout the whole yeare, there shal a bel be rung the space of halfe a quarter of an houre, and immediatly upon the seassyng of the bell, the poore liyng in their beddes that cannot aryse, & kneling on their knees that can aryse in every warde, as their beddes stande, they shal by course as many as can

rede, begyn these praiers folowyng. And after that the partie whose course it shalbe, hath begon, all the rest in that warde shal folow and aunswere upon paine to be dismissed out of the house".

The whole volume is printed in the old-fashioned black-letter type used in the sixteenth century, and is now of the greatest rarity. There are copies in the British Museum, the Bodleian Library, Oxford, and the Pepysian Library at Magdalene College, Cambridge. It is improbable that there are more than a dozen other copies in existence.

The Order

Of the

**hospitalls of K. Henry
the viijth and K. Ed-
ward the viith,**

**St. Bartholomew's.
viz. Christ's.
Bridewell.
St. Thomas's.**

**By the Maloz, Cominaltie, and Ci-
tizens of London, Governours of
the Possessions, Revenues and
Goods of the said Hospitalls,
1 5 5 7.**

The authentic volume of 1552 has sometimes been confused with a somewhat similar book entitled *The Order of the Hospitalls of K. Henry the viijth and K. Edward the viith, viz. St. Bartholomew's, Christ's, Bridewell, St. Thomas's*. This is also printed almost entirely in black letter, and is dated 1557 on the title-page. This date, however, is fictitious, and it has been established by Sir D'Arcy Power's investigations that the book was printed between 1690 and 1700. Tradition states that it was printed at the charges of Samuel Pepys, who was greatly interested in the affairs of Christ's Hospital. In 1682 he had tried to introduce reforms into the election of the Master, but his efforts were defeated by the Governors, and Pepys withdrew from the contest. It seems unlikely therefore that he would have been sufficiently interested in these matters to have paid for

the printing of *The Order of the Hospitalls* after 1690. However that may be, the book is of great interest to the hospitals concerned, though it is not of the same rarity as the St. Bartholomew's volume of 1552.

The title-pages of both these books are reproduced above, the occasion being the recent acquisition by the Hospital of interesting copies of both of them. On June 4th, 1937, I was visiting Dr. A. S. W. Rosenbach, the well-known bookseller, in New York, and in the course of conversation he showed me a beautiful copy of the volume of 1552 which had formerly been in the famous Heber and Britwell Court Libraries. I mentioned that St. Bartholomew's did not possess a copy, whereupon Dr. Rosenbach asked me to accept the book on behalf of the Hospital. I did not refuse this most generous gift, and arrived back in London ten days later with the book in my pocket. On June 15th I came to the Hospital intending to hand over the book to Mr. Thomas Hayes, and at once met him in the Square. He was in conversation with a well-known book collector and ex-Cabinet Minister, the Right Hon. John Burns, who was at that moment in the act of presenting him with a copy of the volume dated 1557. He had inserted in it an inscription stating that it was given "in memory of a famous in-patient of St. Bartholomew's Hospital on June 15, 1381". Well-informed readers need not be told that this famous in-patient was Wat Tyler, who had been struck down in Smithfield by Mayor Walworth.

St. Bartholomew's Hospital had waited 385 years for a copy of the first book and 247 years for the second. It was therefore fitting that it should become possessed of both of them at the same moment on June 15th, 1937. GEOFFREY KEYNES.

A RECORD

The present Commemoration Number of the JOURNAL puts up a record at least in size. Normally of thirty-two to forty columns, the JOURNAL has expanded this month to fifty-six columns of letterpress—the previous record, which was established a month or two ago, being forty-eight columns—and carries over fifty columns of advertisements, which is a greater volume than ever before.

**SAMUEL JONES GEE, M.D., F.R.C.P.
(1839-1911)**

"Hardly can I, who so many years eagerly frequented St. Bartholomew's fountain, not speak of things to awaken kind old Hippocrates, how'er he slumbereth, entomb'd Neath the shattered wine jars and ruined factories of Cos, Or where he wander'd in Thessalian Lavissa!"

ROBERT BRIDGES.

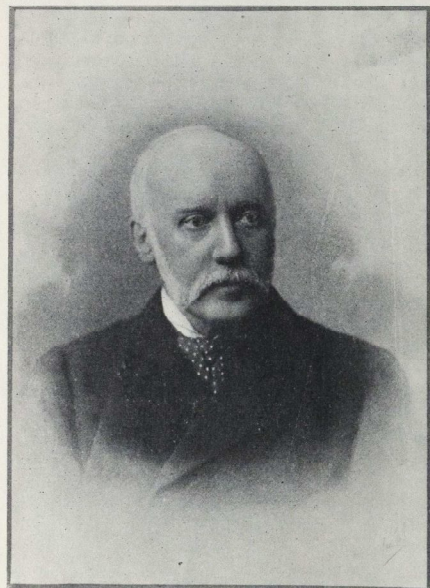
THERE is a tendency, not unnatural, in an age of medical cramming and ever-swelling curricula to forget the part played by our forerunners in laying, brick by brick, the vast edifice of Medicine which we now take for granted. The great Rudolf Virchow realized this when he wrote: "Perhaps it is a service in the present day to acknowledge historical right, for indeed it is astonishing with what levity those who praise every trifle they have found out as discovery, give hasty opinions upon their predecessors." To-day, as we sit in the Square and see how one of Gibb's fine buildings has already given way to a larger and more appropriate medical block, we cannot do better than recall one of our great clinicians, whose influence inspired many in his day, but whose name to the present generation may evoke little more than vague memories of coeliac disease, and of that faithful stand-by, Gee's linctus.

Great Ormond Street and St. Bartholomew's.

Predominantly one of the old scholar-physicians "which being learned, incline to the traditions of experience", Samuel Gee looked for guidance to Hippocrates and the empiric writers, and upon their methods he founded his own. From University College Hospital in 1861 he was appointed House Surgeon to the Hospital for Sick Children in Great Ormond Street where, under the wing of the great Sir William Jenner he lost no time in training his unusual powers of observation and description. After two years as Registrar he was appointed Assistant Physician, deciding to devote his whole time thereafter to Medicine. It was the publication of two articles on "Varicella" and "Scarlet Fever" in Reynolds's *System of Medicine* (1866), followed shortly after by a brilliant article on "Tuberculous Meningitis", that first drew wide attention to their youthful author; for in these he had shown a rare combination of accurate observation and profound scholarship.

In 1868 Gee was elected Assistant Physician to St. Bartholomew's, whilst continuing his associations with Great Ormond Street. Not only were the circumstances exceptional, as there had been heavy losses on the medical side; but so was Gee's ability, which had been recognized in particular by Howard Marsh and Tom

(later Sir Thomas) Smith, both working at the two hospitals. They joined in bringing him forward and, in the quaint words of the former, "he soon became as loyal and true a son of St. Bartholomew as if no alien blood had ever coursed along his veins". It was then customary for assistants to take charge of a special department in addition to their ordinary work; accordingly, he took over the new Skin Department,



DR. GEE IN 1902.

which he helped to initiate. Forsaking this post in 1870 he became Demonstrator of Morbid Anatomy, and held concurrently the first lectureship in Pathological Anatomy in 1872.

The surgeons were then predominant, inasmuch as it was possible for one of their number to say to his students: "Learn your surgery while you are still at the hospital, and you can pick up your medicine as you go along!" However, his ability was soon recognized, and Sir James Paget, great doyen of surgery, paid tribute to him shortly afterwards when he asked Sir William Jenner "if he could send us another Gee". The conditions in which they were working then were primitive by our standards. The post-mortem room

was an uncomfortable place, standing behind a block of buildings at the S.W. corner of the Square, which was then the Out-Patient Department, and later the Isolation Block, and was approached through a sort of avenue of wood-carts and coffins; whilst in the afternoon when the demonstrator was alone, quietly writing at his desk, rats were known to creep from their holes and play about. The Out-Patient Department also had its distractions. Robert Bridges—future Poet Laureate—in a report as late as 1878 speaks colourfully of the surroundings in which he struggled as Casualty Physician:

"No description could do justice to the strange hubbub in which auscultation had to be carried on—the rattle of carts in the street, the hum of voices inside, the slamming of doors, the crying of babies, the scraping of impatient feet, the stamping of cold ones, the chinking of the bottles and zinc tickets, and, after eleven o'clock, the hammering, sawing, and tinkering of the carpenters and blacksmiths who came not infrequently at that hour to set things generally to right."

Yet of the physicians Sir Norman Moore tells us that "the best were all morbid anatomists, who regarded the post-mortem room as the place from which, after the wards, a physician should fill his mind . . .", and that "*Baly, Andrews and Gee were especially addicted to the post-mortem room*".

During these early years he published a succession of brilliant papers, notable for their studied conciseness and pithy style, and covering a wide field of clinical medicine. But among the subjects to which he paid special attention were those of rickets, nervous disorders, and diseases of the respiratory system; moreover in 1870, after a period of great energy, he published his classic *Auscultation and Percussion*, which was destined to run through many editions and to serve for long, both here and elsewhere, as a basis for the teaching of physical signs. In 1878, with Sir Thomas Barlow, he wrote an important paper "On the Cervical Opisthotonos of Infants", or Gee and Barlow's disease, a basal meningitis in which the essential sign is head-retraction, now known to be of meningococcal origin. But though incessantly occupied, he felt little temptation to overwork himself. Lacking in zeal, he followed Talleyrand's advice, "Surtout point de zèle".

In 1878, in his thirty-ninth year, he was elected full Physician to the Hospital, which until his retirement in 1904 he continued to serve with a loyalty and example that could not be hidden beneath the cloak of an innate modesty and shyness. It was during these years that he published his historic paper on "The Coeliac Affection", together with many others of no less interest, though now of less importance. There are many things one could mention—his appointment as Physician

to the Prince of Wales in 1901, a steadfast refusal of all titles and decorations, his lasting friendship with Robert Bridges, the beer-drinking "gamps" at Great Ormond Street . . . but space forbids that I should dwell further upon his life and achievements.

Physician, Teacher, Scholar.

Such then very briefly is his story. But what of the man, of his opinions and of his teaching? Gee was a short, straight-backed figure, standing about five and a half feet, in a frock coat, spare, of light build, and always neat and well groomed; he had a large, well-proportioned head with greyish hair, deep blue eyes, and a somewhat rosy face, and wore a moustache but no beard. He seldom looked annoyed, behaved with quiet dignity, and was always regarded as the standard of honour and uprightness. Slow and deliberate, his speech was most characteristic, for he would pause after every few words to take breath—a mannerism much studied by his clerks, and an excellent vehicle for the circulation of his aphorisms! His words were few and well chosen, for he had learnt that accurate use of words means accurate thinking.

His arrival at the Hospital was invariably punctual as he drove through the gateway in a carriage-and-pair; and in professional manner he conformed with Hippocrates' physician—"in appearance of a serious but not harsh countenance, for harshness is taken to mean arrogance and unkindness, while a man of uncontrolled laughter is considered vulgar". In speech he would never surpass the bounds of what he considered the just facts, and once exasperated a coroner at an inquest at Bart.'s by a refusal to say one word more than he thought true. "If he could not go beyond guessing and questionable assumptions and give ch. and v. for everything he said," writes Marsh, "neither prayers nor tears nor any other force could get an opinion out of him. His motto on such occasions—surely with ample justification—was 'wait and see'." Within the wards, like Magendie in his laboratory, he would "leave theories in the cloakroom", holding that diagnosis should be the first aim of a physician, and that this should be based upon facts, never on theory or doubtful signs. And one of his clerks has written: "It was at the bedside that his greatness appealed to us most forcibly. Always brief and inclined to matters of fact, he went straight to the crucial points of a case, observing on his way all the side-issues, for he observed everything and said little."

Undoubtedly at his best in the teaching of physical signs, he held pronounced views on auscultation and percussion. Hammers were used as plessors by a few physicians, but in these he put no faith, percussing

slowly and bimannually, and teaching that the movement should proceed from the wrist and not from the elbow or shoulder. "a nicety in manipulation which is acquired by practice". For auscultation he used a wooden monaural instrument of a type which became known as the "Gee stethoscope"; but there were times when, placing a thin towel upon the patient's chest, he would practise direct auscultation. "Vocal resonances," he writes, "are mostly heard best by auscultation with the ear alone. Sometimes indeed the stethoscope fails to conduct them. . . . But let mediate auscultation ever be considered the rule of practice, the physician making of the stethoscope not a crutch, but a staff, which he uses when he has it, yet when he has it not he does not want it." In the recording of physical signs nothing would satisfy him but the greatest accuracy. Thus a clerk remembers how, on his first round with Gee, he had a heart case in which he described a faint murmur. "When you say 'faint murmur' do you mean you were doubtful if there were a murmur?" asked Gee. "Yes," came the reply. "Then say there is no murmur, because you can be quite sure that if you were not certain you could hear it, it is of no significance." Conversely he abhorred the use of superlatives, exaggeration to him being no mere stretching of the truth, but a positive lie. So the poor clerks were caught both ways!

In diagnosis he confessed to have based his methods on those in Bacon's *Novum Organum*. Distrusting intuition, in cases of doubt he would advise a record in writing of the various opinions that suggested themselves, day by day. His mind worked slowly and logically, and his diagnosis was seldom wrong, because if in doubt he would hold his tongue. "Who does not remember the routine?" writes Lord Horder, "the symptoms and signs that were present in the case carefully set out on the left of the 'abstract'; those that were absent on the right: these constituted the data whence he would evolve his argument and arrive at his diagnosis. The data collected, physician and clerks would leave the bed and proceed to the centre of the ward, where would ensue one of those simple but masterly lectures that did so much to establish Gee's reputation as a teacher."

His treatment was almost Hippocratical in its simplicity; and though not a great believer in medicines, he admitted they are of use. Belonging to the empiric rather than to the expectant school of physicians, he used drugs sparingly and chiefly as the outcome of his own experience; thus he denounced Dr. Ringer's *Textbook of Therapeutics* as a "book of little dodges", foreseeing that a physician might degenerate into a mere drug-giver. At that time, as indeed to a lesser degree to-day, medical treatment was essentially

symptomatic and palliative; but Gee was very much alive to those forms of therapy that strike at the roots of disease and eradicate the cause. Thus in diphtheria—once a wicked scourge—he was one of the first (1895) in this country to use the new antitoxin, the serum having been placed in the hands of the medical profession that year. Again, in tetanus he put great faith in the serum, though then in a very crude state and liable to produce the most appalling rashes.

Insistent on the desirability of following cases to the end, if a patient died in his wards, he would take his clerks to the post-mortem room for a short comparison of the signs *in vivo* with the findings of the necropsy. And he writes: "Contrasting hospital and private practice, we may say that the main advantage of the former is the opportunity it affords for examining the bodies of patients after death. That of the latter is that you know so much more about your patients during their life than you can by any means discover about persons who flit through a hospital and vanish into the darkness whence they came."

His teaching was always that of fact: "Anatomy, not Physiology," he would cry in later years. "In Anatomy you have facts; in Physiology more or less theory." And Sir Henry Dale has told me how on his first day in the wards, Gee said at the end of the round: "Which of you is Dale? . . . Dale, they tell me you're something of a physiologist. . . . Yes, yes. . . . I have nothing to say against physiology . . . an admirable subject in its own sphere. But it is an experimental science, and your first duty on coming into my wards is to forget it, because at the moment *like physiology, it will become an experimental science. . . . But that is not yet.*"

His knowledge was encyclopædic, and it seemed that there was little he had not mastered. Thus in skins it was said that he knew as much about the rarer complaints as expert members of the Dermatological Society. Perhaps it was this comprehensive learning that determined his hatred of specialization. Annoyed at the resolve of the public to make him a children's specialist, Legg says there were times when he would even take pains to prevent children being brought to him; and those were the days when the average physician was rather at a loss with babies! "There is one name which my soul abhorreth," he declared, "and that is the name of specialist." And he once told the B.M.A. at their annual meeting: "But the multitude are mad after specialities. No wonder; for we are the descendants of those who, in their sickness, worshipped fetishes and charms, or sought after star-gazers and the touch of kings. . . . For my own

part, if I may speak so much of myself, I can see that my knowledge of children's diseases would be much poorer and meaner than it is, were it not for the larger experience I gain at St. Bartholomew's."

Gee enjoyed nothing more than to spend an evening in his study in company with his books, and under the eyes of Æsculapius, Galen and old Hippocrates, whose busts stood upon the mantelpiece. The extent of his reading, both in ancient medicine and literature, was prodigious; yet he did not amass knowledge *per se*, but rather as a background to refer to in his statements and with which to compare his own findings. Hippocrates was to him the greatest and wisest of all medical writers; and his own aphorisms, so admirably collected by Lord Horder, bear testimony to the influence of his great master; it amused him if he could find any modern observations that had been anticipated by the ancient Greeks. "We do not read Hippocrates," he once said, "only for the sake of the isolated truths we learn from him. That were scarcely worth the pains. The mark of a book, by a genius such as he, is that it cherishes our own spirit of truth; he inspires us; and as long as we feel his influence we are raised above our ordinary selves. . . . He, then, who would earn the name of a man learned in his art and mystery, must first of all ponder what Hippocrates has left us. Medicine begins with him." He calls him "a master of middle propositions", that is to say of aphorisms. "Those who have gone through the process will agree with me that the deducing of true and useful aphorisms is no easy task. In fact the last stage in the Hippocratic method is always in danger of being left unfulfilled by reason of the heap of facts which a man accumulates round him; mere baggage, impedimenta, or raw material of no worth whatever, unless it have passed through the workshop of the mind . . . and here Hippocrates stops short. His method having provided him with useful aphorisms, he goes no further." Indeed, Gee held in contempt those vast systems of medicine which try to *explain* all things and to account for them.

The End.

The passing of the years brought little change to Gee; as his life had been singularly peaceful and free from controversy, so it remained, whilst he came quietly and surely to occupy a position of trust and affection among his colleagues that was remarkable; for ripening age brought with it the wisdom and judgement of an "Elder Statesman". The days of the scholar-physicians were already numbered. The test-tube, the microscope, and X-rays were drawing men's minds from the bedside to the laboratory, and an abundance of new learning and experiment called for

increased study and special training; specialists came to do much of the work of the general physician and the general surgeon; new departments were opened, the pace of life quickened, and competition grew keener. The mastery of new instruments and methods left little time for scholarship, and the senses lost much of their acuity; yet Gee remained faithful to the ways of Hippocrates and Laennec, of Sydenham and Sir William Jenner; his hands, his ears and his eyes, indeed all his senses, remained his most trusted servants, and though always willing to test new ideas, yet it is in the use of these that he excelled.

"Though much is taken, much abides"; and though the memory of Samuel Gee is lost for ever to this generation, yet his spirit is still with us, not only in his writings, but unconsciously in his teaching, passed on and disseminated by his pupils, of whom so many have distinguished themselves. It is in the application of physical signs and in his work on the ailments of children—on the *coeliac* disease, scurvy and meningitis, in particular—that his name will best be remembered; whilst his writings, pithy, concise, and to the point, will pass down as models of accurate observation and description.

O. GARROD.

THE NEW RUGBY STAND

IN AN EFFORT to provide amenities at Chiselmhurst worthy of the new ground, the Rugby Club intend to build a grand-stand seating 150 people. It will be fireproof and capable of extension.

IT WILL COST £600

Many attractions are being planned for the new ground, but the Committee feel that this one especially will appeal to all those old Bart.'s men who have played for the Hospital.

DONATIONS from these men and from all others who wish to see this fine project carried to completion will be gratefully received by

The Secretary,
Rugby Football Club,
St. Bartholomew's Hospital,
Smithfield.

SHAKESPEARE AND THE STAFF

FROM the early days of our second character part on the world's stage—

" . . . the whining school-boy, with his satchel,
And shining morning face, creeping like snail
Unwillingly to school . . . "

to our seventh and

" Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything "

we are continually hearing Shakespeare, conscious, or unconscious, as we may be, of the fact, as so many of the venerable Bard's lines have long since become everyday sayings.

Tinker, tailor, soldier, sailor, rich man, poor man, beggar-man, thief, lawyer, doctor, Indian chief, whenever he feels like quoting something to suit the case quotes—or far more frequently misquotes—our ever-sinned-against Shakespeare.

And now I, too, join the ranks of the sinners, and crave your kind indulgence while I quote Shakespeare to suit the Staff.

Dr. G-w :

" Wisely and slow
They stumble that run fast."

(*Romeo and Juliet.*)

Dr. Gr-h-m :

" 'Tis known, I ever
Have studied physick, through which secret art,
By turning over authorities, I have—
Together with my practice—made familiar
To me and to my aid the blest infusions
That dwell in vegetives, in metals, stones;
And I can speak of the disturbances
That nature works, and of her cures;—"

(*Pericles.*)

Mr. H-r-ld W-ls-n :

" My remedy is then, to pluck it out."

(*Taming of the Shrew.*)

Mr. H-sf-rd :

" Let's purge this Choler without letting blood;
This we prescribe, though no physician;
Deep malice makes too deep incision:
Forget, forgive, conclude and be agreed;
Our doctors say this is no month to bleed."

(*Richard II.*)

Mr. G-rl-ng B-ll :

" O, that this too, too solid flesh would melt,
Thaw, and resolve itself into a dew!"

Dr. M-xw-ll :

"O, good my lord, no Latin :
I am not such a truant since my coming
As not to know the language I have lived in :
A strange tongue makes my cause more strange—
suspicious ;
Pray speak in English."

(Henry VIII.)

Dr. Ch-n-l-r :

"How now ? Which of your hips
has the most profound Sciatica ?"

(Measure for Measure.)

Mr. R-b-r-s :

"Now crack thy lungs, and split thy brazen pipe :
Come stretch thy chest and let thy eyes spout
blood."

(Troilus and Cressida.)

Dr. G-rr-d :

"Falstaff: 'Sirrah, you giant, what says the
doctor to my water ?"

"Page: 'He said, Sir, that the water itself was
a good healthy water ; but for the party that owed
it, he might have more diseases than he knew for'"

(Henry IV.)

Mr. S-dn-y Sc-tt :

"What a strange infection is fallen into thy ear."

(Cymbeline.)

Mr. F-st-r M-re :

"Thou hast no speculation in those eyes
Which thou dost glare with."

(Macbeth.)

Dr. F-nz- :

" . . . but strangely-visited people,
All swollen and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures."

(Macbeth.)

Mr. H-g-s :

"But lately splinter'd, knit, and joined together ;
Must gently be preserved, cherished, and kept."

(Richard III.)

Dr. Fr-n-is Ev-ns :

" . . . when in swinish sleep
Their drenched natures lie, as in a death,
What cannot you and I perform . . ."

(Macbeth.)

Dr. R-xb-r-h :

"Diseased nature oftimes breaks forth
In strange eruptions."

(Henry IV.)

Dr. D-n-y Br-wn :

"This apoplexy is, as I take it, a kind of lethargy,
and please your lordship ; a kind of sleeping in the
blood, a whoreson tingling."

"It hath its original from much grief, from study,
and perturbation of the brain. I have read the
cause of his effects in Galen : it is a kind of deafness."

(Henry IV.)

Dr. D-n-ls-n :

"Once more unto the breach, dear friends, once
more ;

The game's a-foot."

(Henry V.)

Sir Har-ld G-ll-es :

"He's a god or a painter ; for he makes faces."

(Love's Labour's Lost.)

Mr. K-nn-th W-lk-r :

"He reads much ;
He is a great observer, and he looks

Quite through the deeds of men."

(Julius Caesar.)

Dr. P-rt-r Ph-ll-ps :

"Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain ?"

(Macbeth.)

The Dentists :

"By this hand I will supplant some of your teeth."

(The Tempest.)

Mr. B-df-rd R-ss-ll :

"But I say there is no hope in 't.
Our throats are sentenced, and stay upon execution."

(Coriolanus.)

Dr. W-lfr-d Sh-w :

"Let some of my people have a special care of him,
I would not have him miscarry for the half of my
dowery."

(Twelfth Night.)

Mr. Ge-ff-ey K-yn-s :

"The glass of fashion, and the mould of form,
The observed of all observers."

(Hamlet.)

Mr. N-u-ton M-rg-n :

"A fellow of infinite jest,
of most excellent fancy."

(Hamlet.)

Dr. Ge-ff-ey Ev-ns :

"What rhubarb, senna, or what purgative drug,
Would scour these English hence ?"

(Macbeth.)

Dr. C-ll-n-n :

"I have seen

A medicine that's able to breathe life into a stone,
Quicken a rock, and make you dance canary

With spritely fire and motion."

(All's Well that Ends Well.)

Dr. H-m-ll :

"The most sovereign prescription in Galen is
but empiricute, and, to this preservative,
of no better report than a horse drench."

(Coriolanus.)

Prof. R-ss :

"Let me have a surgeon ; I am cut to the brains."

(King Lear.)

Prof. W-tts :

"I will not let him stir,
Till I have used the approved means I have
With wholesome syrups, drugs, and holy prayers
To make of him a formal man again."

(Comedy of Errors.)

Prof. H-df--ld :

"What have you done, my lord, with the dead body ?"

(Hamlet.)

Sister Lizzie :

"Her voice was ever soft, gentle, and low,
An excellent thing in woman."

(King Lear.)

The Chief Asses :

"Young in limbs, in judgement old."

(Merchant of Venice.)

Surgical Casualty H.S. :

"The blood upon your visage dries ;
'tis time it should be looked to : come."

(Coriolanus.)

The House Physician :

"I know my physic will work with him."

(Twelfth Night.)

The Fed-up Patient :

"Throw physic to the dogs,
I'll none of it."

(Macbeth.)

The newly qualified Student :

"Men must endure their going hence,
Even as their coming hither :
Ripeness is all."

(King Lear.)

The oft-pipped Student :

"Now the rotten diseases of the south,
Guts-gripping, ruptures, catarrhs,
Loads o' gravel i' the back, lethargies,
Cold palsies, raw eyes, dirt-totten livers,
Wheezing lungs, bladders full of imposthume,
Sciaticas, limc-kilns i' the palm,
Incurable bone-ache, and the rivelled fee-simple
Of the tetter, take and take again."

(Troilus and Cressida.)

And finally (observe that I have not said the inevitable
"Last but not least", which, by the way, is quite good
Shakespeare, now, alas, completely vulgarized), a word
or two in defence of—

The humble author :

"When he came to himself again,
He said, if he had done or said anything amiss,
He desired their worships to think it was his infir-
mity."

(Julius Caesar.)

L. A. T. HAMILTON.

OUR CANDID CAMERA



"ARE YOU INSURED ?"

STUDENTS' UNION

COUNCIL A very generous and keenly appreciated gift to the Squash Courts Appeal Fund was the sum of £50 presented by the Governors as a token of their appreciation of the services rendered to the Hospital by the students. It is hoped that this will give a fillip to the Fund, to which contributions have of late been growing a little slack.

While the state of the Courts was under discussion it was revealed that at their opening Mr. Slazenger had suggested that nurses might be allowed to play on them. This raised a number of difficult problems, not the least being the question of changing accommodation. Such possibilities as occasional "Ladies' Days" or week-end play were debated, but nothing definite could be arranged until it was discovered when and how frequently the courts were used by the students.

Prof. Ross drew the Council's attention to the very large deficit incurred by the Rugby Club in the past few years, due largely to failure to collect match fees. Mr. Irving assured the Council that everything possible was being done to wipe out the deficit, and the Rugby Club and the Finance Committee are to go more deeply into the question.

* * *

The Dean wrote a letter asking if the Amateur Dramatic Society wanted the electrical wiring necessary, if a stage is to be erected at Charterhouse, carried out this vacation or not. Mr. Crowther, in one of the most comprehensive speeches ever heard in the Council, explained that until the acoustical qualities of Charterhouse had been more closely examined they did not.

SPORTS NEWS

SQUASH RACQUETS On Wednesday, June 30th, Mr. Slazenger formally opened the two New Squash Racquets Courts at Charterhouse Square in the presence of the Right Hon. Lord Stanmore and other eminent guests.

In his speech the Dean referred to the amount collected by students, Demonstrators and Staff, that is all those associated intimately with the Hospital—a sum of no less than £500—and that the debt now

were 50 or 60 keen squash aspirants, half of whom had to undergo the disappointment of seeing only a pair of their fellows playing. However, when the guests departed, their patience was rewarded, as they could move to the other balcony to learn how the game should be played.

Both professionals expressed their delight in the manner the courts played. The walls, the lighting, and the floor, were all just as fine as they could have wished. They put up a very excellent exhibition in almost the atmosphere of a Turkish bath. In the winter months, however, the temperature should be perfect for squash.

The courts are now in full use and are bookable in the cloak room with Fred. A ladder will be set going in the autumn, not for personal glory, but in an endeavour to strengthen the hospital team with a view to its holding its place among the leading Hospitals at squash. There is a very full list of fixtures, and it is hoped to field an "A" team for some of the matches.

We should like to take this opportunity of thanking, first of all, those who have made presentations to the Squash Appeal, especially Mr. Slazenger, who so generously gave us his own profits for building the court, and secondly all those who have helped for nearly two years to push through this special need for proper squash courts, in particular the Dean, who has lent us his valuable weight in approaching the right kind of people.

GOLF The Tenth Summer Meeting of St. Bartholomew's Hospital Golfing Society was held at Berkhamsted on June 16th. The course, which is almost unique in having no sand bunkers, proved very difficult for the majority of the members, because of the grass mounds, gorse bushes and long rough. Fourteen members played, and eleven stayed to supper.

The Gordon-Watson Cup was won by C. A. Francis with a score of 2 down, and W. S. Maclay with 3 down was runner-up. The best score for the last nine holes was returned by C. A. Francis at all square, with Maclay 1 down.

The sealed handicap was won by F. L. Hopwood, who was all square.

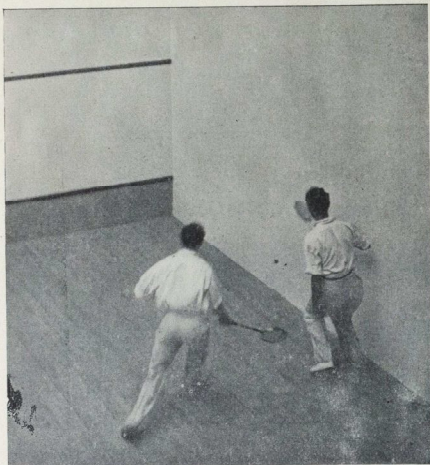
The Foursomes after tea were won by P. W. Morse and J. Spencer with a score of 5 down. J. G. Milner and L. P. Garrod, and W. A. Barnes and C. A. Francis tied with 7 down.

The best score for the first nine holes was returned by P. W. Morse and J. Spencer, and J. G. Milner and L. P. Garrod.

The sealed handicap was won by F. L. Hopwood and A. B. Cooper.

FENCING This season the Club fought 13 matches, winning 6 and losing 9. In addition Bart's met London Hospital in the first round of the Inter-Hospital Competition. We were beaten by the narrow margin of 12 wins to 15, and London Hospital proved to be the ultimate winners of the cup.

Our record in club matches would doubtless have been better if we could always have put out our best team, but unfortunately three of our best men are on the House and therefore too busy to fight often, and the remainder suffered severely from exams and illness.



THE OPENING MATCH.

stood at £400. Dr. Donaldson, President of the Club, told us that not only were the squash courts of prime importance to the physical fitness of his medical confrères, but that he personally welcomed their construction, since he would now be able to have more chance of catching a glimpse of the ball when playing against Dr. John Beattie. Previously in the old courts he had been forced to squeeze past sideways or scramble through his legs in order to accomplish his stroke.

Mr. Slazenger then turned the key to introduce two first-class professionals brought personally by him from the United Services and the Junior Carlton Clubs to play a demonstration match.

The guests were able to watch this match from the balcony, and so also, thanks to the skilled workmanship of the Gradige Company,

NOTES ON INDIVIDUALS.

MERRVYN MOREL is the best fencer with the épée, not only in Bart's, but in any Hospital. This season he had the amazing record of winning 19 fights out of 21.

I. L. S. BAYNES is our best foilist when he strikes his proper form. Unfortunately he had no time for any practice this season, and although he turned out for matches as often as he could, he was unable to reach the same standard as last year.

W. H. JOPLING gained his place in the foil team this season and fought with remarkably good style, making the utmost use of his gigantic reach. He still needs more experience of matches and self-confidence. He was prevented from fighting in the Hospitals cup-tie by appendicitis.

J. S. JOY captained the Club this season and fought in every match with all three weapons. He was the Club's best all-rounder, winning 26 fights out of 46 with the foil, 21 out of 42 with the épée, and 21 out of 45 with the sabre.

A. C. BOYLE, the Secretary, was unable to fight for more than half the season, owing to illness, but performed very well with the foil and sabre.

J. H. GOULD fought in every match with épée and sabre, and occasionally with the foil. A lion-hearted fencer who never spares himself, and is at his best when things are going badly for the team.

Of the reserves GUYZ shows great talent with the épée, and BURKITT with the sabre. HILL is by far the best of the novices with the foil and should become a very good fencer. In an "A" team match he won all his fights.

A. C. GREEN, who was captain in 1934-35, returned to the team at the end of the season and proved to be a most welcome reinforcement.

The following officers have been elected for the coming season:

President: Mr. Girling Ball.

Captain: A. C. Boyle.

Hon. Sec.: J. H. Gould.

Honours for 1936-37 were awarded to Jopling and Gould.

SWIMMING The Annual Gala of the United Hospitals Swimming Club was held at Marshall Street Baths on Saturday, July 3rd, under the presidency of Mr. R. M. Vick.

The competition was keen and all the races provided very close finishes to the delight of the spectators and the aggravation of those competing. The Diving Cup was won by a Guy's Hospital representative, D. G. Evans of Bart's, being placed second.

The Swimming Cup was won by St. Mary's Hospital by 4 points from Bart's. Guy's being third. St. Mary's did not win without a struggle, and the issue was in doubt till the last relay race, in which Guy's might almost be said to have failed us by not finishing second, since St. Mary's just snatched this second place from Guy's to win the cup. In the 100 yards J. S. Pratt swam very well to finish second to A. W. Young of Mary's, Mary's also claiming 4th place. In the 30 yards R. J. C. Sutton won for St. Bartholomew's, Mary's claiming second and fourth places. Next came the relay race of six men swimming one length; in the heat we had had a chance to try our paces against Mary's and knew their speed. In the final the race went to Mary's by a foot or so for the first four laps, and then we pulled up, R. J. C. Sutton just failing to win for Bart's by a bare touch. In the medley relay (two swimming breast stroke and two swimming back-stroke) R. J. C. Sutton swam a very good last length breast-stroke to win from Mary's. In the last race, the mixed distance relay, Sutton gave us a lead in the 100 yards leg, which was maintained by Pratt over 66 yards, J. C. Newbold swimming well over the last length to get the verdict for Bart's. However, St. Mary's managed to get second place and thus won the Swimming Cup with 83 points, Bart's being second with 79, and Guy's third.

In the Rugby race A. R. P. (Tubby) Ellis, representing the Rugby Club in complete regalia, except scrum cap, vaseline and boots, swam well, cunningly and slightly faster than one of his stockings to finish fourth. His stocking unfortunately failed to finish the course, through no fault of its own, and had to be rescued by Royal Humane Society methods.

The Gala finally concluded with a Polo Match between the Oxford University Dolphins and the United Hospitals, Newbold and Sutton representing Bart's. The game was fast and not so clean and therefore interesting to the spectators. The Dolphins just won by a goal scored in the last minute after the United Hospitals had been leading most of the time.

Swimmers.

100 yards: J. S. Pratt, J. C. Newbold.
50 yards: R. J. C. Sutton, H. G. Singer.
Medley relay: Breast stroke: C. H. Hoskyn, R. J. C. Sutton;
Back stroke: K. T. Scott, J. C. Newbold.
Mixed distance relay:—One length: H. E. Singer, J. C. Newbold.
Two lengths: J. S. Pratt. Three lengths: K. J. C. Sutton.
Relay race (six strings): R. J. C. Sutton, J. C. Newbold, J. S. Pratt, H. G. Singer, G. J. Walley, C. H. Hoskyn.
Diving: D. G. Evans, B. H. Goodrich.
Rugger race: A. K. P. Ellis.

Season's Water Polo Results.

	Played.	Won.	Lost.	Drawn.
Inter-hospitals League	6	6	0	0
Other matches	8	4	3	1

We congratulate C. R. P. Sheen on winning the Inter-Universities Mile Championship at Nottingham last month while representing London University. We wish we could have had the support of his able services at the Gala.

Finally, in concluding this season, may we present a humble plea to the Council of the Medical College and others concerned that we may very soon hear more of the plans for installing a **Swimming-bath at Charterhouse Square**. The advantages are numerous and we may only mention a few. There would be facilities for raising the standard of swimming throughout the Hospital; also with a swimming-bath there would be no need for extra measures to instil physical fitness into the Hospital. One has only to pay a fleeting visit to St. Mary's Hospital baths to see the great benefit that is gained by the whole student body there by having a means of pleasant and invigorating exercise present in their midst for everyone to use. May we hope, now that the Students' Union Council has completed the rebuilding of the Squash Courts, that the next addition to the amenities will be a Swimming-Bath.

TENNIS On Saturday, July 3rd, the 1st VI beat King's College Hospital in the 2nd round of the Senior Cup at Dog Kennel Hill by 9 matches to 3, 3 being unplayed.

F. Corsi beat G. R. Stead, 1-6, 6-3, 6-1.
C. Stephen beat D. I. Williams, 1-6, 6-4, 6-2.
H. R. Marrett beat A. D. Picton, 6-4, 6-3.
G. I. Way beat R. R. Wethered, 6-2, 6-2.
B. S. S. Archarya beat J. W. Warrick 8-6, 6-3.
J. D. Loughborough lost to R. P. Crick 3-6, 4-6.
F. Corsi and C. Stephen lost to Stead and Williams 4-6, 6-3, 4-6; beat Picton and Wethered 6-1, 6-1.
H. R. Marrett and G. I. Way beat Picton and Wethered 6-3, 6-3; beat Warrick and Crick 6-3, 7-5.
B. S. S. Acharya and J. D. Loughborough lost to Stead and Williams 4-6, 0-6; beat Warrick and Crick 6-3, 6-8, 6-1.

Junior Club.

On Wednesday, June 23rd, the 2nd VI beat King's College Hospital in the 2nd round of the Junior Cup at Winchmore Hill by 10 matches to 3, 2 remaining unplayed.

J. Packer beat Baynes 6-1, 6-2.
J. D. Loughborough lost to Copesbank 0-6, 1-6.
G. Dalley beat Ralmanoff 6-3, 6-3.
J. Waring beat Crick 6-4, 6-3.
L. M. Eate beat Wallace 6-2, 6-3.
C. Manning beat Ritchie 6-4, 4-6, 6-2.
J. Packer and J. D. Loughborough lost to Ralmanoff and Copesbank 5-7, 3-6; beat Ritchie and Baynes 6-1, 6-0; beat Crick and Wallace 6-1, 6-4.
G. Dalley and J. B. Waring beat Ralmanoff and Copesbank 9-7, 12-10; beat Crick and Wallace 6-1, 5-7, 6-2.
L. M. Eate and C. Manning beat Baynes and Ritchie 9-7, 6-1; lost to Wallace and Crick 1-6, 4-6.

June 20th.—1st VI v. St. Thomas's, scratched.
June 26th, 1st VI v. Laneing O.B.s. They only produced four players and consequently there was no match result.

Saturday, July 3rd, 1st VI v. Chiswick Park, scratched owing to Cup Matches.

Saturday, July 10th, 1st VI v. Staff College.

A side rather below strength visited the Army at Camberley. A very enjoyable match resulted in a win for the Army by 6 matches to 1, 1 unplayed.

G. L. Way and R. J. G. Coupland lost to 1st pair 6-8, 4-6; lost to 2nd pair 1-6, 6-1, 4-6; lost to 3rd pair 6-8, 3-6.
R. H. Marrett and C. S. M. Stephen lost to 2nd pair 6-1, 5-7, 2-6; beat 3rd pair 7-5, 6-8, 6-0.
B. Thorne Thorne and G. Dalley lost to 1st pair 4-6, 3-6; lost to 2nd pair; lost to 3rd pair 3-6, 6-3, 3-6.
July 14th, 1st VI v. **R.N. College** at Winchmore. Lost by 5 matches to 4.
R. J. G. Coupland and C. S. M. Stephen beat 1st, 2nd and 3rd pairs.
G. L. Way and G. Dalley lost to 1st and 2nd pairs; beat 3rd pair.
M. Desmarais and B. H. Goodrich lost to 1st, 2nd and 3rd pairs.

O.T.C. A considerable proportion of the Medical Unit of the U.L.O.T.C. paid a visit to the Royal Army Medical College at Millbank on June 9th, 1937. A lecture on "Clothing and Equipment of the Soldier" by Col. W. R. Purdon, D.S.O., O.B.E., M.C. (Professor of Hygiene), was followed by a tour of the Museum, where the uniforms of practically every army in the world were set out on models. After luncheon the party proceeded by buses to the King George V Dock and embarked on R.M.S. "Britannic", where a medical officer of the Port of London Sanitary Authority gave a lecture on the inspection of a ship on arrival in port, and the various means employed to combat the menace of rats as agents for spreading disease from one part of the world to another.

A guard of honour, under the command of Capt. H. H. Kenshole, was mounted in the Hospital Square on July 8th, on the occasion of the visit of H.M. Queen Mary. Before the arrival of Her Majesty the guard was inspected by Col. Sir Charles Gordon-Watson, K.B.E., C.M.G., who commented on the smart turn-out and good bearing of those on parade. Capt. G. E. Tatchell, Adjutant, U.L.O.T.C., who witnessed the parade, afterwards commented on the good marching, and said that, in his opinion, it was the best turned-out guard of honour that any unit of the U.L.O.T.C. had provided for some time past!

CRICKET Bart.'s were defeated by a strong M.C.C. side at Winchmore Hill on June 19th.

The Bart.'s side consisted of Mundy, Craig-Cochrane, Maidlow, Heyland, Brown, James, North, Grant, Rutherford, Elder, Akeroyd.
Scores.—M.C.C. 238 (Muncer 48, Rutherford 3 for 35). Bart.'s 77 (Heyland 42 not out).

With a depleted side the Hospital defeated a practically full **St. George's** side the following Saturday.

Bart.'s: Heyland, Whitmore, North, Bates, E. O. Evans, Burnett, Harold, J. W. G. Evans, Napier.

Scores.—St. George's 72 (J. W. G. Evans 7 for 39). Bart.'s 99 (Whitmore 33).

After being 110 for 1 wicket Bart.'s were all out for 154 and lost to **Finchley** by some 90 odd runs on the Monday of their cricket week.

Bart.'s were represented by Brown, Heyland, North, Whitmore, Elder, Gretton-Watson, Akeroyd, Rutherford.

Scores.—Finchley 249 (J. W. Newman 64). Bart.'s 154 (Heyland 79, Brown 22, Elder 21).

On a very disagreeable cricket day Bart.'s inflicted a delightfully easy defeat on a mid-week **Worthing** side on June 30th.

Bart.'s: Heyland, Whitmore, Grant, North, Brown, James, Bates, Elder, Hayes.

Scores.—Worthing 145 (Grant 4 for 58). Bart.'s 155 for 3 wickets (Grant 55 not out, North 37 not out).

A very close and enjoyable game was played at **South Hampstead** on the following Wednesday.

Bart.'s (in order of batting): Brown, Bates, Maidlow, Grant, Craig-Cochrane, J. W. G. Evans, Gretton-Watson, North, Akeroyd, Elder.

Scores.—S. Hampstead 240 for 6 wickets (Gretton-Watson 3 for 63). Bart.'s 181 (Brown 76, Bates 32, Grant 28).

A feature of the game was the return to form of Gretton-Watson, who varied his slow bowling beautifully and kept an immaculate length.

The match against **Shoeburyness Garrison** on Saturday, July 10th was tied, thanks to a last-wicket partnership of 38 by Elder and J. W. G. Evans and some clever bowling by Gretton-Watson.

Bart.'s (in batting order): Heyland, Brown, Burnett, Maidlow, North, E. O. Evans, Harold, Howell, Gretton-Watson, J. W. G. Evans, Elder.

Scores.—Shoeburyness Garrison 221 (Gretton-Watson 5 for 88 in 22 overs). Bart.'s 221 (Heyland 79, Burnett 20, Maidlow 47, J. W. G. Evans 29, Elder 17).

On one of the hottest days of the year Bart.'s defeated **St. Ann's** on their perfectly lovely ground at Virginia Water.

Bart.'s (in order of appearance): Brown, James, Whitmore, Maidlow, Mason, Heyland, J. W. G. Evans, Elder, Gretton-Watson, Howell, Rutherford.

Scores.—St. Ann's 142 (Elder routed the tail, and in 9 overs had 2 maidens and took 5 wickets for 13 runs). Bart.'s 150 for 5 wickets (having at one stage been 34 for 5); later 230 for 8 (Heyland 104, J. W. G. Evans 67).

RIFLE CLUB The Club finished its Bisley season on July 9th, when we competed with four other Hospitals for the Inter-Hospital N.R.A. Cup.

The Club was second to Guy's.
The Lady Waring Cup was won by W. A. Owen.

Four members of the team have stayed on to shoot in the Bisley meeting and three have entered for the King's Prize.
Small-bore shooting will recommence at our range in October.

CORRESPONDENCE

STUDENT HEALTH

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

DEAR MR. EDITOR,—This letter is written for the information of the students.

The College Committee is appointing a Medical Officer, whose duty it will be to examine all students entering the College on their admission and to repeat such examinations as circumstances indicate. It will also be his duty to advise any student who may be taken ill while actually attending in the Hospital or College.

From time to time it happens that students undergo periods of ill-health, whether as a consequence of the arduous work they are called upon to carry out during their courses or otherwise; and it is felt that periodic medical examination will be helpful to all concerned. The scheme will obviously involve expense to the College, but the Committee feels it should be amply repaid by the results obtained.

The first students to be dealt with on these lines will be those who apply for entry to the College after October 1st, 1937. I do not think we can admit into the scheme students already in the College unless they are prepared to pay a special and additional fee. But, if it is thought by the Students' Union that any large number would like to join, the Committee would be prepared to state the terms of admission.

There is another matter to which I wish to refer. The College has for some time past been investigating the possibility of instituting a system of physical training. At the moment this investigation is being undertaken, at the instigation of this College, by the Deans of all the Medical Schools in the hope that through the University of London it may be found possible to obtain some financial assistance. In the meantime we are trying to collect money among ourselves in order to raise a sufficient sum to meet the capital and running expenses over a period of five years.

Clearly it will not be possible to start such a scheme for some little time to come, but I would invite comment in the **JOURNAL** by letters from those who may be interested. I am quite conscious of the fact that the student's life makes a great call on his general health, so that by the time he has held a resident appointment he is liable to fall by the way. Hence our interest in this matter.

Yours sincerely,

W. GIRLING BALL,
Dean of the Medical College,
St. Bartholomew's Hospital.

July 2nd, 1937.

BISHOP LUKE PAGET

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

DEAR SIR,—Your friendly tributes in the June issue to the late Bishop Paget have vividly brought before my mental eye the familiar image of one who has endeared himself to my thoughts and gratitude.

When I was preparing a series of papers on his father, Sir James Paget, the Bishop most generously enlightened my twice-told tales with personal reminiscences. In the midst of a singularly busy and exacting life at Chester, he was a scrupulously prompt correspondent.

His letters, though brief, were enchanting with their old-world courtesy and graceful charm. Not infrequently they started, "This needs no acknowledgment". What an introduction to cultivate!

He was a fine speaker, and his conversation was a rare delight. Well informed on scientific questions, his attitude was essentially broad-minded. He was the most tactful person I have ever met.

He liked to speak of his great friend Rouanes, whom he described as a convinced Darwinist and an ardent believer. He himself denied that there was any conflict between Darwinism and a Christian's faith in the life to come.

When he moved to London his address, 39, Cloth Fair, struck him as happily appropriate; it reminded him of the 39 Articles, and suggested that none but the cloth deserves the fair.

The last time we met was at dinner in that attractive Dickensian tavern, the "Prospect of Whithby", overlooking the river by Wapping Wall. In the fascinating, ever youthful, intensely human atmosphere, the Bishop's spontaneous gaiety on which you dwell appealed most joyfully to that strange bundle of humanity which haunts an East End "pub".

But these reminiscences, Sir, while pleasant to the writer, are idle and have no weight in the hand.

Yours faithfully,
WALTER R. BETT, F.R.S.E.L.
79, Haven Avenue,
New York, New York;
June 23rd, 1937.

THE GERMAN GUN: BLOOD AND BEER

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

DEAR MR. EDITOR,—

"Hail, O perfect paradox!"

To condemn so roundly in your Editorial the bad old order of things, to make so virulent an attack on crusty old conservatism and then, in your letter, to be so staunch a supporter of "historic pride" is indeed to chase your own tail. It tempts me to believe that, in this case, the Editor is, in very truth, not responsible for the opinions of his correspondent. Beside this contradiction, your illegitimate accusation that I suggested selling the gun to enlarge the car park may almost pass without rebuke.

Were the sincerity of your letter as apparent as its facetiousness I should be inclined to join forces with you. What a banner we might raise! Two banners—the one to go above the gun, inscribed "Ancient Monument"; the other a scroll for its foot to record its bloody and beery history, so that those not so conversant with this mighty epic as you and I might read and pause and wonder.

I do not belittle such deeds of valour but, if we must commemorate the past, I believe a graven image of an ice-axe and a pair of climbing boots to be an idol more worthy of our decadent worship—for was not a Belshaz Beacon once placed on our topmost turret and a Bart.'s man once on Everest?—and I still think the gun ought to go.

I am encouraged in that belief by one supporting letter. I hope there may be others.

Yours faithfully,
GORDON EVANS.
The Students' Union,
St. Bartholomew's Hospital,
E.C. 1;
July 18th, 1937.

[We have passed Mr. Evans's letter on to our correspondent "G. F.", who, by the way, is a retired Brigadier-General now resident upon the south coast. He wishes completely to dissociate himself from Editorial opinion, and promises to write a further letter on this burning subject at a later date.]

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

DEAR SIR,—Realizing the power of official inertia I would like to add my support to those who ask that this useless and unlovely object be removed. Scrap iron is valuable. We are preparing for a new war, and this relic of an old war may well be sacrificed.

Yours faithfully,
KENNETH WALKER.
July, 1937.

GOWNS FOR LECTURES

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

DEAR SIR,—I feel constrained to write to you on a matter that has harried my mind for some three or four years now, and it has been brought forcibly to a head to-day, when in the Quadrangle and elsewhere in the Hospital we witnessed a most glittering and colourful academic spectacle. It is this: I would like to suggest that all

academic and clinical lectures, especially academic ones, be delivered by physicians and surgeons in academic dress. It always was the custom at Bart.'s right up till the war, which cataclysm swept so many good things aside. After all our Hospital is a constituent of a University, and as such ranks with such academic institutions as University College, Gower Street, and King's College, where academic dress is the rule. I hold that the traditional white ward coat, however hallowed its association, is very cheap, especially as laboratory attendants deem it their right to wear them. The medical and surgical theatres could do with some touch of colour. Many have mentioned this matter, and I would be very glad if it was given consideration. Apart from such brilliant functions as to-day's ceremony there is nothing at all to suggest that Bart.'s has an academic as well as a clinical aspect of importance. Further, if one attends the offices of the Church the officiants are all suitably and dignifiedly garbed. In the legal profession, the participants in the dramas that are enacted there are all appropriately attired. Why not in medicine, which is but the third of the old triad of the three learned professions?

Hoping something will be done,
I am, Sir,
Yours sincerely,
J. B. GURNEY SMITH.
St. Bartholomew's Hospital,
E.C. 1;
July 8th, 1937.

THE CAMBRIDGE SCIENTISTS

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

DEAR SIR,—Mr. Wright, in his letter criticizing my review of "Protection of the Public against Aerial Attack" by the Cambridge Scientists' Anti-war group, raises a point with which I am in entire agreement. The practice of publishing reviews anonymously makes it impossible to assess the value of opinions expressed therein, and I can see no good reason for continuing to do so. Mr. Wright also suggests that reviewers' qualifications should be published, and I think he is right in so far as medical books are concerned. But the same principle would be more difficult to apply to books on more general topics; and I do not think that many people will agree with Mr. Wright when he suggests that the opinions of the authors of this book, on what is the best method of preserving peace, deserve respect by virtue of their researches in Crystallography, Anatomy, Botany, etc.

Considerations of space prevented me from giving as detailed a criticism of the evidence contained in this book as I should have liked; but I maintain that to point out how bad the Government Air-raid Precautions are (or rather were when the book was written), without suggesting a single way in which they might be bettered, is "purely destructive criticism".

After his inaccurate definition of panic, Mr. Wright indulges in some abstract arguments, and if we apply his conclusions to the case in point, we get the rather astonishing statement that "if the public is told clearly and repeatedly that it may expect death in another war, it will be less likely to panic if such a war occurs".

Yours faithfully,
F. L. POTTER.

REVIEWS

The Control of Tuberculosis in England: Past and Present.

By G. GREGORY KAYNE, M.D., M.R.C.P., D.P.H. (Oxford Medical Publications.) Price 8s. 6d.

The control and prevention of any chronic infectious disease calls for a sound administrative scheme, whereby examination and treatment over a long period can be secured for all on economic lines. Fifty years ago there was no organized provision whatever for the treatment of a disease that was responsible for over one tenth of the total deaths. Voluntary hospitals and institutions for the Poor Law infirmaries did receive tuberculous cases before this time, but treatment was haphazard, and preventive measures negligible.

This book gives a comprehensive and concise account of the development of the modern tuberculosis schemes; of the struggle to procure special treatment for the consumptive, and of the vast amount of legislation that has occurred to produce the present administration. There are three parts in the book. The first is devoted to the early history of treatment, etc., up to 1908, when the State officially recognized the importance of the disease by making notification compulsory. Part II describes the changes since 1908

to the present day and the delays caused by the war and post-war depression. A knowledge of this past is essential to the complete understanding of the present sciences and their problems, which is all admirably described and discussed in Part III. The weakest link in the tuberculosis organization is the lack of co-operation between practitioners and tuberculosis officers. While admitting the many difficulties of the former, he makes some very fair criticisms against them. Notification is unsatisfactory; 5% of all fatal cases of tuberculosis were not notified till after death. Their inability to detect early cases lessens the chance of favourable prognosis. In his final chapter on prevention Dr. Kayne sums up the chief methods general and particular, he would advocate and rightly considers the foundation stone of prevention the raising of the economic and social status of the population.

Recent Advances in Orthopaedic Surgery. By B. H. BURNS, B.Ch., F.R.C.S., and V. H. ELLIS, B.Ch., F.R.C.S. (Messrs. J. & A. Churchill.) Price 15s.

The authors, who presume some orthopaedic knowledge in the reader, discuss what they take to be the present attitude in London to certain problems; they add matter drawn from the British and American literature, some of which they have abstracted extensively. Three chapters on the physiology of bone are followed by twenty-two essays on various orthopaedic subjects; fractures are excluded on the proper ground that they would require a book to themselves. The quality of the various chapters varies considerably, both in matter and presentation; most have something of interest to the orthopaedic surgeon; few are likely to be of much help to the general surgeon, but to the final fellowship candidate we might, nevertheless, commend selected chapters, such as those on tuberculosis, adolescent kyphosis, spondylolisthesis, adolescent coxa vara and internal derangements of the knee-joint.

Most of the information may be relied upon and most of the opinions are reasonable. The presentation is clear.

EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

M.B.—Morel, M. P., Pope, A. R.

Third Examination for Medical and Surgical Degrees, Easter Term, 1937.

Part I.—Barwood, P. F., Curl, O. J., Green, A. C. F., Hardwick-Smith, J. E., Hewlings, N. J. P., Johnson, R. T., Joly, J. S., Phillips, E. H. D., Sturdy, D. C.

Part II.—Barwood, P. F., Cane, L. H., Dickens, C. M., Goodhart, C. E. D. H., Jeremy, W. H. R., Joly, J. S., Morison, C. R.

Royal College of Physicians

The following Member has been elected a **Fellow**: Ramsay, Jeffrey.

Royal College of Surgeons

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

HUNT, A. H., Ismail, R., Lewys-Lloyd, R. A. V., McGladdey, H. M., O'Callaghan, M. D. M., Park, W. D., Walker, A. J.

The following were successful at the Examination for the **Final Fellowship**:

Ackland, T. H., Blackburn, G., Evans, A. B., Fernando, B. E., Mukerji, A., Nayar, R. T. K., Scott, J. C., Talwalkar, A. K., Trubshaw, W. H. D., Yousty, F. R.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.A.—Clarke, R. T. V., Drury, G. D., Fraser, A. C., Nicoll, J. A. V., Walch, R. C.

Conjoint Examination Board Pre-Medical Examination, June, 1937.

Physics.—Mistlin, L.

Biology.—Routledge, R. T., Scott, M. G.

First Examination, June, 1937.

Anatomy.—Bachmann, P. A., Bowen, R. A., Conte-Mendoza, H., Evans, W. M., Gardon, J. F. G., Harvey, T. E., Jacobs, J., Messent, I. J., Pettit, D. R. L.

Physiology.—Bachmann, P. A., Bowen, R. A., Gardon, J. F. G., Harvey, T. E., Jacobs, J., Messent, J. J., Pettit, D. R. L., Stratton, H. J. M.

Pharmacology.—Belam, O. H., Brockbank, C. A., Ellis, A. R. P., Maycock, R. L., Meyers, R. L., Moynagh, K. D., Nixon, J. C., Pettit, D. R. L., Schofield, G. B., Wedderspoon, J. M.

CHANGES OF ADDRESS

BALL, H. C. J., White Horses, Barton-on-Sea, Hampshire. (Tel. New Milton 827.)

FOLLIOTT, Surg.-Cmdr. E., R.N., St. John's, St. John's Square, Wilton, Salisbury, Wiltshire.

KRIGE, C. F., 27, Moray House, Jeppe Street, Johannesburg.

NICHOLSON, B. C., 29, Queen Anne Street, W. I.

KEWCASTLE WOODS, T. G., "Hartlands", Edgcombe Road, St. Austell, Cornwall. (Tel. St. Austell 654.)

SAVAGE, J. DE LA M., Welbeck Lodge, Reculver Road, Herne Bay, Kent.

SMITH, H. SANDFORD, Hardwick, Nuttley Drive, Goring-by-Sea, Sussex.

TODD, C., 49, Mulgrave Road, Sutton, Surrey.

TOWNSEND, Lt.-Col. R. S., I.M.S., appointed Inspector General Civil Hospitals, N.W.F.P., India.

APPOINTMENT

TOWNSEND, Lt.-Col. R. S., I.M.S., appointed Inspector General Civil Hospitals, N.W.F.P., India.

BIRTHS

FRANCE.—On July 4th, 1937, at Ludlow, Bromley Common, Kent, to Eileen, wife of Francis France, M.B.—a son.

HILTON.—On June 23rd, 1937, at 149, Harley Street, to Dr. Cwen Hilton, wife of Dr. Reginald Hilton—a daughter.

HOGG.—On July 9th, 1937, at 41, Devonshire Place, W. 1, to Mollie, wife of James Cecil Hogg, F.R.C.S.—a son.

KING.—On July 5th, 1937, at 32, Chepotev Place, W. 2, to Moira (*née* Atteridge), wife of J. F. Lascelles King, M.B., B.S.—a daughter (Anne Cecilia).

MACLARY.—On July 11th, 1937, at 40, Kensington Square, London, W. 8, to Dorothy, wife of Dr. the Hon. Walter Maclary—a son.

MAGNUS.—On June 24th, 1937, at 20, Devonshire Place, W. 1, to Kathleen (*née* Aiken), wife of Dr. H. A. Magnus—a son.

MARRIAGES

HAYNES—MOORE.—On July 17th, 1937, in London, Dr. William Secretan Haynes, Colonial Medical Service, elder son of Dr. and Mrs. G. S. Haynes, of Cambridge, to Bettie Mary, only daughter of Cmdr. E. E. Moore, R.N., retired, and Mrs. Moore, of Cheam.

LOXTON—EDMONDS-JONES.—On Saturday, June 26th, 1937, at St. Mary's Church, Longworth, Geoffrey Ernest Loxton, M.B., M.A. (Cantab.), younger son of Mr. and Mrs. S. E. Loxton, of Little Aston, Warwickshire, to Margaret Joyce, only daughter of the Rev. R. Edmonds-Jones, M.A. (Oxon.), Rector of Longworth, Oxfordshire, and the late Mrs. Edmonds-Jones.

VERE NICOLL—FROHOCK.—On June 26th, 1937, at St. Lawrence Church, Surfleet, Lincolnshire, by the Rev. Canon Nicholas and the Rev. C. H. Clarke, John Alexander Vere Nicoll, M.R.C.S., L.R.C.P., D.A., second son of Dr. and Mrs. Vere Nicoll, of Lindsey House, Cheyne Walk, Chelsea, to Margaret Mary Frohock, elder daughter of Mr. and Mrs. E. J. Frohock, of Surfleet, Lincolnshire.

DEATH

UPTON.—On July 10th, 1937, at 28, Medina Villas, Hove, Sussex, Herbert Chrippes Upton, M.R.C.S., L.R.C.P., L.S.A., aged 92.

NOTICE

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

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

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

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St. Bartholomew's Hospital



Journal

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

VOL. XLIV.—No. 12

SEPTEMBER 1ST, 1937

PRICE NINEPENCE

CALENDAR

Tues., Aug. 31.—Dr. Gow and Mr. Vick on duty.

Fri., Sept. 3.—Dr. Graham and Mr. Wilson on duty.

Tues., „ 7.—Dr. Evans and Mr. Girling Ball on duty.

Fri., „ 10.—Prof. Witts and Prof. Ross on duty.

Tues., „ 14.—Dr. Chandler and Mr. Roberts on duty.

Fri., „ 17.—Dr. Gow and Mr. Vick on duty.

Sat., Sept. 18.—Rugby Match v. Old Paulines. Away.

**Last day for receiving matter for the
October issue of the Journal.**

Tues., „ 21.—Dr. Graham and Mr. Wilson on duty.

Fri., „ 24.—Dr. Evans and Mr. Girling Ball on duty.

Sat., „ 25.—Rugby Match v. Moseley.

Tues., „ 28.—Prof. Witts and Prof. Ross on duty.

EDITORIAL

POLITICS IN THE HOSPITAL

THERE was once a time when adolescence sublimated its yearnings by writing sonnets and reading Swinburne or by taking vigorous physical exercise, and even—though it seems odd to say so to-day—when higher education tended to promote intellectual maturity rather than to retard it. But that is all over now. Our young men have gone political, and exchanged the languors and raptures of poor Swinburne for those of Mr. Victor Gollancz.

This in itself would not matter in the very least, for it is a simple affair, and a mere rush of hormones

to the head. But unhappily it is an integral part of the creed which these gentlemen for the moment profess that they should not keep their endocrine manifestations to themselves, but should try to thrust them upon other people.

That they should choose for their field of activity a busy and ancient Hospital, which, even had it not vastly more real and more important affairs with which to deal, should surely be immune in its peace from such irrelevant soap-boxery, seems especially regrettable.

It is not, of course, that our Hospital Leftists

are in themselves significant, or that any of them—with one or two exceptions—are anything but the most delicate possible shade of pink, which, after all, is very natural in a group of which only one that we can recall has ever actually laboured with his hands, or is in a position to have more than an etherially objective understanding of the working classes.

The danger of such a group lies, not in its own activities, but entirely in the partisanship which its mere existence tends immediately to provoke. In this Hospital we are many creeds and many races who have, up till now, lived in perfect amity and accord. We have a common interest in our profession and a common pride in our Hospital, and have formed a fraternity more genuine and more lasting than is ever likely to be created by our local Lenins. And our personal political views have seemed to us irrelevant and impertinent to the work at hand.

But if we have now the romantic followers of Mr. Gollancz, we have also an equally fervent and equally foolish group of the opposite persuasion—about half as many in number—who would no doubt be delighted to plaster the walls with swastikas and the heads of their opponents with bludgeons (the opponents doubtless defending themselves meanwhile with the Left Book Club).

It should, at any rate, be quite obvious by now that the only certain offspring produced by an otherwise impotent Communism is Fascism.

To propagate their views the Inter-Hospital Socialist Society—for such is the body of which our local group forms a "cell"—publishes a magazine wittily entitled *Hospital*. In this we read, sandwiched between the usual "Stories from Spain" (which of course describe Leftist heroes, *mort pour la Party*, biting the dust and muttering "No Pasaran" with their dying breaths) and "Tales from Moscow", such observations as these:

"The activities of members are to be directed first and foremost to building up the branches in the hospitals, so that they can hold their own meetings and work out their own propaganda methods. . . ."

§

". . . Strong hospital socialist societies are now in existence in the London, Guy's, St. Thomas's, Middlesex, Royal Free, University College and St. Bartholomew's Hospitals and are meeting regularly. As far as London is concerned, these organizations will be the chief means of conducting socialist propaganda in the hospitals. Branches of the Left Book Club have been formed in three hospitals. . . ."

There, in black and white, we have the avowed intention of this little clique to thrust their opinions down our throats, and to pester us with their propaganda. Do they imagine that the other side, equally pestiferous, is going to stay silent? Perhaps the less that is said of the painful indiscretions of which some members of this Society have been responsible in the past, the better. But the indiscreet use of the name of Rahere in what was once called the "Rahere Club" and which assisted under that name at a suburban rally of the "Friends of Moscow" is scarcely forgivable, though fortunately the Club as such has now ceased to exist; while the appearance of representatives of the Society supporting an appropriate banner in Hyde Park, not long ago, seems to contribute little to the dignity of the Hospital of which they are members.

So far the activities and the influence of this Society are negligible, and not for a moment would we necessarily quarrel with their politics. They may be all things that are good. But when their active propaganda within the Hospital can mean only future division and ill will, and the splitting of students into fantastic artificial warring camps, it is time the area was isolated with sterile towels.

If the Fascists form a rival club—and there is no doubt that they will, given encouragement and provocation—they, and indeed any other proselytizing avowedly militant political society, will be every bit as objectionable.

If they must pursue their activities, let them pursue them elsewhere; for the Hospital is a scientific institution in which politics have no place.

CURRENT EVENTS

THE COVER

This month we appear in a new cover of stouter paper, and, we think, of more pleasing design than the old one.

The block of the Henry VIII Gate is the original one which first appeared on the JOURNAL in 1893.

The criticisms and suggestions of our readers will be welcomed.

* * *

MEDICAL RESEARCH COUNCIL: NEW MEMBERS

By an Order of the Committee of Privy Council, made after consultation with the Medical Research Council and with the President of the Royal Society, Prof. L. J. Witts, M.D., F.R.C.P. (Professor of Medicine in the University of London and Physician to St. Bartholomew's Hospital), and Prof. G. E. Gask, C.M.G., D.S.O., F.R.C.S. (Emeritus Professor of Surgery in the University of London), are appointed Members of the Medical Research Council, in succession to Sir Thomas Lewis, C.B.E., M.D., F.R.C.P., F.R.S., and Sir David P. D. Wilkie, O.B.E., F.R.C.S., who retire in rotation on September 30th.

* * *

THE NEW RUGBY STAND

Work on the new stand at Chislehurst is now ready to begin and the architect's plans are in hand. On the financial side a very generous and keenly appreciated gesture by Dr. George Graham, who has offered the Club securities up to £600, now makes it possible to borrow this sum at 2½% and to carry on with the work.

On the other hand, the £600 necessary to repay the loan—together with interest—must now be collected, and the sooner this is done, the less interest there will be to pay.

Contributions for this fund therefore will be received by the Secretary of the Rugby Football Club with gratitude.

* * *

SIMPLE TREATMENTS

We publish this month an article by Prof. J. Paterson Ross upon the virtues of simple treatments, such as the administration of honey and camomile tea, instead of any of the more complex and elaborate drugs which now seem fashionable. This seems to open up an interesting field for discussion, and we would welcome contributions from other readers who have experienced success with similar homely remedies.

There are, of course, many obvious cases which at once come to mind of elaborate methods replacing

simple ones, such, for instance, as the administration of magnesium sulphate *per rectum*, or even hypertonic saline intravenously to dehydrate a patient after head injuries, when the old-fashioned dose of calomel is usually enough; while marvellous new-fangled pain-killing drugs are employed to the general upset of the patient's sleep, bowels and appetite when a leech might have given instant relief.

* * *

THE GERMAN GUN

Our attention has been drawn of late to the disgraceful condition into which this famous Bart.'s trophy has fallen. The inroads of rust and neglect have been very great, and if the gun is to be preserved, or even moved, it will need a certain amount of attention. Both wheels need to be re-shod and one or two spokes repaired, while the whole gun requires a fresh coat of paint.

While the gun is the property of the Hospital, the students naturally take a keen interest in its welfare, and would be sorry to see it fall into irreparable decay merely for the sake of an hour's work and a coat of paint.

It is hoped, therefore, that the authorities will accede to it that this historic trophy, which reflects in its history the spirit of freedom and independence which immediately succeeded the Great War, receives some attention before it is too late.

* * *

THE LATE MR. R. F. JOWERS

Described as the greatest surgeon ever at the Royal Sussex County Hospital, Brighton, during its history of just over a century, Mr. Reginald Francis Jowers, F.R.C.S., died this month at the age of 78.

Educated at Winchester, and later at this Hospital, he was still a young man when he first joined the Staff of the Royal Sussex, upon which he served with great distinction for over twenty years until his retirement some eight years ago.

He served through the War with the R.A.M.C. and attained the rank of Lieutenant-Colonel. It was of Mr. Jowers that Lord Moynihan, upon a visit to the Royal Sussex Hospital, once said: "He is a man for whom I have the very highest admiration and warmest affection, and he is what I value very much—a real Wykehamist and a great gentleman, which is the same thing."

An interesting link with the past in Mr. Jowers's career is afforded by the fact that he was called by Mrs. O'Shea to attend Charles Stuart Parnell in his last illness, but his attentions were unhappily too late, for the great man's temperature had already risen to a height which rendered recovery hopeless.

HONEY AND CAMOMILE TEA

THE STORY.

Part I.

AT 4 o'clock in the afternoon of August 22nd, 1935, a middle-aged painter was working at the top of a 35-ft. ladder when a boy bumped into its lower end. The man fell from the ladder and, landing on his feet upon the concrete path below, broke his right tibia and fibula. Though fairly severely shocked he escaped further injury, and on admission to the Hospital shortly afterwards his fracture, which was an open one, was reduced and immobilized in plaster-of-paris.

Unfortunately the wound suppurated, and for some weeks the patient's general condition gave rise to much anxiety. With free drainage of the wound, however, and repeated changing of the plaster splint, the man's health was gradually restored, fever subsided, and appetite returned. His convalescence seemed to be progressing favourably except for the state of the skin of his injured leg. By the beginning of November dermatitis had become established around the wound and was spreading slowly but steadily up and down the limb, giving rise to pain and irritation sufficient to interfere with his comfort in the daytime and his sleep at night.

Ultimately the treatment of this dermatitis became the chief problem of the case, and when calamine lotion failed to give relief, an ointment containing 1 gr. of pyrogallol in each ounce of zinc cream was constantly reapplied to the inflamed part. As this did not produce the desired result the leg was treated by X-rays in the Skin Department, but since no improvement was forthcoming the ointment was changed to equal parts of zinc cream and castor oil. The weeks wore on, and with the approach of Christmas it was decided that, as his general condition permitted it, he should be allowed to go home with instructions to use a lotion consisting of 1 drm. of liquor picis carbonis to each ounce of calamine lotion, and he was consequently discharged on December 22nd.

But this is not the end of the story. He had to be readmitted at the end of February, 1936, with his skin in a worse state than ever before. The bones were soundly united, but the whole leg from the knee downward was the seat of a weeping eczema, and there was some thickening of the skin with crusting of the surface. Pain was considerable, but the most prominent feature was itching, which at times was almost unbearable.

Seeing that the more modern and enlightened forms of

therapy had been unavailing there was every excuse for returning to the medicine of the Dark Ages, and a simple made from flowers of the camomile was therefore ordered. Lest "Camomile Tea" on a blue board might offend the dignity of the Dispenser on duty, the prescription was written:

R Anthemidis Florium ʒiv "

and Sister got her camomile flowers. Lint soaked in an infusion of the flowers was applied to the inflamed skin, and almost immediately the patient was relieved of his symptoms. Two days later the skin was already rapidly returning to normal, the weeping had ceased, its angry red colour was fading, and within an astonishingly short space of time the whole aspect of the case had changed. The infusion had to be used alternately with mild antiseptics for the following three or four weeks, but severe dermatitis never returned.

The oil contained in camomile flowers must itself possess the properties of a mild antiseptic, but this seems hardly sufficient to account for the almost miraculous effect of the infusion. It is of interest in regard to our argument to note that though included in 1914, camomile flowers do not appear in the *British Pharmacopœia* of 1932.

Part II.

A schoolboy, aged 16, was brought to the Hospital early in April, 1937, because on his right leg there was an ulcer which had not benefited from the treatment received at another great hospital in London. It was clear that this treatment had been carried out in accordance with the best principles, yet the ulcer, which was said to have originated from a simple abrasion of the skin, not only refused to heal, but even increased in its extent.

On arrival the ulcerated area, which was situated on the median aspect of the right leg, 10 cm. above the ankle, measured 5 by 3 cm. in diameter. The boy looked healthy, and the ulcer was floored by vascular granulation-tissue. The skin of the rest of the limb was of normal colour, there were no dilated veins to be seen, and pulsation was present in all the main vessels, including the dorsalis pedis and posterior tibial arteries. The ulcer was not adherent to the tibia, and a radiograph showed no bony abnormality. The urine was normal, and though there was no reason to suspect syphilis, it was deemed wise in so unusual a case to carry out a Wassermann test on the blood, but this was negative. One other fact which emerged in taking the history was that his grandmother had ulcers on her legs, but since it was considered that only a statistician could assess the ætiological significance of this coincidence, the

suspicion arose that he might perhaps be encouraging the process of ulceration by his own manipulations, and the leg was therefore encased in plaster-of-paris. When the plaster was removed four weeks later the ulcer was twice its previous size, and the boy was therefore admitted to the wards on June 7th.

The examination of the peripheral circulation, including skin temperature tests, histamine reactions, spinal anaesthesia, and arteriography, all of which might be considered on theoretical grounds to be called for to elucidate this unusually indolent ulceration, seemed merely meddlesome when the limb exhibited no sign whatever of arterial disease, and it was therefore resolved that one further attempt should be made to heal the ulcer before putting the boy through these formidable investigations.

A mixture of equal parts of honey and crude cod-liver oil was made into a paste with gum acacia, and the salve thus produced was spread thickly on the ulcer, which at this time measured 8 by 5 cm. Under this régime healing proceeded apace, and ten days later the ulcer was only 2 cm. across. It was completely healed when the boy went home three weeks after his admission.

The importance of obtaining *crude* cod-liver oil must be stressed, since the purified product, or other bodies containing vitamin D in a more concentrated form, are comparatively useless for healing ulcers.

THE MORAL.

Faith and fashion have a profound influence upon therapeutics, but the value of an old-fashioned simple and salve in the two cases here recorded should encourage us to try to preserve some of the better things which our ancestors knew and practised.

The superstition which activated the immortal—

" Juice of y^e hellebore pickt in June
By a one-legged man in y^e light of y^e moone,
Leaf of y^e hennbane, eare of a bat,
Foote of a toade from a dead man's hatte"—

is not very different from the mysticism which endows some modern treatments by rays and injections with their magic properties.

Yet the moral of our experience with honey and camomile tea has nothing to do with superstition, and no doubt there is some good reason for their beneficent action. Many of the herbs and other substances formerly used medicinally contain the active principles which are now administered in a purer form, and it may be for all we know that crude cod-liver oil is particularly rich in the essential vitamins X and Y—or does the honey add a little Z?

The fact remains that in each case the treatment worked, and though an inquiry into why it worked might be of much scientific value, let us be content for the moment to state the facts. And since there are such simple methods of treatment, proved by experience to be of real value, let them be placed on record so that they may be remembered, and used in preference to the more elaborate yet no more efficacious alternatives.

J. P. R.

FIFTY YEARS AGO

[Being extracts from very early journals.]

1893

Intention

THE objects of the Journal are, **FIRSTLY**, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

THIRDLY.—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere in after life.

FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital.

It will be circulated among the students, past and present, of St. Bartholomew's Hospital, being the Journal of the Hospital and the organ of the Amalgamated Clubs.

A Woman Student

It may not be generally known that on October 17th, 1850, Dr. Elizabeth Blackwell, now residing at Hastings, was admitted as a student of St. Bartholomew's Hospital with the consent of the Treasurer, the Warden, and School authorities. She attended for some time in the wards of the Hospital, spending several hours daily accompanying the physicians and surgeons in their visits. She attended Sir James (then Mr.) Paget's lectures on pathology, and the clinical lectures of the late Sir George (then Dr.) Burrows, of Dr. Kirkes, and of Dr. Baly. We have much pleasure in recalling these events, for the far-seeing and generous justice of thus admitting a lady to the practice of the Hospital, before the existence of the London School of Medicine for Women, was in its time an act greatly to the credit of the authorities of the Hospital and School.

WIT'S END.

I cannot scintillate with wit
Across the breakfast table.
At *any* time I find that it
Is hard to scintillate with wit.
In super-silence then I sit,
Because I am not able
To scintillate with sprightly wit
Across the breakfast table.

"BREAD LINES."

The heir of the baker's family
Was a perfect little beast,
So no one took much notice
When the son sank in the yeast.

WOT.

"EVERY CLOUD . . ."

A bibulous lady visiting a consulting surgeon was told that she had a carcinoma of the breast. This was rather a shock. She said, "Oh dear, Oh dear, if only I had some brandy", which the surgeon proceeded to get for her. While he was out of the room, quickly recovering, she said to the general practitioner who had brought her, "I expect it will be better than I usually get".

THE GERMAN GUN

The Capture

NOW that Pacifists, Defeatists, Cynics and Doctrinaires of all kinds are prowling around our Gun the time seems ripe to recount something of its history, which may not be known to the present generation of students. It is for this purpose we reprint the following account from the JOURNALS of 1918, together with some personal reminiscences from those who took part in the events of that and the following year.

* * *

At ten o'clock on the third night of the armistice a three-ton A.S.C. motor wagon, procured by stealthy and nefarious bribery and corruption and crammed with conspirators, left the Smithfield Gate of the Hospital.

A banner (debtor to Catering Company—one tablecloth) floated over the canopy bearing the words "BART'S FOR EVER" in large, if somewhat straggly, black letters, and from within came the sound of ironmongery violently beaten with pokers, and so the avalanche of noise swept down Giltspur Street into the night. On it went down Holborn, heralding its approach by *fortissimo* cries of "BA-A-A-RT'S", the only incident in the comparatively deserted streets being an invasion by Boy Scouts. This being an exclusively Hospital show, all hands were piped to repel boarders, and the invaders were gently but firmly deposited in the road.

Speed slackened somewhat in Trafalgar Square, which was crowded with people. We cheered: the crowd cheered: everybody cheered: stately policemen looked on with a kindly and sympathetic eye, regarding us merely as joy-riders.

Then came the *coup d'état*. The lorry swung round at the Admiralty Arch and stopped, the tailboard dropped, and a crowd of pirates, led by a strange and fearsome figure with a coil of rope round his waist and brandishing a femur in his hand, streamed off the lorry and through the Arch. Somewhat amazed, the crowd gathered round. Back came the landing party at full speed, towing behind them a 77 mm. German field gun. The inevitable and ubiquitous policemen appeared:

"You can't have that gun!"

The reply was obvious:

"Can't we?" And what were two among so many?

By superhuman exertions some self-sacrificing individuals got the trail of the gun lashed up to the frame of the wagon, despite the pressure of the too curious crowd and the suffocating blast of the exhaust pipe in their faces.

It was done. Everybody climbed on board; members of the crowd who had taken their places *in absentia* were slung out, and the lorry started with a jerk. The tail-board not being fastened up, at least five people fell out into the road. By good luck the rope broke at the same time or the gun would have gone over them. The casualties were collected, the rope re-tied, and a fresh start made. This time the gun started satisfactorily, but after going about ten yards one of the wheels came off. In spite of the shouts from those behind, those in front heard not and heeded not, and on went the car of



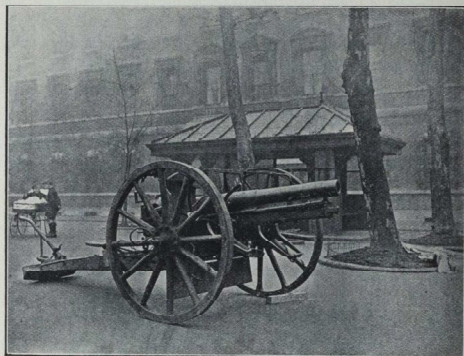
THE GUN AS "CAPTURED".

Juggernaut, the gun reeling drunkenly behind on one wheel and the axle, striking sparks out of the road and making a truly satisfying noise. By the sides ran men armed with stretcher poles to clear a passage through the crowd. On the steaming bonnet (there was no water in the radiator when the sorely tried engine got back to the Hospital) there sat, with Spartan fortitude, one with burnt-corked face and an unspeakably disreputable bowler hat, minus the brim, who blew unceasingly upon a whistle. High overhead on the canopy rails, one of Gamage's cheapest and noisiest drums added to the din.

Having got safely through Trafalgar Square without killing anybody, so far as is known at present, there was a check in the Strand. Two resolute policemen stood in the way and the wagon had to stop. A moment later it started again, the policemen disappeared (exactly how I know not), and their places were taken by Colonial soldiers who ran on ahead to clear the way. The pace quickened and the rest of the Strand and Fleet Street were taken non-stop. Several "specials" waved a

greeting when they saw the lorry with its banner, but as it passed them and the trophy came into view, their faces changed and once again took on their most official look, but too late to do anything.

Up Ludgate Hill and across to Holborn, up Giltspur Street and round to the Smithfield Gate came the trophy—a flying vision of sparks and noise. The gate was shut but in a few minutes it opened—again I know not how it was wangled—and a thunderous din arose as the gun went through the archway. On meeting the second archway the driver, who had driven so well the whole



THE GUN AS "RESTORED".

way, made his first mistake. The gun being dragged along as it was did not ride behind the wagon centrally but swung out to one side. Hence the wagon got through safely, but the one remaining gun wheel hit the arch and straightway fell off. The rope snapped again. The remaining twenty yards of its journey into the Square were slow and painful—man-handling a wheel-less gun is not easy—but at last it was in position near the Fountain.

Of the other events of that night, of interviews with detectives and of visits to the police-station, this is not the place to speak!

Next day the gun was propped up on its one remaining wheel and a wooden stool, and was surrounded by an admiring crowd most of the morning. However, the crowning touch—unhoped for and unexpected by most—was yet to come. At half past one in the afternoon, when the crowd was at its greatest, including many members of the staff, a taxi dashed into the Square, and out of it came four men who produced from it, as a conjuror produces rabbits from his hat—the missing

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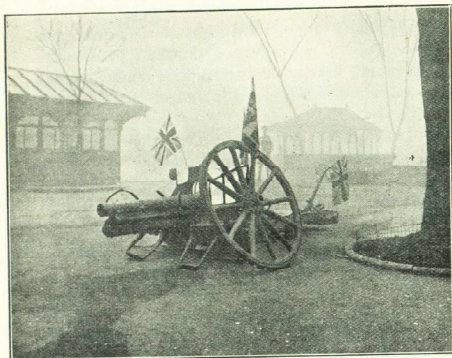
"They regained possession of their gun and 'bagged' other trophies, including a gate, a fire extinguisher, and two plaster statues.

"About 400 students from University College took the initiative at 2.30 in the afternoon. They marched in a body from Gower Street to St. Bart.'s and captured

It was done. Everybody climbed on board; members of the crowd who had taken their places *in absentia* were slung out, and the lorry started with a jerk. The tail-board not being fastened up, at least five people fell out into the road. By good luck the rope broke at the same time or the gun would have gone over them. The casualties were collected, the rope re-tied, and a fresh start made. This time the gun started satisfactorily, but after going about ten yards one of the wheels came off. In spite of the shouts from those behind, those in front heard not and heeded not, and on went the car of

greeting when they saw the lorry with its banner, but as it passed them and the trophy came into view, their faces changed and once again took on their most official look, but too late to do anything.

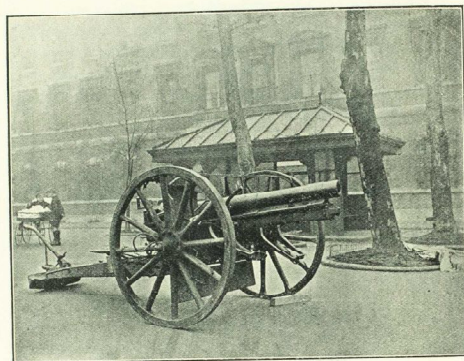
Up Ludgate Hill and across to Holborn, up Giltspur Street and round to the Smithfield Gate came the trophy—a flying vision of sparks and noise. The gate was shut but in a few minutes it opened—again I know not how it was wangled—and a thunderous din arose as the gun went through the archway. On meeting the second archway the driver, who had driven so well the whole



THE GUN AS "CAPTURED".

Juggernaut, the gun reeling drunkenly behind on one wheel and the axle, striking sparks out of the road and making a truly satisfying noise. By the sides ran men armed with stretcher poles to clear a passage through the crowd. On the steaming bonnet (there was no water in the radiator when the sorely tried engine got back to the Hospital) there sat, with Spartan fortitude, one with burnt-corked face and an unspeakably reputable bowler hat, minus the brim, who blew unceasingly upon a whistle. High overhead on the canopy rails, one of Gamage's cheapest and noisiest drums added to the din.

Having got safely through Trafalgar Square without killing anybody, so far as is known at present, there was a check in the Strand. Two resolute policemen stood in the way and the wagon had to stop. A moment later it started again, the policemen disappeared (exactly how I know not), and their places were taken by Colonial soldiers who ran on ahead to clear the way. The pace quickened and the rest of the Strand and Fleet Street were taken non-stop. Several "specials" waved a



THE GUN AS "RESTORED".

way, made his first mistake. The gun being dragged along as it was did not ride behind the wagon centrally but swung out to one side. Hence the wagon got through safely, but the one remaining gun wheel hit the arch and straightway fell off. The rope snapped again. The remaining twenty yards of its journey into the Square were slow and painful—man-handling a wheel-less gun is not easy—but at last it was in position near the Fountain.

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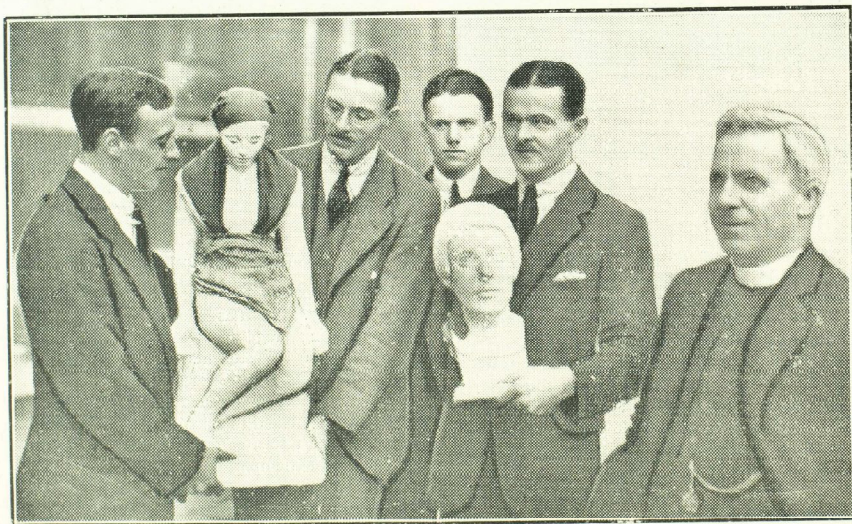
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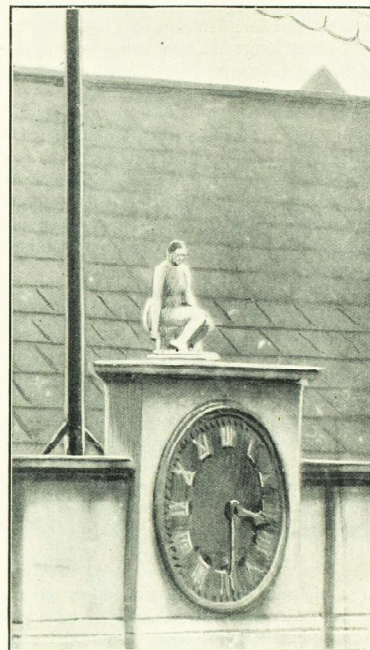
THE VICTORIOUS STORMING PARTY.



TROPHIES OF WAR.

the gun. They met with little or no opposition till the Assistant Matron gave the alarm.

"Then over 80 of the St. Bart.'s men rushed from the 'theatres', lecture rooms and Hospital in an effort to rescue their trophy. But the gun was safely lodged within the gates of University College, the gates locked, and the entrances barred to all oncomers.



ANOTHER TROPHY MOUNTED IN THE SQUARE.

"The medical students, however, rushed a side entrance and reached the quadrangle.

"Crying 'We want our gun!' the students surged forward but were greatly outnumbered, no less than ten men collecting round one opponent and carrying him to the gates.

"At least three attempts were made by Bart.'s, but owing to the superior numbers and the use of fire extinguishers they had to retire on each occasion. Eventually the gate, however, was wrenched off its hinges and taken as a trophy.

"The medical students returned to the Hospital,

held a meeting, and decided to recapture the gun at 7.30.

"Over 200 men 'mobilized' for the second counter-attack, amongst the leaders being a well-known international Rugby player and several ex-Artillery officers. They marched to Gower St., and at the entrance to the College about 80 police, under an inspector, met them and appealed for order. This the students promised.

"They formed a 'gun-team' and mounted the steps to the main entrance, and brought the gun out to the cheering crowd in triumph.



THE CAUSE OF ALL THE TROUBLE.

"With the pride of victors the students paraded Tottenham Court Road, Piccadilly, Leicester Square, the Strand and Holborn displaying their trophies.

"It appears that the University, to the number of some 400, visited Bart.'s at 2.30 in the afternoon. The students and house surgeons were then doing duty in the wards and the University had an easy task. They simply took the gun from its place near the Pathological Laboratory and dragged it away, having posted two phalanxes on each side of the Henry VIII Gate in case of surprise.

"Ten minutes later,' one of Bart.'s said, 'we followed and caught them near the College. We had a big fight. They fought with bones, and I had a smash with a spade. Their girl students joined in, but the Hospital nurses cheered us. We got the gun to the gate, but we were outnumbered 6 to 1, and had to retire.'"

The report concludes by saying that a skull played a prominent part in the raid, being used alternately as a missile and as a rallying "standard".

Both the *Star* and the *Daily News* made an error in stating that the statue of Phineas, which the U.C.H. regard as their mascot, was smashed during the recapture of the gun. The inaccuracy of this statement was very disturbing to the University men, who went in a body the following afternoon and publicly burnt the newspapers in Bouverie Street.

Legend

War and strife are the foundation of legend. Who shall tell in the heat of battle whether that hero killed a thousand foes or none? So tales grow, whispered at firesides by the old men whose dreams are bright of the past.

Homer had gods and godlike men for heroes, but we— we have our gun. Shall we fail to increase those stories we have heard? How men from out the West, jealous of our conquest, took our gun by stealth, and how great was the alarm and counter-attack; how gates crashed before our battering rams. How there was a running together and not a few heads were cracked. Indeed it was mightily done.

The triumph home once more, when gun and hostile mascot returned to our Square. And then—O shameful tale!—how girls came to us and begged release of their monstrous effigy. How graciously we returned it—so proud to serve those petticoated men. By what witchery were our men benumbed—heroic generation?

Scrap iron is high. How shall the legend end?

OUR CANDID CAMERA



LIMEHOUSE NIGHTS:
A game of pook-a-poo in progress.

THE "OLD BAILEY".

THE title of this article is the "Old Bailey", but in reality there is no such Court. The Central Criminal Court is its correct name. The Old Bailey is the name of the street on which it faces, but to the public it has always been and always will be the Old Bailey.

The present Court stands on the site of Newgate Prison, which was demolished in 1901, and the present Central Criminal Court was then built—very largely of the old stones of Newgate Prison, which were refaced.

Newgate Prison or Gaol began very modestly—being only the Gate House of the New Gate, and was apparently first used only for the detention of offenders or suspected offenders approaching the Gate, but it seems rapidly to have attained to the dignity of the principal prison of London, and within its massive walls were incarcerated nearly all the most notorious criminals and our most illustrious martyrs, save those predestined for the Tower of London.

Our ancestors seem to have deemed it more important to secure their criminals than to bring them to trial; gaol delivery took place only once a year, consequently the provision of a place of trial was a matter of minor importance. The Sheriffs and Corporation hired a suitable room nearby where prisoners might be tried and the Judges entertained to a feast. Feasting has always been regarded as inseparable from the due administration of law and justice. Lunch for the Judges and a certain number of the Bar is provided daily in the Lord Mayor's Parlour at the Old Bailey at the expense of the Lord Mayor and the two Sheriffs of the City.

In 1539 the Court of Aldermen, being tired of the periodical difficulty of obtaining premises for trials, passed a resolution that a house should be built for the purpose of trying the prisoners delivered from Newgate. It was laid down that this house should be built over against the Fleet Lane in the Old Bailey.

Such was the genesis of the Sessions House, and on the same site next to the gaol from which it drew a never-failing stream of prisoners have risen successive buildings, each larger and more elaborate than the last, all dedicated to the Majesty of the Law and the advancement of the legal profession.

The story of the Old Bailey cannot be separated from that of Newgate Gaol; in common they shared the tragedies caused by the brutalities of the early Criminal Law, and the history of both reflects the very slow and gradual appreciation of the fact that even criminals and prisoners are entitled to be treated as human beings.

Liberty and the Cat.

The Gaol in 1381 was broken open by Wat Tyler and his friends, and some of the prisoners were released. It was rebuilt in 1422, thanks to the munificence of Richard Whittington, thrice Lord Mayor of London, part of whose estate after his death was utilized to re-erect the gaol of Newgate. In grateful memory of this patron, in a niche in front of the prison was placed a stone figure of Liberty with the proverbial cat at her feet.

It was resolved by the City Fathers that the Sheriffs should not farm out the gaol, but should appoint as keeper a man of good repute, who was not to be called upon to pay a premium for the position. The gaoler was to undertake not to extort money from his prisoners by putting on or taking off irons, or by any other favours or inducements. The gaoler was allowed one perquisite only, namely, to take from each person when set at liberty the sum of 4d., as from ancient times has been the usage. Why it should have ever been thought right for a discharged prisoner to be called upon to pay any fee it is hard to understand, yet it is evident from the Records that innocent, but impecunious prisoners experienced the greatest difficulty in obtaining their release. To anticipate, in order to deal with this subject we find that in 1732 an order was promulgated that all prisoners acquitted at the Old Bailey should be released "without fees", but this order was constantly evaded, and many an acquitted prisoner was returned to Newgate and there kept until he or his friends could settle the gaoler's account. So little were the gaoler and prison officials to be trusted that an Act of 1774 required that acquitted prisoners "shall be immediately set at large in Open Court".

Crime and Corruption.

The open and flagrant breach of the resolutions to which I have just referred was one of the chief causes of the miseries of prisoners in Newgate from the year 1400 down to the beginning of the nineteenth century. The office of Keeper of Newgate was openly sold in the market, and the keeper, having expended money for the position naturally set about recouping himself by the only means in his power, namely, extortion practised upon the prisoner.

The position appears to have been regarded as one of the most lucrative posts in the gift of the Sheriffs who were responsible for the safe custody of those within the walls of Newgate. As instances of this we find one, Capt. Richardson, purchased his place as Keeper for £3,000, and the records show that the position was purchased in 1755 for £6,051. Fixed salaries were not the practise in those days, and the

officers of the Court were also paid by fees, consequently the more crime—the better they liked it.

Whittington's gaol was roughly divided into three sides, the Press Yard, the Master's side and the Common side. The Press Yard and Master's side were for those who could afford to pay the rent demanded, and any premium which the reputation or appearance of the prisoner seemed to justify. Premiums ranging from £20 to £500 were demanded, and the prisoner had to decide between submitting to this extortion or taking up his abode on the Common side, where he had thieves and villains for associates and was, in the word of an inmate, "perpetually tormented and eaten by vermin". The weight of chains depended upon the price a prisoner could pay for "easement of irons", and it was a common practice to overload a newcomer with enormous fetters and so terrify him into lavish disbursement.

Home Comforts.

One of the chief sources of the revenue of the gaoler was the drinking cellars to which the prisoners had access on payment of 1s. 6d., and where wine and strong drink could be obtained at what to us at any rate, seem very reasonable prices—wine at 2s. a bottle, beer at 4d. a quart, and brandy at 4d. a quarter. An interesting sidelight on the profits to be derived from the prison bar is seen from the case of Sir Francis Mitchell, a Justice of the Peace for Middlesex, who in 1638 got into trouble for receiving a payment of £40 a year on condition he committed all his prisoners to Newgate, there to swell the profits of the gaoler. The gaolers, in addition to reaping a golden harvest from the sale of strong drink, were not above making a profit on the water used by the wretched prisoner. The water supply was always a problem for the gaol. In 1430 we find Thos. Knowles, a charitable grocer, and twice Lord Mayor of London, conveying the waste water of his cistern near to the common fountain of St. Nicholas to the gaols of Newgate and Ludgate for the relief of the prisoners. That the gaolers endeavoured to turn this supply to their own purpose is clear from an ordinance of the Court of Aldermen that the Keeper of Newgate should not sell the water, and that any profit arising from the water supply should wholly belong to the use of the prisoners there, and of none other.

For those unable to purchase the squalid comfort of the Master's side was reserved the Common side, which was mainly composed of underground dungeons into which the prisoners were lowered, to fight with rats for the meagre pittance of food thrown to them. Many vivid descriptions of this side are contained in tracts or writings published by prisoners or their friends. In one we are told that in the dungeon of the "lower

ward" the prisoners deprived of light and air, paced the stone floors amidst unutterable filth with the lice crackling under their feet like shells upon a garden path.

It would not be possible to attempt to include even a list of the famous prisoners who have been housed at Newgate. Perhaps its proudest boast is that it actually entertained a Lord Chief Justice, namely, Lord C. J. Wright, who was imprisoned in 1688 on a charge of attempting to subvert the Government, and who died miserably in the gaol two years later.

In one respect Newgate of the seventeenth and eighteenth centuries appears to have been preferable to our modern prisons. I refer to the indulgence by which members of the fair sex were allowed entrance in order to comfort and console their natural lords and masters. A good example of this is shown by the case of John Barnardi, who was arrested in 1689 for political reasons, thrown into Newgate, and in his own words "loaded with heavy irons and put into a dark and stinking apartment". He was taken to the Old Bailey and was about to be bailed out, but at the instance of the Treasury Solicitor, who it is said "whispered the Judges on the Bench", was returned to Newgate, and by a special act was kept there for twelve months on the plea of waiting for further evidence against him. By successive Acts of Parliament he was kept a prisoner without any charge being made against him. Consolation came to him in his 68th year, when, in Newgate he married a virtuous, kind and loving wife; in his own words she proved a "true help-meet", and the truth of this can be realized when we learn that within the precincts of the prison she bore him no less than ten children. Finally, in 1736, after nearly fifty years imprisonment, Barnardi died, still untried, and still in Newgate, a shining example of a man who did his very best to adapt himself to his unfortunate surroundings.

Gaol Fever.

In 1750 the Sessions House, after repeated renovation and enlargement, is described as "a fair and stately building", but the neighbouring gaol remained in the words of a Sheriff "an abominable sink of beastliness and corruption". In this year the City Authorities were convinced of the necessity of rebuilding and enlarging the gaol by a calamity which affected them very closely, namely, an outbreak of gaol fever. For centuries this fever, which we should now call typhus, flourished in Newgate, an ideal breeding-ground for disease. So long as it reached only the prisoners and gaol officials, little heed was taken. But at the May Sessions at the Old Bailey in 1750 the fever showed in disturbing fashion that it was no respecter of persons. The Court, barely 30 feet square, was crowded during

the hearing of a murder trial. In two small rooms adjoining the Court were kept all day a hundred prisoners awaiting trial, many of whom had long been closely confined in pestiferous Newgate. A draught of infected air played straight from these rooms on to the bench upon which were seated the Lord Mayor, two Judges, and an Alderman. These four were all seized with the distemper and speedily succumbed, and more than 40 other less important mortals, such as Under-Sheriffs, Court Officials, Barristers, and members of the public, met a similar fate. This caused consternation, and the Corporation of London, spurred on by a letter from the Lord Chief Justice, appointed a Committee to ascertain the best means of procuring in Newgate such a purity of air as might prevent the rise of those infectious distempers. A system of ventilation was installed, the updraught being obtained by a kind of windmill placed on the roof over the centre of the prison. A less pleasant expedient was devised for purifying the air of the Sessions House, a system of pipes being planned to convey the fumes of vinegar into the Court.

The menace of this fever, as is well known, gave rise to the custom of placing rue and aromatic herbs in front of the dock and strewing them on the Bench, and is the forerunner of the charming little custom in existence at the present day of providing the Judges at the Old Bailey with tasteful little posies which go far to modify the sombre dignity of their entrance upon the Bench.

In 1766 the prison was rebuilt at a cost of £50,000, and a new Sessions House at a cost of £15,000. No sooner had this been carried out than the new buildings were called upon to pass through the ordeal of the Gordon Riots. The story of the burning and sacking of the gaol is too well known to be more than mentioned. For the first time since the far-off days of Wat Tyler, the vaunted strength of Newgate was set at naught, and men were free to come into and go from the prison as they pleased. The whole of the 300 prisoners were set free, though many were subsequently retaken. Dr. Johnson came from Fleet Street to view the scene next day, and relates how he gazed upon the ruins of Newgate, and how he actually saw the Protestants plundering the Sessions House at the Old Bailey. He says of the plunderers: "They were not, I believe, 100, but they did their work at leisure, in full security, without sentinel, without trepidation, as men lawfully employed in full day. Such is the cowardice of a commercial place." The great keys of Newgate, stolen on this occasion, were found many years later at the bottom of an ornamental pond in St. James's Square. How they came there has never been ascertained.

J. AVORY TICKELL.

(To be continued.)

SPORTS NEWS

CRICKET August 2nd, 1937.

Peper Harow v. St. Bartholomew's Hospital.

G. Ellis, b Scott	12	Tickner, c cover point, b Dransfield	0
T. Ellis, lbw, b Tickner	6	Hancock, c Hunt, b Dransfield	0
J. R. Thompson, lbw Payne	7	Payne, c Hunt, b Dransfield	16
P. C. Hill, b Payne	4	Godson, c Hunt, b Hill	1
Dr. Dransfield, b Scott	56	Watkins, b G. Ellis	1
Dr. Hunt, c Godson, b Tickner	0	West, c and b Dransfield	7
Dr. Prothero, lbw, b West	5	Register, c and b Hill	17
Dr. Thorne-Thorne, c and b Payne	14	Atchley, c Thompson, b Dransfield	39
J. Tickner, b Payne	0	Gunter, not out	1
MacPherson, b Payne	21	Baker, b Dransfield	0
G. A. Paller, not out	10	Scott, b Dransfield	0
Extras	7	Extras	10
Total	169	Total	83

Bowling.—Dransfield, 7 for 31.

The Cricket Season ended with a most enjoyable tour in Somerset and Devon. Altogether twenty-six matches were played. Of these ten were won, five drawn and eleven lost. One match had to be abandoned on account of rain.

AVERAGES FOR ENTIRE SEASON.

Batting.					
	Number of innings.	Times not out.	Highest score.	Total number of runs.	Average.
R. Heyland	27	3	128	926	38.60
R. N. Grant	15	3	100*	350	20.16
J. North	25	4	72*	528	25.14
C. T. A. James	16	1	49	275	18.30
D. J. A. Brown	24	1	86	400	17.40
R. Mundy	14	2	56	208	17.30
W. M. Maitlow	17	0	64	272	16.00
T. K. Whitmore	11	1	33	120	12.00
E. O. Evans	10	2	53*	83	10.40
S. T. Rutherford	7	3	19	37	9.30
D. R. S. Howell	5	1	13	35	8.70
P. M. Elder	13	0	43	108	8.30
J. J. Slowe	10	5	15*	40	8.00
C. G. Nicholson	5	1	12	25	6.25
B. G. Gretton-Watson	10	2	13	30	3.75

* Not out.

The following had less than 5 innings:

J. W. G. Evans	3	innings, average 43.5
J. Burnett	4	" " 12.75
M. Bates	4	" " 11.8

Also batted: J. Craig Cochrane, C. A. Akeroyd, J. R. Napier, R. Sabry, J. V. T. Harold, D. Mail, P. Gimson, P. G. Hill.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.	Average.
P. M. Elder	54	8	202	18	11.2
R. N. Grant	191	33	480	32	15.0
E. O. Evans	70	12	239	15	15.9
R. Mundy	191	25	611	32	19.0
R. Heyland	54	7	197	9	21.9
B. G. Gretton-Watson	93	1	495	22	22.5
C. T. A. James	129	12	472	20	23.0
C. G. Nicholson	47	5	167	7	23.9
S. T. Rutherford	88	10	350	12	29.3
J. Craig-Cochrane	81	13	302	10	30.2

Also bowled: J. V. T. Harold, J. North, D. J. A. Brown, J. V. Burnett, R. Sabry.

The Tour in Somerset and Devon.

THE TOUR IN SOMERSET AND DEVON.

v. Somerset Stragglers, at Taunton (two days). Lost. Bart's 1st innings: 171 (R. Heyland 52, J. North 52, T. K. Whitmore, 26). Stragglers, 1st innings: 301 (R. Mundy 2 for 83, R. Skea 4 for 96, S. T. Rutherford 2 for 47, P. M. Elder 1 for 22). Bart's, 2nd innings: 80 (R. Mundy 23).
v. Ilminster. Lost. Bart's: 119 (P. M. Elder 43, R. Mundy 37, R. Skea 20). Ilminster: 163 (S. T. Rutherford 4 for 26).
v. Men o' Mendip, at Bruton. Won. Men o' Mendip: 155 (R. Mundy 5 for 48). Bart's: 223 for 3 (R. Heyland 101 not out, J. North 60 not out, D. J. A. Brown 27).
v. Seaton (two days). Won. Seaton, 1st innings: 114 (N. Grant 6 for 30, P. M. Elder 3 for 15). Bart's, 1st innings: 182 (J. North 58, R. Mundy 36, T. K. Whitmore 21). Seaton, 2nd innings: 84 (N. Grant 5 for 27, R. Mundy 4 for 36, C. G. Nicholson 1 for 11). Bart's, 2nd innings: 21 for 0. Brown and Whitmore hit off the runs.

AVERAGES ON TOUR.

Batting.					
	Number of innings.	Times not out.	Highest score.	Total number of runs.	Average.
J. North	5	1	66*	181	45.25
R. Heyland	5	1	101*	173	45.25
R. Mundy	4	0	37	96	24.00
T. K. Whitmore	6	1	26	75	15.00
P. M. Elder	4	0	43	49	12.25
D. J. A. Brown	6	1	27	63	12.20

Also batted: R. N. Grant, W. M. Maitlow, R. Skea, J. J. Slowe, S. T. Rutherford, C. G. Nicholson, P. Gimson.

* Not out.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.	Average.
R. N. Grant	18	8	112	12	9.30
S. T. Rutherford	19	1	73	6	11.22
P. M. Elder	16	2	59	4	12.50
R. Mundy	83	11	299	14	16.35
R. Y. Skea	40	3	165	7	23.60
C. G. Nicholson	17	1	36	1	36.00

CORRESPONDENCE

THE SWIMMING-BATH

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

DEAR MR. EDITOR.—May I take this opportunity of congratulating you on the new style and content of the Hospital Journal, and especially on the Coronation number. Doubtless there are many who disagree with your views from time to time, but none, I can be sure, welcome more than I do the improvements you have made. I am really writing this letter with regard to certain remarks of a contributor of the Swimming Club of the Students' Union. Roughly he says, "What about a swimming-bath?" My answer is, "Well, what about it?" Being amongst the very few members of the Staff who annually attend the Inter-Hospital Swimming Gala, the need of a swimming-bath at Bart's has long been on my mind. I have taken pains to see that in future plans a provision for a swimming-bath is included. The College, however, is in debt to the tune of £20,000, which it has to collect in order to complete the purchase and rebuilding of the Charterhouse Square site. Further,

The book is concise and well-written, and unnecessary detail is avoided. The text is arranged in note-form wherever possible, with heavy print for each fresh anatomical part. Numerous illustrations, black and white diagrams and simple coloured pictures form no small part of the book's value. However, it is a pity that there are no X-ray plates of the more important anatomical features which are difficult to visualize in the cadaver. Though this text-book may not possess the reputation of Gray, modestly announcing itself as a manual, it could with advantage replace the verbose and inaccurate book still in existence in at least one famous anatomical school.

War Dance: A Study of the Psychology of War. By E. GRAHAM HOWE, M.B., B.S., D.P.M. (Faber & Faber.) Price 7s. 6d.

This is a remarkable book. In it the author seeks to explain the world-wide anxiety, fear and dissonance as being due to the inward restlessness, unrest and tension of the individual. From the metaphysical concept of the duality of life as expressed in the relation of I and ME, he demonstrates the essential polarity of all things—a negative and a positive phase—commative thought producing interference, conflict, and cognitive thought resulting in "illuminations". "Our trouble does not lie with those of evil genius who would injure us, but with those of good intention who would alter us . . .", thinking what is good for them must be good for us—interference through it. Again the future involves suspense: there are two ways of dealing with the problem—positive acceptance of suspense and inward peace, or a negative attitude meaning anxiety, fear, action. Adopting this latter way of life an individual looks for self-defence in wealth and a nation in armaments.

There is much to be said for Dr. Graham Howe's line of thought; and he argues ably, adopting the old teaching of Heraclitus, "That life is a harmony of opposing tensions like the lyre and the bow". Disharmony lies deeper than the traditional causes, being the result of a negative attitude of the individual. Tolerance, acceptance, love for one's enemies, these produce inward and outward peace; and he who would reach this ideal state is urged to "Watch and Pray".

The metaphysical is indeed a novel approach to the elucidation of the causes of war; and for this stimulus to (cognitive?) thought the author must be congratulated and also forgiven for the essays generations in the early chapters and those summaries of chapters.

Mathematical terms— $\sqrt{-1}$ —and diagrams illustrating the 4th dimension in relation to life lead further value to the book for those able to appreciate them.

The Common Neuroses: Their Treatment by Psychotherapy. By T. A. ROSS, M.D., F.R.C.P., 2nd edition. (Edward Arnold & Co.) Pp. 232. Price 10s. 6d. net.

This book is "an introductory to psychological treatment for students and practitioners". Ever since it first appeared in 1923 it has grown in general esteem, and has been the forerunner of a host of works based upon similar lines, but few of which have attained its simplicity and practical applicability. Dr. Ross's aim has been to write a book, not affiliated to any specific psychological school, nor delving either deeply or exhaustively into psychological problems, but picking and choosing methods and ideas at large, and providing the general practitioner with a guide to the treatment of the innumerable cases of psycho-neuroses and even psychoses with which he is inevitably and daily brought into contact. He recognizes that such treatment must be brief and simple, and that such cases are, on the whole, mild.

The order of the book, after essential preliminaries have been dealt with, is that of the order in which the various problems are likely to present themselves to the doctor, and forms, as it were, a case-history and treatment of a single patient.

The only major change in this new edition is the omission of the chapter on the Application of the Freudian Method. For the rest it remains one of the best and most straightforward guides for the average medical man who feels the need for some psychological technique in his daily practice.

Post Mortem Appearances. By IOAN M. ROSS. (Oxford Medical Publications.) Price 7s. 6d.

Of proved worth, this little book has entered its third edition, having been brought up to date and the section on Nephritis rewritten. It is becoming a classic in the P.M. room, thanks to its well-classified

layout, and to its size, for the student making his trip to the autopsy room p.c. can slip it into his pocket, and then consult it as the P.M. is done, thus being able rapidly to discover how the case conforms to or differs from the classical. Pre-examination, its brevity has lessened the labours of many a would-be pathologist. In short it is a thoroughly to be recommended companion.

Muir's Bacteriological Atlas. Enlarged and text rewritten by C. E. VAN ROOYEN, M.D. (Edin.). (E. & S. Livingstone.) Price 15s.

This book was first published in 1927, and it met with such success that the publishers (shrewd men from across the border) have thought it worth their while to bring out a second edition.

The book has the minimum amount of text and the maximum amount of illustrations, all taken from microscopic preparations.

The impression that one receives from the diagrams is certainly vivid and impressive, and it is that which may lead a beginner at this subject to lose his sense of perspective—he must not expect to examine a specimen for certain organisms he might be led to imagine from the study of these diagrams, nor may he be able to recognize them so clearly unless perhaps his technique and microscope be perfect.

Although the author mentions many of the methods of staining and culturing the different organisms, he does not say anything about the technique of such operations, but he has covered himself in this by recommending the reader to refer to other text-books on the subject for the necessary information, going as far even as to recommend one (and in fairness I must say a well-known one) also from across the border. In arranging the book he has left many vacant "plots" among the text where this knowledge can be set down from other text-books and lectures.

Taking all things into consideration this book is to be recommended, especially to those with a photographic memory, and to those who are not particularly familiar with the identification of micro-organisms, and who have neither the inclination nor money to carry a "senior demonstrator" around with them. As an atlas it fulfils its purposes efficiently.

Clinical Contraception. By GLADYS M. COX, M.B., B.S. With an Introduction by LORD HORDER, K.C.V.O., M.D., F.R.C.P. Second edition. (William Heinemann, Ltd.) Price 7s. 6d.

Birth control is no longer a battle-ground for moralists; it is now a widely-practised art. To the doctor came patients asking advice about the various methods of contraception, their reliability and their possible harmful after-effects.

This book is an authoritative review of the present methods of contraception, based entirely on clinical experience. No contraceptive is 100% secure, but by a suitable combination of methods, varying with the individual patient, a very high degree of success can be obtained.

Of the danger in using contraceptives Dr. Cox is able to say: "My own medical experience of the use of properly selected and properly used methods of contraception convinces me that the mechanical and chemical methods advised at the clinics of the Society for the Provision of Birth Control Clinics are harmless."

Although the book contains a comprehensive description of the methods now in practice, Dr. Cox has excellently summed up the results of her experience in two chapters, "Contraception for the Normal Woman" and "Contraception for the Abnormal Woman". The whole book is essentially practical. At the end there is an exceedingly interesting analysis of results obtained at various clinics. They are surprisingly good.

This book paves the way to a sane medical outlook on contraception. No practitioner can afford to be without it.

Gynaecology for Nurses and Gynaecological Nursing. By SIR COMYN BERKELEY, M.D., F.R.C.P., F.R.C.S. Seventh edition. (Faber & Faber.) Price 5s.

Among nurses sitting for their Final State Examination this book has always been popular. The seventh edition has once more enhanced its value.

The "lay-out" of the chapters and headings is excellent, so that no one need be frightened by a formidable page—an important asset in a text-book. The plates vary in quality, those dealing with instruments are excellent, but some are very archaic, such as the picture of the diathermy machine. The text itself has been well revised and a new chapter on hormones has been added. This

can only be in the nature of an introduction to such a wide subject, but it is most valuable. There are also added clear descriptions of how to prepare for blood transfusions and continuous intravenous salines.

Other notable features are a summary of the post-operative complications for which a nurse must watch, and a selection of questions from the State Final papers.

This book will be of value to anyone doing private nursing as well as to the hospital nurse.

A First Course in Hygiene. By ROBERT A. LYSTER, M.D., Ch.B., B.Sc.(Lond.), D.P.H. Ninth edition. (University Tutorial Press.) Price 4s. 6d.

This book is written for those who have practically no scientific background. Each subject is dealt with from anatomical, physiological, physico-chemical and hygienic aspects in turn—an obviously sound arrangement, which makes the book very readable, but also makes it unsuitable for medical students, who would have to pick out scraps of hygienic information from a mass of general science which to them is extremely elementary.

The book is intended chiefly for school-children, and practical exercises are given which would arouse the interest of the dullest child, but many adults could read it with advantage, particularly the sections on nutrition and malnutrition, and on tuberculosis, where Dr. Lyster's crusading spirit breaks through his usually rather didactic style.

The Scientific Basis of Physical Education. By F. W. W. GRIFFIN, M.A., M.D., B.Ch. (Oxford Medical Publications.) Price 7s. 6d.

The object of this book is to provide a summary of the medical and scientific knowledge which has a bearing on the correct use of physical exercises for the improvement of physique. This object can in no way be said to have been attained; indeed, on opening the book, the feelings of any reader trained in physiology must rapidly change from incredulity to horror. The first half of the book is devoted to the physiology of muscular exercise. It is riddled with gross misstatements of fact, contradictions, illogical reasoning from theory to practice. "hbrh" about the joy of life, and trite appeals for more exercise and more research. Psychological factors in exercise are next considered. Here the author forsakes the attempt to describe previous work, and gives full rein to his own theories of the psycho-therapeutic value of exercise, and the methods by which instructors should develop the minds and souls of their classes. Throughout this first part of the book many statements are made without any evidence or reference. One or two passages are more remarkable to be allowed to fade with the book into the obscurity which it deserves. For instance: p. 26, "(In exercise) the speed of the chemical changes increases as the temperature rises. There is thus brought about quicker breathing and pulse-rate"; p. 94, "The whole respiratory-circulatory mechanism works to some extent automatically when all its constituent parts are functioning aright as well as being structurally healthy, but the former is less common than the latter"; p. 109, "Sickness decreases the alkaline reserve"; p. 121, "Life calls for three adjustments to be made: 1. to the general environment of life, to the mate, and to God"; p. 133, "The various exercises which are conducted with the body stationary or moving upside down have a valuable psychological influence which is not always recognized". He would be a brave man who would deny the essential truth of this last statement.

In the rest of the book, posture, and the allocation of the right sort of exercise to various types and ages of pupils are discussed rather more soberly, but without reaching any very helpful conclusions. Finally in the last ten pages there is a bibliography which, though inadequate, is probably the most useful part of an otherwise valueless and almost dangerous work. In his last paragraph the author says: "Blind leaders of the blind must be deposed from their power to lead the nation astray any longer." I agree.

Pocket Atlas of Anatomy. By PAUCHET and DUPRET. Third edition. (Oxford University Press, Humphrey Mifflord.) Price 12s. 6d.

This book has already proved of value to those whose purpose is extremely rapid revision of the main points of anatomy. There is no descriptive matter, the book being entirely devoted to pictures, which are clearly presented, though in some cases rather overcrowded. A useful book for its purpose.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- ABRAHAM, MARGERY, M.A., B.Sc. (and WIDDOWSON, E. M., B.Sc., Ph.D.). *Modern Dietary Treatment.* London: Baillière, Tindall & Cox, 1937.
- ARMSTRONG-JONES, SIR ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "Old Age." *Practitioner*, July, 1937.
- ATLEE, WILFRID H. W., M.D., B.Ch., M.R.C.P. "Hemoglobinuria following Exertion." *Lancet*, June 12th, 1937.
- BEATTIE, JOHN, M.A., F.R.C.S., M.C.O.G. "The Use of Hormones in Obstetrics and Gynaecology." *Post-Graduate Medical Journal*, July, 1937.
- BOURNE, GEOFFREY, M.D., F.R.C.P. "Some Practical Points in the Diagnosis and Treatment of Anemia." *Post-Graduate Medical Journal*, June, 1937.
- BURN, RONALD, M.R.C.S. See GRAHAM and BURN.
- CLEGG, H. A., M.A., M.B., M.R.C.P. (CHARLES HILL, M.A., M.D., D.P.H., and H. A. C.). *What is Osteopathy?* With a Preface by H. G. WELLS. London: J. M. Dent & Sons, 1937.
- DINGLEY, A. K., F.R.C.S. "A Case of Retropharyngeal Abscess Containing a Pure Growth of *Bacillus paratyphosus*." *Journal of Laryngology and Otology*, April, 1937.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "John Hunter in the Campaign in Portugal, 1762-3." *British Journal of Surgery*, April, 1937.
- and ROSS, J. PATERSON, M.S., F.R.C.S. *The Surgery of the Sympathetic Nervous System.* Second Edition. London: Baillière, Tindall & Cox, 1937.
- GAUVAIN, SIR HENRY J., M.A., M.D., M.Chir., F.R.C.S. "Plaster of Paris Technique in the Treatment of Surgical Tuberculosis and other Conditions." *Practitioner*, June, 1937.
- GRAHAM, GEORGE, M.A., M.D., F.R.C.P., and BURN, R., M.R.C.S. "Pulmonary Edema." *Lancet*, May 29th, 1937.
- HOWELL, B. WHITECHURCH, F.R.C.S. "The Diagnosis and Treatment of Congenital Deformities in Young Children." *Practitioner*, June, 1937.
- HUDSON, BERNARD, M.D., M.R.C.P. "The Therapeutic Value of Altitude." *British Medical Journal*, April, 1937.
- LYON-SMITH, G. L., M.B., M.R.C.P. "Haemophilia." *Clinical Journal*, June, 1937.
- MAXWELL, JAMES, M.D., F.R.C.P. "Lung Abscess." *Clinical Journal*, June, 1937.
- MYERS, BERNARD, C.M.G., M.D., F.R.C.P. "Some General Hints about Infants and the Treatment of Vomiting and Diarrhoea in Infancy." *Medical World*, May 7th, 1937.
- "A Case of Gaucher's Disease of the Lungs." *British Medical Journal*, July 3rd, 1937.
- O'CONNELL, J. E. A., M.B., B.S., F.R.C.S. (and BRUNSWIG, ALEXANDER). "Observations on the Roentgen Chart of Intraorbital Glioma, with Special Reference to the Effects of Irradiation upon the Surrounding Brain." *Brain*, vol. lx, pt. 2, 1937.
- RAVEN, R. W., F.R.C.S. "Cancer of the Stomach." *Post-Graduate Medical Journal*, July, 1937.
- ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "The History of Angina Pectoris." *Glasgow Medical Journal*, May, 1937.
- ROSS, J. PATERSON, M.S., F.R.C.S. See GASK and ROSS.
- ROXBURGH, A. C., M.A., M.D., B.Ch., F.R.C.P., *Common Skin Diseases.* Fourth edition. London: H. K. Lewis & Co., 1937.
- THEOBALD, G. W., M.D., M.R.C.P., F.C.O.G. "Effect of Calcium and Vitamins A and D on Incidence of Pregnancy Toxæmia." *Lancet*, June 12th, 1937.
- WEST, RANVARD, M.D., M.R.C.P., D.P.H. "A Pharmacological Study of Derivatives of Two Specimens of Tubo-curare, and an Examination of Four Members of Genus *Stychnos* and the *Kuhadacrus* Plant associated with the Curares of British Guiana." *Arch. Internat. Pharm. et Therap.*, lvi, p. 81, June, 1937.
- WILLIAMS, H. C. MAURICE, M.R.C.S., L.R.C.P., D.P.H. "The Arrival of the Dagué Children at the Port of Southampton." *British Medical Journal*, June 12th, 1937.
- WITTS, PROF. L. J., M.D., F.R.C.P. (C. R. DAS GUPTA, M.B., and L. J. W.). "Chronic Aggranulocytosis Successfully Treated with Liver." *British Medical Journal*, June 12th, 1937.

EXAMINATIONS, ETC. University of Cambridge

The following Degrees have been conferred:

M.D.—Lewis, W. B. A.
M.B., B.Chir.—Barwood, P. F., Dickens, C. M., Goodhart, C. E. D. H., Morison, C. R.

University of London

M.D. Examination, July, 1937.

Branch I (Medicine).—Hayward, G. W.
Branch II (Pathology).—Magnus, H. A.

* Awarded a University Medal.

First Examination for Medical Degrees, July, 1937.

Binns, G. A., Borrelli, V. M., Boyce, R. M., Caddon, D. B., Evans, D. T. R., Feanny, P., Fraser, F. E., Gallimore, J. O., Gifford, C. S. E., Haile, J. P., Hill, I. M., Holtby, G. R., Lemay, D. G., Jacobs, D. K., James, A. K., Lumley, B. J. O'D., Maline, R. N., Phillips, A. H., Picon, F. C. R., Rees, J. D., Rees, R. G., Roth, A., Routledge, R. T., Taylor, H. N., Thomas, D. C., Tickner, A., Weber, M., Weinreb, H., Wells, B. G., Wilson, W. R. G.

Second Examination for Medical Degrees, July, 1937.

Part I.—Bevan, J. E. C., Boyle, A. C., Coggin Brown, P., Craike, W. H., Evans, J. W. G., Fraser, F. E., Gordon, H. E., Hall, K. L., Hall, T. E., Henderson, R. S., Hewitt, S. R., Jenkins, B. A. G., Laybourne, M. N., Loughborough, J. D., Morris, D. S., Nabi, R. A., Pitt, N. M. F. P., Rosten, M., Shah, J., Simmonds, W. B. G., Throver, A. L., Walters, F. J. H., Whelan, W. H., Zibbi, J. H. S.

Part II.—Arango, C. M., Arango, R. E., Atwill, J. A., Bachmann, P. A., Baldwin, A. F., Bowen, R. A., Buckitt, E. A., Cooper, R. S., Ellis, R. E., Finnegan, J. D., Harold, J. V. I., Hart, J. R., Heathcote, K. W. G. G., House, R. A., Jacobs, J., Johnson, P. F., Kara, H., Liebmann, F. M., Macpherson, R., Meade, F. B., Messent, J. J., Mullan, J. F., O'Neill, B. C. H., Page, W. J. O., Pettit, D. R. L., Phillips, H. T., Richards, T. H. E., Stone, P. H. D., Syred, D. R., Trevan, D. J., Turner, E. W., Upson, H. M., White, M. W. L., Wigglesworth, R., Williamson, D. A. J.

Royal College of Physicians

The following have been admitted **Members**:

Castleden, L. I. M., Darnady, F. M., Diamond, D., Gabb, W. H., Levins, D., Paterson, J. P., Savage, O. A., Thorne-Thorne, B., Turner, J. W. A.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.O.M.S.—Houlton, A. C. L.
D.T.M.&H.—Smith, S. B. S.
D.A.—Clarke, R. T. V., Drury, G. D., Fraser, A. C., Nicoll, J. A. V., Walsh, R. C.

Conjoint Examination Board

Final Examination, July, 1937.

The following Students have completed the Examinations for the Diplomas of M.R.C.S., L.R.C.P.:

Acharya, B. S. S., Allen, E. L., Cane, L. H., Crowther, D. I., Ford, A. R., Friedburg, W. K. S., Grant, W. R., Hamilton, L. A. T., Harrison, R. J., Homayoun, A., Horner, W. M. L., McAiskie, L., MacKenzie, K. R., Phipps, G. G., Prestwich, J. C., Quibb, E. F., Rendall, D. C. S., Rose, I. F., Scott, K. B.

Society of Apothecaries

Final Examination, July, 1937.

Midwifery.—Stewart, E. F. G., Webb, C.

CHANGES OF ADDRESS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., Rockhurst, St. Peter's Grove, York.

BROSVAR, W. D. T., Elm Terrace, Walton, Stone, Staffs. (Tel. Stone 336.)

FLETCHER, H. MORLEY, Burton Corner, Petworth, Sussex. (Tel. Petworth 177.) Only address.

GELL, H. W., Church Aston Manor, Newport, Shropshire.
HENSMAN, J. S., 22, Chester Street, Grosvenor Place, S.W. 1. (Tel. Sloane 8820.)

JENKINS, Flight-Lt. J. R. R., R.A.F. Station, Kai Tak, Hong Kong, China.

PHILIPS, A. S., 89, Harley Street, W. 1. (Tel. Welbeck 5900.)

CHANGE OF TELEPHONE NUMBER.

BARRIS, J. D.—Welbeck 8448.

APPOINTMENT

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., appointed Assistant Director of Hygiene, Northern Command H.Q., York.

BIRTHS

DALZIEL.—On August 8th, 1937, at West Wickham, Kent, to Celia (*née* Gongo), wife of John Dalziel, M.R.C.S., L.R.C.P.—a daughter.
JAMESON EVANS.—On August 2nd, 1937, to Sylvia (*née* Keep), wife of Philip Jameson Evans, F.R.C.S.—a son.

LAWFORD.—On July 11th, 1937, to Mary, wife of A. W. Langford, M.D., of 5, St. John Street, Hereford—a daughter.

RICE.—On July 25th, 1937, at 20, Cotman Road, Norwich, to Doris, wife of Dr. R. A. C. Rice—a son.

MARRIAGES

BROOK—GRAY.—On July 17th, 1937, at the Church of St. Bartholomew-the-Great, Smithfield, by the Rev. Hugh Robinson, Vicar of Ringmere, Eric Barrington Brooke, M.B., M.R.C.P., to Hilda Mary Gray.

GASTON—MUTCH.—On July 17th, 1937, quietly, at the Presbyterian Church, Bayswater, W. 2, Alexandra Page Gaston, M.B., B.S., to Jessie (Jet) Mutch.

KNIGHT—JACKSON.—On July 3rd, 1937, at the Wesleyan Church, Skelmanthorpe, Dr. Wilfred Curtis Knight, youngest son of Mr. and Mrs. Ralph C. Knight, of Stricklands, Stowmarket, to Barbara Mary, youngest daughter of Sir Percy and Lady Jackson, of The Woodlands, Scissett.

SILVER WEDDING

MACMAHON—PONTIFEX.—On July 31st, 1912, at St. Stephen's Church, West Dulwich, by the Rev. Canon Howard Nixon and the Rev. Alfred Pontifex, Cortlandt MacMahon to Hilda Mary Pontifex. Present address: Merton, 61, Alieyn Park, Dulwich.

DEATHS

DAVIS.—On July 28th, 1937, at 6, Talbot Avenue, Bournemouth, Arthur Holdsworth Davis, M.B., aged 73.

FRENCH.—On July 25th, 1937, suddenly, Ernest George French, M.D., F.R.C.S.(Edin.), M.R.C.P.(Lond.), Lieutenant-Colonel, R.A.M.C. (retd.), of 66, Harley Street, W. 1.

JOWERS.—On August 7th, 1937, at Hartfield, Palancaira Avenue, Hove, in his sleep, after a long illness, borne with great courage, Reginald Francis Jowers, F.R.C.S., second son of the late F. W. Jowers, F.R.C.S.

McAVOY.—On June 30th, 1937, James Charles McAvoy, M.R.C.S., L.R.C.P., of Garnock House, Grange Town, Yorkshire.

MACLAREN.—On August 12th, 1937, Norman MacLaren, J.P., F.R.C.S., of Portland Square, Carlisle, aged 61.

ORMEROD.—On July 27th, 1937, at Field House, Merrow, Guildford, Charles Evelyn Ormerod, M.D.

PARSONS.—On July 30th, 1937, Harry Crompton Parsons, M.R.C.S., L.R.C.P., of Church Minshall, Nantwich, Cheshire.

NOTICE

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