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 centreing 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 premedicate 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 herself 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.)
BRAIMBRIDGE, C. V., Greyladies, West Malvern, Worcestershire. (After March 12th.)
CALVERLEY, J. E. G., Airlie, Littleworth Avenue, Esher. (Tel. Esher 709.)
CHILTON, 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 882.)
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.
SYMONDS.—On January 27th, 1938, at C.M.S. Hospital, Kabale, Uganda, to Sonia, wife of Jack W. C. Symonds—a daughter.
WILLES.—On January 30th, 1938, to Kathleen Grace, " Gakic " (*née* Hervey), 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, Wimpole 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 Claxby 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.
TOYE.—On January 25th, 1938, suddenly, at Stanhope, Bideford, Devon, Edwin Josiah Toye, 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.*

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—NO. 7 APRIL 1ST, 1938 PRICE NINEPENCE

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. Witts 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. Witts 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%

That is the bare answer, but the further analysis into three groups, namely, Old Bart.'s men, the Staff, and Students, enlightened us further.

OLD BART.'S MEN.

345 voted { 28½% in favour. / 71½% against.

THE STAFF.

48 voted { 22% in favour. / 78% against.

STUDENTS.

167 voted { 43% in favour. / 57% against.

We are immediately struck by the fine response from the old Bart.'s men, and the equally remarkable poor response from the Students, who did not even have the trouble of stamping their cards.

The next noticeable feature was the fierceness of the opposition among the members of the Staff. It makes us wonder what is the essential difference in taste between these gentlemen and the old Bart.'s men to account for a difference of 6½%.

Lastly, although the Students' vote was disappointingly low, a full 43% were in favour of Eric Gill's design. This is in striking contradistinction to the practically unanimous vote of the Students' Union Council against the cover, which was the *raison d'être* of our Plebiscite. Although we have removed the offending medallion, the result of this later vote encourages us to think that given time the majority of students at all events might have become reconciled to the design, if not actually to like it.

However, the general feeling is clearly expressed by the Plebiscite, and we have no intention of trying to sway further anything so unpredictable, unaccountable and variable as our readers' taste in covers.

As we said earlier, although the result of the vote was unwelcome, the many comments which we received by letter or as remarks on the cards were more than helpful. The most frequent suggestion was that we should return to the familiar and well-loved picture of the Henry VIII gate. This is unfortunately impossible because the block has worn out. The original drawing is also no longer in existence, so that a fresh block from it cannot be made. This month, therefore, as a purely temporary measure we have inserted a plain Hospital shield.

As we think it unlikely that such an unenterprising cover will satisfy either our readers or ourselves for long, we shall be very glad to receive designs of either the Gateway or of any other subject suitable for the JOURNAL. These designs will be exhibited at the forthcoming Art Exhibition in May, so that the finally accepted design may have the advantage of being popular as well as being worthy of the front of the JOURNAL.

Other constructive suggestions were a wrapper which will not mutilate the Journal as much as the present one does, and a better paper for the cover. This last was variably likened to blotting-paper on the one hand, and to a more indispensable but a less drawing-room article on the other! The wrapper is being attended to at once.

But by far the most amusing contributions were on the cards of the people who disliked the cover. Although the majority contented themselves by adding some such word as "intensely", there were a few heroic spirits who gave us their reasons. Three delighted us particularly.

"I do not much like the new cover of the JOURNAL chiefly because I do not like monks, nor the expression of morbid satisfaction on this monk's face, nor the sickly expression of the sick child, and it must be horrid to be pawed by those long 'pituitary' fingers."

Then a defender of the monastics: "The design is perfect but the drawing offends the monastic ideals. If it were not so good I should let it stay."

Finally a sad little postscript: "N.B.—I cannot leave the JOURNAL lying about in my drawing room."

We are so sorry.

NEWS FOR OLD BART.'S MEN

Sir Charles Gordon Watson, in a letter this month, raises the question of a column for old Bart.'s men. We are fully conscious that much of the news we collect must be of little interest to people who have left the Hospital, and we are most anxious to improve this side of the JOURNAL. As the Editor is a student he feels incapable of running such a column himself, and he would therefore welcome volunteers from among the old Bart.'s readers of the JOURNAL for this work. Will anyone with suggestions to make on this subject kindly write to the Editor?

CURRENT EVENTS

HOSPITALS DAY

We wish to draw our readers' attention to a letter by Major Woodhouse in the correspondence columns.

Last year the experiment of a "Hospitals Week" was first attempted—needless to say the suggestion of it originated from the Police, but what *is* more needful to say is that in spite of all the isolated and pestiferous daily flag-days being abolished, more money was raised in that week of combined and concentrated work than in any previous year.

The statistics, which we shall publish next month, show conclusively that the more collectors each Hospital could field the more money it collected. So will you and your friends keep **Tuesday, May 10th** free for our big effort this year?

BART.'S APPOINTMENTS

This month we can announce a number of interesting appointments to men connected with the Hospital.

Mr. W. Girling Ball has been re-elected as a representative of the Faculty of Medicine on the Senate of the University of London. We offer him our congratulations.

The Medical Unit has a new professor. Dr. R. V. Christie takes over from Prof. L. J. Witts on April 1st.

Dr. Christie qualified at Edinburgh. He then went to McGill University, Montreal, as Lecturer in Medicine. After that he became an Assistant at the Hospital of the Rockefeller Institute in New York. His most recent appointment has been as Assistant Director of the Medical Unit at the London Hospital. We are sure that Dr. Christie will find a warm welcome at Bart.'s.

To Prof. Witts we must say farewell, and the loss will be great. Instead of the customary "obituary" notice which is given when a member of the Staff retires, we hope to publish an article by Prof. Witts himself, feeling that he is far too active a person to be summarily and finally buried.

Dr. E. B. Strauss, who has migrated from Guy's, has taken charge of the Psychological Department in place of Dr. J. G. Porter Phillips.

Prof. H. H. Woollard has been created a Fellow of the Royal Society. We wish to congratulate him most heartily on this honour.

There are two other Bart.'s appointments:

Mr. P. G. Scott has been re-elected to the Geoffrey E. Duveen Travelling Studentship in Oto-Rhinology.

In the *Times* is the announcement of Dr. Burgess Barnet's appointment.

"Dr. Burgess Barnett, who was Curator of Reptiles at the London Zoological Gardens from 1932 till last June, and since then has been doing research with snake venom, has been appointed Superintendent of the Zoological Gardens at Rangoon."

A new reptile house is being built at the Rangoon Zoo, and Dr. Barnett intends to continue his experiments with snake venom and its application to medical practice.

MR. R. COZENS BAILEY

It is with great regret that we record the death of Mr. R. Cozens Bailey, a Consulting Surgeon of the Hospital. It is twenty years ago since he retired from the Staff on account of ill-health at the age of 50. To those who knew him well there is no question that this early enforced retirement was a great loss both to the Hospital and to the College.

He entered St. Bartholomew's in October, 1885, and on qualification in 1891 became House Surgeon to Mr. Willett. He became Surgical Registrar in 1901. In 1897 he entered the Anatomy Rooms as a Demonstrator of Anatomy, in which position it became apparent that he was destined to become one of the great teachers of the School. This early promise was truly fulfilled, for he was a magnificent teacher, a great observer, and had an unusual facility of imparting his knowledge in the manner demonstrated by the aphorisms collected by one of his pupils and recently published in this JOURNAL. His teaching was of a provocative character, and directed towards making each pupil think for himself.

His practice of surgery also gained for him a high reputation, although he was only just reaching his zenith when he retired. He spent many years as a Surgeon to the Metropolitan Hospital during the time that he was a Demonstrator of Anatomy and Surgical Registrar at this Hospital. He became a member of our Surgical Staff in 1903. His surgery was characterized by extremely careful observation and diagnosis and operative technique. He was very dexterous with his hands, and meticulously careful in the performance of any operation he undertook. He was probably the best operator that Bart.'s had at that time. As a friend he was full of cheery optimism, always ready to be helpful. He suffered, however, from one disability in that he remained a bachelor, so that when he retired to the Isle of Wight he found his life rather lonely. He gave up all interest in his profession and devoted himself to outdoor exercise and sports. Being a countryman by birth this life suited him well. Unfortunately his health failed him, so that he was not able to exploit his energies to the full.

TWELFTH DECENNIAL CLUB

The First Annual Dinner of the Twelfth Decennial Club was held on Friday, May 7th, 1937, with Dr. Franklin in the chair. There were sixty-eight members present.

The idea behind these annual dinners is that contemporaries scattered by chance throughout the country shall meet again in the carefree atmosphere of the dining-room, and the success of the evening depends therefore on the number that attends.

The second dinner of this Club, which is for all students of St. Bartholomew's Hospital who entered between the years 1925 and 1935, and have subsequently qualified, will be held at the Café Royal, London, on Friday, May 13th at 8 p.m., and it is hoped that the number present will be doubled.

Membership of the Club is effected by the payment of a life subscription of 5s. to C. K. Vartan (Joint Secretary), Surgery House, St. Bartholomew's Hospital, E.C. 1, and this entitles members to all notices relating to the activities of the Club.

ELEVENTH DECENNIAL CLUB

The Tenth Annual Dinner of the Eleventh Decennial Club will take place on Friday, May 6th, at the Café Royal. Dr. John H. Attwood will be in the Chair.

TENTH DECENNIAL CLUB

The Fourteenth Annual Dinner of the Tenth Decennial Club will be held at the Café Royal at 7.30 p.m. on Wednesday, April 27th.

Dr. Arnold Stott, who has been one of the Secretaries of the Club since it was founded, will be in the Chair. It is earnestly hoped that as many members as possible will turn up.

Will any members who do not receive the usual notice please communicate with one of the Secretaries of the Club, Mr. Reginald M. Vick or Dr. Arnold W. Stott?

OFFICERS OF THE STUDENTS' UNION

Dr. George Graham has accepted the post of President of the Students' Union in succession to Dr. Roxburgh, to whom we all owe a great debt of gratitude for his two years' untiring work on our behalf.

The Vice-Presidents are fittingly enough Mr. T. M. C. Roberts, late Secretary of the Union, and Mr. C. Burnham Slipper, late Financial Secretary.

The Treasurers remain as before, namely, Prof. Ross, Dr. Harris and Prof. Wormall.

Mr. R. Heyland is Senior Secretary, and Mr. R. L. Hall has been elected Junior Secretary.

Mr. J. C. Ryle takes the post of Financial Secretary of the Union.

£600 TO COLLEGE APPEAL

It is not often that the College Appeal receives such a large single sum as £600. It is all the more notable because it was obtained in a manner which might well be repeated.

The gift was due to an old Bart.'s man telling the executors of a will about the needs of the College. As £20,000 is still urgently required, we hope that other old Bart.'s men may be encouraged to repeat this magnificent performance.

The present state of the Appeal is clearly shown in the list at the end of this month's JOURNAL.

THE CATERING COMPANY

As the result of a proposal by Mr. T. H. Clarke tabled at the recent Annual General Meeting of the Students' Union, a Committee of six has been appointed to investigate the running of the Hospital Catering Company.

Their terms of reference include—an investigation of the past record and present condition of the Catering Company; an investigation of alternative methods of catering; and to consider the advisability of the Students' Union acquiring a controlling influence in the shares of the Company.

The Committee consists of Mr. R. Heyland, Mr. R. L. Hall, Mr. R. Hanbury Webber, Mr. C. Burnham Slipper, Mr. T. H. Clarke and Mr. J. C. Ryle.

We shall await the findings of this Committee with great interest.

KETTLE MEMORIAL FUND

The friends and fellow-workers of the late Prof. Kettle have subscribed thirty guineas as a Kettle Memorial Fund. This sum has been invested by the Students' Union, and the interest is to be used to purchase a small trophy, such as a pewter mug, which will be competed for yearly by the members of the Golf Club.

RUGBY DANCE

Last month we published a straight appeal for the Rugby Club. This month you can enjoy yourselves and support the Club at one and the same time.

The Rugby Dance is being held on Saturday, April 9th, from 8.30 p.m.—2.30 a.m. at 6, Stanhope Gate, Park Lane, W. 1. Howard Aynstey's band has been secured for the evening.

Tickets, price 17s. 6d. double and 10s. single, can be obtained from Mr. K. G. Irving, Hon. Sec. of the Rugby Football Club.

OUR REPORTER IN AUSTRIA

Being in every respect a progressive journal, we have despatched our unfortunate Assistant Editor to the scene of the recent upheavals in Austria.

If he returns home we hope to be able to regale our readers next month with first-hand news from that troubled country. We believe we are correct in stating that our reporter is the only representative of the British medical press now in Austria.

Rumours that the Assistant Editor was sent to Vienna in order to complete his medical education in a concentration camp can be most emphatically denied.

CAMBRIDGE GOES TO MOSCOW

This may interest our readers. It was *not* sent us by the Senior Secret Society!

"It is intended to raise a party of members of the Cambridge University Medical Society to visit Leningrad and Moscow in August. Clinics, hospitals, medical schools, etc., will be visited. The afternoons and evenings will be free. The tour will start from London on August 13th and return on September 4th. The cost will be £23. Applications should be sent to F. E. Scott, Clare College, Cambridge, not later than April 30th."

THE PERSONAL COLUMN

This month the column for personal advertisements makes its first appearance. It is to be found opposite the List of Contents. We would draw the attention of those readers who missed our notice last month to its infinite possibilities. We hope you will justify the existence of the column by making full use of it.

The Advertising Sub-Committee which was appointed some months ago is in full swing now, and results are beginning to show. This month they have obtained five pages of fresh advertisements. Their work would be helped considerably if, when replying to advertisements, the name of the JOURNAL was mentioned.

It gives us pleasure to announce that DR. E. R. CULLINAN'S article on Measles in last month's issue of the JOURNAL is being reprinted in a current number of the *Clinical Journal*.

In the March JOURNAL we stated that DR. GEOFFREY EVANS had been elected President of the newly-formed Debating Society. We now learn that this is not the case. We wish to apologize for any inconvenience we may have caused him.

NEWS FROM OUTSIDE

The week before going to press has been most singular, and the ordinary person surveying the general scene is liable to be overcome with the idea that he has strayed into a **Political Madhouse**.

The map of Europe has been drastically altered over the week-end, and Herr Hitler has driven into Austria with some 60,000 ideological companions. In a speech at his birthplace—it has been variously described; one British paper remarked on it as "moving"—he laid the grave charge upon Herr Schuschnigg that he had encouraged the persecution of whole masses of people simply on account of their origin. Next day Dr. Heinrich Neumann was arrested; all we can find out about him is what we knew before—that he is a very eminent ear specialist, with a habit of treating his less well-to-do patients free. A little later the Press announced that Sigismund Freud had been arrested; it would appear in his own interest, and in order to protect him from the fury of a populace with whom he had lived on good enough terms for over 80 years. Continuing to protect Science from persons of unacceptable origin, about one-third of the Austrian faculty have been variously ill-treated and deprived of their civic rights.

Talking of **Flogging,** the Departmental Committee has issued its report on Corporal Punishment.

The findings are against such punishment except as an ultimate sanction in prison discipline. At the same time the report should finally quench that flow of morbid curiosity as to the details of prison flogging. So far as we can see from the report, the cat, which has neither knots nor bits of lead on it, produces only the most superficial injuries, which are not such as to require hospital nursing or to cause death from surgical shock. No evidence was tendered as to the degree of discomfort caused, at any

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ART EXHIBITION

Open to all Bart.'s men, past or present, and to the Nursing staff.

Send in your contributions of oils, water-colours, drawings, woodcuts or photographs for the Exhibition, opening in the GREAT HALL on VIEW DAY, MAY 11th, NOW. The closing date for all entries is APRIL 30th.

Not more than three photographic entries, MOUNTED or FRAMED, may be submitted. There is no limitation upon other groups.

To help pay expenses an ENTRANCE FEE OF 1/- FOR EACH WORK sent in is to be charged.

All entries should be sent labelled "Art Exhibition", College Office, St. Bartholomew's Hospital, Smithfield, E.C. 1.

rate from those best qualified to testify—those who have received it.

It would appear that we owe a very great deal more than would seem obvious to **Sulphanilamide.** So impressive have recent figures been that the Medical Research Council are allotting £30,000 for researches in chemotherapy. At present this country is largely dependent upon outside sources for drugs of this kind. The first paragraph of this column in some way explains the urgency of the problem. A figure that must have impressed the Council is that of the percentage deaths in puerperal sepsis: in the years 1931–35 it was 22·7%, and in 1936, after the introduction of sulphanilamide, it sank to 4·7%—just about one-fifth of the mortality.

APPOINTMENTS FROM MAY 1st, 1938.

Junior House Physicians—

Dr. Gow	Flavell, G.
Dr. Graham	Bradley Watson, J. D.
Dr. Geoffrey Evans	Waring, J. W. B.
Dr. Chandler	Quibell, E. P.
Prof. Witts	Crowther, D. I.

Casualty House Physicians (Non-resident)—

Dr. Gow	Burnham Slipper, C.N.*† / Kemp, J. W. L.‡
Dr. Graham	Jones, E. C.† / Herson, R. N.‡
Dr. Geoffrey Evans	Reynolds, E. G.† / Evill, C. C.‡
Dr. Chandler	Grossmark, S.† / Burns, B.‡
Prof. Witts	Fagg, C. G.*† / Edwards, T. A. W.‡

Junior House Surgeons—

Mr. Harold Wilson	Morse, D. V.
Mr. Girling Ball	Rose, I. F.
Mr. J. E. H. Roberts	Carey, C. J.
Mr. Reginald M. Vick	Gray, G.
Prof. Paterson Ross	Cuthbert, J. B.

Casualty House Surgeons (Non-resident)—

Mr. Harold Wilson	Harmer, M.*† / Joly, J. S.‡
Mr. Girling Ball	Mundy, N. B.† / Shields, N. P.‡
Mr. J. E. H. Roberts	Sturdy, D. C.† / Billimoria, B. R.‡
Mr. Reginald M. Vick	Halberstaedter, M.† / Thomson, A. H.‡
Prof. Paterson Ross	Bateman, A. D.† / Johnson, R. T.‡
Intern Midwifery Assistant (First)	Fraser, D. B.
Intern Midwifery Assistant (Second)	Dorrell, E. W.†
Extern Midwifery Assistant	Brooker, A. E. W.†
H.S. to Throat and Ear Department	Longland, C. J.
Junior H.S. to Throat and Ear Department (Non-resident)	Acharya, B. S. S.† / Jack, A. H.†
H.S. to Ophthalmic Department	Jeremy, W. H. R.
H.S. to Skin and Venereal Departments (Non-resident)	Behr, G.† / Jones, E. C.‡
H.S. to Orthopædic Department	Jayes, P. H.
H.P. to Children's Department	Gibson, R. G.
Senior Resident Anæsthetist	Prothero, D. A.§
Junior Resident Anæsthetists	Braines, F. M. / Carnarvon Brown, K.
Non-Resident Anæsthetist	Maidlow, W. M.*

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

DR. PORTER PHILLIPS

DR. PORTER PHILLIPS, who has just retired under the age rule, has been the Physician in Psychological Medicine for many years. Though "P.-P.", as he was naturally dubbed, was actually a Guy's man, he has endeared himself to several generations of Bart.'s men, and we shall miss his immaculate figure and his soft, mellifluous speech. How often has that soft voice conveyed the gentle answer which turns away wrath? How often has his tolerance been an eye-opener to those who have been bewildered by the suspicion or fury of the psychotic?

After riding elephants in India, and dreaming of or actually killing snakes, he had a meteoric career at Guy's. Then P.-P. chose for his lair the old Bethlem in Lambeth, now the Imperial War Museum. It afforded him rest in his more contemplative moments, strife and excitement in those in which he lived dangerously, and a centre for his apiary. He was awarded the much prized Gaskell Medal of the Royal Medico-Psychological Association, and since that laurel was won has added all the other suitable ones unto himself. The older generation of Bart.'s men remember his demonstrations in the old Bethlem, long of passage, dull of furniture, and uninspiring of outlook. Few probably know of the hours P.-P. put in poring over schemes and plans for the new Bethlem, or of the journeys he took in seeing everything he could, to ensure that the new hospital at Beckenham should have every up-to-date convenience. Finally it bore fruit, and at Monk's Orchard he still holds rule over the Bethlem Royal Hospital—a rule so sympathetic and kindly.

If he was sometimes late at Bart.'s, or irregular, can we blame one so busy, so twinkling of eye, so ready with a good story, so perfect a gentleman? It is sometimes thought that the Superintendent of a mental hospital ultimately becomes a trifle like his patients. Not so P.-P. Perhaps that is what Bart.'s did for him. Perhaps his Friday afternoons in the Surgery saved him, and though we were dull of wit at his demonstrations, we were reminding him of the essential stability and obtuseness of the normal.

May he have a happy retirement; may the bees which he keeps in his garden never enter his bonnet, his eyes never grow misty, his trousers never uncrease.

An Oftentry'd Medecine for Fluxes of the Belly, though Bloody ones.

Give for a Dose in any convenient Vehicle as much powder'd or grated Pizzle of a Hart or Deer as will lye upon an ordinary Half-Crown Piece.

SOME OBSERVATIONS ON A FATAL CASE OF CONFLUENT VARIOLA MAJOR

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IT would seem to be an opportune time to record this case, as contacts with it have travelled to all corners of the country. Further, there is at present an epidemic of variola major in parts of India, notably Bombay, where last week there were 246 cases and 142 deaths reported. Hundreds of people who have been in contact with smallpox areas arrive in England every week by ship or by aeroplane. Aerial transport increases the potential danger by landing contacts in England well within the incubation period of the disease. The problem is intimately bound up with the laxity of the present vaccination laws, and with the anti-social attitude of masses of people who refuse vaccination for themselves or for their children—a refusal which must be based on ignorance of the horrors of this foul disease and the sure protection which successful vaccination affords. The snare of unsuccessful vaccination is luridly emphasized in this case.

The case described is a classical example of severe Asiatic smallpox. Mr. James I—, æt. 23, a fine healthy man, was *en route* from Australia in the liner "Cathay" to obtain a commission in the Royal Air Force. He had received no primary vaccination in infancy, but was vaccinated twice unsuccessfully in December, 1937, and January, 1938, before leaving Australia. He had understood from his doctor that he was immune to smallpox—probably a misunderstanding on his part. Nevertheless, in his own mind he felt so secure that he went ashore at Bombay, although placards were exhibited in the ship stating that there was smallpox in Bombay and only recently vaccinated persons should go ashore.

FIG. 1 ILLUSTRATES THE DIFFICULTY IN FINDING A SITE FOR HYPODERMIC INJECTION.

This occurred on February 12th, 1938, and the visit included a sight-seeing tour of the city and environs, and in particular a visit to one of the houses in the native quarter at night. Twelve days later he complained of headache and backache, and had a temperature of 99·4°. The next day he vomited and his temperature rose to 102·8°. On the 14th day the temperature was

103·4°. Fifteen days after contact a morbilliform rash developed on the forehead and slightly on the body (whether it was present on the wrists was not noted), temperature dropped to 101° a.m., but rose again to 103° p.m. Absence of catarrh was noted, but in spite of this a diagnosis of measles was made. (The presence or absence of Koplik's spots was not noted.) 16th day, rash became thicker and more widespread; temperature 102°. 17th day, rash still spreading; temperature falling (100°). On the 19th day the rash was vesicular and the temperature normal. The ship was then at Plymouth, and the possibility of smallpox was discussed by the ship's surgeon and the Port Medical Officer but no definite conclusion was reached. 20th day, the ship arrived in London. A definite diagnosis of smallpox was made, and all the precautionary machinery of the Port Health Authority was put into operation immediately. The patient was removed by ambulance launch to the Port of London Isolation Hospital. The temperature was then 98°. The face was purplish and puffy, with a dense confluent vesicular rash now becoming pustular. A similar eruption was profuse on the scalp. The eyes were half closed and exuding a serous fluid, mouth and tongue were foul, with pocks covering all the buccal mucous membrane. The entire body was covered with deep-seated hard umbilicated pustules. Although the rash was slightly less dense in the axillæ and front of abdomen, there was no more than half an inch of clear skin between the pocks even in these sites, so that the greatest difficulty was experienced in finding a site for hypodermic injections. The rash was absolutely confluent on the upper trunk, arms and legs; it was very dense on the scrotum and penis. The areolæ around the pocks were purplish and confluent in places, giving an appearance of purpuric blotches, but a true hæmorrhagic rash was not present. The palms and soles presented deep-seated papules below the horny layers of the skin, which were easily palpable, but unerupted. The number of pocks was probably between 25,000 and 40,000, and the fluid in them would amount to several quarts. The pulse was good and strong, and the general condition surprisingly good. The mental condition was fair and the patient was quite rational.

Treatment.

At the outset the following treatment was instituted: Fluid diet, water *ad lib.*, meat extract, milk and orange-juice. Lint face-mask and gloves. Carbolized vaseline to forehead. Plain vaseline to lips. Ung. hyd. ox. flav. to eyelids. Frequent irrigation of eyes by undine followed by argyrol 10%. Glyc. and borax to mouth. Lot. calamini to body. In addition, sulphanilamide 4 grm. daily was prescribed as a prophylactic against secondary streptococcal infection. In actual practice, however, owing to difficulties in administration, he had only a few doses of this preparation.

The case progressed as follows: 20th day, p.m., considerable irritation, especially of face. He was intolerant of face-mask and gloves; these were removed and restrictive bandages placed on hands. Hiccoughs were distressing at times; tinct. iodi ℥v in water gave apparent relief. Nepenthe ℥xl given. 21st day, a.m., slept five hours. Pulse 100, temperature 99·8°; profuse exudate on forehead. Passing urine with difficulty owing to intrameatal pocks. P.m., delirious, pulse 100, temperature 100·4°. Trying to get out of bed at times. Mattress replaced by air-bed. (Photographs taken at this point.) Nepenthe ℥xl repeated. 22nd day, general condition fair. Pulse 120; slept five hours. Enema given with fair result. Spells of delirium. Face weeping profusely. Mouth very foul and difficult to clean. Tongue dry. Pustulation general and irritation intense. Local applications of calamine ℥j, ol. eucalypt. ℥j, lin. calcis ℥viij were applied freely all over the body, as a sedative, drying and deodorant preparation. Odour now very strong. 12 noon, chloral hyd. gr. v and pot. brom. gr. xv given orally with difficulty. 2.30 p.m. hyoscine gr. $\frac{1}{100}$ orally. 4.30 p.m., chloral, bromide and hyoscine repeated orally. 8.30 p.m., again very restless; chloral, bromide and hyoscine repeated orally, but very little actually swallowed. The patient was transferred to a cot bed—a restraining bed with sides like a cot. Fluid intake up to about mid-day on this day had been good, viz. about 4 pints of milk, plus water and orange-juice per day. From this point onwards, owing to semi-coma, delirium and foul state of mouth, only about half this amount of fluid was retained. Urine was still being passed freely, but he was incontinent. Irrigation of the mouth was effected at intervals by the use of a Higginson's syringe with vaginal attachment. 10.15 p.m., very restless, attempting to get out of bed and rub face on pillows. Hypo. morph. gr. $\frac{1}{4}$ and atropin gr. $\frac{1}{100}$. Breathing became laboured and stertorous, nostrils catheterized.

23rd day, slept fitfully under narcotics. 2.15 a.m., chloral and bromide orally, but little swallowed. 4.30 a.m., violent; hypo. morph. gr. $\frac{1}{4}$ and atropin gr. $\frac{1}{100}$. 8 a.m., quieter; pulse 132, good volume, temperature 102°, respirations 32. 10 a.m., pulse 140, swelling of face less; pustules showing tendency to drying. (This was probably due to commencing failure of vital reaction.) 12 noon, semi-lucid interval; obviously trying to speak. 12.20 p.m., brandy ℥ij in water taken. 3.15 p.m., brandy ℥j in milk with difficulty; breathing quiet. 4.20 p.m., sudden cyanosis of nose was noted, spreading rapidly to lips and chin, and he died very quietly within a few minutes.

Post-mortem changes were rapid and very offensive; considerable quantities of purulent fluid exuded from the mouth and surface of the body. Autopsy was not conducted, chiefly on account of the highly infective factor. The immediate cause of death was therefore not ascertained, but was considered to have been ushered in by right-sided heart failure due to toxæmia. Burial precautions included the treatment of the body and pitchlined coffin with liberal supplies of disinfectants, vaccination of the bearers, undertaker and grave-diggers, bathing and disinfection of clothes of undertaker and his assistants, secret interment at night in a double-dug grave in the nearest cemetery, and fumigation of the hearse. A funeral service was conducted over the closed grave next afternoon.

The Diagnosis.

The salient points of diagnostic interest in this case are those of classical text-book descriptions of Asiatic confluent smallpox:

1. The incubation period—"12 days to the minute".
2. The absence of *successful* vaccination.
3. The rapid rise of temperature during the "initial fever" of the prodromal stage; its gradual decline to normal during the papular and early vesicular stages of the rash; and the further "secondary fever" as the vesicles became pustular.
4. The rash itself was pathognomonic of smallpox, although at the onset it was mistaken for measles. In spite of almost universal confluence the tendency to centrifugal rather than centripetal distribution could be observed. The density of the rash was also greater in places subject to friction, such as scrotum, penis, outer surfaces of the limbs and less in the axillæ and inner surfaces of the limbs. The face and all mucous membranes were densely involved. The pocks were hard, shotty, deep-seated, the vesicles umbilicated and the areolæ purplish in places, resembling hæmorrhagic lesions. In any given area the pocks were all at the same stage of development, but on the face development was more advanced than in other parts, particularly the palms and soles, where, owing to the horny layer, the rash tended to remain as shotty nodules rather than develop into vesicles.

Contacts and Vaccination.

It is gratifying to note that up to the time of writing (March 18th, 1938) none of the contacts on board, including the deceased's cabin mate, who have been recently vaccinated have produced further cases in spite of the extreme virulence of the infection.

Among more than 200 potential contacts in the port community many who have been vaccinated with negative results in the last few years have produced definite "takes", due, in my opinion, to the use of the much criticized criss-cross scratch technique, with the exhibition of the tiniest possible specks of blood. I would suggest that this "superseded" technique should again be brought into use where vaccination by the single scratch method has been unsuccessful. A woman vaccinated on the thigh has produced secondary vesicles on the finger with which she scratched the primary. Another contact, a man who had smallpox seventeen years ago, and who has produced negative results in ten attempts at vaccination in recent years, shows a definite "take" this time, *i.e.* one year under the supposed 18-year period of immunity.

My grateful thanks are due to my Chief, Dr. C. F. White, Medical Officer of Health of the City, and Acting Medical Officer of Health of the Port of London, for permission to publish these notes, and to Dr. J. E. McCartney, Southern Group Laboratory, London County Council, for the use of his excellent photographs. I desire also to record my sincere admiration of the skilful, devoted and untiring nursing of this extremely difficult and unpleasant case by Matron J. Jackson and Nurse J. Thomas, of the Port of London Isolation Hospital. Above all I wish to state that the whole inspiration of this article from the very "rough" and the editing of it in final form is due to Dr. H. Stanley Banks, Medical Superintendent of the Park Hospital, London County Council, who during the whole period of the illness gave us the benefit of his wide experience and rendered, in addition, unstinted practical assistance.

FIG. 2 ILLUSTRATES PUSTULES ON LEGS AND FEET.

Relation to Influenza.

Can any reader suggest a possible relationship between the virus of smallpox and that of influenza? Within a week of contact with the above case, I myself, my two colleagues, three other members of our staff and also Dr. H. S. Banks have gone down with a particularly virulent attack of influenza, entailing temperatures of 103°, vomiting, severe headache, backache and general pains—in fact, but for the absence of rash, all the symptoms of the initial fever of smallpox. Vaccinia is not the explanation, as all the victims have been vaccinated on numerous occasions, and only the mildest of "takes" has been recorded in all those affected. A well-qualified observer and authority has written me thus on hearing of my illness:

"Curiously, I have observed before that well-vaccinated people who have been in contact with very severe variola sometimes get all the prodromal influenzal symptoms of it at the end of the incubation period; but they stop at that, and get no further. During the old-fashioned pandemics of variola there was always concurrent 'flu which made the diagnosis (before the rash) almost impossible. I know that when I got smallpox in 1903 I was diagnosed as influenza until the rash came out, and as usual in vaccinated people, I very quickly recovered without scarring."

In our cases, however, the incubation period of 7 or 8 days would hardly seem to fit in. It is also a fact that there are cases of ordinary influenza about at the present time, although there is nothing in the nature of an epidemic.

ED. NOTE.—Since going to Press news has come that one of the supposed influenza cases has proved to be true smallpox.
He had an incubation period of 7 days, and in spite of previous and recent successful vaccinations, he developed first a vesicular and finally a pustular rash situated chiefly on the face and extremities".

A Parable Medecine that has cured many, especially Children and young Boys and Girls, of Convulsive Fits.

Take of the Pouder (whether made by Filing, Rasping or otherwise) of the found Skull of a Dead Man, and give of it about as much as will lie upon a Groat made up into a Bolus with Conserve of Rosemary Flowers.

The medecine must be given often, if necessity requires it: If the Patient be a child 'twill be useful to apply to his throat a kind of Necklace, made of the Roots of Vervain cut into Beads.

THE M.B., B.S.LOND.

THE controversy dealing with the final M.B., B.S. has again broken out in the current medical journals, and further suggestions and counter-suggestions have been made with the object of increasing the pass list and removing the anomaly of a double examination for qualification. They include, allowing the Conjoint finals to count as part of the final M.B., B.S., so permitting examination of University students by Conjoint examiners, giving a B.Sc. degree when the student has passed his second M.B., reducing the standard of the final examination, increasing the standard, increasing the fees, waiving the fees, and finally the typical Anglo-Saxon policy of *laisser-faire* in the optimistic hope that the pass list will get longer and longer without effort from anyone except the student.

Many interests are involved, and no doubt years will pass before a majority of those concerned come to any agreement, while most of the alterations suggested would eventually lower the standard of the examination, which has gradually become the highest of any qualifying examination in the country. This is what the University student does not want—a degree with the standard of a diploma.

In the meantime might not improvement result by altering the approach to the examination without interfering with its standard? Before considering the inadequacy of the usual approach and suggesting how this may be remedied, figures showing the position in our own College, given by the Dean in the *St. Bartholomew's Hospital Reports* for 1937, may be recalled. It will be seen that of the University students who entered the College between 1925 and 1929, and who passed the first M.B., 90% passed the second M.B., but of these only 50% have graduated or are likely to do so. Further figures show that 48% obtained the Diplomas of the Royal Colleges as well as the Degree of the University, while 41% qualified by the Conjoint finals alone without even one attempt at the final University examination. Only 7% of those who sat for the M.B. did not finally obtain the degree. This appears satisfactory, but figures are not available to show how many students graduated without postponement, failure, or taking the examination in two parts, each of which means a delay of six months or a year; 20% would be a high estimate of the number who graduated at the end of three years' clinical work.

The unsatisfactory position is accentuated when it is realized that about £65 is paid for final qualifying examinations by half of University students if almost inevitable failures are taken into account.

The reason why so many students are not, in their own opinion, fit to take the examination, or fit in the examiner's opinion to pass it, at the end of three years of clinical work is due to a great extent, not to the difficulty of the examination, but to an approach by way of a year of quarterly examinations resulting in early qualification, and in irregular and insufficient work during the last year of clinical studies. The effect of early qualification on M.B. results is obvious; a student taking the normal curriculum qualifies three months before the final University examination begins in May; during this time the thrill of being at last qualified, the unavoidable reaction against text-books, together with the call of house appointments or relatively lucrative temporary assistantships, draw him from his College and the atmosphere of learning, from his laboratories, his museum, and even his microscope; neither does he find time nor inclination for academic work, so that when the examination arrives he does not sit for it, or fails in his attempt. Often the earning of money or the offer of a partnership are temptations too strong, he never returns to his College, and the degree which once seemed a possibility gradually assumes enormous proportions far beyond his reach.

Even if he stays at the hospital after qualification by the Conjoint examination and works hard for three months, he may easily fail his M.B., as regular work during the previous year has been impossible, for when a student takes the final Conjoint examination a usual course is to sit for Pathology and Midwifery, followed three months later by Medicine, and three months later still by Surgery. This means that during his last year, when he has for the first time become capable of a keen interest in all aspects of medicine, he restricts himself to the assimilation of knowledge of one subject during each three months, and many great opportunities of learning are lost, whereas the student who takes M.B. alone is constantly alive to outstanding opportunities in all subjects, such as can be picked up in the Post-Mortem Room, in Consultations, in the Neurological Clinic, in current medical literature, in conversation with friends, and in Clinical Lectures during this period of a year. The student who takes the Conjoint finals also loses much of the knowledge he acquired when studying earlier subjects; many men up for the final M.B. admit that they have done almost no Pathology for nine months, and this applies especially to those who qualify in April. Then, during the last nine months, each three months contains two weeks of intense bookwork, two weeks of examinations with their accompanying nervous strain, and two weeks of relaxation—eighteen unprofitable weeks as far as M.B. is concerned.

The remedy would therefore appear to lie in altering the approach to the examination by persuading the student to work solely for the examination for which he entered the College. To achieve this, advice and perhaps inducements would have to be given, and reasons for early qualification as far as possible would have to be removed. The University student enters the College with the firm hope of becoming a graduate, and for about three years during pre-clinical work this conviction is strengthened; it is on entering the wards that advice from the College would have good effect. He and his parents should be impressed with the fact that the College expects him to enter for the whole of the University examination at the end of three years of clinical work, and he should be strongly advised to attend all post-mortems, Clinical Lectures, Consultations, and keep all subjects as far as possible on an equal footing during the last eighteen months of this time.

It would be an inducement to students to take M.B. if it were preferred that all house appointments should be held by University graduates.

One reason which influences a large number of students to take the final Conjoint examination is that at certain times of the year it is possible for them to begin casualty appointments earlier than contemporaries who take the M.B. alone. The College may not be able to control the time of qualification, but might it not be possible to remove this reason for earlier qualification by changing the beginning of house appointments to the first day of June, September, December and March, so that a graduate could begin a house appointment in June after passing his M.B. in May? This affects many University students, as there are few who do not apply for house appointments.

The financial reason for early qualification could often be removed, for if parents realized that training for a degree takes only four months longer than for a diploma, and that there was a good hope of graduating after three years of steady clinical work, they would usually be able to budget accordingly.

Finally, as more students attempted and passed the final M.B., the fear of failure and the consequent possibility of being overlooked when house appointments are made would diminish, and the custom, which is the sole reason why many students qualify before taking M.B., would gradually change. In a short time the University student would consider no other end to his studies than that of a degree.

If such suggestions could be carried out, in addition to the longer pass list which would result, ward work would be much more enjoyable without the constant interruption of examinations, there would be less interference with games, while the psychological effect of beginning life with a degree must not be overlooked.

S. T. RUTHERFORD.

STUDENTS' PHYSICAL WELFARE

IT is considered that in a medical school of our numbers there should be an organized supervision of the health of the students. Because of the lack of this in the past, it is felt that students have often been doubtful whom they should consult when requiring medical attention. This defect has now been overcome by the establishment of a physical welfare scheme, whereby supervision of the health of the students is maintained by an annual medical examination, and students complaining of ill-health are referred to the proper quarter for advice and treatment. A specially appointed Medical Officer, Dr. A. W. Spence, is in charge of this organization.

The scheme was begun in October, 1937. In future all students before admission to the College will be required to fill in a form giving details of their medical history, and to undergo a medical examination by their private doctor. These forms are returned to the Dean, and are kept in the files of the Medical Officer. After admission to the College, students will be requested to interview the Medical Officer, who will explain the scheme, and will note anything of significance in their medical history and examination. The Medical Officer carries out an annual medical examination of each student in his room in the Medical College, Charterhouse Square.

The Medical Officer is also available for any student to go to for advice about his health, whether he has joined the welfare scheme or not. Students should come to him or write asking for an appointment. If a student would rather consult some other physician in the Hospital the Medical Officer will refer him to the physician whom he prefers, but it is essential for the sake of obtaining an accurate record of the health of the students that the Medical Officer be first approached. *For very minor maladies, such as a slight cold or a stye, there is no need to consult the Medical Officer!* If the Medical Officer considers that it would be more appropriate for a case to be treated by one of the other physicians in the Hospital, or if a case requires surgical treatment or treatment in a special department, he will refer the student to the appropriate physician or surgeon. Requests will also be made for any pathological or radiological investigations considered necessary. If a student be taken acutely ill and the Medical Officer is not available, he should consult the house physician or house-surgeon on duty, who will admit him to the ward if he thinks fit. On the student's discharge from the ward, the notes of the case should be handed to the Medical Officer, so that he may insert the essential details in his records. It is not one of the duties of the Medical Officer to visit students in their place of residence. If a student be taken acutely ill at home and is unable to attend the Hospital he should call in his local doctor. The Medical Officer, however, should be notified of the illness when the student resumes his work.

St. Bartholomew's was the first Medical College to start an organized supervision of the health of the students. All students admitted to the College after October, 1938, will be required to join the scheme, and those who entered the College before this date are invited to join. Students who do not join the scheme do not undergo a routine medical examination annually, but the remarks concerning medical attention in the case of illness also apply to them.

THE MEDICAL RESEARCH COUNCIL

THERE is a certain layman whom I seem to meet repeatedly on social occasions and who always says, "Let's see, you are on the staff of the Medical Research Council: that's the body which strikes doctors off the Register, isn't it?"

The Editor possibly believes that a similar state of confusion may exist in the minds of some readers of the JOURNAL, for he has asked for an article upon the functions of the Medical Research Council, and upon some aspects of their work. The time seems not inopportune, for the Council's Annual Report for 1936–37 has recently been published, and it so happens that Bart.'s at present is particularly well represented upon the Council, three of the eight scientific members being Prof. Gask, Prof. Witts and Prof. A. J. Clark; the last a Bart.'s man who migrated from the Hospital, *viâ* Cape Town and University College, London, to the Chair of Pharmacology at Edinburgh. If further justification be needed for including an article of this type in the JOURNAL, it may be pleaded (to those who do not already know it) that the first Secretary of the Council, and the man whose genius was primarily responsible for formulating their policy, was a Bart.'s man, the late Sir Walter Morley Fletcher; while the Director of the Council's main research institute, the National Institute for Medical Research, at Hampstead, is that very distinguished Bart.'s man, Sir Henry Dale.

First let it be said that the Medical Research Council is an independent Government department under a special Committee of the Privy Council, of which the Lord President is Chairman, and the other members are the Ministers of the principal departments concerned with questions of public health at home or overseas. The Medical Research Council received their present title and constitution in 1920, when they succeeded the former Medical Research Committee which had been established under the National Health Insurance Joint Commission in 1913. In 1920, also, the Council received a Royal Charter of incorporation, and funds for their work began to be provided directly by the Treasury in the form of a Parliamentary grant-in-aid. Their main function is, of course, to administer the public funds for medical research, but they are empowered, under the terms of their Charter, to receive and hold private benefactions for the same purpose.

The eleven members of the Medical Research Council are appointed by the Privy Council Committee; three are selected for general rather than for scientific qualifications, and at least one has to be a member of the House of Lords and one a member of the House of Commons; the scientific members, who retire in rotation at regular intervals, are appointed after consultation with the President of the Royal Society and with the Council themselves. The Council are not merely an advisory body, but have full executive control over the funds entrusted to them, and they appoint their own officers; the present Secretary is Sir Edward Mellanby, whose personal researches on rickets, cancer, and other diseases are well known.

Besides the representation of various branches of medical science among their own number, the Council have the expert assistance of many scientific committees —in all, containing more than 250 members—which they have appointed from time to time to advise on special subjects.

The value of the Council's grant-in-aid from Parliament in 1937–38 was £195,000, of which £30,000 represented special provision for the support of future work in chemotherapy; an account of the history of research in this subject, and of the Council's proposals for its further development in Great Britain, is given in the introduction to the Annual Report just issued. As already indicated above, the Council maintain a central research institute in London—the National Institute for Medical Research, at present situated at Hampstead, with associated farm laboratories at Mill Hill.

Apart from research work in physiology, biochemistry, pharmacology, pathology and other subjects, an important function of the National Institute is the maintenance and regular distribution of standard preparations for the biological assay of therapeutic agents of which the activity cannot be measured by direct chemical means. These include vaccines and sera, insulin, posterior pituitary extract, the arsphenamine drugs for syphilis, and certain other drugs, hormones and vitamins. By this arrangement, doctors and the public are assured that the substances of these types on the market in Great Britain have a guaranteed standard of purity and activity. The work is done in fulfilment of responsibilities with which the Council are charged under the Therapeutic Substances Act, 1925, and also in relation to the *British Pharmacopœia*. In a number of instances, moreover, the standards have international validity through agreements reached under the auspices of the Health Organization of the League of Nations. The urgent need for further accommodation for this work on biological standards was among the factors which led to the recent decision to rebuild the whole National Institute on a larger scale at Mill Hill.

The Council have not attempted to establish any institution of their own for research work in the clinical subjects. Their policy instead has been to use and augment the possibilities in this direction offered by existing hospitals, where the fullest amount of clinical material is available. Thus, clinical research departments are wholly or largely supported by the Council at University College Hospital, London, the National Hospital for Diseases of the Nervous System, Queen Square, London, and at Guy's Hospital; these are directed by Sir Thomas Lewis, Dr. E. A. Carmichael and Dr. R. T. Grant respectively; Sir Thomas Lewis was in the whole-time service of the Council for many years, until his post was permanently endowed by the Rockefeller Foundation; and Dr. Carmichael and Dr. Grant are both members of the Council's staff. It is the declared policy of the Council to promote, as opportunity offers and resources permit, the formation of similar research units at other hospital centres.

In addition to their staff at the National Institute and in the clinical units just mentioned, the Council have in their permanent service a number of research workers attached to university institutions or hospitals elsewhere. They directly maintain and staff the following laboratories: the National Collection of Type Cultures at the Lister Institute, London; the Standards Laboratory (for the preparation and issue of diagnostic cultures and sera), University of Oxford; and the Dunn Nutritional Laboratory, University of Cambridge. Other members of the Council's scientific staff are engaged in researches in clinical medicine and surgery, pædiatrics, pathology, radiology, human genetics, mental disorders, nutrition, and special sense physiology, while special staffs work for their Statistical Committee and Industrial Health Research Board. In association with other bodies, the Council also support work on puerperal infections at Queen Charlotte's Hospital, Hammersmith, and in bacterial chemistry at the Middlesex Hospital, the researches at both these centres being directed by members of their own staff.

A substantial part of the Council's resources is expended, however, as temporary grants to research workers on specific clinical and other problems at universities, medical schools, hospitals and other centres throughout Great Britain, or on occasion overseas; these grants may include whole-time and part-time personal payments and/or provision for research expenses. With the advice of their Tropical Medical Research Committee, the Council promote research into problems of health and disease in tropical climates; and with the assistance of the Industrial Health Research Board, into industrial diseases and the conditions affecting the health and efficiency of industrial workers. The Radiology Committee advise the Council on the allocation to suitable research centres of a quanity of radium belonging to H.M. Government, which is used in a co-ordinated scheme of clinical and experimental work on the treatment of cancer; a considerable fraction of this radium is held on loan at Bart.'s.

A recent innovation in the fields of clinical science and experimental pathology has been the institution of an annual series of post-graduate studentships to enable promising young workers who have just held house appointments to obtain a period of whole-time training in this country, in appropriate methods of clinical or experimental research. The Council also award travelling fellowships to enable suitably qualified workers to spend periods of study and research at centres abroad; in the general medical sciences they are entrusted with the annual award of such fellowships on behalf of the Rockefeller Foundation, and they are themselves the trustees of a special benefaction for the award of similar fellowships in tuberculosis.

Most of the results of research work supported by the Council are, of course, published in the ordinary way, as papers in the scientific journals. Apart, however, from their Annual Report, which is presented as a Command Paper to Parliament and published, they issue a series of Special Reports describing the results of particular investigations or otherwise bearing directly on problems of medical research; they have also produced some larger works, including *A System of Bacteriology* in nine volumes (1929–31). All the Council's reports and monographs are published by H.M. Stationery Office, from which they may be purchased either directly or through a bookseller.

In the foregoing paragraphs an attempt has been made to describe some of the main activities of the Medical Research Council for the particular benefit of readers who (like myself some eleven years ago) would otherwise scarcely have heard of the Council unless or until they wished to seek assistance from them. I can only hope that among these there may be an undiscovered genius who, fired by the bare mention of its possibility, will determine to seek a career in some aspect of medical research. It is an ascetic life of many disappointments, but the satisfaction of having made an important original contribution to medical knowledge must be very great.

F. H. K. G.

GENERAL KNOWLEDGE

NUMBER 1.

FOLLOWING the lead of some of our more distinguished contemporaries, we have pleasure in publishing the first of a series of General, or should we say Special, Knowledge papers. No prize is offered, even for a correct solution, but our staff of General Know-Alls hopes to be able to publish the right solution next month.

1. Distinguish between—
   - *(a)* Dermoid and Desmoid.
   - *(b)* The Foramen of Lushka and the Foramen of Huschke.
   - *(c)* Gastrostaxis and Gastrostasis.
   - *(d)* Kahler's disease and Köhler's disease.
   - *(e)* Albl and Dietl.
   - *(f)* C.D.H. and V.D.H.
   - *(g)* The Cribriform Plate and the Lamina Cribrosa.
   - *(h)* Rheonome and Rheotome.
   - *(i)* Aphasia and Aplysia.
   - *(j)* Blood Dust and Blood Lust.

2. What pathological conditions are associated with the names of—
   - *(a)* Sir James Paget.
   - *(b)* Sir Benjamin Brodie.
   - *(c)* Sir Percivall Pott.

3. Were, or are, the following one or two persons and with what are their names or name connected?
   - *(a)* Smith Petersen.
   - *(b)* Graham Steele.
   - *(c)* Bence Jones.
   - *(d)* Ziehl Nielsen.
   - *(e)* Keith Flack.
   - *(f)* Ferris Smith.
   - *(g)* Austin Flint.
   - *(h)* Plummer Vinson.
   - *(i)* Braxton Hicks.
   - *(j)* Cheyne Stokes.

4. In what famous physiological experiments were the following used:
   - *(a)* The wind-pipe of a goose.
   - *(b)* A wild duck's quill.
   - *(c)* A live buzzard.
   - *(d)* Decapitated criminals.

5. What was William of Occam's Razor?

SCRAPS FROM THE HOSPITAL ARCHIVES

THE three following extracts from the Book of Orders issued by a Committee of the Governors of the Hospital are interesting. Two of them deal with slackness on the part of the physicians and surgeons, the third gives details of the foundation and position of the Library. Miss Gweneth Hutchings, Phil. Doct., has the credit of unearthing them from a book which has long been disused.

"*Whereas consideration was this day taken that it hath beene and is the duty of the two phissicians of this house, or one of them, personally to appeare at the Hospitall and prescribe for the poore patients and theire cure upon such dayes appointed, But now this Court beinge satisfyed that the said Docteurs doe appoint gentlemen practiticioners or younge Docteurs to officiate for them whereby not onely the Government of this house may bee aspescionated but alsoe the poore are probabely neglected if not wronged by their prescriptions and in theire other practises for their experiments, Itt is hereupon thought fitt and ordered that hereafter the said Doctours shall personally prescribe and give their judgements upon their patients themselves, And that noe younge gentleman, or Doctour, or practicioner whatsoever shall officiate for them in either of their places unlesse first such leave and permission bee given by this or a generall Court; neither shall any such gentleman or Doctour sitt with them att the table when they prescribe for any patient without leave as aforesaid.*"

Order of the Court of Governors, April 29th, 1662.

The two physicians were Dr. John Micklethwaite and Dr. Christopher Terne. Micklethwaite was elected physician in 1653 in succession to his father-in-law, Dr. John Clarke. The House of Commons had recommended him in 1644 to take the place of Dr. William Harvey, "who hath withdrawn himself from his charge and is retired to the party in arms against the Parliament." He was afterwards President of the College of Physicians, attended Charles II in 1681, was knighted, and died at the age of 70 in 1682. Dr. Terne was elected assistant physician in 1653 and was lecturer on anatomy at the Barber Surgeons' Hall in Monkwell Street. Mr. Samuel Pepys attended one of his lectures and records that after the lecture he dined with the Company, "had a fine dinner and was treated with extraordinary great respect". The demonstration dealt with the bladder and kidneys, and especially interested Pepys, who had himself been cut for stone. Terne does not seem to have been a great success as a physician, for in 1666, after the Fire of London, the Governors resolved to dismiss him on the ground that there were so few patients. He remained on the staff until 1669, when he resigned and was replaced by Dr. Edward Browne (the eldest son of Sir Thomas Browne of Norwich), who had married Miss Henrietta Terne.

"*At this Court alsoe complaint was made by the Almoners that theire businesse for the admittance of patients upon Mundayes in the Cloysters was obstructed by the young men that are apprentices to the three Chirurgions by their pressing importunityes, bould and sawcye carryadge to the Almoners to enforce such persons to be admitted as they recomend, for the remedy thereof it is thought fitt and ordered that the Masters themselves shall every Munday personally attend in the Cloyster at the admission of patients or else on their behalfes some able, grave, chirurgion in theire roomes that shall officiate for them, and such as shall first be approved of by Mr. Treasurer and governours meeting in the Compting House; And it is further ordered that the said three master chirurgions of this house shall in theire owne persons three dayes every weeke at the least dresse their patients themselves or stand by and direct their servants to doe the same that the poore be not abused or neglected in theire severall cures and distempers to the slander of this Hospitall.*"

Order of the Court of Governors, February 1st, 1663.

The three surgeons were Joseph Bynne, Thomas Woodall and Henry Boone senior. Joseph Bynne was elected surgeon by ballot in 1647 and died in May, 1664. He was perhaps already past his work. Thomas Woodall, the son of a very great surgeon, John Woodall, who was for many years surgeon to the Hospital, was elected surgeon to the Hospital in 1661, and was killed in a drunken brawl early in 1666. Henry Boone, senior, was already an old man and was surgeon from 1632 until 1664, when he resigned and was replaced by his son, Henry Boone, jun. The son's attendance was not wholly satisfactory, for he was twice warned to live nearer to the Hospital, and was ultimately provided with a house within the precincts.

"*Whereas it was this day moved by Mr. Treasurer that there was some persons well wishers to learneing that had lately moved him that if a convenient place about this Hospitall would bee prepared and sett apart which would bee fitt for a Liberrary that then care would bee had to begin to furnish the same with good bookes for the accomodacion of the Governours and such young university schollers and gentlemen as the Governors from time to time shall order and thinke fitt, Itt was hereupon ordered and thought fitt by the said Governours now present to finde out a place which is conceived fitt for the purpose aforesaid, the*

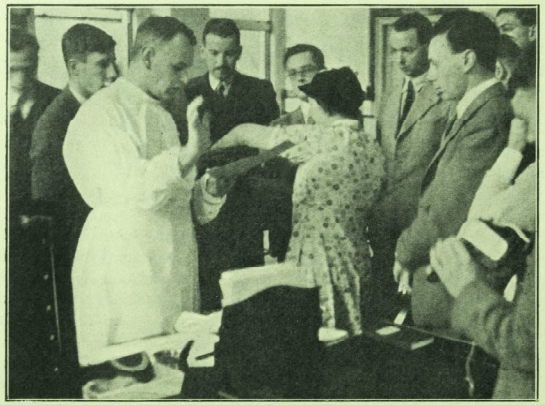
which is appointed to bee next the church in the corner of the Little Cloysters from the Cookes Colehouse dore to extend to the entry or passage into the back yard being about 15 foote long and 7 foote broad, the which is thought convenient to bee recomended to the next Generall Court and that the same place may bee made upp and the walls lyned with slitt deale boards with shelves and places convenient and fitt for a liberrary, And it is alsoe now appointed that the said colehouse shalbee hereafter for the use of the church and a dore to bee made out of the church into the same, And itt is alsoe now appointed that the store howse in the backe yard shalbee the coale howse for the cooke."

Order of the Court of Governors, February 6th, 1668.

This third scrap from the Hospital archives needs no comment. It speaks for itself, and shows from what small beginnings our Library started. It is good now but it makes one's mouth water to think what it might have been if Charles Bernard, "the first literary surgeon", could have been interested in it. We might then have had autographed copies of Gale, Clowes and Woodall, the lost edition of Vicary's *Englishman's Treasure*, Harvey's *De Motu*, with his own press corrections, and a complete set of Sir Thomas Browne's works presented to Edward Browne by his father.

D'A. P.

OUR CANDID CAMERA



The Faith Healing Clinic.

CORRESPONDENCE

THE HOSPITAL FLAG DAY

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

DEAR SIR,—Last year, on the occasion of the "Hospitals Day", it was largely owing to the splendid help given by the students that the collecting area allotted to "Bart.'s" was at all adequately covered, and over £1000 was collected in the Bart.'s area.

This year Hospitals Day is again taking place on Tuesday, May 10th, and it is earnestly hoped that the students will lend their wholehearted support. Though Bart.'s did well last year, the results achieved by other hospitals in some instances, such as Guy's, showed that more could have been done had there been a greater number of collectors available.

We would therefore be more than grateful if the students would turn out in full force on May 10th in order that Bart.'s may not only benefit financially, but also stand out as one of the most successful hospitals in connection with the combined "Hospitals Day".

Yours very truly,

St. Bartholomew's Hospital, London, E.C. 1; *March 9th*, 1938.

R. P. WOODHOUSE, *Secretary, Contributions Department.*

ERIC GILL'S RAHERE

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

SIR,—You are to be congratulated, as indeed are all of us, on the design by Mr. Eric Gill which adorns the cover of the present issue of the JOURNAL.

Having said this, may I presume to offer three suggestions? The first is that the original drawing be suitably framed and hung in some place where everyone may see and admire it. I do not suggest the Library, but rather some place where all—both high and lowbrow—congregate, such as the American Bar; for I have little doubt that Mr. Girling Ball has seen to it that this modern amenity is provided for the modern student.

In my day we had to go outside the Hospital to the White Hart, which was then the favourite rendezvous of the thirsty, although possibly its popularity was mainly due to the lovely Nellie who presided at the bar rather than to the quality of its beverages.

The second suggestion I beg to lay before you, Sir, is that reproductions of Mr. Gill's cartoon be on sale, and the money so raised be spent, not upon one of Mr. Girling Ball's numerous philanthropic schemes for the—I almost wrote, pampered—students, but for the benefit of aged, distressed and indigent Old Bart.'s men such as the writer of this appeal? Kind Mr. Ball is continually imploring us Old Boys to contribute our hard-earned savings to help the New Boys. Would not this make an opportune occasion for the students of to-day to come to the assistance of the students of the past?

My third and thankfully my last suggestion is short, but I think to the point. May the cover of the next number of the JOURNAL, and of all future numbers, bear once again the dignified and beloved Gate of Henry VIII?

I am, Sir, your obedient servant,

Steyning, *February 18th*, 1938.

PHILIP GOSSE.

SIR D'ARCY POWER, Archivist to the Hospital, writes: "Mr. Eric Gill has necessarily used some poetic licence to balance his artistic design for the cover of the JOURNAL. The M. before Rahere should be replaced by P. The first deed possessed by the Hospital is dated 1137. It is the grant by Prior Rahere and the Convent of St. Bartholomew of the Church of St. Sepulchre to Hagno the Cleric. Amongst the witnesses are Haco the deacon: Hugo the canon: Brother Walter: William the archdeacon: Harold the canon: Algar *P.*: Godfrey son of Baldwin the priest: Richard *P.* and Burdo the cleric. P. stands here for Pater, not for Presbyter or Priest. Rahere as Master of the Hospital would probably have been addressed by his friends and colleagues as Father Rayer, whilst in the convent he would have been spoken of more formally as Prior Rahere. If M. be replaced by P. the lettering on the block will be historically correct."

March 8th, 1938.

ED. NOTE.—We were led astray by an old print on which the name Marcus occurred. The "M" is being replaced by a second cross, which is artistically preferable to a letter.

A COLUMN FOR OLD BART.'S MEN

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

DEAR SIR,—The letter from Philip Gosse in your last issue deploring the scantiness of news granted to the doings of living Old Bart.'s men and the lack of more particulars about those who die raises an issue, which should attract editorial attention at a time when we learn that the Black Canon is "beginning a new lease of life, and starting on a pilgrimage to every inheritor of his foundation". Many of these inheritors of the past would welcome a column from the Black Canon giving news of old Bart.'s men.

It can be no easy matter for an editor of the present, even if he searches past files, to produce interesting data of the past, such as Philip Gosse reveals about an old Bart.'s man who became a Chinese Mandarin, and departed this life in the garb of a parson; but it should not be difficult to get help from the contemporaries of those who pass on.

Old Bart.'s men must represent a majority of the subscribers, and their numbers would be increased if the JOURNAL kept them in touch with news of their contemporaries.

How sad it would be if Philip Gosse were to decease (long may he live!), and his obituary only revealed that he served in the Great War and then became a radium expert when not a naturalist, and omitted to tell of his intimate association with pirates, of his natural history pursuits in the front line recorded in that delightful book *Memoirs of a Camp Follower*, so full of dry humour and pleasing anecdotes, sly digs at the Brass hats, and choice tit-bits about the mademoiselles!

Indeed his greatest distinction of all might be forgotten by some editor of a future generation—"Rat Catcher in Chief to the Army in France" by G.H.Q. appointed!

Yours truly,

C. GORDON-WATSON.

THE SERVICES.

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

DEAR MR. EDITOR,—From time to time I get requests from the Heads of the various Services—Army, Navy, Air Force, India Office, Colonial Services, etc. seeking candidates for the medical departments of these services.

May I, through your columns, ask those who may be seeking information with regard to them to consult Mr. Willans? He has the information in connection with these services in his hands.

Yours sincerely,

W. GIRLING BALL, *Dean of the Medical College.*

The Medical College, St. Bartholomew's Hospital, West Smithfield, E.C. 1; *March 3rd*, 1938.

BART.'S ARMS IN CYPRUS

DEAR MR. EDITOR,—A few weeks ago I was crossing the square in Famagusta when my eye was caught by what appeared to be the Bart.'s shield over an archway. I say "appeared" because I can never remember whether the black half of the shield is dexter or sinister. In your last issue you state that you have received a picture postcard of this, and ask if there is any connection between the two.

This shield, which is oval, is on the facade of the ruined Venetian Palace or Palazzo del Proveditore. To quote from Rupert Gunnis, author of *Historic Cyprus*: "This Venetian facade is a magnificent piece of architecture, and consists of three arches supported by four grand columns. Over the central arch are the arms of Giovanni Renier, Captain of Cyprus in 1552."

If one refers to the *Short History of St. Bartholomew's Hospital*, by Sir D'Arcy Power, it will be seen that our shield appears to have been that of John Wakering, who was Master of the Hospital from 1423 until 1462, and that from constant use in the seal of his signet ring during a period of forty years it ultimately passed into the common use of the Hospital.

Whether there is any connection between John Wakering and Giovanni Renier, I do not know. Dr. Mervyn Gordon has made a study of our arms. Perhaps he could enlighten us.

Yours truly,

March 22nd, 1938. GEO. E. GASK.

Mr. P. W. Kerr, of the College of Arms, writes: "With regard to finding the Arms in Cyprus, I think this is easily explained. Cyprus was at one time a Venetian stronghold, and the arms of the various Venetian families are to be found on the buildings there. Arms similar to those borne by the Hospital were used by the Venetian family of Renier. I presume, therefore, that the example quoted by your correspondent was put up to represent that family."

THE NATIONAL UNION OF STUDENTS

SIR,—In the last number of the JOURNAL you gave an account of the rejection by the Students' Union Council of a motion for affiliation of the Union to the National Union of Students. It appears from this account, and from those that I have received from other sources, that the rejection was based upon a complete misunderstanding of the aims and functions of the N.U.S., and of the reasons for desiring affiliation to it. This misunderstanding seems to have been chiefly due to the rather unfortunate way in which the matter was put before the Council, and I do not think, if I may say so, that your Editorial did much to clear it up.

In the first place, the N.U.S., which is a highly respectable body—its President is Lord Cecil, and among its Vice-Presidents are Lord Baldwin and Prof. Gilbert Murray—has for seventeen years done much valuable work, from which many Bart.'s students have benefited, in arranging cheap holidays at home and abroad, and in kindred activities. It has lately, however, turned its attention to the study of education from the student point of view, and quite recently, at the instance of a number of medical students from provincial universities, it formed a Medical Student Committee to study specifically the problems of medical education; it is this aspect of its work which has prompted a renewal of the suggestion that the Students' Union might profitably be affiliated to it.

I do not propose in this letter to argue the pros and cons of a Students' Educational Committee, but I should like to say that those of us who would like to see such a committee formed do not think for a moment that the Medical College Council is not doing its best for the students, but we do feel that its work is made needlessly difficult by the lack of any reliable information as to what the students think about the arrangement of their studies.

It is clear, however, that most of the problems of medical education are not such as are peculiar to any one hospital, but are general throughout all medical schools, and that, just as College Councils find it profitable to discuss their difficulties with other College Councils, so would Student Committees. What we need, therefore, is an inter-hospital Students' Educational Committee, and we have one ready-made in the Medical Student Committee of the N.U.S.

It has apparently been suggested as an objection to affiliation that the N.U.S. might exert undue influence on the Students' Union, but apart from the fact that the N.U.S. is far too amorphous a body to exert any influence at all, it is surely obvious that there is nothing to prevent the Union from disaffiliating at any time that it thinks it desirable. On the other hand, since we all, whether we are members or not, benefit indirectly from the activities of the N.U.S., it seems only fair that we should contribute something towards its work.

I very much hope, therefore, that the Council will reconsider its decision at some future date.

Yours sincerely,

B. M. WRIGHT.

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

THE STUDENTS' UNION

THE ANNUAL GENERAL MEETING was held in the Abernethian Room at noon on March 11th. Dr. Roxburgh was in the chair, and Prof. Ross and Prof. Wormall were present also. The attendance of members numbered about 150.

The minutes of the last general meeting were read, and arising out of these minutes it was announced by Dr. Roxburgh that a committee had examined and revised the rules and constitution of the Union—the result of its work being the new set of rules recently published in pamphlet form. The main changes were in the constituencies for the council elections, and in the finance of the constituent clubs. In future any credit or debt shown by a club at the end of a year would be carried over to the account of that club for the following year.

The **Annual General Report** was then read by Mr ROBERTS, as follows :

Gentlemen,—In presenting to you the 34th Annual General Report of the Students' Union, we take pleasure in announcing that the past year has been one of promises fulfilled. At the Annual General Meeting, three years ago, you were informed of proposals for all-round improvement in facilities for athletics and social amenities.

Since the occupation of Charterhouse Square these proposals have surely, if somewhat slowly, come to fruition.

At the beginning of the year your Council elected a Special Sub-Committee to look after all entertainments and social functions, and although this committee resigned office later in the year, owing to a difference of opinion with the Medical College, yet there is ample evidence that during its short life it was able to prove a considerable benefit to the students here and at Charterhouse Square—may we quote the Coronation Ball?

June saw the opening of the long-promised and much-heralded Squash Racquets Courts by Mr. A. E. Slazenger, who had himself contributed a generous donation towards their Appeal Fund. Now, after nearly nine months, the advance booking sheet is ample testimony of their popularity. All the money required has not yet been found, and if people are wondering how long the official charge will be continued, we can only ask them to look ahead to the time when the courts will need overhauling and renovating.

Towards the end of October occurred the big event of the year—"the move to the promised land"—our new ground at Foxbury. And here we should place on record our sincere expression of gratitude to the Medical College for acquiring such a good site and building such an imposing pavilion. Since its official opening by Mrs. Sturge people have complained, and will continue to complain about various deficiencies—for example, the inadequate space for the bar. Your Council will welcome all such criticism and suggestions for overcoming such difficulties.

In January of this year your Council attended an informal luncheon at Charterhouse Square, as guests of the Dean, in order to meet Mr. George Aylwen, the Treasurer of the Hospital. Mr. Aylwen was enrolled Patron of the Students' Union, and it is hoped that in future there will be a new friendship and mutual interest between the Governors of the Hospital and the students.

And so, gentlemen, bearing in mind these improvements, we take pleasure in giving you a *résumé* of the prowess of the various clubs and societies during the past year.

A report of the activities of the various clubs was then presented.

Mr. BURNHAM SLIPPER then read the **Financial Report** for the year ending September 30th, 1937.

Gentlemen,—The balance-sheet, for the year ending 30th September, 1937, shows an excess of income over expenditure of £284 6*s.* 8*d.* This is made up of a profit of £202 16*s.* 2*d.* on the JOURNAL account, a profit of £15 11*s.* 7*d.* on the sale of *Round the Fountain*, and a profit of £65 18*s.* 11*d.* on general income. The Journal Committee are to be congratulated on the conversion of a loss of £55 0*s.* 7*d.* last year to a profit of £202 16*s.* 2*d.* this year. It is to be hoped that this figure will be at least maintained.

For many years the accountants have been unhappy at the financial position of the Union. It has been our custom in the past to receive and spend nearly the whole of members' subscriptions at the commencement of their six years' stay at the Hospital. This leaves five years during which no subscriptions are received from members already here, and yet the facilities for sport and recreation have to be provided. This state of affairs is unsatisfactory, as the supply of new students might conceivably be cut off or reduced at any time in the future. If this happened the men then at the Hospital would have to be maintained for periods varying from 5 years to 1 year with no income. To guard against this the Union has slowly built up a reserve, which now stands at £3,485 12*s.* 9*d.* This is not enough, and the whole amount necessary has now been debited to the Union. It has been calculated on a progression of $\frac{1}{15}$, $\frac{2}{15}$, $\frac{3}{15}$, $\frac{4}{15}$, $\frac{5}{15}$, $\frac{6}{15}$ and $\frac{7}{15}$ of the income from subscriptions, which this year is £1,999 1*s.*, the total is £5,942 14*s.* 9*d.*

The financial position of the Union can best be brought home to members by saying that if all our assets were realized and all liabilities paid we should have £162 3*s.* 8*d.* in hand. The assets include the new squash courts at cost, £1,127 8*s.* 4*d.* This figure could not, of course, be realized, and it is proposed to write this figure down by annual amounts.

The grants to clubs have been stabilized, and expenditure on this side shows a reduction over last year. The Rugby Football Club has put its house in order and the very expensive tour has been abandoned. With increasing gates at Foxbury overdrafts should not recur in the future.

We would remind club officials of Rule 20 regarding estimates, and that the strictest economy must be practised, as expenses at Foxbury have risen and are rising. The rent has been raised from £300 at Winchmore to £450 at Foxbury, and to meet this the life subscription has been increased from 15 to 20 guineas.

Finally we should like to thank our accountants and auditors, Messrs. Hilton, Sharp & Clarke, for their services during the past year.

The following officers were then elected for the coming year :

President . . .	Dr. Graham
Treasurers . . .	Prof. Ross.
	Dr. Harris.
	Prof. Wormall.
Vice-Presidents . .	T. M. C. Roberts.
	C. N. Burnham Slipper.
Senior Secretary . .	R. Heyland.

Council.—Constituency A : R. Macpherson, C. M. Fletcher, A. Evans, J. C. Ryle, M. L. White, S. T. Hayes. Constituency B: R. L. Hall, J. W. G. Evans, A. H. Brenan. Constituency C : G. Gray.

Mr. ROBERTS pointed out that Dr. Roxburgh had completed two years as President, which was the maximum term of office under the constitution. He remarked on Dr. Roxburgh's keen interest in his duty during this period, and drew attention to the increasing length of time occupied by the meetings, and the high proportion of these that Dr. Roxburgh had attended.

A vote of thanks to Dr. Roxburgh was proposed and heartily accorded.

Dr. ROXBURGH replied, pointing out that his successor, Dr. Graham, was well qualified to take on the duties of President, and had always taken a keen interest in the affairs of the Union.

Mr. BURNHAM SLIPPER drew attention to the retirement from public life of Trevor Roberts. His tact and good humour had been invaluable on many occasions during the past year, and he deserved every congratulation on his very competent execution of the duties of Senior Secretary.

Mr. T. H. CLARKE then proposed the following motion : "This meeting desires that a committee be set up with the following terms of reference. To examine the present position and past records of the Catering Co., to investigate alternative methods of catering, and to recommend to the Council such steps as will secure to the Union effective control of the catering arrangements."

Mr. Clarke went on to point out that the Catering Co. was a private profit-making concern, with no responsibility to the Union. It was now, he understood, meeting difficulties, its cumulative dividend having been in arrears for two years.

The Union, said Mr. Clarke, was the only body able to exercise control of the catering on behalf of the student body, and he suggested that it should purchase 51% of the shares, of which it already held £195, out of £1,000.

The motion was seconded by Mr. BUZZARD, and was adopted by a large majority.

In the absence of any other business the meeting was adjourned.

SPORTS NEWS

SWAN SONGS

A suggestion of Spring, perhaps? Trees are assuming an apologetic greenery, birds show a tendency to tweet—indeed we saw a squadron of pigeons putting in a little lunch-time practice round the Square, but we were too quick for them—and, as the season of rough winter games draws swiftly to a close, we, as less practised liars would say, hear already the click of ball on bat, the tennis twang, the flap of sails and the merry squawk of swimmers. Retiring secretaries, breathing sighs of undisguised relief, spew forth, as they depart, their swan songs ; reports and notices which, as in times gone, show the same disregard for English grammar, the same magnificent carelessness of spelling and legibility, the same—almost we wrote "illiteracy"—as will be shown, doubtless, by the reports and notices of their sons and their sons' sons.

Carp though we may, we at least are grateful to those secretaries and special correspondents who keep us informed of the Union's multifarious activities, those nameless ones—kicks>ha'pence—who keep the ball rolling and tell us how it rolled.

BREECH PRESENTATION

Bart.'s Colours (left to right): MUNDY, BURROW, GAUVAIN, PLEYDELL, CANDLER. *[Photo : Keystone Press Agency.*

RUGBY FOOTBALL

The **Annual General Meeting** of the Rugby Football Club was held on March 14th, with Dr. Barris in the chair. Vice-Presidents Hosford, Hume and Paterson Ross were also present, together with about a hundred members of the Club.

The Secretary having read the wrong minutes, the right minutes were read and signed, and the Secretary's and the Treasurer's reports were adopted. The latter report, though showing a present deficit of about £19, expressed a reasonable hope that solvency would be attained by the end of the season ; mention was also made of the fact that about £100 was still required by the Grand Stand Fund.

Dr. J. D. Barris was re-elected President amid acclamations, and the Vice-Presidents were re-elected *en bloc*, with the addition of Mr. Keynes and Prof. Wormall. Hoskyn then discovered that thirteen Vice-Presidents had been elected, but this was considered rather favourable than otherwise.

Other officers for the coming year were elected as follows :

Captain, P. L. Candler (for the second time) ; *Vice-captain*, K. G. Irving ; *Treasurer*, R. D. Hearn ; *Hon. Sec.*, M. J. Pleydell ; *Hon. Fixture Sec.*, R. Macpherson (for the second time).

Captain "A" XV, P. C. Collinson ; *Sec.* "A" *XV*, M. J. Greenberg ; *Secretaries* : "Extra A", Brennan ; "B", Anderson ; "Ex. B", Vincent ; "C", Helm.

A proposal by Candler that an unspecified number of extra vice-presidents should be canvassed—who should pay £1 1*s.* per head and receive free seats in exchange—was opposed by Newbold, who suggested that they should be called patrons. Newbold's amendment was supported by the chairman, and the matter was referred to committee.

Everything had gone too smoothly so far, and the meeting was becoming a little restive, so that Candler, in mentioning the fact that Harmer proposed to take a team to Cambridge on October 22nd next, put up a nice jack hare, which hounds Hoskyn and Braines, after questing about for a short time, were quick to follow. Scent was catchy for a while, but hounds hunted the hare towards "Reference to sub-committee". Being headed at "Censure motion", the hunt continued in a series of circles, and checks were fairly frequent. However, hounds were not to be defeated on this occasion, although it was fairly obvious by now that there were far too many hares, and several forward casts by the chairman failed to hit off the line. Hound Newbold, at "Who-can-stop-him?" then disentangled the lines, and, still carrying a good head, the hunt came back to its starting-point.

A proposal by Candler that a Saturday in 1940 should be set aside for all our teams to play all St. Mary's teams was carried by 25 votes to 23. The meeting was then adjourned.

On an afternoon ideal for fast, open Rugger, Bart.'s entertained the invading hosts from the North. Having lost only two games this season, **Northern** came to town with a formidable reputation, and, although accustomed to cold hyperborean gales, found the balmy airs of the South much to their liking, winning a grand game by 21 points to 11.

There was little to choose between the forwards, but the visitors had a slight advantage in the loose and in the line-outs ; at three-quarter, however, they were distinctly the better, being faster and much more together, their clean passing being in contrast to Bart.'s. However, it must be mentioned that Bart.'s lost Laybourne after a quarter of an hour through concussion, and the line had consequently to be rearranged.

Northern were constantly on the attack during the opening stages, and twice Candler saved the line by fine tackles of their right wing who had beaten both Pleydell and Marshall, and seemed certain to score. Bart.'s, however, scored first when Evans cross kicked, and Coupland gathered and passed to Gauvain, who touched down near the corner. Northern then scored two goals and a try to lead 13—3 at half time.

They made another goal soon afterwards, while Bart.'s were attacking, but, after a long, magnificently controlled dribble by Burrow, Mundy scored a good try, following this up by breaking through the centre and so enabling Evans to score under the posts. Candler converted. However, just before "no-side" their scrum half, Goldson, broke away and sent the ball along the line for a try to be scored in the corner. 21—11.

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On a bleak February afternoon the **Extra "A"** XV visited the eastern fringe of London to play **Wanstead "A"**. The game started in a very scrappy way with a lot of aimless rushing to and fro. After a short time it became apparent that we were pushing them in the scrums, but for some reason were not getting the ball ; however, our opponents' three-quarter line lacked any measure of penetrating power, so that the unorthodox tackling of most of our backs was sufficient to stem every threatened invasion. Exceptionally Birch's tackling was a model to all the others until he was unfortunate enough to pull a muscle in the second half.

Once the forwards got together, well led, it seemed, by about five different people at the same time, they did excellently in the loose, rushing the ball from end to end of the field, Barclay at all times being outstanding, while both Jeffries and Ryle did much good work.

Gimson's service from the base of the scrum was fast and well directed, but elevation tended to be erratic ; the way he fell on the ball was wholly admirable. Grant at fly half took his passes well and was quickly into his stride, and proved a difficult man to stop, but unfortunately spoilt many good runs either by not straightening out, or by bad timing or bad execution of his passes. Of the three-quarters Atkinson was outstanding for his superior speed, which proved more than the opposing defence could manage.

Little made one of his all too rare appearances on the field at full back, and, after a shaky start, gave a fine exhibition of fielding and long-distance kicking, and on one occasion took the ball right up the field, finishing an excellent run with a perfectly judged cross-kick. Tries were scored by Atkinson (3), Gimson and Barclay ; Akeroyd converted two. Wanstead's only try was deservedly scored by their scrum-half, the only dangerous back on their side, after a good run. Final score 19—5.

Team.—A. W. Little ; K. A. Butler, R. G. Birch, G. A. S. Akeroyd, J. W. Atkinson ; R. N. Grant, P. A. Gimson (capt.); H. Conte-Mendoza, R. Hanbury-Webber, J. Pritchard, P. G. Jefferies, J. C. Ryle, T. Hambly, P. S. Barclay, J. R. Cudden.

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In the **Second Round** of the **Inter-Hospital Cup** Matches, Bart.'s played **Charing Cross** on Tuesday, February 22nd. The match, as usual, was at the Richmond Athletic Ground. We were cold and not a little frightened ; cold on account of a gusty east wind, and frightened because, had not Charing Cross beaten the Middlesex by a clear-cut margin of points ?

Team.—G. K. Marshall ; M. J. Pleydell, R. I. G. Coupland, R. Mundy, J. W. G. Evans ; P. L. Candler, R. D. Hearn ; G. D. Graham, K. D. Moynagh, P. D. Swinstead, R. L. Hall, R. Macpherson, K. G. Irving, J. Gauvain, K. C. Burrow.

Having lost the toss, we kicked off against as much of the wind as was not across the pitch. Our pack was after the ball in a way which plainly showed that they were going to stand no nonsense, and within three minutes had established themselves in our opponents' twenty-five. The ball came back from a loose scrum to Candler, who shot into an opening and past two defenders to score a try. The kick failed, but we had taken the lead, which is a very important thing to take in a cup match. (*Oh !*—ED.) From the kick, Charing Cross took advantage of the wind to take the play well into our half. A penalty was awarded to them on account of some over-zealous defending on the part of one of our forwards, but the range was too long for their place-kicker. From the twenty-five we again took the play into their half, and after some five minutes' typical hospital mauling, in which the forwards got hotter and hotter, and the outsides colder and colder, Hearn slipped round the blind side of the scrum for a try, pretty near the posts. Macpherson converted. After the resumption we again went into the attack, and a few minutes later Coupland took a drop at goal, which just clambered over. We continued to get the ball, from both tight and loose, about nine times out of ten, which was just as well, for on the rare occasions on which the Charing Cross centres were able to go into the attack they looked immensely dangerous. We were glad that Mundy and Coupland were tackling well. Ten minutes before the interval Candler again broke away, and Irving followed up well to score under the posts. The kick unfortunately failed. So far all the scoring had been from individual effort, but just before half-time we were treated to a really classical try. The ball was heeled from the loose, thrown by Hearn out to Mundy, who ran past his own man and up to the next before passing to Coupland. Coupland did his part well and gave a good pass to Evans, who raced into the overlap and past the full-back to score a try which Macpherson converted. Thus the score at half-time was 20—0.

From this description one fact clearly emerges—that our forwards were superior. This was indeed the case. They were playing like one man with the set purpose of getting the ball in any circumstances. Their task was easy because they must have weighed a stone a man more, but I have seen that advantage count for less than naught in a "cupper"! But such was not the case this day, and throughout the game our pack played as though it knew what it wanted and how to get it. It was truly said that Hearn was having a day that scrum halves generally only dream about.

To resume the description of the game ; our kick-off took the play straightway down into their twenty-five, and from the first set scrum Hearn slipped round the blind side to score an unconverted try. We continued to press and the defence became so vehement that eventually a penalty was awarded—in our favour, as luck would have it. Macpherson scored with a good kick. Charing Cross seemed to resent this more than any other of our scores, and for the next ten minutes had the upper hand. During that period two penalties were awarded against us, from the second of which our opponents scored. It was a glorious kick, right from the half way. This score had a similar effect on us, and once more we went into the attack. Pleydell made an excellent run all along his touch-line and was brought down just short, and then for the third time Hearn slipped round the blind side of a scrum to score a try. Macpherson made an excellent kick and converted. By now we were becoming a little "cocky", which was manifest even to the extent of Marshall coming up into the "threes" occasionally. But Charing Cross soon made us change those tactics. We were in the middle of an orthodox three-quarter movement when the ball was fumbled and dropped. Quickly the ball was snapped up by Harry Rees, and he was away through a hole as big as a gate. This happened in their twenty-five ; at halfway he passed the ball to his wing, O'Brien, who had no difficulty in running the rest of the way to score a try, though he was forced to run towards the corner flag rather than to the middle. The kick failed. Heartened by this, Charing Cross continued to press, and were continuously in our half for the next ten minutes. Suddenly Candler broke away from his man and ran three-quarters the length of the field to score under the posts. It was a great run and a great tribute to his fitness that he was never seriously challenged. The goal points were added. After the resumption of play the game became rather uninteresting. The wind was if anything colder, and cold hands were obviously making the giving and taking of passes difficult. Five minutes from the end Candler dropped a goal, and just before time Pleydell scored a good try, running some fifty yards round his man after receiving a pass from Candler. Thus we had entered the semi-finals by winning our game by 45 points to 6.

Candler and Hearn were outstanding, but most outstanding were our forwards. It is unfair that anyone should be singled out, as all were excellent, and none spared himself or forgot for one moment that he was a member of a team. But I would like to mention R. L. Hall. He is a real old-fashioned Bart.'s forward—more sensible than many of the real old-fashioned ones—and it is a good job he has several more seasons left with us yet.

The forwards played magnificently, but they were not completely master of the situation. By this I mean that they lost their heads to the extent of giving away some six penalties, at least three of which were kickable. That would have been nine points down. We undoubtedly have strong scoring capabilities, and this is enhanced with Mundy in the centre. The fact that Mundy is the best forward in the Hospital does not alter the fact that he has been playing out of position for eight seasons. Candler must indeed be congratulated on this piece of generalship. Finally, both Mundy and Coupland are capable of combining better with Candler than they did to-day. We must blame cold hands. Marshall is sound, but he is not a born full back, and no one will deny that full backs have to be born.

J. C. N.

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The **Inter-Hospital Cup Semi-final,** between **Bart.'s** and **St. Mary's,** was played on Thursday, March 3rd, at Richmond.

All great days dawn fair. To the fact that this was no exception I am not personally able to testify, but it certainly looked pretty good to me at breakfast time. We had all been anticipating this day since the Charing Cross match. It was to be the big day of the year, and now that it had come, the sun, aided and abetted by the birds and the Goddess of Spring, had obviously made it his duty to see that it really was no ordinary day. The air was warm and pleasant even in the Square, and down at Richmond it was better still ; it was balmy. A big crowd had assembled at Richmond to witness this match. The last time I saw as big a one there was when we beat Guy's four seasons ago. For the most part it was a gay crowd, though there were obviously some people who were preoccupied. Those who were not so embarrassed must have noticed some natty spring styles among the womenfolk. Indeed, it was a great day. There were, however, thirty people who were completely indifferent to the weather. The fifteen of them who were representing us were : J. W. G. Evans ; M. J. Pleydell, R. Mundy, R. I. G. Coupland, E. Griffiths ; P. L. Candler, R. D. Hearn ; P. D. Swinstead, K. D. Moynagh, G. D. Graham, R. L. Hall, R. Macpherson, K. G. Irving, J. Gauvain, K. C. Burrow.

Mr. G. Beynon was refereeing.

Candler lost the toss, and Mary's chose to play with sun and wind behind them in the first half. We kicked off and our forwards were under the ball when it dropped. A loose scrum formed, the ball came back to Hearn and we were attacking almost before the game had started. During the first quarter of an hour we were in almost continuous possession of the ball. Candler, Mundy and Coupland were going as hard as they knew how, but it takes more than orthodox attack to score against such opponents as we were up against this afternoon. Similarly the Mary's attack was being given no quarter by our defence. The game was becoming a stalemate, with the territorial advantage to us, when a Mary's forward committed some offence and we were given a penalty. It was a long kick against the wind, and we were not surprised that Macpherson was not successful. From the drop-out Mary's gained possession and took the play down into our half. Then for the next ten minutes the game was a stalemate as before. We were getting about twice as much of the ball as they—loud sing the praises of our forwards ! who were magnificent—but each three-quarter had his man by the ankles as soon as the ball touched his hands, so that ground was neither lost nor gained. With such a state of affairs, you may be sure that a really rousing forward battle was in progress. The line-outs were particularly good, and it was good to see Bart.'s getting the better of them. But such spirited play is not long unproductive of a penalty, and eventually it was our turn to be penalized. The offence occurred ten yards inside the halfway, and twenty-five yards in from touch. The wind was behind, but it was obviously going to require a mighty good "root" to score. And when it came, what a kick it was. Over, with five yards to spare ; such is the inspiration of a cupper. Congratulations, Walker. And so we were three points down, though we kept telling ourselves that we didn't deserve it on the run of play. Thoroughly incensed, we were off like a pack of wild animals, and for the next ten minutes we were in their half and often in their twenty-five. Mundy and Pleydell were away once, but the latter was pushed into touch before he had time to show his heels. Gradually Mary's relieved themselves with long kicks to touch. Eventually one of these kicks failed to find touch and went to Evans. He kicked and also failed. The return kick failed, and the ball went to Pleydell. Another weak kick, and the ball was still in play. This time it went to Bok, who threw a long pass into the middle of the field, where Squire, the opposite Mary's wing was standing. He was forty-five yards out, but he had plenty of time, so he took a drop at goal and scored with a magnificent kick. For the remaining five minutes of the first half the battle raged, but neither side gained any further advantage. And so half-time came with Mary's leading by 7 points to *nil*. They certainly had made the most of the advantages of winning the toss, for here they were with a formidable lead, without having been within our twenty-five on more than two occasions. Well, the wind was still as strong and the sun just as bright. It was up to us to make similar use of them in the second half.

Their opening kick was caught and tossed back to the centre. Candler took the ball in his stride and, helped by Mundy and Coupland, was well in our opponents' half before being checked. Our forwards were now definitely superior, and time and again we had the ball in our possession, only to run up against an impenetrable defence. From a scrum almost on their line Hearn threw a long pass out to Candler, who took a drop at goal. It was a good kick, but the trajectory was low, for the ball hit the middle of the crossbar and bounced back into play. After this we went harder still, and five minutes later seemed to push the Mary's pack over the line for a try. However a penalty was awarded us because apparently a *defender* had dived into the scrum and lain on the ball. Macpherson made no mistake, and we had scored three points. From the kick-off Mary's went into the attack and for ten minutes had us harassed. They were getting more of the ball now, and were looking dangerous. And finally they did score. It was an individual effort by Macrae, Mary's trial cap centre, who took a pass from Bok and shook off two tackles before crossing the line to score near the posts. Conversion seemed a certainty, but Candler made a terrific effort and *managed to touch the ball before it went over*. Now they were leading 10—3, and we would obviously have to work very hard to win. No one can deny that we did indeed work very hard, and for the rest of the game Mary's were defending the whole time. Time and again our three-quarters pounded towards their line, and eventually we were rewarded. Candler and Mundy beat three men between them, and Mundy gave Pleydell a good pass for him to run in and score just as he was tackled. Macpherson made a fine kick, but, just as Candler's drop kick had done, the ball hit the crossbar and bounced the wrong side. There remained about ten minutes of play, and during practically the whole of that time we were in Mary's twenty-five. Candler tried every ruse known in Rugger and made one or two specially good cross-kicks. But fast though Griffiths was, their defence was always just a little quicker. Harder and harder went our forwards, but it obviously needed a miracle to enable us to cross that line. And that miracle never happened. The "no-side" whistle sounded, and we had been beaten by 10 points to 6.

To my mind the game had been too exciting to be really enjoyable. At the end my mouth was like a parrot's cage through having smoked more cigarettes in an hour than I generally do in a day. My pulse throbbed some 120 times a minute, and as I sat holding a teacup with a hand that shook like the proverbial aspen leaf I agreed with those about me, most of them Mary's men, that the better side had lost through bad luck. But on maturer reflection is this really so ? Is it not more truthful to say that a side which made no mistakes beat a side which made two. The penalty they gave us saved them five certain points, for we were just about to shove them over the line. But the penalty we gave them can't have been necessary. And, allowing for the fact that it is impossible to avoid at least one penalty in a cupper, there still remains our worst mistake of all, where we presented them with four points by allowing them the opportunity for a drop at goal when the ball should have been put into touch. Criticism aside, though, it is a game that will always live in the memory. No hospital side has come so near to beating Mary's since they first won the cup. They obviously can be beaten, and we must make it our duty to do it next year. Here's luck, and no mistakes.

J. C. N.

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With Candler and three other members of the team absent through injury, some doubt was felt as to the outcome of the game, but ten minutes of play was sufficient to show that the Hospital would have plenty of the ball from set scrums. The **Pontypridd** forwards were smaller and lighter than we anticipated, their wings breaking

quickly and attempting the spoiling game at our base ; but Hearn was more than a match for them, successfully maintaining a good service to Marshall, who wisely decided to utilize the speed of his wings.

The first try came from a good run up the centre by Mundy, who passed on to Coupland for the touch down ; the second from Griffiths on the wing, who beat his man to score near the corner-flag, Irving being unsuccessful with both these kicks.

In the second half Pontypridd secured possession more frequently in the scrums, though they were still held well in hand by the Bart.'s forwards, amongst whom Graham, Swinstead and Newbold were prominent. Pontypridd dropped a goal, and were awarded two penalty kicks within easy reach of the Hospital posts, of which the second was successful ; Griffiths soon showed a fine turn of speed up the wing, but was forced into touch, only to repeat his performance over sixty yards a few minutes later.

Pontypridd then found the ball loose in our twenty-five, and with three forwards up, Burrow, who was playing an excellent game at full back, was unable to stem the rush, which gave Pontypridd a further three points for an unconverted try.

Later, King successfully landed a penalty goal for us, thereby adding to the excitement of the game, as the score was now one point in favour of Pontypridd, and a quarter of an hour to go. After some good defensive touch-kicking by Burrow, and much hard work in the loose by our pack, there was a series of scrums on the Pontypridd line, from one of which the ball went out to our centre three-quarters, and was passed in again for Newbold to make a successful dive over the line near the posts, King converting, to give Bart.'s a well-deserved victory by 14 points to 10, the lead having changed hands five times.

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Bart.'s "A" XV lost to **Mary's "A" XV** in the second round of the **Junior Cup** by 3 goals and 1 try (18 points) to *nil*.

Injuries had called for a number of changes in the Bart.'s side, perhaps the most disabling of which was the withdrawal of MacAfee, a promising fly-half, who had had the misfortune to sprain his ankle while indulging in a strenuous game of ping-pong the previous Saturday. A cheering sight, however, was the return to the football field of J. C. Newbold.

Forward there was not much to choose between the two sides. Bart.'s held the upper hand in the tight, but were outpaced in the loose. It was behind the scrum that Mary's were undoubtedly superior. With J. G. Graham-Jones, a Welsh trial player, and first choice fly-half for the United Hospitals this season, fully occupying the attention of the mid-field players, and C. M. Squire running hard and straight in the three-quarter line, it is an indication of how well the Bart.'s outsides tackled that their line was only crossed four times. It was good to see Fairlie-Clarke and Armstrong "putting 'em down good and hard", while Joekes cut through very nicely on two occasions ; if he could improve his passing and tackling technique he would be a very good player.

The Bart.'s side took some time to settle down, and the first two Mary's tries were the result of misunderstandings among the Bart.'s outsides. It is always galling to see an attacking movement suddenly turned into desperate and unsuccessful defence. Just before half-time Graham-Jones caught the Bart.'s defence on the wrong foot to score a third try. On each occasion W. E. Henley gave a pretty exhibition of how a try should be converted.

In the second half Bart.'s were playing much better as a team. The forwards, ably led by King, began to play as if they were really enjoying it, and the backs decided that previous errors should not be repeated. Thus it was that only one further try was scored by Mary's, and that under the posts ; to prove he was only human Henley failed to convert in spite of two attempts, a "no charge" having been given. In the last few minutes there were occasions when we thought our "duck" was bound to be broken, especially once when Collinson appeared to tie the ball to his bootlaces and take it three-quarters the length of the field, but inadequate backing up enabled Mary's to repel the attacks.

In a hard-working pack Ellis, King and Collinson were continually to the fore, while Barclay acquitted himself very creditably as the open-side wing-forward. Among a rather subdued collection of spectators Mr. J. R. K. Wedd stood forth for breaking four of the seats in the Mary's stand ; we do not believe they were corroded by the elements before he sat in them, and we think that he carried his execution of the Cup-tie Hymn of Hate a little far !

SAILING It will be of interest to those in whom spring produces a stirring of the blood, and a longing for the flapping of sails and the salt tang of sea breezes, that the U.H.S.C. dinghies are already in the water.

ASSOCIATION FOOTBALL The **2nd XI Cup-tie (semi-final)** *versus* **London Hospital 2nd XI** seemed to be dogged by misfortune, for 15 minutes after the advertised time for the kick-off, Bart.'s had only mustered ten men. Fortunately J. N. Cardwell had turned up as one of the two Bart.'s spectators, and although he had just got up from a bed of sickness, he was prevailed upon to play in makeshift togs at least two sizes too big for him. This meant considerable rearrangement of the team, and the first 15 minutes was played with ten men. The team did not settle down well, and with men in strange positions there was a general feeling of uncertainty. However, Bart.'s scored the first goal through C. T. A. James, but London soon replied through a break away on the right due to the bad judgment of C. J. Carey, who was playing out of position at left back. Bart.'s again scored, this time through Cardwell, and London replied through another clear run through, this time not the fault of Carey. Another goal for London made the half-time score 3—2.

In the second half Bart.'s had the wind in their favour and started off with some fine sallies at the London goal, but through the lack of shooting ability on the part of the forwards no goals were scored. At this point G. R. Royston sustained a severe injury to his nose by a kick in the face. Bart.'s were awarded a penalty which was taken by James, who scored an easy goal. Bart.'s continued with the side again reduced to ten men and, although Royston pluckily returned to play after first-aid treatment and about ten minutes' rest, they failed to score again, in spite of constant attacks on the London goal. The London side went on to win by scoring three quick goals again by breakaways. The final result was 6—3 in London's favour.

Team.—W. D. Mail ; G. Herbert, C. J. Carey ; W. A. Owen, D. R. S. Howell, J. L. Cardwell ; G. R. Royston, C. T. A. James, J. North, P. Goodman, A. I. Ward.

HOCKEY The **Junior Cup Final** between St. Bartholomew's Hospital and **University College Hospital 2nd XI** was played at Perivale and **won by 7—3**.

The 2nd XI are to be warmly congratulated on winning this match and so crowning a very good season with success.

The match was played under ideal conditions on the U.C.H. ground. Although Bart.'s were not fielding a complete team they dominated the game from the first. Eate scored the first of a series of fine goals during the first five minutes, and soon followed this up by a second. The three inside forwards, Harrison, Eate and Roberts, combined excellently and, apart from a remarkable feat by House, were responsible for the scoring.

Towards the end of the second half U.C.H. scored and gave us the stimulus we needed. House gave a dazzling display of how to take the ball up the field, and scored.

Of the defence, Goodall played a very sound game at left back, and Pallot, playing left half, was always reliable.

Team.—A. J. Walker ; C. Goodall, P. W. Isaac ; R. S. Brewerton, E. O. Evans (capt.), K. R. Pallot ; P. F. Barwood, T. M. C. Roberts, L. M. Eate, K. O. Harrison, R. A. House.

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A match against **St. Thomas's Hospital** was played at Chiswick and lost 3—0.

It was disappointing not to be able to turn out a completely regular team for this match. The score was a very fair indication of the respective merits of the two sides. This does not, however, mean that the game was not a very good one.

The Thomas's forwards played well together and were very well supported by Blackledge at centre half. Our own forwards were closely marked and were apt to muddle each other. On two occasions they were unfortunate in not scoring. Bullough took both shots first time. The defence throughout was steady, Pearse especially playing consistently up to the forwards.

Team.—A. J. Walker ; P. H. Jayes, R. E. Ellis ; A. G. E. Pearse, E. J. Griffiths, P. W. Isaac ; J. S. Lillicrap, K. O. Harrison, J. Bullough, T. M. C. Roberts, P. F. Barwood.

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A match against the **Wayfarers** was played at Chistlehurst and won, 7—0.

ATHLETIC CLUB Our prospects this season are bright, for nearly all of last year's team are available, and with a "find" or two among the newcomers should give Guy's and St. Thomas's a real shaking up in the battle to come.

In the sprints Butler, who did so well last season, should, with more dash and an improved starting style, do even greater things.

We lack a recognized quarter miler, but have high hopes of Hogarth, though his methods are rather unorthodox. To see him in the early stages of a quarter loftily ignoring the passing mob and then, at the last few yards, tear past man after man to gain a place is calculated to throw considerable strain on the adrenals of his team mates. Perhaps these unusual tactics can be improved upon this season.

The half and one mile are in the very capable hands (or feet) of Beck, and with Atkinson as second string, he should beat "4.20."

Ellis, Fraser and Way have been the mainstay of our field events for several seasons, and new blood is needed to back up this stalwart trio. Surely there are some weight-putters among our mighty men of the field ? Further we point out that javelin throwing is acknowledged to be *the* sport to keep the dart technique up to scratch during the "close season", *so entry for the Sports is indicated.* We have a more ambitious programme than usual to carry out, including, it is hoped, a triangular match between Bristol and Reading Universities.

Our cross-country team put up a good performance in coming second to Guy's in the Kent-Hughes Cup ; Lee and Beck were second and third respectively.

UNITED HOSPITALS HARE AND HOUNDS The success of the Club during the past season has been the culmination of three years' steady progress, due in very large part to the unflagging efforts of the retiring secretary Duncan Lyon. When he took office in 1935 the Club was indeed in low water, with no headquarters, no funds—in fact a deficit—and few fixtures, most of which were scratched owing to lack of support, and the remainder invariably lost hopelessly. This season there has been a full fixture-list, and although only four out of the fourteen matches have been actually won, all the others have been closely contested ; only once was the Club overwhelmed, when Mitcham A.C., with the help of their seven Welsh internationals, scored mimimum points against a team sorely depleted by illness. The race against a Cambridge University team was perhaps the most notable achievement, when the superior packing of the "tail" gained victory by a single point for the U.H.H.H.

A second team match with Reading University was won comfortably. This is especially significant, as the Club has not been able to put out a full second team for many years ; it also brings out the most encouraging feature of this year's running, namely the keenness and improvement among the younger members. The second team consisted almost entirely of men who started in the autumn as complete novices, many of them convinced that they were no good because they had been unsuccessful at school, who, with encouragement and training, have proved themselves able to return times which compare favourably with those of the "experts". It is to be regretted that there were not more Bart.'s men amongst their number.

The Kent-Hughes cup race showed a record entry of over forty runners with no less than five hospitals entering teams. Guy's retained the cup with Bart.'s second. Individual honours went to Etheridge of Guy's, who, the previous week, had gained the distinction of being the first United Hospitals man to win the British Universities championship. Lee, the veteran of Bart.'s, tied with Beck, of Bart.'s, for second place in this, his twelfth inter-hospitals race, and in doing so won the sealed handicap. The dinner following the race was an unqualified success, reverting after a lapse of two years to its traditional informal nature. In the absence of the President, Dr. Tidy, Dr. Monro was in the chair.

The Club is greatly indebted to the South London Harriers for much kind assistance, and for giving us the use of their headquarters at Coulsdon, which are open to any hospital man for training every Wednesday throughout the winter. The courses over the downs are acknowledged to be some of the finest anywhere near London.

BOXING The **Inter-Hospitals Boxing Competition** was held at the Stadium Club on Friday, February 25th. It was won by the London Hospital with 25 points, Guy's being second with 18 points, and St. Bart.'s and St. Thomas's tying for third place with 12 points each.

It was unlucky both for Bart.'s and for Evans that this admirable boxer had to meet Costa Halamandres of Guy's in the first bout of the welterweight. Evans, in common with the other two victims of this redoubtable young man, seemed to have rather an inferiority complex from the start. Whether there is something in the Halamandres Greco-Colonial make-up which puts a mesmeric influence on his opponents we do not know, but suffice it he is a very rough little boy. Evans took too long to warm up, but fought back well in the face of the feline bounds of his assailant, his footwork being, as usual, impeccable. He was beaten by a very clever fighter using his left intelligently, and one felt that, had the fight been a six-round affair, and had Evans thought to use a right upper-cut, the result might have been different.

The next bout was a rather less able demonstration at middle-weight, E. Leviné, of Bart.'s, losing to P. Holford of Guy's. We can only quote notes made in the heat of the moment. "Round 1 : Leviné tries very hard, he has no guard, but takes the inevitable consequences well. Round 2 : The end of a brave fight against overwhelming odds—Holford wins on a technical knock-out."

The next Bart.'s representative was J. A. McNeil, who partnered I. Goldman of the London at featherweight in a public-spirited attempt to fan the heated brows of the first five rows of the stalls ; this to the vast delight of the judges, most patient of men, and all the rest of the islanders. In the third round McNeil's trunks came down with a run, and the exhausted windmills, mutually tripping up, terminated the fight in a flailing mass on the canvas. Goldman secured the decision—probably because he was not quite so funny as his partner.

This brought us to the serious stuff of the evening. Our Mr. Bentall opening the festivities against D. A. White of Guy's at lightweight. A beautiful fight this, Bentall covering up like Toby Tortoise when necessary, and hitting very hard and often. The last round saw Bentall, almost untouched, working like a blacksmith on the unfortunate White, who, be it remembered, is no tyro, and winning an easy decision.

Keats of St. Thomas's at bantam is a good little boxer and had beaten his first opponent with ease and considerable violence ; however, the sight of T. J. Brady of Bart.'s going quietly to work upon him was one to inspire. Brady hits almost unbelievably hard for so small a man, and though he weakened so that we suspected his fitness in the closing round, he easily deserved the championship of his weight which he won in this fight.

The last fight in which Bart.'s were interested was a wonderful one to watch. Mr. Bentall surprising W. E. Mahon of the London who had himself won his first fight by a very convincing knock-out. Mahon set out to eat up Boy David Bentall, and received a nasty shock in the shape of no less than six consecutive "one-two's", from which he never recovered. Though boxing well, he was not to be compared with his opponent, who, himself apparently untouched, knocked his man out in the second round after an unremitting battering.

So now we have two champions—Bentall and Brady, and high hopes for next year, if only some of the heavy men will box.

CRICKET The officers of the Club for the 1938 season are : *President,* H. E. G. Boyle, Esq., O.B.E., F.R.C.S. *Vice-Presidents,* Dr. Geoffrey Bourne, Dr. Wilfred Shaw, J. E. A. O'Connell, Esq., B. Rait-Smith, Esq., Prof. A. Wormall. *Captain,* W. M. Maidlow. *Vice-Captain,* D. J. A. Brown. *Hon. Sec.,* J. North. *Capt. 2nd XI,* G. A. S. Akeroyd. *Hon. Sec.,* J. V. T. Harold. *Capt. and Hon. Sec. 3rd XI,* J. R. Napier.

At the beginning of March (though a singularly mild March) the cricket season still seems somewhat remote. However, the first match of the season will be less than four weeks distant.

The prospects of the first XI can hardly be considered brighter

than at this time last year because, since then, we have lost the Cup and Mundy. The former, with the help of some promising freshmen, we shall do all in our power to regain. The latter, on whom the main brunt of the attack has rested for so long, will be difficult to replace. The remainder of last year's eleven will all be available. The batting looks as strong on paper as it did—on paper—last year, but whether last year's sudden collapses will be repeated remains to be seen. The bowling looks definitely weak, and unless new talent has arrived at the Hospital during the last year we seem destined for many hours of leather-hunting. The high standard of fielding which has been a feature of the last few seasons will no doubt be maintained.

The coming season will be the first on the new ground at Foxbury. Whereas the cricket pitch will probably not be so nearly perfect as was that at Winchmore Hill, the outfield ought to be a great improvement.

On the social side it is hoped that the improvement in attendances at last year's home matches will be at least maintained.

CHANGES OF ADDRESS

BURROWS, H. J., 23, Park Crescent, Portland Place, W. 1. (Tel. Welbeck 7549.)

CARPENTER, M. A., "South Croft", Glebe Hyrst, Sanderstead, Surrey.

DOTTRIDGE, C. A., Arun House, Littlehampton, Sussex.

KNIGHT, C. V., Falkland House, Painswick, Glos.

LITTLE, G. S. R., Sherwood House, Sparken Hill, Worksop, Notts.

MAXWELL, J. P., The Grove, Brinkley, Newmarket, Suffolk. (Tel. Stetchworth 42.)

PAGAN, A. T., 338, Winchester Road, Southampton. (Tel. 71713.)

THOMAS, B. A., "Pelcombe", 30, Tydraw Road, Roath Park, Cardiff.

BIRTHS

EYTON-JONES.—On March 2nd, 1938, at Littlehampton, Sussex, to Sally (*née* Tudor), wife of Dr. F. M. M. Eyton-Jones—a son.

FRANCIS.—On February 25th, 1938, at 20, Devonshire Place, W., to Patricia, wife of Clement Francis, M.B., B.Ch., 56, Queen Anne Street, W.—a son.

JENKINSON.—On March 12th, 1938, at St. Bartholomew's Hospital, London, to Phyllis (*née* Morris), wife of Surg.-Lieut.-Cmdr. S. Jenkinson, R.N.—a daughter (Pauline Sydney).

MALEY.—On March 6th, 1938, at Whitegates, Southend-on-Sea, to Mary, wife of M. L. Maley—a son.

WILLIAMS.—On March 16th, 1938, to Jean (*née* Crocker), wife of H. Morgan Williams, F.R.C.S., of "The Green Croft", Parkstone—a daughter.

MARRIAGES

NICHOLSON—BURDON-COOPER.—On February 19th, 1938, at St. Columba's, Pont Street, Bernard Clive Nicholson, M.D., M.R.C.P., elder son of Mr. and Mrs. Bernard Nicholson, of Sutton, to Frances Rose, younger daughter of Dr. and Mrs. Burdon-Cooper, of Bath.

ROBERTSON—GINNER.—On February 26th, 1938, at Stoke Poges Church, by the Rev. J. G. McCall and the Rev. Mervyn Clare, James Robin, son of the late Dr. and Mrs. F. W. Robertson, The Grange, Bletchingley, Surrey, to Betty Marian, daughter of the late Mr. L. W. Ginner and of Mrs. Ginner, 24, Collier Road, Hastings.

DEATHS

BAILEY.—On March 18th, 1938, R. Cozens Bailey, M.S.(Lond.), F.R.C.S.(Eng.), of Hazelwood, East Cowes, aged 70.

GILBERTSON.—On February 22nd, 1938, suddenly, at Hitchin, James Henry Gilbertson, M.R.C.S., L.R.C.P., London, aged 77.

MEADE-KING.—On February 25th, 1938, at Powlett House, Taunton, Richard Liddon Meade-King, M.D., aged 68.

ROUGHTON.—On February 27th, 1938, suddenly during Mediterranean cruise, John Paul Roughton, J.P., M.R.C.S., L.R.C.P., of 9, Adams Road, Cambridge, formerly of George Street, Kettering.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*		†
Staff	14,111	8	4	(83)	.	
Demonstrators, etc.	1,810	0	0	(72)	.	
Students	1,341	10	11	(330)	.	
Old Bart.'s men :						
‡Bedfordshire	50	18	6	(10)	.	(26)
Berkshire	126	6	0	(17)	.	(37)
‡Buckinghamshire	91	13	0	(19)	.	(29)
‡Cambridgeshire	194	6	0	(18)	.	(42)
‡Cheshire	6	16	6	(3)	.	(26)
‡Cornwall	22	12	0	(8)	.	(36)
Cumberland	5	0	0	(1)	.	(6)
Derbyshire	19	14	0	(4)	.	(17)
‡Devonshire	575	1	0	(54)	.	(98)
‡Dorset	77	11	6	(14)	.	(30)
‡Durham	17	7	0	(4)	.	(11)
Essex	267	3	6	(23)	.	(69)
‡Gloucestershire	258	6	6	(29)	.	(52)
Hampshire	1,524	4	6	(61)	.	(134)
†Herefordshire	17	12	0	(4)	.	(10)
Hertfordshire	110	16	0	(22)	.	(73)
Huntingdonshire	5	5	0	(1)	.	(1)
Isle of Wight	191	13	0	(13)	.	(25)
‡Kent	602	9	0	(73)	.	(146)
‡Lancashire	135	1	6	(18)	.	(82)
Leicestershire	142	0	0	(8)	.	(28)
‡Lincolnshire	65	8	0	(17)	.	(27)
‡Middlesex	497	14	0	(34)	.	(63)
‡Norfolk	178	0	6	(21)	.	(60)
‡Northamptonshire	59	14	6	(6)	.	(17)
‡Northumberland	101	1	0	(2)	.	(11)
‡Nottinghamshire	29	8	0	(6)	.	(28)
‡Oxfordshire	256	15	0	(22)	.	(26)
Rutland	1	1	0	(1)	.	(2)
Shropshire	38	1	0	(10)	.	(22)
Somersetshire	2,837	6	4	(28)	.	(43)
‡Staffordshire	194	18	0	(6)	.	(37)
‡Suffolk	343	2	0	(26)	.	(46)
Surrey	332	6	6	(63)	.	(180)
Sussex	897	14	6	(66)	.	(174)
‡Warwickshire	215	19	0	(24)	.	(64)
Westmorland	2	10	0	(1)	.	(5)
‡Wiltshire	1,011	12	0	(13)	.	(26)
‡**Worcestershire**	161	1	6	(25)	.	(25)
‡Yorkshire	356	8	6	(31)	.	(101)
Wales	69	12	0	(20)	.	(150)
London	7,024	13	2	(260)	.	(971)
Channel Islands	20	0	0	(2)	.	(9)
Scotland	14	4	0	(4)		
Abroad	129	1	0	(14)		
South Africa	390	15	6	(21)		
Canada	114	3	6	(8)		
East Africa	87	12	0	(10)		
West Africa	167	10	0	(6)		
India	224	12	0	(16)		
Ireland	30	4	0	(5)		
North Africa	1	0	0	(1)		
North Borneo	10	10	0	(1)		
Australia	230	10	0	(9)		
China	52	8	4	(9)		
Siam	10	0	0	(1)		
France	50	0	0	(1)		
British West Indies	65	8	0	(7)		
Straits Settlements	7	1	0	(3)		
New Zealand	6	1	0	(3)		
Services	654	14	6	(49)		
Others	73,236	19	2	(606)		
Lord Mayor's Appeal	17,990	16	0			
Funds of College	8,000	0	0			
Value of Building	20,000	0	0			
Loan	20,000	0	0			
Stock Sold	4,061	0	0			
	£182,133	12	3			

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

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—No. 8 MAY 1ST, 1938 PRICE NINEPENCE

CALENDAR

Sun., May 1.—Cricket Match *v.* Rabbits. Home, 11.30 a.m.
Mon., ,, 2.—Special Subjects : Lecture by Mr. Bedford Russell.
Tues., ,, 3.—Dr. Gow and Mr. Vick on duty.
Wed., ,, 4.—Surgery : Lecture by Mr. Wilson.
Fri., ,, 6.—Dr. Graham and Mr. Wilson on duty.
Medicine : Lecture by Dr. Gow.
Sat., ,, 7.—Cricket Match *v.* Brondesbury. Away. 2 p.m.
Mon., ,, 9.—Special Subjects : Lecture by Mr. Higgs.
Tues., ,, 10.—Dr. Evans and Mr. Girling Ball on duty.
United Hospitals' Flag Day.
Wed., ,, 11.—**View Day.**
Fri., ,, 13.—Prof. Christie and Prof. Paterson Ross on duty.
Medicine : Lecture by Dr. Graham.
Sat., ,, 14.—Cricket Match *v.* Hornsey. Home. 2 p.m.
Last day for receiving letters for the June issue of Journal.
Sun., ,, 15.—Cricket Match *v.* Philanderers. Home. 11.30 a.m.
Mon., ,, 16.—Special Subjects : Lecture by Dr. Cumberbatch.
Tues., May 17.—Dr. Chandler and Mr. Roberts on duty.
Wed., ,, 18.—Surgery : Lecture by Mr. Roberts.
Cricket Match *v.* R.M.C. XXII. Away. 11.30 a.m.
Thur., ,, 19.—**Last day for receiving other matter for the June issue of the Journal.**
Fri., ,, 20.—Dr. Gow and Mr. Vick on duty.
Medicine : Lecture by Dr. Evans.
Sat., ,, 21.—Cricket Match *v.* Bromley. Home. 2 p.m.
Sun., ,, 22.—Cricket Match *v.* Romany. Home. 11.30 a.m.
Mon., ,, 23.—Special Subjects : Lecture by Mr. Bedford Russell.
Tues., ,, 24.—Dr. Graham and Mr. Wilson on duty.
Wed., ,, 25.—Surgery : Lecture by Mr. Girling Ball.
Fri., ,, 27.—Dr. Evans and Mr. Girling Ball on duty.
Medicine : Lecture by Dr. Gow.
Sat., ,, 28.—Cricket Match *v.* Leavesden Mental Hospital. Away. 11.30 a.m.
Mon., ,, 30.—Special Subjects : Lecture by Mr. Capps.
Tues., ,, 31.—Prof. Christie and Prof. Paterson Ross on duty.

EDITORIAL

HOSPITALS' DAY

IN times past Flag Days were a menace. Each year they increased in number, until it became a matter of common prudence to take shelter from them. Just as to-morrow, when the air-raid arrives, we shall all dive into our garden dug-outs, so yesterday we would make one frantic rush for the safety of the London Underground system, and only emerge therefrom in the early afternoon when we hoped that the predatory flag-sellers might have retired for lunch. All that is over now. The police have been to our rescue.

Last year the first "Hospitals Week" was held at the suggestion of the Commissioner of Police for the Metropolis. Although it was quite experimental, 108 of the voluntary hospitals were wise enough to co-operate in it. Hopes were justified, and this gesture was fully appreciated by the public. They subscribed £32,569 11*s.* 10*d.*, which was an increase on the total collected by all the participating hospitals through their individual efforts in any previous year. Indeed an answer to those sceptics who condemned the whole scheme to failure from the first. This year over 135 hospitals have promised to participate.

IN spite of the general success of last year's Hospitals Week, the analysed results show quite clearly that St. Bartholomew's Hospital might have done better, and equally clearly they show that this was due to the comparative scarcity of our collectors. We fielded 602. This year at least 800 sellers are needed to cover the ground. To console us, however, the statistics show that man for man we can equal any hospital. The collector's average of £1 12*s.* 8*d.* speaks well both for our persuasiveness and our importunity.

This year Tuesday, May 10th, has been fixed for the Flag Day of the General Hospitals of Inner London. As before, our collecting area is divided into two parts—the joint area around the Mansion House, which is shared with Guy's, the London, St. George's, the Royal Free and King's College Hospitals, and a special area to ourselves, which stretches from the Embankment in the south to Smithfield Market in the north, and from Chancery Lane, westerly, to the joint area on its eastern fringe. We have also been given a small territory in Chelsea.

There are six depots from which our collectors can descend upon the public : First the Mansion House, which serves the joint area, the Goldsmiths' Hall in Gresham Street, the Hospital, Bristol House in Holborn Viaduct, Anderton's Hotel in Fleet Street, and lastly a depot in Chelsea. As far as is possible the choice of a base will be left to the individual collector.

Past experience has shown that certain times of day are more prolific than others. It is therefore important that there should be a maximum of collectors then, and not when everyone is happily ensconced in his office, and out of reach of the flower-trays. As the Meat Market works when other people are in bed, a few heroes will be wanted between 7 a.m. and 9 a.m. to tackle these ever-generous friends of ours. 9 a.m. to 1 p.m. is the best time for ordinary mortals, and as many collectors as possible should arrange therefore to work in the morning.

Lastly, we would like to remind you that whether you give your services for 10 minutes or for the whole day, you will count as one collector when the common pool is shared out, so may we ask everyone to lend their help to make this effort the success it deserves.

Times and places can be arranged with the representative of the Contribution Department, who will be found either in the Abernethian Room from midday to 1.30 p.m., or in the Cloakroom from 8.45–10.15 a.m., and from 4–5.30 p.m. Please give your names in early, and arrange as big parties as possible to collect for the Hospital.

RESULTS OF THE 1937 COLLECTION

	No. of sellers.	⅓ total collected. £	*s.*	*d.*	Share of pool @ 3/- a seller. £	*s.*	*d.*	Total to Hospital. £	*s.*	*d.*	Each seller's average. £	*s.*	*d.*
Guy's	773	1034	0	0	115	19	0	1149	19	0	2	0	2
Queen Charlotte's	1179	934	10	0	176	17	0	1111	7	0	1	3	9
Westminster	1027	908	7	0	154	1	0	1062	8	0	1	6	6
Royal Free	870	698	17	0	130	10	0	829	7	0	1	4	1
St. Bartholomew's	**602**	**655**	**11**	**0**	**90**	**6**	**0**	**745**	**17**	**0**	**1**	**12**	**8**
St. Mary's	613	622	7	0	91	19	0	714	6	0	1	10	5
St. George's	820	613	4	0	123	0	0	736	4	0	1	2	3

CURRENT EVENTS

JOURNAL NEWS

This month we are including a Special Book Supplement as an experiment. Lately we have been receiving an increasing number of books for review, and we feel that an occasional large comparative selection will be useful to our book-borrowing public. If this Supplement meets with any appreciation we shall repeat it in the autumn.

We are disappointed in having had no reply so far from Old Bart.'s men who might help us to run a column of news for those who have left the Hospital. We trust sincerely that this diffidence will be overcome and that volunteers will come forward.

The last scrap of internal news is the retirement of our Sports Correspondent, Mr. GEORGE ELLIS, who, inspired by his new-gained freedom, has metamorphosed into the quite unrecognizable Doctor Ellis. We wish to congratulate him and to thank him publicly for his splendid reporting. His successor is Mr. MICHAEL WHITE.

BART.'S MUSICAL SOCIETY

It is with great pleasure that we learn from our Correspondence Columns that it is proposed to revive the Musical Society.

We feel that this fresh activity is but a symptom of the general awakening in the student life of the Hospital. The Students' Union Council shows a developing range of responsibilities ; the Abernethian Society goes from strength to strength, and new societies spring up overnight like mushrooms. Let us hope that they will not also be too soon gathered, tasted and forgotten.

SCHOLARSHIPS IN TUBERCULOSIS

The Italian Fascist National Federation against Tuberculosis is offering six scholarships at the "Carlo Forlanini" Institute at Rome.

These scholarships, of a value of 2000 liras, plus board and lodging, are to enable foreign practitioners to follow an eight months' course of study at the Institute (November 15th to July 15th).

The scholarships will be awarded preferably to young physicians already familiar with tuberculosis problems. Names of candidates, accompanied by particulars of their age, qualifications and past experience must be forwarded to the Secretariate of the Union, 66, Boulevard St. Michel, Paris, not later than July 1st, 1938. No candidate will be considered unless his name is sent by a Government or by an Association belonging to the International Union for the Prevention of Tuberculosis.

POST-GRADUATE COURSE

This year the Post-Graduate Course will be held on June 16th, 17th and 18th. Next month full descriptive leaflets will be circulated with the JOURNAL.

NATIONAL DEFENCE

A lecture on "National Defence and the Medical Student" will be given on Monday, May 9th, by Lt.-Col. HOPE CARLTON, M.C., F.R.C.S., Commanding Officer of the Medical Unit of the University of London O.T.C.

The time of the lecture will be 5 p.m. The place will be posted later. All students and any others interested will be welcome.

ART EXHIBITION

So poor has been the response to the notices in the last few journals that it has been decided by the would-be organizers to postpone the exhibition for a month. It is hoped that this delay, coupled with the stimulus of the Easter vacation, may yet justify an exhibition.

BART.'S ALPINE CLUB

The Alpine Club is a mysterious body, whose members dwell in icy aloofness from each other for most of the year. However some twenty-five of them descended from their Olympian heights to meet in Pimm's Restaurant for the Annual Dinner. There was a difference of opinion as to what was the suitable dress, but all feeling was mellowed by Pimm's magic numbers. A traditional English dinner followed, and the after-dinner speeches fulfilled our highest hopes : there were no speeches. Instead, an adjournment was made to the Anatomical Theatre, where the small circle of climbers was augmented by the ghosts of the many who have died of boredom, to be entertained by Mr. R. W. BEAUMONT's account of last summer's expedition to the Caucasus.

The party ended at the absurdly early hour of ten-thirty, but an easy remedy was found across the road.

TWELFTH DECENNIAL CLUB

The Second Annual Dinner of the Club will be held on Friday, May 13th, at the Café Royal, Regent Street, London, at 7.30 for 8 p.m. Dr. C. B. PROWSE will be in the chair. Dinner jackets.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY

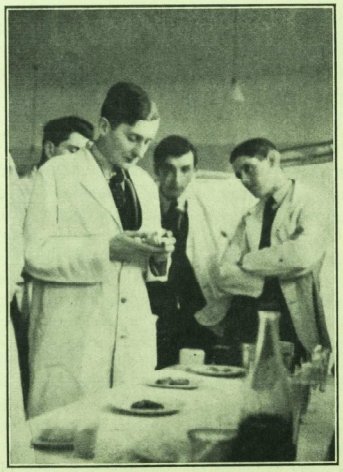
The 53rd Annual Meeting of this Society, which was held at the end of March, prompts us to write a few remarks about its scope and activities.

It is platitudinous to say that all doctors should be fully insured from the moment they are qualified, but there are still people who are not. These unthinking persons we would remind of the advantage of being covered for possible illnesses as well as the obvious wisdom of life insurance.

The report of the meeting speaks for itself: "The Sickness Fund showed heavier payments in claims due to the increase in the business and also to the serious influenza epidemic in the early part of the year."

Loans are also provided for the buying of practices.

OUR CANDID CAMERA



"Of course, you can give the patient Brand's."

RETROSPECT OF THE MEDICAL UNIT

By Prof. L. J. WITTS, M.D., F.R.C.P.

I HAD never intended to spend the rest of my life on the Medical Unit at St. Bartholomew's. The work is too consuming, and I imagine that after ten to fifteen years of it a man begins to feel burnt out. One is rather like a rocket that goes off with a bang about 9.30 a.m. every day and sinks expiring to the ground at 6 o'clock. Talking, listening, stimulating, repressing, doing too many things and letting a lot more slide, the life would be a revelation to those who regard it as a sheltered academic backwater. It is true that one is not likely to be called out at night or week-ends, so one is free to settle down uninterruptedly to try and catch up with the literature or to edit other people's papers. When I add that a professor of medicine is regarded as a perpetual member of the audience at funerals, prize-givings, appearances of charitable donors and the like, that his unit is the haven of visiting foreigners and sick students, doctors and their relations and friends, and that he keeps no terms, and his unit is for practical purposes always on duty, you will realize that the professorial leisure is a figment of the imagination. "When in the day do you sit down and smoke your pipe and think?" Woollard asked me, and I thought when indeed.

The task of the professorial units is threefold—the care of the sick, the education of the student, and the contribution to new knowledge. Each section of this triptych has its administrative aspect, in consequence of which the head of a unit is caught up in the committee work of the hospital, of the school, the university and the Royal colleges, and of learned societies and research bodies. When people say the professorial units have failed—and far too many people, both in the practice of medicine and in the pre-clinical sciences make this silly statement—what they really mean is that the professorial units have not added as much to knowledge as the pre-clinical departments or the research institutes. There is not the slightest doubt in the minds of those who have first-hand knowledge that the units have greatly improved the care of the sick and the training of the student. They have set a standard of investigation and teaching which has raised the level of treatment and of student education in all departments of the hospitals to which they are attached. From the point of view of the patient and the student, professorial units have been a complete success, and criticism of them is limited to their research activities.

I shall discuss research later, but those who believe that the first function of a medical school, including its professorial units, is the training of men, will be interested to learn the careers of those who have served on the Medical Unit at St. Bartholomew's since its inception in November, 1920. I am indebted to Mr. J. F. Paterson for getting out these details for me:

The first head of the Medical Unit, Sir Archibald Garrod, became Regius Professor of Physic at Oxford.

His successor, F. R. Fraser, left to start the Department of Medicine at the new Post-graduate School at Hammersmith.

L. J. Witts, the third in the professorial line, leaves to start the new Department of Clinical Medicine at Oxford.

Of the 40 men who have left after acting as house-physicians and/or assistant or assistant director:

10 are in general practice.
9 are in consulting practice on the staffs of non-teaching hospitals.
7 are on the visiting staff of St. Bartholomew's.
3 are on the visiting staff of other teaching hospitals.
7 are pathologists.
3 are whole-time research workers.
1 has died.

Thus half the men who have served on the Medical Unit are now engaged in work which brings them teaching or research. This seems to me a very good score, and I do not see how a unit which has trained men for so many important positions can be described as a failure. The credit for this skilful selection and training of men is Fraser's, and it has not received anything like the recognition it deserves. It is noteworthy as showing the straitness of the gate and the narrowness of the way that less than 1 in 13 has found a permanent post in whole-time research.

Research, of course, is one of our modern religion-substitutes. In the old days a professor took his wife and family to church on Sunday mornings, but now he goes to the laboratory to see that his experimental animals are all right. Some medical scientists talk about doing a little research every day with the same exaltation and the same confidence of spiritual blessing as my religious teachers when they talked of the value of regular prayer. Now I am not going to push this analogy too far or I shall reduce it to an absurdity and suggest that Madame Curie was nothing but an obsessional lunatic. But I do feel that some of my scientific colleagues who condemn the professorial units, and talk about research in tones appropriate to Pisgah and the promised land, are inviting the criticism of being too conscious of their own salvation. My views on the value of a good deal of this research, except as a release for inner tensions and Messianic complexes, are rather acid, and I had better keep them back to mellow for another day. Let me say only that any body of ideas which has attached to it the emotional quality which attaches to the idea of research should always be subject to the most stringent criticism. There are at any rate two grades of research. When a Japanese first produced cancer by painting a rabbit's ear, or when an Austrian Jew discovered that ideas introduced under hypnosis could be recovered by free association, fundamental discoveries were made for which the world could ill have afforded to wait. The great mass of research, on the other hand, is journeyman stuff, of undoubted value to the world, like food or wireless sets, and like them capable of regular production by trained workers. If it is not produced in Smithfield it will be produced in Szeged or Lyons, and the chief anxiety of its creators is lest someone else should publish it first. Research of this second grade is not by its nature more sublime than healing the sick or educating the young, and it is hyperbole to say that professorial units have failed because their output of it has been small.

No, do not let us say that the units have failed, but do let us say that the unit professors have been dealt with unfairly in comparison with their clinical and their pre-clinical colleagues. They have been denied the rewards of practice and the rewards of research. For research is not something mystical and outside the range of ordinary human activities, nor is making bigger and better stomata in dogs necessarily more inspired than fretsaw work or meccano; in fact it may be less original. But research is a creative activity which inspires a man for his teaching and treatment, and gives him satisfaction with himself and reputation with his contemporaries. "Honour, love, obedience, troops of friends"—it is hard to win these by treating hospital patients and teaching medical students, and in fact neither civil nor scientific honours have come to those who have devoted their lives to the professorial units. They have not had the prestige that comes from practice among the well-to-do, or the leisure that should be granted to men who choose an academic career. The head of a scientific department who keeps university terms and who has fixed teaching duties has no idea of the difficulty of finding time for research on a medical unit. The men who have had or who now have charge of the professorial units in this country started with as great gifts and as good a training as their contemporaries in other branches of medicine, and if they have not contributed as much to new knowledge, it must be because they have been given a task beyond ordinary powers. The problem the

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medical schools have to solve is how to give their whole-time clinical professors the same amount of time free for research as their colleagues have for practice.

Well, I must leave you with this problem ; leave you, too, much sooner than I had intended. Quite frankly I envy my successor his beautiful new wards and laboratories, and all the friendship he will find at St. Bartholomew's. Every good hospital has a life, a tradition, and a body of knowledge of its own, to which those who enter may contribute a little, and from which they may take away much more. Thinking now, without having thought deeply before, I imagine that the things that will stand out in my memory of Bart.'s are the keenness of the whole staff on teaching, the survival amongst the physicians of the sound tradition of regular attendance in the post-mortem room, and the excellence of the thyroid surgery. And the criticisms ?—too many students, too much detailed committee work, and not enough non-medical administrative personnel. If I should dare to give any advice, it would be to have a good industrial psychologist study the working of the School, and advise how most efficiently to run the administrative and committee work, and how to provide more leisure for all its teaching staff.

TOMOGRAPHY

By A. MEYER, B.A., M.B., Ch.B., A.D.M.R.

IN the last few years radiologists have employed considerable ingenuity in their search for new techniques which might throw light upon the diagnosis of obscure pathological conditions. In the past it has been customary for clinicians to view the radiologist in an indulgent if not an actively hostile light. It has long been the boast of the clinician that he can interpret a straight X-ray as well as, if not better than, the professional radiologist. This boast has not been entirely idle. New refinements in technique, however, have reinstated the radiologist in the eyes of progressive clinicians, so that before long a physician or surgeon who endeavours to usurp the function of the radiologist may lay himself open to the charge of neglecting the best interest of his patient.

One of the more recent refinements of technique is the new branch variously called Tomography, Planigraphy or Sectography.

The first efforts at the construction of a practicable Tomograph were made on the Continent. The product proved to be a cumbersome and expensive apparatus.

It is to a British radiologist, Dr. E. W. Twining, of Manchester, that we owe the simple and efficient modification which is in use at present at St. Bartholomew's Hospital. This was constructed on the premises by the Hospital engineer, Mr. E. Cavell Bratt, at a cost of about 30*s*., which compares favourably with the price of a modern continental apparatus—running into several hundred pounds.

In the past it has been the unpleasant experience of pathologist or surgeon to reveal lesions at autopsy or operation which could not be suspected from a scrutiny,

FIG. 1.—PATIENT R. M—: TOMOGRAM SHOWING THORACIC SPINE WITH SCHEUERMANN'S DISEASE. THE CLEARNESS OF THE SPINE IS DUE TO THE FACT THAT OVERLYING RIB SHADOWS HAVE BEEN BLURRED AWAY.

however careful, of the straight X-ray films, and indeed this was not surprising, since the straight X-ray gives as it were a composite picture of the innumerable plane surfaces which make up a solid organ. Thus a lesion at one level may be obscured by intervening tissues at other levels.

For instance, a cavity in the depths of a lung may be completely hidden by the superimposed lung tissue, ribs, heart or vessels.

If therefore we are able to pick out individual planes in the lung, we can bring into relief, say, the cavity, and establish the diagnosis with more richness of detail than was possible before. Tomography enables us to do this.

Principles.

The principle of Tomography is simple. It is based upon the fact that when a moving beam of ray is passed through an object on to a film moving in the opposite direction, a plane at a definite depth in that object will be brought into focus, while other depths proximal and distal to it will be blurred out of relief.

Thus :

Point A will here be brought into relief on the film, whereas B and C will be blurred.

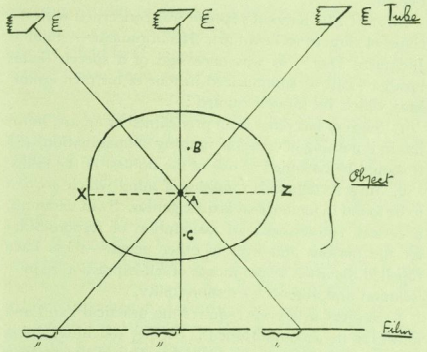


FIG. 2.

Similarly, every point along the plane X A Z will be brought into focus while all other points will be blurred. So that in effect the film will finally produce a record of the plane X A Z in the object, and structures in front or behind will be completely out of focus. In practice the thickness of this plane is found to be about $\frac{1}{4}$ in.

It is easy to adjust tube and film speed relation so as to bring into relief whatever plane we may desire to investigate.

Thus it is very simple to take a picture of the plane which includes the sternum. In this Tomogram none of the deeper structures such as the heart, lungs and spine, which in straight X-rays invariably obscure our view of this bone, will be visible.

Again, if we have reason to suspect a cavity in the lung, we can easily arrange to take a series of radiographs of the whole of the thorax in planes $\frac{1}{2}$ in. apart.

In this way we shall be certain to have investigated the plane which passes through the cavity, and this in fact is what we actually do when we wish to make a Tomographic investigation of a patient with pulmonary tuberculosis.

It does not require much imagination to envisage the importance of this new diagnostic medium. I have indicated one field in which Tomography is invaluable.

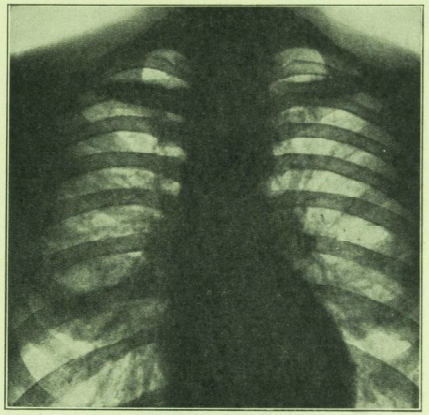


FIG. 3.—PATIENT H—: PLAIN FILM SHOWING AREA OF IRREGULARLY DECREASED TRANSLUCENCE IN RIGHT MID ZONE.

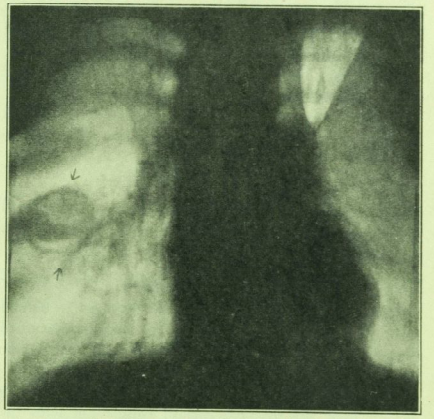


FIG. 4.—PATIENT H—: TOMOGRAM AT 6 IN. DEMONSTRATING LARGE THICK-WALLED CAVITY IN UPPER PORTION OF RIGHT LOWER LOBE. NOTE HOW CLEARLY VESSELS SHOW UP TOWARDS BOTH BASES.

We can also use it with obvious advantage in the investigation of radio-opaque tumours throughout the body.

A Tomograph will often demonstrate a sequestrum in a bone cavity when a straight X-ray will fail to do so.

Only Tomography at present will show temporo-mandibular and sterno-clavicular joints with clarity.

The spine can be clearly pictured in a Tomogram when it will often be obscured by ribs in a straight X-ray.

A Tomograph will reveal and also localize adhesions to the pleura after a pneumothorax. After thoraco-plasty, a Tomogram will often show up residual cavities in the lung, and thus give a vital indication for future treatment.

In a word, whenever straight radiography of parts is hampered by intervening or overlying tissues of comparable densities, Tomography appears to be the investigation of choice.

Tomography, however, is a tedious and expensive investigation, for frequently up to thirty films are required for one patient.

Cases, therefore, require to be carefully selected. A straight radiograph is an essential preliminary; consultation between clinician and radiologist must then follow. It is only in this way that unnecessary and wasteful investigations will be avoided.

The refinements of Tomographic technique have by no means been exhausted. At present radiologists have confined themselves to coronal and sagittal planes of the body. Already ingenious workers are busy perfecting a technique for the investigation of transverse cross-sectional planes.

The limitations of radiology will recede still further when this modification is available to all.

I wish to express my grateful thanks to Dr. Finzi for permitting me to use the Tomograms appended to this paper.

From **The Breviarie of Health** . . . Compiled by ANDREWE BOORDE, Doctor of Phisicke: an Englishman. 1575.

The, 174. Chapiter doth shewe of an infirmitie named Hereos

Hereos is the greke worde. In latin it is named *Amor*. In English it is named love sicke, and women may have this sickeness as wel as men, yong persons be much troubled with this impediment.

This infirmitie doth come of amours which is a fervent love, for to have carnall copulacion with the party that is loved, and it can not be opteyned, some be so folish that they be ravished of theyr wittes.

Fyrst I do advertise every person not to set to the hart that another doth set at the hele, let no man set his love so far, but that he may withdraw it betime, and muse not but use mirth and mery company, and be wyse and not folish.

THE ABERNETHIAN SOCIETY

By "O."

THE Abernethian Society held a meeting in Dr. Geoffrey Evans's house on March 31st to discuss the motion that "Whereas the trend of modern surgery is such as to preclude it from the arts, the practice of medicine becomes more and more of an art". The speakers were Mr. Keynes, Mr. Morse, Dr. Evans, Mr. Sinclair Loutit, Dr. Cullinan and Mr. Flavell.

Most of Mr. KEYNES's speech was concerned with the claim of surgery to be an art. His argument—"final as Judgment Day", as was once said of a speech by his brother—can be summarized in four of his own aphorisms which he himself quoted:

1. Surgery has often been proclaimed as an art, but it has in it nothing of creation, nothing of imagination, and it should be reckoned as one of the noblest of the crafts.

2. Surgery demands qualities of mind which are not to be found in men of real artistic genius. Swift decisions, a certain ruthlessness, an assumption of responsibility for the persons and lives of other people—these have repelled the artist whose means of self-expression require isolation and absence of responsibility.

3. Surgery as a craft requires the practical hand and mind for its accomplishment. Seeing, touching, doing are the three essentials for the education of the surgeon at every stage of his career.

4. The craft of surgery may be developed up to the highest level of skill of which the human hands are capable, and therefore can satisfy to the utmost the skill-hunger felt by so many.

Physicians, on the other hand, Mr. Keynes thought (or said he thought), were true artists. Think, for instance, of the mysterious combination of talents and learning required to produce—in others—a "natural" motion! All the same there was perhaps some irony in Mr. Keynes's expressions of admiration. Earlier in his speech he had quoted from William Blake:

> "A Poet, a Painter, a Musician, an Architect: the Man or Woman who is not one of these is not a Christian.
>
> You must leave Father and Mother and Houses and Lands if they stand in the way of Art.
>
> Prayer is the Study of Art.
>
> Praise is the Practice of Art"

—adding "we know what Blake would have thought of surgeons!" Was he really so sure that Blake would not have said of Dr. Evans or Dr. Cullinan, "He also is a most outrageous demon"?

Mr. MORSE made an admirable and convincing attack on those who dismiss surgery as "digging in a deep dark hole", and surgeons as "plumbers who when they cease to be plumbers become physicians". "The qualities required of a surgeon at operation are a very small part of his responsibility. He must have charge of his patient from first presenting symptoms to cure: he must select his case and consider the risk involved—a field quite unknown to the physician." After suggesting that the future of medicine lay in the "groping application of an ever-increasing body of science", such as had enabled Sir Leonard Rogers to stamp out cholera, amœbic dysentery and leprosy among the millions of India, he ended by reading a description by David Garnett of an appendicectomy, claiming that it showed what an art surgery could be (I wonder, by the way, if he'd say that Hazlitt's essay showed the same of prize-fighting?)

How is one to describe Dr. EVANS's performance? It certainly cannot be reproduced in one's own words, and the notes for his speech, if they ever existed at all, would almost certainly have been like those of another brilliant improvisor who, after a magnificently eloquent lecture, was asked by a reporter for his "notes". Eventually a grubby piece of paper was produced; on it was the one word "Homer". But even the most copious notes would give no more idea of what Dr. Evans's speech was like than (as has been said in a similar connection) "the few dried specimens which travellers bring home suggest the wonder and fertility of distant lands". To judge from this speech Dr. Evans is one of those who achieve their best effects by contrast. The demeanour was dignified, even portentous; the expression unconscious of laughter; the clothes formal (yet—in their context—how picturesque!); the voice at once lugubrious and challenging (what a magnificent preaching voice it would be, by the way; when he said "borborygmi" it echoed round the room like a thunder-roll!). But the words of the speech were full of sudden brilliance, of a self-delighting exuberance of wit and comic invention.

Dr. Evans's argument (for the benefit of those who, like the character in *Howard's End*, "collect ideas as a squirrel collects nuts") was as follows:

> You can tell that surgeons are artists and physicians are not by—
>
> (*a*) the difference in their hats;
>
> (*b*) the difference in their recreations (apparently surgeons paint water-colours, while physicians go badger-digging).

The rest of the speech, which included descriptions of two operations (from one of which it appeared that to Dr. Evans even a stethoscope is a surgical instrument!) may be called illustrative.

Mr. LOUTIT reminded one of the ingenious crammer who devised for his pupils an essay which, with the adaptation of only two lines at the beginning and one at the end, would do equally for any subject. He made his adaptations well.

Dr. CULLINAN was in a better position, for he had gathered from one of the previous speakers (could he have meant Mr. Loutit?) what the debate was about, and thus was enabled to make a cheerfully pugnacious speech against the side which he had been advertised as supporting.

Mr. FLAVELL wound up the debate with an authoritative and eloquent speech which expressed, I imagine, the views of most present. He explained that neither medicine nor surgery had anything at all to do with art, and that we must resign ourselves to being technicians.

There were several other pleasant speeches (all by the President), and one sepulchral interjection from the Dean. Afterwards Dr. Evans gave us refreshments downstairs.

This was the first time that the Abernethian Society had held a meeting outside the Hospital, and accordingly there was some criticism of a "break with tradition". I am authorized to say, however, that there is no intention of altering the character of the Society; the usual meetings will be held in the usual places for the usual purposes. But it is hoped that, in addition, it may be possible to hold an annual meeting of a slightly different nature in a private house. For the Abernethian Society not to repeat what was so obviously enjoyed would be silly. Dr. Evans is to be thanked not only for his hospitality, but also for having (we hope) set a precedent for the future.

An easily prepared but useful drink for a beginning scurvy.

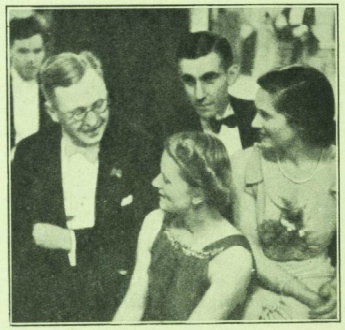
To a quart of Small-Beer (of six shillings per Barrel) or Small-Ale, put over Night about a handful of Scurvy-grass-leaves, and let the Patient drink this liquor at Dinner for his ordinary drink for six or eight Weeks together.

Another Medicine to increase Milk in Nurses.

Take Earthworms, wash them well, freeing them carefully from their Excrements, and from all adhering Earth and Filth. Then dry them so as they may not stink and yet be Pulverable. Of these, reduc'd to Powder, give half a Dram or two Scruples for a Dose, in Wine or any other proper Vehicle.

THE RUGGER DANCE

GUNTER'S new ballroom at 6, Stanhope Gate, had the night of its short life on April 9th, when it was invaded by Bart.'s merrymakers. The generosity of the dinner with which your correspondent was regaled before the dance prevented his arriving before 9.30, and by that time the party was in full swing. The bar downstairs was already crowded, the attraction, no doubt, being the conjuring display given in one corner by Dr. Cullinan, who was making corks appear and disappear in the most astounding fashion. The rugger men and their girls are tough and no damage was done. Unfortunately your correspondent could not find a place at the cinema show, but heard from those who were more fortunate that it provided sixty laughs to the minute, and that there had been several cases of heat-stroke in the room where it was shown. Shortly after midnight there was a pause in the dancing, a thousand chairs appeared from nowhere, it seemed, and we settled down to enjoy a cabaret of old favourites. Never had Trevor Roberts scored such torrents of laughter, never had Ronald Gibson and Alan Thompson delighted their listeners so well, never had Joe Wheelwright had



"KEPT THE PARTY SPIRIT GOING."

"GLASSES WERE KEPT WELL FILLED."

attendants at this bar had the cunning that is derived from a close knowledge of their customers, and glasses were kept well filled. Your correspondent sampled their wares and went refreshed to the dance-floor above, narrowly escaping on his way hordes of hawkers who were trying to sell tickets for a raffle of champagne bottles. He noticed that Mr. Frazer and his fair partner were especially successful vendors. The irresistible rhythm of Mr. Aynstey's band saw to it that the dancing was full of zest, and it was clear that the students, no doubt owing to their exertions earlier in the day, were in danger of being outdone in energy by their seniors. Mr. Capps was not sparing himself, and even in his rare pauses for rest he kept the party spirit going. Dr. Donaldson was seen to especial advantage in the old-fashioned waltzes and the palais glide. As the floor filled up Kenneth Irving's technique, acquired in many a fierce scrum, was seen to be standing him in good stead ; but such a response in the choruses of his songs, and we were loath to let them stop. Soon, however, the chairs disappeared, as mysteriously as they had appeared, leaving a thick carpet of cigarette ends. But these were soon swept aside by the dancers, who were now more vigorous than ever. Some northern spirits (ED.—Whiskey ?) seemed dissatisfied with modern ballroom methods and, led with more enthusiasm than skill by Peter Candler, executed some sort of reel in the ante-room. The onset of summer-time and the sudden loss of an hour reminded your correspondent of his bed ; a last glance at the bar saw it still well supported, a little noisier perhaps, but withal decorous, and then home. And so far as I am aware they may be making merry yet.

NATIONAL FITNESS

By GEOFFREY EVANS, M.D., F.R.C.P.

THE National Government has reflected the general desire for better health by passing the Physical Training and Recreation Act, 1937. Under this Act a National Advisory Council for physical training and recreation has been set up, and certain powers have been conferred on local authorities by means of which they are enabled to provide opportunities for physical exercise, including athletics, gymnastics, swimming, games and other forms of recreation. At the invitation of the Board of Education the British Medical Association has made an organized contribution to the national fitness movement by a series of 22 lectures which have been given daily at Olympia during the past month.

We members of the medical profession have individual opportunities of helping in this campaign. By personal contact with our friends and patients we can support the movement by explaining its scope, by sane observation on the relative value of rest and exercise, and by encouraging discussion on the advantages and disadvantages of exercise in various states of health, ill-health and over-fatigue.

It is largely a matter of personal opinion, but the matter is so important that it is worth while to attempt to describe some of the things on which good health depends from a doctor's point of view.

In the first place it is agreed that physical exercise is good and healthy. In fact one naturally speaks of "healthy exercise". But there are many who cannot afford the time or money which physical exercise involves. Others are so occupied by their day's work that they have not the strength or energy to profit by such exercise. They may even require the week-ends for rest. There are others, too, whose real pleasure is so much in their work or other activity that they do not care for physical exercise. One sees such people leading a hard and active life, happy and satisfied with what they are doing, and perfectly fit in spite of their continuous work. It makes one think that physical exercise may not be necessary for physical fitness, and that some other most simple basic factors may determine health. The first of these is the important relation in a man's life between the hours spent upright and the hours spent horizontal. It seems that if a man, or a woman for that matter, spends too short a time in bed at night, either by going to bed too late, or getting up too early, he or she ultimately contracts some illness which determines an extra length of time spent in the horizontal posture. Nature has great reserves on which any individual may draw for a number of years, but these reserves can be exhausted, and when this limit is reached, something or other determines a period of rest in bed. It may be an obvious breakdown, a state of debility and vital exhaustion which generally goes by the name of a "nervous breakdown", or the determining incident may seem accidental, an attack of influenza, appendicitis, tonsillitis or other infection being apparently responsible. An illness which involves three weeks in bed immediately contributes more than 300 hours to the account of horizontal posture. For if a man usually spends eight hours of every twenty-four in bed he will gain sixteen hours a day by taking to his bed. We do not know all the factors which make for increased resistance to infection, but it will be generally agreed that a state of habitual fatigue undermines this resistance, and physical exercise does little of itself to increase it. This point of view may well be emphasized at the present day, because professional opinion is so prone to attribute states of malaise and debility to "low-grade" microbic infection. As a result there are many overtired or overwrought people who, in the hunt for a microbic factor, have teeth, tonsils or appendix removed, and benefit greatly by the rest in bed and subsequent convalescence which such operations necessitate.

The second basic factor to be borne in mind is the benefit of "beauty sleep". It has long been known that two or three hours spent in bed before midnight are worth four hours' longer sleep in the morning. This is because the body has work to do during the hours of sleep and requires energy for its good performance. Early to bed means a shorter day, and so the body benefits more in its hours of sleep by being less tired, and by having more reserves of energy for its anabolic and integrative activities during sleep. In family life there are often difficulties in arranging for an early hour for going to bed, but if the ideal of five nights in bed by 10 p.m. for those who are overtired is not attainable, two or three such early nights in each week are often possible, and one or two nights in each week may even begin at 6 p.m. Women require more rest than men. In one way or another they must have an average of half to one hour extra horizontal posture in every twenty-four, and it may be only through illness that they get it. In round figures this means an extra 150 to 300 hours in every year. Thus some slight illness which necessitates one to three weeks in bed gives them the extra rest they need. Neither can women maintain the same dead level of daily work day after day and year after year that can be achieved by men. There is a rhythm in all human life and output of energy. It is more obvious in women than in men. In comparison with women, man's work, both in its doing and when it is done, is less closely bound up in emotional response.

A simple and dogmatic statement of this kind takes count of the fact that some women are more like men in their reactions, and *vice versa*.

These remarks about the need for sufficient rest, and the strain of continuous work, need qualification. It would seem that if a man (or woman) is to retain a real zest and vigour in life he must have the urge, the power and the courage to work himself clean out at times. It is only by complete self-sacrifice to some objective that anything of much magnitude can be achieved in life, whether it is the birth of a child by a woman, or some physical or intellectual achievement by a man. It is perhaps for this reason that some men realize their own capacities for the first time in war. In more general terms a man has never reached his limits of achievement until he has trained himself to use, on occasion, his last reserves of strength. Games and sport have incalculable value in teaching men their power of doing more when they feel done. In contrast to this there is to be mentioned the power of physical relaxation combined with mind detachment, a power which is natural to some, and can indeed be acquired by most people fairly easily by instruction. With it there is generally the ability to do nothing when there is nothing to do. Habits such as these hasten recovery from exhaustion.

It may be in the reader's mind that these remarks are beside the subject, which is concerned with physical exercise, games, gymnastics and sport. It is a hard life which is without opportunity for these things, but there is muscular effort which can take their place. The main thing is an active life, a life occupied in doing, a life lived for a purpose, and more or less directed to the achievement of that purpose. If the life is sedentary, or if the occupation is intellectual, how can the voluntary muscles of the body (which form about 45% of the total body-weight) be kept in a state of healthy development and tone without setting aside a time for their exercise? The answer is simple. It is done by maintaining an upright posture in standing, and a correct posture in sitting. When standing up three additional movements are made to bring the body upright. These movements are to brace the knees, tuck in the tail, and lift the chest. Three great muscles come into play—the rectus femoris (vastus internus in particular), the glutei maximi, and the muscles of the abdominal wall (particularly the external obliques). The upright posture, when once acquired as a habit, is the one most easily maintained, and, unless one knows the difference between standing up and standing upright, energy is wasted in standing still. In sitting, too, the trunk, if it requires support, rests against a rigid bar at the level of the sacrum, and the chest is still kept raised so that the muscles of the abdominal wall retain their tone. Space hardly permits elaboration of this subject, but it is obvious that a proper gait is as important as a proper stance and posture. The legs swing from the hips, each like a pendulum balanced by a pelvic tilt and a swing of the shoulders and arms. As the heel reaches the ground the knee is still slightly flexed. The weight of the body is transferred to the ground along the outer border of the foot, swings over to the inner side across the transverse arch, and the take-off from the ground at the end of each step is chiefly from the great and second toes. The feet are placed parallel or nearly so. Just as there is a movement of rotation in the subastragaloid and astragalo-scaphoid joints in walking, so there is a slight rotary movement of the femur on the tibia as the limb reaches a position of complete extension in carrying the weight of the body forward over the perpendicular. A correct stance and posture in standing and sitting, and a free rhythmic gait in walking, with every muscle of the body working in perfect tune, is an objective of vital importance. It means a harmony of muscular activity in every minute of the day in contrast to elective exercise periodically interrupting a slack muscular life. Before leaving this subject of standing and walking, reference must be made to boots and shoes. We are responsible for the boots and shoes we wear. We demand them of a certain shape, and as a result good feet are uncommon. Corns, bunions, hallux valgus, hammer-toe and metatarsalgia are commonplace deformities and discomforts. To allow of a proper posture, and to walk with pleasure and ease, we must create in our patients a demand for proper footgear. The inside edge of the boot or shoe should be relatively straight. There should be sufficient width across the metatarso-phalangeal joints to allow of free movements of these joints in their casings. The boots or shoes must fit perfectly round the ankle and heel, for it is in this part that the footgear holds the foot. As a corollary to the extra width across the metatarsal joints, it follows that the sole carries the upper and the upper does not bulge over the sole. Lastly, the empty shoe or boot, bent between the toe and heel, should bend where the foot bends most in walking—at the metatarso-phalangeal joints. It should be noted, too, that the stockings or socks do not fit too tightly on the toes, and that they are both long and wide enough.

There are, of course, many other basic factors in the maintenance of health to which only passing reference can be made. The supply of sufficient calories and protective food substances with their quota of vitamins and essential minerals comes first. There is the good functioning of every system of the body to be taken into close account. There is the rhythm of the day's work alternating with peaceful sleep at night. A day's rest in each week is greatly to be desired, and beyond all this, there is the physical and emotional adaptation to environment which depends so much in its perfection on reflex activity. As Pavlov remarked, "If the animal were not in exact correspondence with its environment it would sooner or later cease to exist. If instead of being attracted to food the animal were repelled by it, or if instead of running from fire the animal threw itself into the fire, then it would quickly perish. The animal must respond to changes in the environment in such a manner that its responsive activity is directed towards the preservation of its existence." Although Pavlov hesitated to apply the knowledge gained by his experiments on dogs to man, nevertheless such a simple statement as this is wholly applicable. In connection with this it may be remembered that standing, walking and the maintenance of postural balance are reflex actions, as Magnus and d'Akleigh have shown.

There is, of course, another aspect to this search for health with which we doctors are only too familiar. In 1757 John Armstrong, M.D., inscribed a poem to Hygeia, the goddess of health and daughter of Æsculapius, entitled, "The Art of Preserving Health." This poem deals largely with the so-called mental side of life. He writes, "Tis painful thinking that corrodes our clay." We know that some emotions, such as love and hate, are invigorating. Others, like jealousy, resentment and regret, are almost suicidal in effect, and fear is paralysing. Dr. Armstrong goes further, and writes that even the energizing emotions sap human strength if baulked in their expression:

> "But anxious study, discontent and care,
> Love without hope and Hate without revenge
> And Fear, and Jealousy, fatigue the soul,
> Engross the subtle ministers of life,
> And spoil the lab'ring functions of their share.
> Hence the lean gloom that Melancholy wears;
> The lover's paleness; and the sallow hue
> Of Envy, Jealousy; the meagre stare
> Of Sore Revenge: The canker'd body hence
> Betrays each fretful motion of the mind."

This side of life, which is crucial to human happiness and means so much to health, is not likely to be forgotten now that a new interest has been awakened in psychology. It is a part of our work as doctors on occasion to explain to our patients the subtle workings of the mind, the power of emotion that is felt and unexpressed, and the influence of unrealized emotion that shows itself in inhibition and prejudice. If our patients can tell us what is in and on their minds, especially if they can tell us of their state of mind, we can often help them by explaining the origin of their state of mind, and by offering advice as to its management. As Dr. Armstrong said, "Tis the great art of life to manage well the restless mind".

But with all our interest in the workings of the mind we must do our best to realize the individual's personality as a whole. We must, for instance, try to realize the intellectual attributes. Infants in arms have understanding, like puppies. Intelligence exists without education. Knowledge comes with learning. It is incomplete without experience, and so conversation about sex or life and death leaves children vague. They do not cross their bridges before they reach them. Judgment is based on reason as well as experience. Intellectual capacity increases with achievement, and in great brains it may only reach its maximum development towards the end of life. Character, too, has its attributes, of which moral tone is one and loyalty another. It also has strength, tenacity and stability in varying degrees.

Beyond all this an individual's personality includes the indefinable thing which the late Robert Bridges (one time a student within our walls) called Selfhood. We recognize its being in self-control, self-sacrifice and self-expression. The fullness of self-expression has in its essence some spiritual sense, a sense that if satisfied gives the sensation of infinite peace, and if unsatisfied provokes a longing, almost a hunger. Some people develop this need in their nature by religion, others by philosophy or art. In some it is a warm glow that animates their being, in others it is cold and damp like a moonlit mist. However this may be, it is a thing to be aware of in others, a thing not spoken of because it is so tender and means so much. It hardly concerns a doctor in relation to his patients, but whether consciously realized or not, it binds great friends. More than this, it is the mainspring of belief and faith, without which an individual in the vicissitudes of life is like a leaf in the wind.

Analysis leads to difficulties, especially when the attempt is made to express much in a little space. It is well, therefore, to end on a simpler theme, and to summarize this contribution to the national desire for better health in terms of an understanding of the body, mind and soul in one to be achieved, as well as may be, by members of the medical profession. The body and the mind concern us most, and of these two we must make the body our first objective. Although sport and games are to be greatly encouraged, especially in youth, for the pleasure and good there is in them, nevertheless the basis of health ultimately depends on the proper use of the body in its daily life, and the good adjustment of that body to its environment.

§§

DIVINATION.

Harassed first-time Dresser, met in Surgery—

"Excuse me, but can you tell me where to find a horoscope? The house-surgeon wants one."

NEW REGULATIONS FOR THE LONDON M.B., B.S. EXAMINATION

By W. GIRLING BALL, F.R.C.S.,
Dean of the Medical College.

IN the last number of the JOURNAL there appeared an admirable article regarding the M.B., B.S. degree, written by a student of the College. The College is indebted to the JOURNAL for publishing the article, for it expresses very clearly some of the difficulties experienced by students in this matter.

Nearly all the points mentioned have been realized by the authorities of the College, but sufficient notice has not, perhaps, been taken by them of the quite obvious fact that the taking of subjects separately in the Conjoint Board Final examinations interferes very considerably with a student's work for the M.B., B.S. examination, which has to be taken in larger sections. It is hoped that some of the remedies indicated below will help and that others will follow.

The correspondence mentioned in the article is regrettable, for it has given a version of the present negotiations which is not in accord with the facts. It is not possible to discuss these negotiations at the moment for the whole matter is *sub judice ;* but it is permissible to state that, initiated by myself, they have as their object a closer co-operation between the University of London and the Conjoint Board in the Final Examinations. It is hoped that something material may result from the discussions which will still further improve the lot of the University student.

For many years past it has been a requirement of our College that candidates for admission to the full medical course should have passed the Matriculation examination of the University of London, or some examination equivalent thereto. Of course, there have been exceptions to this rule, and a certain number of students have been admitted who had not reached Matriculation standard and had therefore to take the Conjoint Board course. This number is, however, diminishing rapidly ; indeed, 90–94% of the students at Bart.'s are of University standing.

Some few years ago the attention of the College authorities was drawn to the fact that although, between the years 1920–1929, 86% of those who entered for the full course passed the First M.B. of the London University and 88% of these passed the Second M.B., only 52% of the latter took the degree. This was, naturally, a result disappointing both to the College authorities and to the University.

The failure to obtain the degree is due to a variety of causes, among the more obvious being the fact that the Conjoint Board Final Examination, for which nearly all students sit, and the subjects of which can be taken separately, is held four times a year. Having thus obtained a qualification, many a student is satisfied and does not wish to incur further expense. He prefers to get on with the job of earning money.

Now it does seem a pity that so large a number of students, having embarked upon the University course, do not obtain the degree, and that so high a percentage as 45% fail even to enter for the examination.

Certain steps have been taken by the College to remedy this defect and to encourage the students to take the degree, which it is felt the majority would wish to do.

The first of these steps was to institute the appointments of Casualty Physicians and Surgeons, lasting over a period of three months, during which the recently-qualified student can earn some money, gain some practical experience, and not be too heavily overworked. This short appointment provides a period between qualification and the acceptance of a full house-physician's or house-surgeon's appointment, during which the degree can be taken.

A second step has been to give more weight to the fact that a candidate for a full house appointment holds a University degree. No doubt it is generally realized that many points have to be considered in making these appointments, and that to make the possession of a degree compulsory might preclude the election of a really good man who had, through no fault of his own, been prevented from acquiring one. It should, however, be generally known that greater emphasis is now being placed on the holding of the degree and that, now that the great majority of students enter for the University course, it may become compulsory.

A third factor has arisen within the University itself. For the University, as a result of its consideration of the combined Universities' report on the medical curriculum, has issued new regulations with regard to the Final M.B., B.S. examination, and these will come into force at the end of this year. *All candidates for this examination should make application for a copy of these regulations from the University of London.*

The main feature is that the examination can now be taken in three parts, as follows :

Part I.	(1)	Pathology.
	(2)	Hygiene and Forensic Medicine.
Part II.	(1)	Medicine.
	(2)	Applied Pharmacology and Therapeutics.
Part III.	(1)	Surgery.
	(2)	Obstetrics and Gynæcology.

Secondly, Part I can be passed after a period of 30 months subsequent to the Second M.B. examination, and Parts II and III 36 months after the same examination.

It is hoped that this rearrangement of the Final examination, in addition to the steps taken above, will lead in the next quinquennium to a higher number of University qualifications.

THE BLACK BOOK

By G. F.

IT had been a dull Duty, and a quiet afternoon, and I was just growing somnolent when suddenly there was an uproar, the door of the box burst open, and they bore him in. There were two tremendous worried constables, two ambulance men, and a cynical porter from the Surgery. It was just four o'clock.

In their busy midst they bore the pale inert figure of an apparently dying man. They undid the buckles, lifted him preciously, and laid him on a couch with infinite solicitude. One of the policemen pushed back his helmet, and taking out a notebook, licked his pencil stump. The other looked at me and said in a rich Donegal brogue, "Collapsed, he did, Sorr, in an A.Bay.Say."

"Ah," I said, trying to look as though the diagnosis were immediately apparent to me, "let's have a look."

The porter, who had been bellowing, "What's your name, mister? What's your name?" into my patient's unresponsive ear, made way, and I bent over the still figure. He was still breathing. As I lifted his wrist, the eyelids fluttered, and he whispered feebly, "My heart, doctor, my heart! It's fibrillating . . . fibrillating . . ."

It wasn't.

There was something familiar, pleasant, and aromatic about his breath. Was it acetone?

No, it was not acetone.

"He's tight," I said to the porter.

"I'll get you the Black Book, Sir," he said.

It was one afternoon, just at four o'clock, in 1929 that our friend had first been borne into the Medical Duty Box, beating his breast very gently, and complaining of fibrillation. And below the first entry, inscribed by the successive hands of whole generations of house physicians were the records of his subsequent visits, 1930, 1931, 1934, three times in 1935, 1936, and five times in 1937. He was always drunk, and always complained of fibrillation, and always arrived upon the stroke of four o'clock.

A case to throw out of the box, you say? Do not be too hasty. Once, in 1937, he came in as usual ; tight, and with the chimes. But this time he had three fractured ribs, was bleeding from one ear, and fibrillated quite genuinely and so badly that he had to be put on continuous oxygen and coramine, four-hourly. . . .

We got him off the couch at last, and on his way towards the door. Before he left he approached me with a strange, confidential dignity and said, "Doctor, will you do something for me?"

"Delighted," I said.

"Gimme—gimme a chertificate to shay I've been here."

"Certainly. But I shall write on it my diagnosis."

He looked at me for a moment with a world of sorrow in his eye. Human perfidy seemed too gross.

"Let ush," he said at last, "let ush shay no more about it." And so he swept out, guided by constabulary upon either flank.

There are many alcoholics in the Black Book, all with their own singular customs and conceits. There is Mary, of course, who had paid me a visit not long before, and who has been celebrated to the extent of about two columns in the *Evening News*—almost as much as a European coup.

Mary would have been burned as a witch in more enlightened times, and I think she is one. They always pick her up in Middlesex St., and although both speechless and incontinent upon arrival, apomorphine has never wrenched from her more than a few crusts and a pint of old and mild. Her pleasures cost less than ours.

Mrs. Jacquery was before my time, but she had a soul for music as well as wine. Here is her entry for 21.xi.31 :

"Brought in again. O.E. : Torpid. Ætiology: Pawn ticket, of to-day's date, for wedding ring (14s.) found in corsage. Purse empty. Also found : (1) Snuff box. (2) Song copies of—

(a) When the World is at Rest.
(b) For Old Time's Sake.
(c) I'm marching Home to You.
(d) I'll Always be in Love with You.
(e) Ever so Goosey.

and *(f)* I've got a Feeling I'm Falling.
Treatment : At His Majesty's Pleasure."

Pat McGill is one of those incalculable creatures, the gentlemen drunks. He is described in the Book as "most dignified and aristocratic ", and on the last three of his nine visits spoke only in fluent French.

Some of the " Upper Ten " among our visitors claim to be doctors themselves. Several are intimately acquainted with all the hypnotic drugs and with the most obscure symptoms of the diseases which a few can simulate with fiendish skill. One is a chartered accountant, another a member of a senior university, a third a clergyman. And there is also of course Charlie, " a most gentlemanly drunk, who speaks in a refined, *high-pitched* voice. He states that he is in love, but is reticent and delicate about it. Gin is the cause of his present trouble, he says—" curse it ! "

But the grape—and the hop—are simple things. You will find in the Black Book stranger tales of stranger people. Here are some of the true English eccentrics. Here are things so curious that I may not tell you of some of them.

Listen, though, to the extraordinary tale of Henry Leary : " 16.v.32, 3.30 a.m. Phone message for HP./D. ' Steward of Cunard Co. speaking. My Chief Engineer, you see, has lost an eye from a boiler bursting, you see, he is spitting up blood, you see, so will you admit him you see ? '

" 3.45 a.m. Enter Chief Officer Leary, very unhappy, left eye missing, quite dumb, spitting blood. Refusing to say a word, he writes down that he is Chief Engineer of the S.S. ' Tuscania ' (19,000 tons), that a boiler burst in mid-Atlantic injuring his left eye, which had to be removed by a passenger next day, the steward giving the anæsthetic. Has since been dumb, vomiting, spitting up blood, and thinks he has broken his neck.

Told just the same story a year ago ! "

Some, appropriately enough, are actors. There is a playwright who has been in three times with his cravat soaked in chloroform, and who sobs each time, " I won't do it again ".

And Robert Eaton, who was one of the first men in the world ever to have an omentopexy performed upon him, and who has lived ever since on the newspaper clippings describing the operation. And John Davies, who comes from East Africa, and who gives a big performance in the box fighting cobras. And a little old man who comes in very late at night complaining bitterly that he is pregnant.

The motives that bring these folk to hospital are as varied as their complaints. Some are waifs who occasionally exchange their cold counterpanes of newspapers and the bitter bars of some Embankment seat for the luxury of a hospital bed.

Some make a life's work of it, and visit seven or eight hospitals in a day, or one many times. There is a man in the Book who has a registration card for every medical and surgical firm in Bart.'s.

Others try to extract money by the telling of tales passing strange and wondrous pitiful. Or by their ills gain certificates convertible to cash.

But what is one to think of the man who was admitted to Surgery Ward with a great ruptured wound of his groin, and who discharged himself? And who a year later entered Rees-Mogg under a different name and with the same wound, and again discharged himself?

Or John Smith, addicted to surgery, much appreciating operations, who has already persuaded three surgeons to operate for cleverly simulated gastric ulcers ?

Or the Reverend Brown, brought seven times after collapse in the street, truculent, obstinate, rude, and refusing examination, admission, or to say where he lives ?

When a man collapses in the street, the police automatically summon an ambulance. One of our regular visitors who forgot to collect his haust. gent. cum rheo at the Dispensary on his departure got all the way to the Bank before he remembered it. Did he walk back for it ? Dear me, the man was not a fool. He collapsed again, and rode back.

We have had some great fighters in the Book. There is Elsie, who talks like Gracie Fields, and after asking for ammunition, hurls pans at housemen's heads. While here is a note upon one of our more subtle campaigners :

" The opinion that Mr. Jones has an extensive knowledge of the commoner expletives is vigorously endorsed, after his appearance here on 8.vi.31. His refusal to accept our hospitality (Hst. asperinæ co) was most unchristian, whilst his methods of fighting are reminiscent of the far East."

But I shall always like best the story of Michael Casey, in which is enshrined all the indomitable spirit of Eire. Year after year Michael's record is set down, and it was always the same :

" Fighting the Sergeant."

"Attacking the police."

" Very abusive. Fighting again," and so on, and so on. Down at the bottom of the page is this last inscription : " In again. Fairly drunk. Not fighting. Says he has given up fighting the police . . . because he is not strong enough now."

The Black Book is full of comedy. But like all real comedies, it is sometimes very like a tragedy.

An Uncommon, but not Unuseful Remedy for the Tooth-Ach.

Let the Patient lye on the Ear that is opposite to the Part affected, and into the other Ear drop two or three drops of the freshly exprest Juice of Rue a little warm, and stop the Ear lightly with fine black Wool or Cotton.

CORRESPONDENCE

BART.'S MUSICAL SOCIETY

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

DEAR SIR,—Having looked up the records of the Musical Society I find it is some five years since the Hospital last had an orchestra. This had to be discontinued owing to lack of numbers, and to lack of enthusiasm on the part of some of the members, making it impossible for the gallant and enthusiastic few to carry on. Considering the large number of students at the Hospital and College I think it should be possible to form an orchestra once again. I have succeeded in getting about half a dozen instrumentalists interested in the idea, and the particularly bright feature is their enthusiasm, which is absolutely essential for any success which an orchestra, if formed, may obtain. The type of orchestra, of course, would depend upon the instrumentalists we could get together.

Many people whom I have approached have asked me what concerts, if any, could be given and when. Others have suggested that if we cannot get sufficient numbers from the students we should invite the nurses, among whom there are said to be many fine players. Well, I await your criticism and comments on the points I have raised, and would particularly like to hear from any member of the staff or otherwise who was connected with the Musical Society in the past.

Yours faithfully,
A. KATZ.

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

DEAR MR. EDITOR,—Thank you very much for showing me Mr. Katz's letter and for giving me this opportunity of supporting the idea of a Hospital orchestra.

The Governors' Christmas Entertainment for the resident staff takes the form, as you know, of a play produced by the Amateur Dramatic Society, and until 1934 the Musical Society had always provided an orchestra to " fill up " the intervals. Attendances of members of the orchestra were irregular and rehearsals " sketchy " and inadequate, and I well remember that on the last night of the play in 1934 one solitary violinist and myself solemnly plodded through what your dramatic critic would describe as a " somewhat syncopated version of the National Anthem ", and then agreed to leave the audience to enjoy the play without further interruption from us. A somewhat inglorious swan song for the Musical Society ! Since then we have had two pianos in the intervals and I for one have been happier.

Mr. Katz deserves support in his efforts to reform the orchestra, but to my mind that in itself is not enough.

It is a living and perpetual insult to the Hospital that with nearly eight hundred students and four hundred nurses it should not be capable of supporting a Musical Society ; indeed I doubt if there be another hospital so musically apathetic—witness Guy's, who produce each year at a theatre larger than the Cripplegate a Gilbert and Sullivan show which runs for a week, and is vigorously supported by staff, nurses and students.

I contend, therefore, that it is not enough to form an orchestra alone ; what we need and what we must have is an active musical society affiliated to the Students' Union and under the patronage of the Council of the Students' Union. I am persuaded that when such a club is well and securely founded the Council would allow it an annual grant such as is given to all other clubs of the Union, and moreover, that it would be a club readily supported by many well-known artistes.

Several schemes have been brought forward in the last few months. Mr. Clifford Newbold is anxious that Bart.'s, too, should give an annual Gilbert and Sullivan show, and Mr. Michael Harmer is, I believe, considering a revue in the summer ; let the Musical Society take up these schemes and forge ahead with monthly recitals and concerts with Hospital and outside talent and with the orchestra as a fundamental part of the Society.

Mr. Katz is an enthusiast ; let him and his supporters call a general meeting of the Students' Union (as any student is entitled to do), to have a committee elected under the presidency of a member of the senior staff and with the co-operation of the nursing staff, and I am sure he will find the support for which he asks.

The Bart.'s Musical Society must become a dangerous rival to those of other hospitals ; good luck to it, and all power to Mr. Katz's elbow.

With again many thanks. Yours etc.,
Dunkeld, RONALD GIBSON.
St. Cross Road,
Winchester ;
19th April, 1938.

CONFLUENT SMALLPOX

Dr. P. B. MELLOWS' article, " Some Observations on a Fatal Case of Confluent Variola Major ", has been reprinted in *The Nursing Times*. The two letters printed below are chosen from a large selection sent to us. We also hope to publish next month some notes by Dr. Mellows himself on the fate of the contacts with this case.—ED.

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

DEAR SIR,—I was pleased to see the article on the case of smallpox which appeared in your April issue. At a Mission Hospital in West China in March, 1923, the gatekeeper asked me to see his son, aged about 20, who was ill with fever. The room was ill-lighted, and recognizing the impossibility of treating him there, I had him removed to the hospital. An hour later the Chinese doctor pointed out a pimple on the side of the nose, an inch below the right lower eyelid, with a depression in its centre, and told me he suspected smallpox. Variola is common in China, and many adults are pock-marked. Other pimples on the face soon appeared, and the case rapidly developed into confluent smallpox quite as severe as the one your correspondents describe. The spots were over the entire body, the palms of the hands and the soles of the feet included. They were particularly troublesome in and around the anterior nares, where they obstructed the breathing. The photographs you reproduce might have been taken of this Chinaman. A discharge from the eyes followed in spite of attention to them from the outset. The temperature remained up throughout, but there were no hæmorrhages. The patient lay in a half-sleeping, half-comatose condition which gradually deepened (rendering injections unnecessary), till he passed away ten days later. It fell to me and to his father to look after him.

About three days after the fatal termination I became ill with fever up to 103°, which kept me in bed for three days with headache, lassitude and slight pain in the back, but there were no spots and no vomiting. I was the only one to be affected. There were no cases of influenza at all at the time, and I am absolutely certain that this illness of mine had nothing whatever to do with that disease. I have always regarded it as an attack of smallpox cut short by the protection from vaccination regularly repeated every seven years. I had eight other cases of variola that spring under my care, and have seen others since, both in China and in Kent, but none were fatal and all much milder than this first case.

I would like to add how much pleasure I have derived from the JOURNAL from student days onwards. The different Editors have left me under a deep debt of gratitude. The numbers have been eagerly read, always with interest and often with profit. I would like to see more clinical matter inserted, as used to be the case till recently, for this is always welcome. I also heartily support Mr. Gosse's appeal for the retention of the King Henry VIII gateway on the cover.

Yours sincerely,
China Inland Mission, M. R. LAWRENCE.
Newington Green, N. 16 ;
April 15th, 1938.

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

SIR,—In the April issue the writer of the article on a case of variola major has apparently not heard of the late Sir Andrew Balfour's treatment by potassium permanganate which is the local treatment *par excellence :*

" In V. major, applications of compresses of pot. permang. solution till the rash be black. In V. minor, pot. permang. baths. This treatment removes the irritation, a source of exhaustion, and disinfects the scabs, diminishing the septic sequelæ."

Also vaccination can be rendered more attractive by pot. permang. As vaccinal immunity is established on the fifth day, if vaccinal scabs be disinfected till black on the sixth or seventh day while there is no more discomfort and risks of sequelæ are diminished, immunity is not interfered with.

I am, Sir,
33, Beckenham Road, Your obedient servant,
West Wickham, R. W. JAMESON.
Kent.

THE HOSPITAL ARMS

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

SIR,—The observation of the Bart.'s Hospital arms on the old Venetian building in Cyprus and their identification by Prof. Gask as the arms of Giovanni Renier, Captain of Cyprus in 1552, is of great interest, and I have much pleasure in describing the result of my humble researches on the Hospital arms as he kindly suggests.

When publishing the report of the Rose Research on lymphadenoma in 1932, it seemed desirable that as the work had been done by co-operation of the whole staff, the Bart.'s arms should be put on the cover. Before doing so it was advisable to ascertain what the correct arms are, and a visit to Rahere's tomb showed that whereas the Priory arms are there displayed with the utmost prominence, being carved on a shield of stone held up by an angel at the feet of Rahere for him to gaze upon, and whereas additional arms are painted on the side of the tomb, there is no representation whatever of the well-known shield of black and white with the countercharged chevron! The earliest coat of arms in this country dates, I am informed on high authority, from 1190. According to expert opinion Rahere's tomb was executed in about 1406, and it would seem to be a reasonable inference that at that time the Hospital had not officially adopted the arms now used, but in all probability employed the Priory arms, which are of great beauty and distinction, being two gold crowns and leopards on a scarlet background to show, as some think, that the Priory and Hospital had a doubly royal foundation. Our old kings must have had a high regard for Rahere's institution to grant this suggestion of their own Royal blazon to it, and the effect was probably excellent in attracting gifts from their loyal subjects.

On consulting Sir D'Arcy Power's History of the Hospital, it appeared that the first record of the Hospital arms as depicted on the cover of this Journal is in a deed executed in 1423 during the Mastership of John Wakering. In Webb's *History of the Priory Church* it is mentioned that the Hospital arms are those of an Italian family by name Renier. As in a popular detective story, these clues, while interesting, did not provide a solution. Accordingly, the next step was to consult the College of Arms in Queen Victoria Street—the supreme authority on heraldry in this country, and there it was my good fortune to submit the problem to Mr. Philip Kerr, Rouge Croix, who took up the matter with zeal and skill and searched the records of the Heralds College, with the result that in a book of arms dating from Elizabethan times and perhaps from the time of Henry VII, there were the Priory arms and the Hospital arms both depicted. Beautiful copies of these made by the artist to the College of Arms and framed now hang in the Hospital in the Clerk's office. Mr. Kerr also ascertained that the Hospital arms are not those of Wakering, the device used by that family being a pelican.

In view of this state of affairs it was decided to put both the Priory and the Hospital arms on the cover of the Rose Report, and as the Priory arms are the senior and the more "specific" to Rahere's Foundation, the volume was bound in scarlet to provide the correct "gules" background for the golden crowns and leopards of the Priory shield.

There remains the problem of the origin of the Hospital arms. The provisional theory to which I incline from the present evidence is that in the early part of the fifteenth century when they appear to have been used first, the Hospital Master and Brothers wished to have a mark or symbol to indicate that they were distinct from the Priory, so that gifts intended for the Hospital should not go to the Priory, and *vice versa*. At a time when comparatively few of the common people could read and write, a coat of arms was of enormous importance for purposes of identification and address. In 1423 Rahere's Foundation had been in existence for approximately 300 years. According to Norman Moore, for 400 years each Master of the Hospital had on appointment to swear fidelity and obedience to the Prior. Had Wakering adopted his own coat of arms for the Hospital there might have been trouble. He wisely took another course and chose a coat simple, elegant, distinctive, and not likely to be confused with those of well-known English families and institutions. According to this idea Wakering's action was a kind of precedent to the Unknown Warrior's Tomb conception. If the Hospital at that time received a benefaction from the Renier family, the Renier origin is suggested. On the other hand, Rouge Croix discovered that in an arms roll of the time of Henry III (1216–1272 a black and white shield and chevron identical with the Hospital arms was borne by Walter de Lillebon, and also that these arms are borne by the family of Lawson, Co. Durham. Perhaps when the Consulting Archivist and Miss Hutchings have completed their timely and valuable survey of the Hospital records further information may be available concerning the origin of the Hospital arms!

In the meantime the identification of the Renier shield on the old building at Cyprus is of the greatest interest, and the incident suggests the possibility that the ultimate solution may come from evidence obtained outside the Hospital.

I am, Sir,
Yours faithfully,

April 7th, 1938. M. H. GORDON.

SPORTS NEWS

DEFENCE *v.* ATTACK

Gad, Fotheringay, it's not good enough! We consider the past season of Rugger, Soccer and Hockey, we ruminate upon success and failure, and feel that we possibly ought not to do so; it's the game that matters, Featherstonehaugh, and not the players!

How often in the past have we heard in moments of heat, "Give us the ball and we'll do the rest", or "If you did your part we wouldn't *have* to defend all the time", and so forth; and worse still, in moments of sober reflection, or, most calamitous of all, in moments of reflection, the same remarks bitterly reiterated. Let us pause: Is this Englische? Is it even Britische? Can this be the spirit of Waterloo, of Oudenarde, or even of the Seven Sisters Road.

These slashing accusations by defenders upon attackers and *vice versa*, should they be heard throughout the land? Let us lose as a team as we win as a team, and not single out individuals or even functional groups for our gratuitous and frequently heated—not to say sometimes misinformed—criticism. Let us grasp the reins of justice, let us steer the ship of state, and leaving no stone unturned, let us seize upon the bone of contention, and burst it like the fragile bubble that it is. It is the team spirit, Fitzherbert minor, that has made us what we are.

RUGBY CLUB We freely admit to being in somewhat of a quandary as to the tone of our report of the match against Torquay.

We have four reports to hand—two of ours and two of theirs; of our two, one was given unasked and somewhat tempestuously—speaking of "moving accidents by flood and field". (Incidentally the only respect in which all four reports agreed was that the ground was so hard as to verge upon the ligneous.) The other was kindly supplied by one of our roving reporters and "babbled of green fields" (notice the way the quotations are worked in—a nice bit of Shakespeare gives a touch of class).

For their two reports we are indebted to the *Western Independent* and the *Football Herald*.

Having assembled our evidence, let us give some idea of our difficulties:

(1) The Forwards: "The boys played well" (ours). "Bart.'s lacked cohesion" (theirs). "They seldom got the ball" (theirs).

(2) The Outsides: "Had no chance because their men lay up so far" (ours). "Never looked the equals of Torquay" (theirs). "Kicked and tackled well" (ours). "Slow in defence" (theirs).

In any case the final score was 27 points (9 tries) to Torquay, and 3 points (1 try) to Bart.'s. This last was scored by P. L. M. Armstrong, whose effort, coupled with those of P. L. Candler and K. C. Burrow, formed a second focus of unanimity in the reports. We, who did not see the game, must confine ourselves to the delightful mental picture of some distinctly unorthodox goal-kicking—for which we must be devoutly thankful.

SEVEN-A-SIDES The Annual Seven-a-side Competition was held at Chislehurst, on a very hard pitch, and in a fine sub-arctic wind. Despite these two drawbacks a very fair gate turned out, and watched a distinctly mixed bag. Some games were good, some indifferent, some merely bad, but since the bad ones were generally very amusing, the afternoon was a distinctly entertaining one.

The first game was between the Light Blue Firm and the Pre-Clinicals, and was won by the former, Burrow's feet and Hayes' hands being prominent, whilst George Gray's tendency to tackle his colleagues (albeit he tackled them well), had a certain humour. Burrow had to be carried off the field before the end due to a head injury sustained during a tackle.

Next came the Pink *v.* the Dark Blue, ending in a 9—*nil* victory for the Pink, the chief features of the game being the tackling of Reinold, and a wonderful drop kick by Grant, which found the finest touch of the day. This game was refereed by the peerless Gadney.

Now came a good game to watch—the Soccer Club *v.* the Yellow, Gauvain, Miller and Marshall scoring for the latter, and George Herbert doing some inspiring head work in the more desperate moments.

This brought us to the sartorial surprise of the day—the Unemployed *v.* the Green, in which Joekes of the Green did some pretty work, but not nearly such pretty work as the Unemployed did at half-time, when their dole was paid in kind, and beer brought out to cool their battered spirits. After this the Unemployed rather went to pieces, and lost by 10 points to *nil*. King unfortunately broke his clavicle. (Outer third, **very rare**!—ED.)

North opened the Light Blue offensive against the Dark Blue by a fine try, and play then became rather scrappy. Half-time saw two or three men on the ground, some by design and some not; the senior resident, however, remained erect. The Light Blue eventually won by 3 points to *nil*.

This put the Light Blue Firm in the final, and left the Yellow and the Green to contest the honour of meeting them. In the first half Nel nearly scored for the Yellow, but an instant reply was made by Joekes and Butler (3—0). In the second half Miller made a great effort to get over the Green line, but was held up in a good-natured manner. Griffiths later touched down again for the Green just before time (converted Joekes, 8—0).

The annual match between the Residents and the Chief Assistants is always a colourful sight, many different styles of shirtings and trouserings being affected. Mr. Ward kicked off for the Chief Assistants, and the pack went after the ball as one man; this pace, however, began to ease a trifle after five minutes, and the field became somewhat strung out, an early thrill being provided by Mr. Telling, who tackled Mr. Gray, after a fine run by the latter, in front of the posts, the two participants coming most thunderously to earth.

Now the Association Football Club came into its own, and Mr. Darke foreshadowed the dramatic part he was destined to take in the game by breaking up a promising movement by the Chief Assistants' three-quarters. The pace was now definitely slow, but Mr. Prothero managed a magnificent try, converting it himself, and being borne back to the half-way line shoulder high.

The last big thrill before half-time was a run by Mr. Bennison as far as the halfway line, which he appeared to mistake for the enemy goal-line, for he fell heavily on the ball, and, on being forcibly removed from it by the first comer, contrived to look remarkably offended.

Half-time was a signal for hot whiskey and lemon, with beer as an alternative, and when play was resumed the refreshment appeared to have made bullies out of every man on the field, for when Mr. Prothero got the ball he was instantly savaged by both friend and foe alike. After this exhibition of low cowardice the game was packed with stirring incident, Mr. Newbold's defence and the dribbling of Mr. Vartan being notable in this respect. Mr. Telling scored a try for the Chief Assistants against fearful odds, and Mr. Darmady missed with his kick, only to provide drama a few moments later when he was heavily tackled into the spectators by Mr. Boden.

Towards the end of the contest the Butt-Prothero combination provided Mr. Darke with the ball and he scored a really good try. The end came just as Mr. Mundy, running up, cross kicked, leaped high in the air, and turned a complete somersault.

Eight points to three in favour of the Residents, and everyone very tired indeed.

The last game of the day was the final of the Seven-a-sides between the Green and Light Blue firms.

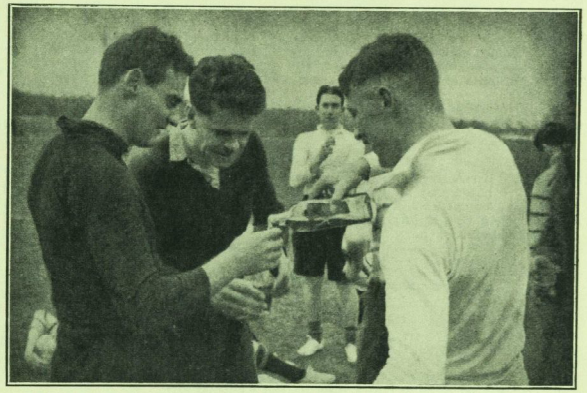
After the kick-off Ackroyd nearly got over for the Light Blue, and a series of scrums on the Green line ended in an open side try by him, which was well converted by Hayes. George Gray was leaping in the line-outs heads higher than anyone else, and amazingly full of energy considering his activities in the previous game. After some scrappy play Gimson brought off a very convincing blind side try which was not converted.

The Light Blues then kicked off again, and Gimson, gathering, nearly managed to send Ellis over. Ackroyd gathered from the kick-off after half-time, and miskicked down the centre. Hearn collected the ball and looked dangerous, but Ackroyd managed to collar him heavily when he was already in touch, which latter fact was clearly indicated by Mr. Alfred H. Evans, who was statuesque on the touch-line.

A beautifully taken pass sent the ever-dangerous Joekes over between the Green Firm posts, and his kick hit the cross-bar, this effort receiving a speedy reply from Hayes, who took the ball over from a knock-on by Butler, and missed with his kick at goal. A good final, characterized by the fine kicking of Mundy, and the heavy tackling of Gray, ended in victory for the Light Blue Firm by 11 points to 3.

The cup was presented by Mr. Girling Ball to Mundy and instantly filled.

SWIMMING CLUB The new season opens immediately after Easter, and each of the following ten weeks is filled with an adequate number of good fixtures, reaching up to a climax with the Inter-Hospitals Gala at the end of June. In addition, it is hoped to send a strong United Hospitals Team over to Dublin at the beginning of June. During the winter some members of the Club have been keeping in practice, and have had a few enjoyable games of polo which sufficed to keep our minds alert while in this particular fluid medium.



"HALF-TIME WAS A SIGNAL FOR HOT WHISKEY AND LEMON."

An excellent game of polo against St. Mary's in February resulted in a victory for them by 5—4 after we had led by 4—2 at the change-over; possibly our defeat in the second half was the result of the strenuous activities with other fluid media at the United Hospitals Swimming Club Dance the previous night. The Club entered a skeleton team for the London University Swimming Championships Gala. C. R. P. Sheen upheld the honour of the Hospital by winning the 220 yards in 2 min. 40⅕ sec., and the 440 yards in 5 min. 46⅕ sec., both of these records for London University. G. J. Walley was indisposed and thus was unable to defend his title in the 220 yards. R. T. Monkton and C. H. Hoskyn gained third places in the 220 yards and the 50 yards respectively. D. G. Evans, in spite of training difficulties, dived into third place. In the total placing we were second to St. Mary's Hospital, University College being placed third; it would have been better if we could have persuaded a few more members of the Club to swim, to cover other events and enable us to defeat St. Mary's.

We open the season with a friendly match against University College Hospital, closely followed by a swimming and polo match against the Cambridge University Tadpoles at Cambridge, and then against Oxford University Dolphins at Oxford. Both these fixtures are very good, and should serve to prepare the team for the Inter-Hospital Water-Polo League Matches, which are to be played off through May and June; although we shall have lost some of our

stalwart members, especially R. J. C. Sutton, we hope to be able to justify our position as holders.

The Club is very gratified to find renewed support and enthusiasm coming from Charterhouse, and once more the committee extend a cordial welcome to all those interested to come and visit us on our club night at St. Mary's Hospital Baths, Paddington, any Thursday between 5.30 and 7 p.m.

ATHLETIC CLUB The Annual Sports will take place at our new ground, Chislehurst, on Saturday, May 28th; this, a later date than usual, should encourage a larger attendance, and give those at Charterhouse time to get fit after the Easter vacation. In addition to the standard events there are, for those lacking time and inclination to train, two handicap races—120 yards and 880 yards. These are not primarily intended for regular members who, if running at all, will be heavily handicapped—previous athletic ability is not required.

The popular Houseman's Hundred will be run, and an even gaudier display of shirting than the seven-a-sides produced is anticipated.

The Drysdale Cup will be competed for this year as an Inter-Firm Relay under conditions similar to the Seven-a-sides. It is hoped that the Veterans will be represented by their customary formidable side.

As this will be our first Sports Day at the new ground, a record entry is wanted—especially from the Pre-Clinicals.

SAILING CLUB Bart.'s Regatta is fixed for Sunday, May 15th. It is hoped that all twelve dinghies will be sailed, since for one ecstatic day they are ours, and ours alone. Anyone, expert, tyro, or first timer, will be very welcome at this most informal of functions.

SOLUTION TO GENERAL KNOWLEDGE PAPER NO. 1.

1. *(a)* A cystic tumour and a fibroma, usually of abdominal wall. *(b)* Lateral recess of fourth ventricle and tympanal plate. *(c)* Oozing of blood from gastric mucosa and stasis of the stomach contents. *(d)* Multiple myelomatosis, and osteochondritis of the bones of the tarsus. *(e)* Calcified rings in cerebral aneurysm and renal crises. *(f)* Congenital dislocation of the hip and valvular disease of the heart. *(g)* Ethmoid portion of anterior cerebral fossa and that portion of the sclera through which the optic fibres pass. *(h)* Device for recording nerve action potentials with a slow-moving galvanometer, and device for delivering a short pulse of current for stimulation of nerve or muscle. *(i)* Inability to speak and a genus of marine Annelid. *(j)* Hæmokonia. Blood lust is self-explanatory.

2. *(a)* Osteitis deformans, recurrent fibroid, quiet necrosis, disease of nipple, disease of penis. *(b)* Serocystic disease, chronic bone abscess, hysterical pseudo-fracture of the spine. *(c)* Fracture of ankle, puffy tumour, disease of spine associated with paraplegia.

3. *(a)* One. Pin for fracture of neck of femur. *(b)* One. Diastolic murmur at pulmonary base. *(c)* One. Protein in urine in multiple myelomatosis. *(d)* Two. Staining method for tubercle bacilli. *(e)* Two. Sino-auricular node. *(f)* One. Operations upon the nasal sinuses. *(g)* One. Presystolic murmur at apex in aortic regurgitation. *(h)* Two. Syndrome associated with microcytic anæmia. *(i)* One. Early sign of pregnancy. *(j)* Two. Periodic breathing.

4. *(a)* By Stephen Hales for estimating the blood-pressure of a horse. *(b)* By de Graaf for cannulizing the ampulla of Vater. *(c)* By de Réamur for studying the digestion of birds. *(d)* By Wenkel for estimating the total blood volume.

5. Entia non sunt multiplicanda præter necessitatem.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON

Second Examination for Medical Degrees, March, 1938

Part I.—Allardice, A. R., Amin, I. B., Birch, J., Borrelli, V. M., Carr, D. T., Champ, C. J., Citron, R., Dalton, I. S., Davies, J. A. L., Evans, R. J., Feanny, P., Finlayson, V. O., Hall, M. H., Hill, I. M., Hogarth, R. C., Holtby, G. R., Isenberg, H., Macaulay, J. C., Manson, C. N. S., Messer, B., Phillips, A. H., Rees, J. D., Rees, R. G., Robertson, D. J., Roth, A., Routledge, R. T., Sadler, J. A., Shaw, C. H., Sinclair, A. C., Stack, H. G., Tweedy, P. S., Watkins, P. F. A., Weber, M., Wells, B. G.

Part II.—Adlam, J. P., Anderson, A. W., Andrews, R. H., Bates, M., Beeston, J., Bell, R. C., Bennett, D. H., Bhargava, K. P., Brown, K. T., Cocks, D. P., Cohen, L., Discombe, G., Ezechiel, P. A., Gordon, H. E., Harland, D. H. C., Harrison, K. O., Helm, H. G., Hershman, M., Hinds, S. J., Jones, H. M., Klidjian, A., Long, D., Lyon, W. C., MacDougall, I. P. M., Meyer, I. H., O'Carroll, C. B., Ogilvie, K. R., Orchard, N. P., Packer, F. H., Purcell, S. D., Rosten, M., Rowntree, T. W., Schofield, R. D. W., Silcock, A. R., Sinha, K. N., Stern, D., Thams, M., Thompson, M. R., Tomback, S., Van de Linde, P. A. M., Vincent, S. E., Walters, F. J. H., Weber, G. N., Welch, R. H.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, March, 1938

Chemistry.—Lyster, J. N., Middleton, H. G., Ramsay, G. S.

Physics.—Lyster, J. N., Manning, C. W. S. F., Middleton, H. G., Ramsay, G. S., Scott, M. G.

Biology.—Brady, T. J., Manning, C. W. S. F., Middleton, H. G., Nazroo, I. A., Newcombe, J., Osmont, R. L., Ramsay, G. S., Sankey, P. R. B., West, J. A. T.

First Examination, March, 1938

Anatomy.—Dangerfield, W. G., Druitt, N. A. W., Haga, P. J., Harvey, R. J., Lemerle, M. E., McAleenan, W. H., Rutland, F. A.

Physiology.—Dangerfield, W. G., Harvey, R. J., Lemerle, M. E., Leven, M., McAleenan, W. H.

Pharmacology.—Collinson, P. C., Grant, R. N., Jacobs, J., Palmer, P. J. E. B., Richards, B. W.

CHANGES OF ADDRESS

DALE, W. C., Ibadan, Cleevedale Road, Combe Down, Bath, Somerset.

GIBSON, R. G., 51, Southgate Street, Winchester.

GOODWIN, T. S., C.M.S. Office, c/o Associated Mission Treasurers, 169, Yuen Ming Yuen Road, Shanghai, China. (*Via* Siberia.)

LEITCH, J. N., Looe Hydro, Cornwall.

MAGNUS, H. A., Dungannon, Ducks Hill Road, Northwood, Middlesex. (Tel. Northwood 1284.)

TABOIS, A. C., Amroth, 35, West Way, Petts Wood, Kent.

WALKER, F. H. AITKEN, Devonshire Lodge, 10, Bath Road, Reading. (Tel. Reading 3469.)

WEINER, H., 527, Oakland Avenue, Wilkinsburg, Pennsylvania.

BIRTHS

BELL.—On April 1st, 1938, at 19, Bentinck Street, W. 1, to Hilda (*née* Faure), wife of Arthur C. Bell, F.R.C.S.—a son.

PETTY.—On March 24th, 1938, to Edith (*née* Knox), wife of Dr. Gerald Fitzmaurice Petty, of 56, Palace Road, Llandaff—a son.

WITTS.—On April 4th, 1938, at 20, Devonshire Place, W. 1, to Nancy (*née* Salzman), wife of Prof. L. J. Witts—a son.

DEATH

FOX.—On March 31st, 1938, at "Burfield", Hill Cliff, near Warrington, Edward Joseph Fox, F.R.C.S., aged 65.

SPRING BOOK SUPPLEMENT

I HAVE been asked by the Editor of the JOURNAL to produce some introductory remarks to this new supplement. Never before have I sat down to fulfil a promise with less idea of what is expected of me.

"Is it to be about medical books or books in general?" I queried over the telephone.

"Medical books must be included," was the answer, and then I was cut off.

Books: What can one say about books except that there are too many of them? I have always felt that every man into whose head has entered the idea of writing a book should be compelled by law to go and sit under the great dome of the British Museum Library for at least an hour. If, after looking at those walls lined with the forgotten works of long-forgotten authors, he still wishes to add yet another volume to the world's heap of unwanted literature, then he should be allowed to do so. To most aspiring authors the sight of so much unnecessary writing, the smell of so much old paper and literary dust will act as a deterrent. Better to take a train out into the country, to lie on one's back in a field and look at the trees than to add to what the world already has enough of—books.

What is true of the British Museum reading-room is to a less degree true of the Library of the Royal Society of Medicine. Medical literature has become so vast that one is absolutely lost in it. Where shall one's reading begin and where shall it end? It would be useless to memorize all the observations that those volumes contain, even if one's mind were capable of doing it. A man who had achieved such a feat would be like one of those possessors of freak memories who can tell you the date of any world happening, and yet knows no history. One would have memorized all medicine and yet not be able to help a patient, have acquired all knowledge and yet have gained no wisdom.

These are my feelings as I sleep in the Library of the Royal Society of Medicine. But what is the remedy? The remedy is that some genius should arise and do for medicine what Isaac Newton did for physics when he wrote his *Principia*. Out of this chaos of disconnected facts he would produce some order; surveying these catalogues of symptoms, these innumerable descriptions of innumerable diseases, he would deduce therefrom certain general principles, from the welter of observations derive a few laws of universal application. Where we see nothing but a conglomeration of disconnected facts he would trace a pattern. Then he would proceed to write a single book, and after its publication we could safely burn three-quarters of our Library. But no such genius has arisen, and for lack of him we are forced to fall back on a new type of literature in the form of encyclopædias of medicine, medical annuals, synopses and year-books. Cramming has been

reduced to a fine art, and the medical reader, like the Strasbourg goose, can now absorb the maximum of nutriment in the minimum of time. The chief difference is that in the one case it is the liver that suffers, and in the other the brain.

At this point in my musings I can hear the voice of the Editor of the JOURNAL protesting : " This is not what we wanted in the way of some introductory remarks to our supplement. You have been asked to write an article in praise of medical books, and not to dream of burning them. How can we expect publishers to advertise in our pages if you suggest to readers that already there are too many books ? " I will mend my ways, Mr. Editor. Text-books are a necessity to the student, and he must be encouraged to read them. They are also a necessity to the author, but as a rule he requires no encouragement in writing them.

Once an author has completed a work it is essential that he should obtain the services of a first-class illustrator. A book stands or falls by its illustrations. I do not mind confessing that I have reviewed books for medical journals written in every language spoken in Europe simply by looking at the pictures. I did not even have to read the preface.

There is nothing like writing a book if one is entirely ignorant of any particular subject and wants to learn something about it. By the time one has finished it one is beginning to know quite a lot about what one has written. That, between you and me, is the chief advantage of writing.

A HOUSEMAN'S HANDBOOK

Practical Procedures. Edited by Sir HUMPHRY ROLLESTON, Bt., G.C.V.O., K.C.B., M.D., F.R.C.P., and ALAN A. MONCRIEFF, M.D., F.R.C.P. (Eyre & Spottiswoode.) Pp. 293. Price 10*s.* 6*d.*

" It is a perfectly just criticism of our teaching, both under- and post-graduate, that we emphasize the value of some method of investigation or of some practical form of treatment without demonstrating the details or even describing the technique of how it should be done." So writes Sir David Wilkie in the introduction to this admirable collection of short articles, which will be of particular value in presenting in black and white to the newly-qualified practitioner what he may not have found described in adequate detail before.

Perhaps the best article is that of Drs. Marriott and Kekwick, relating to the giving of fluids. The technique of intravenous saline administration is described completely and clearly, and some useful data relating to water requirements and dehydration are given. Murphy's original method of giving saline *per rectum* is described—(" a quantity less than 8 pints is, I believe, of little value ")—and merits general attention. Subcutaneous injection of saline by a syringe, a simple and effective immediate measure, especially for small children, might have been referred to.

Dr. Burrell contributes a valuable section on pleural aspiration, the indications for and against such a procedure, and the method of gas replacement and pleural irrigation. Another chapter, specially devoted to 2- and 3-way syringes, mistakenly gives the " Rotanda " syringe an Eirean flavour by both describing and illustrating it under the description of " Rotunda ".

One method of immediate blood transfusion and also the drip method are carefully described, though other methods might have been considered, and to wait 20 minutes in doing a grouping test seems unnecessarily long. Some useful remarks on reactions to transfusion are included.

Sir William Willcox describes what to do in cases of poisoning, and there are also useful sections on plaster-of-paris technique, circumcision, injection treatment, clinical examination of the urine, how to syringe an ear, how to tie in a catheter, and how to do a lumbar puncture, though it is distressing to read that the rate of flow of C.S.F. is regarded as a guide to its pressure.

The technique of blood-counts with some useful notes on interpretation and the meaning of the colour index, a chapter on the estimation of the blood-pressure and sections on minor superficial surgery and local anæsthesia complete the volume. In this last the abandonment of cocaine in favour of the more effective and much less toxic percaine is strongly urged.

The book contains nearly 70 illustrations, and it is both authoritative and complete. A chapter on septic fingers might perhaps find a place in subsequent editions, of which we hope there will be many.

A NEW MIDWIFERY

A Short Text-book of Midwifery. By G. F. GIBBERD, M.B., M.S., F.R.C.S., M.C.O.G. (J. & A. Churchill, Ltd., 1938.) Price 15*s.*

Having been asked many times by the student preparing for an examination to recommend to him the right book, I have reached the conclusion that in midwifery there is no one book that suits everyone's taste. Bearing in mind the diversity of types in the medical school this is perhaps natural. The fault is, however, partly with the material available. Some are frankly too long for the over-crowded curriculum, some are written by those who have long ceased to practise midwifery, and so on.

Here is a book which is short and written by a very experienced practical, and practising obstetrician.

A most useful piece of work done recently has been the compiling of statistics on lines recommended by the British College of Obstetricians and Gynæcologists. Mr. Gibberd's book, by its frequent references to these figures, leaves us in no doubt that what he says is true, and too often the intelligent student points out that what he is taught is not strictly so. Too often also the teacher says, " You must believe what I say, and not what I do ". Mr. Gibberd tells us what he does without fear or favour.

The value of pitocin in labour is discussed. Preference for Cæsarean section instead of the heroic vaginal manipulations of the pre-aseptic days is frankly stated. It is good to see in print that " delivery *per vaginam* in cases of obstinate primary inertia is at least as arduous to the mother as Cæsarean section done late in labour and more so to the child ". The toxæmias of pregnancy naturally receive special attention, as also does the new work on the mechanisms of labour.

From cover to cover the book gives the impression of being a new book expressing old facts possibly, but in a new way. The emphasis is laid on the practical every-day midwifery, and if he sticks to this book the student will find it less easy to be led astray by the more dramatic in midwifery, and have a better chance than before of meeting the Examiners on their own ground.

NOT AT NIGHT

Medical Jurisprudence and Toxicology. By JOHN GLAISTER, M.D. Sixth edition. Edited by JOHN GLAISTER (Jun.), Barrister-at-Law, M.D., D.Sc. (Edinburgh: E. & S. Livingstone, 1938.) Price 25s.

A new edition of this standard text-book is welcome after an interval of seven years. Within its 750 pages there is more than the average student needs, or wishes, to read, though as a work of reference it is no doubt complete. For those so inclined there are sections which tell of crimes more horrible than any devised by Edgar Allan Poe, of methods of detection unknown to Sherlock Holmes. There is, so the preface proudly informs us, *inter alia*, a new section relating to the identification of maggots, and, which is more important, an account of the new Pharmacy and Poisons Act. It is a pity that of the 200 pages devoted to Toxicology more than three of them could not have been spared to the discussion of war gases. Edinburgh after all is only 40 minutes further from, shall we say, Ruritania than is London.

The illustrations are numerous and extremely lurid. The subject-matter is well disposed and is as readable as this somewhat academic subject can be. The binding alone impresses one rather unfavourably.

T.B. FOR G.P.

Pulmonary Tuberculosis in Practice. By R. C. WINGFIELD, M.B., B.Ch., F.R.C.P. (Edward Arnold & Co.) Pp. 118. Price 9s. net.

Dr. Wingfield's thesis is that the teaching of students both in the early diagnosis and later in the appreciation of convalescent complications of pulmonary tuberculosis is hopelessly inadequate, while the moderately advanced and symptom-producing case is usually delivered up to the specialist without further question.

In an attempt to fill the gaps in the general practitioner's knowledge of this vitally important disease, whose early and accurate diagnosis is as valuable in the ultimate prognosis as that of cancer, he has produced the present volume, which, though short and succinct, gives an astonishingly embracing survey of its subject.

It presents, in addition, several novel features. In the first section the author traces the pathology and ætiology of each tuberculous lesion in the lung from its inception to its end, making clear the transitions from one stage to the next. To illustrate this a large but very clear diagram has been appended, which is really the skeleton upon which the book is built, and which is divided into twelve stages.

In the latter half, each of the twelve stages is again considered from its clinical aspect, together with the treatment appropriate to each.

It is not too much to say that Dr. Wingfield has carried out his appointed task with distinction, and that his volume should be of inestimable profit to those practitioners and students who are wise enough to purchase it.

HORMONE THERAPY

The Endocrines in Theory and Practice. (London: H. K. Lewis & Co. Ltd., 1937.) Price 9s.

A series of articles which appeared in the *British Medical Journal* between October, 1936, and May, 1937, are reprinted here in book form. They will appeal to all who are interested in this subject, but more to the qualified man than to the student; there can be few doctors in this country who will not learn something valuable from them. Careful therapeutic details of endocrine diseases are difficult to find, and it is to these that this volume owes most of its value.

St. Bartholomew's is well represented by SIR WALTER LANGDON-BROWN, who gives us chapters on "The Present Position of Endocrinology" and on "Hypopituitarism", by PROF. F. R. FRASER and SIR THOMAS DUNHILL on "The Clinical Aspects of Hyperthyroidism", by A. W. SPENCE on "Addison's Disease", "Suprarenal Insufficiency", "The Adeno-Genital Syndrome", and "Tumours of the Suprarenals", by KENNETH WALKER on "Hormone Deficiencies in the Male", and by SIR HUMPHRY ROLLESTON, with his pleasant chapter on "The History of Endocrinology", which he keeps for the end of the book.

The clinical chapters, especially their therapeutic paragraphs, are all well worth reading; the names of the best endocrine preparations are given, with their doses and methods of administration. Practitioners will be able to make use of these now, but students should be warned against trying to commit to memory too many

details of these names and doses, as some of them are sure to be changed during the next few years. The principles underlying the therapeutic procedures are clearly put forward, and these should give the student all he needs until he is qualified.

Particular stress is very rightly laid on the importance of prescribing these endocrine products in international units whenever possible, that one should always avoid proprietary prescriptions containing extracts of several glands mixed together, and that it is a complete waste of everyone's time and money to give any of these hormones by mouth except in the case of the thyroid and gonadotropic preparations. Two other points are wisely stressed the comparative inefficiency of all testicular extracts, and the ease with which the gonadotropic hormones are destroyed both by time and by heat.

Several temptations have been resisted by the authors: on the clinical side one is glad to see historical details and the names of early investigators reduced to a minimum, and in the chapter on "Toxic Goitre" it is delightful to find the names usually associated with the "eye signs" of thyrotoxicosis all omitted! There is some overlap on the subjects of diabetes insipidus and pituitary tumours in different parts of the book, but this can hardly be avoided altogether in a collection of articles of this kind. The chapter on "Acromegaly" is excellent, and contains several clinical details usually omitted from the ordinary textbook. Enough stress, perhaps, is not given to the fact that headaches themselves, quite apart from the symptoms of chiasmal compression, may be an important factor in determining the necessity for treatment. It was sad not to see the name of Dr. Leonard Mark in this chapter. The paragraphs on Cushing's syndrome and Simmond's disease are helpful, but a full classification of some of the other pituitary syndromes is wisely left till another time.

Of the therapeutic paragraphs, those on obesity, diabetes insipidus, toxic goitre, Addison's disease, undescended testicle, threatened abortion, repeated abortion, primary uterine inertia, menstrual and menopausal disturbances should all prove very useful indeed to the practitioner, and if no other parts of this volume are read, it should be worth everyone's while to look at these.

A few doctors bind their *British Medical Journals* and a very few file their cuttings in an efficient manner; to both of these a book of this type may seem redundant, as the articles in their original form are always at hand. To everyone else—by far the majority—a volume like this is an enormous help for easy reference, and one hopes that its sale will be large enough amply to repay all the trouble which the Editor of the *British Medical Journal*, and H. K. Lewis & Co. have spent on its production.

CHILDREN

The Infant: A Handbook of Modern Treatment. By ERIC PRITCHARD, M.A., M.D.(Oxon.), F.R.C.P. (Edward Arnold & Co.) Price 18s.

The reader who buys this book without first reading the preface may be doomed to disappointment, for as the author there points out it is not meant to be a textbook of disease in infancy. Instead it is written for the qualified medical practitioner who may wish to draw upon the author's long experience in the treatment of disease in infants and young children under the age of five years. The book is concerned primarily with the *treatment* of disease; but even so it is written from the personal point of view, so that often well-recognized methods of treatment are omitted from the text. At the beginning of each section the symptoms, signs and diagnosis of the disease in question are stated briefly, but with some serious omissions, so that one wonders whether these parts of the book might not have been left out altogether. For instance, in the section on pink disease no mention is made of the tachycardia and very little of the sweating which are such prominent features of that disease.

The early chapters on breast-feeding and artificial feeding are the best in the book, and details of technique which are seldom given clearly in other books on the subject will be found there. But even so we find omissions, for no mention is made of a valuable method of infant feeding with reinforced protein milks which is often used in difficult cases. The short section on weaning is not very satisfactory.

Elsewhere in the book the author not infrequently selects the less orthodox methods of treatment for description, but he does not quote his results to convince us that his choice has been a wise one.

In spite of the many defects there is much that is of value in Dr. Pritchard's book. It covers a wide field, and many practical details are given in the paragraphs on treatment. A chapter on diseases of the skin and their treatment should be useful to the medical practitioner in his pædiatric practice. At the end of the book there is an appendix in two parts, the first part being a list of prescriptions and pharmacological preparations, the second comprising short sections on the technique of various clinical procedures. The sections on blood transfusion and continuous intravenous drip technique in Part II of the Appendix are definitely poor, and would have been better left out of the book altogether, since they are far too sketchy to of be any real practical value.

In conclusion perhaps the book should be recommended to the practitioner of some experience rather than to the student working for his final examinations. The former will be in the position to read it critically, whereas the latter may, from lack of experience, accept too much without question.

CIVIC PLANNING

Health and Garden Cities. By NORMAN MACFADYEN, M.B., D.P.H. (Garden Cities and Town Planning Association, 13, Suffolk Street, S.W. 1.) Price 6*d.*

In eight pages with eight photographs this essay in pamphlet form is a very disturbing contribution for the thinking medical mind. It sets out no new theories, but with a quiet and effective dignity puts the case for the planning of living centres of the garden city type.

The author compares health statistics of Welwyn Garden City, of Letchworth Garden City and of Wythenshawe (satellite to Manchester), with those of Manchester City, of Clearance Areas, and of England and Wales in general.

A general depression settles on the mind as one sees the relatively high mortality and degree of unnecessary ill-health in our unplanned towns. The garden cities contain well-spaced homes and parks with their rationally built factories within easy reach, space for life, space for action and play, space for industry, space for agriculture . . . and space for mental health.

We cannot change the heredity of the child, and we may not be able yet to eradicate directly the "mass mind" of man. But by tackling the problem of creating the right physical and social environment we could work wonders towards a wholesome, sane and healthy way of life. Such, in brief, is the aim of the Garden City Movement. The author claims, "There is nothing impossible in this demand, and we can confidently claim that it is a movement for economy of life, health and money".

Disturbing this pamphlet is by the way it proves its case. But more disturbing is the question it has raised, but does not answer. Who will apply these conclusions on a national scale, and how will they do it?

The three planned cities of England are mere social laboratories, small spots of positive health in a land struggling against man-made difficulties of keeping well. Pamphlet No. 1 has set the problem. We look forward to reading the methods of solving it in the other publications of the Association.

MATHEMATICS AND MEDICINE

Principles of Medical Statistics. By A. BRADFORD HILL, D.Sc., Ph.D. (London: *The Lancet*, Ltd., 1937.) Price 6*s*.

The excellent series of articles on medical statistics by Dr. A. Bradford Hill which were published in the *Lancet* during the year 1936 have been re-issued in book form. The Editor of the *Lancet* is to be congratulated for inviting Dr. Bradford Hill to write on this important subject.

During recent years the subject of statistics has assumed an important place in clinical medicine. The solution of many problems which engage our attention to-day depends ultimately on statistics. It is often stated that figures can be made to prove anything and even the truth, and this is probably due to the fact that statistics have been based on insecure foundations. In many published papers where statistics are used it is obvious that the figures are too limited in their scope, and the degree of error so great as to prohibit the interpretation which is given. In order to utilize statistics in medicine a certain standard of statistical technique is essential in order to analyse and test the meaning of the figures. The author of this excellent book has demonstrated the ways in which investigations should be planned and the analysis of the figures obtained.

In the discussion on "The Aim of the Statistical Method", the author calls attention to the importance of the planning of an experiment, and to ensure that as far as possible the control and treated groups are the same in all *relevant* respects. The experimenter must have a knowledge of what is likely to be relevant in a specific problem, and the statistician's task is to suggest means of allowing for the disturbing causes either in planning the experiment or in the analysis of the results.

A section is devoted to the important subject of "Selection". This is of prime importance when comparisons are being made concerning the value of different methods of treatment. When comparisons are made between one sample and another the possible presence of selection must always be considered. With regard to the presentation of statistics tabulation is essential, and in addition, graphs are of considerable aid. Both must be self-explanatory. If observations are excluded from the tabulated series the reasons for such exclusions must be stated clearly.

The author discusses in detail problems of sampling—averages, proportions, differences, and the X^2 test, and two sections are devoted to the discussion of fallacies and difficulties.

This is an excellent book, and should be studied by every worker on problems in connection with clinical medicine.

EDUCATION OF THE PUBLIC

The Romance of Medicine. By JOHN HAYWARD, M.D. (Routledge.) 6*s*. net.

Youth it seems requires no encouragement to turn to medicine. There is no more crowded profession at present. In many a school a wretched fœtus that would have scarce seen light of day a decade ago now writhes beneath a dozen eager scalpels. Old-fashioned medical buildings are torn down and huge steel and concrete structures are rushed up to accommodate these healing battalions.

Despite this youthful enthusiasm the profession sees in the eye of the public, not confidence, but suspicion, not constructive criticism based on knowledge, but narrow prejudices founded in ignorance. Individually this can be countered, but when progressive health reforms are held up by general ignorance and apathy then their early eradication is of extreme urgency.

Herein lies the value of this excellent book by Dr. Hayward (an old Bart.'s man), in being an attempt to interest the young in medicine and public health, not so much from the point of view of their own careers, but in order to build up an understanding lay interest.

The book has been founded upon the talks and lectures the author has given in aid of King Edward's Hospital Fund; it opens with a delightful account of pre-scientific medicine, wherein we read, "It is sad to have to relate that the first physician (Dr. Lopez) appointed to this hospital (Bart.'s), was hanged, drawn and quartered at Tyburn for supposed complicity in a plot to murder Queen Elizabeth".

The great work of Jenner, Pasteur, Lister and the Curies, the development of anæsthetics, of biochemistry, bacteriology and blood-transfusion service, to mention only a few chapters, are admirably described without confusing technical terms. A neat illustration here and there adds emphasis to the text.

The book concludes with an epilogue which would well deserve the attention of every citizen: "Doctors are taunted for . . . not having discovered a means of preventing the common cold, on the other hand too little attention is paid to the knowledge we already possess."

This is a book for the lay public. We wish it success.

FROM ACROSS THE RIVER

St. Thomas's Hospital Reports. Vol. II. Second series, 1937. Editors, Prof. DE WESSELOW and Mr. MAX PAGE. Pp. 271. Price 7*s.* 6*d.*

Comment has already been made elsewhere on the excellence of the make-up of this publication and the disparity in price between it and our corresponding number. Suffice it to say that we would heartily endorse those comments, and join our plea for a substitute on similar terms.

With regard to the subject-matter, however, we hardly feel constrained to sing a pæon of such comparative praise. It is true that the standard throughout is high and the range of subjects wide, but it is no more than can reasonably be expected of an annual review from a large teaching hospital. This number, in particular, is notable for an analysis of the results of surgical treatment in Graves's disease, hypertrophic pyloric stenosis, perforated peptic ulcer, carcinoma of the breast, imperfect descent of the testis and femoral hernia. The first of these deals with a series of cases too short to allow of statistical deductions, and it seems a pity that Mr. Mimpriss has not given his Hunterian lecture figures to illustrate his article on the undescended testis. They, too, comprised a short series only, but any deductions would be made convincing with figures to support them. The other four subjects, however, have been statistically and ably surveyed, and Mr. Boggon's emphasis on the unnecessarily high mortality, especially from perforated gastric ulcers, might and no doubt will be profitably noted in other surgical centres. We take issue with him, however, over his explanation of Judine's low mortality-rate in Russia as due to " the type of case being different in various countries ". Might it not just be the type of ambulance service ?

The medical side of the treatment of peptic ulceration is discussed by Dr. Hearn, who has analysed the value of the Meulengrach diet in gastro-duodenal hæmorrhage, and Dr. Letheby Tidy has written a full and excellent account of glandular fever. Other notable medical contributions are on antitoxin therapy in gonorrhœa, and prognosis in occupational dermatitis, where the importance is pointed out of a gradual development of sensitivity to one or more irritants. Finally, mention must be made of Dr. Nosworthy's article on the value of anæsthetic records, and a discussion on the important question of pre-operative preparation. We find it hard, however, to agree that after an adult dose of nembutal of 4–5 grains, two more capsules each of a grain and a half should be given if the patient is not asleep in half an hour. These, however, are trifling comments, and do not detract in any way from the great interest and attraction of the whole volume, which makes most stimulating reading. We cannot, in fact, recommend it too highly.

Organic Chemistry. By FREDRICK PRESCOTT, M.Sc., Ph.D., A.I.C., and DUDLEY RIDGE, M.Sc., A.I.C. (University Tutorial Press.) Price 8*s.* 6*d.*

Too often organic chemistry is regarded by the young medical student as an unpleasant stile in his path to qualification to be surmounted and forgotten with all possible speed, but he should realize that it gives him a wide viewpoint upon the specialized fields of biochemistry and pharmacology, and that it is entering more and more into experimental medicine. Drugs are being transformed from an empirical basis to an exact scientific one. Preparations and decoctions of herbs and roots are being gradually replaced by organic compounds of known constitution and structure.

There are several text-books of organic chemistry which cater for the needs of different grades of science students, but few are written for the benefit of the medical student, to include certain subject-matter usually relegated to advanced text-books. This book is an endeavour to fill that gap, and at the same time provide for men taking a general B.Sc. degree of London.

The lay-out of the text, the print and spacing of the formulæ are admirable, yet it is quite a compact volume. The order of the subject-matter follows the usual lines. Each chapter is followed by a list of test questions. All accounts of practical preparations have been omitted quite rightly, but the outlines of purification processes have been simplified a little too much by the omission of any mention of steam distillation and the theory of fractional distillation. This, however, is more than counterbalanced by an excellent and lucid chapter on the Electronic Theory of Valency.

A full account of protein, carbohydrate purine and enzyme chemistry and short notes throughout the book on compounds such as the spirochætal arsenicals, etc., bridge the gulf which is felt to lie between the first-year organic chemistry syllabus and the strange, complicated compounds encountered in biochemistry and pharmacology. But it is a pity that no mention is made of that meteoric drug p-amino-benzene-sulphonamide, or of the carcinogenic agents and their chemical relationship to the sterols—but these are minor points.

This is a well-planned text-book and is thoroughly recommended. It is worthy of a long life.

A HISTORY OF NURSING

The Story of the Growth of Nursing. By AGNES PAVEY. (Messrs. Faber & Faber.) Price 15s. net.

This is a fascinating book. Miss Pavey displays before the reader a survey of nursing commencing from Cretan civilization to the present time.

The earlier chapters dealing with nursing as an art range over the known world up to the fourth century. What is here culled from the Old World records of physicians and of healing is remarkable and oft-times startling.

The second part deals chiefly with the founding of hospitals, and the development and progress of military and secular nursing orders up to the early nineteenth century. Had the profession of nursing not claimed the author, the writing of history would have become Miss Pavey's *forte*, and moreover given the reading public a stylist both succinct and suggestive. Apropos the description of the Great Hospital at Malta, one notes with uncommon interest that in the early sixteenth century "great emphasis was laid on the proper diets for the sick. This included Rice, Vermicelli, Herbs and Chicken for the very sick, and pigeon and game for the more convalescent. Special supervisors were appointed to ensure that only the best was served and over 1000 silver dishes were in use as well as pewter".

O Tempora! O Mores!!

No book of nursing could possibly be complete without reference to Florence Nightingale, and her powerful influence and achievement is seen in these pages in its full perspective and splendour.

We are apt in England to overlook the fact that America produced also a Florence Nightingale in the person of Miss Dorothea Dix. Prior to the Civil War she was a pioneer in the relief and succour of the insane, and later was invited to become Superintendent of Nursing during the four years' war. She died in 1887, and it was written of her, "the most useful and distinguished woman America has yet produced".

The concluding portion of the book surveys Nursing during the past century, particularly with relation to reforms and as a vocation.

It is noteworthy that a profession which demands such discipline of spirit, never for a moment stands still in its application and work. Reform after reform takes place always with the aim to improve and extend its beneficent cause.

This is not a book by which to make comparisons, or to be flippant as to style or material. It creates a personality of its own, and its pages thrill the seeker in quest of a calling which is a benison to humanity at large.

A REFERENCE DIARY

Keesing's Medical Digest. (Keesing's Medical Digest Ltd.) Pp. 32 monthly. Price 21s. per yearly subscription.

Here in pocket form is the summary of selected papers from the medical press of Europe and America. For three years this has appeared in Holland, and now it makes its bow in Great Britain.

Every month the publishers send out an issue containing eighteen to twenty "digests", and with it a new index which replaces the previous one and which covers all past instalments. The whole fits in a spring back "binding" case. The publishers plan to let the index be continuous for ten years, at the end of which time, we suppose, a new series will be started.

The idea is a good one, for it will give the subscriber a compact volume of reference where the work of hunting through the index is reduced to the minimum. The index is very competently done, each summary being listed under as many headings as possible.

To judge from the first three issues the articles summarized have been chosen with a view to their value in practice, for the majority deal with aspects of diagnosis and treatment. Such titles as "Allergic Affections of the Urinary Passages", "Cheap and Quick Method of Delousing", "Sodium Stovarsol Treatment of Dementia Paralytica", "The Growth Stunting Action of Arsenic Trioxide on the Whooping-cough Bacilli" and "Radium Treatment in Bleeding Myomata" from one issue give a good idea of the field covered. The English of these summaries is good, and the use of heavy type helps to stress points for those who find even a "digest" too lengthy to read.

It is a pity that the publishers have tried to make this a pocket-book. Even though the sheets are small (too small, we think), the "binding" case will be very bulky in the already overladen pocket of the practitioner. Yet it is for this that its creators have destined it. With the case and summaries they supply daily diary sheets, cash record forms and dated obstetric engagement pages. One cannot successfully compromise between a notebook or diary and a work of reference. The text of these very valuable summaries deserves a good place on the medical bookshelf, and should not be degraded to the position of a pocket companion.

A Text-book of Gastroscopy. By NORBERT HENNING. Translated by HAROLD W. RODGERS, F.R.C.S. (Oxford University Press.) Price 7*s.* 6*d.*

In examining the mucous membranes of the body and in diagnosing their pathological conditions the eye is probably the most useful clinical weapon we have. The anatomical difficulties of viewing the gastric mucosa have been a considerable handicap in the past to the study of gastric disease. Since the 'sixties of last century, when Kussmaul passed a straight tube down the œsophagus of a sword-swallower, there has been persistent effort to invent a safe and practical gastroscope. As long ago as 1910 a gastroscope was used by a limited number of research workers, but it was not until 1932 that this investigation became really popular through the introduction of the flexible instrument. This was devised by G. Wolf, with the co-operation of Schindler and Henning.

Prof. Henning is therefore well qualified to write on the subject. This book is the outcome of nine years' enthusiastic study and practice of gastroscopy. Its purpose is to provide a " . . . small modern guide to gastroscopy to enable the student to supplement his practical study of the subject". The main tasks the author set himself, therefore, were to describe the modern instruments, the technique and the more important gastroscopic appearances. This has been done excellently in a clear and succinct manner. Though only 90 pages in length, everything relevant to the subject is included. The text is supplemented by some beautiful plates and illustrations, direct gastro-photographs, coloured and uncoloured water-paintings, etc.

Though the dangers and difficulties of the technique are still sufficient to prevent its use outside the hands of a specialist, no one should miss reading the chapters on Indications and Contra-indications for Gastroscopy, Gastroscopic Findings in Diseases of the Stomach and the Value of Gastroscopy in Clinical Diagnosis. In the diagnosis of gastritis lies the chief value of the gastroscope, and the frequency of this complaint is an indication of the extensive use that will be made of the instrument in the future.

Mr. Rodgers is again to be congratulated for another contribution to the advancement of this subject. The translation is couched in clear, lucid language, which enables the ordinary reader to follow all parts of the book with ease and understanding.

I was a Probationer. By C. J. KERR. (Chapman & Hall, Ltd.) Price 10*s.* 6*d.*

This is the story of a girl's first three months as a night probationer in a big San Francisco hospital. To anyone acquainted with the inside of an institution it is not an exciting book. Its object is apparently to give a frank account of a nurse's life as she first sees it; as such it will doubtless realize some of the high news value that the underside of medicine invariably obtains with the general public.

It fails to give a comprehensive idea of nursing conditions, as the three months covered (the first quarter of the book is spent on three nights) is too short for the nurse (or the reader) to get her balance.

There are some unfortunate Americanisms which do not ring true.

The characters of the two probationers are pleasantly drawn, and one gets to like them, but it is hard to reconcile the gentle, sympathetic writer with some of her lurid details.

The discovery and dismissal of a senior nurse for drug stealing and the heroine's romance with a houseman seem principally to hold the reader's interest in an otherwise plotless story.

There is a plea for shorter working hours and more comfortable uniform for nurses which is not out of place in this country.

Myocarditis: The St. Cyres Memorial Lectures, 1937. (Eyre & Spottiswoode, Ltd.) Price 10*s.* 6*d.*

This volume contains six lectures given under the trusteeship of the National Hospital for Diseases of the Heart. The lectures deal with various aspects of myocarditis. Dr. J. Strickland Goodall, in two lectures, deals with general aspects of myocarditis, and gives a general survey of the subject, particularly stressing those points of view which, though individual, are stimulating and for which he was noted during his lifetime. Possibly the most valuable of the contributions is that by Prof. K. F. Wenckebach, in which he gives an excellent survey of the history, pathology, clinical aspects and physical findings of the heart in a tropical avitaminosis (beri-beri). He particularly stresses the fact that the cardiac failure in beri-beri is one of the heart as a whole, that there is no relative failure of either the left or of the right side. Under these circumstances it is evident that although the circulation as a whole is slowed up, the failure of the right heart is in a way an insurance that the left heart shall not be overburdened. In his words, it realizes that " the left heart does not receive more blood than the right heart is able to transmit ", and again : " the more the right heart suffers and fails, the safer the left heart becomes ". This general law is applicable to any condition in which the heart muscle as a whole suffers in an equal manner and to an equal extent. In beri-beri thus, it is possible to formulate a law that " in equal and increasing feebleness of the whole heart muscle the patient suffers most and dies from the failure of the right

side of the heart only". A second point which he stresses is the rapidity of enlargement, and the rapidity of recovery from such enlargement, in the beri-beri heart. He points out that the most probable explanation for this rapid variation in size, is that during the active stage of the condition the heart muscle takes up an excess of water, although it becomes free from this excess when vitamin B is given. It is tempting to believe that the similar rapid change in the size of the heart in myxœdema may be due to a similar hydration and dehydration. Dr. R. O. Moon in his lecture makes some interesting observations on disease of the myocardium, and Dr. John Cowan gives a series of examples of cardiac fibroses. The sixth lecture by Dr. John Hay contains a number of exceedingly interesting and somewhat atypical cases of coronary thrombosis. This lecture is richly illustrated by electrocardiographic tracings.

Arteriovenous Aneurysm. By EMILE HOLMAN, A.B., B.A., M.D. (Messrs. Macmillan & Co., Ltd.) Pp. xvi + 244. Price 21*s*.

Here is an excellent monograph on a subject about which many of us must feel our knowledge to be sketchy. The matter is set out in sufficient detail, without superfluities, by one who has made of it an intensive experimental and clinical study. Although the opportunity for practical application of knowledge gained is likely to come seldom to a clinician, at least in time of peace, nevertheless, the subject is one of great interest.

The book opens with an account of the changes brought about in the cardiovascular system by the establishment, and then by the closure of experimental arteriovenous fistulæ. These changes are explained on a mechanical basis. Prof. Holman sees in the total blood mass a most important factor, and alterations in this during the experiments are carefully analysed, with tables of blood volume and concentration and radiographs showing alterations in size of the cardiac shadow. Acquired fistulæ of the extremities in man, are next considered, followed by an account of intracranial communications. Ligature of the internal jugular vein at the same time as arterial ligature is discussed, with some suggestions for methods of lessening the incidence of cerebral complications. There is mention of a bold method, used by Brooks, of introducing a long strand of muscle into the internal carotid in the neck in order to obtain thrombotic occlusion of an arteriovenous opening in the cavernous sinus. The two cases on whom this technique was used gave sucessful results. Following this are short sections on intrathoracic and mycotic fistulæ, with a third, which one could wish longer, on congenital communications between arteries and veins. The main section of the book closes with chapters on the ductus arteriosus and on congenital intracardiac fistulæ.

Case-reports and details of experiments are almost confined to lengthy appendices, so making for smooth reading of the text. The print is large and clear and the binding is hardy.

Surface and Radiological Anatomy. For Students and General Practitioners. By ARTHUR B. APPLETON, M.A., M.D.(Cantab.), WILLIAM J. HAMILTON, M.D., B.Ch.(Belf.), D.Sc.(Glas.), F.R.S.E., and IVAN C. C. TCHAPAROFF, M.A., M.D., B.Ch.(Cantab.), D.M.R.E. (W. Heffer & Sons, Ltd., Cambridge.) Price 15*s*.

There must be almost universal feeling amongst students in the early stages of their clinical work, that much of the time spent in learning the detailed internal anatomy of the body might far better have been used for establishing their knowledge of surface and radiological anatomy on a firmer basis.

It is an interesting fact that the majority of books on surface anatomy have made so little use of normal radiographic appearances for the teaching of their subject. All too often the student is left with the impression that the living viscera are mere immobile objects suspended in the body cavities.

It is good to see, particularly with regard to the thorax and abdomen, that the authors of this book take great pains to make the reader thoroughly conversant with the varying shape and disposition of the organs in the living subject.

The reproduction of coloured plates of the dissected part alongside of the photographs of the living subject enables one to master rapidly the important features of the region under consideration, whilst the profusion of exceedingly well reproduced radiographs does much to dispel the reader's impression of surface anatomy as a static subject.

Some of the more difficult radiographic appearances are very well elucidated by means of the outline diagrams which are printed alongside, this feature being especially noticeable with regard to the oblique views of the chest.

The authors of this book are to be congratulated upon the excellence of their work, and also upon their good fortune at having had so competent an artist as Mr. A. K. Maxwell for the execution of the figures and coloured plates. Lastly great credit is due to the publishers that so lavishly illustrated a book can be turned out at the exceedingly low price of fifteen shillings. We strongly recommend this book to all second M.B. students, and feel that they will gain much from a careful study of its pages.

BOOKS FOR NURSES

A Text-book of Eye, Ear, Nose and Throat Nursing. By ABBY-HELEN DENISON, R.N. Revised by LYYLI EKLUND, R.N. (Messrs. Macmillan & Co., Ltd.) Price 12*s*. 6*d*.

This book is one which should appeal to all nurses who are specializing in these particular subjects, and it is also, by reason of its simplicity, highly suitable for nurses in general training, who have to know something of all branches of nursing work. I like especially the *résumé* of the anatomy and physiology of the organ which precedes each section of pathology and treatment. Whereas some of the drugs given are unfamiliar to us in this country, and the terminology slightly different in some cases, the interest and value of the book are not lessened thereby. The general make-up is superior as to both paper and print, and the illustrations are clear and should be helpful, although save to those nurses engaged in the special work which this book covers, the price may be a deterrent to its general use.

The final chapter deals with the Social Service Department which is considered an essential in any modern hospital, and experience in which is evidently included in the curriculum of the nurse's training. This is interesting in showing how the home, the individual and the economic conditions can lessen the good work done in the hospital ; and also how co-operation between the social worker and the hospital can result in making good, economically independent citizens of those who otherwise might be so handicapped that they became permanent burdens on the community.

Manual of Tuberculosis. By E. A. UNDERWOOD. (E. & S. Livingstone.) Pp. 300. Price 8*s*. 6*d*.

This small book is intended to provide the information which a nurse may require in the management of a case of tuberculosis, either in hospital, or in the home.

To compress the whole study of tuberculosis into a book of this size is obviously impossible, and so we have an abbreviation of all the subjects, but yet the author manages to give an adequate description of each.

The book is written in simple, concise language, with emphasis on the essentials from the nursing point of view. It deals, first, with the tubercle bacillus, the method of infection, and how the body responds to this invasion.

The following five chapters are devoted to pulmonary tuberculosis. Especially good is the discussion of the symptoms of this condition. The trying episodes in nursing these cases are anticipated and possible solutions suggested. There is a full description of the sanatorium *régime* and how it can be adapted for use in the private home. The modern methods of surgical treatment are mentioned, emphasis being put on the equipment which the nurse must have ready for the surgeon. It is unusual, though, to find the old funnel method of giving oxygen described as the most satisfactory.

The chapter on infection in childhood discusses the differences from adult disease, with the greater frequency of abdominal tuberculosis and its relation to infected milk. The Grancher system of removal of contacts is briefly mentioned.

Bone and joint tuberculosis is dismissed in one chapter, and so comes to be only a brief mention of each joint, with an indication of where plaster and splints are applicable.

The chapter on pathological examinations is good, as also are the last few chapters on the public health arrangements for dealing with tuberculous patients and the health factors in relation to incidence of the disease.

Thus the book deals well with the subject from the nursing point of view, though quite inadequate for anyone who desires detailed information.

Medicine for Nurses. By C. BRUCE PERRY, M.D., M.R.C.P. First edition. (E. & S. Livingstone.) Pp. 203. Price 5*s*.

In this book the author has set out to give a broad outline of the common medical diseases, with an account of principles rather than details of treatment. While not giving a full account of any diseases—indeed, the reading of the book would have to be supplemented by delving into larger text-books, since descriptions of some clinical investigations such as liver function tests and gastric test-meals are omitted—the author gives in a short space and easily readable form a well-proportioned bird's-eye view of medicine for any who are beginning the subject. The particular merit of the book lies in its logical presentation of the facts and descriptions of the significance of common symptoms, and especially of the explanations on first principles of the methods of treatment, rather than giving a parrot-fashion list of activities and drugs to be exercised upon the patient. Attention is also paid to special points in the nursing of particular diseases.

SHORTER NOTICES

Diet and High Blood-pressure. By Dr. I. HARRIS. (The Hogarth Press.) Price 10s. 6d.

This "code of living designed to prevent high blood-pressure, heart disease, and premature ageing", from the pen of a heart specialist, is written for the intelligent layman, and for the normal individual rather than for people suffering from high blood-pressure.

The author believes that a protein intake greatly exceeding demand is the cause of high blood-pressure, renal and cardiac disease, and has designed a diet based on a daily protein intake of 2 oz. The prophylaxis of high blood-pressure is presented as part of the general "hygiene of a quiet mind", and directions are given regarding sleep, exercise, etc. The diet tables which form the appendix equal in strictness the early anti-diabetic *régime*, and it appears doubtful whether a normal individual, in contradistinction to a hypochondriac, will adhere to them, even when convinced of their value.

The pertinence of some of the author's general remarks might be questioned, and in an attempt at over-simplification of physiology, he is apt to sacrifice strict scientific accuracy. The book is the statement of a personal creed, and will be taken as such by medical readers. As a guide for the general public it cannot be recommended without great reservations, for, loosely written as it is, it may well add a new phobia to the already existing surplus, without achieving its aim of preventing unnecessary disease.

Text-book of Histology for Medical Students. By E. E. HEWER, D.Sc. (London: Heinemann, Ltd.) Pp. 365. Price 15s. net.

The letterpress of Dr. Hewer's book, which is produced in an attractive format, is good, lucid and adequately detailed, while it introduces useful notes on the variations of tissue structure within the limits of what may be called normal pathological changes.

There are some few inaccuracies of typography or fact: the index refers to modes of Ranvier, while Leishman's name is spelt Leishmann throughout. On p. 206 all the salivary glands are termed compound tubular glands, though the error is in part atoned for on p. 236. Most histologists would also disagree with Figs. 304-5-6, as, in fact, does the text.

Illustrations in any volume of normal or morbid histology, whether taken from photomicrographs, or from coloured or half-tone drawings, should never be less than first class if they are to be of full use to the student for comparison with his own specimens. (A signal-green screen between the light-source and the condenser of the microscope will give routine-stained specimens a good approximation to a half-tone reproduction.) It detracts from the value of the present volume that many of the photographic illustrations are not comparable in excellence with the text.

The section on the reticulo-endothelial system serves as a reminder that the time is overdue for an authoritative article, which will collate and interpret the often confusing accounts which are to be found in the literature dealing with this widely dispersed and unhappily named group of cells.

Also received.

The Nurse's Dictionary. Sixteenth edition. Revised by FLORENCE TAYLOR, S.R.N., D.N. (Faber & Faber, Ltd., 1937.) Price 3s.

The Nurses' Encyclopædia, Diary, Guide. Thirty-first year. Revised by DOROTHY M. HOPKINS, S.R.N. (Faber & Faber, Ltd.) Price 2s. and 1s. 6d.

A Pocket Medical Dictionary. By LOIS OAKES, S.R.N., D.N. Third edition. (E. & S. Livingstone 1938.) Price 3s.

A New Dictionary for Nurses. By LOIS OAKES, S.R.N., D.N. Fifth edition. (E. & S. Livingstone, 1938.) Price 3s.

Preliminary Questions and Answers. By F. NORTON, S.R.N. Fifth edition. (Faber & Faber, Ltd.) Price 1s. 6d.

Notes on Bacteriology and Clinical Pathology for Nurses. By HERBERT ROGERS, M.D., Ch.B. (H. K. Lewis & Co., Ltd.) Price 1s.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—NO. 9 JUNE 1ST, 1938 PRICE NINEPENCE

CALENDAR

Wed., June 1. Surgery: Lecture by Mr. Vick.
Cricket Match *v.* Horlick's. 2 p.m. Away.
Fri., ,, 3.—Dr. Chandler and Mr. Roberts on duty.
Medicine: Lecture by Prof. Christie.
Sat., ,, 4.—**Cricket Match v. Past.** 11.30 a.m. Home.
Mon., ,, 6.—Cricket Match *v.* Croydon. 11.30 a.m. Away.
Tues., ,, 7.—Dr. Gow and Mr. Vick on duty.
Wed., ,, 8.—Surgery: Lecture by Mr. Wilson.
Cricket Match v. Guy's. 11 a.m. Away.
Fri., ,, 10.—Dr. Graham and Mr. Wilson on duty
Medicine: Lecture by Dr. Evans.
Sat., ,, 11.—Cricket Match *v.* Hampstead. 2 p.m. Home.
Mon., ,, 13.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., ,, 14.—Dr. Evans and Mr. Girling Ball on duty.
Wed., ,, 15.—Surgery: Lecture by Mr. Roberts.
Cricket Match *v.* Richmond. 11.30 a.m. Away.
Last day for receiving letters for the July issue of the Journal.
Fri., June 17.—Prof. Christie and Prof. Paterson Ross on duty.
Medicine: Lecture by Dr. Graham.
Sat., ,, 18.—Cricket Match *v.* M.C.C. 11.30 a.m. Home.
Last day for receiving other matter for the July issue of the Journal.
Mon., ,, 20.—Special Subjects: Lecture by Mr. Higgs.
Tues., ,, 21.—Dr. Chandler and Mr. Roberts on duty.
Wed., ,, 22.—Surgery: Lecture by Mr. Vick.
Fri., ,, 24.—Dr. Gow and Mr. Vick on duty.
Medicine: Lecture by Dr. Chandler.
Sat., ,, 25.—Cricket Match *v.* St. George's Hospital. 2 p.m. Away.
Mon., ,, 27.—Special Subjects: Lecture by Mr. Sidney Scott.
Tues., ,, 28.—Dr. Graham and Mr. Wilson on duty.
Wed., ,, 29.—Surgery: Lecture by Prof. Ross.

EDITORIAL

THE TREASURER'S REPORT FOR 1937

AMONG the lay public we are reputed a rich Hospital. On more than one occasion I have known people refuse to support us on that ground. Since then I have always wanted to know how we make our money and how we spend it—how much, in fact, we depend on sporadic charitable gifts rather than on an assured and steady income.

The Treasurer's Report has the answer to all these questions, and to many others besides. Who, for instance, knew that we drank 67,660 gallons of milk last year, which was 13,000 gallons less than in 1936, owing to the increased use of dried milk in cooking? And it is quite inspiring to be told that 38,322 articles are washed each week by the Hospital Laundry at a cost of 7*s.* 5*d.* a hundred! Someone can calculate the length of the Hospital clothes-line.

The Report is extremely comprehensive, and there are few aspects of the Hospital administration which it does not touch.

Expenditure exceeds income by £13,195 1*s.* 7*d.* This means one of two things; either that we are wasteful, or that the nature of our work imperatively demands more money. Our own experience and

Mr. George Aylwen's remarks at the beginning of the Report settle the charge of waste: "One realizes that to be a conscientious beggar the cause must be beyond reproach, and so far as in me lies I am determined that Bart.'s shall be in this category. Strictest economy commensurate with comfort and efficiency must be the slogan." We are rich in that we handle big money, but poor in that it is not enough for the great work we have in hand.

Before setting out the statement of the Hospital accounts it may be well to emphasize that these have nothing to do with the Medical College. The College is financially quite distinct from the Hospital.

The income of the Hospital, which amounted to £230,689 17*s.* 5*d.*, comes from two main sources. Over 50% of it is "Invested Property", and approximately 25% is provided by the patients themselves. The remaining 25% is accounted for by charities of one form or another. The Invested Property is made up largely of estates in London (partly by leasehold and yearly premises, and partly by small house properties, of which there are 715), and dividends. In this connection it is interesting to see that the Hospital receives rent from both the Medical College and the Catering Company. There is an increase of £18,445 18*s.* 1*d.* in the income of 1937 over that of 1936, corresponding with a rise of legacies.

The Expenditure Account is on the whole very much as the uninformed person might expect. Most goes on salaries and wages, while the next most expensive items are domestic, the Surgery and Dispensary, and provisions. The year shows a net expenditure increase of £29,506 18*s.* 5*d.* on 1936. This is accounted for by the opening of the new Medical Block and by certain non-recurring expenses, such as the renewal of the internal telephone, alterations to Casualty Block and temporary accommodation for additional nurses.

In a Report so full of interesting material it is difficult to single out any one particular subject for comment. However, the vicissitudes of the reconstruction scheme and the forthcoming improvements in the conditions of nursing are more than ordinarily important.

The Nursing problem is tackled boldly and energetically. "The Nursing Staff—of whom we are so justly proud—are still overworked in spite of many alleviations in working hours during the past few years, and as this state of affairs is not good for institution or individual, the Treasurer and Almoners have decided to reduce still further their hours of duty. The cost of this concession will be approximately £4000 a year, but it is one which can no longer be avoided. The appointment of additional nurses, which this will involve, makes it still more imperative that the provision of further accommodation for the Nursing Staff must be immediately considered."

At the moment the *authorized* number of the Nursing Staff totals 504, though this figure will not be reached till next October.

In view of the general shortage of nurses it is encouraging to know that there were 1150 applicants for the Hospital's Rules and Regulations of training during the year. Of these, 166 were interviewed by Matron, and 134 finally accepted.

The Paying Patients' Block has been having a very stormy passage. When the scheme was first started, it was decided to ask Parliament for permission to use both Hospital land and money from the general funds to build the block. In 1935 a Private Bill was passed by Parliament which allowed the Governors to use Hospital land for this purpose, but not Hospital money. An attempt was therefore made to raise the necessary sum as a special fund. By private appeal £10,195 was collected—a public appeal was out of the question owing to other more urgent needs. This amount being so inadequate, a fresh Bill was deposited with Parliament last year to enable the Governors to use the Hospital funds. However, the Court of Governors have now been informed that this measure will be opposed by both the Attorney-General and the Clerk to the Crown. The matter has therefore been referred back to Sir Lynden Macassey, K.C., for his further advice.*

Other aspects of the reconstruction scheme are more cheerful. Mr. Lodge's ground plan for the East and West Blocks has been approved, and a detailed plan of the West Block has been submitted to the Medical Council. Mr. Lodge has also been asked to consider the future enlargement of the Surgery. The cost of building a Preliminary Training School for nurses on a site in Cock Lane has been investigated. Tenders showed that this would prove a very expensive business, so the matter has been deferred, though in his Report the Treasurer emphasizes the urgency of its speedy realization.

In an article of this length it is impossible to do more than indicate some of the more interesting features of the Treasurer's Report. We would strongly recommend our readers to turn to the original booklet and discover for themselves how the Hospital is run at the present, and also to learn some of the improvements which our Governors are trying to bring about for the future. The Treasurer is to be heartily congratulated on his first Report.

* NOTE.—*Since going to press we learn that the Bill has been rejected by a Select Committee of the House of Lords.*

CURRENT EVENTS

LORD HORDER'S PORTRAIT

The fine picture by Sir William Nicholson of Lord Horder, which we reproduce in this number of the JOURNAL, was presented to Lord Horder by Lord Stanmore, late Treasurer of the Hospital, on View Day. It was paid for by the subscription of 380 old Bart.'s men. The portrait was then given to Mr. George Aylwen for hanging in the Great Hall.

TWO HONOURS FOR BART.'S

Professor Hamilton has won the Neill Prize and the gold medal of the Royal Society of Edinburgh. The medal is only awarded biennially so this is a particularly notable achievement.

The other distinction has been gained by Sir Walter Langdon-Brown, who has been appointed by His Majesty's Privy Council as one of their nominees on the Council of the Pharmaceutical Society of Great Britain.

THE ASSOCIATION OF SURGEONS

Early in May the Association of Surgeons was entertained by the Surgical Staff of the Hospital. A very varied fare was provided for them. Demonstrations included a case of unilateral cervical sympathectomy, conveniently sweating heavily on his normal side, and some fine radiographs of obliterated arteries in the lower limbs, over which Mr. A. M. Boyd was presiding. Downstairs Dr. A. W. Spence was surrounded by a crowd of small boys whose testicles he had persuaded to visit their scrotal sacs. The middle floor was held by Dr. G. Bourne and Mr. J. E. H. Roberts, who were showing cases of omentopexy and total thyroidectomy for heart conditions.

Visits were also paid to the various theatres where some of the largest lists ever posted were being tackled, and finally the visitors were given a much needed cup of tea in the Great Hall by the Governors.

§

BART.'S ART

As we go to press there is a neat little pile of entries for our exhibition: a nucleus at least. And it is hoped that the next fortnight may produce many more. It is no good for us to exhort our artists to further efforts because, by the time this appears in print, sending-in day will have come and gone. But we are going to be bold enough to announce that the exhibition will open on Monday, June 13th, in the Great Hall, and will remain open for one week. Admission will be free, of course. Not unnaturally, water-colours predominate, and, at present, no one has been bold enough to submit anything "plastic". Nor is there anything which could be accused of being modern, and it looks, in fact, as if "G. F." will once more be able to exclaim in these columns, "What traditionalists these doctors are!" But it would be rash to prophesy too soon. Who knows, the next few days may witness the arrival of any number of problem pictures. Let us hope they may be clearly labelled "This way up".

FLAG DAY

The result of the collection in our area was a great success. £1,485 was collected, which is an improvement of £449 on last year's effort.

We are told that Lord Horder thinks medical students undignified when they indulge in this pastime. For ourselves we have still to meet the dignified student of medicine. At all events it proved an entertaining day for those of us who were content to throw dignity to the winds and blackmail the public into buying flowers. We are glad that it also proved profitable to the Hospital.

THE SMITHFIELD MARTYRS

We are reminded of a dark period in our national and local history by a ceremony which took place recently on the north wall of the Hospital.

A tablet, surrounded by some iron-work flames, commemorates sixty-six men and women who, between the years 1401 and 1558, were burnt alive in the vicinity of Smithfield.

Mr. W. McAdam Eccles spoke at the unveiling of the restored memorial and pointed out that the present foundation of the Hospital dated from this time.

We hope to publish next month the findings of an inquiry into the details and circumstances relating to these incendiary celebrations.

INFLUENZA REPORT

Those students who offered themselves as experimental animals to the influenza workers will be interested to hear that the results of this work have been published.

The Report is called *A Study of Epidemic Influenza with Special Reference to the* 1936–7 *Epidemic*, by C. H. Andrewes, and E. G. H. Cowen; and D. K. M. Chalmers, E. G. H. Cowen and D. L. Hughes. It is obtainable from the Stationery Office in Kingsway, price 2*s.* 6*d.* The Report will have a full notice in our Review Columns.

THE DECENNIAL CLUBS

The Annual Dinner of the SEVENTH DECENNIAL CLUB will be held on the first Wednesday in July—the 6th.

Notices will be sent to all members in due course and to all belonging to the Sixth Club who can be traced. These gentlemen are cordially invited to regard themselves as members of the Seventh, and to attend the gathering at the Trocadero Restaurant.

The Annual Dinner of the EIGHTH DECENNIAL CLUB will be held at the Langham Hotel at 7.30 on Wednesday, July 6th.

The Rt. Hon. Lord Addison, P.C., will be in the chair.

The Hon. Secretaries are Sir Walter Langdon-Brown and Sir Charles Gordon-Watson, who hope that members resident in London will be good enough to offer hospitality to old friends who are members living in the provinces.

The Dinner of the NINTH DECENNIAL CLUB will be held at the Langham Hotel on Wednesday, July 6th, at 7.30 p.m. The Secretaries of this Club are Mr. R. C. Elmslie and Mr. C. M. Hinds Howell.

At the second dinner of the TWELFTH DECENNIAL CLUB Dr. C. Barrington Prowse was in the chair. Of the 1300 doctors who were invited to dine some 68 turned up, and this may perhaps have been due to the fact that the invitations specified neither time, place nor attire. The majority of the faces were familiar but belonged more to the beginning of the era than to the end of it. Indeed the attendance of junior members of this club was lamentable—no less. As for the evening, the opinion generally held was that the company was good, the speeches poor, and the dinner itself (considering the place and price) should have been better. But we chose some very good wine, and returned to share the Secretary's hospitality in Surgery House.

In the article on "Students' Physical Welfare", which was in the JOURNAL for April, we regret that there was a mistake in the date on which it was made *compulsory* for students entering the Hospital to join the welfare scheme. This was stated to be October, 1938, and should read October, 1937, this being the date on which the entrance fee was raised from £10 to £15.

BRITISH MEDICAL ASSOCIATION

The Annual Meeting of the Association, which is the hundred and sixth to be held, is this year to take place at Plymouth on July 19th–22nd.

Following is a list of Bart.'s men taking part:

Section of Medicine.

T. H. G. Shore . . . President.
E. A. Roper . . . . Vice-President.
A. W. Spence . . . . Hon. Secretary.

And taking part in the discussions:
E. R. Cullinan (Wednesday, July 20th).
Sir Walter Langdon-Brown (Friday, July 22nd).

Section of Surgery.

H. G. Pinker . . . . Vice-President.

And taking part in the discussions:
A. M. Boyd (Wednesday, July 20th).
G. L. Keynes (Thursday, July 21st).

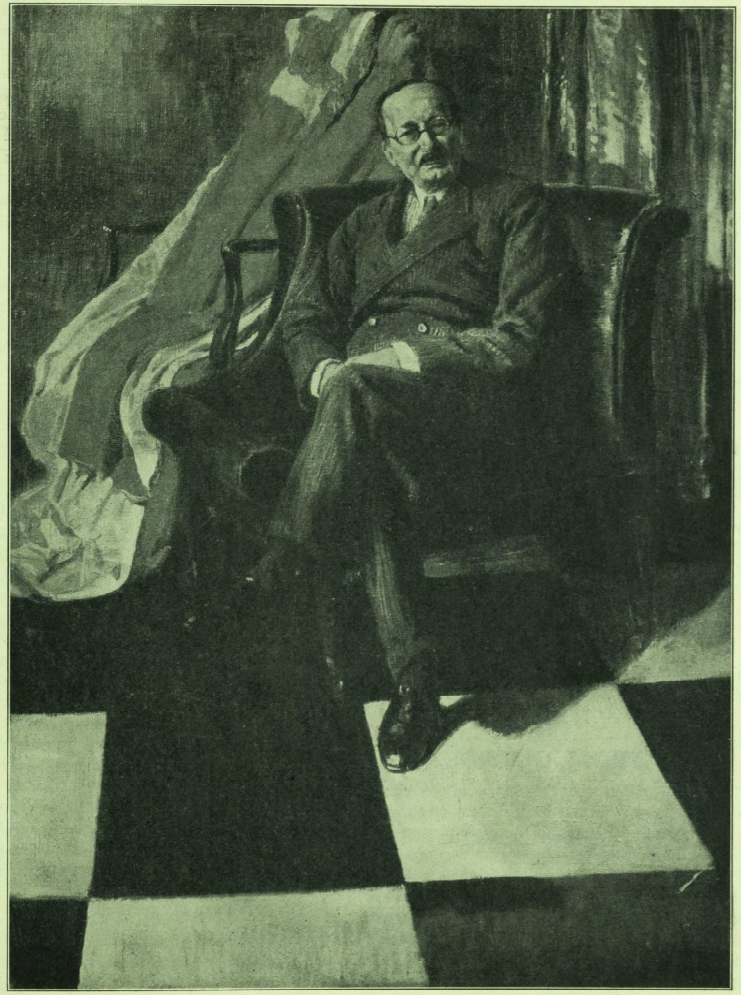
Section of Orthopædics and Fractures.

N. L. Capener . . . . Vice-President.

And taking part in the discussions:
N. L. Capener (Wednesday, July 20th, and Thursday, July 21st).
D. G. Kersley (Thursday, July 21st).
W. D. Coltart (Thursday, July 21st).
H. J. Seddon (Friday, July 22nd).

Section of Neurology and Psychological Medicine.

Taking part in the discussions:
Geoffrey Bourne (Thursday, July 21st).



THE RIGHT HON. LORD HORDER, G.C.V.O., M.D., F.R.C.P.

After the painting by Sir William Nicholson.

Section of Ophthalmology.

Taking part in the discussions :

J. A. Nixon (Thursday, July 21st).
C. M. Hinds Howell (Thursday, July 21st).
A. L. Chandler (Friday, July 22nd).
N. L. Capener (Friday, July 22nd).

Section of Pathology, Bacteriology and Immunology.

M. H. Gordon . . . President.
J. O. W. Bland . . . Hon. Secretary.

Section of Pharmacology, Therapeutics and Anæsthetics.

Prof. A. J. Clark . . . President.
J. W. Trevan . . . . Vice-President.

Section of Physical Medicine and Physical Education.

G. D. Kersley . . . . Hon. Secretary.

Section of Physiology and Biochemistry.

T. S. Hele . . . . Vice-President.

Section of Radiology.

W. M. Levitt . . . . Vice-President.

Taking part in the discussions :

W. E. Lloyd (Wednesday, July 20th).
C. S. Lane Roberts (Thursday, July 21st).

Section of Tuberculosis.

F. G. Chandler . . . Vice-President.

Section of Oto-Rhino-Laryngology.

Cyril Prance . . . . President.
C. Hamblin Thomas . . . Vice-President.
N. A. Jory . . . . Hon. Secretary.

Section for the Services.

Col. E. G. S. Cane . . . Vice-President.

Section of Medical Sociology.

Egbert Morland . . . Vice-President.

NEWS FROM OUTSIDE

"For all practical purposes British law is powerless to prevent any person from procuring any drug, or making any mixture whether potent or without any therapeutic activity whatever (as long as it does not contain any scheduled poison), advertising it in any decent terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinions and facsimile signatures of fictitious physicians, and selling it under any name he chooses, on the payment of a small stamp duty, for any price he can persuade a credulous public to pay."

With this quotation from the report of a Select Committee on **Patent Medicine** (1914) Prof. Clarke opens his book, *Patent Medicines*. Those of us who have sought to satisfy the examiners with the help of Prof. Clarke's text-book of Pharmacology have come to expect something more than mere information. Here we have a complete revelation of a most notorious traffic hedged around, to quote the High Court commenting on the law which it has to administrate, with "a mass of confused and obsolete verbiage".

Prof. Clarke recounts the misfortunes which have befallen attempts at reform. The Government inquiry of 1914, which worked for two years on its report, published it on the unfortunate day of August 4th of that year. The last Bill in any way attacking the frauds of patent medicine vendors was counted out on the day of the Grand National in 1936, while a vast number of members were enjoying that spectacle. Then some account is given of the blackmail which quack remedy merchants levy from newspapers which would seek to expose them: their weapon is merely to withdraw their advertisements, which, in one case last year, amounted to 26% of all the advertising matter carried by a national daily paper.

No one can neglect this book, and it is published at sixpence.

The general reshuffle and briskening of the Cabinet may well lead to some re-arrangement of **Air Raid Precaution** plans, which remain sadly vulnerable. Gas is perhaps the least of the dangers which civilians may encounter from the air, and the 2*s.* 9*d.* civilian mask without outlet valve is not much protection. The subject of rearmament is controversial, but on A.R.P. in Bart.'s there can be only one opinion, and that is that only the best is good enough. In any plan for the safety of our patients and the continuance of our service so vital to the commercial nerve centre of the Empire and its workers, the authorities should be able to rely upon a body of thoroughly trained personnel. Some of the big companies in the area which Bart.'s serves have their casualty clearance schemes already under way. It is to our Hospital that they will come, and the duty firm will find itself working under conditions of some difficulty. It is our business to anticipate these difficulties, and, in so far as is possible, to organize against them.

In conversation with two of the senior staff we had occasion to refer to certain peculiarities of pathological technique observed in the P.M. room of a Hamburg hospital. Briefly the scene is a routine P.M.; the chamber is empty save for the corpse. The attendant arrives, unlocks a cupboard, lays out the instruments, selects a knife and makes the skin incisions, cuts the ribs. Two clerks arrive, the attendant immediately falls in at the head of the table, three arms rise—"**Heil Hitler!**" The clerks delve around, causing the incision to fall apart somewhat. Two pathological assistants arrive, the clerks fall in in front of the attendant, five arms rise—"Heil Hitler!" The assistants deliver the organs and arrange them upon a wooden tray; then the chief assistant pathologist enters, the assistants fall in in front of the clerks, six arms rise—"Heil Hitler!" The chief assistant pathologist opens the organs, displaying their lesions to the best advantage. Herr Professor followed by a boy wheeling a dictaphone comes in, the chief assistant pathologist falls in in front of the two assistant pathologists, seven arms rise—"Heil Hitler!" Herr Professor now dictates in a manner incisive and direct his findings, and to complete the scene the rubric must be read in the reverse order.

Sitting by the side of the Fountain the senior medical member of the trio queried "And the corpse, Heil Hitler, his arm was raised in *rigor mortis* too?"

ABERNETHIAN SOCIETY

SIR JOSEPH BARCROFT addressed the Society on May 5th on "Everest in Utero: or how the Rabbit brought forth a mountain". He described in most amusing fashion his own researches into the oxygen dissociation curve of hæmoglobin at various altitudes, both on mountains and inside gas chambers, laying stress on the mental changes which arise from anoxæmia, and the mechanism of acclimatization. He then went on to show that the fœtus in utero was about as poorly off for oxygen as a climber on Everest. Towards the end of intra-uterine life the anoxæmia became acute, and might result in the overcoming of inhibition in the central nervous system which left the fœtus quiet. The resulting movement might set off parturition.

Prof. CHRISTIE, speaking for the first time in the Bart.'s Lecture Theatre, proposed a vote of thanks.

IN MEMORIAM.

Best I used to love the creak of saddle leather
As the steaming horse turns back for home;
Bleat-like drumming of the sudden snipe,
And the smell of sodden chestnut leaves
Which lie all flecked with gold by mud and rainy weather.

But in those days I had not seen the joy of Death,
Nor glow of autumn tinted ulcers
Veiled by milk white tide of Unna's paste;
Never heard a gentle Hebrew voice;
My coltish fancy not yet turned to C.S.F.

E. M. E. B.

§§

OBITUARIES

DR. HARRY STARK, who died at the Royal Northern Hospital on April 19th, 1938, aged 33, attended St. Bartholomew's as a student from January, 1924, until 1929. He was in practice in Stoke Newington at the time of his death, and it was my privilege to be associated with him from time to time in his work. He was a man who upheld the best traditions of St. Bartholomew's. He was invariably exceedingly careful, most conscientious and most self-sacrificing. It was never sufficient for him to receive a mere statement of opinion with regard to a case; his practice was always to explore by intelligent cross-questioning every possible avenue which might lead to some satisfactory result, either in reference to diagnosis or to treatment. It was impossible to work with him without being stimulated by his keenness and his unselfish desire to get the best results for his patient.

It is an interesting commentary upon the state of present-day civilization to realize that in certain European countries, a man of his nationality would have been prevented from employing his really great personal and professional gifts in the service of humanity. He leaves a wife and three young children, to whom sincere sympathy is offered. G. B.

We regret to announce the death of Mr. PERCY FURNIVALL, F.R.C.S., Consulting Surgeon to the London Hospital, aged 70. He was educated at University College, London, and then he came to Bart.'s. In 1896 he won the Jacksonian Prize of the Royal College of Surgeons, and in 1901 he was Hunterian Professor in Pathology and Surgery.

Mr. Furnivall was short distance amateur champion bicyclist and tricyclist for 1885 and 1886.

It is with much regret that we announce the death of FRANCIS JOHN SHEARSMITH BAKER, in India, on May 4th, 1938.

He came to the Hospital in 1929 and qualified in 1936, subsequently holding a House Appointment at the Metropolitan Hospital for six months. He joined the R.A.M.C., and distinguished himself by winning the Gold Medal in Tropical Diseases.

As well as being a keen student, he took an active interest in games, having played rugger for the Hospital XV on numerous occasions.

CARBUNCLE OF THE KIDNEY

By H. L. M. ROUALLE, M.R.C.S., L.R.C.P.

TO many readers, if the term "renal carbuncle" conveys any image at all, it is probably that of the solitary specimen now in the teaching collection of the College Museum, for this condition is not described in any great detail in the ordinary text-books of surgery or pathology. Doubt has even been expressed as to whether it really exists as a clinical entity; the fact that a second specimen has now reached the Museum with a history in many ways similar to that of the first appears to be sufficient justification for placing both of them on record, particularly as the study of them is interesting and instructive.

The comparative rarity of the condition is shown by the fact that the first example dates back to December, 1933, and no other appears to have occurred in the Hospital until February, 1938. Consequently some time elapsed in both before the final diagnosis was reached, but on each occasion it was made before operation on the history with the clinical and radiological evidence.

The earlier example will be described first, although in some respects it is atypical:

No. 1.—Joseph M—, a painter's labourer, æt. 33, was admitted on December 21st, 1933. He complained that seven weeks previously he had had a gradual onset of persistent and severe, but not colicky, pain in the left side of the back, worse on respiration and movement. There were severe night-sweats and malaise. Pain extended from loin to upper ilium but did not radiate; it was accompanied by a persistent dry cough. Temperature was swinging between 100° and 104°, pulse 90 to 30 per minute. Urine contained only occasional pus-cells and was normal in quantity. Blood-cultures were negative, leucocytes 15,000 per c.mm.

Apart from signs at the base of the right lung, no definite abnormality was discovered till a swelling was palpated in the left loin, moving on respiration.

On transfer to the surgical ward the patient appeared ill, flushed and in pain; the mouth, heart and lungs appeared normal; there was no sign or history of any skin lesion.

Examination of the left loin revealed tenderness on deep palpation; the kidney could not be felt from in front, but posteriorly a mobile swelling could be felt moving up and down on deep inspiration. This swelling was large, its surface smooth, but its outlines could not be clearly defined; the overlying skin showed no redness or œdema, the anterior abdominal wall no rigidity, but the muscles of the loin were tense.

Urine was clear, with a mild trace of albumen; a few white blood-cells could be seen in the centrifuged deposit, but no red cells or organisms. Cultures were sterile.

Plain X-rays showed no abnormality. Intravenous pyelograms were somewhat indefinite, but showed good excretion from both kidneys. The left pelvis appeared smaller than the right, and its calyces spread out in Y-shaped formation. This widening of the calyces suggested the diagnosis of renal carbuncle.

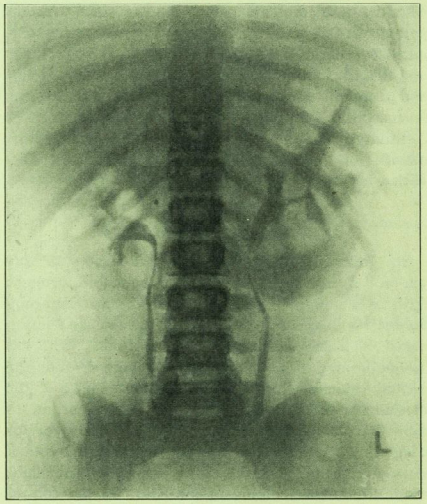


FIG. 1.—Mary L—, intravenous pyelogram (18.ii.38).

Owing to the patient's condition, retrograde pyelography was not performed.

Exploration of the loin revealed marked œdema of the muscles. On cutting into the perinephric fascia a small collection of pus was found outside the kidney near the lower pole; there was an obvious connection with a leaking area in the kidney. A tube was left from the abscess-cavity to the surface.

The pus grew a pure culture of *Staphylococcus pyogenes aureus*.

Renal function tests proved satisfactory and the patient's clinical condition improved, though the temperature remained unaffected by the drainage of the perinephric abscess. It was therefore decided to carry out nephrectomy.

The original wound was reopened, and the kidney separated from the tissues by flavine swabs. It was two-and-a-half times normal size, and removal was difficult, the peritoneal cavity being opened at one stage. A flavine pack was left in the wound and a 300 c.c. blood transfusion given. Plugging was removed on the fourth day and the wound partially sutured.

On the tenth day a second 300 c.c. blood transfusion was given; convalescence was at first slow but uneventful till the twenty-first day, when the patient developed acute retention of urine, and a week later a prostatic abscess, which necessitated perineal drainage. The pus from this abscess grew a pure culture of *Staphylococcus pyogenes aureus*. The patient then rapidly recovered and was discharged on March 1st, 1934; he has remained in perfect health ever since.

The kidney (TC. D 22) is about two-and-a-half times as big as normal. Occupying the central third is an apparent tumour, projecting from the posterior surface and raised from it; in many places it is umbilicated. At one point there is a deep furrow into the tissues from which could be squeezed, as from a sponge, pus infected with *Staphylococcus pyogenes aureus*. On section, the upper and lower poles appear to be quite normal; the pelvis is spread out in the fashion suggested by the pyelogram in much the same way as is seen in hypernephroma. The affected area is surrounded by a dense fibrous layer; the interior is composed of multiple loculi filled with pus, and resembles the honeycombed appearance of actinomycosis, but the ray fungus has not been found. The swelling is quite firm, but on microscopic examination is found to consist of multiple abscess formations surrounded by fibrous and granulation-tissue.

No. 2.—Mary L—, a rosy-cheeked, plump little girl, æt. 11, came up to the Out-Patient Department on September 4th, 1937, with a large axillary abscess, on account of which she was admitted to Radcliffe Ward. The abscess was drained and several ounces of thick pus evacuated, from which *Staphylococcus pyogenes aureus* was cultured. Temperature, at first 104·8°, pulse 128 per minute, fell steadily, till on September 10th both were normal. Progress was uneventful till September 14th, when the temperature began to rise to 100° and pulse to 90 to 100 per minute in evenings without any obvious cause, until on September 20th the patient first complained of sharp pain in the left loin. The urine was free of albumen or pus, but on culture produced a profuse growth of *Bacillus coli*. Despite the administration of urinary antiseptics, the temperature continued to swing. On September 25th it swung from 98·6° to 104°, and the tenderness in the loin became so marked that perinephric abscess was suspected. Blood-culture was sterile. On September 29th the urine produced no appreciable centrifuged deposit, but both coliform organisms and staphylococci were cultured.

The leucocyte count, 7800 on the 26th, rose on the 29th to 14,700 and maintained that level.

The local signs were: pain and rigidity in the left loin, the contour of which was filled out in comparison with the right; absence of superficial tenderness, but marked tenderness on deep palpation; and no œdema, either superficial or deep. Owing partly to muscle spasm the kidney was not palpable, nor was any movement to be detected on inspiration; a certain amount of thickening could, however, be made out in the renal area.

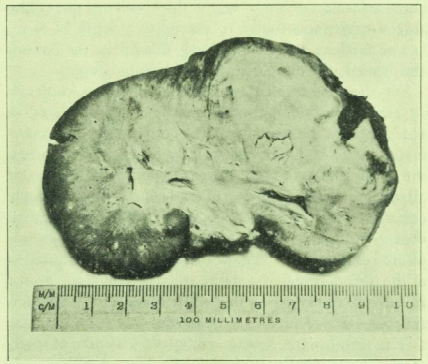


FIG. 2.—Mary L—, left kidney (removed 24.ii.38).

Exploration of the loin was decided on and carried out by the usual incision. The superficial tissues appeared normal, but around the lower pole of the kidney was a small area of œdema. No pus was found, and as the organ itself felt perfectly normal on palpation, the wound was closed round corrugated rubber drains.

Following the exploration of the loin, the wound healed gradually without producing any pus, and the axillary cavity also filled in; the patient nevertheless continued to run an irregular temperature, swinging from 98° to 101°, pulse 100 to 130 per minute. A post-operative cough soon cleared up and no abnormal signs could be detected in the chest. The pain in the loin gradually subsided and the patient appeared comfortable, though flushed and lethargic. After some weeks the fever subsided, and the patient went to a convalescent home. On her return her mother noticed that although she was free of pain she was not her old self. Previously a helpful and willing worker in the home, she now tired

easily and burst into tears on the slightest exertion. She nevertheless attended, and showed every sign of appreciating, the annual Christmas party in the Surgery.

Three weeks later she returned to the Surgery complaining of lack of appetite, drowsiness, flushing, and fainting fits. She did not complain of any pain, and apart from a slight contracture of the axillary scar, nothing abnormal could be discovered except for a temperature of 99·6°.

On January 20th, five days later, she complained of pain at the posterior end of the lumbar scar. On examination there was some deep tenderness, but no œdema or obvious inflammation; leucocytes 9000 per c.mm. Kaolin was applied, and within 36 hours an abscess pointed and burst, releasing about 2 oz. of thick creamy pus. The abscess-cavity was found to extend to a depth of 1¼ in. but no farther; the wound slowly filled from the bottom and healed, the discharge almost disappearing.

For the first seven days the patient was completely apyrexial, but the temperature then rose suddenly to 101°, and for the next two weeks oscillated; no abnormality could be found except for a transient sore throat, the child refusing to admit to any pain or discomfort at all, the loin being quite free of tenderness. The leucocyte count was at first only 8800, but on February 12th it rose to 14,800 per c.mm.; the temperature range was 98° to 102°, the pulse about 110 per minute. Examination of the urine revealed a slight trace of albumen, no red blood-cells or crystals, 3 to 4 white blood-cells, and a few mucous casts. Cultures were sterile.

The local signs were: complete absence of pain, tenderness or rigidity in the left loin, but a swelling could be felt on bimanual examination. This swelling corresponded to the lower pole of the kidney, but did not move on respiration. The abscess-cavity had closed to a small, clean granulating area, and there was no sign of sinus formation and no œdema. The patient's general condition was excellent.

Plain X-rays and uroselectan films of the urinary tract were taken and were fortunately very distinct (see Fig. 1); the following points could be made out:

(*a*) The left kidney was larger than the right.

(*b*) Although the left pelvis was higher than the right, the lower poles were on the same level; there seemed to be a deformity of the inferior and lateral border, the ureter being pushed medially.

(*c*) The lower calyx was not well shown, and appeared to form a wide angle with the others.

On these findings a diagnosis of a "carbuncle" involving the lower pole of the left kidney was made. As renal function tests were satisfactory, it was decided to perform nephrectomy (February 24th).

The old scar was first excised and the incision lengthened. Progress was rendered difficult by dense fibrous tissue from the previous suppuration, but no track could be made out. The kidney was found to be closely adherent to the lumbar muscles and separation proved extremely difficult; in the course of this process the operating finger lacerated the lower pole, which was very friable, and thick yellow pus escaped. In order to facilitate delivery a portion of the twelfth rib was resected. The upper pole seemed to be relatively normal to inspection and palpation. The renal pedicle was extremely short, so that only one clamp could be applied, and the whole pedicle had to be secured with one ligature. The cavity was swabbed out with 50% dettol and drained with corrugated rubber, the tissues being closed round the drains.

After operation the temperature fell to normal in five days, and never rose again. The wound discharged freely for a time, but gradually and progressively closed, till on April 12th the patient was discharged from Hospital, to all appearances in perfect health and as lively as ever.

The affected kidney is normal in size (10 × 6 × 3 cm.); the capsule is absent, the upper third of the outer surface apparently normal, the lower two-thirds bulging downwards and outwards, its surface lacerated and discharging pus. The cut surface shows the lower two-thirds to be replaced by firm white granulation-tissue in which there are numerous small abscess-cavities; the pelvis of the kidney is free of pus and, apart from fatty changes, the remainder of the organ is normal.

Section shows considerable areas of kidney-tissue replaced by granulation-tissue in which there are numerous abscesses. The kidney tissue is widely infiltrated by polymorphonuclear leucocytes, and many of the surviving tubules contain pus.

Direct Gram films show Gram-positive cocci in clumps, and cultures on B.L.A. yield a pure growth of *Staphylococcus pyogenes aureus*.

The study of these two and other recorded examples shows that the condition forms a definite clinical picture, which can be recognized, though its occurrence is somewhat rare. It may occur at any age and in either sex. Characteristically the prelude is some focus of staphylococcal infection, most often in the skin, but, as in No. 1, this may escape notice. This is followed by a period of comparative absence of symptoms, after which the patient develops malaise, pyrexia and pain in the loin with leucocytosis and other signs suggesting perinephric abscess. On exploration no pus is found in the perinephric tissues, or if some is present it is seen to be originating from the kidney. The patient's condition fails to improve until nephrectomy has been carried out.

Although blood-cultures have hitherto proved negative, it appears undoubted that the infection reaches the kidney by the blood-stream, and is the result of a pyæmia which may produce abscesses elsewhere, as in the prostate (No. 1). The lesion is a septic infarct, consisting of a number of confluent multiple abscesses in the renal cortex; hence the term "carbuncle", on which some people frown. It is true that the term is more suitable as a description of the superficial lesion, but it is difficult to suggest an alternative when it is in the kidney. It can be said that there is little harm in using an expression so picturesque in describing a lesion so unusual. The lesion differs from the more usual "pyæmic kidney" in that only one side is affected, and the changes are not diffuse but circumscribed and confined to one part of the kidney, the remainder of the organ being relatively unaffected. As suppuration proceeds, pus may force its way through the renal capsule into the perinephric tissues, thus forming a secondary perinephric abscess; only rarely does it spread to the renal pelvis. In both these patients the urine was free of pus or red cells and sterile on culture.

The diagnosis is made on the history of a staphylococcal infection followed by the development of fever, pain in the loin and leucocytosis. So far it is indistinguishable from perinephric abscess, a closely related and more frequently encountered condition. The presence of acute superficial tenderness and œdema favours the diagnosis of perinephric abscess, since in renal carbuncle the tenderness is deeper; the presence of a palpable swelling in the loin is in favour of the latter, but it may be masked by muscle spasm.

The X-ray appearances are characteristic; while a good plain film may show a deformity of the renal shadow, intravenous pyelography demonstrates the Y-shaped appearance produced by the spreading-out of the calyces by the swelling; this can also be seen in hypernephroma.

The excreting power of the affected kidney does not seem to be appreciably impaired.

Only one method of treatment will cure the condition, and that is nephrectomy. If the patient's clinical condition is unsatisfactory, temporary improvement may be obtained by simple drainage of the kidney, but nephrectomy should be carried out as soon as possible. If this is done the prognosis is good. Both these patients are now in excellent health. Reports of others not treated by nephrectomy indicate a fatal prognosis, drainage alone being of no lasting value.

For permission to publish these notes and for suggestions in writing this article I am greatly indebted to Mr. Geoffrey Keynes, to Mr. W. Girling Ball, and to Mr. William Underwood.

THIS FORTRESS . . .

By J. T. HAYWARD-BUTT, M.R.C.S., L.R.C.P.

"This fortress, built by Nature for itself,
Against infection and the hand of war."
King John, Act ii, Sc. 1.

I HAVE been persuaded to put on record a certain operation that took place at sea. The reasons for this are threefold: First, a certain number of rather misleading press notices; secondly, considerable ribald comment, and lastly, the glorious realization that I shall never have to tell the story again.

I would like to point out beforehand that any unrehearsed touches that may have crept into the "theatre" were entirely due to the conditions prevailing at the time. The ship was fully equipped with standard Board of Trade drugs and instruments, and is inspected before each voyage by one of their officials and by the surgeon.

Leaving Brisbane we were forced to drop anchor at the mouth of the river, as a cyclone raging outside in Morton Bay made navigation impossible. We hove to for twelve hours alongside a small fleet of liners and tankers.

The next morning, visibility being somewhat improved, the Captain decided to run the North-West Channel. He was a man of boundless courage and, I believe, one of the finest navigators afloat. The Pilot was not so happy about it, and later developed diarrhœa.

Incidentally the "Old Man" and I had dined not wisely but too well on two-and-a-half-dozen oysters and a crab each on the previous night, and were both laid up for twelve hours with N.V.D.++ and the most agonizing and horrible pains.

However, we got through the surf, bravely followed by the tramps and others.

That evening a senior steward came to me complaining of a relapse of dysentery. He had had diarrhœa for three days and some pains originating round the umbilicus, which had settled down about a hand's-breadth below the right costal margin, occasionally referred to his back. There was no hyperæsthesia, but some tenderness on deep palpation about 2 in. above McBurnie's point. Ballooning the cæcum gave a sharp pain in this area on release. T. 99°, P. 92, R. 16. No signs of cholecystitis, or renal or chest involvement. The recti were not on guard and P.R. showed no tenderness. He had vomited once.

He had a history of a somewhat similar attack a year before, diagnosed by the ship's surgeon as dysentery and treated with injections.

Following Samuel Johnson's aphorism, although there was "no fiery throbbing pain", I suspected "cold gradations of decay", diagnosed a high retro-cæcal appendicular obstruction and decided to open him.

I might have asked the Captain to put back into Brisbane, but we could never have made that passage by night with the sea which was running, and it would not have amused him to make it again even by daylight. Further, these ships run to schedule like a train, and 500 passengers were waiting in Sydney.

There was no assistant surgeon on board, as we were due to collect him at Sydney. The Sister was a good nurse, but her theatre technique was naturally somewhat rusty.

By ageless tradition at sea, asepsis is considered to be highly commendable but rather impracticable, and the ship is looked upon as a vast, beautifully sterile kidney-bowl.

I reported to the Captain, who gave orders that the ship should, at the appointed time, be hove to, or run at a critical speed into the sea and the wind, to minimize the movement, which was by now considerable. The rolling and pitching were bad enough, but the pounding by far the worst. This occurred each time she lifted her bows high in the air, reeled, and smashed her nose into the oncoming sea, jarring the ship from stem to stern.

Being but lightly loaded as yet (the first day homeward bound), she would sometimes lift her propellers clear of the water, and then, racing madly, they would suddenly bite again with a jerk that shook the ship.

I think my feelings then could be more or less summed up as follows :

> " Willing to wound, and yet afraid to strike."
> *Pope.*
>
> " The blood will flow where the knife is driven,
> The flesh will quiver where the pincers tear."
> *Shakespeare.*

And, rather pathetically—

> "Ah me, we wound where we never intended to strike."
> *Thackeray.*

I had a quite adequate " operation set " in a sealed drum. This, on opening, revealed 2 gowns and caps, 2 pairs rubber gloves, size ? 9 or 10, 8 sterile " face towels ", swabs, etc. Instruments consisted of 6 Spencer-Wells, 2 Lane's forceps, 2 Dissecting forceps, 2 scalpels (one for the surgery pencil), needle holder, some 400 needles of all kinds, catgut 0, 1 and 3, and, believe it or not, Morrant-Baker forceps.

The operating theatre was 6 ft. wide by 10 ft. long and at other times was the surgery, and dispensary — consequently a mass of bottles, cupboards, etc. This was fortunate as, failing to lash myself to the bulkhead, I was able to lean firmly against a cupboard to keep my balance, and only fell into the wound twice.

Four stalwart sailors carried the patient on to the table, and I prepared to give him a spinal.

After he had fallen off twice I recalled the stalwarts, who gazed fascinated at the long needle disappearing into his back. When the c.s.f. began to flow I heard one turn to another and mutter, " Gawd, he's punctured 'is bladder ".

I gave 15 c.c. spinal percaine, which gave an excellent anæsthesia to the costal margin. This, of course, was a large quantity, but, having no anæsthetist, I had to be sure. I also used 2% novocaine as a local.

Morphia gr. $\frac{1}{3}$ and hyoscine gr. $\frac{1}{150}$ were not a success, as the patient began to rave and struck the hospital attendant a low and telling blow. I sent him off the field to recover, which he did, and returned when his substitute, a man like an ox, said he had come all over queer-like, and could he have some brandy .

I had by now made the skin incision, and would have gone on had not the patient wrenched his hand free, dipped a finger in the wound, gazed at it, cried " Ooooh —blood ! " and passed out. I now had him lashed down to the table and cleared the theatre.

On opening the abdominal cavity I found a dense mass of adhesions, probably the aftermath of an operation he had had in America for " quitarrhal jaundice ". The cæcum was tightly adherent to the posterior abdominal wall, and required a very long and tedious blunt dissection for mobilization. Some coils of small intestine were adherent to everything within reach, and there seemed a perfect lattice-work of fibrous girders to the anterior parietal peritoneum. I did not think it tuberculous.

The patient was still restless and occasionally raved, and sleep was " still last to come where thou art wanted most ". The question of further anæsthesia came up. I considered the pros and cons of evipan:

Indications.—Unconsciousness and above all peace and quiet.

Contra-indications.—That it would require frequent repetition. That I could expect little aseptic assistance. That to unwrap the cocoon would be asking for trouble ; he would inevitably precipitate like a cloud of albumen on the deck.

Conclusion.—Morphia gr. $\frac{1}{4}$.

Progression was appallingly slow due mainly to the following reasons :

(*a*) I had personally to supervise the sterilization and lay-out of all instruments. I had to thread my own needles, cut ligatures, etc., as the nurse was somewhat nervous, and, anyway, only one of us could lean on his belly at one time.

(*b*) The only time one could do any delicate work of any kind was the moment the ship passed the vertical in between the rolls.

(*c*) The density of the adhesions and the glue-like, obstinate adherence of the cæcum.

(*d*) The high retrocæcal appendix, which could be felt but not seen.

(*e*) The delay while the surgeon recovered from periodic attacks of violent intestinal colic, and wondered if it was true what they said about opium.

(*f*) The stifling heat of a tropical cyclone.

(*g*) The verbal conflict with the patient, who was awfully grateful for what had been done, but regretted he could wait no longer as the passengers would be coming down for tea.

And (*h*) last, but not least, the heated discussion between the electricians (who were standing by with emergency lights) as to the chances of getting brandy or castor oil if one of them were to faint.

And then came the aerial attack.

It was over 100° F. in the room, and the moisture had condensed on the cold freezer pipe running fore and aft across the ceiling ; thus each time she pitched at all violently, there were " the pitter-patter of the raindrops " all the way along from his toes to his face, and back again. At first I would chase and catch them in a little sterile bowl, but soon grew tired of this—anyway it looked pretty stupid.

Of gloomy prognosis here, is the Anacreon paraphrase :

> " The thirsty wound soaks up the rain,
> And drinks and gapes for drink again.
> The germs suck in the wound, and are
> With constant drinking, fresh and fair."

However, is there not in Rabelais the proverb, " Petite pluie abort grand vent " ?

And at least it kept the moist swabs moist.

After the third hour the patient became a pure menace, morphia and/or hyoscine seemed purely to excite him, so I roped in the hospital orderly to give an open ether.

No persuasion or orders on my part could convince him that more than a few drops were necessary. Eventually he got the patient into the excitement stage, but deeper he would not go, in spite of the volume of ether I told him to give. Later I discovered he was pouring it down one side with cotton-wool in his hand and terror in his heart.

Just then the Purser came down and started mumbling about iced lager, so I called him in to give the anæsthetic —which he did pretty well, though his eyes nearly fell out of his head.

By this time I had removed the appendix, which was 6 in. long and kinked through 135° in the middle by a fibrous band running over it. The proximal half was natural, but the distal was darkly engorged and would, without doubt, have gone on very shortly to gangrene. There was one appendicular artery and a meso-appendix scarcely 2 in. long, though the appendix was adherent along its length to the posterior wall of the cæcum.

The Chief Electrician, who had been holding the patient's legs (the while gazing steadfastly at the floor), thinking I had finished, looked up, saw as he said " a soup-plate of tripe ", went light-green and abandoned ship, shortly followed by the Purser, who shot out muttering something about " smell of the ether ".

The nurse for the last quarter of an hour had, for the third time, been in a corner hanging her head in shame and her hands in spirit, for falling against a non-sterile bulkhead.

So I finished in splendid isolation, after $4\frac{1}{4}$ hours of this my first appendicectomy !

As a sort of gesture, my hospital steward threw everything overboard afterwards, including gowns, caps, towels, gloves, and finally the appendix, complete with Spencer-Wells.

The following day the patient's temperature rose solemnly but not surprisingly to 103° and the pulse began to climb.

I, like Milton's—

> " Earth felt the wound; and Nature from her seat,
> Sighing through all her works, gave signs of woe,
> That all was lost."

However, he rapidly returned to normal in 24 hours with the exhibition of patience, prayer, and prontosil.

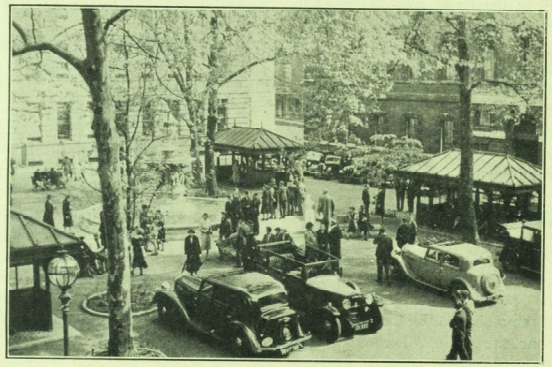
He returned to light duty on the 19th day, and full duty on the 21st day.

I would like to acknowledge my deep gratitude to the White Cells, to whose gallant, selfless mobilization and untiring phagocytic collaboration I feel a vast measure of the success was due.

VIEW DAY

THERE is an atmosphere peculiar to the big social occasion, whatever it may be, whether prize day at school, the local fête, or View Day at Bart.'s. There is a subdued and half-secretive excitement in the morning—clean sheets on the beds, the tinkle of myriad tea-cups in the ward kitchens, and the unwonted sight of rich cakes being carried across the Square. Then there is a preliminary ceremony attended by a select few—in our case the lunch over at Charterhouse for the Treasurer and Almoners and the Staff (enlivened this year by the unexpected presence of a mixed audience, whose appearance startled the Dean and Warden into consultation, but not into action). Soon a crescendo of excitement is felt as the party begins to gather in earnest for the business of the day. The Square takes on an appearance which it wears but once in the year. Housemen in their splendid isolation of sleek tail coat and carnation, outshining for once their chiefs, who strut or stroll about *en famille*. Mothers proud of their student sons, girl friends eyeing one another's finery, nurses in and out of uniform, all standing, talking, looking, waiting; sun shining, fountain playing. For a moment there is a hush as the object of it all appears. The Treasurer, led in procession, crosses on his way from block to block. There is a momentary flurry as the crowd surges to see him pass, and once more the bee-hive atmosphere descends.

Some impatient viewers tire of expectant waiting and wander off to the Museum and out-patient exhibits. The exclamations of amazement, appreciation, of ill-concealed boredom, or of scarcely suppressed excitement are the same in the dispensary at Bart.'s as in the Cucumber Tent at Little Slowcombe, except that in our case some questions may need embarrassed parrying with a deft misstatement.



THE PARTY BEGAN TO GATHER IN EARNEST.

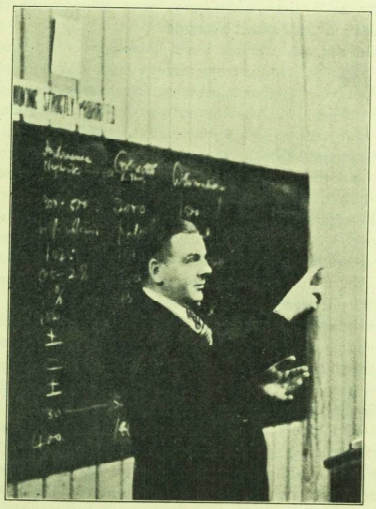
In the Square a sudden rush shows that the main block is open, and the whole party ascends to tea in the wards. Hard to believe on View Day, with the sun a-shining, that these amused and contented-looking patients are ill. Some wards have special exhibits, such as a meccano-like extension apparatus, and "Lizzie" is inevitably a centre of attraction with the gay little swinging cots.

Few and fortunate were those who saw Lord Horder's portrait (albeit looking like a King's pawn scornfully refusing to consider moving one square further), presented to him by Lord Stanmore on behalf of the subscribers. The portrait is most welcome. May it adorn the Great Hall for many View Days to come.

Now the last stage sets in. The conversational hum lowers its tone as one by one the visitors retreat. "So kind of you . . ." "So glad you came . . ." "*most* interesting . . ." and the atmosphere is one of anti-climax. The scraps are tidied up, the patients washed. The Housemen return their glory to its mossy home, and Bart.'s is once more Bart.'s of every day.

SIR WALTER LANGDON-BROWN WAS PRESENT.

OUR CANDID CAMERA



"I have to hold my hand out here or else I'd topple over backwards."

MUSICIANS, MUSIC AND MEDICINE

By E. C. O. JEWESBURY, M.B., B.S., M.R.C.P.

IT has been said that there are two musical races in the world, the birds and the humans, and that of these the humans are the more musical, since they sing all the year round. Most birds, moreover, are but simple-minded musicians, having nothing but "folk-songs", handed down from father to son, in some cases varied a little with the season, but passing from generation to generation quite unchanged. But Man, having perfected the art of speech, has been stimulated perhaps by a sense of mimicry and of rhythm, and so has produced at first simple tune-scraps and primitive instruments, then choral harmony and musical notation, and so, finally, the complexity of a modern orchestral score; thus he has ultimately made for himself an art of impressive significance. With the development of music has come the development of the musical sense, and the expression in music of all forms of human feeling in addition to mere rhythm.

The earliest known attempt at musical notation is cut on a marble slab and is known as the Delphic Hymn to Apollo, ascribed to the year 278 B.C.; but Music stood still for another twelve hundred years, when it occurred to someone, probably accidentally, to add a second part to the tune, and so in the tenth century a rude attempt at harmony came into existence. At this time musical notes were being written down simply as letters of the alphabet, A to G being used for an octave. Horizontal lines were first employed as mere guides for writing the words of songs so that the intervals of the melody might be seen. From them, however, developed the pitch lines of to-day. At first varying numbers of lines were tried (from 4 to 15), but the 5-line stave proved the most convenient, and by about 1500 it tended to take the place of all others. Bar-lines, the upright lines drawn across the stave at regular intervals, originated as mere guides at *irregular* intervals to keep the voices together.

Appreciation of music varies notoriously amongst different individuals and different races. Who ever heard of an unmusical Russian or Welshman? And though England no longer deserves to be described, as she was once by a German, as "das Land ohne Musik", nevertheless our natural disposition for music is, sadly enough, not remarkable. There are people in this country, however—and it is an interesting comment on the effect of music—who are quite unable to discriminate between one kind of music and another, and yet who find in orchestral music an agreeable influence, and go to concerts in order to work out some train of thought.

The musical faculty is a curious problem. One may

ask how it is that what profoundly moves one person may not have the slightest effect on another, and, similarly, how of two individuals the one may have a natural sense of pitch, whereas the other may deserve to bear the schoolboy's mistranslation of " Cave Canem "—" Look out, I may sing ! " How is it, too, that some people who cannot read a note of music are able to sit down at a piano and play melodies by ear and transpose them without difficulty ? Such performers as these usually show a power to extemporize upon given tunes and have marked sensitiveness to harmony. In addition, it is a curious fact that they nearly always show preference for the keys that contain the largest numbers of black notes.

Clearly, the power to play music in this way must be an inherent gift, and one not to be attained by anybody unmusical by nature. No two people are likely to be able to learn music with exactly the same facility. The Mozarts and the Menuhins of the world have some genius or " knack "—a special endowment apart from training—in musical accomplishment, which ordinary musicians can never achieve, no matter how keen their industry or their intellect. Is this endowment necessarily accompanied by other gifts of mind, or may a great musician's comprehension be confined to his music ? Are musical ability and musical appreciation necessarily accompanied by an intelligent if not an educated mind ? Such questions naturally occur to one and are difficult to answer. That a brilliant mind may be a completely unmusical mind is well known. That simple people may have a great love of music seems also to be true. Musical genius, however, seems to demand powers of memory and mind which exceed those required for the other arts.

One cannot conceive of an unmusical person being made musical, but there are many in whom a latent musical interest has been aroused. Dr. Agnes Savill has related how in her youth she was actively antagonistic to music, and how, when she was taken to a Paderewski concert, she shocked her companion by reading an anatomy cram-book throughout. One day she heard the Chopin preludes played, and, later, although orchestral music had previously made no appeal to her, she was struck by Tchaikovski's Pathetic Symphony. By developing her interest and taste she was so impressed by the acquisition of a musical appreciation that she wrote a book on her " conversion ".

Genius in music has shown itself in remarkable ways. Handel, despite his musical interest being at first severely checked by his surgeon father, was nevertheless before the age of ten an expert on harpsichord, oboe and organ, as well as having written a number of compositions. Mozart, who on the other hand was rigidly trained in music by his father, was at the age of ten able to play at sight almost anything then written for clavier or violin, and was composing for chorus and orchestra, his first symphony having been written at the age of eight. Beethoven first appeared in a concert aged seven years and three months (understated on the programme as six years), and at the age of twelve was left in charge as official Deputy Court Organist. Weber's first opera, written at the age of twelve, bore the somewhat surprising title " The Power of Love and Wine ", while Mendelssohn, before he was fifteen, had written thirteen symphonies, mostly, however, only for strings. When Liszt performed on the piano in public in Vienna at the age of eleven he was approached by Beethoven who greeted him with a kiss—a touching compliment, but perhaps a generous one, since Beethoven was by then practically stone deaf.

Instances of precocity such as these could easily be multiplied, but it is interesting to ponder on the mentality and the ultimate lives of such men. It is commonly believed that musical geniuses are frequently diseased and die young. Thus J. F. Nisbet in *The Insanity of Genius*, wrote : " The biographies of all the greatest musicians are a miserable chronicle of the ravages of nerve-disorder." This, however, is demonstratively untrue. Be it granted that Mozart died at 35, Schubert at 31, Chopin and Weber each at 39, but the first two died of typhus fever and the second two of pulmonary tuberculosis, both diseases being a cause of heavy mortality at a time when knowledge of medicine and sanitation was against a long life.

On the other hand, Verdi lived to be 88, Haydn 77, Liszt 75, Gounod 75, Handel 74 and Wagner 70. In fact, of a number of representative composers chosen from a list which has nothing to do with duration of life and has a range of 400 years, Mr. William Wallace has pointed out that only 23% died under the age of 50, and that the average age of all the composers at death is 61. Many of them, men of genius, died at work.

The family history of musical geniuses has often been inquired into, but in nearly half of them there is no record of any special musical tendencies. The Bachs, of course, form a notable exception, for their musical activity is traceable through eight generations. In the eighteenth century more than 30 of them were musicians of eminence, the greatest being John Sebastian Bach of the sixth generation. He himself had twenty children—(" a perpetual parent " they called him)—but of these only nine survived him. The last of the Bach line was W. F. E. Bach, who was a London piano teacher for some years and died a very old man in 1845. Musicianship occurred in four generations of Purcells, three of Beethovens, two of Mozarts and four of Webers; but instances like this tend to show merely that the family musicians lived in an atmosphere which naturally influenced the musical tendencies of their minds (just as the profession of Medicine so frequently runs in families); but that is not heredity. Nor is there any evidence of abundant creative talent persisting in any family outside the Bachs.

The influence which music can exert upon the mentality of both men and animals has been shown in many remarkable ways. Its healing effect has often been stressed, and according to papyri supposed to date from 1500 B.C., the Egyptians employed it in the form of incantations for a variety of ailments. The ancient Greeks and Indians used incantations, as do the medicine-men of a certain native tribe to-day. Specific forms of music have even been recommended for particular conditions. Thus Theophrastus advocated flute-playing in the treatment of sciatica, especially when played in the Phrygian mode (which is animated and spirited). Democrates also commended the analgesic effect of flute music, though he preferred it to be soft. David understood the same type of symptomatic therapy when he employed his harp with such success in the case of Saul.

Several early writers have referred to the value of music in the treatment of bites and stings, and it appeared to have a profound influence upon patients suffering from the " dancing mania ", a form of mass hysteria which spread widely throughout Europe from Germany after the horrors of the Plague in the fourteenth century. Entire communities of people would join hands, dance, leap, scream and shake for hours, until they dropped exhausted. Lively shrill tunes played on trumpets and fifes excited the dancers into frenzy, while soft, calm melodies exerted a soothing effect. The condition known as tarantulism which occurred in Italy in the fifteenth century was probably a similar hysterical condition, although it was believed to result after the bite of the tarantula spider. The irritation and terror produced by the bite appeared to be controlled by music, the type of which varied according to the patient. Clarinets and drums were frequently used, though discordant notes seemed to aggravate the malady and therefore had at all costs to be avoided.

Even to-day this form of mob hysteria does not appear to be extinct; witness the following extracts from a London newspaper of recent date:

" Bedlam broke loose in the cinema as soon as the swing orchestra conducted by Benny Goodman started playing.

" Swept by the music into hysteria, people danced in the cinema's aisles and some even leapt on the stage, dancing the Big Apple and screaming loudly.

" ' Get hot ' yelled a young girl, leaping from her seat and flinging herself into a wild execution of the Big Apple. ' Swing it,' ' Feed it out ' screamed others.

" Standing in the aisle with a notebook, the noted psychologist, Dr. George Vetter, of New York University, commented :

" ' I've seen food riots and strikes, but I've never seen the mob mind working so beautifully. Note how they're all writhing in unison. Their screams are like the noise of excited goats.

" ' Most of the audience are young, and are maturing sexually with no outlet for their emotional urges. Music and the darkened theatre have broken down their inhibitory checks.'

" A cinema official said, ' I think they're just plain nuts ! ' "

Perhaps the Pied Piper of Hamlin knew something about these sorts of conditions.

The animal kingdom is not exempt and snakes are notoriously susceptible, approaching towards the music and swaying in its charm. Lizards are said to show pleasure in music, but wolves and jackals snarl, and dogs, as is well known, often whine lugubriously. Dr. Talmey, who published in an American journal in 1921 some observations on the effects of music on animals, states that cows listening to music tend to produce more milk. Thus is song in the dairymaid abundantly justified !

Since it is unlikely that animals can respond to music from the same emotional causes as mankind, it would appear that the effect is upon the autonomic nervous system and the involuntary muscles. Somatic effects of psychological origin are familiar to everyone, whether they be the alimentary disturbances of anxiety, the tachycardia of undue excitement or the " sinking feeling " of sudden despair. There are many who, during a concert, experience the sensation of cold water slowly trickling down the back, and other more measurable changes are known to occur. Thus, an increase of pulse-rate, a rise of blood-pressure and altered respiratory rhythm have all been observed in people listening to music, and these changes are most marked in those whose musical appreciation is the keenest.

In certain instances music may produce undesirable effects. Thus in the condition described by Macdonald Critchley as musicolepsia, epileptic attacks, both of minor and major varieties, may be produced by some reflex mechanism as a result of listening to music. In a number of instances he has been able to produce classical major epileptic attacks in such people by playing suitable gramophone records. The type of music that is effective varies in different cases, as does the patient's musical knowledge and appreciation.

There is at present attending the Neurological Clinic of St. Bartholomew's Hospital a patient, æt. 31, who since the age of sixteen has suffered from epileptic attacks about once a month, and these attacks are almost invariably brought on by hearing organ music on the wireless, in church or in a cinema. Barrel organs and gramophones sometimes induce attacks. When he is upset by music, his pulse, blood-pressure and respiration show the changes that have been mentioned and he is overcome by nausea and discomfort, which may pass off, or which may go on to a major fit, in which he bites his tongue and is incontinent. There appears to be no hysterical basis whatever to these attacks.

On the other side of the picture, Dr. J. M. T. Duggan has recently described a boy of ten, restless and mischievous to a degree, but whose behaviour in hospital could always be controlled by the wireless or gramophone, to which he would stand listening for hours.

One of the most important and most primitive influences of music is rhythm. A child will try to dance to music, and even the most unmusical people will tap their feet in response to rhythmical airs. The soldier who marches to the band and the sailor who sings his shanties have both discovered for themselves the diminution of fatigue that such music can produce. A regular rhythmical sound is usually pleasing to the ear, whether it be pure music or whether it be the ticking of a clock, the distant hum of a mowing machine or the bustle of a railway engine. But irregular rhythm can produce a most disturbing effect, and all of us are aware of the irritation produced by an irregular hammering noise, a window that rattles or a public speaker with a stammer.

The soothing effect of music on the mind has been made use of both as an aid to surgery and in speeding convalescence. The old tooth-drawers who used to travel round the fairs usually had a small brass band outside their tent, allegedly as a means of overcoming pain, but more probably as a method of making any evidence of pain inaudible to would-be clients. Recently, however, and particularly in America, gramophone music has been employed in conjunction with local anæsthesia in the operating theatre. McGlinn states that he has found that the atmosphere of tension is relieved for the patient, and that the sounds of instruments and the like are not so clearly heard by him. Jazz and sentimental music are said to be best avoided, and Dr. J. D. Lee has found that patients prefer string quartets under these conditions.

As to convalescence, in the words of Dr. Drapes, an Irish physician of the last century: "Nothing cheers patients like music, removes depression, assuages grief, quiets excitement; rarely, if ever, does it produce the slightest ill-effect."

Music touches Medicine at many points. Indeed, had not Leopold Auenbrugger been something of an amateur musician, the whole art and meaning of percussion of the chest might have lain undiscovered for many more years. A sense of pitch is a noticeable asset to those who practise percussion. Enough has been said to suggest that perhaps every good physician is a bit of a musician, and every good musician very often a bit of a physician.

PASSIVE PÆDIATRICS

By CHARLES HARRIS, M.D., F.R.C.P.

IN what follows I have set down as precisely as I can the things I remember from the time when at the age of three I spent six weeks as an in-patient in a general hospital in London. The experience is not particularly unusual. Many others could give similar accounts. Yet medical folk have a healthy curiosity about what patients think of hospitals. Children, at this time, are too self-contained to offer grown-ups an opinion of what they think of them and their institutions.

The incidents I recall are isolated, and I am not sure that I can arrange them in their proper order. The episodes which remain in my mind are not static like snapshots; they contain movement over a short period of time like fragments of a cinematograph film and they are, to me, very vivid. To the best of my belief the things I remember did occur. They have not been imagined later nor have they been touched up in the light of experience. In a way I once checked my memory. After my first visit I had no occasion to go to that hospital again for thirty-two years; when I did return there was no difficulty in recognizing the special smell of the hospital, or the passage into the ward in which I stayed.

The first episode in the series was when I learned that I was to go to hospital to have an operation. I was in the kitchen and I overheard my mother telling our servant about it. More from the tone of her voice than from her words I gathered that the prospect was unpleasant, and I disclosed myself as an eavesdropper by a loud outburst of weeping. Most of the journey to hospital is forgotten. There remains, however, a very clear impression of the last part of it on the underground. The carriage was almost incredibly smoky, for all the trains were still drawn by steam engines. I was delighted with the smell and the dirt. The actual approach to the door of the hospital was by an immense flight of steps. I have found out since that there are only six steps; at that time the uppermost was well above the level of my eyes, so it is reasonable still to think of the entrance as something like that of the west front of St. Paul's.

We waited in a bare, dimly-lighted room furnished with wooden benches. Its smell was ominous, but still more menacing was the impersonal, not to say abrupt, way in which those who came and went treated my mother. Later we were in a ward. I was being led away by a nurse. I was in fact rather intrigued by my new surroundings and I might perhaps have left my mother without tears. Suddenly I realized how very distressed she was. This set me off and there was a considerable scene.

The ward was a women's ward with beds arranged along two sides; the centre was taken up by a desk, two fireplaces with tiled sides and two cots, one of which I came to occupy. From my position I had a view of more than half the beds and, slightly obstructed by the stovepipe of the fire, of the door into the ward. The desk and the green-shaded gas-light which remained alight all night were behind my head.

It would be inaccurate to say that any individual memory of the adult patients remains. Collectively they behaved in what seemed a very un-adult way. They cried and even screamed; they were often afraid; one died very publicly. Sometimes they said remarkable things which, when I repeated them later, led to great embarrassment of grown-ups. Recollection of the occupant of the other cot is by contrast quite clear. Her left hip was in plaster. In the evenings she was put on the floor beside my cot and we had long conversations. She must have been an entertaining person, for these evening sessions stand out with visiting days as the only exceptions to a long period of tedium and discomfort.

To be put into an unusual garment heralded the approach of an operation. Even on the first occasion I was quite clear about this. A porter came to take me to the theatre while I was seeking reassurance from a nurse. In the theatre there were two men in ordinary clothes and what seemed many people in white robes. The two in everyday clothes told me that if I lay down and breathed away quietly I could presently sit up. They applied to my face a rubber mask attached to a long flexible tube. I carried out their instructions and for a while nothing happened. Eventually one said to the other "You'll never do any dam' good like that" and the mask was removed. My part of the bargain complete I prepared to sit up; I have still a feeling of having suffered injustice that I was not allowed to. At the time I was furious with them, for they not only did not let me sit up as they said they would, but very forcibly made me breathe through a foul-smelling rag. The unfairness of the next incident did not therefore come as any surprise to me. It was night again and I was back in the ward. A man came to my cot and later another. The first gave me a penny and the assurance that he would not hurt me. Thereupon with some piece of apparatus he received from a nurse he proceeded to hurt me a great deal. I do not know whether at the time I objected more to the pain or to the insult to my intelligence.

Sundays for some reason seem to have made more impression than other days. Once on a foggy Sunday afternoon visitors were pouring into the ward. From my cot I watched the door for my parents but they did not come. As time passed and still they did not appear I got into a panic. There was a nurse with a kindly insight who made me understand that she knew what my anxiety was about, and who went out into the front hall apparently to look for my people. I suppose now that there was nothing she could do about it. I know at the time that I attributed their tardy appearance—they had been fogbound—to her activities. Even if she could not get them she at least made me feel something was being done and I am still thankful for her help. On another Sunday it was breakfast-time and the sun shone. I tried the experiment of putting a lump of sugar into the yolk of my soft-boiled egg. The resulting taste was so revolting that I think that the egg must have been bad to begin with. There was quite a row about the mess I made with it. I took it all as a matter of course. I was by then at home in the ward, probably having had a longer stay than anyone else. I knew just about how far I could go with the authorities, and anyway nothing painful was liable to happen on Sundays at breakfast-time.

Leaving hospital and the journey home have left no impression except riding in a cab from the station to our house. The jubilation on the first evening at home is well remembered, as is the fact that it was interrupted by reproof for using obscene language. Parts of my new vocabulary were evidently not for general use. Great was the disappointment I felt at this lack of appreciation of the only fruits of my expedition into a hostile and unpleasant adult world.

WARD ENIGMAS.

Anyone want to buy a screen?
When you know just what they mean
You're in the auction bidding keen.

Anybody, anything for the book?
When you understand the look
Quite unembarrassed heads are shook.

How many frequencies to-day?
Mysterious abstruse way to say
What polite folks never may.

In Dalziel, riddles soon are plain.
What's understood is always gain;
The answers never are in vain.

G. F. H.

A CASE OF DESMOID TUMOUR

By D. R. SYKES.

ON December 9th, 1937, a patient, aged 24, was admitted to Paget Ward under the care of Mr. John Hosford, complaining of a lump in her abdomen.

The history was that in 1934, nine months after her first pregnancy, she noticed a small painless lump, about the size of an ordinary hazel-nut, in the left side of her abdomen, near the umbilicus. The lump had grown steadily ever since. In July, 1937, a "short stabbing pain" which lasted for a fortnight was felt above the lump. Since then the pain had come on for a short time after her periods, which were regular. The lump was thought to increase in size during menstruation.

On examination the patient was healthy and normal except that there was a palpable lump in the abdomen, midway between the umbilicus and the left anterior superior iliac spine. It was not tender and was of pyriform shape, with its long axis parallel to the left inguinal ligament; it was 1 in. wide at its upper and outer end, ½ in. wide at the other end, and 2½ in. long. The swelling had a smooth surface, well-defined edges, was of hard consistency, and was mobile, but not freely so. On rectal examination the left ovary could be palpated apart from the tumour, and the uterus was small.

At operation the abdominal cavity was opened by a left lower paramedian incision, and all the contents found to be normal. The tumour could be palpated and seen projecting into the abdominal cavity from the anterior abdominal wall. Appendicectomy was performed and the abdomen closed. A 2½-in. incision was made over the long axis of the tumour. The external oblique muscle, which was not adherent to the lump, was divided in the direction of its fibres and retracted, showing the whitish tumour partly replacing and infiltrating the internal oblique and transversus muscles, the fascia transversalis and the parietal peritoneum. The internal oblique and transversus muscles were widely excised, removing the tumour together with the surrounding fascia transversalis and peritoneum, so that only tissues quite free from infiltration by the growth remained. The edges of the opening in the peritoneum were brought together easily. The transversus and internal oblique muscles were approximated less easily. The external oblique muscle, deep fascia and skin were repaired without difficulty.

Recovery was uneventful, and the patient was discharged as cured.

Pathological Report

The specimen consisted of a piece of tissue containing a firm mass 2·5 by 1·5 by 1.5 cm., traversed by many white strands and not distinctly separated from the surrounding tissues.

Microscopically the tumour was a cellular fibroma surrounded by degenerate striated muscle. There was no sharp line of demarcation between the tumour and the muscle, and the impression gained was that the former was irregularly infiltrating the latter (Fig. 1).

Within the depths of the tumour there was one distinct area of degenerate muscle (Fig. 2).

Conclusion.—The tumour has the characteristics of a true desmoid tumour.

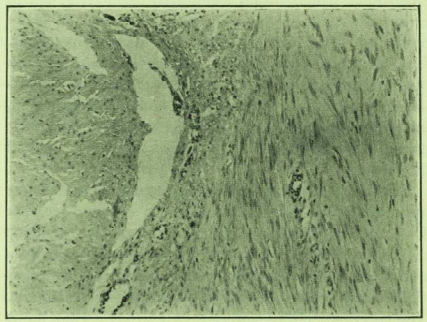


FIG. 1.—DESMOID (ON RIGHT) SHOWING ITS RELATION TO SURROUNDING MUSCLE. STAINED WITH HÆMATOXYLIN AND EOSIN.

Nomenclature

In 1838 Johannes Müller first used the word "desmoid" to indicate tumours of a tendon-like consistency, but the term was not brought into general use until 1881–5 when Sänger used it in four papers.

Dr. Hughes Bennet first described the histology of these tumours, in 1849, as having "a peculiar structure consisting of filaments infiltrated with oval nuclei". In none of his three cases was the tumour on the abdominal wall, but they all recurred after the local excision and no metastases formed. He suggested the name "fibro-nucleated cancroid growth", because "this peculiar tumour ought to be separated from true cancer on the one hand and fibrous growths on the other".

While lecturing to the Royal College of Surgeons, in 1851, Paget spoke of a tumour in the forearm of a boy formed at the site of a slight wound received at the age

of two, and renamed the growth "recurring fibroid tumour".

The term "desmoid" was limited to "fibromas arising in the musculo-aponeurotic structures of the abdominal walls" by Pfeiffer in 1904, and this definition has been generally accepted. Nichols does not agree with this regional limitation, and in his paper on 31 cases seen at the Mayo Clinic, 6 of which did not occur in the abdominal wall, he says: "They present similar clinical histories, and the clinical and pathological findings are such that one feels perfectly justified in classifying them as desmoids."

Treatment

The treatment of these uncommon tumours during the past century illustrates the great advances made in surgery over the period. Two cases of fibroma of the anterior abdominal wall were reported by Macfarlane in 1832. They were treated surgically, presumably without an anæsthetic. One of them died of peritonitis.

In 1856 a man, aged 27, "was admitted into Kenton's Ward" under the care of Mr. Paget. The patient "had a growth on the abdomen, just below the umbilicus for fourteen years, which had its origin in an injury to the front of the abdomen from a cart-wheel. Within the last two years the surface began to ulcerate, and the tumour has attained the size of a large flattened orange". On the only operating day for the week, "March 29th, the man was given chloroform, when Mr. Paget removed the growth by making a large semicircular incision above and below it, and dissecting it off the sheath of the rectus, thus leaving a pretty large raw surface behind, a number of vessels requiring to be tied".

"April 17th. The surface of the wound is cicatrizing over; oil dressing was used for the first three days, and water dressing afterwards, and he is going on as well as can be desired."

Whenever possible enucleation was practised, but the growths recurred again and again.

Suadicini first advocated that antiseptic operative precautions should be observed in treating these tumours. In his paper, published in 1875, he urges resection of the peritoneum where it has become infiltrated by the growth and reports a case treated in this manner.

Nichols, writing in 1923, naturally infers that aseptic operative principles should be followed, and says "Complete and early excision is the treatment of choice", while the application of "radium and Röntgen rays are excellent palliative measures in inoperable cases. He remarks, "radium was used post-operatively in most (of 31) instances but the benefit derived cannot be accurately estimated."

Theories

Theories concerning desmoids are in inverse proportion to the rarity of the growth. In 1860 Hugier put forward the extraordinary idea that these tumours arose from the fibrous periosteum of the pelvic bones and were always attached to it by a pedicle. Nélaton (1862) agreed with Hugier, but drew attention to the high percentage of cases that occurred in women who had borne children. He thought that congestion of the pelvic organs following conception and during menstruation was an important ætiological factor. Ebner (1880) and Hertzog (1883) enunciated the theory that desmoids resulted from muscular rupture, while Sänger (1884) thought they arose from the aponeurotic sheath

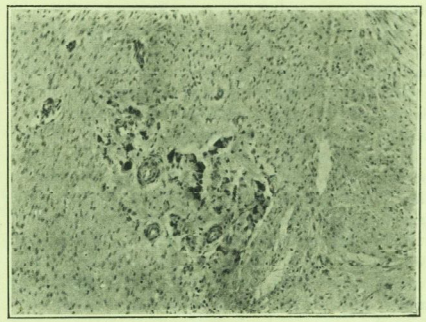


FIG. 2.—AREA OF DEGENERATE MUSCLE WITH HYPERCHROMIC NUCLEI IN MIDDLE OF DESMOID. STAINED WITH HÆMATOXYLIN AND EOSIN.

of the abdominal muscles. Labbé and Remy (1888) considered that muscular rupture during the violent contractions of labour was the most common cause. Aime Guinard (1910) thought that true desmoids only occurred in women, usually in connection with the intraparietal portion of the round ligament. Cases occurring in men he dismissed as aponeurotic fibrosarcoma.

Nichols (1923) records eight cases that occurred in abdominal walls that contained operation scars, and in only four was the scar involved by the growth. He therefore concludes that as the "tumours were found in scars only four times in approximately 100,000 abdominal operations, their occurrence may be considered coincidence."

Stewart and Mouat (1924) agree with Labbé and Remy, and postulate an unknown predisposing factor to account for the rarity of the tumour. They report that it occurs most frequently in the third and fourth decades,

and consider " the analogy with keloid is a very close one . . . the points of difference being really dependent on their site in skin and muscle respectively ". Of their 66 cases, 80% were in women who had borne children, and most of the remainder gave histories of injury or strain.

Conclusions

1. A desmoid is a fibroma usually occurring in the musculo-aponeurotic structures of the abdominal walls, but identical tumours also occur in connection with other muscles.

2. If untreated a desmoid will continue to grow slowly until it invades some vital structure. As it becomes bigger the central portion may break down and the rate of growth increase, but it does not form metastases.

3 The tumour may appear partly encapsulated when it is bounded by a fascial sheath, but elsewhere it will infiltrate surrounding structures. Characteristically the muscle adjacent to it is degenerate, and enclosed in the desmoid are degenerate muscle-fibres with hyperchromic nuclei. It is analogous to keloid.

4. Desmoids are caused by some unknown predisposing factor, together with trauma and stretching of the musculo-aponeurotic structures concerned. The most common factor is the physiological trauma of violent contractions during labour (80%, Stewart and Mouat).

5. Even when the predisposing factor is present the muscle may be incised without causing a tumour to be formed.

6. Clinically desmoids are rare, usually symptomless, slow-growing, often hard tumours occurring in muscle and aponeuroses, especially of the abdominal wall. They are difficult to diagnose clinically.

7. Treatment should be by wide excision while the tumour is still small. Inoperable cases can be treated with radium or X-rays.

8. If recurrence takes place, wide excision should be repeated. There is " no evidence that sarcomatous metamorphosis occurs " (Stewart and Mouat).

I thank Mr. John Hosford for his kind advice and permission to publish this case, and Dr. Magnus for allowing me to reproduce his pathological report.

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SMALLPOX:

SOME FURTHER OBSERVATIONS WITH SPECIAL REFERENCE TO THE FILTERABLE VIRUSES

By P. B. MELLOWES, M.R.C.S., L.R.C.P., D.P.H.

MY first reference must be to the editorial note at the end of April's article that since going to press one of the supposed influenza cases had proved to be true smallpox ; the possible deduction being that vaccination and the necessity for it, which I intended to be the keynote of that article, had failed in some essential measure.

On the contrary, Jenner's great legacy to mankind has proved to be of inestimable benefit to my afflicted colleague, as apart from the severe constitutional symptoms of the prodromal stage, experienced by all the so-called influenza cases who had been in contact with the smallpox patient from the " Cathay ", he has suffered very little. His mild rash of typical variola distribution has cleared up without scarring, and he is now back on duty—an undoubted tribute to his past vaccinations.

It cannot be over-emphasized, however, that one lot of vaccination does not protect for ever, nor for that matter, does one get permanent immunity from an attack of smallpox.

Louis XIV of France died of a second attack of smallpox, and so did Queen Anne of England, I am told.

As regards other sequelæ, the author, who developed the so-called " influenza ", in common with the acknowledged case of smallpox and the other four " flues ", felt the effect of the neuro-toxins of the condition, the heart in particular protesting in no uncertain terms against climbing the pilot ladders of lightships. To round off his tale of woe he has subsequently had a good crop of facial herpes followed by wet eczema.

Dr. H. S. Banks, who kindly edited my previous effort and attended the case with me daily, took a month to recover, and like Dr. M. R. Lawrence, who wrote the most interesting letter published in the May edition of the JOURNAL, is certain that we suffered from a *variola sine eruptione*.

Bearing this out is the additional evidence that two medical inspectors from the Ministry of Health, who made an independent examination of the patient, and from start to finish had no contact with our medical officers, went down with the same trouble exactly seven days after their visit.

Other cases of smallpox which have occurred in Gravesend since the " Cathay " outbreak, whilst showing no evidence of direct contact, bring up the grave problem of the possibility of " carriers ", who whilst not suffering themselves, somehow manage to convey the disease and carry on the strain after the recognized incubation is ended.

One, a building contractor, who lived in a house opposite to the engineer of our launch (one of the " flues "), was admitted to the Gravesend Isolation Hospital, 10 days after we landed a patient, suffering from indisputable variola. He made a successful recovery, the severity of the condition having been mitigated by positive vaccination in infancy.

At present there is still another serious case of confluent smallpox in Gravesend, whose history is of interest.

A man, æt. 60, dealer in such livestock as dogs and rabbits and a stallkeeper in the market, had been estranged from his daughter for some years, and hearing that she had been admitted to the isolation hospital and was dying, visited her and kissed her.

Fourteen days later he became ill and developed a typical variola rash.

The daughter, who was employed at a café on the waterfront frequented by seamen, had had a severe throat infection which developed into a septicæmia without a rash, and commenced 28 days after the landing of the " Cathay " case.

Taking into consideration that our knowledge of smallpox, with the exception of its prevention by vaccination, has not materially increased in the last 2000 years, and is still mostly hypothetical regarding its fomites and mode of spread, I venture to suggest with all hope of contradiction that there must be some connection between our case and the Gravesend ones.

The fact that every cog in the wheels of the preventive port health machinery has turned is manifest by the absence of any epidemic, but there must still be some factor unknown. It is of further interest to note that the infecting " bug ", whatever it was, showed an overwhelming partiality for the male sex. Of all the contacts we would have thought that the Matron and Nurses of the Port Isolation Hospital looking after the original case would have succumbed, but fortunately they did not.

This brings me again to the possible association between our so-called influenza outbreaks and the fatal case of variola major, and introduces us into the unknown fairyland or jungle populated by the filterable viruses, or maybe to the resurrection of some " old-fashioned " discarded theories concerning the latter.

The remarks hereunder will appeal more probably to the epidemiologist than to the bacteriologist, and I cannot claim authorship to all or take the responsibility for some of the statements. They are mostly the results of letters from and conversations with those who were interested by the first article, and have consented to my correlating their words of wisdom. In particular I have to thank the well-qualified observer and authority whom I mentioned before.

Whilst appreciating that much of the matter is highly controversial, it is with no wish to appear pedantic that I write on occasion in the assertative but merely for the sake of brevity.

The filterable viruses cause disease with relatively long incubation periods, or many of them do. Rabies up to 6 months and influenza the shortest, only 2 days. Yellow fever of 4 to 5 days only, due presumably to the intradermal route of infection. Measles and psittacosis the next, about 10 days. Smallpox usually 12, chicken-pox and herpes about 18 days.

It is observed that there is also *B. psittacosis* of the Gaertner group. But it is not the causative organism any more than *B. influenzæ* is the causative organism of " flu "; they are merely associated and not invariably there.

The incubation period of approximately 7 days for our little " flu " epidemic upsets the normal 2 days' interval, as much as our contact variola case upsets the orthodox " 12 days to the minute " for that complaint.

If the disease is of a very virulent type it means that the person who becomes infected gets a massive dose of poison, which acts more quickly than a diluted or moderate dose. For instance, we would die at once from mx of HCN, but in an hour from mj. The incubation period of water- or milk-borne enteric is roughly 14 to 21 days; but laboratory accidents and infections, where the dose is enormous, cause symptoms of enteric to develop the next day.

The mention of psittacosis brings me to some interesting observations. Some years ago before the Prohibition of Parrots Importation Act came into being, I had an African " grey " which died with all the signs and symptoms of what would appear to be in retrospect those of psittacosis, although unfortunately no bacteriological examination was made of the bird. Although I had handled the bird during its illness nothing amiss occurred to me, but within two weeks my immediate colleague, who had had no contact with the parrot whatsoever, developed and subsequently died of a mysterious illness (mainly enteritis and toxæmia), which was thought to be possibly a fungus poisoning, as he professed to be able to differentiate between the edible and inedible toadstools and ate some.

Now was I the " carrier " of a filterable virus, and had the bird developed its disease " *de novo* ", as it

had not been in contact with any other bird for several months?

Accepting the transmutation of metals as an established fact, *e. g.* radium into lead, why not animal transference?

Could not parrots, having picked up some human virus, possibly "flu", pass it about amongst themselves until it became something virulent, in much the same way as oysters presumably persuade the ordinary harmless *B. coli* to become a virulent *B. typhosus*. No oyster sucks in the *B. typhosus* as such, because the viability of that very delicate bacillus is *nil* in strongly antiseptic sea-water, which accounts for the fact that *B. typhosus* has never yet been found in oysters, and presumably never will be.

For the sake of argument in this pseudo-scientific medley I am deliberately omitting the work of Klein, and placing reliance upon the fact that Sir Alexander Houston and his workers examined hundreds of thousands of samples of water and sewage, and millions of colonies without finding the bacillus.

If the agglutination tests on *B. coli* from sewage-infected oysters were made, however, some might be found to react.

It has been suggested that typhus with its incubation period of about 21 days is also due to a filtrable virus. The virus lives in the louse and in the eggs of the infected vermin, and although Noguchi found a spirochæte in the urine of typhus patients, that does not mean that the infection is passed by the spirochæte *as we know it*.

Spirochætes were found in the urine of trench-fever patients on the eighteenth day of illness; but the disease is louse-borne and filterable. Spirochætes were found in blood-films of trench fever patients. It is suggested, therefore, since we know typhus and trench fever are due to filterable viruses and that filtered blood from cases is infective, that the filterable viruses in these instances is part of the life-history of the protozoan spirochæte. If you observe *T. pallidum* by dark ground you see them slowing down, dying and breaking up into Brownian particles—filterable entities. He would be a brave man to say that because the spirochætes have disappeared from the hanging drops, that the remaining serum was not infected.

The filterable virus may be a minute spore stage of the plasmodium or protozoan which later develops into something invisible also or possibly visible, like Negri bodies in rabies and the so-called trachoma bodies or the spirochætes in typhus and trench fever. If the filterable viruses are life stages of protozoa, that would explain their long incubation period (but not "flu" unfortunately). Consider how varied are the symptoms caused by protozoal infections. Malaria, for example, will simulate anything you like to think of, except perhaps a broken leg. Think too of the various ways in which ordinary influenza manifests itself—the catarrhal, the pulmonary, the intestinal, the suicidal, the paralytic (deltoids, poliomyelitis), Parkinson's syndrome (epidemiologically encephalitis lethargica is always due to influenza—Hippocrates about 400 B.C. noticed it—except those few rare cases in non-vaccinated adolescents which are definitely due to vaccination), and arthritic (with acute serous effusions into joints).

After all of which can any reader kindly supply any further solution to our recent illness, whether an influenza or *variola sine eruptione* (not forgetting the mixed grill of spirochætes and infilterable viruses), including that hardy annual vaccinia or what?

ED. NOTE. Since going to press a further fatal case of confluent smallpox has occurred at Gravesend. The deceased was an *unvaccinated* young woman of 23. She had been in contact with a fatal case of "influenza" exactly twelve days before her death.

SPORTS NEWS

DICTATORSHIP.

Rather a peculiar title for a Sports Editorial, but behind it lies food for thought. The secretary of any club is something of a dictator is he not? he commands the axes and rods of his own little province, and can do a lot for his club if he is the right kind of man, *and gets the right kind of support*.

The continuous plaint of these minor dictators is that their subjects are generally too keen on waiting until the day before a game before crossing their names off on the list of their team. This habit of waiting until one finds out whether anything better to do is going to turn up, is felt by secretaries to be, as Mr. McNeil Love would say, a diabolical form of practical joke strongly to be deprecated.

In return for the favour of prompt notice as to whether a member of a side intends to play, however, we feel that the members themselves deserve to know important details of their clubs, such as the scratching of matches.

We must be fair to our secretaries, and in return we can but expect the same treatment from them.

CRICKET NEWS

At the Annual General Meeting of the United Hospitals' Cricket Club, R. Heyland was elected Secretary for the forthcoming year.

The first match of the season was played at Chislehurst on Saturday, April 30th, against **U.C.S. Old Boys.** The table, although only in its first season, is in extremely good condition.

Our captain performed his duty well and the hospital batted first. The batting which is supposedly our strong point let us down badly, except for W. M. Maidlow's, who scored 30 in first rate style and J. E. Miller, who batted very solidly for his 18. The rest did nothing, and the innings closed for 88. To Bates went the honour of making the first duck on the new ground, and to him also went the honour of taking the first catch, an extremely fine one taken low down at cover to dismiss one of our opponent's opening pair.

Our bowlers bowled quite well considering it was the first match, especially Nicholson, who kept a good length, and finished with an analysis of 3 for 29. Our total, however, was passed for 6 wickets, and our opponents went on to make 137.

This would have been much larger but for the magnificent fielding of the whole side.

R. Heyland, b Drury	3	S. T. Rutherford, not out	1
J. E. Miller, lbw, b Moran	18	G. A. S. Akeroyd, b Abrahams	0
J. North, b Glanfield	10	B. G. Gretton-Watson, b Abrahams	0
J. T. Robinson, b Moran	1	Extras	5
W. M. Maidlow, run out	30		
C. T. A. James, run out	7	Total	88
M. Bates, b Abrahams	0		
C. G. Nicholson, b Abrahams	13		

U.C.S. Old Boy, 137. C. G. Nicholson, 3 for 29; C. T. A. James, 1 for 20; J. T. Robinson, 3 for 37; S. T. Rutherford, 2 for 22.

Sunday, May 1st, *v.* **The Rabbits**, at Chislehurst. Won.

Bart.'s: 150 for 6 (declared). R. Heyland, 68; J. North, 36.

The Rabbits: 121. C. T. A. James, 4 for 23; B. G. Gretton-Watson, 4 for 45; J. T. Robinson, 1 for 19; M. J. Pleydell, 1 for 14.

Saturday, May 7th, *v.* **Brondesbury**. Away.

Unfortunately for this match we were unable to raise our strongest side and were woefully short of bowlers.

Brondesbury batted first, and their opening pair added 153 runs in a very unenterprising manner before one of them was caught by Robinson off Rutherford. They finally declared with the score at 205 for 4.

Our bowlers, particularly Evans, Rutherford, and Wells-Cole, after an erratic start, bowled quite well, but did not meet with much success.

We were left 2¼ hours in which to get the runs, and Brown and Robinson gave us a good start by scoring 44 in quick time before Robinson was out for 18. Two more wickets then fell quickly, including that of Brown who had batted very well for his 30. However, while Maidlow and North were in there was still a chance of the runs being knocked up, but on North being bowled, and Maidlow foolishly running himself out a few minutes later, all hope of winning the game vanished. Out lower batsmen, particularly Evans (21) and Rutherford (13 not out), defended well, but to no avail, as Gretton-Watson, who had played stubbornly, was given out l.b.w. by their umpire on the fourth ball of the last over.

It was a very enjoyable game, and a great shame we could not raise a full side, as, had we been able to do so, I am certain we should have beaten them.

D. J. A. Brown, b. Hornsby	30	M. Shrinagesh, b Cook	2
J. T. Robinson, c Milton, b Martin	18	G. A. S. Akeroyd, c Martin, b Cook	6
J. North, b Hornsby	14	S. T. Rutherford, not out	13
M. Bates, lbw, b Martin	1	B. G. Gretton-Watson, lbw, b Hornsby	6
W. M. Maidlow, run out	19	Extras	7
G. H. Wells-Cole, c Milton, b Hornsby	10		
J. W. G. Evans, c Barns, b Hornsby	21	Total	147

Brondesbury, 205 for 4. S. T. Rutherford, 2 for 59 in 18 overs; J. W. G. Evans, 1 for 38.

Saturday, May 14th, at Chislehurst, *v.* **Hornsey.** Match drawn.

We were fortunate in this game in having almost our full side out. Cochrane and Grant, both playing in their first game of the season, opened our attack and bowled very well on a wicket which could be called nothing else but a batsman's paradise. Our other bowlers, especially Nicholson, who took 3 for 31, kept a perfect length, and was always doing something with the ball, and Gretton-Watson, who bowled his slow stuff with great cunning, and took 4 wickets; both bowled extremely well.

Our fielding was again very good, particularly in the case of Rutherford, who took a magnificent left-handed catch in the gully. We shall have a chance to compare him with England's best gully fielder for a long time when A. P. F. Chapman comes down to play against us for the M.C.C. on June 18th.

Our opponents declared at 188 for 9, leaving us plenty of time to get the runs, but our batting let us down badly, and thanks to a fine innings by Nicholson of 42 not out, and stubborn batting by Maidlow and Cochrane we were 121 for 8 wkts. at the close of play.

When our batsmen start making runs, as they most certainly will soon, we shall have a good side, and should do well in the forthcoming Cup Matches.

R. Heyland, b Bott	12	S. T. Rutherford, c Palmer, b Bott	7
T. K. Whitmore, b Green	7	B. G. Gretton-Watson, c Palmer, b Batson	9
J. E. Miller, c Grundy, b Bott	9	J. Craig-Cochrane, not out	11
R. N. Grant, b Green	0	Extras	12
J. North, lbw, b Bott	0		
W. M. Maidlow, c Grundy, b Bott	12	Total (for 8 wkts.)	121
C. G. Nicholson, not out	42		

G. A. S. Akeroyd did not bat.

Hornsey: 188 for 9 (dec.). R. N. Grant, 2 for 34; C. G. Nicholson, 3 for 31; B. G. Gretton-Watson, 4 for 73.

Sunday, May 15th, *v.* **Philanderers.** Won.

Bart.'s: 189 for 9 (dec.). W. M. Maidlow, 64 not out; C. G. Nicholson, 43.

Philanderers: 157. R. N. Grant, 5 for 38; C. G. Nicholson, 3 for 53.

Wednesday, May 18th, *v.* **R.M.C. XXII.** Away. Drawn.

Bart.'s: 239 for 9 (dec.). R. Heyland, 65; J. North, 60; C. T. A. James, 51 not out.

R.M.C. XXII: 188 for 8. R. N. Grant, 3 for 46; C. G. Nicholson, 2 for 58.

ATHLETIC CLUB

The Paris Trip.—Three of our members, Beck, Reinold and Ward were chosen to represent London University for their Annual fixture against Paris University, this year held in Paris. In spite of the many distractions, bottled and otherwise, our trio did very well. Reinold was first in the 110 metres hurdles, though a certain unsteadiness was noticeable at the last hurdle, Beck was second in the 1500 metres in fast time, and Ward was second in the long jump. The jump being measured in metres caused great speculation as to distance "in real figures", it eventually being decided that "it must have been pretty good". Later it was officially denied that Ward had cleared well over 210 feet.

The week-end, apart from the sports, was well spent, and Beck's fluent French (Honours Matric.), backed up by some mystic hand signs by Reinold, took us through some rather one-sided conversations with policemen and taxi-drivers, with fair credit.

Perhaps the most vivid incident was of Reinold laden with bags, coats, etc., producing a really fine turn of speed along the station platform, overtaking the moving Boulogne-Paris train hotly pursued by a rather noisy waiter. This unwelcome addition to our party was dropped (7–10 miles an hour) only after considerable French coin had changed hands.

Flushed with success, etc., the party reached Victoria at a late hour, where a reception committee headed by Mr. Kenneth Walker awaited.

SWIMMING CLUB

The day spoke fair as we bowled down to Cambridge, but better far the howling heath than the sunny road, better the three witches than the smiling potmen, to warn of the dread carnage awaiting in Cambridge. Still, remembering the fate of the mighty——

Sheen swam magnificently to beat the half-blue Garforth in the 220 yds. free style in a glorious 2 min. 38 sec., and later to gain second place in the quarter-mile. After that, a virtual University side (with one exception) swept the board, in spite of gallant, but rather untrained attempts by the socii.

In the Polo, the lack of cohesion was only rivalled by the obvious lack of training, very obvious after two to three races per individual.

Results:

220 *yds.*—Sheen (B.) 2.38 (1), Garforth (T.) 2.42 (2), Walley (B.) 2.47 (3).

440 *yds.*—F. B. Ball (T.) 5.59⅘ (1), Sheen (B.) 6.8 (2), Garforth (T.) 6.14 (3).

100 *yds.*—Manson (T.) 60 (1), Hill (T.) 64⅕ (2), Pratt (B.) 65.

60 *yds.*—Ivanovic (T.) 29⅘ (1), Culson (T.) 30 (2), Hoskyn (B.) 33 (3).

Medley Relay.—Tadpoles 2.3 (1), Bart.'s (Macafee, Pearce, Walley) 2.9 (2).

Free Relay.—Tadpoles 2.22⅘ (1), Bart.'s (Sheen, Hoskyn, Monckton, Pratt) 2.23 (2).

Points: Cambridge University Tadpoles 23, Bart.'s 11.

We pass over the Polo in silence, noting only that the Tadpoles, in fine fettle, won 6—0. In the evening it was decided by all to start

training by an intensive course of Dr. Dale's estimable local waters. We would also thank Pembroke for its charming hospitality.

Polo.—Greenberg, Monckton, Pratt, Walley, Hoskyn, Pearce, Macafee.

Oxford Dolphins

Undaunted, but shaken (to say the least) by the illness of Sheen and Monckton, we faced the ranks of Tuscany in Merton Street Baths. The day opened with a narrow win by the Secretary over Lodge, the Oxford Secretary. Then Coates, a newcomer to Charterhouse, swam a well-judged race to take the 220 yds., with Hoskyn (" Bone in the Teeth ") taking an inspired third. In spite of this the match was lost 18—15.

The water polo was a shambles, we regret to say, being lost 10—0. The side blame the shallow bottom.

We were refreshed at the Philistines, refreshed at Balliol Buttery, and later visited such old world spots as the Turf—purely as sight-seers, *bien entendu*.

Results :

100 *yds.*—G. S. Stockwell (D.) 60⅝ (1), C. H. Kearney (D.) 63 (2), J. S. Pratt (B.) 64⅘ (3).

220 *yds.*—T. Coates (B.) 2.52 (1), S. C. Matthews (D.) 3.1 (2), C. H. Hoskyn (B.) 3.4 (3).

440 *yds.*—G. J. Walley (B.) 6.0⅕ (1), R. M. Lodge (D.) 6.0⅘ (2).

Free Relay. O. U. Dolphins 1.44⅘ (1), Bart.'s 1.46 (2) (Pratt, Hoskyn, Pearce, Walley).

Polo.—Greenberg, Hoskyn, Macafee, Walley, Pearce, Pratt. Lost 10—0.

WATER POLO

In the 1st Hospital Cup Match some excellent practice was had in beating **Charing Cross** and **Royal Dental** 12—0. The scorers were Macafee 1, Hoskyn 1, Walley 2, Pearce 3, Pratt 3, McKane (" Veteran ") 2, Greenberg in goal not being allowed to score.

In the 2nd Cup Match *v.* **Guy's,** some hard knocks were taken in achieving a 2—2 draw. Greenberg played a superb game, and was very unlucky to let the equalizer through after Bart.'s had led the whole way. McKane and Pratt were the scorers.

The team was Greenberg, Macafee, Hoskyn, Walley, Pearce, Pratt, McKane.

GOLF The Staff and Students mixed foursomes competition was held at Denham on March 26th. The weather was fine, and the course in excellent condition. Ten couples entered. The competition was won by Dr. Roxburgh and C. M. Fletcher, 35 points; second were Dr. G. Graham and R. S. Russell-Smith, 32 points.

The Staff *v.* Students match was played at Denham G.C. on May 18th. The course was very hard, the conditions rather showery. The Students conceded a handicap of 3 bisques in the singles and foursomes. The singles were won by the Staff 8—0, 4 matches being halved, the foursomes by 4—2. The Staff thus won the match by 12—2 points.

SAILING CLUB The St. Bart.'s Sailing Club Regatta, held on May 15th, was a great success. A fine sunny day with a nice breeze and occasional strong puffs made it a day of perfect sailing weather.

There was a muster of ten boats (J. Walley, arriving too late from Pin Mill to enter for the race, went for a good row around the Estuary!), and a course of 8 miles was chosen. Loughborough looked very worried before he ran his sail up.

The dinghies crossed the line almost simultaneously with a good " soldier's wind " over the quarter from the south ; Thursby-Pelham took the weather berth. The boats kept very close together for the first 1½ miles to the Green Holliwell buoy, which Thursby-Pelham, White and Bentall left to starboard without mishap. The remaining seven boats were very close and rounded together, unfortunately Brady got into irons and finally capsized.

There was a fine exhibition of short tacking by White and Bentall up to the Roach Buoy.

Thursby-Pelham gave White a lee bow at the Branklet Buoy which failed to stop the latter, who passed and took the lead.

M. W. C. White finished first 1½ minutes ahead of A. Bentall, with Thursby-Pelham a good third by 40 seconds.

AN APOLOGY We regret that in the report of the Annual Inter-Firm Seven-a-side Competition published in last month's JOURNAL, the Dark Blue firm were put into the semi-final at the expense of the Pink, who were their victors in the first round, and we wish to apologise to all concerned.

CORRESPONDENCE

THE SPRING BOOK SUPPLEMENT

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

DEAR SIR,—I have perused your Spring Book Supplement with misgivings, and perhaps I am voicing the views of some of your readers in saying that I am not sure that your policy will be generally approved.

It seems to me that the JOURNAL must aim at a very high level of criticism before so much space and attention can reasonably be bestowed upon the reviewing of medical books. Moreover, I find it difficult to believe that most readers of the JOURNAL are greatly interested in book reviews. The articles which appeal most are those which have little if any direct bearing on modern medicine, but which deal particularly with the giants of the past. If, however, the JOURNAL Committee decide to continue their policy of including a literary supplement, perhaps I may be allowed to offer a few suggestions, for I have done as much reviewing of medical books as most men of my age, and have felt the impact of criticism from reviewers myself.

The best reviews of scientific literature are to be found in *Nature* —which also has a literary supplement. But its important reviews are always signed, so that readers may know what reliability can be placed upon the opinions of the reviewer. I am afraid that many of us disagree with the policy of the popular medical journals in insisting that the reviews shall be anonymous. No decent-minded reviewer would think of levelling harsh criticisms anonymously, with the result that such reviews are insipid, and usually without critical value.

I do not wish to be unkind about your Supplement, but my personal opinion is that almost every one of the reviews is of poor quality. To obtain a good review the reviewer must be of the same academic distinction as the author. The greatest reviewer of all time was undoubtedly Macaulay, and perhaps the Editor of the JOURNAL might re-read Macaulay's *Historical Essays* to appreciate my point of view. Not that I am one of Macaulay's admirers. He was a terrible fellow, venomous and spiteful, with no conception of Christian charity, and it has always pained me to see his statue placed with that of Newton in Trinity Chapel. But Macaulay's erudition was stupendous, which made him so good as a reviewer. Of late I have taken a dislike to his English—having been brought up on it—and I think now that it compares most unfavourably with the lovely cadence of Gibbon. Take, for example, this quotation from Gibbon : " It was their favourite opinion (Gibbon is referring here to the early Christian fathers) that if Adam had preserved his obedience to the Creator, he would have lived for ever in a state of virgin purity, and that some harmless mode of vegetation might have peopled paradise with a race of innocent and immortal beings." Macaulay never approached this standard. Consider first the phrasing, with its suggestion of alliteration, the perfect vocabulary, and then ponder over the cynicism and the gentle irony of Gibbon himself. Macaulay could, however, with conspicuous ability hide his clumsy articulation under an impressive weight of historical facts. Please do not think that I have chosen one of Gibbon's most famous passages, for it is easy to find comparable sentences on almost every page of the *Decline and Fall*. I do not wish to maintain that such a high literary standard should be insisted upon by the Journal Committee. It might be worth consideration, however, to ask for modest literary distinction from the JOURNAL reviewers if a Supplement is to be included.

Next, I may perhaps be pardoned for intruding some personal experiences. I want to acknowledge the kindness and courtesy of the reviewer of my book in the JOURNAL, but most authors crave for constructive criticism. If the review is signed, the reviewer can give full rein to his critical faculties, and his readers, knowing him, can themselves assess how much weight should be attached to his opinions. This is perhaps an opportunity of asking your readers to peruse the *Journal of Obstetrics and Gynæcology of the British Empire*, wherein they will find, amongst some most interesting material, an admirable review by Prof. Strachan, teeming with good criticism, and most valuable to me myself. If your readers are sufficiently astute they will learn, mark and inwardly digest the personal leg-pulling, which is the hallmark of a good review.

In conclusion there are two things I want to say. First, provocation is—to some people—the spice of life, which sounds rather like the B.B.C. Next, people who live in glass houses should not throw stones, and according to Newton's third law, to every action there is an equal and opposite reaction. I am therefore not unmindful of possible repercussions, and even of a little *vis a tergo*.

Yours, etc.,

WILFRED SHAW.

109, Harley Street, W. 1;
May 18th, 1938.

[ED. NOTE.—Criticism as outspoken as that of Dr. Wilfred Shaw is always worth hearing.

We join him in condemning the mealy-mouthed reviewer, for he is both a pest and a bore. But whether a man who signs his review will be any bolder than his anonymous brother appears to us doubtful. Further, if reviews are to be signed, we must be certain of a brisk supply of gynæcological giants, with literary leanings, of course, to review the works of authors so eminent as Dr. Shaw.]

REVIEWS

SEX AND THE ADRENALS

The Adrenal Cortex and Intersexuality. By L. R. BROSTER, CLIFFORD ALLEN, H. W. C. VINES *et alia*. With a foreword by Sir WALTER LANGDON-BROWN. (London : Chapman & Hall, Ltd.) Pp. 245. Illustrated. Price 15*s*.

In this volume have been published together a series of articles on one of the newest and most controversial aspects of endocrinology. When Dr. Vines demonstrated the presence of the fuchsinophil cell in the adrenal cortex by means of the ponceau-fuchsin stain he could not have imagined the amazing paths along which this single concrete fact was to lead him and his co-workers. By virtue of this it was possible to demonstrate the androgenic phase in the development of the foetal adrenal of both male and female leading, mainly in the latter instance, to an instability which was to result in such important physical and psychological changes in pre- and post-pubertal life. In addition, it was possible to show that the adrenal cortex is a potentially bisexual accessory sex gland from the earliest stages of its development, probably under pituitary control, and capable of simultaneous elaboration of both androgen and œstrogen, one or other being in excess.

The book is admirably divided into two main parts, the Clinical and the Scientific Study of the Adrenogenital Syndrome. The first is in two smaller sections in which the surgical and the psychological angles are discussed. The histories of nearly one hundred cases are quoted in detail, and numerous photographs lend emphasis to the extremely lucid reports. This section, which includes the technique of adrenalectomy, is expertly handled by Mr. Broster. Dr. Clifford Allen deals carefully and lucidly with the profound psychological problems involved and discusses the psychical sexual pattern and its reinforcement by the sex hormones, and *vice versa*.

In the second half of the book Dr. Vines expounds the pathological side, and it is rare indeed that one reads so masterly and lucid an exposition of any scientific study. It is a calm and calculating estimation of the facts, and the author permits himself no liberties. Patterson and Greenwood collaborate on the first section of the biochemical study, and Prof. Marrian, of Toronto, and his associate, Butler, report on the new hormone, pregnane 3–17–20 triol ($C_{21}H_{36}O_3$) which they have succeeded in isolating from urines of typical virilism cases. But on this it is too early to make further comment.

It is, in Sir Walter Langdon-Brown's words, the combined attack by medical, surgical, psychological, histological and biochemical methods which gives this research its peculiar value. The book is essentially one for the specialist, but its logical arrangement and clarity of expression should make a wide appeal to practitioners and students who are conscious of the profound clinical, psychological and social questions to which it draws attention. Much of it is theory; much of it is fact. But to express the spirit in which it was published Allen writes, " all that we can do is to build as solidly as we can, and hope that those who follow shall find even the ruins of our theories worthy foundations for their own edifices ".

PHARMACOLOGY

Poulsson's Text-book of Pharmacology and Therapeutics. Second English Edition thoroughly revised by STANLEY ALSTEAD, M.D.Liverp., M.R.C.P.Lond. (London : Wm. Heinemann, Ltd., 1938.) Pp. 557. 25*s*.

This second edition of Poulsson's work on pharmacology has been revised for the second time. In the introduction there is a long discussion concerning the classification of drugs. The various classifications hitherto used, the natural-order classification, the chemical classification and the therapeutic classification are discussed and discarded. The author divides the drugs under the following particular sections: (1) Organic remedies acting specifically after absorption ; (2) organic remedies acting locally ; (3) salts of light metals, alkalis, acids, halogens, oxidizing media, etc. ; (4) heavy metals ; (5) ferments and foodstuffs ; (6) antitoxins and bacterial products. Perusal of the book indicates that the descriptions of the preparations and of the pharmacological and toxicological actions of the drugs described are complete and adequate. The historical details are good ; for example, mention is made of the introduction of potassium iodide by Wallace in 1836. As a book of reference, therefore, most of the essential available facts concerning pharmacology and therapeutics are to be found in this work.

Certain points of commission and omission can be lightly indicated. Why, for instance, is barium placed amongst salts of light metals? Why is sulphonamide placed among the sera on p. 535? The action of quinidine sulphate as a depressant of cardiac muscle is not sufficiently stressed, seeing that this is one of the dangers in its use in full therapeutic doses. The use of sodium chloride for Addison's disease is mentioned on p. 358, but there is no indication of the dosage required. The use of calcium chloride intravenously as a therapeutic or a diagnostic agent in spasm of, for instance, the bile-ducts, is omitted. There is no statement that iodine, as in Lugol's solution, is used orally in cases of Graves's disease.

Certain more serious criticisms must, however, be made. On p. 372 thirty-eight lines are given up to the use of the alkaline carbonates in the treatment of gout and uric acid, whereas the use of these alkaline salts in urinary infections is given four lines, and there is no mention of the almost specific action of their use in the acute pyelitis of children. There are traces that the revision has not in all particulars been brought carefully up-to-date, as is shown by the following examples: " Lauda Brunton recommends Calcium Chloride as a heart tonic " is written in all seriousness on p. 391, and on p. 132 the following sentence is found: " Fresh reports of poisoning cases, and *fresh* confirmation (Power and Tutin, 1905) of the old statement that Fool's Parsley contains an alkaloid-like conine make it imperative . . . " Another serious criticism is the amazing wealth of abstruse botanical information regarding pharmacological actions of rare plants, a subject of more use to a pure toxicologist than to a medical student. Taking the letter A of the index the following is an incomplete list of such plants and substances: Anacardium occidentale, Anamyrta coculus, Absinthe, Acidum camphoricum, Adonidin, Adoxa moschatellina, Agrostemma githago. A further statement which is surely not worthy of a serious scientific work is found on p. 384, "According to manufacturers' statements Allylthiocarbamide or Thiosinamine, when injected hypodermically, possesses the remarkable power of removing, or causing the absorption of cicatrices, no matter what their position may be ". It is for these reasons that the book is in many respects not one that can be recommended to students as a handbook, although to specialists in the subject, or to others wishing to obtain help in regard to abstruse or unusual facts, it is likely to be a useful book of reference.

A Concise Pharmacology. By F. G. HOBART, Ph.C., and G. MELTON, M.D., M.R.C.P. (Leonard Hill, Ltd.) Price 7*s*. 6*d*.

The joint authors of this little book, one a pharmacist, the other a clinician, have aimed at producing a book of conveniently small size, dealing with the action of drugs in relation to practical therapeutics. While no attempt has been made at an exhaustive and systematic account of pharmacological action, those actions of clinical importance are concisely but fully treated. Of particular merit is the inclusion of proprietary names, placed after, and clearly distinguished from the official name. This is a useful step in the attempt to clear up the confusion which so often arises from the indiscriminate use of proprietary names as alternatives for the official ones. At the end of the book is a useful note on drug idiosyncrasy, with a list of the best known examples, and the symptoms produced in each case.

Pre-eminently practical in character, this is not a book for the pre-clinical student. It should, however, be of great service to those working both in medical and surgical wards, in understanding the rationale of the use of drugs, and in the interpretation of the "blue boards", so liable to be neglected.

GYNÆCOLOGY

Diseases of Women. By Ten Teachers. Edited by CLIFFORD WHITE, Sir COMYNS BERKELEY and FRANK COOK. Sixth edition. (London: Edward Arnold & Co., 1938.) Pp. xii + 492. With 7 coloured plates and 158 figures. Price 18s.

It is with pleasure that we have to report another edition of this excellent text-book, which has achieved well-deserved popularity in past editions.

A number of changes in the editorial personnel have occurred, and we regret that Sir Comyns Berkeley has vacated the Directorship which he has held since the first edition of this volume and of its companion—*Midwifery by Ten Teachers*. He remains, however, as an editor. Messrs. Dodds, Stevens and Dr. Fairbairn, who were among the original Ten Teachers, have also retired, their places being taken by Messrs. Goodwin, Gilliatt and Wrigley.

The book has undergone very careful revision so that, although there are many authors, there is practically speaking no repetition. Fresh sections have been introduced or greatly modified, notably the Physiology and Disorders of Menstruation, and Methods of Contraception and Sterilization.

We can recommend this book without reservation. It represents one of the most authoritative and considered statements of the practice of gynæcology to-day. Complaints are heard from students of variations in the teaching in hospital practice contrasted with that expected at some examinations. This book may well rectify the position. The Ten Teachers of this volume not only represent the leading gynæcologists of the day, but also are past or present examiners for the Conjoint Board in England and for the London and Provincial Universities. As such it is of great value to the student.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

M.Chir.—Ghey, P. H. R.
M.D.—Smart, J.
M.B., B.Chir.—Dorrell, E. W., Ward, J. H.
M.B.—Parks, J. W.

ROYAL COLLEGE OF PHYSICIANS

The following Members have been elected **Fellows**:

Chopra, R. N., Elgood, C. L., Martin, P. H., Moll, H. H., Nicol, W. D.

The following have been admitted **Members**:

Christie, R. V., Clarke, R. F., Latter, K. A., Levick, R. E. K.

CONJOINT EXAMINATION BOARD

Final Examination, April, 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:

Bacon, A. H., Barker, J. E., Burnham Slipper, C. N., Cunningham, A. G., Dunn, D. M., Ellis, G. H., Fagg, C. G., Frazer, A. L., Halford, R. B., Harmer, M. H., Henderson, J. L., Jackson, K. V., Jamieson, J. G., Knowles, H., McMahon, R. J. H., Marshall, A. G., Morris, D. S., Porter, A. S., Stone, S. D.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

Surgery.—Bird, G. E. N., Gregory, J. C.
Medicine.—Stewart, E. F. G., Young, G. L.
Forensic Medicine.—Stewart, E. F. G., Young, G. L.
Midwifery.—Bird, G. E. N.

The Diploma of the Society has been conferred on: Bird, G. E. N., Young, G. L.

CHANGES OF ADDRESS

BEVAN, F. A., The Corner House, High Street, Woodstock. (Tel. 52.)

LANGSTON, H. H., (Professional) Morland Clinics, Alton. (Tel. 3333.) (Private) The Four Winds, Windmill Hill, Alton. (Tel. 3265.)

SLOT, GERALD, 2, Harley Street, W. 1. (Tel. Langham 1094.)

BIRTHS

ABERCROMBIE.—On May 23rd, 1938, at 76, Fitzjohn's Avenue, Hampstead, to Marie, wife of G. F. Abercrombie, M.A., M.D.—a daughter.

BAMFORD.—On April 27th, 1938, at 40, St. Mary's Street, Ely, Cambs, to Mollie (*née* Leeming), wife of Dr. Brian Bamford—a son.

DEBENHAM.—On April 10th, 1938, at 8, Addison Road, W. 14, to Mollie, wife of Dr. Gilbert Debenham—a son.

KNOX.—On April 27th, 1938, at Manor House, St. John's Wood Park, Hampstead, to Lynda (*née* Crust), wife of Dr. Robert Knox—a daughter.

PETERS.—On April 26th, 1938, at 41, Wimpole Street, W. 1, to Margaret, wife of E. A. Peters, M.D., F.R.C.S.—a daughter.

WARD.—On April 29th, 1938, at Roefield, Croxley Green, to Roy and Marjorie Ward—a daughter.

WHITBY.—On April 26th, 1938, at Old Bridge House, Datchet, to Mary Ellen (*née* Hurley), wife of Morton Whitby, surgeon, 7, Harley Street, W. 1—a son.

WOOD-SMITH.—On May 19th, 1938, at a London nursing home, to Joan (*née* Loane), wife of Dr. F. G. Wood-Smith, 2, Ashley Place, S.W. 1—a daughter.

WROTH.—On May 2nd, 1938, at 45, Southernhay West, Exeter, to Violet (*née* Jenour), wife of Charles Wroth—a daughter.

DEATHS

BAKER.—On May 4th, 1938, in India, Francis John Shearsmith Baker, M.R.C.S., L.R.C.P., aged 27.

BENNETT.—On May 21st, 1938, Colonel Vivian Boase Bennett, F.R.C.S., I.M.S.(retired), of Castletown, Isle of Man.

CROSS.—On April 23rd, 1938, Henry Wingfield Cross, of 1a, Gwydyr Mansions, Hove, Sussex, eldest son of the late William Henry Cross, J.P., Clerk to the Governors of St. Bartholomew's Hospital, in his 69th year.

FURNIVALL.—On May 3rd, 1938, at Fernvale, Northam, North Devon, Percy Furnivall, Consulting Surgeon to the London Hospital, aged 71.

LLOYD.—On May 12th, 1938, at his home, 49, Alma Road, Windsor, Dr. William Frederick Lloyd.

MONTFORD.—On April 23rd, 1938, at New Street House, Upton-on-Severn, James Montford, M.R.C.S., L.R.C.P.

PROVIS.—On May 2nd, 1938, at Brighton, Francis Lionel Provis, F.R.C.S.(Edin.), youngest son of the late Dr. Wilton Provis, aged 65.

STARK.—On April 19th, 1938, at the Royal Northern Hospital, Harry Stark, M.R.C.S., L.R.C.P., of 26, Stoke Newington Common, N. 16, aged 33.

STOCKER.—On April 28th, 1938, Dr. Edward Gaved Stocker (Major, T.D.), R.A.M.C., elder son of the late Thomas Stocker, of Glenview, St. Austell.

SURRIDGE.—On Easter Day, 1938, at Wenden, Saffron Walden, Edward Ernest North Surridge, M.B., B.Ch., aged 73.

UNDERWOOD.—On April 29th, 1938, at his residence, "Algores," Felstead, Essex, Arthur Cressee Underwood, M.R.C.S., L.R.C.P., aged 66.

WALTON.—On May 4th, 1938, at Olinda, Knoll Road, Godalming, Lt.-Col. H. J. Walton, M.D., F.R.C.S., I.M.S.(retired).

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—No. 10 JULY 1ST, 1938 PRICE NINEPENCE

CALENDAR

Fri., July 1.—Dr. Evans and Sir W. Girling Ball on duty.
Sat., ,, 2.—Cricket Match *v.* Chislehurst. 2 p.m. Home.
Tues., ,, 5.—Prof. Christie and Prof. Paterson Ross on duty.
Wed., ,, 6.—Cricket Match *v.* South Hampstead. 2.30 p.m. Away.
Fri., ,, 8.—Dr. Chandler and Mr. Roberts on duty.
Sat., ,, 9.—Cricket Match *v.* Shoeburyness Garrison. 11.30 a.m. Away.
Tues., ,, 12.—Dr. Gow and Mr. Vick on duty.
Wed., ,, 13.—Cricket Match *v.* St. Anne's. 11 a.m. Away.
Fri., ,, 15.—Dr. Graham and Mr. Wilson on duty.
Last day for receiving letters for the August issue of the Journal.
Sat., ,, 16.—Cricket Match *v.* Old Leysians. 2 p.m. Home.
Mon., July 18. Cricket Match *v.* Haslemere. 11.30 a.m. Away.
Tues., ,, 19.—Dr. Evans and Sir W. Girling Ball on duty.
Last day for receiving other matter for the August issue of the Journal.
Wed., ,, 20.—Cricket Match *v.* Bordon Garrison. 11.30 a.m. Away.
Fri., ,, 22.—Prof. Christie and Prof. Ross on duty.
Sat., ,, 23.—Cricket Match *v.* Nore Command, Chatham. 12 noon. Away.
Tues., ,, 26.—Dr. Chandler and Mr. Roberts on duty.
Wed., ,, 27.—Cricket Match *v.* Hornsey. 2 p.m. Away.
Fri., ,, 29.—Dr. Gow and Mr. Vick on duty.
Sat., ,, 30.—Cricket Match *v.* Lewes Priory. 11.30 a.m. Away.

EDITORIAL

WHAT DO YOU DANCE?

T. E. LAWRENCE has written that there are two sorts of Englishmen who travel abroad. The first type has his Englishness emphasized the further he wanders from home. He carries with him, as it were, a small prayer-carpet of British soil, on which he daily and publicly makes obeisance to his gods. The second type, among whom Lawrence classed himself, imitates the strangers with whom it comes in contact.

This is a bald classification as it stands. The post-war years have seen the quick upgrowth of a third type—cosmopolitan and toneless, which neither causes offence nor yet gains opportunity for proper observation. But for all the intermediate types we may care to imagine, Lawrence's two categories hit the nail very cleanly on the head. There are but the two fundamental outlooks—that which wants to see strange things through its own eyes, and the other wishing to see familiar sights through the eye of strangers.

To us a holiday must have both parts to be satisfying. Fresh experience is the keynote—"change" if you will—both outside ourselves and within from the mind.

THERE is in Ireland something peculiarly refreshing to the jaded Englishman. The language is his own, but it is more musically spoken ; work is not cultivated for its own sake as it is over here ; and then for sure, what is more attractive than that half quizzical, half dreaming philosopher who hides behind the most unpromising exteriors ?

Personally I like going into the country before staying in the cities. Towns have grown up with the migration of ambitious countryfolk drawn by the sparkle of trade and its rewards. The country forms the background to the historical landscape painted figure by figure in the welter of capitals. Peasant and streetjay are cousins mentally—of common stock, but brought up in different homes. And the countryman is more simple to understand. The city picture is blurred by the influence of other nations.

In the country there is both the man himself and his relatively static environment. It is certain that the naturally occurring fruits of the earth play an enormous part in determining the life of peasants all over the world. If Ireland had been without her peat she would have produced a quite different type of smallholder. The accident of peat goes far further than just to provide fuel for the taking. The nature of the soil fundamentally affects the type of husbandry which is possible—and hence the variety of employment. Again, without peat the Irish would need large supplies of coal, and with coal, monstrosities like railways, gas, and all the other appalling paraphernalia of developing urbanism.

Climate and the actual configuration of hills and valleys, proximity to the sea and other geographical factors play their part in moulding a race. Think what a change in outlook the compulsory siesta must make. We English delight in defying the weather, and with that attitude goes the fervent belief in the vital importance of our own particular occupation of the moment. The rise of the siesta is coincident with the decline of the bore.

Man's environment necessarily affects man, but man in his arrogance will always be found to be attempting revenge. A river flows one way. He is determined to make it turn another way and water his fields. Perhaps the Irish are less arrogant than other races ; certainly their efforts at harnessing natural resources are not remarkable. The Limerick Power Station, which is the most notable example of such, is of German origin. However, in a small and rather individualistic way the Irish do alter the face of the earth. They are fond of hedge-building, so that the tiny fields might well shelter their traditional leprechauns, hobgoblins and other familiars. These give to Ireland her quality of dreamy phantasy.

Finally there is man himself—God's latest creation. What is he ? A mixture of work and play ; the former compulsory, and the latter being those things he does of his own volition. For the integrated man these two aspects of life are one ; but most of us from necessity still perform a number of tasks disagreeable to ourselves. To discover the man you must study his play—his enthusiasms and preferences For while he is at work (in our sense of the term) his whole personality is submerged.

The Bantu races in Africa have a custom which shows their appreciation of this fact. When two men from different tribes meet, instead of saying, stupidly, "How do you do ?" they inquire of each other, "What do you dance ?" for by a man's dancing they can tell not only his own occupation, but also something of the ethical code on which his particular society is based.

In Ireland they dance the jig. However, I will not be rash enough to draw general conclusions from that ! Just notice that it is a merry dance—the airs they play on their flutes have a Mozartian flavour. They like wrestling. It is quite unorthodox, and it is more vigorous in the presence of girls. A primitive form of sex display.

But there are two attributes which stand out head and shoulders above the rest. The first is the Irish genius for friendliness, to which is closely bound their love of the wildly improbable story—a gargantuan, yet withal a subtle humour. The second characteristic brings them close to Lawrence's Arabs. "Arabs could be swung on an idea as on a cord ; for the unpledged allegiance of their minds made them obedient servants." So can the Irish. On the one hand it gives mystics like St. Patrick and W. B. Yeats ; on the other it allows the frenzied patriotism which marked the Rising of Easter, 1916. The Irish could rule the world—if they were not so lazy.

CURRENT EVENTS

THE DEAN KNIGHTED

We are sure that all Bart.'s men, both past and present, will wish to join us in congratulating Sir Girling Ball on his knighthood in the recent birthday honours. It is indeed a fitting crown to his work of raising our Medical College to its present pre-eminent position.

In appreciation of this honour the Dean was entertained by the students with a luncheon at Charterhouse Square on Wednesday, June 29th.

SIR GIRLING BALL, F.R.C.S.
Dean of the Medical College.

OTHER BIRTHDAY HONOURS

The Order of the British Empire has been awarded to Lt.-Col. Ambuj Nath Bose, M.B.E., M.D., F.R.C.P., of the Indian Medical Service. Col. Bose is the Professor of Pathology at the Prince of Wales Medical College, Patna.

Mr. James Laidlow Maxwell, General Secretary of the International Red Cross Committee for Central China, has been made a Commander of the British Empire.

PAYING PATIENTS' BILL REJECTED

A Select Committee of the House of Lords rejected the Governors' Bill to secure power to use the general Hospital funds for a paying patients' department. The case for the promoters of the Bill, as reported in the *Times*, was that "this Bill was essential to preserve the efficiency of the Hospital. . . . The members of the medical and surgical staff were paid only 50 guineas a year. . . . The real fear of the Governors was that young and promising surgeons and physicians would be deterred from taking appointments on the staff".

The rejection was based on the grounds that the funds of the Hospital were vested in charitable trust for the benefit of the sick poor.

We would refer our readers to the Treasurer's letter on this subject in the Correspondence columns.

ABERNETHIAN SOCIETY

Readers may remember the diatribe that was published some while back against that Secret Society masquerading under the name "Abernethian". The Society has now ceased to be secret, and has held the first public election of officers under the new system. The principle is obviously a right one, though it seems that the two retiring secretaries cannot be rewarded for their year of labour by being made Presidents without having to descend into the democratic arena.

A small number of electors did so elect the late secretaries, Mr. D. V. Morse and Mr. C. C. Evill—the smallness of the poll due, we hope, to its taking place at 5 30 of a hot afternoon.

The other officers for the coming year are :

Vice-Presidents—D. I. Crowther.
M. H. Harmer.
Secretaries—C. M. Fletcher.
R. B. Terry.
Extra Committee Men—P. Collard.
J. Gauvain.

After the elections three clinical cases were shown.

OLD STUDENTS' DINNER

The Old Students' Dinner will not be held at the beginning of the term as usual, but probably at the end of October, in order to suit the convenience of H.R.H. the Duke of Gloucester, who intends, as President of the Hospital, to be present on this occasion.

THE NATIONAL UNION OF STUDENTS

At a recent meeting of the Students' Union Council a resolution that the Students' Union should affiliate to the National Union of Students was carried by ten votes to one.

This decision reversed the vote taken earlier in the year which had been based on misleading and biassed information. It was therefore felt necessary to put the matter before the general body of students before committing them to the N.U.S.

A full report of the Special General Meeting for Clinical Students held in the Abernethian Room will be found under the Students' Union News. At this meeting the motion was lost by 49 votes to 40, after a lively debate.

Following traditional parliamentary procedure, the President of the Students' Union declared that a Poll would be taken at a later date.

PRESENTATION TO C. K. VARTAN

A silver salver from past and present Bart.'s Students was presented to Mr. C. K. Vartan on his retirement from the appointment of Resident Accoucheur.

The presentation took place on the occasion of Mr. Vartan's last Practical Midwifery lecture. Mr. D. B. Frazer handed the salver to Mr. Vartan in the presence of a large and enthusiastic audience of students.

MANAGER OF THE JOURNAL

Mr. C. D. Ewan, who has been the Business Manager of the Journal for the last eight months, has lately retired from office. A great deal of the recent financial success of the JOURNAL has been due to Mr. Ewan and his Advertising Committee, and we are extremely grateful to them. Mr. G. D. Graham, a member of the Advertising Committee, is the new manager.

AUTUMN BOOK SUPPLEMENT

In spite of Dr. Wilfred Shaw's eloquent denunciation of our practice of book-reviewing in general, and the Spring Book Supplement in particular, and in spite of the cynical assurance of a former Editor that the Supplement only served the purpose of relieving our embarrassed chests of free books, we propose to repeat the offence in the Autumn.

We feel that reviews of medical books have some value for the student, especially if, as the retiring "G.F." points out, they are from the student point of view. We also hope that our reviews may be of some service to practitioners in the country. Lastly, the advertisements of publishing firms are not to be sneezed at.

MUSICAL SOCIETY

The Musical Society is now well established, with Dr. Geoffrey Bourne as President. There has emerged the nucleus of a competent orchestra, and negotiations for a conductor are proceeding ; a choral society, though there will be general regret that it has not proved possible to recruit female voices from the Nursing Staff; and a gramophone section, which held its first meeting on Thursday, June 23rd, at which various classical works were played.

A very large stock of records is available, and it is hoped that the Society will soon possess its own gramophone.

SIR NORMAN MOORE'S ADVICE TO A MAN WHO HAD JUST QUALIFIED

[THIS letter was sent to us by an Old Bart.'s man, who was a friend of Sir Norman Moore.—ED.]

"94, GLOUCESTER PLACE,
"PORTMAN SQUARE, W.
"*March* 28, 1912.

"DEAR ——,

"Sydenham was asked by Sir Richard Blackmore what book he would recommend him to improve him in medicine and replied *Don Quixote*. It has often been quoted as an answer showing contempt for Blackmore but I do not agree with this view of Sydenham's advice. I think he meant : 'read a book which will give you a broad view of human nature' and the advice was good. So read *Don Quixote* and the best translations are those of Jervas and of Ormsby. Jervas is in excellent English, Ormsby is a more exact version and also in pure English. All the other English translations are less worth reading than these.

"Then I advise you to read Boswell's *Life of Johnson* so as to know it well and generally to read all the great works of English literature: the whole of Shakespeare : Burke's speeches at Bristol and on Economical Reform and on Fox's East India Bill and his letter to the Duke of Bedford : Goldsmith's poems and the *Citizen of the World* and the *Vicar of Wakefield* : and *Cowper's Letters* and *Gray's Letters* and Swift's *Journal to Stella* and as much in the *Spectator*, the *Tatler* and the *Rambler* as interests you.

"When you have read these you will feel how much good literature tends to improve a man as a physician : to fill his mind, train his thoughts and give strength to his judgement. With very kind regards

"Yours sincerely,
"NORMAN MOORE."

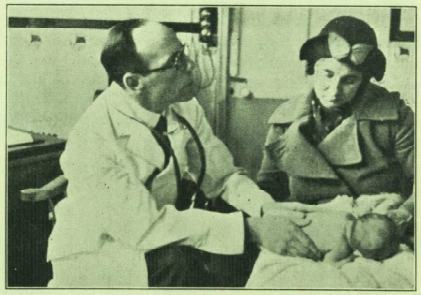
§

M AND B 693

READERS of *The Times* and other daily newspapers will have noticed that some observations made on the treatment of pneumonia in this Hospital have gained unusually wide publicity. The facts, which were reported in the *Lancet* of June 18th and appropriated thence by the daily press, are that three cases of pneumonia, each for a different reason having an unfavourable prognosis, were treated with a new sulphonamide derivative, 2-(p-aminobenzenesulphonamido) pyridine, known as "M and B 693", with strikingly favourable results, and clinical improvement was accompanied by either the disappearance or the decapsulation of pneumococci in the sputum. This drug has a remarkable curative action on pneumococcal infection in mice, and a corresponding clinical effect, of which these are the first examples to be published in detail, was certainly to be hoped for, perhaps indeed expected. The drug is not yet generally available, but a stock has been provided by the manufacturers for further clinical trial in this Hospital.

Much more extensive observations must clearly be made before its therapeutic possibilities can be estimated truly. Cases of pneumonia, and especially of pneumococcal meningitis, will furnish the best opportunities for this study. Users of the drug are asked to remember that it has been given to us on condition that its effects are carefully observed ; repeated bacteriological examinations should be made in order to determine the effect of the treatment on the causative organism, as well as full records of the clinical response.

OUR CANDID CAMERA



"Now, let me see. Which side is the heart?"

THE INVESTIGATION OF STERILITY IN WOMEN

By C. K. VARTAN.

THE lines upon which those women who fail to produce a family, when they so desire, may be investigated are quite well known. What may not be appreciated, and certainly was not by me, until it fell to me to investigate these patients, was that such women, apparently previously sterile, could now, without any specific treatment for their sterility, become pregnant following a routine investigation. This was such a satisfying revelation to me that I was prompted to analyse the records I had kept of the patients whom I had undertaken to investigate. The results of that analysis are set out in this paper.

It has been said that "a woman must not be considered sterile until she has been trying to have children for four years". Some would give the patient five years. It makes little difference, for in either case the patient will probably have taken her intricate problem elsewhere, and if the object of the procrastination is to avoid dealing with it, then it will have been achieved.

It is surely wrong to generalize about sterility in married women. Some are desperately anxious to have children, others are indifferent to, or averse to motherhood. If a patient comes complaining of sterility there can be no sound excuse for not examining her thoroughly, however short the time may be during which she has been hoping to start her family.

Amersbach (1) states: "It is a mistake to wait five years. If a child is not born at the end of one year in wedlock, an examination is indicated." This seems more reasonable. It has also been said that "any examination of the woman without first examining the husband should in these days carry the stigma of malpractice"(2). Before accepting this, consider which of the two is the more desirous of children, and also, as it is the woman who bears the child, which of the two is the more likely to feel the responsibility for the sterility. The answer to these two questions is the same, and explains why it is in fact the woman who first seeks advice. Is she to be sent away and asked to produce her husband? If this is done then the patient will probably say either, "I don't wish my husband to know I have been to consult you", or "I'm sure my husband would not consent to an examination". This is not a hypothetical conjecture. So true is it that I have on more than one occasion had to exploit it. At a certain period of the year it happened that work was heavy, and the opportunity for investigating these cases in consequence curtailed. I wrote to the doctor saying," . . . If you can assure me that the husband has got motile spermatozoa in adequate numbers, I will investigate your patient". It had the expected result. The patients very rarely returned.

The reason given for examining the husband first is that it is easier to look for active spermatozoa than to do the routine investigation on the woman. I believe there are very great difficulties, however, in producing freshly shed spermatozoa for immediate examination; at any rate it is not easy to convince patients of the simplicity of the manœuvre. It has recently been shown by Wiesner that the assessment of the potentialities of spermatozoa depends on the uniformity in size and the viability rather than on numbers and motility, and the assay is described as "one of the most tiresome possible". I suspect that the reason for sending for the husband is similar to the reasons given for sending the patient away to wait four years.

There are therefore, I believe, good reasons for examining first that member of the family who first presents herself.

The lines upon which the investigation of the woman is carried out are these: A history is taken with the object of finding out if the ovarian function is normal, whether coitus is normal, at what time during the cycle it occurs and how often. The general health and habits of the patient are noted, and special inquiry regarding relevant illnesses in the past, such as mumps, salpingitis, puerperal or post-abortional sepsis and tuberculosis, is made.

The examination commences with the recording of an impression of endocrine balance or otherwise, by noting the texture of the skin, the distribution of the hair, the presence or otherwise of accumulations of fat, the development of the breasts and the width of the hips. An abdominal and a vaginal examination are made, and occasionally some gross cause for the sterility will be found. Fibroids, hydrosalpinx, imperforate hymen, vaginismus and interstitial salpingitis are included in this category. They will require their separate appropriate treatments.

More often than not, however, no abnormal physical sign can be detected, with the exception of the varying degrees of uterine hypoplasia.

The patency of the tubes must now be proved. At our disposal are lipiodol, carbon dioxide and air. All have been used for this purpose. My preference is for lipiodol. The passing of a gas through the cervix can only demonstrate patency or the reverse. It will give no indication of the position of the occlusion or of the size of the uterus. Both these things are of great importance. Using insufflation, errors in interpretation can occur. Küstner (3) records two cases where a typical fall in the manometer reading was recorded, and where typical rustling sounds were heard *per abdomen*. In neither of these cases were the tubes patent; they had merely become enormously inflated. Novak (4) records the same finding. Dangers, too, attend insufflation. Fatal air embolism due to damage to a sinus in the endometrium is recorded by Mansfield and Dudits (5).

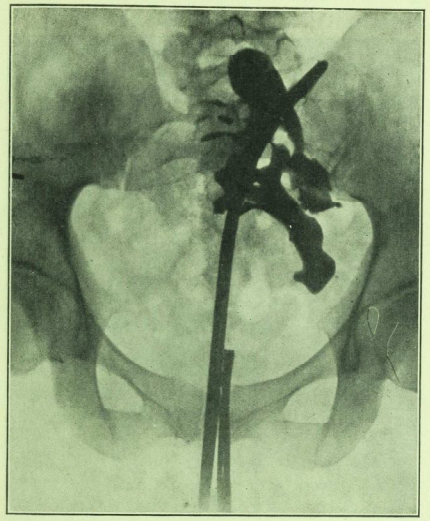


FIG. 1.—RUPTURED UTERUS.

Gas embolism, infection, rupture of the tube and respiratory syncope are mentioned by Mammana (6). Pain in the shoulder regions when air is used instead of carbon dioxide is recorded by Novak (4).

Using lipiodol the dangers of infection and rupture remain. Two of my cases demonstrate a recrudescence of an old inflammation, and in one case the uterus was ruptured by the instrument. (In self-defence I must state that in this case the operation was performed by a house surgeon with but slight experience.) The lipiodol was injected nevertheless, it having been our intention to pass it into the peritoneum. The result is seen in Fig. 1. The distance between the volsellum or the cervix and the tip of the catheter should be noted. This patient was admitted to hospital for observation, and fortunately no harmful result followed.

That the peritoneum and tubes, if not actually inflamed at the time of the operation, are completely tolerant to lipiodol has been demonstrated by Béclère(7), and by Schröder and Jacobi (8), who made histological examinations of material removed at operation in twenty-six cases after lipiodol had been injected a few days previously.

Careful clinical examination must exclude active disease therefore, and the operation should be performed midway between two menstrual periods.

There is no uniform technique. Individual differences demand variations. If the examination reveals a uterus normal in size and shape, then I know of no better instrument than the syringe of Everard Williams (Fig. 2). The patient can lie in the left lateral or in the dorsal position on the X-ray couch. The cervix is grasped in a light volsellum and swabbed with sodium bicarbonate to remove mucus, and then cleaned with any suitable antiseptic. The syringe is then passed into the uterus and the lipiodol is injected. The patient may and frequently does experience discomfort when the internal os is dilated by the instrument. If there is no occlusion the patient will feel no pain, though there may be discomfort due to the stretching of the tubes. If there is occlusion, then there is pain, and the resistance is felt by the hand on the syringe. The injection is stopped. In all cases the photograph is taken at once, and the wet film can be inspected in a few minutes. If the lipiodol has entered the tubes then the patient is told to return in twenty-four hours for a second X-ray, for it is necessary to see free lipiodol in the peritoneum.

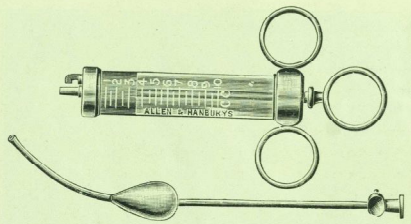


FIG. 2.—EVERARD WILLIAMS' LIPIODOL SYRINGE.

In cases where the uterus is small and acutely kinked I prefer to do the operation on a proper table, and to use a metal catheter rather than a syringe of standard length. Brandy should be available in case of shock. As this is of short duration when it occurs it is rarely necessary to give anything more. Very occasionally it is not possible even under these conditions, and the patient should then

be admitted and the operation performed under an anæsthetic.

Should conception not take place within six months of this operation the husband should be examined thoroughly if he can be prevailed upon to attend.

A working number of 55 is too small to be of real significance, but many recent cases are included, and the number of pregnancies will tend to increase rather than to decrease, thus making the percentage satisfactory result higher.

To attribute success to the lipiodol entirely would be wrong, but as six patients became pregnant in one month, one in two months and four in three months after the operation it must be allowed that the investigation is in a very large part a cure in itself. Compare,

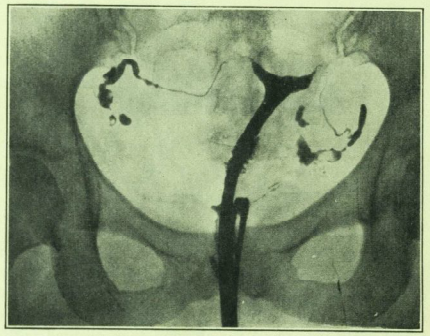


FIG. 3.—SMALL BODY OF UTERUS; PATENT TUBES.

too, the average length of sterility with the average interval before the onset of pregnancy, and the conclusion reached above is, I think, amply supported.

Two cases of demonstrated uterine hypoplasia warrant special notice:

(1) Mrs. D—, married for six years and had never practised contraception. A dilatation and curettage was performed two years ago.

The salpingogram (Fig. 3) shows an immature uterus, the body being small and equal in size to the cervix. She was given 50,000 units of dimenformen twice a week for four weeks. Nine months later she was delivered of a baby weighing 9¾ lb.

(2) Mrs. C—, married for three years and had never practised contraception. Seven months ago a curettage was performed. Her salpingogram (Fig. 4) shows again an immature uterus, and this time occluded tubes also. I wrote to her doctor recommending 50,000 units per week of dimenformen. These were given, and within six months she had become pregnant.

CONCLUSIONS.

There is no valid reason for delaying the investigation of the patient.

There is no harm done by first investigating that partner who is desirous of being investigated.

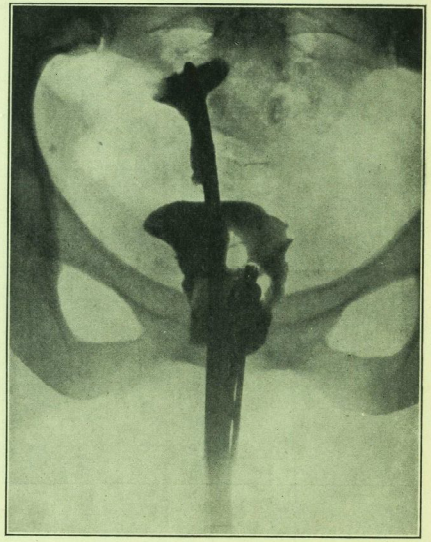


FIG. 4.—SMALL BODY OF UTERUS; TUBES APPARENTLY OCCLUDED.

Lipiodol or similar opaque substance (neo-hydriol is also used) is the best means of demonstrating the state of the genital tract.

The injection, by virtue of the mechanical dilatation of the cervix and tubes, is in itself curative in a high percentage of cases.

Sterility in which uterine hypoplasia is a factor should be treated by œstrin.

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PROSPECTS OF THE MEDICAL UNIT

By RONALD V. CHRISTIE.

THE task of the Professorial Unit has been defined as threefold: the care of the sick, the education of the student, and the contribution to new knowledge. With this few will disagree, but I think it is true that the purpose of St. Bartholomew's or any other medical college could be defined in exactly the same terms. It is not evading the issue, therefore, to state that the function of the Medical Unit is to further the interests of the Medical College. This may sound a parochial view of academic medicine, but I think that in the long run the unit system will contribute more to medical progress if it becomes an essential part of the College, than if it exists as a scientific or pseudo-scientific excrescence. In some other countries whole-time medicine has become more than an excrescence; in a few cases I could quote it has become a tumour on the back of the college which supports it. The same danger, perhaps, exists in this country.

How, then, is the Medical Unit to help the College in its threefold task? About the care of the sick I have little to say. Other firms have equal facilities, and are staffed by physicians whose whole time is devoted to the diagnosis and treatment of difficult medical cases. It is essential that the medical unit should maintain the high standard of medical care which already exists. It would be nice to think that it could raise this standard by critical essay of new methods of treatment.

About the education of the student I have more to say. It has been suggested that the M.B. degree is generally misinterpreted in that it does not mean that the bearer is well versed in the principles of medicine, but only that he is woefully ignorant of the sciences. This is probably an exaggeration, but it is true that in the minds of most students the pre-clinical subjects are learnt, only to be forgotten once the first M.B. examination has been hurdled. This is hardly the fault of the student, as he receives little instruction in the application of these sciences to medicine, and what is not used is soon forgotten. The surgeons see to it that he does not forget his anatomy, but although physiology is to medicine what anatomy is to surgery, little effort is made to teach anything but the rudiments of applied physiology in the clinical years. The physiological principles involved in the production of signs and symptoms appear superficially to be of little practical importance, but we must face the fact that medicine is becoming more of a science and less of an art, and the gullibility of many graduates in prescribing the nostrums and pseudo-scientific remedies recommended by the makers of proprietary preparations usually reflects ignorance of the physiological principles involved in disease. Contact with the problems of research should qualify the staff of the medical unit to present to students these aspects of physiology, often referred to as functional pathology. I do not mean to make graven images of applied physiology or biochemistry, but I do believe that a limited amount of this kind of teaching is of practical value, stimulates cerebration and is likely to detect the student whose mind is of the inquisitive type suited for investigative work.

This brings me to the third task. The reputation of any medical school outside its own immediate environment depends, partly at least, on its contributions to medical knowledge. I would like to think of the Medical Unit as a filter which will retain those who are particularly suited for investigative work. On the efficiency of this filter would depend how much of the research done would be of the routine variety capable of production by any trained worker, and how much of the rarer variety which springs from originality. I do not mean to deprecate the routine type of research, as both are essential for the progress of medical knowledge and the one stimulates the other. The routine variety has, in my opinion, the additional advantage of providing an ideal, if not essential, training for those who intend to specialize in the practice of medicine, for the experience of correlating personal observation with the literature on any medical subject is the only means by which text-books of medicine can be placed in their proper perspective. The Medical Unit should be so equipped that any member of the Hospital Staff could find encouragement and a place for his investigations. I would also like to be able to say that the Medical Unit could finance these investigations. This should be so, and I hope will be so in the near future.

There is more that I could say of the structure and organization of the Medical Unit, but much has been said by others and I would prefer to wait awhile.

THE ART EXHIBITION

By L. L. B.

I UNDERSTAND that this was the first exhibition of its kind, and I think the experiment well worth repeating. The organizers are to be congratulated on bringing to light one of the pleasantest "out of school" activities of so many persons connected with the Hospital, and on the arrangement and hanging of the pictures, which was excellent. The exhibits themselves showed a very high level of ability and good taste, and, if the water-colours and photographs were better on the whole than the oils, it should be borne in mind that the element of luck helps the photographer and water-colourist immensely compared with the oil painter.

Five exhibitors showed twenty-two oils. E. A. Burkitt had the most with eight, as well as two water-colours and some original ornamental tiles. All his pictures were of pleasant subjects, his colour and technique were good; his weakest point was his drawing. I particularly liked his No. 18 (Girl Reading) and No. 8 (P. F. Johnson, Esq.), and I should be only too pleased to tile my bathroom with No. 141. A more ambitious and original artist, who undoubtedly possesses a well-developed though somewhat uncurbed degree of artistic sensibility—Richard Buzzard—showed four oils and six water-colours, of which I think No. 1 (Landscape Umbria), No. 20 (Lionel Grunbaum, Esq.) and No. 71 (Great Turnstile) deserve special mention.

Seven oils were exhibited by Harold Gillies—all landscapes. They are freely and ambitiously painted, but they suffer from weakness in composition. The best of them were No. 5 (January Sun at Rye) and No. 2 (Autumn at Sheepbridge). J. W. B. Douglas exhibited one oil, No. 10 (Chloe), a not entirely successful picture, but painted in an original and captivating manner, and No. 83 (Industrial Town)—but I found this difficult to understand or appreciate. The remaining oil exhibitor, D. H. Campbell, showed two extremely finished pictures, No. 11 (Miss Muriel Higginson) and No. 17 (Study in Blue). The former of these was the largest and best painted oil in the Exhibition, and taking everything into consideration—drawing, colour, workmanship and so on—I think it deserves the First Prize for the oils.

The water-colours had been very wisely hung on the opposite side of the screen, and were thus not, as in so many mixed Exhibitions, overpowered by the oils. The exhibits in this section were almost exclusively landscapes. The traditional style was represented best by Henry Wilson and R. Foster Moore, both of whose pictures were exceedingly accomplished. I could find nothing to choose between Nos. 42 and 43 (Morston Staith and Morston Bridge) of the former. Of the latter's, I thought No. 61 (The Little Ferry, Dornoch), in spite of an unharmonious sandbank in the right foreground, the best. C. M. Hinds Howell's No. 60 (Paddy's Bridge), Kenneth Walker's No. 64 (Trees), A. B. Fearnley's No. 33 (June Morning) and R. Morshead's No. 36 (Trencrom, Cornwall) were all pleasing and competent pictures in this style, No. 64 being particularly good.

David Fearnley had four pictures, all painted in a different style, and all equally successful. They showed great artistic feeling and excellent technique, and as a whole I thought them the best lot, certainly of the water-colours, in the whole Exhibition. It was particularly interesting to see the different treatment of very similar subjects in Nos. 38 and 40 (Suburban Back Yard and January).

The more impressionistic style was represented by Nos. 26 and 27 of the late W. T. Holmes Spicer, an artist who had a fine eye for colour, and three exhibits by Geoffrey Bourne. The danger of this style is that the laxness of form and drawing must be compensated by simplicity and sureness of treatment and purity of colour; nor can the artist make any mistake or he comes to grief, as was apparent to a certain extent in No. 70 (Drying Sails) of Geoffrey Bourne, in which quite a bit had gone wrong with his reflections. On the other hand his No. 53 (The Welsh Harp) was a most successful and satisfactory picture in every respect. A very decorative impressionistic study of Snowdon, which was not listed in the catalogue, was exhibited by J. B. Joyce, and was one of the most pleasing of the water-colours.

Of the remainder in this section, W. Girling Ball showed three pictures, of which I liked No. 73 (Mullion, Cornwall) the best, which were carefully and competently painted. His pictures would gain immensely by a more ambitious use of light and shadow, without which the tone tends to become monotonous and the composition not to be seen to its best advantage. Keith Vartan and Joan Hope both produced very pleasant sketches, the former showing two pictures of Majorca and the latter good examples of English landscape. No. 32 (Mixed Bunch) by A. B. Fearnley and No. 48 (Cyclamen) by Lesley Craske were attractive flower pictures, and the latter was beautifully painted and the technique above reproach. There was a third flower painting by W. H. Brooks which also deserves to be commended. In a rather different style to all the others, A. P. Bentall showed three pictures which were well drawn and quietly and nicely painted. No. 56 (The Causeway, Horsham) was the nicest of these, and the perspective drawing in No. 55 (Trinity Bridge) deserves mention

BART.'S ART

too. In No. 35 (The Cloister, Frejus), by M. Desmarais, the perspective seemed to have gone seriously wrong and this detracted from an otherwise pleasant exhibit. It was a pity that G. G. Hartill only had one picture, No. 51 (Somerton Mill).

There remains one other water-colour. I mentioned at the beginning the element of luck. Sometime or other every amateur in water-colours with good technique produces a picture in which composition, tones, economy of material and colour come just right. I do not know how much this had to do with Victor Cruden's No. 73 (The Pilgrims' Way, Charing)—his other exhibit was very much less accomplished—but of all the water-colours this one seemed to me to be the most wholly satisfactory (though neither the subject nor the treatment were so ambitious as other exhibits), and I think it should be awarded the First Prize in this section.

In the Miscellaneous Section there were good exhibits by W. H. Brooks and A. Greenwood, No. 77 (Gateway of St. Bartholomew the Great) and No. 85 (The Good Hope) being particularly well done ; it was pleasant to see some drawings, of which there were unfortunately surprisingly few. No. 78 (Making Harbour) by P. J. Miller was also a good picture.

The photographers will, I hope, pardon me if I do not comment individually on their exhibits. The general standard was particularly high, and I would pick out for special praise (proceeding chronologically through the catalogue) No. 91 (After Many Storms) of L. I. M. Castledon, No. 97 (Concentration) of F. G. Ward, all Kenneth Vandy's, all B. R. Billimoria's, and especially No. 103 (Night Nurse), all A. B. Fearnley's, No. 107 (Westminster) of A. C. Roxburgh, No. 120 (Town Hall, Stockholm) of Weldon Dalrymple Champneys, No. 124 (Bay of Kotor) of J. Kenneth Salmond, No. 130 (The Bridge) of D. S. Grant, and No. 134 (Matterhorn) of Michael Harmer.

Finally the Plastics. I liked John Gask's No. 140 (Fragment), and Lesley Craske's Flower Studies showed the same skill as her water-colour. As to the three exhibits of Edward S. Tait, I find it impossible to criticize them in any way, and they deserve the very highest praise. Comparisons between different branches of Art are difficult, but these exhibits surely showed the highest standard of workmanship in every branch of this very pleasant Exhibition.

MASSIVE COLLAPSE OF THE LUNG

By H. L. M. R.

THE value of bronchoscopy in cases of post-operative massive collapse has not hitherto received all the recognition to which it is entitled. It was well illustrated a few days ago in one of the surgical wards of the Hospital.

A rather fat but otherwise healthy-looking boy was admitted, immediately following on a laceration of his forearm with severance of the median nerve and palmaris longus tendon. It was decided to repair the laceration in the evening about 9.30 p.m. in the main theatre, a full anæsthetic being given. From the surgical aspect the operation was successful, but towards the end of the anæsthetic the boy vomited what turned out to have been a belated and copious tea ; he then became cyanosed owing to obstruction of the upper air-passages ; with sucker and forceps the airway was restored and the colour returned to normal.

On auscultation no abnormal signs were audible over the left lung, though there were some râles over the right upper zone. The patient nevertheless seemed quite comfortable for the remainder of the night and the following day until 6 p.m., when he suddenly complained of great respiratory distress, and became somewhat cyanosed. On examination the left side of his chest was almost immobile and the apex displaced $1\frac{1}{2}$ in. to the left ; vocal vibrations were absent, percussion note impaired and breath-sounds hardly audible at all over the whole of the left side. The right side showed compensatory emphysema. Temperature rose sharply to 102·4°, pulse 140, respirations 40.

It was decided to perform bronchoscopy at 10.30 p.m. under light general anæsthesia. Pus was seen exuding from the left bronchus, and on closer examination the tip of a white foreign body was seen completely occluding the bronchus at the point of bifurcation of the upper lobe branch.

A grip was obtained with an alligator forceps and the object extracted ; it turned out to be a piece of poached egg some $\frac{3}{8}$ in. in diameter, and fully $1\frac{1}{2}$ in. in length!

Mucopus was sucked out of the bronchi and the tract cleared as far as the tertiary branches. Within ten minutes of the end of the operation breath-sounds had reappeared in the left lung and the apex returned to its previous position. A mild degree of bronchitis cleared up within five days and the boy is now well.

The moral is that bronchoscopy should be performed where possible in every case of post-operative massive pulmonary collapse. In the majority of patients only mucus is found, and many will benefit greatly from its removal, but on occasions like that recorded above bronchoscopy is nothing short of a life-saving measure ; one also ponders over the advisability of pre-operative gastric lavage in lacerations requiring urgent suture.

MICROCINEMATOGRAPHY IN BIOLOGICAL RESEARCH

By J. O. W. BLAND.

BIOLOGY is the study of living things, and one of the characteristics of most living things is that they move. Consequently, biology must in some of its branches be concerned with the study of movement. Now all scientific study must be based upon observation, and observations, to be of value, must be recorded, because only when recorded can they be satisfactorily communicated to others, or remembered in sufficient detail by the observer himself. Some kinds of observation can be well enough recorded by the written word or by mathematical symbols, but those which depend upon direct visual perception demand visual recording. Take colour: we can, for example, say that a given object is blue, and we can even specify to some extent the shade and tone of its blueness, but I defy anyone to produce a description of a colour that will enable me to visualize its qualities *precisely*. Precision can be given only by visual reproduction, such as a painting or a colour photograph. Movement, like colour, similarly requires a visual record, and the visual record of movement means cinematography. Here then lies the application of cinematography in biological research, in the study and recording of the movements of living things.

Microcinematography, which is the recording of the movements of microscopic objects, or cinematography through the microscope, does not differ in its essentials from the photography of life-sized movements. True, a rather special and elaborate apparatus is required to obtain the actual pictures on the film, but the purely cinematographic techniques which can be applied through this apparatus are those which are in common use in ordinary cinematography. They are the normal speed film, the slow-motion film, the quick-motion film, and the trick film. Let me for a moment explain what I mean by these terms. In *normal speed film* the individual pictures or "frames" are taken and projected at the same speed—16 per second for silent film, 24 per second for sound film. In *slow-motion film* the pictures are taken at a greater speed, but are projected at the usual rate, with the result that the picture seen on the screen appears to move $\frac{1}{2}$ or $\frac{1}{4}$ as fast as in life. *Quick-motion film* is the exact opposite of this: pictures are taken at longer intervals, say 1 per second, or even 1 every 15 minutes, but are still projected at the normal speed. This results in the apparent speeding up of the picture on the screen perhaps by several thousand times. *Trick film*, of which the supreme example is "Mickey Mouse", is an entirely different affair. Here there are no actual movements at all, but a series of photographs or models so made as to represent individual phases of a movement are photographed on successive frames of the film. When projected an animated drawing or model is obtained, with the happy result so familiar to us all.

Each of these four types of film has its particular application in the study of biological material. If the movement we wish to study is of such a speed that it is perceptible as movement but is not so fast that the eye cannot analyse it, normal speed film is applicable. Some very beautiful pictures of this type have been made by Prof. Krogh of Copenhagen of the streaming of blood in capillaries. The object of these was the study of the movements of dilatation and contraction of the capillaries to cope with the different demands of a tissue when at rest or in action, but they reveal also in a very vivid way the stress and turmoil of movement among which the blood-cells pass their lives, and convince one most dramatically of the necessity of an actively functioning bone-marrow to replace the casualties.

Other processes occur with such speed that the eye cannot analyse the constituent parts of the motion. An example of such a process is the movement of the flagella and cilia of bacteria and protozoa and of certain of the cells of metazoan animals. Slow-motion films have been made of this phenomenon by Mr. A. G. Lowndes, of Marlborough College, and have done much to elucidate its mechanics.

In many cases, such as the growth and movement of most cells and their division, the growth of bacteria and the formation of bacterial colonies, the growth and development of embryonic material, the movements are too slow to be appreciated. Here the quick-motion film finds its application, and reveals much that can only dimly be apprehended without its use. It was in

this field particularly that the late Dr. Canti was so supremely successful, and for which he designed the apparatus that is installed at this Hospital. His films of the movements of cells in tissue culture, of cell division and of embryonic development are too familiar to all Bart.'s men to need description here.

Lastly the trick film. In some cases, particularly in embryology, the living material proves for technical reasons extremely difficult to photograph. Here the taking of films of wax reconstruction models or of diagrams may help to make plain details of a process which are only rather poorly seen in the living organism. A particularly beautiful example of such a film has been made by Dr. Hans Elias in Italy, of the processes of segmentation and gastrulation in amphibian ova.

How are these four basic cinematographic techniques applied in biological research, and on what types of problem can they each throw most new light? In the first place they can all be used as recording instruments. They can, for example, be used to demonstrate to an audience a phenomenon which, though it can be observed by ordinary means, cannot be shown separately to each member of the audience, or they can be used by the individual experimenter for his own future reference. In these cases the film is not itself an instrument of research, in the sense of the discovery of new knowledge, but plays the same part as the publication of a scientific paper or the making of notes of experiments. It has the advantage of demonstrating a type of movement more immediately or exactly than can be done by verbal description or by a series of still pictures. This is probably the commonest use of the film, and is indeed almost the only application of normal speed or trick cinematography.

The quick motion film can be used, in addition to its use as a recording instrument, in order to arrive more quickly and with less trouble at a result which could be attained by ordinary observation only at the cost of long and laborious work. When Dr. Canti designed his original apparatus he was interested in the effects of X-ray and radium on living cells *in vitro*. These effects consist in part of an arrest of cell movement and division, and of intracellular processes leading to death and disintegration. Now the effects of irradiation take several hours to develop, and the movements of the cells are so slow that they are imperceptible. To observe the effect of irradiation meant therefore constant observation with the microscope, and the making of drawings at a few minutes' interval over a period of 24 hours or so. Such work was so tiring and laborious that it required a team of trained observers working in relays. The quick-motion film that Dr. Canti was able to make shows these effects in a few minutes, and required only the occasional attendance of one worker during the taking of the film.

Both the slow-motion and the quick-motion film can on occasion provide knowledge which could not be obtained by any other method. This is probably the most important, though the least common use of cinematography. The analysis of ciliary movement affords an example of such use of the slow motion film. The last piece of work on which Dr. Canti was engaged before his death affords a similar example of the use of the quick-motion film. Dr. Canti and the writer were at that time engaged on a study of the virus of psittacosis. The growth of the virus inside infected cells *in vitro* is accompanied by the formation within the cells of small agglomerations, or colonies, of the virus. In their later stages these colonies are visible by dark-ground illumination as extremely brilliant objects of great beauty, but in the early stages of their formation they are dark, and reflect no light from their surface. Since a great part of the cell is also empty of visible structures, these dark masses cannot be seen any more than can dark stars in the night sky. They are mere lumps of blackness within blackness. The cell does, however, contain a number of visible granules which undergo a slow motion about its interior. When, therefore, an infected cell is shown in a quick-motion film, the dark colonies are revealed by the now rapid movements of the granules as an apparent hole into which they cannot penetrate, and thus the growth of the colonies can be observed. Recent work in this Hospital on the virus of vaccinia has shown that it also probably undergoes a similar but more complicated development. Much of the most interesting parts of this process are quite invisible in the living cell by ordinary methods of observation. It is our hope that cinematography may enable them to be studied.

The study and classification of the various types of tissue-cells has hitherto depended solely on examination of fixed specimens very largely in sections, and is based on differences in shape and internal structure, and the affinities of the cell for selective stains. But cells, at any rate in tissue culture, are dynamic creatures, and the application of the quick-motion film has shown that the various types each have their own habit of growth and movement, which is in many cases quite as distinctive as their aspect in the static condition. The film here opens up a whole new field of cytology, only the fringes of which have so far been explored, and the importance of which it is still too early to assess.

CORRESPONDENCE

THE REJECTED BILL

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

DEAR MR. EDITOR,—The Bill promoted by the Governors to enable them to draw on the funds of the Hospital for the building of a paying patients' block has been rejected, and we are again faced with the necessity of appealing to the public for the necessary funds.

A paying patients' block is a vital adjunct to the modern hospital of to-day; it is of primary importance to the medical staff and, to those whom I would describe as the "new poor", it supplies an urgent want. There are large numbers of people with moderate incomes whose necessities are ignored, people whose pride prevents them from taking advantage of the voluntary hospital system and the gratuitous services of the leaders of the medical profession. Such people cannot afford the high fees charged by nursing homes, or the high medical fees which generally rule at such homes.

In my opinion, either or both of these reasons is ample justification for an appeal to private generosity. When this paying patients' block is erected—and we must erect it—we Governors of the Hospital will feel that some small return in the way of easier facilities to our medical staff is being made, and we shall all feel happier when this project materializes.

Yours faithfully,

St. Bartholomew's Hospital, London, E.C. 1; *May* 27th, 1938.

G. AYLWEN, *Treasurer.*

THE ART OF CRITICISM

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

DEAR SIR,—In your last issue you published a letter, not the less charming for being urbanely discursive, from Dr. Wilfred Shaw, appealing not only for signed reviews, but for reviewers of an intellectual distinction at least equal to that of the authors they discuss.

The first suggestion is one that in the past occupied me no little, and which I eventually rejected for the same reason Dr. Shaw adduces to its support.

I agree with him that the readers of the JOURNAL are not interested in the reviews, and I should be astonished to learn that any but their authors ever read them. The reason they are continued is that they represent a stream of free books to the Journal office, and the reason the present Editors decided to have a Supplement, I have no doubt, was that they were a little behind in the stream.

However, while they continued, it seemed best to me they should be as frank and impartial as possible, and I do not believe, and cannot persuade myself Dr. Shaw really believes, any critic in this Hospital is likely to condemn an eminent member of his profession—much less a member of the Staff—and sign his condemnation.

Quite apart from this, there are an overwhelming number of august precedents for anonymity in journals so much more celebrated than our own, that when the issue was first raised the Publication Committee almost accused me of sacrilege. They were quite right.

Now what of the intellectual stature of reviewers? It seems clear to me that neither Dr. Shaw nor anyone else can learn from his intellectual equals. That can be done only from our inferiors and our betters. And were we to depend upon the latter it would be impossible to review the books of Dr. Shaw at all.

A work designed to be used chiefly as a student's text-book—as I imagine was his—must surely be best reviewed from the student's point of view. It does not surprise me to find Dr. Shaw is again really at one with me, for he has dedicated the very book under discussion to the students of his class who proved such penetrating and useful critics of the previous edition!

I fancy that what is at the back of Dr. Shaw's mind is the need, in your reviewer, of a Savaronola streak, that bad books may be placed upon the Index, and good books given the Papal benediction. In this, as all good Liberals must do, I feel he errs. He and I could never agree upon the Savaronola.

Nor do I think the style of Macaulay, upon which he was weaned, and of which he is already tired, nor even that of Gibbon in those rather naughty chapters on the Christian Fathers, with which he has but late fallen in love, as we all must do at some time, best suited to the reviewing of medical text-books in the Hospital JOURNAL.

I am, Sir, your very obedient servant,

G. F.

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

DEAR SIR,—Few will take exception to Dr. Wilfred Shaw's plea in his long and interesting letter in your June issue for well-informed constructive criticism, but many will be provoked by his arguments that reviews must be discounted if unsigned, and by his attack on "the greatest reviewer of all time"—Macaulay.

Dr. Shaw is "pained" to see the statue of this "terrible fellow" in Trinity Chapel. If he is so sensitive about the private characters of great men whose creative works have by their splendour impelled tributes in bronze or stone he must endure much. Goethe, Wagner, Ibsen have their monuments, though their biographies would hardly satisfy the rectitude of Tennyson, Browning and the Gilbert and Sullivan operas. Very recently I was a patient at Bart.'s, but was my concern the private morality of my doctors—though I am sure, like Caesar's wife, they were above suspicion—or their professional capacity? By their works ye shall know them. There is nothing "venomous or spiteful" in Macaulay's Lays "that kindle the heroic enthusiasms of Ancient Rome", in his stirring ballad of the Armada, in his brilliant historical essays with their vital portraiture, or in the imaginative sweep of his *History of England*. There is a mental power and energy, approaching to grandeur, about the man, and his biographer remarks, "Men step aside respectfully and look with regard upon Thomas Babington Macaulay". So Dr. Shaw need not be unduly pained to see his statue beside that of Newton.

"Macaulay's erudition was stupendous," says Dr. Shaw. Agreed. Then follows the astonishing statement, "which made him so good a reviewer". Erudition is not in itself the passport of good criticism. Two men, for instance, may sit down to write a review, as critics, of a book. The one, by the use of a tenacious memory applied to industrious reading, may be able to deal with a score of points where his rival is only acquainted with ten. But the space of each is limited, and even if it were not, the truth of the result would still depend upon proportion—the discovery of essentials—and upon imagination. The same genius which made Macaulay a creative historian made him a creative critic, and so his *Essays* have the permanence of literature. Journalism is purely contemporary and therefore purely temporary. Literature is a living thing which becomes that which it inhabits.

Dr. Shaw compares Macaulay's English most unfavourably with the classic diction of Gibbon's *Decline and Fall*. Macaulay represents the new Whig taste and reflects the transition from classic to romantic mannerism. Comparisons are impossible, though preferences are legitimate, for we are in the sphere of taste. As well compare the prose of Scott with Addison or the poetry of Pope with Keats. It cannot be done. The best of Macaulay has a vitality and a compulsion that gives the answer direct to the opinion that he hid "his clumsy articulation under an impressive weight of historical facts". If contributors to the JOURNAL reach Macaulay's literary standard not only in substance but in style, they will achieve distinction indeed.

There is more in the vexed question of the signed article than Dr. Shaw allows. Surely the merit rests in the contribution and not

the contributor. The lot of the professional reviewer in the popular press, unlike that of the policeman, is not a happy one, and I should be the last to gird at his shortcomings. But there are few who can resist the smart phrase at the expense of veracity, and self-assertion may be good journalism but poor criticism. The decay of serious criticism is coincident with the rise of the signed article. The majority, in the nature of things, is unable to give the concentrated attention, still less the selective appreciation which true criticism requires, and reviewers get their name not by virtue of their scholarly analyses, but by their ability to make the most unprofitable material entertaining. In scientific criticisms addressed to a specialized audience this does not apply, but I can conceive that where reviewer and reviewed are personally known to each other frank criticism may be embarrassed, and "leg-pulling" is an oblique confession in itself. I, too, have done my share of reviewing,—not of medical works, for these are beyond my competence,—but I confess that I have never found the signed article gave me any more freedom than the anonymous one. After all, the basis of criticism is honesty and unflinching sincerity. A critic may be wrong. He very likely is. But so long as a man says sincerely what he thinks he tells us something worth knowing.

Dr. Shaw invites repercussions. It is my excuse for taking up so much space in reply to his stimulating provocations.

Yours, etc.,

Bay Tree Cottage, Freshwater, I.O.W.; *June 12th*, 1938. GEORGE F. HOLLAND.

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

DEAR SIR,—Dr. Wilfred Shaw's long and interesting letter is likely to give a wrong impression. Its sincere tone of constructive criticism is apt to make us accept its general condemnation of the book reviews. If we analyse it point by point, instead of relying on the general effect, we can disprove its verdict.

To say that readers are not interested in the reviews is really much the same as accusing them of lack of interest in their profession or studies. One of the JOURNAL's tasks is to give medical news; the announcement and description of recent books forms very important news. If Dr. Shaw is right the JOURNAL might as well cease publication, or limit itself to its Editorial, to the Candid Camera, and to some lighter articles which need little medical enthusiasm on the part of its 2500 readers.

Whether reviews are signed, initialled or remain anonymous is of slight importance. "No decent-minded reviewer would think of levelling harsh criticisms anonymously" is Dr. Shaw's suggestion. Well, no decent-minded reviewer should allow the circumstances to make him hold back an honest opinion.

On the other hand a not quite so decent-minded reviewer is more likely to tone down criticism of the work of a colleague or superior if he knows his name will appear with it.

In ending I shall use this opportunity to thank the JOURNAL for its reviews. Many of my text-books were acquired through its guidance. In particular I am grateful for having been introduced to some books which will be extremely useful. Without the literary supplement I probably should never have heard of them.

Yours sincerely,

Students' Union, St. Bartholomew's Hospital; *June 18th*, 1938. A. S. PLAYFAIR.

GAS AND THE OUT-PATIENT DEPARTMENT

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

DEAR SIR,—May I question the reference in "News from Outside" to a "2s. 9d. civilian gas mask, without outlet valve" which is "not much protection"? The Government, in the event of war, has undertaken to provide every citizen with a civilian respirator, *free*. This respirator (without outlet valve) has been shown to be 100% efficient against all known gases which could be used for purposes of attack, and only differs from the more complicated respirators used by the services and by those on duty in that it is unsuitable for more than six hours' continuous use.

Passing on to a more important point, it is indeed true that many of the large business houses in the Bart.'s area have received A.R.P. instruction, and are cognizant of the general scheme of organization for first aid in the event of an air-raid. This includes the provision of (i) first-aid posts for decontamination from mustard gas and treatment of minor injuries, (ii) casualty clearing hospitals for the treatment of more severe injuries, and (iii) base hospitals, situated in the country, free from possible danger. Under such a scheme Bart.'s is officially a Casualty Clearing Hospital, but if the trust which the neighbourhood has in Bart.'s in any emergency is as great as we hope, it is certain that it would also be used as a First-Aid Post. For this reason it is essential that the few alterations necessary to adapt part of the Out-Patient Department for possible use for decontamination purposes should be made without delay. This need not interfere in any way with the normal use of the Department. Plans for such changes are already being made in some of the great teaching hospitals, and it is sad that Bart.'s should lag behind in a matter of such national importance.

I am, etc.,

Students' Union; *June 9th*, 1938. A. P. BENTALL.

HOSPITAL DAY—May 10th, 1938

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

DEAR SIR,—I would like to express through the columns of your very interesting Journal my warm thanks and deep appreciation of the efforts made by the Students of the Hospital on May 10th. The tangible proof of these efforts lies in the fact that the collection this year is some £494 better than last year, which is a matter of congratulation to all concerned.

Yours faithfully,

St. Bartholomew's Hospital, London, E.C. 1; *May 27th*, 1938. G. AYLWEN, *Treasurer*.

THE TWELFTH DECENNIAL CLUB

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

DEAR SIR,—As an unauthorized and erroneous account of the Twelfth Decennial Club's Second Dinner was printed in the June number of the JOURNAL, I feel it is my duty as one of the Honorary Secretaries to make certain comments upon it.

1300 doctors were not invited to dine. Anyone who entered St. Bartholmew's Hospital between 1925 and 1935 and subsequently qualifies becomes eligible for membership. Of the 1100 in our Decennium, 700 are now qualified, and about 650 are resident in this country.

No one is invited to dine; anyone may and the more the merrier.

Reference to the notice in the April issue (vol. xlv, p. 152) and to the May issue (vol. xlv, p. 176) will show that the statement that neither time nor place nor attire were specified is a deliberate untruth.

As the era is not completed and will not be for two or three years to come, it is obvious that those present must have belonged to the first half of the Decennium rather than to the last.

I thank the writer for his statement that the company was good. It was, and that is the sole object of the dinner.

Considerable time and effort is entailed in arranging for this, and I wish to protest most strongly against the facetious and misleading report which you have allowed to be printed, bearing as it does no resemblance to the truth.

Yours sincerely,

109, Harley Street, W. 1 KEITH VARTAN, *Hon. Joint Sec., Twelfth Decennial Club.*

[ED. NOTE.—We wish to apologize to Dr. Vartan for any personal slight which he may feel has been inflicted upon him. It is well known how onerous are the duties borne by the honorary secretaries of the Decennial Clubs, how well they are generally discharged, and how little recompense is offered.

Our representative was misinformed as to the number invited to dine by one of the officials of the Club at the dinner itself. Cards, whether "Invitation" or not, were sent out, and stated neither time nor attire; the suggestion that the place was also unspecified was incorrect. Of those who have qualified in the last three years only two were present; hence the remark that "attendance of junior members . . . was lamentable".]

THE ART EXHIBITION

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

DEAR SIR,—I visited the Art Exhibition and enjoyed it. Could it be made an annual event?

Would-be exhibitors should have more notice than they had this year.

I should like to thank the originators and organizers.

Yours sincerely,

St. Bartholomew's Hospital, London, E.C. 1; *June 17th* 1938. ARTHUR JORDAN.

PENANCE FOR DR. GEOFFREY EVANS

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

DEAR SIR,—I have just visited the new Rahere Ward, and have been shocked to find that Rahere himself is not there. The old familiar face, which looked at us with such benevolent imperturbability from the mantelpiece of the old Rahere Ward, is nowhere to be found. I was told—and I blush to repeat it—that he has been put away in a cupboard and covered with a dust-sheet.

Sir, I protest against this monstrous treatment of our revered Founder. He must be reinstated at once. There must be a solemn procession headed by the clergy in full canonicals, followed by Dr. Geoffrey Evans and the medical staff. I suggest that some Act of Penance should be performed in front of the aforementioned cupboard. The effigy should then be brought out and conveyed, with due ceremony, and to the accompaniment of solemn music, to some central position in the new ward, "there to remain for ever".

Thus would the memory of our Founder be honoured once more in Rahere's Ward.

I am, etc.,

June 12th, 1938. EX-HOUSE PHYSICIAN, RAHERE WARD.

SMALLPOX AND THE MONARCHY

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

DEAR SIR,—In the tercentennial year of his birth, it may be interpreted as an act of historical piety to protest that the Grand Monarch did not die of a second attack of smallpox (as stated by Dr. P. B. Mellowes in the June issue of the JOURNAL, p. 234). It was his great grandson, Louis XV, who died of this disease in 1774. Though secretly I take exception to the story about Queen Anne, as she is so proverbially dead, I shall refrain from disquieting her ashes.

Yours faithfully,

255, Northern Avenue, New York City, U.S.A.; *June 15th*, 1938. WALTER R. BETT.

OUR SHAKESPEAREAN CRITICS

We have received two erudite letters from Messrs. J. B. Gurney Smith and H. Karn pointing out that the quotation heading Mr. J. T. Hayward-Butt's article "This Fortress . . ." comes from King Richard II, Act II, Scene 1. It is part of John of Gaunt's famous speech on England and her kings. Mr. Hayward-Butt attributed the words to King John, Act II, Scene 1. We have pleasure in assuring these learned critics that the error was due to no malicious impulse on the part of the Author.—ED.

THE STUDENTS' UNION

STUDENTS' UNION COUNCIL

There was a meeting of the Council on June 14th. The first business the meeting considered was the awarding of Honours for Rugby Football, Association Football and Hockey.

Rugby Football Honours.—P. L. Candler, R. D. Hearn, R. Mundy, K. G. Irving, K. C. Burrow, R. Macpherson, R. L. Hall, J. Coupland, J. Gauvain, K. Moynagh, P. L. Swinstead, J. G. Evans, E. Griffiths, G. K. Marshall and G. D. Graham.

Association Football Honours.—J. V. T. Harold, J. O. Gallimore, P. McA. Elder, G. H. Darke, C. G. Nicholson, L. M. Osmont, A. R. James, S. Grossmark and O. Soukias.

Hockey Honours.—R. Heyland, M. E. Moore, A. H. Massina, R. E. Ellis, E. J. Griffiths, A. G. Everson, A. Pearse, G. E. Taylor, J. Bullough, S. R. Hewitt and J. Newcomb.

The **Musical Society** then applied for affiliation to the Students' Union. After a short disquisition by Mr. Katz on the aims of the Musical Society this proposal was adopted.

On the **Journal Committee** the resignation of Mr. C. D. Ewan, the Business Manager of the JOURNAL, was accepted, and the name of Mr. G. D. Graham was approved to take his place.

A letter from Mr. C. M. Fletcher concerning affiliation to the **National Union of Students** was then read. This was supported verbally by the writer. A proposal for affiliation to the N.U.S. was carried by ten votes to one. It was also decided that as this was a decision which affected all Students, and also because of the contrary decision of the Council earlier in the year, two special general meetings should be called, at which the advantages of affiliation should be explained to the student body as a whole. The second meeting was for the benefit of pre-clinical students, and therefore to be held at Charterhouse Square.

A motion that the **Dean** should be entertained to lunch at Charterhouse Square to mark the occasion of his Knighthood was carried unanimously.

PARLIAMENTARY NEWS

The **Special General Meeting** for the Clinical Students was held in the Abernethian Room at 4.30 p.m. on Friday, June 24th.

We have attended several Special General Meetings in the past, but we have never before heard anything remotely resembling a good debate. For once men listened to what was being said rather than to the person who was saying it.

We would also like to congratulate the Opposition on the gentlemanly manner in which they conducted their share of the proceedings. We are heartily sick of the would-be facetious interrupter.

The meeting was opened by Dr. G. GRAHAM, President of the Students' Union, who said that the Council approved in principle of affiliation to the N.U.S., but wished to put the matter before the general body of students before committing them.

Mr. PICKERING: "Are two Special General Meetings in order, and how is it proposed to prevent men voting twice?" (Hear, hear.)

Dr. GRAHAM (after consultation): "Yes, it is in order." He relied on the honesty of men not to vote twice. (Laughter.) He then asked Mr. Fletcher to put the case for affiliation to the National Union of Students.

Mr. FLETCHER said that there were three questions which most people must have in their minds. First, why all this fuss? Secondly, what is the N.U.S.? And thirdly, why should they affiliate to it?

Why all this fuss? To tell students the reasons why the Council thought affiliation desirable.

What is the N.U.S.? It is the representative undergraduate organization of England and Wales. It is governed by a Council consisting of representatives of the affiliated Unions. There is also a London office with a permanent staff—the "Civil Service" of the Union.

Mr. Fletcher then described the activities of the N.U.S. The first and most important was to encourage students to take an intelligent interest in their own affairs. This was a step up from schooldays, when one was expected to accept everything ready made. Students at Bart.'s were of an age to be able to think for themselves. (Cheers.) The N.U.S. helped this by Conferences, which discussed matters such as "Student Health", "The Lecture System", "Individual Tuition", etc. This year there was to be a Medical Conference at which people as eminent as Lord Horder would speak. The N.U.S. also organized clinical visits both abroad and at home, which would stimulate fresh ideas.

The N.U.S. helped students to be better citizens by interesting them in their relation to the community by considering such matters as post-graduate employment, etc.

Secondly the N.U.S. represented English students on various international bodies abroad. This, Mr. Fletcher thought, was of little importance to people at Bart.'s.

Thirdly, the N.U.S. provided considerable facilities for students. Of these the most important was travel. Excellent tours of every description were arranged and made financially possible by the very great reductions allowed to the N.U.S. on foreign railways, etc.

The N.U.S. offered other advantages, such as foreign exchange, hospitality to students from abroad, and the same for our students when they wished to study in other countries, a loan system for necessitous students [Mr. Fletcher thought this would probably not be needed at Bart.'s. (Laughter)], reduced rates for buying text-books, periodicals, and even clothes.

The N.U.S. also had an Information Bureau for student queries, and a non-inflammatory though interesting publication called *The New University* was produced by them.

Mr. Fletcher said that he would also like to say what the N.U.S. was not. "It is emphatically NOT a society of earnest socialists working to undermine the organization of Hospital staffs." Ideas were current that the N.U.S. obtained concessions for students by sit-down strikes. (Laughter.) This was a misrepresentation due to the unfortunate way in which the N.U.S. had become linked in people's minds with a certain student of marked left-wing tendencies. The N.U.S. was *not* a student communist federation and was in no way political.

Lastly, why should the Students' Union affiliate?

1. To encourage students to think about their own affairs.
2. As the N.U.S. consisted at present mostly of smaller provincial Students' Unions, it was particularly important that the larger, richer and more influential unions should affiliate, so as to preserve a balance.
3. If the N.U.S. were ultra left wing, it was up to us to put the other point of view.
4. The various facilities provided by the N.U.S. would be useful to our students.

Against affiliation was the cost of £1 a year per 100 students. (Prolonged applause.)

Mr. HANBURY WEBBER: "What other teaching hospitals are affiliated to the N.U.S.?"

Mr. FLETCHER: "The Middlesex, the Royal Free and University College are affiliated to the Medical Section." (Laughter.) "We should be the first teaching hospital to join the N.U.S. as a whole."

Mr. PICKERING said he would like to oppose the motion. (Applause.) He said that he thought that to interest students in their own education was "to inflict something on other people". (Subdued laughter.) He considered that the Abernethian Society covered the ground. He said that students were not supposed to take an interest in such things. About student health in particular, he thought it best for the student to look after himself. (Laughter.) Mr. Pickering could not help feeling that eventually the N.U.S. would lead to a state of war between the staff and the students.

For the Travel Department, he personally had no desire to hitch-hike from Students' Union to Students' Union. (Laughter.) He suggested that those who did should join individually. He also suspected that following the example of our own Students' Union the rate of subscription to the N.U.S. would rise as time went on.

He therefore proposed that a small Club should be formed by those students interested in the N.U.S., and that they only should affiliate. (Prolonged Opposition applause.)

Throughout his speech Mr. Pickering displayed a profound appreciation of the lesser known works of Aristotle.

Mr. WHEELWRIGHT said that he supported the N.U.S. because it made easier the mechanism of student exchange between England and America. He thought that this was improving the relationship between the two countries. (Applause.)

Dr. JORDAN said that most people were lazy. (Laughter.) Hence he thought the N.U.S. was doing a useful job by encouraging the organization of student health. He said medical students were not capable of looking after themselves. (Hisses and laughter.)

Mr. STACK said that the travel supplied by the N.U.S. bore no resemblance to "hitch-hiking from Students' Union to Students' Union". His own experience of it had been most enjoyable, and adventure was certainly not lacking. Witness a lorry trip from Bombay to Warsaw. Mr. Stack also emphasized the low cost of the N.U.S. tours. (Applause.)

Prof. Ross said that he wished to speak in defence of the N.U.S., particularly because he had been named in the JOURNAL as an opposer of it when the question was first raised. He did this because he thought politics were behind the N.U.S.

Prof. Ross said he now knew for certain that the authorities who ran the business affairs of the N.U.S. were very anxious to avoid the influx of political influence. He therefore felt that the most serious objection to the N.U.S. fell to the ground. (Applause.)

Prof. Ross then discussed the financial side of affiliation. He said that as this would cost £6–£7 a year he felt that all students should have a voice in the spending of this money for their supposed benefit. He said that the most obvious benefit was the travel facilities. Otherwise, he thought that as we were a comparatively wealthy hospital we might have to give more than we got.

He pointed out that if at any time we became uneasy about left-wing tendencies disaffiliation would be very easy. Prof. Ross thought it was up to those who were "right-minded" to help balance those more vociferous people with left-wing tendencies. (Laughter and applause.)

Mr. SINCLAIR LOUTIT said that in the Hospital he was known as a Leftist. He said that he was not supporting the N.U.S. for political motives, for their vice-presidents consisted of Earl Baldwin, Mr. Lloyd George, Prof. Gilbert Murray, Prof. Sir Bernard Panes and the Earl of Sandwich. (Laughter.) He was supporting the N.U.S. as an individual for what he hoped to get out of it. (Applause.)

Mr. HANBURY WEBBER said that the Sports Clubs had had to be stinted lately owing to income deficiencies. So he suggested deferring affiliation until the Sports Clubs had sufficient money. (Applause.)

Mr. HALL pointed out that financially the Sports Clubs were subsidized by many people who did not play games. (Cheers.) Hence such a small sum as £6–£7 should not be grudged to make the balance. (Applause.)

Mr. BASSET said that he thought that those who wished to travel could well afford the individual subscription of 5s. a year.

Mr. STACK said that the N.U.S. organized the tours. If there was no N.U.S. there would be no tours.

AN UNKNOWN VOICE saw no reason why the majority should subsidize those who wanted to travel. (Applause.)

Mr. STACK: Neither did he see the reason why the Sports Club should be subsidized by those who did not play games. (Laughter and applause.)

Mr. WAY said that travel was a luxury. Games were good for health, therefore students should play games before they went abroad. (Applause from Opposition.)

Mr. FLETCHER, in summing up, said he wished to answer some of Mr. Pickering's points.

1. Why was not the Abernethian Society sufficient? Because the aim of the N.U.S. was to stop insularity.
2. If subscription grew, disaffiliation cost the price of a 1½*d.* stamp.
3. He thought that a Club affiliated to the N.U.S. would be insufficient because he felt that it was important that the name of Bart.'s should go with affiliation.
4. He thought that the non-games players had a right for a certain proportion of the Students' Union money to be spent on them. (Applause.)

A show of hands was then taken and the **Motion for Affiliation was lost by 49 votes to 40 votes.**

Following an appeal by Mr. FLETCHER a Poll was appointed to take place after the Special General Meeting at Charterhouse Square.

Stop Press.—As a result of the Poll the Motion for affiliation was lost by 117 votes to 95.

Clinical Students	...	...	...	54 for 148 against.
Pre-clinical Students	...	...	...	63 „ 47 „

SPORTS NEWS

EDITORIAL

BARRACKING

This heinous and deplorable habit appears to have spread to the fair fields of Chislehurst, and what is much worse it seems to be unnecessary to have such stalking-horses as leg or back-to-the-wall theories to excuse it.

We repaired to the Sports Ground last Saturday to enjoy a quiet afternoon of that most restful of all pastimes, the watching of cricket, and "perceived nought but darkness and sorrow". The real cause of this was that the first tennis six happened to be doing their turn at the same time as our 1st XI did battle with Hampstead, and a little gentle barracking after an energetic match appears to be particularly restful to the tennis temperament.

Hampstead made 225, and we went in after tea in some considerable hurry to make our runs, and then the trouble started. An unemployed tennis player conceived the magnificent idea of waiting until the batsmen were apprehensively snatching a doubtful single, and when the poor fellows were in mid-stride, of suddenly bellowing "Run up". This policy after a while caused our Mr. Maidlow to trip heavily and nearly run himself out, after which he turned to the bowler and requested a ball pitched nice and short on the leg, as he flattered himself that he could hook it into the car, or some other portion of the offender's anatomy.

All ended well, however, the barrackers untraumatized, the match won by a nose, and the Chislehurst cricketing ethics brought right up to the most modern of standards.

RUGBY FOOTBALL CLUB A *resumé*. The season has been notable chiefly by our moving to the new ground at Chislehurst, which was opened with a match against J. A. Tallent's XV. Although the results have not been remarkable, there was a general improvement of play in every department as the season advanced. Perhaps our best form was reached in the Cup Match against St. Mary's, which we were unfortunate to lose 10—6.

A new and enjoyable fixture was against the Northern R.F.C., who visited us at Chislehurst, and we look forward to further fixtures.

P. L. Candler made an excellent captain, and with R. D. Hearn and M. J. Pleydell he established many of the successful three-quarter movements. The forwards played well throughout the season, notable features being K. D. Moynagh's hooking, R. Macpherson's goal-kicking, and K. G. Irving's useful work in the loose. There was a lack of thrust in the centre positions of the three-quarter line, but the tackling in defence was of a higher order. The full back position presented a problem, and had constantly to be altered owing to injuries.

In retrospect our fortunes have varied considerably, losing to teams when we should have won, and, on the other hand, obtaining several unexpected victories. The invaluable services of R. Mundy, who leaves us, after having been a regular member for the past eight seasons, will be sorely missed.

ATHLETICS The University of London Inter-Collegiate Sports were held on Saturday, May 14th, at Motspur Park, Surrey.

For the first time a representative team from the Hospital was entered, which met with a fair measure of success. We were particularly pleased to see H. B. Lee perform with such credit in a new event, the ¾ mile Steeplechase, in which, after severe conflict with a hurdle, he was placed fourth.

G. A. Beck was second in the 1 Mile after a thrilling tussle with A. C. Franks of St. Thomas's, who won by 2 yards in 4 min. 30 sec. D. G. Reinold was only beaten by inches in 120 yards Hurdles by his old antagonist R. Dunstan, of King's, who just got home in 15·9 sec.

A. R. P. Ellis was third in the Javelin, while A. I. Ward had bad luck to lose his title to R. Weiser, of Chelsea Polytechnic, clearing 20 ft. ½ in. K. A. Butler, in the 220 yards, after clocking 23·3 sec. in his heat was placed fourth in the final, which was won in the fast time of 22·5 sec.

All the above five went to the White City to compete in the Universities Athletic Union, and Reinold, having previously thrashed the Scottish champion in his heat, was placed third in the final to the Oxford University pair.

The 55th Annual Sports were held at our new ground, Foxbury, Chislehurst, on Saturday, May 28th, and instead of the fine weather that the Committee had so long prayed for, it was the usual story of rain, marked absence of sun, a heavy track, and competitors and officials completely outnumbering the spectators. So often has Sports Day been a day of rain that we can now challenge Negretti and Zambra for reliability as prophets. However, we never cease to hope for a programme seller's dream—a large crowd, a big entry and *fine weather!!* This year bigger and better (?) advertising had swollen the entries to the 50 mark double that of last year. In fact for the first time for many years heats had to be run off for the 120 yards handicap! Three records were broken and one equalled; giving ample proof of the excellence of the track layout.

Beck retained his titles in the Mile, having, previous to the sports, captured the 3 mile record that has for several seasons eluded him.

Reinold swooped over the hurdles to gain the record in 16·5 sec. Way, the previous holder of this record, disdaining the opposition, did not remove his flannels, and here again set up a new (world's?) record for hurdling uniform.

Ellis, who has been throwing very well this year, if not very often, beat the Javelin record with 153 ft. 4½ in. Ward, jumping consistently (for a change), equalled a 30-year-old record with an effort of 21 ft. 8½ in., no amount of measuring could bring forth the odd ½ inch.

O'Brien scored a double in the Weight and Discus, and Butler was equally successful in the 100 yards and 220 yards.

Atkinson from scratch won the ½ mile Handicap in the very good time of 2 min 4 sec. It was evident in this race that a 4-course lunch topped with 2 pints of beer and a cigar had a definite dragging effect on Birch's speed over the last 200 yards.

At the conclusion of the meeting Mrs. Hinds-Howell presented the prizes, and we take this opportunity of expressing our thanks to her and to those officials who braved the storm and helped to make the meeting a success.

Results.

100 *Yards.*—(1) K. A. Butler, (2) A. I. Ward, (3) R. Kobyliski. Time, 10·5 sec.

220 *Yards.*—(1) K. A. Butler, (2) A. I. Ward, (3) D. G. Reinold. Time, 24 sec.

440 *Yards.*—(1) G. A. Beck, (2) J. W. Perrott, (3) R. C. Hogarth. Time, 53·7 sec.

1 *Mile.*—(1) G. A. Beck (holder), (2) W. J. Atkinson. Time, 4 min. 36·4 sec.

120 *Yards Handicap.*—(1) R. F. Kingston, (2) P. G. Jeffries, (3) E. Griffiths. Time, 12·2 sec.

880 *Yards Handicap.*—(1) W. J. Atkinson (scratch), (2) R. G. Birch (90 yds.), (3) P. R. Latcham. Time, 2 min. 4·8 sec.

120 *Yards Hurdles.*—(1) D. G. Reinold (holder), (2) G. L. Way, (3) R. J. O'Brien. Time, 16·5 sec. (a record).

3 *Miles.*—(1) G. A. Beck (holder), (2) W. J. Atkinson, (3) H. B. Lee. Time, 15 min. 44 sec. (a record).

High Jump.—(1) D. G. Reinold, (2) D. S. Morris (holder), (3) A. I. Ward. Height, 5 ft. 5 in.

Long Jump.—(1) A. I. Ward (holder), (2) J. D. Rochforch, (3) R. Kobylinski. Distance, 21 ft. 8½ in. (equals record).

Pole Vault.—N. P. Shields (holder) jumped over. Height, 9 ft.

Javelin.—(1) A. R. P. Ellis (holder), (2) J. D. Rochford, (3) D. B. Fraser. Distance, 153 ft. 4½ in. (a record).

Putting the Weight.—(1) J. R. O'Brien, (2) D. B. Fraser (holder), (3) G. L. Way. Distance, 35 ft. 6 in.

Discus.—(1) J. R. O'Brien, (2) D. B. Fraser (holder), (3) G. L. Way. Distance, 97 ft. 3 in.

Houseman's Hundred.—(1) G. H. Darke. Time, 10·7 sec.

Inter-Firm Relay.—(1) Yellow Firm (J. W. Perrott, H. Bevan-Jones, M. J. Pleydell and R. A. House), (2) Green Firm. Time, 1 min. 40·7 sec.

LAWN TENNIS CLUB The Lawn Tennis Club is very pleased with its new courts at Chislehurst. They are playing very well indeed, and the members of visiting teams have been surprised at their condition. In a year or two there will be none like them around London, but alas, there is one point we do miss, and that is the sheltered position of the courts at Winchmore Hill.

The 1st VI have been able more than to hold their own in most of the matches so far this season. The Club has this season, as in fact for the past two years, failed to find any new members for its 1st VI, although one old member, namely K. A. Latter, has returned to the Hospital, and has given valuable support to some important matches.

The 2nd VI has not been at all successful, losing all their matches except one, although they did put up a noble fight against Bromley II on May 14th in the first round of the Kent Inter-Club Competition. They lost the match in the last game by 4 to 5.

The first match of the season for the 1st VI was against U.C.H. at Perivale, and was won with very little opposition by 7 matches to *nil*. On the following Wednesday, May 11th, the team was entertained by the Royal Naval College at Greenwich. The first pair, E. Corsi and H. R. Marrett, won all their matches. G. L. Way and R. I. G. Coupland won one and lost one, both matches going into three long sets, and R. C. Witt and E. D. Vere Nicoll lost to the home team's 1st and 2nd pairs, but scored a victory over the 3rd pair.

On May 14th the Club suffered a loss with both teams in the first round of the Kent County L.T.A. Inter-Club Competition. The first team was unfortunately lacking in its usual members, and was badly beaten (1—8) by Beckenham I. This is the first time that the Club has entered for this event, this being made possible by its recent affiliation to the Kent County L.T.A. Through this affiliation the Club has gained many advantages, two of which are its automatic affiliation to the Lawn Tennis Association, and the allotting of Wimbledon Centre Court tickets for the Championships at a reduced fee.

May 21st St. Thomas's Hospital 1st VI was entertained at Chislehurst, and were beaten by a comfortable margin, 7—2. The following day the Staff College were also played on the Hospital ground, and were beaten 6—3 after a very good match consisting of many hard-fought games. The home Club were able to field the strongest team of the season, and were very pleased to win this match, because this Club has usually beaten them in the past.

On May 25th the Club was entertained at Melbury, but unfortunately owing to the weather the match was unfinished, the score being three all. Our 1st pair, E. Corsi and K. A. Latter, turned out for the first time of the season, and did extremely well by winning the two matches they played against Melbury's 1st and 2nd pairs; H. R. Marrett and R. I. G. Coupland beat the 3rd pair, and lost to the 2nd pair, while G. L. Way and C. J. Bell lost both their matches to the 1st and 3rd pairs.

On Whit Saturday, June 4th, the annual match against the Past was held at Chislehurst. The Past were only able to raise one team this year, which included the President, Sir Charles Gordon-Watson. The score before tea was three matches each. E. Corsi and H. R. Marrett won their matches against the Past's 2nd and 3rd pairs, John Hunt and Courtney Evans, and Sir Charles Gordon-Watson and J. R. Kingdon respectively. R. I. G. Coupland and G. L. Way won against the 3rd pair, but lost to K. A. Latter and B. Thorne-Thorne, the Past's first couple. R. C. Witt and T. M. C. Roberts lost to the 1st and 2nd pairs. After tea each pair had to play the corresponding one of the opposing side. E. Corsi and H. R. Marrett had a very exciting game against K. A. Latter and B. Thorne-Thorne, the former pair just won in the third set after having lost the first and being 2—5 down in the second. The home team's 2nd pair suffered a surprise defeat by losing in two short sets. This left the score at 4—4, and the deciding game was won by Sir Charles Gordon-Watson and J. R. Kingdon in the third set. The final score being a win for the Past 5—4.

On June 9th Guy's Hospital was played by both teams, the 1st at Chislehurst, and the 2nd at Honor Oak. Guy's were able to raise a good team for the 1st VI and won by 8 matches to 4. The 2nd VI was a scratch team owing to the short notice, and were beaten by a much better team 1—10.

June 11th saw the return match against Melbury at Chislehurst. This time Melbury had a slightly stronger team, which included F. D. Leyland and S. K. Hamilton, while Bart.'s were without K. A. Latter. E. Corsi played with H. R. Marrett and after a long struggle lost to the Melbury 1st pair—afterwards defeating their 2nd and 3rd pairs. R. I. G. Coupland and G. L. Way beat the 2nd pair, but lost their other two matches, while R. C. Witt and M. Desmarais failed to win a match, although they played well. The final result being 6 matches to 3 in favour of Melbury.

PUTTING

Twelve Men of Bart.'s *v.* the Brethren of Charterhouse. An Epoch-making Contest. Superior Ball-control Wins the Day.

In response to a challenge from the Brethren, Twelve of Bart.'s, handpicked for skill in wielding their putters and chasing balls across the green, sallied forth to battle at the Charterhouse. The result was a victory for the Brethren by 14 games to 8, with 2 halved, —a triumph of experience and local knowledge over the strength and impetuosity of youth.

The approaching of the Men of Bart.'s was forceful and direct, but on nearing the holes they seemed unable to put that extra twist and flourish on the balls so as to make certain the issue.

The weather conditions, however, were perfect, as was the tea provided by the Reverend Master, to whom the team were indebted for a very enjoyable and interesting afternoon.

The team was: R. G. (Straight-for-the-Hole) Birch, John (Hit-or-Miss) Chisholm, A. W. (Tiger) Little, Young Doug. Brown, Gaffer Stratton, Long Mike Golden, Bearded Willie Dickson, True Temper Barwood, Bunker Cocks, Sink 'em Baldwyn, Gutty Coupland, and Old Uncle Denis Finnegan.

STYMIE.

CRICKET *v.* **Bromley** at **Chislehurst** on Saturday, May 21st. Won by 5 wickets.

Unfortunately our opponents were unable to turn out a very strong side, and, batting first, could only total 105 against some good bowling by Cochrane, who finished with an analysis of 6 for 22. The Hospital passed this total with only 5 wickets down, thanks to some excellent batting by Miller, who went on to complete a faultless century before being caught. The only other feature of the game was Rutherford's (now Dr. Rutherford) 25, which was his highest score for two or three seasons.

Scores:

R. Heyland, c Pocock, b Wheeler	0	G. H. Wells-Cole, lbw, b Moore	11
D. J. A. Brown, lbw, b Moore	10	S. T. Rutherford, b Yolland	25
J. North, b Moore	22	B. G. Gretton-Watson, b Moore	9
J. E. Miller, c Masters, b Moore	101	J. Craig-Cochrane, not out	7
W. M. Maidlow, c Masters, b Skilton	7	Extras	5
M. Bates, b Yolland	12	Total (for 9 wkts.)	209

R. N. Grant did not bat.
Bromley, 105.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
Cochrane	13	2	22	6
Grant	6	0	19	1
Rutherford	9.5	5	21	2

v. **The Romany**. The Hospital having won the toss and elected to bat suffered a couple of quick shocks. Brown and Heyland were both out with the score at 13. North and Miller by careful cricket gradually improved the position, and at lunch the score was 100 for 2. After lunch they both completed good half-centuries. Robinson carried on the good work, and made a very sound 53 against bowling which was never loose. The Hospital declared with the score at 232 for 6, leaving the Romany 2¾ hours to knock off the runs.

The Romany innings opened little better than did that of the Hospital, and would have been much worse had one or two simple catches, offered very early, been accepted. However, Bates made amends by catching two beauties to dismiss both the first two batsmen. Wickets fell regularly until, with 15 minutes to go, the total had reached 173 for 8 wickets. Brandram at this point hit merrily before being out rather unluckily. That left the Romany requiring 19 runs to win and one over in which to do it, and the last man in. On Rutherford fell the honour of bowling this last over, but Kalberer played it out with the utmost ease, and so the match resulted in a most exciting draw.

Of the Hospital bowlers Elder was by far the best, and achieved the fine figures of 5 wickets for 39. The Hospital ground fielding was very clean, but four catches were dropped, none of them luckily proving very expensive.

Scores:

ST. BARTHOLOMEW'S HOSPITAL.

R. Heyland, b Herbert	0	M. Bates, not out	1
D. J. A. Brown, b Herbert	0	J. Hunt, S. T. Rutherford, R. McA. Elder	Did not bat.
J. North, b Davies	78	Extras	19
J. E. Miller, b Weston	57	Total (for 6 wkts. dec.)	232
J. T. Robinson, not out	53		
W. M. Maidlow, c Kalberer, b Bowley	13		
C. G. Nicholson, b Weston	11		

ROMANY.

N. J. D. Moffat, c Bates, b Rutherford	9	I. A. S. Macpherson, b Elder	4
Major C. F. Hargreaves, c Bates, b Nicholson	6	R. C. A. Brandram, c North, b Nicholson	36
E. N. Evans, b Robinson	19	G. P. L. Weston, st North, b Elder	0
H. G. de G. Warter, st North, b Elder	41	R. G. F. Kalberer, not out	7
J. W. Bowley, lbw, b Elder	49	E. C. Herbert, not out	0
J. G. W. Davies, c Nicholson, b Elder	38	Extras	6
		Total (for 9 wkts.)	215

Bowling: Nicholson, 2 for 48; Rutherford, 1 for 68; Robinson, 1 for 32; Heyland, 0 for 20; Elder, 5 for 39.

v. **Horlicks** at **Slough** on Wednesday, June 1st. Drawn.

For this game we could not raise our strongest side, and only 4 regular members of the first eleven could play.

Scores.—Horlicks: 139 for 3 declared. C. G. Nicholson 1 for 28; J. T. Robinson, 2 for 37.

Bart.'s: 92 for 9. G. H. Wells-Cole, 24; D. R. S. Howell, 18.

v. **The Past** at **Chislehurst** on Saturday, June 4th. Drawn.

The Hospital again won the toss and batted first. Miller batted well for his 45, but was not given much support, except by Grant and North, and when the seventh wicket fell the score was only 127, and the Hospital seemed to be in a bad way. Bates and Nicholson, however, had other ideas, and both hit brilliantly, adding 85 runs before Bates was stumped by Hunt. The innings was then declared closed. J. A. Nunn bowled extremely well for the Past, taking 6 for 107.

The Past were given 2½ hours to make the runs, and how nearly they did so can be seen from the scores below. Boncy, Gabb and Nunn made runs, the first-named being fortunate in being missed in the first over. Of our bowlers Gretton-Watson bowled very cleverly taking 3 for 36.

In conclusion the Club would like to thank Dr. G. Bourne for the trouble he must have taken raising such a good side on a Whit-Saturday, and thus making the day so pleasant.

Scores:

PRESENT.

R. Heyland, b Nunn	3	M. Bates, st Hunt, b Shunker	44
J. E. Miller, c Gabb, b Nunn	45	C. G. Nicholson, not out	34
J. T. Robinson, run out	15	B. G. G.-Watson, P. McA. Elder	Did not bat.
R. N. Grant, b Nunn	29	Extras	15
J. North, c Witheridge, b Nunn	22	Total (for 8 wkts. dec.)	212
W. M. Maidlow, b Nunn	0		
C. T. A. James, lbw, b Nunn	5		

PAST.

A. R. Boney, c and b Nicholson	50	J. Spencer, c and b G.-Watson	0
R. Mundy, st North, b G.-Watson	18	S. T. Rutherford, c and b James	20
W. H. Gabb, c and b Grant	43	C. J. Hay-Shunker, not out	10
J. A. Nunn, not out	47	Extras	5
A. H. Hunt, c Grant, b G.-Watson	5	Total (for 6 wkts.)	198

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
R. N. Grant	7	0	28	1
C. G. Nicholson	12	0	54	1
B. G. Gretton-Watson	11	1	36	3
C. T. A. James	7	0	24	1

v. **Croydon** on Whit-Monday, at Croydon. Drawn.

Scores:

R. Heyland, c Sub, b Isard	46	M. Bates, c Gryspeerdt, b Isard	7
J. E. Miller, c Saunders, b Greetham	52	G. H. Wells-Cole, c Saunders, b Greetham	0
D. J. A. Brown, b Greetham	22	P. McA. Elder, not out	0
J. T. Robinson, c Greetham, b Isard	1	B. G. Gretton-Watson, b Isard	0
J. North, b Isard	77	Extras	8
W. M. Maidlow, c and b Freeman	10		
C. T. A. James, c Soloman, b Isard	25	Total	248

Croydon, 209 for 6.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
C. T. A. James	17	3	64	1
B. G. Gretton-Watson	20	2	81	3
G. H. Wells-Cole	8	1	29	2

Cup Match *v.* **Guy's** on Wednesday, June 8th. Won by 5 runs.

Played on Guy's ground at Catford in dull thundery weather. Bart.'s won the toss and decided to bat on what appeared to be an easy wicket. Heyland and Miller opened the innings to face the bowling of Knight and Coffey. The batsmen were in difficulties from the start, time and again missing the ball on the off side. With only 13 runs scored Miller was bowled by Coffey. The next three wickets fell for the addition of 40 runs, and things looked black for the batting side. Now that the sting was largely out of the bowling it fell to Maidlow and North, by stubborn defensive batting, to pull the game round. Their partnership added 71, and was brought to a sad end when North was bowled while playing an indecisive shot. Maidlow was unfortunately soon run out by Chase, who hit the wicket from cover. After lunch James and Nicholson batted well, but we were all out by 3.15 for 178—a relatively poor score for a fast wicket.

Hughes and Leeming opened the innings for Guy's, to face the bowling of Grant and Nicholson. Hughes was caught at the wicket off Grant's second over, and his partner, who never looked happy, was soon lbw. to an inswinger from Nicholson. Chase and Morey then settled down confidently until tea-time. Soon after tea Morey was dropped at short leg—this looked for a time to have made a was dropped at short leg—this looked for a time to have made a was from considerable difference, but he was soon bowled by a ball from Cochrane which turned in quickly. All this time Chase was playing carefully, but never omitting to score off loose balls, and to show how easily the ball passed some of the fielders. Birks, O'Gorman and Foster were soon out, and a few overs later the great surprise came when Chase was clean bowled by an off-spinner from Cochrane. He made a perfect 94, never giving a chance, and showed what a poor way Guy's would have been in without him.

The game now became exciting. 26 runs to win with 3 wickets to fall and unlimited time to spare. Thomas was quickly bowled, but Coffey and McLintock started hitting boundaries, which made us think all was over. McLintock was dropped at cover, but our hopes were renewed when Nicholson bowled Coffey—173 for 9. McLintock was out without further addition, by a brilliant catch by Bates at cover, not 4 inches from the ground.

And so the match was won, but with a horribly guilty feeling that the victory was undeserved, considering 5 catches were dropped, and many runs could have been saved by better ground fielding.

Scores:

R. Heyland, b Knight	22	M. Bates, b Knight	0
J. E. Miller, b Coffey	2	C. G. Nicholson, lbw, b Knight	20
J. T. Robinson, c Morey, b Knight	9	J. Craig-Cochrane, b Knight	1
R. H. Grant, c and b O'Gorman	13	B. G. Gretton-Watson, not out	0
J. North, b Morey	47	Extras	7
W. M. Maidlow, run out	39		
C. T. A. James, c Hughes, b McClintock	18	Total	178

Guy's, 173.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
J. Craig-Cochrane	16.2	0	63	5
R. H. Grant .	6	0	21	1
C. T. Nicholson .	16	2	54	3
C. T. A. James .	2	0	18	1

SWIMMING It is over Agamemnon. Agamemnon, how are the mighty fallen? We regret to report that the Hospital has virtually lost the Water Polo Cup after an uninterrupted tenure of some ten years. We had our strongest team out, and were perhaps unlucky to lose. Mary's, however, with four of the United Hospital Team should be given full credit for their win by 6—5.

Bart.'s won the toss and defended the deep end first. Pratt (Freaked-with-Jet) raced for the ball, but was beaten every time by Edelman, the Mary's star. A little preliminary toughing went on as opponent found opponent, and then—presto—McKane took a long pass to score. 1—0 Barts. Shortly after Pearce (Popeye) made an excellent shot, beating the goalkeeper, but the ball remained half over the line after hitting the bar *(curse these Mary's cross-bars)* and was saved. Mary's then drew level, 1—1. Pratt then took a difficult pass high up to score, only to be followed by some ill-understood manœuvre. Mary's equalizing 2—2 at half-time. Bart.'s, again through Pratt, notched a point, and the fun became thick and furious, till Mary's Shaw (to quote "Time", our distinguished American analogue) was left unmarked at a free throw, 3—3. Suddenly a plethora of Mary's forwards appeared (you are meant to infer occult interference here) in front of the goals, and to the roars of Mary's applause they went ahead, 3 4. Meantime our gallant supporters, outnumbered, but golden-hearted, kept our spirits up, but alas, Young of Mary's (English *Times* style this time) shot to score from a rebound, 3–5. Pratt from an excellent pass by MacAfee (Scarface-to-you) pulled up, 4—5. Both sides now were in a parlous state, skin and hair being at a premium, although it was good clean fun. Certain nameless persons were *(mæstus dictu)* dog-paddling. Again Mary's scored, 4—6. Stiffening their sinews like billy-oh, Bart.'s waded inand soon a shot from the Secretary was deflected into the goal, 6—5. The twilight came with Bart.'s peppering the Mary's goal in a frenzy of exhaustion we rather guess. We suspect that the cheers of both sides were as much for the coming tissue-restorers as for the other side!

It is something approaching bathos to mention the **U.C.H.** match—we beat them 5—3 by some heavy shooting from MacKane and Pearce. Pratt (owing to silken dalliance we fear) was not with us till the end. McKane, 2, Pearce 2, Walley 1, were the scorers. Greenberg (Steatopygy) played in the fine form he has been showing this season.

Westminster we beat easily—again a man short—in spite of the unceasing efforts of their famed left-handed leviathan. The scorers were Pratt 4, Pearce 1, Hoskyn 1, Walley 1. The result being 7—1.

A friendly match was played *v.* the **Old Paulines,** and whilst lacking skill, certainly had its moments. The first appearance of Grace in the first team should be noted if only for his unorthodox, if diplomatic methods. Result, 6 4 to Bart.'s.

SQUASH RACQUETS The Annual General Meeting of the Squash Racket Club has just been held, and the officers for 1938–39 are:

President: Dr. M. Donaldson.
Vice-Presidents: Mr. F. C. W. Capps, Dr. J. Beattie, Mr. O. S. Tubbs, Mr. J. E. O'Connell.
Captain: C. T. A. James.
Hon. Sec.: H. R. Marrett.
Hon. Treas.: A. J. A. Spafford.
Committee: Messrs. Maidlow, Gray, Heyland, Marshall, Robinson.

An extremely successful season has been enjoyed by the Club. Thirty club matches have been played, of which 16 were won, 14 lost, and for the first time the Junior Inter-Hospital Cup was won.

H. R. Marrett won the Donaldson Cup, with J. T. Robinson as runner-up, the competition proving a great success.

The outlook for next season is hopeful rather than good, as I'm afraid we shall miss such stalwarts as Thorne-Thorne and Maidlow, to mention only two of those on the brink of departure. Second team matches are additional features in next season's programme, and it is to be hoped that an abundance of hidden talent will be unearthed this way. We want more support from Charterhouse, and would remind those over there, that a game of squash does, in practice, what Prunella Stack advocates in theory—KEEP FIT.

REVIEWS

ORTHOPÆDICS

A Practice of Orthopædic Surgery. By T. P. McMURRAY, M.B., M.Ch., F.R.C.S. (Edward Arnold & Co.) Pp. 450. Price 21*s.* net.

A newcomer to the field of orthopædic text-books, the present volume seems destined to play a distinguished and useful *rôle*. Essentially practical in outlook, it deals throughout with those aspects of orthopædics which are most calculated to be of special interest and value to the student and general practitioner. The plethora of alternative procedures which make so many works of this type both difficult and misleading to the non-specialist have been omitted, and only those methods which are of proved efficacy described. On the ground that they are a wide subject in themselves, the author has not dealt with fractures, but rightly left them to special works.

The book is excellently illustrated throughout, both with diagrams and X-rays, is clearly classified, and agreeable to read.

OTHER NOTICES

A General Course in Hygiene. By A. E. IKIN, LL.D., B.Sc., and G. E. OATES, M.D., M.R.C.P., D.P.H. Second edition. (University Tutorial Press.) Price 5*s.*

This little volume is probably more suited to the requirements of the non-medical hygiene student than to those of the medical student.

The book is well set out and is easily readable, though the inclusion of numerous elementary physical experiments at the end of each chapter is entirely superfluous from the medical standpoint.

Further, it is rather irritating for the medically educated reader to digest the more technical subjects when they are served up in a manner more suited to the needs of the average boy scout.

This is a very useful text on hygiene for the lay-reader, though it is not to be recommended to the medical student.

The Dissection and Study of the Sheep's Brain. By JAMES WILKIE, B.Sc. (Oxford University Press.) Price 6*s.*

In this little book the author has described the anatomy of the sheep's brain from a comparative point of view. His object as far as medical students are concerned is that they may wish to have some knowledge of the brain before dissecting the human or for revising or even learning the brain when human ones are scarce.

Sheep's heads can be bought for sixpence, but even with the good method advocated for removing the brain it is a very tedious procedure. The drawings are on the whole quite good, but why put in *crudely* diagrammatic ones? A severe criticism can be made about the statement on p. 7 that the author would if necessary depart from the strict facts of embryology to make things clear. On the whole students may find some help in understanding the human brain by reading this book.

A Text-book of Bacteriology for Dental Students. By ARTHUR BULLEID, L.R.C.P., M.R.C.S., L.D.S. Second edition. (William Heinemann, Ltd.) Price 15*s.*

Mr. Bulleid's latest edition of Bacteriology is a concise, easily read and compact volume, giving a good introduction to the practice and principles of bacteriology, especially applicable for dental students.

The practical details for the preparation and staining of various organisms are particularly clearly drawn up, and the chapter on susceptibility and immunity is worthy of note.

The morphology of the bacteria is well described, but it seems a pity that their cultured characteristics are not produced in tabular form at the end of each chapter, as has been done in the paragraphs on streptococci, thus making the identification of the organisms more readily carried out.

The preparation of the several media upon which culturing organisms can be carried out is clearly arranged, and would be very useful for reference.

Mr. Bulleid defines protozoa as a branch of animal parasites; surely this is causing excessive notoriety to a huge order of animals, a few of which are parasites, while the greater number are free-living or saprophytic.

This book, although short, in its 200 pages contains abundant information, and would be of great use to those for whom it is designed, especially as regards practical detail, in which it excels.

Business Affairs and Book-keeping. By WINIFRED E. GILL, B.Sc.(H. & S.S.). (Longmans, Green & Co.) Price 3*s.* 6*d.*

A brief but concise handbook, giving a clear explanation of the main principles of book-keeping and business methods.

Can be recommended to those responsible for the administration and financial control of cottage hospitals, nursing homes, schools and similar institutions.

Brompton Hospital Reports. Vol. VI. 1937. Pp. 183. Price 2*s.* 6*d.*

The sixth volume of the *Brompton Hospital Reports* well maintains the standard set by the previous numbers. It consists of a collection of 20 papers, 17 of which had previously been published in the standard medical journals. The subjects cover almost the whole range of thoracic medicine, from a philosophic discourse on "Perspective and Poise in Practice", by Dr. R. A. Young, to a technical discussion on the second positive wave of the QRS complex in the electrocardiogram, by Drs. Hope Gosse and T. E. Lowe. The three original papers concern multiple cystic disease of the lung, the relation of bronchography to post-lobectomy atelectasis, and a statistical analysis of the clinical aspects of senile phthisis. The article on post-lobectomy atelectasis by Mr. R. H. R. Belsey is of great value in that it draws attention to the possible cause of a very troublesome complication of lobectomy and suggests a method by which it can be avoided.

The idea of publishing a collection of papers by the staff of a hospital is one which might well be imitated. A series of papers such as these, taken from a number of different medical journals, and incorporated in a single volume, forms a very useful source of reference.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ALLOTT, E. N., B.Sc., B.M.Oxon., F.R.C.P. (and JEMSON, J., F.R.C.S.). "Generalised Osteitis Fibrosa due to a Retro-œsophageal Parathyroid Tumour." *Lancet*, March 12th, 1938.

BOURNE, GEOFFREY, M.D., F.R.C.P. "Vitamin C Deficiency in Peptic Ulceration Estimated by Capillary Resistance Test." *British Medical Journal*, March 12th, 1938.

CAPENER, NORMAN, F.R.C.S. "Intractable Sciatica due to Prolapsed Intervertebral Disc." *Clinical Journal*, March, 1938.

CASTLEDEN, L. I. M., M.D., M.R.C.P. "The Use of Artificial Pyrexia in the Treatment of Disease." *Practitioner*, March, 1938.

DAVIES, J. H. TWISTON, M.B., B.Ch. (E. BRUCE-LOW and J. H. T. D.). "Dermato-stomatitis (Baader) Complicating a Case of Manic-Depressive Insanity." *British Journal of Dermatology and Syphilis*, March, 1938.

FLAM, JOHN, M.R.C.S., L.R.C.P. "Anæsthesia and Analgesia in Midwifery for General Practitioners and Midwives." *Practitioner*, March, 1938.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Treatment of Joint Sprains and Strains." *British Medical Journal*, March 5th, 1938.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

M.D.—Simon, G.
M.B., B.Chir.—Hounsfield, M. C., Newton Dunn, G. W.
M.B. Innes, A., Levick, P. G., Wedd, G. D.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees, May, 1938.

Honours.—*Ives, L. A., †Parkinson, T.

* Distinguished in Medicine.
† Distinguished in Forensic Medicine and Hygiene.

Pass.—Bacon, A. H., Brown, K. P., Cochrane, J. W. C., Cruden, W. V., Dobree, J. H., Dubash, J. J., Fairlie-Clarke, G. A., Foster, W. B., Jackson, H., Jones, E. C., Kemp, J. W. L., Messent, A. D., Moynagh, D. W., Reynolds, E. G., Rutherford, S. T.

SUPPLEMENTARY PASS LIST

Group I.—Acharya, B. S. S., Conway-Hughes, J. H. L., Fagg, C. G., Hamilton, L. A. T., Herson, R. N., Jenkins, S. T. H., White, R. A.

Group II.—Evans, D. G., Evans, E. O., Evill, C. C., Halberstaedter, M., Jayes, P. H., Kruatrachue, G., McMahon, R. J. H., Simpson, J. R., Staley, G. R.

CHANGES OF ADDRESS

ARCHER, C. W., Westport Road, Wareham, Dorset.
BRIGSTOCKE, P. W., Bemerton, Lingfield Road, East Grinstead, Sussex.
COCKAYNE, E. A., 98, Harley Street, W. 1. (Tel. Welbeck 4843.)
GOMEZ-MIRA, A., 2, Ormsby Lodge, The Avenue, Bedford Park, W. 4.
GORDON, M. H., Holly Lodge, East Molesey, Surrey.
MAILER, W. A., Medical Department, Southern Railway, London Bridge, S.E. 1.
ROSS, K. M., 4, Downing Street, Farnham, Surrey. (Tel. Farnham 6226.)
VARTAN, C. K., 109, Harley Street, W. 1. (Tel. Welbeck 7395.) 1, Oakeshott Avenue, N.6. (Tel. Mountview 5515.)

APPOINTMENT

LANDON, J., M.R.C.S., L.R.C.P., D.P.H., appointed Deputy Medical Officer of Health for the Borough of Tottenham.

BIRTHS

ARMSTRONG.—On May 23rd, 1938, at Eaton Court, Folkestone, to Dr. and Mrs. Reay Armstrong—a daughter.

BARON.—On May 31st, 1938, at 19, Bentinck Street, W. 1, to Kathleen, wife of Cyril F. J. Baron—a daughter.

CLAXTON.—On June 7th, 1938, at Folkestone, to Muriel, wife o Ernest Claxton, M.B.—a daughter.

EDWARDS.—On June 19th, 1938, at 20, Devonshire Place, to Betty, wife of Dr. John A. Edwards, Colnbrook, Bucks—a daughter.

EVANS.—On June 15th, 1938, at 19, Bentinck Street, to Diana (*née* Maud), wife of Courtenay Evans, M.D.—a son.

GALLOP.—On June 6th, 1938, at 83, Vincent Square, S.W. 1, to Doris Ruth, wife of Edward Gallop, M.D.—a son.

KINGSLEY.—On June 9th, 1938, at Osborne House, Burton Latimer, Northants, to Marjorie (*née* Hammond), wife of Dr. A. P. Kingsley—a son.

VERE NICOLL.—On June 17th, 1938, at Bangalore, India, to Margaret (*née* Frohock), wife of J. A. Vere Nicoll, M.R.C.S., L.R.C.P., D.A., Captain, R.A.M.C.—a daughter.

AMENDED NOTICE

WARD.—On April 29th, 1938, at Roefield, Croxley Green, to Roy and Marjorie Ward—*a son.*

MARRIAGES

HINDS HOWELL—GREENAWAY.—On June 1st, 1938, at Holy Trinity, Roehampton, by the Right Rev. Bishop of Burnley, Charles Anthony, second son of Dr. and Mrs. Hinds Howell, of 145, Harley Street, W. 1, to Jasemine, younger daughter of Sir Percy and Lady Greenaway, of Eastcott, Kingston Hill, Surrey.

LEISHMAN—OLDFIELD.—On June 1st, 1938, at Harewood Church, Austin W. Leishman to Elizabeth Oldfield.

WARE—BOYCE.—On June 1st, 1938, in London, Martin, son of the late Canon Ware and of Mrs. Ware, to Winifred, daughter of Mr. and Mrs. Charles Boyce.

DEATH

DOBSON.—On June 12th, 1938, at Oaklands, East Avenue, Bournemouth, after a long illness, Leonard Charles Talbot Dobson, M.D.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*		†
Staff	14,111	8	4	(83)	.	
Demonstrators, etc.	1,810	0	0	(72)	.	
Students	1,347	11	11	(332)	.	
Old Bart.'s men :						
‡Bedfordshire	50	18	6	(10)	.	(26)
Berkshire	126	6	0	(17)	.	(37)
‡Buckinghamshire	91	13	0	(19)	.	(29)
‡Cambridgeshire	194	6	0	(18)	.	(42)
‡Cheshire	6	16	6	(3)	.	(26)
‡Cornwall	23	2	6	(9)	.	(36)
Cumberland	5	0	0	(1)	.	(6)
Derbyshire	19	14	0	(4)	.	(17)
‡Devonshire	675	1	0	(54)	.	(98)
‡Dorset	77	11	6	(14)	.	(30)
‡Durham	17	7	0	(4)	.	(11)
Essex	272	8	6	(24)	.	(69)
‡Gloucestershire	258	6	6	(29)	.	(52)
Hampshire	1,524	4	6	(61)	.	(134)
‡Herefordshire	17	12	0	(4)	.	(10)
Hertfordshire	110	16	0	(22)	.	(73)
Huntingdonshire	5	5	0	(1)	.	(1)
Isle of Wight	191	13	0	(13)	.	(25)
‡Kent	602	9	0	(73)	.	(146)
‡Lancashire	135	1	6	(18)		(82)
Leicestershire	142	0	0	(8)	.	(28)
‡Lincolnshire	65	8	0	(17)	.	(27)
‡Middlesex	497	14	0	(34)	.	(63)
‡Norfolk	178	0	6	(21)	.	(60)
‡Northamptonshire	59	14	6	(6)	.	(17)
‡Northumberland	101	1	0	(2)	.	(11)
‡Nottinghamshire	29	8	0	(6)	.	(28)
‡Oxfordshire	256	15	0	(22)	.	(26)
Rutland	1	1	0	(1)	.	(2)
Shropshire	38	1	0	(10)	.	(22)
Somersetshire	2,837	6	4	(28)	.	(43)
‡Staffordshire	194	18	0	(6)	.	(37)
‡Suffolk	343	2	0	(26)	.	(46)
Surrey	542	11	6	(64)	.	(180)
Sussex	922	14	6	(66)	.	(174)
‡Warwickshire	215	19	0	(24)	.	(64)
Westmorland	2	10	0	(1)	.	(5)
‡Wiltshire	1,011	12	0	(13)	.	(26)
‡**Worcestershire**	161	1	6	(25)	.	(25)
‡Yorkshire	356	8	6	(31)	.	(101)
Wales	69	12	0	(20)	.	(150)
London	7,029	13	2	(261)	.	(971)
Channel Islands	20	0	0	(2)	.	(9)
Scotland	14	4	0	(4)		
Abroad	139	11	0	(15)		
South Africa	390	15	6	(21)		
Canada	114	3	6	(8)		
East Africa	87	12	0	(10)		
West Africa	167	10	0	(6)		
India	224	12	0	(16)		
Ireland	30	4	0	(5)		
North Africa	1	0	0	(1)		
North Borneo	10	10	0	(1)		
Australia	230	10	0	(9)		
China	52	8	4	(9)		
Siam	10	0	0	(1)		
France	50	0	0	(1)		
British West Indies	65	8	0	(7)		
Straits Settlements	7	1	0	(3)		
New Zealand	6	1	0	(3)		
Services	659	14	6	(50)		
Others	73,333	11	2	(608)		
Lord Mayor's Appeal	17,990	16	0			
Funds of College	8,000	0	0			
Value of Building	20,000	0	0			
Loan	20,000	0	0			
Stock Sold	4,061	0	0			
	£182,397	**15**	**9**			

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

PERSONAL COLUMN

The cost of Advertising is 1/- a line of 7 words; 6d. to Subscribers. If a box number is used a charge of 1/- extra is made. Advertisements should reach the Manager of the Journal not later than the 15th of the preceding month.

"The blueness of a wound cleanseth away evil: So do stripes the inward parts of the belly".
—*Proverbs*, xx. v. 30.

BOARD-RESIDENCE.—1, Pridcaux Place, Lloyd Square, W.C. 1 (12 min. walk from Hospital). Pleasant and quiet house. Partial board, all meals at week-ends, 35*s.* to 45*s.*—Miss E. ALLEN SMITH. Ter. 6372.

NURSE.—You are reading this. Other people will, too; so why not Advertise in our Personal Column?

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5*s.* per week, inclusive. Easy access to West End and City. Bay 5857.

G.F. wishes to let Villa on South Coast. Bart.'s Gun decorates front lawn. Only Rear-Admirals considered. Write The South Coast Brigadier, Box 15, The Journal.

DIVAN-SITTING ROOM.—Hampstead, adjoining Heath. Partial board, laundry, 35/-. No extras. Strong recommendation by Bart.'s men. 26, South Hill Park, N.W. 3. Ham. 5184.

FALSE TEETH wanted for Edentulous Skulls. Highest prices paid by Pre-Clinical Students. Post yours without delay.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—No. 11 AUGUST 1ST, 1938 PRICE NINEPENCE

CALENDAR

Tues., Aug. 2.—Dr. Graham and Mr. Wilson on duty.

Fri., „ 5.—Dr. Evans and Sir Girling Ball on duty.

Mon., „ 8.—**Cricket Tour.**
Match *v.* Somerset Stragglers (two-day). Taunton. 11.30.

Tues., „ 9.—Prof. Christie and Prof. Paterson Ross on duty.

Wed., „ 10.—Cricket Match *v.* Mr. Maidlow's XI. Ilminster. 11.30.

Fri., „ 12. Dr. Chandler and Mr. Roberts on duty
Cricket Match *v.* Seaton (two-day). Seaton. 11.30.

Mon., Aug. 15.—Cricket Match *v.* Sidmouth (two-day). Sidmouth. 11.30.
Last day for receiving letters for the September issue of the Journal.

Tues., „ 16.—Dr. Gow and Mr. Vick on duty.

Fri., „ 19.—Dr. Graham and Mr. Wilson on duty.
Last day for receiving other matter for the September issue of the Journal.

Tues., „ 23.—Dr. Evans and Sir Girling Ball on duty.

Fri., „ 26.—Prof. Christie and Prof. Paterson Ross on duty.

Tues., „ 30.—Dr. Chandler and Mr. Roberts on duty.

EDITORIAL

THE DOCTORS' PARLIAMENT AND THE PUBLIC

THE Medical Profession has been very much in the public eye these last few weeks. Dr. Aleck Bourne has drawn attention to our dissatisfaction with the present Abortion Laws. The Home Secretary has been receiving representative deputations on the subject of Refugee Employment. All this has thrown an unusual amount of publicity upon the Plymouth Meeting of the British Medical Association.

The B.M.A. is rightly considered the great Trades Union of the Medical Profession. And from it the Public expects authoritative statements on what the Medical Profession is thinking. To a considerable extent we rise or fall in the general estimation according to the reports of this meeting.

This year was the occasion of the 106th Annual Meeting of the British Medical Association. As usual the meeting was divided into two parts—the Annual Representative Meeting, which is attended by representatives of local divisions, and decides the policy of the Association, and the meetings of the 17 scientific sections at which current

medical progress is discussed. We will confine ourselves to a review of the Annual Representative Meeting.

Let it be said at once that our report is based entirely upon the columns which appeared in the *Times*—admittedly secondhand information, but it *is* the material from which the layman will draw his conclusions about us.

The key to the conference lies in the B.M.A.'s preoccupation with the General Practitioner as an individual. Every subject discussed had some bearing upon the practitioner, whether it was Divorce Legislation, Refugee Employment, or A.R.P plans ; and in the resolutions framed at the meeting there was evident the same solicitous regard for the G.P.'s welfare. If the meeting is approached from this angle, certain criticisms such as those levelled at the Hospital Savings Association become readily understandable.

On the first day of the meeting the position of the Austrian Refugee Doctors was discussed. A committee had been appointed to assist the Home Secretary in the selection of suitable candidates for admission, and the result of its work was reported and approved. This was : (1) An agreement in principle with Sir Samuel Hoare " that the position was such that some gesture ought to be made to meet the contingency ". (2) That they had secured a limitation in number of those to be admitted from the original 500 suggested by the Home Secretary to 50. (3) That they had further secured " an extension to at least two years of the period of clinical study in Scotland for every applicant for admission ". In England and in some of the colonies this period is three years. A resolution was passed condemning the attitude of the Scottish Colleges " in allowing one year's clinical study to be sufficient for taking the final examination ".

It was clear that there was much anxiety on the part of the colonial representatives that their countries should not be used as dumping-grounds " for an unlimited number of aliens with a foreign attitude towards the population ".

Sir Kaye le Fleming's remark that " there was the universal desire to do everything in their power to relieve a distressing situation and at the same time to do justice to their own profession " must find an echo among all doctors, though opinions as to what this action should be still vary widely.

The second day of the Conference was marked by a virulent attack on the H.S.A. and other contributory schemes, as well as some salty reflections on Hospital Out-patient Departments. The general view was that patients who could afford to pay the fees of a private doctor were getting short-circuited to out-patient departments of hospitals where a *free* consultant service was available. It was stated that in the case of 33% of the contributory schemes in the country there was no income limit.

A resolution was passed " That the activities of contributory schemes involve encroachment on private practice, except where income limits on the lines of those suggested in the hospital policy are rigidly applied, and where every applicant for treatment at hospital is required to produce a doctor's letter, except in an emergency ". The necessity for a full inquiry was strongly emphasized.

This resolution has already caused considerable controversy in the Press ; and certainly some of the arguments put forward to condemn the contributory schemes do not bear analysis ; one reason adduced for denouncing them being that " Hospital savings schemes were financed by deductions from patient's incomes, and collectors sometimes had to wait outside public-houses before they could get their contributions ". This statement appears completely irrelevant to the usefulness or otherwise of the schemes.

No one will regret an inquiry into this matter—least of all the sponsors of the H.S.A.—but many will deplore that such a public attack should have been launched before the facts had first been fully established.

The remainder of the Conference was occupied with uncontroversial subjects. A report of the Propaganda Committee which has been working in conjunction with the Government's health campaign was adopted with enthusiasm. Its work has been directed against the ignorance of the work and views of the medical profession on the part of the public. Discussions were proceeding between the Council of the B.M.A. and the Board of Control and Medical Committee of the House of Commons with a view to amending the Divorce Laws. At present a doctor giving evidence of insanity in a divorce petition may lay himself open to an action for slander. Other useful work included recommendations on Ophthalmic Clinics, the General Medical Service for the Nation, etc. It was surprising to note a vigorous refusal even to discuss the subject of State Medicine.

On the last day of the Representative Meeting Dr. Colin Lindsay made his inaugural address as President on " The Profession and the Public ", in which he laid emphasis on the need for the personal element in medicine provided by the family doctor. He also stressed the value of a wider education of the public in elementary anatomy and physiology.

It is difficult to estimate accurately the effect that this Conference will have had on the lay public. As a standard we would suggest that *in so far as the interests of the general practitioner coincide with the best interests of the Art of Medicine as a whole, the effect will have been beneficial.*

CURRENT EVENTS

EDITORIAL CHANGES

Next month the JOURNAL passes to a new Editor and Assistant Editor. For the last ten months Mr. Martin Ware and Mr. John Gask have been uneasily seated upon the Editorial thrones. Their relief at handing these dangerous chairs to other and braver men is mingled with due regret. They wish their successors the best of good fortune.

BART.'S APPOINTMENTS

We have news of two unusually interesting appointments—one to an Old Bart.'s man in Canada and the other to the Dean.

Prof. E. G. D. Murray, who is Professor of Bacteriology at McGill University, Montreal, has recently been elected a Fellow of the Royal Society of Canada.

INCREASE IN MATERNITY BEDS

Owing to the liberality of the Governing Body the number of available Maternity Beds in the Hospital has been raised to fifty.

Charity Ward has been remodelled to contain 22 beds, including two small single bedrooms, a baby's bathroom, and a room for premature infants. The increase has been gained by the granting of 22 extra beds in President Ward (late Harley) to accommodate the patients formerly in Charity.

This expansion will naturally afford wider clinical experience for Students ; but what is more important is the added accommodation available for the patients of Old Bart.'s men. It is hoped that full use will be made of this extra space.

OUR CANDID CAMERA

" Would yer believe it? "

Sir Girling Ball has been elected President of the Royal Society of Medicine. This is a most interesting appointment, as he is the first surgeon on the Staff to be elected to this office since the formation of the Society in 1907, and the first surgeon since Sir James Paget, who was President of the Medico-Chirurgical Society, from which the Royal Society of Medicine was derived. Further the Dean is the first Bart.'s man on the Staff to be President since Sir William Church, though other Bart.'s men on the staffs of other hospitals have held this office—Sir Humphry Rolleston and Sir James Berry.

THE SERVICES

We have received a letter from a doctor in the Colonial Service which is worth quoting :

" Many of us after qualification like to spend two, three or more years filling resident posts, sampling various types of practice, travelling as ships' surgeons and the like before settling down.

" In the fighting services officers may be ' seconded ' for a period not exceeding one year to approved posts ; but in the Colonial Service this is not the case. And every month spent in acquiring post-graduate experience, beyond the barest minimum necessary to secure appointment, diminishes prospects of promotion at the other end and correspondingly diminishes the rate of pension earned.

" My advice to candidates who consider the interests of their unborn children, and value comfort in their declining years, would be to forego the luxury of equipping themselves as perfectly as possible, and get into their selected service as soon as they can."

MISS MACFARLANE

The *Evening News of India* of July 6th contains an account of the impending retirement of Miss Macfarlane from her posts of Lady Superintendent of the St. George's Hospital Nursing Association, and Matron of St. George's Hospital, Bombay.

Miss Macfarlane was trained as a nurse at Bart.'s. In 1916 she went to India as Matron of the Alexandria War Hospital. She saw service in Mesopotamia, where she was awarded the Royal Red Cross and bar. In recognition for her later work in India she was given the Kaiser-i-Hind medal in 1930 and the Florence Nightingale medal in 1933. This last is an international award, and is the highest distinction which can be conferred upon a member of her profession.

A memorial fund has been started by the St. George's Hospital, Bombay.

THE SEVENTH DECENNIAL CLUB

The Annual Dinner of the VIIth Decennial Club took place on July 6th at the Trocadero Restaurant. Dr. W. G. Willoughby, M.O.H. for Eastbourne, was in the chair. Twelve members were present, several at the last moment having been prevented from coming by their own or their families' illness. Among those present were some from distant parts of the country ; South Wales, Devonshire and the North. London residents were not well represented.

HUNTERIAN PROFESSOR

Among the appointments of the Royal College of Surgeons we note the name of Professor J. Paterson Ross as an Hunterian Professor for the coming year.

OBITUARY

E. V.

WITH the gradualness of inevitability—or so it seems—this essentially unlovely world is becoming more and more unlovely. And now that E. V. Lucas's pen is forever idle and his voice forever still, it has become a poorer and a duller place.

There must be many at St. Bartholomew's who will recall with delight the visit which Mr. Lucas paid the Hospital in January, 1923, when he gave a lantern lecture to the Debating Society on that remarkable, aloof, and mysterious Dutch painter, Vermeer of Delft. For even across those fifteen years, his fine slides remain vivid before the mental eye, and his low, drawling voice, so full of weariness and peculiar charm, and sometimes, oh ! so difficult to catch, continues to haunt the imagination. His enviably easy diction, at once rich, tender and drily humorous, sparkled with priceless remarks such as " normally the most brilliant financial enterprise that an artist can indulge in is to die ", and " there are seven hundred and fifty genuine Rembrandts, two thousand of which are in America ".

Once accustomed to the quality of his voice, Mr. Lucas was most enchantingly delicious to listen to, for he was a veritable prince of gossipers. As such he was never profound and at the same time never superficial. It has been said that he had all the simplicity of Charles Lamb and all his charm, but he differed from him in his sophistication. Curiously attracted towards the seemingly uneventful and possibly trivial things in life, as a rule his way of commenting on their enthralling features was much more important than what he actually said. He was by no means an easy man to talk to, for so often one had the uncomfortable impression that one was boring him to the point of extinction as his eyes grew wearier and wearier and his voice lower and lower. In the art or mere technique of living Mr. Lucas excelled above his fellows. His tastes were equally fastidious in literature and in food and wine. While he was an eloquent connoisseur of the French cuisine, his favourite dish was tripe and onions. When he hailed a taxi, he was always careful to select one which was furnished with a spy-window at the back, so that he might turn round to look again at something pleasant which had caught his eye, such as a quaintly charming front door or an attractive girl. Among the busiest of men—he was chairman and literary guide to the publishing house of Methuen & Co., and his weekly output of essays and lighter articles was consistently formidable—he was ever scrupulously punctilious in his correspondence, many of his letters being written in his own artistic and intriguingly humorous hand.

W. R. BETT.

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PROGNOSIS OF INFECTIONS OF THE HAND

Being a contribution to the discussion on " The Septic Hand "—Section of Surgery, B.M.A. Meeting at Plymouth, 1938.

By Prof. J. PATERSON ROSS.

TREATMENT and prognosis are so closely interdependent that the factors which influence the course and end-result of hand infections after judicious and timely surgical intervention cannot be considered adequately without taking into account the general health of the individual and his response to constitutional treatment. For the sake of clarity I propose to discuss the subject under two headings :

(1) Prognosis with regard to the patient's hand.
(2) Prognosis with regard to the patient's life.

(1) Prognosis with Regard to the Hand.

(a) *Infection of the finger-pulp.*—In these cases the prognosis depends almost entirely upon the early recognition of the condition, so that the finger-pulp may be drained before necrosis of the terminal phalanx has occurred. This is one of the two sites in the subcutaneous tissues of the body where an inflammatory focus should be laid open before there is evidence of pus-formation. *One sleepless night* due to pain in the pulp of the finger should be enough to warrant an incision so planned as to lower tension and restore the circulation to the phalanx, and the decision to operate must be taken in the absence of fluctuation or even softening of the pulp.

Early and adequate drainage of the finger-pulp means the difference between two weeks and two months in healing ; and the patient is left with a normal finger instead of being handicapped by a scarred finger-tip which has lost its delicate sense of touch.

(b) *Tendon-sheath infection.*—The usual end-result of a tendon-sheath infection is a stiff finger which may have to be amputated because it gets in the way. A good result with a mobile finger may, however, be attained if the sheath is freely opened within 24 hours of infection, and if this is followed up by early movement of the fingers in a hot saline bath. Though I agree with those who condemn incision in cases of cellulitis and lymphangitis, for even when pain is intense I believe there are better ways of relieving it, I wish to emphasize the urgency of operation on an infected tendon-sheath.

I have gained the impression that sulphonamide is of value in local treatment because it enables the patient to move his fingers freely without suffering the severe reactions which used to occur on movement, and which

enforced a prolonged period of complete rest, before this drug was introduced. It may be that chemotherapy will eventually enable us to cure these cases without incision, but at the present time the antiseptics we have at our disposal must be regarded merely as adjuvants.

Prognosis with regard to the mobility of a finger thus depends upon early drainage and the ability to undertake early movement, which is greatly facilitated by hot baths. Once the skin has healed heat may be applied by paraffin wax baths, in which a considerable temperature may be reached without damaging the tissues or making the skin sodden.

(c) *Cellulitis and lymphangitis.*—Although these infections are by nature diffuse, yet in the cases which are going to do well they respect anatomical barriers, being confined to the subcutaneous or intermuscular tissue spaces, and they either tend to resolve spontaneously, or if suppuration occurs it soon becomes and remains circumscribed. Sometimes, on the other hand, the infection spreads diffusely throughout the limb without any tendency to be limited by fascial planes or sheaths, joints become involved, and finally pus forms everywhere as though none of the original inflammatory exudate had been absorbed, but was just transformed into thin pus. The outlook in such cases is extremely grave not only for the limb, which will probably have to be sacrificed, but also for the patient's life, since these local phenomena signify a constitutional inability to deal with the infection.

(2) Prognosis with Regard to the Patient's Life.

When a person becomes seriously ill after a trivial wound it is often assumed that there must be a particularly virulent organism to blame, yet one knows from experience that in many of these cases the exact opposite may be true—if a streptococcus it may be only feebly hæmolytic and very mildly toxic to lower animals. In my opinion the explanation more often lies in a faulty defence mechanism which we refer to as "poor resistance", rather than in the virulence of the infection. What can influence the patient's resistance, and consequently the prognosis as regards his life?

(a) *Resistance undermined by fatigue.*—Everyone acknowledges the beneficial effects of sleep in illness, but more attention should be paid to overtiredness as a cause of impaired resistance to infection.

In this city it is natural to turn for counsel to the "Laws of the Navy", and among them we find these words of wisdom:

> "So shalt thou, lest, perchance, thou grow weary
> In the uttermost parts of the sea,
> Pray for leave, for the good of the Service,
> As much and as oft as may be."

This is one of the Laws of Health which medical men would do well to apply not only to their patients but to themselves also. Further, we must remember that fatigue may be mental as well as physical, being manifested by anxiety and depression. This is an important factor in prognosis, for the man with a serious infection who loses hope is more likely to die than the optimist. A confident attitude on the part of the doctor is good medicine, but undue apprehension on the part of the patient is ominous.

(b) *Resistance dependent on nutrition.*—There is ample evidence to show that an adequate diet protects the body against infection, and it is equally clear that an under-nourished individual is unable to cope with a severe illness, and healing of wounds under such conditions is very slow and imperfect. The better the appetite, the better the prognosis, and the patient who is able to take four square meals a day is very likely to get well. On the other hand, when there is persistent nausea, associated as it usually is with a positive distaste for food, the outlook is very grave.

(c) *Resistance maintained by elimination.*—It was a favourite saying of Sir Anthony Bowlby that in erysipelas, however severe the infection might be, if there was no albumen in the urine the patient would probably recover. This applies of course to all acute infections, and evidence that there is renal damage—albumen and casts in the urine, and an increase in the urea content of the blood—is of grave import in prognosis.

It must be remembered that a high blood urea may be due to alkalosis or acidosis in patients who are vomiting or starving, and it is therefore necessary to take these factors into account, and not to regard the blood urea alone as a reliable guide to prognosis. The correction of these upsets in the acid-base equilibrium of the blood may be readily achieved by suitable intravenous infusion, and may prove to be a life-saving measure.

A disturbing feature which is usually of grave prognostic import is the severe abdominal colic which may occur in association with other evidences of impaired renal function.

(d) *Failure of resistance.*—The clinical signs of a general infection of the blood-stream, petechial hæmorrhages, enlargement of the spleen, the development of endocarditis and the appearance of metastatic abscesses are, needless to say, the most serious of all the features which guide us in prognosis. Recently, however, the startling advances which have been made in chemotherapy have so changed the outlook that we may hope that in time the mortality, even in these desperate cases, may be reduced.

CIVILIAN CASUALTY CLEARANCE IN AIR-RAIDS

By KENNETH SINCLAIR-LOUTIT.

THE problems to be faced by a hospital serving an area under air-raid conditions differ not only quantitatively but qualitatively from those associated with its ordinary peace-time work. It is not in any way unusual for St. Bartholomew's Hospital to treat some 700 persons per day, but this service is spread over the twenty-four hours, and the ratio of ambulant to stretcher cases, at the least, 10 to 1; at the same time, somewhere about 18 major operations are performed upon in-patients. Under our present organization, this means that the Hospital is working to its full efficient capacity, although it might, and does on occasion, deal with a greater volume of work, but this, again, is spread over the twenty-four hours.

Under air-raid conditions the least number of casualties that can be expected is 500, and this will not be spread over twenty-four hours, but will be instantaneous. This number is the average casualty from one 1000-kilo bomb dropped on to a populous area. It is not improbable that the aërial defence will be penetrated by more than one plane, in which case casualties will be an indefinite multiple of that number.

Experience has shown that 500 mixed casualties approximate into the following categories:

Major.		*Lesser.*	
20 laparotomies		50 excisions	
20 craniotomies		50 fractured digits	
60 limb injuries		50 concussions	
		50 dressings	
100	Total	200	Total

Minor to trivial.

A variety of conditions all susceptible to home treatment

200 Total

If present-day practice is followed, very nearly the whole of this number of casualties will be presented to the Out-Patient Department. They will arrive by a variety of means all at or about the same time, they will have received amateur first-aid of amateur efficacy, for their own factory, shop or office organization will almost certainly be blown up with them. The proportion of ambulant to stretcher cases in the above list is about fifty-fifty. The space required for the reception of these stretcher cases and their classification for operation will be in the neighbourhood of 6000 sq. ft.; an additional 3000 sq. ft. would be occupied by the ambulant cases. As it is unreasonable to suppose that the Out-Patient Department will be empty on the arrival of these casualties, and as no account has been taken of the possible necessity for the division of the whole department into gas-contaminated and clean sections, it will be seen that, for reasons of space alone, the Hospital would find great difficulties in coping with such an inflow speedily and efficiently. The same arguments apply with equal force to every hospital in London.

Our hospitals were designed for the exigencies of civilian practice, and it must be realized that conditions of civilian medical practice will almost certainly cease to apply in any capital city on the outbreak of war. Therefore a hospital must abandon civilian methods in dealing with such emergencies, and work in the way most suited to the situation. Under methods of "total" warfare, the capital is just as much an object of attack as the front line.

The civilian method of waiting for the injured to be brought to hospital must be abandoned and, in its place, there must be established, as in the front line, the practice of extending the medical service to the area where the casualty has occurred by a really efficient clearance unit. The duty of such a clearance unit is not only to give first aid and prevent deaths from hæmorrhage, but, in fact, to perform on the field all the functions of a receiving department of a surgical hospital. Its most important function is the sorting and labelling of the casualties; a careful diagnosis must be made of each case and they must then be graded into urgency groups, which will determine priority of despatch from the post. On arrival at the hospital, they, being clearly labelled with their diagnosis and an account of any treatment they may have received, can be sent straight to the theatre appropriate to their injury. It will not be necessary to enlarge existing out-patient accommodation, and with minor readjustments of routine that department can continue in the same way.

Before the Hospital end of such a system is discussed in any detail, more must be known about this proposed casualty clearing service.

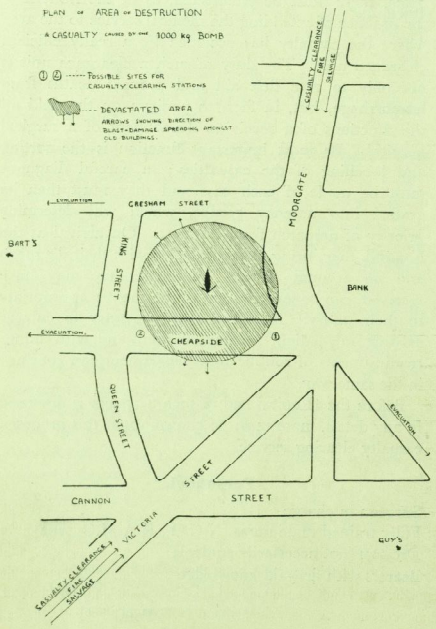
Personnel.

Surgeon in charge	1
Fully trained male nurse (N.C.O., R.A.M.C. type)	1
Dressers (not necessarily students)	2
Bearers with first-aid knowledge	8
Total	12

This team can be divided into two equal halves, each under adequate direction, if contaminated gas casualties have to be dealt with. One section will work with the usual precautions, collecting and decontaminating, then passing on the cases for clearance to the other group working in clean conditions. The unit can also be divided, one-third, two-thirds, for the same work if more convenient.

Equipment.

A truck of "equipe autochirurgical" type; this consists essentially of a large closed vehicle about the size of a small pantechnicon (Bedford 3 ton chassis), fitted so as to carry all medical supplies and to ensure their immediate accessibility *without* unloading. This means that the vehicle is lined with specially designed cupboards, etc., splints are carried clipped to the inner side of the roof, sterilizers are fitted to the insulated forward bulkhead—it is, in fact, a travelling out-patient department-store and casualty reception-box in one. For the purposes of this paper, it is obviously unnecessary to enumerate in any detail the supplies it must carry;



all those drugs and materials required in the duty box must be there. With regard to such bulky material as Thomas's splints, which is evacuated with the patients, an initial supply of, say, ten is ample if the rule obtains that all evacuation ambulances shall carry spare splints to be handed over on receipt of a patient; the driver on delivering his patient to the hospital draws from the hospital store a further issue of the apparatus in question. Another absolutely essential factor to smooth work is the standardization of stretcher designs—this is a reform anyway overdue in London. If all the stretchers are the same, it becomes unnecessary repeatedly to move the patient by hand; on transfer from one department to another patient and stretcher are simply exchanged against an empty stretcher.

Cost.

A much more ambitious vehicle than the above fully equipped for the establishment of a major surgical post and not, of course, produced along mass-production lines, was built to the author's specification for £2000, equipment included (see Fig. 4). The less ambitious project outlined here would probably cost about half this, and, if mass-produced, should easily be obtainable for about £700. This is, of course, a fraction of the cost of the otherwise drastic revision of out-patient facilities necessitated by air-raid conditions. It may be mentioned under this heading that, in the opinion of the author, this casualty-clearing service should not be the responsibility of individual hospitals, but would be better organized with the rest of the A.R.P. and the Fire and Salvage Services. Apart from the fact that such an arrangement would not place increased responsibilities on institutions already sufficiently burdened, there are several very good reasons for central organization of these services, as will be explained under a later heading.

Modus operandi.

It is proposed that these units should be at the principal Fire Stations and that they should always work in conjunction with the Fire, and, equally important, with the Salvage Service. This co-operation is obviously desirable in rescuing persons from collapsed buildings, etc. As it is impossible to render a whole city gas and bomb proof, it is certain that fixed first-aid posts have a high degree of vulnerability, and that those which escape a particular raid may be rather far from the scene; in these circumstances, the provision of a mobile service, sheltered, when not at work with other essential services, in suitably proofed premises, seems to offer a far greater promise of useful activity. There is a further point—that

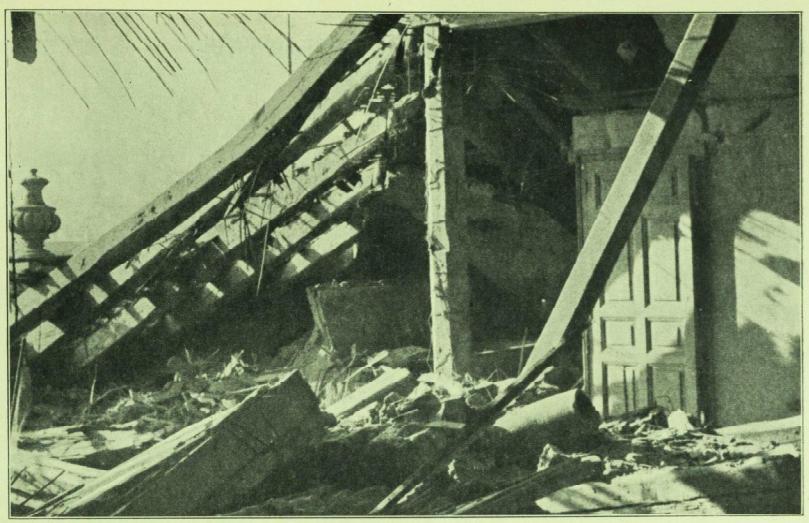


FIG. 1.—HAVOC CAUSED BY HIGH-EXPLOSIVE BOMB.—THE SITE IS THE BRITISH EMBASSY!

FIG. 2.—SALVAGE CORPS: PERSONNEL WAGON.
Note spade and pickaxe.

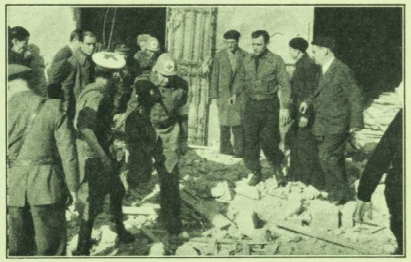


FIG. 3.—BARCELONA RED CROSS IN ACTION.
March 16th–18th, 1938.

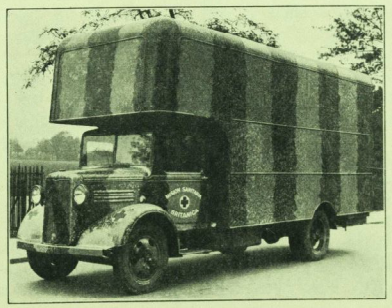
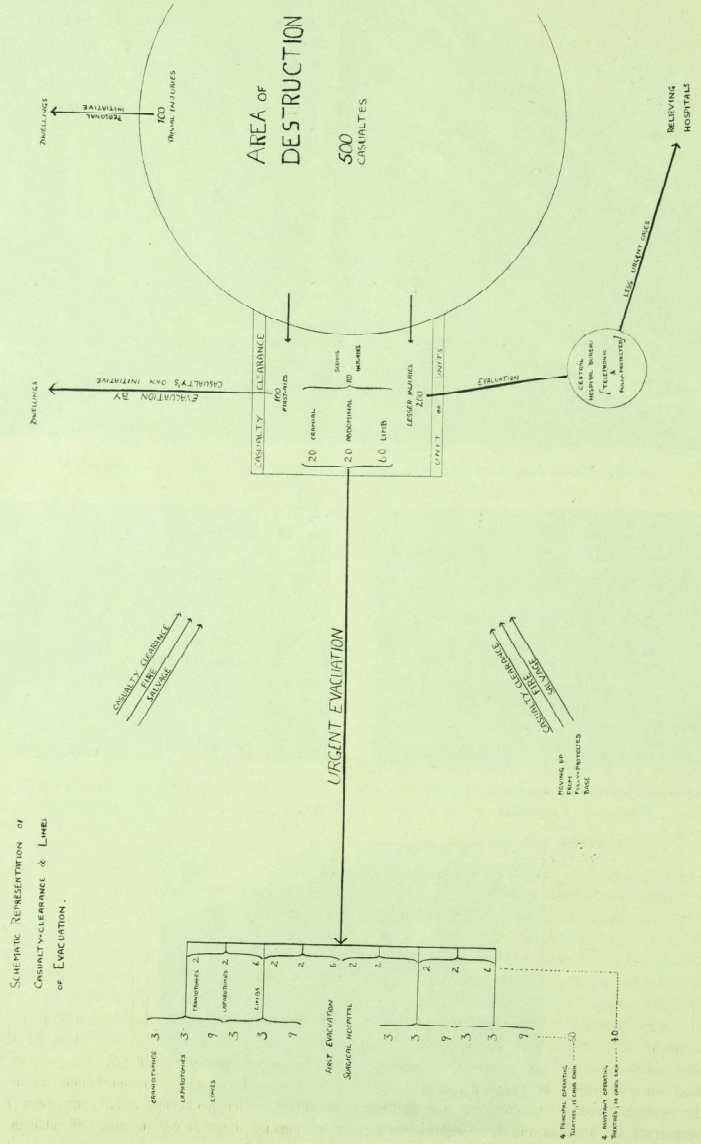


FIG. 4.—FIRST BRITISH AUTOCHIR.



SCHEMATIC REPRESENTATION OF CASUALTY-CLEARANCE & LINES OF EVACUATION.

PLAN 2.

fewer mobile units than fixed can cover, with greater certainty and less cost, a given area.

The best way in which the workings of such a scheme can be explained is to take a concrete illustration—or more properly a hypothetical illustration.

Let it be assumed that a bomb has fallen on the north of Cheapside near the Bank, that it is a 1000-kilo high-explosive bomb with a radius of destruction of about 150 yards (see map). At this point in Cheapside there are new steel-framed buildings lining the north side, while to the south there are houses of some antiquity which will certainly be completely destroyed by the blast. Cheapside itself will be blocked, and perhaps also Princess Street. If this bomb falls in the daytime there will be at least 500 casualties, the composition of which has been already indicated. As this bomb will have been dropped from above the anti-aircraft ceiling (height certainly in excess of 16,000 ft.), there is no question of it having been aimed at the National Provincial Bank, and it might just as well have hit St. Bartholomew's Hospital. It is important to bear this in mind, for all casualty clearing arrangements must be of the greatest flexibility in order to combat the somewhat haphazard effects of bombing from such a height. The General Command of London's air defence will, of course, have realized that a bomber (or bombers) has penetrated their barrage and consequently the bomb will not be entirely unexpected. Police or Air Raid Warden action will follow, and through the medium of the existing fire-alarm system, fire engines, salvage corps units and casualty clearing units will be summoned from their protected bases. For the purpose of this illustration let it be assumed that two such groupings are summoned, one from the north by way of Moorgate, and the other from the south by way of Victoria Street. They might decide to establish themselves separately, as indicated by figures 1 and 2 on the plan, or they may choose to work together in Cheapside. The responsibility of this decision will rest with the senior salvage officer. It is assumed, for the purposes of Plan 2, that casualty clearance units are working together.

The first thing the Medical Officer-in-Charge would see to is securing a link with the telephone system (fire and salvage personnel are fully acquainted with the necessary technique), and he would inform the Central Hospitals Bureau of his estimate of the numbers of casualties, and the Bureau in return would tell him to which hospitals he may evacuate. The foundation of such a service exists in the "beds service" recently inaugurated by King Edward's Hospital Fund.

Meanwhile reconnaissance by the Salvage Officer will have determined the point at which to begin clearing operations and the release of trapped casualties. A number of lesser injuries will begin to present themselves at the casualty clearance post, being drawn by the appearance of the vehicles which is familiar to them. The work of establishing the post is minimal, the vehicle does not require unloading, everything is ready in its place and work proceeds as though in the receiving-room of a hospital. The cases are diagnosed as they are received, treated and placed in three corrals according to their urgency; these may with convenience be located on the ground floors of adjacent buildings (if safe). A continuous stream of evacuations must be kept up with ordinary ambulance vehicles, the direction of which can be changed immediately on receipt of advice from the Central Hospitals Bureau. This arrangement is flexible; it prevents the disorganized concentration of large numbers of wounded on a particular hospital which may, of course, be hit in a subsequent raid.

Gas.

It now seems to be the considered opinion of those best qualified to judge that gas is of secondary danger compared to high explosive. Nevertheless, all feasible steps must be taken to deal with it.

The complicating factor of contaminating gases is met simply by working in two groups—a clean and a dirty—either by dividing one casualty clearing unit into two sections, or by the calling-up of additional units and mobile decontaminating stations. It must be borne in mind that no enemy is likely to be so foolish, if he decides to employ gas, as to use it without a previous (or simultaneous) high-explosive bombardment.

Structural Alterations to Existing Hospitals.

It is becoming increasingly clear that the cost of and difficulty of rendering buildings gas and bomb proof is prohibitive. Even covering the complete hospital with 6 ft. of reinforced concrete (walls as well as roof) would not confer complete protection, and would almost certainly bring the older parts down by weight alone. The effective gas-proofing of the Hospital is practically an insoluble problem when considered along with the blast effects of modern high-explosives. The only fully effective alteration is rebuilding, which is certainly more expensive than preparing to work underground. An air-conditioned completely bomb-proof shelter can be tunnelled in London's blue clay with space and sanitation for 4000 people for £42,841—a mere £10 19s. per head. It must be remembered again that when bombing is being carried out from above the anti-aircraft ceiling there is no question of aiming accurately,

and if but few planes are over, an individual building has a very fair chance of escape. The very uncertainty of this situation makes it necessary for any plans to be of the utmost flexibility. If, of course, it is within the intentions and powers of an enemy to make of London a second Guernica, there is no alternative but to move the whole life of the city underground.

General Feasibility of Above Suggestions.

It must not be imagined that these plans are the result of purely theoretical considerations, divorced from practice. The writer has successively been in charge of such a casualty clearing post, an evacuation hospital, and has also worked in a central hospitals bureau such as here described. As a measure of the efficiency of such arrangements, it may be reported that, on one occasion, a hospital with a staff of only 150 in improvised premises and a casualty clearing station with a staff of 12 dealt with 2000 major casualties in seven days. This entailed great strain on the five principal operating teams and all the subsidiary staff, but the organization functioned smoothly throughout, and the results from both patients' and surgeons' point of view were very encouraging. It is along these lines also that the cities of Barcelona and Madrid clear their casualties and, in the opinion of the writer, only such a flexible scheme will give efficient results under modern air-raid conditions.

RESULTS OF MR. C. K. VARTAN'S LIPIODAL INJECTIONS FOR STERILITY IN WOMEN

ED. NOTE.—This was unfortunately omitted from Mr. Vartan's article last month.

I HAVE now performed the operation upon 114 patients, and have recently attempted to trace the results in the first 81, the remainder being too recent to include. Of these 81, 19 were untraceable, thus reducing the available number to 62. In 3 cases the husband has proved sterile and the available number is thus further reduced to 59. (Four further cases have been added since the article appeared in the July number.)

In these 59 cases the average length of sterility was 4 years 11 months.

Twenty-three patients have become pregnant, or 38·9%. The average length of time which elapsed between the operation and conception was 4 months 3 weeks.

DEATH, DISEASE, AND THE DRAMA

By L. A. T. HAMILTON.

IN the forest of Arden some optimistically minded person was wont to see sermons in stones, books in the running brooks, and good in everything.

Taking a leaf from his book a medically minded person may readily amuse himself in the theatre by trying to discover hormones in heroines, Freud in the villainous fiends, and medicine in every play, for death and disease play a dominant part in the drama, which is not to be wondered at when we recall that Life's and the theatre's dramas are akin ; and the melancholy Jaques is right when he says, "All the world's a stage, and all the men and women merely players", whose playing, according to Hamlet, "both at first and now, was and is, to hold, as 't were, the mirror up to nature".

But there are true mirrors, and comically distorted ones.

Thus it is that disease on the stage may be made tragic or comic assets or handicaps, depending on whether the dramatist wishes to elicit our sympathy for the heroine, or antipathy for the villain.

Amongst comic diseases we may consider adiposity, (for Shakespeare's fat knight, though suffering from adiposis, was far from being dolorosa), alcoholism, flat feet, stammering, squints and minor degrees of mental deficiency, as so humorously shown by Chekhov when dealing with those three day-dreaming schizophrenic sisters who did nothing all day long but sit in their cherry orchard and bemoan the fact that they were not at uncle Vanya's in Moscow watching the sea-gulls.

To the comic group also belongs that *bête noire*—the *malade imaginaire*, for whom Molière, as a true Frenchman, is all for prescribing *l'amour* as the best *médecin malgré lui*.

But there is always something sympathetically tragic about blindness, paralysis, physical defects. And in dealing with King Lear's senile dementia, Lady Macbeth's megalomania and Hamlet's melancholia Shakespeare wrote his noblest tragedies. Ibsen's cases of muddled mentality lack such nobility, and leave us with the confused conclusion that ghosts who live in dolls' houses built by that master builder, Peer Gynt, should not shoot wild duck.

Now in order to handicap the conscience-stricken, insomniac villain our biased dramatist may make him loathsome with the sinister stare of Graves's disease, the blood-shot eye of conjunctivitis, the harsh voice of laryngitis, the diseased mind of a sadist, and perhaps even the hunch back of Richard III.

But in these synthetic days of glamorous Hollywood heroines with long languorous eyelids one is almost tempted to regard myasthenia gravis as an asset. For in the magical glow of the limelight disease may appear in rose-tinted guise ; and spirochætal infection lose its horrors when carried by a costly courtesan ; and Manon Lescaut's less fortunate sisters under the skin—the much sullied street-walking Nanas and Sadie Thompsons—may even assume haloes befitting vestal virgins. Such is the magic of the carbon arc lamp and celluloid Crawfords.

This reflexly leads us on to consider diseases of the endocrine glands, which have attracted many an unwitting playwright who, unconscious of physiology, has frequently used as his hero or villain, as the case may be, the Toscanini of the hormonic orchestra, and its principals, thus producing such amiable folk as Peter Pan, and Snow White's seven achondroplasiacs ; or such terrible creatures as giants, acromegalic ogres, and exophthalmic witches.

But even our "normal" heroes and heroines are slightly abnormal. For surely the handsomeness and prowess of the former, and the beauty and fascination of the latter (qualities which go to make the super-man and the Marlene Dietrich), are due to that B.P.-like "plus a little something the others haven't got".

Before leaving this intriguing subject one should not forget to pay tribute to Marlowe and Goethe who, long before Voronoff and Steinach began monkeying about with chimpanzee testes, succeeded, by means of an elixir, in rejuvenating the age-weary philosopher Faust into the virile seducer of Gretchen. Similarly to Sophocles for his noble tragedies is due a vote of thanks from Messrs. Giradoux, Richard Strauss and Eugene O'Neil (whose Electra mourning became so well) ; as well as from innumerable uningenious psycho-analysts, who, when stuck on the rocks for a diagnosis, find a veritable haven of refuge in the œdipus complex.

Far more stormy, however, is the course taken by ingenious but medically ignorant dramatists when embarking on the subject of death and disease ; for then occur those ton-of-brick howlers, such for instance as when a well-meaning but unfortunate dramatist, in order to elicit the greatest amount of sympathy on his hero's behalf, made him die, following a superhuman effort of heroism, from a ruptured aortic aneurysm !

He, obviously, had no knowledge of the sinister ways of that dastardly villain the *Spirochæta pallida*. Similarly many others are surprisingly ignorant concerning that equally notorious villain the tubercle bacillus, which somehow (could it be because so many romantic characters—Chopin, Shelley, Keats, etc.—were its victims ?) seems to exert a strange fascination for romantically minded dramatists.

How many orchidaceous heroines have wilted gracefully away from Phthisis florida. How many Bernhardts and Garbos have coughed themselves to fame, thanks to that charming consumptive courtesan, La dame aux Camelias.

Mark you, I am well aware that "Life is short, and Art is long", and am quite willing to allow our dramatist a certain amount of poetic licence ; but far too often he takes more than his due, such, for example, as when he sees in his heroine's parturition something magnificent, and considers the second stage of labour as worthy of the accompaniment of the noble strains of the Eroica symphony (judging from cinematic drama), whereas you and I, in whom familiarity has bred contempt, may regard this purely physiological process in the same prosaic light as that cynical philosopher who held that "inter fæces et urinam nascimur".

Now in the case of musical drama, *i. e.* opera, our dramatist almost hangs himself with the over-abundance of rope allowed him by poetic licence.

Tristan, for instance, though dying from acute peritonitis, generally manages to do some very vociferous singing before passing out at the last sight of his Isolde (and judging from my experience of Teutonic operatic frauen I don't blame him).

How many La Traviatas and La Bohemes (generally fair, fat and frowsty prima donnas of over forty-five) have managed (in spite of Phthisis florida), to survive the first two acts with their innumerable coloratura arias, roulades, cadenzas, trills and other gimcrackery, only to succumb in the third following the desertion of their inamoratos.

Violent and varied are the deaths of operatic heroines. Rigoletto's daughter is accidentally assassinated. Tosca leaps from ramparts to her suicidal end. Madame Butterfly commits hara-kiri. Brunhilde chooses suttee. Isolde decides on vocal suicide, and choosing a Liebstod pours forth her full heart in profuse strains of verbose Wagnerian art, succumbing at the end of her plaintive swan-song from pure and simple pneumatic exhaustion. Or is it from a broken heart ? For here, too, as in straight drama, cardiac fracture is a recognized pathological entity. And so also is Love ; for according to Shakespeare it is a sickness, whose true course, like that of a fulminant septicæmia, ne'er did run smooth, as is so amply proved by the fate of drama's immortal

lovers, which has been so unfortunately star-crossed that one is reminded of Oscar Wilde's lines :

> "Yet each man kills the thing he loves,
> By each let this be heard,
> Some do it with a bitter look,
> Some with a flattering word ;
> The coward does it with a kiss,
> The brave man with a sword."

Othello, however, chooses strangulation for his Desdemona.

But not all these dramatic lovers are guilty of sentimental slaughter. Some do themselves in (Romeo by poison ; Juliet by a dagger ; a sword sinks into Anthony's seduced chest ; an asp sucks at Cleopatra's seductive breast). Others, alas, are done in (the vivified statue of Donna Anna's father seizing Don Juan drags him to perdition and the fiery abyss).

But these, thank heaven, are antiquated modes of death, which, like modes of fashion, periodically change, and are alike mirrored in the plays of the period.

In the good old days of yore sword thrusts and bullet wounds were satisfactory means of finishing off the villain ; and in vaso-vagal attacks lay the sex-appeal of the pale and wan heroine of Victorian days.

But with the advent of Lady Bracknell and the naughty 'nineties illness was frowned upon as being immoral. There was then as much importance in being healthy as in being earnest.

Thus the way was prepared for the proper outlook of these modern times of ours with their national fitness campaigns and air-raid precautions.

But still the hero's mother doggedly continues dying peacefully, though protractedly, from pneumonia. Still the heroine's father perversely persists in being the rare case of angina pectoris which dies during an attack.

And now, what of the brave new world of the near future, when cardio-omentopexies shall be congenital (ontogeny recapitulating phylogeny), cancer conquered, and Koch's bacillus and the *Spirochæta pallida* things of the primitive past ?

In this utopian age how then shall *personæ dramatis* die ?

As a means of bringing down the curtain at the end of Act III, shall our ever resourceful, but still blundering, dramatist be forced to resort to the "allergic diathesis", or shall he, perchance, seek refuge in dysdiadokokinesis ?

OUR REPORTER IN AUSTRIA

ED. NOTE.—In the April issue of the JOURNAL we promised our readers first-hand information from Austria. Unfortunately our Assistant Editor preferred skiing to reporting, so that we have had to tap other sources for our information.

The writer of this article is a lawyer—both "Aryan" and British—who has recently been in Vienna. As he has friends who are still in Austria he must, of necessity, remain anonymous.

Without wishing ourselves to embark upon the vexed problem of refugee employment, we feel that an objective account of the injustices which can be meted out to doctors living abroad must be of profound interest to the Profession in England.

BEFORE relating the specific disabilities under which Jewish doctors labour in Austria to-day, it may be as well to recall the general conditions that prevail in that country. We have heard so much in these last years of horrors and atrocities that we are in danger of growing accustomed to the recital, and of failing to realize what Nazi oppression means, not as a political event, but as it affects the individual.

In Vienna there are at the least 300,000 individuals who are classed as "non-aryan", and any one of these is liable at any time of the day or night to summary arrest. Not only are people liable to arrest, but they get arrested. Every morning between 6.0 and 9.0 the green van goes round collecting people from their houses. Nor is a Jew safe on the street ; many people have been arrested on their way to work or in their offices. Quite literally there is hardly a "non-aryan" family in Vienna which has not got some close relation in prison. No charge is made. The prisoners are sent off to Dachau or to dig trenches on the Czech frontier.

All Viennese parks, cinemas, theatres, baths and places of amusement are closed to Jews. The children have nowhere to play, nor can their parents go for strolls. Jews nowadays usually take any exercise at night, avoiding the main streets, and above all avoiding anything like a Nazi procession or demonstration. Thousands of people have been turned out of their employment ; they dare not go out unless it is absolutely necessary to do so. They sit indoors all day, which is bad for their livers and worse for their imagination. It was a new experience for me to visit these folk in their homes and notice how the atmosphere grew tense whenever the door-bell rang. It was worse still when anyone was late for a meal.

Those who have been sent to prison (the authorities call it "protective custody") are released, if they are still alive, after a period which may vary from a few weeks to several months. They are only released on condition that they sign a document undertaking to leave the Third Reich within a specified period, usually about four weeks. Every consulate is crowded with a mob of hopeless people trying to get permission to go to some other country ; but the other countries close their gates, or rather put such conditions on entry as are extraordinarily difficult to fulfil. England, for example, demands that anyone applying for a visa must have either a job to go to or find someone to guarantee him financially for an indefinite period. In four weeks it is not always very easy to find someone in a foreign country to undertake so great a responsibility. It is not made easier by the fact that the German authorities rob emigrants of very nearly all of their property before letting them go. (Theoretically in recent weeks the tax has been 90% ; in practice it has very often been even more.)

How, then, are the Jewish doctors treated in modern Austria ? Are they in a better or a worse position than other "non-aryans" ?

It must first be realized that in Austria panel and insurance systems of obtaining medical treatment were —and are—far more common than in this country ; in fact between 70 and 80% of the ordinary practitioner's work is in connection with some such system.

Under Hitler's Third Reich no Jewish doctor may engage in panel or insurance work ; he may not treat officials of the government ; he may not take part in any work in connection with factories or workmen's compensation ; he may not take any work in connection with schools ; he may not work in any save Jewish hospitals ; he may not treat members of the Party, and very heavy pressure is brought to bear to prevent "aryans" consulting him. For a livelihood he is restricted to private practice (at the best of times only about 20 or 30% of his work) among the impoverished and terrorized Jewish community. And all this has been done, not gradually over a period of years, but in the space of a few weeks. It is not remarkable that so many of them, when they see their whole chance of living wiped out, commit suicide. "After all," say the Viennese, "why shouldn't a man try to improve his position ? "

There are, I believe, some 52,000 doctors on the British Medical Register. A section of the Press would have us believe that the addition of fifty Austrian names to the list will spread destitution and want throughout our medical profession. Is this really to be the considered attitude of the British Medical Profession to their colleagues in Austria who are in the shadow of misery and death ?

THREE CASES OF INTUSSUSCEPTION

By A. KATZ.

CASE 1. Charles R—, æt. 21, a chairmaker, was admitted to Percivall Pott Ward on May 6th, 1934, under the care of the Surgical Professorial Unit complaining of "violent attacks of pain in the abdomen".

The history was that he was quite well until the previous day when, at 11 a.m., he had a sudden attack of pain in the left iliac fossa. His bowels were opened and he passed a black stool. This did not relieve the pain, which then became intermittent. The pain was colicky, and each attack occurred at intervals of ten minutes and lasted for five minutes. In the evening he vomited a brown vomit, and did not sleep during the night owing to the intensity of the pain.

On the day of admission the pain was present and intermittent, but had now shifted to the right iliac fossa. He had attacks of diarrhœa, passing small liquid motions. In the evening he was sent up to the Hospital.

His appetite was poor and there were no other abnormal symptoms.

Past history.—He had a similar attack two years ago, otherwise he had been quite healthy.

The chief points in the examination were : An extremely ill-looking man, in great pain ; temperature 98·6° F., pulse-rate 86, respiration-rate 28. His tongue was furred and moist.

Abdomen.—There was no distension, and there was little or no movement of the abdominal wall on breathing. There was marked hyperæsthesia in the right iliac fossa, and rigidity of the whole of the right rectus muscle. A lump was palpable in the right iliac fossa in the position of the cæcum, but no definite viscus felt.

Rectal examination was painful, but there was no localized tenderness.

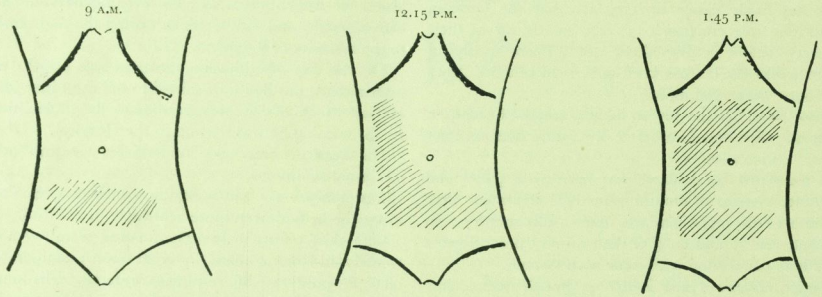
There were no other abnormal physical signs.

The urine was clear, and contained no albumen and no sugar.

A diagnosis of acute appendicitis was made, and an operation was performed by Mr. A. M. Boyd on May 6th, 1934. Anæsthetic (gas, oxygen and ether) was administered and the abdomen again examined. A definite lump could now be felt in the right hypochondrium and lumbar regions. An oblique incision parallel to and above the inguinal canal was made. The abdominal muscles were split in the line of their fibres and the parietal peritoneum incised. The greater omentum was found to be œdematous. On looking for the cæcum and appendix the former was found to be intussuscepted. It was seen to be of the cæco-cæcal type, the terminal ileum not being involved. The cæcum had

a mesentery, was swollen and œdematous. On reduction a small dimple persisted in the region of the caput cæci, and this could not be completely reduced permanently, for on being made good a small dimple returned. The appendix was seen to be long and inflamed, and occupied a retro-cæcal position, being firmly attached to the cæcum by peritoneal adhesions. The appendix was clamped and removed. The small intestine was then explored by extending the incision medially and opening the rectus sheath. The small intestine was found to be normal. The wound was then closed.

On pathological examination there was found to be an acute catarrhal appendicitis, the appendix showing signs of many previous attacks.



DIAGRAMS TO SHOW REGIONS OF TENDERNESS AND HYPERÆSTHESIA.

After an uninterrupted convalescence the patient was discharged on May 21st, 1934, with his wound completely healed and feeling quite well.

Case 2.—David S—, æt. 44, lift attendant, was admitted to Percivall Pott Ward on September 29th, 1937, under the care of the Surgical Professorial Unit, complaining of "attacks of violent pain in the abdomen".

The history was that he went to bed the previous night quite well and in his usual good health. He was awakened at 4 a.m. on the morning of admission, with colicky pains in the lower part of his abdomen on both right and left sides and below the umbilicus. He did not vomit and did not feel sick, but passed a dark brown, almost black, fluid motion. These attacks of pain occurred at intervals of fifteen minutes and would last for two minutes. Between the attacks he felt quite normal. At 5.30 a.m. the pain ceased. His bowels were again opened, and his motions were again of a dark brown fluid nature. He shaved himself, had a cup of tea and left for his work. He was free from pain for two and a half hours, but on commencing work the pains recommenced. The pains at this time commenced about 2 in. to either side of and just below the umbilicus, and radiated and met in the mid-line, producing a sensation "as if his gut had been clamped". The pains never radiated to his back or to his shoulder-blades. He was conveyed by ambulance to this Hospital and examined in the Casualty Department at 9 a.m. During an attack he would toss himself about and could not lie flat on his back, preferring to be on his right side. His legs were held in a semiflexed position, but between attacks he would lie flat on his back, quite calm and comfortable.

He was transferred to Percivall Pott Ward, and on further examination and questioning at 10.15 a.m. he said he still had pains at intervals, lasting for about two minutes. The pains, however, were now more severe in the right iliac fossa, compared with the fact that at 9 a.m. the pains had been of equal intensity in both right and left iliac fossæ. $\frac{1}{75}$ gr. atropine was administered, an enema given, and a stool examined. It was a small, dark brown, almost black fluid motion.

12.15 p.m. : The pain was now more pronounced on right side of the abdomen and extended up to the right costal margin.

1.45 p.m. : The pain was now more extensive, and besides occupying both right and left iliac fossæ and the right side of the abdomen, it had travelled along the region of the transverse colon to the left hypochondrium. The attacks of pain were still as severe as previously, lasting two minutes, but now with intervals of half an hour, approximately, between the attacks. He did not vomit and did not have a feeling of nausea. There were no other abnormal symptoms.

In the past and family history there was nothing relevant.

The chief points of the examination were as follows : A pale and ill-looking man, but not shocked. His temperature, pulse and respirations were 98·4° F., 80 and 16 respectively. His tongue was furred and dry.

Abdomen.—The abdomen moved freely and there was no distension.

The outstanding feature on examination was the very marked hyperæsthesia. The abdominal muscles were only slightly rigid. No definite lump or viscus could be felt, but there was an appearance of a "wave of peristalsis" passing across the abdomen from left to right below the umbilicus. Percussion-note was not impaired and contractions of the gut could be heard.

Per rectum : The external sphincter was tightly closed, preventing the passage of a finger. Pressure on the sphincter, however, caused intense pain in the lower part of the abdomen.

There were no other abnormal physical signs and the urine was clear and contained no albumen or sugar.

An exploratory operation was performed by Prof. J. Paterson Ross on September 29th, 1937, at 2.30 p.m. A paramedian, para-umbilical incision, 6 in. long, was made. The anterior and posterior layers of the rectus sheath were cut through and the parietal peritoneum incised. On exploration the cæcum at first could not be found. It was then seen to be intussuscepted and had travelled halfway along the transverse colon. The intussusception was reduced, but a small dimple persisted in the caput cæci. This was made good many times, but the dimple persisted in returning. The intussusception was seen to be of the most rare type, *i.e.* cæco-cæcal, and the cæcum was found to be swollen, œdematous and soggy to the touch. It possessed an extraordinary wide degree of movement. The appendix was then located and was found to be long and inflamed, and was retro-cæcal in position, being attached firmly to the cæcum by peritoneal adhesions. The appendix was removed. The cæcum was stitched down to the wall of the right iliac fossa to prevent recurrence of the intussusception. The stomach, gall-bladder and small intestine were then examined and found to be normal. The wound was then closed in layers.

After an uninterrupted convalescence this man was discharged on October 17th, 1937. He has since been quite well, free from pain and on a normal diet.

Case 3.—Marjorie ——, æt. 4, was admitted to Lawrence Ward under the care of the Surgical Professorial Unit on July 21st, 1937, complaining of "pains in the stomach".

The history was that three days previously the patient vomited a greenish vomit, which was not related to a meal. There was no pain, but she was constipated. The vomiting was repeated the following day and some medicine was given her by her doctor. On the day previous to admission she again vomited a greenish vomit, but her bowels were now opened and she passed a normal stool. On the day of admission she was having severe attacks of abdominal pain, situated in right and left iliac fossæ, lasting ten to fifteen minutes, with varying intervals entirely free from pain. Vomiting was now frequent and she was constipated. An enema was given, followed by the passage of blood *per rectum*.

The patient had vomited on several week-ends recently, but had never had pains or any attack such as she was having on the day of admission. There were no other abnormal symptoms.

The chief findings on examination were as follows :

The patient had flushed cheeks with temperature, pulse and respiration readings of 98° F., 140 and 24. She was lying on her back, quite still and not in pain. Her tongue was furred and moist.

Abdomen.—There was no rigidity, but extreme tenderness was present in both right and left iliac fossæ. A sausage-shaped swelling 3 in. in length was felt in the epigastrium and left hypochondrium. Peristalsis was in evidence, but no emptiness was felt in the right iliac fossa. There was no renal tenderness.

Per rectum there was tenderness on all walls of the rectum, but no blood was seen on the finger-stall on withdrawing it. The urine was clear and contained no albumen or sugar.

An operation was performed by Mr. A. M. Boyd on July 21st, 1937. A right paramedian incision $3\frac{1}{2}$ in. long was made. The peritoneum was incised and the transverse colon was found. This was seen to be normal ; it was traced back to the cæcum and this, too, was found to be normal. The appendix was then located and found to be free and not inflamed. On tracing back the ileum however, enormously enlarged, firm and gelatinous lymph-glands were found in its terminal region, adherent to the mesentery and to the small and large intestine. The last 3 in. of ileum were markedly dilated, and the portion about 6 in. proximal to this was found to be inflamed, and enteritis was evident. It was obvious that this inflamed portion of intestine had been intussuscepted into the large intestine about as far as the hepatic flexure, but had reduced itself on administration of the anæsthetic. As a precautionary measure against subsequent appendicitis the appendix was removed. The wound was then closed.

After an uninterrupted convalescence the patient was discharged on August 6th, 1937, having completely recovered.

Analysis of the Cases.

The first two cases are of particular interest because of the rare occurrence of intussusception in adults. On analysis and comparison of these cases the following salient features are observed:

(1) Sudden onset of pain, lasting for short periods with intervals of complete freedom.

(2) Passage of brownish-black stools.
(3) No vomiting and no nausea.
(4) Extensive and very marked hyperæsthesia of abdomen.
(5) Normal temperature and pulse-rate.
(6) The ages and sex of the patients.

These features are almost identical with those presented in an intussusception in an infant, although the cause appears to be entirely different. Explanation of the intussusceptions may be offered on studying and comparing the operative findings in both cases. One is immediately struck by the amazingly similar findings in both cases, viz. an intussusception of the most rare type, *i. e.* cæco-cæcal, in which the cæcum is exceedingly mobile, swollen and œdematous ; a long and inflamed retro-cæcal appendix firmly adherent to the posterior aspect of the cæcum. On these findings one is tempted to say that whatever the cause of the intususception the same factor was acting in both these cases, and the following explanation may be offered. Owing to the close connection between the appendix and cæcum, inflammation of the former could spread to the latter. Thus the cæcum would become œdematous and would act as a foreign body. An attempt would then be made, by the gut, to pass this on, this movement being greatly assisted by a very mobile cæcum. Thus a cæco-cæcal intussusception would be initiated.

The third case is of interest because of the sex and age of the patient. The history presents two striking features, namely, its length and the repeated vomiting, the latter being rare in intussusception, except in the later stages, and most often in cases which prove fatal. The intussusception in this case may be explained as follows : The enteritis present would cause enlargement and inflammation of the neighbouring lymph-glands ; the latter would then act as a foreign body and an attempt would be made by the gut to pass it on, as in the first two cases, this movement being assisted by the freely movable ileum.

Thus in all three cases the primary cause appears to be an inflammation of part of the alimentary tract, this inflammation spreading, in the first two cases, by direct contact, and in the third by the lymphatic stream, to part of the gut which is exceptionally mobile and setting up an intususception. Thus in a case in which the history and findings are similar to those of the cases reported above, then the diagnosis should be one of an intussusception, irrespective of the sex and age of the patient.

I am indebted to Prof. J. Paterson Ross and Mr. A. M. Boyd for their kind help, and offer my grateful thanks for permission to publish the above cases.

CORRESPONDENCE

FALLACIES IN SMALLPOX IMMUNITY

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

DEAR SIR,—I was extremely interested in the two articles by Dr. P. B. Mellows published in your April and June editions, and, having had considerable experience of smallpox in both sporadic and epidemic forms in India, Burma and Arabia over the past twenty-four years, I should like to comment upon certain points raised therein.

The "supposed eighteen-year period of immunity" after an attack of smallpox is an absolute fallacy, for a previous attack cannot be relied upon to protect for a period of longer than six or seven years, and I am inclined to think that the mistaken tradition that vaccination will immunize for this period is attributable to confusion with the period of immunity conferred by the disease itself. Jenner himself describes (*Life of Jenner*, Baron, vol. ii, p. 265) "the lady of Mr. Gwinett who has had the Smallpox five times". I myself know of a lady who has had it thrice ; whilst during the Aden epidemic of 1929, four persons heavily marked from head to foot with the scars of a previous attack suffered from a second very severe attack of hæmorrhagic smallpox from which two of them nearly died.

Moreover it is comparatively common to see persons bearing the marks of a previous attack, from which they state they suffered more than five or six years previously, reacting to vaccination as if they have never been vaccinated before. Thus in Aden I saw over a dozen such successful vaccinations, whilst during our last epidemic here we must have seen about fifty such cases.

Another fallacy is the period up to which vaccination is said to confer immunity. Trensz and Sergent (*Bull. Acad. Med.*, 1932, vol. cvii, pp. 625–8) have shown that 66% of people outwear their immunity in about three years, and this is the longest period up to which one can feel comparatively safe.

Personally I have come to the conclusion that smallpox becomes modified by conditions appertaining in the country where it persists, which by importation of new strains may partly account for the big epidemics to which seaport towns, such as this, are subjected every two or three years in spite of wholesale vaccination campaigns. Similarly, to obtain maximum immunity I believe in being vaccinated with the vaccine of the country in which one is resident. It is true that all vaccine originates from the same seed-lymph, but it is possible that such vaccine—to suit the needs of the country—becomes modified by climatic conditions or by different processes in manufacture, such as the passage medium, etc. Thus wholly or modified successful vaccinations are often obtained in persons arriving in the East who have only recently been vaccinated at home or in other parts of the world. It is possible of course that either the technique of the former vaccinator or the vaccine itself was defective ; it is equally possible that this idea is quite erroneous, but that is the impression that has taken shape during past years.

(*continued on opposite page*)

VIRGINIBUS

Fear not, dark-bloused, white-aproned maid
As joylessly the darkening Square you tread
Between the Fountain and the plane-trees' shade,
The age of nymphs and shepherds is not dead.
Perchance your Corydon has shorn his locks ;
Phyllis and Amaryllis now are found
In blue and white, or verdant theatre smocks.
Silenus, Ass.—accompanied sways upon his round ,
Goat-thighs are crowned by dressers' coats,
Whilst oft resound the hiccups of the chosen few,
And pan-pipes shrill in many clerkly throats
As Bacchus and his pards roll back to R.S.Q.
No heed pay you to warnings of maternal dotes,
But get you bold and tend your youthful oats.

J.

I myself have been vaccinated every two years since I first came to India. When transferred to Burma, a perfect "take" resulted from vaccination with the lymph manufactured in that country. After six years, including four vaccinations with negative results, I went to Aden where I vaccinated myself during the epidemic, with a "modified successful" result (Belgaum, Bombay vaccine).

On transfer to Bombay I had a modified result in 1932, continued the two-yearly vaccinations, and this year, during the epidemic, re-vaccination resulted in two perfect pustules, which, however, owing presumably to regular vaccination, healed up without leaving any vestige of a scar.

This has been the experience of others that I know, for immunity would appear to be here to-day and gone to-morrow ; hence, if one desires to remain wholly immune, I would advocate two-yearly vaccination throughout the period during which one is subjected to infection.

At home the most erroneous ideas seem to persist regarding immunity to smallpox. One lady arrived in Bombay recently with a somewhat surprising certificate (granted by a reputable medical man practising in a well-known London street), which read as follows :

> "Certified that as Miss —— has been successfully vaccinated twice during her life, I consider her to be immune from smallpox."

I explained the situation to her and she was revaccinated—the results being wholly to her discomfiture and my satisfaction !

The sooner somebody erases from text-books the erroneous statement that vaccination will protect for seven years, and the sooner people realize that nobody should be allowed to come Eastwards without being vaccinated with fresh lymph at home and being revaccinated out here after a period of two years, the sooner will the tragedies which we encounter every year cease to occur.

I absolutely agree with Dr. Mellows that vaccination technique should revert to the Jennerian system of one-way scarification without drawing more than the merest speckling of blood after a few minutes. I can only recollect having seen two single linear vaccinations which were successful, and I do not consider that such single-line insertions suffice to confer immunity, for there is little doubt but that the degree of immunity acquired is proportional to the area scarified.

Here unfortunately the accepted method is with the circular scarificator, which in unskilled hands makes the victim appear to have suffered from an amputation rather than a vaccination, with the result that all the lymphis washed away by the flowing blood !

Pin-point or intra-dermal vaccinations are—from what I have seen of the results—more often than not entirely useless, though they appear to have their advocates. Such vaccinations, moreover, if unsuccessful, leave not the slightest trace whereby health officers can obtain evidence as to the authenticity of certificates. Two-way cross-scarification is not to be encouraged, as it has been shown by various German workers to encourage sepsis.

Dr. Mellows mentions the incubation period of smallpox as being twelve days. In the East I have found that it is shorter by two or three days—the shortest proved case being only seven days from the day on which the lady in question landed in Bombay for the first time.

I had misgivings on reading Dr. Mellows' remarks regarding encephalitis being "definitely due to vaccination".

One well-known authority out here assured me some years ago that post-vaccinal encephalitis is unknown in the East ; a local pædiatrician, however, recently informed me that he had seen cases locally.

It is difficult to prove, however, that such encephalitis is definitely due to the vaccination itself, for the immunizing mechanism which is set in operation by the act of vaccination may set up a disturbance rendering the patient susceptible to some ultra-microscopic virus, and it is impossible to prove in any individual case that such encephalitis might not have occurred similarly and synchronously with inoculation, say, against typhoid, or with the introduction of virus into the system through some septic trauma or small scratch.

I agree with Dr. Mellows that in spite of the years during which vaccination has been with us, we still know very little about the immunizing process. Here in Bombay the fields for such research are extremely fertile, as epidemic smallpox strikes the Port every two or three years, and during such periods every variety of case can be seen, varying from the appearance of only three or four pustules (which may result in the case never being identified) up to the worst purpuric cases (which bleed everywhere and die within two or three days before even the papular rash has manifested itself).

The suggested connection between smallpox and the influenza-like syndrome—which may possibly be an attentuated form thereof—has never to my knowledge been noted out here, but will prove an interesting line for observation.

Yours faithfully,

Port Health Office, C. L. B.
Bombay ;
June 30th, 1938.

AIR RAID PRECAUTIONS

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

SIR,—I read with interest the letter of Mr. Bentall in the last issue of the JOURNAL. The chief difficulty in connection with A.R.P. is the lack of anything more than the most general and unspecific of plans. Responsibility for such precautions is shared between local Government bodies, private initiative and the Home Office. It is most gratifying to see that there is an interest in the Hospital about the part which we may be called upon to play, and no one can disagree with Mr. Bentall when he laments the way in which Bart.'s seems to "lag behind in a matter of such National importance".

With regard to the less important point of the efficiency of civilian respirators, I know of no claim by the Government that these masks are "100% efficient against all known gases" ; and I do know of a great deal of experimental work by responsible scientists such as Prof. Haldane and Mr. Bernal, which casts grave doubts upon the efficacy of these devices. The absence of outlet valve alone makes eddy currents round the ears inevitable. There is no real point in attempting a highly technical controversy, for which but few readers are equipped, but it must be stressed that the provision of such respirators together with brown paper and glue does not in any way solve the problems of A.R.P. Mr. Bentall does not for a moment suggest such a thing, but far too many of the general public have allowed themselves to be lulled, respirator and all, into a sense of false security.

In conclusion it may be remarked that the whole emphasis of present-day Home Office work is on the high-explosive side, which constitutes a far greater menace, and which would always accompany a gas attack.

YOUR FAITHFUL CONTRIBUTOR OF
"NEWS FROM OUTSIDE".

St. Bartholomew's Hospital,
E.C.1 ;
July 19th, 1938.

IRELAND AND THE IRISH

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

DEAR SIR,—Your leader on a visit to Ireland is very arresting. In the year 1874, whilst waiting for age to qualify I went to the Rotunda Hospital to take the course in midwifery, as the course at St. Bart.'s in those days was very unattractive. I never regretted that visit, for in addition to the special course I had the felicity of attending the various hospitals in Dublin, which were still under the glamour of the great Robert Graves, their celebrated clinical physician. And a short scenic touring to wind up with was a sheer delight. Only quite recently I have read two books which anyone likely to visit Ireland should make every effort to borrow or buy. First is *The Way that I Went*, by Dr. Robert Lloyd Praeger (Doctor of Science), published by Methuen & Co., London, 21*s*. There are no allusions to politics or to religious differences in this book. There are scores of the most beautiful large photographs of every type of scenery. General references to the geology of each type of scenery, mountains, plains, lakes and rivers, also to the flora and zoology, together with archæology when necessary, all go to present to one's eyes and mind an entrancing account of the whole of Ireland. The second book, well worth reading, called *The Face of Ireland*, by Michael Floyd, published by Batsford, W. 1, is somewhat of the same character, with a little more attention to the roads, and containing also numerous excellent photographs.

And it is worth mentioning that two quite small books on Ireland, namely *Ireland in Ten Days*, by Stephen Gwynne, as also *The Hills of Ireland*, by the same author, are well worth perusal. With the approaching holiday season your allusions to Ireland should tempt many to an agreeable surprise.

Yours, etc.,

July 8th, 1938. J. K. B.

SPORTS NEWS

PUNCTUALITY

Having recently touched, albeit lightly, upon the very vexed and apparently insoluble question of crossing off one's name on sports lists, we were fain this month to consider a still more important matter.

The virtues of punctuality need no emphasis, but, like keeping one's head down at golf, the difficulty lies in the performance thereof. How often have we seen games start half an hour late due to absentees, and how much more often those same people rolling up at half-time and being slightly offended that the game had not been kept waiting for them!

What about a tradition of punctuality, both individual and collective, at our new ground? Results might well be improved thereby.

There is, however, rearing its ugly head, a still more offensive habit—that of entering for an event and simply failing to appear.

The above remark does not only apply to the recent Hospitals' Sports, but has been evident in the boxing world, and, at one time or another, in almost the whole small universe of sport which has its being in this Hospital.

The point which is made in his report this month by the Secretary of Athletics is worthy of consideration; are you letting down yourself, your particular club or the Hospital when you "just don't turn up"?

INTER-HOSPITAL SPORTS

The 67th Annual Inter-Hospital Championship Sports were held on London University Ground, Motspur Park, on Saturday, June 18th, 1938, when, with a score of 50 points, Guy's won the Challenge Cup for the fourth successive year, and the nineteenth time in all.

A particularly strong team had been entered this year, but again there were absentees on the day of competition. Year after year we lose an excellent opportunity of winning the Shield by the failure of certain members of our team to turn out, although this, in certain instances, was unavoidable. There are, however, a few who regularly let down the Team *and* the Hospital in this way. With such a depleted team, therefore, it was a good achievement to come within 2 points of 2nd place to St. Thomas's.

Beck was easily the most outstanding runner of the afternoon. He gained first place in both the Mile and Half mile and 2nd in the Three Miles. In the former he ran a fine race to beat Franks (Thomas's) in the sprint for the tape in the record time of 4 min. 27·8 sec. He ran in the Half-mile 20 minutes later, and outclassed the field to win by 10 yards in 1 min. 57·8 sec. This, again, beat a record which had been held jointly by two Bart.'s men, H. E. Graham (1900), and H. B. Stallard (1923). Mr. Stallard was there to see his record broken, and indeed it was he who encouraged Beck to attempt both distances. The Princess Marie Louise Cup for the best individual performance was awarded him, who became, too, the new possessor of the British Medical Association Cup for the best all-round performance.

These efforts rather eclipsed some other good performances. Fraser showed a timely return to form, and easily won the Putting the Weight with a throw of 36 ft. 2 in. He was also 2nd in the Discus. Ward retained his title in the Long Jump with a leap of 21 ft. 11¼ in., after Lockton (Thomas's) had been leading, right to the last jump. He was also 3rd in a fast 100 Yards, won by Hanson (Guy's) in 10·1 sec. Shields was 2nd in the Pole Vault and Morris gained a valuable 3rd place in the High Jump, although he had not fully recovered from a recent illness. Of the unplaced, Atkinson was the most outstanding, and was unlucky to find such stiff opposition in the Half-mile and One Mile. Reinold was unable to defend his title, which went to Dunstan (King's).

The results were:

Pole Vault.—(1) G. D. Blackburn (Guy's) (holder), 10 ft.; (2) N. P. Shields (Bart.'s), 9 ft. 6in.; (3) R. S. Holtan (Thomas's), 8 ft. 6 in.; (4) R. V. F. Kynaston (Guy's), 8 ft. 2 in.

100 Yards.—(1) J. M. Hanson (Guy's), (2) G. T. Wallace (Thomas's), (3) A. I. Ward (Bart.'s), (4) G. E. H. Enderby (Guy's). Won by half a yard; 2 ft. Time, 10·1 sec.

Putting the Weight. (1) D. B. Fraser (Bart.'s), 36 ft. 2 in.; (2) A. S. Craner (London), 34 ft. 7 in.; (3) L. J. Page (London), 33 ft. 1½ in.; (4) G. E. H. Enderby (Guy's), 31 ft. 3½ in.

Quarter-mile Hurdles.—(1) R. Dunstan (King's), (2) P. L. Lockton (Thomas's), (3) K. N. Lloyd (London), (holder) (4) E. D. W. Jones (Guy's). Won by 5 yards; 2 yards. Time, 57·2 sec.

High Jump.—(1) J. L. Page (London) (holder), 5 ft. 7 in.; (2) B. W. Powell (Thomas's), 5 ft. 5 in.; (3) D. S. Morris (Bart.'s), 5 ft. 1 in.; (4) P. S. Allenby (Thomas's).

Quarter-mile.—(1) A. Kagwa (London), (2) G. G. T. Fletcher (Guy's) (holder), (3) D. S. Foster (Mary's), (4) J. R. B. Peckover (Thomas's). Won by 2 yards; 1 yard. Time, 51·2 sec.

Long Jump.—(1) A. I. Ward (Bart.'s) (holder), 21 ft. 11¼ in.; (2) P. L. Lockton (Thomas's), 21 ft. 8½ in.; (3) F. M. S. Smith (Westminster), 20 ft. 7⅞ in.; (4) E. R. Keyworth (Mary's), 20 ft. 6¾ in.

One Mile.—(1) G. A. Beck (Bart.'s), (2) A. C. Franks (Thomas's) (holder), (3) D. M. Douglas (Guy's), (4) A. E. J. Etheridge (Guy's). Won by a yard; 20 yards. Time, 4 min. 27·8 sec. (record).

Throwing the Javelin.—(1) L. J. Page (London) and F. Lagorio (Guy's) a tie for first place at 158 ft. 5⅜ in.; (3) A. B. Backus (London), 145 ft.; (4) P. H. Denton (Guy's), 140 ft. 2½ in.

220 Yards.—(1) J. M. Hanson (Guy's), (2) G. D. Walker (Thomas's), (3) G. T. Wallace (Thomas's), (4) K. A. Butler (Bart.'s). Won by a yard; 3 yards. Time, 22·8 sec.

Throwing the Discus.—(1) G. E. H. Enderby (Guy's), 104 ft. 10½ in.; (2) D. B. Fraser (Bart.'s), 99 ft. 10¾ in.; (3) D. F. Glass (King's), 99 ft. 6 in.; (4) L. J. Page (London), 97 ft. 7½ in.

Half-mile.—(1) G. A. Beck (Bart.'s) (holder), (2) E. V. Hope (Thomas's), (3) G. G. T. Fletcher (Guy's), (4) A. W. Frankland (Mary's). Won by 10 yards; 5 yards. Time, 1 min. 57·8 sec. (record).

Tug-of-War.—St. Thomas's (holders) beat Guy's by two pulls to none and achieved their seventh consecutive win.

120 Yards Hurdles.—(1) R. Dunstan (King's), (2) P. H. Garrard (Middlesex), (3) E. R. Keyworth (Bart.'s). Won by half a yard; yard. Time, 15·8 sec. (equals record).

Three-quarter Mile Medley Relay (440, 220, 220, 440 yards).—(1) St. Thomas's (holders) (A. C. Franks, G. Wallace, G. D. Walker, J. R. B. Peckover), (2) Guy's, (3) London, (4) St. Mary's. Won by 5 yards; 15 yards. Time, 2 min. 30½ sec.

Three Miles (decided earlier in the week).—(1) A. E. J. Etheridge (Guy's), (2) G. A. Beck (Bart.'s), (3) H. C. Martin (Guy's), (4) J. A. Milner (London). Time, 15 min. 33·7 sec.

Inter-hospital Challenge Cup.—(1) Guy's (holders), 50 points; (2) St. Thomas's, 37; (3) St. Bart.'s, 35; (4) London, 27; (5) King's, 12; (6) St. Mary's, 6; (7) Middlesex, 3; (8) Westminster, 2.

SWIMMING It was unfortunate that so many of the stalwarts of the team should have had to miss the United Hospitals' Swimming Club Gala on account of exams., etc., but full credit must be given to the Team which achieved 3rd place. Sheen was placed 3rd in the 100 Yards, and Gordon Evans won the Diving Cup. Greenberg and Rowntree swam excellently in the 6 × 1 Relay.

Results.

100 Yards.—C. R. P. Sheen, 3rd.

Diving.—D. G. Evans, 1st.

Medley Relay.—Bart.'s, 3rd. M. H. Greenberg, D. G. Evans, T. Rowntree, I. O. McKane.

Free Relay.—T. O. McKane, Sheen, Evans, Greenberg, Rowntree, Pearce. 3rd.

Rugger Race.—M. R. Grace.

CHAMPIONSHIP.—St. Mary's 1st, Guy's 2nd, Bart.'s 3rd.

Bart.'s finished 3rd also in the Water Polo Cup, with a depleted side playing St. Thomas's. It was a level game till near the end, when Thomas's scored their 4th goal and the game finished with Bart.'s trying hard to equalize. Pratt, 2, and Hoskyn, 1, scored for Bart.'s. Thomas's 4, Bart.'s 3.

A polo match was played *v.* **Hampstead Priory** in St. Mary's Baths, resulting in a 7—3 win for the Priory. The side was again short, and tempers if anything became a little ragged towards the close.

A pleasant afternoon match was played at **St. Paul's School**. The School were too strong for the "A" side sent down—although, but for the diving we should have won the match. Hoskyn won the 50 Yards, with Monckton 3rd, Sheen and Pratt occupying the same positions in the 100 Yards. The secretary was 2nd in the 100 Yards Breast Stroke. We were not unnaturally outclassed in the Diving. In the Polo a certain lack of cohesion was noted, but we only lost 4—3. Greenberg (out of goal) and Grace had a wonderful time, but preferred to savage the opponent in a frank, honest manner, rather than achieve the necessary goals.

Points.—St. Pauls, 25; Bart.'s, 21.

Team from: R. T. Monckton, J. S. Pratt, C. R. P. Sheen, M. J. Greenberg, M. R. Grace, G. J. Walley.

An enjoyable if unsuccessful season!

RIFLE CLUB *Bisley*, 1938.—Perhaps it is because the Rifle Club is accustomed to success that this season has seemed so mediocre. Having lost, last winter, the Inter-Hospitals Miniature Range Cup for the second time in thirty years, we hoped, if not expected, to win one of the Cups at Bisley. But this was not to be. In the Armitage we were placed second to St. Thomas's—a fact attributable more to their excellence than to our mediocrity. Scores:

St. Thomas's	1124	Mary's	1084
St. Bart.'s	1102	London	1071
Guy's	1098	Middlesex	retired

G. Canti is to be congratulated on winning a cup for the third best aggregate score of the match, and B. P. Armstrong on winning the range prize at 600 yards.

In the N.R.A. Inter-Hospitals Cup we were placed 3rd to St. Mary's and St. Thomas's. The scoring of two unexplained "outers" and two inexplicable "misses" by our least successful marksman caused general remorse until it was found that Middlesex Hospital boasted of one stalwart who had been similarly unsuccessful, there being a difference of only 2 points between their totals at 200 and 500 yards. Whereat ensued much conjecture, and a book was opened and several bets laid as to the final winner. Our representative (who prefers to remain anonymous), by dint of fierce concentration avoided misses, outers and even magpies at 600 yards, and won the day amid much cheering.

It is hoped to hold a Staff *v.* Students match at Bisley at the end of August. Will any member of the Staff willing to compete please communicate with Mr. B. H. Golden (Hon. Sec., Rifle Club)?

GOLF CLUB A match was played on May 25th against **The London School of Economics** at Addington Palace Golf Club. The match was halved with 3 wins each, two matches being halved.

On July 6th we played the **Barnet Police Golfing Society** at Hadley Wood. Although we lost the match 3½—4½, the Hospital subsequently displayed an undoubted superiority as raconteurs, the contributions of the captain, H. Robbins, being especially noteworthy.

We were narrowly defeated by **Middlesex Hospital** at Hadley Wood on July 13th by 3½—4½. This match might well have been won but for an unfortunate accident to our No. 2 player, A. E. Fraser. A cut from some broken glass deprived him of the use of the fingers of his right hand, which robbed us of a much-needed point.

The Autumn Meeting will be held on Wednesday, September 7th, when the Hospital Cup, the Girling Ball Cup and that presented by Dr. Graham will be played for.

ROWING It was decided to try and end the run of wins that St. Mary's had gained in the Inter-Hospital Rugger IV's. It is also probable that a little pot-lifting was visualized.

The Crew, trained to the minute (approx.), arrived down at Thames R.C. to find a wait of about three hours. At last we changed, and very nearly looking the part, our boat was found and boarded. The "Ex-Interne" tried to take a picture, but he (together with the crew) was so surprised at the excellent paddling (comparatively speaking) that all that remained was a passing barge.

There was a little unpleasantness at the start about Stations; Westminster having bagged ours; perhaps unwisely we insisted on our rights. Hoskyn took the crew away with what was no doubt a swinging 30, but which felt more like 45. At the end of half a minute we were a canvas up on St. Mary's and going up every stroke. Then came the tragedy: with half a length lead from Mary's (stroked by Sergel, late C.U.B.C.) we were rammed in the stern by Westminster. The back man cursed his counterpart in the Westminster boat, perhaps the finest prose coming from the stroke thwart. Disentangling was then accomplished, and the course completed at a snappy 25, in spite of 3's shorts getting mixed up with his slide. We finished second to Mary's, two-and-a-half lengths behind, with the other four boats well astern. We may have lost, but gad, Sir, had any other boat had such an elegant Cox?

The crew was: *Bow*, J. C. Ryle; (2), G. J. Walley; (3), M. R. Grace; *stroke*, C. H. Hoskyn; *cox*, J. H. Poolman.

FENCING CLUB At the Annual General Meeting held on July 1st the following officers were elected for the 1938–9 season:

President: Sir Girling Ball.
Captain. J. H. Hould.
Hon. Treasurer: M. P. Morel.
Hon. Secretary: I. M. Hill.

Other members of the Committee: T. L. S. Baynes, A. C. Boyle, W. D. Coltart.

It was unanimously decided to send a letter of congratulations to the President on the honour recently bestowed upon him by His Majesty.

During the long vacation the club will lie dormant while fixtures are arranged; the active season will start in October.

CRICKET *v.* **M.C.C.** at Chislehurst, June 18th. Drawn.

Unfortunately we were without Cochrane for this game, and the M.C.C., batting first on a perfect wicket, found rungetting easy. Nicholson, who swings the new ball well, took a quick wicket, but good batting by G. C. A. Adams, 122, and B. H. Valentine, 69, enabled their total to reach 300 for 7, when the innings was declared closed leaving us 3 hours to get the runs. In the half-hour before tea Grant and Miller batted steadily and put on 42. Miller left off the first ball after tea and Wells-Cole did not last long, but North and Grant added 60 before Grant was caught for a well-played 42. Maidlow joined North and the pair added 78 before North left for 62. Heyland then came in and, batting brilliantly, scored 64, including 10 fours, before being caught in the deep. This fine effort nearly put us in front of the clock, but when he and Maidlow, who made 48, left, all hope of making the runs went, and when stumps were drawn the Hospital had scored 266 runs for the loss of 8 wickets.

It was a very pleasant game and most heartening to see the middle batsmen making runs. In the past it has only been the first two.

J. E. Miller, b Morrison	14	M. Bates, c Howell, b Valentine	6
R. N. Grant, c Howell, b Hallam	42	C. G. Nicholson, b Valentine	1
G. H. Wells-Cole, lbw Morrison	1	D. J. A. Brown, not out	0
J. North, lbw Baiss	62	S. T. Rutherford, B. G. G.-Watson } did not bat.	
W. M. Maidlow, st Howell, b Baiss	48	Extras	28
R. Heyland, c Machonachie, b Valentine	64	Total (for 8 wkts.)	266

M.C.C. 300 for 7 wkts. declared.

BART.'S CRICKET XI *v.* M.C.C.

Standing.—L. W. WHITE (umpire), M. BATES, G. H. WELLS-COLE, B. G. GRETTON-WATSON, C. G. NICHOLSON, J. E. MILLER, S. T. RUTHERFORD.
Sitting.—R. HEYLAND, J. NORTH, W. M. MAIDLOW (Capt.), D. J. A. BROWN, R. N. GRANT.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
R. N. Grant	8	1	39	1
C. G. Nicholson	14	1	71	2
G. H. Wells-Cole	9	0	49	1
S. T. Rutherford	12	0	77	1
B. G. Gretton-Watson	6	0	47	1
R. Heyland	1	0	3	1

Cup, Semi-final Round *v.* **St. Mary's** at Chislehurst on Wednesday, June 22nd. Drawn.

Our captain performed his duty well, and, winning the toss, put our opponents in on a perfect wicket to the great delight of the whole team who were of the opinion that we were a better side batting second. We soon learnt our lesson, for it was not until the last over before lunch that the first wicket fell, Wilson being bowled by Cochrane. Caldwell was clean bowled first ball, and lunch was taken with the score at 115 for 2. After lunch the Mary's batsmen proceeded to consolidate their position, and it was not until 4.30 that they declared with a score of 347 for 7, leaving us 2½ hours in which to score the runs, which was obviously impossible.

Grant and Miller opened our innings, and playing very careful cricket, added 75 before Grant hit his wicket. The light was now getting very bad, and Miller was caught and bowled immediately after completing an excellent 50. North and Wells-Cole soon followed, and 4 wickets were down for 100. Heyland and James then came together, and playing in the true dour Northern spirit, kept our flag flying for an hour before Heyland played too soon at a ball and was caught at short leg. Wickets continued to fall and it was left to our last man, Gretton-Watson, to play the last two balls of the game, which he did, and thus Bart.'s lived to fight again.

Scores :

R. N. Grant, hit wkt, b McQuaide	20	C. T. A. James, b Muller	21
J. E. Miller, c and b Miller	50	C. G. Nilcholson, c G.-Jones, b Morrison	3
J. North, st G. Jones, b Muller	16	A. H. Hunt, b Muller	1
G. H. Wells-Cole, c Taylor, b McQuaide	0	J. Craig-Cochrane, not out	0
W. M. Maidlow, b McQuaide	10	B. G. Gretton-Watson, not out	0
R. Heyland, c McQuaide, b Muller	26	Extras	15
Mary's 347 for 7 declared.		Total (for 9 wkts.)	162

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
J. Craig-Cochrane	16	1	45	2
G. H. Wells-Cole	17	1	70	2
C. T. A. James	12	2	46	3

Cup Replay at Teddington on Wednesday, June 29th. Lost.

We again won the toss and this time elected to bat, but disaster overtook us right from the start, and 2 wickets were down for no runs after 3 balls had been bowled. Miller by good batting, and North by a mixture of good and very bad batting, stayed together for an hour and added 52 runs before Miller was bowled. North soon followed and 6 wickets were down for 61. James again played in his true Yorkshire style, but to no avail, as the innings closed in the first over after lunch with the score at 111. It was a great shame that we could not last longer as Heyland was due back at 2.30, and he would have made a great difference to the side.

The Mary's opening pair then scored 96 before being separated, and then their No. 3 proceeded to hit off the runs. Cochrane and Grant bowled extremely well, and, although two catches were dropped behind the wicket early on, they would have made little difference to the final result.

Scores :

J. E. Miller, b Howell	23	A. H. Hunt, b McQuaide	13
R. N. Grant, b Morrison	0	M. Bates, not out	8
G. H. Wells-Cole, c Taylor, b Morrison	0	J. Craig-Cochrane, b Howell	5
J. North, b Howell	28	B. G. Gretton-Watson, b Howell	0
W. M. Maidlow, b McQuaide	8	Extras	5
C. T. A. James, b Howell	21		
C. G. Nicholson, b McQuaide	0	Total	111

St. Mary's 114 for 1.
Grant 1 for 29

v. **Chislehurst** on Saturday, July 2nd. Drawn.

Scores : Chislehurst 201 for 5 dec.; Bart.'s 135 for 6.

C. J. A. James, b Hinman	10	P. McA. Elder, b Craddock	1
D. J. A. Brown, st ——, b Irvin	77	B. G. Gretton-Watson, not out	14
J. North, b Craddock	26	G. R. Royston, not out	3
D. R. S. Howell, b Hinman	1	Extras	3
C. G. Nicholson, b Craddock	0	Total (for 6 wkts.)	135

R. Macpherson, B. H. O'Niell, P. Goodman did not bat

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
Nicholson	8	0	33	2
James	9	0	56	1
Elder	5	0	33	1
O'Niell	1.4	0	14	1

v. **South Hampstead** on Wednesday, July 6th. Lost.
Bart.'s 103 (James 36).
South Hampstead 300 for 8 dec. (James 4 for 84).

v. **Shoeburyness Garrison** on Saturday, July 9th. Won.

Our opponents won the toss and batted first, and only 21 runs were on the board before the first wicket fell. The next, however, did not fall until after lunch, when our bowlers, having lunched well, proceeded to bowl with great skill. Howell was exceptionally good—taking 5 wickets for 66 runs. Our opponents innings closed with the score at 192.

Brown and Miller opened our innings and 83 runs were on the board before Brown ran himself out. Miller continued to bat in first-class style, and scored a chanceless 115 before being run out, Nicholson and Maidlow then knocked off the runs, which were scored for the loss of only 3 wickets.

This is the hospitals first victory at Shoeburyness for a considerable number of years.

Scores :

D. J. A. Brown, run out	21	C. G. Nicholson, not out	22
J. E. Miller, run out	115	Extras	1
J. North, c Redding, b Rossitter	12		
W. M. Maidlow, not out	21	Total (for 3 wkts.)	193

D. R. S. Howell, P. G. Hill, P. McA. Elder, E. O. Evans and R. Macpherson did not bat.
Shoeburyness Garrison, 192.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
E. O. Evans	5	1	23	1
C. G. Nicholson	11	0	51	2
D. R. S. Howell	18	4	76	5
P. McA. Elder	8	0	42	2

v. **Hampstead** at Chislehurst, June 11th. Won by 5 wickets.

Our opponents batted first on a perfect wicket, and at tea were able to declare with their score at 225 for 9 dec. We were left 2½ hours to get the runs. Heyland and Brown gave us a good start, with Wells-Cole, who made a lovely 80, Maidlow carrying on the good work, but it was not until the last half-hour that we looked like getting them. North did not stay long but James and Bates, hitting everything, took us to victory in the last over of the day.

Scores :

R. Heyland, c Hay, b Cope	31	J. North, b Hay	15
D. J. A. Brown, st Clarke, b Hay	24	M. Bates, b Mead	7
G. H. Wells-Cole, c Cronhelm, b Mead	80	C. T. A. James, not out	19
W. M. Maidlow, c Moss, b Cope	46	Extras	17
		Total (for 6 wkts.)	235

C. G. Nicholson, P. McA. Elder, J. C. Cochrane, B. G. Gretton-Watson did not bat.
Hampstead 225 for 9 (dec.).

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
J. Craig Cochrane	9	1	37	0
C. G. Nicholson	7	2	22	0
C. T. A. James	6	0	57	2
B. G. Gretton-Watson	11	0	53	4
G. Wells-Cole	7	0	48	3

v. **Richmond** on Wednesday, June 15th, at Richmond. Lost by 8 wickets.
Bart.'s 104 (M. Bates 29).
Richmond 217 for 4.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

Second Examination for the Degree of Bachelor of Medicine, Trinity Term, 1938.

Materia Medica and Pharmacology.—O'Brien, J. R., Ryle, J. C.

Pathology.—Douglas, J. W. B.

Medicine, Surgery and Midwifery.—Hewetson, J. C., Longmore, J. B.

Forensic Medicine and Public Health.—Gloyne, S. R., Hewetson, J. C.

UNIVERSITY OF CAMBRIDGE

Third Examination for Medical and Surgical Degrees, Easter Term, 1938.

Part I.—Butt, J. T. H., Candler, P. L., Coupland, R. I. G., Ellis, A. R. P., Hoskyn, C. H., Jack, R. D. S., Pratt, J. S., Wright, B. M.

Part II.—Candler, P. L., Edwards, T. A. W., Evans, W. B., Green, A. C. F., Hardwick Smith, J. E., Hearn, R. D., Knill-Jones, P. A., Marshall, A. G., Masina, A. H., Pratt, J. S., Wedderspoon, J. M.

ROYAL COLLEGE OF SURGEONS

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

Billimoria, B. R., Braithwaite, F., Drake, E. P. H., Joly, J. S., Leask, L. R.

The following were successful at the Examination for the **Final Fellowship** :

Clarke, A. M., Goodwin, H., Hayward, J. I., Heselson, J., Horgan, M. J., Innes, A., Joshi, L. B., Kitchen, G. H., Lannon, J., Newman, P. H., Rank, B. K., Talwalkar, M. G.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred :

D.O.M.S.—Martin-Jones, J. D., Stuart, R.

D.A.—Andrews, H. N., Constantin, J. D., Danino, E. A., Mitchell, J. G.

D.P.H.—Barrett, R. H.

D.L.O.—Bettington, R. H. B., Robertson, I. M.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, June, 1938.

Chemistry.—Manning, C. W. S. F., Musgrave, S. R., Sankey, P. R. B., Scott, M. G.
Physics.—Brady, T. J., Musgrave, S. R., Napier, J. R.
Biology.—Hopwood, G. M., Lyster, J. N., Musgrave, S. R., Vischer, P. A. M.

First Examination, June, 1938.

Anatomy.—Bromley, W. A., Connolly, R. C., Golledge, A. H., Jackson, B., McNair, T. E. L., Slowe, J. J.
Physiology.—Bromley, W. A., Connolly, R. C., Golledge, A. H., Haga, P. J., Jackson, B., McNair, T. E. L., Slowe, J. J.
Pharmacology.—Bell, C. J. A., Cardwell, J. L., Corfield, C. C., Symonds, C. T.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

Medicine.—Brewis, J., Webb, C.
Forensic Medicine.—Webb, C.
Midwifery.—Gregory, J. C.

CHANGES OF ADDRESS

CLARK, E. M., Kilifi, Mombasa, Kenya.
CONNOR, Major General Sir FRANK, D.S.O., F.R.C.S., c/o Thos. Cook & Son, Berkeley Street, W. 1.
EDWARDS, J. T. RICE, Norlands, Clytha Park, Newport, Mon.

APPOINTMENT

ROSS, J. PATERSON, appointed to a Hunterian Professorship at the Royal College of Surgeons.

BIRTHS

MACVICKER.—On July 18th, 1938, at "Holt", Kingskerswell, S. Devon, to Joan (*née* Buttery), wife of Dr. Colin MacVicker—a son and a daughter.
PATTON.—On June 24th, 1938, at 19, Warwick Square, Carlisle, to Mollie (*née* Tennant), wife of Dr. A. W. Patton—a daughter.
PUGH.—On June 28th, 1938, at Northdown, Sevenoaks, to Audrey (*née* Sewell), wife of T. W. E. Pugh—a daughter.
TIERNEY.—On July 13th, 1938, at 86, Harley Street, W. 1, to Dora May, wife of Dr. T. Fane Tierney—a son, who only survived a few hours.
WILLIS.—On July 12th, 1938, at Sussex House, Sutherland Avenue, W. 9, to Rosalie, wife of Dr. Saxby Willis—a son.

MARRIAGES

BRODRIBB—MASTERMAN.—On July 9th, 1938, at St. Francis' Church, Bournville, Birmingham, Harold Swainson Brodribb, B.M., B.Ch.(Oxon.), eldest son of Dr. and Mrs. A. W. Brodribb, of 5, Pevensey Road, St. Leonards-on-Sea, to Renée Lucy Irene, youngest daughter of Dr. and Mrs. E. W. G. Masterman, temporarily at 25, Charfield Close, Bournville, Birmingham.
MORE NISBETT—MONTGOMERY.—On June 24th, 1938, at Chelsea Old Church, Surgeon Lieut. John Graham More Nisbett, R.N., to Sheila Gwendolen Montgomery.

GOLDEN WEDDING

TROWER—HALL SAY.—On June 27th, 1888, at St. Mary-at-Hill, London, Arthur Trower, M.R.C.S., to Hilda Lilian Hall Say. Present address: 25, Brittany Road, St. Leonards-on-Sea.

DEATHS

CAMPBELL.—On July 8th, 1938, at Norwood, Harry Campbell, M.D.(Lond.), F.R.C.P., for many years Physician to the West London Hospital for Nervous Diseases and Editor of the *Medical Press*, eighth son of the late Hugh Campbell, M.D., of Wimpole Street and Eweland Hall, Margaretting, Essex.
DOUGLASS.—On July 7th, 1938, at Priory House, Stanmore, William Claughton Douglass, M.C., M.R.C.S., L.R.C.P., D.M.R.E.
HUGGINS.—On June 10th, 1938, at 63, Fortis Green, London, N., Samuel Tillcott Huggins, M.R.C.S.(Eng.), L.R.C.P.(Edin.), L.S.A.(Lond.), aged 88.

PERSONAL COLUMN

The cost of Advertising is 1/- a line of 7 words; 6d. to Subscribers. If a box number is used a charge of 1/- extra is made. Advertisements should reach the Manager of the Journal not later than the 15th of the preceding month.

"To whom is woe? To whom is sorrow? To whom is strife? To whom is murmuring? To whom are wounds without cause? And to whom is the redness of the eyes?
"Even to them that tarry long at the wine; to them that go and seek mixt wine". *Proverbs*, xxiii, v. 29, 30.

BOARD-RESIDENCE.—1, Prideaux Place, Lloyd Square, W.C. 1 (12 min. walk from Hospital). Pleasant and quiet house. Partial board, all meals at week-ends, 35*s.* to 45*s.*—Miss E. ALLEN SMITH. Ter. 6372.

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5*s.* per week, inclusive. Easy access to West End and City. Bay 5857.

W.C. 1.—Several vacancies occur in this well-appointed "Flatlet House". H. and C, house-phones, electric fires, etc.—22, Mecklenburg Square. Ter. 5881.

DOES any busy bachelor doctor, town or country within 60 miles London, need an educated, capable lady, over 45, as housekeeper-secretary? Nominal salary only; 2½ years similar post. Excellent recommendations from Bart.'s doctor.—J. H., 98a, Southgate Road, London, N. 1.

£20.—10–12 h.p. reliable second-hand Sun saloon required by midder student.—Box C.

Southampton Water.—REWARD for recovery of 2-cwt. anchor and 10-fathom cable attached to green float; last seen on line Calshot spit–east point Aghle pier.—J. R., Box D.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL. XLV.—NO. 12 SEPTEMBER 1ST, 1938 PRICE NINEPENCE

CALENDAR

Fri., Sept. 2.—Dr. Gow and Mr. Vick on duty.
Tues., ,, 6.—Dr. Graham and Mr. Wilson on duty.
Fri., ,, 9.—Dr. Evans and Sir Girling Ball on duty.
Tues., ,, 13.—Prof. Christie and Prof. Paterson Ross on duty.
Wed., ,, 14.—**Last day for receiving letters for the October issue of the Journal.**
Fri., ,, 16.—Dr. Chandler and Mr. Roberts on duty.
Mon., Sept. 19.—**Last day for receiving other matter for the October issue of the Journal.**
Tues., ,, 20.—Dr. Gow and Mr. Vick on duty.
Fri., ,, 23.—Dr. Graham and Mr. Wilson on duty.
Tues., ,, 27.—Dr. Evans and Sir Girling Ball on duty.
Fri., ,, 30.—Prof. Christie and Prof. Paterson Ross on duty.

THE CATERING COMPANY

AN HOSPITAL no less than an army marches on its stomach. The importance both to Staff and students of faultless catering arrangements makes excuses unnecessary for discussing an aspect of the Hospital which cannot be looked at with complacency. Dissatisfaction is heard amongst all who use the Refectory; there is dissatisfaction with the food; dissatisfaction with the Refectory itself; and dissatisfaction with the organization of the Catering Company. A sub-committee of the Students' Union was appointed to investigate the whole question, whose report has recently been published.

As regards the food, the dissatisfaction, in our opinion, is largely without foundation. In every eating community from chop house to West End club there are individuals who grumble and insist that what is put in front of them is "the worst food in London". The Refectory has to cater for very different demands: for those who have happy recollections of a large breakfast and happier anticipations of dinner, for those whose midday meal must be the main one of the day, and those whose first demand is cheapness.

The Company supply these wants with food of a quality and price, which when taken together can be

bettered by very few organizations. In the past, part of the dissatisfaction has been in the difficulty of airing any reasonable grievance or suggestion. The adoption of a suggestion book probably relieved those with grievances, but there was no organization by which the suggestions were likely to become effective. It is submitted in the report of the sub-committee that a Kitchen Committee should be formed to act as intermediary between the customers and the manageress, and discuss with her how any changes in menu or ratio of prices which are desired may be realized. If all those who grumbled without cause were made to serve on this committee, there would be less dissatisfaction !

The second point of dissatisfaction was with the Refectory itself. The defects are so striking that it is surprising to learn that it was designed for its present purpose, and that as part of the Medical Block, built in 1900, was the marvel of its age. At the present time, even with no pre-clinical students, it is too small ; those who arrive downstairs ten minutes after twelve have to wait or are forced to go elsewhere ; the ventilation is inadequate, and to sum up it is not a place to which one would wish to bring a student from another hospital. The College has been greatly perturbed by this for many years, but a remedy is difficult to find. Space and money are necessary, and both are equally scarce. When the move to Charterhouse was made it was pointed out that in the College Hall we had an ideal dining-hall ; that to move the Refectory there would solve all the difficulties. The number of times that lunch has to be taken in ten minutes between lectures makes the rejection of this suggestion fortunate.

In the Hospital there is, however, the Great Hall, which, if used as a Refectory, would vie with the College Halls of the older universities. At present the dream of seeing it used in this way has little hope of realization. The Great Hall belongs to the Governors, and they use it for their monthly courts, which may last till after midday ; then it is used for the Christmas Show, Hospital functions, exhibitions, and by the Women's Guild—all uses which it would be difficult to reconcile with its use as a refectory. Then again the cost of equipping kitchens would be considerable ; these could, however, be placed out in the rooms behind the West End now used for sewing parties, or more feasibly, perhaps, in the basement. Should the change ever be made the present Refectory would easily serve for extra cloak-room accommodation.

The third cause of dissatisfaction mentioned was the way in which the catering was organized. In order to understand this, it is necessary to outline the system.

The Catering Company was formed shortly before the War, when the evils from the old system, where the catering was farmed out to a private individual, grew too great to be tolerated. A limited liability company was formed with members of the staff as shareholders ; the original issue was of six hundred £1 shares, which were largely taken up in blocks of fifty to a hundred. A dividend of 5% was to be paid on the capital, and could not be increased; any excess profit to be put back into the business or given to Hospital funds. The Students' Union and the College Appeal Fund have both benefited very considerably.

The turning-point in the fortunes of the Company was 1935, the year in which the move to Charterhouse was made. Before this the dividend had been paid regularly, and in the eight years immediately previous, the average annual profit had been £297. During this period the Students' Union received £1450, the College Appeal Fund £200. Since 1935 no dividend has been paid and there have been considerable losses in the yearly accounts. For 1936 the loss was £489, for 1937 £379, and at the end of this year a grant of £200 was made by the Medical College. The accounts for the year ending June, 1938, have not yet been audited, but there is reason to fear that a loss will be shown for this year also, though not so great as the previous losses.

The sub-committee have satisfied the Council that the sole cause of these losses rests with the Charterhouse refectory, and that there was no down trend in the fortunes of the Company before its establishment. The result is astonishing, for by comparison with the previous profits, in the first two years of its existence, Charterhouse has made then a difference to the Company of £1,462, a sum out of all proportion to the size of the Charterhouse establishment. This includes the original outlay in equipping the College Hall, and the Report sees a reason for the loss by comparing the wages and the monthly sales in the two refectories. At the Hospital the wages are 20% of the sales, at Charterhouse 60%. An explanation of these figures is that at Charterhouse a great decrease in the sales must take place during the vacation, whilst a corresponding variation in the wages is not possible; it is also reported that the meal of the pre-clinical student is smaller, and therefore gives a smaller margin of profit, than that of the customer at the Hospital. Such is the present position. The contract with the Company falls due for renewal next month, and in the words of the report, " There is no reason to suppose that the Company will deliberately bankrupt itself by continuing the contract on the present terms ". The adoption of a cafeteria system is put forward as a solution for Charterhouse by the sub-committee.

Part of the terms of reference were :

> " To recommend to the Council such steps as will best secure to the Union effective control of the catering arrangements ".

At present the Students' Union own one of the largest blocks of shares in the Company. On the Board of Directors the interests of the Union are represented by two members of the Staff—there are no student directors on the board, but two students may attend the board meetings as observers only. The committee understands that the nuisance of transferring shares at short intervals makes it undesirable to have students as directors, but that the Board would welcome three students at its meetings, who would in every way be treated as directors. Absolute control of the Catering Company could only be obtained by a majority of shares being owned by the Students' Union. It is questionable how desirable this would be. One objection is that the funds of the Union are held by the College, and are therefore exempt from income tax. It would not be legal to invest funds of the College in the Catering Company, so that to buy shares the Union would have to free some of its funds from the protection of the College, and so become liable to taxation.

The final paragraph of the report states :

> " Subject to a satisfactory agreement between the Company and the College *re* Charterhouse Square (and we have every reason to expect such an agreement in October this year), the shares are a sound investment if they can be purchased for £1. If at any future period such shares were on the market their purchase should be considered."

CURRENT EVENTS

OLD STUDENTS' DINNER

H.R.H. The Duke of Gloucester will be present at the Old Students' Dinner, which is to take place in the College Hall on Monday, November 21st, with Mr. Harold Wilson in the Chair.

In previous years the Duke of Gloucester has been a guest at the dinner, but this year as President of the Hospital he is conferring a double honour.

Notices of the dinner are shortly to be sent to all old Bart.'s men ; the organizers hope that all those intending to come will reply promptly, and add the proviso that those who apply late may not be able to obtain seats.

MENS SANA . . .

August is usually a time of stagnation in both the academic and sporting spheres ; no lectures, no demonstrations, and the Library open in the middle of the day for as long as a man may drink a mug of water and read the *B.M.J.* ; on the other side, no matches save for the Kingmen on tour in the cider country.

This year is an exception in that two entirely new sporting clubs have emerged—a table tennis club (to which readers' attention is drawn in the Correspondence) and a chess club.

The fears of the secretary of the Rugger Club that this competition will affect our chances in the Hospital Cup are probably unfounded.

Over at Charterhouse, No. 1 Squash Court has recovered well from its operation for repair, the Gymnasium is resplendent in a coat of green paint, and the new changing room now has a dry floor.

§

ON THE ROOF

Many hospitals nowadays have even more than one flat-roof, and the creation of gardens on them is a possibility of great interest.

Recently there has been a space of over one acre on a roof which is one hundred feet above street level, upon which a unique series of gardens have been made. These gardens have been thrown open to visitors for the benefit of some of the Hospitals and Nursing Institutions of the Metropolis. It has now come to the turn of our own Hospital, and from Monday, September 5th to Saturday, September 10th will be "Bart.'s Week" at the Derry Gardens, Kensington High Street, next to the station. Each day at 11.30 a.m. ladies who are interested in the welfare of the Hospital will receive visitors, who will then, in the middle of London, have the pleasure of walking through the old Spanish Courts, of looking down the vista of the Court of Fountains, of ambling beside the flowing stream and of passing under the Tudor Arches to entrancing gardens within, and of finishing, if desired with lunch or tea in the charming Sun Pavilion. Bart.'s Nurses will be present to receive gifts of one shilling and upward, and to sell photographs of the gardens.

This is an opportunity for friends of the Hospital—staff, students, nurses, governors and members of the Women's Guild to come themselves and bring their friends.

The Gardens are open from 9 a.m. to 6 p.m., except Saturday, when they close at 1 p.m., and there is no charge for admission.

LUNCH HOUR SERVICES

We have been asked to print the following notice: "There will be two special lunch-hour services in St. Bartholomew's-the-Less on Tuesdays, September 20th and 27th, at 12.30 p.m., at the invitation of the Vicar. All members of the Hospital are invited."

EDITORIAL CHANGES

As announced in the last issue the annual change in the JOURNAL staff has taken place. Appointed to the posts of Editor and Assistant Editor are J. Gask and R. H. O. Cohen.

B. J. Gretton-Watson has been appointed to fill the vacancy on the Advertisement Sub-Committee.

In the list of Birthday Honours which appeared in the July issue, the name of Lt.-Col. Lloyd Kirkwood Ledger, Civil Surgeon, Peshwar, was omitted. He received the O.B.E. for meritorious service in Persia, Gilgit and the N.W. Frontier Province.

OUR CANDID CAMERA

The G.O.M.

TRANSFUSIONS AND INFUSIONS IN INFANTS

By TRACY D. CUTTLE, A.B., M.D.,

Exchange Fellow in Medicine to St. Bartholomew's Hospital from the Pennsylvania Hospital, Philadelphia, Pennsylvania.

THE ordinary procedure of cutting down on a vein is usually adopted in transfusing infants, because it is seldom possible to insert an intravenous needle directly into so small a vein. It is obvious, however, that the latter method is preferable, for the following reasons:

1. There is less trauma to the patient.
2. There is no permanent injury to the vein, and the same vein may be used repeatedly.
3. A wider choice is possible, as any superficial vein may be used.
4. The danger of cellulitis and secondary infection of the wound is negligible.

R. K. Price described in this journal in 1931 a method for transfusing infants using scalp veins. He used a fine hypodermic needle and a Jubé syringe, with which he pumped the blood under pressure. It is, however, undoubtedly difficult to retain a minute needle in a vein while injecting blood under pressure, and this disadvantage of Price's method has so outweighed its advantages that it has been abandoned by the house physicians and house surgeons of this Hospital. Methods with the same disadvantage have been described by Hogg, 1938, and Ormiston, 1938. For this reason it seems justifiable to report a method for the transfusion of infants which has been found satisfactory in several American pædiatric hospitals and has been used successfully in this Hospital.

The author claims no originality in presenting this method. Although no report of the complete apparatus and technique could be found in the medical writings on the subject of infant transfusions for the past ten years, portions of the method have been reported by Hirsch, 1934; Hogg, 1938; Ormiston, 1938; and Aldrich and others, 1938.

The Technique Recommended.

Materials used (see Fig. I).

1. A burette of 50 or 100 c.c. capacity.
2. One 10 c.c. or 20 c.c. record syringe.*
3. One 1 c.c. record syringe.
4. One "two-way" stop-cock with "record" fittings.
5. One "three-way" stop-cock with "record" fittings.
6. Hypodermic needles, Nos. 16 to 18.
7. Three feet of pressure tubing to fit the connections.
8. Four feet of gum rubber tubing to fit connections.

* Luer syringes and Luer lock connections are preferable to record fittings if they are available.

A 100 c.c. burette is connected by gum rubber tubing to the two-way stop-cock, to which is fitted the 10 c.c. syringe and pressure tubing connecting it to the three-way stop-cock. The 1 c.c. syringe is fitted to the three-way stop-cock and the hypodermic needle is placed opposite the syringe. The burette is partly filled with normal saline, and placed to the right of the operator about 3 ft. above the patient. The entire system is then freed from air. The operator should sit in a comfortable position facing the top of the infant's head.

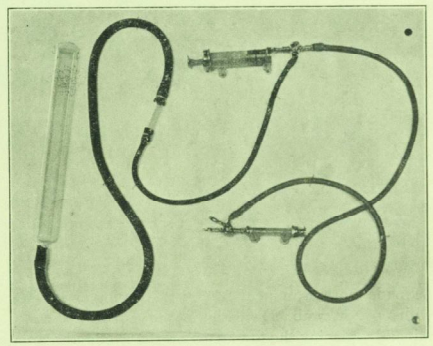


FIG. I.—THE APPARATUS.

The infant is wrapped securely in a sheet or blanket to prevent movement of the arms or legs, and laid supine on the table or across the cot. (If a hand vein is to be used, the arm is left exposed.)

The nurse secures complete immobility of the infant by placing her elbows alongside the body, grasping the face and head firmly with both hands. The head should be turned flat on the side. The side uppermost is shaven clear over an area above the ear. The area is then sterilized with iodine and alcohol.

The superficial temporal vein and its frontal and parietal tributaries are identified. These veins are often hard to make out when the patient is dehydrated, but they can

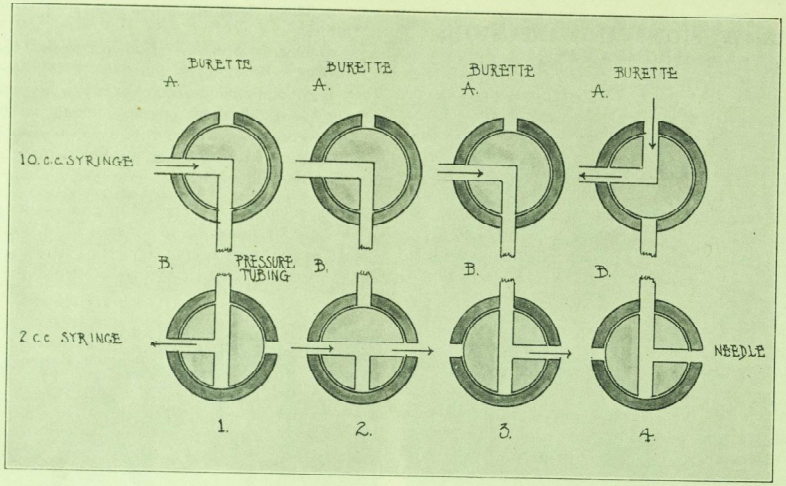


FIG. II. A DIAGRAMMATIC REPRESENTATION OF THE POSITION OF THE "STOP-COCKS" IN VARIOUS STAGES OF THE PROCEDURE.

A. Two-way "stop-cock" to which is fitted the 10 c.c. syringe and pressure tubing connecting it to the three-way "stop-cock".
B. The three-way "stop-cock" to which is fitted the 1 or 2 c.c. syringe and the hypodermic needle.

be made more prominent by gentle slapping or stroking with a cotton swab. Distension of the vein may be maintained by placing the forefinger on the zygomatic arch.

One c.c. of saline is forced into the 1 c.c. syringe by an assistant operating the 10 c.c. syringe (see Fig. II, position 1). The operator turns the stop-cock so that his syringe and needle are connected (see Fig. II, position 2). The vein is steadied by the thumb of the left hand, and the needle "threaded" into the vein. No attempt should be made to draw blood back into the syringe, as the bore of the needle is too small to permit this and the needle is likely to be dislodged or the vein damaged. Instead, pressure should be lightly applied to the plunger of the syringe, and if the vein has been entered the flow is free and easy; whereas, if the needle is in the subcutaneous tissue, a swelling will appear. If the first attempt fails, the needle should be completely withdrawn and the process repeated, using another vein or the same vein at a more proximal point. The superficial veins of the fingers, dorsum of the hands and feet, ankle, external jugular, in fact any superficial vein may be used with this method.

When the needle is in the vein the operator places his left thumb on the needle and turns the stop-cock so that the needle is connected to the 10 c.c. syringe (see Fig. II, position 3). The assistant then forces saline from the 10 c.c. syringe into the vein. The desired amount of blood is then added to the burette and, while the operator devotes his entire attention to keeping the needle in the vein, the assistant continues to withdraw blood from the burette (see Fig. II, position 4), turns the stop-cock A (see Fig. II, position 3), and forces it into the vein until all the blood has been given.

The pressure of gravity alone is insufficient to force blood or fluids of high viscosity through a hypodermic needle. Considerable pressure is required to force blood through the system here described, and even then the flow is so slow that the blood cannot be given too rapidly. Therefore the method is "fool-proof".

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ORMISTON, G.—*Lancet*, 1938, i, p. 82.

PRICE, R. K.—*St. Bart.'s Hosp. Journ.*, 1931, xxxviii, p. 134.

Idem.—*Ibid.*, 1932, xxxix, p. 233.

ABORTION

By ROBERT A. LYSTER, M.D., CH.B, B.SC., D.P.H.

THE two outstanding facts in connection with the subject of abortion in this country are—(1) the English law regards the offence with unusual harshness and with a severity which indicates considerable prejudice, and (2) this severity of the law results commonly in the relegation of the operation to semi-skilled or unskilled hands, working secretly, with an enormous mortality-rate, whereas in skilled hands the risks are negligible.

Abortion and the Law

Abortion may be defined as the expulsion of the contents of the gravid uterus at any period short of full term. But the law deals with much more than that. In the eyes of the law it is a crime—and the crime is so serious that the sentence may be imprisonment for life—not only to procure abortion, but also to attempt to procure abortion, or even intend to do so, whether the attempt is successful or not, and *even if the woman actually was not pregnant at all*, but was thought to be so.

Curiously, however, the Act, in spite of its extreme severity, is careful to restrict the crime to the *unlawful* procuration, or attempt or intention to procure abortion. From this it may be argued that there must be a *lawful* use of instruments or drugs and a *lawful* attempt or intention, and this argument was the basis of the defence in the recent Bourne case.

The legality of causing the death of a *viable* child (twenty-eight weeks pregnancy or more) for the purpose of preserving the life of the mother was established by an amending Act in 1929, but this left unsettled the vitally important issue of the legality of an abortion brought about in order to preserve the life or health of the mother during the earlier months of pregnancy, or the health of the mother (as distinct from a danger to life) during the last three months of pregnancy. An important point about this Act is that it establishes some distinction in the eyes of the law between the termination of the life of a viable fœtus and a non-viable one.

In the absence of a further amending Act the position remains obscure, and liable to be developed by important cases and decisions like the Bourne case. This is an instance of "judge-made law".

Abortion and the Doctor

Such being the state of the law, it is usual, and most desirable, that all medical practitioners should be urged, in their own interests, to protect themselves from attack by making it an invariable rule never to bring about abortion except after consultation and agreement with some independent practitioner.

The Bourne case has not altered that position, but it has immensely extended the scope of the consideration that may be given to any case. This extension is best understood by reference to the Bourne case itself. The Attorney-General, prosecuting, claimed that the proper interpretation of the law was that abortion could only be brought about in cases where the mother would otherwise die.

The defending counsel, on behalf of Mr. Bourne, claimed the right to operate in the true interests of the patient's *health*—mental or physical. In his summing-up the Judge enlarged upon the difference between the act of an unskilled abortionist and the deliberate act of a trained surgeon, carried out in good faith, in the interests of the patient. Then he pointed out the difficulty of distinguishing between dangers to health and dangers to life, and he advised the jury to take a reasonable view of the words "preservation of the life of the mother".

The Judge issued a special warning to doctors who allow religious views to influence their decision in such cases, in the following words:

"If the life of the woman can be saved by an operation being performed, and a doctor did not perform it because of his religious views, he would be in great peril of being brought before this court on a charge of manslaughter. He would have no better defence than a person who, for some religious reason, refused to call in a doctor to save the life of his child. He is also answerable to the criminal law."

The verdict of the jury in the Bourne case, in accordance with the obvious recommendations of the Judge, appears to have given widespread satisfaction. So far as "judge-made law" can do it, it has decided that an abortion is lawful if it is brought about in the interests of the mental or physical health of the mother, after due consideration of the case by qualified medical practitioners. This important step forward has resulted from Mr. Bourne's public-spirited action in challenging the Home Office officials to a prosecution which they would gladly have avoided.

Abortion and the Public

It is common knowledge that, although illegal, abortion is widely practised, and that hundreds of women die every year owing to abortion being performed by an unskilled person. Thousands of women who escape death in this way are damaged for life.

The Bourne case, by clarifying the position of the doctor, will tend to increase *bona fide* practice and decrease the number of cases dealt with by the quack

abortionist, which will be a gain to the public health. In skilled hands the risks of the operation are negligible. This was clearly shown in the report of a special committee of the British Medical Association in 1936, which quoted the following facts from the experience of Soviet Russia: During 1926 in Moscow there were 29,306 abortions with no mortality. In a total of 175,000 operations performed in Moscow there were 9 deaths, or 1 in 19,000.

As regards the way in which the public view the subject of abortion, the position is similar to that of the prevention of venereal diseases, or the prevention of mental deficiency. Science, medical experience or even common sense count for little against the fanatical fury which is associated with the consideration of such subjects.

As the Judge in the Bourne case pointed out in his summing-up, the public may be divided into three groups, according to their attitude towards this subject. At one extreme there are, as the Judge put it, the "people who, from what are said to be religious reasons, object to the operation being performed at all, under any circumstances". Their view seems to be that every unborn child, however procreated, is the actual creation of God, and has a right to life. To prevent the possibility of a miscarriage of justice it was necessary to eliminate such persons from the jury, and the Judge invited any person with such a bias to retire, but none of the jury left the box.

At the other extreme there are the people who feel equally strongly that every pregnant woman has a right to decide, early in her pregnancy, whether she wishes the pregnancy to continue or not. They point out that the people at the other extreme, although gravely concerned with the sanctity of life, and the right of the unborn child to live, do not seem to be particularly concerned with the desirability of all children living healthily and happily after birth.

Between these two extremes there is a mass of public opinion which was reflected in the verdict in the Bourne case. The prevailing and common idea among these people is that doctors should be more free to do what is best for the patient in the circumstances of the case viewed as a whole. The Bourne case has obtained that extension. Many feel that a pregnancy consequent upon rape should be legally terminable during the first three months, that a pregnancy initiated under the age of consent should be terminable at the request of the girl and her parents, and that pregnancy in a certified mentally defective girl should be terminable on the request of the parent or guardian. The law at present legalizes none of these situations.

Apart from medical reasons, abortion is commonly desired on account of dread of social ostracism or fear of economic consequences. So long as motherhood, the sanctity of which is the main theme of the chief opponents of abortion, can bring with it social disgrace or cruel economic hardship, abortion will naturally continue, however it may be condemned or penalized. The opponents of abortion, therefore, by helping to change our social and economic practices, thereby guaranteeing a decent life for all children, and by helping to change public opinion about motherhood and its rights and privileges, can bring about a rapid and substantial fall in the number of women who are desperately anxious to terminate their pregnancy.

RELIGIO JUVENIS

By E.

TOWARDS the end of 1937 there appeared in *The Spectator* a series of articles entitled "The Voice of Under Thirty". Twelve young men and women, differing in class, in education, in profession, contributed to the series and discussed their outlook on life. With few exceptions they were pessimistic and cynical. Being obsessed with the fear of the "Great War" to come, they felt that there was little worth living or working for in the world of to-day. To produce anything beautiful or useful, whether a book or a baby, was, so they argued, but to build for destruction. With a future so black what should one do with life but abandon it or forsake all for the "pleasures" of the moment?

Because no one connected with the medical profession contributed to the series, and because I do not believe that such a lack of the spirit of adventure or such a spineless acceptance of the world of to-day is typical of our generation, I pen these words. Sir Thomas Browne's writings have been the inspiration of many medical men. In homage to him then, and not in imitation, this shall be "Religio Juvenis"—"The Faith of a Young Man".

Let it not be thought that it is the faith of any one creed or a specific political school. It is faith in Life. Christianity, Conservatism and Communism were each put forward as solutions of the world's problems. But it matters not whether we call ourselves Christians or Buddhists, Tories, Socialists or Communists so long as we have that faith, faith in ourselves, in what we believe to be good and desirable, in the unity of mankind, in the ultimate happiness of men and women. Our goal will be the same, and we shall all come to it in our own way and in our own time.

Around us in the world to-day, if we have but the eyes to see, is the whole story of the evolution of mankind still going on. The peasant with his hands and feet and heart in the soil, the factory worker with his machine-making and machine-minding, the teacher, the poet, the priest of all creeds and all countries are here side by side. The uncouth, illiterate and primitive has its place in the same world as wisdom and knowledge and beauty, and between these extremes is every degree in the differing conditions of living and modes of thought. There is much that is good, much that is evil, but the salient feature is that all men come of one stock. Their differences are differences of degree. All are born, live and die; all have their struggle for existence in field or town. For some the struggle is hard. For others the way is made easy. That is all.

These are the fundamentals upon which our philosophy of life must be based. The details we fill in for ourselves according to our heredity and environment. Our horizon is limited by what we read, what we feel, what we are taught; by what we take for granted and by what we question. Our age, our sex, our experience of life account for the differences. The data upon which to form our faith is there for all to use, but we can assimilate only a part, some this and some that. There lies the difference between men; there is individuality. We can direct it for the common good rather than for selfish ends, but it cannot be regimented or ultimately made uniform because many of the factors in its production are beyond the control even of dictators. The flood dammed in one way or one place will break out in another.

Though there is much talk of war, that is not really what we fear. Wars rage about us now and the sufferings of others leave many unmoved. It is pain and death that we fear, for ourselves and for those that we love. It is when we ourselves are threatened that we twist and turn and seek for ways of escape and, finding none, despair. But war is only one of the evils man has always had to face. Horrors as great are the daily expectation of many European minorities. Floods in China, earthquakes in Japan, famine in Europe, road deaths in this country, these, too, have taken their toll of lives—men, women and children—but the world has always gone on. If war comes again, if we die, even so mankind will go on, in spite of setbacks, to greater achievements than we can know or dare to hope for.

That, I shall be told, is a comforting philosophy but, if we are to be engulfed, poor consolation for the loss of a life which, being young, we hold dear. Then if we love life so much let us fight for it. That is the lesson of the ages. What we desire will not fall like manna into our laps. We must work, we must struggle against anything which threatens us, be it war or disease or ignorance. To despair is to be defeated. To fight everything that we believe to be evil with every weapon we have must mean ultimate victory.

So far my philosophy has been nebulous, a framework upon which many have built. How does it affect my life or that of those who think as I do? As a medical student my horizon is necessarily limited by the task before me. The work of a doctor is to help those who are ill. But ever more important in the future will be his duty to *prevent* disease and suffering. It is in this sphere of preventive medicine that inertia and ignorance must be overcome, for it embraces almost every human activity. Much has been done by Public Health administration to limit disease, but the sum is only a fraction of what might be accomplished were we allowed to deal with the causes and not just the symptoms of disease.

The causes of organic disease are not bacteria, but the conditions which allow the organisms to invade the human body—slums and malnutrition, unemployment and overwork, feeble stock, poor education in the essentials of living and over-emphasis of the superficialities. The causes of mental illness are infinite; worry, lack of money, sexual problems, monotonous work and unsuitable work are but a few. To right these wrongs must be our aim. It has been said by authorities in the profession that doctors should have no concern with politics, but if we are to prevent sickness, it is to the *art of good government* that we must come so that we may first limit, then abolish, these evils. To politics in this sense all men must come. Housing, education, nutrition, medicine, eugenics, income, work and leisure must be the subjects of our research and legislation. Tinker, tailor, soldier, sailor—each must join in this search, for each has a specialized knowledge of some problem to be solved and all will gain by its solution.

Good government alone can give us the "freedom and justice and truth" we desire, but these are gems coveted by all men and women, and from their nature cannot be monopolized by the few. Our solution must bring peace and happiness not only to our own peoples but to the whole world. The family, the tribe, the nation, each in its turn has been dominant. The logical step forward is to racial unity. The National gods even now struggle violently before the ever-growing brotherhood of mankind.

Unity will mean the end of the destructive and sterile only. The elimination of much drudgery and waste will give increased health and wealth and happiness, and greater opportunities for physical and intellectual conquests, a time when life shall "Stand upon earth

as upon a footstool and stretch out its realm amidst the stars ".

Until we have an ideal for which to fight and faith that our efforts will bring the millenium nearer, we are largely impotent. Movement without direction is useless. Search, then, for an ideal. Salvation for the individual and the race lies in the quest for truth, and the ruthless rooting up of pride and prejudice and ignorance and deceit in ourselves and others. If the quest tears us away from the ties that hold us now, beyond the bounds of creed and colour and country, may we at least have the spirit and honesty to follow the trail. If we fail, may our sons succeed. To beget none for fear that they lose their lives in the world's wars and their souls in the world's ugliness is cowardly. If we have little beauty let us at least have courage, and instil into our sons courage and the desire for truth. For the children shall be wiser than their fathers and mothers to the third and fourth generation, and through their greater love and clearer thinking shall our hopes be justified.

SCRAPS FROM THE HOSPITAL ARCHIVES:

THE HOSPITAL BEER

By Sir D'ARCY POWER, K.B.E.

BEER was an article of considerable importance in the Hospital dietary when there was neither tea nor coffee and the water from the well in "*Well Yard*" was too sparkling to be pure. The Hospital probably had its own brewhouse, for it certainly had a brewer, and the beer it supplied to the patients was definitely small beer. In 1547 four barrels of beer cost the Hospital 12*s*., and the amount consumed in a month cost £3 12*s*. 0*d*. On January 16th, 1557, it was ordered that the brewer be paid 3*s*. 2*d*. for every barrel of beer "*till God doth suffer the price of grain to fall in price*", which it did providentially, for on October 23rd in the same year the brewer was instructed to supply "*single beer for the poor, good holesome drynke for man's bodie*" at 2*s*. 4*d*. a barrel. A well-meaning friend sometimes came to the rescue when prices were high, as in 1635 "*John Byrome gave to the hospital 20 barrels of beer valued at £6*".

The allowance to each patient was liberal for in 1687 each man received three pints of 6*s*. beer daily, with small beer to make a posset drink on Tuesdays and Fridays and a pint of ale caudle on Sundays. The posset was made of hot milk, sugar, beer and spices; the caudle consisted of gruel and spiced ale. Many old families still own a silver caudle cup. The ration of beer lingered on to my own time, for when I was a dresser in 1881 each male patient on full diet received two pints of beer daily and each woman one pint. Porter and ale had to be signed for specially.

The Matron from quite early days enjoyed the privilege of keeping a cellar beneath her lodgings from which she sold a better drink at an estimated profit to herself of £40 a year. Scandals arose from time to time until the ancient perquisite was abolished by the following Order issued by Peter Joyce (who was Treasurer from 1703 21) and the Governors:

"*Uppon complaint made that the Matron of this Hospital doth suffer great quantityes of ale and beer and other liquors to be sold in a celler within this Hospitall to the patients and others contrary to her charge, And severall orders heretofore made to prevent the same whereby the patients cures are hindered and occasions great scandall to this Hospitall It is thereupon ordered that the said matter be recomended to the Generall Court that the selling of any more liquors within this Hospitall for the future may be suppresst.*

"*Curia Generalis tent Vicesimo die martii Anno 1706. The question being putt whether the Matron should be immediately suppresst from selling any more ale and beere within this Hospitall It was carryed in the affirmative and the court did acquaint her therewith.*"

The order appears to have been complied with at once, for there is an entry dated April 28th, 1707, that the room over the cellar where the Matron sold beer and ale be made into a ward. The Treasurer said that he would pay himself for this new ward, and it was known as "*Treasurer's Ward*". The Matron who lost money by the abolition of her trade does not appear to have received any compensation. She was Mary Sanders, who succeeded to office on August 12th, 1697, when Mary Libanus was granted a pension of £30 a year and her house being unfit for duty owing to age.

TESTIMONIAL

From the 'Gentleman's Magazine' of September, 1738.

The Medicine received from Mrs. Stephens for the Stone, it, in my opinion not only melts and dissolves away the Stone, but it brings perfect good health to the whole body also.

And was the greatest Prince in the whole World afflicted with the Stone, that sad and melancholy Distember, what can he do if Mrs. Stephens Medecine be not? [What indeed! Ed.]

ONE EVENING

By G. J. W.

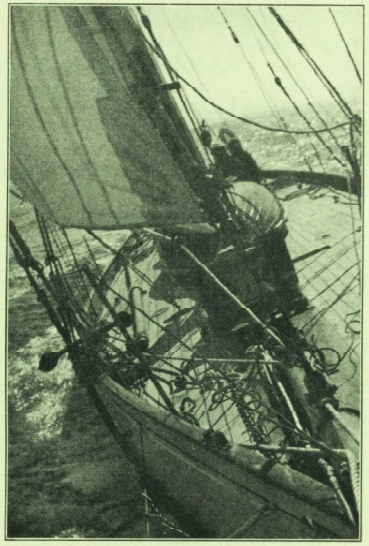
THALASSA was happy too. The crew lay easily about the deck, conscious of approaching dinner after the successors of the present drink. The sheering hiss of the bow-wave was growing steadily louder and the boat heeling a trifle more. To have suspected malice—it was unworthy of that warm evening with Sweden a faint blue haze away on the port quarter, and the fine drift from the woods behind the Bay of Seals. Indolently we watched the tall white headland come nearer, and wondered if a slim golden-haired Syren really lived there as reported by that otherwise prosaic volume, the "Baltic Pilot." How much more attractive was ocean-racing in Ulysses' day! Now the only singing was the cabin boy's as he shelled peas, with "Spanish Ladies" to help him. All our plain sail, with mizzen staysail and big masthead Genoa, was drawing perfectly—a glorious billow of white.

The first unsettling news came up with the second drink as the Navigator reported a full half-inch drop in the glass and that he personally did not like it. For sure there were a few wispy mare's tails overhead looking as if a hen had scratched them—but what of it? And the sea was getting up a trifle, but we were logging eight and three-quarter knots and life was good. However, as a sap, the mizzen staysail was handed and stowed in its bag.

Then as we came abreast of the indented white cliffs, the wind perceptibly stiffened and glasses were hurriedly drained against getting in the huge Genoa. Even as the last few precious drops shed their glow, there was a sullen crack and a shout for'ard of "That dam bobstay's carried away". Hurriedly sheets were checked and the boat jilled along so as not to risk the mast going overboard. Out on the bowsprit-end we discovered that a link in the chain running to the sternplate had gone. As usual when one is out on the bowsprit-end, the nastier short waves had waited their opportunity. Against the freshening breeze we began to gather in and unhank that great belly of sail arching away to loo'ard, now waist-deep in water, now ten feet above it. That stowed safely after a struggle with the flapping canvas, and with feet braced in the bowsprit shrouds, the broken chain was sought with a boat-hook. Up it came, with rainbows forming in the spray as she plunged, and then to rigging a jury-stay with a handy billy. At last it was bent on and set up taut by the hands on the foredeck, each block squeaking as the strain began to support the topmast.

Back in the cockpit, a hurried conclave decided that it would be a foul night anyway, riding it out with this short sharp sea. Luckily the wind was coming off the top of the cliff, and we beat up into its shelter. There the wind was less, and as the call "By the deep four" came from the leadsman in the chains, seaweed waving could be seen black against the white chalk bottom. At last Thalassa rocked gently in a narrow little fjord with fourteen fathoms of cable out, obviously chuckling in her own way at a four-masted schooner, reefed-down and labouring in the heavy sea outside.

But joys further still awaited us, for a red roof was spied on the top of the cliff and a rough track leading



up the cliff. With brief hopes that Ulysses would not let more of his sex be betrayed, the dinghy was hoisted outboard, oars shipped, and soon the pebbles were rumbling as the bows were beached. As we climbed the track, the saloon light far below seemed to signal "Hurry back". On top we came into a clearing in the wood, and for the nonce our hearts sank as the grunting of pigs was heard distantly. Fears were allayed by a strapping farmer's wife coming out to welcome us, intimating that food was already prepared. In that Scandinavianly clean, timbered kitchen, fragrant with apple-wood smoke, we may not have had lotus leaves, but certainly there was aquavit and lobsters and a wonderfully odorous goulasch. Our hostess was perhaps no Circe, but her charms were indeed prodigious had they been exchanged for her culinary art.

THE AERIAL PROPHESIES OF HORACE WALPOLE

By GEOFFREY BOURNE, M.D., F.R.C.P.

AT the present time, when the actions of mankind, from those of politicians to those of literary men, seem to be swayed by emotion or opportunism almost to the exclusion of reason, it is refreshing to read again the thoughts of the great rationalists of the later part of the eighteenth century. The letters of Horace Walpole abound in statements and opinions which are the logical conclusion of his observation of his fellow human beings, and whether his thoughts are concerned with the '45 Rebellion or the American War of Independence, his conclusions are amazingly stimulating and generally correct. If there were a subject which could be regarded as being entirely fresh and free from the influence of all preconceived ideas, it is that of the navigation of the air. Horace Walpole deduces the probability of a number of aerial exploits which are commonplaces to-day. He foretells air-sickness, the London-Paris aerial transport, the aerodromes of Salisbury Plain, and aerial liners. The following extracts from his letters are from the Peter Cunningham edition published by Richard Bentley & Son in 1886, and the number of the letter precedes each extract.

(2283.) *To Sir Horace Mann.* 1783.

"Do not wonder that we do not entirely attend to things of earth. Fashion has ascended to a higher element. All our views are directed to the air. Balloons occupy senators, philosophers, ladies, everybody. France gave us the 'ton'; and, as yet, we have not come up to our model. Their monarch is so struck with the heroism of two of his subjects who adventured their persons in two of these new floating batteries, that he has ordered statues of them, and contributed a vast sum towards their marble immortality."

(2292.) *To the Countess of Ossory.* 1784.

"You see the Airgonauts have passed the Rubicon. By their own account they were exactly birds; they flew through the air, perched on the top of a tree, some passengers climbed up and took them in their nest. The smugglers, I suppose, will be the first that will improve on the plan. . . . If there is no air-sickness, and I were to go to Paris again, I would prefer a balloon to the packet-boat, and had as lief roost in an oak as sleep in a French inn, though I were to caw for my breakfast like the young ravens."

The following letter (2311) to the Hon. H. S. Conway, 1784, described Walpole's first view of a balloon. His sardonic humour in the last sentence is reminiscent of that of George Bernard Shaw, and a similar resemblance is apparent in the next one quoted.

"I have, at last, seen an air-balloon; just as I once did see a tiny review, by passing one accidentally on Hounslow-heath. I was going last night to Lady Onslow at Richmond, and over Mr. Cambridge's field I saw a bundle in the air not bigger than the moon, . . It seemed to 'light on Richmond-hill; but Mrs. Hobart was going by, and her coiffure prevented my seeing it alight. The papers say, that a balloon has been made at Paris representing the castle of Stockholm, in compliment to the King of Sweden; but that they are afraid to let if off; so, I suppose, it will be served up to him in a dessert. No great progress, surely, is made in these airy navigations, if they are still afraid of risking the necks of two or three subjects for the entertainment of a visiting sovereign. There is seldom a *feu de joie* for the birth of a Dauphin that does not cost more lives. I thought royalty and science never haggled about the value of blood when experiments are in the question."

(2324.) *To Sir Horace Mann.* 1784.

"An Italian, one Lunardi, is the first airgonaut that has mounted into the clouds in this country. So far from respecting him as a Jason, I was very angry with him: he had full right to venture his own neck, but none to risk the poor cat, who, not having proved a martyr, is at least better entitled to be a confessor than her master Dædalus."

(2326.) *To the Hon. H. S. Conway.* 1784.

"Only t'other night I diverted myself with a sort of meditation on future aironation, supposing that it will not only be perfected, but will depose navigation. . . . I chiefly amused myself with ideas of the change that would be made in the world by the substitution of balloons to ships. I supposed our seaports to become *deserted villages*; and Salisbury Plain, Newmarket Heath, and all downs arising into dock-yards for aerial vessels. But to come to my ship-news:—'The good balloon Dædalus, Captain Wingate, will fly in a few days for China; he will stop at the top of the Monument to take in passengers. Arrived on Brand-sands, the Vulture, Captain Nabob; the Tortoise snow, from Lapland; the Pet-en-l'air, from Versailles; the Dreadnought, from Mount Etna, Sir W. Hamilton, commander; the Tympany, Montgolfier; and the Mine-A-in-a-bandbox, from the Cape of Good Hope. Foundered in a hurricane, the Bird of Paradise, from Mount Ararat. The Bubble, Sheldon, took fire, and was burnt to her gallery; and the Phoenix is to be cut down to a second-rate.' In those days Old Sarum will again be a town and have houses in it. There will be fights in the air with wind-guns and bows and arrows; and there will be prodigious increase of land for tillage, especially in France, by breaking up all public roads as useless."

(2327.) *To the Countess of Ossory.* 1784.

"I have no occasion for lesser pageants—much less for divining with what airy vehicles the atmosphere will be peopled hereafter, or how much more expeditiously the east, west, or south will be ravaged and butchered, than they have been by the old-fashioned clumsy method of navigation. . . . I smile at the adoration paid to these aerial Quixotes; and, reflect that, as formerly, men were admired for their courage in risking their lives in order to destroy others; now they are worshipped for venturing their necks *en pure perte* . . . and I observe that no improvements of science or knowledge make the world a jot wiser; knowledge, like reason, being a fine tool that will give an exquisite polish or finishing to ornaments; but is not strong enough to answer the common occasions of mankind."

(2336.) *To Sir Horace Mann.* 1784.

"Lunardi, the Neapolitan Secretary, is said to have bought three or four thousand pounds in the stocks, by exhibiting his person, his balloon and his dog and cat, at the 'Pantheon' for a shilling each visitor. Blanchard, a Frenchman, is his rival; and I expect that they will soon have an air-fight in the clouds like a stork and a kite."

(2353.) *To Sir Horace Mann.* 1785.

"You will find by our and the French Gazettes, that air-navigation has received a great blow; the first airgonaut, poor Pilatrier, and his companions, having broken their necks. He had the Croix de St. Louis in his pocket, and was to have put it on the moment he should have crossed the Channel and landed in England. I have long thought that France has conceived hopes of annihilating our Pyrenees* by these flying squadrons.

* He presumably refers to the Channel.

Here they have been turned into a mere job for getting money from gaping fools."

(2356.) *To the Countess of Ossory.* 1785.

"I write again so quickly, Madam, not to detain Mr. Fitzpatrick's letter, for which I give you many thanks, and which you must value as it is so very sensible and unaffected an account of his aerial jaunt, and deserves to be preserved in your Milesian archives; for, whether aerostation becomes a professional art, or is given up with the prosecution of the Tower of Babel and other invasions on the coast of Heaven, an original letter under the hand of the first airgonauts will always be a precious curiosity."

Probably the most significant of all his conclusions is a final extract from letter No. 2283 (already quoted).

"Well! I hope these new mechanic meteors will prove only playthings for the learned and the idle, and not be converted into new engines of destruction to the human race, as is so often the case of refinements or discoveries in science. The wicked wit of man always studies to apply the result of talents to enslaving, destroying, or cheating his fellow-creatures."

CORRESPONDENCE

PAYING BLOCKS

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

DEAR SIR,—On many occasions, particularly since the Bill concerning the Paying Block was turned down by the House of Lords, general practitioners have told me that they cannot send their patients to Bart.'s men because we have no Paying Block. It does not seem to be generally recognized by old Bart.'s men who are practising in the country that the Staff of St. Bartholomew's are able to, and do, take patients of limited means, into the Paying Blocks of other hospitals.

Yours faithfully,

MALCOLM DONALDSON.

145, Harley Street,
W. 1;
August 8th, 1938.

REFUGEE DOCTORS

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

SIR,—Nobody can read such articles as that by your Austrian correspondent in the current number of the JOURNAL and remain unmoved. Some of us, whilst complacent and self-congratulatory for the shelter provided by a land whose generous hospitality takes no account of creed, race or colour, cannot avoid projecting ourselves into the misery of our co-religionists and experiencing the horror of a similar situation. In such circumstances impartiality is impossible, yet I do my best by discussions with Gentile colleagues to understand their point of view and to acquire a true sense of proportion.

One might suppose that the terminating paragraph of your reporter's article epitomizes the problem as far as the medical profession is concerned, leaving out of consideration refugee employment in general.

Can we believe that the addition of fifty Austrian names to the 52,000 on the British Medical Register will spread destitution and want throughout the medical profession? he asks. Is this really to be the considered attitude of the medical profession to their colleagues in Austria?

One can hear the scorn and contempt in his voice.

To suggest that the problem is as simple as all that would be an insult to the intelligence and the generosity of the British practitioner. Fifty doctors to dilute an existing 52,000; less than $\frac{1}{10}$%. How small the sacrifice necessarily paid by the individuals of the 52,000 to give shelter to the unfortunates, to preserve them from misery and death. Go further: admit 500, still only a 1% addition; even 5000, and 10% would not appear to be an exorbitant demand.

But my friends are not satisfied that it is as easy as all that. With what sort of arguments am I confronted?

First of all, a rejection of the condemnation of "a profession too jealous to admit men of superior capacity". I have heard this criticism myself, and have been appalled at the tactlessness which would jeopardize the best of causes. And next, respecting the reproach for the selfishness which would withhold that $\frac{1}{10}$%, a mite so easily given and never missed. The answer to this reproach is an elaboration of the obvious—figures may be made to prove almost anything. I confess I have not studied the actual details of the distribution of those refugee doctors who have already been fortunate enough to settle here in practice, but I am quite prepared to believe, *a priori* that they have naturally collected in London and the other great cities. The care of the sick, it is true, is a universal application; but this type of doctor is temperamentally quite unsuitable for rural and certain industrial areas among people where mutual misunderstanding would be inevitable. They practise, I am told, in districts where the introduction of even one competitor is greeted with resentment, not to say alarm. We have already strayed far from our $\frac{1}{10}$%.

Your contributor is not a doctor, and probably he shows the not uncommon idea that ours is a very lucrative profession—an impression fostered by references in the Press to the imposing fees of a few leaders and the occasional announcements of large estates which, in the majority of cases, have nothing whatever to do with professional earnings. No doubt the doctor's income is in general a good one as measured by average standards. I hope I am wrong and that it leaves a bigger margin than I suppose to be the case, but investigation will generally reveal the disproportionately large, unavoidable working expenses. Details which sound like luxuries are bare necessaries in the conduct of a decent practice, and although, as Locke's famous character pointed out, we can do without a devil of a lot of things, readjustment of standards is not a simple or

comfortable process, and I apprehend that the large majority of doctors would view with considerable perturbation any reduction of income resulting from gratuitously accepted competition. No doubt some communistic introduction of a flat-rate which enabled every doctor to earn his living on a stereotyped plan of existence would be a convenient solution. It would be eagerly espoused by those of us whose sacrifice, however great, could in the circumstances hardly be too great; it would be acceptable to the big-hearted philanthropists who are recognized to be sincerely solicitous; and it would not be unwelcome to those who have least to lose. It is so very easy to be charitable at somebody else's expense.

What have I gained by a letter like this? Only perhaps the privilege—if you will give me the courtesy of your columns—of crystallizing my ideas by thinking aloud. If others will do the same and can show that there is an easier solution to this heartbreaking problem of our colleagues abroad than I am able to see, it would be a great comfort to me.

And in any case I must say I could not reconcile myself to the attitude that there is no reply to the taunt in your contributor's terminating paragraph.

Yours faithfully,

86, Brook Street, W. 1; *August 12th*, 1938. ADOLPHE ABRAHAMS.

TABLE TENNIS CLUB

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

DEAR SIR,—Many people have commented on the absence of a Table Tennis Club within the Students' Union. The Secretary of the Union was approached and a notice has recently been posted in the Hospital. It has already secured a number of signatures, and it is expected that there will also be considerable support from pre-Clinical students. A meeting to discuss possible arrangements will be called in the near future.

Several hospitals already have table tennis clubs, and it should be possible to arrange a series of tournaments.

Yours faithfully,

St. Bartholomew's Hospital, E.C. 1. M. LEVEN.

BEER AND THE JOURNAL

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

DEAR SIR,—I am glad to see that the full-page brewery advertisement which was inserted in your July issue does not re-appear in the August one, but I regret that a similar, smaller one has now had three consecutive insertions, although an apt quotation appears opposite to it on the last occasion.

But I venture to protest strongly against the use at all of our Hospital JOURNAL as an agent in the propaganda of the brewers' drive to increase the consumption of beer and to "get the beer habit instilled into thousands, almost millions, of young men who do not at present know the taste of it".

As the Royal Commission put it, "Many (drink) advertisements contain statements which amount to palpable scientific untruths", and such statements certainly should not be admitted to the JOURNAL, which I, for one, have long been wont to consider in the very front line of medical school publications.

Have its readers noted, I wonder, in the widely displayed poster proclaiming, "The smith a mightier man is he"—sez he!—that the artist, evidently a seer notwithstanding his paymasters, has proved truer to life than the plagiarist, for it will be seen that under the spreading chestnut tree, beside his emptied glass, the Blacksmith *has left his hammer*!

Yours faithfully,

19, Trinity Close, S.W. 4; *August 19th*, 1938. PERCY E. TURNER.

OFFICERS' TRAINING CORPS

THE MEDICAL UNIT AT CAMP

Heraclitus of Ephesus said that "War is the father of all things", and if this be so, then it should be allowed that the preparation for war is the preparation for all things. So for ten days we went to the O.T.C. Camp at Dibgate, near Folkestone, where the whole Contingent was under canvas. Here the following sorry chronicle was composed by one of the less responsible cadets from No. 1 Company (which was entirely made up of men from St. Bartholomew's):—

July 16th: The more military-minded members met at Victoria at a distressingly early hour and were thence conveyed to Sandgate station by train. Thereafter a march along an apparently endless arterial road before the camp was reached. Those with more originality arrived by car, bicycle, and it is even rumoured, by foot. Tents were then allotted to the satisfaction of everyone; at this time there were not more than three in a tent, but later this number was increased to five or six. The whole camp grew quiet early and we tried to go to sleep.

17th: Everyone woke early, both from curiosity and because of the lumpiness of straw. Lines parade was not very efficient, but this was in great measure due to the recruits who were subsequently instructed in the science and art of blanket-folding. About this time an epidemic of diarrhœa swept through the camp and, rightly or wrongly, was attributed to the higher command thoughtfully imagining that a change of diet might otherwise interfere with our natural functions. We were not amused.

18th: A slight drizzle in the morning, but this was the last we were to see of bad weather for several days. Lines parade was again not a success, because many of us now imagined we knew all the intricacies of blanket-folding and hence overslept.

19th: From to-day onwards our morning parades were definitely efficient, and this was in no small measure due to the tireless efforts of Capt. Kenshole and Lieut. Hovell, who appeared on the scene at an unearthly hour each day and gave us almost individual tuition. Most of us spent the day converting an empty house into a main dressing-station because a careless but imaginary army had chosen to land at Folkestone. In the evening both Folkestone and Hythe were filled with the soldiery, who, from to-day onwards, succeeded in finding local amusements.

20th: Another typical day with the usual routine of parade, breakfast, parades, lunch, more parades, and then release at 3.30 with comparative immunity from restrictions until reveille the next morning. Sun-bathing addicts were littered all over the camp, while those of stouter fibre immersed themselves in the cold sea.

21st: It was to-day that the second wave of enteritis overtook the camp; we are sorry to harp upon this inelegant subject, but something about which to grouse is essential to any correct Army function. The caterer was again blamed (probably unjustly, since we have observed that beer in large quantities has a similar effect). It speaks much for the self-control of the troops that no assault was made on the purveyor of food; we were reminded that six years ago, when a similar plague overtook the O.T.C., the caterer's nether garments were gently but forcibly removed and suspended from the flagpole. It was pointed out that the English Army in 1415 was being decimated by cholera, and yet they survived Agincourt; so we survived parades, and even endured a practice for the general inspection on the day after to-morrow.

22nd: The day of the Sergeants' Ball at the Leas Cliff Hotel. It was at once apparent that there was a superfluity of men, and after a preliminary "Paul Jones" they were discontinued owing to the imminent peril of female dismemberment in the scuffle that followed. But a very enjoyable evening with an excellent band, and a good floor.

23rd: The Contingent was inspected by the Earl of Athlone and Princess Alice, and we surpassed ourselves in efficiency in spite of the fact that we were wearing "plus-fours" instead of the cooler "shorts". It was an impressive spectacle to see the seven or eight hundred of us marching past at the end of the inspection. The rest of the day was devoted to the amusement of our guests, and to this end a battle was indulged in, in a natural arena beside the camp. We saw mechanized troops moving to the attack, guns and mortars in action, a bridge blown up, and a demonstration of the new Brenn and anti-tank guns. And of course the wounded were not neglected by the incomparable medical corps.

24th: The O.C. Contingent inspected our lines in the morning and this was followed by Church Parade. Subsequently the entire Medical Unit was photographed in one group and less than half an hour. The remainder of the day was our own.

25th: This was so fine a day that the fields and very villages of France were plainly visible across the Channel. Unfortunately our lines faced the Infantry, and so we were wakened as early as usual by their fatuous conversation and the noise of brass-cleaning industry. In the evening the weather changed at last and torrential rain fell. More energetic members dug trenches to divert the rivulets and peace again fell upon the camp.

26th: To-day the recorder chronicler left camp most unwillingly and through necessity.

So passed ten days of most pleasant camp, with a great deal of hard work and an equivalent amount of leisure. Routine differed with the experience of each cadet—thus in the morning one might do stretcher-drill, read maps, have two lectures; and in the afternoon construct aid posts or dressing-stations. Pleasant company was always at hand and, most important of all, not a single text-book of surgery, medicine, biology or midwifery was to be seen in the camp.

As this photograph shows, we cannot hope to compete with the pretty blazers of the Cricket XI as they were shown in the delightful picture in last month's JOURNAL. But this more barbaric group serves to remind us of the Hospital's unfashionable, but no less essential, labours.

Standing (left to right).—ELMHIRST-BAXTER, MESSER, HOGARTH, HARRISSON, HOLMES, ISMAY.
Seated or squatted. VAN DER LINDE, WRIGGLESWORTH, TAYLOR, JAMES, ROOT-REED, BORELLI, REES, CARR, STRATTON, ATKINSON.

SPORTS NEWS

EDITORIAL

In the absence of Sports News this month we can but produce hopes that our news for the next few months will be a distinct improvement upon the corresponding months of the last few years.

It is now September, and, *mirabile dictu*, in a very short while it will be October; in other words Rugger men have approximately five weeks in which to prepare for the strong opening fixtures of the season.

For the last few years the results of our opening matches have been deplorable; admittedly partly because they have been against very strong sides, but principally because players (and this is not intended to apply only to members of the first two fifteens, but to the whole Rugger Club as well as to the other Clubs of the Union) seem to regard the early matches of the year as a means of getting fit for future "Cuppers".

Are the early fixtures valuable *per se*? Yes, they are; they are some of the best that we have, and unless we are fit enough to put up a show we are unlikely to have some of them much longer.

We have FIVE WEEKS.

CRICKET. *v.* **St. Ann's.** Away. On Wednesday, July 13th. Won.

A very enjoyable day on the most picturesque ground on which we play. Unfortunately our opponents were not as strong as usual and the Hospital enjoyed a comfortable victory.

Scores:

C. T. A. James, b Davis	7
D. J. A. Brown, lbw, b Davis	19
J. North, c Basson, b Davis	113
R. N. Grant, lbw, b Slark	28
R. Heyland, lbw, b Pykett	32
D. R. S. Howell, c Davis, b Pykett	93
C. G. Nicholson, c Basson, b Pykett	27
E. O. Evans, not out	2
Extras	22
Total (7 wkts. dec.)	273

J. V. T. Harold, P. McA. Elder, and A. N. Other did not bat.

St. Ann's, 94.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
R. H. Grant	2	1	1	1
C. G. Nicholson	5	1	11	3
P. McA. Elder	3	1	5	1
R. Heyland	3	0	12	3
D. R. S. Howell	1	0	4	1
D. J. A. Brown	1	0	6	1

St. Ann's 2nd innings, 67. James 6 for 34; Elder 3 for 22.

v. **Old Leysians** at Chislehurst, on Saturday, July 16th. Drawn.

Our opponents won the toss, and batting first, were soon in difficulties against the bowling of Nicholson and Howell. Both bowlers made good use of the new ball and 3 wickets were down for 30. They recovered well, and were able to declare with the score

at 198 for 6. We were left two hours in which to make the runs. How nearly we did so can be seen from the scores, and the credit for this must go to Heyland, who, in the failing light, hit brilliantly for 67 not out. It was a great pity he did not go in early, as, had he done so, we should most certainly have made the runs.

After this match the Club ran a Dance in the Pavilion. The Committee hope that this function was enjoyed by all who were present.

Scores :

D. J. A. Brown, c Walker, b Alliston	7	C. T. A. James, b Walker	8
J. E. Miller, lbw, b Walker	51	J. A. Burnett, lbw, b Cooke	4
J. North, lbw, b Cooke	15	C. G. Nicholson, b Cooke	0
W. M. Maidlow, st Jones, b Jones, D. B.	16	D. R. S. Howell, not out	3
R. Heyland, not out	67	Extras	4
		Total (for 7 wkts.)	175

P. McA. Elder and B. H. O'Neill did not bat.

Old Leysians 198 for 6 wkts.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
C. T. A. James	7	0	28	0
C. G. Nicholson	11	0	39	2
B. H. O'Neill	9	0	35	0
D. R. S. Howell	8	0	33	1
P. McA. Elder	6	0	36	3
R. Heyland	2	0	17	0

v. **Haslemere**, at Haslemere, on July 18th. Lost.

Some of the Bart.'s cars travelling to this match had difficulty in finding the Haslemere ground, and one, containing most of the cricket-bags, found it difficult to locate Haslemere, or even, it is rumoured, Surrey. A start was eventually made at 12.20, and our opponents commenced their innings by sending in J. B. Hobbs and a very capable partner.

Hobbs treated the very first ball with masterly contempt by pulling it to the square-leg boundary, and continued to take every advantage of an easy wicket and some not very hostile bowling. Runs came steadily from both Haslemere men, and it was not until after lunch that the pair were separated. O'Neill, in the course of a very good over, induced the former England batsman to give a hard chance to gully, and the next ball was lofted to mid-off, where Elder, amid a chorus of " quacks ", made the catch. The opening partnership had realized 113, and the remaining batsmen continued to score freely, the home team declaring at 234 for 4 wickets.

The awkward period of 20 minutes before tea was survived by means of masterly inactivity by the Bart.'s opening pair, and the same two, instructed after tea to " hit out or get out ", chose the easier alternative. Unfortunately the remainder of the team got themselves out in an endeavour to score quickly, and the only really good batting came from Grant and Nicholson, though Elder stayed long enough to hit one of his militant sixes over a specially-selected short boundary. With twenty minutes still remaining, John Evans satisfied his curiosity as to Hobbs's fielding abilities, and the innings closed with Bart.'s well beaten.

Twelve men a side played.

Scores :

Haslemere 234 (for 4 wickets (dec.) (J. B. Hobbs 78, Locke 70 not out).

J. A. Burnett, lbw, b Locke	7	C. G. Nicholson, not out	32
D. R. S. Howell, c Bentall, b Locke	3	P. McA. Elder, c Smithers, b Locke	10
J. North, c Power, b Stoneman	8	J. W. G. Evans, run out	0
R. Hide, lbw, b Stoneman	2	B. H. O'Neill, c Clifford, b Stoneman	0
R. N. Grant, b Locke	42	Extras	9
W. M. Maidlow, c and b Stoneman	1		
R. Heyland, b Locke	8		
C. T. A. James, c Madgwick, b Best	2	Total	124

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
R. N. Grant	12.3	1	36	1
C. G. Nicholson	13	0	65	1
D. R. S. Howell	10	1	29	1
B. H. O'Neill	7	1	22	1

v. **Hornsey,** at Hornsey, on Wednesday, July 27th. Won.

Our opponents were not a good batting side, and were very slow in making 139 for 7 before declaring.

We started scoring quickly from the outset. Miller left to a creeper at 36, and by 106 North and Brown had left the stage for Heyland to continue the quick scoring. This he did in the most amazing manner. After 14 balls had been bowled to him he, hitting each one hard, had scored 43 runs. He then proceeded to his 50 by scoring 5 very careful singles. It was a wonderful knock, which had to be seen to be believed.

Scores :

J. E. Miller, b Bott	18	R. Heyland, not out	50
D. J. A. Brown, c Clarke, b Batson	43	Extras	10
J. North, c and b Middleton	34		
P. Pawson, c and b Gibbons	24	Total (for 4 wkts.)	179

C. T. A. James, D. R. S. Howell, G. R. Royston, P. McA. Elder, G. A. S. Akeroyd and J. V. T. Harold did not bat.

Hornsey 139 for 7 (dec.).

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
C. T. A. James	12	1	24	0
D. R. S. Howell	16	2	39	4
P. McA. Elder	14	1	36	2
R. Heyland	11	1	27	0

v. **Lewes Priory,** at Lewes, on Saturday, July 30th. Lost.

Scores :

D. J. A. Brown, b Basset	17	W. Langden, b Carill	1
E. Weatherley, c Hughes, b Basset	4	D. R. S. Howell, st Cook, b Hughes	9
J. North, c Munn, b Bleach	0	M. J. Pleydell, not out	21
C. T. A. James, run out	6	E. J. Jordan, lbw, b Hughes	6
J. Steele, st Cook, b Hughes	18	Extras	21
C. G. Nicholson, c Gardner, b Hughes	21		
R. Heyland, c Hoggins, b Hughes	15	Total	139

Lewes Priory 168.

Bowling.

	Overs.	Maidens.	Runs.	Wickets.
C. G. Nicholson	8	2	32	0
C. T. A. James	8	0	24	1
J. Steele	6.4	1	22	1
D. R. S. Howell	17	2	34	6
E. Weatherley	8	0	31	1
W. Langden	4	0	15	1

GOLF The **Eleventh Summer Meeting** of the St. Bartholomew's Hospital Golfing Society was held on Thursday, June 30th, at Tandridge. The day was very fine and the views from the course magnificent. Twenty two players took part in the Singles Competition. Sir Charles Gordon-Watson won his own Cup with the excellent score of 4 up on bogey. This score also was returned by Mr. R. Coyte, but the last nine holes decided who should be the winner. After tea four sets of foursomes were played, and before leaving an excellent supper was arranged for us through the kindness of the Secretary and the Stewards.

The Autumn Meeting will be held on Wednesday, September 21st, at Sandy Lodge Golf Club.

Gordon Watson Cup.—Sir C. Gordon-Watson, 4 up ; R. Coyte, 4 up. The Cup was awarded to Sir C. Gordon-Watson because of his score 4 up in the last nine holes. T. Meyrick-Thomas, 3 up ; E. F. S. Gordon, 3 up.

Last Nine Holes.—Sir C. Gordon-Watson, 4 up ; A. B. Cooper, 1 up ; H. F. Brewer, 1 up.

Sealed Holes.—R. Coyte, 4 up ; E. F. S. Gordon, 2 up ; W. S. Maclay, 2 up.

Foursomes.—W. A. Barnes and G. Graham, 3 up ; F. L. Hopwood and T. Meyrick-Thomas, 2 up ; E. F. S. Gordon and J. Wilson, all square.

Last Nine Holes.—F. L. Hopwood and T. Meyrick-Thomas, 2 up; W. A. Barnes and G. Graham, 1 up ; C. A. Francis and M. Levick, 1 down.

Sealed Holes.—E. F. S. Gordon and J. Wilson, 1 down.

REVIEWS

Recent Advances in Pathology. By G. HADFIELD and L. P. GARROD. Third edition. (J. & A. Churchill, Ltd.) Pp. 420. Price 15s.

The third edition of this book is all that one of the " Recent Advances Series " should be. While much information on recent work is provided, the advances are given their proper place in an excellent review of the modern conceptions of many pathological problems. The field covered is wide, and commences with a discussion of infection and immunity and their reaction to allergy. This is a most useful section, and guides the reader easily through many controversial observations.

Then follows a section on cancer research to which considerable space has been devoted. This is discussed in its experimental and therapeutic aspects. The discovery of the carcinogenic hydrocarbons in tar is described, and there is an interesting discussion of their chemical relationships to various internal secretions and other organic compounds. The infective hypothesis and the immunity to cancer is reviewed. The subject is concluded with a review of present knowledge of the mode of action of X-rays and radium on cancer. Not the least valuable part of this section is its clear demonstration of the complexity of the subject, and the obvious conclusion that in research of any kind there are many misleading factors, and hypotheses should be based on very many observations made under different conditions.

Among the other sections that dealing with the endocrine glands is excellent. A clear discussion of goitre in its various forms is given, and it is interesting to hear stressed the divergence between clinical signs and histological features in cases of toxic goitre—an important point not sufficiently often realized. Under the para-thyroid there is an excellent discussion on calcium metabolism, and there is a most useful diagram to explain this complex subject. Recent work on the suprarenal glands is fully discussed, and also pituitary physiology with its important relationships to the other endocrine glands, including the sex glands.

Two excellent sections deal with the digestive organs. The first is concerned with peptic ulceration and gastric carcinoma, and then follows a very clear account of modern views on anæmia. The second deals with the liver, and there are interesting observations upon its blood-supply, its regenerative capacity and its diseases —it being stressed in relationship to the latter that the liver provides little external evidence of its behaviour.

Of considerable interest, too, is the discussion on arterial diseases and essential hypertension. Modern views on the latter subject are clearly set out, and the chapter should do much to help the student confused by older views on the pathology of hypertension.

Other sections deal with the heart, the respiratory system, the kidneys, the reticulo-endothelial system and deficiency diseases. There is also a discussion of encephalitis.

The book is pleasantly written, and full of information supplied in an unbiased manner. It could be read with profit by anyone interested in any branch of medicine.

Appendicitis. By W. H. BOWEN, Hon.M.A.(Camb.), M.S. (Lond.), F.R.C.S. (Cambridge University Press.) Price 7s. 6d.

This book is a clinical study of all aspects of appendicitis with references to related literature.

While suffering somewhat in arrangement of detail, its particular appeal lies in the informal and generous use of case-records, with which the author exemplifies his points.

Discussion of ætiology is generally inconclusive as usual : the stercolith is the result of stasis consequent on neuro-muscular fault in the appendix. Its undoubted relation to the more severe obstructive type of appendicitis is emphasized.

The chapter on diagnosis with analysis of individual signs and symptoms is excellent.

Transverse umbilical pain settling in the right iliac fossa is the most important point of history.

Vomiting or its clinical equivalent anorexia and nausea is almost constant. Fever and pulse increase are relegated to their due position of minor importance in diagnosis ; local tenderness is emphasized.

Reference is made to the blind anatomical positions of the appendix, pelvic and retrocæcal, and the fact that signs and symptoms are often minimized when the organ lies in one of these areas.

The commoner difficulties of differentiation are noted : bilious attacks, gastro-enteritis, pleurisy, pain in " flu " epidemics are illustrated from case-records as well as the better-known renal, gall-bladder, ulcer and pelvic inflammatory conditions.

Obstructive appendicitis is separately dealt with, primary cause of obstruction being a stercolith, stricture of part, inflammation or muscular spasm.

No particular mention is made of the fact that this type of case often resembles *intestinal* obstruction in old people.

The author mentions that it is really impossible to diagnose obstructive appendicitis from the less dangerous types and this point flavours his treatment ; he feels that there are few indications for delay in operation.

Poetry of a West-Indian. By CALVIN S. LAMBERT. (" Poetry of To-day ".)

There are two classes into which all poetry-writers can be divided: the hundreds who write during adolescence and in their early twenties, and then wisely desist ; and the few real poets who in their maturity still find poetry to be the necessary medium for their expression.

The poetry of adolescence all the world over is basically similar. Essentially it is morality-poetry ; almost an autobiography of the first conscious efforts of the individual to harmonize with his hostile and puzzling surroundings ; a pilgrim's progress towards self-knowledge, which sooner or later ends with the extroversion of the poet. Our small class of " real " poets is made up of the people who go on writing after they have attained a certain self-detachment.

Calvin Lambert has a double interest for us. First he is a Bart.'s student, and secondly he is a West-Indian.

The poems he has published consist of two which have appeared previously, and some fifty odd others. In spite of occasional good passages, we think he would have been wiser to keep those other fifty in his rough copy-book as interest for himself and material to learn from rather than so early to commit them all to print. The high lights are the first half of " Death ".

> " Thy mighty aides-de-camp are these :
> Low poverty and foul disease."

" Life," the second poem, illustrates a common failing. The first stanza is arresting both in rhythm and in choice of words :

> " Life is a gilded cup,
> Filled with false joys ;
> Fate the imaginary—
> Follows earth's toils."

And then the thing tails away into nothing. Don't be afraid to cut !

" I am alone," one of those published elsewhere, was pleasant. Best of all we liked the first two-thirds of " Dusk ", which was again spoilt by a weak ending. Too often words were used carrying little or no value, and occasional banal phrases such as " They all enjoyed a perfect day " annoyed us. Two lines from " Summer Flowers " caught our attention :

> " The sun is like a playful child
> Who gladly gathers all its toys."

But then at the end of the poem there is the terrible strained, adolescent allegory :

> " We too like plants, all mortals are . . ."

We feel that technique is here sadly outrun by the desire to achieve.

Poetry is an art with a grammar of which the watch-words are : Be compact ; watch the rhythm ; and avoid preciousness like the plague.

Good luck. But don't publish too much.

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——— *See* LANE and FRANCIS.

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——— "A Survey of Prostatic Enlargement and its Treatment." *British Medical Journal*, July 9th, 1938.

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——— (and FREUDENTHAL, W., M.D.). *Proceedings of the Royal Society of Medicine*, February, 1938.

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EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

The following Degree has been conferred:

B.M.—Longmore, J. B.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

M.B., B.Chir. Candler, P. L., Green, A. C. F., Hardwick Smith, J. E., Pratt, J. S.

UNIVERSITY OF LONDON

M.D. Examination, July, 1938.

Branch I (Medicine).—Harris, R. V., Oliver, W. A.
Branch II (Pathology).—Marshall, S. F., Ward, E. M.
Branch IV (Midwifery and Diseases of Women).—Barber, A.

Examination for the Academic Post-graduate Diploma in Medical Radiology, July, 1938.

Pass.—Hurrell, D. J., Jerram, C. W. S., Nel, J. G., Oosthuizen, S. F.

B.Sc. Examination for Internal Students

Physiology.—Trevan, D. J. (Second-Class Honours).

First Examination for Medical Degrees, July, 1938.

Pass.—Beynon, T. R., Bromfield, F. B., Campion, C., Castleden, L. S., Chambers, R. M., Collard, P. J., Cook, J. B., Duggall, S. L., Edgar, P. R., Egerton, B. H., Goolden, A. W. G., Hans, S. F., Hofheinz, K. K. A., Holden, F. A., Honig, J. L., Jones, A. E., McGuire, N. G., McNeill, K. A., Morgan, L. J., Newcombe, J., Philpott, M. G., Ramsay, G. S., Remy, M. F., Spencer-Phillips, P. J., Stammers, F. M. G., Street, D. F., Wells, C. E. C.

Second Examination for Medical Degrees, July, 1938.

Part I.—Aston, J. N., Badock, G. B., Bartlett, D., Binns, G. A., Boyce, R. M., Brenan, A. H. W., Emtage, G. S., Evans, D. T. R., Gabril, Y. Y., Gifford, C. S. E., Griffiths, E. J., Haile, J. P., Hanbury, W. J., Hicks, G. F., Honig, J. L., Ismay, D. G., Jacobs, D. K., James, A. R., McNeill, K. A., McShine, A. D., Merryfield, S. J. T., Nash, F. A., Newcombe, J., Pearce, J. F., Perkins, E. S., Picton, F. C. R., Reichenheim, P. P., Sandiford, R. H., Singh, S., Story, P., Taylor, H. N., Thomas, D. C., Thomson, I. F., Tickner, A., Townsley, B., Vincent, H. R., Weinreb, H., West, J. A. T.

Part II.—Acres, G. C., Atkinson, W. J., Bernstein, I. J., Bevan, J. E. C., Boyle, A. C., Carroll, C. R. K., Cooper, C. F., Craike, W. H., D'Silva, J. L., Evans, J. W. G., Fraser, F. E., Galvan, R. M., Garden, J. F. G., Golden, M. B. H., Hall, R. L., Hall, T. E., Hambly, T., Henderson, R. S., Horbacz, H., Howells, G., Katz, A., Khan, H. H., King, H., Laybourne, M. N., Lewis, B., Loughborough, J. D., Lustigman, M., Manson, C. N. S., Miller, J. E., Morgan, J. E., Morris, D. S., Nabi, R. A., Nicoll, E. D. V., Protheroe, B. A., Reinold, D. G., Robertson, J. A., Sandilands, J. A. J., Shah, J., Stewart, J. G., Vickery, K. O. A., Watson, P. C., Webb, E. J. E., Whitmore, G. L.

ROYAL COLLEGE OF PHYSICIANS

The following have been admitted **Members**:

Livingstone, F. D. M., Maclay, The Hon. W. S., Oliver, W. A., Telling, O. H. J. M.

CONJOINT EXAMINATION BOARD.

Final Examination, July, 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 :

Arden, L. D., Brown, D. J. A., Butler, K. A., Cooray, M. P. M., Coupland, R. I. G., Dalliwall, K. H. S., Edwards, J. A. C., Evans, E. O., Grace, M. R., Harrisson, G. J., Hoskyn, C. H., Irvine, B. A., Khan, A. H., Kruatrachue, G. B., Little, A. W., Macrae, D. E., Morley, T. R., Mundy, M. L., Phillips, B. M., Ramsay, R., Simpson, J. R., Staley, G. R., Terry, R. B., Vandy, K. W., Way, G. L., Welply, R., Wright, B. M.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, July, 1938.

Surgery.—Webb, C.

Medicine and Forensic Medicine.—Weston, J. W.

CHANGES OF ADDRESS

HARRIS, R. V., Wakefield House, Compton 5, Eastbourne.

HEWLINGS, N. J. P., Shrublands, West Bar, Banbury, Oxon. (Tel. 2295.)

KILLINGBACK, H. C., 298, Whitchurch Lane, Edgware, Middlesex.

PATERSON, H. J., 59, Weymouth Street, W. 1. (Tel. Welbeck 1006 (no change).)

RODGERS, H. W., 38, John Street, W.C. 1. (Tel. Holborn 4714.)

SALTMAN, P. B. L., 6th Floor, Corner House, Ackerman's Buildings, C/R Long Market and Plein Street, Capetown, South Africa.

TAYLOR, R. W., 44, Castelnau, Barnes, S.W. 13. (Tel. Riverside 5973.)

APPOINTMENT

JOPLING, W. H., M.R.C.S., L.R.C.P., appointed Government Medical Officer in the Southern Rhodesia Medical Service, Southern Rhodesia.

BIRTHS

BURGESS.—On July 21st, 1938, at Greylands, Chipping Ongar, Essex, to Margret (*née* Wright), wife of Dr. W. J. Burgess—a son.

DAVIDSON.—On July 29th, 1938, to Muriel, wife of Dr. W. P. M. Davidson, Rosedene, Thurleigh Road, S.W. 12—a son.

DENNY-BROWN.—On August 1st, 1938, at 20, Devonshire Place, W. 1, to Sylvia (*née* Summerhayes), wife of Dr. Derek Denny-Brown—a son.

ELGOOD.—On August 6th, 1938, at 18, Gold Tops, Newport, Mon., to John Elgood, F.R.C.S., and Christine Elgood, M.B. (*née* Francis)—a son.

LITTLE.—On August 11th, 1938, at the Shearwood Road Nursing Home, Sheffield, to Megan, wife of George S. R. Little, M.R.C.S., L.R.C.P., of Worksop, Notts—a sister for David.

MELLOWS.—On July 27th, 1938, at 27, Welbeck Street, W. 1, to Gwendolen, wife of Dr. Percival B. P. Mellows, of Tichfield, Hartley, Longfield, Kent—a son.

PENTREATH.—On July 31st, 1938, at Somercotes, Mickleover, Derby, to Marjorie, wife of Dr. E. U. H. Pentreath—a daughter.

MARRIAGE

RODGERS—BOYCOTT.—On July 23rd, 1938, at St. Albans Abbey, by the Bishop of St. Albans, assisted by the Dean of St. Albans, and the Rev. F. H. Goodwill, Harold William Rodgers to Margaret Lota Boycott.