

St. Bartholomew's Hospital



Journal

Æquam memento rebus in arduis
Servare mentem."
—Horace, Book II, Ode III.

VOL. XLV.—No. 1

OCTOBER 1ST, 1937

PRICE NINEPENCE

CALENDAR

Fri., Oct. 1.	—Dr. Chandler and Mr. Roberts no duty.	Wed., Oct. 20.	—Surgery: Lecture by Mr. Wilson. Rugby Match v. King's College. Home.
Sat., " 2.	Rugby Match v. North. Away.		Hockey Match v. Staff College, Camberley. Away.
	Hockey Match v. Lloyds Bank. Home.	Fri., " 22.	—Dr. Gow and Mr. Vick on duty. Medicine: Lecture by Dr. Chandler.
Mon., " 4.	—Special Subjects: Lecture by Mr. Jory.	Sat., " 23.	—Rugby Match v. Old Haileyburians. Away. Hockey Match v. St. John's College, Cambridge. Home.
Tues., " 5.	—Dr. Gow and Mr. Vick on duty.	Mon., " 25.	—Special Subjects: Lecture by Dr. Cumberbatch.
Wed., " 6.	—Surgery: Lecture by Mr. Vick.	Tues., " 26.	—Dr. Graham and Mr. Wilson on duty. Fives Match v. Westminster Bank. Home.
Fri., " 8.	—Dr. Graham and Mr. Wilson on duty. Medicine: Lecture by Dr. Evans.	Wed., " 27.	—Surgery: Lecture by Mr. Ball. Rugby Match v. Cambridge University. Home.
Sat., " 9.	Rugby Match v. Old Blues. Away. Hockey Match v. Beckenham II. Away.		Hockey Match v. London University. Home.
Mon., " 11.	—Special Subjects: Lecture by Mr. Bedford Russell.	Fri., " 29.	—Dr. Evans and Mr. Girling Ball on duty. Medicine: Lecture by Dr. Gow.
Tues., " 12.	—Dr. Evans and Mr. Girling Ball on duty.	Sat., " 30.	—Rugby Match v. Pontypool. Away. Hockey Match v. Richmond and Kingston Hill. Away.
Wed., " 13.	—Hockey Match v. R.M.A. Woolwich. Away.		
Thur., " 14.	Abernethian Society: Inaugural Meeting.		
Fri., " 15.	—Prof. Witts and Prof. Paterson Ross on duty.		
Sat., " 16.	—Hockey Match v. Old Southendians. Home.		
Mon., " 18.	—Special Subjects: Lecture by Mr. Higgs.		
Tues., " 19.	—Dr. Chandler and Mr. Roberts on duty. Last day for receiving matter for the November issue of the Journal. Fives Match v. Allyn Old Boys. Home.		

EDITORIAL

ANOTHER SECRET SOCIETY

WHILE the Socialist Society tends its wounds in our Correspondence Columns we propose to turn lightly, in this, the last of the present series of editorials, to another Hospital Society as admirable as the former is objectionable, as worthy of support as the former is unworthy, but having in common with it only this, that it is obscure.

There was a day when the Abernethian Society's trimonthly meetings were well attended not only by

the Residents and by the nurses invited, but also by students and outside visitors; and when the regular addresses and clinical evenings of the Society were a prominent and popular feature of Hospital life.

But in late years a decline has been evident both in the popularity of this Society and in its activities. Its present officers, we believe, are conscious to some extent of this, and have set out to effect a number of reforms, of which the chief is in the method of election of office-bearers.

Hitherto the Committee has consisted of two Presidents and two Vice-Presidents (as a rule on the Resident Staff), two Secretaries (second and third year) and two extra Committeemen (drawn from the first and second years). These came up for "election" once a year, and together with any new members necessary to fill vacancies were elected by the retiring committee sitting in private conclave. The abuses to which such a system were open are evident, and the present Committee has quite rightly decided that in future all elections shall be by public vote at a Society meeting, of which the date will be advertised.

Another resolution, we understand, is to have at least six addresses in the year, and a clinical meeting once a fortnight, if this is found to be possible, and if the students give the project their support. It is to be hoped that they will.

The present government of the Society being something in the nature of a private club, however, we find it difficult to convey the gentle and lotuscating attitude of its members without letting them speak for themselves, and so beg no forgiveness for presenting their views in the form of an official interview with one of the present Presidents of the Society. We found him reading the *New Statesman and Nation* in one of the laboratories, and the interview began at once:

"Why," we asked, "is the Abernethian Society kept so secret?"

"No reason why it should be," replied the President, as though struck by a sudden thought. "You agree, then, that it is?"

"Well, I don't know that it is *intentionally* kept secret. It's just that no one bothers to find out much about it."

"Why don't they bother?"

"There is precious little enthusiasm among the students for the Abernethian Society."

"What is your average attendance of students?"

"About fifty."

"Why is there so little enthusiasm?"

"It may be due to the way the Society has been run."

"Oh? In what way?"

"I can't offer any real explanation. One thing is

that the meetings are held at 5.30 or at 8.30. The speakers can't come at 5.30 and the audience don't come at 8.30."

"Don't you think that if you advertised, or made your meetings more attractive people would come?"

"Oh, we do advertise. It gets printed in the JOURNAL Calendar, and we put up a small notice on the board."

"But surely that, to say the least of it, is hardly sufficiently striking?"

"The Dignity of the Society . . ."

"Yes, yes?"

"Well, I don't know. I prefer a single discreet notice."

"Why?"

"It looks nicer."

"Suppose you made the meetings more attractive in themselves . . .?"

"We have tried to get good speakers."

"You agree that not all your speakers have been of quite the standard you desire?"

"Yes, I do."

"You provide them all, we understand, with a dinner?"

"It is only courteous to do so."

"Is it done by any similar societies?"

"It is done at Oxford and Cambridge."

"The dinner, we understand, is fairly sumptuous?"

"Oh no, I don't agree."

"At a recent one, you began, for instance, with oysters?"

A reminescent light crept into the President's eye. "Ah," he said, "only once oysters."

"Your wine list used to consist of two bottles of sherry, two vintage wines, a bottle of vintage port, and one bottle of whiskey?"

"That is so."

"All that among eight people—the speaker and members of the Committee?"

"Yes."

"A fairly generous allowance."

"Quite generous."

"Who pays for this?"

"It comes out of our annual grant from the Financial Committee of the Students' Union."

"You mean the students pay?"

"Yes."

"But they don't eat it and drink it?"

"No."

"Have you been living beyond your income?"

"Yes, we have, I'm afraid."

"What steps are you taking to ensure that you will live within it in future? Are you still going on with your banquets?"

"Naturally."

"Your wine list is going to be as extensive?"

"Oh no, no! In the past year we have cut it down by half."

"How much sherry do you have now?"

"Only one bottle. We still have a couple of bottles of Burgundy or Claret."

"Can you let our readers know their names?"

"I'm afraid I can't. But they are definitely vintage wines."

"Grand first growths, no doubt?"

"I don't know."

"What! You don't know?"

"No."

"Then a little champagne with the sweets perhaps?"

"No! I deny it! We've never had any champagne. . . . Not that I can recall."

"What do you have then?"

"A bottle of whiskey and a bottle of brandy."

"Your wine list is still fairly extensive."

"We must be prepared to offer our lecturers these wines."

"But you drink them yourselves?"

"Such of us who are not teetotalers do."

"Are any of you teetotal?"

"Yes."

"How many?"

"Our vice president has a duodenal ulcer."

CURRENT EVENTS

DR. BONARD

Our heartiest congratulations are extended to Dr. N. S. Bonard, who with this month completes twenty years of service with the Special Department. This remarkable record began in 1917, when the Department was founded by Mr. Girling Ball, Dr. Bonard acting as his Chief Assistant. It was then situated in Golden Lane, next to the Coroner's Court, and there Mr. Ball attended to the gonorrhoea cases while Dr. Bonard treated the syphilitics.

Later, the Department was accommodated in the Hospital, and after the War Mr. Kenneth Walker took it over.

* * *

EDITORIAL CHANGES

With this issue Mr. Flavell completes twelve months as Editor of the JOURNAL, and retires worn out by his sins and the cares of office. Both the Editorship and

the Assistant-Editorship now fall vacant, and applications are invited for these posts.

* * *

"DR. JEKYLL DIAGNOSES MR. HYDE"

The Inaugural Meeting of the Abernethian Society this season takes the form of an address by Sir Walter Langdon-Brown, his subject being "Dr. Jekyll diagnoses Mr. Hyde", and constituting part of the new leaf the Society is said to be turning over. It is hoped that the massive Abernethian Chair long lost in the bowels of the Surgery may be resurrected for this meeting.

Robbed by fate of his traditional farewell address, Dr. Hinds-Howell will speak to the Society later in the year, and after Christmas Dr. Russell Reynolds, who is an expert in what the Americans call Cinemaröntgenography, will give an account of—shall we say?—Cinemaröntgenography.

MR. THOMAS HAYES

AFTER thirty-two years as Clerk to the Governors Mr. Hayes has retired from the office he has held with such unique and conspicuous distinction.

Mr. Hayes was appointed in succession to Mr. W. H. Cross on February 23rd, 1905. For the previous twelve years he had been Secretary of the East London Hospital for Children at Shadwell. At once it would seem he earned expressions of appreciation of his work in his new office, for only one year later, on July 25th, 1906, the General Court of Governors passed a vote of thanks "to Mr. Hayes for the way in which he has performed his duties during the past year and especially for the successful manner in which the arrangements for the ceremony in connection with the opening of the Out-Patients' Department were carried out by him."

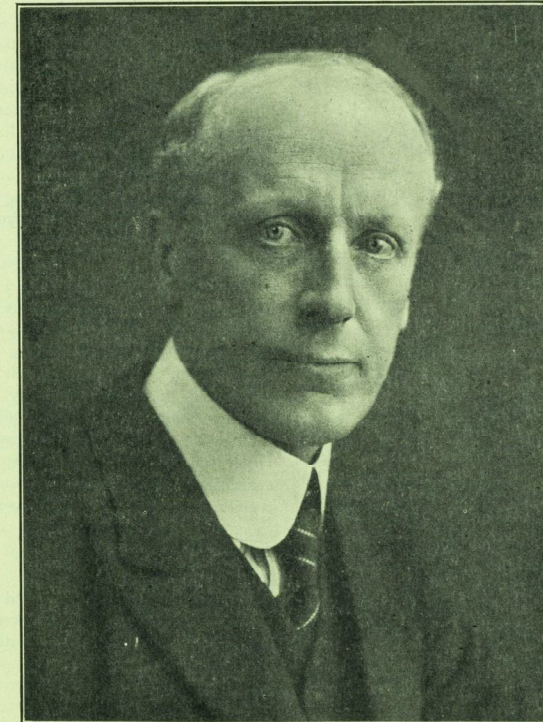
To attempt to chronicle the activities of Mr. Hayes during his clerkship would be, in fact, to write a history of the Hospital during that time. For thirty-two years there has been no Hospital event of greater or lesser importance which was not either the direct result of his own inspiration and energy or at least owed its success to the conscientious and able way in which he carried through the decisions of others. He has served under three Treasurers—Lord Ludlow, Lord Sandhurst and myself; and three different Matrons—Miss Stewart, Miss McIntosh and Miss Dey have held office with him.

Probably the most striking feature of his period of

office is the steady and continuous progress that has been made in the re-building of the Hospital; the total expenditure on re-building during his time has amounted to, approximately, £835,000, and includes the present Out-Patients' Department, Dispensary, Resident Staff Quarters (1906), Pathological Block (1907), Queen Mary's Home for Nurses (built in three portions in 1923, 1926 and 1929), Nurses' Recreation Rooms (1928), Surgical and Operation Theatre Blocks (1930) and the new Medical Block which was opened by H.M. Queen Mary in July last.

During the War Mr. Hayes's administrative ability was invaluable in carrying out the necessary arrangements for the housing of sick and wounded men of the British Expeditionary Force in the East Wing of the Hospital. This Wing had been placed at the service of the War Office by the Governors, and between October, 1914, and January, 1919, 5406 men passed through the wards.

It would be impossible to give in detail the many improvements in the administration and work of the Hospital for which Mr. Hayes has been responsible. Happily typical of his ordered and methodical mind was his re-organization of the Out-Patients' Department and the establishment in 1920 of a Central Registration Bureau whereby all patients, other than casualty patients, were registered. This was followed in 1927 by the establishment of a registry for casualty patients, which enabled notes and records to be kept of every patient attending the Hospital.



It was during Mr. Hayes's clerkship in 1923 that the Hospital celebrated its Octocentenary. These celebrations were perhaps the most memorable in the history of the Hospital. While every credit must be given the Committees concerned for the organization of the arrangements, it was Mr. Hayes's guiding and experienced hand that co-ordinated their efforts and ensured the outstanding success which resulted. It was fitting that Mr. Hayes's work in this connection should have been rewarded by the personal thanks of His Royal Highness the Prince of Wales as President of the Hospital.

In 1935 all connected with the Hospital were delighted to learn that Mr. Hayes's work had received further well-deserved recognition and that the Order of Commander of the British Empire had been bestowed upon him.

There can be no section of the Hospital's community that has not had cause to be grateful to Mr. Hayes, whether Treasurer and Almoners' Committee, medical staff, nurses, students or patients. The most recent, indeed, of the many memorials to his clerkship which he leaves behind is the new Convalescent Home for Nurses at Northwood. The Home was the generous gift of the Zachary Merton Trust, but it was Mr. Hayes's conception and it was on his earnest representation that the gift was made.

And now Mr. Hayes has left the Clerk's Office. Through a long Hospital career he has shown how conspicuously he has possessed all those qualities which make the perfect Hospital Clerk—his sympathy, his loyalty, his tact and above all his conscientious devotion to the duties he was called on to perform. He will be remembered, too, by those who knew him well as one of the most generous of men, always willing and anxious to help in an unassuming way those less happily situated than himself. Fortunately for St. Bartholomew's he does not say a final farewell. The General Court of Governors in July last elected him a Governor and an Almoner of the Hospital, and the benefit of his wise counsel and ripe experience will, we hope, be at the service of the Hospital for years to come.

STANMORE.

At any kind of angling sport
I cannot hope to shine.
For nobody has ever taught
Me where to draw the line.

FIFTY YEARS AGO

Being extracts from very early journals.

1893

The Good Old Days.

A CORRESPONDENT in the *Berliner Klinische Wochenschrift*, writing about the study of medicine in England, thus sketches the students:

"They are quiet, retiring gentlemen, obliging to a foreigner who has been introduced to them. Anybody who is acquainted with English families knows that the well-educated middle classes in England live in a comparatively unpretentious style, and that in many circles no alcoholic drinks of any kind are taken. The consequence of this is that drinking bouts are unknown amongst English students, and you never hear of men wasting two or three terms in sheer idleness. The English student takes an interest in physical exercise. He finds amusement in cricket, football and races. Anybody who has spent some time in England will have remarked the keen interest in the competitions between the Universities and the schools. There is an athletic club also in every hospital school, which is always patronized and encouraged by the superiors. But students, many of whom are medical students, take an interest in other matters of a more serious kind. In the larger towns they form societies which devote their spare time and a good deal of money to the relief of the social misery existing there, by working somewhat after the fashion of missionaries."

The Start.

Mr. T. J. HORDER has passed the final examination for the Bachelor of Science degree in the University of London. His subjects were Mental and Moral Science, Chemistry and Physiology.

In Praise of Exercise.

"... Lastly, we have it on the authority of many an old student, how great is the pleasure, in after-life, of looking at the photo of a Cup-team on the wall of one's study, and letting it recall to one's mind the countless incidents in connection with its matches, its journeys to the provincial towns, and, indeed, in connection with every face which it includes."

I should say every Tom, Dick and Harry
Can fall into feminine snares,
So why must these men when they marry,
Repeatedly give themselves heirs?

AN INTERESTING SUGGESTION

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

DEAR SIR,—As one of the Sub-Committee who drew up the report on the question of Physical Training for the Medical College, I would be grateful if you would allow me to answer Mr. J. C. Kyle's letter published in the September number of your JOURNAL.

One of the first steps that the Sub-Committee took was to get in touch with Col. Wand Tetley, who is in charge of the Army School of Physical Training at Aldershot. Col. Wand-Tetley very kindly came to London and inspected the Charterhouse site and drew up a most helpful report. Although this report is too long to quote in full, yet I am sure a brief abstract from it will at once allay the fear of your correspondent that the present idea of physical training has anything to do with "P.T." as understood at school—where it was generally used as a punishment—or in the O.T.C. in the old days.

Col. Wand-Tetley divided physical training into three sections:

A. Recreational. This will include:

- (1) Training exercises for rugby, boxing and other sports.
- (2) Indoor games, such as basket-ball, volley-ball, badminton, deck-tennis, etc.
- (3) Conditioning and developing physical exercises in the gymnasium, with the use of the normal apparatus, such as beams, wall-bars, vaulting-horse and mats.
- (4) The formation of clubs and individual instruction in athletics, track and field, boxing and fencing.
- (5) Exercises of a special nature to develop skill at various recreational activities.

B. Remedial.

This subject can be made into a serious study if desired.

During the three months before Christmas Col. Wand-Tetley had 33 sub-standard recruits and after eleven weeks actual training the improvement in these young men was very marked. Some of them suffered from such things as flat feet, hallux rigidus, slight curvature, and one case was diagnosed as D.A.H.

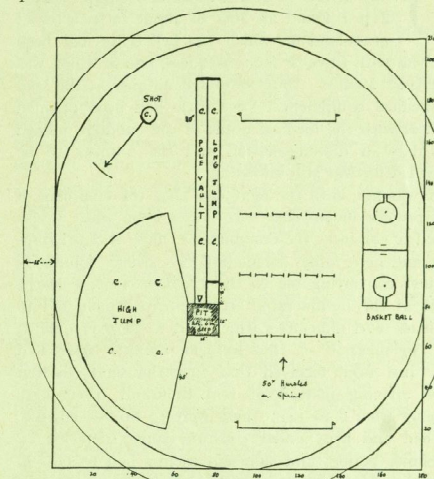
C. Research.

This may be carried out by exercises for tolerance, vital capacity, grip, reaction time and co-ordination by the modified Horsley test.

Col. Wand-Tetley's report then went into details as to how to make the gymnasium not only more efficient but more attractive.

Finally he ends his report by suggesting that the ground in the middle of Charterhouse Square should be

laid out as a miniature sports ground, a copy of which plan I enclose.



NOTES.

1. One Lap = 208 yds. 2 ft. (approx.)
2. 50 yds. is the longest possible straight run.
3. C. = Clinders.
4. Track is 15 ft. wide.
5. Basket-Ball Pitch is not to scale.

KIT.

1. Pole and High Jump Standards and Laths.
2. Shot Stop-Board.
3. Pole-Vault Slipway
4. Long Jump Take-off Board.
5. Hurdles.
6. Basket-Ball Goals.
7. Track Sweeper and Roller.
8. Lane Marker.
9. Shot.

The Sub-Committee, after receiving this most useful report, then went into the matter of how it could be carried out and drew up separate time-tables for the students of the first year, second and third year, fourth year and fifth year, which would not interfere with games, but might possibly curtail a few of the lectures.

This scheme, of course, would be voluntary, but I have no doubt whatever that it would be made so attractive that practically all the students would participate.

The Committee went into the cost of such a scheme and found that the capital outlay to include proper changing-rooms, lockers, etc., would be about £700, and that there would be an annual expenditure of £200. It was suggested that the scheme should be tried out for five years, which means approximately £2000. The Dean, in his letter, mentioned that efforts are being made to raise this sum, but obviously it will take a considerable time before this can be done.

I am, Sir,

Yours faithfully,

September 8th, 1937.

MALCOLM DONALDSON.

THE BASQUE CHILDREN'S CAMP

ON my arrival at North Stoneham Camp on May 21st I found an area of about forty acres of grass-land on which 120 bell tents had been pitched, with three or four marquees, one of which was labelled "Médico", but contained nothing in the way of medical equipment. Very little had been planned to deal with the medical needs of the children, indeed the date of disembarkation and the number to be provided for was still uncertain.

It was not until the next day that the enormity of the project undertaken was borne upon me. I was asked to call in at the Committee's Office at Southampton, and here, while persuading two ardent volunteers against converting me to the Extreme Left, I learnt some of the innumerable arrangements which had to be made and difficulties which had to be overcome in the organization of this Refugee Camp. News had only just been received that four thousand children were arriving instead of two thousand (their ages ranging from 6 to 14); these were to be housed, fed, clothed and kept under constant supervision for an indefinite period, and sufficient money had to be collected to make all this possible (imagine a town of four thousand population having to be kept on voluntary subscriptions); moreover these were children from a foreign-speaking country, most of them had known, in the past twelve months, hardships and privation incomprehensible to the average English mind.

Having justified my existence by suggesting roofs to the latrines and floor-boards for the tents I returned to the camp much "over-awed" and minus a new hat, which I had left in the office and was doomed never to wear.

That evening I learnt from a doctor who had volunteered to organize the medical side of the camp, and whose good work could never be sufficiently praised, that there were to be three medical officers—Taylor, as S.M.O., Cobb and myself. The accommodation so far consisted of a marquee in the camp and an uninhabited house—Moor Hill—some six miles away which had been lent for use as a nursing home; this latter was in a bad state of repair, and the sanitary arrangements were totally inadequate for the forty patients and necessary staff which it was hoped to house there; volunteers were working hard to get it in a "good enough" condition by the time the children arrived. Matron was already at the camp and there was to be a sister and a staff of trained nurses and V.A.D.'s to help her, whilst at Moor Hill there was to be a sister in charge of a trained staff. St. John Ambulance men had volunteered for night duty at the camp.

No one knew anything of the health of the children

who were arriving, except that two English doctors had gone over to examine them before embarkation and that they would all be re-examined on arrival at Southampton, the verminous ones to be sent to Southampton Baths, where an army of volunteers would de-louse them, the Borough Hospital and Borough Isolation Hospital to receive some, and the rest to be sent on to the camp—variously coloured labels were to be tied to their wrists and they would all be numbered.

The next day Taylor arrived and we went over to see Moor Hill; here we found a tired but triumphant staff. Wonders had been worked with the house itself, the wards were ready for the patients and the whole place had been spring-cleaned throughout several times. I will say little of the sanitary arrangements (which were at all times inadequate), but that the best had been done in the short time available.

That evening was spent at a staff meeting at which the arrangements for the disembarkation were discussed. S.S. "Habana" had left Spain with its cargo of refugees, who had been attacked from the air before they embarked, and again as they left port. Almost every child was suffering from sea-sickness. Opinions varied as to how long it would take the Port Medical Authorities to examine the children, indeed some said it might be necessary to feed a varying number at the docks for as long as six days. They were due to arrive in Southampton Water on Saturday night and disembarkation would commence early on Sunday.

The Medical Organization.

The following morning we spent in ordering the necessary medical stores and equipment. When we returned to the camp at lunch time most of the tents were up, and it was quite obvious that one medical tent was totally inadequate, so it was decided to erect another about a hundred yards distant from the first, henceforward to be called "Medical Two" and destined to become the hub of the whole medical unit. Taylor and Matron being busy with Medical One, which had to be ready by the next morning, I, with Sister Bishop and "Maurice" (a young interpreter who attached himself to the medical unit and whose services proved to be invaluable), set about Medical Two. Carpenters were roped in, Boy Scouts were persuaded to help, any stray individual without a job was cajoled into our service and Medical Two gradually but definitely began to take shape. An out-patient's department was arranged at one end of the tent, and at the other two small examination rooms; shelves were put up, table-tops stolen for floor boards, and three or four balanced on forms to make temporary beds for the patients.

In the midst of all this Cobb arrived and, after a preliminary expression of dismay and amazement, which may be forgiven him, set to with a will to help finish Medical Two. In the early hours the medical unit betook itself to bed, wondering all the more what was in store for it in the morning.

Cobb and I were awakened by Taylor, who had an unconquerable and incurable habit of getting up just as everyone else was thinking of going to bed, with the news that he had been on the boat and that, contrary to our worst fears, the children were mostly very happy and clamouring to get ashore. When the launch



THE OUT-PATIENTS.

arrived with the lemonade, etc., they were having a hearty meal, which included a hot drink. By now the boat had docked, examinations had begun and the first bus-load might be expected at the camp at any moment. Cobb and I were to examine the children as they left the buses (their third medical examination since leaving Bilbao!) and were to select a hundred of the younger ones who needed special care to go to the Girl Guides' Camp, to take the numbers of those who were under-nourished for special treatment at Medical Two, and to send any needing immediate treatment to Medical One. Here they would be treated as out-patients or sent by car to Moor Hill. Above all we were to pay special attention to any eye or skin complaint.

The tents were arranged in three groups, to be known as Camps One, Two and Three, and we decided that the children treated at the baths should go to Camp Two.

The Refugees Arrive.

As the buses arrived the refugees were first examined by us and then taken off in batches of ten to their tents. It became obvious from inspection of the first bus-load alone that although the malnutrition was far less than

we had been led to expect, our first enemy was to be impetigo, from which almost one child in ten was suffering. Special tents were set aside for these cases. In between arrival of buses we went along to Medical One to examine the patients we had sent there. Here we found two or three interpreters taking the names and details of the children as they came in; V.A.D.'s doing dressings, comforting the frightened, answering innumerable questions, dealing tactfully with well-meaning visitors, running errands, arranging for cars to go to Moor Hill, fetching food and drink for the patients, always present and ready in any emergency and never shirking any job, however difficult or unpleasant; would that words could be found sufficiently to praise such willing and unselfish service as they gave that day and all the succeeding days of the camp. As for the children, some were resigned to what must have seemed to them an endless round of medical examinations, some were frightened, some curious, some indifferent, and a few seemed to understand that we were their friends and were doing our best to help them. At 6 o'clock we had the first thunder-storm of the day, no more children were to arrive, so I walked down to the far end of the camp, where the tents for the impetigo cases had been pitched. The tents were full of children, but only three patients were present; the rest, I was told, did not care for the tents or the people in them and had gone off to others.

As a result, Taylor decided that each morning at 7 o'clock there would be a medical inspection of the entire camp—he would take Camp One, Cobb the second and I the third; all the children were to be lined up outside their tents with their teachers (there was one Spanish maestra to twenty children). The tents were to be brailled up and the palliasses, blankets, etc., neatly folded and arranged around the interiors, which were to be thoroughly swept out. Buckets were provided in the lines for rubbish, and these were collected and emptied by a member of the sanitary squad each morning. A prize would be given for the best tent in each camp, and the numbers of the very good and very bad tents broadcast (we found afterwards that the children much preferred hearing their tent mentioned over the microphone to receiving the prize).

The cases sent to the Borough Hospital from the port included one of acute cholecystitis, one bronchopneumonia, a dental sepsis, septic knee, strangulated testis, malnutrition, bronchiectasis (now at the French Hospital in Soho), an iritis, acute impetigo, acute bronchitis, and three cases of ringworm.

Twenty-three cases were sent from the camp to Moor Hill on this first day and some from the port, including one pulmonary tuberculosis. Comprehensive notes were

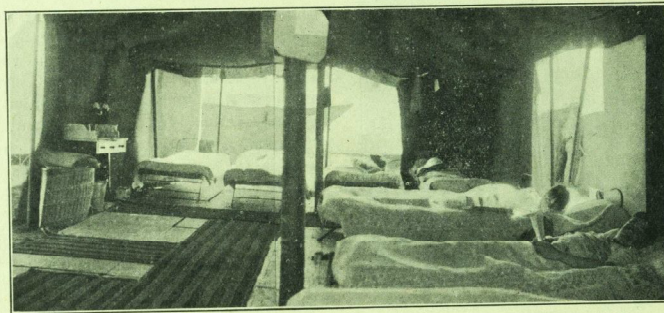
taken on each patient, being headed by the child's name, number and tent number, sex, age and number of relatives, if any, present in the camp. Impetigo cases had a yellow label attached to their card (later used to signify any infectious or contagious disease), Moor Hill a blue label and any case of pediculosis a red one. The cards were filed numerically, since the names were nearly all unreadable and unpronounceable—especially as each child had two surnames, that of the mother and of the father.

Picture the Medical Tent that night: In the inner room an hysterical maestra weeping for her lost relatives in Bilbao, in the outer room two young boys found by the

we had, either in their out-patients' department or as in-patients, and a firm of opticians in Southampton volunteered to make spectacles for the children free of charge.

The Trachoma Scare.

I would stress these last facts, especially with reference to a case of trachoma, which was diagnosed only a few weeks ago at one of the hostels in London, to which some of the children had been sent. This patient was treated as an in-patient at Westminster Hospital for three days and then returned to the hostel. A Sunday newspaper reporting the case under blazing headlines, emphasized



THE OBSERVATION WARD.

St. John's men too exhausted and collapsed to reach their own tent; a wretched light from two storm lamps, a stuffy heat from an oil stove, two rather apprehensive V.A.D.'s doing their first night duty, and rain beating against the tent, making conversation impossible. I was called out by one of the Night Patrol to a child with toothache; it took us some time to find the tent, which was so securely laced up that we wondered whether the occupants ever intended to emerge again. Inside four children were sleeping together under a vast pile of blankets, two others apparently preferred to sleep alone, and the seventh—the patient—half-dazed with pain, was lying with her head in a puddle of rain-water.

An Eastleigh dentist volunteered to visit the camp two or three mornings a week. He lent us a gas apparatus, which we were to find very useful. In addition, an orthopaedic and an ophthalmic surgeon offered to help us with any cases on which we felt we needed further advice; moreover, the Southampton Free Eye Hospital agreed to treat any ophthalmic cases

the fact that the Port Medical Authorities had only one minute for the examination of each child, completely overlooking the fact that each child was examined at Bilbao, on arrival at the port, on arrival at the camp, subsequently each morning, and with particular care before being passed as fit to leave the camp for homes in any other part of the county; and, furthermore, the fact that practically every child suffering from any eye trouble, however slight, was seen by the ophthalmic surgeon at Moor Hill during the first weeks of the camp, and that any needing special care were sent to the Free Eye Hospital. Finally, it may be said that the child left the camp with one of the first batches to be evacuated, three months before the diagnosis of trachoma was made and confirmed.

The remaining children arrived the next morning. Evacuations from the camp were to start on the morrow, and it was therefore thought wise to use Medical One solely for examination of children for evacuation and Medical Two for all other purposes. Two other M.O.'s joined the Unit—Dr. Daly, who took over Moor Hill,

and Dr. King, non-resident, to help at Medical One when needed. Cobb and I were too busy at Medical Two to be able to help elsewhere. The out-patients' department was dealing with over two hundred patients per day, and, in addition, the cases to be seen by us followed one after the other in an endless stream from early in the morning until late at night; the majority of these were "pyrexias of unknown origin", which could not be sent to Moor Hill, but had to be kept under observation on our improvised table-top beds and in three bell tents adjoining.

It was in the first week that one of our "p.u.o.'s" developed a morbilliform rash and we resigned ourselves to a measles epidemic—this never materialized, and although during the four months of the camp there have been twenty-two cases of measles, they were all sporadic cases, and in the past two months no case has occurred at all. There were many complaints of "sore throats" and, since one case of diphtheria had been sent to the isolation hospital from the boat, every child with a suspicious throat was given 8000 units of A.D.S. and kept under observation until a negative report on the throat swab was returned, after which the case was transferred to Moor Hill (excellent results were obtained from the use of streptocide in these cases). It was absolutely essential that no infectious disease should be introduced into Moor Hill, for we had no other accommodation in the camp for in-patients.

Typhoid Cases.

With two cases of typhoid from the boat and another from the camp in the first few days it was, perhaps, natural that we should have regarded even those patients complaining of the most minor gastro-intestinal symptoms with the gravest suspicion (it was one day in the second week that I had two cases, within half an hour of each other and from the same tent, with such distended and tympanitic bellies as I never hope to come across again; they were sent to isolation tents and, after each had received a dose of syrup of figs, rapidly resumed their normal contours). With the second case of typhoid an Isolation Unit was formed at the far end of the camp for investigation of contacts. At the same time Medical Two was extended, an Army hospital marquee equipped with twelve beds being put up behind the existing marquee for use as an observation and casualty ward. We were also provided with a store tent and four bell tents for the doctors, interpreters and two Spanish boys employed as "medical orderly officers"; all these were enclosed by fencing, and with the addition of electric light and a luxurious latrine lent by the Southampton

Corporation and procured from under the very nose of the Quartermaster, who had intended it for the use of the Administration Staff, Medical Two became entirely self-supporting.

There was a lighter side to the work of the Medical Unit: Sister complained that there were so many cases of sun-burn that it was almost impossible for the nurses to deal with them. We discovered that the one great aim of the children was to be able to tell their friends that they had undergone an operation, when they automatically became heroes. The treatment of sun-burn with lotio calaminae gave them the opportunity without the necessary discomfort usually associated with surgical treatment. They would emerge from the tent with all their exposed parts caked with lotio calaminae and an assumed look of agony on their faces. The substitution of lotio plumbi for the calamine lotion produced a noticeable decrease in the number of sun-burn cases.

RONALD GIBSON.

(To be continued.)

OUR CANDID CAMERA



WHAT WON THE 3.30?

THE "OLD BAILEY"

(Continued from p. 242.)

The year 1784 is a notable landmark in the history of the Old Bailey, as in that year public executions were first held outside Newgate. For centuries previously they were held at Tyburn, and a whole literature has been devoted to that dread procession which started from the gates of Newgate. The condemned tied to a kind of hurdle dragged behind a cart, accompanied by the hangman and the Ordinary, it passed by the Churchyard of St. Sepulchre where, in accordance with a charitable bequest, a sexton tolled the bell and pronounced an admonition to the condemned to make their peace with God, an admonition, salutary no doubt, but which must have passed unheard amidst the clamour of the crowd.

It was almost a triumphal procession, that long ride of the criminal to Tyburn, acclaimed by the immense crowds who celebrated the occasion as a public holiday. Dean Swift refers to the subject in one of his poems, commencing:

*As clever Tom Clinch, while the rabble was bauling,
Rode stately to Holborn to die in his calling.
He stopped at the George for a bottle of sack,
And promised to pay for it when he came back.*

Arrived at Tyburn, after pious exhortation by the Ordinary and a dying speech by the chief actor in the drama, surrounded by a sordid and riotous mob, the rope is fastened, the horse is lashed into movement and the poor wretch is left swaying to and fro from the fatal tree, and kicking in the air. His friends try to shorten his agony by hanging on his legs and beating his breast, while the hangman looks on unmoved by the familiar sight, calculating the value of his victim's clothes, his recognized perquisite.

The sorrowing relatives not infrequently bore off the body of the late departed to the Surgeons' Hall, or some other similar establishment, and consoled themselves by dedicating the corpse, for a pecuniary consideration, to the advancement of medical science. As a matter of fact there are two recorded cases where the supposed corpses came to life on the dissecting table and were promptly returned to Newgate.

In 1784 the Sheriffs decided that executions should be held in front of Newgate in the interests not only of the public and the condemned, but also of the prisoners of the gaol who, it was said, will derive a useful lesson of duty and obedience, and a strong admonition to repentance from the presence of the heavy hand of justice so near the walls. Dr. Johnson, for one, was averse to this change. "Sir", he said to Boswell, "executions are intended to draw spectators; if they do not draw spectators, they do not answer their purpose. The old

method was most satisfactory to all parties: the public was gratified by a procession, the criminal was supported by it. Why is all this to be swept away?"

Those executed in front of Newgate had science on their side in the shape of the new "drop" which took the place of the more picturesque but less efficient cart. The scenes outside Newgate differed little from those at Tyburn, and it is doubtful whether the moral blessing aimed at by the Sheriffs were in fact secured.

So great was the mob at an execution in 1807, that 28 persons were trampled to death, the cause of this accident being the collapse of a cart, brought to the scene to serve as a temporary grandstand. The executions of the Cato Street conspirators in 1820 had a pronounced military flavour. In order to prevent a riot or a rescue, Lifeguards were stationed in the Old Bailey, Newgate Street and Ludgate Hill, and six guns were posted on Blackfriars Bridge.

A curious belief existed, until quite recent times, that the application of a dead man's hand was a cure for wens and blemishes of all kinds, and so, in 1786, after an execution at Newgate, we find no less than twelve women, their vanity in no way diminished in the presence of death, ascending the scaffold and persuading the hangman to rub their faces and necks with the dead hand of his victim.

In 1864 a Royal Commission was assembled to inquire into the whole subject of capital punishment and into the expediency of abolishing public executions; and, after a great deal of evidence for and against, it was recommended that executions should be carried out within the gaol. There were several dissentients to this recommendation, and it is interesting to note that John Bright was one of them.

This recommendation passed into law in 1868 and no public executions have taken place since then. The distinction of being the last person to be executed in front of Newgate fell upon the Fenian Michael Barrett, who thus joined the long list of Irishmen who have earned for themselves a place in history. It cannot be denied that he deserved this distinction, for as a result of his offence, the blowing up of the Clerkenwell House of Detention, 12 persons were killed, 150 were injured, 40 mothers were prematurely confined, and £20,000 worth of damage was done to property.

Public executions have ceased. He would be a bold man who would affirm that the craving for the morbid and the horrible which drew great crowds to these executions has disappeared. That the desire for blood, the lust for gloating over the agonies of a fellow-creature is as strong as ever, cannot be doubted by anyone who has been present at the closing scene of a murder trial at the Old Bailey or elsewhere.

Human nature changes little in spite of Acts of Parliament, and can there be any doubt that the good folk of to-day, who clamour for admission to the Old Bailey, and who will stand patiently for hours to catch just a glimpse of a condemned man, or of the van in which he is driven away, would enjoy public executions just as much as their ancestors did in the past. As Dr. Johnson said, "The public wants processions."

There is no doubt that one of the great sources of untapped revenue in this country is the widespread desire to be present at murder trials and trials of a revolting and indecent character. Our national finances may yet become in so critical a state that the Chancellor of the Exchequer will be unable any longer to disregard this potential wealth.

Imagine, for instance, holding a Society divorce case at the Albert Hall. The box-office takings would surely be a record, to say nothing of the sale of the broadcasting and cinema rights.

Since 1838 the death penalty has only been enforced under the ordinary law in the case of murder except during the war, when spies were shot after conviction by specially constituted courts of three Judges.

Criminals were previously treated with great severity. I will give you a few examples taken quite at random from Old Bailey Calendars:

1758. Stealing 1 cwt. of lead. Sentenced to death.

1759. Lamb murder. Sentenced on Friday to be hanged on Monday.

1782. Woman convicted of stealing 2 shirts and 1 gown value 20s. Sentenced to 7 years' transportation.

Woman convicted of stealing quart pot value 10d. To be whipped.

2 women stealing cotton value 20/- . Death.

A man stealing to the value of 4/- . 7 years' transportation.

A man stealing 2 leather bridles. Publicly whipped.

Between the Sessions House and the prison there was a large yard where prisoners were taken in the old Black Marias. Communication between the prison and the Sessions House was by means of a long stone passageway. Under the flags of this passage murderers who had been executed in Newgate were buried, the only record allowed being a number on the wall. This was usually referred to as Deadman's Walk, and many have walked this passage to their trial, little realizing that it would be their final resting-place.

The commencement of the nineteenth century heralded the gradual softening of the Criminal Law and the sweeping away of many unpleasant forms of punishment. The Pillory, for instance, was abolished

in 1837. A pillory stood outside Newgate for centuries; intended as a means of painful and degrading exposure, it was originally a punishment for those who circulated lies, and must have acted as a check to enterprising journalists. The liar, in addition to being placed in the pillory, had slung round his neck a whetstone, the symbol of a sharp and lying tongue.

For several centuries the pillory had a long and distinguished career, during which all sorts and conditions of offenders were exposed therein, and received treatment from the mob, varying with the character of their offences. In 1732 one John Waller was pilloried for falsely accusing a man so as to obtain the reward given on conviction of highwayman, and one is not sorry to learn that he was pelted to death. About the same time a woman was pilloried for the strange offence of disguising herself as a man, and as such marrying three different women. So great was the anger of the populace, principally those of the female sex, that they pelted her and put out both her eyes.

On the other side of the scale popular heroes were decked with flowers, and in the case of one learned doctor, whose offence was the writing of a pamphlet against the Government, the Under-Sheriff actually detailed a footman in livery to hold an umbrella over the doctor's head as he stood in the pillory. For this conduct the Under-Sheriff was fined.

Whipping was greatly in vogue as a punishment, and many learned authorities regret its disappearance from our present code except for one or two offences. To-day a sentence of 18 lashes is regarded as exceedingly severe, but what would our humanitarians have said of the sentence on poor Titus Oates; in addition to imprisonment for life, to be whipped from Aldgate to Newgate, and after an interval of two days to be whipped from Newgate to Tyburn. The sentence of whipping was carried out in its entirety, the hangman exerting himself to the full, and it says much for the iron constitution of Oates that he survived this ordeal in the course of which he received between 3000 and 4000 lashes.

At the beginning of the nineteenth century things were taking a turn for the better inside Newgate. John Howard was the pioneer of prison reform. The efforts of Mrs. Eliz. Fry, on the female side, are well known; in 1813 she found the female ward a "den of wild beasts", the women living in filth and rags, steeped in vice often acquired within the prison, and brutalized by men gaolers. By her own efforts, not very actively assisted by authority, she succeeded in transforming these wild women into clean, well-disciplined and contented prisoners, and she certainly deserves the honour of the statue placed some years ago in the Main Hall of the Old Bailey.

In 1815 debtors, whose lot at Newgate for lack of funds, had usually been worse than that of the most abandoned criminals, were moved from that prison, and after that date the scandal of imprisoning a man who owed no more than 4*d.* and costs could no longer be laid to the door of Newgate.

About this time the Court of Common Council made some spirited resolutions with regard to the conditions of Newgate, one of which contains a reasonable protest against lunatics being kept at Newgate and being allowed to mix freely with the other prisoners. In those days the luxurious palace of Broadmoor, set among the pine woods of Berkshire, had not been thought of. Many reforms, overdue for centuries, were carried out in the prison, for instance, instead of prisoners having to cook their own food, a prison kitchen was at last provided.

Again some attempt was made at a classification of prisoners, it being at last recognized that prisoners awaiting trial should be kept apart from old inmates of Newgate, and that young first offenders should receive special treatment. The first step towards abolishing "irons" was taken by providing that untried prisoners should no longer be fettered.

After many further Commissions, Reports and Acts of Parliament, all directed to improve the lot of the prisoner, in the year 1878 Newgate, which had been rebuilt on the cellular system in 1860, ceased to be used as a prison except as a sort of ante-room for the gallows inside.

The Old Bailey received its Charter in the year 1834, when, by Act of Parliament, the Court became in name the Central Criminal Court and in fact, as those associated with it modestly claim, the chief criminal court in the land. Since that date sessions have to be held at least twelve times in each year.

Thereafter, to keep pace with the increasing pressure of business, the Sessions House was continually being

altered and enlarged. In 1892 plans were submitted for a proposed new Sessions House to be erected on the Victoria Embankment, but, unfortunately for the preservation of historical association, the idea of leaving the ancient site fell through.

The modern building was completed in 1907 at a cost of £350,000. It is a remarkable building in many respects, not the least being that no breath of fresh air is ever allowed to penetrate into it.

In the basement there is a vast engine-room, like that on a big liner, in which the Old Bailey air is manufactured, and from which it is despatched to the various courts; it is said to be a very good safeguard against gaol fever; it certainly makes one very sleepy after lunch.

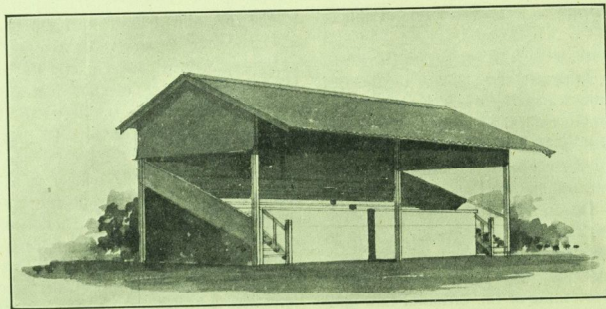
In this great building everything is perfect, and no detail has been spared to ensure that prisoners should be convicted and sentenced amid the most delightful surroundings; even the glass screens around the docks were made of triplex, which greatly added to the amenities of the Suffragette trials.

The Court was formally opened in February, 1907, by His Late Majesty, King Edward VII.

In this great Palace of the Law the spirit of old Newgate lives on; beneath the gilded figure of Justice, the subject of many perorations, are enacted once more the eternal dramas of life, and death, and human nature, which have become almost a part of the site itself.

In the daytime all is bustle and efficiency. Even our trials are more like business transactions than romances; but at night, when the last prison motor van has driven away and the closing of the great gates has shut out the world of to-day, surely then the Old Bailey must be peopled with ghosts, the ghosts of those who on this very spot have struggled and suffered and bled throughout the centuries.

J. AVORY TICKELL.



Here is the new Rugby Stand which is to be built at Chiselmurst as soon as funds allow. Its cost is to be £600, and contributions, however small, towards this sum will be very gratefully received by the Secretary of the Rugby Football Club.

LA CORSE.

IT is enough that we had climbed to satiety the brick-red ramparts around us, and now tired of effort and each other's company we were turning to the coast and sea for refreshment.

No, donkeys were very scarce. We could have one for 50 francs, but not for less—"Mais non, monsieur". We raged. A fortnight before donkeys had been plentiful and half the price. Not all our indifference could stir the squatting Corsican. So it was that our funeral *cortège* left the Grotto; stretcher and huddled victim, our clothes, two bearers, my companions, and myself, the priest, in deep meditation of all things passing. The priest carried the urn on his back—a strange one of curious design, some thought.

Thus we filed through the miniature cañon with its steep walls, its mushroom-topped pine trees and the sparkling river, through the village of vexation (here our procession became triumphal), to Calacuccia.

The last of the bandits blocked our path—or so we thought. Mounted, his dark sombrero cast significant shadows over his benevolent bearded face. Anyway he was carrying a shot-gun over his knees. We bowed and passed unchallenged, envious of his silver buttons and black velvet. A royal warrior, lost in his past.

We parted at the village, I to the Col de la Vierge—in love with the peace of its name—and they to the East. Perhaps the name was beautiful to counteract the monotony of turning on the road, zigzagging through the fir forests up to the line of the chestnut trees. For 35 kilometres it went upwards, hot and dusty, and then—joy!—a wooden building—an inn! The padre was entertaining his friends. He was young. We started with coffee with an innocent dash of rum. We sang and we talked. As we left we swallowed our rum with its innocent dash of coffee. I floated to rest

on the soft mosses under the chestnuts. A mule woke me in the morning.

Corsica has every variation between Scotland and the Sahara. As I came down that morning I passed through them all—heather and pines, eucalyptus trees and swallowtail butterflies to the thorny desert plants on the sand-dunes. My bed was in the eucalyptus grove within sound of the waves—the grove of small wild pigs. The pigs ate all my food.

In the evening I climbed into the boat with two Corsicans—the old fisherman, wrinkled by the sun and salt water, and his lithe, beautiful son. As we took up the nets the sun hit the red towering cliffs, accentuating the amethyst of the sea. The Moorish castle above was fantastically sharp.

We jumped to the landing-steps, and up to the vine-shaded veranda, where we supped and where the boy danced to his own singing—an un-acclaimed Lichine. Night fell, and the old songs of Corsica were sung. Ballads

from before Napoleon's time, some from Naples and the mainland, but those in the patois were soft and stirring—songs of the brigands.

The mornings we bathed and swam fiercely with the eddies around the limpeted rocks, taking toll of their harvest. There was something ape-like in our eating, squatting on the sun-warmed stones. But even apes have enjoyment!

Corsica has kept her wildness. She is still rebel to the coercion of civilization. You can still be lost in her, and possibly get shot as well. You must barter for your transport, cross-legged on the ground, unless you have too much money to treat with the people. You can be rewarded with so much freedom and space if you will go, shirking the official path.

My last picture is a protest. Swaying unsteadily in the back of the car, Emil, revolver in hand, shatters the silence with his shooting. No partridge falls from the vanishing covey.

M. W.



SIESTA.

STUDENTS' UNION

COUNCIL The first meeting of the Council after the vacation was a quiet one, even Mr. Richards sitting upon a step silent and sunk in melancholy. During the whole course of the meeting he made only one protest. This concerned the theft or disappearance of squash rackets, and dove-tailed with another complaint of property going astray at the Squash Courts themselves. It was decided to approach the Dean in the matter and ask for the use of lockers in the changing-rooms.

Another report brought news that the "exerciser" or rowing machine which was recently acquired for the gymnasium had suffered damage. This occurred when Dr. Darmady, while doing a little brisk sculling, wrecked the machine (the report said) "by sheer strength". The damage, however, was not so great as had been feared, and all was put right for 5s.

Mr. Irving, of the R.F.C., asked whether the Union would meet the cost of demolishing, moving and re-erecting an amazing structure which he had drawn, and which he said was a Polo Stand. It was a large, flat, steel platform on wooden stilts, 15 or 20 ft. high. He suggested that while money was being collected for the new stand this would make an excellent substitute. The Council agreed to pay for the removal of the stand—a sum of about £25.

He then asked whether the Council would pay for a new pair of goal-posts.

The Treasurer observed that the Rugger Club appeared to be making their economies at the expense of the S.U. Mr. Harmer suggested the Club should use bits of trees for goal-posts. It was eventually decided the Club should pay for their own.

Mr. Irving then asked that fine soap should be put in the Pavilion changing-rooms. The Chairman inquired as to his favourite perfume, and the request was unanimously agreed to.

SPORTS NEWS

RUGBY

Prospects for the coming season are distinctly bright; there will, no doubt, be a certain amount of reshuffling of the side, but Peter Candler, this season's captain, has at least thirteen of last year's XV from whom to choose. He will have to find a new full-back, but if the other members of the back division maintain last season's form, he should have few difficulties there.

There are many candidates for places in the pack, which will, we fear, take some time to settle down, as has been the case during the last few years. It should, however, become an efficient scrummaging machine, and may even rise to greater heights in time.

The first match of the season took place at Thames Ditton, in brilliant sunshine, on September 18th, against the **Old Paulines**. The ground was rather hard, consequently the game was rather fast—maybe a little too fast for some, who noticeably lost their speed as the game wore on.

To refrain from saying that the Old Paulines were better than Bart's would be a needless economy of the truth—without doubt they, especially their backs, were faster and fitter and better together.

Both sides, but more often Bart's, were handicapped by those hesitations, those little clumsinesses which are so frequent, though forgiveable, at the beginning of a season. The score, 20 points to 11, roughly indicates the disparity between the two sides; but, lest there are those who may feel inclined to draw comparisons with former years, it should be mentioned that the Old Paulines are a greatly improved side, particularly behind the scrum.

Of the Bart's side Pleydell was the pick of the backs, once again showing praiseworthy determination; he and Candler combined nicely in scoring a try for which Candler ran half the length of the field. It was Candler again who made the opening from which Collinson ("Wobbles" to his friends) surprised himself by wobbling over the line for another try.

Macpherson converted one try and kicked a good penalty goal. The forwards held their own in the tight scrums, but were somewhat disjointed in the loose, where they were outplayed.

Team—G. McKay (back); M. J. Pleydell, M. Laybourne, G. K. Marshall, E. Griffiths (three-quarters); P. L. Candler, R. D. Hearn (halves); R. L. Hall, K. D. Moynagh, P. D. Swinstead, R. McPherson, K. C. Irving, J. C. Newbold, J. C. Ryle, P. C. Collinson (forwards).

SQUASH

The season has started in the New Courts, prospects are bright, and enthusiasm runs high. The officers for the season are as follow:

President: Dr. Malcolm Donaldson.

Vice-Presidents: F. C. W. Capps, Esq., Dr. John Beattie, Dr. Auston Leishman, O. S. Tubbs, Esq.

Captain: W. M. Maidlow.

Hon. Secretary: C. T. A. James.

Hon. Treasurer: H. R. Marrett.

Committee: G. Gray, R. Heyland, R. C. Witt, J. W. G. Evans. The first match is on October 6th against St. John's Wood S.R.C.

in our own courts; there are five other matches in October, and about thirty have been arranged for the season. In addition there will be a competition, starting in February, for Hospital 2nd teams, for a cup presented by Mr. Hudson, President of St. Thomas's Hospital S.R.C.

A ladder containing forty names has been started, with H. R. Marrett at the top. There should be keen competition for places, since at least as many names had to be excluded. A separate ladder will be started for those at Charterhouse Square as soon as the term begins.

Dr. Donaldson has kindly presented a cup for which a knock-out competition will be held as soon as possible.

A special appeal is made to all members of the Club to keep the courts as clean as possible, and to adhere to the rules.

GOLF The Resident Staff's Annual Tournament

was held on Sunday, August 29th, the day dawning warm, bright and clear. The gods of golf saw fit that these qualities were maintained throughout the day which had been set aside for this tourney of the Resident Gentlemen of the Royal Hospital of St. Bartholomew. It is true that the warmth became a heat, and the heat, later, a torridness; but to criticize so nearly perfect a golfing day would be childish. Not that a single criticism was levelled, as the participants gathered in the Square round the half dozen motor cars, some roaring, some only spluttering, their impatience to be off.

Hainault Forest had been chosen as a suitable cockpit, and thither we went, some stopping for petrol, others for oil, but none for drinks—the pubs not being open at that time. And so it was that some eleven golfers foregathered on the first tee of the upper course, to take part in this old-established tournament, the origin of which is lost in antiquity, but which, according to Hughes and Blackburn, probably dates back to the time when Rahere spent his nights off at St. Andrews. There was a short pause before it was decided to whom should fall the honour of driving the first ball, but it was quickly and unanimously agreed that the lot could only fall fittingly on the shoulders of one person, those of the honorary handicapper, Ogilvie. Three blessed indeed is he who gets his blow in first, and this occasion proved no exception; for from the first screaming, wind cheating drive to the last deadly, fendishly accurate putt, this man was the winner. One who shall be nameless suggested that the handicapping had something to do with the victory, but to uphold such a suggestion would be childish, and anyway, nobody minded not winning, as the sweepstakes money was never collected.

All this, however, is trivial and immaterial and I am shirking the task I have set myself of re-creating for you the magnificence of the spectacle presented by these athletic striplings starting out full of hope on their rounds. With Ogilvie came Leask and Oliver, the former thinking of other things, the latter having difficulty in reaching down to the ball, and so it was small wonder that neither achieved the same success as their companion. But they were off, and as we watched them zigzagging up the edge of the rough, a chill crept down the marrow of our spines as we realized that the moment

was getting nearer when we ourselves would have to stand up and drive off in front of that swaying, cheering crowd.

Gray and Royd came next. Gray in driving had the misfortune to sever his ball into two fragments, one of which was trapped by the men's tee-box, the other by the ladies. Choosing the latter as being closer to the hole, he played a strong niblick, the hemispherical missile making a sound like a wounded pheasant as it sped straight and true to the green. Boyd was also unfortunate, for some altercation arose as to whether the first swing was practice or business. To settle the argument he called it business and played two from tee. This sporting gesture was richly rewarded, as well it deserved, for he got into a casual dog which subsequently disgorged his ball on the green leaving him dead for a throw.

Then followed Brown and Bickford playing practically faultless golf. We were interested to observe Brown putting with Dr. Scowen's knee-jerk hammer, an implement which he wielded with great delicacy, despite its weight.

After such an orgy, it was not to be wondered that the crowd round the tee began to move off in search of refreshment, but there were a few fanatics who stayed to watch the two remaining couples start. And they were not disappointed, for Mundy came next. One need say nothing of this drive but that it was perfect in every detail. There are thirty-nine points to remember when driving a golf ball, and Mundy had remembered them all. Several people said "How good" and one short-sighted lady expressed surprise that so old a man could hit the ball at all. After such an effort, it was not surprising that Newbold's 250 yarder only received restrained applause.

Finally came Dorrell and Dalley. Most of the young women on the course had by now clustered round, thinking that this was some fashion parade, and many did not realize their mistake even when two white specks were resting well down the middle of the fairway, their eyes being still fixed on the svelt cut of the chequered knickerbockers. But, make no mistake, sartorial perfection in its way hindered the play of these two thorough-bred golfers, and both may be considered unfortunate not to have won the competition outright.

And as they started, so they continued. Great is the temptation to describe each individual round stroke by stroke, to paint pictures of soaring approach shots; to weave romances around long curling putts negotiating difficult stymies; to make you laugh as I tell (censor please) of the candid epithets addressed to his ball by Gray; to make you weep to witness with me Royd's ball being stolen from a green by an urchin. But space is short, and there only remains ink enough to say that never before, as after that competition, has so much cherry cider and still lemonade been drunk by so many Bart's men in so short a time. M.

SENIOR CUP SEMI-FINAL

TENNIS
CLUB
v. Westminster Hospital, at WINDHORE.

This match was played on July 24th, and the Hospital did very well to win, as the opposition was quite formidable, and included three old Cambridge blues in R. N. A. and G. B. Leyton and D. G. Freshwater. The feature of the match was E. Corsi's defeat of R. N. A. Leyton after a very good match indeed, and it was due to this effort that the scales were turned in Bart's favour.

Results.—Singles:

E. Corsi beat R. N. A. Leyton, 6-4, 8-6.
G. L. Way lost to G. B. Leyton, 3-6, 2-6.
R. I. G. Coupland beat D. J. C. Nerurkar, 6-2, 6-3.
B. S. S. Acharya beat E. White, 3-6, 6-3, 6-0.
J. B. Waring and R. C. Witt did not play their singles.

Doubles:

E. Corsi and R. I. G. Coupland lost to K. N. A. Leyton and G. B. Leyton 4-6, 6-2, 3-6; beat D. G. Freshwater and J. O. Collin 4-6, 6-3, 6-1; beat E. White and D. J. C. Nerurkar 6-2, 2-6, 6-1.

G. L. Way and B. S. S. Acharya lost to R. N. A. Leyton and G. B. Leyton 2-6, 4-6; beat D. G. Freshwater and J. O. Collin 4-6, 6-4, 6-4; beat E. White and D. J. C. Nerurkar 6-3, 6-1.
R. C. Witt and J. B. Waring lost to K. N. A. Leyton and G. B. Leyton 3-6, 6-4, 1-6; beat D. G. Freshwater and J. O. Collin 6-1, 6-4; beat E. White and D. J. C. Nerurkar 6-3, 4-6, 6-0.
Bart's won, 9-4, 2 unplayed.

v. Melbury, June 12th, at Melbury. Lost 3-5.

E. Corsi and W. K. Frewen beat 1st pair 6-3, 6-1; lost to 2nd pair 6-3, 5-7, 3-6; beat 3rd pair 6-4, 6-1.

R. H. Marrett and C. S. M. Stephen lost to 1st pair 4-6, 3-6; lost to 2nd pair 7-5, 4-6, 3-6; third game unplayed.

R. I. G. Coupland and G. L. Way lost to 1st pair 1-6, 1-6; lost to 2nd pair 3-6, 4-6; beat 3rd pair 3-6, 6-3, 6-3.

v. R.N. College, Wednesday, July 14th, at Winchmore. Lost 4-5.
v. London Hospital. Won 7-1, 1 drawn.

R. I. G. Coupland and C. S. M. Stephen beat 1st pair 6-3, 6-3; beat 2nd pair 6-4, 7-5; beat 3rd pair 6-2, 3-6, 6-4.

R. C. Witt and J. B. Waring beat 1st pair 6-4, 6-3; beat 2nd pair 6-1, 6-1; beat 3rd pair 6-1, 6-3.

M. Desmarais and P. F. Barwood lost to 1st pair 2-6, 0-6; drew with 2nd pair 4-6, 6-3; beat 3rd pair 6-3, 7-5.

v. Melbury on Wednesday, July 21st, at Melbury. Lost 2-6.

R. I. G. Coupland and R. C. Witt lost to 1st pair 4-6, 0-6; beat 2nd pair 6-1, 2-6, 6-4; 3rd unplayed.

G. L. Way and M. Desmarais lost to 1st pair 2-6, 4-6; lost to 2nd pair 4-6, 3-6; beat 3rd pair 1-6, 6-4, 8-6.

G. L. Blackburn and B. H. Goodrich lost to 1st pair 1-6, 3-6; lost to 2nd pair 2-6, 5-7; lost to 3rd pair 1-6, 0-6.

Cup Final.

The Cup Final was played on Tuesday, September 14th, on the Melbury Courts. Our opponents were St. Thomas's Hospital, who proved on this occasion to be more than our match.

The singles were started at 11 a.m. in brilliant sunshine, which fortunately continued for the rest of the day. E. Corsi, playing well up to form, beat St. Thomas's formidable No. 1 player, D. M. Flowerdew in straight sets. This, unfortunately, was the only success registered in the singles. G. L. Way struggled manfully against his more consistent opponent, S. W. G. Hargrove, and the latter won in two long sets.

A similar fate befell R. I. G. Coupland, who was beaten in the third set by J. A. Elliott.

J. B. Waring, though playing attractive tennis, was beaten in three sets by K. E. Bond.

Lunch was taken with the score at 5 matches to 1 in St. Thomas's favour.

On resuming St. Thomas's Hospital won the first round of doubles, two of which, however, were again 3 set matches. This gave them the match, but two more doubles were subsequently played. St. Bartholomew's Hospital, 2 matches—4 unplayed.

The Tennis Club would like to take this opportunity of expressing their gratitude to Col. Powell, the Secretary of Melbury, for arranging to lend us the courts, and also their appreciation of the hospitality which makes any visit to the Club so pleasant.

Results:

Singles.

E. Corsi beat F. D. M. Flowerdew 7-5, 6-0.
W. K. Frewen lost to D. P. van Mems 1-6, 2-6.
R. H. Marrett lost to A. G. McPherson 1-6, 1-6.
G. L. Way lost to S. W. G. Hargrove 7-9, 5-7.
R. I. G. Coupland lost to J. A. Elliott 3-6, 6-3, 3-6.
J. B. Waring lost to K. E. Bond 3-6, 6-4, 4-6.

Doubles.

D. P. van Mems and F. D. M. Flowerdew (St. Thomas's) beat E. Corsi and W. K. Frewen 6-1, 6-2; beat R. H. Marrett and R. I. G. Coupland 5-3, 6-4.
B. L. Williams and S. W. G. Hargrove (St. Thomas's) beat G. L. Way and J. B. Waring 6-2, 6-4, 6-4.
A. G. McPherson and K. E. Bond (St. Thomas's) beat R. I. G. Coupland and R. H. Marrett 6-4, 4-6, 7-5; lost to F. Corsi and W. K. Frewen 6-1, 5-7, 3-6.

O.T.C.
MEDICAL
UNIT

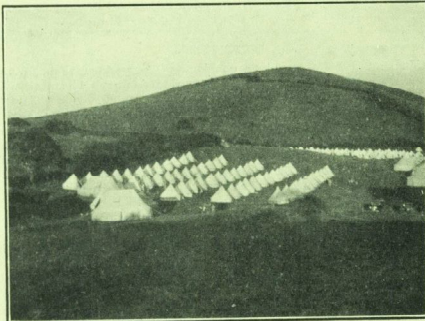
Last year's training was brought to a successful conclusion by a fortnight in camp at Swanage, from July 17th to 31st, in company with the Infantry Unit.

The camp was delightfully situated in a fold in the hills, with easy access to areas admirably designed for minor tactics. The sea and golf course were also within easy reach.

The training programme drawn up by the Commanding Officer,

Col. C. Hope-Carlton, was both comprehensive and interesting. In addition to the ordinary routine, lectures and demonstrations on the medical services in the field, attention was given to the organization of other units of the Army, and to military law. Much attention was also paid to the methods of treatment and decontamination of gas casualties. Major Crowden and several cadets carried out some very successful experiments with protective clothing.

The Unit was honoured by the visit of Lt. Col. the Viscount Bridgeman, M.C., Department of the Chief of the Imperial General Staff, who gave an extremely interesting and informative lecture on the purpose and policy of the British Army, with special reference to the O.T.C. Special lectures were also given on the medical services of the Royal Navy and Royal Air Force by Surgeon Rear-Admiral B. Pickering-Pick, O.B.E., M.R.C.S., L.R.C.P., K.H.S., Royal Hospital, Chatham, and Wing-Commander J. Kyle, M.R.C.S., L.R.C.P., Medical Training Depot, Halton, respectively.



THE CAMP AT SWANAGE.

The Annual Inspection was carried out by Major-General O. Ievers, C.B., D.S.O., M.B., K.H.S., Deputy Director of Medical Services, Southern Command, who was much impressed by the tactical scheme which was carried out by the Medical Unit. He afterwards commented that the scheme had been performed as efficiently as if by regular R.A.M.C. personnel. Major-General A. C. Temperley, *Daily Telegraph* Military Correspondent, who accompanied Major-General Ievers, wrote: "There was an attractive realism about the handling of casualties, and an ingenuity in improvisations."

The plans had been worked out with great care, and an excellent contoured model of the country had been constructed on a sand table."

The *Times* Special Correspondent wrote: "It was a pleasure to note the efficiency and keenness shown in this Camp. The programmes for both have been thoroughly thought out, the Camp is in excellent order, and it is obvious that an instructive and interesting period of training is being enjoyed by the cadets."

Unfortunately the Sergeants' Mess Ball was unable to be held this year, as suitable accommodation could not be found in the vicinity. The social programme, however, included an "At Home" on Sunday, July 25th, which was a great success, and a visit of the sergeants of the Midland Universities, who were encamped nearby, to the Sergeants' Mess one evening, an invitation which they returned. The Officers' Guest Night also proved to be very enjoyable. There were 263 cadets of the Medical Unit in Camp, of whom 40 were members of No. 1 Coy. (St. Bartholomew's Hospital).

Parades (lectures, in mufti) will be held at 5 p.m. on Mondays, in the Pharmacology Lecture Theatre, and will commence on October 11th, 1937. All those interested are cordially invited to attend the first lecture without obligation.

CORRESPONDENCE

HOSPITAL SOCIALISTS' PROTEST

"It is paramount that we remain detached from political clamour, the clamour of Right and Left."
(From 'Health and a Day' by LORD HORDER.)

[The Editor believes that were any further evidence needed of the extent of the political activity so deplored by him in the September JOURNAL, it will be found below.]

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

SIR,—It was with increasing irritation that I read your last Editorial.

To accuse others of being provocative and propagandist because they believe themselves to be working for a happier society merely indicates a lack of sympathy unbecoming to our profession.

It is only those who refuse to acknowledge the social injustices of the day who can harden their hearts to deny the faith of a reformist minority.

HUGH CANE.

St. Bartholomew's Hospital, E.C. 1;
September 10th, 1937.

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

SIR,—That was rather an extraordinary editorial you wrote wasn't it?

What a pity to try and suppress our Socialists! (By the by, are you doing it very well? I thought you made some rather puerile jibes which would seem likely only to fan the very flames you seek to blanket with your sterile towels.) Now I quite agree the activities of these socialists, as you quote them, sound pretty bizarre. (Though as to "dignity", your proud story of the Gun, that flows through so many pages of the JOURNAL, seems rather to set a precedent it would take a pretty violent Hyde Park to emulate.) But no concern with the problems of the day is without value. Even Mr. Baldwin's Government recognized that, when it granted a salary to the leader of the Opposition.

I cannot suppose the present fairly free and easy—at least for you and me—existence will continue indefinitely if the professional classes remain mentally immersed in their "ancient scientific institutions". They run the risk of having one extreme or the other force political consciousness upon them sooner or later, and maybe in a very unpleasant form. Think, say, do; democrats who neglect the first two are liable to lose even their present slender powers in respect of the third. Look abroad; look into B.C.

And yet there are only four topics of conversation in the A.R. and the dining-room: shop, and "wine, women and horses". The eternal shop would be laudable if we were all sweating towards the ideal of relieving a suffering humanity; but I don't think this can be maintained any more than the remark about conversation can be denied as a generalization.

The instincts concerned above are very normal, but they are not the whole equipage of civilized man. And a sentimentation tendency which does not get beyond "the old school" and the job, is indicative of incomplete development.

So, to go back to where I started, do give our socialists their breathing space. And if they breed fascists—well, what fun! But, better than that, perhaps they will stimulate the growth of other coloured political groups, of economists, sociologists (Christians we already have) or even (dare I hope so far?) philosophers.

And you, sir, should know that in other "ancient scientific institutions" these groups are tolerated and do not cause strife—beyond an occasional practical joke; in fact they contribute largely to the culture for which the institutions are noted.

I think you should let this point of view be printed. After all, you are omnipotent, sir, and you can always quash it with a witty editorial footnote in square brackets.

I am, etc.,

H. N. HEFFERNAN.

35, Queensland Avenue,
N. 10;
September 7th, 1937.

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

DEAR SIR,—Now that my first emotions have cooled down I feel more capable of writing to you on the September editorial. (It is unfortunately necessary these days for me to state at the outset that I dissociate myself from all existing schools of political thought and action.)

It may, perhaps, be amusing literature to attribute political interest to sublimation or to endocrines, but it is poor judgment. That the students whom you attack so wholeheartedly are making a quiet and serious attempt to reach a solution of to-day's problems has not struck you.

Are the student activities really to be limited to games and science? Can they not meet to think, discuss or study social affairs together? Can they not seek (misguidedly or not) some mental progress? As you refer to isolating the area of their activities with sterile sheets are you, perhaps, thinking of the influence of your editorial pages in advocating blindness to world problems?

The sneering tone in talking of "Hospital Leftists", "Pinks", "Local Lenins" and so on is quite eclipsed by the incredible bad taste of mocking those who have met death defending an ideal in Spain.

What truth is there in this hair-raising description of "soap boxery", "fantastic artificial warring camps", "thrusting opinions down throats"? Can you, sir, provide any definite evidence of the horrible disturbance caused by the very innocuous and quiet discussions of a few fellow students?

Yours truly,

Students' Union,
St. Bartholomew's Hospital,
E.C. 1;
September 15th, 1937.

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

SIR,—In the course of your Editorial in the September issue of the JOURNAL you made a number of misleading and inaccurate statements about the aims and activities of the Hospital Socialist Society. We should be glad, therefore, if you would publish this letter by way of correction.

In the first place, may we outline some of the considerations which led to the foundation of the Society?

We disagree with your contention that the Hospital is a scientific institution in which politics have no place. Science is, of course, an integral part of medicine, and a scientific attitude of mind is essential for its good practice. But it is also true that the material of medicine is humanity, and that the doctor requires a good deal of knowledge which is not to be found in text-books. Some maladies owe their origin, and others their prevalence, to social factors. Poverty, malnutrition, bad housing, bad working conditions in factories and offices, and the lack of time or other facilities for exercise in the open air, have as important a place in the aetiology of disease as micro-organisms. Already, as students, we learn how disheartening it is for us, how pitiful it is for the patient, if the improvement obtained in hospital is to be vitiated by adverse social conditions.

But how to prevent the preventable diseases, and how to eliminate the social factors in the aetiology of disease and ill-health, is as much a political as a medical problem, and political, as well as medical, methods, must be used in solving it.

The Socialist Society was founded in the belief that to acquire knowledge upon these matters is a duty which medical men owe to the nation. The Society is called Socialist because its founders believe that a study of Socialism is the best guarantee that progressive thought will result in progressive action. It is open to all who are interested in social problems, and at its fortnightly meetings the views of speakers of all shades of opinion may be heard. It does not indulge in propaganda, and it is only affiliated to the Inter-Hospital Socialist Society so that its members may have opportunities of meeting students of similar interests from other hospitals, and of hearing speakers who could not be got for small hospital societies.

As regards your reference to the carrying of banners in Hyde Park, we wish to point out that, to our knowledge, no banner bearing the name of the Hospital, or of any Society or individual belonging to it, has ever been carried in Hyde Park or elsewhere.

Finally, we have made very careful inquiries, and we can say with

confidence that there are not and never have been any such institutions as the "Rahere Club" or the "Friends of Moscow", and we should, therefore, be much interested to hear what led you to believe in their existence.

Yours faithfully,

St. Bartholomew's Hospital,
E.C. 1;
September 17th, 1937.

LIONEL GRUNBAUM
Hon. Secretary
(On behalf of the Committee
of the Socialist Society).

EDITOR'S NOTE: [It was not suggested in the Editorial that the banner in question bore the name of the Hospital, or that the "Rahere Club", of whose past activity incontrovertible evidence exists, was associated in any way with the present Society.]

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

SIR,—In the last number of the JOURNAL you devoted a whole Editorial to a diatribe against the introduction of politics into the Hospital. We do not know whether this represented only your own private opinion, or that of the authorities of the Hospital, but in any case you may be interested to hear the views of some of us who do not agree with you.

We gather that you object to the introduction of politics into the Hospital for the following reasons:

- (1) That Socialism is a puerile doctrine, suitable only for neurotics and intellectually immature adolescents.
- (2) That Communism breeds Fascism, so that the Hospital will be split into warring camps and may even be the scene of actual physical conflict.
- (3) That members of the Hospital will be pestered with propaganda about matters in which they are not interested.
- (4) That the use of the Hospital's name in connection with Socialist activities is derogatory to its reputation.

In reply we wish to say:

- (1) This is not the place to argue the pros and cons of Socialism, so we shall only point out that it is the official policy of His Majesty's Opposition in this country and in many others, and is the official policy of the Governments of Russia, France, Denmark and New Zealand.
- (2) No one has so far attempted to advocate Communism in this Hospital, nor are they likely to. An atmosphere of reasonable controversy is very stimulating, and if the hypothetical Fascists should be impelled by the poverty of their arguments to resort to force, we trust that the authorities will be able to deal with them.
- (3) It is surely obvious that any propaganda that is offensive will defeat its own ends. Political ideas, like medical advice, cannot be distributed by the methods of the sellers of vacuum-cleaners.
- (4) We do not consider that the Hospital would be in any way disgraced by being associated with Socialist activities, and it seems rather absurd for a society consisting entirely of members of the Hospital not to use its name.

Furthermore, we consider that it is the duty of every citizen of this country, and especially of the members of the medical profession, to be acquainted with the elements of political controversy. Whether we like it or not, we, as a profession, have a great influence on the opinion of the people of this country, and in justice to them we must try to learn both sides of the question, and to base our conclusions as far as possible on reason rather than prejudice.

Yours faithfully,

L. H. CANE,
J. W. B. DOUGLAS,
P. M. A. ELDER,
C. M. FLETCHER,
J. C. HEWETSON,
R. D. S. JACK,
D. V. MORSE,
J. C. RYLE,
R. B. TERRY,
B. M. WRIGHT.

St. Bartholomew's Hospital,
E.C. 1;
September 18th, 1937.

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

SIR,—Will you permit me, as an old and loyal Bart.'s man, who for some years also had the honour of being a member of your Teaching Staff, to comment on the leading article in your September number entitled "Politics in the Hospital".

I have, of course, no knowledge of the activities of the groups of students to which you refer, but I suggest with great respect, that the general view you seem to advocate is deplorably mistaken. It appears to amount to this: Those who are students in our busy and ancient Hospital should have no time or disposition to take an active interest in the affairs of the Great World outside. I myself, for the last twenty-five years, have been actively engaged in National Politics, and during these years, even including the War period, the health of the people has become more and more the concern of the State in the direction and development of organized Health Services. So important have these become that in a few weeks' time men of all Parties, including myself, will be engaged in an attempt to induce Local Authorities to make a fuller use of the Health Services that have already been created.

You cannot discuss even the proper form that you may think National Health Services should take without becoming concerned in "Politics". Politics are National Policy. It matters little, I think, what the different sections of students may call themselves—Conservatives, Liberals, Socialists or whatever they like—but it does matter that they should take an active interest during these vital years in National affairs. They may find afterwards, as citizens, and many of them certainly will, that their advice and participation will be called for, and your suggestion that medical studies should be pursued in social blinkers, is most unfortunate.

I can say truly, and with an intimate knowledge, that many a time our profession has been prejudiced because its members have been too self-contained in their work and outlook.

You seem to write as if any sensible attempt on the part of students to get together for these purposes is necessarily "soap-boxery". I find it difficult, politely, to describe your attitude. I can only say most sincerely, that I hope your Leader does not express the considered view of the Governing Committee of the Hospital JOURNAL.

Yours sincerely,

ADDISON.

Peterley Farm,
Great Missenden,
Bucks;

September 15th, 1937.

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

DEAR SIR,—Your provocative Editorial in the September number of the JOURNAL contains the statement that "the appearance of representatives of the [Bart.'s Socialist] 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". Later on in the same number, in order, apparently, to put "Pacifists and Doctrinaires" and others into their places, you devote five pages to the account of an exploit carried out by a party of students who careered through the City of London flourishing a banner with the words "Bart.'s for Ever" inscribed upon it, accompanied by "an avalanche of noise" from "ironmongery violently beaten with polers".

Inconsistency does, indeed, seem to be a consistent characteristic of anti-socialist propagandists. Or is there a special editorial conception of "dignity"?

Your candid

CAMERA.

P.S.—I understand from those who were there that the "appropriate banner" in Hyde Park bore no reference to the Hospital.

St. Bartholomew's Hospital,
London, E.C. 1;

September 16th, 1937.

COLONEL BLIMP REPLIES

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

SIR,—Your Editorial in the current issue of the JOURNAL is well-timed and well directed.

It is most distressing to learn that certain of our number can dissipate their energies by infecting the Hospital with "Politics" of a particularly virulent nature.

Is it not possible that these gentlemen could be persuaded to spend their superfluous mental and physical energies on the football, hockey, or cricket fields instead of dabbling in septic material? "The rush of hormones to the adolescent brain" would then be turned to advantage.

I remain, Sir,

Yours, etc.,

J. W. PERROTT.

63, Eton Avenue,
W. Hampstead, N.W. 3;

September 8th, 1937.

WATER

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

SIR,—In the current month's issue the two articles, viz. "Fifty Years Ago" and "On Simples" in treatment lend themselves to a conjoined note for your readers. As a student who entered the Hospital sixty-seven years ago (1870) and with a tolerable memory of past experiences it is worth mentioning some items associated with the great simple, *i. e.*, "water".

In September, 1876, leaving the Hospital straight from being a house surgeon, I took charge of a passenger steamer to Australia. For quite a time it had been the general practice in the Casualty Department to order simple clean linen rags or this lint to be soaked in plain cold water and changed frequently, so that cooling by evaporation and cleansing by renewal of linen was entirely relied upon for all abrasions. All the full details of antiseptic dressings had only just arrived at St. Bartholomew's that very August, 1876, when Mr. (Sir) Thomas Smith introduced them into his wards. In the various casualties amongst the members of the crew of our steamship I relied bravely upon the older practice of St. Bartholomew's, namely the frequent applications of cold water and clean linen or lint. But before long the First Officer told me that the crew complained that I did not use, any treatment for the smaller accidents and skin wounds. And added that what they wanted was something that would give them sharp pain to believe in it. And I was introduced to the older ship's practice, which was that all small wounds and abrasions should have an ample covering over the damaged portion of the skin with a thick layer of the well-known friar's balsam, *viz.* tinct. benzoini co.

For all slight abrasions friar's balsam is really more efficacious than tinct. iodi, which is, of course, more orthodox. Concerning simple cold tap-water as a local application for wounds calls to mind a boy in Luther Holden's ward in June, 1873, who had a small bullet wound right through the knee-joint from back to front, the treatment adopted being cold water dropping from above the wound, a special small cistern being rigged up over the head of the bed, keeping the joint cool and moist with ever-moving flow, until the wound closed and the internal joint proved itself free from any infection. On several occasions during the early '80's one treated cases of acute pneumonia in small children who refused all foods and medicines, but craved for and took only simple cold water, with a much more rapid resolving of the lung than usual.

Before leaving the subject of water I should like to draw attention to the modern discovery of what is called "heavy water" H_2O (H_2O on DO). Its chief characteristic being its power of inhibition of growth. Surely in the research laboratories for cancer so numerous everywhere this heavy water might indeed be found to have some more successful result than all the recent work on heavy metals in the cure of cancer!

J. K. B.

September 6th, 1937.

towards the revival of preganglionic section of the sympathetic supply to the arm.

The results of sympathectomy are admirably and clearly related. Perhaps more mention might have been made of the difficulty in distinguishing true Duerger's disease from "pre-senile" arterio sclerosis. Many of the limbs amputated for Buerger's disease show little evidence of it pathologically. Sympathectomy cannot be expected to cure early degenerative arterial changes, and hence their distinction from true thrombo-angiitis is of extreme importance.

The chapter devoted to sympathectomy for visceral disorders and pains show the same careful discrimination in the choice of material that characterizes the whole book. It is scarcely necessary to say, since this is the second edition, that the book can be wholeheartedly recommended to students and practising surgeons alike, as the clearest and most practical manual on the surgery of the sympathetic system yet published.

Skin Diseases in General Practice. By H. HALDIN-DAVIS, D.M., F.R.C.P., etc. Third edition. (Oxford University Press, Humphrey Milford.) Price 17s. 6d.

This book's great asset is its arrangement; the various diseases are described under the heading of that part of the body which they mainly affect. This topographical arrangement, together with the fact that under each anatomical heading there is also a brief list of those conditions which have, for obvious reasons, been described elsewhere, makes reference a superlatively easy matter.

Not a great deal of attention is paid to the pathology of any of the skin diseases, the book being mainly concerned with diagnosis and treatment, which are, before all, the main concerns of those for whom the author has designed this book. The matter is clearly written and concise, and a number of useful prescriptions are included. The illustrations are good, but are few in number, while the others, though reasonably numerous, are too uneven in quality to be of as much assistance as they should be.

Pre-Natal and Post-Natal Management. By J. STGEORGE WILSON, M.C., M.B., C.L.M., F.R.C.S., L.R.C.P., F.C.O.G. With a foreword by Sir COMYNS BERKELEY. (Edward Arnold & Co.) Price 10s. 6d.

The first thing which strikes one on opening this book is the colour-photograph on the frontispiece of a second-degree prolapse in a 3-gravida at 30 weeks' gestation; it looks on first sight more like a reproduction of Turner's picture, "The Fighting Temeraire". Why should the author of a book of this nature include such an expensive illustration of such a clinical rarity?

Sir Comyns Berkeley, like so many other preface writers, "feels sure that Mr. Wilson's book will meet with great appreciation by those members of the medical profession, etc."; he then quotes from three recent maternal mortality reports of different learned bodies who come to the conclusion (amongst other things we suppose) that—

"It is obvious from the mortality reports that the antenatal care falls short of what might reasonably be expected both in quality and amount".

"There is too little antenatal supervision by general practitioners and midwives and that there it is often perfunctory".

Sir Comyns Berkeley then goes on to say that the extracts are sufficient justification for Mr. Wilson's adventure into authorship, which view it is difficult to condone considering the amount of literature on the subject.

Mr. Wilson must be given credit for at least possessing an ideal in trying to decrease the maternal mortality-rate, but I feel sure, like so many others who are striving to the same end, that it is not ignorance on behalf of the attendant, but, as the reports say, "to his perfunctory attitude". Just as many cases of maternal mortality occur in large institutions, where the brain and the equipment are first class, as occur in general practice where neither the equipment nor the brain is specialized for that specific work of producing a live child and preserving the life of the mother. Mr. Wilson it seems is barking up the wrong tree; he must turn his attention to human nature rather than to ignorance.

The book is quite well written, but not particularly inspiring, the photographs and diagrams are really excellent, and on these the author must be congratulated.

The text is particularly aggravating to the reader at times, and in many instances the author presumes that the reader possesses

REVIEWS

Health and a Day. By LORD HORDER. (J. M. Dent & Sons.) Price 7s. 6d.

This book, which has already appeared in a second impression, is a collection of twelve speeches, all delivered within the past eighteen months and ranging from a medical society to the House of Lords, from Edinburgh to Kansas City. It was surprising how many of these addresses made familiar reading. Unknown to ourselves we must be a Horder fan. It is not a large work. Indeed it could probably be read in little more than two hours, though it is doubtful if it could be pondered in that short time. There is, as the author himself points out, a certain amount of overlapping; the same theories put forward, the same arguments employed in their support. And certain lines of thought run through many of them.

There is the fear that the clinician may be superseded by the technician, a test-tube in one hand, a syringe in the other, and this features largely. It is a plea for the use of the (unaided) senses rather than a multiplicity of gadgets; it is a protest against more reliance being placed upon the machine than upon the man. With this promise we at St. Bartholomew's are already familiar, for Lord Horder's farewell lecture to us was almost identical with his address to the Medical Society of the State of New York.

It is astonishing how much bitterness underlies many of Lord Horder's words. Even his assurance that "in the last analysis we are mostly good fellows with similar needs and probably with similar destinies" appears to lack conviction. But, like H. G. Wells, whose philosophy he would seem to reflect in many ways, he has constructive suggestions to make, even if they must of necessity be generalities. In his address to the Royal Medical Society of Edinburgh he sets forth his *Creed*, and, be it noted, this contains but six points, in which respect it is an improvement on both that of President Wilson and that of *le bon dieu lui-même*. In the same speech (and this is of interest in view of the correspondence in this JOURNAL) he says: "It is paramount that we remain detached from . . . political clamour, the clamour of Right and Left", and again, "though still outside politics, as the doctor must ever be . . ."

Individually, the Euthanasia speech in the House of Lords should take first prize. The address to the British Association of last year is, like *Hamlet*, simply full of quotations and suffers somewhat in this respect. That delivered at the Royal Institution is in the Jeans style and makes good reading. In conclusion one may perhaps be forgiven for quoting from Lord Horder's speech to the students of the Westminster Hospital: "Medicine has broadened out more and more, and to-day there is a positively staggering choice of activity for young men and women who enter its ranks. If you do not find a niche of some sort you are dull dogs indeed."

Surgery of the Sympathetic Nervous System. By G. E. GASK, F.R.C.S., and PATERSON ROSS, F.R.C.S. (Baillière, Tindall & Cox.) Pp. xii + 186. Price 16s.

The second edition of this excellent monograph on the surgery of the sympathetic system will be much welcomed.

The original form has been retained, the text being thoroughly revised in light of further experience and some new material added.

The authors are much to be congratulated on their discrimination in choosing the new material. The surgery of the sympathetic nervous system is advancing rapidly and personal experience and that of others necessitate perpetual reorientation of ideas. The authors have taken care to include only those procedures which are of proven value, their statements being illustrated throughout by personal statistics and case reports. In consequence the best chapters are those upon conditions of which the authors have had most experience. The account of sympathectomy for disorders of the circulation is undoubtedly the best chapter in the book, specially the excellent descriptions of Raynaud's disease, the prognosis and the selection of cases suitable for operation. The operations for sympathetic denervation of the extremities are clearly described and their relative merits evaluated. It is pleasing to note that the authors still find a place for periarterial neurectomy, an operation which is so apt to be thought obsolete. A very cautious attitude is rightly adopted

absolutely no knowledge of the subject, let alone a minimum of intelligence.

Radium. By RUDOLF BRUNNGRABER. Translated by EDEN and CEDAR PAUL. (London: George G. Harrap & Co.) Price 8s. 6d.

Although this book is a mixture of biography and fiction, it is, nevertheless, interesting. The key to the book, necessary for the reader's peace of mind, is contained on one of the preliminary pages which the normal reader of a novel does not usually bother to consult—it should, I think, have been inserted above the commencement of Chapter I. It states that the characters, other than the Curies and Antoine Henri Becquerel (of Becquerel burn fame), are fictitious, and it goes on, alas, to say that in some instance liberties have been taken with the dates of events in the lives of the Curies. It is, therefore, expedient for those who have no knowledge of the history of radium to believe nothing they may read in this book.

Since radium is the most precious and most mysterious substance on earth it is not at all surprising that its history, since its discovery in 1896, should be filled with both tragedy and happiness, not only as one might think to those immediately concerned with its physical powers, but to those concerned in its exploitation for monetary considerations.

The story really commences in 1896 by the chance happening in Henri Becquerel's laboratory when his assistant Marya Skłodowska (the future Marya Curie) was startled to find a double exposure on a negative on which she had photographed a crystal, the plate having afterwards been placed on an aluminium box on which, as one might expect from the chaos of most laboratories, something had been placed: this something happened fortunately to be a piece of uranium ore—pitch-blende. From that time until the present radium has brought happiness and success to millions, and to others it has brought only desolation and despair; it is on this theme, then, that the book has been written.

The author, Rudolf Brunngraber, comes of Austrian peasant stock and, it seems, is a very versatile man, being among other things a factory hand, teacher, ivory engraver, violinist in a cinema, and pavement artist—in this last effort his drawings were recognized, and appreciated to such an extent that he was sent to an art school! He eventually turned his attention to literature (writing books), of which this is his second effort, the first being a story of world unemployment.

The Art of Surgery: A Text-Book for Students and Practitioners.

By H. S. SOUTTAR, D.M., M.Ch., F.R.C.S.
Third edition. (William Heinemann, Ltd.) Price 30s.

The title is apt. This is more a work of art than a text-book of surgery. It has both the advantages and the limitations of one man's creation.

The whole atmosphere of the book is personal and refreshing. The author has selected well both in the conditions he includes and in the manner in which they are described. Essential points in differential diagnosis are emphasized and clarity is attained by recourse to an excusable degree of dogmatism.

The great merit of this book over other text-books of surgery lies in the presentation of its information. The English is clear and concise—a rare enough virtue in modern medical literature—and the illustrations are excellent. They vary from line drawings in the margins, diagrammatic plates in pencil, to full coloured pictures. Their range is as wide—pathology, histology, gross appearances, embryology, diagrams of methods of treatment, etc. The arrangement of the letterpress, the paper and the printing, are of a very high standard indeed. It is a pity, therefore, that such a fine production should be marred by an inadequate index.

For those, especially, who like learning by apprenticeship this book will be valuable.

A Manual of Practical Anatomy. By J. ERNEST FRAZER, D.Sc., F.R.C.S., and REGINALD H. ROBBINS, M.A., M.D. (Baillière, Tindall & Cox.) Two vols. Price 10s. 6d. per vol.

In this new manual of practical anatomy an effort has been made to make the subject as short as possible, consistent with giving the student all he requires. In the opinion of the reviewer there has

been a tendency to be "too short". The dissecting instructions are on the whole clear and concise. The illustrations are very numerous and it is here perhaps that the most serious criticism can be made. Several of them are poor, such as Fig. 226, Vol. II. Some are too complicated for the size of the plate, such as Fig. 83, Vol. II, while others not entirely self-explanatory are unlabelled. Much less use is made of colour in the illustrations than could be done and no use is made at all of radiograms, which have a definite place in teaching anatomy.

A good and unusual feature in a book of this type is the use of illustrations of embryology. These are mainly in the section on the abdomen.

On the whole this book does not reach the standards of the more popular dissecting manuals.

Toothful Essays. By EDWARD SAMSON, L.D.S.(Eng.). (John Bale, Sons & Danielsson, Ltd.) Price 7s. 6d.

This is a collection of clever, humorous essays on dental practice from the dental surgeon's point of view, as opposed to the usual layman's standing jokes on dentistry based on traditional misconception. Most of the essays have a moral to be learned, and they are presented by one who is skilful in the arts of caricature and innuendo. The essays are cleverly illustrated by the author. It is a book which should be at hand as a source of encouragement to his colleagues in times of professional difficulties, and if read by others, those difficulties would be appreciated the better.

Inhalation Anaesthesia: A Fundamental Guide. By ARTHUR E. GUEDED, M.D. (The Macmillan Company, N.Y.) Price 10s. 6d.

An interesting, lucid and clearly-written book. The writer tells his method of teaching the signs and explains the mechanics and physiology of inhalation anaesthesia with a wealth of detail, but is never verbose or uninteresting. Although it is possible to find statements which do not evoke whole-hearted approval and agreement, nevertheless the general and final impression is one of satisfaction. The book is worthy of being read by student, practitioner and teacher, and the slyly humorous personality of the author peeps out from the pages. It does not tell how to give an anaesthetic or describe any apparatus, but helps to explain the why and wherefore with illustrative cautionary cases.

ALSO RECEIVED:

The Catechism Series:

ANATOMY: PART VII. By C. R. WHITTAKER, F.R.C.S.E., F.R.S.E.

ELEMENTARY GENETICS. By HANS GRÜNEBERG, Ph.D.(Bonn), M.D.(Berlin).

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ANDREWS, C. H., M.D., F.R.C.P. "Influenza: Four Years' Progress." *British Medical Journal*, September 11th, 1937.

ARCHER, H. E., M.R.C.S., L.R.C.P., and DISCOMBE, G., B.Sc. "Sulphæmoglobinæmia: Its Cause and Prevention, with Special Reference to Treatment with Sulphanilamide." *Lancet*, August 21st, 1937.

BEATTIE, JOHN, F.R.C.S., M.C.O.G. "The Use of Hormones on Obstetrics and Gynaecology." *Clinical Journal*, September, 1937.

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BOURNE, GEOFFREY, M.D., F.R.C.P., and SCOTT, R. BODLEY, B.M., M.R.C.P., and WITTKOWER, ERICH, M.D., L.R.C.P. "The Psychological Factor in Cardiac Pain." *Lancet*, September 11th, 1937.

DURKOWS, HAROLD, C.D.E., F.R.C.S. "Lesions in a Rabbit's Liver and Spleen following an intravenous injection of Thorotrast." *British Journal of Surgery*, July, 1937.

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DISCOMBE, GEORGE, B.Sc. See ARCHER and DISCOMBE.

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SIMON, GEORGE, M.D., D.M.R.E. "The Radiology of Duodenal Ulcer." *Post-Graduate Medical Journal*, August, 1937.

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 WEST, J. LL., 6, Raglan House, Castle Court, Cardiff. (Tel. 5005.)

BIRTHS

COSGROVE.—On September 12th, 1937, at a nursing home, Buxton, to Jessie (née Robertson), wife of Dr. E. C. Cosgrove—a son.
 DE LABILLIÈRE.—On August 26th, 1937, at "Sunbyside", Windmill Street, Gravesend, to Christine, wife of Surgeon Lieutenant-Commander C. D. D. De Labillière, R.N.—a son.
 FELLS.—On August 17th, 1937, at Clifton, Bristol, to Rosalind, wife of Dr. Roy R. Fells—a son.
 FURBER.—On September 6th, 1937, at Lima House, Bath Road, Reading, to Gwen (née Crawford), wife of Dr. Brian Furber—a son.
 LANE.—On August 20th, 1937, at 20, Devonshire Place, to Anne (née Dowglass), wife of Dr. Roger Lane—a son.
 RICHARDS.—On August 29th, 1937, in St. Bartholomew's Hospital, to Loveday, wife of Alan Richards—a son.
 SMALLHORN.—On September 7th, 1937, at 50, Elmwood, Welwyn Garden City, to Dr. and Mrs. Thomas Smallhorn (Pamela, née Glover)—a son.
 TRACEY.—On August 22nd, 1937, to Joy, wife of Dr. John B. Tracey, of 1, Springlands, Heavitree, Exeter—a daughter.
 WEEKS.—On August 22nd, 1937, to Lillian (née Champness), wife of Dr. Albert Weeks, 639, Muller Road, Bristol—a daughter.

MARRIAGES

PATTON—TENNANT.—On September 16th, 1937, at St. Peter's Church, St. Albans, by the Rev. Dr. G. A. Guest, Dr. A. W. Patton, of Carlisle, to Amy Mary (Mollie) Tennant, daughter of Mr. and Mrs. A. M. Tennant, Rosetta, Gurney Court Road, St. Albans, late of Alexandria.
 RYAN—ESPESON.—On September 4th, 1937, very quietly, at Notre Dame of Victory, Kensington, Dr. Thomas Joseph Ryan, eldest son of Mr. and Mrs. James Ryan, of Dulwich, to Irène, only daughter of Mr. and Mrs. W. V. Espeson, of Kensington.
 STEPHENS—MACGREGOR.—On August 28th, 1937, at the Priory Church of St. Bartholomew-the-Great, E.C., Keith Fielding Stephens, R.A.M.C., son of Mr. E. P. Stephens and of the late Mrs. E. P. Stephens, to Margaret Ann, only child of Mrs. M. Macgregor.

DEATHS

CROWTHER.—On September 14th, 1937, Charles Rowland Crowther, M.D., Ch.B.(Canab.), of 6, Hoe Park Terrace, Plymouth.
 LANSBERIDGE.—On August 28th, 1937, at 21, Chatsworth Road, Bournemouth, Lieut.-Col. George Thomas Lansbridge, late R.A.M.C., aged 88.
 LOVEDAY.—On August 24th, 1937, at Sheringham, George Edward Loveday, M.B., of Fallowfield, Manchester.
 MURRAY.—On August 19th, 1937, at his home, Oakdale Road, Weybridge, Surrey, Charles Stormont Murray, F.R.C.S., L.R.C.P., also of Gloucester Place, W. 1.
 STABLES.—In August, 1937, Walter Williams Godfrey Stables, M.R.C.S., L.R.C.P., of 29 Auckland Road, S.E. 19, aged 91.

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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Journal

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

VOL. XLV.—No. 2

NOVEMBER 1ST, 1937

PRICE NINEPENCE

CALENDAR

Mon., Nov. 1.	Special Subjects: Lecture by Mr. Sydney Scott.	Wed., Nov. 17.	Surgery: Lecture by Mr. Vick.
Tues., "	2.—Prof. Witts and Prof. Ross on duty.		Rugby Match v. R.M.A. Away.
Wed., "	3.—Surgery: Lecture by Mr. Roberts.	Thurs., "	18.—Annual Ball of the Students' Union at Grosvenor House.
Fri., "	5.—Dr. Chandler and Mr. Roberts on duty.	Fri., "	19.—Prof. Witts and Prof. Ross on duty.
	Medicine: Lecture by Dr. Evans.		Last day for receiving other matter for the December issue of the Journal.
Sat., "	6.—Rugby Match v. Metropolitan Police College, Hendon. Home.	Sat., "	20.—Rugby Match v. Redruth. Home.
	Hockey Match v. South Saxons. Away.		Hockey Match v. Emmanuel College, Cambridge. Away.
Mon., "	8.—Special Subjects: Lecture by Mr. Capps.	Mon., "	22.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., "	9.—Dr. Gow and Mr. Vick on duty.	Tues., "	23.—Dr. Chandler and Mr. Roberts on duty.
Wed., "	10.—Hockey Match. Past v. Present. Home.	Wed., "	24.—Surgery: Lecture by Mr. Girling Ball.
Fri., "	12.—Dr. Graham and Mr. Wilson on duty.	Fri., "	26.—Dr. Gow and Mr. Vick on duty.
	Medicine: Lecture by Dr. Gow.		Medicine: Lecture by Dr. Graham.
Sat., "	13.—Rugby Match v. Old Leysians. Home.	Sat., "	27.—Rugby Match v. Woodford. Home.
	Hockey Match v. Bank of England. Away.		Hockey Match v. Nore Command. Home.
Mon., "	15.—Special Subjects: Lecture by Mr. Burrows.	Mon., "	29.—Special Subjects: Lecture by Mr. Higgs.
	Last day for receiving letters for the December issue of the Journal.	Tues., "	30.—Dr. Graham and Mr. Wilson on duty.
Tues., "	16.—Dr. Evans and Mr. Girling Ball on duty.	Thurs., Dec. 2.	Abernethian Society: Meeting.
	Abernethian Society: Clinical Evening.		

EDITORIAL

THE REPORT OF THE VOLUNTARY HOSPITALS COMMISSION

IN 1935 a Commission was appointed by the British Hospitals' Association to survey the position of the Voluntary Hospitals in the light "of recent legislative and social developments" and to suggest any steps which should be taken "to promote their interests, develop their policy and safeguard their future". The Commission produced their report in April of this year and this

month we learn that the British Hospitals' Association is considering how their recommendations can be put into practice.

St. Bartholomew's Hospital is one of the largest of the voluntary hospitals, so that no apology is needed for giving a summary of their report, especially as it affects us as a teaching hospital.

The voluntary hospitals started life as religious institutions. Following the dissolution of the monasteries, hospital service fell into abeyance. However, there was a revival towards the end of Henry VIII's reign, when some hospitals were refounded on a basis of charity of the rich towards the poor. They remained like this till recent times when they became a definite part of the social services of the country. This meant that now all classes of patient were treated in them.

Throughout this gradual change the voluntary hospitals have preserved three great qualities. There is a spirit of willing service which has survived all the "charity" of former ages and is still alive in them. Their very name suggests the freedom on which they so rightly pride themselves. And lastly it is the voluntary hospitals which undertake the training of doctors.

These claims make it essential that our voluntary hospitals should continue. They have a place to fill. Against these advantages there is the financial insecurity and lack of co-operation which characterize so many of them.

The Commission feels that it is essential that there should be closer union among the voluntary hospitals both on the practical side and financially. It is important that they should avoid overlap with county council hospitals by co-operating with them also.

To attain this they propose the regional grouping of hospitals. In each area there is to be a central hospital. The central hospital is essentially the home of the consultants. Here the fullest investigations can be carried out. And it is from the

central hospitals that the inspiration of the whole district must come. The teaching hospitals are important members of this group. Next are the district hospitals, which should be able to deal with all ordinary cases not requiring special investigation. Finally there are the small cottage hospitals attended by the local practitioners. These three grades form one unit so that the very best advice can be obtained for all the smaller hospitals from the parent central hospital.

To organize the unit there will be a regional committee, which will include representatives of the local authorities. In this way co-operation with State institutions will be more readily obtained and also unequal waiting lists will be avoided.

On the financial side the same regional grouping will be used. Taken as a whole the thousand voluntary hospitals are solvent, though individually many show severe deficits. This grouping should tend to even out their liabilities. Again in the Press advantage could be gained by a central publicity bureau. In spite of the extreme generosity of papers in giving free space to hospital appeals, these have always been rather sporadic, and even sometimes badly worded and too parochial in their extent.

For the teaching hospitals special Government grants should be made in recognition of the very high efficiency and completeness needed in them. A ready access to special hospitals—such as fever hospitals and the like—is also a necessity. Although this occurs in most teaching hospitals these facilities could be increased with much advantage.

Finally the report emphasizes the need for paying patients in all voluntary hospitals.

This is but a bare outline of the many recommendations contained in the report. We feel that all those who have the cause of the voluntary hospitals at heart would do well to avail themselves of the information so carefully collected by this Commission.

CURRENT EVENTS

EDITORIAL CHANGES

Geoffrey Flavell has retired from the Editorship of the JOURNAL after a triumphal year's office. On every side the JOURNAL has benefited from his active direction—sales have gone up, advertisements increased, and the JOURNAL has once more become a significant factor in Hospital life. He is succeeded by Martin Ware. The post of Assistant Editor is taken by John Gask. A vacancy on the Publication Committee has been filled by the election of Charles Fletcher.

OUR SECRET SOCIETIES

Both the Secret Societies held highly successful meetings on October 14th. The Medical and Surgical Theatre was packed to hear Sir Walter Langdon-Brown deliver the inaugural address to the Abernethian Society. We understand that there is to be a revival in this ancient and learned Society. If the lectures approach the standard of this, their first, it is certain that they will have the whole-hearted support of everyone in the Hospital. We hope they will also revive the frequent Clinical Evenings of former days, at which it was possible for many people to see the most striking cases coming to Hospital.

The Socialist Society entertained Dr. Geoffrey Evans at a discussion on the State Control of the Voluntary Hospitals. We trust that he showed them the error of their ways! Our more reliable agents tell us that this meeting also drew a good audience and that Dr. Evans was in magnificent fettle.

THE 'LANCET'S' COMMENTS

Without wishing to reopen a dying controversy, we would draw our readers' attention to the leading article in the *Lancet* of October 9th, commenting on our September Editorial and the letters aroused by it. The final sentence is worth quoting, "It is hard to draw a line; but the guiding principle, surely, is that our hospitals should be centres for personal discussion of any subject under the sun, but not for centralized party propaganda, whether of Left or Right."

The *Lancet* is also publishing in a current issue an abbreviated account of Dr. Gibson's article on the Basque Children. We feel this is a considerable honour both to the author and to our JOURNAL.

MR. FOSTER MOORE'S RETIREMENT

Mr. Foster Moore has retired from the active staff of the Hospital to become one of our consulting surgeons.

He gave his last round on October 22nd. A full appreciation of his work and of himself will appear in next month's JOURNAL.

THE PLUNGE INTO THE SURGERY

Periodically we receive letters from students who have just started on their clinical work describing the Out-Patients' Department as a place of utter confusion where no one tells them what to do. Dressers starting this October are more fortunate. Each is issued with a full and comprehensive time-table sheet, which includes demonstrations on surgical and medical case-taking, lectures on clinical pathology, and also a lecture on bandaging.

THE DEAN'S GIFT

The Dean has offered to put panels, bearing the names of the captains of teams, into the Pavilion at Chislehurst. These will replace the rather unsightly photographs, which will in future be stored in albums.

THE BART'S CAMBRIDGE DINNER

The Bart's Cambridge Dinner is to be held at the Mayfair Hotel on the evening of Wednesday, November 24th. Dr. Geoffrey Evans will be in the chair. It is hoped that as many members as possible will attend, especially those who have just come down from Cambridge. Will any Cambridge graduate who has not received a notice kindly communicate with one of the Secretaries, Mr. Reginald M. Vick, or Mr. W. E. Underwood.

MEDICAL DEFENCE UNION

The Medical Defence Union has recently issued its annual report. The objects of the Union are to "promote honourable practice, and to suppress or prosecute unauthorized practitioners" and to "advise and defend members of the Union in cases where proceedings, involving questions of professional principle or otherwise, are brought against them". No further recommendation is needed.

To join the Union an annual subscription of £1 is charged, together with an entrance fee of 10s. Practitioners joining within a year of registration pay no entrance fee. Every qualified man should be a member.

STUDENTS' UNION ANNUAL BALL

The Annual Ball will be held on Thursday, November 18th, at Grosvenor House. Tickets cost 35s. double and 21s. single. Tables and tickets can be booked through the Secretaries of the Students' Union—T. M. C. Roberts and R. Heyland.

HOUSE APPOINTMENTS

Dating from November 1st, 1937

Junior House Physicians—

Dr. Gow	G. R. Royston.
Dr. Graham	A. Jordan.
Dr. Geoffrey Evans	G. Boden (Senior, <i>vice</i> A. W. Dawson Grove).
Dr. Chandler	G. E. Loxton (Junior).
Prof. Witts	G. Herbert. J. F. Catoe.

Casualty House Physicians—

Dr. Gow	R. A. White.†
Dr. Graham	G. Flavell.*†
Dr. Geoffrey Evans	W. A. Owen.†
Dr. Chandler	H. Jackson.‡
Prof. Witts	R. W. Thomson.†
	S. T. H. Jenkins.‡
	E. P. Quibell.†
	K. Carnarvon Brown.‡
	D. I. Crowther.†
	A. E. W. Brooker.‡

Junior House Surgeons—

Mr. Harold Wilson	H. L. Ronalle.
Mr. Girling Ball	G. A. Fairlie-Clarke.
Mr. J. E. H. Roberts	T. O. McKane.
Mr. Reginald Vick	G. H. Darke.
Prof. Paterson Ross	F. G. Tuckwell.

Casualty House Surgeons—

Mr. Harold Wilson	H. A. Pearce.†
Mr. Girling Ball	D. V. Morse.*†
Mr. J. E. H. Roberts	I. F. Rose.†
Mr. Reginald Vick	A. Homayoun.‡
Prof. Paterson Ross	D. C. S. Rendall.†
	C. J. Carey.*†
	R. G. Gibson.†
	C. S. Cane.†
	J. C. Prestwich.†
	J. B. Cuthbert.‡

Intern Midwifery Assistant (Resident) . . . J. C. Newbold.

Intern Midwifery Assistant (Non-Resident) R. Mundy.

Extern Midwifery Assistant . . . J. B. de Vine.†

H.S. to Throat and Ear Department . . . L. H. Cane.‡

Junior H.S. to Throat and Ear Department . . . H. K. Dastur.

H.S. to Ophthalmic Department . . . L. R. Leask.†

H.S. to Skin and Venereal Departments . . . T. H. Hughes.‡

(Non-resident) . . . W. H. R. Jeremy.

H.S. to Orthopaedic Department . . . F. H. Yates.†

H.P. to Children's Department . . . R. H. A. Swain.‡

Senior Resident Anaesthetist . . . J. D. Ogilvie.

Junior Resident Anaesthetists . . . J. D. Bradley Watson.

Non-resident Anaesthetist . . . G. Gray (*vice* G. Blackburn).

H.S. to Dental Department . . . D. W. G. Jones.

Others for 6 months. . . J. G. Mitchell.

† 3 months, November. ‡ 3 months, February.

Others for 6 months.

§

THE TREASURER OF THE HOSPITAL

LORD STANMORE has lately resigned the position of Treasurer of the Hospital. He has held office since 1921, and takes with him the hearty thanks of those with whom he has worked, and their best wishes for a prolonged life and better health than he has enjoyed of late. He has proved himself a good administrator, a most courteous and agreeable personality.

Many notable changes have taken place in the School and Hospital since 1921. The Medical School has now a charter and is called the Medical College of St. Bartholomew's Hospital. It began life about 1796 as a small proprietary school in which such money as remained when all expenses had been paid was divided amongst the staff. The surgeons took the greater part, for the physicians apparently considered it beneath their dignity to accept more than a very modest remuneration. We owe to David Pitcairn and John Abernethy the foundation which has borne such good fruit. In 1933 the Medical College obtained the site in Charterhouse Square which was formerly occupied by Merchant Taylors' School, and before that by Charterhouse School. Still more recently the recreation ground at Winchmore Hill has been abandoned and has been replaced by the large athletic field at Chislehurst. The number of students has increased very notably since 1921. There has been a corresponding growth of the Students' Union and the JOURNAL has gone from good to better, both in material and in size.

During the Treasurership of Lord Stanmore, too, the nurses have been suitably housed in the new Nursing Home, where at last they get the light, air and amenities which had been too long denied them. The Hospital itself has undergone notable changes, and it has fortunately been possible to retain its old quadrangle. A new Surgical Block was soon followed by a new Medical Block. The Special Departments have been extended and the X-Ray Department in particular has secured one of the most powerful installations in the world. The Treasurership of Lord Stanmore will long be memorable in the annals of St. Bartholomew's. But the end is not yet, for much still remains to be done both in the School and in the Hospital.

The office of Treasurer, therefore, is no sinecure, and I have known personally six. The first was Mr. Foster White, Treasurer from 1855 to 1874. To him I owe much. He gave my father a presentation to Merchant Taylors' School, saying, "Mr. Power I hear you have a long family" (there were ten of us) "this may be of use", and so I was educated for £10 a year paid in

cash, and there were no extras. Sir Sydney Waterlow took his place in 1874 and was Treasurer. An excellent man of business and somewhat of a martinet. Once when, as house surgeons, we complained of the accommodation provided, he countered us by saying, "Well, you each have a bedroom to yourselves. When I was an apprentice we slept three in a bed, and as I was the youngest I lay in the middle". Then came Sir Trevor Lawrence, who acted from 1892-1905. He had an hereditary connection with the School and the Hospital. His father, Sir William Lawrence, was the most brilliant of John Abernethy's pupils. A born orator, a great surgeon, and a dangerous opponent. Lord Ludlow succeeded him in 1905. He bore the same name as the unhappy Dr. Roderigo Lopez, the first physician to the Hospital, who was executed for high treason under Queen Elizabeth for a crime of which he was probably innocent. Lord Ludlow was followed by Lord Sandhurst, who died in 1921. He piloted the Hospital with great success through the difficult years of the war. His name and that of his gracious wife still



Bassano, photo.]

THE RIGHT HON. LORD STANMORE, P.C., K.C.V.O.

live in the hearts of many, for they did much good.

The first Treasurer of whom we know anything was Sir Martin Bowes, in the first year of the reign of King Edward the Sixth, and he has had sixty-five successors, one of whom, Samuel Palmer, surgeon to the Hospital, was Treasurer from 1730-38, and one who was physician to the Hospital—William Pitcairn—was Treasurer from 1784-91. The difference in the duties of the Treasurer when the office was first made and at the present time are well exemplified in the "Charge" administered then and now. It was decided at the beginning that "The President should always be the Senior Alderman and the Treasurer a Commoner". The Treasurer was told that "All the Treasure of this house is committed to your

charge of the which ye shall keep a true and just account. Ye shall yearly on the 20th day of October (within the hospital) yield and give up in writing to the President and Governors a true and perfect account of your whole charge and there shall be appointed four to be auditors for the same. And on the second of November following ye shall resort to the same hospital at the hour of eight

of the clock in the forenoon that ye may then answer and clear your account if any faults or doubts shall happen to arise or be found by the auditors. And on the same day ye shall dine within the said hospital with the Governors thereof. And in recompense of your pains ye shall be assured of the mercies laid up for you in the promises and blood of Jesus Christ our Saviour".

The position of Treasurer increased so greatly in its duties and dignity that when the new Hospital was designed in 1730 a special house was built for his accommodation in the administrative block. It remains almost unchanged, with a private entrance from the drawing room into the Great Hall, but when Sir Sydney Waterlow ceased to occupy it, Mr.

Cross first, and afterwards Mr. Hayes had it assigned to him.

The Treasurer in these later years was informed that in the absence of the President it was his duty to preside at all General Courts and Committees. He was also told that as chief executive officer he was to have control over all the other officers and servants in every department of the Hospital. His duties as Treasurer, in regard to the moneys of the Hospital were no longer in his sole control, for he was to share the responsibility with the Almoners.

D'A. P.

MEDICINE ON THE MAIN

If ever proof were needed that medical people love to talk shop this was it. A score of us spent our holiday in Frankfurt for a medical vacation course. Organized at first as an exclusively all-male all-Bart.'s party, it was luckily soon changed, and we had representatives of Guy's, London, Charing Cross, St Thomas's and even Dundee University. Invited by the Students' Union and the Municipal Hospital of Frankfurt, we had a fortnight's magnificent combination of work and play.

The *Städtisches Krankenhaus* has three thousand two hundred beds. It consists of a number of fair-sized houses dotted around in a very large park. Through the trees and lawns motor roads wind about from one department to another. The whole looks like a superior residential district, with only the names of the buildings and the convalescents taking the air in their official blue striped costume to remind one that here is a hospital.

The *Medical Clinic* is under the direction of Prof. Volhard. For one day we listened to his work on kidneys. He has small respect for the filtration theory and will not believe that mechanical factors govern biological processes in such an exclusive manner. With emphasis he told us how in the *post-mortem* on a case of nephritis: "For the first time in my life I saw the cisterna chyli give a powerful jet of water and the lymph-vessels engorged. Here (a pause, while his long forefinger reached his forehead), here I learnt that the endothelial cells of the lymph and blood capillaries are vital breathing elements in the water balance".

In acute nephritis Prof. Volhard for three or more days starves and thirsts his patients. Then, once there is a fall in blood-pressure, he provokes a massive diuresis by copious administration of weak tea.

We got the Professor to show us his collection of waxed hearts, which includes every type of lesion. Preserved and perfectly shaped in wax these *post-mortem* specimens keep beautifully every single detail of their anatomy.

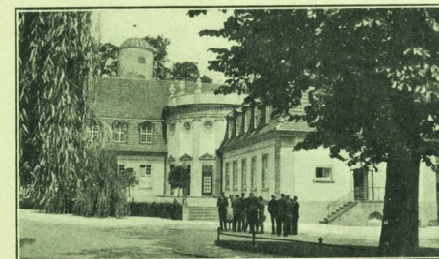
Throwing down the Gauntlet.

The *Surgery Department* gave us some surprises. In one large theatre two operations are performed simultaneously. While operations were in progress we saw the patient for the next one brought in, sat up with a full view of the theatre and prepared for spinal anaesthesia. There is little general anaesthesia in Germany and there are few specialized anaesthetists: anaesthetics are given by doctors or competent nurses. We saw

operations for carcinoma of the stomach and colloid goitre being performed under local anaesthesia.

The surgeon and his assistants wear gloves, of course. But the theatre sister and her nurses who hand over instruments, prepare swabs and thread needles are gloveless. In answer to our queries we were told that the results of this system were as good (if not better) than ours. One Berlin surgeon, it seems, makes a principle of never wearing gloves at all. All this challenged our ideas of sepsis.

A cheerful lady, beloved of her patients, Frau Oberarzt Mahler, showed us the wards. Specializing in T.B. cases she worked last year with Mr. Roberts and has adopted his thoracoplasty technique. Some of her methods



include black plaster-of-paris splints to absorb the sun's heat, "plumbotherapy" in which lead is used to fill bone cavities, horsehair mattresses instead of plaster beds for Pott's disease, and a special garden of the hospital where ambulant patients can spend all the day together in the sun.

We were demonstrated a metal walking splint for lower limb fractures, collapsible, extensible, adjustable, and all the other -ables. But the most spectacular thing was perhaps a noseless patient, the victim of lupus. With a metal mould and special coloured gelatine wax she was able to construct a false nose and remodel her face. The mend (renewed every three days) was practically undetectable, and even the consistency of this wax mimicked that of skin and cartilage.

Modern Radiology.

The *Institute of Radiology* of Dr. Albrecht was shown to us by Dr. Werner. Of all the crystal-clear radiographs, what interested us most were those showing the stomach rugæ, by means of which all stages of peptic ulcers could be followed. Typical of the hospital is the

fact that besides Dr. Albrecht's superbly equipped institution every other department has its own X-ray plant. The *Tomograph* takes radiographs in one plane of the body only. Both source of rays and plate swing around the patient. As a result only one cross-section remains, the focal centre (unmoved in relation to the plate and rays), and comes out clear. All the rest leaves a blurred background, which does not interfere with the point under examination.

Therapeutic Radiology is under the direction of Prof. Holfelder who, in his own words, "cannot agree with my friend Dr. Finzi as to the value of a million volts". He looks askance at our new plant and advocates no higher than two hundred kilovolts. What is chiefly important for him is the *compression* he gives his patients. The tube is pressed very hard on the patient, compressing even the thorax if necessary, and saving very greatly the distance the rays have to travel.

At the same time as Dr. Finzi here, Prof. Holfelder devised the system known as the Finzi-Holfelder method of sending rays at a tangent to the skin in cases of epithelioma. Chief of all stands out his successes in inoperable carcinomata, with a very high percentage of non-recurrence after five years. The "big cannons" of his apparatus are officially christened "Lidia", "Anne-Marie", "Barbara" and so on, after the daughters of the professor and his assistants. Some are as yet unnamed and waiting.

Films—Macroscopic and Microscopic.

The *Institute of Experimental Therapy*, the home of Salvarsan, is in Paul Ehrlich Strasse. Luckily the name and memory of this Jew have been spared. In the same laboratories where this man laboured salvarsan and its family, and sera of all kinds undergo official tests and research is made on cancer and leprosy.

One door was opened. "Here, we were told, was Paul Ehrlich's study where he worked, hidden by huge books and cigar smoke". The little room is changed into a small shrine. Mahogany panelling, gold relief and tassels, coloured glass windows and a huge bronze plaque have transfigured the room of a scientific worker.

Frau Dr. Vollmar does research work with the microcinema and has produced some very beautiful films. Some are rather like those of Dr. Canti, who visited and corresponded with the institute. We saw scenes projected of chick embryos developing, of cells busily growing and mitosing with huge scale chromosomes and of carcinomatous cells discouraged under varying test doses of X-ray.

In his *Institute of Pathology* Prof. Fischer-Wasels has also made some remarkably fine films on inflammation.

The rush of revascularization and the frantic struggles of white cells in their diapadesis form one of the screen's most exciting sequences.

The *Gynaecology Section* is under the direction of Prof. Gutman, who lectured to us on eclampsia. His obstetrical cases are daily charted for blood-pressure, urine albumen, galvanic sensibility and fluid excretion. These four curves together give a premonition of eclampsia and help considerably in prophylaxis and diagnosis. It was here that we saw films of eclampsia, including one rather startling scene of a patient dying during a fit.

Here, too, we watched an operation for abortion and sterilization, done in a little over twenty minutes. The patient was young and physically healthy, but was thus operated because there had been insanity in her past and family histories.

Racial Eugenics.

This brings us to consider the *Institute of Race Hygiene and Eugenics* of Prof. Frhr. von Verschuer, one of the repercussions of the New Germany on medicine. Founded two years ago this place does work on inheritable recessive characteristics, together with the problem of "racial purity". All sufferers from such pathological characteristics (inheritable club-foot, epilepsy, insanity, blindness and the like) *must be sterilized* by operation. In women over 38 years of age X-rays may be used on the ovaries, to produce an artificial menopause.

The institute combines science with internal politics. We remember the very efficient Prof. Schade, who gave us one lecture. Blond-haired, blue-eyed and massive, representative of the German National Socialist Party, he preceded and closed his talk with a very smart Nazi salute and expounded the biological importance of the Nürnberg marriage laws, which preclude the marriage of an aryan ("deutschblutig") with any of an alien race.

Prof. Filr. von Verschuer is doing very valuable work on the study of identical monozygotic twins, sifting the inherited characteristics from those produced by environment.

Other Departments.

In the *Skin Department* Dr. Neumann showed us some unusual cases, specially selected for our benefit. What interested us most, however, was his system of classifying and culturing gonococci in three groups; those that grew well aerobically (70%), those that lived best in oxygen-poor air (20%), and those that required excess carbon dioxide (10%).

Prof. de Rudder, representing the Medical Faculty of the University greeted us in the name of the Dean. He

showed us over his very modern *Children's Hospital*. As is standard in Germany this has numerous little wards with glass walls, rather like large fume cupboards. Here the small patients are guarded and may be observed without danger of infection. Doubly guarded is a ward reserved for prematurely born babies. Though we could not go in this one we chanced to see in a separate room an unusual patient, a baby ape from the zoo. Rejected by its mother it had to seek protection in the hospital.

In the soundproof room of the *Ear, Nose and Throat Department* ear tests are done with electric machines capable of producing anything from notes of desired frequencies to playing popular melodies. Here also was a machine to confound the malingerer and prove (unknown to him) that he was not deaf in either ear. Next door a miniature merry-go-round existed to produce temporary nystagmus.

The *Department of Physical Therapy* is a building with a large gymnasium and means for countless bath and steam treatments. From a study of people who feel ill before thunderstorms or at high altitudes Prof. Lampert has evolved a system of treating certain types of vertigo, headache or rheumatism. The patient simply breathes in air charged with negative ions. It is the difference in charge between alveolar and inspired air, rather than the quality of charge which is the effective factor.

Insanity and the Test-tube.

At the *Neurological Institute* Prof. Kleist demonstrated cases of schizophrenia and manic depressive insanity. At times this was rather disconcerting, since the Professor would be talking volubly while his patient held forth independently and our two interpreters were doing their best together to translate both.

One of Prof. Kleist's assistants has, after a test on a thousand patients, brought out a test for schizophrenia. He claims that from the cerebro-spinal fluid of a known schizophrenic one can isolate a lipoid antigenic factor which, when titrated into a sample of the patient's cerebro-spinal fluid, will cause flocculation if positive. This has proved accurate in 95% of schizophrenics, but has also been positive in 25% of disseminated sclerosis, 20% cerebral tumours and 0.8% general paralysis.

Hospital and Student Systems.

What we saw of this Municipal Hospital (admittedly only a surface view) seemed to be an argument for State control. Nowhere was there in any way suggestion of hindrance through lack of finance. It seemed as if each scientist had just to wish for some new apparatus or improvement for this to appear suitably and roomily housed. Never do the hospital authorities have to

worry over the income of their patients, every one is either capable of paying for himself or is automatically under one form or another of official insurance. The Almoner does not exist over there.

Students pursue a course very much like our own as far as time is concerned. But the enormous difference lies in the absence of clinical work. Our German guide was about to qualify, yet she had never seen some of the wards. Once qualified, students are not allowed to start practice until they have completed a year's work in the wards. Thus it is only after passing their finals that they have the greater part of their bedside experience.

The system of dressers for in- or out-patients is quite unknown. The beds of the patients are wheeled each day to a special room, where the doctor or surgeon waits to do the dressings. I shall not forget the look of horror on one doctor's face in that room as I explained to him how, over here, the students do most of this work.

Hearts and Hospitality.

Our visit to *Bad Nauheim* was a day of superlatives. From the cordial reception and the scientific demonstrations to the superb meals with specially chosen English dishes (roast beef and rice pudding, for example) it was an experience of luxury and great hospitality.

Bad Nauheim, specializing in heart cases, bears an atmosphere of youth and freshness about its gardens and buildings which is rather different from the Victorian heaviness usually associated with spas.

The Balneological Institute has stethoscopes fitted in the desks of its lecture hall, and through these we listened to Prof. Weber's sound-films of heart murmurs, making more or less successful guesses at diagnosis.

A few minutes away in the park the Kerckhoff Institute is a vast building, modern and shiny, the meeting place of luxury and medicine, the Hollywood model of science. Apart from research directly on the heart and carotid sinus this place has made a name for itself by its work on the effect of altitudes (complete with decompression chamber), its historical Museum of Röntgenology and its Bureau of Statistics. The walls of this last are lined by 6-foot high charts showing, among other things, that Britain has the highest rate of mortality in heart diseases, and that married men stand a better chance of longevity than do bachelors.

Finally we tried the Bad Nauheim baths and felt the little bubbles of carbon dioxide from the cold water form on our skin and deceive us into a sensuous feeling of warmth. Research on the baths is taken very seriously; one section of the Kerckhoff Institute is given up to a system of bathtubs and machines which

can test the basal metabolic rate of the bather, excluding all factors other than the water itself.

Voices of National Socialism.

At our request arrangements had been made to see two Works Camps and one of Germany's thirty training schools for Nazi leaders.

The individual members of the camp stay six months, hard at work on the land under a vigorous discipline. They get up at five, work from six to one, march in drill formation, salute their superiors in the camp and sometimes have to do sentry duty with shouldered spade. They look bright, young and thoroughly fit. After returning from hours of hard work they were made to line up and sing us songs, which they did with precision and gusto, and which we thoroughly appreciated.

This singing is universal in Germany. Even in the Holiday Home for Mothers, which somehow we visited, residents serenaded us delightfully during our meal.

In the Nazi Leader's School during "Kaffee und Kuchen" song books were produced, arms linked and voices raised riotously together. In this school men of all ages and trades, men in uniform, stay for a three weeks' concentrated course in sports, history, political geography, and racial philosophy. The people we met at these official places were all charming and friendly, and we owe them great thanks for the kindness they showed us.

. . . and Frankfurt itself.

Frankfurt is a lovely town. After reception by the civic authorities in the beautiful Römer we were shown over the old town by the city architect, who lovingly mixed his French, English and German in an eager exposition of styles. This tour and the old town were some of the most enjoyable items of our stay, especially as the picturesque city combines its beauty of tradition with the happy-go-lucky joy of its innumerable beer houses.

The Rhine valley with its steep vineyards and summit castles is another memory. In particular the names of Bacharach and Assmannshausen ("famed for its fiery red wine"—*vide* guide book) shall forever be cherished, associated with a glorious evening of drink and song.

Mention should still be made of the Leitz works at Wetzlar, the home of microscopes and the Leica; of the poetry and realism of the Römerberg Faust play; of coffee and liqueurs with the Students' Union; of the impossibly immense yet delicate-looking Graaf Zeppelin; of our "theme song" Clementine rising in the ghostly green light of the Palmengarten; of the Leverkusen Bayer works with its daily output of ten million aspirin grains, its huge dye filters and its ampoule machines;

of the lawns in the Sportfield swimming-baths and of newspaper interviews.

But two things must be recorded. First, our sincere gratitude to our guides, Fraülein zur Nedden and Dr. Elgeti, whose tremendous efficiency was quite eclipsed by their ever-present sense of humour and happy friendliness. Also our great thanks to Herr Raab, of the Akademische Auslandsstelle, who performed wonders of organization to make us feel at home.

Finally, just before we left—the epitome of our fortnight—a farewell evening in the Ratskeller with all our hosts. National Socialist representatives, the Students' Union, city councillors, doctors, surgeons and research scientists lifted glasses with us in our wish and prescription: "Repetatur Mistura".

A. S. PLAYFAIR.

THE OLD STUDENTS' DINNER

THERE was a great gathering of Old Bart.'s men on October 1st. A hundred cars at least must have braved the charybidean approach to the College Hall in Charterhouse Square. Welcome was extended by the Dean and by Dr. Hinds Howell, the Chairman.

In the Hall itself the first thing which caught our eye was the Baron of Beef, in high solemnity. Then, as our eye steadied, we took in the well-laden tables, the silver and the guests moving to their appointed places. The Hall gave a fine proportion to the greatness of the company.

Soon all were eating and many were the stories told, and friendships renewed. Would that we had been hydra-headed to catch them all. Laughter moved over the tables like the crest of breaking waves.

Chairs were pushed back and the King was toasted with enthusiasm. In the quiet which followed, Mr. Girling Ball told us how our chief guest, Mr. Justice Luxmore, was ill, and how, at a few hours' notice the Chairman's nephew, Mr. Palmer, had consented to take his place and propose "The Medical College".

Mr. Palmer, an undaunted parliamentarian, took the position with ease, even satisfying his critical "mother's brother". Politicians and doctors have much in common, he told us: they both deal with evil—the former being the cause, and the latter the cure. We believe that! Their official meeting point is the Ministry of Health. They even practice midwifery there. "I have given birth to twins in the enclosed entry" wrote one harassed parent to that office. Lately the drive towards national good health has emphasized the need of close union between the two professions. Perhaps,

he suggested, science may even learn to control the springs of motive one day and rid us of war and the fear of war. With that he proposed the health of our Medical College.

PROGRESS IN THE HOSPITAL.

Our Chairman, his uncle, rose to render account of our College and Hospital—its past year's activity and its hopes for the future.

We have a new President—H.R.H. the Duke of Gloucester. We hope he will find it possible to honour us by the same personal interest which his brother showed to us. The new Medical Block is now working in spite of the attempt of the surgeons to turn it into yet another Surgical Block. It is too early to report on the work of the Sassoon X-ray apparatus.

In the personnel of the Hospital there have been many changes. Lord Stanmore, after sixteen years as Treasurer, has retired, and is succeeded temporarily by Mr. George Aylwen. Mr. Hayes, now a member of the Governing Body, has given place to Mr. Carus-Wilson. On the staff Dr. Gow succeeds Dr. Hinds Howell as Senior Physician. A distinction he acknowledges uniquely—by producing twins! Mr. Elmslie, our first orthopaedic specialist, has retired, and Mr. Higgs carries on his work. Prof. Woollard, whose anatomy lectures must have enlivened hundreds of students, has been seduced by University College, and is replaced by Prof. Hamilton.

In honours we are not lacking. Chief of these is the appointment of Mr. Girling Ball to be Dean of the Faculty of Medicine in the University of London. Dr. Robb-Smith has gone to Oxford as Assistant Director of Pathology, armed with a gold medal for the London M.D. Dr. Magnus has collected a similar medal. These two are to be heartily congratulated. Since the foundation of the Medal in 1911, only three have been awarded, and they have taken two of them. Mr. Underwood has appropriated the Jacksonian Prize, as well as becoming Sub-Dean in succession to Dr. Harris; while Dr. Harris has followed Mr. Vick in the office of Warden.

We have been deprived of two of our best-loved workers in the deaths of Mr. Just and Prof. Kettle, both at the height of their powers.

The future is pregnant with new enterprise. The development of the Medical College—lasting memorial to the energy of our Dean—still goes forward. £60,000 is still owed, but £40,000 of this is in sight now. Plans are ready for a Residential College, which will cost about £50,000. Endowments are urgently needed for research, and perhaps most urgent of all is the need for a Private Patients' Block. A "ginger" committee

under Mr. Spicer's direction is dealing with this problem. More room is wanted for the Out-Patient and X-Ray Departments. A quarter of a million pounds at least must be collected. It is time we ceased being so bashful and went millionaire hunting.

Mr. Vick was the next speaker, giving a charming welcome to all the guests. First to Mr. George Aylwen, Senior Almoner and Acting Treasurer. His stock-broking training should stand him in good stead for such office in a Hospital. Then to our benefactors, many of whom were present, and in particular to the City of London Companies. Five of their Masters attended. To the Chief Minister of Health, Sir Arthur MacNalty; to the L.C.C. in the person of Sir Frederick Menzies, especially for their courtesy in opening their hospitals to our students. And lastly to the R.A.M.C., whose Director-General, Lt.-General Sir James Hartigan, was present.

To this toast Mr. George Aylwen replied. His energy, as he emphasized the need for collecting money at once, bodes well for our future. New methods of appeal are to be tried. Particularly was he anxious for the Paying Patients' Block, the completion of the building scheme, of which the new Medical Block is a part, and the provision of a Preliminary Training School for Nurses. These desirable ends can only be achieved by the closest co-operation between the Governing Body, the Hospital and the Medical College.

To end the speeches Mr. Foster Moore proposed the health of the Chairman, which was received with a warmth worthy of his popularity. So closed a most memorable evening; every congratulation must be offered to all those who helped to make it such a notable success.

THE MONKEY BLUES.

It's twentieth century blues
That's raging round the zoos.
The animals all are trying to hide—
They hate their sulphonamide.
The keeper says that it's the damp
That gave the kangaroo her cramp!
"How can you watch for cyanosis
When you see how black her nose is?"
But monkeys up on Monkey Hill
Still sing the praise of prontosil:
"Just look at us *behind*
But don't be too unkind;
We really don't feel very ill
—We're simply taking prontosil."

D. F. E. N.

(Suggested by recent pharmacological research, discussed by G.D.; inspiring thoughts by H.W.R.; versified by D.F.E.N.)

THE BASQUE CHILDREN'S CAMP

(Continued from p. 11.)

It was amusing to see the success of our "Cod-Liver Oil and Malt Clinic". At the morning inspections we each picked out any children showing signs of under-nourishment. They were told to visit Medical Two twice a day and were allowed to help themselves to a teaspoonful of Irradex. To our astonishment this became so popular that at 9 and 6 o'clock long queues would extend from Medical Two, consisting not only of the patients, but also of their friends and their friends' friends, and the greatest difficulty was experienced in preventing the same individual from re-joining the queue time and time again. Another popular feature was the Horlick's tent, and the children were allowed as much "Lêche Malteada" as they could drink per day.

A Scabies Epidemic.

When the first case of scabies was diagnosed it was too late in the day for any treatment to be undertaken until the morrow, and orders were given for the tent to be enclosed by fencing for the night. Within five minutes practically every child in the camp was out of bed and round the Administration Tent. The rumour had spread that typhus had broken out. No re-assuring words would convince them that this was not the case, and eventually the fencing had to be removed.

Altogether there have been seventy cases of scabies. The routine adopted was to isolate the patient for treatment with dettol and sulphur baths and to fumigate his clothes and belongings (the condition usually cleared up after two or three of such baths); the other children in the tent were examined each morning and given a hot bath daily. The tent was struck and a new tent, palliasses and blankets provided. In spite of these precautions we could not stamp out the disease, in fact the cases were increasing in number to such an extent that a few weeks ago the entire camp was moved to fresh ground and every child given a new palliasse and blankets. Since that day it is true to say that there have been more cases of scabies than ever before. Two cases of sulphur dermatitis were seen following treatment.

Meanwhile, day by day, children were leaving for homes throughout the country and the camp was gradually diminishing in size.

Vermin.

Mention must be made here of one department of the Medical Unit which, for the first two months or so of camp worked so unobtrusively that few knew of its

existence; I refer to the Washing Tent, or, as we preferred to call it, the Lyceum or Bug-House. A marquee was put up near Medical Two, and here four or five ladies, working all day and every day, fought bravely against the *Pediculus capitis* and *corporis*. Children were fetched in from the camp by tent-loads for baths and head-washing, and so independently did these ladies work that for weeks they fetched and carried their own buckets of hot and cold water from the kitchens. One day it was my odious duty to condemn as unfit for human consumption some sacks of fish which had been hidden for weeks under four perfectly good baths and forgotten. Children had smashed in the side of one of the baths and were busily eating the raw fish. It occurred to us that the baths could be used for a better purpose, and within one day the washing tent was re-born: water was laid on, four boilers were provided to feed the three baths with "constant hot water", a special compartment was set aside for the treatment of scabies cases, and the rest of the tent used by the head-washers and hair-dressers. Nearly two hundred children were given hot baths per day under this new scheme, and it was hoped that each child would thus receive at least one hot bath per week. In addition, shower baths were available for the children from 10 until 6 o'clock each day.

Camp Isolation was now under the care of Dr. Daly. Cobb had gone over to take charge of Moor Hill, and I was left to deal with Medical Two by myself.

Other Ailments.

The cases sent to the County Hospital at Winchester included an acute otitis media and an acute appendicitis, two cases of inguinal adenitis, a cellulitis of the face, a perforated soft palate, two lacerated fingers (caused by a mangle in one of the mess tents), and an hæmoptysis, later sent to the French Hospital for a fuller investigation. One *mæstra*, complaining of oedema of the legs and giving a past history of a cerebral embolus two years ago in Spain, was found to have mitral stenosis, she was sent to Moor Hill and a few weeks later died as a result of a pulmonary embolus. It is difficult to understand why she was ever sent over. The child with pulmonary tuberculosis sent from the port to Moor Hill was transferred to University College Hospital and died a fortnight after admission.

In the third week we were receiving an increasing number of children complaining of boils and of constipation. For the former a change of diet was prescribed and six intramuscular injections of 1 c.c. of manganese butyrate given, the course extending over twelve days. The results were excellent. The constipation gave us more trouble; castor oil was considered a treat to

be anticipated with some relish, a dose of syrup of figs brought forth gratifying requests for more, milk of magnesia was much appreciated, and Army No. 9's swallowed without resentment—but to all these the constipation remained intractable. Almost in despair we tried haustus albus, with immediate and full effect; our prestige was restored, and no longer did "B.N.O.

pleural effusion. This has since cleared up and the patient is now convalescing in the camp hospital.

The Fall of Bilbao.

On June 19th Bilbao fell to the Insurgents. There were two alternatives as far as the camp was concerned: to tell the children at once over the microphone or to let the news leak through to them gradually—both possibilities had their advantages and both their disadvantages. Eventually the former course was decided upon, and I think wisely. It is impossible to describe the howl of dismay and anguish which went up as the



PATIENT . . .

since Bilbao" or "B.N.O. since birth" appear on the patient's notes.

With five cases of typhoid—two from the boat and three from the camp (including, unfortunately, two from Moor Hill), we undertook to inoculate all the children remaining in the camp (nearly four thousand) with T.A.B. vaccine. Two doses were accordingly given each child with a week's interval between the injections. Whilst in a very small proportion of cases the local reaction was severe (although not so severe as to cause any anxiety), only in one or two cases was the general reaction sufficiently bad to warrant treatment in the wards. I believe a full report on this subject is to be prepared later. No case of typhoid has occurred at the camp in the last three months. One of the five cases on discharge from the Isolation Hospital was found to be running an evening temperature; although not complaining of any pain in his chest, examination of the left side showed all the signs of an extensive



. . . AND DOCTOR.

news was broadcast; suffice it to say that those who heard it will never forget it. The Medical Tent was soon filled with hysterical children and *mæstras*. One will never quite forgive these teachers for their behaviour that night, for most of them, instead of looking after and consoling the children in their care, gave way to their own personal grief, and the children consequently were neglected. Some of the English staff were also not without blame—there was a tendency with them to dramatize the situation unduly, and many children were persuaded into the Medical Tent who would otherwise have gone quietly to their own beds. Dr. King stood at the door of Medical Two with a bottle of syrup of figs in his hand, and as the children came in they were consoled with a few well-chosen words, given a dose of syrup of figs and sent back to their own tents. This treatment was far more effective than all the bottles of sedative mixture handed out so liberally by well-meaning helpers. Two cases of genuine hysteria were admitted to the observation ward that night and discharged as well the next morning.

Four Cases of Scarlet Fever.

On June 30th the first case of scarlet fever occurred. Rounding up the contacts was a difficult matter, but

eventually we decided to take the children from the patient's tent and from the four tents immediately surrounding it and treat them as contacts. They were accordingly put in a special isolation compound, fed separately and examined twice a day. On July 8th another case occurred from another part of the camp—this necessitated the isolation of a further batch of contacts. Seven days later one of the contacts developed the disease, and one day later one case occurred at Moor Hill (very disturbing for us, since we were now unable to send any patients over there and none could be discharged). No further case occurred, and when the day arrived for discharging the contacts they all refused to leave as they were far more comfortable and far better looked after where they were. We were free from scarlet fever until August 31st when, ten minutes before I left the camp, a boy in the observation ward was found to have developed a typical scarlatiniform rash. (I should mention that in the districts surrounding the camp there were cases of mumps, measles, whooping-cough, diphtheria, scarlet fever and chicken-pox, so that we had no reason to complain of the way fate was treating us, since from the middle of July until the end of August there was not one single case of an infectious fever in the camp—this in spite of the fact that the Spanish children were mixing quite freely with the children from the neighbouring towns and villages).

Cases sent to the Borough Hospital at Southampton included one case of aphthous stomatitis, a lacerated finger (the mangle again), an acute lobar pneumonia and an acute periostitis.

Six weeks ago Moor Hill was closed and has since been converted into a home for forty children. Camp Isolation became Camp Hospital, three marquees being used as wards. The only patients requiring to be isolated at this time were scabies cases, who were treated in bell tents in a far corner of the original Isolation Compound. Daly and I were now the only two M.O.'s remaining.

Cases treated at the Free Eye Hospital included a meibomian cyst, a severe conjunctivitis and blepharitis, a traumatic keratitis and a suppurating cyst of the lower lid.

Erythema nodosum was the most interesting skin-disease which we encountered; there were, too, several cases of urticaria, three of ringworm, two of psoriasis, one of seborrhoeic dermatitis, and impetigo, scabies and pediculosis as described above.

Mental Unbalance.

We unfortunately had to send one patient, a boy, reputed to be fourteen, to a mental hospital near Fareham. This boy had violent attacks, when he became

dangerous to himself and to his friends. He was the leader of a gang of about twenty boys who were being sent to an isolated spot in South Wales. On the day for their departure he had two attacks, in the second of which, just before the bus was due to leave, he attacked one of his friends; he was taken to a nearby tent and after two hours, during which four people were required to hold him down, we succeeded in removing him to the observation ward at the far end of the camp. This manœuvre served a useful purpose, since his friends had previously refused to leave without him and had threatened to injure any of us if we did him any harm; when they saw him being taken, apparently willingly, to Medical Two they changed their attitude and accepted our assurances that he was too ill to leave. Our difficulties did not end here, however, for whilst the necessary arrangements were being made for his admittance to hospital he eluded his guard, escaped under the side of the tent and over the surround-fence, and was next seen waiting for the bus with his friends. It was left to the police to arrest him at the station before boarding the train—an effort which caused a minor riot on the platform and persuaded the boys to wreak their vengeance on the Railway Company by pulling the communication cord three times on their way to South Wales. One other case was admitted to a private mental home, a boy who suffered from similar attacks, but preferred the use of a knife. Two boys, the one a kleptomaniac and the other who was considered to exert a bad moral influence on the children with whom he came in contact, were kept under special observation.

The most interesting fracture was one of the coracoid process of the scapula extending into the body; others included a green-stick fracture of the radius, three fractured metacarpals, one fractured metatarsal, and a fractured skull as described above.

Gratitude of the Children.

The camp closed on September 18th, the children remaining there being transferred to St. Mary's Bay Holiday Camp at Dymchurch—it was obviously impossible to keep them under canvas any longer; the problem of repatriation will be a difficult one for many reasons, not the least of which being that some of the children have no longer any homes or relatives to return to.

The change in the attitude of the children towards the doctors and nurses as day succeeded day was gratifying; they learnt to bring all their troubles, physical or mental, big or little, to Medical Two; they treated it as a Lost Property Office, as a place where they could get their letters translated, where they could obtain chits for new clothes and shoes (if the M.O. on duty

was in a good mood!), and one or two would come in and ask if they might rest there for a little while, as they were tired and could not find another quiet spot in the camp.

An endless debt of gratitude is owed to the St. John Ambulance men who, although at work during the day, gave up their nights to do duty at the camp; to the nurses, trained and untrained, who carried out their duties so efficiently and so sympathetically (most of the V.A.D.'s continued to come up every day, even after the official support of the Red Cross had been withdrawn); to the volunteers who lent their cars for the transport of patients to and from the various hospitals, and for the innumerable other errands required by the Medical Unit; and to the interpreters and voluntary helpers in the Medical Unit whose job it was to make beds, wash the dirty linen, feed the patients, and keep the medical tents clean and in good order, without whom the work of the doctors would have been impossible.

If I have, in this article, omitted any points which ought to have been mentioned, or dwelt too long on subjects only of interest to those who worked at the camp I ask forgiveness, coupled with the understanding that it is difficult to compress into a few thousand words the experiences of four very crowded but immensely interesting and instructive months at a Refugee Camp.

RONALD GIBSON.

A CASE OF MALPOSITION OF THE COLON

DEVELOPMENTAL abnormalities are always of academic interest, but when associated with symptoms they may give rise to considerable difficulty in diagnosis. In the case reported below it is doubtful whether the congenital anomaly of the gut would have ever been discovered, had it not been that the patient presented alimentary symptoms which were subsequently shown to be due to an entirely dissociated disease. At the same time it is likely that if the patient had not had the most thorough X-ray examination he would have been subjected to major operative procedures of doubtful value.

Edwin —, æt. 33, a builder's foreman, was admitted to this Hospital under the care of Dr. Geoffrey Evans complaining of pain in the upper abdomen and left side of the chest.

The history was that as a child he was always troubled with wind, but was quite well until two and a half years ago, when, after six months at a new job to which he cycled fourteen miles a day, he noticed an

aching pain, which, starting in the left side of the abdomen, travelled up the left side of the chest. This first attack was followed at four-monthly intervals by similar attacks of pain lasting about six days; the pain was always relieved by passing a large quantity of wind per rectum, and it was never severe, for he was able to continue with his work. There was no nausea, and the pain had no relation to meals; but at this time he noticed gurgling in the upper abdomen after meals.

Fifteen months ago the attacks became more frequent and severe, lasting sometimes for a whole day and usually accompanied by a feeling of epigastric fullness and discomfort. Four months later the pain became practically continuous and the patient was X-rayed at his cottage hospital; the appearances then suggested either eventration of the diaphragm or diaphragmatic hernia, and he was then transferred to this hospital for further investigation. A barium meal and enema showed no evidence of eventration or hernia, but an abnormally situated colon with the hepatic flexure lying between the liver and the diaphragm. Symptoms were thought to be due to partial colonic obstruction, and treatment was directed towards the medical relief of such obstruction by antispasmodic medicine and a low residue diet. There was some relief and the patient was advised to return to work, and told that, if symptoms should recur, some restorative surgical procedure might be necessary.

Three months after returning to work the symptoms recurred as before, and during the four months previous to the second admission the attacks continued at fortnightly intervals, sometimes lasting for a few days and sometimes for a few hours. The pain was still in his left side and radiated to his shoulder and back, but now apparently seemed to bear a relation to meals, occurring as a rule between one hour and an hour and a half after food. There were occasional attacks of vomiting in which he brought up a brown fluid, but never any recognizable food. At the same time his bowels became very constipated, the thundering noises increased and there was occasional pain under the right costal margin. He was then readmitted.

CLINICAL EXAMINATION.

The patient was a well-developed man. His chest was normal except for the liver-dullness; this area was bounded inferiorly by the lower costal margin, and superiorly by a line running parallel to this and about 3 in. above it. For two rib spaces above this area the breath-sounds and vocal fremitus were absent, but borborygmi were heard, especially after meals. Palpation of the abdomen revealed nothing abnormal,

but on percussion increased resonance was found in the right hypochondrium; no lower level of liver-dullness could be determined.

A plain X ray showed an absence of liver shadow, and in this situation coils of intestine could be seen (Fig. 1). In addition a barium meal revealed a long stomach with a "cup and spill" effect. The duodenum, which had its origin low down in the abdomen, passed up into the right hypochondrium, where the liver should

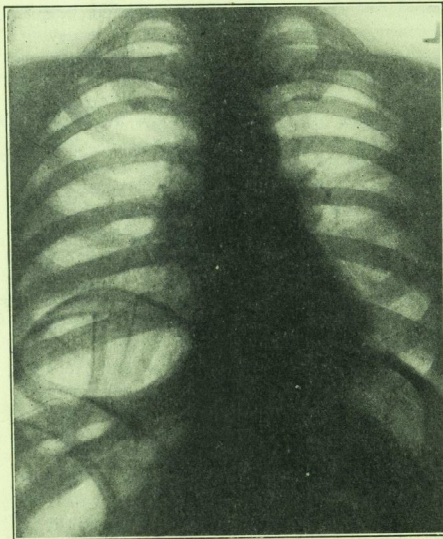


FIG. 1.—X-RAY OF CHEST SHOWING REPLACEMENT OF LIVER SHADOW BY COILS OF LARGE INTESTINE.

have been situated, and at the same time undoubted evidence of a *duodenal ulcer* was observed on screening. A barium enema (Fig. 2) confirmed the position of the hepatic flexure superior and anterior to the liver, which was displaced inferiorly; the descending colon and splenic flexure were absent. A shadow below and to the left of the hepatic flexure was observed, and it was thought probable that this was the left lobe of the liver.

On account of the discovery of the duodenal ulcer it was decided to start adequate medical peptic ulcer treatment with alkalis and a Lenz diet before considering any major surgical procedure. The patient was completely relieved of his symptoms in a few days, and after some weeks returned to his work, since which he has remained practically free from symptoms.

DISCUSSION.

Malposition of the colon is a not uncommon occurrence owing to its dual origin. The proximal half together with the small intestine develops from the foregut, whilst the distal half develops with the rectum from the hindgut; the colon is formed low down in the abdomen, and before the first month of foetal life it has



FIG. 2.—BARIUM X-RAY SHOWING ASCENDING COLON AND HEPATIC FLEXURE BETWEEN THE LIVER AND DIAPHRAGM, AND ABSENCE OF A LIVER SHADOW.

rotated 180° about the superior mesenteric vessels in an anti-clockwise direction. At the third month of foetal life it is still situated in the left side of the abdomen, but at birth the caecum has descended into the right iliac fossa from below the liver. Atresia and malposition are the commonest forms of abnormality of the colon, and of course are frequently associated with other developmental defects. Malpositions, though usually classed as congenital, may on occasions be due to foetal peritonitis.

It is generally agreed that the splenic and hepatic flexures are fixed points in the anatomy of the abdomen; in fact only one case of a missing splenic flexure appears to have been reported, and in that case both splenic flexure and descending colon were absent. Curschmann

(1894) and Horand (1903) report cases where the colon was situated between the liver and diaphragm, and a case more closely resembling the one described above was reported by Swezey and Black (1920). In this the caecum was in the midline, the colon behind the liver, and the transverse colon stretching below the umbilicus to make a double loop.

A diagnosis in this patient had to be made from eventration of the diaphragm and diaphragmatic hernia, particularly as the latter would have reacted favourably to surgical treatment. Both of these were ruled out by the X-ray screen examination, which revealed a normal and mobile diaphragm. Further X-ray examination then demonstrated the defects described above, but there can be little doubt that in this case the symptoms complained of were of *duodenal* origin, as was shown by the almost complete relief obtained by appropriate medical treatment.

In this patient the gross structural abnormalities had given rise to no symptoms for a number of years, and caution perhaps should have been felt in ascribing the sudden onset of symptoms necessarily to such defects. Finally, this case stresses the necessity in clinical medicine not only of discovering pathological changes, but of establishing their relations to the symptoms of which the patient complains.

My thanks are due to Dr. Geoffrey Evans for permission to publish this case, and to Dr. A. W. Leishman for his kind assistance with the text.

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A Cockney patient, suffering from a very serious disability, greatly added to the cheer of the ward by his comments on the results of county cricket matches, of which he was an ardent supporter. During the recent challenge game between Yorkshire and Middlesex at the Oval he was very downhearted at the poor showing of Middlesex, of which he was a strong supporter. At ten to six one morning the nurse was going round to take the temperatures, and on arriving at the Cockney's bed she heard, "Ere you are, Nurse, 98, and that's more than bleedin' Middlesex can get".

GENERAL PRACTICE AS SEEN BY THE PHYSICIAN

[Being the substance of a lecture given at Bart.'s on July 21st.]

IT has been said that the spectator sees most of the game, and in my part of the country he often appears to see even more than the referee. For this reason, perhaps, consultants see most of general practice, yet they must be circumspect in their criticism. The system rather than the individual will be criticized, for the observer is in the best position to realize the difficulties of the practitioners. General practice is the most important branch of our profession, and in it you will have an unrivalled opportunity of making the most interesting study in the world—that of human nature. It would be presumptuous of me to say little or anything on the technical side of our work in this renowned school. The main fault seen in general practice is the lack of a satisfactory method of examination. You have doubtless learnt an easy method of systematic examination; well, stick to it throughout life, and never depart from it. When you have mastered a routine method of examination it becomes easy and habitual, and you will never deviate from it. Again, after some experience you will learn what you can safely omit, as Lord Horder suggested in his farewell address. Mistakes in diagnosis are most often made through insufficient examination, and not from misinterpretation of all the facts.

Let me urge upon you to take a good history. Listen to your patient's story, and take it down in his own words as far as possible. This is highly important in some diseases, and many a simple case of common neurosis is half-cured when the patient has been allowed ample time to describe the symptoms fully. Sir James Mackenzie used to insist on the importance of symptoms, and that in cardiovascular disease they were often of more value than the signs. In fact the symptoms are the signs in some of these diseases. Adopt a good system of case-records, and from the beginning of your career observe a good method in everything, as for instance in account-keeping. Send your accounts out quarterly while the patient's gratitude is warm. Practitioners are liable to an unpleasant experience in a court of law unless they can produce a good note made at the time of the examination. Whilst I am referring to medico-legal work let me remind you of a golden rule—be careful to avoid over-statement, however much your sympathy is moved. Stick to the plain facts and do not emphasize them. A possible alternative interpretation of the facts

may be suggested in cross-examination; if feasible, admit it frankly. The judge wants the whole truth of the case before he can give judgment. Be on your guard when cross-examined by a suave counsel, for you may be inclined to agree to something which you previously denied.

A brief return must be made to the mode of examination. This should *always* include the examination of the urine in all but the most trivial cases. The latter may become less trivial, when the whole routine examination should be made. The practitioner deals with so many minor ailments that he is liable to overlook the beginnings of actual disease. This is where experience comes in, for the experienced practitioner quickly perceives the little things which matter. The Victorians knew "the face of sickness", as Lord Horder puts it in his collection of addresses. Palpation is far more important than percussion, and is second only to observation. You will impress your patient much more by gentle handling than by thumping.

"The spider's touch, how exquisitely fine,
Feels at each thread, and lives along the line."

Rectal examination should never be omitted in suitable cases, and here again do not disclose your inexperience by clumsy handling. Learn to use both your hands so that the rectal examination can be done as easily with either hand. The clinical method should be supreme, for the mechanical methods are always secondary. Your patient is generally far more influenced by the clinical examination when carefully performed than by an accessory method.

The power of suggestion is highly potent, and is incalculable in its effect when the examination is well made. The demands of general practice tend to minimize such methods, but you cannot safely depart from them.

In passing, reference must be made to the time-factor in disease, as in the prompt recognition of an acute abdomen. In this connection again the "face of sickness" will strike you immediately. Chronic disease often suffers through default in general practice. This is perhaps unavoidable to some extent to a busy practitioner, but perhaps with sound method you may be able to keep in touch even with your chronic cases. The continuity of treatment is all-important in chronic disease, and even when little is actually achieved the morale of the patient is maintained. There are many diseases which are apt to remain chronic and need continuous treatment. Gastric ulcer, epilepsy, pernicious anæmia, bronchitis and emphysema are good instances of this truth. Pemberton, in the preface to his work on *Arthritis and Rheumatoid Conditions*, states:

"The writer has no hesitation in stating that if the existing information on arthritis could be acquired and applied by practitioners who treat the disease, a striking advance would be achieved in the prevention and relief of suffering." Even in insuperable chronic diseases, as long as the patient feels that you are doing something, he is the better for it. The patient himself may neglect treatment when he feels well, and he should be warned accordingly, although of course the regimen in certain diseases may be relaxed. A good rule is to say, "However well you feel you cannot afford to give up all treatment".

Genius has been defined in a utilitarian sense as the capacity for doing ordinary things extraordinarily well. It is the manner of doing ordinary things which counts most, and most of us are just ordinary beings who are expected to do ordinary things. Your work, of course, will be a full-time job, without making a religion of it. There will be time for leisure and to enjoy much of the fun, provided that you space your work properly and never relax system and method. Osler, in *Æquanimity and other Addresses*, says: "Man does not live by bread alone. The practitioner needs culture as well as learning. In no profession does culture count for as much as in medicine." Sir William Jenner was once asked, "What are the essential qualities in a doctor?" He replied: "They are three: he must be honest, he must be dogmatic, and he must be kind." You must be kind and tolerant of the vagaries of mankind. Do not let anything surprise you in the way of human behaviour, and do not forget that we may also need the indulgence of our patients. When your patients or relatives behave unreasonably, bear in mind the circumstances and make the necessary allowances. You need not put up with humbug and hypocrisy, and occasionally you will be justified in giving free rein to a righteous indignation, but never lose your temper. You may be blessed with a naturally equable temperament, but most of us are not so fortunate, and must learn to discipline our reactions to nervous strain. Do not make a friend of a patient, or a patient of a friend. Preserve the psychological distance always from your patients. *A fortiori*, have nothing to do with the treatment of your relatives. Oliver Wendell Holmes says: "The beauty of good breeding is that it adjusts itself to all relations without effort, true to itself always, however the manner of those around it may change." We studiously try to perfect the science of medicine, and we should equally try to perfect the art of our profession. You will appreciate the ennobling influence of character in some of your patients. There are few patients who withstand with undimmed spirit a long fatal illness.

The successful treatment of the common neuroses is

seldom possible in the present exigencies of general practice. Yet when time permits, such cases will repay careful attention. A cure is often possible on very simple lines of a rational psycho-therapy. Sir Walter Langdon-Brown has collaborated in a useful pamphlet on *The Place of Psychology in the Medical Curriculum*. A sensible method of study under the care of general physicians is likely to be introduced in the near future. The cases of psycho-neuroses would be passed on to the alienist, but retain the others and try a hand at a cure by simple means.

Dietetics is another new branch of practical therapeutics, and no measure of treatment is likely to establish your reputation so securely as a neat typescript prescription of diet. Don't delegate this duty of diet to a nurse, as is so often done at the present time. A diet "prescription" is something which the patient can understand, and he is now made to feel that he is taking an active part in his own treatment.

Professional secrecy should be absolute, even in your own home. You can, of course, refer to your work, but make it always strictly impersonal. You will recall the leviathan in Job: "His scales are his pride, shut up together as with a close seal. One is so near to another than no air can come between them." Some information must necessarily come into your house, but do not add to it. Engage a dispenser-secretary as soon as you can afford it, and make such an assistant responsible for your messages. Let me repeat, if there is one thing for which our patients are grateful, it is because we keep our mouths shut. I refer, of course, to professional secrecy in your ordinary work. Cultivate friendly relations with your fellow-practitioners, and read what Osler says about the quarrels of doctors. The legal fraternity appear to be on better terms with each other than ourselves. Like the Parliamentarians, they seem to be able to reconcile their differences and to forget all about them. Perhaps this is because they are ventilated in open court, whereas our troubles are often occult and not so easily dispersed.

Attend the medical society and the meetings of the B.M.A. regularly. Otherwise medical men have few opportunities of friendly association. A post-graduate course every two or three years is refreshing, and regular visits to your old hospital will be both pleasant and fruitful. It is no idle boast to be able to say that one walks into Bart.'s as happily now as when a young student. Don't slacken your standards towards the mid-period of life, and never let yourself drift gradually to flabbiness of body or mind. Medical work is a mixture of tragedy and comedy. You will often see the funny side of life, which will help you to preserve the saving grace of humour. To work out one's own

salvation is no easy matter, but we should studiously attempt it. Watch your reactions and correct them when they are wrong. Assuming that you have made the most of your education in this ancient seat of medical learning, the principal thing is wisdom. You should strive to cultivate it. IVOR J. DAVIES.

OUR CANDID CAMERA



THE THINKER.

If by chance you are a father or a mother,
You will know, if you've a daughter or a son,
That with one consideration and another,
The infant's lot is quite a nappie one.

SPORTS NEWS

RUGBY FOOTBALL Owing to the hardness of the grounds round London, to which Winchmore Hill has been no exception, Rugby has been to a certain extent held up. However, the process of training proceeds apace, a certain improvement in fitness having been apparent lately; and the less the team should be running yet faster at the end of a match than they do. The return to the Hospital of J. G. Nel is a welcome event; let us hope that he will quickly strike his best form.

Under a misty sun Bart.'s took the field before a large crowd, whose Welsh enthusiasm was fanned to fever heat by patriotic airs from the silver band. From the kick-off the Bart.'s forwards set a hot pace, which gained them a marked advantage over the Neath pack throughout the game; it was not in this department that the game was lost. Moynaugh's hooking was exceptionally good, and Miller's service from the scrum usually speedy, but alas! attack was too often converted into desperate defence. Although our three-quarters combined fairly well, they were outpaced and out-witted by that innate opportunist for which the Welsh are so justly famed.

We enjoyed the unusual spectacle of Bart.'s forwards gaining two-thirds of the length of the field by hand-to-hand passing; they were indeed unfortunate not to score. Too much ground was lost by frequent free-kicks, and too often our opponents found themselves with a man over. The match was lost by 23 points to 3 (a penalty goal by Candler).

Macpherson, Mundy and Hall were lively forwards, and Marshall played a steady, and, at times, ingenious game at full back.

Candler kicked off for Bart.'s, and this was the signal for a lively display by the Bart.'s forwards, who outplayed Moseley not only in the tight but in the loose, and secured the ball for their backs nine times out of ten. The backs, however, failed to make use of this constant supply through mishandling and holding on to the ball too long. Candler broke through on two occasions, but to no avail.

After twenty minutes play the Moseley forwards began to assert themselves, and play was carried into the Bart.'s half, and almost immediately there resulted a try for Moseley, following a loose scrummage near the Bart.'s "25". The kick at goal failed. This score stimulated the Bart.'s forwards, who again took play to their opponents' "25" by well-executed rush tactics, but in spite of the proximity of the Moseley goal-line Bart.'s failed to score, and Moseley scored twice before half-time.

Soon after the commencement of the second half it was evident that the fast pace of the game was beginning to tell on the Bart.'s forwards, and this resulted in the loss of supremacy over the opposition, who now began to secure the ball regularly; under the repeated attacks the Bart.'s defence broke down and two goals resulted.

In spite of being 21 points down the side did not despair, and the forwards stirred themselves to further efforts, but without avail, and Moseley again scored, the try being converted.

The forwards as a whole played well, and the game showed that the forwards have the potentiality of developing into a first-class pack, but before this can happen they must all get fitter. Irving and Macpherson were the best of the forwards. The defence of the backs, on the whole, was good, but their attack was weak. Their running lacked determination, and this weakness must be overcome if they are to win their matches.

Team: G. Mackay (back); S. J. Hayes, R. I. G. Coupland, J. Pleydell, E. Griffiths (three-quarters); P. L. Candler, J. F. Miller (halves); G. D. Graham, K. D. Moynaugh, P. D. Swinestead, K. G. Irving, R. L. Hall, P. C. Collinson, R. Macpherson, J. C. Ryle (forwards).

ASSOCIATION FOOTBALL The prospects of the Club for the coming season are better than they have been for some years. The Club now has over fifty playing members, and although there is no outstanding talent, this deficiency is

amply compensated by tremendous enthusiasm. We are pleased to welcome so many new members from Charterhouse Square, and expect they will all have had a trial in the very near future.

The 1st XI is quite as strong as it has been in the past and is settling down well; the side should go far in the Cup-ties. We have great hope that the Club will win the Championship of the 1st Division of the London University Inter-Collegiate League, since it was *proxime accessit* last season. The 2nd XI has some very promising players who will soon be fighting for positions in the 1st XI. The Club is lucky in still having at their disposal the valuable experience and advice of Mr. C. N. Burnham-Slipper.

HOCKEY CLUB Most of last year's team are again available and prospects are distinctly bright. The 1st XI have, up to the time of writing, lost all three matches, but the standard of play has been uniformly good.

The beginning of the academic year has brought in a number of enthusiastic and, we hope, talented players. This augurs well for the Club's future.

v. Lloyds Bank.

Played at Winchmore Hill. Lost 2-4.

The first match of the season started well. After taking a few minutes to settle down the team proceeded to show its mettle by leading 2-0. Both goals were scored by R. A. House as the result of good combination in the forward line.

By this time the defence was becoming somewhat fatigued and, in spite of encouragement turning up in the form of the goal-keeper (M. E.) with the latest score from Highbury, the tide turned.

The second half was by no means a rout but the hard marking and better training of Lloyds had their reward and the game ended with the Hospital two down.

v. Beckenham XI.

Played at Beckenham. Lost 6-0.

Another very good game. Beckenham, always a good side, were better than ever.

Although the Hospital did not score the forwards spent by no means an idle afternoon. They combined well and the wings were notable for their hard centring.

The defence in the first half was R. E. Ellis, who played a fine game. During the second half the marking and tackling were much improved and E. J. Griffiths was a tower of strength. The last 10 minutes was remarkable for some exceptionally speedy work by A. H. Masina who swept repeatedly across the field, scattering ball and opponents in all directions.

v. Old Southendians.

Played at Winchmore Hill. Lost 3-1.

The side again showed good all-round form and put up a much better showing than last year. The game was fast and open. The Hospital was 2 down at half time, although the forwards had been pressing hard and put in several creditable shots.

K. O. Harrison shot the goal which was the reward for their persistent hard work, and so ended the last game on the old Winchmore Hill ground.

GOLF The St. Bartholomew's Hospital Golfing Society held their Autumn Meeting on Thursday, September 23rd, at Addington Golf Club. The weather was perfect, and play was arranged over both courses. The old course was played on in the singles competition, and W. A. Barnes returned a score of all square, which was a very creditable performance. The foursomes competition was played over the new course after tea. Both courses were in excellent condition and the players greatly appreciated the

hospitality of the Club. It was disappointing that so few members availed themselves of such a good day's golf. Only twelve players took part, and the Secretaries earnestly hope that there will be a better response at the next Autumn Meeting.

The results were as follows:
The *Milson Kees Cup*: Winner, W. A. Barnes (all square); runner-up, A. B. Cooper (1 down).

Foursomes: Winners, E. M. Darmady and B. Thorne-Thorne (1 up); runners-up, W. A. Barnes and R. S. Corbett (3 down).

LAWN TENNIS On the whole the 1937 season has been quite successful. Of the nineteen matches arranged for the 1st VI, eight have been won, six lost, one drawn, and four scratched.

The 2nd VI have won nine, lost three, and four were scratched. Most of the scratched matches were due to the inclemency of the weather, while one or two clashed with the Cup matches.

The 1st VI advanced to the final of the Senior Cup by decisive wins over King's and Westminster, only to be beaten in the final by St. Thomas's.

King's were played and beaten in the Junior Cup, but the match *versus* Westminster was scratched owing to the inability of all but one member of the regular side to turn out, a team of useful if irregular players being rejected as inadequate!

E. Corsi has played consistently well throughout the season, and as ever has been a great asset to the side. Probably a better singles than doubles player, for his great strength lies in strong and accurate ground-strokes, combined with exemplary footwork and court-craft. Playing as No. 1 he was unbeaten in the singles in the Cup matches.

W. K. Frazon—Although unable always to turn out, was most welcome in the Cup matches. A hard hitter with a really good service; happier on a hard surface.

H. R. Marrett—A regular player throughout the season; played his winged racket with great success. Boundless energy, sometimes misdirected, hard hitting, but inclined to be erratic; a good service, to which he should pay more attention in order to eradicate a tendency to double fault. He makes a very effective doubles combination with—

C. S. M. Stephen—a most useful newcomer to the side. First noticed amongst that small band of Freshmen who turned up at the trials at the beginning of the season. He has successfully overcome a slight stature by his fleetness of foot and clever positioning. Essentially a stylist, there is no doubt he is developing into a very good player.

G. J. Way—A most energetic and conscientious captain. Has improved tremendously this season, especially his service—ever a strong one—which recently has been crashing in with regularity. Considering his "second-row forward" build he covers the court well and gets his arm to many potential winners. His ground-strokes are inconsistent, but he is a tower of strength overhead in doubles.

R. I. G. Coupland's services, not only as a player, but also as a most efficient secretary, were invaluable throughout the season. A player who plays an excellent all-round game, has a very nice forehand and backhand volley—some of his backhand ground shots are a joy to watch.

J. B. Waring, though unable to play regularly during the season, owing to stress of work, played in the last two Cup matches, in one of which he obliged by winning a vital singles match. A useful and attractive player, but he needs to strengthen his service.

R. C. Witt, unable, for the same reasons as his doubles partner, Waring, to play regularly. A member of the side of several years' standing, he successfully rose to the occasion in the Cup matches in which he played, though obviously lacking in practice. No doubt his trousers will be even more abbreviated next year and become really "shorts".

SQUASH The Squash Club have already played four matches, of which two have been won and two lost. The knock-out competition for the Donaldson Cup has been started; an entry of about one hundred players was received.

Results:
v. St. John's Wood. Home. Lost, 2-3.
v. Payne Club. Home. Won, 4-1.
v. Oratory School. Reading. Won, 3-2.
v. Crampians. Away. Lost, 2-3.

CORRESPONDENCE

The last day for receiving letters for publication in the Journal is now the 15th of the month. The object of this change is to allow replies to be published in the same issue. We feel that in the past many interesting subjects have been allowed to lapse into obscurity entirely owing to the delay between letter and answer.

THE RETIRING EDITOR: AN APPRECIATION

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

DEAR SIR,—I feel sure that your readers will all join with me in expressing gratitude to Mr. Flavell for his services to the JOURNAL. Of course, some of his innovations have been of a controversial nature, thereby stimulating interest and discussion, and although many of us have disagreed with him at times, it must be the opinion of all that he has pursued a progressive policy.

There are two symptoms of regained health which are now abundantly clear; the eagerness with which each issue of the JOURNAL is awaited by the students and the tremendous increase in the correspondence columns.

In conclusion, I might add, Sir, that Mr. Flavell has led us to expect much of our JOURNAL, and I trust your success will be as great as his—who could hope to retire on a better flood of correspondence?

YOURS FAITHFULLY,

St. Bartholomew's Hospital,
D. W. BOATMAN,
E. C. 1;
October 10th, 1937.

POLITICS AND PEACE

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

SIR,—Of all places whereinto fools may rush while angels draw back, there is none more beset with snares than print. Therefore I greatly fear to tread in a path worn no smoother by the pleomorphic footmarks of your September correspondents.

So, may I say at once how heartily I concur with Lord Addison's contention that to pursue our profession "in social blinkers" and refuse to take an intelligent, if not active, interest in political problems is to overlook an essential part of its obligations.

But the formation of parties or factions within these walls raises a question different altogether, and one, moreover, which has largely been lost sight of among the peppery postbag of last month.

The philosophies forming the basis of our modern political opinions are at least as old as Plato, and that they have weathered the voyage of Time is sufficient tribute to the sea-worthiness of all of them.

There is, however, for everything its place: the Square with its Fountain, symbolizing an ageless peace in the heart of the Hospital, seems, above all, the place for thoughtful discourse on thoughtful matters.

In factions and in parties there is a grave danger; it lies—let us make no mistake—not in their doctrines but in their differences, in that which has been termed—so aptly—"the clamour of Right and Left". Let us guard our independence and our peace; these are that better part which must not be taken from us. Let us preserve them jealously lest the Fountain be stanchoned at its cistern and Rahere rise up from his grave to make mute and ghostly protest.

YOURS, etc.,

EDWARD SMYTHE,
St. Bartholomew's Hospital,
E. C. 1;
October 10th, 1937.
R. S. Q.

REVIEWS

Saint Bartholomew's Hospital Reports. Vol. LXX, 1937 (John Murray.) Price £1 1s. (subscribers, 15s.).

This volume maintains the high level of interest which has been the feature of the previous sixty-nine volumes. The contents are varied, as they must be, since this book is designed to give some indication of the work which is going on in the Hospital; each article is well written, and many of them constitute an important contribution to the literature of the subjects with which they deal.

In an informative article, mainly concerned with the diagnosis of gall-bladder disease, Mr. Gilling Ball has added his name to the list of those who have described their own case, using it as a starting-point, and a very good one, from which to discuss a series of one hundred cases.

The very fine results of treating congenital pyloric stenosis by Rammstedt's operation are described by Dr. Charles Harris and Mr. Geoffrey Keynes, illustrating their remarks by reference to a series of thirty-seven cases. Earlier diagnosis and fewer attempts to treat the condition medically will be made when this article has been read.

Fever has been, and must always be, one of the main preoccupations of the physician, and the idea of treating disease by the deliberate production of an artificial fever is by no means new. It is only recently, however, that a method of producing fever has been devised which is both safe and comfortable for the patient, and will, at the same time, bring on a sufficiently high temperature. The method of inductothermy (*i.e.* by electro-magnetic induction) is described in detail by Dr. H. S. Brodribb, together with the indications for its use and a comparison with other methods.

The treatment, and especially the prognosis, of the cardiac arrhythmias of thyrotoxicosis are dealt with in great detail by Dr. B. C. Nicholson, referring to a study of 240 cases (of which 91% are women) which have been followed up for a number of years.

We feel that a study of the manipulative treatment of the type of cases which, to quote Paget, "bone-setters cure", will be of special interest to general practitioners; such cases include chronic sprains and strains. The manipulations are described and illustrated.

The results of the educational courses at this Hospital have been investigated by the Dean, and in this volume he records his findings for the years '25 to '29 inclusive—those for '20-'24 have already been published. This record is worthy of attention by parent, teacher and student, one of the most striking facts which it reveals being that, of those who enter for the final London M.B., B.S. examination, 93% get the degree. It is a pity, therefore, that so few enter.

There are many other good things in this book, too numerous to mention—the report of the Cancer Department should be read. In our opinion it is well worth subscribing to these reports.

John Melly of Ethiopia. Edited by KATHLEEN NELSON and ALAN SULLIVAN. (Faber & Faber.) Price 8s. 6d.

The life of John Melly is both an inspiration and a challenge: an inspiration because he was, like the greatest men, very much one of us with his abundant desire for life and his enjoyment of it, and a challenge because it shows a man who lived faithfully, holding firm his beliefs to the end.

We see him first as a boy at school, lonely and tucked in on himself, early puzzling about the meaning of life and helped greatly by his mother. Then at eighteen he is pitched into the War, where he mingles the outward appearance of a dandy with Bible-readings to his men and a courage which gives him the Military Cross.

After that, Oxford—again the mixture of gaiety outwardly and the purposeful inner life. He is in conflict with himself, finding it hard to reconcile the two. In due time he comes to Bart's, where he is house-surgeon to Mr. Bathe Rawling and Mr. Roberts. A job in America follows and from here come some of his most delightful letters. To his godson he writes: "This is a place called Alabama, and it's hot like summer. All the Mammys are coal-black and they call the children 'honey-lambs'. Sometimes they call a grown man like me a 'honey-lamb'. But it was quite dark at the time and maybe the girl couldn't see whom she was talking to."

All this is, as it were, introduction for his work in Abyssinia. He now turns towards the fulfilment of his desire to become a medical missionary. He hears of work in Abyssinia. After a preliminary visit he comes back and plans a hospital to be run on Christian lines. On his return to Abyssinia there are delays, and

finally the imminence of war with Italy forces him to abandon the hospital plans. He comes back to England, and in the face of great apathy starts the organization of the Ambulance Unit.

The story of the work of the Unit in Abyssinia forms the greater part of the book. The obstacles were immense. They were deliberately bombed, they had to man-haul their lorries, and always there was the danger of the marauding bands of robbers. In spite of these difficulties, and the impossibility of proper communications, they carried on their magnificent work of tending the wounded. Finally during the rioting before the fall of Addis Ababa, Melly is shot by a drunken looter.

The Editors have done their work well, and a fine portrait is the result of their selection of letters and official *communiqués*. It is a worthy monument to John Melly.

Diseases of the Heart. By SIR THOMAS LEWIS, C.B.E., F.R.S., M.D., F.R.C.P. (MacMillan & Co., Ltd.) Price 12s. 6d. net.

The author states that the object of this book is to place at the disposal of students and medical practitioners the outline of his clinical teaching on diseases of the heart. It is written by a master of his subject, whose clear and concise style is admirably suited to the fulfilment of this object. The author employs a narrative style, similar to that used in lectures, with the result that it is exceptionally easy to follow him. It is very difficult to criticize any of the statements which are made, for the discussion is conducted by an authority on the subject and the opinions expressed are obviously based on wide experience, but the treatment of pulmonary oedema with morphia instead of adrenalin would not commend itself to all physicians. The book is clearly printed, adequately illustrated, and of a size which is convenient for the student, to whom it can be safely recommended.

99 Wimpole Street. By DR. JOHNSTON ABRAHAM. (Chapman & Hall.) Price 5s.

Dr. Johnston Abraham, already known to readers of *The Surgeon's Log*, has now provided us with a series of articles whose subjects range from the delicate topic of "Why Women Dress", to the more bold "Yet Shall We Conquer" and "The Fear of Death".

Those who take delight in the spicy memoirs of an aged raconteur will find few personalities and little to amuse them in these pages. But, for the layman, anxious to acquaint himself with the mysteries and etiquette of the consulting-room, there is much that is reassuring in Dr. Abraham's genial philosophy; for the suffering and sick there are fine words of encouragement; for the historically curious an able sketch of the history of Harley Street and of the evolution of the profession. But we find it hard to agree with the opinion that "Freud has suggested rules of conduct which may raise man to the superman". There are some useful and timely criticisms of the ignorance of lay novelists on medical subjects; but for sheer style, "The Fear of Death" stands well among literary vignettes, and takes first place in this entertaining medley.

Minor Maladies and Their Treatment. By LEONARD WILLIAMS, M.D. Seventh edition. (Baillière, Tindall & Cox.) Price 10s. 6d.

A strange, forceful book, written with the fire of intellectual impatience. The Spartan life is extolled, and those who would turn from it are warned, threatened and finally cursed: "Civilized man eats too much, thinks too much, and sits too much. Alas, he uses a water-closet." "Our wives, too, are not guiltless: 'Woman's will to furnish food is by no means confined to the infant beneath her breast. The babe she cannot coerce to pletoria; the male she can, and does.' They must have learnt it from Eve. Yet in spite of all this tremendous wholesomeness the book is good and stimulating. It is obviously folly to embark upon heroic methods of treatment while a patient persists in living an unhealthy life. A truer proportion will be reached if we treat the "minor maladies"—constipation, indigestion, colds, little aches and so forth—by a return to the physiologically perfect life. We cannot afford to ignore our bodies altogether.

Dr. Williams found himself lost on a turbulent sea of minor ailments on going into practice. He could treat typhoid, rheumatic fever and pneumonia, he tells us, but the little things defeated him. So he has written this book to save others from a similar fate. It fulfils his task admirably, and will comfort many aspiring but inexperienced physicians. The humorous determination to make the best of difficult situations will encourage those who are easily disappointed by the stupidity of their patients. In particular I should like to mention the chapter on indigestion, which is a minor classic.

Wheeler and Jack's Handbook of Medicine. Revised by JOHN HENDERSON, M.D., F.R.F.P.S.(Glas.). Tenth edition. (E. & S. Livingstone.) Price 12s. 6d.

Considerable alterations have been made for this edition of a little book which has proved of some assistance to many students in the past. As a handy book for rapid reference it stands by itself among works of this type; its size makes it convenient to carry, and its arrangement makes reference an easy matter.

The sections on the anemias and on gastric disorders have been largely rewritten and a certain amount of new matter has been incorporated. There still remain, however, a number of points at which the book might reasonably have been further improved. It is obvious that in a book of this size it would be impossible to go into treatment in detail, but throughout there is a tendency to dismiss treatment in a very off-hand manner; for instance, it strikes us as extremely questionable to state that, for acholic jaundice, "treatment is unnecessary and useless . . ."; again, there are many who believe that heliotherapy, however cautiously used, is contra-indicated in cases of pulmonary tuberculosis. Several other sections might have been revised more closely, notably those on bronchiectasis and lymphadenoma.

A Surgeon's Pocket Book. By H. S. SOUTTAR, D.M., M.Ch. (Oxon.), F.R.C.S. Second edition. (Heinemann.) Price 7s. 6d.

Here is a pocket-book in the true sense of that phrase, and a very good one it is. It includes in its small compass nearly the whole of "surgery" in note form. The amount of matter relating to the serious conditions has been very nicely balanced, and this edition has been vastly improved by the introduction of small reproductions of the wholly admirable plates of pencil drawings which are included in the author's major work, *The Art of Surgery*.

Handbook of Physiology and Biochemistry. By the late W. D. HALLIBURTON and R. J. S. McDOWALL. Thirty-fifth edition. (London: John Murray, 1937.) Price 18s.

The new edition of this book worthily fills the requirements which its various authors have had in mind since the first edition as Kirke's *Handbook of Physiology* in 1848, the most important being that it has always been intended to be the medical students' companion. With this in view the more controversial points of recent physiological work are omitted, although the revision has been thorough since the last edition in 1935, and little of value has been omitted. The late Prof. Halliburton's great interest in chemical physiology and his introduction of so much biochemical data into the editions for which he was solely responsible are the probable reason for the addition of the words "and Biochemistry" to the title—an addition which is fully justified.

The make-up and typography of the book are, as usual, excellent, and it would be only an exacting critic who would suggest the replacement of a number of the figures by others drawn within the last forty-five years.

The provision of blank pages for notes at the end of each chapter will probably appeal to many students, while the use of heavy type in the text, to indicate facts to be immediately memorized, should appeal to all.

In the treatment of the subject matter, it is good to see that the physiological interdependence of various organs is emphasized—a matter which will materially help the student in his grasp of physiology as a whole.

Biology for Medical Students. By C. C. HENTSCHEL, M.Sc., and W. R. LUTMEY COOK, B.Sc., Ph.D. Second edition. (London: Longmans, Green & Co., 1937.) Price 18s.

We welcome the second edition of this text-book, which at its first appearance quickly established itself as the standard work on biology for London first-year students. The authors did pioneer work in dealing with both the zoological and botanical requirements of the medical student in one volume, and they will always be entitled to credit for this. Since the first issue of the book in 1932 (not 1934, as stated in the new edition) several other books have been published dealing with the subject from the same point of view.

Originally written for London University students, the work did not describe certain animal and plant types which were included in the syllabuses of the two older universities. Recently there has been a very welcome move towards uniformity in this connection, and an agreed syllabus will shortly be in force for the Universities of Oxford, Cambridge and London.

The new edition has been carefully revised and certain parts rewritten, while it has been enlarged until it now covers the whole of the ground indicated in the revised syllabus. It thus becomes equally suitable for students of the three Universities mentioned. The high standard of production is maintained, both print and paper being excellent, while the binding is a distinct improvement on that of the first issue. Despite an increase in size of some fifty pages, the price remains the same.

This is a book which may be cordially recommended to all those who are learning biology as an introduction to the study of medicine.

Diseases of Infancy and Childhood. By WILFRID SHELDON, M.D., F.R.C.P. (London: J. & A. Churchill, Ltd.) Price 21s.

Dr. Sheldon has achieved a happy mixture of completeness and brevity in this text-book of paediatrics, which has taken its place as the most suitable reading for the general student desiring a review of the whole subject. The book is arranged mainly according to system diseases, with a good introductory chapter on the examination of children.

The outlook of the author is essentially clinical, and while this is in the best traditions of British paediatrics, it gives the reader the impression that attempts to investigate disease, particularly from the biochemical point of view, are not considered important. In the nine-page account of hypertrophic pyloric stenosis the tendency to alkalosis is dismissed with a parenthetical reference under the heading of "surgical treatment". The section on the thyroid gland contains no mention of the blood cholesterol, nor that on coeliac disease of the blood-sugar curve.

The chapter on infant feeding is sound, but raises the question whether this subject is not better omitted from a general text-book, and considered in a separate book in its proper context as part of the management of infants. One wonders, too, how much longer it will be taught that seven feedings a day with almost negligible solids are desirable at 7-8 months.

The printing and illustrations are worthy of the publishers. The above criticisms are made in the serious hope that Dr. Sheldon will not wait another eight years before producing a second edition of this extremely useful book.

Health and Fitness. By ETHEL BROWNING, M.D. (Rich and Cowan.) Price 3s. 6d.

To-day the question of health and fitness has become a national problem, and in this very readable book the author deals with this question in a sane, non-fanatical fashion.

The author stresses the great part that the mind plays in the physical well-being of the individual, and thus does not bore the reader with long lists of exercises and elaborate diets.

The common complaints besetting each stage in the life of the individual are dealt with, so that the book may be read with benefit by young and old.

The last chapter is devoted to answering some common everyday questions.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ADAMSON, H. G., M.D., F.R.C.P. "John Evelyn's Account of a Case of Dermatitis Facta." *British Journal of Dermatology and Syphilis*, October, 1937.

ANDREWS, C. H., M.D., F.R.C.P. (and AHLSTRÖM, C. G., M.D., FOULDS, L. B.Ch., and GYE, W. E., M.D.). "Reaction of Tarded Rabbits to the Infectious Fibroma Virus (Shope)." *Lancet*, October 16th, 1937.

BROWN, W. G. SCOTT, M.D., F.R.C.S. "Oto-Rhino-Laryngology (Advances in Diagnosis and Treatment, 1937)." *Practitioner*, October, 1937.

COOKSON, J. S., M.B. "Adult Phthisis in a Child." *Lancet*, October 16th, 1937.

DAVIES, IVOR J., M.D., F.R.C.P. "Benzedrine: A Review of its Toxic Effects, with Report of a Severe Case of Anaemia." *British Medical Journal*, September 25th, 1937.

- DUNHILL, SIR THOMAS, K.C.V.O., C.M.G., M.D., F.R.A.C.S. "Some Abnormalities of the Pharynx, (Esophagus and Diaphragm (including Diaphragmatic Hernia)." *British Journal of Radiology*, October, 1937.
- ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Manipulative Surgery." *Post-Graduate Medical Journal*, October, 1937.
- GHEY, P. H. R., M.B., F.R.C.S. "Ruptured Spleen from a Slight Injury." *Lancet*, September 11th, 1937.
- HIGGS, S. L., M.B., F.R.C.S. "Flat Feet." *Post-Graduate Medical Journal*, October, 1937.
- KEYNES, GEOPFREY, M.D., F.R.C.S. "Conservative Treatment of Cancer of the Breast." *British Medical Journal*, October 2nd, 1937.
- KINDERSLEY, C. E., F.R.C.S. "Fracture of Tibial Tuberosities." *Proceedings of the Royal Society of Medicine*, August, 1937.
- "Fractured Os Calcis." *Proceedings of the Royal Society of Medicine*, August, 1937.
- "Reconstruction of Thumb." *Proceedings of the Royal Society of Medicine*, August, 1937.
- MORGAN, C. NAUNTON, M.B., F.R.C.S. "Rectal Diseases (Advances in Diagnosis and Treatment, 1937)." *Practitioner*, October, 1937.
- NICOL, W. D., M.B., M.R.C.P., D.P.M. (and HUTTON, E. L.). "Neuro-syphilis: its Treatment and Prophylaxis." *British Journal of Venereal Diseases*, July, 1937.
- PARSONS, F. B., M.D., F.R.C.P. "Anaesthesia (Advances in 1937)." *Practitioner*, October, 1937.
- POWER, SIR D'ARCY, K.B.E., F.R.C.S. "The Cultured Surgeon." *Australian and New Zealand Journal of Surgery*, January, 1937.
- SCOWEN, E. F., M.D., M.R.C.P. "Effects of the Thyrotropic Hormone of the Anterior Pituitary in Man." *Lancet*, October 2nd, 1937.
- SEDDON, HERBERT J., F.R.C.S. "Tuberculous Disease of Joints." *Post-Graduate Medical Journal*, October, 1937.
- WITTKOWER, ERICH, M.D., L.R.C.P. "Psychological Factor in Cardiac Pain." *Lancet*, September 18th, 1937.
- WITTS, L. J., M.D., F.R.C.P. "The Hæmorrhagic States." *British Medical Journal*, October 9th, 1937.
- WOOD W. BURTON, M.D., M.R.C.P. "The Treatment of Pleural Effusions." *Clinical Journal*, October, 1937.

EXAMINATIONS, ETC.

University of Cambridge

The following Degrees have been conferred:

M.B., B.Chir.—Brainbridge, C. V., Hancock, P. E. T., Nicholson, W. A., Stallard, A. F.

M.B.—Harrison, J. O., Scott, P. G., Tubbs, O. S., Walker, F. H. A., Waylen, G. H. H., Webb, J. G.

Conjoint Examination Board

Pre-Medical Examination, September, 1937.

Chemistry.—Mistlin, L.

Physics.—Eate, L. M., Nazroo, C. M.

Biology.—Andrews, I. N. H., Eate, L. M., Root-Reed, M., Thursby Felham, D. C.

First Examination, September, 1937.

Anatomy.—Ambrose, A. B., Coupland, H. G., Leven, M., Russell Smith, R. S.

Physiology.—Ambrose, A. B., Coupland, H. G., Russell Smith, R. S.

Pharmacology.—Hill, P. G.

CHANGES OF ADDRESS

- BARNARD, E. J. W., "Port Royal", Elm Lane, Earley, Reading, Berkshire. (Tel. Reading 81739.)
- BETT, W. R., 255, Northern Avenue, New York City, New York.
- FAWCELL, R. E. M., Mavis Grove, Sparsholt, Winchester. (Tel. Sparsholt 204.)
- FLINT, H. E., Beaulieu Heights Hotel, 264, South Norwood Hill, S.E. 25.
- HANAU, A., P.O. Box 202, Pietersburg, Transvaal, S. Africa.
- JOLLIFFE, Surg.-Cmdr. W. A., R.N., 2, Old Naval Hospital, Gibraltar.
- PRICE, R. K., York House, 13, Palmeira Avenue, Hove 3. (Tel. Hove 2030.)
- RAIL, W. A., Box 103, Ndola, N. Rhodesia.
- TATHAM, E. J., Redover, Coldharbour Road, West Byfleet, Surrey. (Tel. Byfleet 2960.)
- TRECHMAN, M. L., 72, Ashley Gardens, S.W. 1. (Tel. Victoria 7501.)

BIRTHS

- BRADSHAW.—On September 30th, 1937, at Carrick Grange, Sevenoaks, to Peggy, wife of G. H. Bradshaw, F.R.C.S.E.—a son.
- MOYNAGH.—On October 19th, 1937, at St. Bartholomew's Hospital, to Nita (née Dinwiddie), wife of Dr. Digby Moynagh—a son.
- OWEN.—On October 5th, 1937, at St. Bartholomew's Hospital, to Mary Theresa, wife of Dr. W. A. Owen—a daughter (Pauline Christina).
- PRICE.—On September 30th, 1937, at Poona, S. India, to Daphne (née Stevens), wife of Lieut.-Col. R. B. Price, D.S.O., R.A.M.C.—a son.
- SEDDON.—On October 19th, 1937, to Mary and Herbert Seddon, of Moor House, Stanmore, Middlesex—a son (James Lytle).

MARRIAGES

- CLARKE—BARFF.—On September 30th, 1937, at St. Paul's Church, St. Albans, by the Rev. Canon A. J. Barff, uncle of the bride, Dr. R. T. Victor Clarke, son of the late Rev. Thomas George Clarke and Mrs. Clarke, of St. Olaves, Suffolk, to Sybil Mary, eldest daughter of the late Rev. Henry F. Barff and Mrs. Barff, of Fritton Lodge, Oxford.
- PATERSON—REHM.—On October 14th, 1937, at St. Mary's, Little Baddow, Essex, John Frederic, younger son of Mr. and Mrs. Herbert M. Paterson, Old Riffhams, Little Baddow, to Trade Maria Anna, daughter of Herr and Frau Rehm, of Hildersheim, Hanover.

DEATHS

- ALDOUS.—On September 27th, 1937, at 1, St. John's Road, Harrow, suddenly, from heart failure, George Frederick Aldous, F.R.C.S., aged 76.
- LAWRENCE.—On October 14th, 1937, in a London Hospital, after an operation, Stephen March Lawrence, M.D., aged 61.
- LIGHTBODY.—On October 13th, 1937, at his residence, Burnside, Sidmouth, John Henry Lightbody, M.D., eldest son of the late John Lightbody, of Liverpool, aged 81.

NOTICE

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. 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.

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St. Bartholomew's Hospital



Journal

"Æquam momento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLV.—NO. 3

DECEMBER 1ST, 1937

PRICE NINEPENCE

CALENDAR

Wed., Dec. 1.—Surgery: Lecture by Mr. Wilson. Hockey Match v. Hertford College, Oxon. Home. Association Match v. Downing College, Cambridge. Home.	Fri., Dec. 10.—Dr. Chandler and Mr. Roberts on duty. Medicine: Lecture by Prof. Witts.
Thurs., " 2.— Abernethian Society:—Dr. Hinds Howell: "Vascular Accidents in Connection with the Nervous System."	Sat., " 11.—Rugby Match v. Southamptn Trojans. Home. Hockey Match v. Royal Naval College. Home. Association Match v. Queen Mary's College. Away.
Fri., " 3.—Dr. Evans and Mr. Girling Ball on duty. Medicine: Lecture by Dr. Harris.	Mon., " 13.—Special Subjects: Lecture by Mr. Sydney Scott. Tues., " 14.—Dr. Gow and Mr. Vick on duty.
Sat., " 4.—Rugby Match v. Bedford. Away. Hockey Match v. Surbiton II. Home. Association Match v. Westminster Training College. Home.	Wed., " 15.—Surgery: Lecture by Mr. Roberts. Last day for receiving letters for the January issue of the Journal.
Tues., " 7.—Prof. Witts and Prof. Paterson Ross on duty.	Fri., " 17.—Dr. Graham and Mr. Wilson on duty. Medicine: Lecture by Dr. Graham.
Wed., " 8.—Surgery: Lecture by Prof. Ross. Rugby Match v. L.U.R.U.F.C. Away. Hockey Match v. Aldershot Command, R.A. Away. Association Match v. Goldsmith's College. Away.	Sat., " 18.—Rugby Match v. Cross Keys. Home. Association Match v. Old Brentwoods. Away. Last day for receiving other matter for the January issue of the Journal.
	Tues., " 21.—Dr. Evans and Mr. Ball on duty.
	Fri., " 24.—Prof. Witts and Prof. Paterson Ross on duty.
	Tues., " 28.—Dr. Chandler and Mr. Roberts on duty.
	Thurs., " 30.—Rugby Match v. St. Edward's Martyrs. Home.
	Fri., " 31.—Dr. Gow and Mr. Vick on duty.

CONDITIONS OF NURSING

NURSING makes good copy and all the papers know it. They have been revelling in "startling disclosures", "compromising situations", "die-hard matrons" and the like for so many months that now only the very gullible take any notice whatever. It is a sign of the times that they should blanket reasonable inquiry by their sensation hysteria.

For a long time—at least as far back as the 1932 *Lancet* Commission on Nursing—it has been publicly admitted that the conditions of nursing

are poor generally, and in places rankly bad. The recognition that willing service should not be imposed upon marked the end of that tragi-heroic chapter. Since then everyone has become nurse-conscious; even some of the nurses themselves have shown signs of interest.

The Trades Union Congress with its flair for good advertisement pounced on the nursing problem and produced The Nurses' Charter. An excellent start, for the College of Nursing was immediately put on its mettle. Their journal, the *Nursing*

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Times, delved deeply into the similarities and dissimilarities of their own aims and those of the T.U.C. They adjured their readers to beware of too much legislation in so humanistic a profession, and finally to their everlasting credit they suggested a joint Committee composed of T.U.C. members and their own. So far this has not materialized.

There are other champions in the field of nursing. Sir Kingsley Wood has promised to seek the matter out and deal with nurses as he has with the midwives. The Association of Nurses, which has just been formed, grows fast. Even the *Guy's Hospital Journal*, much provoked, has entered the lists. And now we have joined the gallant band.

Well, now that we are openly avowed, what have we to say? First that our Hospital stands very high in its treatment of nurses, and secondly that the credit of this is largely due to our present matron, Miss Dey. She has shortened nursing hours from an unlimited number to the present 56, a change which means that each nurse gets one whole day off a week, two days with 3 hours off duty in her 12-hour day, and three days with 2 hours off and one day with 4 hours free. As is natural in a job where emergency work may be called for these times are sometimes encroached upon. But taken by and large, we believe that Sisters do see that their nurses get off as near to time as is possible.

We only know of one Hospital—and that a County Council Hospital in Middlesex—where the three-shift system is in operation. It is an experiment admittedly, but from accounts of the increased efficiency there and the saving of time to the medical staff it seems likely that the practice will spread. An unpopular suggestion, certainly, where cost must be considered, but the benefits to offset the extra expense are considerable, especially in a hospital which aims at training student nurses.

Of the comforts of life in the Nurses' Home we are unqualified to speak. We have never penetrated beyond the guest room—and that required some courage—nor can any of our friends tell us quaint tales of the Forbidden City. We are impressed by the outside with its vision of lifts endlessly shooting up and down, and what we are told of the food makes us wish sometimes that we fed there too.

But it is the Education of nurses which is the burning question. Here criticism is most rife and

here most can be done. Some time or another most of us have been astonished by how little a nurse knows about the actual cases she is caring for. Certainly they are washed beautifully and bedsores are almost unheard of, and a nurse usually knows "how the patient is", but when it comes to whys and wherefores she is often sadly lacking. Now why is it?

A nurse starts her career by two months at a Preliminary Training School, where she is a student. She pays fees, and in return learns elementary anatomy and physiology with some practical nursing thrown in as well. This is the only time in her education when the nurse is a real student; after this she becomes a paid employee, with her first duty toward the ward. Matron in her declaration of policy for the election of the General Nursing Council has announced that she wishes to increase this preliminary period to a full year. We hope she may have the opportunity to do this.

Then the nurse arrives at hospital and the day becomes filled with ward work and a few general lectures in the evening, when she is probably too tired to gain very much advantage from them. She learns by apprenticeship—an ideal way for a medical student who has at least three years of preliminary scientific training behind him, but is it so valuable for the relatively ill-read probationer? Again it is possible for a nurse to go through her hospital career without having ever worked in a theatre—a formidable disadvantage when State Finals are faced quite apart from the practical importance.

Two suggestions leap to mind. The first is that student nurses should be allowed to attend ward rounds and learn about their actual patients, or alternatively that they should have special rounds on which the nursing side of the cases should be emphasized. The second is that the whole of a nurse's training should conform to some scheme similar to that of a medical student, so that no aspect of hospital experience should be omitted. We believe this method is used with success in the Radcliffe at Oxford. As a minor point it would also obviate the annoyance caused by a nurse not knowing to what ward she is going till the morning of the change. These are suggestions only, and there may be reasons unknown to us which make them impracticable. If so it will be most interesting to hear them.

CURRENT EVENTS

OPENING OF THE NEW PAVILION

On Wednesday, November 10th, the Pavilion on the new Sports Ground at Foxbury, Chislehurst, was opened by Mrs. Sturge, of Chislehurst.

Mr. R. M. Vick opened the proceedings with a few words, and then Mr. Gürling Ball described the processes which led up to the acquisition of this ground. He mentioned that, when the "Amalgamated Clubs" were first formed, a certain Mr. Richards, among others, was the moving spirit, not only in what was to become the Students' Union, but also in finding an athletic ground at Winchmore Hill. Such was their foresight in the selection of this ground that, when another Mr. Richards arose—the son of the former Mr. Richards—"also a truculent fellow", who demanded a new sports ground, the College were able to sell Winchmore Hill at a very handsome profit, thereby raising sufficient money, not only to buy the Chislehurst site, but also to erect upon it a very fine pavilion.

In a short speech, which was only marred by two split infinitives in the first sentence, Mr. Hanbury-Webber (Vice-President of the Students' Union) voiced the gratitude of the students for what the College had done for them.

Mr. Vick, in an amusing speech, in which he hoped that their foresight in buying the Foxbury ground would be appreciated, and when yet another Richards arose, he trusted their successors would be able to sell Foxbury, by then in the middle of London, at a handsome profit, and buy a new ground really in the depths of the country, which they might reach by a roof-to-roof helicopter service. He thanked Mrs. Sturge for her kindness in coming to open the pavilion.

Mrs. Sturge expressed the delight of herself and other people of Chislehurst at the thought that such a large area would be kept as an open space free from "development", on which good games would be played which they might watch.

She then opened the pavilion with a silver key. This function was followed by matches of rugby, soccer and hockey, and then by tea in the pavilion.

We wish to draw our readers' attention to the letter on the new ground by the Dean. It will be found in the correspondence columns.

* * *

PROFESSOR WITTS AND DR. GARROD

It is with congratulation mingled with regret that we announce the appointment of Prof. L. J. Witts to the Chair of Clinical Medicine under the Nuffield Benefaction. The loss to St. Bartholomew's Hospital will be tremendous, but we cannot help feeling that in this great new Hospital, dedicated above all to Clinical Research, Prof. Witts will find an even wider held for his ability than he has here.

We also congratulate Dr. L. P. Garrod on being appointed a Professor in Bacteriology for the University of London.

* * *

AN EXCHANGE WITH AMERICA

Early this year it occurred to Dr. Garfield G. Duncan, who had recently become Chief of the Medical Service B at the Pennsylvania Hospital, that it might be possible for one of our men to go to the Pennsylvania Hospital as Senior Resident, and one of his men to come to St. Bartholomew's Hospital. Exchanges of this kind are not altogether easy to arrange, owing to the fact that an American qualification in medicine is not registrable on the Medical Register of this country and *vice versa*. Finally, however, Dr. G. W. Hayward was appointed Second Assistant to the Medical Unit of St. Bartholomew's Hospital, and was at the same time given a year's leave of absence to work at the Pennsylvania Hospital, his travelling expenses being paid by the Rockefeller Foundation. Dr. Tracy D. Cuttle was similarly given a year's leave of absence from the Pennsylvania Hospital to work for a year as Medical Assistant to Prof. Witts on the Medical Unit. Dr. Cuttle received his A.B. degree from the University of California, and his medical training at the University of Pennsylvania. He then served a two year rotating internship at the Pennsylvania Hospital in Philadelphia, and during this period published papers on liver function tests and on Simmond's disease. Dr. Cuttle is at present taking part in the routine work and teaching of the Medical Unit, and is carrying out research work on the increased requirement of vitamin C in infections and other illnesses.

* * *

PORT REGIS PREPARATORY SCHOOL

At this preparatory school two scholarships of £100 each are annually awarded to the sons of medical men,

and one additional scholarship of £100 for the sons of old Bart.'s men. The school is at Broadstairs, Kent, and the scholarships were recently founded by Sir Milsom Rees. The next examination will be held on March 1st, 1938, in London. Candidates must be under nine years of age at the time of competing, and the scholarships are normally tenable till the holder leaves the school. Applications for the scholarships must be addressed to the Headmaster, Port Regis School, Broadstairs, from whom full particulars may be obtained. The applications must be made not later than February 20th, 1938.

We are very pleased to insert the above notice, as the Scholarships were founded by an Old Bart.'s man. Sir Milsom would particularly like to have the sons of Bart.'s men as candidates for these scholarships.

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

* * *

DR. JAMES ROWLAND HILL

It is with the deepest regret that we hear of the death of Dr. James Rowland Hill at Croydon, due to typhoid. He was 27 at the time of his death. He qualified in 1934, and later held the appointment of Junior House Surgeon to the Throat Department. All our sympathy is extended to his family.

* * *

MANAGER OF THE JOURNAL

A short time ago Mr. Willans was compelled to give up the post of Manager of the JOURNAL owing to the increasing pressure of his other work. During this last year Mr. Stewart has acted as student in charge of advertisements. He, too, finds the pressure of examinations increasing, so that he has been compelled to resign also. His work has been invaluable—so much so that this year the JOURNAL has shown a profit for the first time for many years. As a result of these two resignations the post of Manager of the JOURNAL has been created on the Publication Committee. This is to be held by a student, who also becomes a member of the Finance Committee of the Students' Union. Mr. Ewan has been elected to fill this vacancy. Mr. Ewan has had extensive advertising experience in South Africa.

* * *

THE STUDENTS' UNION ANNUAL BALL

This dance was held at Grosvenor House on Thursday, November 18th, and was as great a success as it has been in the past.

At first the atmosphere was rather constrained, but an excellent dinner soon removed this, and everyone was happy by the time the serious work of the evening began. Sydney Lipton's band was in excellent form, and gave a large number of Austrian waltzes, in which it is shaming to report that the staff were more in evidence than the students, and it was remarkable that the more senior the member of the staff, the more rapidly and precisely he twirled and gyrated.

There was a cabaret in which the Western Brothers pleaded with us "not to let our side down" in the way that only they can. Points that remain are, the sinister way in which just before the cabaret small scuttles were opened near the roof, disclosing what appeared to be gangsters behind submachine guns, and the skilful way in which the Silver Magician skated between unkindness and flattery in his ten-minute sketches; but perhaps the deepest impression was left by a small but resolute gentleman who would persist in going round the room in the wrong direction.

"God Save the King" came all too abruptly at half-past two, and the way the company lingered in a handless room showed that this regret was general.

It is difficult to remember the large amount of work that must precede a dance of this size, and the Committee deserve very warm thanks for such a delightful evening.

* * *

CANDID CAMERA INDIGNANT

The Candid Camera is highly indignant about a photograph which appeared in the *News Chronicle* recently. It is of one of the firemen who were involved in the gas explosion. He says he did not take it, and if he had, he certainly would not have sold it to a newspaper.

We feel confident we can also deny a paragraph in the *Daily Telegraph* entitled "Candid Camera at Eton". We don't think he ever goes there.

* * *

LOST BART.'S MEN

This month we are increasing "Current Events" to include not only those occurrences of local interest, but also anything outside which may have bearing on Hospital life. We feel this may well be extended to include news of old Bart.'s men. So often we receive curt little cards merely announcing change of address, births, weddings, etc. If these were accompanied by a short account of what their sender was doing, it would, we believe, be of great interest to the men who trained with him. We hope we may receive some co-operation in this new venture.

* * *

RUGBY CLUB DINNER

The Rugby Football Club's Annual Dinner was held at Gatti's Restaurant after the opening of the new Pavilion, Dr. J. D. Barris, the President, being in the chair. About 140 members and guests were present.

After the dinner Dr. Barris told us the history of the club with a wealth of interesting detail, being followed by Sir Humphry Rolleston, Dr. Harry Campbell and Dr. Strickland, who added to his story from the rich store of their memories of the early days of the club—indeed, one had played in the first cup-winning team (1881).

Mr. P. L. Candler (captain of the Club) and Mr. John Tallent, for the Guests, followed. Mr. Hearn (Treasurer) then gave us the most amusing speech of the evening, introducing Mr. Girling Ball, who would speak after him, "which would be a change". Mr. Girling Ball and Dr. George Graham closed the evening's speeches.

PIONEER GAINS RECOGNITION

We understand that the Socialist Society is celebrating its anniversary by erecting a full-size statue of Mr. Geoffrey Flavell, our late Editor. This is indeed a worthy tribute to so famous a pioneer. Will those many admirers of his kindly send their donations, large or small, to the Secretaries concerned.

THE CHRISTMAS SHOWS

There will be the usual "firm shows" got up by the surgical firms. The Unit is in the experienced hands of Dunn, Evans and Phillips, and should be very good. Burnet, with somewhat half-hearted support from the other dressers, has a difficult task with the Green Firm. Darke has, by some subversive means, obtained the services of no less than four good pianists for the Light Blue Firm; remembering the days when even one mediocre pianist commanded colossal prices, we hope that he will make the most of them.

The Pink Firm are directed by Macpherson, and the Yellow Firm by Miller and White, new-comers to the producers' ranks, from whom we expect a fresh angle on the entertainment business.

The Residents will be no less popular than before in the hands of Clifford Newbold. Lumb is gathering some talented contemporaries about him, and Ronald Gibson, with the *Navel Attachés*, *White Hart Inn*, *The Black Guards* and the *Beaux Jests* behind him, is producing yet another winner in the *Sea Urchins*.

Sincerely we hope that operation scenes will be avoided this year; when so many as five are produced at one Christmas we begin to suspect that, maybe, they

are a little overdone. Let producers also remember that a sketch which takes five minutes to elaborate a single joke takes exactly 290 times the time it should take. Above all we hope that they will make their shows "slick", with none of those tedious waits between items which make even the brightest show seem dull.

YOUTH AT THE HELM

The Amateur Dramatic Society, this season, is presenting *Youth at the Helm* by Hubert Griffith, from the German original of Paul Vulpus. The show will run from January 11th to January 14th, 1938. Owing to a very strong attendance at the casting rehearsal, much needed new talent is forthcoming. The cast of the play should prove strong, and no fear need be felt for the production, which is being undertaken by Mr. Leslie Gimson.

THE DEBATING SOCIETY

Thanks to a welcome agitation starting at Charterhouse Square, it has been decided to revive the Hospital Debating Society. This Society has succeeded in lying so modestly fallow that only the very well-informed know that it even exists. It is proposed to hold a Special General Meeting of the Society in the New Year. Will all those interested kindly communicate with the Secretary of the Students' Union, Mr. T. M. C. Roberts.

INTER-FIRM BOXING

The Dean has presented a cup for a competition open to each firm, first, second and third year students. It is to be held in February and the competition will be fought over seven weights. At the present time no clinical students box. It is hoped that this may rouse some keenness on the clinical side.

NEWS FROM OUTSIDE

CONCERNING NURSES

In the last few weeks nursing has certainly been in the news. Various problems affecting the profession have been engrossing bodies as far apart as the Ministry of Education and the Trades Union Congress, the whole matter being lit up by a great volume of newspaper publicity, some of which is sincere, and some merely hysterical. Finally, an interdepartmental committee has been appointed by the Ministry of Health and the President of the Board of Education. It has the very

R. FOSTER MOORE, O.B.E., F.R.C.S.

widest terms of reference and a most impressive membership. Its reports cannot but be awaited with the very greatest interest, not only by governing bodies of hospitals, but also by the greater body of the nursing profession, which seems to be passing unmoved through the storm. The most apposite comment on all this is to be found in the action of the subscribers to the *Eston Hospital* in Sunderland, who have voluntarily taken upon themselves the financial burden of establishing a 48-hour week for the nurses in their hospital.

PSYCHIATRY

Guy's Hospital has been given an opportunity for making medical history. A gift of £43,000 has come to that institution expressly for the establishment of a Psychiatric Clinic, and the provision of beds for patients whose condition borders between the organic and the functional. We believe that we are right in suggesting that Guy's will be the first teaching hospital of national importance to be so equipped. It is with great regret that we find this chance of dealing with a field hitherto neglected—not so much through lack of interest but rather through lack of opportunity—going to Guy's. However, taking a less parochial view, we know the work will be safe on their side of the river.

THE AMERICAN MEDICAL ASSOCIATION

The ways pursued by the American Medical Association seem, on the whole, less tranquil and aloof than those of its British parent. Four hundred of America's leading physicians, ignoring the protests of that body, have declared themselves in favour of state medicine. Prominent amongst them is Minot, who received the Nobel Prize some time ago for his work in conjunction with Murphy on the role of the liver in pernicious anaemia. The next move is with the American Medical Association, and has yet to be learnt.

"AVENUES UNEXPLORED"

The Ministry of Health, during the last month, has been engrossed with more things than nurses. A Bill was introduced on October 28th to enable confidential statistics, not for inclusion in the Register, concerning matters arising from births, stillbirths, deaths, and even marriages. As the elder statesman would say, this opens up avenues hitherto unexplored. Low's comment was—"Sir Kingsley Wood has got even the stork filling in forms now".

SINCE the formation of the Ophthalmic Department in 1867 the Hospital has had an unbroken line of distinguished ophthalmic surgeons. Henry Power, Bowater Vernon, Jessop and Holmes Spicer made their mark in the history of ophthalmology in this country, and now Foster Moore has just retired from the staff. His all-round ability, both as an ophthalmic physician and surgeon, has earned him the wide international reputation he has held for some time and has made us proud of his Bart.'s heritage.

It is probably true of all great men to say that they would have achieved fame had they selected several other professions. It is certain that Foster Moore's exceptional qualities of mind, his dexterity of hand and mechanical ingenuity would have gained him success as a general surgeon, a physician, a scientist, a naturalist, an artist, a barrister and possibly an engineer.

He possesses the character that makes a great surgeon; an equanimity quite unmoved by any crisis or any technical difficulty that may arise during an operation; courage, ingenuity, a perfect pair of hands equipped with an ambidexterity, a steadiness that is always a joy to behold, and the mind of a physician.

In his early professional years ill-health compelled him to abandon the rigours of a career as a general surgeon for the comparative serenity that ophthalmology afforded, and this special branch of medicine and surgery has been enriched by his wide knowledge of scientific matters.

The term "incisive" has been used, in good spirit, to describe his manner of speaking and dealing with situations. It is apt and epitomizes his style of cutting straight through to the essentials of a matter. Humbug, showmanship, loose-thinking, and anything which does not savour of absolute scientific truth is abhorrent to him, and is met with a scorn, not untinged with humour, which such dishonesty merits.

His scepticism with regard to new conceptions and new treatment is never unreasoning, and his youthful and elastic mind has never allowed him to rest content with time-honoured methods when these could be replaced by some procedure which on rational grounds had more to commend it than long use and antiquity.

Of his many scientific contributions his monograph on retinal vascular disease is still a masterpiece of accurate clinical observations, his book on *Medical Ophthalmology* (of which the third edition is shortly to be published) has

enjoyed an unrivalled reputation for its sound structure and lucidity, and in recent years his radium work on intra-ocular malignant neoplasms, and his trial of new methods in the treatment of retinal detachment have been widely recognized.

His writings bear a similar stamp and character to his teaching, for which he has had a considerable reputation since the days when he was a demonstrator of anatomy. His economy of carefully chosen words, clear drawings and the whimsical wit which has permeated much of his clinical instruction could not fail to impress the true facts of clinical ophthalmology on those he taught. Not infrequently he was asked his opinion about vaccine therapy, and there came back the naïve answer "Some vaccines taken in sufficiently large quantities over a long period of time may have some small nutritive value."

When I was his house surgeon there came to the department an "old soldier", wearing the medals of two minor imperial wars of the nineteenth century, a typical ophthalmic malingeringer with dark glasses, slouch hat, much string about his accoutrement, a characteristic position of the head, photophobia and resistance to examination. Much moved by this sight I said something to Foster Moore about "taking him in"; the reply was

spontaneous—"are you quite sure he is not taking you in"?

Foster Moore's house surgeons and assistants have known that they could always count upon him for good advice, loyal support and a generosity that could not be surpassed. Some congenial "leg-pulling" added to the pleasure of serving him.

Of his recreational activities his water-colour paintings are admirable and his manual dexterity excels, but in a lesser degree, in other pursuits, principally golf and fishing.

His loss to the active staff of the Hospital and to those of us who have been privileged to serve such a "chief" is indeed great.

The use of a Christian name or nickname in referring to a colleague is generally a testimony to his popularity, and "Foster" has indeed earned and deserved this from all sections of our Hospital community.

As he passes from the Honorary to the Consulting Staff we salute him; for

his professional work we have the highest respect and admiration, and as a man he has won our sincerest affection.

H. B. S.



Elliott & Fry, photo. MR. R. FOSTER MOORE, O.B.E., F.R.C.S.

PULMONARY TUBERCULOSIS IN MICHIGAN

THE scourge of tuberculosis has been greatly ameliorated in the last fifty years. Many of the responsibilities of the medical practitioner to the tuberculous patient have been taken from him by legislation and Government administration. An obvious danger arises in a false sense of security produced by handing the responsibility to others. In more recent years the steadily falling mortality from tuberculosis appears to have reached a level. In Michigan this has awakened a feeling that there has been too much complacency in viewing the tuberculosis problem, and a very active fight is being promoted and carried out against the disease.

It is necessary to know something of the State of Michigan to realize how the problem is being attacked. Michigan is a little larger than England in area, with a population of about 5,000,000. The northern part is rural and sparsely populated, while the southern part is the centre of the American automobile industry. The people of Michigan are derived from every part of the world, and although the great majority speak English, there are still many who can speak only their native language. Next to Warsaw, Detroit is the town with the largest Polish population in the world. It is surprising to find that in this large city there are even 7,000 people derived from the small island of Malta, a number equal to the American-Indian population of the whole State. The negro population of the State is about 200,000.

The racial variations produce an added problem, in that certain races appear to have far less resistance to tuberculosis than others. It is well recognized that the negroes, the Indians and the Finns have poor resistance. They are very liable to contract the disease from contacts, and it tends to be more acute and more rapidly progressive.

Administration.

The State is divided into counties, and each county is responsible for the care of its tuberculous patients and for part of the expense, the State providing the remainder. Some of the counties have their own sanatoria, others send their cases to the State sanatoria. There are in all two State, two municipal, eleven county and eight private sanatoria, and tuberculosis departments in various hospitals.

An official health officer is appointed to every community, and he is responsible for arranging the hospitalization of the tuberculous patients in his area. He is, moreover, empowered by a recent law to commit any patient to a hospital. It is unlikely that it will be necessary to enforce this law, but it is, at any rate, a

useful threat to the recalcitrant "chronic" who refuses treatment. The view is held that tuberculosis can only be controlled by very active measures, and that if these measures are sufficiently active it should be possible to eradicate the disease in the community. Every effort is made to diagnose and institute treatment early; with this object contacts are carefully traced and examined by tuberculin tests and X-rays. In the rural districts the search is aided by a travelling diagnostic X-ray unit. In this way early symptomless cases are constantly being found.

A great campaign is now being carried forward against tuberculosis in Detroit. A sum of two hundred thousand pounds has recently been allocated for the purpose of case-finding alone. The Government, the medical profession, the press and the wireless all play their part in this campaign. On a map of the city a pin is placed for every case of tuberculosis. It is found that certain areas are black with pins. Starting in April of this year the inhabitants in these black areas are being systematically examined by tuberculin tests. The chests of those who show positive tuberculin tests are X-rayed. In the first three months 40,000 people were examined in this way; of these there were 7,000 who showed positive tuberculin tests. Of 6,000 of these people who have been X-rayed 351 cases of symptomless pulmonary tuberculosis have been discovered. Normally only about 20% of the admissions to sanatoria show minimal tuberculosis; this figure has recently been raised to 40%. It is estimated that the saving produced by treating minimal instead of advanced lesions will more than cover the expense of case-finding. It is hoped that in the course of years, by continuing the programme and by the active treatment of the disease, it will be possible to eradicate tuberculosis in the city.

Treatment.

The active treatment of the patient is considered no less a service to the patient than to the community, for every patient with positive sputum is a menace to those with whom he is associated. Consequently it becomes essential to isolate the patients, to close cavities, to arrest the disease and render the sputum negative, before they are restored to home life. This is an ideal which, though not possible in every case at the moment, shows signs of ultimate achievement.

The principles of rest, good food, fresh air and masterly inactivity which for so long have held the field in the treatment of tuberculosis and which have also been described as "allowing the patients to rot in bed", are considered inadequate and inefficient, although important adjuvants.

Collapse therapy is, consequently, employed in a very

high percentage of cases. The attitude of the physician on seeing a new patient is, "What form of collapse therapy is this patient to have?" Even minimal lesions are usually treated by temporary phrenic nerve paralysis on the supposition that though the lesion may clear up without collapse therapy the cure will be accelerated and made more certain by its aid.

Whether these views are justified or not may be judged by the statistics of the Michigan State Sanatorium at Howell, where the practice of collapse therapy is employed in a high percentage of cases. A report published by Leslie and Anderson (*American Journal of the Medical Sciences*, February, 1937) shows that of 823 patients who died or were discharged between June, 1930, and June, 1934, 72.3% received some form of collapse therapy. The results were classified as follows: 47.3% arrested or apparently arrested, 19.8% quiescent or improved, 15.4% unimproved, 17.5% dead. These statistics alone require careful analysis in order to deduce reliable facts; such an analysis is made in the report, but is beyond the scope of this article. They do, however, show the very great use that is made of collapse therapy and the relatively high percentage of arrested cases in their results.

Hospital Organization.

In the University Hospital at Ann Arbor two floors, each containing forty-nine beds, are allocated to the treatment of pulmonary tuberculosis. One floor, for medical cases, is under the direction of Dr. John Barnwell, and the other, for surgical cases, under the direction of Dr. John Alexander. The Surgical Service undertakes the surgery for the State Sanatorium at Howell, some of the county sanatoria, and also receives a few cases from distant parts of the State. Only phrenic nerve operations and bronchoscopies are carried out in the sanatoria, all major operations being undertaken at the University Hospital. In Detroit the Thoracic Surgery Service of Dr. E. J. O'Brien undertakes in a similar manner the surgery of other districts. Organization throughout the State makes expert surgery available for all tuberculosis patients.

A conference of the combined medical staff of the sanatorium and the surgical staff of the University Hospital Thoracic Service is held once a week at the State Sanatorium at Howell. At this conference the cases referred for surgical treatment are discussed and the programme of further therapy decided upon, a type-written report of the recommendations of the conference being made.

As a generalization it may be said that collapse therapy is withheld only from those who are too well or those who are too ill. The comparatively minor procedure of

temporary phrenic nerve paralysis is employed in a large number of minimal lesions. Permanent phrenic nerve paralysis is considered inadvisable except in occasional instances, as it is a definite disadvantage if a thoracoplasty is required at a later date.

Thoracoplasty.

Artificial pneumothorax is carried to its logical conclusion. If attempts to obtain a pneumothorax are unsuccessful, the patient is considered a candidate for thoracoplasty. There are, of course, many factors to be taken into consideration before deciding upon this step, and all patients in whom artificial pneumothorax is unsuccessful are by no means immediately submitted to thoracoplasty. If attempts to obtain a satisfactory collapse by artificial pneumothorax are only partially successful owing to the presence of adhesions, an attempt is made to divide the adhesions by intrapleural pneumonolysis, using the Jacobaeus instrument. In no instance is a contraselective collapse maintained. Bilateral collapse is employed in many instances when indicated, provided it does not cause dyspnoea.

With advances in operative technique and a greater knowledge of the pathology and physiology of post-operative complications and of their treatment, it has been possible to obtain vastly improved results from the operation of thoracoplasty in recent years. Moreover, it has become possible to undertake surgical collapse in far poorer risks, in patients who certainly would be doomed without it. There is, perhaps, a temptation to operate on almost hopeless cases; it is not easy to withhold surgery from those to whom it is the only chance of improvement. One of the greatest factors in obtaining satisfactory results in the poor-risk patients has been the performance of thoracoplasty in several stages, limiting the number of ribs removed at one stage to two and sometimes even less.

The attitude of the patients themselves to thoracoplasty is a great encouragement. Imbued with hope and good cheer by the results that they see achieved in their friends and fellow patients, they seldom refuse surgery and are, in fact, usually eager for it. This is exemplified by a recent case of a patient with large bilateral cavities who threatened suicide unless he could have a thoracoplasty. The lesser evil was accepted. The first stage of a bilateral thoracoplasty has been performed.

In spite of the inclusion of many of these poor risks and cases of empyema, the results of thoracoplasty at the University Hospital at Ann Arbor have been very satisfactory in recent years. Of 178 patients operated on from January 1st, 1934, to the early summer of 1937, only 3.9% died within three months of the operation.

A further 2.2% of these patients have since died, so that 93.9% of this group are still living. It is too early to evaluate cavity closure and "cure" in this late series. Occasionally, in very carefully selected cases, the operations of multiple intercostal neurectomy and scalenectomy and apicolysis by plombage are employed, but the indications for such operations are very limited.

The more frequent use of the bronchoscope in the investigation of pulmonary tuberculosis has revealed the presence of tuberculous bronchial stenosis in many cases. This complication may be suspected clinically and affects both the prognosis and the treatment. It has added yet another problem in the treatment of this disease, a problem which remains yet to be solved.

An Experiment in Public Health.

The years will show the results of this intensive campaign against tuberculosis in Michigan. Twelve years ago collapse therapy was almost non-existent in this State. The Detroit case-finding experiment has been in operation for only five months. It is too early to determine the value of this great work, the programme of which appears to be based on the rational outcome of modern knowledge of tuberculosis. It is a matter for conjecture, if tuberculosis is eradicated from a community, what may happen to the community when it is exposed to the disease from outside sources. It may reasonably be expected that, with the aid of present organization and hospital facilities, it will be possible to keep tuberculosis under strict scientific control, instead of the somewhat lax and uncertain control of natural processes.

V. C. THOMPSON.

ROYAL COLLEGE ACADEMY SURGEON ARTISTS HOLD ANNUAL SHOW

UNLIKE bootmakers, medical men seem to find it wellnigh impossible to stick to their lasts, and, though literature is their traditional second love, we find them in their present exhibition at the Royal College of Surgeons providing a most interesting collection of oils, water-colours, pastels and drawings.

Some 140 works in all are being shown, of which most are water-colours, but it is proposed in the course of this brief review to concentrate our attention chiefly upon those dozen or so pictures most immediately interesting to us in that they were painted by members of the Staff.

One must say at once that the Oils section is dominated by three men: Firstly, by the late Prof. Tonks, of the Slade School, who, though an F.R.C.S., is not really competing on an equal footing with the others, and who

shows two works—the sombre and dramatically lit "Clearing Station" (33), and the more colourful, brightly moving "Surrender" (34). Secondly, by Sir Leonard Hill, whose "Self-Portrait" has been so widely reproduced, and whose fashionable light tones show up to the best advantage its careful draughtsmanship. His "Rainbow" (38) (presumably a much earlier work) follows the Norwich tradition and is excellently well done in that manner, the rainbow itself being a pleasing artifice which carries the eye to the middle distance—a journey which would not otherwise be made. His least successful exhibit is "Vanquished" (10), the portrait of a melancholy cock which looks for all the world like an anti-vivisectionist poster, the decerebrate drama of which does not compensate for Sir Leonard's uninteresting use of low tones and undifferentiated shadow.

The third, and I am bound to think the most interesting, is Mr. A. C. Dalzell. In his "Cornish Farm" (5) is a lesson for Sir Harold Gillies' nearby "Summer in Iceland" (2). The treatment of the fields in the two pictures compares interestingly, for very much the same problems are faced, but how differently worked out! Sir Harold's chiaroscuro is unimpressive, and cheats rather than assists his purpose—the delineation of contour and the expression of perspective. The composition of the picture is disjointed, and instead of the eye being seized and led, it wanders where it lists. This may have been Sir Harold's purpose, but how much more satisfying are the focal trees and the approximated biconvexities of "The Cornish Farm"!

Sir Harold has two other pictures, "Falls of Langa, Iceland" (10), and "Bossington in Autumn" (27). In the latter he has painted a picture full of charm and subtlety, which hangs together much more happily than the other two, perhaps because the subject does not make such arduous calls upon him. I should very much like to see Sir Harold's drawings for, although he has all the appearances of being an excellent draughtsman, he does not seem to have quite the necessary flair for putting his paints to bed. In "Falls of Langa", for instance, his waterfall looks as though it were dislocated from the landscape.

Mr. A. B. Hewlett, in "House with Shutters" (9), and "Cadaques" (29), has experimented with textures. He is fascinated by the almost pointilliste intricacy of stone walls and olive trees, building up bold patterns almost stone by stone, leaf by leaf. In (9) I think he fails, and one feels crushed beneath the dreadful weight of all that stone, but (29) succeeds beautifully, especially in the fore and middle distances. The hills I did not like so well, and their lack of tonal variation left the picture in danger of decapitation.

Of the other oils there is no space to speak. But one

should mention Mr. Elliot Blake's fine pair, and perhaps pause to wonder why the F.R.C.S. who painted "Throwing the Hammer" is so shockingly bad at anatomy, and whether the sense of foreboding conveyed by Mr. Pannett's rather flushed "Killorglin" impends disaster, or whether perhaps the unhappy event has not already occurred?

The pastels are no great shakes, in spite of Mr. Day's exceedingly competent, pretty pictures. Among the drawings and etchings Mr. Humphrey Neame's exquisite little pencil sketch, "Trees near Southwold" (61), outshines all the rest. It is a slight thing, but executed with a delicacy and certainty that should be the envy of most of the other exhibitors.

We now come to the water-colours, where Bart's Staff is so well represented that there is no room to speak of the other exhibitors, whose works range from the kindergarten to the fine architectural drawings of Mr. Hodgson, and the beautiful Cotswold landscapes of Mr. Morris.

Mr. Foster Moore is much the most versatile and accomplished artist among the Staff, if not in the whole exhibition, and his pictures (of which there are three) are all finely executed. He belongs to the delicate and painstaking school of water-colourists, rather than to the bolder spirits who get their effects with broad and superimposed washes in the Flint manner, but at no time does he indulge in the irritating trick of trying to do oil paintings with water-colours—a very widespread perversion of which there are not a few examples in the present show. He has a superb sense of paint and texture, as can be seen in his beautiful Spanish scene (130), and in "Crabtree Wharf" (99), with its rich tones of russet and purple-greys. "Muckleberry Hill" (78) is a curiously melancholy little landscape, painted with great delicacy, and having a sense of atmosphere which is not so pronounced in the other two.

Dr. Geoffrey Bourne has not Mr. Foster Moore's great technical accomplishment, but he uses his washes very much more freely, and in "Millpool, Overshot" (80), provides a very integrated and pleasing picture which it is interesting to compare with Sir Harold Gillics' "Bossington", an almost identical subject. I do not feel that Dr. Bourne quite convinces us of the wetness of his water or the penetrability of his bosky hollows, but I do feel that this is because he has concerned himself much more with pattern and composition, and that with a little more technical skill he will soon be outstripping his rivals.

Mr. Girling Ball, in "Mullion Island" (90), feels his distances most convincingly, and presents a water-colour full of interest and clever handling. His "Struie" does not come off so well, and the painting of the burn-side

compares unfavourably with the first picture. I thought both Mr. Ball's pictures suffered from their unflattering mounts, the glaring white of which tended to kill the low tones in the pictures, and I am sure they would both benefit by a change to something more sympathetic.

Mr. Kenneth Walker completes the Bart's gallery. His "St. Tropez" (117) is one of the most successful pictures in the water-colour section, and one of the few one would be really tempted to buy if they were for sale. Both by its colour and skilful composition, it is much more exciting than his "St. Valerie" (122), which, though highly competent, is nothing like so difficult to bring off. The show is rounded off by a few pieces of unimpressive modeling, and by the *Bacillus Prodigiosus*, which is responsible for a disarming study of the Union Jack flying upside-down.

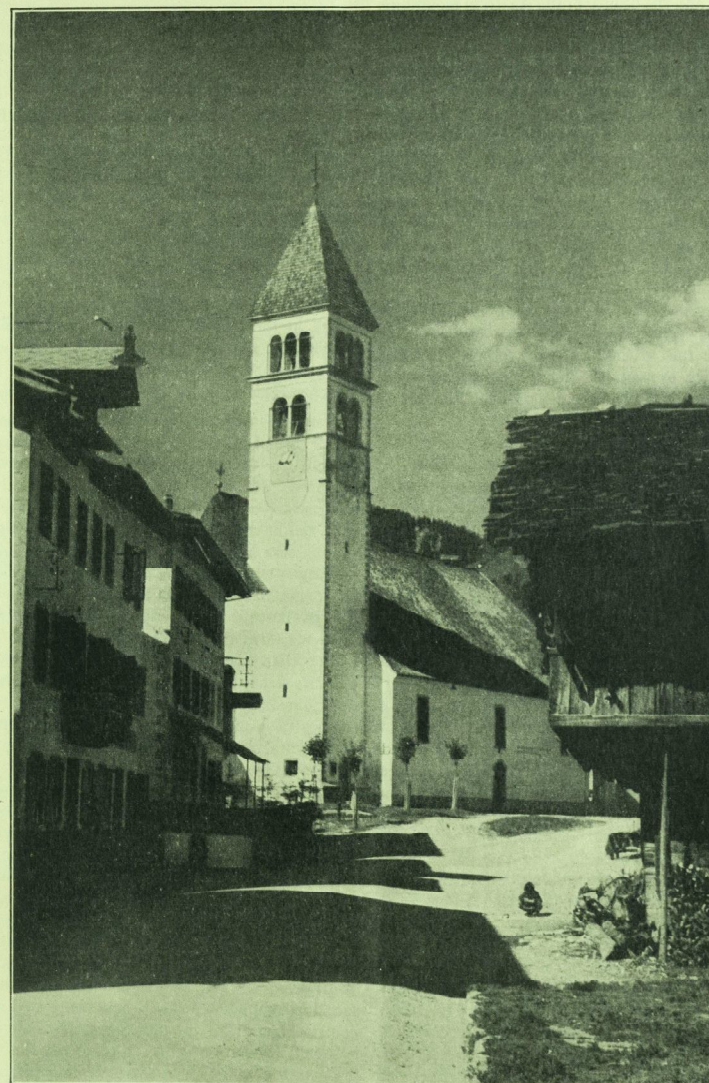
One's afterthought at this exhibition is, "What traditionalists these doctors are!" Perhaps it is a fruit of their professional conservatism that there is not one single experimentalist among them, not even one faintly smacking of any of the more modern art movements. All these pictures might easily have been painted in the 'eighties. It is no reflection upon them to say this, but it is surely something that needs an explanation.

G. F.

INTERLUDE IN THE DUST

THERE seems to be no real excuse for writing about a journey in a foreign country, with the possible exception of warning others of the likely difficulties to be encountered, and perhaps, in this instance, of printing a photograph; and that is little excuse. It should have been obvious that an attempt to drive a car across Yugoslavia in the height of the summer, and in the very limited time at our disposal, was a project for the strong, and not for those in search of idleness. The general reluctance to discuss road conditions on the part of the automobile associations should have been sufficient warning.

The preliminary journey through France was uneventful and for the most part uninteresting, apart from observing that the French peasant has furnished his foreground this year with an even larger manure-heap than is normal—a sign of his undoubted prosperity if not of the nation as a whole. A few days, many pauses for photographs, a night in a fourteenth century brewery, now a gasthaus, a police escort, a night in San Stefano di Cadore (there is only one hotel; the Chianti is excellent—I hope no one else finds it!), and Germany, Austria and Italy were left behind and the border crossed into Yugoslavia. The excellence of the



SAN STEFANO DI CADORE.

German roads and the beauty of the Austrian mountains were replaced by track and country that most closely resembles the North-West Frontier of India. Within but a few miles we had entered what was virtually a desert; a track between rocks served as a road, and the next few hours were spent in an attempt to accustom ourselves to an existence of perpetual jolt. After some fifty miles of plunging in all directions, we reluctantly concluded that this was the type of road to be expected throughout the country.—a conclusion that was amply justified. Progress was slow. Twenty-five miles an hour was a speed that was rarely exceeded for fear of mechanical breakdown and on account of the difficulty of keeping on the road.

This, however, was by no means the principal discomfort. Dust—innumerable carts—a distressing ignorance of the rule of the road—the complete absence of any effective system of signposts—the necessity of having two names for every place in the country—difficulty in obtaining petrol.

For some curious reason the roads are constructed of water-bound macadam. But as there is no water for at least three months of the year the surface becomes one large dust-heap, sufficiently deep in places to meet the crankcase of the car. A cloud of dust was left behind that obliterated vision, and on the very rare occasions when others were encountered, a stop was necessary to permit the cloud to clear, during which time desire for the local "pivo" became most marked. The evening brought hope of eliminating most of the dust—a vain hope. The dust had penetrated the covers and effectively impregnated all our clothes.

Such things were trifles in a country so full of amusing incident, so picturesque in her backwardness and so strange in her administration. In these days, when expression of political opinion is frowned upon in the JOURNAL, it is with some trepidation that I mention an example of intrigue in high places. An attempt was made by the Yugoslavian Government to conclude a concordat with the Roman Catholic Church, only to arouse fierce protest from the Serbian Orthodox Church on the grounds of preferential treatment. A procession of protest was attacked by gendarmes. The death of the Patriarch occurring at a time when the Bill received its majority was attributed by some to poison, and the scenes at his funeral were, to say the least, tragicomic. Later the Government was excommunicated, only to be followed by the Government's claim that the proceedings were *ultra vires*!

Indeed a strange country. Yet another strike was in progress, and again of waiters. Last year a similar strike in Madrid. The fire is spreading.

KENNETH VANDY.

THE BLOOD-PRESSURE IN CARDIAC DISEASE SOME CLINICAL CONSIDERATIONS

THE estimation of the blood-pressure is usually considered to have as its chief function the determination of the extent of hyperpiesis occurring by itself or as a complication of nephritis. The sphygmomanometer, however, is a useful instrument in cardiac diagnosis, a large amount of very valuable information being obtainable. The present communication is an attempt to collect the more common facts useful in the diagnosis of heart disease which can be obtained by this precise and easily portable instrument.

How to take the Blood-Pressure.

Every scientific method requires standardization, and in the case of taking the blood-pressure, unless a definite routine is adhered to, fallacies in interpretation may creep in. The safest method is as follows: When the silk band has been applied to the arm and connected with the instrument the radial artery is palpated, and the pressure in the armet is increased until pulsation is no longer felt. The pressure is then allowed to drop, the point where the radial pulse is felt being noted. The stethoscope is then applied to the brachial artery below the armet, and the pressure is raised to a point higher than the systolic pressure. On releasing the pressure slowly the systolic and diastolic figures are then determined by the auscultatory method. The chief reasons for using the palpatory before the auscultatory method are first, that the patient may become somewhat used to the process before the more accurate method is used, and secondly, to verify that no "silent gap" is present. Normally, when taking the blood-pressure by auscultation the following phenomena are observed. At the systolic point the sounds begin to come through. These sounds are at first sharp, but as the pressure falls, become dull, having more the character of a murmur; with a further fall of pressure the dull sounds are followed by a second series of sharper sounds, which disappear at the level of the diastolic pressure. In certain cases with arterio-sclerosis and hyperpiesis the dull murmur-like sound is completely absent, there being a silence at this point. Should the auscultatory method alone be used it should be quite possible to place the stethoscope on the artery at a pressure corresponding to this "silent gap". Under these circumstances sounds will first begin to be audible at a point very considerably below the true systolic pressure.

The position of the patient is important because the blood-pressure varies considerably in many patients in the standing, the sitting and the lying position. The safest standard position for taking the blood-pressure is the recumbent one, and the patient should have been lying flat for at least two minutes.

The mental attitude of the patient is also important, for excitement or apprehension will produce a considerable increase in a normal blood-pressure. It is as well to find out whether the patient has had his blood-pressure taken before, and if not, to explain that the measure, though possibly slightly unpleasant, will not produce any pain.

The Normal Blood-Pressure.

The blood-pressure varies with age, and the following can be taken as representing the normal figures: At the ages of 10, 20 and 60 the systolic pressures are not more than 110, 120 and 140, and the diastolic pressures not more than 70, 80 and 90. There are in the writer's experience two types of individual with normal blood-pressures. There is one individual whose pressure varies practically not at all from week to week and month to month. There is another class, generally of a somewhat nervous temperament, whose blood-pressure is labile. In these patients there is nearly always a marked increase in the blood-pressure at the first interview; and in many of them the first reading taken at one examination is always higher than subsequent readings, so that if three or four successive readings are taken at intervals, a level is finally reached which is the patient's normal figure. In addition to this physiological variation a pathological state is commonly observed in which the blood-pressure varies markedly according to the position of the patient. These individuals come under the heading of nervous heart, vasomotor instability, neurocirculatory asthenia, etc., and their chief symptoms are generally extreme lassitude, palpitation, a tendency to faintness and sometimes precordial pain of the angina innocens type. In the lying position their blood-pressure is found to be normal, but on assuming the erect position it falls by as much as 20, 30 or even 40 millimetres of mercury, and a corresponding considerable tachycardia occurs.

Variations in the Blood-Pressure Level in Disease.

As a preliminary statement it is true that the diastolic blood-pressure generally gives more reliable and valuable information than does the systolic in cases where there is a permanent variation in the values of these.

If the systolic pressure is raised and the diastolic is normal, it is probable that the spasmodic stage of hyperpiesis is present. Repeated readings in a case of this kind are necessary in order to be quite sure that the increased systolic reading is not due solely to a hyper-excitabile nervous system. In hyperpiesis a normal diastolic reading is generally reasonably good evidence that the renal function is not impaired. The converse is also true—that in hyperpiesis an increase in the diastolic pressure is an indication of the advance of the associated renal disease.

If the systolic pressure is normal or only slightly increased and the diastolic markedly lowered, it is clear that a leak exists from the systemic circulation. This leak may be forwards, backwards or sideways. A leak forwards from the systemic circulation is through the dilated capillary bed. Such dilatation is found physiologically in hot weather, and occurs most commonly pathologically in the presence of fever. Where, however, thyrotoxicosis exists the increased basal metabolic rate is partially compensated for, so far as its fever-producing powers are concerned, by a marked peripheral dilatation. Severe anaemia is another condition in which an increased rate is associated with marked peripheral vaso-dilatation. In all these conditions a lowered diastolic pressure is frequently found.

A leak backwards from the systemic circulation into the left ventricle occurs, as is obvious, in aortic regurgitation. The diastolic pressure reading is one of the safest guides as to the size of such a leak.

A leak from the systemic circulation "sideways" is found in patients with a patent ductus arteriosus, the leak from the systemic circulation being from the aorta into the pulmonary artery.

A normal systolic pressure with a raised diastolic pressure is a phenomenon of very considerable importance, for it suggests a severe degree of left ventricular failure, generally in a patient who previously suffered from hyperpiesis. It is most commonly found in individuals who have had a previous coronary thrombosis and whose cardiac function has never quite recovered. It is also not infrequent in patients suffering from an aortic stenosis.

A marked fall in the systolic and the diastolic pressures occurs in certain very definite conditions. In loss of vasomotor tone, due to sepsis, anaemia or psychasthenia, there is a tendency for the blood-pressure, both systolic and diastolic, to be lowered, and for the pulse-rate to be correspondingly increased.

In the active stage of coronary thrombosis the fall of the blood-pressures, both systolic and diastolic, is very marked. It occurs with the onset of the thrombosis, and persists so long as there is any severe interference

with ventricular function. The degree of fall and the length of time this persists may be taken as being proportional, roughly speaking, to the severity of the lesion.

The presence of a pericardial effusion, if this is sufficient to interfere with the filling of the right auricle, will produce a corresponding diminution in the blood-pressure readings, and this fall in pressure is readjusted abruptly with the removal of the intra-pericardial pressure.

Disease of the suprarenals is too well known a cause of hypopnea to need any further description here.

Variation in the Strength of Beats.

When the blood-pressure is being taken in a patient in whom *premature beats* are found occurring sporadically, the systolic pressure is found to drop with the premature contraction, and to be increased with the normal beat which follows the compensatory pause after the premature beat. This can be more loosely expressed by saying that pauses occur periodically, followed by an excessively strong beat. Should the premature beats occur alternately, this condition being sometimes called "*pulsus bigeminus*", there is an alternation of strong and weak beats, but this alternation is one of strength only, for the premature beat occurs before a regular normal beat would normally be heard. The rhythm thus is regularly irregular. *Pulsus alternans* is a very important manifestation of severe disease of the left ventricle. Here the pulse rhythm is absolutely regular, the only alternation being in the strength of alternate beats. If the blood-pressure is taken in a patient with *pulsus alternans* by the auscultatory method, the brachial artery is first obliterated completely by the armlet. As the pressure slowly falls the alternate stronger beats are first heard, producing a sound which is clear and easily definable; as the pressure falls further the alternate weaker beats are then heard, the differences between the two readings being generally from 10 to 15 mm. of mercury. The rhythm here is absolutely regular. In *auricular fibrillation* the sphygmomanometer reveals a complete irregularity of force, as the pulse reveals a complete irregularity of rhythm.

Respiratory variation of blood-pressure occurs in the following conditions: There is an expiratory increase in the blood-pressure which is readily diagnosable by the sphygmomanometer, either physiologically, where there is a large chest expansion, or in conditions of shock or severe anaemia. Here there is an inspiratory increase in the blood-pressure, due to the inspiratory increase in filling of the right side of the heart. In *pulsus paradoxus*, on the contrary, there is an inspiratory

diminution in blood-pressure. This is due to the fact that during inspiration some mechanical cause interferes with the normal filling of the right side of the heart. Such causes are chronic pericardial disease, with calcification or adhesions, new-growth of the mediastinum, and rarely aneurysm of the aorta.

The blood-pressure varies considerably according to the pulse-rate. Where there is a marked persistent tachycardia, as in paroxysmal tachycardia and auricular flutter, the mechanically driven heart is beating too fast to allow a proper diastolic filling per beat. Under these conditions, during the attack, the blood-pressure tends to be markedly lowered. In some somewhat rare cases this fall in blood-pressure is sufficient to produce syncope. *Bradycardia*, on the other hand, has the opposite effect. In complete heart-block, irrespective of the presence of general arterial disease, if the pulse-rate is lowered, as it frequently is, to the neighbourhood of 30 beats per minute, the systolic pressure is automatically increased to the neighbourhood of 200 millimetres of mercury. Here, however, there is a normal or even a somewhat lowered diastolic pressure. The increased diastolic pressure per beat is entirely a compensatory phenomenon, and is probably partially due to the exceedingly good filling that occurs as the result of the prolonged diastole.

GEOFFREY BOURNE.

STEAM TRAWLING

WHILE discussing plans for an approaching holiday with a friend, he suggested a short voyage on a trawler. He had spent a holiday in this way himself, so he was able to put me in touch with a trawling firm.

I therefore reported for duty at Fleetwood Dock early one September morning, and rather hesitatingly introduced myself to the skipper. He was a man, tough both in body and mind, of the type so often described in magazine stories, who have the ability to lead men without incurring unpopularity.

Within half an hour of boarding her, the "*Dinamar*" left port, in company with several other vessels. As we passed the jetty we received the "*Good-byes*" and "*Good licks*" of all the relatives and friends assembled there, and in acknowledgment hooted back to them.

The "*Dinamar*" was a well-found vessel of 250 tons, fitted with wireless, both receiving and transmitting, and the most modern electrical navigational

equipment. Accommodation was limited. In the fore-castle were packed ten bunks, while, with the exception of the skipper and chief engineer, the remainder of the crew were quartered in berths around the dining-table.

Once out of port, the crew assumed filthy trousers, top boots, capes, and caps. In these clothes they lived and slept (undressing merely consisting of taking off boots and capes) for the entire ten-day voyage.

The meals, which were wholesome and adequate, were served at 6.0 a.m., noon, and 6.0 p.m., with cups of tea always available. Apart from meal-times, the men enjoyed barely eight hours' rest in twenty-four. They worked incessantly throughout the voyage, for their pay envelopes at the end of the trip depended largely on the catch.

Fine weather favoured us as we headed towards a fishing ground off the north coast of Ireland.

The first day was, for me, one of idleness, being too inexperienced to help prepare the nets. However, as we were to begin trawling the next morning, I hoped that I would then become a useful member of the crew.

Pleased with myself that the pitching of the boat had not upset me, I turned in at eight o'clock and slept soundly till dawn. Unwisely I lay in bed for half an hour after waking as the remainder of my companions were on deck, dreamily watching the cabin lamp swinging to and fro. Suddenly I had to rush for the deck!

The next few hours I spent despondently sitting by the rail, submitting with apathy to the skipper's frequent though futile efforts to keep my stomach filled. Remote as my ultimate recovery appeared to be, I became rather less pessimistic when the cook promised that some fresh fish would settle everything. This treatment was most successful, and late in the afternoon I was able at last to appreciate life on the high seas.

Our catches that day had been very disappointing, and at sundown we received a further set-back, when a gale warning compelled us to steam eastwards towards the scanty shelter of the Outer Hebrides. The sea had become quite rough before we heard the warning, but I was much too tired to be worried, and again slept soundly.

When I went on deck the next morning I was told that the worst of the gale was over, but the mountainous waves were even then terrifying to watch. By mid-day the sea became calmer, and we sailed towards another fishing-ground south of Barra Head. Here we remained until the end of the trip.

The funnel-shaped trawl was set every four hours; the mouth, some 100 feet across, was kept open by two iron plates, called "*doors*", which dragged along the sea bed, while aluminium floats were attached to the

upper border of the net. The end of the net widened into the bulb-shaped "*big end*", and it was here that the fish collected as the net was hauled in.

The "*doors*" were connected by steel hawsers to winches, and as the trawl was brought in the noise attracted large flocks of gannets. As the net rose to the surface they would dive, faster than golden-tipped arrows, for the small fish entangled in its meshes. Occasionally an unfortunate bird was caught, and perhaps drowned before it could be freed.

When the net came alongside, a rope was thrown round the big end, and the catch slung over the deck by means of a derrick. It was the mate's particular duty to release the knot at the end of the net, which let the



fish pour out on to the deck, and, having secured it again, to throw it over once more.

Most of the catch were herrings, though an assortment of mackerel, hake and other fish provided no little variety. All save the herrings and mackerel were gutted, and the livers stored for subsequent preparation of oil. The fish were then loaded into 10-stone baskets, and lowered into the hold, to be packed in ice. Our largest single catch was five tons, and as we sorted the fish in the bigger hauls we would be standing knee-deep among them.

In the evenings when the nets had been secured we would gather round the wireless and listen to dance music, variety, or topical broadcasts from other boats. An expected addition to the mate's family added a further interest to our listening!

After seven full fishing days our holds were amply loaded and we headed for home. The nets were stowed, the decks scrubbed to a gleaming white, and the brasswork polished. We drew hot water from the engine-room, removed the accumulated growth and grime of ten days, and dressed for the shore. Who would have known we were fishermen?

A. T.

THE ABERNETHIAN SOCIETY

CLINICAL EVENING

IN answer to a considerable popular demand the Abernethian Society staged a clinical evening on November 16th, the first there has been since January 25th, 1936. In view of this there were many who had never attended one before, and the memory of even those who had, had grown dim with the passing of the years. That this resurrection was in fact popular was shown by the number of gentlemen who attended and the Abernethian Room was uncomfortably full. There is an air of informality about these evenings that it would be well to preserve, but it must be admitted that on this particular occasion there was more confusion than can be tolerated in the future. It is, indeed, doubtful if it is justifiable to subject a patient to such a barrage of examination as a case of *morbus cordis* faced the other day. And yet it is obviously impossible to "demonstrate" a case of this nature (except with the aid of a phonostethoscope) in the sense that a "gait" or a joint with limited movements can be demonstrated.

It has been the custom to have the patients on view from five o'clock until half-past five and then, after their departure, to commence the presentation of each case and subsequently the discussion arising from it. It would seem that cases of a demonstrable nature would be better exhibited by the gentleman who had undertaken to present the case, and that their coming and going should be organized on the lines of the Medical Consultations. In those cases where physical signs could only be elicited by individual examination it would be better if those interested could pay a visit to the ward (providing sufficient notice of the cases to be shown were given), where they could be examined under conditions more suitable for all concerned. Either that or a system of traffic control in the Abernethian room must be instituted.

If it be granted that the merit of a well-chosen case lies in the amount of discussion which it provokes, then three out of the four demonstrators are to be congratulated on their success; the remaining case of Madelung's deformity—was admittedly a rarity, but perhaps acceptable on account of the peculiar interest of its modern surgical treatment. Mr. GRETTON-WATSON forestalled criticism by his lucidity and knowledge.

Mr. GASK's case of lumbar pain with renal symptoms but no apparent renal signs or faults was possibly the most suitable to the occasion. All that was demanded

of the patient was that he should demonstrate to sceptics that he was not an hysterical subject. The subsequent discussion was backed by considerable clinical experience of renal disorder, and sharpened by the presence of a lumbar rib on which the Powers were known to have frowned.

Mr. BIRCH provoked less responsible comment: the meeting took a very short time to discover its own ignorance of nervous disorders when faced with a case of stumbling gait. After a courageous demonstration of the absence of tendon reflexes and position sense, Mr. Birch was rash enough to remark that it was a case of acute infective polyneuritis—a statement that laid him open to attack from all sides. This he withstood with admirable composure, but had he invited the opinions of the meeting instead of committing himself so readily to a diagnosis which he found it hard to maintain, he might have had a less stormy passage.

Mr. GOULD explained the rheumatic history in the case of *morbus cordis* already mentioned. There was little agreement either about the sounds heard or their interpretation. But it is hardly conceivable that a difficult murmur could have been correctly interpreted in such a turmoil.

The meeting adjourned about seven o'clock, and subsequent inquiries have shown that it was generally appreciated and certainly worth repeating. It was gratifying to find such young—clinically young that is—gentlemen willing to present cases, and the President paid them a well earned tribute. But if some of the clinically older gentlemen who were so ready with their criticisms would be prepared to come forward on another occasion it would be equally gratifying.

LORD ADDISON

On October 28th Lord Addison gave an address which he had entitled "The Experiences of a Medical Man in Public Life".

He started in the Anatomy Rooms of this Hospital, where with Mr. Wilson as his senior demonstrator he described a transpyloric plane, and went on to tell of the difficulties of his first Bill in Parliament; this was to provide for the instruction in infant welfare for senior girls in schools. He thought this more useful than quadratics.

He told of the early days of National Health Insurance, of the Medical Research Council, and of the difficulty in getting the Deans of Medical Colleges to accept Government grants.

Talking of his work as Minister of Munitions during the war, he admitted that, while he himself knew nothing about shells, he did know how to find someone with the required knowledge, and how to sack him if he was not good.

After describing the struggle for the formation of the Ministry of Health Lord Addison referred to some of the good work accomplished by that body, but said that there was still much to be done: "For there are still millions of people in this country who do not get enough to eat, though we can produce in abundance the things that they most want."

SIR WALTER LANGDON-BROWN

Next month we hope to publish the text of the lecture given by Sir Walter Langdon-Brown at the Inaugural Meeting of the Abernethian Society. The subject was "Dr. Jekyll diagnoses Mr. Hyde".

OUR CANDID CAMERA



"I have got the right pig by the ear, this time."

CORRESPONDENCE

FOXSBURY

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

DEAR MR. EDITOR,—Now that the new ground at Foxbury is officially opened, the time has arrived when we must count the cost. It has been a great thing that we have been able to sell the old ground for such a sum that sufficient money was raised to buy a new ground of twice the size and to erect a pavilion on it—that is to say, £200,000. This sum, however, is not quite sufficient to do all the levelling required, plant trees, build a fence, make tennis courts, a parking ground, and some other niceties which all go to make our surroundings in first-class order. To do this we require another £2,000. As we obviously want this levelling done at once, we have had to get on with it.

On looking back in the old copies of the JOURNAL I found that when Winchmore Hill ground was bought, the original Treasurer of the then Al amalgamated Clubs, Sir Anthony Bowlby, found himself in the same position, and he appealed to the students to help him. Now I am going to do the same.

As you know, for some years past I have been appealing to all and sundry for funds to help us to pay for the new Medical College. The sum which we aimed at was £200,000, and we have managed to obtain £180,000. These Bart.'s men who did respond to the appeal did magnificently, but, to my sorrow, the list is composed of less than half of the Bart.'s men whose names are on the register. It occurs to me that there may be some not interested in the academic side of their training who may be interested in sports, and who may be willing to help raise the relatively small sum of £2,000. Naturally, the amenities of the grounds will appeal to those students who are present members of the College, and I have only to point out that if each would give or collect a guinea, it would go a long way, and three guineas each would cover the cost, including the stand which the Rugby Football Club wants as well.

If those who have used the Winchmore Hill ground in the past with much joy will go and look at the new ground at Foxbury, I feel sure that they will subscribe so that we can do what we want. The surroundings are so delightful that they will not be able to help putting their hands in their pockets.

Yours sincerely,
W. GIRLING BALL.

77, Wimpole Street,
London, W. 1;

November 25th, 1937.

[ED. NOTE.—Donations should be sent to The Dean, St. Bartholomew's Hospital, E.C. 1.]

THE STATE OF THE VOLUNTARY HOSPITALS

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

DEAR SIR,—Everyone interested in the welfare of the Voluntary Hospitals must be grateful to you for your admirable commentary on the Report of the Voluntary Hospitals Commission. This Report is published by the British Hospitals Association, 12, Grosvenor Crescent, S.W. 1. It costs only one shilling (post free *re ad*), and it should be read by those who have faith in the voluntary system.

The Report closes with a succinct statement of thirty-seven Principal Recommendations, which cover a variety of hospital interests, including the medical and nursing services, administration, and payment for services rendered to patients. In your summary

of the Report you, Sir, have dealt chiefly with its main theme, which is concerned with co-operation between the voluntary hospitals, the co-ordination of their activities, and in some measure at least the pooling of their financial resources. The Commission, in fact, emphasizes the need for organization.

It seems to me from the reading of the Commission's Report that there is a fear lest the voluntary hospitals may fall on account of a lack of funds. I agree at once that there is a risk of this, that work in voluntary hospitals as a whole is handicapped by a lack of funds, and that the voluntary system lives in a state of financial insecurity. I attach so much value to the voluntary system that I would be willing to accept the Commission's recommendation that financial aid should be secured from the State and from local authorities, but I do not think it is a good thing that we should look to public authority in the first place. I believe that if the work done in the voluntary hospitals could be improved, the financial support for it would be forthcoming almost without request from private or public sources.

It will be asked at once by what means the work in the voluntary hospitals can be improved. Those of us who take a part in the medical service know very well that the services rendered could be better, and now that, most fortunately, the municipal hospitals are improving, the voluntary hospitals will be stimulated to introduce reforms and improve the value of the services they offer to the public.

As an example of an improvement which could be made immediately, there is the institution of a Central Hospital Bureau in London, which Bureau would arrange for the admission of acute and emergency cases to voluntary hospitals. A doctor, by ringing up this Bureau, would be able to secure a bed in a voluntary hospital for a case of urgent illness if an empty bed is available. In order that this Bureau may know where the empty beds are, each hospital would require to establish an office in which the location and number of empty beds in its institution would be known throughout the day. This would necessitate all admissions and discharges of patients being made through this office.

This office would also have other important duties, such as the responsibility for keeping contact between the patient's doctor and the hospital medical officer, and, in particular, would be responsible for the medical report being sent to the patient's doctor on discharge of the patient.

There are many other ways in which the voluntary hospital service could be improved. Ambulance facilities, one or more trained receptionists for patients and the care of patients' friends are other things that might be provided to make the sick people, that we care for, feel even more than they do at present that when they enter the doors of our institutions they have found a haven of refuge. As a doctor one also realizes the progress of medical treatment, and the means that are always available of improving its efficiency. But I have said enough to indicate some of the lines along which improvement could be made.

I would like to close this letter by reiterating my belief that work sufficiently well done will be adequately paid for.

I am, Sir,

Yours faithfully,

7, Mansfield Street,
Portland Place, W. 1:

GEOFFREY EVANS.

November 22nd, 1937.

HOSPITAL ART EXHIBITION

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

DEAR SIR,—You will remember the interest which was aroused last year by the exhibition of pictures painted by medical men, to which several members of our own staff contributed.

I have had it in my mind for some time that a similar exhibition might be organized for this Hospital alone, and not only paintings but also work done by students.

How many of the latter do paint or draw I cannot say, but I know there are some. And so far as the staff goes, the names of Sir Harold Gillies, Mr. Girling Ball, Mr. Kenneth Walker, Mr. Foster Moore, Dr. Bourne and others immediately spring to mind.

The exhibition does not need to be a big one, but it would be extremely interesting, and might be supplemented, if necessary, by

the work of nurses, and by the fine old wash drawings of the Hospital and its environs which are to be found in profusion (but never seen unless sought for) in the offices of the Clerk, the Steward and the Dean. There may be others tucked away in corners to which I have not yet penetrated or in private possession which could be borrowed. The Governors would doubtless be pleased to lend the Great Hall for such a show, and with a little skilful outside publicity, it might be turned into a very useful money-making proposition.

Yours faithfully,
G. F.

St. Bartholomew's Hospital,
E. C. 1.

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

DEAR SIR,—I consider the idea of holding an Hospital exhibition of paintings and drawings an excellent one. I had thought vaguely about it before, and, though I was afraid there would not be enough exhibitors, I have gradually become convinced that there need be no shortage among students if they can be persuaded not to continue keeping their activities secret. As time goes on I discover that more and more of my acquaintances, if they do not paint or draw themselves, are sufficiently interested in art to appreciate such an exhibition. Indeed the bond between the Art of Medicine and the Science of Painting is astonishingly strong.

I hope that G. F. will obtain enough support to turn his idea into reality.

Yours faithfully,

St. Bartholomew's Hospital,
E. C. 1.

E. A. B.

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

DEAR SIR,—The proposal of an exhibition of drawings and paintings in this Hospital will, I imagine, meet with considerable support. Unfortunately I am an ignoramus of the number of students who paint as is the author of the proposal. I have found it difficult since coming to the Hospital to get behind the curious reticence which appears to exist towards the discussion of interests outside those athletic pursuits more obviously concerned with medicine. From what I can gather I consider that there will be found a considerable number of students who would be willing to contribute, a larger proportion perhaps on the pre-clinical side of the Hospital, and may include those for whom painting and not medicine is their chief interest.

There is one serious criticism. It has been suggested that the nurses be invited to contribute if there was found to be a shortage of material. Again I cannot say how many of the nurses find time to paint, but if they are to be asked to contribute, as I feel very strongly they should, then that invitation should be part of the original scheme that the exhibition be truly representative of the Staff and Students of the Hospital.

St. Bartholomew's Hospital,
E. C. 1.

Yours faithfully,

R. BUZZARD.

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

DEAR SIR,—G. F.'s idea is an excellent one. But even at this early moment we must not be blind ourselves to the fact that, as in all such shows, those that matter in the field of Art, to wit the futurists, surrealists, neo-cubists, post-praerationalists, and the long bearded ego-centrics, are going to be excluded.

Now, Sir, my pictures have been excluded from more exhibitions than they have been submitted to, and I realize to the full the pangs of discouraged creation. Could we not, then, have a "Round the Fountain" exhibition of rejects from the main show? The money collected could be used for providing art lessons for the artists.

St. Bartholomew's Hospital,
E. C. 1.

Yours, etc.,

DA DA.

SPORTS NEWS

RUGBY FOOTBALL The full-back position is still unsettled. The forwards are good; at last they are beginning to show genuine effort in the scrum and life in the loose: the outsiders even feel confident that they will get the ball. The line-outs, except for Mundy, are not good; if they will concentrate on this and getting the ball from the loose scrums they will do much better than the packs of recent years.

The three-quarters are the difficulty at the moment. Their strong point is defence, though some of the scores against the side can hardly be considered proof of this. They must try to put more life and unexpectedness into the attack; with the forwards playing better, this should be possible. In Pleydell the side has a player who has lived up to the promise of last season; he is playing really well and seriously. If the Hospital can produce an attacking centre and continue to remain fit, the side promises to be a very strong one.

P. L. C.

The match against **Pontypool**, at Pontypool, proved an unexpectedly enjoyable one. Despite the journey and the innumerable romantic, though unmanageable tunnels through which we passed, Pontypool proved the perfect hosts and played good football and Welsh football, when it is good is of the best. The Hospital responded well until the game was three parts over and then sadly faded away. It is to be hoped that the bustling methods of their forwards and the quick initiative, opportunism and backing up of forwards and outsiders will be imitated by the Hospital.

Against **Cambridge University** Bart's put up a surprisingly good fight. No one, least of all the team, will, I feel sure, object to the adverb "surprisingly" in the last sentence, for, judging by their previous performances, Cambridge were expected to romp home with a winning margin of at least thirty points. However, the University had it by no means all their own way, and, in one or two aspects at least got the worst of it.

The forwards were sparkling in the loose, and if not as well together as one would like to see, harried their opponents considerably; in this respect Mundy, Burrow and Graham were outstanding. Although Cambridge got the ball from the majority of the lines-out, Bart's got their fair share of the ball from the tight, Moynagh's excellent hooking compensating for a certain amount of poor shoving.

Miller played an adequate and courageous game at the base of the scrum, being not at all overawed or outplayed by the Cambridge captain.

Without doubt all who saw the game will agree that the most outstanding player on either side was Candler. In attack he was always dangerous; he has been criticized for using the kick-ahead so frequently, but the fate of the movement when the ball is passed along the line has too often shown him to be entirely justified. In defence he did five men's work, and it was largely due to his magnificent flair for appearing suddenly at the spot where he was most needed that the Cambridge score did not reach its anticipated proportions.

The three-quarters seldom looked like going far. True, their tackling was by no means negligible, some of it, particularly that of Laybourne, being wholly admirable; true also that they are lighter than the majority of those they play against; but lack of weight is not by half so serious a handicap as lack of momentum, and one feels that if they would but take their passes at full speed, dash through an opening instead of just running through it, and go "flat out" for the line from the word "go" instead of looking about first, then they would prove an extremely dangerous combination indeed. With the exception of Pleydell, none gave the Cambridge defence the least anxiety. Marshall played a steady game at full-back until he had the misfortune to have a couple of ribs cracked in going down to a rush.

The game was an interesting one to watch, the opening stages being very even. It was Bart's who scored first, Candler taking a

punt-ahead at full speed and going over too far out for Macpherson to convert. Cambridge replied with a goal and a try, and so crossed over with a lead of only five points.

However, in the second half speed and fitness began to tell and Cambridge put on a further eleven points without reply, though the Bart's forwards put in a good rush at the very end. Final score 19-6.

Team: G. K. Marshall; M. J. Pleydell, J. W. G. Evans, M. Laybourne, J. G. Nel; P. L. Candler, J. E. Miller; G. D. Graham, K. D. Moynagh, M. J. Greenberg, K. G. Irving, R. L. Hall, R. Mundy, R. Macpherson, K. C. Burrow.

At the start of the game against the **Old Leysians** at Chislehurst, play was for the most part a series of loose mauls interspersed with inconclusive three-quarter movements, the ball being kept well within the visitors' half of the field.

As the close marking of the O.L.'s rendered the orthodox passing movement quite useless, Candler, during a series of attacks, four times changed the direction of attack with well-judged cross-kicks which were only thwarted by unlucky bounces. However Pleydell, who had previously been bundled into the corner flag, showed an excellent turn of speed in a clever run which ended in a try near the corner—not converted.

In the second half play continued to be fast but scrappy, many penalty kicks being awarded, from one of which Macpherson landed a magnificent goal. The struggle between the two packs increased in speed and violence, but no further score resulted.

We have never seen a shambles, but the start of the match between our "Extra B" and **Westminster College "A"** approached very closely to what, in our imagination, we had always pictured a shambles to be. The forwards were all highly-piggledy and the backs were at one moment strewn carelessly about the field, at the next bunched in an anxious cluster in the middle. To this state of affairs was contributed a remarkable heterodoxy as regards clothing, and a referee who seemed none too sure of the rules and positively afraid to blow his whistle.

However, after a quarter of an hour order was restored and the team began to take shape. Meanwhile however an opposing set of backs, who had obviously played together before, had taken advantage of this state of things and had scored an unconverted try. Indeed they might have scored much more often but for over-elaboration of their passing and a surprisingly determined, if haphazard, defence.

As order emerged from the chaos, it was seen that Kemp was playing fiercely, magnificently at the base of the scrum—he was, in fact, the man of the match, slinging the ball out, going down to rushes and tackling in fine style.

Morris was the pick of the three-quarters, the wings, though fast, having some difficulty in holding their passes. Birch, at out-half, was always looking for openings, but showed a tendency to pass too soon or too late. He might have used his speedy wings more effectively by sometimes kicking ahead.

R. N. Grant, relatively a new-comer to the game, showed promising form at full back; his holding was excellent, and his tackling, though unorthodox, effective on the whole; generally in the wrong position, he was, nevertheless, quick in getting to the right one.

The forwards showed tremendous improvement after half-time, but were never well together. Beck got through a tremendous amount of work and was always in the thick of things. Gask, Murley and Davies were often prominent, especially in the loose rushes, but a very tired Messert belied the ferocity of his khaki shorts and dun-coloured jersey by being, usually, some way behind; but whenever the game rolled back to him he played his part nobly. Carroll worked hard himself, but his methods as a leader seemed somewhat too gentlemanly. Westminster scored another unconverted try during the first half when the defence was caught on the wrong foot, in some cases both feet!

The second half saw Bart.'s "Ex. B" launch several nearly successful attacks; however, no score came at either end, and the game ended in a victory for Westminster by 6 points to nil.

Team: R. N. Grant; E. R. Holtby, D. S. Morris, T. M. Maclean, D. G. Reinold; R. G. Birch, J. G. Kemp; C. R. Carroll, J. J. Messent, R. S. Murley, J. G. Gask, T. D. I. Davies, P. F. Dawnay, R. V. Redmond, G. A. Reek.

* * *

After the opening of the new pavilion by Mrs. Sturge, Bart.'s played a match against **Mr. John Tallent's XV**, which contained a fair sprinkling of internationals. An hyperborean gale was blowing, and at one time there was an attempt at rain, but the very lovely piece of turf at Chislehurst was in perfect condition. The ball, though a little slippery, was flung about with great abandon by both sides, the handling, on the whole, being very good. Tallent himself was unfortunately prevented from playing by an injury which has kept him out of the game for some time. As was to be expected, the combination of the scratch side was far from good at the start, but improved considerably later on, when Bart.'s, who had had easily the best of the earlier exchanges, were compelled to fall back on defence for some periods. The packs were well matched, although Tallent's XV had the advantage in weight. The hookers, Moynagh and Nicholson (of England), had a grand battle in which Moynagh got slightly the better if one considers that he was less well assisted by the shute. Dick was completely subdued by Laybourne, whose tackling was superb. The most dangerous man on either side were the respective left wings, Robinson (of Richmond and R.A.F.) and Pleydell. Both played excellently in attack and defence, the former making at least two of their tries, and the latter making a memorable run of over half the length of the field through and round a mass of defenders, ultimately kicking over the full-back's head and going over near the posts, only to be called back for a fumble in gathering the ball.

The scoring was fairly even in the first half, during which Macpherson kicked a splendid penalty goal from near the touch-line. In the second half the visitors went ahead, and won an interesting match by 19 points to 11. The teams were:

Mr. John Tallent's XV: P. F. Cooper (Rosslyn Park); J. G. Craddock (St. Mary's Hospital), R. C. S. Dick (Guy's and Scotland), W. A. H. Chapman (Richmond and Middlesex), S. J. D. Robinson (Richmond and R.A.F.); A. I. S. Macpherson (London Scottish), J. L. Chambers (Blackheath); R. O. Murray (St. Thomas's Hospital and Scotland), E. S. Nicholson (Guy's and England), R. E. Prescott (Harlequins and England), N. J. Newton (Blackheath), K. M. Wilkins (O.M.T.'s and Middlesex), P. D. Gango (U.C.H.), J. Hamilton (O.M.T.'s), L. W. V. Jennens (Blackheath and Kent).

Bart.'s: J. W. G. Evans; M. J. Pleydell, J. G. North, M. Laybourne, E. Griffiths; P. L. Candler, R. D. Hearn; G. D. Graham, K. D. Moynagh, P. D. Swinstead, K. G. Irving, R. L. Hall, R. Mundy, R. Macpherson, K. C. Burrow.

Referee: J. G. Bott. November 19th.

* * *

On October 25th the **Old Haileyburians** were met at Ewell. Good class Rucker was hardly to be expected for a number of reasons: the weather was indescribably vile, at forward we sadly missed the steady influence of three notable absentees, and dry weather and hard grounds having cancelled the previous three matches, several people in consequence showed clear evidence of disuse atrophy. For the most part, this game was played in driving, torrential rain.

In consequence it was a scrappy forward game, but it was good to see the Bart.'s forwards packing so well in the tight and getting the ball so often. Neither three-quarter line impressed as likely to make much headway, since nobody seemed inclined to run straight and marking was close. In the loose, however, we had no pack, just eight somewhat homesick individuals; all, presumably, had met before, none seemed anxious to renew the acquaintance.

Ten minutes from the start an opponent, receiving the ball from a line-out on our "25," ran straight through our side to score. Soon afterwards Macpherson kicked a good penalty goal. Candler frequently gained ground by means of long kicks ahead. A little later Laybourne snapped up a bad pass by the opposition and scored a try, and soon afterwards Evans made a really fine solo run, adding three more points. Then the O.H.'s scored a try, again from a line-out.

In the second half the forwards seemed to collapse completely; although Moynagh and Hale worked hard, the rest assumed the roles of casual and somewhat ill-informed spectators. The score was kept respectable by the weather and the tackling of our outsiders. Lost 9-11.

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On Wednesday, November 17th, Bart.'s utterly defeated a weak Army Trial XV by 27 points to 3. The excitement aroused by the appearance of Obolensky (brother of the England three-quarter) on the army wing was somewhat allayed by his performance. The game was only notable for the fact that two dropped goals were obtained—rare in Bart.'s rucker—one by North and one by Laybourne.

* * *

The expected win over the **Metropolitan Police College** did not materialize. Bart.'s started very sluggishly and, although playing downhill, were kept in their own "25" for the first 15 minutes. Then for a short while they played good football and forced the Police to defend. Laybourne narrowly missed a dropped goal, Candler broke through neatly but the pass went astray, then Candler kicked ahead and Nel touched down far out. Soon afterwards Hearn punted ahead and Candler was obstructed in going for the ball, a penalty try being awarded, which Macpherson converted.

During the second half the forwards fell back on their laurels and allowed the Police boys to score fifteen points.

ASSOCIATION FOOTBALL

So far the prospects are not very cheering. Both the University League matches were lost, due in the main to the forwards missing many opportunities. With regards the friendly matches the results are: Played 5, lost 3 and won 2. This also leaves much to be desired, and unless more fighting spirit is shown by the whole side, this slaughter is likely to continue. Individually the forwards are good and have shown some quite good football, but collectively they are distinctly bad. More team spirit must be exhibited and more fire must be instilled into the attack. Many alterations have been made in the team, and it is hoped that these will produce the desired effect. Most members have now been given a trial, and the permanent teams will soon be chosen.

Results: 1st XI: Played 7, won 2, lost 5.

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Against **King's College** the entire team, with the exception of Gallimore and Mail, allowed their opponents to do more or less as they pleased. Harold and Herbert occasionally tackled well, and Elder did one or two good things. The team on the whole, however, was lacking in any degree of dash, and combination was remarkable by its absence: a little more of the willingness to go and fetch the ball, instead of waiting for it to come, would be a good thing. Lost, 4-1.

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Against **Guy's** on November 10th a very similar train of events led to a 5-1 defeat. There was still no dash or thrustfulness about the side, the same faults still being apparent.

SQUASH RACKETS The Squash Team is settling down into a very well-balanced side. Marrett, playing first string, has lost only one match this season, and has solved the difficulty of finding a dependable No. 1.

Victories over the Kensington Club (3-2) and the R.N.V.R. (4-1) have been recorded, and our outlook for the Inter-Hospital Competition, which begins with a match v. K.C.H. on November 23rd, is fairly bright.

The Knock-Out Tournament is progressing rather too slowly, and it is feared that some competitors will have been automatically scratched for not playing off their ties in time.

Recent matches:

v. Kensington Club. Away. Won, 3-2.

v. H.M.S. "President". Home. Won, 4-1.

v. The Rump Club. Home. Lost, 1-4.

The following have represented the Club in matches this season: H. R. Marrott, W. M. Maidlow, C. T. A. James, R. C. Witt, W. A. Oliver, R. Heyland, J. B. Joyce, George Gray, C. C. Evill, F. I. Bronfield, R. S. Murley, H. Clarke, J. J. Slowe, G. J. Walley.

LAWN TENNIS At the Annual General Meeting of the Lawn Tennis Club (Mr. Bedford Russell in the Chair), held in the Abernethy Room on Thursday, November 18th, the following officers were elected for the coming season:

President: Sir Charles Gordon-Watson, K.C.M.G.

Vice-President: H. G. Bedford-Russell, Esq.

Captain: E. Corsi.

Secretary: H. R. Marrett.

Captain of 2nd VI: M. Desmarais.

Extra Committee-man: R. I. G. Coupland.

Honours for the past season were awarded to Corsi, Coupland, Frewen, Marrett, Stephen, Waring and Way.

HOCKEY The match against the **Staff College, Camberley** (away), is always one of the best of our fixtures, and this year proved no exception. The game was fast throughout and the ground in good condition.

After some minutes' mid-field play the side settled down and attacked strongly. The forwards combined well and were unfortunate in not scoring. Shooting needs to be hard, accurate and quick—all three.

At half-time the Hospital was 2 down. Our only goal, scored by Heyland from a good centre by Newcombe, was the only event worthy of note, a disastrous run through by their forwards and the activities of the referee being best forgotten. Lost, 1-3.

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The first match on the new ground, against **St. John's College, Cambridge**, although played in conditions far from ideal, was a distinct success as far as the ground went.

The team played good hockey for the first half, and led by 2 goals, both scored by Heyland. A process of decay, however, set in, and in spite of a third scored by Hewitt, we ended up defeated 3-4.

* * *

If, by an effort of will, we obliterate from memory a short five minutes at the beginning of the second half against **South Saxons** at St. Leonards, we arrive at the delightful conclusion that Bart.'s hockey is a good thing. The South Saxons fielded what was, virtually, a county team and at no time were we outclassed.

Scoring started early. Hewitt scored first for the Hospital with a very well-directed shot. Heyland then went through. A hard

flick was well cleared, and Taylor followed up with a good first-time shot to give us the lead.

A hitherto undescribed form of acute motor weakness, fortunately but transient, seized the team, and our opponents took an advantage of us in scoring 3 goals in as many minutes. On coming round the team appeared unaffected. The defence cleared steadily, and Ellis and Jayes consistently foiled the opposing attack by hard tackling and interception.

Both sides continued to attack strongly. Our forwards repeatedly took the initiative but lacked the final finish, and the shots, though numerous, were not of the first quality. Lost, 2-6.

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The Present v. The Past. The Hospital team, faced by such an array of talent, might well have lost heart. It is, however, a fact, undeniably true, that we scored, not once nor twice, but four times as often as our opponents; and this, moreover, in spite of the lethal activities of Mr. Gale (the referee was exceedingly negligent in the exercise of his powers).

Notable features of the game were: (1) The contrast between the Captain of the Past, Mr. Stallard, and the Secretary, Dr. Masina (the corollary being—Tiny is not a forward!); (2) the fact that the Past played a 12th man, who played with such energy as to be rendered incapable of remaining within the appointed limits of the pitch, still less of maintaining the erect posture; and (3) the aforementioned anti-social propensities of Mr. Gale.

O.T.C. MEDICAL UNIT

The privilege of mounting a Guard of Honour fell to the U.L.O.I.C. on the occasion of the visit of Their Majesties the King and Queen to the University on November 10th, when the degree of Doctor of Literature *honoris causa*, was conferred upon Her Majesty. The Guard was under the command of Lieut. A. B. M. Windsor, of the Infantry Unit, and No. 1 Coy. (Bart.'s) was represented by O/Cdts. S/Sgt. G. H. Pickering, Sgt. D. W. Boatman and L/Cpl. N. P. Pitt. Her Majesty graciously commented on the smartness of those on parade.

We regret to announce the resignation of O/Cdt. S/Sgt. G. H. Pickering, who has been a member of the Corps for five years.

Membership of the Corps is open to all British subjects of pure European descent. A minimum of two years' service is required, during which time officer-cadets are expected to attend fifteen parades and ten days at Annual Camp each year. The parades consist of lectures and demonstrations, held in the Pharmacology Lecture Theatre, Charterhouse Square, on Mondays at 5 p.m. Uniform is not worn at these parades and stress is laid upon training of officers. Annual Camp is held near one of the South Coast resorts during the last fortnight of July. Those interested should come along, without obligation, to a parade one Monday evening or apply to the cloakroom attendant.

REVIEWS

Post-Graduate Surgery. Edited by RODNEY MAINGOT, F.R.C.S. (Medical Publications Ltd., London.) Vol. III. Pp. 3575-5584, with 1015 figs. Price 70s. net per vol., or 29 9s. per set of 3 vols.

Now that this monumental work is available in its completed form we can get some idea of the labour entailed in its compilation: and the Editor and contributors are to be congratulated on the high standard maintained throughout. It is true, of course, that the finished product is vast and at the same time a comprehensive, up-to-date account of surgery and its recent advances but, to our way of thinking, it is doubtful whether the inclusion of special subjects warrants the increase in bulk it involves.

The first section in this volume by Dr. Sleigh Johnson deals with medical aspects of surgery, and there follows a delightfully written account of hernia and its surgical treatment by Mr. Ogilvie. His

allusions, among other things, to Hesselbach's triangle as "useless detail" and Bassini's plastic manoeuvre for closure of the canal after removal of the sac of an inguinal hernia as "barbarism, which has survived into an age, when all other pioneer operations have been refined and perfected", are typically original and attractive, if only for their iconoclasm.

The contribution on Plastic Surgery has been well written by Mr. Kilner, and that on Obstetric Surgery by Mr. Aleck Bourne. The important subject of Cardio-vascular Surgery is then treated by Mr. Cokkinis, with a good account of peripheral vascular disease; it seems odd, however, that the surgery of the heart was not allotted to Mr. O'Shaughnessy, who has written the contribution on the oesophagus and diaphragm. The Lymphatic System is admirably dealt with by Mr. Maingot, with a contribution from Mr. Sampson Handley on the dissemination of malignant disease, which may well have to be brought up to date in subsequent editions.

Mr. Buxton has encompassed the sphere of orthopaedics concisely, and in future this will be incorporated with the associated contribution in Vol. II. Of the Ear, Nose and Throat sections the last by Mr. Lionel Colledge is outstanding, as is Mr. Stanford Cade's account of the Surgery of the Tongue, Mouth and Lips. Mr. Walden has dealt with the mandible, and Dr. Levitt's excellent section on Deep X-ray Therapy is a welcome feature. Finally, Mr. Harold Dodd has dealt with some aspects of general surgery such as shock, gangrene and burns, with a chapter on continuous drip blood transfusion by Dr. Marriott and Dr. Kekwick summarizing their experience with this method at the Middlesex Hospital.

It only remains to point out that the type and figures throughout are excellent, and the form in which the book is set out is a great credit to the Editor and to the publishers. It certainly fulfils the promise of the preceding volumes, and that was assuredly great.

Pediatric Urology. By MEREDITH F. CAMPBELL, M.C., M.D., F.A.C.S. (The Macmillan Company, New York) 2 vols. Pp. 576 and 540. Price £3 3s.

Though there are many who will doubt if urology in children should be considered as a subject in itself, deserving to have a large treatise written upon it, yet the author of this work produces good reasons for holding an opposite opinion. He states that of all children, about one-half suffer from some form of urological disturbance, often mild, before reaching puberty, and adds that the field is of "unsuspected enormity". If, as he says, paediatric urology is "still in its diaper age", then this book may be considered as putting it on its feet. It is claimed that it is the first monograph to cover the subject in any language, and so well has it filled the place that it will probably be long before a successor is needed. The work is not confined to conditions peculiar to children; in fact it discusses in detail the greater part of urology. It is based upon sound experience and shows no evidence in the text of hasty writing, having been in preparation for ten years, and with clinical material drawn from over one thousand children's beds.

Methods of examination and diagnosis are described in the opening chapter. A practical method of collecting urine from male babies is shown in Fig. 8. There is a good account of cystography followed by one of aerocystography, of which the dangers are mentioned, giving sufficient figures (32 deaths) but hardly sufficient emphasis. The statement that the presence or absence of intestinal gas in a subject sent for radiography is largely a matter of chance, in spite of the various methods of preparation, is one with which most clinicians will agree. Following this section urinary obstruction is discussed for fifty pages, which might profitably have been increased by a fuller consideration of the various surgical methods of treating hydronephrosis. An excellent chapter on anomalies of the urogenital tract is illustrated with many photographs, radiographs and clear explanatory diagrams. Yet the statement that endocrine therapy for imperfectly descended testes is useless unless successful within four to six weeks does not agree with the opinion of workers in our own hospital. The author appears to set little store by the presence or absence of genital hypoplasia in cases of cryptorchidism. We would like to see C. B. Keetley given the credit for originating the operation described under the name of Torek; Ombredanne's method is not described, presumably being considered as of only historical interest.

Infections are divided into tuberculous and non-tuberculous groups, the latter containing, besides a description of mandelic acid therapy and the use of ammonium mandelate, an account of the ketogenic diet that appears to us to be disproportionately long when one considers its strictly limited sphere of usefulness at the present time. To make the survey of the subject more complete a chapter on Bright's disease has been contributed by Dr. John D. Lyttle, and we could wish that he had taken more rein and given us a fuller account of that interesting condition, renal rickets.

Injuries, calculi and tumours, including those of the suprarenal bodies, each receive full consideration. Figs. 388 and 389 illustrate possible accidents occurring during retrograde pyelography, though fortunately they are often unattended by ill-effects. The author sees hope for improvement in the treatment of Wilms' tumours by the combination of surgery with radiotherapy. Chapters are given to neuromuscular disease and enuresis, and the second volume concludes with an account of operations on the urogenital system. Some of the suggestions will be new to many, for example the use of radium in recent traumatic strictures of the urethra and the administration of thyroid extract to produce diuresis.

The publishers have produced the work in two convenient volumes, with clear type and a page that is a pleasure to read. The general

level of the illustrations is singularly high with this exception—that a number suffer from a very natural attempt to give too much information in too small a space, too many facts in one figure. The diagram of a bilocular hydrocele in Fig. 364 hardly conveys to the reader a true impression of the condition, at least as understood in this country. At the end of each chapter a list of references is given, while there is an index to the complete work at the end of each volume. The treatise forms a valuable work of reference, well worthy of the time and care expended on its preparation.

Chemical Methods in Clinical Medicine. By G. A. HARRISON, M.D., B.Ch., M.R.C.S., L.R.C.P. Second edition. Pp. 548. (J. & A. Churchill, Ltd.) Price 25s.

It is a pleasure to welcome a second edition of this fine work so soon. For surely a better guide to laboratory methods as they appeal to both student and practitioner has not been written. We are continually faced with the necessity of chemical tests applied to clinical work, and here they can all be found lucidly set forth and logically arranged, stripped of the difficult technical undergrowth that has made so many books on this subject utterly useless to the busy practitioner.

The present volume has been thoroughly revised and considerably expanded, and sections are now to be found dealing with such invaluable tests as that of Fouchet for bilirubin in faeces and urine, the mandelic acid treatment of urinary infections, ascorbic acid in urine, plasma phosphatase, Bence-Jones proteinuria, drugs in urine, and many others.

The keynote of the book is its immediate practicability, combined with an astonishingly wide scope and a limpid simplicity of style. We are certain it will enjoy the great success it deserves.

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.

The second volume of this operative surgery deals with the abdomen, and so might have been expected to suffer unduly by the untimely death of Mr. R. P. Rowlands, into whose sphere it peculiarly came. Happily, however, he had already revised much of the work, and what was left undone has now been most ably done by Mr. W. H. Ogilvie and Mr. A. R. Thompson. The section on Gynaecology has been largely rewritten, and is much improved upon that in previous editions. Another innovation is a final chapter on "Recent Developments", which briefly lists a number of operations, such as Knight's sympathectomy for achalasia and Berlin's complete thymectomy in cases of congestive failure.

The book itself needs no puff. It is much too well known and well respected for that. It merely remains to say that this edition is in every way a worthy successor to the seven that have gone before.

Elements of Surgical Diagnosis. Revised by E. PEARCE GOULD, M.D., M.Ch., F.R.C.S. Eighth edition. (London: Cassell & Co., Ltd.) Price 10s. 6d.

The eighth edition of this handy little book has much the same plan as that of the first edition published more than half a century ago. The book characterizes the method and precision of its original author, and is certainly worthy of the attention of the student who is just commencing his clinical work.

While certainly praiseworthy in most respects, this work is, at the same time, open to some criticism; thus one feels that it might quite easily have been made a little less long-winded. Such a book, designed as it is for the pocket, might well present itself in a more note-like form so as to make possible a more rapid digestion of its substance. However, in spite of this fault the book is certainly commendable to the "first-time" dresser who requires something which will slip into the pocket, though the more advanced student will find it liable to be a little tedious.

The Science and Practice of Surgery. By W. H. C. ROMANIS, M.B., M.Ch., F.R.C.S., F.R.S., and PHILIP H. MITCHNER, M.D., M.S., F.R.C.S. Sixth edition. Vols. I and II. (J. & A. Churchill, Ltd.) Price 14s. net per volume.

This is another well-thumbed classic to bring out a new edition this year, and is too celebrated to require an introduction. Suffice it to say that both volumes (the first on General and the second on Regional Surgery) have been thoroughly revised and modernized. A section has been added on the medical aspects of "Gas", and

Fractures and Dislocations largely re-written to bring them into line with modern work, especially that of Bohler. The sympathetic system and its surgery also commands more space than in the earlier volumes.

Eden's Manual of Obstetrics. Revised by EARLELY HOLLAND, M.D., F.R.C.P., F.R.C.S., F.C.O.G. Eighth edition. (J. & A. Churchill, Ltd.) Pp. 743. Price 24s.

This edition of a now classical text-book has been eagerly awaited by both students and practitioners. They will not be disappointed. It has been revised more exhaustively than any previous edition, and much has actually been reshuffled and rewritten. There are ten new illustrations, and the old ones have been largely replaced. Throughout the book a real effort towards greater simplicity and precision has been made, and the work gains enormously therefrom, for it was a certain degree of over-laboration which was the old book's chief disadvantage from the point of view of the busy man. In this one, however, we are at a loss to find a grumble.

Tuberculosis, Cancer and Zinc: An Hypothesis. By D. B. CRUIKSHANK, M.R.C.S., L.R.C.P. Price 7s. 6d.

In 1867, seventeen years before Koch discovered the tubercle bacillus, a Dr. Budd, of Clifton, put forward the hypothesis that T.B. might be due to "germs".

With equal courage but little evidence Dr. D. B. Cruikshank, of the Papworth Research Staff, puts forward the hypothesis that tubercle and cancer might be interdependent diseases—mutually antagonistic; a T.B. bacillus-cancerphage antagonism with zinc deficiency or excess tilting the balance of susceptibility towards the former or the latter disease respectively. He bases this supposition first and foremost on the constancy of the sum of the T.B. and cancer death rates over the last eighty years. This has remained at 20% of all deaths, though during these years the T.B. mortality-rate has fallen steadily, but "there has been an almost exact counterbalance by increase in cancer deaths". He attributes the continuous fall in T.B. deaths since 1838 to the introduction of zinc ware into domestic use in 1837! One wonders whether in the distant future research workers will correlate the post-war rise in consumption of tinned food with the post-war rise in road deaths. To support this statement of his, he brings forward evidence to show that the incidence of T.B. is very low in zinc workers, and that of cancer very high. Similarly animals which are resistant to T.B. infection, such as the rat, are very susceptible to cancer.

With regard to the fall in T.B. mortality his argument is "either fewer people are attacked by T.B. or the same number are attacked but the bacilli make no headway. Post-mortem examinations support the second alternative. The diseases can only be exactly antagonistic if the growth of one prevents the development of another". On this ground he postulates the existence of a cancer phage, and contrasts the resistance to cholera due to cholera phage with the resistance to T.B. due to cancer phage.

The reader of a book of this kind, that frankly admits that there is no proof and but scanty evidence for its theories, must try to preserve flat calm, even when confronted by a statement such as this: "presents evidence suggestive that cancer of the stomach is precipitated by an overdose of T.B. bacilli in milk"! What is the evidence?

The merit of Dr. Cruikshank's book lies in its clever interpretation of statistics and in its revelation of a new perspective on two dissimilar diseases.

A Text-book of the Practice of Medicine. By Various Authors. Edited by F. W. PARER, M.D., F.R.C.P. Fifth edition. (Humphrey Milford, 1937.) Price 36s.; India paper, 45s.

Not often does one meet with a medical text-book such as this that is pleasant to read, but yet instructive and succinct. Too many books are written in a compressed note form suitable for examination cramming, giving bald facts and "text book" descriptions of symptoms and signs—no encouragement to the inexperienced to search for those vital but inconspicuous signs upon which so often hinges an exact diagnosis.

This book, the fifth edition of the well-known work edited by Dr. Price, is indeed an achievement. The advance in medicine during the last four years (the extent of which may be judged by the long list in the preface of new chapters) and the deserved popularity of the book have necessitated this new edition. The aim and design

remain essentially the same—"to present a comprehensive and authoritative text-book of the practice of medicine including skin diseases and psychological and tropical medicine". To achieve this end each section is discussed by an author who has studied it particularly, for the scope of medicine is too vast for an individual to write with authority on every branch. The logical solution, as here, is multiple authorship under one editor. There are twenty-eight contributors, six of whom are physicians or consulting physicians to this Hospital. From the efforts of this diverse authorship the editor has been most successful in creating a harmonious whole, by securing a great degree of uniformity of layout and style.

Among the fresh material which has been added are articles on electrical injuries, foot-and-mouth disease in man, dysphagia, diseases of the reticulo-endothelial and lymphatic systems, to mention only a cursory selection. There is new matter in connection with non-specific protein therapy in undulant fever, with diabetes mellitus, treatment of vaso-vagal attacks, total thyroidectomy in congestive heart failure, and angina pectoris, etc. Over fifty articles have been partly or entirely rewritten.

A brief comparison with contemporary works shows how far it stands above them, and how easily it fulfils the editor's early hopes in 1922 that it would be considered a credit to the London School of Medicine.

Two thousand odd pages at thirty-six shillings is a very reasonable price. It ought therefore to be a possession of every student. May it long continue to be of service to all in the profession.

Medicine: Essentials for Practitioners and Students. By G. E. BEAUMONT, M.A., D.M., F.R.C.P., D.P.H. Third edition. (J. & A. Churchill, Ltd.) Pp. 733. Price 21s.

"Beaumont's Medicine" is now an old and trusted friend of the student, and the present volume, which has been much revised, should weld the friendship even more closely. The treatment throughout has been brought up to date with modern drugs, such as pronosil, mandelic acid, benzedrine, ergotamine tartrate, etc., and the aetiology of certain diseases, such as asthma, revised.

The book, on the whole, is reliable, and not so diffuse as to intimidate the student. One might have insisted, perhaps, for a more convincing classification of nephritis, and there is a tendency throughout the book to use a rather dusty nomenclature.

Diseases of the Nose, Throat and Ear. By I. SIMSON HALL, M.B., Ch.B., F.R.C.P.E., F.R.C.S.E. (P. & S. Livingstone, 1937.) Pp. 407. Price 10s. 6d.

This admirable little text-book is intended primarily for the use of students, and if its consequent limitation of scope is recognized it presents little ground for cavil.

A brief anatomical note precedes each section, and the stress throughout has been laid upon the commoner conditions met with in the surgery and in everyday practice rather than upon the rarer, if more interesting, conditions or upon the more advanced surgical treatments.

The book is well illustrated, largely by X-ray plates, and there are several plates showing the chief instruments and equipment necessary for the commoner operations.

This is a book of which Conjoint students especially may be expected to make good use.

Surgical Instruments and Appliances. By HAROLD BURROWS, C.B.E., M.B., B.S.(Lond.), F.R.C.S. (Faber & Faber.) Price 2s. 6d.

The author tells us that he has endeavoured to avoid being vague and to aim at simplicity. The achievement of his object forms this ably constructed book. The fact that so wide a field can be basically covered by so small a book will recommend it to both nurses and students.

The illustrations are good and render the subject more tangible.

Dietetics for Nurses. By I. STEWART, S.R.N. Fifth edition. (Faber & Faber.) Price 4s. 6d.

The new edition of this book has been enlarged and brought up-to-date. It is full of information simply put which should be easily understood by the student nurse. Certain sections have been amplified, notably that on gastro-intestinal disorders, and to the appendix has been added tabulation of foods according to their value in the diet.

Materia Medica for Nurses. By A. MUIR CRAWFORD, M.D., F.R.F.P.S.G. Fourth edition. (H. K. Lewis & Co.) Price 3s. 6d.

For quick reference this small book is of considerable value, and the need for a fourth edition shows that it is much used. The inclusion of the chapters on anaesthetics and vitamins are an improvement, but they are not sufficiently detailed to be of much value to the nurse in training of to-day.

Hygiene for Nurses. By JOHN GUY, M.D., and G. LINKLATER, M.D. (E. & S. Livingstone.) Price 5s.

This little book continues to grow in popularity. Excepting for some elaboration of the sections that deal with infancy and with foods and the inclusion of the new milk grading little alteration has been made in this edition.

Medicine for Nurses. By W. GORDON SEARS, M.D. Second edition. (Edward Arnold & Co.) Price 8s. 6d.

This book was first published in 1935, and those already acquainted with it will welcome the second edition.

It is concise and well written, and includes excellent descriptions of the oxygen tent and continuous drip transfusion apparatus. The diagrams and illustrations are good.

Although the main objects of this book are to assist the nurse in understanding her work, and to aid her in passing her examinations, it will be invaluable to her at all stages of her career.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

AINSWORTH-DAVIS, J. C., M.D., F.R.C.S. "The Diagnosis and Treatment of Ureteric Calculi." *Post-Graduate Medical Journal*, November, 1937.

COLT, G. H., M.B., F.R.C.S. "The Treatment of Aortic Aneurysm." *Medical Press and Circular*, May 25th, 1937.

FLETCHER, CHARLES. "A Simple Action Potential Recorded from A Molluscum Unstriated Muscle." *Journal of Physiology*, August-September, 1937.

HILTON, REGINALD, M.D., F.R.C.P. "Palpitation." *Practitioner*, November, 1937.

HUDSON, BERNARD, M.D., M.R.C.P. "Sun-Bathing in Tuberculosis, Its Use and Abuse." *Tubercle*, November, 1937.

MORGAN, C. NAUNTON, F.R.C.S. (E. T. C. MILLIGAN, F.R.C.S., C. N. M., L. E. JONES, F.R.C.S., and R. OFFICER, M.B.), "Surgical Anatomy of the Anal Canal, and the Operative Treatment of Hemorrhoids." *Lancet*, November 13th, 1937.

RAVEN, R. W., F.R.C.S. "Mesenteric Occlusion." *Lancet*, November 13th, 1937.

EXAMINATIONS, ETC. University of Oxford

The following degrees have been conferred:
D.M.—Leishman, A. W. D., Scott, R. Bodley.

University of Cambridge

The following degree has been conferred:
M.B.—Bateman, H. F.

Royal College of Physicians

The following have been admitted **Members**:
 Black, K. O., Jewesbury, E. C. O., Richards, W. F., Van Langenberg, E. R.

Conjoint Examination Board Final Examination, October, 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:

Annan, D. N., Behr, G., Billimoria, B. R., Braines, F. M., Brennan, E. B., Carey, C. J., Coates, H., Curt, O. J., Ershadi, S. S., Flavell, G., Frewen, W. K., Gardiner, L. E., Grant, A. H., Green, A. C. F., Hoadley, J., Howse, N. C., Jack, A. H., Johnson, R. T., Mundy, N. B., Nag, S. K., Ramsay, F., Reynolds, E. G., Richards, G. A., Singer, H. G., Waring, J. W. B.

CHANGES OF ADDRESS

LEASK, L. R., 409, Howard House, Dolphin Square, Grosvenor Road, S.W. 1.

MELLOR, A. W. C., 10, Southwell Gardens, Gloucester Road, S.W. 7. (Tel. Western 4369.)

NEWTON-DAVIS, Lt.-Col. C., L.M.S., Staceys, Bentley, Hants. (Tel. Bentley 6.)

PHILLIPS, R., 48, Victoria Road, Kensington, W. 8. (Tel. Western 6764.)

WAY, L. F. K., Monkspath, Limerstone, Isle of Wight. (Tel. Brighton 55.)

BIRTHS

BOSTON.—On November 9th, 1937, at Deddington, Oxon, to Kathleen (*née* Carnon), the wife of F. Kenneth Boston, M.B., D.Chir.—a son.

LEAVER.—On November 3rd, 1937, at 49, Wimpole Street, W. 1, to Audrey (*née* Robinson), wife of Dr. Robert Leaver—a son.

LONGFORD.—On October 25th, 1937, at 20, Devonshire Place, to Elizabeth, wife of Dr. W. U. Desmond Longford, of Rainham, Kent—a daughter.

MANDOW.—On October 31st, 1937, at Preston Skreens, Minster, Isle of Sheppey, to Sibyl (*née* Young Evans), wife of Dr. G. A. Mandow—a son.

NAIRAC.—On October 22nd, 1937, to Barbara (*née* Dykes), wife of Maurice L. Nairac, of 25, Church Street, Kidderminster—a son.

OXLEY.—On October 21st, 1937, at Trimulgherry, India, to Dorothy, the wife of Capt. W. Malcolm Oxley, R.A.M.C.—a son.

ROSE.—On November 16th, 1937, to Helen Kynock (*née* Scott), wife of Dr. D. J. Rose, of Brockhall, Langho, near Blackburn—a son.

MARRIAGES

ADDISON.—Low.—On November 4th, 1937, at St. Mark's Church, Regent's Park, the Rt. Hon. Christopher, Baron Addison, P.C., M.D., F.R.C.S., etc., to Beatrice Dorothy, elder daughter of Mr. and Mrs. Low, of Thames View House, Staines.

HARDING.—Symes-Thompson.—On November 9th, 1937, at Busbridge Church, Godalming, by the Rev. Sir Paget Bowman, Bt., R.D., assisted by the Rt. Rev. the Bishop of Knarborough and the Rev. Canon E. M. Girling, M.A., Dr. Charles L. Harding, son of Mr. and Mrs. M. Harding, of 24, Kensington Palace Gardens, W. 8, to Elizabeth Virginia, daughter of the Rev. and Mrs. F. Symes-Thompson, of Busbridge Rectory, Godalming, Surrey.

JOHN.—Holden.—On October 21st, 1937, at St. Bartholomew-the-Great, by the Lord Bishop of Stafford, Charles William, son of Dr. A. Hilton John and the late Mrs. John, Sandon House, Regent Street, Stoke-on-Trent, and Nan, youngest daughter of Dr. and Mrs. W. A. Holden, 140, Park Lane, W. 1, and Waddington, Lincs.

LEASK.—Gentry.—On October 30th, 1937, at All Saints' Church, Langham Place, W., Laughton Rennie Leask, M.B., B.S., elder son of Mr. and Mrs. W. Laughton Leask, of Highgate, to Diana Kathleen, only daughter of Mr. and Mrs. H. Aubrey Gentry, of Crouch End.

DEATHS

FETHERSTONHAUGH.—On November 1st, 1937, at Melbourne, Australia, Robert Trevor, eldest son of the late John Wolseley Fetherstonhaugh, of Kingston House, Rathdrum, aged 78.

HILL.—On November 8th, 1937, from typhoid, James Rowland Hill, M.R.C.S., L.R.C.P., of 17, South Park Hill Road, Croydon.

HOLMES.—On October 30th, 1937, Harry Holmes, M.B., B.Ch. (Cantab.), of 13, Princes Avenue, Liverpool.

ROUGHTON.—On November 8th, 1937, at 144, New Church Road, Hove, Walter Roughton, F.R.C.S.

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, ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to the MANAGER, The Journal Office, St. Bartholomew's Hospital, E.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. XLV.—No. 4

JANUARY 1st, 1938

PRICE NINEPENCE

CALENDAR

Sat., Jan. 1.— Rugby Match v. Harlequins. Home. Association Match v. A.F.A.	Wed., Jan. 19.— Last day for receiving other matter for the February issue of the Journal.
Tues., „ 4.—Dr. Graham and Mr. Wilson on duty.	Fri., „ 21.—Dr. Graham and Mr. Wilson on duty. Medicine: Lecture by Dr. Evans.
Fri., „ 7.—Dr. Evans and Mr. Girding Ball on duty.	Sat., „ 22.— Rugby Match v. United Services, Devonport. Away.
Sat., „ 8.— Rugby Match v. Wasps. Away. Association Match v. Lancing Old Boys. Home. Hockey Match v. Sevenoaks. Home.	Association Match v. Birkbeck College. Home. Hockey Match v. Nore Command.
Tues., „ 11.—Prof. Witts and Prof. Ross on duty.	Mon., „ 24.— Special Subjects: Lecture by Mr. Burrows.
Wed., „ 12.— Surgery: Lecture by Mr. Roberts. Hockey Match v. Shoeburyness Garrison. Away.	Tues., „ 25.—Dr. Evans and Mr. Girding Ball on duty.
Fri., „ 14.—Dr. Chandler and Mr. Roberts on duty. Medicine: Lecture by Dr. Gow.	Wed., „ 26.— Surgery: Lecture by Mr. Wilson. Association Match v. L.S.E. Home.
Sat., „ 15.— Rugby Match v. O.M.T. Away. Association Match v. Old Bradfieldians. Home. Hockey Match v. Old Southerndivians. Away.	Fri., „ 28.—Prof. Witts and Prof. Ross on duty. Medicine: Lecture by Dr. Chandler.
Mon., „ 17.— Special Subjects: Lecture by Mr. Scott. Tues., „ 18.—Dr. Gow and Mr. Vick on duty.	Sat., „ 20.— Rugby Match v. Cross Keys. Away. Association Match v. Westminster Training College. Away. Hockey Match v. Hertford College, Oxon. Away.
	Mon., „ 31.— Special Subjects: Lecture by Mr. Higgs.

RUNNING COMMENTARY

THE DUKE OF GLOUCESTER became President of the Hospital on Tuesday, December 14th. At the same time His Royal Highness was made a Perpetual Student.

The Court of the Governors was assembled in the Great Hall, together with a large number of the Nursing Staff. In the Square were gathered the students to give welcome to the Duke.

As the Royal car drove into the Square His Royal Highness was given a rousing cheer before

he was led into the Great Hall. Here he was received by the Treasurer and Governors.

The Treasurer, Mr. George Aylwen, greeted the Duke with the expression of the loyalty of the Hospital and its gratitude for his personal example of service. Mr. Aylwen reminded the Duke how, in 1123, the Hospital received its first Charter from Henry I, and then later how another Henry, this time Henry VIII, stirred up the Hospital, and only allowed the Charter to remain at a price. Now the

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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presence of Henry of Gloucester was to cheer on our future efforts.

The Duke of Gloucester then received the charge of a Governor and the charge of President of the Hospital. As President the Duke keeps alive a family tradition, for before him his elder brother, his father and his grandfather have all been Presidents of the Hospital.

The Dean then came forward to offer to His Royal Highness the title of "Perpetual Student". This is the highest honour which it is in the power of the Medical College to confer. The Duke accepted the title and signed the following declaration:

"I, the undersigned, hereby undertake as a condition of my admission as a student of St. Bartholomew's Hospital, to conform to the rules and regulations of the Hospital and of the Medical College thereof; and I acknowledge that permission to attend the Hospital is given on condition that my work and conduct remain satisfactory to the Treasurer of the Hospital and to the Medical Officers."

Before the Duke of Gloucester departed he said that he hoped soon to have an opportunity of visiting the Hospital, and that from now on he would always take the closest personal interest in its welfare and activities.

We all look forward to his second visit.

THE NEW YEAR

Christmas has passed and the Hospital is fast returning to normal after the holiday feasting and revelling. Even the goldfish in the Fountain can swim about once more without fear of interruption.

The year that has ended has seen many enterprises conceived and brought to a fair conclusion. A new block is here to tell us that our Hospital never stands still. Her face is always set towards the future.

We are no sages to prophesy in detail what this fresh year holds in store. But one thing is certain, the Hospital of St. Bartholomew will never rest.

Her founder's wish will be honoured and the sick will be tended and healed. Each year can increase her greatness.

THE CHISLEHURST APPEAL

The response to the Dean's appeal for money towards the New Sports Ground at Chislehurst has been most disappointing. So far only two old Bart.'s men have responded. We can only account for this apathy by supposing that most people stopped reading their JOURNAL after the first page and failed, therefore, to reach the Correspondence. This month they shall have no such excuse.

The position is briefly this. By selling Winchmore Hill £20,000 was raised, which was sufficient to pay for the new Chislehurst ground and also to pay for the erection of a Pavilion upon it. However, an additional £2,000 is still required to pay for such essentials as levelling, tree-planting, fencing, the laying down of tennis courts, and the provision of a car park.

Now the Dean has been lately appealing for money for the completion of the Medical College, so that many Bart.'s men will feel that they have done their share, but, as the Dean points out, only 50% of all the Old Bart.'s men responded to his College Appeal. Surely the remaining 50% will not allow themselves to be appalled by the comparatively small sum of £2,000 which remains to be collected. One visit to Chislehurst should resolve their doubts.

PAYING PATIENTS

Until 1935, by the terms of the original Charter, the Hospital was only able to receive patients who could be described as "the sick poor". In 1935 the St. Bartholomew's Hospital Act was passed, which allowed the Governors to erect and maintain buildings for paying patients, provided that the cost of so doing should not come from the general funds of the Hospital, but from some outside source.

It has, however, proved impossible to raise the £120,000 needed for this development.

We now learn that the Governors have deposited a Bill in the Private Bill Office of the House of Commons to enable them to use the General Funds of the Hospital for this purpose, as well as for the provision of accommodation for the resident medical staff and the nurses who would be needed in this new block.

CURRENT EVENTS

THREE APPOINTMENTS

Mr. George Aylwen has been appointed Treasurer to the Hospital in succession to Lord Stanmore. We wish to extend a very warm welcome to him. We are confident that the Financial Policy of the Hospital could not be in sounder hands than those of Mr. Aylwen, who is a stockbroker of wide experience.

It gives us very special pleasure to congratulate Miss Dey on her re-election to the General Nursing Council. In these days particularly her progressive spirit will be an inspiration to her colleagues.

We also wish to congratulate Col. N. M. Wilson, of the Indian Medical Service, on his appointment as an Honorary Surgeon to the King.

CAMBRIDGE GRADUATES' CLUB (FOUNDED 1876)

At the Fifty-seventh Meeting of the Club 152 members and guests sat down to an excellent dinner at the Mayfair Hotel. This record number was due partly to the fact that Dr. Geoffrey Evans was in the Chair, and partly to great efforts by the secretaries. It appeared that the proportion of members to guests was about three to one, and it was noticeable that many unqualified students were amongst those present. This was as it should be, but in recent years a kind of tradition has arisen that this dinner is intended primarily for qualified men. New members should note that this is not so and that all are welcomed.

In proposing "The Club" Dr. Geoffrey Evans (a graduate of Trinity) quoted, of Lord Nelson, that he was "although not a Trinity man yet nevertheless a man of whom England might be proud", and later took a tilt at the Hospital JOURNAL for associating him on one occasion with the Oxford Group and on another with the Socialist Society. Recalling student days he said: "We spent our evenings learning Medicine, Surgery, Midwifery—and drinking beer." The senior secretary, Mr. Reginald Vick, reminded the assembled company that though many of them were not Trinity men yet they were still God's creatures, and added, "It is customary to probe into the private life of the Chairman without any reference to truth". The worst he could reveal, however, was that Dr. Evans had coxed the first Trinity boat to the head of the river.

Dr. Hadfield proposed the health of the guests, for whom wittily replied Dr. C. M. Hinds Howell (M.D.

Oxon.), with a neat reference to George Bernard Shaw and the students of St. Andrew's. Later the majority reassembled at Mr. Vick's Harley Street house for the traditional recitation of "Hairy Rouchy", this year told by Sir Alan Moore, son of Sir Norman Moore. Col. Eric Barnsley gave some inimitable entertainment of a rather gynaecological nature and the guests departed a little before midnight.

THREE PRESENTATIONS

In the Library there is on view the silver plate which is being presented to Dr. Wilfred Shaw by the Students' Union. It bears the inscription, "To Wilfred Shaw from the Students' Union of St. Bartholomew's Hospital in grateful recognition of his services as Treasurer 1928-1937". Being Treasurer of the Students' Union is no sinecure, and we are sure that all students wish to thank Dr. Shaw for his efficient and unobtrusive work on their behalf.

Mr. Thomas Hayes has also received a present. His was a silver figure of Rahere executed by Omar Ramsden. The presentation was made by the members of the Medical Staff of the Hospital. It would be difficult to imagine a more fitting reminder of his continual work for the Hospital.

The last presentation is to the Editor of the JOURNAL and to all subsequent and as yet unborn editors. It is a copy of *A Short History of St. Bartholomew's Hospital 1123-1923*, given by Mr. Geoffrey Keynes. The Editor wishes on behalf of his successors and of himself to express his gratitude to Mr. Keynes for such an inspired idea.

GOOD INVESTMENTS

As we announced in last month's JOURNAL, Sir Milsom Rees has founded three £100 scholarships for the sons of medical men at the PORT REGIS PREPARATORY SCHOOL. Sir Milsom Rees is an old Bart.'s man himself, and as a result of a good response last year one of these three scholarships is limited to the sons of old Bart.'s men.

The scholarship examination takes place on March 1st this year, and entries or inquiries should be addressed to the Headmaster, Port Regis School, Broadstairs.

The other good investment is the LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY. In November we advised recently qualified men to think about

joining the Medical Defence Union. Sir Charles Gordon Watson has reminded us that the London and Counties Medical Protection Society serves a similar purpose and also has many old Bart.'s men on its list of members. Sir Cuthbert Wallace, who is President of the Royal College of Surgeons, is the President of this Society. No higher recommendation is needed. We beg to apologize for our previous omission.

DID HE BATH YOU ?

Mr. Martin, the Hospital Bath Attendant, is retiring after forty years of vigorous bathing. In an interview in his bath-garage, where models dating from 1874 are still to be seen, Mr. Martin told us something about baths.

In the days when Mr. Martin first started, the baths were filled from boilers set at the side of the large coal fires in each ward instead of from the big central heaters now in use. The bath is not the straightforward affair which most people believe. There are fashions in baths—soda baths for rheumatism used once to be the vogue, and sometimes even bran baths were given to patients suffering from skin conditions. One patient had as many as 600 of these.

Mr. Martin's memory stretches back for many years—he can remember his first week's salary was 6d.; he can remember Matron when she was a probationer—she always gave him "sterilized towels" when he asked. That is why!

We give him our warmest congratulations and offer him our best wishes for a happy retirement.

A CHALLENGE TO NURSES

A very big step towards solving the more urgent nursing problems has been taken by the College of Nursing. In a letter addressed to the secretaries of the Student Nurses' Associations in the various hospitals, the College authorities call for suggestions on the Recruitment of Nurses, the Economic Conditions, and the Education of Nurses. They also suggest that a Central Committee, formed of representatives of the Student Nurses' Associations, should be set up to discuss these particular problems and all others affecting the nursing profession.

This direct appeal to the nurses themselves is one of the best things which has as yet resulted from the recent extensive publicity. We hope very much that this opportunity will be seized and used really constructively.

A CUCKOO IN THE NEST

We have heard of people whistling for duck, but never before of men who shouted "cuckoo" from

sheer *joie de vivre*. It does happen, however, and it happens here.

One morning, as we came in at the gate we saw the crowds being scattered by a small blue car, containing Mr. Rodgers, from which an unmistakable "Cuckoo" was coming. Those who lean to the facile explanation that the noise was due to the car itself are, we are sure, deceived.

It is amazing what these surgeons will do just after breakfast.

THE REFRATORY

The Catering Company is to be heartily congratulated on the Suggestion Book which has appeared in the Refectory. The Company is bound to benefit by showing such willingness to listen to new ideas. Also it is notorious that grumblers are soon silenced when they are asked to do something practical.

Maybe we won't go to the Nurses' Dining Room after all!

HOSPITAL ART EXHIBITION

As a result of the enthusiasm expressed in the JOURNAL last month on this subject, the Students' Union Council has appointed a committee to organize an Art Exhibition sometime in the Spring. It would help the committee if all those who are prepared to submit pictures would send their names to the Editor of the JOURNAL, stating the number of pictures forthcoming and in what medium they are executed.

This exhibition is open to students, nurses and Old Bart.'s men. We hope that no lack of entries will prevent us from being able to stage a really representative show.

It has not been yet decided if photographs will be accepted or not. Further opinion on this subject will be welcome.

THE SOCIALIST SOCIETY

Our Secret Society is seeking the limelight and becoming respectable: that is if the eminence of its speakers is any criterion.

Posters proclaimed that Lord Horder was to speak in a debate, and an expectant flock gathered, only to hear that at the last moment he had been prevented from coming; however none wished, or dared to leave, and the meeting proceeded.

The subject was "The Preservation of Peace", and though there was great diversity of opinion as against whom the next war should be, the only speaker who kept to the subject was a Pacifist. Against him more prejudice was used than argument.

ORIGIN OF THE FILL-UPS

The old prescriptions which we are using as Fill-ups are taken from a book attributed to Robert Boyle—of Boyle's Law fame. It is called *Medicinal Experiments or a Collection of Choice and Safe Remedies*, 1696. The remedies are certainly choice, but whether they are safe or not we do not presume to say. Our thanks are due to the Sister of the Special Department for her very kind loan of the original book.

NEWS FROM OUTSIDE

The Statistics Bill, of which we gave notice in our last issue, reached its second reading some weeks ago but passed in no way without comment. First of all the Minister of Health found himself accused of introducing the Bill not for a second but for a third reading—this being a reference to an article under his name in the London *Daily Express* popularizing the measure on the morning before its being read a second time; then the Opposition proceeded to find it "one of the most dangerous measures introduced to the House since the Sedition Bill"—a reference to the powers it would confer on Registrars to ask "any number of questions up to eight each, to a man and his wife, on registering a birth." Mr. A. P. Herbert went on to suggest just what such questions might be, and developed his theme with such verve and originality that the next day Hansard was literally a best-seller and finally ran out of print and then into a second printing for, it is believed the first time in the history of Parliamentary reporting.

* * *

A private member's Bill to regulate the Conditions of Employment of Nurses was introduced for second reading, which was refused by the small majority of eleven votes following a discussion in which members showed a great lack of familiarity with the subject which it is to be hoped that the Inter Departmental Inquiry will clear up. Having disposed of this measure in three and a half hours of interesting, but largely irrelevant talk, Parliament proceeded to give its blessing to a Bill for the Protection of Quails without one word being said.

* * *

There appears to have been recently a widespread infection by *Sonne's Bacillus*, a typical dysentery being reported in all parts of London; this, together with the Croydon epidemic, raises very sharply the

question of how such infections are carried. It is our opinion that more attention should be given to milk as a possible means of carriage of infections of this group. It is obvious that the bulk transport of milk gives excellent opportunity for infection to spread from one sample to the whole supply of quite a large area. Methods of pasteurization do not seem to be wholly reliable, particularly "flash sterilization" of large bulks of milk; in any case it is waste of time to pasteurize milk if the delivery bottles are not to be sterilized also. The National Government in its White Paper on Milk Policy was inclined to recommend "pasteurization by local option", which would mean, as the necessary plant is expensive, that nothing would be done at all except in the more prosperous cities. There are indications, however, that the Government may shoulder the responsibility more directly in the near future, since the public may well one day discover that milk is a culture medium as well as a food.

* * *

Recent Advances (from Fleet Street workers): " . . . operations with the popular titles of 'left nethrectomy', 'litholotaxy' and 'supratubic prostartectomy'. The latter was the operation performed on Mr. Lloyd George and Lord Baden Powell."

Scoop by *Illustrated London News*: Photograph (× 400) of B. Comi Communis. The burrows did not show.

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DR. JEKYLL DIAGNOSES MR. HYDE

(This Address, which was given at the Inaugural Meeting of the Abernethian Society on October 14th, 1937, by Sir Walter Langdon-Brown, was published in a rather different form in the West London Medico-Chirurgical Journal. We reproduce it here by kind permission of the Editor of that Journal.)

MR. PRESIDENT, LADIES AND GENTLEMEN.

Just forty-three years ago in this Lecture Theatre I heard Sir James Paget deliver the Inaugural Address of the Abernethian Society's session. He only visited the Hospital once more; it was in May, 1895, when the Society celebrated its centenary, and well I remember the warmth with which we welcomed him. As Sir James entered the Hospital in 1834 and read his first paper before our Society the following February, I cannot but be impressed on an occasion such as this with a sense of that continuity which is one of our most valuable assets. You can realize therefore that it is a deeply appreciated honour and a source of pride to be asked to address you in this theatre so full of memories for me, in this Hospital where more than half my life was spent.

A little more than half a century ago the reading public was gripped by the story of "Dr. Jekyll and Mr. Hyde", which appeared, as I well remember, as a slim, paper-covered booklet. Although Robert Louis Stevenson had been writing for several years, he had leapt into fame only two years before with the publication of *Treasure Island*. R. L. S. is not much to the modern taste I fear, but those of us whom in youth he invited to gaze through magic casements into the fairy-land of his imagination are not likely to forget him. Moreover the medical profession owe to him the most graceful compliment we have ever received.

It is usually said the idea of Jekyll and Hyde came to him in a dream. That is true, but it is only half the truth. His biographer Graham Balfour says: "A subject much in his thoughts at this time was the duality of man's nature and the alternation of good and evil; and he was for a long while casting about for a story to embody this central idea. Out of this frame of mind had come the sombre imagination of 'Markheim', but that was not what he required." Do you remember how Markheim the murderer listens in his victim's shop to the many clocks ticking out the minutes to his detection? Then he hears someone coming quietly up the stairs; the door is opened and he is

confronted by his former self. But Stevenson could not find the story he wanted till one night he had a dream. In the small hours of one morning Mrs. Stevenson was awakened by cries of horror from her husband. Thinking he had a nightmare, she roused him. He said angrily, "Why did you wake me? I was dreaming a fine boggy tale". She had awakened him at the first transformation scene, but he found himself in possession of three of the scenes in the *Strange Case of Dr. Jekyll and Mr. Hyde*. He dreamed these scenes in considerable detail, and so vivid was the impression that he wrote the first draft of the story off at a red heat, just as it had presented itself to him in his sleep.

I need only remind you that Jekyll discovered a drug which transformed him into the degraded Hyde and back again at will. As time goes on, the transition downwards becomes easier and in time automatic, while the reverse step grows more difficult and finally impossible. If the moral is obvious, the art with which it is conveyed is exquisite.

Stevenson often drew his characters from life. The original of Utterson in this story was his father's lawyer; Long John Silver of *Treasure Island* was W. E. Henley the poet, and Attwater of *The Ebb Tide* was Dew-Smith, one of the founders of the Cambridge Scientific Instrument Company. Sir D'Arcy Power tells me that Dr. Jekyll was a composite portrait, greatly modified of course, of Dr. Radcliffe, then living in Cavendish Square, and Dr. Anstie of Welbeck Street. Radcliffe was a man of fine presence, but whose whole aspect was apt to be distorted by rage; Anstie was in the habit of experimenting on himself to a dangerous extent with drugs.

The point I want to emphasize is that the dream came into a mind already prepared, as indeed all dreams do. The affairs of the day, wish-fulfilment, unsolved problems, eruptions from the unconscious, all such things are the stuff that dreams are made of.

It is significant that Stevenson wrote in a letter to his cousin, "The prim obliterated polite face of life, and the broad bawdy and orgiastic or mænadic foundations form a spectacle to which no habit reconciles me". Indeed it was a contrast to which he frequently turned. *The Travelling Companion* was a story dealing with his sense of man's double being, but it was rejected by the publisher and the manuscript was burnt by the author. Stevenson's latest biographer, Janet Adam Smith, very aptly points out how the City of Edinburgh itself symbolized for him that sense of double being:

"Socially, Edinburgh was to him a double-faced and deceitful city. There was the polite façade, the squares and crescents of the New Town and the suburbs, filled

with people who, in his opinion, married, had children, gave dinner-parties, and went to church on Sundays, not because these things were good or kind or honest in their own right, but because they were socially correct. Behind the prim exterior of the New Town there was the roaring, drunken life of the High Street and Leith Walk and the Lothian Road; and beneath the frock-coats of the most respectable citizens often lurked malice and brutality and dishonesty. Deacon Brodie, an eighteenth-century embodiment of this duplicity, cabinet-maker by day and housebreaker by night, was the subject of one of Stevenson's earliest stories; and the fable of Jekyll and Hyde has an obvious application to his view of Edinburgh. The realization of the two-sidedness of the city—and, indeed, of human nature in general—struck Stevenson with all the more force because he had been so carefully kept from seeing anything of it as a child or boy."

Indeed no one with any imagination can fail to be impressed by the vivid contrasts presented by Edinburgh: "the sight of Highland Hills round a street corner, or, at the end of an alley, ships tacking for the Baltic"; "the building up of the city on a misty day, house above house, spire above spire, until it is received into a sky of softly glowing clouds"; the castle on its rock, and the grimy, smoky trail of the trains through the heart of the public gardens; somewhat self-consciously the Modern Athens with a tattered hem of murky slums round the old Canongate. At every turn one is reminded of Winifred Holtby's vivid phrase, "We have lost our tails but have not yet grown wings".

It is not surprising that the creative artist was alive to the division of personality before the medical profession, despite the writings of Morton Prince, appreciated its full significance. Sir James Barrie calls his puckish, freakish *alter ego* *McConnachie*, George Moore called his Moro, whom he blamed for his lapses from good taste. Sir William Osler christened his familiar spirit Egerton Y. Davis, the initial standing for that fellow of infinite jest—Yorick. Any editor who received an article with that signature had best be on his guard and keep a sharp look-out for subtle hidden and sometimes Rabelaisian meanings. For the boy who smoked out the school matron with a bowl of burning molasses and pepper survived in Osler to the end. Mr. Kenneth Walker boasts the possession of at least four personalities. As long as this recognition of dual or multiple personalities is conscious it does no harm. But sometimes this second personality gains the upper hand. Of this I will give two examples; in the first the results were harmful, while in the second they appeared to be actually beneficial.

In a remarkable novel, *Hadrian the VIIIth*, by Rolfe,

an Englishman achieves the triple tiara and takes the title of Hadrian, because it is the same as that taken by Nicholas Breakspear, the only Englishman who ever became Pope. He renounces all claim to temporal power, aiming at solely a moral sovereignty over Europe. The people applaud, the Cardinals are scandalized, and Hadrian is killed by an assassin's bullet. Those who knew the author realized that he was always seeing himself as Pope, and as he was not treated as Pope, he was fiercely resentful. He took the title of Baron Corvo—where gained no one knows—and he became more and more overbearing, quarrelsome and impossible in every relationship of life. He saw the hand of an enemy in every misfortune; and where he saw an enemy he struck. The fantastic image of himself that he constructed overflowed into real life; the conflict became an external instead of an internal one. His condition was perilously near a psychosis, if it did not actually become one.

The second illustration is that of John Henry Shorthouse, the author of *John Inglesant*. He proved to be emphatically a man of one book, but that book continued to have readers and admirers more than half a century after its first appearance.

Then in 1925 came a bombshell into literary circles when W. K. Fleming published an article in the *Quarterly Review* entitled, "Some Truths about *John Inglesant*". He had discovered that this much-admired book was a regular mosaic of borrowed gems. The "liftings" were sometimes paragraphs, sometimes whole pages from many works. The extraordinary thing is that many extracts had been taken from books that are still read, and not merely from recondite sources. Yet the book had been published forty-four years before this was detected. It suggests that we are not so well versed in seventeenth century classics as we sometimes pretend to be.

A. C. Benson, who died before these revelations were made, described Shorthouse as a great mystery:

"He was a well-to-do manufacturer of vitriol who belonged to a cultivated suburban circle; he went off to his business in the morning and returned in the afternoon to a high tea. In the evening he wrote and read aloud. He had the fear of epileptic attacks for ever hanging over him, and was unfitted for society owing to a very painful and violent stammer. There was a certain grotesqueness communicated to the face by large, thin, flyaway whiskers of the kind that used to be known as 'weepers' or 'Dundrearies'. This was when he had just dawned upon the world as a celebrity." Some years after Benson saw him again; he was then paler and more worn of aspect. He had discarded his whiskers and had grown a pointed beard.

He was then a distinguished-looking man, whereas formerly he had only been an impressive-looking one. His stammer was not nearly so apparent, and he had far more assurance and dignity.

He went on to say: "But the mystery about him is this. How did this pious, conscientious man of business contrive to develop a style of quite extraordinary fineness, lucid, beauty-haunted, delicate and profound?"

Now does a distiller of vitriol become a distinguished man by fraud and robbery? I find the clue in the fact that Shorthouse was an epileptic. We know by clinical experience that epileptics may suffer from an extraordinary division of personality. Shorthouse making sulphuric acid in Birmingham and taking high tea was one man. Shorthouse in his study utterly immersed in the seventeenth century was quite another, and one Shorthouse did not know what the other Shorthouse did. The real life and the dream life were separate things. In so far as the dream life overflowed into the real life it made a bigger man of him—the complete opposite of Baron Corvo's fate.

The medical approach to dual personality is naturally from a somewhat different angle. To the inheritors of nineteenth century materialistic medicine it was not a welcome discovery that the psyche is a causal factor in disease. "It is the urgent problems of patients much more than the questions put by scientific workers which have given effective impetus to the newer developments in medical psychology and psychotherapy." As a result "to-day we have a psychology founded on experience and not upon articles of faith or the postulates of any philosophical system" (Jung). This involves us at the outset in a discussion of the unconscious. The Freudian attitude to the unconscious is perhaps apt to give it too dark and depressing an impression. Let us therefore start from a biological standpoint as Rivers would have done. Structurally we recognize numerous vestiges of earlier evolutionary phases in the human body, and the human psyche from our point of view is likewise a product of evolution which shows many archaic features. To continue the analogy, a child is born knowing how to breathe, but it has to learn to stand and to walk, though these speedily become almost as automatic and unconscious as breathing. Similarly consciousness did not exist from the beginning, and in every child has to be built up anew in the first few years of life. In itself turning away from instinct contributes to the building up of consciousness.

The development of the individual mind led to the formation of consecutive layers, each possessed of more reality-principle and self-control. But each individual started out equipped in these lower layers with earlier

racial tendencies which were held more or less in abeyance by the higher layers. I have compared this part of the brain to that deep cleft in the rocks near Garavan, where for 100,000 years men dwelt, each generation merely living on the top of the *débris* left by its predecessors. And now, as excavations have removed layer after layer, more and more primitive types of man are revealed. Just so, in disease and in dreams this control of the higher layers is lessened, and the older, more primitive methods of thought reassert themselves. One can see, on this view, how natural it is for the sick person to revert to the primitive belief in magic.

Rivers did not accept Freud's conception of a censorship, but regarded the fantastic and symbolic forms in which hysteria and dreams manifest themselves as a regression to a lower level which was natural to the infantile stages of human development, individual or collective. Thus we reach the higher levels of our nervous system on the stepping-stones not only of our dead selves, but of our long dead ancestors.

(To be continued.)

ANNUAL REPORTS ON CANCER

ANNUAL reports serve many purposes—they inform the subscribers how their money has been spent, they reveal the aims of different research centres, and most important of all, they insure that at least once a year the research worker must take stock and commit to writing his results and ideas.

The following notes are abstracted from four such annual reports, viz. the British Empire Cancer Campaign, the Medical Research Council, the National Radium Commission, and the Cancer Department of this Hospital. It is convenient to consider the various subjects dealt with in these reports under three main divisions—experimental research, clinical research, and administration.

In experimental research it seems probable that there will soon be substantial agreement between the two views that carcinogenic agents are "living" viruses or that they are non-living chemical compounds; thus, for example, the virus of tobacco-mosaic disease has been prepared in crystalline form. There are, of course, still many problems to be solved, and in a short article one can only illustrate the fascination of such work by one or two examples. The delicacy of the chemical work is shown by the fact that methylcholanthrene, the most potent cancer-producing compound known, can be rendered completely devoid of cancer-producing activity by the introduction of a single hydroxyl group

into its molecule. The approaching relations between viruses and chemical compounds may be illustrated in a fowl having both a chemically-induced (dibenzanthracene) tumour and a Rous sarcoma; the Rous virus can be recovered from the dibenzanthracene tumour, so that a cell-free filtrate of the dibenzanthracene tumour will produce a Rous sarcoma when injected into another fowl; yet a cell-implantation of the dibenzanthracene tumour produces a second dibenzanthracene tumour. When the Rous virus is injected into a fowl it can be found in all organs of the fowl; it can be extracted from the spleen, for example, and the extract produces the Rous sarcoma when injected into another fowl. Yet tumours arise only at the point of injection, and never in any other organ; perhaps this so far unexplained observation will prove to have a chemical basis.

On the radiation side, considerable progress has been made towards finding out how radiation affects the cell. For example, the importance of the functional activity of the cell in determining its response to irradiation is clearly shown by the following experiment: Pregnant rats, at full term, were irradiated so that the maternal and foetal intestines received identically the same dose; twenty-four hours later the maternal intestine showed gross injuries, while the foetal intestine was unaffected.

In clinical research there is a steady gathering of facts about the natural history of malignant tumours; for example, the geographical distribution of cancer is surprisingly different in different areas. The mortality from cancer of the skin is only half as great in London as in Lancashire, while that from cancer of the bladder or lung is nearly twice as great; the total mortality from all forms of cancer is identical in the two areas.

Selecting other examples at random, morbid anatomy has demonstrated the close correlation between the histology of a carcinoma of the rectum and its rate of growth and degree of extension; endocrinology is interested in the quantities of hormones produced by malignant tumours of glands, such as the adrenal or thyroid; biochemistry, by determining the serum phosphatase, may indicate the progress of healing of a bone sarcoma under radiation treatment.

Administration involves the day-to-day treatment of malignant disease—how to apply the means available to the best advantage. This is where statistics are essential, and the gathering of such statistics constitutes a large part of the work of any cancer organization. The clinical dresser probably does not appreciate how important are his ward notes for this purpose, for from them both the stage of the disease and the details of treatment have to be evaluated.

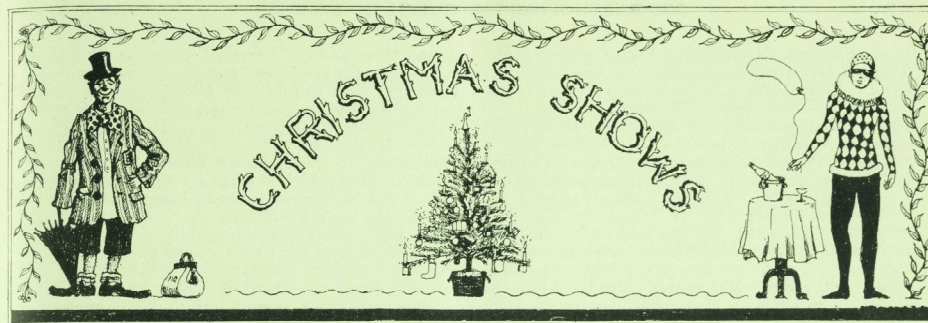
The Radium Commission Report lays particular emphasis on two aspects of administration—the value of "team" work, where the physician, the surgeon and the radiotherapist plan in advance the treatment of the cancer patient, and the importance of the provision of more beds for cancer cases having radiation therapy. The difficulty of the bed question may be illustrated from our own Hospital statistics; over six hundred cancer patients are admitted annually, only two-fifths of whom are treated solely by surgery; yet in the X-Ray Therapy Department a further 240 cancer patients are treated annually as out-patients. The results of radiation therapy support the Radium Commission's plea that it should be available for every cancer patient likely to benefit from it; thus, to take only two examples, in inoperable carcinoma of the cervix uteri (Stages III and IV) the five-year "cure" rate is 25%, and in malignant growths of the nasopharynx (where surgery cannot, as a rule, even be attempted), 40%.

In conclusion, a few notes on the Cancer Department of this Hospital may be of interest. It attracts to the Hospital and administers several thousand pounds annually. While a large proportion of its income must necessarily be devoted to the treatment of patients, it does also support research work of more fundamental character. Prof. Hopwood's work on neutrons is one example, and Dr. Gray's demonstration that the spread of cancer by lymphatic permeation is a rare occurrence compared with that by embolism another. The introduction of the gastroscope into the Hospital was financed by the Cancer Department; Mr. Rodgers from the clinical, and Dr. Magnus from the pathological aspect, are making progress towards clarifying gastric pathology and securing the earlier diagnosis of gastric carcinoma. Drs. Robb-Smith and Bodley Scott are instituting some order into the chaos of the malignant lymphadenopathies, while Drs. Bland and Robinow are continuing their work on viruses and the cinematography of intracellular inclusions. Of other activities of the Department, ranging from super-voltage X-ray therapy to the micro-photography of malignant tumours, there is little space to write; but enough has been indicated to show its many-sided impacts upon the treatment of patients, the teaching of students, and "pure" research.

RALPH PHILLIPS.

An Eye-Water.

Take House Snails, and beat them in their shells, and stratify them with about an equal quantity of Juice of Celandine; draw off the Water in a cold or Pewter Still (such as is used for Rose-Water) and keep the Liquor that will come over close stoppt for your use.



THE SEA URCHINS take first place as the Show of the Year. With the incomparable producership of Ronald Gibson to guide them, with a veteran of the calibre of Keith Vartan (those top notes showed signs of disuse atrophy) to help them and write them lyrics and with a cast bursting with talent they could hardly fail to succeed. But from their brave opening hornpipe to their rousing finale it was obvious that this was no ordinary success—it was a Triumph. Trevor Roberts took Roger Gilbert's place in the balcony and brought the house down in a way that Master must have endorsed. Alf Evans with four bewhiskered colleagues lamented the fate of Poor Little Willy with a pathos which the audience insisted on their repeating, and Keith Vartan, Tom Faulkner and the same Alf performed Savoyard feats of the tongue in recounting the sad story of Mrs. Jenkins's tumour. That the lighting and stage management were in the hands of James Cawthorne is recommendation enough. And through it all Ronald sat at the piano, playing as only he can play.

Ward Show ran *The Sea Urchins* pretty close for first place. Lumb is making his mark as a producer of note, and as a performer he has a confidence and resourcefulness which make him a model for aspiring stars. His monologues look like becoming an institution, though this year's was not, I thought, quite up to last year's standard. The whole show went like clockwork, and there was never a foot out of place in the chorus work. But with all its polish *Ward Show* was just a trifle disappointing. The opening chorus was excellent, and so were the tap-dancing of Lumb and Fletcher and the song of the Four Faded Bluebelts. But their topical switch had not quite the swing of the lamented *Sennapodiensis'* past masterpieces, and not even Lumb could persuade the audience that "Keep Fit" was a good enough tune in which to co-operate. Given better material this would have been a winner.

The Residents always provide good value, and this year, despite a certain lack of rehearsal, they were a real bargain. Clifford Newbold must have spent his recent spell in bed in hard thinking and on his return inspired his colleagues to superhuman effort. Jack shone as "Signalman Sam", but his Fish Train, with Tich Prothero as a van which seemed to belong on a narrow-gauge line and tended to get uncoupled, nearly

stole his thunder. The christening of Master Cumberbatch, etc., etc., was tremendous fun, and "Girls in Blue" was probably the Year's Best Topical Song. And it was good to see, and hear, Kenneth Latter back at a Ward Show piano. Altogether a masterly show.

The Bronchoptimists were ably compered by Carey, with a most becoming curl on his forehead. He had just the right touch of intimaey and insolence to take his audience with him and persuade them that he was there to entertain them, not just to fill in time. He sang a Ronald Frankau song which made them blush and like it. The show, thus pleasantly linked together, ran smoothly and, if unpretentiously, very amusingly along. To the tune of "Riding Down from Bangor" they sang a clever topical song with a welcome difference, since one didn't have to be in the know to appreciate it. Fagg showed considerable versatility as a player of wind instruments while pestering Sheen, who was commendably imperturbable, Burnett and Clunies-Ross tried out a rapid succession of old and new jokes on an unresponsive Neatby, while their potpourri of Gilbert and Sullivan, though somewhat disjointed, at least gave us the Year's Best "Nurse".

The Ballerinas opened with a delightful mockery of the ballet, but spoilt it by their singing being hardly up to the standard of their footwork; nor were their tunes well enough chosen to be welded into a continuous whole. But they made amends in the end, for the "Charladies' Ball" showed neither of these faults and went over well. Bad continuity was their major fault. White produced the most agonizing stammer in the first of two good railway sketches (the second should have been speeded up a bit), and Ellis dealt patiently with the eternal queries of House's horrible child. Liebmann sang very pleasantly to his own guitar, but his voice was not quite strong enough to fill a ward. The best feature of this show was the gusto with which it was presented.

The Unitwits had plenty of talent and made good use of it. Their opening chorus was full of fire and set a good pace, with which the rest of the show had just a little difficulty in keeping up. A show of this sort needed a less polite comper than Coupland. The outstanding turn was provided by Phillips and one of the Dunns. As a pair of policewomen they were superb in the best Music-Hall tradition. Messent and the Dunns (both of them this time) made a delightful trio of Little

Prairie Flowers and Reinold played expertly on the piano. That old favourite with the imaginary tower turned up again and was as great a success as ever. I particularly admired the ample lines of Richards's damsel. The historical song produced some delicious fooling—Phillips as Nelson reviewing the parade was a ten-second masterpiece—but the words could have been funnier. Throughout the show there was a streak of imbecility which was truly nitwittian, but also gave it a slightly slapdash air.

Wilson's Witches were an outside lot, and that may have accounted for the somewhat ponderous tempo of their show. Nevertheless, they sang as though they found it a tremendous joke and were bursting with good spirits. Macpherson, whether telling us stories or treading an elephantine measure as Billy Mulligan put Jeffery in a good humour, and we could even forgive Jeffery for taking up his cornet (or whatever it was) after a fallow four years (if my information is correct). Their illustration of the change in honeymoon manners, if slow at the start, was rounded off with a snap that gave no one time to be shocked and gave Gask a chance to shine as a modern bride, while Carroll won the title of the Year's Best Falsetto as the poor but honest heroine of their melodrama.

Les Folies Bleu Clair (*sic*), in the capable hands of Geoff Darke and with the advantage of Alan Thomson at the piano and three other competent musicians in their ranks, was the Year's Best Firm Show. "Wake Up and Live" was sparkling, and "We're Tough, Mighty Tough", with its rebellious companion, "Sister Don't Allow", vied in conception and execution with the Residents' song for the Topical Championship. "Only a Mill Girl"—more melodrama but this time without music—produced some good lines and was acted in the right spirit, though it was a little bit too long. And Darke must be congratulated on the way he succeeded in the task of persuading the audience to sing the sad song of the Lady and the Crocodile. Harold did his part of the compering with aplomb, and co-operated with Ward and Latham in giving an excellent musical number; that old favourite with the imaginary tower turned up again (yes, again) and was as great a success as ever. There was life and punch in this show from start to finish.

Geoff's Mutts were unlucky in losing two of their number over the weekend, but had I not known that some of their performance was given under this difficulty when I saw them on Boxing Day, I would still have thought them pretty good. They had the pleasant idea of using as their costume that of their Chief, and some of them achieved an almost libellous likeness of appearance and manner. Dixon ran the show vigorously, and sang and played expertly a very Gonnella-esque number. But he was not so successful as Darke with the audience in "The Sheep Were in the Meadow", despite the assistance of his sheep and (on Christmas Day) cow. They had a first-rate pianist in Jarvis, and their opening and final numbers were on the right lines.

The Benedictines gave a show which was almost entirely musical and, well compered, ran through without any hesitation. But when I saw their first performance they all looked as though they were suffering from post-Christmas dyspepsia, and although a later visit

showed them to have improved somewhat in spirits they could still have done with a few more smiles. Their show itself was far from gloomy. They opened with a good short, snappy chorus, and their "Cleaning Windows" song was as good as any. Rees and Horton sang a Flanagan and Allen duet pleasantly, and Katz joined them in a fair, though lifeless, "No, No, A Thousand Times No!" I liked "Chinese Laundry Blues" and their topical sketch, but they failed to give their show a polished finale.

Riff Raff was the most colourfully dressed of the shows, but their performance failed to come up to the brightness of their appearance. The singing had a dreariness which was not suited to their songs, and was matched by a rather mournful expression on most of their faces. Their broadcasting sketch was amusing, as was the exasperating behaviour of an applicant for a pension, though this latter could well have been shorter. Nel showed himself an expert on the keyboard, whether attached to a piano or to an accordion, and Sullivan compered with quiet composure, though his jokes didn't always get home. "It's a Lie" was a bad choice as a song, being lacking in point and in wit. The whole show needed a strong infusion of life.

Porters' Potpourri was a very welcome revival of an old custom and more than justified the resurrection. Lewis (No. 3, I think; A. Lewis, anyway) wrote a lot of the material, produced the show, played a vigorous part in it and infused a lot of his own high spirits into the rest of his cast. They opened with a rollicking chorus, and then proceeded to unveil hitherto hidden talent among the men we are accustomed to see wheeling stretchers and working lifts. Rees produced a fine voice and Scottow played expertly on the mandoline. Seabrooke scored a big success as the unwilling victim of a ghoulishly-conceived Dental Department and again, ably supported by Wilson, in a sketch which, if a little too long, at least provided some uproarious farce. Perhaps the best turn was the Lift-Boys' Song with Lewis, Wilson, Covelley and Stokes (Albert to you). Stokes at last succumbed to the irrepressible Lewis and made his solo into an effective duet, and Hastings surprisingly produced a harmonium with which to collaborate with Scottow and Lewis in "A Monastery Garden". A thoroughly good show, Porters—may next year's be as good.

Looking back on the shows as a whole I feel that the one thing in particular in which there is room for improvement is Lighting. It is impossible, of course, for every show to carry round equipment as elaborate (and effective) as did, for example, *The Sea Urchins* or *The Bronchopituitists* this year. But even a single flood makes a great difference, especially as ward-show performers so often insist in standing right on top of the footlights. And the advantage of a quick black-out over the cumbersome closing of screens is one which producers should consider more deeply.

The Potpourri this year is wisely being given in the Cripplegate Theatre and should be well worth seeing. But if all the best turns are to be included the programme will be unconscionably long.

Φ

POST-OPERATIVE KETOSIS

THE changes in the body fluids induced by surgical operations under anaesthesia have been the subject of much attention in recent years.

As biochemical methods were being applied more frequently in surgical practice, it was realized that disturbances in the water, sugar, ketone and nitrogen content as well as in the acid-base balance of the blood co-operate in producing a clinical picture to which the comprehensive term "post-operative humoral upset" has been aptly applied (Laduron, 1934; Letulle, 1935). Since several of these factors are usually acting together, the part played by each in the establishment of the condition is often difficult to determine.

Increased urinary acidity following operations under general anaesthesia was first noticed by Kast and Mester in 1891, and proved by Becker in 1894 to be due to the presence of ketones in the urine; he found Legal's test positive in 62% of urines after chloroform and ether narcosis, and in 1908 Cunningham obtained similar results after ethyl chloride. In addition, glycosuria was sometimes observed, and examination of the blood showed the presence of excess ketones and glucose, with a simultaneous accumulation of lactic acid (Fuss, 1934).

Mechanism of the ketosis.

The exact mode of production of the ketosis is still controversial. Undoubtedly, inanition, aided by faulty pre-operative preparation, is prominent among the causative factors. The patient often enters hospital in a bad nutritional state; with the traditional pre-operative régime of fasting and purgation, he not infrequently arrives on the operating table in a state of semi-starvation, while the usual post-operative treatment is not conducive to a rapid filling-up of his depleted carbohydrate reserves.

The anaesthetic itself constitutes a second cause. Roscher (1933) made the observation that both ether-chloroform narcosis and local anaesthesia provoke an exactly similar and often considerable decrease in the glycogen stored in a rabbit's liver, proportional to the time of anaesthesia and the quantity of anaesthetic administered. However, while narcosis is followed by hyperglycaemia, Roscher did not observe a similar rise in the blood sugar in the case of local anaesthesia. This fact "is suggestive of the carbohydrate metabolism during narcosis, being less intense than during local anaesthesia and far from able to keep pace with the glycogen mobilization".

Thus ketosis in the first instance seems to be provoked

by concurrent lack of carbohydrates and a disturbance in their metabolism, possibly with the less important aid of tissue trauma (Fuss); lastly, psychic influences, especially in children, may be instrumental in causing a metabolic upset.

Once ketosis has supervened, vomiting, if not already present for other reasons, is almost certain to occur, and by itself tends to increase the severity of the existing starvation and thus the ketosis. In this way a vicious circle is set up which if unbroken may become dangerous, and indeed fatal.

Incidence of ketonuria.

Laduron recorded ketonuria in 82% of 45. Roscher in 33 out of 36 patients under general anaesthesia. Ketones can usually be detected in the first sample of urine voided post-operatively, reach a maximum on the day following operation and then rapidly disappear. Ketosis and ketonuria are particularly likely to occur after operations on the liver and gall-bladder, and in cases of thyroidectomy for Graves' disease; in the first two, because of the frequently pre-existing liver damage, in the second owing to a severely deranged metabolism prior to the operation.

I have examined the incidence of ketonuria following an unselected series of 100 operations performed at St. Bartholomew's Hospital. All operations were done under general anaesthesia, and the first sample of urine passed after the operation was chosen for testing in every case.

The tests employed were Gerhardt's ferric chloride and Rothera's nitro-prusside tests, the latter being twenty times more sensitive for aceto-acetic acid than for acetone. Gerhardt's test was found unsatisfactory, as slight colour changes are difficult to appreciate, and the test is in many instances masked by the post-operative administration of salicylates; figures obtained by means of this test are therefore omitted.

The results given by Rothera's test were roughly subdivided into "Rothera +", and "Rothera ++". "Rothera +" includes all urines in which ketones were discovered. "Rothera ++" means that a deep permanganate colour appeared within ten seconds from the moment of adding the nitro-prusside solution. The test was regarded as negative if no definite change of colour had occurred after three minutes. Gerhardt's test was found positive in all cases with "Rothera ++" and a number with "Rothera +".

Operations included examples of most of those commonly performed, from minor operations and cystoscopies under a general anaesthetic to severe thoracic and abdominal cases.

Results.

TABLE I.

Number of operations	100
Rothera +	75
Rothera ++	26

TABLE II.

	G. + O.	G.O.E.	G.O. Chl.	G.O. + Bas. An.*	Spinal.
Total number	8	55	8	12	4
Rothera +	4	47 = 85%	3	9 = 75%	3
Rothera ++	0	18 = 33%	1	2 = 17%	2

* G.O. + Bas. An. includes avertin, evipan, nembtal and pentothal. Other anaesthetics used: Evipan only, 2 operations; avertin, cyclopropane, ether, pentothal only, 1 operation each. Anaesthetic not recorded, 7 operations.

From these figures it is seen that ketonuria was present in about the same percentage of urines as in other series, and that the type of anaesthetic used seemed to have little influence on its incidence, with the exception of simple gas and oxygen, which had an appreciably lower percentage.

Significance of ketosis and ketonuria.

The clinical picture of a severe post-operative ketosis is comparatively clear-cut. Symptoms usually start on the second day after operation: The patient is restless, the face flushed, the temperature elevated. There is a definite smell of acetone in the breath. The tongue is red and dry, and there may be diffuse abdominal pains (Mason, 1937). This condition, however, fortunately occurs but rarely.

The significance of slighter degrees of ketosis is much more difficult to assess. We are here dealing with predominantly subjective symptoms, which are, moreover, influenced by a large number of factors, such as the type of operation, the skill of surgeon, anaesthetist and the nurse in charge during the post-operative period, the drugs given in addition to the anaesthetic, and the psychological make-up of the patient.

Thus post-operative vomiting, for instance, is dependent on too many other factors besides ketosis to be necessarily of significance. In my series of 100 patients, 62 vomited post-operatively, while 38 did not. Rothera's test was positive in 82% of the first and fully 63% of the second group, and in general the vomiting was not more severe in the Rothera-positive patients, though exceptions occurred.

However, several writers (MacNab and Scarlett,

Perrin, 1934) assert that the general post-operative condition is strikingly better in ketone-free patients, and that they pass flatus earlier and vomit less than others with marked ketonuria. As children are particularly liable to metabolic upsets, they show the symptoms of ketosis more frequently than adults.

Treatment and Prophylaxis.

Glucose, given orally and parenterally, was early employed in the treatment of severe post-operative ketosis, with the later addition of insulin, soon after its discovery (Thalhimer, 1923; Fisher and Snell, 1924). The question of prophylaxis, however, is still unsettled. While it is generally agreed that pre-operative starvation is to be condemned, certain workers have advocated the pre-operative administration, in addition to the normal diet, of extra amounts of glucose, their idea being that it will be stored in the liver, and thus afford an additional protection.

According to Flint (1933), the diet must contain a daily total of at least 240 gm. of carbohydrates, and as this allows nothing for extra storage, more should be given. Thus MacNab and Scarlett administer 250-300 gm. of glucose in a quart of iced lemonade, on each of the two days preceding operation, and Perrin gives in addition 10 units of insulin two hours before operation, except in obviously young and healthy patients, undergoing operations of only moderate severity. At St. Bartholomew's Hospital the addition of smaller amounts of glucose to the normal diet has been tried, with the results recorded below.

Glucose was given pre-operatively in two forms:

(1) Pure glucose: Of this 4 drms. were given orally on the day of operation.

(2) The patient was given barley-sugar containing 80% glucose. Inquiry showed that the maximum taken by one patient was about twelve lumps, or 2.5 oz. It is reasonable to assume that few patients took more than a total of 50 gm. pure extra glucose, while many took less. Insulin was given in no case in the present series.

The question of glucose therapy was considered in 72 patients:

TABLE III.

	No. of patients.	Rothera +.	Rothera ++.
Extra glucose	46	34 = 74%	12 = 26%
No extra	26	22 = 85%	6 = 23%
Total	72	56 = 78%	18 = 25%

TABLE IV.—Examples.

Operation.	Glucose.	No. of patients.	Rothera +.	Rothera ++.
Hernia	Extra	8	8	6
	No extra	4	4	2
	Total	12	12	8
Partial thyroidectomy	Extra	4	3	1
	No extra	3	2	0
	Total	7	5	1
Local excision of breast	Extra	3	2	0
	No extra	3	3	1
	Total	6	5	1
Genito-urinary operations, excluding cystoscopy	Extra	7	5	1
	No extra	2	2	0
	Total	9	7	1

TABLE V.—Vomiting.

Glucose.	No. of patients.	Patients vomiting.
Extra	46	28 = 61%
No extra	26	20 = 77%

No difference was noticed between the two groups with regard to the severity of the vomiting.

Thus the pre-operative administration of small amounts of extra glucose was not found to exert an appreciable influence on the incidence of post-operative ketonuria; further, as the occurrence of post-operative vomiting depends on a number of factors besides the presence of ketosis, the slightly lower incidence of vomiting under glucose administration cannot be considered significant.

Summary.

(1) Ketonaemia and ketonuria occur after a large number of operations under general and local anaesthesia, particularly after operations on the liver and gall-bladder, on patients with Graves' disease and in children.

(2) Ketosis is caused by the anaesthetic itself and is aggravated by the patient being starved; trauma and psychological influences are further contributory factors.

(3) Among the effects on the patient of a severe ketosis are fever, vomiting and abdominal pains; these must be combated by the administration of glucose and insulin.

(4) Slighter degrees of ketonaemia produce less well-marked symptoms.

(5) At St. Bartholomew's Hospital the pre-operative

use of small quantities of extra glucose was found to have no appreciable influence on the incidence of post-operative ketonuria and vomiting.

(6) The pre-operative exhibition of larger amounts of glucose, with or without insulin, is reported by some authors to benefit the general post-operative condition, and is now under trial at this Hospital.

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F. W. GUNZ.

OBITUARY

FRANCIS WILLIAM O'CONNOR, 1884-1937.

The science of tropical medicine lost a distinguished exponent when on October 2nd Prof. Francis W. O'Connor died at the Columbia Presbyterian Medical Centre in New York City, following an operation for intestinal obstruction. For some time previously he had been suffering from heart disease.

Born at Limerick in the Irish Free State in 1884, O'Connor entered St. Bartholomew's in 1901, and qualified M.R.C.S., L.R.C.P. six years later. Very early in his career he decided to make tropical diseases his speciality. After house-appointments at the Seamen's Hospital, Greenwich, and at the Hospital for Tropical Diseases, he served for three years as medical officer to the foreign community on the island of Formosa. In 1913 he returned to England to take the Cambridge D.T.M.&H., and was appointed Demonstrator in Medical Entomology at the London School of Tropical Medicine. This same year he acted as honorary secretary of the Section of Tropical Medicine at the annual meeting of the British Medical Association. His academic life was interrupted by the war, when he joined the R.A.M.C. to serve in France, Egypt and Salonika.

In 1919, as Wandsworth Scholar of the London School of Tropical Medicine, he travelled in the Samoan, Tokelau and Ellice Islands in the Pacific. Here began his researches on filariasis, a disease which was to fascinate, intrigue and perplex his eager and critical mind until his death. His contributions to its aetiology and treatment were numerous, exhaustive and exceedingly distinguished, and many of its problems he worked out experimentally on himself, at times seriously jeopardizing his health.

In 1924 O'Connor went to New York as Assistant Director of the Division of Medical Education, Rockefeller Foundation, and, after a year spent as Visiting Lecturer in Tropical Diseases at the Puerto Rico School of Tropical Medicine, he became in 1928 Director of the Department of Tropical Medicine and Associate Professor of Medicine at Columbia University.

Small in stature, reserved and moody, though often enthusiastic and genial, disliking and avoiding social life and scientific meetings, O'Connor was a tremendous worker and a voracious reader of scientific literature, history, biography and detective stories. The latter he read not so much for relaxation as for mental exercise, preferring the methods and exploits of English detectives to those of their American colleagues. Keenly interested in the history of tropical medicine, particularly of filariasis, he spared no trouble in going to the original sources. The old books he loved, and the old masters he knew intimately.

Living quite simply in the medical students' dormitory close to his work, much of his research was done over week-ends in a laboratory at his farm in the country.

WALTER R. BETT.

CEREBRAL VASCULAR ACCIDENTS

THE Abernethian Society met on December 2nd to hear an address from Dr. C. M. Hinds Howell on "Cerebral Vascular Accidents". There were present Prof. Ross, Dr. Chandler, Dr. Cullinan, Dr. Denny-Brown, 80 student members of the Society, Miss Dey, and 80 members of the nursing staff. Mr. Harmer was in the chair, and reminded the Society that it was having the privilege of listening to what might be regarded as a substitute for Dr. Hinds Howell's farewell lecture, which illness—from which he had obviously and happily recovered—had prevented him from delivering at the proper time. He went on to tell a tale of his return home from the Students' Union Ball in which he fell into conversation with a horse and was subsequently disbelieved by his dog. He felt that this strange adventure might perhaps be explained by Dr. Hinds Howell on the basis of a cerebral vascular accident.

Dr. Hinds Howell confessed himself amazed by what he had just heard. He could not explain Mr. Harmer's experience as a manifestation of any known vascular accident. He could only suppose that he had looked on the wine when it was red and that there had been bubbles in his blood.

He went on to say that the title of his talk had as little connection with what he intended to say as the title of a surrealist picture had with what it in fact depicted. He intended merely to describe three pathological intracranial conditions, only one of which might be called a traumatic accident. The first of these was—

Subdural Hæmorrhage.

This condition might be caused by severe injury to the head, but might also result from trivial injury, especially in an old person if the force were applied to the head in the antero-posterior diameter. He reminded his audience of the anatomy of the superior longitudinal sinus which, though itself fixed to the skull, yet receives unsupported lateral contributory veins. A longitudinal blow to the head would cause a movement of the brain, and thus of the contributory veins, relatively to the fixed sinus. The junction of these veins to the sinus would be likely to be torn, and venous hæmorrhage would result, especially in old people whose vessels had lost some of their youthful elasticity. It had been said that in only 50% of cases of subdural hæmorrhage had the responsible injury been sufficient to cause loss of consciousness.

The characteristic clinical feature of chronic subdural hæmorrhage was the prolonged "latent interval" which elapsed between the injury and the development of signs of increased intracranial pressure. This latent interval was to be contrasted with the much briefer "lucid interval" in cases of concussion. The latent interval of subdural hæmorrhage might last for months: indeed one case of an interval of two years was on record. The latency was due to the slowness of the bleeding. That was certain, but the mechanism of this slow bleeding was less certain. A membrane appeared to develop round the original extravasated blood; this membrane became vascularized, and slow oozing of blood from these new-formed vessels seemed to occur.

He would give two examples to paint a clinical picture of the condition:

CASE 1.—This concerned an elderly man of 65 (who was thus truly elderly compared to the patient referred to by a candidate in a recent examination as an elderly man of 35!), a bus, an urchin and a bicycle. The man was hurrying after the bus when the urchin on the bicycle knocked him down. He picked himself up slightly dazed, and was taken to the Royal Northern Hospital. After a few days he was discharged, but continued to have headaches, to be irritable and to be not quite "on the spot". After three weeks of gradual deterioration he developed a slight left hemiplegia, and Dr. Hinds Howell was called in. He found bilateral papilloedema. He went to Prof. Ross for help, who agreed to operate, did so, found a hæmatoma and removed it. But all did not go well. The next evening the patient was comatose and Dr. Hinds Howell suggested to Prof. Ross that he had left a vessel untied. With this opinion Prof. Ross would not agree; nevertheless he reopened the wound, only to find all well, except that the brain had not expanded to fill the cavity formerly occupied by the hæmatoma. The next morning the patient died, and *post-mortem* was found to have an even larger hæmatoma than that which had been removed, on the other side.

This case illustrated the fact, which was not known then, that 10% of these cases show bilateral hæmorrhage, though this was the only example that Dr. Hinds Howell had himself seen.

CASE 2.—This concerned a young man on a motor-bicycle and his fiancée riding pillion. (At this juncture Dr. Hinds Howell broke off to beseech those members of the nursing staff who were present never to ride pillion. This practice he considered to be dangerous from every point of view.) These two met with a serious accident one August in which the girl was killed and the man was rendered unconscious, was badly

damaged and lost an arm. In time he recovered and returned to work at the counter of his father's tobacconist's shop; he still suffered, however, from very severe headaches, which got steadily worse in spite of the sympathy of out-patient dressers on his frequent visits to the Surgery. Eventually, in November, Dr. Hinds Howell was asked to see him and he was admitted. In this Hospital, under careful treatment, he improved so rapidly that he was allowed, when the time arrived, to attend the Ward's customary Christmas festivities. On Boxing day he was frightful. Since there were others who had suffered as he had, his condition was attributed to the bean. But on January 1st he was found to have papilloedema and a diagnosis of subdural hæmatoma was made. As there were no localizing signs, a ventricular evacuation was performed by Prof. Ross. One side was found to be compressed; an operation for the removal of a hæmatoma was done on that side, and the patient recovered completely.

These two cases showed that subdural hæmorrhage might occur in youth as well as in age; indeed cases had been recorded in infants. The headache and irritability during the latent interval were almost indistinguishable from "traumatic neurasthenia", which was therefore a term to be used circumspectly. The first case showed the difficulty in the interpretation of pyramidal signs. Here the larger hæmatoma probably drove the brain across to the opposite side and against the tentorium, and thus caused homolateral hemiplegia. The only certain localizing sign was a dilated pupil. If this appeared in one eye the hæmatoma would certainly be found on the same side. The only treatment was operative.

He then showed some slides demonstrating the naked-eye appearance of the hæmatoma, the depression it caused in the brain, and the microscopic appearance of the false membrane that was formed and of the vessels within it, which were probably responsible for the slow oozing of blood during the latent interval.

The second condition about which he intended to speak was—

Subarachnoid Hæmorrhage.

This might happen in any hæmorrhagic condition, or in hyperpiæsis, but was especially liable to arise from an aneurysm. Such an aneurysm might occur anywhere, but was most frequently found on the circle of Willis, and was most commonly due to a congenital defect, when it was called a "berry aneurysm"; but it might also be syphilitic or endocarditic in origin. If the aneurysm ruptured, death invariably followed; if it just leaked, the patient might well live to leak

another day. He had known one patient who leaked five times.

A proper leak from such an aneurysm resulted in a characteristic ritual. The patient would cry, "Oh my head!" and fall unconscious to the floor. If this occurred, the diagnosis could be made on the spot, but the event was not ordinarily seen and the patient would be found in coma. He would be likely to have albumen in the urine and a diagnosis of uræmia might easily be made. There might also be sugar in the urine, when the coma might be mistaken for that of diabetes. He remembered one patient who had been brought to the hospital in coma; his house physician had found sugar in the urine and diagnosed diabetic coma, but in spite of the very best treatment the patient remained unconscious. The house physician came to him to ask what he should do and mentioned that the patient's neck "seemed rather stiff". He bet him half-a-crown that if he did a lumbar puncture he would find a blood-stained cerebro-spinal fluid. It was an easy half-crown. The blood-stained fluid was found all right.

Sometimes there might be no loss of consciousness, but merely severe pain. A hemiplegia might also result. The first case he remembered was that of a telephone operator, aged 19, who while telephoning said, "Oh my head!" and collapsed. When he saw her she had papilloedema and a hemiplegia and he diagnosed her as a case of cerebral tumour. A decompression over the motor cortex was done, at which he with difficulty restrained the surgeon from removing bits of the brain in his ardour. There was consequently a complete recovery within four weeks and there was no residual bulging of brain through the cranial wound. The patient was about to leave hospital when she suddenly relapsed into unconsciousness, the brain began to bulge out, and she died. *Post-mortem* an aneurysm which had leaked twice was found.

The youngest case he remembered was a boy, aged 9, in whom a diagnosis of cerebro-spinal meningitis was made at first. This patient recovered and was now an officer at sea. He did not know if he had leaked again.

An occasional symptom was a cranial nerve palsy. One case in Annie Zunz Ward had a complete third nerve palsy but recovered and was now a cook for a colonel on Shooters Hill, which showed how good she must be. She still had some residual third paresis, however.

He expected that many of his audience had suffered from migraine—he had done so himself—for it occurred mostly in intelligent people. Ophthalmoplegic migraine had been shown to be associated with aneurysm of the circle of Willis. He had at the moment a young

patient in the National Hospital who had ophthalmoplegic migraine with some residual third paresis. This boy's clinical clerk reported that his symptoms were ameliorated by compression of the carotids, which might cause such an aneurysm to decrease in size.

The diagnosis of subarachnoid leakage was not difficult with its characteristic symptoms of headache, convulsions, delirium and coma followed by retinal hæmorrhages, papilloedema, albuminuria, glycosuria and pyrexia, and above all with the blood-stained cerebro-spinal fluid which should always be examined. Localization, however, was often difficult; calcification in the walls of an aneurysm might be seen in X-rays, when it gave rise to an appearance known as Albl's rings. Aneurysms might also be demonstrated by thorotrast injection, though this method was not without its objections. He instanced a patient of his who, during an injection of thorotrast, suddenly cried out, "Oh my eye!" and became blind in one eye. Next day the eye appeared bright green by ophthalmoscopy. Six weeks later sight returned. He would leave his audience to reason out for themselves an explanation for this mystery. He emphasized the fact that only a carotid cavernous aneurysm gave an audible bruit, and that this was more easily heard by the patient himself than by the doctor. The commonest causes of intracranial bruits were angiomas or vascular meningiomas.

He then showed some X-ray photographs of Albl's rings, of thorotrast demonstrations of aneurysms and a meningioma, and of an angioma with partial calcification.

The last subject with which he proposed to deal was—

Hypertension.

There was no time for him to list all the cerebral symptoms of this condition and of the accompanying arterio-sclerosis. The patients were likely to suffer from headaches, irritability, giddiness and loss of memory. They might be quite young and very troublesome to treat. The blood-pressure might reach extraordinary heights. He remembered a Frenchman, chief chef at the Savoy, who suffered from severe headaches and giddiness. He had a blood-pressure of 315, and there were hæmorrhages all round his discs. He asked him, "Do yourself well?" He answered "Yes". "Champagne?" "Yes." "I'm afraid it will have to stop." The man paused and asked, "Look here, doctor, will I get well if I give it all up?" "No." "Very well, I won't." "You'll bust if you don't." "Very well, I will bust!" And bust he did very soon. He was a gallant young man. These patients may have transient paralyses, but if they last more

than a day they are likely to be permanent. These fits were probably due to spasm, but were a grave omen. One day the patient evincing them would develop a hæmorrhage or a thrombosis. The blood-pressure might be very variable. One patient of McAlpine's had a normal pressure of 205. One afternoon it rose to 320 and the patient had a fit; in the evening it was down again to 230, and the patient was well again. The fact that they had fits, severe headache, vomiting, papilloedema and even coma might lead to a diagnosis of cerebral tumour. But patients with a cerebral tumour did not usually have hyperpæsis or retinal hæmorrhages.

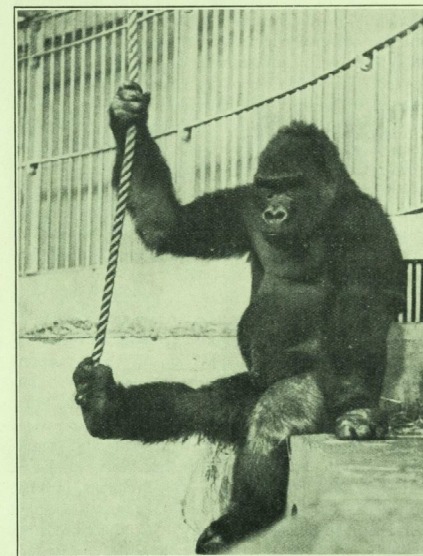
Finally Dr. Hinds Howell showed some slides to illustrate the local degeneration of the cerebrum which resulted from hypertension and gave it a moth eaten appearance, and of the characteristic changes seen in the fundus.

Dr. Chandler, in proposing a vote of thanks to Dr. Hinds Howell, compared his enjoyment of the lecture to that which he had felt when he first read Trousseau on apoplexy. It was the joy of listening at leisure to the exposition of a master. He spoke further of his deep appreciation of Dr. Hinds Howell's kindness and ability, from which it had been his good fortune to benefit daily during many years of happy co-operation. The vote of thanks was seconded by Mr. Terry, who referred to a historical subdural hæmorrhage, that suffered by Louis Pasteur, from which he recovered to do some of the greatest of his work.

Dr. Hinds Howell in reply said that he was much touched by what had been said by Dr. Chandler, than whom he could imagine no more loyal colleague.

they deserve, and the road is now left open for an unbiased investigation of primate behaviour.

The first essential when investigating the behaviour of animals is to adopt an attitude that may be described as "behaviouristic". This does not mean a blind acceptance of the tenets of Dr. Watson's Behaviourist School of Psychology, but the adoption of the view that the emotions and intellectual abilities of animals are



MONKEY POWER. (By kind permission of the Zoological Society.)

MEN, MONKEYS AND SCIENTISTS

MEN and apes have many vices in common. Vice is such a distinguishing characteristic of the human species, that it is easy to understand the tendency of the old time naturalists to extend this similarity from moral to intellectual spheres. In the formidable array of anecdotes so uncritically accepted by former generations, we find apes accredited with a cunning that is almost oriental in its subtlety. Even in the sphere of mathematics their performances, if not Newtonian, would certainly have done credit to a board school. With the growth of scientific consciousness, however, such tales have fallen into the discredit

capable of being estimated quantitatively by physical methods. Thus the old system of anecdote and personal interpretation, or misinterpretation, is replaced by adequately controlled experimental situations in which the personal element is—to as great an extent as possible—excluded. The necessity for excluding personal contacts with the animals is well shown by the case of "Clever Hans", the counting horse, who could, with the utmost ease and rapidity, derive the square roots of three-figure numbers. This mathematical prodigy was eventually explained on the basis of clues given to the horse by small movements of his master's head.

In the simplest quantitative method, a direct estimation is made of the amount of work an animal will

do, in order to obtain any one of a series of desired objects. Thus a male baboon may be made to work in order to obtain a female in heat. When a value has been obtained for the maximum amount of work that he will perform to get his mate, the female is replaced by some other desirable object, such as, shall we say, a banana, and the procedure repeated. When a second value has been obtained for the work equivalent of the banana, we are in a position to evaluate the desirability of the female in "banana power" or, alternatively, the desirability of a banana in "female power".

In another method, used so successfully by Kohler, who worked with chimpanzees, the animal is presented with food placed just out of his reach, but which can be obtained by means of instruments such as sticks or boxes, which have been placed in the cage. Thus the chimp may have to pile two boxes on top of each other in order to get his reward. This method is admirable for studying the ability of apes and monkeys to solve comparatively intricate problems. Recently interesting comparisons have been made between the abilities of chimpanzees and idiots to solve similar problems. We shall, however, return to this later.

The most fecund method of research has been developed from the conditioned reflex experiments of Pavlov. The animal is required to make a differentiation between two boxes, only one of which contains food. The boxes are similar save in one respect. Thus one box may sport a red circle on its lid and the other may have a white circle. The monkey is trained to expect to find food only in the box on whose lid there is a red circle. When this reaction has been established the circles are replaced by squares, hexagons, or what you will, the only constant factor that can be associated with the food being "redness". In this way it is possible to investigate the animal's sense perceptions, his ability to discriminate between geometrical forms, and his capacity for appreciating abstract relations and qualities, such as triangularity, brightness, etc.

We have discussed the methods: now we will evaluate the results.

Firstly, the special senses. In vision, monkeys and apes have poorer acuity than human beings, but they are able to discriminate between degrees of brightness which cannot be appreciated by the human eye. Their capacity for seeing colours is equal to that of men. On the interpretative side there is slight evidence that they can recognize photographic reproductions of objects and creatures that have emotional significance to them, such as food or snakes. This is remarkable in view of the fact that anthropologists have described many cases of savages who are unable to interpret even the most straightforward of photographs.

The ability of apes and monkeys to use tools is limited, but by no means negligible. Thus Sultan, the most intelligent of Kohler's chimpanzees, was able to teach himself to fit together two jointed pieces of bamboo in order to reach a piece of food that was too far away to be obtained by using either stick alone. In the architectural sphere the ability of chimpanzees to build pyramids of boxes is limited by a total disregard for the laws of gravitation. This is not surprising when it is remembered that these animals have no constant relation to the earth's surface, and are as likely to be hanging head down from a branch as to be standing erect. Such conditions are not likely to help them to discover the laws that they so flagrantly disobey.

The performances of idiots and chimpanzees in building up boxes in order to obtain a reward have been compared. It was found that an idiot with a mental age of two years was rather slower than the ape in solving the problem, but, after the first success, perfected the solution with much greater rapidity.

The memory of apes for the relative position of objects is much more exact than that of human beings. However their capacity to memorize the exact shape and character of things is disappointingly low.

Both monkeys and apes have a great ability to distinguish between similar geometrical forms, but there is much doubt whether they can appreciate such concepts as those of "triangularity", etc. In this they are much inferior to a five-year-old infant, whose superiority lies largely in his ability to verbalize the problem presented to him.

Many attempts have been made to teach monkeys to count, and varied and ingenious methods have been used. The writer, after a year's work on this subject, has no hesitation in saying that both monkeys and chimpanzees are entirely lacking in this faculty. Opinion, however, is still divided, for it is much harder to prove inability than to prove ability. It may be that a supercerebrated ape will one day be found that is capable of distinguishing 1 from 2, but the possibility is remote.

In this short account it has been shown that the mentality of sub-human primates, while showing some similarity to that of humans, is of a very different quality. Man's superiority cannot be entirely explained by his capacity to solve his problems by verbalizing them. There is a much wider gap than this between the two mentalities, a gap which is bridged by the abnormal of the human species—the congenital idiots. Thus in the end it is the anatomical differences that determine the psychological disparities.

J. B. DOUGLAS.

CORRESPONDENCE

CONDITIONS OF NURSING.

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

DEAR SIR.—With reference to your article on Nursing Conditions, I should like to say that the Nurses in this Hospital are fortunate in having very little at which to grumble. Our Nurses' Home is comfortable and convenient, our food, if not always quite up to standard, is on the whole, perfectly good (though sometimes badly cooked), and very much better now than it was three years ago. We are better paid than many of our friends in the provinces, and our off duty is, to my mind, sufficient.

If we must have an eight-hour day, could it not be very well managed by giving the nurses four hours off duty every day, with an hour for dinner and half an hour for tea, which meals must both be taken in the dining-room? The nurses at present have four hours off duty on Sundays, and I do not see why this should not be workable with one or two extra nurses per ward, instead of a whole shift. The three-shift system, in my opinion, would not be very pleasant for the patients; changing over morning and evening seems enough to them.

Night nurses, working say from 8 p.m. to 7 a.m., with an hour off the ward in the middle of the night for their meal, would be working at the rate of eight hours a day if they then had ten nights on and four off every fortnight, instead of twelve and three as at present. This again would not necessitate so many extra nurses.

With regard to the teaching, I think that ward rounds as you suggest for the nurses is not a very good idea, for we are not learning to be doctors. Our job is not to diagnose and prescribe, but to nurse, observe and carry out instructions.

I do think, however, that the Sister of each ward should have an hour or so every week during which she might teach the nursing points regarding the patients in the ward. Would this not be a way of preventing failures in the Practical State Examinations?

When you said in your article that the probationers were comparatively ill-read, we trust that this was meant to refer to medical knowledge, for the general education of the average nurse is quite equal to that of the average student.

It might interest you to know that a nurse in Surgery was asked by a student what "hamoptysis" was. Another student is reported to have stated that P.R.N. means Per Rectum Nocte. Excellent medical knowledge!

I am,
Yours, etc.,

BLUE BELT.

The Nurses' Home,
St. Bartholomew's Hospital, E.C. 1.
December 20th, 1937.

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

DEAR SIR.—Your editorial concerning nursing conditions voices an interest which we must all feel. It is undoubtedly true that just as the education of medical students can be improved, so also can the training of student nurses. But in our Hospital, where the standard of nursing is so high, any change must be introduced with caution. I am prompted to write by my experience of nursing in the United States. There the student nurse takes very little part in the routine care of patients, and even after graduation much of her time is spent in writing full nursing notes on each patient. Orderlies often share the actual nursing. Such a method of training—in which lectures figure largely—may, but by no means always does, increase the student's knowledge on theoretical matters, but in my opinion it may also lead to poor nursing.

The spirit which exists in our own wards and theatres is, in my experience, an uncommon one. Also perhaps the surest way of acquiring medical knowledge is by observing patients. The necessary

anatomical and physiological background can be rapidly acquired in the course of such observation—at least in so far as student nurses are concerned.

Yours faithfully,
J. E. A. O'CONNELL.

St. Bartholomew's Hospital,
E.C. 1;
December 14th, 1937.

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

DEAR SIR.—We have read with appreciation your article on the conditions of nursing, and we also should like to voice an opinion.

The art of our profession is to "care for and cherish" the sick, and this art is only learnt by daily contact with the patient, though necessarily assisted by theory learnt in the lecture-room.

The syllabus of our lectures is comprehensive, and we suggest that if a staff nurse is questioned, not an "ill-read probationer", about the condition of a patient, her knowledge, though not aspiring to the detail required of the medical student, will be found adequate for the humane and intelligent execution of her duties.

Yours faithfully,
E. M. K. PETTER.
D. M. WITHCOMBE.

The Nurses' Home,
St. Bartholomew's Hospital,
E.C. 1;
December 14th, 1937.

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

SIR.—I think that many people must have been glad that you chose nursing conditions for the subject of your last editorial. The large share which nursing skill contributes to the recovery of a patient is obvious to the merest beginner in medicine. This, and the fact that good team-work is now essential to successful medical practice, is sufficient reason for doctors and nurses to be concerned at the present conditions of nursing.

As you said, in our Hospital those conditions are relatively good. But it is not to our credit that it has needed the indignation of the Press to make us realize that those on whom we place the greatest reliance work, on a national average, 70 to 80 hours per week, are fed abominably, receive less wages than a porter, and are treated like school fags when on duty, and the cads of the Sixth when off.

There is the view that, while training, nurses are "in statu pupillari", and therefore should not lay claim to the rights of an adult wage-earner. There appear to be two errors in this reasoning. First, as was pointed out in the Report (1932) of the *Lancet* Inquiry on Nursing, a nurse herself pays for her training by doing work more skilled than that for which she is paid. The trained nurse, however, still receives a wholly inadequate wage. Secondly, there is no reason why a woman who is entrusted with the highest duties and responsibilities when in hospital, should be regarded as irresponsible when outside. On the contrary, both the nature of her work, and the strain which it entails, make it necessary that she should be allowed as much free time as possible. For herself, and for the good of her work, she requires the opportunity to develop wide interests. Moreover, only a policy based on this point of view will reduce the present shortage of nurses. We may be thankful that one organization, the Association of Nurses, has adopted such a policy.

What has been accomplished elsewhere can be done here. Dr. Noel E. Waterfield, F.R.C.S., who recently visited Russia as representative of the B.M.A., said on his return:

"Nurses in Russia have conditions which should point the way to reform in this country. They work a six-hour day, live outside the hospital, and are free to live in any manner they like. If they are married and become pregnant, they are given the usual holiday

before and after pregnancy, and then return to duty" (*Medicine, To-day and To-morrow*, December, 1937). We may also note that in New Zealand the three-shift day is working with success.

Yours faithfully,
LIONEL GRUNBAUM.
E.C. 1;
St. Bartholomew's Hospital,
December 15th, 1937.

MEDICAL STUDENT CONFERENCE.

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

DEAR SIR,—We are asking you to have the kindness to print the following in your Journal.

In July, 1937, a conference of medical students was held at Liverpool as a result of which a Medical Sub-section of the National Union of Students was formed. The object of this new section is to give the medical students of Great Britain and Ireland a central bureau comparable to those already existing on the Continent. The activities of this section will include the extension of inter-school visits, arrangements for medical tours abroad and discussion on the medical curriculum.

It was greatly to be regretted that at the conference of the thirteen London medical schools, only three were represented, namely—University College Hospital, Middlesex and the Royal Free Hospital. It is felt that inadequate publicity has been given to the newly formed sub-section, whose activities cannot fail to be of interest to medical students. Many students are ignorant of, or imperfectly acquainted with, the formation of the central bureau, and in January a meeting will be held to which all students are welcome and at which free discussion may take place. The Secretaries of the Union and Medical Society have been communicated with in all the London medical schools, and details of the January meeting may be obtained from them.

All further inquiries are welcome, and should be addressed to either of the writers of this letter.

Yours very truly,
L. L. WRYTTFEAD,
Medical School,
Middlesex Hospital.
JEAN E. GRANT,
Students' Quarters,
Royal Free Hospital.

December 5th, 1937.

THESE ARTISTS.

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

SIR,—I have read with much interest the letter from "G. F." in the November issue of the JOURNAL. Who he may be I do not know, but if, as seems probable, the initials at the bottom of the review of the Art Exhibition at the Royal College of Surgeons are also his, then presumably he is a member of the Socialist Society; (for does he not lament there the absence of anything "smacking of any of the more modern art movements", and are not fascists notoriously radical as regards Art?). Be this as it may, it need not prevent me from vigorously supporting his cause. I would suggest, however, that such an exhibition should also include etchings, woodcuts and photographs, or indeed any form of pictorial or plastic art.

Yours faithfully,
MICHAEL HARMER.

December 7th, 1937.

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

DEAR SIR,—One wonders why the notorious Trotskyist who covers behind the *nom de plume* of "Michael Harmer" does not come out into the open and sign his real name? He is probably well aware that he would get short shift from the Comintern if he dared do so.

"As for the identity of "G. P.", he knows well enough that since my withdrawal from the Council (to make way for younger men) I have been spending my retirement on the South Coast.

Though not a member of the Socialist Society, I have been its greatest benefactor, in the same sense that Herr Hitler has done so much for Zionism. But revolution in Art and Politics are different things. It is, in fact, impossible to be a traditionalist in the former without being a revolutionary also; and the so-called academic or naturalistic painters are in reality pitiable offshoots from the main body of art, who cling to a completely abnormal fashion which had a passing vogue in the last century when the Industrial Revolution (a revolution of the evil, political variety) had unfortunately put money into the pockets of Manchester mill-owners. Naturalism has no more to do with Art than the Albigensian Heresy.

I remain, good Sir,
Yours consistently,
G. F.

December 14th, 1937.

SPORTS NEWS

IT will surprise many citizens of this place to learn that a distinguished American scribe, who must be well known to one and all, was present at the Rugby Dinner, in the guise of Kenneth Rankin, of the *Daily Telegraph*. With his gracious permission we are privileged to publish his letter to his host:

"One night I am sitting at Gatti's, which is a swell joint which I do not often penetrate and how I am there is because an enterprising guy named Goodtime Alfie, who is well known to one and all as an organiser of such and several other matters, slips me a duket for a celebration which is being given on account of some citizens have bought a new campus and this has just been granted the sesame by a nice doll who is a well-known citizen of that place, and before she is shown around she shot a nice line in words, at that.

"Well I am naturally pleased to be at this gathering because to go to a place such as Gatti's and walk up the stairs and shoot my derby to the vestry-man without the janitor gripping me by the sitdowns and holding me for the gendarmes to give me a stroke on the noggin and drive me away in the postchaise is a very rare occasion for me indeed. And furthermore I wish to say that many of those present do not appear to wonder why the doors have been left open but rap to me and give me the big hullo and ask me whether it shall be an old-fashioned or a Tom and Jerry or just straight or what?

"So here I am sitting at the table with the waiters serving me with this and that and even making play not to notice that my

dinner suit would make theirs look like the White House, and who do I find I am with but such prominent guys as Goodtime Alfie himself, and Irish Danny and Wee Willy Winky and Gadney the play judge and Slesk Jim Cranley the newspaper scribe and many other similar personages who are well known to one and all so naturally what do I do but puff my chest out big and a button from my Tuxedo dies off like a slug out of a John Roscoe and a guy comes across and states that he will recommend that they give Clarke the stand-down and use me in the Coventry second row instead, which naturally pleases me more than somewhat."

RUGBY FOOTBALL

The Hospital XV is still improving. The forwards particularly, are doing well; the back division has not yet settled itself, but Hearn and Candler have again established a valuable understanding at half-back. The team has finished the first half of the season with a magnificent victory over Cross Keys, who brought two internationals and seven county players for their first visit to London.

On an extremely evil day, bad from the point of view of player and spectator alike, Bart's 'A' XV met the Harlequins 'A' XV at Chislehurst. Should your correspondent's view of the game appear to be clouded by unreasoning dislike, it must be borne in mind that he had allowed himself to be overpersuaded into manipulating a

touch-flag, and that every time he raised his arm his sleeve immediately filled with snow—his shoes had already been full of snow for some time.

It seemed a mistaken idea of the right tactics on such a day to throw the ball about with such abandon, particularly as the ball itself was like a lump of greased ice: indeed, frozen hands and the state of the ball and the ground made Bart's repeated attempts at passing movements appear lunatic. It is admitted that Bart's first try followed a short round of passing and an opening by North which was finished off by Armstrong, but subsequent failures should surely have dictated a change in policy. The forwards were excellent in the loose, Collinson's dribbling often taking the ball long distances; Gauvain and Barclay also distinguished themselves, although it was Gauvain, and some feeble tackling by the backs, who presented the Harlequins with a gift try under the posts by hurling the ball into the swirling gloom under the goal-posts from a line-out on his own goal-line. Ellis and Mullan brought off some good tackles, and Nel brought off some fine kicks to touch. Miller worked hard at the base of the scrum, and scored Bart's second try from a scrum near the line; his passing was quick, erratic, and quite useless on such a day. The Harlequins, having scored a penalty goal and converted their gift try, won a scrappy game by 8 points to 0.

Team: J. G. Nel; P. L. Armstrong, A. M. Joeske, J. North, B. Jackson; B. Alexander, J. E. Miller; A. R. P. Ellis, J. Mullan, P. G. Jefferies, A. G. Spafford, H. King, J. H. Gauvain, P. S. Barclay, P. C. Collinson.

The match against Bedford on December 4th at Bedford was lost by 2 goals, 1 penalty goal and 1 try (16 pts.) to nil. This match was played in a snow-storm and consequently good orthodox football was out of the question. There were several amusing mishaps which thawed the freezing spectators into laughter and cheers. From the kick-off Bart's pressed and remained in the Bedford half for some time, scrambling play being punctuated by many scrums, caused by the inability to handle the snow-capped ball. Bart's should have been awarded a penalty try when Mundy dribbling away from a loose scrum was held by an "Abominable Snowman" when he had but to tap the ball another yard and touch down. But the unfortunate referee, half-frozen and sheltering from the stormy blast away in the distance, did not see this. Just before half-time from our 25 line Sime kicked a penalty goal awarded for a scrum infringement. Then a few minutes later from the first passing movement of the game, Bedford scored in the corner and Sime converted. Bart's were not adapting their game to the conditions, and getting more than their share of the ball from the scrum, continually started passing movements which broke down almost as soon as begun, or kicked into the very safe hands of the Bedford full back. When we did copy the hard dribbling of the Bedford pack it was usually a duet by Mundy and Burrow with no backing-up by the rest. There was some delightful cross-talk by the scrum halves which ended when Sime left to drag the snow-covered referee, who was making an igloo behind the Bart's scrum, to watch the nefarious tricks performed by Hearn and Moynagh. Bedford scored two further tries as a result of their kick-and-rush tactics, one of which was converted.

It is a great pity that better conditions did not prevail for this game, because I think we would have broken our sequence of defeats there. The tackling of the team as a whole was an improvement, Candler especially getting through a tremendous amount of work. It was the ideal day for the almost forgotten art of wheeling, the practice of which is so strongly urged by Mr. Capps and Howard Marshall.

The game v. R.M.A. Woolwich was played at Woolwich under depressing conditions, climatically speaking. A steady drizzle persisted throughout the game, accompanied by a cold wind blowing almost straight down the field.

The "Shop" won the toss and chose to play against the wind. The play was scrappy for the first ten minutes, but then the Bart's forwards started to get settled down and supply their backs with the ball and almost immediately a try resulted through Plydell, who, getting the ball, ran strongly for the corner and scored. Irving failed with the kick.

This was very quickly followed by another try. Candler broke through and passed to Griffiths, who scored in the corner. Macpherson failed at goal.

The "Shop" from the kick-off carried the play to the Bart's "25" and here some scrappy play brought the opposition

dangerously close to the Bart's line, but the situation was saved by Laybourne and Plydell realizing that backs have feet as well as hands, and they dribbled the ball in fine style to the half way line when it went into touch.

Plydell almost scored again after a fine cut through by Coupland, but he was pushed into touch on the line. In this run of his Plydell illustrated the effectiveness of the hand-off. From the line-out the ball came out to Candler, who kicked diagonally to the opposite corner and Griffiths won the race with his *vis-à-vis* for the touch down. Irving failed with the kick.

The second half was more scrappy, due to the ground becoming muddier and the ball more difficult to handle and play therefore passing up and down the field. Bart's scored twice before the end. A penalty for lying on the ball too long was awarded against the "Shop" in front of their goal and Macpherson was successful.

Just before the final whistle Candler broke through and sold a beautiful dummy to score under the posts. Macpherson added the extra points.

The final whistle saw Bart's the winners by 17 pts. to nil. Bart's thoroughly deserved to win. The backs handled the slippery ball well and the forwards gave them plenty of opportunities, as they got the ball nine times out of ten. Graham and Irving were the best of the forwards.

Team: G. C. Mackay; M. J. Plydell, M. Laybourne, R. T. G. Coupland, E. Griffiths; P. L. Candler, R. D. Hearn; G. D. Graham, K. D. Moynagh, P. D. Swinstead, R. G. Irving, R. L. Hall, P. C. Collinson, R. Macpherson, K. C. Burrow.

Conditions, considering the doubtful weather of the morning were excellent for the match v. Southampton Trojans and ideal for fast, open football, but it was not till the second half of the game that the spectators began to get their money's worth. The first half was scarcely worthy of comment—scrappy, lifeless forward play by both sides, combined with ineffective three-quarter movements. After a quarter of an hour's play D. H. Banks scored an opportunist's try for the Trojans near the corner flag, although very well tackled by Candler as he touched down. The kick failed. There was no further scoring before half-time, and Bart's were unfortunate to lose Griffiths, who pulled a hamstring, and, although pluckily refusing to leave the field, was virtually a passenger for the rest of the game.

Soon after the resumption, Candler, after a good, swerving run, scored in the corner, and Macpherson, with an excellent kick, added the extra points. Having once established a lead, the Hospital forwards began to pull themselves together, and, even with Burrow on the right wing, managed to get the ball in four out of five scrums—a tribute to Moynagh's looking. Bart's further increased their lead, when Macpherson kicked a penalty goal from an easy position, and Swinstead touched down after a well-combined forward dribble, the try being converted by Macpherson.

Continuing to exert great pressure, the Hospital forwards again dribbled over the line, and Greenberg scored; shortly after this Candler dropped an astonishingly good goal from a long way out.

The side owed its victory very largely to the activities of their halves, Candler and Hearn, while Plydell on the left wing, though not getting nearly enough of the ball, kept the defence on the hop throughout. Among the forwards in the second half Mundy, always conspicuous, Swinstead and Greenberg caught the eye. It would seem, however, that the Hospital plays better when it is leading.

Result: St. Bartholomew's Hospital 20 points; Southampton Trojans 3 points.

Team: J. W. G. Evans; M. J. Plydell, M. Laybourne, G. L. Way, E. Griffiths; P. L. Candler, R. D. Hearn; M. J. Greenberg, K. D. Moynagh, P. D. Swinstead, R. Macpherson, R. L. Hall, R. Mundy, J. North, K. C. Burrow.

The perfect December day (18th) on which the match between Bart's and Cross Keys was played was in itself sufficient reward for those who had summoned up enough energy to leave their firesides and travel down to the Foxbury Athletic Ground. Had there been no rugby match, no one could have failed to enjoy merely standing on the crisp turf looking at that row of mist-heavy trees, golden in the winter sun. The heavens were therefore prodigally generous in contriving that so good a game should be played on so brave a day and in so fair a place. That it was a good game cannot be denied, and for three reasons: first that it was exciting to the

end; second that there were long spells of football as good as only Hospital and Welsh rugby can be—and only the "old-timers" know how good that is; third, because the rivalry, though keen, was friendly, both on the field and on the touch-line. Being strongly partisan, it is perhaps not unnatural that I should remember mostly the doings of our own side. There was Couplaud's try—an opening, a swerve, a dummy, a fifty yard run, and *voilà*, the ball between the posts; Candler, always contriving some piece of cunning; Armstrong "corner-flagging" with his ears pinned well back; Mundy at the head of eight well-like forwards. An ardent Welsh supporter said to me afterwards that we had beaten them fairly at their own game. The truth is simpler even than that; we beat them forward. It was a grand sight to see the Bart's forwards heeling from the loose as well as from the tight, and playing the "line-outs" as though they were part of the game and not an opportunity for a rest. Much thanks is due to Moynagh for his excellent "hooking" against an old international, though he could not have done it had he not had the shove at the right time.

We opened the scoring with a try by Burrow following an exhilarating forward rush right down to our opponents' line. Their over-keenness to relieve caused them to be penalized shortly afterwards and Macpherson landed an excellent goal from nearly halfway. About five minutes later similar over-activity in defence caused us to be penalized and the Cross Keys' full-back landed an equally long and skilful goal. Then came Couplaud's amazing run which has already been described, but it must also be said that it was not entirely individual, for it started with a quick heel from our pack on our opponents' "25", and followed by a quick exchange between Hearn and Candler before reaching the scorer. Soon afterwards they scored from a line-out—it should not have happened, but it did—and the whistle blew for half-time, 11-6 in our favour. Shortly after the change-over our opponents scored another unconverted try following a very lively burst up the right wing, and the score remained with only a difference of 2 points until the end. Just what fun and how exciting was that last half-hour I will not insult your imagination by describing.

And furthermore, did we or did we not have a good time at the dance in the pavilion later on? Come out to Foxbury and ask me.

BOXING Inter-Firm Competition.—The Inter-firm Boxing Competition for the Girling Ball Cup will be held towards the end of January. Teams may be entered by all five surgical firms and by the three divisions of the Pre-clinicals. Competitors will represent their first surgical firm, or their present year in the Pre-clinicals. The weights are: heavy, middle, welter, light and feather. A team may enter only one representative at each weight.

A form will be posted for the entry of teams. Any inquiries should be addressed to T. P. Storey, L. Taylor, or the Hon. Sec., R. H. Sandiford.

Match v. London Hospital.—On November 5th a team from Bart's boxed a team from London Hospital at the London. At bantam R. T. Routledge, boxing well against a larger man, beat R. S. MacDonald of London on points. T. J. Brady, at feather, beat G. E. Newell of London, the loser, in spite of lack of training, putting up a very good fight. W. J. Atkinson, a greatly improved boxer, did well to beat W. E. Mahon, the London first string light-weight. In the second fight of the light-weights M. C. Sanyal of Bart's fought pluckily against H. Zalondele, but lost on points. In the welter J. W. G. Evans was unlucky in losing on points to G. P. Scott of London, a bigger and heavier man. The boxing in this bout was of a very high order. E. Leviné, of Bart's, beat E. Barry-Smith of London on points in the first bout of the middle-weight series. In the second fight of the middle-weights K. D. James of Bart's and G. H. Gunsen of London, casting aside the science of boxing, gave us a great and bloody fight. James won on points. D. W. Mahon beat R. S. Henderson of Bart's on points in the light heavies. So Bart's won a very enjoyable evening's boxing, between two well-matched teams, by five fights to three.

The United Hospitals B.C. met the Oxford University B.C. at St. Bartholomew's Hospital Medical School, Charterhouse Square, by kind permission of the Dean, on Friday, November 26th.

Results.—United Hospitals 6 bouts, Oxford University 5 bouts. J. W. G. Evans, B. J. Atkinson, R. T. Routledge and T. Brady of Bart's were unable to accept invitations, R. S. Henderson being the only representative of this Hospital actually to fight.

Fly-weight.—J. S. Billimoria (Oxford) beat R. L. Ray (Guy's) on points.

Bantam-weight.—E. Harvey (Guy's) beat A. D. Bushers (Oxford) on points.

Feather-weight.—D. A. White (Guy's) beat J. B. Segal (Oxford) on points.

Light-weight: first string.—A. A. Halamandres (Guy's) beat J. I. C. Taylor (Oxford) on referee's casting vote. A delightful fight to watch. Both showed remarkable speed, with real scientific boxing.

Second string.—R. C. H. Risley (Oxford) beat G. McPlatfield (London) in second round.

Welter-weight: first string.—C. E. J. Gialsher (St. Thomas's) beat E. F. Allison (Oxford) in second round.

Second string.—K. D. Potter (Oxford) beat R. Lomax (Guy's) on points.

Middle-weight.—R. S. Henderson (Bart's) beat J. F. D. Radice in the third round. Henderson put up a very good performance. His boxing has improved a great deal this year. He fully made use of his long reach and straight left to outbox his opponent, who was game throughout.

Light-heavyweight: first string.—N. B. Beyts (Oxford) beat W. Roes (St. Mary's) on points. One of the best fights of the evening. Beyts kept cool and met Roes's onslaughts with beautiful straight lefts. A very close verdict.

Second string.—I. Donkin (Oxford) beat R. P. G. Sandon (King's) on points.

Heavy-weight.—J. G. McGavin (St. Mary's) beat E. C. Wynter (Oxford) in 1st round. As previously, the result of the match depended on McGavin. He worthily responded, wading in to his man, and within 30 seconds put his man down, for the referee to stop the fight.

OUR CANDID CAMERA



"I endeavour to give satisfaction, Sir."

EXAMINATIONS, ETC.

University of Oxford

The following Degree has been conferred:

B.M.—Furber, S. E.

University of Cambridge

The following Degrees have been conferred:

M.D.—See, S. K.

M.B., B.Chir.—Jeremy, W. H. R.

M.B.—Cope, J. W., Maddox, F. C., Neill, E. J., Stamp, T. C.

University of London

Third (M.B., B.S.) Examination for Medical Degrees, November, 1937.

Pass.—Ashton, D. R., Barnard, E. J. W., Bradley-Watson, J. D., Brentnall, G. C., Cates, B., Darke, G. H., Ennis, J. E., Hambly, E. H., Herbert, G., Mountjoy, E. R., Roy, A. N., Thomson, R. W., Williams, A. M.

Supplementary Pass List.

Group I.—Bateman, A. D., Ellis, B. H., Fairlie-Clarke, G. A., Jack, A. H., Rutherford, S. T., Stephens, A., Thompson, J. W., Waring, J. W. B.

Group II.—Briggs, G. D. S., Dale, L. F., Dubash, J. J.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.A.—De Freitas, A. J. S., Gray, G., Prothero, D. A.

Society of Apothecaries of London

Final Examination, November, 1937.

Surgery.—Anderson, J. D., Young, G. L.

Midwifery.—Berman, B.

The Diploma of the Society has been conferred on:

Anderson, J. D.

CHANGES OF ADDRESS

RACH, F. J., 14, Devonshire Place, W. 1.

BARNESLEY, Lt.-Col. R. E., R.A.M.C., Officers' Mess, Depot, Royal Army Medical Corps, Crookham Camp, Aldershot.

BAXTER, W. S., Farnedale, Torquay.

BRODRIBB, H. S., 1, Whitehall Mansions, 15, Warrior Square, St. Leonards on Sea.

COHEN, E. L., 87, Regency Lodge, Avenue Road, N.W. 3.

CUTHBERT, T. M., 713, Tonbridge Road, Maidstone. (Tel. Barming 86115.)

DIPPLE, P. E., Redstacks, Sawbridgeworth, Hertfordshire.

SOLTAU, K., 19, The Avenue, Clifton, Bristol 8. (Tel. Bristol 36502.)

TURNER, P. E., 19, Trinity Close, Clapham Common, S.W. 4. (Tel. Maccabey 1220.)

WARE, A. M., Tying Down, White Lane, Guildford. (Tel. 1622.)

WILLIAMS, T. P., 22, Park Lane, East Croydon, Surrey. (Tel. Croydon 5080.)

APPOINTMENTS

ANDERSON, R. G., M.D., M.R.C.P., appointed Honorary Physician to Cheltenham General Hospital, Cheltenham.

BRODRIBB, H. S., B.M., B.Ch.(Oxon.), appointed Honorary Anesthetist to the Royal East Sussex Hospital, Hastings.

BIRTHS

DONALDSON PERROTT.—On November 22nd, 1937, at Suffolk House, Stanmore, to Louie, wife of Dr. G. F. Donaldson Perrott—a son (Andrew Charles).

FOWLER.—On December 10th, 1937, at Winton Lodge, Crowborough, to Agatha Clare, wife of Dr. Eric Fowler—a son.

McMENEMY.—On October 26th, 1937, at "Stonefield", Blackheath, to Robina and William McMenemy, of "The Rookery", Brize Norton, Oxon—a son.

SCOTT-BROWN.—On December 18th, 1937, at 61, Harley Street, W. 1, to Peggy, wife of W. G. Scott-Brown, F.R.C.S.—a daughter.

SHACKLETON BAILEY.—On December 5th, 1937, at Grove House, Norwich, to Dorothy, wife of Dr. J. Shackleton Bailey, of Eye, Suffolk—a son.

STEELE SCOTT.—On December 5th, 1937, at Adelaide, South Australia, to Kathleen (née Muers), wife of Dr. John Steele Scott—a son.

MARRIAGES

BLOMFIELD-MILLER.—On October 18th, 1937, at the Cathedral of the Highlands, Nairobi, Kenya, by the Right Reverend the Bishop of Mombasa, Douglas Miles Blomfield, M.B., B.S., to Kathleen May Miller, elder daughter of Mr. and Mrs. A. W. H. Miller, of Everley, Arundel Road, Chichester.

CUTHBERT-LOTT.—On November 13th, 1937, at Aylesford Parish Church, Kent, by the Rev. Canon F. J. Everett, Dr. Theodore Martin Cuthbert, son of Dr. and Mrs. Cuthbert, of Gidea Park, to Dorothea Edith, daughter of Mr. H. Lott, of Laddingford, and the late Mrs. Lott.

REAVELL-SWINBURNE.—On December 4th, 1937, quietly at St. Andrew's, Tottenham, Denys Clowes Reavell, M.D., B.S., second son of Mr. and Mrs. J. A. Reavell, of Waylands, Beckenham, to Doris Margaret, eldest daughter of Mr. and Mrs. F. R. Swinburne, of Wyle Green, Warwickshire.

SWAIS-HART.—On November 27th, 1937, at St. Bartholomew-the-Great, Dr. Richard Austin Swain, son of the late C. H. Swain and Mrs. Swain, to Margaret Helen Hart.

DEATHS

ALDRIDGE.—On December 4th, 1937, at 35, Brompton Road, Worthy, Major Edward Arthur Aldridge, late R.A.M.C. and R.A.F.M.S.

DOWNER.—On November 28th, 1937, at a nursing home in Birmingham, after an operation following a long-drawn-out illness, bravely borne, Reginald L. E. Downer, M.D.(Lond.), M.B., B.S., M.C.O.G., (ex-R.A.M.C.), of 9, College Hill, Shrewsbury, aged 53.

HAMILTON.—On December 10th, 1937, the result of a railway accident, William Gavin Hamilton, Lt.-Col. I.M.S. (ret.), formerly Inspector-General of Jails, Bengal, of Dunaivon, Rhin, Dumbartonshire, lately of Warwick Beach House, Guildford.

O'CONNOR.—On October 2nd, 1937, Francis William O'Connor, M.R.C.S., L.R.C.P., D.T.M.&H.(Camb.), of New York City, U.S.A.

QUENNEL.—On November 22nd, 1937, Dr. Robert William Quennell, of The Mitre House, Brentwood, Essex.

SANDERS.—On December 18th, 1937, at 53, Enderdale Road, Kew Gardens, Richmond, Surrey, Dr. Charles Sanders, formerly Medical Officer of Health for West Ham, aged 78.

SCOTT MORRISON.—On December 1st, 1937, passed peacefully to sleep at Anchorlea, Walterswick, Suffolk, Katherine Corkhill Scott Morrison. (At St. Bartholomew's from 1892 to 1896.)

WOOD.—On November 21st, 1937, at Oxford, Frank Herbert Wood, F.R.C.S., L.R.C.P., late of Bampton, Oxford, son of the late Dr. Wood, of Enfield.

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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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLV.—No. 5

FEBRUARY 1ST, 1938

PRICE NINEPENCE

CALENDAR

Tues., Feb. 1.—Dr. Chandler and Mr. Roberts on duty.	Wed., Feb. 16.—Surgery: Lecture by Mr. Girling Ball.
Wed., „ 2.—Surgery: Lecture by Mr. Vick.	Fri., „ 18.—Dr. Chandler and Mr. Roberts on duty.
„ „ 3.—Association Match v. Reading University. Home.	„ „ 19.—Medicine: Lecture by Dr. Gow.
„ „ 4.—Dr. Gow and Mr. Vick on duty.	„ „ 20.—Rugby Match v. Northern R.F.C. Home.
Fri., „ 5.—Association Match v. Imperial College. Home.	„ „ 21.—Association Match v. U.C.H. Away.
Sat., „ 6.—Hockey Match v. Seaford College. Away.	„ „ 22.—Hockey Match v. Guy's Hospital. Home.
„ „ 7.—Special Subjects: Lecture by Mr. Bedford Russell.	„ „ 23.— Last day for receiving other matter for the
„ „ 8.—Dr. Graham and Mr. Wilson on duty.	„ „ 24.— March issue of the Journal.
Tues., „ 9.—Association Match v. Goldsmith College. Home.	Mon., „ 25.—Special Subjects: Lecture by Mr. Sydney Scott.
Wed., „ 10.—Dr. Evans and Mr. Girling Ball on duty.	Tues., „ 26.—Dr. Gow and Mr. Vick on duty.
Fri., „ 11.—Medicine: Lecture by Dr. Evans.	Wed., „ 27.—Surgery: Lecture by Mr. Wilson.
Sat., „ 12.—Rugby Match v. Moseley. Away.	Fri., „ 28.—Dr. Graham and Mr. Wilson on duty.
„ „ 13.—Association Match v. A.F.A. Home.	„ „ 29.—Medicine: Lecture by Dr. Chandler.
„ „ 14.—Hockey Match v. Staff College, Camberley. Away.	Sat., „ 30.—Rugby Match v. United Services, Portsmouth.
Mon., „ 15.—Special Subjects: Lecture by Dr. Cumberbatch.	„ „ 31.—Home.
Tues., „ 16.—Prof. Wits and Prof. Paterson Ross on duty.	„ „ 1.—Association Match v. Old Brentwoods. Home.
„ „ 17.—Fives Match v. Guy's Hospital. Home.	„ „ 2.—Hockey Match v. Wayfarers. Home.
„ „ 18.— Last day for receiving letters for the	
„ „ 19.— March issue of the Journal.	

EDITORIAL

THE BLACK CANON

THAT arch practical joker Rahere, who used to stage miracles to collect funds for his Hospital and Priory, has never quite succeeded in dying. He and all his equipment—especially anything which is unreliable and likely to play pranks on one—are very much with us. I call to mind Surgeons who have rebuked the gentle, roguish prior when their blackboards have misbehaved. And it goes almost without saying that any mildly obsolete practice or tradition has its

direct origin and sanction from Rahere himself. By way of gratitude to our Founder we are no less generous. He has a ward to himself where on dark and stormy nights he is said to tread once more the gay path of his youth:

“Fluting in the meadows, viols in the hall,
Laughter and apple-blossom floating on the water,
Singing at nightfall, whispering in chambers,
Fires devouring the winter season,
Eating up the darkness with wit and wine and wisdom!”

So he lives, and we have inherited his Hospital, a

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little of his own rare humour, and most richly of all the miracle of his life.

IN the days of William Rufus, Smithfield lay outside the City walls. It was a “dank and fenny” place as the old chronicles say, given over to horse-racing and the games of children. Nearby ran the river Fleet. Cloth Fair itself was famous. For thither came the Florentine silk merchants once or twice a year to sell their laces, and damasks and silks to the fine ladies of the Court.

Rahere's father was a silk merchant from Lyons who came to live in what is now Cheapside, and we may well believe that it was through attendance to his father's business that the youthful Rahere found his way to Court. A strange background the dissolute courtiers, the wild routs and revellings must have made for the future piety of our Founder. As his biographer (1174) has it, “Sewing pillows upon all elbows, he drew to friendship with himself those whom he had soothed with jokes and flatterings. . . . By these means he was well known to, intimate with, and a comrade of the King and of the great men of the Court”.

After the sudden death of Rufus, Rahere remained at Court, where he gained favour of Henry I. His main occupation there was apparently to write love-letters for the illiterate beauties of the day and to soothe their gallants with the music of his flute!

Then in 1120 came the tragedy which shook not only the Court, but also the whole heart of England. The White Ship was lost in the channel, carrying with her the heir apparent and many of his brilliant entourage. At home the Court was plunged into mourning: Henry fell into a melancholy from which he never recovered; and Rahere took to the Church.

Rahere became a Canon of the Order of St. Augustine—a black canon. Whether he chose the Black Friars because the great repentant sinner Augustine attracted him, or because the King had

richly endowed the order, or because they were less strict than others, we are not told.

However, duly in 1121 we hear of him setting off on a Pilgrimage to Rome—“desiring in so laborious a journey to do fruits meet to repentance”.

While at Rome, among the other sights of the day he must have visited the Church dedicated to St. Bartholomew on the Island in the Tiber. This had recently been restored. A little later he fell a victim of “the Roman fever”—malaria. It was while he was recovering from this illness that Rahere had his famous vision, in which St. Bartholomew appeared to him and told him to found a Church and Hospital. “. . . and having faith in the Lord act manfully. Nor doubt at all with anxious mind concerning the expenses of this building; merely apply diligence, mine it shall be to provide the costs necessary for directing and completing the fabric of this work.”

Rahere, being no credulous simpleton, pondered for a long while, wondering whether this was indeed a vision or merely a delirious fancy of his own imagination. Eventually he decided that it was an authentic command of God and came home.

Not having spent half his life at Court for nothing, Rahere then promptly lobbied Richard, Bishop of London, and with his help he approached the King. The King was impressed by Rahere's story and agreeable to his possessing the free land outside the City wall. A pleasant little ceremony known as “the livery of Seisin” thereupon took place. Rahere dug up a clod of earth from Smithfield and brought it to the King, who with great munificence returned it to Rahere. Thus the site became ours for all time.

Enough has been told of the story of the Black Canon to point a clue to his ever-fresh power among us. To-day he begins a new lease of life. He is starting on a pilgrimage, not to Rome this time, but to every inheritor of his Foundation who takes the JOURNAL. We know you will make him welcome.

CURRENT EVENTS

THE NEW COVER

This month we launch the JOURNAL in a fresh dress. The central plaque of Marcus Rahere has been drawn and engraved for us by Mr. ERIC GILL. We are indeed debtors to him for such a fine piece of work. The lettering of the Cover is also his—one of the Perpetua founts. Next month we propose to change the type throughout the rest of the JOURNAL to "Baskerville", which is sturdier and simpler than our present lettering.

RAHERE REVUE

For the first time in history the *pot-pourri*, dignified for the occasion by the title of *Rahere Revue*, was held in Cripplegate theatre, and let it be said at once that this innovation must certainly be continued in future years. Indeed so great are the advantages of a theatre over the Great Hall that it is a question open to consideration whether tradition should not be thrown to the winds and the annual production of the Amateur Dramatic Society held there also.

For an unrehearsed show it all went off extraordinarily smoothly, though Cawthorne, conscious no doubt of the high standard which he sets himself in the Great Hall, was muttering of missed opportunities for displaying greater efficiency. There was a wealth of talent, and emulating *Baedeker* we "starred" the various turns. To two we gave 4 stars and to four more 3 stars each. Of 32 turns only four failed to score. It is impossible to mention many by name (they have mostly been reviewed in a previous JOURNAL), but a few general impressions may not be out of place.

Of the two most talented pianists, Gibson and Maycock, one played better, the other accompanied better: it would be unfair to say more. Voices were not in the same class on the whole, though both Faulkner and Howell made a brave show. To the WARD SHOW we hand the palm for the Best Produced item—its *Physicians and Surgeons*. The prize for the Most Amusing items goes to the SEA URCHINS for their three songs, and a special prize for the Most Hilariously Funny item to the PORTERS for letting us into the secrets of that forbidding spot, the Dental Department. Individuals receive notice, too. In fact like the Great Race in *Alice in Wonderland*, everybody gets a prize. Nel played a vast accordion with great skill, and the first bars of *Sarie Marais* brought waves

of cheering from one of the Great Dominions. Roberts surely deceived the most eagle-eyed spinster with his imaginary needle and thread, Phillips and Dunn made as attractive a pair of policewomen as we ever hope to encounter, while the sight of eight Geoffrey Evans's on the stage at one moment must have given courage to any colon, however spastic.

And so it went on. There was really not a dull moment. The presence of George Gray amongst the RESIDENTS was as welcome as the absence of Keith Vartan from the Sea Urchins was regrettable.

£52 5s. 9d.

As a result of the Pot-pourri £52 5s. 9d. has been handed to the Students' Union. This sum will be divided between the Dean's Chislehurst Appeal and the fund for the new Rugby stand. We congratulate the Treasurer.

It is also good to hear that the Cripplegate Theatre has been definitely booked for next year—this time for two nights.

NEW YEAR HONOURS

There are two old Bart.'s men in the New Year's Honours this year.

Lt.-Col. Burke, M.D., F.R.C.P., who has retired from the Indian Medical Service, has been created a Commander of the Indian Empire.

The other Bart.'s honour is to Lord Horder, who becomes a Grand Commander of the Victorian Order. We offer our congratulations to both these distinguished physicians.

THOMAS VICARY LECTURESHIP

It gives us much pleasure to announce that Sir Humphry Rolleston, Bt., G.C.V.O., K.C.B., F.R.C.P., has been appointed Thomas Vicary Lecturer for 1938 by the Royal College of Surgeons. These Lectures were founded in 1919 by the Barbers' Company for a yearly historical lecture in Anatomy or Surgery.

EDWARD LUMLEY

E. J. O'D. Lumley was killed in a motor accident on January 8th, while driving from London to his home in Worcester. We have received the following appreciation from one of his teachers.

Edward Lumley entered the Medical College of St. Bartholomew's Hospital in October, 1935, and had thus been a student at Charterhouse Square for two and a half years. His untimely death is regretted by all his fellow students and by every member of the staff, for he was a most even-tempered, likeable student.

He took full part in the athletic as well as the academic activities of the College and was an enthusiastic member of the "C" Rugger fifteen. He showed promise of being a student of whom the Medical College and Hospital would have been proud.

We wish to extend our sympathy to his parents in their extreme loss.

WHY GIVE TO THE HOSPITAL?

In a letter this month Dr. Parrish asks pertinently enough why Old Bart.'s men should open their pockets to the frequent and various appeals which are made to them. As a reason for not doing so he instances how little is done for Old Bart.'s men after they have left the Hospital—especially if they live out of town. We would like to dissociate these two ideas. If giving is to be limited by what we hope to get back in return, well—it is too much like the left-handed welcome of a cocotte whose charm is only rivalled by her thrift.

Is it impossible to hope that after the time of training here some of the men who go out may have a certain affection and gratitude towards the Hospital? Surely that is the reason for giving.

The other question raised is the welcome given to Old Bart.'s men when they return here. We agree that more should and could be done. The Dean in his letter makes one very practical suggestion. We shall be glad to hear other ideas from the people who are affected—namely the old Bart.'s men themselves.

JOURNAL POLICY

A friendly correspondent writes us, "Dear Editor, kindly follow out a programme of BRIGHTER BART'S JOURNALS". He has taken the words right out of our mouth, save that we would like to add "bigger" as well as "brighter".

Now for our subtle policy. Sordid though it may sound the JOURNAL does depend financially very largely on its Advertisements. We have therefore formed an Advertising Sub-Committee working under our Manager, Mr. C. D. Ewan, to continue the push. The members of this Committee are Mr. G. D. Graham, Mr. A. S. Playfair and Mr. W. D. Mail.

Our policy is expansion backed by a corresponding increase in Advertisements. Sales have also been

§

increasing. For the last four months we have completely sold out our issue of 2,350 copies. It is gratifying, too, to note the response in the Nurses' Home to a special reduction in price to 6d. a copy. Lately our sales there have trebled themselves. We trust that our contributors will follow these good examples and send us three times as many bigger, better and brighter articles for the future—both clinical and non-clinical.

THE TREASURER'S GESTURE

Mr. George Aylwen has broken down an age-long barrier—that between the Governors and the Students. By expressing his wish to make acquaintance with the Students he has started a friendship which we hope sincerely may become firmer every year.

On Thursday, January 13th, the members of the Students' Union Council were introduced to the Treasurer by the Dean. Lunch was taken in the Great Hall at Charterhouse Square, which was well filled by pre-clinical Students. It grieves us to report, however, that the Clinical Students were very badly represented.

Ronald Gibson welcomed the Treasurer on our behalf and asked him to accept the dignity of Patron of the Students' Union. This the Treasurer accepted, and in his speech he said that from then onwards he would take the closest personal interest in our affairs. We are very grateful for this expression of friendship. We hope we shall both see and hear more of our Governors in the future.

THE NURSES' DANCE

The Thursday evening after Christmas saw the Goldsmiths' Hall put off its usual dignified and magnificent attire to go gay. All the chandeliers were brilliant with candles. Large wood fires burnt, welcoming, in the open fire-places. It was the night of the Nurses' dance.

Each year Matron gives this great party to her nurses and their partners. The hall was thronged. If the patients could see the transformations which take place on these occasions, they would hardly believe their eyes. Are those magnificent creatures really only the "front ward pro" and the clerk who can't make a bed? No; a thousand times no!

Need we say that the band and the floor and everything about us conspired to make it a perfect evening. As usual, it was the polkas and old-fashioned waltzes which were especially popular, though save for one lady in black taffeta who used her skirt to unfair advantage, most people finished with minor orthopaedic lesions.

May we on behalf of the student guests offer our thanks to Matron for a very happy evening.

PEACE AND THE PROFESSION

The recent Questionnaire of the Committee on Imperial Defence, distributed to all qualified men through the B.M.A., inquiring as to their intentions in a state of National Emergency, has focused attention on the duty of doctors in War.

A Society has been formed, "The Medical Peace Campaign", to discuss this question, and to decide what co-operative action is possible amongst medical men to preserve and actively promote peace through the World. The President of the Society, which is entirely non-political, is Prof. John Kyle, of Cambridge, and the Council includes the names of Lord Horder and Mr. McAdam Eccles.

To readers who are interested we can recommend the Bulletin of the Society, in which the question is discussed and positive suggestions made.

This may be obtained, price threepence, from the Hon. Secretary, 12, Kent Terrace, Park Road, London, N.W. 1.

STUDENT ACTIVITY

The National Union of Students, the broadest and most influential of student organizations, is now considering some problems of medical education. Last July it convened a Conference of Medical Student Societies at Liverpool, to which delegates were sent by the Unions or Societies of eleven provincial and two London Medical Colleges. This Conference elected a Medical Students' Committee with the following powers: (a) to arrange clinical visits between Medical Student Societies, (b) to arrange the international exchange of Medical Students, (c) to arrange foreign clinical visits, and (d) to consider any other matters of particular importance to medical students.

In view, however, of the inadequate support given the Liverpool Conference by the Unions of the London Colleges, the N.U.S. called an open meeting for all medical students in London last month. Delegates were sent by the Students' Unions of St. Bartholomew's, St. Mary's, Middlesex, Royal Free and University College Hospitals, while students from the London and Westminster Hospitals were also present. This meeting endorsed the objects of the N.U.S. Medical Students' Committee, but stressed the need for students to consider the following matters: the curriculum, the methods of teaching, overcrowding and the provision of more teaching hospitals, and student health. A Committee was set up to secure the co-operation of the Students' Unions and teaching staffs in all hospitals.

THE CHRISTIAN UNION

We have been asked to insert the following notice:—An open meeting of the Christian Union has been arranged on Thursday, February 10th, at 5.30 p.m. in the Practical Surgery Theatre. Arnold S. Aldis, Esq., M.B., B.S., will speak.

All students at Hospital and Charterhouse are invited.

THE SPECIAL NUMBER

There are left in our office 100 copies of the Special Commemorative Number of the JOURNAL, which was issued at the opening of the King George V Block last summer.

We are sure that there are many people who would be glad to have a copy of this fine historical souvenir. The JOURNAL is lavishly bedecked with pictures, both pre-war and contemporary, while the articles are of unusual interest and diversity. Post free, the price is 1s. 1½d. a copy. Those who missed the original issue are strongly advised to write early.

CONSTITUTION AND LAWS

The Students' Union Council is revising the book containing its "Constitution and Laws, with the Rules of the Constituent Societies". The last issue was produced in 1926.

Since then, many Societies have altered or modified their rules, so that the Secretaries of the Students' Union are most anxious to receive immediate notice of any such alterations. Secretaries of the Clubs concerned should make haste to catch the New Edition!

NEWS FROM OUTSIDE

Quite unprecedented since the *Middle Ages* have been the steps recently taken in several hospitals which have closed temporarily on the discovery of communicable disease within their walls.

One London hospital deprived the public of its services on the diagnosis of paratyphoid in a member of the staff. While it may be argued with all reason that the governing body is the best judge of the necessity for such demonstrations, surely they suggest a very great weakness in the hospital's organization. If a hospital does not possess the means of preventing spread of enteric infections, it surely does not qualify as a medical institution at all. The alternative, which is equally repugnant, is that these moves were made in deference to the current phobia of contamination bred by the advertisers of soaps and patent medicines—phobias of a type which it is in the interest of the

medical profession to disperse for the sake of the public which they serve.

Our attention has been drawn to Lord Horder's letter in a recent copy of the *Times*, jointly signed by Sir W. Langdon-Brown and J. R. Rees, and published under the heading of "Crime and Glands".

This letter, which is distinguished by a liberal objectivity in no way clouded with sentimentality, is a reply to a letter by Sir Robert Armstrong-Jones, who is a Consulting Physician in Psychological Medicine to this Hospital, and was at one time President of the Section of Psychiatric Medicine of the Royal Society of Medicine; he has also had experience on the Bench. Briefly his thesis is that the "knowledge of right and wrong depends fundamentally on fear", and that consequently "a lot of unwarranted nonsense is foisted about", particularly in Juvenile Courts. In the opinion of Sir Robert "the young delinquent of to-day is too often petted" by magistrates attempting to understand the environmental and psychological factors in Juvenile Crime.

In the words of Lord Horder we cannot but feel that "with all respect to Sir Robert's long experience, it seems hardly wise for a medical Justice of the Peace and High Sheriff to discourage his judicial colleagues from trying to understand what they are doing. Treatment without diagnosis, whether by the doctor or the magistrate, is not ideal".

A really exhaustive survey of *British Health Services* has been published by PEP [Political and Economic Planning]. It has taken over 100 workers three years to prepare, which, in view of PEP reputation for research, is a sufficient indictment of the tangle. We propose to give this book a detailed review in our next issue.

PEP is an interesting body founded some five years ago largely through the influence of Sir Basil Blackett. It exists in order to provide from a non-party source accurate factual surveys of fields of public interest. It has previously published a good deal of information of interest to medical men—for instance it examined the Government's milk policy even before we did ourselves in these columns. The Survey mentioned above shows every sign of expert care, and the conclusions, which we have not as yet examined in detail, seem very much to the point and not, as is so often the case, merely millennial.

The Croydon Inquiry is finished, and we will report on the findings as soon as they are promulgated.

AN ASPECT OF PUBLIC HEALTH IN THE SPANISH REPUBLIC

RECENT events at home—such as the Croydon epidemic and the unprecedented closing down of certain hospitals—show that, in spite of such amenities as a controlled water supply, fixed sanitation, improved housing conditions and a large force of male and female police, the field of public health and preventive medicine cannot yet be considered as controlled.

It goes without saying that the problems confronting a civilian population, while the same in character, are not so severe as those confronting an army in the field. Given time a standing army can, by education or by simple discipline, be made to take those precautions which will ensure its freedom from, at any rate, the enteric fevers; but discipline alone will not protect the soldier or the civilian from venereal disease. This was strikingly shown during the Great War, when it was a punishable offence either to infect or be infected; in spite of this the soldier did not seem much better off, while the number of prostitutes increased enormously. It seems clear that the only possible attack on venereal diseases lies in the use of educative methods.

The Spanish Republican Militia who first faced Franco's revolt had no more discipline or knowledge of preventive medicine than their corresponding number in England. Their force was, of necessity, hastily organized, and the medical service composed of men whose whole orientation came from years of civilian practice. The net result was that the areas for a mile back of the line looked very much like Hampstead Heath after a bank holiday, with this difference—that on Hampstead Heath there are public lavatories. Latrines, compared to a hedgerow or trench sump, were regarded as draughty, dangerous and eccentric—as indeed the few which had been built at our instigation were.

The first cook-house I saw was that of the Columna Estebil—so named after its commandant, who is a sort of Catalan Liam O'Flaherty. The cuisine was entrusted to the supervision of the chef of the Hotel Colon, Barcelona, and, although he turned out good enough food, his *morale* had suffered with the loss of his casseroles and electric cookers, left behind, perforce, with his hotel. There was a complete neglect of those hygienic precautions which should be automatic in the field kitchen.

Just as neglected as these more obvious sources of medical casualty was the whole subject of venerology, and by late October after the first leaves had been

granted, the little 1st B.M.U. Hospital was evacuating thirty or forty V.D. cases daily, the proportion of gonorrhoea to syphilis being about 15:1. We were also waiting for what seemed the inevitable typhoid to start any day. Our reflections and reports were, however, occupying the minds of Medical H.Q.—Sanidad—also, and mass inoculation coupled with the early onset of winter freezing settled the enteric problem, though not that of the "goute militaire".

It is interesting to record that the enteric immunization was oral by means of a polyvalent typhoid-paratyphoid vaccine plus bile. The findings of the League of Nations Report of 1927 were amply borne out; the oral route was found to be quite as efficacious as the subcutaneous, and had the advantage that it could be administered by anyone who could read the directions on the bottle, there being no contra-indications, complications or reaction of any kind.

The Republican health authorities next turned their attention to the ever-increasing problem of venereal disease.

The Government had already built up a very effective propaganda machine; effective for many reasons, first amongst which must be ranked the thirst of the people for information of any sort—a thirst only to be found among folk who have consciously been kept in ignorance for many years (illiteracy stood at about 78%). This machine was in the hands of Spain's foremost creative artists, men such as Pablo Picasso and Joan Miró, and soon its force was put into the hands of the Sanidad to be directed against the ignorance which produced 90% of our medical casualties.

Posters were soon to be seen decorating barrack-rooms, convalescent wards and boardings throughout the country, showing graphically the danger of dirt—showing by strip pictures how to build latrines, where not to put a cookhouse, etc.—and simultaneously going straight at the question of V.D. and prostitution. It has been said before that the Spaniards are receptive; the effect of this propaganda, together with lectures from all M.O.'s. on the preventive aspects of the question, led to an amazing alleviation of the situation.

All men going on leave could draw from the Company First Aid man a prophylactic outfit. The first of these contained written instructions, and in the hands of the illiterate their application was often ill-conceived, not to say ridiculous. More graphic directions were rapidly substituted.

The authorities, helped by some of the big Trade Unions, launched simultaneously a propaganda drive against prostitution—they were too wise to employ penal methods and drive the trade underground. The tone of the campaign was based upon the idea that such

traffic is unworthy of both sexes. At the same time emphasis was always being placed upon the preventability of venereal disease.

All this was rapidly reflected in the life of the soldiers, and even in the front line on the "Periodico Mural"—notice-boards open to all—one saw such notices as these, the product and expression of this campaign on the mind of the soldier:—

In the English trenches:

"Many Heroes
Fell thro' Eros
Now they regret it
Don't you forget it."

In the French lines:

"Schiez dur, on schiez mou
Mais si vous plait schiez dans le trou."

With the Spanish:

"De nada sirve la ducha si despues
se pone uno la ropa sucia."

Treatment of venereal infection when it did occur was conducted along orthodox enough lines clinically, but the patient's period of hospitalization was turned to good account on the psychological and educative side. Those among the patients who were illiterate received intensive lessons in reading and writing, while the literate were put upon courses of such cultural studies as they might choose. Perhaps the best run hospital in Madrid is the Gonorrhoea Hospital, housed in the Palace of the Dukes of Alba; as regards treatment, they have an ingenious and apparently simple automatic douching apparatus. Both the temperature and concentration of the permanganate solution are electrically regulated, and the machine can be left to itself for weeks on end and delivers thousands of litres of solution. Its technical equipment is as nothing to its educational and cultural facilities; in the intervals between treatment all the services of a highly organized adult school are available, while the evenings are passed with cinema shows, debates, concerts by well-known artists, or lectures of general interest. In fact it has been suggested that such treatment almost offered an inducement to infection. The answer lies in the steady decrease of the number of patients.

The word "propaganda" has, more particularly since the establishment of Goebels at the head of his department, become debased and gained several unpleasant connotations. I have attempted to describe something of the part it has played in the service of science and of the public health in another country which, at the

same time, is facing a crisis in the world's history. We in England have not as yet applied a similar technique in facing the problems raised by venereal disease. At the present moment a film dealing with the price of ignorance of certain elementary facts is only permitted by our censors to be shown provided that no reference is made to the preventability of such diseases. It cannot but be felt that, only when such a policy is reversed, and these dark corners are literally floodlit, then only will we lighten the work of our "special treatment centres".

K. W. C. SINCLAIR-LOUITT.

CATGUT.

The term "catgut" applied to material derived from the sheep's intestine is rather puzzling, and the explanation that originally the intestine of the cat was used in its manufacture doesn't fit the facts. It seems that occasionally the horse, the mule and the ass have provided the raw material, but, however far back we go, we find no evidence that the source has ever been the intestine of the cat, though records as early as 1500 B.C. mention the use of twisted sheep's intestine for tying the umbilical cord.

But the same material was used by the Greeks for harp-strings, and it is from the musical string that the modern term has been derived. Fiddle in the old terminology was "kit", and its string was called "kitstring" or "kit gut". In the course of time "kitgut" has become "catgut", a corruption which is all the more misleading because the error it infers is not startling enough to provoke incredulity. A. K.

YOUTH AT THE HELM

"AN audience is a curious animal" Somerset Maugham says in *The Summing Up*: "If you classified its members starting, say, with the critic of *The Times* and ending with the girl who sells sweet-stuffs off the Tottenham Court Road, its mental capacity would stand about the letter O." It was for audiences of this calibre that *Youth at the Helm* was written and translated, and it pleased them well enough to win a place for itself in "Famous Plays of 1935". It is a play for the hardened, or, as someone once wrote *à propos* of a similar play—should one not rather say?—the "softened" first nighter.

It is not a good specimen of its kind. But it is almost impossible to find good plays suitable for the requirements of amateur societies even when they have available, as the Amateur Dramatic Society had this year, a producer and actors of exceptional competence; there are always innumerable difficulties—the size of the cast, the number of female parts and whatnot. Here was a play satisfactorily free from all such obstacles, and a safe and good-humoured choice for an occasion which is, after all, a version of what, to quote Lord Curzon, "I believe the lower orders call a beano". More in its favour I can't say. It has neither sincerity nor a witty artificiality nor even animal high spirits: little more than a stale and *blasé* facetiousness. Without asking—or even wishing that whoever chooses the Amateur Dramatic Society play should become like little Bill who (aged 10)—

Was quite unnaturally keen
On
Athalie by Jean Racine,

I hope that next year changed circumstances may enable him to be a little more adventurous.

Randolph Warrender is in demand at all the smartest cocktail parties but he has no money, and though, as he says, he has thought of everything, "from cat burglary to chicken-farming", no one will give him a job. So he sets out to create work for himself. Slotty Fitch (the same old mutt Slotty he stopped the chaps ragging at Westminster) is employed in the London and Metropolitan Bank. Warrender walks into his office ("How did you get in here?") "Oh, through the door", sits down at a desk and starts "work". He hopes that in the hurly-burly of a great bank his presence will escape notice, and that in ten days it will seem so natural to have him there that if he *didn't* turn up all the directors would say, "Where the devil's Warrender?" Slotty is enlisted as an unwilling accomplice by a display of genial ferocity

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and the first position is won. Charm, resource, impudence and what knowledge of the Bank and its directors he has been able to pick up outside will do the rest.

It is not long before he has everyone in his pocket. Old Bill, the commissioner ("remember to tell your missus to try lard for her rheumatics"), is sent shambling off to look for a non-existent alpaca working coat which was left "in my old department"; Dolly, the typist ("I always said you had the prettiest teeth of any girl in the firm"), is soon busy mis-spelling his letters; the chairman, whom he has been shadowing

dupes of the confidence trickster; not one of them has the hard-headedness that would keep us constantly expecting Warrender's downfall, and the moment we cease to feel that all the odds are against him the play is dead.

And then surely the atmosphere of the Bank should not have been quite so leisurely and homelike. On the contrary the more bustling its clockwork efficiency, the more bizarre and hazardous would Warrender's position in it have appeared. As it is the tension falls to zero: we forget entirely that he is an adventurer



London Press Photos.]

"MY DEAR MR. KUBITSKY. . . . WE WANT YOU TO COME ONTO THE BOARD OF DIRECTORS."

for weeks and waving to at public entertainments, is delighted to find out at last who he is ("Wasn't it at the Beethoven fourth?") "No, the Tchaikovsky fifth, sir." "You'll go far, my boy!"; and the chairman's daughter ("Gosh!—your service at Wimbledon like a panther!—and your dress really too—hm!") begins early to divine her destiny. A little later he has the Bank, its chief rival, and the Board of Trade all up to their eyes in a mythical "Kubitsky affair", and the dreaded managing director, "who knows every ink-pot in the place", has invited him to lunch to talk it over.

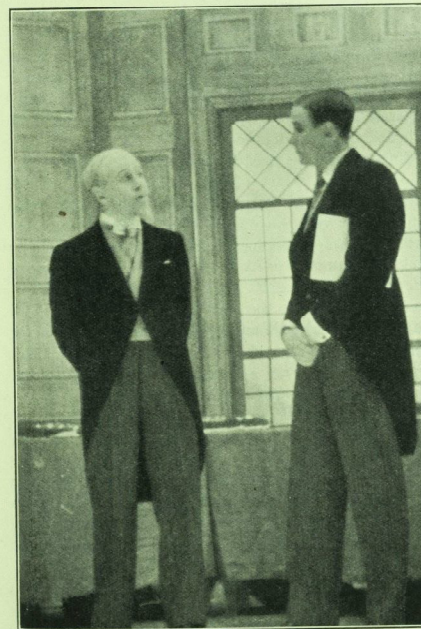
This is the situation at the end of Act 1, and it is obvious that if the play is to be kept alive the fun must get faster and faster, the incidents more and more outrageous, fantastic and compromising so that only by the extremes of ingenuity and daring—and then only just—shall Warrender avoid exposure. But the author has made it almost impossible for himself to achieve this. He has made all the directors the natural

and begin to think of him as the most reliable clerk in the office! Worse still (unperceived by the author), he turns out to be just a man of straw like the rest of us. Faced with a crisis which an ordinarily inventive office boy would have solved in two minutes he collapses into a fatuous pathos: "I only meant to do what was best for everybody" he groans, "to create work for thousands, not only for myself. I'm nothing more than a mirage." Then—final degradation!—he develops a heart of gold: "I won't run for it until I've cleared things for you" he says to Slotty, who thereupon commits forgery to save him from discovery. It only remains to make him manager of the new Kubitsky works and to pack him off to bliss with the chairman's daughter in that nice centrally-heated house in the factory grounds. It is what his dullness deserves.

Yet how enjoyable the evening was! The curtain had not been up five minutes before the audience relaxed into that pleasant mood of attentive ease and

security which comes from complete trust in the actors and a full surrender to the action of the play. We felt none of that anxious proprietary excitement which the self-consciousness of amateurs so often arouses. On the contrary, every member of the cast showed from his first entrance an assurance and an easy mastery which made us completely accept him as the character he was impersonating. There was a speed in the acting, a deftness, precision and vivacity which gripped our attention even when the action was flagging.

Credit must go first of all to the nameless person who allotted the parts; there was not a single instance of mis-casting. Next to the producer who maintained the whole evening at a speed and lightness of performance which made the most of the play's good moments and the least of its bad, who effectively combined the various talents of his cast, and must certainly also deserve a large share of the praise for the merits of their individual performances.



"WE'RE DEALING WITH PEOPLE WHO WANT WATCHING, YOU KNOW."

The part of heroine in such a play as this is only too usually a thankless one. She almost always impedes the action whenever she appears, and here in addition her normal conversation is a mixture of curiously outmoded slang and sham whimsical sentiment—of the "how lovely is a dream come palpable" variety. The Amateur Dramatic Society was lucky to have someone who could do the first as gracefully and unobtrusively as Christine Roberts, and who could deliver such lines with equanimity and even conviction. Marjorie Hunter's sketch of Dolly, the typist, was alive as a character down to the most trivial gesture, and she was almost as amusing when silent as when speaking. She and Edward Perkins as Slotty Fitch (another excellent performance) played brilliantly to each other. Trevor Roberts drove home every point with the utmost ease, accomplishment and precision in a delightfully unemphatic portrait of an amiable old goose. Donald Crowther contrived to give an impression of not only knowing, but actively disliking "every inkpot in the place". His brusque and surly suspiciousness did much to keep up the tension: for when he was on stage it was possible to believe in at least a potential menace to Warrender. Hugh Richards was benevolently avuncular, and delivered some not very good jokes with the confidence of a man used to years of deferential laughter from subordinates. Fritz Liebmann was excellent in a small but important part; and Clifford Newbold, George Herbert, Peter Stanbury, Peter Dawnay and Trevor Baynes did all that was required of them with distinction.

But after all Warrender is the play. He is on stage during almost the whole of the action and all the time he must dominate it. That is a difficult ordeal, especially in a frivolous play, for anyone without the technical skill bred of long experience. Yet Charles Fletcher succeeded in it easily. He kept our interest awake and our matter-of-factness dormant; he was never monotonous, always lively and natural. In cold print too much of Warrender's breezy self-confident badinage seems no more than the small-talk of a rather vulgar commercial traveller who has studied a couple of manuals of salesmanship. It was a remarkable performance to have so nearly succeeded in making him on the stage the model of urbanity, *savoir-faire* and effectualness that the author intended.

It only remains to record that the stage manager, J. E. Cawthorne, and his assistant H. G. Stack did their work so well that the audience had no reason to appreciate their importance; and to congratulate the Society on a successful production.

"O."

I have received the following:

THE MUSIC. [Arr. G. and T.—Grieg helped.]

Ronald Gibson and Alan Thomson once more delighted both ear and eye during *Youth at the Helm*, and many a heart must have beaten faster while these spotlit young men were at their pianos. To the selections from contemporary dance-music which they had themselves arranged was added this year an altogether more heroic item—the *adagio* and *allegro* from Grieg's A minor Concerto, as it was originally written, for two pianos. In spite of the ceaseless chatter from an apparently unsympathetic audience they played it with commendable fortitude and, in the circumstances, great accuracy. The rumour that these two may have departed and may not be together at next year's show must be vigorously challenged. Their train fares must be paid (if necessary) from the ends of the earth. They are an institution.

RECENT ADDITIONS TO THE MUSEUM

DURING the past twelve months 75 new specimens have been added to the Museum. An exhibition of them was held, as usual, in October, and they have now been placed in their own sections in the Museum or incorporated in the Teaching Collection.

Many of them have been added not because of their rarity, but because they are good illustrations of common pathological conditions and are, therefore, of value for undergraduate teaching. Several of these have replaced existing specimens in the Teaching Collection, and it is hoped that by continuing this policy every year the standard of the Collection will be steadily improved. There are, however, many specimens which are rare or, for other reasons, are of unusual interest, and some of these are described below.

The three additions to the series illustrating diseases of bone are all worthy of note. **A. 408a** is a tibia showing the late stage of osteitis deformans complicated by a mixed-celled sarcoma, which has almost completely destroyed the bone transversely. It was removed by amputation from a woman, *æt.* 66, who showed no clinical or radiological evidence of osteitis deformans elsewhere in the body. **A. 648a** is a specimen of Ewing's tumour of the fibula which does not show the usual naked-eye appearance of this disease. The growth, which is situated in the medullary cavity and under the periosteum, involves only the upper end of the bone, and there is no new formation of superiosteal bone.

The patient, a boy, *æt.* 15, was running a temperature and remained pyrexial after amputation of the leg. He died ten months later from multiple secondary deposits. There is only one other specimen of Ewing's tumour in the Museum. **A. 651c** is a good specimen of multiple myelomatosis affecting the vertebral column.

An unusual effect of bronchial carcinoma is seen in **H. 34b**. There is diffuse infiltration of the parietal and visceral layers of the pleura with growth, the thickness of which varies from 2 to 5 mm. The pleural cavity was filled with yellowish fluid. The lung itself is collapsed, and white strands representing lymphatic infiltration are seen running through it. Microscopically the growth is an adeno-carcinoma, but no primary bronchial tumour can be seen. **H. 191c** is a very early acute tuberculous broncho-pneumonia in which each broncho-pneumonic area consists of a group of miliary tubercles, which have not yet coalesced to produce the appearance more commonly seen in this condition.

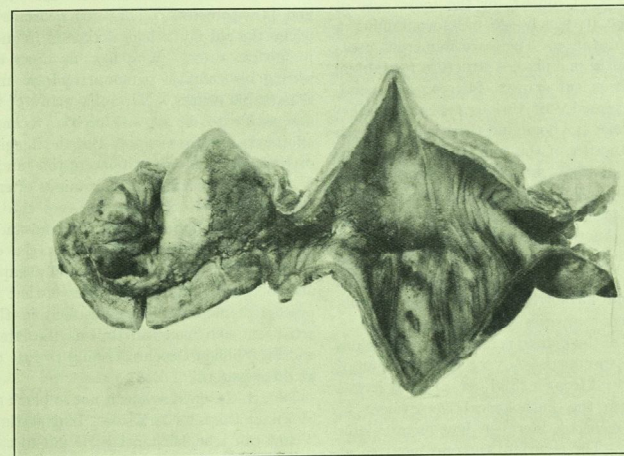
The lesions produced by leukæmic infiltration are well represented in this year's additions. One of the most interesting specimens, **K. 237d**, is a stomach from a case of lymphatic leukæmia. Its wall is greatly thickened, and the mucosa is thrown into heavy folds as a result of leukæmic infiltration of the submucosa and muscular coats. During the last few months of life the patient's appetite had been very poor and there had been abdominal discomfort after food.

Infarction of the liver is a rare event. **N. 12b** shows it occurring in a case of lymphatic leukæmia. There was widespread thrombosis affecting the femoral veins and inferior vena cava and extending thence into the hepatic veins. Other specimens from cases of lymphatic leukæmia are a pharynx showing much enlargement of the lymphoid tissue, **K. 54**, a heart showing numerous hæmorrhages under the endocardium and pericardium and into the myocardium, **E. 155**, and a spleen showing small localized areas of leukæmic infiltration, **P. 122c**. In addition there are a femur, **P. 13b**, and a spleen, **P. 126a**, from a case of myelocytic leukæmia.

In 1934 a specimen showing great thickening of the ileo-cæcal region was put into the Museum under the non-committal heading of "Chronic Infection". In the light of more recent knowledge there is no doubt that it belongs to the group of conditions now known as Chronic Regional Ileitis or Crohn's disease. Another example of the disease has been added this year. **L. 74a** (see Fig.). It shows a portion of ileum, in the distal part of which the wall is about $1\frac{1}{2}$ cm. thick, and consists of firm white tissue almost completely obliterating the lumen. About 6 in. of the gut were affected in this way, and the condition terminated 5 in. from the ileo-cæcal valve. It had led to chronic intestinal obstruction, and

the proximal part of the ileum in the specimen is dilated and hypertrophied. Microscopic examination shows a chronic inflammatory reaction with much fibrosis. There is no evidence of tuberculosis. The specimen was obtained at operation from a girl, *æt.* 22, who, two years previously, had had an attack of abdominal pain, which later became localized to the right iliac fossa. It was followed by a dull ache in that region, and two months later the appendix was removed. It was very adherent and lay behind the lower end of the

more proximally the tumour forms a sort of plug in the lumen of the appendix, without much infiltration of its wall. Microscopically it consists of columns of spherical cells, which infiltrate the muscular coat. The cells are stained by silver impregnation, which shows that the tumour arises from the argentaffin cells normally present in the mucous membrane of the intestine. This specimen came from a woman, *æt.* 24, who had had attacks of pain in the right iliac fossa for three months. She was alive and well nine months after the operation,



CHRONIC REGIONAL ILEITIS.

ileum. The latter was adherent to the pelvic colon, and both were notably oedematous. She remained fairly well for a year, and then developed attacks of colicky abdominal pain. There was some diarrhoea, but the motions contained no blood or mucus. She lost 3 st. in weight. No abdominal tumour could be felt, but a transitory swelling associated with visible peristalsis would appear from time to time, and disappear with gurgling and splashing spontaneously or on pressure. The affected portion of the ileum was resected and the patient made an uneventful recovery.

Another specimen from the same region of the body is a carcinoid tumour of the appendix, **L. 267a**. It has the usual yellowish colour of such tumours, but it involves the whole length of the appendix with the exception of the terminal centimetre. The mucosa is destroyed and the muscular coat infiltrated, though

and the prognosis is, of course, uniformly good in cases of this type of tumour.

The first specimen showing malarial pigmentation of the liver to be incorporated in the Museum is **N. 100**, which was presented by a donor in India.

P. 86b is a spleen showing a rare and interesting condition of multiple necrosis which was first described under the name of "speckled spleen" by Feitis in 1921. It came from a man, *æt.* 63, who died of an obscure toxic disease. The cut surface of this spleen is soft and necrotic, microscopic examination showing that the pulp has almost completely disappeared, leaving only the trabeculae, supporting reticular stroma and blood-vessels. The latter are normal, and there is nowhere any suggestion of athero-sclerosis or thrombosis. Most of the cases previously described have been associated either with arterio-sclerosis or with

thrombosis of the splenic vessels, but here it appears that the necrosis is not vascular, but purely toxic in origin.

An unusual feature of this year's additions is the number of trophies resulting from exploration of the mediastinum. They include one cyst, **P. 237a**, and four tumours, **P. 248a** and **P. 249a, b** and **c**. The cyst was removed from the posterior aspect of the pericardium, where it lay in close contact with the œsophagus. It is lined by ciliated epithelium. One of the tumours is a teratoma removed from the anterior mediastinum of a girl, æt. 7. It weighed 18½ oz. The cut surface shows it to consist for the most part of fatty areolar tissue in which are cysts containing a glairy mucinous substance. There are numerous areas of calcification, and in one place a structure resembling a long bone has been cut across. Microscopic examination shows the presence of various types of epithelium, nerves, cartilage and bone, but there is no evidence of malignancy. Another of the tumours is a ganglion-neuroma occurring in a boy, æt. 12, and causing collapse of the left lower lobe. The seventh and eighth ribs were infiltrated by the growth, and portions of them were removed with it. Another is a neurofibroma from the posterior mediastinum and the last is a fibroma, also from the posterior mediastinum, showing large areas of calcification and hæmorrhage. All these patients made uninterrupted recoveries from the operations.

Wilms's tumour of the kidney is rare and the Museum contains only one specimen. A very large tumour of this type was removed from a child, æt. 1½, but it was lost in transit from the Pathological Department to the Museum! It recurred, however, four months later and the child died. The recurrent tumour, removed at post-mortem, is now in the Museum, **O. 266b**.

In the section dealing with diseases of the nervous system there are two specimens illustrating central lesions of the spinal cord. **T. 222** is a series of sections of the cord and medulla from a case of syringomyelia and syringobulbia. The typical gliosis and cavitation extend from the tenth dorsal segment upwards into the medulla. **T. 234b** is a longitudinal section of the cord showing hæmatomyelia due to fracture-dislocation of the fifth cervical vertebra. At the level of the injury there is considerable laceration of the cord, and from this level hæmorrhage extends in the centre of the cord upwards for a distance of ¼ cm. and downwards for a distance of 8½ cm.

Finally, in the teratology section there are three rare congenital abnormalities. **TE. 53a** is a full-term infant with spina bifida and myelocoele. **TE. 104a** shows transposition of the aorta and pulmonary artery, and **TE. 139a** congenital atresia of the duodenum.

R. G. ANDERSON.

DR. JEKYLL DIAGNOSES MR. HYDE

(Continued from p. 83.)

One of Jung's valuable contributions to psychology is the conception of a collective unconscious shaped by heredity, from which consciousness develops. We as individuals are branches of the great tree of life, and the nearer we go back to the roots the closer we converge. I can see no other explanation of the persistent recurrence of the same ideas, not only in art and literature, but in dreams, neuroses and insanity, where the old mythological themes frequently reappear in modern dress. Jung has hit upon the method of setting his neurotic patients to draw and paint, with remarkable results. Naturally many of them say they are unable to do so, and on the technical side their efforts are not impressive. But the imaginative content of their pictures is both interesting and illuminating, for the buried conflict in their minds often comes to the surface. Moreover, when one sees the same imagery used by a psychoneurotic in England and by a Chinese artist of the seventeenth century, the existence of a collective unconscious is powerfully supported. It is also of great interest to observe that the reductive process of mental disease resulted in the pictures of artists of such technical skill as the late Charles Sims and Sir William Orpen reverting to just the same style as these patients.

Though the unconscious is not so black as it is painted by Freud, it has its dark side. Jung pertinently inquires, "How can I be substantial if I fail to cast a shadow? I must have a dark side also if I am to be whole". For many primitive races the psyche is identified with the shadow; hence to tread on a man's shadow is a deadly insult. You will remember Peter Pan's distress at losing his shadow, and that it was his mother substitute, Wendy, who restored it to him. Barrie's plays are full of such primitive imagery. Although we owe the very word "psyche" to the Greeks, they spoke of the psyche in the more limited sense as *sympados*—"he who follows behind". Markheim's *sympados*, who followed behind him up the stairs, was his former better self. What Coleridge's *sympados* was like may be judged from those lines in the "Ancient Mariner":

"Like one that on a lonesome road
Doth walk in fear and dread,
And having once turn'd round, walks on,
And turns no more his head;
Because he knows a frightful fiend
Doth close behind him tread."

In some the unconscious is Ariel, in others Caliban, but in either case the conscious, Prospero, must be in

control. If the conscious and unconscious are at war with themselves a psychoneurosis will result. The recognition of such facts renders our psychoneurotic patients more comprehensible to us, and us more helpful to them. Their complexes are always the cause or the effect of a conflict. Sometimes the conflict may be resolved with unexpected results, as in a case recorded by Jung. He says: "I know of a pious man who was a churchwarden and who, from the age of forty onward, showed a growing and finally unbearable intolerance in things of morality and religion. At the same time his disposition grew visibly worse. At last he was nothing more than a darkly lowering 'pillar of the church'. In this way he got along until his 55th year, when suddenly, one night, sitting up in bed he said to his wife, 'Now at last I've got it! As a matter of fact I'm just a plain rascal'. Nor did the self realization remain without results. He spent his remaining years in riotous living and in wasting a goodly part of his fortune." Here it was Mr. Hyde who won. You will observe that I have quoted a good deal from Jung, nor is it surprising that as one grows older his philosophy should have an increasing appeal. I think that Freud's theories of infantile frustration and sexual repression appeal most to the adolescent, and Adler's theory of the drive towards the goal of life to the ambitions and competitions of middle life. Each has much to teach us, but one settles down as life goes on, with a sense of relief to the more humanistic, broader conceptions of Jung, who appears to see life steadily and to see it whole. It may be urged that he is vaguer, and sometimes not quite comprehensible. Well, are our minds capable of comprehending all the mystery of life? I am reminded of St. Augustine's vision of the child on the seashore who was trying to empty the ocean into the hole he had dug in the sand. It is Jung's striving to express things which are beyond our ken and which elude our attempts to grasp them that is his fascination for me. He is most likely of all others, in my opinion, to reconcile materialism and metaphysics, and to restore our sense of values.

On the practical side, however, we English are showing our national gift for compromise, and are selecting from the doctrines of each of these three men the material for a sound system of psychotherapy. As we are living beings, the foundation must be biological. I had trusted that it would be Rivers who should have built the structure on this basis, but alas we had to mourn him, untimely dead, when we had most need of him.

For that medicine will have to become increasingly psychological in its approach I doubt not. It is the needs of our time which have led to the development of

this new psychology. And if some academic psychologists scoff at it, we can make the simple reply, it works. Although it is only in its infancy, its influence is overflowing beyond the confines of medicine into many other fields of thought, just as did Darwin's exposition of the principle of evolution. A compact body of well-informed medical opinion can be a much-needed educative influence in a world which seems to be steadily growing more psychologically sick. For the collective unconscious does not merely manifest itself in the individual; it is manifesting itself increasingly in herd psychology. The world war released passions which, like Frankenstein's monster or the Bottle Imp, refuse to be imprisoned again. Whether the nations will realize this in time is civilization's present dilemma. I do not believe the position is so hopeless as might appear. Think of the profound disillusionment produced by the events following the French Revolution, the Reign of Terror and the dictatorship of Napoleon. Edmund Burke said, "The age of chivalry is gone . . . and the glory of Europe is extinguished for ever". Wordsworth, in his youth, welcomed the tumult of new ideas with the enthusiastic cry—

"Bliss was it in that dawn to be alive,
But to be young was very heaven".

But he came to be as disillusioned as Burke, and retreated from active affairs to seek relief in a pantheistic conception of nature. Both finished as reactionaries. Just so to-day, while soberer minds are anxious, many of the young are indulging in heady draughts of Communism, oblivious of the morning after. Things looked as black for Europe then as they do now, but the skies brightened again, as they may do yet. Before that can happen, however, nations will have to realize that the Hydes are quite adept at concealing their motives behind Jekyll masks bearing such plausible aspects as patriotism, religion of the state, classless society and the like. For it is with nations as with individuals. It is embarrassing but true that our friends know quite a lot about our characters which we don't know ourselves. There is an old saying that when A converses with B six persons are involved: each as he thinks he is, each as he appears to the other and each as he really is. It is pretty clear that the man that Rolfe imagined himself to be became the dominant of these three personalities, while Shorthouse grew to be more like what others imagined him to be. It has been suggested that the absence to-day of the heroes who adorned the Victorian age is due to hero-worship going out of fashion. If it is true that nothing succeeds like success, this is largely due to the fact that some characters tend to expand and flower in the sunshine

of approbation. It is equally true that the cold blasts of frustration tend to shrivel others up. Then from the ferment of disappointment a new and abnormal individuality comes to be born. A repressed complex may then assume an autonomous existence, just as a virus apparently incapable of independent life assumes extraordinary vitality and powers of growth within the appropriate host. Repression may for a time be successful, and this fantasy personality held in check. Then some shock or strain or perhaps a physical illness occurs which lowers resistance and out pops the second personality and takes command; a fugue may follow, and the individual is found wandering far from home suffering from complete loss of memory. [A series of cases was then described to illustrate the grades between toxic and psychogenic factors in the amnesia.]

For a full discussion of the dissociation of a personality I must refer you to Morton Prince's well-known book with that as its title. There he relates in detail the extraordinary case of a lady whose individuality could change into any one of three different personalities, which he termed respectively the Saint, the Woman and the Devil, each exhibiting different views, temperaments and memories. Two of these personalities had no knowledge of each other or of the third, so that in the memory of each there were blanks corresponding to the times when the others were in the flesh. Of a sudden one or the other would wake up to find herself, she knew not where, and ignorant of what she had said or done a moment before. Only one of the three had any knowledge of the life of the others.

Prince remarks that a more correct term would be disintegrated personality, for no one secondary personality preserves the whole psychological life of the individual. The original ego is broken up and shorn of some of its characteristics and memories. The conscious states that still persist synthesize into a personality capable of independent activity, as I suggested under my simile of a virus action. Such disintegration is not identical with degeneration, for it is only a functional dissociation of that complex organization which constitutes a normal self, and which can be reassembled. And so we reach the somewhat platitudinous conclusion that a well-integrated personality, one which is not at war with itself, is the most capable of withstanding the shocks of physical or psychical trauma.

Of things such as these *Jekyll and Hyde* is an allegory. Just as the sympathetic nervous system works through hormones and the sensori-motor system through simple and conditioned reflexes, so does the mind work through symbols. When you come to think it out, you may be surprised to find how symbolical much of our ordinary language is. Fowler in his *Modern English Usage* says

that every allegory is a parable and every parable an allegory; the object of a parable is to persuade or convince; that of an allegory is often rather to please. The *Oxford English Dictionary* defines an allegory as an extended or continued metaphor. A metaphor is a compressed simile. Now as Fowler says, some metaphors are living, *i. e.* are offered and accepted with a consciousness of their nature as substitutes for their literal equivalents, while others have been so often used that speaker and hearer have ceased to be aware that the words used are not literal; but the line of distinction is a shifting one. We constantly mix dead metaphors, but we must not mix living ones. Thus if I say to you, "My aim is to construct a theory", I have mixed three dead metaphors without offence. Yet an aim is literally a mark on a target, to construct is to pile up, and the original meaning of theory was "viewing". If I said, "The mark on my target is to pile up a viewing", it would sound nonsense, so metaphorical has our use of those words become. On the other hand when a journalist wrote, "These are the notes which are most consistently struck in the stream of letters now printed day by day for our edification in the —" but I forbear to name the paper, and merely quote Fowler's devastating comment, "it is ill playing the piano in the water". Those metaphors still have some life in them and will not blend. But even Fowler, that diligent detective of linguistic errors, omits the further comment that edification is literally a process of building, and that you cannot promote building by playing the piano in a stream. For edification has become a dead metaphor. Even as Homer sometimes nods, so Shakespeare may mix his metaphors, for despite Hamlet, we should not be able "to take arms against a sea of troubles" with any real effect. But I have said enough to show how symbolical is our everyday conversation, and would warn you that if you watch the habit too closely it may paralyse your powers of speech. It is better to let dead metaphors rest quietly in their tomb.

As in small things, so in greater—in both the mind works in symbols. Much of our misunderstanding of the viewpoints of other ages is due to some shifting in the significance of the symbol. We do not attach quite the same meaning to the words they did in the past, so that the symbol becomes worn like a coin which has been so long in circulation that all its inscription is lost. Yet it is still valid currency. I will conclude by illustrating this from an old symbol and an ancient allegory:

About three years ago I saw a representation of "Cymbeline" at the Festival Theatre, Cambridge, which seemed to me bad and irritating. I was

particularly exasperated by the centre of the stage being occupied by the pattern of a labyrinth. Some characters had to thread this maze, others could step over it. What was in the producer's conscious mind I do not know, but I think I comprehended what arose from his unconscious, when I recently read something Mr. Jackson Knight has to say of the ancient ritual maze, such as was found inscribed on a slab in a prehistoric tomb in Anglesea, and various other parts of the world. The ritual maze was held to create a field of magic force through which friends could pass while enemies or evil spirits could not. Thus the symbol became an appropriate illustration, even if a rather tiresomely mannered one, to a play dealing with the struggle between ancient Britons and the Romans. You will observe that this slab was found in a tomb in order to exclude enemies from and admit friends to the spirit of the departed, and Mr. Knight relates both the labyrinth and the tomb with a world-wide allegory in what is to me a fascinating manner.

The story of the descent of the hero into the underworld recurs again and again in myth and literature. Now in the sixth book of the *Æneid*, Virgil describes *Æneas* as having been summoned by his dead father to come down to the place of the departed, there to receive counsel as to his future. He arrives at the gate of the Cumaean Sibyl, the doors of which are panelled in relief with the story of the Cretan Minotaur and his victims, and the labyrinth where he devoured them—a primitive legend of bestiality and human sacrifice. One panel was still empty. We must note in passing that the word "labyrinth" is derived from "labros"—the two-headed axe which was the symbol of the rulers of Crete, and was applied to the complicated passages still to be seen in the royal palace at Knossos. To the Greeks this legend symbolized the hostile naval power of Crete which made such depredations on their shores, and which they had to make sacrifices of youthful soldiers and sailors to overcome. On revisiting that palace of Minos this summer I was interested to see the frescoed evidence that the contest between the captured youths and the bull was a literal encounter. As the bull approached with lowered head the young man had to seize him by the horns and execute a somersault over his head. If he succeeded in this perilous enterprise he gained his liberty. Hence, I suppose, the origin of the saying, "To take the bull by the horns".

It is extraordinarily interesting to find Virgil joining hands with palæolithic man in associating the maze and the tomb. The same story is also told in a Sumerian epic and by the natives of the New Hebrides. The collective unconscious again! But to go on with the

story itself. While *Æneas* is studying these carvings the Sibyl appears and tells him in effect that the sights there represented did not belong to his age. A new dispensation was at hand; the day of the Minotaurs, Hydras, Centaurs, Chimæras and the barking Anubis was over, and monstrous gods of every form were to be put to flight. For this reason the Roman Church has always put Virgil among the foretellers of the coming of Christ, though it is equally if not more probable that he was referring to Augustus, whom he regarded as the saviour of civilization from the threatened ascendancy of such hideous deities. For Christianity itself was still to have a hard fight in the second century with Mithras and his bull, and indeed had to assimilate some of his tenets.

The empty panel on the gate was left for the future, for the new dispensation to carve with symbols appropriate to higher ideals. So Virgil, that sensitive, hesitant dreamer, imagined, and so we may read in his allegory a hint for to-day. Again civilization seems at the parting of the ways; the monstrous gods of old are hammering on the Gate of the Sibyl; the darker side of the collective unconscious is assuming a volcanic energy. If it is not to prevail, we must live up to the Greek maxim "Know thyself", or Caliban will reconquer the island he inherited from Sycorax his mother. Dr. Jekyll must diagnose Mr. Hyde by recognizing his origin. Am I too optimistic in hoping that the profession to which Jekyll belonged can by psychological insight play an important part in leading the way to a calmer, humaner and more rational state of affairs? For the influence of our profession is bound to increase in this frightened world, and there is always a vacant panel in the Temple—no, I will not say Citadel—in the *Temple of Medicine* on which each generation can carve its ideals and its discoveries. Soon it will be your turn—and your opportunities are great.

WALTER LANGDON-BROWN.

CUTTING PLASTERS.

The great difficulty often experienced in cutting "windows" into plasters or removing them can be avoided by a method used in the fracture clinic of the Surgical Professorial Unit.

Swab site liberally with dilute acetic acid (test table acid $\frac{1}{4}$ strength), and after a few minutes the plaster will be found so softened that it can be cut with a knife or scissors.

My thanks are due to Mr. G. C. Knight for permission to publish this.

R. F. B.

CORRESPONDENCE

HOSPITAL APPEALS

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

DEAR SIR,—For some time one of the main features of the JOURNAL has been the appeal to Old Bart.'s men for funds, and now we, your readers, are asked to contribute again, this time for a new Sports Ground.

I notice in the tone of the January letter of request a certain indignation or amazement that more "Old Bart.'s men" have not rushed at once to their cheque-books.

What does the Hospital do in return for these contributions? We receive our training at Bart.'s for which our parents paid certain, presumably adequate, fees; we leave, and then if we live beyond a certain radius of London, nothing. In other words distance makes the use of the Hospital for our patients an impossibility.

If an "Old Bart.'s man" comes to town to revisit the home of his student days what welcome is there?

In the Square he sees the faces of the mighty, but where is he to sit, where to meet his old friends, where hang his hat? The A.R. is open, but full of young.

I suggest that in return for past contributions the Hospital or Medical School should prepare a room for "Old Bart.'s men" where they can meet or rest, and thus feel again that they have a place at "Bart.'s" which is their own.

Yours sincerely,

Kilassart,
Tadworth,
Surrey,
January 7th, 1938.

J. PARRISH.

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

DEAR MR. EDITOR,—I thank you for letting me see the letter which Dr. Parrish has written to you as Editor of the JOURNAL, in which he comments on our surprise that less than half the number of Old Bart.'s men have been willing to come to the assistance of the Medical College in its times of difficulty. He goes on to say, "What does the Hospital do in return?"

Now I wonder if this is a fair question. Perhaps the majority of Bart.'s men do not understand that the fees which they pay for their education are extraordinarily small, and that the total only covers about half the sum required to maintain and equip the Medical College, and to pay the members of its teaching staff very inadequate salaries. Is it surprising, therefore, that the School does occasionally appeal to its old students? When it is making a mighty effort to keep itself in the top rank, it is Dr. Parrish's remark which amazes me. But he may like to have the consolation of knowing that he is not the only one who holds such views.

It is naturally an attraction to students that we have a first-class athletic ground. The Medical College was content for many years with the ground at Winchmore Hill, but those who were students before this was acquired were dissatisfied, and it was the efforts of the School that got them that ground. In recent years the students became dissatisfied with Winchmore Hill, and it was the College, mind you, that made the effort to find a new ground and to sell its old one at a good price.

Is it surprising that we go to the students and ask for their help, and to the Old Bart.'s men who received the benefits of the previous ground?

And what do we give in return?

Well, I dare say that, if a man lives a long way from London, the return is not great if he thinks of it in terms of material benefits. Does Dr. Parrish remember that, when he paid his fees to this College, it not only gave him his education, but entitled him for the rest of his life to attend here without the payment of any fee, and to augment his knowledge if he so desired without any further call on his purse? Does he forget that he has the right to call himself a Bart.'s man, which to most of us is a very proud title and in many parts of the world a pass-word.

There is some complaint that no room is provided in which an old Bart.'s man may rest himself when he comes to the College or in which he can meet his old friends. Perhaps Dr. Parrish does not realize that old Bart.'s men by reason of their profession put in very few appearances here and at very infrequent intervals, and that it is very uncommon for two men, of the same year, to be here together. But, if it will be of any help to them, the Staff is quite prepared to throw open its Common Room on the occasions when old students are paying casual visits; here they may hang their coats, have their private conversations and even go to sleep in the armchairs with their feet on the mantelpiece! We should welcome visits from more Old Bart.'s men than do come. We are only too pleased to see them.

Readers of this letter may think that I am over-zealous in my efforts to maintain our College in its high traditions. I am indeed very disappointed that there is so large a figure as 50% of old Bart.'s men who have not so far backed me. I am quite conscious that there are some who are unable to do so, but I am also conscious that there are many who could do so and have not. Had all our old students adopted the negative attitude of these many, our College would not have attained the outstanding position which it now holds, nor its present great reputation among the Medical Schools of London, nay, of the world. Had this attitude been general, moreover, my courage in making the effort would long ago have given out; but, thank God, there have been the others who right from the beginning have stood behind me, making their original donations and repeating and repeating them so that at least one quarter of the sum required for the rebuilding of our College has been subscribed by them. Long will their names live in our annals.

I do not hesitate to ask once again that those who have not yet subscribed will help us to raise either the £30,000 which is still needed to complete the total sum for which we appealed for the College, or the £2000 deficit on the Foxbury ground; whichever appeals to them most.

The Medical College,
St. Bartholomew's Hospital,
West Smithfield, E.C. 1;
January 19th, 1938.

Yours sincerely,
W. GIRLING BALL,
Dean of the Medical College.

A CHINESE MANDARIN

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

SIR,—I believe I am by no means the only reader of your—our—very excellent JOURNAL who deplores the scantiness of news granted to the doings of living Old Bart.'s men, and that more pains are not taken to obtain particulars about those who die.

Last year K. C. P. Berryman died after a long illness in the Hospital. Dick Berryman was one of the most beloved students in his day—he was a "character", and probably the best actor the

Dramatic Society ever had. His rendering of feminine parts was superb and unequalled. Not a word of any of this appeared in the JOURNAL.

Here is a more recent case.

In the Obituary column of the current issue the following occurs: "ALDRIDGE.—On December 4th, 1937, at 35, Browning Road, Worthing, Major Edward Arthur Aldridge, late R.A.M.C. and R.A.F.M.S."

Nothing but that bald fact.

Who on reading the above dry statement would guess that Aldridge was a clergyman; late Rector of Wiston in Sussex, or that he held the very distinguished Chinese rank of Mandarin?

Surely the Editor might have granted this gallant old gentleman—he was over eighty when he died—his Military Cross, earned in France when M.O. to the Grenadier Guards. He was also mentioned in despatches. These and other particulars could easily have been found out by referring to the Medical Directory, as also the fact that he took a B.A. at Cambridge, was a Fellow of the Royal Geographical Society, and had held the post of Medical Officer to the Imperial Customs Service in China.

Aldridge was nearly sixty years of age when the war broke out. He had given up medicine for Holy Orders, but at once reverted to his old calling, joined the R.A.M.C. and insisted on being sent up into the line, for preference with a battalion of the Guards.

The fact that he was a clergyman was known to nobody in his regiment but the Colonel, who was under a promise of secrecy.

In spite of his age, and of being urged to take a safer and less arduous post at a hospital, Aldridge stuck to his battalion until peremptory orders from headquarters removed him.

At the age of seventy this remarkable old gentleman ran and won a ten mile cross-country race on Wimbledon Common, held by the Thames Hare and Hounds.

He always insisted on being addressed as Major, and nothing annoyed him more than to be addressed or treated as a clergyman, except on Sundays.

Weppons,
Steyning,

Yours, etc.,
PHILIP GOSSE.

PHOTOGRAPHS

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

DEAR SIR,—There should certainly be a photographic section in the proposed Art Exhibition, because there are many of us who cannot draw, but who wish to record scenes or objects that appeal to us and to try to express how they do appeal.

To those who object that photography is a chemico-mechanical process, it can be answered that to attain to a fraction of the pictorial excellence exhibited by the masters at the London Salon of Photography or the annual exhibition of the Royal Photographic Society needs not only a mastery of technique in the handling of materials, but as much of the "seeing eye" as is required in the purely graphic arts. The "button pusher" will rarely if ever produce a pictorial photograph by accident.

A pictorial photography section could be open to landscape, architectural, portrait and still life subjects, and it would of course be stipulated that the whole of the work must have been done by the exhibitor.

If the entries were sufficiently numerous I feel sure that one of the Fellows of the Royal Photographic Society would be willing to act as judge if personally invited to do so. Their interest in photography usually makes them pleased to perform this service for many photographic societies.

If the committee considering this question decide to admit photographs I shall certainly support that section by submitting a few prints.

Yours faithfully,
L. I. M. CASTLEDEN.

3, Bassett Road,
London, W. 10;
January 8th, 1938.

Ed. note.—We have also received letters in support of the Art Exhibition, promising pictures or photographs from the following gentlemen: Mr. Foster Moore, Dr. Henry Wilson, Mr. Robert Evans and Mr. Peter Miller. We shall be glad to hear of other exhibitors, especially from the Nurses' Home, which has as yet preserved an enigmatic silence.

POST-OPERATIVE KETOSIS

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

DEAR SIR,—It would be a pity if the interesting article by Mr. F. W. Gunz left the impression that the pre-operative administration of glucose was useless.

His poor results were due, I feel sure, to the omission to give insulin after operation.

It has been definitely proved that a liver which has its maximum glycogen content is better able to withstand the effect of certain toxic substances (including general and local anaesthetics) than one which is not so protected. The usual method of increasing the glycogen content is the oral administration of glucose, although it is held by some that sodium lactate is even more easily converted into glycogen.

After operation the blood-sugar is high and extra insulin will enable the tissues to utilize the sugar. The value of this combined technique in the prevention of both ketosis and shock is now generally recognized by anaesthetists, and it might be of interest to quote figures for post-operative vomiting which I obtained when the procedure was first adopted.

The patients were all selected cases—in the adverse sense—and comprised (a) those undergoing prolonged or severe operations under all varieties of general, local and combined anaesthesia, and (b) those with a history of excessive vomiting after previous operations. In this unfavourable series only one case of severe shock was encountered—after pneumonectomy for carcinoma. 71% of patients had no nausea or vomiting, 4% had nausea only, 21% slight vomiting and 4% severe vomiting.

If the figures obtained by Mr. Gunz be taken as controls, the value of glucose-insulin therapy can be appreciated.

Yours faithfully,

C. LANGTON HEWER.

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

DEAR SIR,—In the early days of the late Mr. Harrison Cripps' success in abdominal sections he was wont to be most rigid in having all sugar excluded from the diet for several days previous to an operation. Then there arose a time, I after 1922, when all patients were ordered to take abundant barley sugar during the two previous days to an operation. And yet it is announced in your present number of the JOURNAL that they are about to undertake further experiments on the quantity of extra sugar that should be administered to the patients before operation.

Truly the progress of Medical Science is a slow affair. Mr. Harold Wilson ought to be able to tell us why did Cripps cut out the sugar, and when did the change come about to shove in sugar. And with the two extremes that prevailed during his career as an operating surgeon surely he ought to be able to instruct the present young generation of truth-seekers what practical results are to be expected on this point of sugar before operations!

Yours, etc.,

J. KINGSTON BARTON, M.R.C.P.

23, Lindsifarne Road,
S.W. 20;
January 7th, 1938.

LOST OPPORTUNITIES

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

DEAR SIR,—My enjoyment of your singularly engaging and deliciously alive photograph of Dr. Mervyn Gordon in the December number is marred by the regret that your Candid Camera started its career so late in the day. Such picturesque figures as Sir James Paget, Sir Anthony Bowlby, Sir Frederick Andrews and Langford Moore would surely have appealed to you as much as your attractive images of them would have appealed to medical historians. For in seeking a man's likeness there is nothing quite so dull and so misleading as a posed photograph, and a portrait often immortalizes the personality of the artist and not that of the sitter.

Yours faithfully, and with admiration,

255, Northern Avenue,
New York City;
January 4th, 1938.
WALTER R. BETT.

SPORTS NEWS

A SUGGESTION has been made in certain quarters, and has met with some fairly influential support, that a United Hospitals side should be formed to play regularly every Saturday. It would, naturally, consist of the best players from each of the London Hospitals and would, without doubt, form one of the most formidable combinations in the four countries.

However, the success of such a scheme would mean the disappearance of the individual Hospitals from the ranks of the first-class clubs. But at the present moment only Bart.'s and Guy's maintain anything like a first-class fixture-list, while only Mary's maintain really deserves one. No very fierce opposition, therefore, can be expected from the remaining seven. What support, or opposition, would be forthcoming from the three clubs named is at the moment problematical.

There would, in all likelihood, be a further outcome of such a project—the relegation of the Hospital Cup Ties to the obscurity enjoyed by the Cuppers at Oxford and Cambridge (we use the word "enjoyed" advisedly, meaning "enjoyed"). Let it not be imagined that we disapprove of the Cup competition as such; but its most fervent admirer will admit that, for six of the ten hospitals, the competition is merely a farce, while for the other four a feeling of bitterness has crept into it which has been not entirely due to the efforts of one hospital.

It may be hoped that, with the removal of the unnecessary limelight, the tendency to regard the winning of the Cup-ties as a matter of too serious importance will disappear.

We do not propose to consider the matter from the point of view of the individuals who would compose this United Hospitals side, except to mention that for them the advantages would be apparent rather than real.

RUGBY FOOTBALL The match against the O.M.T.s. at Croxley Green was the first time this season that the Hospital has played under really wet and muddy conditions and one could not help feeling thankful to be a spectator. Although the score went against the Hospital to the extent of 8-0 the play was by no means uneven. It would be unfair to comment on the play of certain individuals whom we hope to see at their best next month, but the game showed that all members of the side were fit and lively, although showing rather a lack of organized tactics which might be excused under the conditions.

During the first half play was entirely confined to one side of the pitch by a strong wind which was blowing diagonally across the field, and the spectators saw little of a ragged tussle between the two well-matched packs. Scrums were frequent, and although the Hospital forwards heeled the ball from the light scrums with unflinching regularity, and in spite of Hearn's valiant efforts to get the pack on the move, little was gained by these movements, as the O.M.T.s. were quick to take their opportunities whenever the ball went loose from the Hospital backs. It was in this way that the O.M.T.s. got their first try. Their forwards, pouncing on a dropped pass, dribbled nearly half the length of the field to score near the posts.

In the second half the Hospital appeared to have a good chance of scoring as the wind was in their favour and the forwards were beginning to feel more at home. Both back divisions saw more of the ball and more than once the ball reached Pleydell, whose excellent runs usually ended in him falling helplessly in the mud. Several times the Hospital forwards worked very close to the O.M.T.s.' line but they were never quite able to force their way over. The second O.M.T.s.' try came like the first from a forward rush after a long period of pressure by the Hospital.

We were very pleased to have O. M. Gadeny to handle the game with his usual efficiency.

Being the guests of the O.M.T.s. is always enjoyable, and we must again thank them for their generous hospitality.

HOCKEY Cup Match v. Guy's Hospital. Drawn 1-1.

Every member of the team justified himself and put up a really keen fight from start to finish, in spite of having to face an extra 20 minutes after an exhausting and fast game.

Guy's pressed strongly from the start and we took some time to settle down. They scored first as the result of a temporary disorganization of our defence, and things looked ominous. As soon as Bart.'s began to swing the ball about, however, hope revived. Taylor took the first shot, which was cleared. Shortly after, from a good centre by Taylor, Bullough put in a glorious first-time shot which brought the score up to one-all.

From now on the whole team worked with tremendous energy and spirit, and it is difficult to do justice to everyone. Masina and Ellis at back stopped many strong attacks, showing a striking contrast in achieving the same desirable end. Masina stops a forward rush by an apparently effortless process of interception, while Ellis with a swift and dramatic swoop deprives his opponent of the ball.

From the touch-line the second half was full of anxiety and excitement. Bart.'s on several occasions appeared within an ace of scoring, but in spite of faultless centring from both wings, Guy's cleared steadily. For a period our own goal was in dire danger, as the result of a spate of corners. But here again the defence came out on top.

The wing halves, Pearce and Marrett, tackled hard throughout, and Griffiths at centre half kept the ball moving continuously to the wings.

And so ended a game which, in both play and spirit, was in the best traditions of Inter-Hospitals Hockey.

RUGBY FIVES The Rugby Fives Club is again this year in a thriving condition. Of the ten matches played so far six have been won, and the fact that the last five have all been victories indicates that the steady improvement of the first part of the season has been well maintained. The entry for the competitions is large, and competitors are encouraged to play off the early rounds as soon as possible to avoid congestion later in the season. Newcomers are reminded of the court at the Hospital, behind the Surgical Block, which is always available for play when those at Charterhouse Square are being used for matches, etc.

The results of the matches played so far this month are as follows: January 11th: v. Old Alleynians.—Bart.'s 108. Old Alleynians 97.

Team: P. McA. Elder, C. P. Perkins, and F. C. K. Picton, M. M. Bull.

January 18th: v. Old Mid-Whitgiftians. Bart.'s 112. Old Mid-Whitgiftians 63.

Team: P. McA. Elder, R. II. Anthony, and F. B. Bronfield, M. M. Bull.

SQUASH RACQUETS With the squash season only half through, there is however much good news to be reported from the Squash Club.

The worth of the new courts has been proved in no uncertain manner by the fact that the Hospital in its first year of serious competition has won all its matches in the Inter-Hospitals Junior Division Challenge Cup, and thus for the first time in the history of Bart.'s will appear next season in the first Division. The results briefly were:

v. King's College Hospital. Won 5-0.

v. St. George's Hospital. Won 3-2.

v. Guy's Hospital. Won 3-2.

The team was: W. M. Maidlow (Capt.), C. T. H. James, H. R. Marrett, B. Thorne-Thorne, W. A. Oliver, R. C. Witt.

The first round of the Hudson Cup for Hospital and teams will begin early in February, and with the increasing amount of talent both in the Hospital and Charterhouse there should be keen competition for places.

ASSOCIATION FOOTBALL With the close of the first half of the season the results of the 1st XI have improved.

* * *

The match v. Downing College, Cambridge, was played on a Wednesday and the Hospital were unable to field their best side. The Cambridge team arrived by coach about 1½ hours late and so only 20 minutes each way was available before nightfall. However the Hospital side played very well and the final result was a draw 2-2. A. R. James scored both the goals in his characteristic dashing style. It is probable that if full time had been played the Hospital would have won by a good margin.

* * *

The University League.—Two League matches have been played this month, one of which was lost to Goldsmith's College 4-5, after 90 minutes' hard work in thick mud, and the other against Westminster College, was won 3-0. The Hospital has not had outstanding success in the League so far, but it is hoped that the next half of the season will show better results. To date the League results are: played 5, won 1, lost 3, drawn 2; goals for, 13; goals against 15.

Certain members of the team deserve special mention: A. R. James, centre-forward, who always plays and leads the attack with dashing style. He is also top goal scorer with 16 goals to his credit, and he thoroughly deserves the recognition of his ability by being included in the United Hospitals side. T. K. Whitmore, a relatively new member of the side, has done some very good work as goalkeeper. S. Grossmark and L. Osmont, the inside forwards, and J. O. Gallimore and P. McA. Elder in the defence have all played very well.

Results.—Played 13, won 4, lost 7, drawn 2; goals for 34, goals against 43.

* * *

The 2nd XI is doing very well this season. The team is somewhat variable from week to week and at times the standard of football is not very high, but what they lack in ability is more than made up by the enthusiasm and good will displayed by all members.

R. Maycock as full back has improved out of all knowledge during this season and has at times shown a surprising turn of speed. McGuire and J. Bird, two new-comers this season, have been playing very well and should prove to be valuable assets. That veteran D. R. S. Howell, who is leading the 2nd XI this season, still plays in his inimitable style, with plenty of hard work and words of encouragement, praise or admonition where required.

RIFLE CLUB The Rifle Club is enjoying a very successful season, and owing to the reduced price of ammunition several new members have been welcomed. It is still, however, a

great surprise to find how many students there are who have no knowledge even of the existence of the Club, and we shall be pleased to welcome to the Range any who are interested in shooting.

Several entries were received for the Freshers' Spoon Competition, which was won by J. F. Mawe with a score of 100.

The following members have obtained "possibles" this season: C. Cant, G. H. Pickering, N. H. Halper, J. F. Mawe and M. R. H. Golden.

The session was brought to a most enjoyable conclusion with a match versus the Staff. Eight members of the Staff shot, and their six best targets were counted. Scores:

Mr. H. W. Rodgers	93	D. P. Armstrong	98
Mr. H. J. Burrows	92	J. F. Mawe	98
Dr. J. F. Paterson	93	M. B. H. Golden	100
Mr. L. R. Leask	93	C. Cant	98
Mr. N. A. Jory	92	M. R. Grace	96
Mr. W. A. Owen	98	N. H. Halper	91

Total 561 Total 581
Counted out: Mr. R. Mundy, 91; Mr. H. B. Lee, 90.

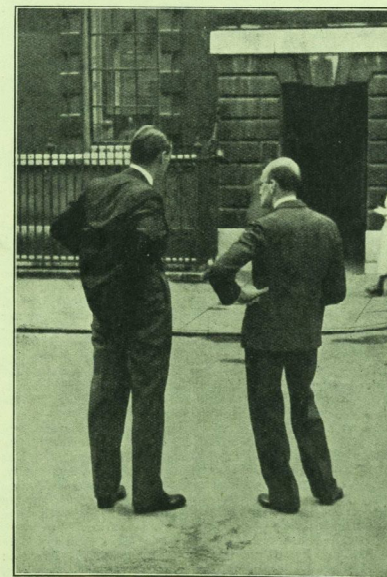
The match was concluded by firing a "Clay Disc" Relay Match, which was also won by the Students, but by a very narrow margin. Mr. H. W. Rodgers, the President of the Club, in presenting the T'Anson Cup, suggested that the match be made an annual fixture, and that a similar match be held at Bisley during the summer.

ALPINE CLUB On the evening of Friday it was cold and raining very hard; it was in fact traditional weather for a meet of the Bart.'s Alpine Club. Accordingly five members and one guest from a hospital across the river set off after tea for North Wales. After various battles with rain, magnetos and griddle ham all arrived safely at the Helyg hut by 3 a.m. Daylight on Saturday filtered slowly through the storm clouds, and we woke to driving sleet and snow. Five members of the party did not bathe before breakfast. However, later the weather cleared up, and while two members walked round the Snowdon Horseshoe, the rest did the circuit of Cwm Idal—over y Garn and Glynedd Fawr and down the Gribin Ridge. The hilltops were covered with snow, and we wandered across the mist-covered plateau by compass, keeping up an intermittent fusillade of snowballs.

On Sunday the weather appeared worse than ever. But once again the gods (or devils) of the hills relented, and the rain ceased. Tryfan was ascended by two parties: one did the North Gully, which was full of snow and kept them occupied for two hours. The other did the North Buttress. The first party, having completed their climb, saw fit to celebrate the moment by singing a certain song believed to originate from the White Hart. Just as the closing lines were floating out across the cliffs of Tryfan a fairy form appeared out of the mist, and with concern written on her girlish features inquired anxiously if there was a party in distress!

We left Helyg after tea on Sunday, and reached London early on Monday morning. Perhaps two vivid recollections of the weekend are smoking a cigarette in the lee of a snowdrift with heavy mist blowing up from the darkness of a cwm far below; and a magnificent glimpse of the snow-covered Berwyn hills fifty miles away.

OUR CANDID CAMERA



"I keep my trousers up like this."

REVIEWS

Textbook of Gynaecology. By WILFRED SHAW, M.D., F.R.C.S., F.C.O.G. Second edition. (J. & A. Churchill, Ltd.) Pp. 610. Price 18s. net.

It seems a very short time indeed since we welcomed the first edition of Dr. Shaw's admirable book in these columns, and though that volume seemed in little need of revision, it is a pleasure to welcome its successor so soon. The old book was subjected to the most ferocious criticism by Dr. Shaw's out-patient class at the time of its appearance, the young men arriving flushed with victory in the morning, after a night spent with "Shaw" and a curry-comb, to announce the discovery of "a miss-shaped letter, Sir, in the middle of page 405".

The very few errors and misprints which did happen to find their way into the old book had quite endeared themselves to readers and to discoverers, but the new edition is purged clean (at least as far as the present reviewer was able to discern), and it will remain for a new generation of students to apply meticulous wits to it. To the old guard, Dr. Shaw actually erects a monument (in the form of an acknowledgment) in his Preface, so, though mostly gone, their name liveth for evermore.

The only major change in the new book is a chapter, not included in the old one, upon Hormone Therapy, and to anyone acquainted with Dr. Shaw's wide experience and researches in the practical field into this fascinating subject it constitutes in itself, in spite of its highly controversial nature, sufficient reason to paw one's old book and get the new. In addition a review of all the best known proprietary extracts is included in an appendix.

One of the objections frequently levelled against the administration of hormones, especially the gonadotrophic ones, has been that of expense, but as Dr. Shaw very wisely points out, in young women, every effort to save them from hysterectomy or radiological castration is justifiable.

For the rest, except for the addition of some new plates, one of which was very beautifully executed by Mr. G. G. Hartill, lately another of Dr. Shaw's student-critics, and the subdivision of several chapters, the book, both in content and presentation, remains substantially unchanged, though with its pristine irregularities smoothed away.

Here is a gynaecological wine needing no bush, and upon its second broaching we congratulate its author, heartily recommend it to our readers, and prepare ourselves for innumerable reappearances in the years to come.

Ophthalmic Operations. By E. W. BEFVERTON, F.R.C.S., and H. B. GRIMSDALE, B.Ch., F.R.C.S. Third edition. (Baillière, Tindall & Cox.) Price 17s. 6d.

Being one of the very few volumes devoted exclusively to ophthalmic operations, the third edition of this book has been awaited with some eagerness. In the past it has been criticized on the grounds that there was too much purely historical matter included. Much of this has now been excised, and the book has gained thereby without losing anything in completeness.

The chapters on extracapsular extraction, and the operations for glaucoma are very well done, and the majority of ophthalmic surgeons as being a fair summary of present-day feeling, though some may disagree with the remarks on the merits and demerits of simple and combined extraction.

To find an account of the operations for detached retina one has to turn to the very end of the book and look under "Some Operations on the Cornea". It may be argued that these operations are still in their infancy, and like all infants, are changing rapidly, and perhaps one should wait until more is known before attempting to classify them. However that may be, this subject is in the forefront of ophthalmic discussion to-day, and one would have welcomed a fuller article in a more prominent position.

The illustrations are well done, and much clearer than any more photographic and less diagrammatic pictures could be. The book should form a useful guide to both students and ophthalmic surgeons, and having an excellent bibliography will be most valuable for reference work.

Diseases of the Ear, Throat and Nose. By J. DOUGLAS McLAGAN, M.A., M.B., F.R.C.S. (Eng. & Edin.). (Lewis's General Practice Series.) Price 15s.

This is probably the best text-book in this speciality that has yet been placed at the disposal of the student and those post-graduates who do not require a detailed knowledge of the subject. It is divided into four sections: Ear; Throat; Oesophagus, Trachea and Bronchi; and Nose. The sub-headings are comprehensive, and the large clear text is illustrated by many excellent line drawings. The author has set himself the task of drawing up concise but uncontroversial standards of diagnosis and treatment and has succeeded admirably. In the belief that "a working knowledge of the anatomy of the parts is more conducive to sound diagnosis and treatment than is a list of drugs and proprietary preparations" he follows a sound tradition, and, while no essential is omitted, it is safe to say that there is not a superfluous line in the book. Typical of many sections is the brief but adequate differential diagnosis between furuncle of the meatus and mastoiditis.

It is perhaps a sign of the author's caution that no mention is made of the sulphonamide group of drugs in treatment, although they seem bound to play a very important part in regions so prone to infection by haemolytic streptococci. Possibly he feels that our knowledge and experience of their action are not yet sufficiently standardized.

In any future edition, the section on aids to hearing, which is confined to one page, might well be amplified. It is a subject on which a clear lead is much sought by practitioners and a little more technical detail would be an advantage.

The section on Pharyngeal Neuroses would gain if the point were stressed that this diagnosis should be made only after exhaustive exclusion of organic trouble, and that a negative X-ray finding does not exclude a carcinoma. Too many growths of the hypopharynx are still overlooked for months for want of a pharyngoscopy.

An Introduction to Bacteriological Chemistry. By C. G. ANDERSON, Ph.D. (Dum.), D.Bact. (Lond.). (Edinburgh: E. and S. Livingstone, 1938.) Pp. 278. Price 10s.

The average student of medical bacteriology, whether a student in the ordinary sense or even a qualified worker, is chiefly concerned with a limited range of mainly diagnostic proceedings, and with certain so-called specific methods of preventing or treating infective disease. He is interested in the properties and behaviour of bacteria only in so far as these are directly useful to his work. There is quite a different approach to the science of bacteriology, which is to begin at the beginning and try to find out all about bacteria, what they are made of and how they live and die, with the idea that the fundamental knowledge so obtained will find its own practical outlets. Such a study, if it is to be comprehensive enough, must embrace bacteria of all kinds, and not merely those pathogenic to man and animals, which form only a small proportion of the total of known species. These elementary and hitherto somewhat neglected questions are mainly chemical in nature, and we welcome the appearance of a book which deals with them concisely and simply. Besides giving an account of the more important aspects of bacterial metabolism, it concludes with useful chapters on the chemistry of antigens and antibodies and the mechanism of their interaction. The exposition is clear, and a reader with a good knowledge of chemistry as well as some acquaintance with bacteriology should readily follow the author's arguments.

Mastering Nerves. By PETER FLETCHER. (Rich & Cowan.) Price 3s. 6d.

This book is part of the "Needs of To-day" series: from the style of writing it appears to be from the "Explained to Children". It is intended to be put into the hands of those who come to the vestry or consulting-room, complaining of nerves, to explain their condition to them and to help them to cure it, with or without the aid of psychotherapeutic measures.

The first part of the book is explanatory, and starting with the idea that most nervous disorders secure preferential treatment for

the individual, the author takes a few basic principles of psychology, to which no exception can be taken, but explains them so simply and with such a wealth of simile, platitude and anecdote that they become to a large degree obscured.

The second half of the book consists of advice: this is, that the patient should come to a true understanding of himself; that he should increase his activities so that he has no time to think about himself; and to acquire a faith in God. The activities prescribed are exercises in awareness, similar to mass observation, and specialized study of questions on which he is most ignorant.

The book is one which a general practitioner or clergyman who does not believe in modern methods of psychology can safely recommend. The following extract is typical: "God gave men and women sexual natures because he liked them that way."

Handbook of Diets. By ROSE M. SIMMONDS, S.R.N. With a foreword by VISCOUNT DAWSON OF PENN, P.C., G.C.V.O., K.C.B., M.D. (Lond.), Hon.F.R.C.S. (Eng.). Second edition. (William Heinemann, Ltd., 1937.) Pp. 171. Price 7s. 6d.

This book, besides supplying a large variety of diets and food values, gives much valuable information about food and its preparation. As Lord Dawson says in his foreword, the authoress knows something of good feeding and of the selection and cooking of food from which food values derive. Throughout the book there is clearness, common sense, and an understanding of a patient's purse and idiosyncrasies. All the important types of diet, usually with several alternatives, are given in considerable detail, and cover a wide range. The need for variety is stressed, and there are sixty recipes for tempting dishes (with food values) in the chapter on diabetes mellitus alone. Indeed it would be difficult to require a diet of which careful details could not be found in this volume. This sound and practical book is to be recommended to all who have care of the sick.

Surface Anatomy. By W. E. ROBERTS, M.R.C.S., L.R.C.P. Foreword by A. N. BURKITT, M.B., B.Sc. (Halstead Press Ptg., Ltd., Sydney.) Pp. 93. Price 7s. 6d.

This excellent little work by an old Bart's man presents some features, apart from those of accuracy and clarity, which should recommend it to all students of anatomy whether they be busy surgeons or dissectors of the cadaver. For not only are the structures and markings superimposed upon actual photographs of the living model, but the legends are so arranged as always to lie completely upon the facing page. The convenience and virtue of this system is obvious. The nomenclature is according to the new terminology, but where confusion seems possible the old has been included in brackets.

Illustrations of Regional Anatomy. By E. B. JAMIESON, M.D. Second edition. Section I: C.N.S., 48 plates. Price 7s. Section II: Head and neck, 63 plates. Price 12s. 6d. Section III: Abdomen, 37 plates. Price 5s. 6d. Section IV: Pelvis, 33 plates. Price 3s. 6d. Section V: Thorax, 30 plates. Price 4s. (E. S. Livingstone.)

The first edition of these illustrations first appeared in October, 1934. They have proved so successful that they have now reached their second edition, in which they have been revised and improved.

Like Sir Astley Cooper, E. B. Jamieson has employed two artists to collaborate with him in the production of these volumes, which possess the best illustrations of their kind procurable to-day. Sir Astley Cooper's books, although beautifully engraved and produced, were not an economical success to him, since they had to be sold at a price below the cost of production in order to get such an original work circulated among the profession. But with regard to the illustrations under review, their presence is necessary, while their cost, judging by present day standards (the rising price of paper, due to the rearmament—no one knows quite why) is within everyone's reach.

In the past, students have been known to take away "parts" from the "rooms", and dissect or revise them in the peace and quiet of their own rooms at home; with the event of these illustrations, however, that must have become unnecessary, since they possess everything which the most critical student of anatomy could wish for.

That a book, however good it may be, could ever take the place of a cadaver for the purpose of studying anatomy is a fact that could not be disputed, but it would seem that these volumes will be its greatest competitor, while in certain medical schools, where smoking in the rooms is for some unknown reason forbidden, these books may in some cases displace even the most perfunctory dissection.

A General Text-book of Nursing. By EVELYN C. PEARCE. (Faber and Faber.) Price 15s. net.

The aims of Miss Evelyn Pearce have certainly materialized in this book. It is an excellent introduction on entering hospital, a most useful book of reference and a well-planned guide to the State examinations. The expense is amply repaid, while the size and weight of the volume are soon forgotten.

The text-book is well laid out. Its six sections, which deal with general and special nursing measures, feeding, drugs, etc., are divided into chapters, which in their turn are subdivided to describe special explanations and peculiar treatments. Particular praise must be given to the illustrations, which are clear and well labelled. These will be of great assistance to the nurse who studies by sight. The inclusion of X-ray plates and original sketches add to the value and clarity of the book.

Besides the more usual subjects treated, chapters on orthopaedics, ophthalmic nursing and cancer cases have been included. They describe X-ray therapy and the effect of radium on the tissues, which is of essential interest to the modern nurse. Then the recent papers of the Final State Examinations make the book a unit which will prove so useful. Besides its practicability the impression that the nurse is being schooled to keep the human element of her profession before her cannot but be conveyed to even the casual reader.

The Nurse's Text-book. By ESTHER FISHER, S.R.N., S.C.M., Matron, New End Hospital, Hampstead. (Faber and Faber, Ltd.) Price 12s. 6d.

To meet a new book on nursing written by a nurse is still a novelty, these having been far too few in the past. In this one the matter is so clearly expressed and the style so easy that even the most tired of nurses will be encouraged to study.

The book is divided into nine sections, of which those dealing with surgical nursing are especially good. The first part is concerned with general nursing and treatments, together with first aid information, and materia medica follows, in which one might wish that the responsibility of the nurse in the care of dangerous drugs might have been more emphasized. A short chapter on physiotherapy displays in brief but useful notes the various treatments which this term includes.

The photographic plates are excellent, and show that the author believes that a nurse should not merely be content with doing, but should understand. But surely the tedious liver diet for pernicious anemia has dropped out of use, and need a book on nursing contain ordinary cookery recipes?

Nevertheless, this book is a very good one, and Miss Fisher has made a valuable contribution to nursing literature.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

BELL, ARTHUR C., F.R.C.S., M.C.O.G. "The Use of Antistreptococcal Preparations in Obstetrics." *Practitioner*, December, 1937.

BOURNE, GEOFFREY, M.D., F.R.C.P. "Pulmonary Regurgitation." *Lancet*, December 18th, 1937.

BOYD, A. M., F.R.C.S. "Localized Disease of Popliteal Artery." *Lancet*, December 4th, 1937.

CHOPRA, R. N., C.I.E., K.H.P., M.D. (and ROY, A. C.). "On the Estimation of Atebrin in Tissues." *Indian Journal of Medical Research*, October, 1937.

— (and BASU, B. C.). "A Preliminary Report on the Effect of Anti-malarial Drugs upon the Infectivity of the Patients to the Mosquitoes." *Indian Journal of Medical Research*, October, 1937.

EVANS, COURTENAY, M.D., M.R.C.P. "Myxœdema Heart Disease." *Lancet*, December 4th, 1937.

FEILING, ANTHONY, M.D., F.R.C.P. "Central Pain in Spinal Cord Lesions." *Proceedings of the Royal Society of Medicine*, November, 1937.

FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.N. "Progress of Diphtheria Prevention." *British Medical Journal*, December 18th, 1937.

- GARROD, LAWRENCE P., M.D., and KEYNES, GEOFFREY, M.D., F.R.C.S. "Use and Abuse of Antiseptics." *British Medical Journal*, December 18th and 25th, 1937.
- KEYNES, GEOFFREY, M.D., F.R.C.S. See GARROD and KEYNES.
- LESCHER, F. GRAHAM, M.C., M.D., M.R.C.P. "Blood Transfusion." *Clinical Journal*, December, 1937.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. (and BILLIMORIA, H. S.), "Hematological Studies in Indians. Part VIII. Analysis of the Hematological Findings in 52 Cases of Anæmia Amongst Pregnant Tea-garden Coolie Women." *Indian Journal of Medical Research*, October, 1937.
- PARAMORE, R. H., F.R.C.S. "The Intra-abdominal Pressure in Pregnancy Newly Considered." *Journal of Obstetrics and Gynecology, British Empire*, December, 1937.
- PATERSON, HERBERT J., C.B.E., M.C., M.D., F.R.C.S. "Acute Intestinal Obstruction." *Post-Graduate Medical Journal*, December, 1937.
- ROBERTS, J. E. H., O.B.E., F.R.C.S. (and DELSEY, R., M.D., F.R.C.S.). "Acute *Bacillus Pycocyanus* Meningitis; Spontaneous Recovery." *British Medical Journal*, December 25th, 1937.
- RODGERS, HAROLD W., F.R.C.S. Translator of *Textbook of Gastroscopy*, by Norbert Henoring. London: Oxford University Press, 1937.

EXAMINATIONS, ETC.

University of Cambridge

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1937.

Part I.—Cane, L. H., Chopra, I. C., Clutton Brock, J., Donald, K. W., Dunn, G. W. N., Edwards, T. A. W., Gardner, E. K., Harmer, M. H., Knill Jones, P. A., Marshall, A. G.

Part II.—Dorrell, E. W., Hutt, C. W., Johnson, R. T., Lesser, S. A. H., Phillips, A. L.

University of London

First Examination for Medical Degrees, December, 1937.

Arnold, D. L., Bartlett, D., Goodall, C. C. A., Hanbury, W. J., Levine, E., Loveless, R., Macaulay, J. C., McShine, A. D., Messer, B., Mortimer, K. E.

M.D. Examination, December, 1937.

Branch II (Pathology).—Edward, D. G. ff
Branch IV (Midwifery and Diseases of Women).—Raynes, T. I. S.

Royal College of Surgeons

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

Burkitt, W. R., Houghton, P. W., Ward, F. G.

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

Cope, J. W., Datta, S. K., Day, C. S., Gilbert, R. G., Hanekom, J., Hunt, A. H., McGladdery, H. M., Marteinsson, B. T. H., Morris, G. N., Shepherd, P. W., Taylor, K. G., Tregaskis, T. G., Ziegler, J. F.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.P.M.—Brownlee, T. J. K., Thomas, J. C. S.

Conjoint Examination Board

Pre-Medical Examination, December, 1937.

Chemistry.—Andrews, J. N. H., Eate, L. M., Thursby Pelham, D. C.

Physics.—Andrews, J. N. H., Thursby Pelham, D. C.

Biology.—Goulden, A. W. G., Napier, J. R.

First Examination, December, 1937.

Anatomy.—Barasi, F., Spafford, A. J. H., Thams, M.

Physiology.—Barasi, F., Conte-Mendoza, H., Rutland, F. A., Thams, M.

Pharmacology.—Burrow, K. C., Cody, W. T. K., Grindlay, R. W. G., Hardie, P. J., Harvey, T. E., James, C. T. A., McLean, T. M., Sitatton, H. J. M.

CHANGES OF ADDRESS

- BURT-WHITE, H., 98, Harley Street, W. 1. (Tel. Welbeck 6331.)
- DARMADY, E. M., The Old Forge, Britford, Salisbury, Wiltshire. (Tel. Bodenham 40.)
- BRUTT, A. E., 35, Priory Gardens, Highgate, N. 6.
- JOHNSON, A. J., c/o The Post Office, Freetown, Sierra Leone, W. Africa.
- NASH, D. F. E., Hawkins House, Dolphin Square, S.W. 1. (Tel. Victoria 3800.)
- STRUGNELL, Surg.-Cmdr., L. F., R.N., H.M.S. "Hood", Mediterranean Fleet, c/o G.P.O., London.
- THROWER, W. R., 5, Surrey Street, Norwich. (Tel. Norwich 258.)
- WILLIAMS, T. P., 22, Park Lane, Croydon, Surrey.
- WINKFIELD, C. F., Shirley, Flaghead Road, Canford Cliffs, Bournemouth. (Tel. Canford Cliffs 851.)

APPOINTMENT

RANSOME, G. A., M.R.C.P.(Lond.), appointed Associate Professor of Medicine and Lecturer in Neurology and Applied Pharmacology, King Edward VII Medical College, Singapore.

BIRTHS

- BEILBY. On January 4th, 1938, at St. Bartholomew's Hospital, to Katharino (*née* Cunliffe-Owen), wife of Dr. F. J. Beilby—a son.
- BELL.—On January 12th, 1938, at Uckfield, Sussex, to Ruth (*née* Grandage), wife of Dr. Derek Bell—a son (Robert Duncan).
- COPE.—On January 9th, 1938, at 20, Devonshire Place, W. 1, to Bunny (*née* Brown), wife of John W. Cope, F.R.C.S.—a daughter.
- GILSENAN.—On Christmas Day, 1937, at Trimleston, Shenley, Herts, to Maria Theresa (*née* Gordon), wife of Dr. Bernard Marie Cole Gilsenan—a son (Christopher Bernard John).
- HOBDAV.—On December 28th, 1937, at "Winchester", Yeovil, Somerset, to Sczerina Néomi, wife of Dr. F. T. J. Hobday—a daughter.
- PARSONS.—On December 23rd, 1937, to Pauline (*née* Attfield), wife of Dr. C. T. E. Parsons, of Mildenhall, Suffolk—a son.
- ROCHE.—On December 25th, 1937, at 7, Knaresborough Place, S.W. 5, to Cicely Mary (*née* Briggs), wife of Alex. E. Roche, F.R.C.S.—a daughter.
- SQUIRE.—On December 1st, 1937, to Doris, wife of Dr. J. A. Squire, of St. Peter's Lodge, Langley Way, Watford, Herts—a daughter (Mary).

MARRIAGES

- JENKINS—WILLIAMS.—On December 30th, 1937, at the Cathedral, Brecon, by the Lord Bishop of Swansea and Brecon, assisted by the Rev. Arthur Barine-Gould, Cecil Richmond Jenkins to Nina Winifred, daughter of the Rev. Canon and Mrs. M. H. L. Williams.
- NASH—ANDREW.—On January 1st, 1938, at Trinity Methodist Church, Sutton, by Air Commodore the Rev. J. R. Walkey, K.H.C., R.A.F., Denis Frederic Ellison Nash to Joan Mary Andrew.
- PARBURY—SALE.—On January 5th, 1938, at Frogmore, Dr. W. K. Parbury, of Bedford, to Miss Muriel Sale.
- THORNE THORNE—HARRIS.—On January 15th, 1938, in London, Vernon Thorne Thorne, Colonial Medical Service, of Woking, to Edna Harris, of Redcar, Yorkshire.

DEATHS

- DAY.—On December 20th, 1937, at Haroldstone, Harleston, Norfolk, Donald Douglas Day, F.R.C.S., aged 79.
- MARCH.—On January 17th, 1938, in London, after an operation, Joseph Ogdin March, of Redlynch Lodge, near Salisbury, aged 71.

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 the MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLV.—No. 6

MARCH 1ST, 1938

PRICE NINEPENCE

CALENDAR

Tues., Mar. 1.	—Dr. Evans and Mr. Girling Ball on duty.	Wed., Mar. 16.	—Surgery: Lecture by Mr. Girling Ball.
Wed., "	2.—Surgery: Lecture by Mr. Vick.		Association Match v. L.S.E. Away.
Fri., "	4.—Prof. Witts and Prof. Paterson Ross on duty.	Fri., "	18.—Dr. Evans and Mr. Girling Ball on duty.
	Medicine: Lecture by Dr. Harris.		Medicine: Lecture by Dr. Graham.
Sat., "	5.—Association Match v. King's College. Home.	Sat., "	19.—Rugby Match v. Metropolitan Police. Home.
	Hockey Match v. Reading University. Away.		Hockey Match v. Folkestone Optimists. Away.
Mon., "	7.—Special Subjects: Lecture by Mr. Higgs.		Last day for receiving other matter for the April issue of the Journal.
Tues., "	8.—Dr. Chandler and Mr. Roberts on duty.		
	Abenethian Society: Clinical Evening.	Mon., "	21.—Special Subjects: Lecture by Mr. Bedford Russell.
Wed., "	9.—Surgery: Lecture by Mr. Roberts.		
Fri., "	11.—Dr. Gow and Mr. Vick on duty.	Tues., "	22.—Prof. Witts and Prof. Paterson Ross.
	Medicine: Lecture by Prof. Witts.	Wed., "	23.—Surgery: Lecture by Prof. Paterson Ross.
Sat., "	12.—Association Match v. Queen Mary's College. Home.	Fri., "	25.—Dr. Chandler and Mr. Roberts on duty.
	Hockey Match v. St. Thomas's Hospital. Away.		Medicine: Lecture by Dr. Graham.
Mon., "	14.—Special Subjects: Lecture by Mr. Capps.	Sat., "	26.—Association Match v. H.A.C. Home.
Tues., "	15.—Dr. Graham and Mr. Wilson on duty.		Hockey Match v. Staines. Home.
	Last day for receiving letters for the April issue of the Journal.	Tues., "	29.—Dr. Gow and Mr. Vick on duty.

EDITORIAL

THE STUDENTS' UNION COUNCIL

IT is a mistake to think that Councils and Constitutions are necessarily dull. Big issues often depend on what at first sight appear stupid little details of red tape. This is usually not the case, for in practice it is soon found that for a Committee to work efficiently there must be some recognized and invariable form of procedure. Otherwise tyrannies will abound.

Student affairs in the Hospital are controlled by the Students' Union Council, and it is through the individual efforts of its members that most of

the necessary administrative work is performed. Yet strangely enough there is very little general interest or enthusiasm in the activities of the Council, and without this any representative body is virtually dead.

Two things this month have focused our attention on the Council. The first is the election of representatives which takes place yearly in the first week in March, and the second is the recent decision not to associate with the National Union of Students. The latter serves as an example of

the type of work undertaken by the Council apart from such everyday questions as groundsmen's hours, sign-posts for Chislehurst and so forth. It also shows the very important relationship between the Student Council and the College Committee, for the Council is the official intermediary between the individual student and the College Authorities.

The nearness of the Election emphasizes the fact that every student must know something about the representation on the Council if he is ever to raise his voice either in support or criticism of it. This particularly applies to our stimulating, though wayward, brotherhood of malcontents. If more of their energy was diverted to using the already existing channels of authority their contributions would be far more welcome, and we believe more useful also.

ON February 4th an application was made for affiliation of the Students' Union of the Hospital to the Medical Subsection of the National Union of Students. This was accompanied by a report on the aims and objects of the Medical Subsection.

In last month's JOURNAL we gave some notice of the National Union of Students, and said that a delegate had been sent from the Hospital to an open meeting for medical students in January. This was not so, and the Student Union Council denied having authorized the supposed delegate, and dissociated itself entirely from his remarks at the meeting, namely—"that the students and authorities should co-operate to improve medical education. Grumbling was widespread amongst the students, who felt that their work was improperly arranged and made needlessly difficult by overcrowding. The chairman of the L.C.C. Hospitals Committee had more than once offered to throw open the L.C.C. Hospitals for teaching purposes. . . . The N.U.S. was doing students a service by helping them to take a progressive and active interest in their work".

Having clarified this point the Council then considered the Report itself. This consisted principally of an account of the formation of the Medical Subsection of the National Union of Students and a list of resolutions passed by the Medical Subsection. The more important of these were :

(a) To attempt standardization of the Curriculum of the various medical schools, and to promote inter-hospital exchanges of "clinical units". Also to organize an exchange system with Hospitals abroad.

(b) To make entry into Hospitals competitive, but at the same time to extend facilities by more scholarships, by "encouraging the extension of buildings, hospitals, etc.; by throwing open Municipal hospitals for students' tuition and by removing the restrictions on the entry of women".

(c) "The introduction of a Tutorial system whereby each Honorary took a special interest in a small group of students from different years from the time of their entry until graduation."

(d) Lastly a pious expression of opinion "that there is a real need for extension in the field of employment of Medical Graduates, especially in, etc."

We will now quote from the Minutes of the Students' Union Council :

"A lengthy discussion ensued, and much adverse criticism was levelled at the report, the general opinion of the Council being that all the points raised in the report were being adequately dealt with by the competent University Medical Authorities and that these were certainly not the business of the Students. . . . Prof. Paterson Ross reminded the Council of the immense amount of trouble, money and time which the Medical Authorities, of this Hospital at any rate, have already spent and are spending to better and make more productive the life of the Students."

A unanimous vote of confidence in the Medical College was passed, and an appreciation "of the efforts continually being made by the College Committee on behalf of the students—with especial reference to the New Athletic Ground at Chislehurst" was recorded.

The final summing up of the Council was "that the whole report was inconsistent and based on misinformation, and that the criticisms contained in the report left out of account all the efforts already being made to improve the Students' life and work".

The other aspect of the Students' Union Council we wish to examine is its degree of representation. In fact what it is, as well as what it does.

As a result of last year's Annual General Meeting a new and broader form of election has been introduced. The division of constituencies by Universities is abolished, and the number of elected members is raised from eight to ten. The Electorate is divided into three constituencies : (a) Students engaged in Clinical or Pathological work, who may or may not be qualified, but who shall not be members of the Junior Staff—six representatives ; (b) Students not yet engaged in Clinical work—three representatives ; and (c) The Junior Staff—one representative.

This is a welcome move towards more satisfactory representation, but the old anomaly still remains of the unelected *ex officio* members of the Council outnumbering the elected members to the tune of about 16 to 10. It is arguable that as they are mostly the secretaries of the amalgamated clubs they are therefore representative. Up to a point this is true, but we would submit that their function might be to advise and to supply technical information to the fully-elected representatives of the whole student body, rather than to wield an equal vote.

CURRENT EVENTS

THE DUKE OF GLOUCESTER

Following his inauguration as President of the Hospital in December, H.R.H. The Duke of Gloucester paid an informal visit, on Thursday, February 17th, to see the Hospital under work-a-day conditions.

He was received by the Treasurer who presented to him the Senior Physician, the Senior Surgeon and Matron. They accompanied him on his tour of inspection. The first visit was to the Great Hall, where various of the Old Charters were displayed by Sir D'Arcy Power ; then to see the Deep X-Ray Plant, which was demonstrated by Dr. Donaldson, and in which the Duke took a great interest.

He saw Smithfield and Mary Wards, where the superiority of the new medical layout was stressed, and then His Royal Highness went to Heath-Harrison Ward, where the surgical arrangements were inspected. Some twenty minutes were spent in the Theatre, in which the operating table was put through all its paces ; and finally, after a short tour of Out-Patients, our new President left.

We hope this will be a prelude to many more visits.

JOHN ADAMS, F.R.C.S.

(1851-1938.)

It was well said at an eloquent address delivered during the Memorial Service in St. Botolph's, Aldersgate Street, where he was a churchwarden, that John Adams shaped his life on the model of Sir James Paget, who had been one of his teachers. A gentleman, a friend of all worthy persons and a constant lover of the Hospital where he had been educated.

Like his cousin Josiah Oake Adams and his elder

brother James Adams he came from the remote parts of Devonshire to the Hospital. For more than sixty years he lived within a stone's throw of it, and for more than sixty years there was rarely a day when he did not pass into the Square through the Little Britain Gate. Successive generations knew and loved him. Students at first, he watched them climb the ladder of success, many graduating through the drudgery and dangers of the dissecting-room, others by way of the post-mortem room and pathological department. He knew them all, rejoicing with those who succeeded to the staff, consoling those who were unsuccessful, and pointing out that it was an honour to have competed. He himself had been house physician to Dr. James Andrew, a wise physician of the old school, who kept a short wooden stethoscope in his top hat, made a single examination of patients with pneumonia and advised that they should be kept quietly in bed and given an ounce of H.A.A. camp. His house physiciancy ended, he became midwifery assistant, learnt how the poor lived in the worst slums and was ever afterwards their friend. His work well done he was appointed a casualty physician when, as Robert Bridges has told us, the work was overwhelming. He was thus well on the way to a still higher position, but he had never been to Oxford or Cambridge, and as an opening offered at the Royal General Dispensary in Bartholomew Close he applied, and was at once appointed to the post of Medical Officer. Years afterwards he came into his own, and was elected a Governor of St. Bartholomew's Hospital in 1904, at once taking his share in the duties of the position, and in recent years acting as Chairman of the Drugs and Appliances Committee. During the war he was medical officer to the Red Cross Hospital

for Officers at Fishmongers' Hall. He was, too, medical officer at the Sheffield Street V.D. hospital and at the Thavies Inn centre for pregnant women and their newborn children. At both these charities he did such excellent work on the preventive treatment of syphilis in children that the Hunterian Society presented him with a special centenary medal.

Mr. W. McAdam Eccles writes of him :

It is seldom that a general practitioner has the inclination and opportunity to keep in such close touch with his old Medical School and Hospital as John Adams did.

In and out of the "Square" and the Wards for more than 65 years, it would seem that this must constitute a record.

Short, brisk and fearless, he would speak his mind, and right good it was to hear his Devonian speech, slating or praising us.

It will be long before his memory fades from our midst, and may there be some remembrance of him for future generations of Bart.'s men to revere.

THE COVER OF THE JOURNAL

We are aware that Mr. Eric Gill's design for the cover of the JOURNAL has called forth a great deal of adverse comment. Certain charges such as "indecent", which by the way we have heard from the most surprising quarters, we refuse to take seriously. But there are people who object to it on other grounds.

We have therefore inserted a printed postcard with this issue so that we may know the opinion of our readers.

We would beg those who dislike the design on purely traditional grounds to remember that what is now tradition was once the scandal of yesterday.

BART'S ARTS

The recent suggestion that an art show of work done by Bart.'s men should be held at the Hospital has met with such enthusiastic support that the Student's Council have now set up a small working committee to organize such a show at once.

May 11th, which is of course View Day, has been fixed upon as a tentative date for the opening, and the exhibition would remain open for the succeeding week. Both present and past Bart.'s men are invited to submit oils, water-colours, drawings, woodcuts, sculpture, or any other variety of plastic art they wish. There will also be a section devoted to photography, of which contributors may send in not more than three studies each.

No such limitation applies to the other groups, except that an entrance fee of 1s. will be made for each work sent in, both to assure bona fides, and to help pay the expenses of the show.

It is hoped that the Great Hall may be made available for the show, and April 30th has been fixed as the last day for sending in work.

Numerous members of the Staff have already promised to contribute their own work, and it is hoped that all old Bart.'s men, as well as the students and nurses, will follow their example and send in their contributions at the earliest possible date.

Work should be sent labelled "Art Exhibition" to College Office, St. Bartholomew's Hospital, E.C. 1.

HUNTERIAN PROFESSORS

Two members of the staff have been appointed Hunterian professors this year : Mr. W. E. Underwood and Mr. H. W. Rodgers. Our congratulations to them.

Mr. Underwood gave his lecture on January 24th. His subject was "Recent Observations on the Pathology of Nephrosis". Mr. Rodgers lectured on February 4th on "The Gastroscopic Appearance of the Normal Gastric Mucosa".

EVEREST

Dr. C. B. M. Warren has started on his third visit to Everest, as a member of the smallest expedition which has yet attempted the mountain. In the *Times* of February 11th we find :

"Dr. C. B. M. Warren (32) has had considerable Alpine and Himalayan experience. He went to Garhwal in 1933 with Marco Pallis, and to Everest in 1935 and 1936. Dr. Warren is in charge of the oxygen apparatus, with which he has carried out some practical experiments in the Alps. The first attempt will probably be made without oxygen, but if necessary and given an opportunity oxygen will be tried later."

We wish him every success.

OBITUARIES

We regret to announce the death of two distinguished Old Bart.'s men this month : Mr. E. J. Toye, M.D., F.R.C.S., and Mr. C. A. Parker, F.R.C.S.E.

Mr. Toye was a Devonshire ophthalmic surgeon, and also a Governor of the College. The College Appeal Fund owes much to his energetic work as joint secretary for the County of Devon.

Mr. Parker was an ear, nose and throat specialist. Much of his spare time was devoted to public service at his home in High Wycombe.

ATHLETIC CLUB HONOURS

We wish to congratulate the following gentlemen who have received Athletic Club Honours for 1937 :

D. S. Morris, K. Butler, D. G. Reinold, N. P. Shields, A. I. Ward, G. A. Beck, D. B. Frazer and G. L. Way.

CHARITY FOOTBALL MATCH

We have been asked to advertise the Charity Rugger Match *v.* Smithfield. This takes place on Wednesday, March 16th, at Herne Hill.

There has always been a close association between Smithfield Market and the Hospital, so that we hope as many people as possible will attend the match—and bring their friends. The proceeds go to the Hospital funds. Tickets can be bought at the Cloakroom.

BART'S ARMS IN CYPRUS

What is the connection between the Lusignan Palace at Famagusta in Cyprus and the Hospital? A correspondent has sent us a picture post card of one of the Gateways of the ruined Palace, over which is an exact replica (or may it be the original) of our shield. The palace was built in 1291.

Can any of our readers enlighten us?

HOSPITAL REPORTS

In the course of our review work we have been sent the *St. Thomas's Hospital Reports*. Just before Christmas we reviewed our own Hospital Reports, so that it is but natural to compare the two publications.

The quality of the articles in both books is uniformly of a very high standard indeed, but at least from two important aspects the *St. Thomas's* production should be taken seriously to heart. Their make-up and illustrations make our volume look almost tawdry—as if still relying on the odour of sanctity of a bygone century. And then by some witchery best known to themselves they manage to sell their Reports for exactly half the price that ours cost. Well, you may say that that only goes to show . . . personally we would rather pay the smaller price!

STUDENT UNION ELECTIONS

The Election of the Student Union Council takes place on March 3rd and 4th. We trust that every student will record his vote this year, in spite of the difficulty of choosing a candidate where no programme is advanced.

The Annual General Meeting will be held on March 11th.

THE CITY FREEDOM

We wish to congratulate Yeoman Henry Davis, messenger and Hall-keeper to the Hospital, who has been admitted to the freedom of the City. He was appointed to the King's Bodyguard of the Yeomen of the Guard in 1923. This is the highest honour a soldier of the non-commissioned ranks can hold.

PERSONAL ADVERTISEMENTS

Next month we are starting an experiment in Advertising. We are going to have a personal column of line advertisements at 1s. a line (*6d.* to subscribers of the JOURNAL), minimum two lines.

This column can be used for advertising locums, cars which will go on running for thousands more miles, flats to let, skeletons, microscopes, slides, articles lost, livestock (frogs, worms, etc.), and of course for any really personal messages to your divorced wives, lost sweethearts, etc.

We feel that we are here offering a valuable service to our readers, and we hope that full advantage will be taken of it. Advertisements should be sent to the Manager of the JOURNAL, St. Bartholomew's Hospital, not later than the 15th of the preceding month.

CANDID CAMERA

Our candid cameraman has lately had the misfortune to be relieved of his camera. At the moment it is difficult to tell which libelled member of the Staff is responsible, but the guilty one may rest assured that our splendid detectives are on his track. *Semper justitia vincit*, so look out!

A correspondent has written to us to suggest that the Candid Camera photographs should be gathered together in pamphlet form for separate publication. At present there are not enough pictures to make a series—our photographer started his nefarious work last May. Later on this idea will be given the fullest consideration.

LECTURES

This month there are several good lectures being given outside the Hospital. One of unusual interest to pre-clinical students is the Special University Lecture in Physiology at 5 p.m. on Tuesday, March 15th, given at University College. Prof. H. H. Woollard will be presiding, and this should be sufficient draw for anyone who has had the privilege of attending his

inspired Anatomy lectures. The Lecturer is Prof. Dr. A. P. H. A. de Kleijn, Professor of Rhinology, Laryngology and Otology at Amsterdam. Admission free: The lecture in English. Subject—"Some Remarks on Vestibular Physiology".

The Chairman of the Council of the British Medical Association, Sir Kaye le Fleming, is giving an address to fourth and fifth year medical students and newly qualified medical practitioners on March 8th. His subject is "The Doctor in the Home". Time: 5.30. Place: The Great Hall, B.M.A. House, Tavistock Square, W.C. 1. Tickets can be obtained free from the Hon. Sec. of the Metropolitan Counties Branch, B.M.A. House.

THE DEBATING SOCIETY

When the pre-clinicals became separated from the Hospital by a quarter-of-a-mile of frozen meat a divorce was bound to follow, but the extent to which this has occurred has been causing growing concern. It is therefore a most hopeful sign that the move to re-found the Debating Society came largely from Charterhouse Square.

Apparently the Society ceased to exist in 1904, but no records remain, and a special meeting of the Students' Union was called to form a new Constitution and to elect Officers. It was decided that one-half of the student members of the Committee were to be pre-clinicals; Dr. Geoffrey Evans was elected President, Prof. H. Hartridge and Dr. Kenneth Walker Vice-Presidents, and Mr. Collard as Hon. Secretary.

The first debate was on that old stumbling-block—whether medicine should be dissociated from politics.

We are interested in the success of this Society, so that it was a shock to find the notice of its first meeting little more than a scribbled green chalk placard. We hope the organisers of the Society will advertise more attractively in future.

NEWS FROM OUTSIDE

We have always liked to think that some at least of the Great National Dailies were *above prejudice* and, even if we had felt doubts of this, the last thought that we could have wished to harbour was that advertisers directed the policy of at any rate the older established London papers.

The matter we have in mind is this: Recently the British Medical Association passed the following resolution which they rightly described as disquieting:

"Only milk complying with the conditions required

for the designations 'tuberculin tested' or 'pasteurized', or preferably both, can safely be consumed without boiling."

The B.M.A. went further than this and decided to allow a very fair sum of money in order to convey this warning, by means of advertisements in the Press, to the public.

Without exception this advertisement was refused by the London Daily Papers, for reasons which appear only too clear. The "copy" in the words of the World's Press News "might be taken as 'knocking' the current Milk Marketing Board advertising". In other words when the B.M.A., an acknowledged and an expert authority, sets out to warn the public of what they consider to be a grave danger, they are frustrated because the national newspapers are afraid of offending big advertisers who have a great deal of money to spend.

In justice it must be added that the *New Chronicle*, following somewhat slowly in the wake of some of the more progressive weeklies and provincial dailies, has printed a modified form of the advertisement just about a month after it had all started. One cannot but feel that the whole affair throws a disturbing light on the standards of present-day journalism.

Those who have been awaiting sensational revelations in the report of the inquiry into the *Croydon Typhoid epidemic* will be disappointed. We were particularly glad to see that no attempt was made to make a scape-goat of the M.O.H. The report contains exactly the information we expected. The Addington well, though safe *per se*, was the cause of infection as workmen, including among their number a carrier, were working in it while its waters were being supplied to the borough, unchlorinated and unfiltered. The report comments upon the lack of liaison among the constituent parts of the borough health service, and in the delay in suspecting water as the cause of the outbreak; it remarks also that the general practitioners were not helped sufficiently by the authorities in the beginning of the epidemic. The Borough Engineer had far too many responsibilities, and the routine care of the water supply was demonstrably inadequate.

Our own comment is that Public Health costs money, and that it is no good spoiling the ship for a ha'porth of tar—or chloride of lime.

The last time we visited Guy's—strictly incognito so as to avoid trouble—we noticed a fair-sized concrete kiosk with a small crowd outside it. Thinking it to be the first instalment of their new Psychological Clinic we went up to find that it was labelled "The Guys' Shop". So far as we could see it provided stocks of tobacco, chocolate, light athletic goods, etc., and was patronized by both students and nurses. We do not know how it is financed; whether it is a private enterprise or is run for the profit of the Students' Union, but it definitely, considered in conjunction with Mr. Girling Ball's letter in the February JOURNAL, put certain ideas into our head.

We should imagine there must be about one thousand smokers, doctors, students and nurses, in daily attendance at the Hospital; between them they must spend something of the order of £250 per week, mostly outside the Hospital.

The £2000 Foxbury deficit would be very adequately cared for if even this comparatively small market were catered for by a Bart's Shop. It might not perhaps be possible to open an emporium like Guy's, but we feel sure that smokers would very soon fall into the habit of buying their tobacco at the Hospital if they knew that the profits were helping the College. What do our readers think?

RUGBY STAND APPEAL

£472 : 6 : 6 is still needed for the New Rugby Grand Stand

Will YOU Help?

Gates are getting smaller because of the lack of accommodation

The need is urgent!

£127 : 13 : 6 has already been collected

SUPPORT THE CLUB YOU PLAYED FOR!

THREE UNUSUAL TUMOURS OF THE SKULL

THREE patients showing unusual tumours of the cranial vault associated with neurological symptoms have been seen recently in the practice of the Surgical Professorial Unit. The pathology and X-ray appearances of these cases is sufficiently unusual to warrant recording them. The cases constitute examples of Ewing's tumour of the skull, localized fibrocystic disease and epidermoid tumour. Whilst this series does not of course present a complete picture of the various causes of localized absorption of the cranial vault, it is hoped that the points in diagnosis will be of interest.

Case 1.—Angio-Endothelioma of the Skull.

In November, 1936, Mrs. J. A.—, æt. 57, attended Hospital complaining of a swelling of the left side of the head and paralysis of the right leg. Five months previously a lump had first appeared in the left parietal region, and steadily but painlessly increased in size. Three months previously she began to have weakness and difficulty in walking with her right foot. There were no other symptoms.

On examination of the left parietal region a large conical swelling, the base of which measured 4 in. in diameter, was seen projecting like a sugar-loaf to a height of 3 in. It was attached to the bone but not to the overlying scalp. It was not hot or tender but fluctuated, and had an impulse both on coughing and with the heart-beat. It was irreducible on pressure. The lungs showed diminished air-entry at the right base, with increased voice-sounds and tactile fremitus. The right leg showed a spastic upper motor neurone paralysis with no sensory loss. No evidence of primary neoplasm in the breast, thyroid or suprarenal could be detected, and excretion pyelography was normal.

X-ray examination showed osteolytic destruction of both the inner and outer tables of the parietal bone at the base of the tumour without any bone reaction. Fairly well-defined opacities of intra-pulmonary metastases were seen in both lower lobes.

A biopsy of the tumour showed that it contained numerous cystic spaces enclosing brown altered blood, between which were strands of highly vascular tumour tissue. Sections showed large clear endothelial cells arranged in syncytial fashion surrounding vacuoles containing fluid blood. Mitosis was not uncommon, and giant nuclear forms were seen. A reticulin impregnation revealed a proliferation of reticulin fibrils in intimate relationship with the tumour-cells. The tumour

therefore had the character of a reticulo-endotheliosarcoma (Oberling), or the angio-endothelioma type of Ewing's tumour of bone.

Treatment.

In view of the known sensitivity of tumours of this class a course of deep X-rays was given. Six months

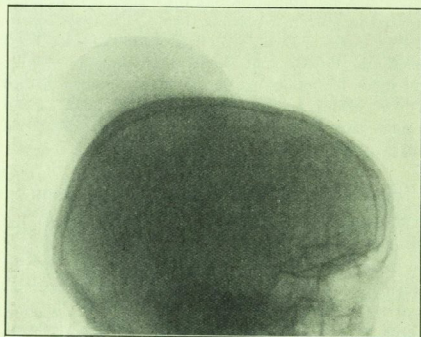


FIG. 1.—ANGIO-ENDOTHELIOMA OF SKULL, SHOWING THE TUMOUR SHADOW AND THE AREA OF DESTRUCTION OF BOTH INNER AND OUTER TABLES.

later the patient walked into hospital. The primary tumour had almost entirely disappeared. The power of the right arm and leg were slightly diminished, but there were no abnormal signs in the central nervous system other than moderately increased right-sided reflexes and extensor plantar response. She complained, however, of a constant dry cough due to extensive bilateral intra-pulmonary metastases.

Comment.

Records of cases of primary endothelioma of bone are now numerous. The unusual situation of the primary neoplasm in this case, however, is rare, if not unique. It will be recalled that Ewing originally classified tumours of this class under three heads:

1. Angio-endothelioma.
2. Multiple endothelioma.
3. Diffuse endothelioma.

The occurrence of numerous intermediate types since reported renders such a classification too inelastic, whilst many pathologists hold that tumours of the second group do not exist, but are either multiple myelomata, or examples of secondary deposits from an unrecognized primary neoplasm frequently situated in

the suprarenal or kidney. Owing to the occurrence of these confusing forms of metastatic tumours, the diagnosis of endothelioma should not be made until a thorough search for a primary focus has proved unsuccessful. A sharp distinction exists, however, between the relatively rare angio-endothelioma group and the more common diffuse endothelioma. Angio-endothelioma is a tumour of adults usually over the age of forty developing in the end of the shaft of a long bone, forming a solitary bulky, cystic, highly vascular tumour with pulsation and bruit. Histologically a syncytium of large clear endothelial cells enclosing freely circulating blood is seen, without the presence of fully formed blood-vessels in the tumour. Diffuse endothelioma is by contrast a tumour of childhood or early adolescence, the majority of cases occurring between the ages of 5 and 15. The tumour characteristically affects the middle of the shaft of a long bone, and certain small bones, especially the calcaneus. Microscopically solid sheets of large clear cells are seen surrounding capillary blood-vessels. Both groups are characterized by their tendency to pulmonary metastases and marked osteolytic properties. In this respect it is of interest to compare the X-ray appearances produced in the two groups. Since the neoplasm is non-osteogenic, it

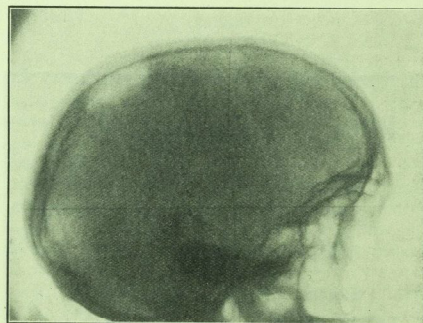


FIG. 2.—OSTEITIS FIBROSA OF THE SKULL, SHOWING EXPANSION OF THE OUTER TABLE IN THE PARIETAL REGION.

would appear that the bone reaction is conditioned by the age of the patient in whom the tumour arises. Thus angio-endothelioma arising at, and after, middle age is characterized by pure osteolysis without bone reaction. Diffuse endothelioma occurring in the more virile bone of young subjects is attended by an osteoformative reaction, which produces X-ray appearances somewhat similar to those of chronic osteomyelitis.

It will be seen from this summary that the situation of the tumour in this case is unusual, if not unique, for an angio-endothelioma. Volkmann reported a large multicystic tumour arising in the occiput of an elderly woman, but we have found no other record. Apart from the situation, however, the tumour is characteristic. The large bulky cystic character of the

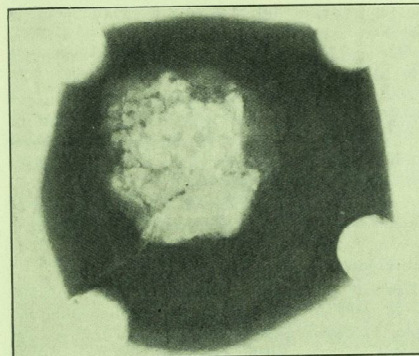


FIG. 3.—X-RAY OF SPECIMEN AFTER REMOVAL, SHOWING CHARACTERISTIC HONEY-COMB MARKING.

growth, the vascularity evidenced by pulsation, the X-ray picture of pure osteolysis with no bone reaction are typical. The presence of pulmonary metastases, the invasion of surrounding structures and the sharp initial response to irradiation further conforms to type.

Case 2.—Localized Fibrocystic Disease of the Vault.

In April, 1936, Mr. C. M., *et.* 61, attended hospital complaining of numbness and stiffness of the right leg. Twenty years before admission he first noticed a swelling of the skull in the left parietal region, which had gradually increased in size. Four months ago he stated that he had fallen down and bruised the left frontal region. He was not unconscious, but had several further falls during the time in which he was walking home. He had, however, retrograde amnesia of half an hour's duration, and next day noticed that his right leg was stiff and weak. This became progressively worse, and recurrent headaches of short duration were experienced over the vertex.

On examination blood-pressure was 120/80, and the Wassermann reaction negative. A smooth bony swelling, roughly circular in shape with ill-defined

margins, continuous with the skull, was present in the left upper parietal region, just posterior to the mid-point between the external occipital protuberance and the nasion. The base of this swelling was roughly 2½ in. in diameter, and the summit was raised half-an-inch above the surface of the surrounding skull.

X-ray examination showed irregular absorption of the inner table and expansion of the outer table of the skull in this region. General examination showed no evidence of primary neoplasm in the lungs, thyroid, prostate, rectum or abdomen. Excretion pyelography was normal. The only abnormality which could be detected in the central nervous system was impairment of two-point discrimination over the dorsum of the right foot; the threshold being 14 cm. here as compared with 6 cm. on the left side.

Biopsy of the tumour was performed and yielded fine fibrous and connective tissue, in which was lying large numbers of pigment-bearing macrophage cells suggestive of old dural haemorrhage.

Operation was performed by Prof. Paterson Ross. A square of bone 3 in. by 3 in. was removed enclosing the tumour. The dura was firmly adherent to the margins of a heavily pigmented depression of the

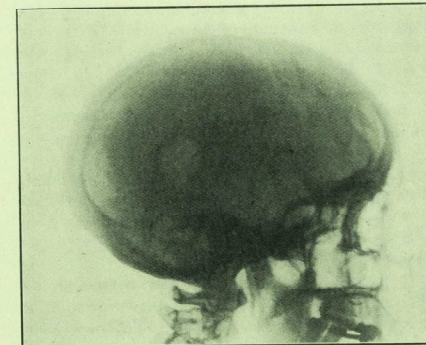


FIG. 4.—DERMOID CYST OF SKULL, SHOWING THE DESTRUCTION OF THE OUTER TABLE AND THE DEPRESSED SPUR OF INNER TABLE, WITHOUT INCREASED VASCULAR MARKING.

inner table, which extended as far as the superior longitudinal sinus. Free bleeding from the sinus was arrested by a muscle-graft.

A portion of the bone removed was X-rayed and showed well-marked honey-comb marking of the bone of the outer table. A decalcified section showed fine

fibrous tissue enclosing many large spaces without endothelial lining. Blood-cells were seen among the fibrous tissue external to these spaces, the appearances being those of localized osteitis fibrosa.

Comment.

Osteitis fibrosa and bone-cysts are rarely found in the membranous portions of the skull. Geschickter and Copeland, reviewing the records of the Johns Hopkins Hospital, could find no single instance of such a tumour arising in the frontal or parietal bones in a period of thirty-five years. The prolonged history of this patient prior to the onset of neurological symptoms, which were most probably due to a hæmorrhage following the fall, is typical of this type of tumour. The X-ray appearances of expansion of the outer table with honey-comb markings are also characteristic. This marking presents some similarity to the radiographic appearances seen in the hæmangioma of the diploë, but in this condition the trabeculations radiate out from a common centre, and the cortex of the bone, instead of being expanded, is partially eroded.

Case 3.—Dermoid Cyst of Skull.

Mrs. M. N—, æt. 26, was admitted in October, 1937, complaining of a swelling of the right side of the head and tingling of the left hand and face. Four years previously she had first noticed a swelling 1 in. above and behind her right ear which was not present in childhood. One year later she began to experience spontaneous attacks of pins and needles affecting the left side of the face and left hand and lasting for a few minutes. Three months before admission, whilst dining with a well-known neurologist, she had a similar attack lasting for a quarter of an hour, and followed by headache. Examination at this time revealed the presence of the swelling in the right parietal region. An X-ray picture was taken, and whilst lying with the right side of the head on a hard surface pressing on the swelling, a further attack of left-sided paræsthesia occurred.

On examination, over the right parietal region, 1 in. above and behind the tip of the right ear a smooth firm oval fluctuating swelling, 1 in. by $\frac{3}{4}$ in., was palpated. The edge of a bony defect in the skull could also be felt, through which the swelling appeared to be protruding.

X-ray examination showed a large bone defect in this region shaped like an inverted flask, measuring $1\frac{1}{2}$ in. by $1\frac{1}{4}$ in. Stereoscopically a spur of inner table could be seen projecting inwards towards the

centre. Examination of the central nervous system was normal. There was no trace of position sense impairment or dystereognosis in the left hand. Two-point discrimination was normal, $\frac{1}{2}$ cm. on the fingertips.

Operation was performed by Prof. Paterson Ross. A 3-in. vertical incision was made over the swelling, and a dermoid cyst was shelled out of a depression in the right parietal bone, leaving a cavity $1\frac{1}{4}$ in. in diameter. The outer and inner tables were deficient in this area except for a thin plate of bone depressed $\frac{1}{4}$ in. below the normal level of the inner table. This projected like a spur from the postero-inferior angle of the cavity. The depressed bone was removed and the dura opened and explored for any evidence of intracranial extension such as sometimes occurs with dumbbell tumours, but none was found.

A section of the cyst showed a wall composed of fibrous tissue lined with squamo-stratified epithelium.

Comment.

Dermoid, epi-dermoid or cholesteatomatous tumours of the skull are rare, and arise usually within the diploë, expanding both the inner and outer tables. An original case recorded by Muller in 1838 was situated between the tables of the temporal bone. Several other cases of a similar nature have since been described. Rarely a dumbbell-shaped extension occurs from the bone and projects both outwards under the layers of the scalp, and intracranially, producing symptoms from cerebral compression. A case of this type is recorded by Critchley and Ferguson in a recent paper on cerebro-spinal epidermoids. The ætiology of such diploic tumours is obscure. Presumably their origin is from a developmental inclusion, but their situation is inconstant, and not related typically to any definite line of fusion. The diagnosis in the case of this patient is of interest. Prior to X-ray examination, the possibility of a meningioma with destruction of the overlying skull and extra-cranial extension was entertained. The fluctuating character of the tumour, the absence of increased vascular marking of the skull or hyperostosis and the inward displacement of the spur of inner table, visible stereoscopically, made an accurate diagnosis possible before operation, which was therefore performed through a restricted incision.

I am indebted to Prof. J. Paterson Ross for permission to publish these cases. G. C. KNIGHT.

YOUNG OFFENDERS AND THEIR PSYCHOLOGICAL TREATMENT

MANY of your readers will have seen the recent correspondence in the *Times* under the headings of "Crime and Glands", "Punishment and Reward", to which attention was drawn in your last issue.

There are about a thousand Juvenile Courts up and down the country, and the magistrates serving in them have varied views on these questions. Those who hold that the larger number of children and young persons coming before the Courts since the new Act of 1933 reflects a change in the public attitude towards these Courts rather than increased depravity among the young, are naturally anxious that this growing confidence should not be misplaced.

It is generally agreed that roughly between two-thirds and three-quarters of the children found guilty do not reappear, either presumably because on the whole they have been sensibly dealt with, or simply because they have outgrown their youthful misdemeanours. But what of the remaining one-third to a quarter, some of whom unfortunately reappear like a stage army in the Adult Court, in Borstal and in prison? Many of us have met these recidivists on one or more of their appearances in Court. They have no doubt been treated with "unswerving justice", and certainly in most cases the "fear of punishment" has been kept prominently before them, but has the individual concerned or the community been benefited in any way? They represent the failures of our social and judicial system. Although the criminal statistics show that they have not increased in proportion to the increase in juvenile offenders, if we hope to reduce their number substantially it seems clear that we need more light in the early stages when the minds and bodies of these children are still capable of responding to wise treatment.

The 1933 Children and Young Persons Act lays down the "welfare of the child" as the main consideration for the Court once the case has been proved to come within their jurisdiction. On what basis are we to decide on the best steps for his welfare, remembering that our decision may affect the whole of his future life? Clearly, not merely on the nature of the offence committed, as this is admitted to be a most unreliable guide in the case of young people. If the Court is assisted by an informative school report and gives a really qualified probation officer time to make careful home inquiries, sufficient information may be obtained to deal with straightforward cases, but frequently the

report of the probation officer together with the information already before the Court discloses long-standing troubles or baffling symptoms. At this point a decision may have to be taken between leaving the child in his existing surroundings under the guidance of a probation officer, or removing him to a different environment, either in a hostel, a family, an approved school, or even in some cases in a Borstal institution. Much must depend on the child's attitude to his offence and on his capacity to cope with his difficulties. It is at this stage that the Court often feels the need for expert advice.

In London this has been obtained in various ways. The London County Council has provided the services of a part-time medical psychologist at the Remand Home, and his reports, supplemented in some cases by fuller examinations at a clinic, have greatly assisted the Courts in cases remanded in custody. Where the child can be given bail, help has been given by the Institute for the Scientific Treatment of Delinquency, clinics affiliated to the Child Guidance Council, the Maudsley and other hospitals. Similar developments are taking place in some of the large cities, but in many parts of the country no such facilities are available, and Courts where the need is realized depend on purely personal arrangements made to meet individual cases. In London, even where further psychological treatment is not advised or is considered impracticable, such a diagnosis often sheds a flood of light on the whole picture, and assists the probation officer, the parents and the school in their future dealings with the child.

A recent case may serve to illustrate this point. A father and a son of 16 faced each other across the Court in an attitude which appeared quite irreconcilable. The boy's sexual habits had brought him into association with a very disreputable crowd, and had so shocked the father that he appeared unwilling to have any further dealings with his son. After a remand, during which the help of a medical psychologist was secured, the whole attitude changed, and although in this case the boy was never persuaded to attend for regular treatment, the foundations laid at the time of the original diagnosis made co-operation possible between the home, the probation officer and the boy, with the result that he is now, after about 18 months, embarking quite happily on what promises to be a successful career. While the Court would have wished to deal with the case in this way from the outset, it is extremely unlikely that they would have succeeded without the experience and the trained advice of the expert.

The diagnosis often brings to light some educational weakness which can be corrected. Backwardness in

writing or arithmetic may seem too simple matters to glorify by the name of psychological factors, but these bugbears often lead to anti-social behaviour in the child, and in a harassed working-class household it is far from easy for the family to cope with them unaided. At the other end of the scale the expert report sometimes discloses serious mental trouble, which occasionally necessitates certification.

The number of cases in which regular psychological treatment has been advised and carried out is small in relation to the total number of cases dealt with, but includes some remarkable successes. A boy from a rather hopeless home had been in trouble several times for stealing bicycles. His lethargic appearance and his apparent inability to foresee the probable consequence of his actions seemed to make committal to a school inevitable, but a careful diagnosis disclosed both glandular and emotional troubles. He was placed on probation on condition that he lived in a boys' hostel, and regular evening treatment was arranged at a hospital and with a psychologist. The boy has been in no further trouble and in eighteen months has changed beyond recognition. Another boy asked for ten cases of bag-snatching to be taken into consideration. The Court were extremely doubtful about the wisdom of appearing lenient in such a serious case, and he would certainly have been committed to an institution except for the advice of the doctor. He is now reported to be doing well and to have become a successful and happy club leader.

In the case of younger school-children, the practical difficulties of securing regular attendances at a clinic over long periods are often very great. The distance of the home from the clinic and the unsatisfactory background sometimes vitiate the experiment, and point to the need for observation centres where in-treatment can be given.

No doubt many psychologists are critical of the Courts for proceeding very slowly in the direction of psychological treatment, but they will agree that this should only be attempted after a careful diagnosis by qualified people, and never unless arrangements can be made to secure full co-operation from the probation officer and the home or hostel where the child is living. Half-measures can only discredit the whole experiment.

Financial considerations also enter into this question. Except where services are provided by the local authorities, the Courts are in fact sponging on the generosity of individual specialists and on organizations who are obliged to keep going by means of charitable appeals. It seems essential that proper provision should be made in the new Penal Reform Bill enabling

Courts to pay for expert services, if existing organizations are to remain in being and to extend to cover the needs of the country. In London most of the organizations and clinics have long waiting-lists, and suitable cases, anxious for treatment, have to wait their turn.

It is perhaps held in some quarters that the approach to the young offender just outlined involves too great an expense in time and money. But taking the long view, it seems likely that the cost would be negligible as compared with the cost of our present mistakes and with the waste of good material involved. The recently published Report on the work of the Children's Branch of the Home Office contains the following paragraph: "A considerable number of children who were unsuitable for admission have, particularly in the past three years, been sent to an approved school, which it must be borne in mind is not a hospital or asylum, but a place of training. Bad cases of epilepsy, eyesight so defective as to make admission to a blind school imperative, pregnant girls, and particularly those who were so mentally defective as to be clearly certifiable have been received." If, on the authority of the Home Office, such mistakes are still made in comparatively obvious matters, it seems only too clear that many more mistakes must be made in the subtler field of psychological troubles.

We all know the difficulties that sometimes arise in settling the problems of our own children at a turning-point in their career. Imagine, therefore, the tongue-tied child, faced by an unknown bench of magistrates knowing very little about him. Is it fair that his future should be settled in a few minutes on inadequate data and without expert help? Above all, is such a haphazard method likely to produce the best results?

MADELEINE J. SYMONS.

A MERRY RESPONSE

Seeing the new cover to this month's JOURNAL reminded me of the following limerick:

*There was a young monk of Siberia,
Whose life grew wearier and wearier,
So one day for fun,
He ran off with a nun,
And now she's a Mother Superior!*

RUSTIGANUS.

MEASLES: PREVENTION AND MODIFICATION

IT is becoming a widespread practice to modify or prevent an attack of measles in susceptible people who are known to have been exposed to the disease. The method is by conferring passive immunity, and is both safe and effective. This immunity is short-lived. It is thus generally wise to allow healthy subjects over the age of 18 months or 2 years to have a modified attack, thereby giving them a life-long immunity. In children and adults who are debilitated or suffering from other disorders and in infants it is better to prevent the attack. Infants whose mothers are immune are usually themselves immune for the first few months of life.

Preparations available.

1. Human serum from recently convalescent cases: During epidemics this serum may be difficult or impossible to obtain (see letter from Dr. Harris in the present issue). The difficulty is particularly great outside hospitals. Serum obtained from a known source is obviously better than pooled serum unless adequate precautions are taken to examine every donor to the pool. Stored human serum is known to keep its potency for over a year.

2. Adult serum from those who have had the disease in childhood: Even whole blood from such people can be used. The disadvantage of these is that the dose has to be two or three times as great and the effect is less certain.

3. Immune globulin, human (placental extract): There are several preparations on the market. My own experience of these has been confined to the liquid extract of Lederle. The manufacturers state that the globulin is extracted and refined from the placental blood of healthy mothers, all of whom have had their Wassermann reactions tested. It is readily obtainable, and the effects, particularly when it is desired to modify rather than prevent, at least equal those of convalescent serum. The liquid extract probably retains its potency for a year or more.

Whatever substance is used, serum or globulin, only one dose need be given.

Technique.

The injection should be intramuscular into the buttock. It should be given in the evening, so that any painful reaction occurs during the night. (If whole blood is used it should be collected and given with a paraffined syringe.)

Reactions.

With human serum or globulin there is no danger of anaphylaxis. Delayed reactions are not seen. One injection does not sensitize to another given at a later date. There is thus no contra-indication to giving a second injection after future exposure. Occasionally the injection may cause local pain for the first twenty-four hours. Makers of the immune globulin say that there may be a febrile reaction during this time. Personally I have only seen this when unnecessarily large doses have been given. In a recent school epidemic when one hundred boys were injected with the globulin in normal doses, none had fever.

Dosage and effects.

1. *To prevent an attack.*—Serum or globulin will protect most people from an attack of measles if given in adequate amount during the first four days after contact. The size of the dose will depend to some extent on the size of the patient, but for general purposes the length of time the injection is given after contact is the important factor. The earlier the injection is given the more likely is protection to be complete. To prevent the disease it is probably better to use human convalescent serum. 5 c.c. of serum should be injected at the earliest possible time after contact—anyway within the first four days. Adult serum is less certain in its effect, and requires twice or three times the dose. If convalescent serum cannot be obtained, 4 c.c. of placental extract should be given immediately after contact.

2. *To modify an attack.*—This will be the choice in most instances. The modified attack is mild and there is often only slight catarrh, a trace of conjunctivitis, spots for one or two days and little or no fever. In other cases there is only some catarrh. The dangers of the serious complications of the disease are minimized, and probably a life-long immunity is established. How much an attack can be modified and yet produce a lasting immunity is uncertain. It is maintained by some and seems reasonable that all the symptoms, although in a mild form, must develop. Serum or globulin modifies the attack if given up to the ninth day after contact, and less so up to the appearance of the rash. After this it appears to have no effect. 5 c.c. of human convalescent serum should be given between the fifth and eighth day after contact. Immune globulin, which is equally effective and sometimes preferable, should be given rather earlier. 2 c.c. should be injected between the third and sixth day after contact.

The injection of serum prolongs the incubation period of the disease, and for safety this should be regarded as twenty-one days after contact.

The immunity is brief. A person who has been completely protected against one attack may catch the disease fourteen days later if exposed to further infection. In such cases the subsequent attack will be greatly modified. This is a not infrequent happening in families, and it is important when considering the question of isolation.

E. R. CULLINAN.

A MAD BART'S DINNER PARTY

THAT very evening I heard the incredible news that the gentlemen at Queen's Square had decided to recognize me as their brother in Æsculapius—*alias* a full-fledged medical practitioner. That night I celebrated. The morning after that night I awoke with such a grotesque head, and oh what terrifying memories of a most bizarre nightmare.

I had dreamt, that in order to celebrate this memorable event in the annals of medicine, the pundits of this ancient and royal hospital were giving in my honour a dinner in the refectory, which had been endowed with a strangely festive atmosphere by certain floral decorations, consisting of daisy-headed colonies, ray fungi, and digitalis foliage. All the pundits were there to do me honour. In view of the auspiciousness of the occasion the menu had been carefully and tastefully chosen.

It was a medical menu. For *hors d'œuvre* we had Botulinus olives, Aertrycke eggs, typhoid oysters and Loch Maree duck paste. Next, after many embarrassing cracked-pot sounds from the direction of the kitchen, Typhoid Mary entered with the pea soup. All partook, with the noticeable exception of Dr. G-r-d, who drank rice-water instead. Dr. James M— greatly enjoyed the next course, which was fish flesh à la Hodgkin with anchovy sauce, which Mr. Ruper C— took great pleasure in serving.

Dr. C-l-l-n, who was surreptitiously chewing whortleberries in order to whet his appetite, gourmandized all the raw beef tongue, leaving not even so much as a solitary fungiform papilla for Dr. George G—, who made amends by a thirst which would have shamed a combined case of diabetes mellitus and insipidus, and whose breath consequently smelt strongly of new-mown hay.

"Mmmm, I can't take that," he murmured as he drained the last drop of a fine rare vintage Benedictine solution.

Following this excellent example, Dr. G-w, who till now had been as aloof as a solitary lymph-follicle, drank

so much prune-juice that he rapidly became collectively unconscious. After this the party became rather disorderly, anybody eating anything in any order anyhow.

Like Alice, I began to feel curioiser and curioiser. Firstly Mr. Freddie C—, in less than the lagging of a lid, finished all the red currant jelly. Then Mr. Bedford R— began to make a savoury corner in all the cheesy particles that he could put volsella to. Prof. Geoffrey H—, who had a sweet tooth, enjoyed some honey-comb liver followed by a liberal helping of sago spleen pudding sprinkled with grated nutmeg. Dr. Geoffrey B—, with an angina innocens look on his wistful face, ate all the cor bovinum and bread and butter pericardium sandwiches, completely depriving Dr. Geoffrey E—, who was left to allay as best he could his hunger pains with some median fillet steak.

Mr. Geoffrey K— in the interests of his figure was on a fruit diet. This, however, did not prevent him from wearing in his button-hole a bunch of radon seeds.

"By von Graefe, it cuts like an unripe pear," he was heard to remark, as he cut through the *peau d'orange*.

Dr. Charles H— was also on a diet—rather a childish one, however. He consumed a large bowl of pale, frothy porridge, after which he ate a very rickety pigeon's breast, followed by hot cross buns, the consumption of which was so speedy that the only word for it was galloping. Mr. Bill B—, a large cholesterol solitaire glistening on his ring finger, refused strawberry gall-bladder and cream, maintaining that having once had the most notorious gall-bladder on record, he would be satisfied now with nothing less than a mulberry calculus. Dr. Dotty D—, who had just blown in from Charterhouse Square with a very fit appetite, was enjoying a cystic mass, which looked like a bunch of grapes. Dr. John D. B—, however, argued that it looked more like white currants in red currant jelly, and therefore refused to partake. Dr. Wilfred S— wasted no time in useless arguments, but spent his energies in devouring at a rapid rate all the available chocolate cysts, as well as certain structures shaped like pears, 3 inches × 2 × 1. Professor W-t-s, who appeared to have a strange lemon tint, ate nothing but marrow jam on very pale biscuits.

Dr. Rox. B—, on the other hand, made a meal of apple jelly nodules and crusts, after which he soon broke out into a strange ham-coloured rash, with the typical butterfly distribution. Mr. John P. H—, helped himself liberally from a supra-patellar pouch full of melon seeds. Soon after his breath smelt strongly of bitter almonds. Then, clearing his throat with a loud brassy bovine cough, the chairman, Dr. Denny B—, arose with ataxic gait from his serpiginous china-clay

stool with its wash-leather base amidst a veritable snowstorm of loud and prolonged rhonchi and sibili to propose the health of the guest of honour. (That's me, if you will remember.)

But owing to a great deal of shifting dullness, and egg-shell crackling emanating from Mr. R-b-r-s, no one was able to hear a word of his excellent scanning speech. I could not but help feeling that it was all like casting epithelial pearls before guinea-pigs.

At this stage Mr. Reggie V—, who had previously been remarkably quiet, began to intussuscept the proceedings by complaining that a mass of cauliflower he had eaten—(the catering was in the hands of the Hospital Catering Co.)—had rendered him victim to one of his one hundred and one recorded causes of intestinal obstruction.

Mr. Basil H— declared he could feel a sausage in the victim's right iliac fossa, and in his opinion the case was one of green apple colic. Mightily pleased with himself for this snappy diagnosis, he gave outward and visible expression to his inner and hidden joy by performing a grand *scène de danse*, which provided an excellent cabaret turn, much to the entertainment of all present.

Noticing the exuberant show of approbation, and being a very practical man, Prof. Paterson R— decided to make use of present opportunities, and went round with the hat. Many and gratifying were the coin sounds heard.

Incited by this generous sight of rewarded artistry, Mr. Naunton M— rose to his festinant feet to recite the limerick concerning the old man of Smithfield who had an inverted Spanish chestnut palpable P.R., but Mr. Harold W— objected on a point of order, his contention being that if there were any chestnuts to pluck he should be given priority in the plucking. Drs. Sc-w-n and Sp-n-ce were also very annoyed with Mr. Naunton M—, and said that in their opinion he ought to be severely pregnylized. But our Mr. N-M— was not to be so easily put off, and decided to give instead a tap-room song and dance.

Racier and racier grew the song, and faster and faster the tapping, until it became so loud that at last I was forced to open my eyes to the fact that my bed-room doorway was occupied ominously by my landlady, anxious to deliver to me a rather important-looking scroll which had just arrived by registered post.

Quickly opening it in a still bewildered state, I discovered that it was my diploma granting me permission to practise as a fully qualified medical practitioner.

L. A. T. HAMILTON.

THE ABERNETHIAN SOCIETY

THERE was a meeting of the Society on Thursday, January 27th, 1938, at 8.30 p.m., with Mr. M. H. Harmer in the chair, at which Dr. R. Russell-Reynolds gave a lecture on X-ray Cinematography.

Dr. Russell-Reynolds preceded his demonstration of X-ray films by a brief description of the history of X-ray cinematography. Attempts to obtain moving X-rays had been made from the earliest days of the cinema, but little real progress had been made until recently. Two chief methods had been attempted, each of which had its own particular difficulties:

1. To allow the X-rays to fall directly on to the film after penetrating the object. The difficulty in this method was to obtain photographs of a large enough area. Separate films had to be exposed in rotation, and then rephotographed and reconstructed later into a continuous film for showing. The first X-ray films had been made by this method early in the present century.

2. To allow the X-rays to fall on to a fluorescent screen, and then to photograph the movements on this screen with a modification of an ordinary cinema camera. This was the method that Dr. Russell-Reynolds had himself followed. The difficulty here was to get enough light into the camera to produce any impression on the film. It was only in the last fifteen years or so that this had become possible owing to the introduction of screens of high luminescence, films of special sensitivity to the particular wave-length emitted by these screens, and by the use of a f 0.85 lens constructed by Messrs. Zeiss. Adequate exposure could now be obtained in $\frac{1}{50}$ second. Another difficulty to be overcome was the danger of applying an overdose of X-rays to the subject. This risk was mitigated by switching off the X-rays between the exposure of each negative on the film by means of a special synchronized rotary switch, and by taking only a short piece of film of each patient, which was then joined into a circle, end to end, and shown repetitively and continuously in a projector so that movements could be studied at length.

Dr. Russell-Reynolds then showed a film of his present apparatus which, while fundamentally elaborate, had been made extremely simple in working.

Lastly a series of the finished products were shown: films of the wrist, elbow, shoulder, knee and ankle-joints in movement, of deglutition and gastric peristalsis, of the heart beating, of intestinal and lung movements,

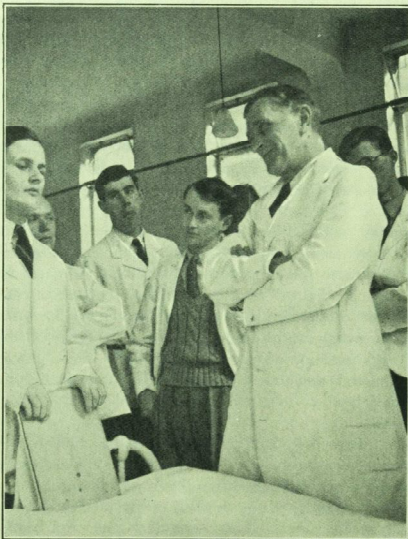
and finally of two hands shaking each other as a farewell gesture. Perhaps the most striking films were those of the shoulder movements, which showed the extreme mobility of the scapula on the thorax, and of the lung in an artificial pneumothorax, which, though collapsed right down to the hilum, showed considerable expansion with inspiration.

Dr. Finzi proposed a vote of thanks to Dr. Russell Reynolds, and the meeting was declared closed at 10 p.m.

A good medicine for Incontinency of Urine and the beginning of a Diabetes.

Cut off the necks of well-blown Sheep's Bladders, of the remaining membranes put up pretty store one over another into a covered Pot, where being dried gently and yet sufficiently in a Bakers oven, take them out and pulverize them well.

OUR CANDID CAMERA



"I'll give you two guesses."

CORRESPONDENCE

MEASLES SERUM WANTED

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

SIR,—The Hospital's supply of convalescent measles serum is exhausted. It is important that we should have available a stock of this serum in order that we may protect the sick children in Hospital from contracting measles when one of their number develops the disease after admission. The serum stored by the Hospital is used only for this purpose.

The most effective serum is obtained from healthy adults who have recently recovered from measles. The amount of blood which can be taken without causing the donor any discomfort provides prophylactic doses for about twenty-five children. The serum, once obtained, can be stored for many years until it is wanted.

If any of your readers, other than members of the nursing staff, who have recently had measles are willing to give some blood for this purpose, perhaps they would get into touch either with Prof. Garrod or with me. Valuable help can also be given by readers who bring to the notice of lay people convalescent from measles how valuable the gift of some of their blood would be to this Hospital.

Yours, etc.,
The Medical College,
St. Bartholomew's Hospital;
February 8th, 1938.

CHARLES HARRIS.

SUGGESTIONS FROM OLD BART'S MEN

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

SIR,—The letter by Dr. Parrish in the St. Bart.'s JOURNAL for February expresses a sentiment which must almost universally be experienced by anyone who revisits his old school, college, university, or other training institution, and finds few familiar faces, and no excuse for his presence in the hum of work carried on by a new generation busy about their own affairs.

May I make a few suggestions? As an old student I should like when revisiting the Hospital to find at the Porter's Lodge, or Office, a list of the lectures or demonstrations given on that day, and feel welcome to drop in and listen. I should like to know which physicians or surgeons are in the wards, and be able to join in without any sense of intrusion; or to attend in a special department. All these can be managed at the present time, but it is not made easy as it would be if the duty of giving information were allocated to a definite and helpful official.

I think old students would feel rather shy of using the Staff Common Room and consider they were intruding, in spite of the Dean's invitation to use the mantel-piece for the feet and the arm-chairs for sleep! But a room for Old Bart's men is badly needed, and it is whispered that one may be provided in the Residential College of the future. A small annual subscription for up-keep would, I feel sure, not be grudged by old Bart's men.

Again, a "Visitor's book" might be kept at a convenient place, and a glance at this would inform Staff or Teachers of any old students who were "up", and remind them of the right name.

Old students must not expect too much. The Hospital is a beehive; the young generation come first, and the Staff and Teachers are very busy men; but let old Bart's men drop any diffidence and shyness, and they will find, as I have done, that the years do not lessen the welcome one receives from former teachers and friends, and that the new ones are carrying on the old tradition.

In spite of Dr. Parrish's letter I think all Old Students will continue to owe a debt to the Hospital for the rest of their lives, and now is the time to start repayment.

Yours faithfully,
The Hall,
Eynsham, Oxford.
JOHN A. HAYWARD.

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

DEAR SIR,—Although I agree with Mr. Girling Ball that we should all be pleased to subscribe to the new Medical School and not expect anything in return, I certainly think more should be done for old Bart's men when they revisit the Hospital. The fact that so few of

us do go back shows that one does not get much benefit from being a perpetual student.

I would like the following suggestion to be considered by the teaching staff; namely that on one afternoon each month (for example the third Thursday) a series of demonstrations or clinical lectures should be given similar to those given in the excellent post-graduate course. By this means general practitioners in London and the home counties would get the opportunity of keeping up-to-date—getting to know the more junior members of the consulting staff, and also know that if they come to the Hospital on the "post-graduate afternoon" they will probably meet some men of their year.

The subjects of the lectures might be published in the JOURNAL the month before, and should be kept primarily for general practitioners.

I believe a scheme on these lines would be very much appreciated by many general practitioners, and that the members of the consulting staff who gave the lectures would find that their consulting practice would benefit, for when one has left the Hospital a few years it is remarkable how soon one loses touch with the staff.

Yours sincerely,
I, Leighton Street,
Woburn,
Bletchley,
Bucks;
February 6th, 1938.
WARREN A. BARNES.

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

DEAR SIR,—May I make a suggestion about the amenities which might be offered to old Bart's men, so as to stimulate and keep their interest in the Hospital?

I know a brilliant surgeon in London who, whenever I send him a case, personally asks me either to assist him at operation, or be present, depending on whether it is a private or a hospital patient.

Could not that same courtesy be extended to us by the surgeons attached to our own Hospital?

I am,
Yours sincerely,
Moreton House,
West Street,
Dunstable;
February 4th, 1938.
D. A. BLOUNT.

ED. NOTE.—We are assured that old Bart's men are welcome in the theatres.

POST-GRADUATE TEACHING

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

DEAR MR. EDITOR, The College Committee would welcome suggestions with regard to courses for old Bart's men.

Some years ago a Post-graduate Course of a fortnight's duration used to be held annually, but because of its length it was not very popular. More recently there has been held in June a so-called "Week-end Post-graduate Course", starting on a Thursday and finishing on the Saturday. This has been very popular and well attended.

At the moment the College Committee is considering the future policy of the College. One of the suggestions put forward is that these short courses should be extended to include both Saturday and Sunday. You, Sir, have now shown me a proposal by Dr. Barnes that on one afternoon in each month of the year a series of demonstrations or clinical lectures should be given. It seems probable that other Bart's practitioners have views on this question of post-graduate courses, which they may like to put in writing and you to publish.

In this connection, too, I would point out that every Department of the Hospital desires to have Clinical Assistants. Some of the Departments find occupants for these posts from time to time, but for others there are no applicants. Further our Professorial Units often have vacancies for research post-graduates. Thus there are already various ways in which old Bart's men may usefully return to their old School and meet the present teaching Staff.

We should be very happy to extend these facilities by any feasible method which may be suggested, provided that it does not make too heavy a call on the time of those whose primary duty is the instruction of undergraduates.

Yours sincerely,
The Medical College,
St. Bartholomew's Hospital,
West Smithfield, E.C. 1;
February 15th, 1938.
W. GIRLING BALL,
Dean of the Medical College.

MEDIAEVALISM DENIED

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

DEAR SIR,—In the February number of the JOURNAL, under the heading, "Current Events", a paragraph appeared the greater part of which I take the liberty of quoting:

"One London Hospital deprived the public of its services on the diagnosis of paratyphoid in a member of the staff. While it may be argued with all reason that the governing body is the best judge of the necessity for such demonstrations, surely they suggest a very great weakness in the hospital's organization. If a hospital does not possess the means of preventing spread of enteric infections, it surely does not qualify as a medical institution at all. The alternative, which is equally repugnant, is that these moves were made in deference to the current phobia of contamination bred by the advertisers of soaps and patent medicines—"

As the only Bart's man on the Honorary Staff of the hospital in question, the identity of which is widely known, I suggest that it is unusual and unfortunate for a representative of one Hospital to publish derogatory remarks about another, particularly when he has clearly taken no steps to ascertain the facts.

The hospital was put in quarantine for nine days in deference to strong advice from the local Medical Officer of Health to the Board of Management, who not unreasonably acted on this advice. The organization and equipment of the hospital had nothing to do with the matter. During this period of quarantine the inmates were thoroughly investigated for infection, and the Out-Patients' Department was transferred temporarily to premises near-by where the work was carried on. As the wards were already full, the effect of the nine days' quarantine on the admissions and discharges was negligible.

Thus the three suggestions of your contributor were all devoid of any foundation: The hospital did not deprive the public of its services. The means of preventing the spread of enteric infections were in no way deficient. The action taken by the Board of Management was not in deference to any current phobia bred by the advertisers of soaps and patent medicines, but was at the instigation of the Public Health Authority.

Your contributor will really have to curb his exuberance and his imagination if he wishes to follow a journalistic career with safety and success.

Yours faithfully,
44, Harley Street,
LONDON, W. 1;
February 13th, 1938.
B. BUCKLEY SHARP.

Our Contributor to "News from Outside" writes:

We are extremely happy to be able to print this communication from a member of the honorary staff of the hospital concerned. He makes it abundantly clear that, as the M.O.H. had reason to fear a generalized infection, the Board of Management had little alternative but to act as they did, and we can in no way question the propriety of their action, more especially as they took steps to provide alternative services for those which they had been compelled to quarantine.

We would point out, and Dr. Buckley Sharp as an old Bart's man would be the first to acknowledge this, that the occurrence of enteric fevers in our own Hospital does not provoke such sweeping action. Thus were we led to comment on the matter.

With regard to his last paragraph, we banished such ambition long ago.

HOSPITAL APPEALS

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

DEAR MR. EDITOR,—Has the old story of the Elephant and the Mouse regained favour and acquired fresh truth?

In answer to the Dean's letter may I point out that none of the points raised by me on behalf of "old Bart's men" apply to me personally.

I live near enough to use and appreciate fully the Hospital services for my patients and myself. This does not, I hope, negative my plea for a greater hospitality to old students revisiting the Hospital.

Mr. Girling Ball for the purposes of his letter chooses to assume that I am aiming at the whole structure of the Appeals, which is, of course, unworthy of him.

We wish him well in these appeals, we are proud to belong to the Hospital, but I, at least, still think that there has been neglect of those who live in the country.

My suggestion will, probably, be useless to those of us who have already been away for years, but it is not impossible to visualize future generations who might benefit.

I appreciate fully the kindness the Dean has shown to me in his letter, and I thank you, the Editor, for printing my letter.

Yours sincerely,

Killasser,
Tadworth,
Surrey;
February 14th, 1938.

J. PARRISH.

RAPPROCHEMENT WITH CHARTERHOUSE

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

DEAR SIR,—While we are fully aware that the new Pre-clinical College at Charterhouse Square offers many advantages and amenities not hitherto enjoyed by previous pre-clinical students, in our opinion a regrettable breach has arisen between the Hospital and Charterhouse Square. And unfortunately this breach is widening as those who remember working at Giltspur Street and the Hospital gradually leave Charterhouse Square.

We think that this division is not insurmountable, but is largely due to the centralizing of social activities at the Hospital, and in some cases at Charterhouse Square.

One of the causes is that out of the three pre-clinical representatives elected to the Students' Union last year, two of them crossed to the Hospital within a month of their election.

The "Socialist Society" seems to be the only society whose notices regularly appear on our notice-boards; but these do not survive the untiring attentions of those with right wing tendencies.

To book one of the new squash courts we are obliged to go to the Hospital Cloak Room. We suggest that one of these should be booked this side, but let it be emphasized not for pre-clinical use alone.

The first news that most pre-clinical students hear of the clinical evenings of the Abernethy Society is the report, a month later, in the JOURNAL.

On the other hand Matt Wells is continually complaining that insufficient use is made of the Gymnasium by clinical students.

The Debating Society has made a praiseworthy and successful effort at reducing the gap by inviting pre-clinical speakers, and by holding some of its meetings at Charterhouse Square.

We suggest that with co-operation from both sides the policy of the Debating Society could be applied with success to the general relations between the Hospital and Charterhouse Square.

Yours truly,

A. H. W. BRENNAN,
Gwyn Howells,
Medical College,
Charterhouse Square.

A UNITED HOSPITALS' RUGBY TEAM

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

DEAR SIR,—I read with considerable regret in your last issue that a suggestion has been made to form a permanent United Hospital Team. For what purpose? For the benefit it seems of two or three individuals from each hospital to the detriment of the individual hospital clubs. Good fixtures would immediately tail off. Those below "United" standard would obviously join "A" teams of London clubs, and for the rest hospital rugby would degenerate into a meaningless afternoon scramble. And if the chosen, let them not imagine they would form the most formidable combination, etc. Fifteen master spirits on the field of play seldom produce the game worthy of their paper names, as several futile exhibitions at Twickenham go to prove.

Any competent observer will readily admit that competition is very far from being a farce for the remaining seven, as results of recent matches prove. It would be most pleasant if two of these seven reached the final. Most of the bitterness lies among the big four, due I think to the lack of the will to win on the part of three and victory at any price on the fourth.

The difference in technical skill between several of these teams is not so very great that success will not attend those with the most determination.

So let the present arrangements stand; let there be more determination for victory, less talk of defeat, and finally let everyone remember that the game was originally meant for the recreation of the team, not as an advertisement or long-term investment for hospitals or individuals.

Yours sincerely,

St. Bartholomew's Hospital,
E.C. 1;
February 18th, 1938.

D. G. GRAHAM.

UNITED HOSPITALS' SAILING CLUB

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

DEAR SIR,—The low figures of membership of the St. Bartholomew's Hospital section of the U.H.S.C., in view of the number of men at the Hospital, has given rise in our minds to the idea that many people probably are not acquainted with the facilities extended this organization for yachting cheaply.

We would therefore ask your indulgence in your pages, as the best possible medium for conveying information to the more intelligent of the student body, to inform any of those who may be interested of the advantages offered by the Club. Briefly these are:

(1) The smallest annual subscription of any yacht club in the British Isles—10s. per annum.

(2) A comfortable club-house at Burnham-on-Crouch, with ample sleeping accommodation—1s. per night, 5s. per week—good food and a licence. The dinner costs 1s. 6d.

(3) Racing during Saturday afternoons in a class of 13 15-ft. one-design dinghies, and the use of these boats and others of the club at all other times, without extra charge.

(4) Very good prospects of international and ocean racing, or regular berths as crews of other racing craft at Burnham.

(5) An associate membership of the Royal Corinthian Yacht Club for £1 1s. per annum extra.

Frequent trains run to Burnham on Saturday mornings, taking one hour ten minutes to do the journey, and corresponding trains return on Sunday night.

A week-end of yachting and of avoiding summer London which, coupled with the bite of a buffalo Saki, considers avoidable should reasonable precautions be taken, can be obtained for somewhere in the neighbourhood of 12s. to 15s. (depending upon the heat of the summer aforesaid).

Those interested in sailing are invited to the meeting on March 10th, when Dr. W. G. Gill, Hon. Treasurer U.H.S.C., will show cruising films.

Any other details will be willingly provided by either of the undersigned.

Yours truly,

T. E. HARVEY,
Hon. Sec., St. Bartholomew's S.C.;
M. W. L. WHITE,
Hon. Bos'n, U.H.S.C.
February 14th, 1938.

SPORTS NEWS

TWO-TIMERS AND TIGHT-WADS.

Those who study mankind should not neglect to pursue their studies in the Squash Courts. Here they will find not only traces of man's nobler virtues, but also clear evidence of his more degrading vices.

Keeness to win is commendable, but it can too easily become eagerness to win at all costs. There are a few players who seem to think that "by hook or by crook" is a good motto, but are apt to overlook the hook. This weakness takes many forms: there is the man who persistently crowds his opponent, who takes a rather unfair view of what constitutes a "fair view"; the man who remains persistently in the middle of the court so that his opponent has, perforce, to run round him; the man who takes a somewhat liberal view of the height of the court for his own, while adopting a more conservative attitude for his opponent's shots. Still more annoying, perhaps, is the player who refuses to admit that that shot of yours which nicked off the side wall no more than a centimetre above the "tin"—the best shot of the day indeed—was "up".

It is true that one may claim a let, but that hardly meets the case, since it gives these two-timers a chance to win a point which, in truth, they have lost, and there is also the fact that most players are averse to claiming a succession of lets through fear of being thought unportin'. In our opinion, however, it can never be unpertinent to claim what is undoubtedly less than one's due. Deliberate misrepresentation of the score is not one of the two-timer's weapons, being too obvious and too easily corrected; none the less, when his score is in doubt he is again apt to adopt a too liberal standpoint, and we have known him to allow his opponent to persist in an error when he had himself, but a moment previously, announced the score correctly.

With shame let it be whispered, in this Hospital have appeared players—with bowed head we write the plural—players who cynically, stingily and immorally plan to cheat the Squash Club out of much-needed revenue. Forgetfulness may account for one or two cases, but the Squash Club complains that far too often are the courts used when no ticket has been bought, and no signature appears on the time-sheet which hangs outside the changing room.

Sixpence per head is certainly not too much to pay for the use of one of the best squash courts in town for three-quarters of an hour, and when it is remembered that there is yet a considerable sum owing on those courts, these petty frauds, these mean little larcenies, will surely cease.

We may be poor but, by Gad! sir, we're honest.

RUGBY FOOTBALL

With a strong gale straining at the flags, it was only to be expected that passing would not be of a very high order; but it was here that Bart's had a pull over Moseley, at the Reddings.

Facing into the wind in the first half, the Bart's forwards set a hot pace, and heeled the ball with clockwork regularity, Hearn getting in some long passes in spite of the incessant wind.

Moseley as a team were not going well, but nevertheless slipped over the line for a try which was not improved: however, there was no holding our pack, Hall and Graham being in particularly fine fettle, and in the centre, Evans was full of attack. McPherson made two valiant efforts at goal, but only a trench mortar could have delegated that wind.

Before half-time Pleydell got into his stride and touched down, but it was too far out to gain full points, though McPherson put across a magnificent penalty.

In the second half the Moseley forwards saw more of the ball in the set scrums than previously, and in spite of our intelligent use of the wind, made raids on our line. In one of these, Marshall, at full back, saved us from a certain score by a fine tackle, but before the final whistle Moseley had added two penalty goals from infringements unfortunately close to our goal.

Bart's were unfortunate to lose by penalties, but this is one of the best games we have seen them play this year, which is encouraging with the Cup-ties close upon us.

Team: G. K. Marshall; M. J. Pleydell, R. I. G. Coupland, J. W. G. Evans, E. Griffiths; M. Laybourn, R. D. Hearn; G. D. Graham, K. D. Moynagh, P. D. Swinestead, R. L. Hall, K. G. Irving, R. Mundy, R. Macpherson, K. Cooke Burrow.

* * *

On the Goldsmiths' ground at Grove Park the B XV produced Kugger tactics of such worth, that had the English selectors been present they would have found their difficulties in choosing the English XV to meet Ireland further increased. It has been whispered that Cliff Jones may lose his place to a certain sturdy fly-half whose corkscrew runs have led to the dumbfounding of many an opponent.

A high wind of gale-like velocity blew down the length of the field, in the faces of the Bart's men who had lost the toss. It seemed at first that they would be swamped by such a handicap on a muddy ground, especially as the opponents, the Old Stortfordians, inevitably made good use of the wind, with high kicks into the Bart's territory. However, the forwards shoved like tramp steamers, and more than held their own. But the service from the base of the scrum enabled the three-quarters to change the defending position into one of dangerous offence. They found soon enough that kicking against such a wind was futile, and immediately changed their tactics by hunching closer together and swinging the ball rapidly along the line to the wing men. Ward and Atkinson, whose quickness off the mark made good use of the extra bit of room, allowed them by the quick passing, in which to manoeuvre. These tactics enabled the insides to cotton on to passes outside their wing men, if the latter were brought down, and the enemy were pinned down into their own twenty-five. They occasionally relieved tension by long kicks downfield, but the full-back coolly collected the ball and made touch safely. Cody at scrum-half did great things, and two trustful runs of his directed to the corner-field were rewarded. The other score came from a typical three-quarter movement, the ball shooting along the line like a red-hot coal, Ward beating his man by sheer speed and scoring between the posts.

Half-time, Bart's leading by 9 points to nil—not a bad effort in the face of such difficulties. The forwards had worked like men possessed, and good looking preceded many a quick heel. Cody at the base of the scrum had a perfect understanding with H. V. Morgan, and the two of them quickly set the three-quarters going, as well as varying the attack with individual efforts. With the wind behind them Bart's soon clinched the matter, and after several clockwork movements they increased the lead substantially. The forwards, who had been taking things easy, now came into their own, and by dint of intelligent back-tap and quick passing movements amongst themselves produced a riot of scoring. Murley and Thompson scored tries, Murley in particular seeming to reserve a pitch between the posts ready to receive any stray pass that came along, and filling in time by directing scoring operations. Comrade Rochford was ubiquitous, and got through a tremendous amount of good sound constructive forward play. The three-quarters when called upon to do so brought their men down like a flash, and the game ended on a high note with a perfectly executed scissors movement, engineered by Morgan and Heyland, the latter taking Morgan's reverse pass, cutting through the gap, drawing the full-back and giving Morgan an outside return pass, leaving him a clear run for the line.

Bart's won by the comfortable margin of 28 points to nil. Needless to say, the first half was far and away the best from the point of view of good football.

ASSOCIATION FOOTBALL

In the second round of the United Hospitals Cup Bart's defeated St. Thomas's Hospital at Chislehurst.

A bitterly cold gale blowing across the pitch made good football almost impossible, but despite this handicap both teams played a hard game with the result in doubt up to the end. On the run of the play Bart's just about deserved to win. The forwards played well,

combining together as well as could be expected on such a day. James as usual was marked by at least two men, which allowed the other forwards more room in which to move. Grossmark was excellent, his following up of the loose ball deserving a goal on more than one occasion. Waring returned from Switzerland in time to play his first game this season, and showed his fitness by kencing tackling and by scoring the only goal from a free kick. Elder, at centre half, quite subdued Sutcliffe, who was playing out of his usual position at centre forward. Gallimore was his usual excellent self, while the backs and Whitmore did all that was required. The St. Thomas's halves were disappointing, and allowed the Bart.'s forwards too much freedom. Perhaps the result would have been different if Sutcliffe had played in his usual position.

Play throughout was very even, with both sides attacking in turn. Waring took a free kick just inside the Thomas's half and put the ball into the net with a grand cross-wing kick, but the goal was disallowed. A few minutes later he repeated the shot from the same position and scored with the goal-keeper unsuspected. This was just before half-time. The second half was very like the first, but Bart.'s had hard luck on at least two occasions, James all but scoring with a header and Grossmark putting just outside from a very awkward angle. With the wind getting colder and colder both teams and the crowd of eight spectators were glad when the end came.

Team: T. K. Whitmore; O. Sookias, J. V. T. Harold; J. O. Gallimore, P. McA. Elder, J. W. R. Waring; C. G. Nicholson, R. M. Osmont, A. R. James, C. S. Grossmark, O. M. Telling.

* * *

In the semi-final Cup Tie at Hale End, Bart.'s lost to Middlesex Hospital by the only goal scored.

Bart.'s made one compulsory change for this game, Darke coming in at right-half for Waring, who was ill.

The pitch was wet and muddy, and a cold wind was blowing, with occasional snow. Bart.'s won the toss, and kicked with the wind in the first half, but Middlesex soon showed that they had a style of play far better suited to the conditions than had our men. Hard tackling, quickness on the ball and long and reasonably accurate kicking kept the ball in the Bart.'s half during the early stages. The first dangerous shot, however, came from Grossmark, who fired in a hard attempt from a free kick, which the Middlesex goal-keeper cleared with difficulty. Soon afterwards the Bart.'s goal was only saved when Whitmore managed to turn a hard shot on to the upright, and the ball was scrambled away. Although there was no score before half-time, Middlesex had had far more of the game than Bart.'s, and were still adopting the better tactics.

Soon after the interval, during an attack on our goal, a free-kick was awarded for handling on the part of Harold, who up to then had kicked and tackled well. The tactics of the Hospital were again at fault here, as most of the team lined up in such a way that Whitmore was unsuspected, and the ball was placed well out of his reach.

From that point Bart.'s had very much the better of the game. The whole team was quicker on the ball, and open tactics replaced the former ineffective close passing. Osmont put in one very good shot, which beat the Middlesex goalkeeper, but one of the backs cleared on the line. Indeed, for the remainder of the game the Middlesex defence was very hard pressed, and Nicholson, James and Gallimore were all near to scoring. However, the final whistle went with no addition to the score, and so Bart.'s avoided entering their third successive Cup Final against St. Mary's.

Gallimore, Whitmore, James and Nicholson were prominent. The captain performed prodigies of athleticism in the second half, and had sheer unsupported determination been of any use, James would have scored more than once. However, it must be pointed out that in neither of the two Cup Ties this season did a Bart.'s forward score, nor did our centre-forward once receive the ball at his feet while in a scoring position.

We wish the Middlesex men good fortune in the Final at Kingston, and if the keenness of their supporters is of any avail, they should have a close struggle with St. Mary's. For the game at Hale End the Bart.'s supporter was outnumbered by more than 40 to 1.

Team: T. K. Whitmore; O. Sookias, J. V. T. Harold; G. H. Darke, P. McA. Elder, J. O. Gallimore (captain); C. G. Nicholson, R. L. Osmont, A. R. James, C. S. Grossmark, O. M. Telling.

BOXING On Thursday, Feb. 15th, the **Girling Ball Boxing Cup Tournament** between four teams, 1st, 2nd and 3rd Year Pre-clinicals, and Clinicals, was held in polar conditions, and Charterhouse Square Gymnasium.

The attendance was poor in the extreme; an encouraging feature, however, was the large number of Pre-clinical men present. The standard of boxing was not high, with but one isolated exception; however, to put it conventionally, what it lacked in stature it made up in sheer heartiness.

In the first fight Pezeshgi, for the Clinicals, replacing Routledge of 2nd year, was lucky that Brady of 1st year took so long to weigh him up, and to start using his right hand; having achieved this feat of celebration, however, Brady made rather a mess of a plucky Pezeshgi.

The second fight was not a good exhibition of boxing, since neither appeared able to keep his left out. Weston, a Clinical, beat McNeil of 1st year by virtue of his pugnacious aspect, and despite some trouble with his hair, which seemed rather long for this form of sport. McNeil knew rather too many of the more complex points of "la boxe" to support a rather limited left.

In the third fight Atkinson (3rd Year) and Gordon (Clinical) looked very fierce indeed, but did not provide the Roman holiday which their appearance and the weather led us to expect. Throughout Atkinson managed to prop the determined Gordon off with a good left hand, and both gave a pretty exhibition of holding as the six is done in the clinches.

The next fight between Mr. Bentall (Clinicals), ex-Captain of Cambridge University Boxing Club, and Mr. Evans of 3rd Year, was far and away the bout of the evening—a good fight of three 2-minute rounds (the others were of three 1½-minute rounds), by two men who were obviously boxers from choice.

Bentall attacked strongly in the first round, but Evans lashed him at the extremity of his greater reach with a quick left. Evans worked well on Bentall's body, and one to the mark floored the latter in the second round. Bentall recovered bravely, and from this point onwards Evans's clever feet, and shoulders (whisper it very gently, for, as Mr. Runyon says, "This is not such a gorilla as I will be out of line with at any time"), coupled with his long reach and a grand right cross, gained him rather the better of a very good fight.

The next fight was a very gory affair. Miller of 3rd Year was knocked down in the first round by Baldwin (Clinicals), but seemed unaffected. Both fought as though they meant it, and Miller's right swing, albeit somewhat wild, was the most remarkable affair in respect of potential traumaticity that we have seen for some time. Having fought his opponent, and incidentally himself, to a complete standstill, Miller gained a very difficult decision.

The last contest was one of missed opportunities. Levine of 2nd Year crouched securely behind a very inadequate guard, but succeeded in hitting an apparently mystified Perrot sufficiently often to gain the decision.

The Cup—a very modern and worthy affair, was presented by the referee, Mr. Haines, per pro Mr. Girling Ball—to Mr. Evans of 3rd Year. Mr. Slowe and Mr. Storey made efficient judges.

SQUASH RACQUETS The Squash Club's match season is now drawing to a close, and it can be safely said that the team has had a successful one. Up to the time of writing, out of twenty-four matches played, thirteen have been won and eleven lost.

The Club has won the Inter-Hospitals Junior League, and will pass into the Senior League next season. This is a very encouraging achievement in view of the fact that the Squash Club has never been so active in the past, and that it is only since the arrival of the new courts that there has been shown real keenness by the students, Clinical and Pre-clinical, to form a team. Most of the clubs that have been played this season are for the first time, and although a number of matches have been lost, only on one or two occasions have the opponents had an overwhelming victory.

In spite of the above results the team will have to achieve a higher standard of play for next season, if the Club is going to be able to keep the good fixture list of this year, which was the outcome of hard work by the Hon. Secretary.

SWIMMING The swimming season has now started again, and the Committee wish to draw attention to the fact that the Club evening has been changed from Friday evening to Thursday evening, 5.30-7.0 p.m., at St. Mary's Baths, Paddington, in response to popular requests.

The Polo season has started, and the swimming practice will soon begin, so we hope that as many people as possible, both swimmers and polo players, will try to be present.

It is proposed to hold handicap races in the Club during the season. Coaching is always available from members of the team.

HOCKEY CLUB The Cup-match replay v. Guy's Hospital was played at Chislehurst and was lost by 5-0. The play in this match at no time came up to the standard of the previous game, which was drawn.

The first half gave no indication as to which side would win. Early on, Newcombe went down the wing and appeared to be through, but a corner resulted. Shortly after, Bulough put in a hard flick. Again Heyland went through, and it seemed as though the Guy's defence was feeling the absence of Leeming.

The play shortly before half-time became concentrated in our own half. Franklin on their left wing took a hard shot. This was well cleared, as was a second shortly after.

The Guy's forwards took the second half into their own hands. Franklin put in two very hard shots, and Martin completely outpaced the defence to score the other three goals.

The result, though disappointing to us, was that the better team won, the speed and dash of their forwards so disrupting our defence as to give our forwards no chance to reply.

Team: G. A. S. Akeroyd, A. H. Masina, R. E. Ellis, A. G. E. Pearce, E. J. Griffiths, H. R. Marrett, G. E. Taylor, R. Heyland (capt.), J. Bulough, S. R. Hewitt, J. Newcombe.

* * *

A match against **Scaford College** was played at Seaford, and won by 3 goals to none.

This trip started well. Eleven men caught the train at Victoria. By the courtesy of the Southern Railway the train at Lewes was held up while certain appetites were satisfied, and so we reached our destination bathed in sunshine with cool marine zephyrs floating around.

The game was in tune with the day, fast but not too fast. The goal-keeper alone found cause to complain at the cold, and this is explained by the success attending the efforts of the defence.

The goals were scored by Hewitt (2) and Eate.
Team: A. J. Walker, G. A. S. Akeroyd, R. E. Ellis, A. G. E. Pearce, E. J. Griffiths, P. W. Isaac, G. E. Taylor, K. O. Harrison, L. M. Eate, S. R. Hewitt, P. F. Barwood.

* * *

The **Staff College, Camberley**, entertained the Hospital, having won most of the previous matches played against us. This time Bart.'s won by the odd goal in three.

It was a great satisfaction to be able to reverse the score which has been usual for some time past. The game was played, as is so often the case at Camberley, in very good conditions—the ground was good and fast and the weather, though threatening at times, was kind.

The score at half-time was one all. The Hospital forwards were playing well together. Roberts at inside left was several times within an ace of breaking through, and Heyland gave a polished display of constructive and vigorous inside forward play. The wing halves both marked their men well, but all the defence, with the notable exception of Ellis, were too slow in getting rid of the ball.

The Hospital took the lead early in the second half. The distressing tendency soon after the interval to relax all efforts at marking the opposite man was again obvious. In this game this was unfortunately of short duration and the standard of play returned to normal.

Team: A. J. Walker, P. H. Jayes, R. E. Ellis, A. G. E. Pearce, P. W. Isaac, E. O. Evans, G. E. Taylor, R. Heyland, K. O. Harrison, T. M. G. Roberts, J. Newcombe.

* * *

The **Junior Cup-Tie** between St. Bartholomew's 2nd XI and St. Thomas's Hospital 2nd XI was played at Chiswick and won 4-3.

Bart.'s won the toss and soon showed themselves the livelier team and attacked strongly. The forwards combined well, and some clever passing movements between the inside forwards led to an

opening score. A clever flick by Eate made the score 2-0 at half-time.

Thomas's scored soon after the interval from a break-away and Bart.'s replied with another good shot from Eate. Thomas's then began a great revival, and with Messert *hors de combat* and Walker in a temporary lapse from his first-half form they drew level at 3-3.

Extra time was played, and Bart.'s recovered themselves to win by 4-3.

Team: A. J. Walker, O. Sookias, A. D. Messert, K. R. Pallot, E. O. Evans (capt.), R. S. Brewerton, P. F. Barwood, T. M. G. Roberts, L. M. Eate, K. O. Harrison, R. A. House.

The **Semi-final** between St. Bartholomew's Hospital 2nd XI and St. Mary's Hospital 2nd XI was played at Toddington and won 4-2.

The game was played in somewhat dull but dry conditions. The play was all through very even and the team played steadily and consistently. The forwards played a fine forcing game and the defence was rock steady.

The goals, scored by Eate (2) and Barwood (2), were the results of constructive play of the whole team.

The ball was kept moving fast throughout the first half, and the score at half-time was 3-1 in our favour. The Mary's attack was strong during the second half, but our defence was equal to the pressure and the game ended with Bart.'s victorious and in the final.

Team: A. J. Walker, J. A. Atwill, A. D. Messert, K. R. Pallot, E. O. Evans, P. H. Jayes, P. F. Barwood, T. M. G. Roberts, L. M. Eate, K. O. Harrison, R. A. House.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- APPLETON, A. B., M.A., M.D., and HAMILTON, W. J., M.D. (and TCHAPEROFF, IVAN, C. C., M.D.). *Surface and Radiological Anatomy for Students and General Practitioners*. Cambridge, W. Heffer & Sons, 1938.
- ARMSTRONG-JONES, SIR ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "Natural Fitness and the Care of the Insane." *British Medical Journal*, December 25th, 1937.
- BATES, T., M.B., F.R.C.S. (W. STEWART, M.D., & T. B.). "Urticaria during Blood Transfusion." *Lancet*, February 5th, 1938.
- BELLAMY, W. A., M.R.C.S., L.R.C.P. "Abnormality of Ribs." *British Medical Journal*, February 5th, 1938.
- BOURNE, GEOFFREY, M.D., F.R.C.P., and SCOTT, R. BODLEY, D.M., M.R.C.P. "Angina of Effort: A Clinical Study." *British Medical Journal*, January 8th, 1938.
- BREWER, H. F., M.D., B.Ch. "The Technique of Blood Grouping and the Indications for Blood Transfusion." *Post-Graduate Medical Journal*, January, 1938.
- "Methods of Giving Blood Transfusions." *British Medical Journal*, January 29th, 1938.
- BURROWS, H., JACKSON, M.D., F.R.C.S. "Some Sacro-Iliac Conditions and their Treatment." *Clinical Science*, February, 1938.
- COLTART, W. D., F.R.C.S. "Pellegri-Siordia Lesion." *Proceedings of the Royal Society of Medicine*, January, 1938.
- DRU DRURY, S. G., M.D., B.S.Lond., D.P.H.Durh. "Visceral Disharmony." *South African Medical Journal*, October 9th, 1937.
- EVANS, GEOFFREY, M.D., F.R.C.P. "The Significance and Treatment of Vomiting." *Practitioner*, February, 1938.
- GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Origin and Spread of Cancer of the Rectum in Relation to Surgical Treatment." *Lancet*, January 29th, 1938.
- HAMILTON, WILLIAM J., M.D., B.Ch. (Belg.), D.Sc. (Glas.), F.R.C.S. See APPLETON, HAMILTON and TCHAPEROFF.
- HOSFORD, JOHN, M.S., F.R.C.S. "Erysipelas and Cellulitis." *British Medical Journal*, February 12th, 1938.
- "Treatment of Bolls and Carbuncles." *British Medical Journal*, February 19th, 1938.
- JONES, F. AVERY, M.R.C.P. (and WILSON, C., D.M.). "Preparation 2020: A New Blood-Pressure Raising Drug." *Lancet*, January 22nd, 1938.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "The Dead Hand in Medical Science." *Lancet*, January 29th, 1938.

- LESCHER, F. GRAHAM, M.C., M.A., M.D., M.R.C.P. "Blood Transfusion." *Clinical Journal*, December, 1937.
- "The Modern Treatment of Diabetes Mellitus and the use of Zinc Protamine Insulin." *British Medical Journal*, January 1st, 1938.
- LLOYD, W. ERNEST, M.D., F.R.C.P. "The Differential Diagnosis of Hemiparesis." *Post-Graduate Medical Journal*, February, 1938.
- MACFARLANE, R. G., M.B. "A Boy with no Fibrinogen." *Lancet*, February 5th, 1938.
- MCGAVIN, D., F.R.C.S. "Latent Carcinoma of the Prostate." *British Journal of Surgery*, January, 1938.
- MAGNUS, H. A., M.D. (and UNCLEY, C. C., F.R.C.P.). "The Gastric Lesion in Pernicious Anæmia." *Lancet*, February 19th, 1938.
- MARGOT, ROSEVEY, F.R.C.S. "Primary Carcinomas of the Stomach and Sigmoid Colon occurring Simultaneously." *British Medical Journal*, January 15th, 1938.
- MURLES, BYVAN C., M.B. (Camb.), F.R.C.S. (Edin.), M.C.O.G. "The Injection Treatment of Stress Incontinence." *Journal of Obstetrics and Gynaecology British Empire*, February, 1938.
- NIXON, J. A., C.M.G., M.D., F.R.C.P. "The East India Company and the Control of Scurvy." *Proceedings of the Royal Society of Medicine*, January, 1938.
- NORRISH, R. E., F.R.C.S. (Sto LANGFOT RADDINGTON-WARD and R. E. N.). "Crohn's Disease, or Regional Ileitis." *British Journal of Surgery*, January, 1938.
- OAKLEY, WILFRID, M.D., M.R.C.P. "Erythrocyte Sedimentation and the Plasma Fibrinogen." *Lancet*, February 5th, 1938.
- PARAMORE, R. H., F.R.C.S. "The Intra-Abdominal Pressure in Pregnancy Newly Considered." *Journal of Obstetrics and Gynaecology British Empire*, February, 1938.
- PAYNE, REGINALD T., M.D., F.R.C.S. "Prognosis in Malignant Disease of the Testicle." *Lancet*, February 12th, 1938.
- PENTREATH, E. U. H., M.R.C.S., L.R.C.P., D.P.M. (E. C. DAX and E. U. H. P.). "Mental Observation Wards: A Discussion of their Work and its Objects." *Journal of Mental Science*, July, 1937.
- ROBB-SMITH, A. H. T., M.B., B.S. See SCOTT, ROBB-SMITH and SCOWEN.
- RUSSELL, H. G. BEDFORD, M.A. B.Ch., F.R.C.S. "The Operative Treatment of Chronic Sinus Infection." *Proceedings of the Royal Society of Medicine*, January, 1938.
- SCOTT, RONALD BODLEY, B.M. (Oxon.), M.R.C.P., ROBB-SMITH, A. H. T., M.B., B.S., and SCOWEN, E. F., M.D., M.R.C.P. "The Marchiafava-Michieli Syndrome of Nocturnal Hemoglobinuria with Hemolytic Anæmia." *Quarterly Journal of Medicine*, January, 1938.
- SCOWEN, E. F., M.D., M.R.C.P. See SCOTT, ROBB-SMITH and SCOWEN.
- See SPENCE, SCOWEN and ROWLANDS.
- SIMMONDS, F. A. H., M.A., M.B., D.P.H. (and PAGET, W., M.D.). "Chronic Disseminated Tuberculosis." *British Medical Journal*, January 1st, 1938.
- SPENCE, A. W., M.D., F.R.C.P., SCOWEN, E. F., M.D., M.R.C.P. (and ROWLANDS, I. W., Ph.D.). "The Absence of Antigonadotropic Substances in the Blood Serum of Man Injected with Gonadotropic Extracts." *British Medical Journal*, January 8th, 1938.
- STALLARD, H. B., M.D., F.R.C.S. "Cavernous Hemangioma of the Orbit Successfully Removed by Krönlein's Operation." *Lancet*, January 15th, 1938.
- "Some Points in the Modern Technique of Cataract Extraction." *Post-Graduate Medical Journal*, February, 1938.
- TREVAN, J. W., B.Sc., M.B., B.S., M.R.C.P. "The Introduction of New Remedies into Clinical Practice." *Proceedings of the Royal Society of Medicine*, January, 1938.
- WEBER, F. PARKES, M.D., F.R.C.P. "A Pulsating Stellate Nævus (Nævus Arachnoïdes)." *British Journal of Dermatology and Syphilis*, January, 1938.
- (and ATKIN, JANET K., M.D.). "Nature of the Subcutaneous Spherules in some Cases of the Ehlers-Danlos Syndrome." *Lancet*, January 22nd, 1938.
- WEST, RYANARD, M.D., D.Phil. (Oxon.), M.R.C.P., D.P.H. "The Action of Curarine on Respiration." *Lancet*, February 19th, 1938.

REVIEWS

REVIEWS

Annual Report of the Council, 1936. Vol. IV, Part 3. (London County Council, London, No. 3320.) Pp. ii + 156. Price 5s.

Neither the title nor the make-up of this paper-bound volume suggest that it is one for easy reading. Yet the information it contains is of great value. The book is divided into three parts. First are the reports of the Special Units of the London County Council at their Hospitals. Secondly, a series of reports on special subjects are presented, as, for instance, the maternal deaths in the Council's Hospitals, whooping-cough, cerebro-spinal fever, the Council's rheumatism scheme, the incidence and spread of scabies among London's school population. Finally there are reports of interesting or unusual cases which have occurred in the Council's hospitals.

The first section contains the most valuable data in the book. The report of the radio-therapeutic clinic at the Lambeth Hospital for the year ending 1936, and the report of the Radium Centre for carcinoma of the uterus, both give information which is valuable for comparison with results obtained at similar centres of activity elsewhere. Here also will be found the results for 1936 of the thoracic surgery units, the plastic surgery unit, the gynec clinic, to mention only a few. In the second section the record of the Council's activities in the treatment of a series of diseases provides not only figures for comparison, but further than that, sets out the original work which is being evolved in the Council's own hospitals. The details of the Council's rheumatism scheme is of importance to all who practise medicine in London. The third section provides the opportunity to put on record rare diseases which have been worked out in the Council's hospitals, and which have not found a place of publication elsewhere. A solitary case of parasitic liver abscess, a

case of pellagra, a case of conjoined twins (with very effective illustrations) give some idea of the case-reports presented.

The value of the publication does not lie wholly in the material it contains. It affords, also, to the medical public a chance of realizing one facet of the medical activities of the London County Council.

Neuro-Ophthalmology. By R. LINDSAY REA, F.R.C.S. (William Heinemann, Ltd.) Price 42s.

For some years Mr. Lindsay Rea has interested himself in the neurological side of ophthalmology, and his lectures and demonstrations to students and post-graduates at the West End Hospital for Nervous Diseases have become deservedly popular. It is in part the substance of these lectures that has gone to the making of the present volume, and let it be said at once that it is a very good book indeed.

When one considers the years of work that go to the writing of such a volume, and that before ever the writing begins there are many thousands of references to be worked through, many of them in foreign tongues, one realizes that adequate justice cannot be done by any reviewer unless he, too, is prepared to spend years in its study. In the past few weeks I have read many chapters of this book, and have been impressed by the fairness with which the author presents the facts. Dogmatism may be necessary in the teaching of students, but in a work of this size, which is essentially for post-graduate reference, it is out of place.

It is difficult to disagree with many of the statements made, where so much of the subject-matter is proven fact rather than individual opinion, but surely sinusitis should come higher than sixth in the list of causes of unilateral proptosis. In discussing the treatment of interstitial keratitis and its complications, the author states his

belief that the complications at least can be largely prevented by the timely use of N.A.B., mercury and iodides. This is interesting, for it is exactly opposed to the experience of many ophthalmic surgeons, who have stated that treatment with arsenic and mercury neither prevents the onset nor alters the course of the disease in any way whatever.

The book ends with a chapter on headache which many outside the eye profession could read with advantage, though I should have liked to see more space devoted to convergence insufficiency. The reviewer can recommend this work to any ophthalmic surgeon who has felt that he would like to know some more neurology, and can assure him he'll never regret the time he spends in reading it.

Diseases of the Skin. By R. M. B. MACKENNA, M.D. Fourth edition. (Baillière, Tindall & Cox, 1937.) Pp. 557. 46 coloured plates. Price 20s.

It is now five years since the publication of the last edition of this well-known text-book, and with the increase of knowledge of the subject in the interval the fourth edition is found also to have increased again in size. This is unfortunate both for student and practitioner, but must be accepted as almost inevitable. Both groups are beset not only by medical interests which are necessarily much wider than dermatology, but by a growing conviction that this subject is becoming more, rather than less, obscure. The truth of these observations is well illustrated by the passage of a smaller volume, viz., Roxburgh's *Common Skin Disorders*, through four editions in the last five years.

The present edition, like its predecessors, is extremely well produced, and contains, in addition to the old, many new and excellent photographs, both in colour and half-tone.

It was in 1687 that Bonomo showed for the first time that the itch-mite was the cause of scabies, and in the past year the 250th anniversary of that discovery was celebrated jointly by a number of Italian scientific societies. (It is well to recall that before this date the disease was regarded as endogenous!) It is, then, especially appropriate that the present edition should contain an entirely new account of the life-history of *Sarcoptes scabiei* based on the work of Prof. Patton. The whole subject of scabies is, indeed, here dealt with as thoroughly as its importance deserves. Scabies may be the easiest or most difficult of all dermatoses to diagnose, but few diseases show a more dramatic response to treatment, when this is both well-considered and properly carried out.

Dr. MacKenna is to be congratulated on his sustained filial piety in bringing his father's text-book through yet another edition.

Vade Mecum of Medical Treatment. By W. GORDON SEARS, M.D., M.R.C.P. (London: Edward Arnold & Co., 1937.) Pp. 968. Price 10s. 6d.

A further addition to the already well-filled ranks of synopses of medical treatment. This publication, however, justifies itself in many ways. It is of convenient pocket-book size, and although not proposing in any way to be complete, contains an account of the conditions most commonly encountered in general practice. The book is arranged in alphabetical order, and is further indexed. In most instances a brief outline of the points of diagnostic importance is given and the special investigations indicated. The scope of the book is varied. The common skin affections are included, as also a brief mention of the common affections of the ear and eye. Symptomatic treatment finds a place.

Apart from the much used, well tried, orthodox therapeutic agents, proprietary preparations are used. Now that the number of such preparations has reached enormous proportions, it becomes a matter of increasing difficulty for the medical man to discriminate those of value from those analogous to the "panacea" advertised so extensively in the Daily Press and remarkable only by their expense. All preparations advised in this book have been subject to extensive trial. It is indeed astonishing, though, that in this decade of prontosilism, no mention of the drug was found.

Posological tables and much useful clinical data are included at the end of a handbook which should prove of value, especially to the senior student and young practitioner.

Some Human Ailments. By WILLIAM HOWARD HAY, M.D. (George Harrap & Co., Ltd.) Price 8s.

My impressions on reading this book are best described in the words of which Dr. Hay sums up his account of the causation and

mechanism of hypertension: "This is all very simple, much too simple to be called scientific."

If the author of this book had put forward the principles, details and results of his system of treatment without trying to justify them on scientific grounds, the reader could not but be left with a respect for the originality and persuasive conviction of the writer, but unfortunately this is far from the case.

Briefly Dr. Hay believes that man should imitate the lower mammals, and be guided entirely by appetite and desire. He should eat only when hungry, drink when thirsty, sleep when tired and work when so inclined! This sounds simple but, unlike the animals, man must at the same time be possessed of an appetite in strict accord with Dr. Hay's ideas on what foods he should eat and the order in which they should be eaten. The author points to the work of recognized scientists on the experimental feeding of rats in captivity as a basis for several chapters of semi-scientific platitudes in which the book abounds, but ignores completely or derides the work of similar men in most other fields of research.

The arguments put forward to justify the view that protein and carbohydrate foods should not be eaten at the same meal reveal an incredible ignorance of the physiology of digestion, and lead to the inevitable conclusion that in achlorhydric protein digestion can never progress to completion.

According to Dr. Hay almost all diseases can be attributed to the accumulation of the toxic acid residues or metabolic end-products resulting from improper feeding. To remedy this the patient is exhorted to build up an adequate "alkaline reserve" against disease, and take steps to ensure that his bowels are well opened after each meal. The former can only be effected if alkalines are taken "in colloidal form". Nature being unable, according to Dr. Hay, to use raw chemicals such as sodium bicarbonate and salts of magnesium for this purpose. I can only conclude that the "alkaline reserve" of Dr. Hay bears no relationship to the alkali reserve of conventional medicine.

For elimination of countless toxins by the bowel, the daily use of the enema is advocated either alone or in conjunction with heroic doses of saline aperients, in order that all residues shall be eliminated within twenty-four hours of the taking of the food responsible. This "24-hour schedule" the author has decided is normal for a man in ideal health.

The second part of the book is devoted to the treatment of a number of common ailments. In brief it consists of a repetition of the same factors, namely improper feeding and accumulation of acid toxins as the one and only cause of such diverse conditions as the common cold, pernicious anaemia, hypertension, diabetes, indigestion and many others.

All other diseases can apparently be readily cured by adopting Hay's System, and such innovations as insulin and liver therapy are unnecessary and unscientific inasmuch as they fail to remove the cause of the disease in which they are given.

A strict adherence to truth is not a characteristic of the book, as can be judged from the following extract from the chapter on the diseases of the blood: "The whole trouble with the liver idea, however, is that if fed continuously the subject becomes progressively more toxic and dies of some toxic manifestation as a result." The statement that Hodgkin first separated lymphatic from splenic leukemia and gave it his name is in keeping with the general standard of accuracy in reference to accepted scientific work throughout the book.

There may be some who would be convinced by this book that Dr. Hay has discovered a perfect way of living which will eliminate or alternatively relieve all forms of disease, but no man with any knowledge of modern science can believe for one moment that "Hay's System" works for the reasons given by the author.

Poison. The History, Constitution, Uses and Abuses of Poisonous Substances. By HUGO GLASER. Translated into English by MARGUERITE WOLFF. (Hutchinson's.) Price 8s. 6d.

Though written in too hyperbolic a manner to be of serious use to medical men and criminologists, this book should find a place on the shelves of any thorough-going writer or reader of detective fiction. It gives a dramatic description of the action of a wide variety of poisons from gas to tobacco, from atropine to bacterial toxins, and gives the history of their use and abuse in medicine and crime, maintaining throughout a high standard of accuracy, though there are occasional howlers. Sections of particular interest are those dealing with the use of poisonous gases in the last war and

with the development of drug addiction in various countries, while the many instances from real life of the criminal use of poisons would be sure to keep the interest of the lay reader from flagging. There is a full index at the end.

A Stranger Myself. By J. A. COLE. (Faber & Faber, Ltd.) Price 7s. 6d.

It is not surprising to find, in the midst of all the controversy, a novel about nursing. Mr. Cole's book, however, does not bear the stamp of *ad hoc* composition hastily run up in order to follow the headlines. It is a simple day-to-day account of the life in the nursing profession centring around a nurse whose social background and personal reactions may be taken as typical. The novel is undistinguished in its style of writing, which at times is a trifle adjectival, nor is there any great complexity in the story; ordinarily speaking, there is no plot at all. For once the eulogistic information on the dust-cover with which publishers premeditate their readers has some relation to fact. As they say, "Mr. Cole has a strange and winning power of truthfulness, and his hospital and his Susan Hammond are real products of a real, if imperfect world".

Your reviewer, who has himself trained as a nurse, found it very hard to believe that *A Stranger Myself* came from the pen of a man—not that Mr. Cole writes in any particularly arch or feminine way—but he shows throughout the whole book an amazing sympathy with its subject, and commits not one single technical error in his reference to nursing subjects. It is this quality of sympathy which redeems a book which would otherwise have been undistinguished.

It is a book to be recommended, and we would feel a great deal more confident about the report of the Inter-departmental Committee on Nursing were we to know that each member had his copy.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

M.B., B.Chir.—Cane, L. H., Johnson, R. T., Joly, J. S., Lesser, S. A. H.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:

D.P.H.—Landon, J., Williams, J. O., Winslow, V. F. F.

CONJOINT EXAMINATION BOARD

Final Examination, January, 1938.

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:

Bateman, A. D., Bennett, D. L., Burns, B., Chopra, I. C., Dobree, J. H., Edwards, T. A. W., Evill, C. C., Grossmark, S., Halberstaedter, M., Herson, R. N., Ives, L. A., Jayes, P. H., Jones, E. C., Kemp, J. W. L., Longmore, J. B., Messent, A. D., Morse, D. V., Parkinson, T., Rosenberg, E., Shields, N. P., Simmons, G. H. A., Sturdy, D. C., Thomson, A. H., Wedderspoon, J. M.

CHANGES OF ADDRESS

ANDERSON, R. G., 13, Royal Crescent, Cheltenham, Gloucestershire.
BAMFORD, H. C., St. Auvergne, 68, Queen's Road, Cheltenham, Gloucestershire.

BOYLE, H. E. G., Hotel Cranmere, 77, Gloucester Place, W. 1. (Tel. Welbeck 9191.)

BRAMBURIDGE, C. V., Greyladies, West Malvern, Worcestershire. (After March 12th.)

CALVERLEY, J. E. G., Airdie, Littleworth Avenue, Esher. (Tel. Esher 709.)

CHITTON, N., Sports Club, St. James's Square, S.W. 1.

CLARK, B. M., c/o Union Department of Public Health, Orange Street, Cape Town, South Africa.

DALTON, P. P., 93, Harley Street, W. 1. (Tel. Welbeck 1184.)
HARDY, E., 27, West Cliff Road, Bournemouth. (Tel. Bournemouth 832.)

LYNN, Col. G. RIGBY, I.M.S., Vine Cottage, Trumpington Road, Cambridge. (Tel. Cambridge 5282.) (On leave pending retirement.)

ROYLE, H., Fulford Road, York. (Tel. York 77219.)
THEOBALD, G. W., 3, Strand-on-the-Green, W. 4.

APPOINTMENT

CLARK, B. M., M.R.C.P., appointed Assistant Health Officer, Union Department of Public Health, stationed at Cape Town.

BIRTHS

DURDEN SMITH.—On February 15th, 1938, at St. Bartholomew's Hospital, London, to Yvonne (*née* Neill) and Tony Durden Smith—a daughter.

GILDING.—On January 27th, 1938, to Violet, wife of Dr. H. P. Gilding, Shelfield House, near Alcester—a fourth daughter.

HINDLEY.—On January 13th, 1938, at Kigeme, Ruanda, Belgium Mandate Territory, to Phyllis (*née* Tatham), wife of Dr. G. Talbot Hindley—a daughter.

SYMMONS.—On January 27th, 1938, at G.M.S. Hospital, Kabale, Uganda, to Sonia, wife of Jack W. C. Symonds—a daughter.

WILLES.—On January 30th, 1938, to Kathleen Grace, "Gakie" (*née* Hetvey), wife of Surg. Lieut.-Cmdr. Charles F. Willes, R.N., of Abbot's Leigh, near Bristol—a son.

MARRIAGES

LLOYD—THOMAS.—On January, 7th 1938, quietly, at Devynock, Breconshire, by the Rev. David Jones, George Marner, eldest son of Dr. and Mrs. G. W. Lloyd, of Thornton Heath, to Elisabeth Jean McQueen, only child of the late Dr. T. P. Thomas, of Brecon, and Mrs. Thomas, of Tredustan, Senny Bridge.

McNEIL—STRAIN.—On February 12th, 1938, at Christ Church, Mayfair, Charles McNeil, M.B., R.A.M.C., elder son of Mr. and Mrs. Charles McNeil, 38, Woodstock Road, London, N.W. 11, to Jean Mary, younger daughter of the late Captain T. Strain, M.D., R.A.M.C., and Mrs. Strain, 2, Southwood Court, London, N.W. 11.

DEATHS

ADAMS.—On January 27th, 1938, at 180, Aldersgate Street, E.C. 1, John Adams, F.R.C.S., aged 86.

BOTT.—On January 21st, 1938, at a London nursing home, Robert Henry Bott, Lieut.-Col., I.M.S., retired.

DRINKWATER.—On January 20th, 1938, in a London nursing home, after a very brief illness, Dr. Ernest Harold Drinkwater, of 50, Whipple Street, W.

PARKER.—On January 26th, 1938, at High Wycombe, Charles Arthur Parker, F.R.C.S. Ed., M.R.C.S., son of the late Rev. Richard Parker, Rector of Clasby cum Well, Lincs, aged 74.

SWABEY.—On January 27th, 1938, at Bath, Lieut.-Col. Maurice Swabey, late Royal Army Medical Corps, third son of the late Rev. Henry Birchfield Swabey, aged 69.

TOVE.—On January 25th, 1938, suddenly, at Stanhope, Bideford, Devon, Edwin Josiah Tove, M.D., F.R.C.S. (Eng.), aged 66.

NOTICE

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

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

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CALENDAR

Fri., April 1.—Dr. Graham and Mr. Wilson on duty.

Sat., „ 2.—Rugby Match v. Torquay. Home.
Association Match v. Old Foresters. Home.

Tues., „ 5.—Dr. Evans and Mr. Girling Ball on duty.

Fri., „ 8.—Prof. Wits and Prof. Paterson Ross on duty.

Sat., „ 9.—Rugby: **Seven-a-side Competition.**

Tues., „ 12.—Dr. Chandler and Mr. Roberts on duty.

Fri., „ 15.—Dr. Gow and Mr. Vick on duty.

Last day for receiving letters for the May issue of the Journal.

Tues., April 19.—Dr. Graham and Mr. Wilson on duty.

Last day for receiving other matter for the May issue of the Journal.

Thurs., „ 21.—**Summer Term begins.**

Fri., „ 22.—Dr. Evans and Mr. Girling Ball on duty.

Mon., „ 25.—Special Subjects: Lecture by Mr. Burrows.

Tues., „ 26.—Prof. Wits and Prof. Paterson Ross on duty.

Wed., „ 27.—Surgery: Lecture by Mr. Girling Ball.

Fri., „ 29.—Dr. Chandler and Mr. Roberts on duty.
Medicine: Lecture by Dr. Chandler.

EDITORIAL

THE COVER OF THE JOURNAL

PLEBISCITES are all the fashion these days. Herr Hitler's follows so quickly in the footsteps of our own vote on the Cover of the JOURNAL that it cannot easily escape comment. Not that we would claim to have put the idea into the head of such an experienced diplomatist, but the methods and results are so strikingly different that it is instructive to compare them.

Certainly the Führer will get the answer he wants, whereas in our case we received an unwelcome negative. But can you imagine the German officials getting any useful honest information or even

amusement out of their plebiscite—material on which to base a reasonable policy? If ours has failed in its actual result, it has succeeded splendidly in giving us an idea of what our readers really think, a surprising show of interest in the JOURNAL, and a vast amount of entertainment.

By the 15th of March, when we counted the cards, 560 readers had recorded their vote, the result of which was as follows:

In favour of the Cover	183 = 33%
Against the Cover	377 = 67%