

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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OCTOBER 1ST, 1938

PRICE NINEPENCE

CALENDAR

Sat., Oct. 1.	—Rugby Match <i>v.</i> Old Alleynians. Home.	Tues., Oct. 18.	—Prof. Christie and Prof. Patterson Ross on duty.
Tues., „ 4.	—Dr. Chandler and Mr. Roberts on duty.	Wed., „ 19.	—Rugby Match <i>v.</i> Cambridge University. Away. Surgery : Lecture by Mr. Vick.
Fri., „ 7.	—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Evans.	Last day for receiving other matter for the November issue of the Journal.	
Sat., „ 8.	—Rugby Match <i>v.</i> Mosely. Away.	Fri., „ 21.	—Dr. Chandler and Mr. Roberts on duty. Medicine : Lecture by Dr. Gow.
Tues., „ 11.	—Dr. Graham and Mr. Wilson on duty.	Sat., „ 22.	—Rugby Match <i>v.</i> Old Haileyburians. Home. Association Match <i>v.</i> Old Brentwoods. Home. Fencing Match <i>v.</i> London Hospital. Home.
Wed., „ 12.	—Association Match <i>v.</i> Reading University. Away. Surgery : Lecture by Mr. Wilson.	Tues., „ 25.	—Dr. Gow and Mr. Vick on duty.
Thurs., „ 13.	—Abernethian Society : Mr. Norman Birkett, K.C.	Wed., „ 26.	—Surgery : Lecture by Sir Girling Ball.
Fri., „ 14.	—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Dr. Chandler.	Fri., „ 28.	—Dr. Graham and Mr. Wilson on duty. Medicine : Lecture by Dr. Evans.
Last day for receiving letters for the November issue of the Journal.			
Sat., „ 15.	—Rugby Match <i>v.</i> Woodford. Away. Association Match <i>v.</i> Royal Military Academy. Home.	Sat., „ 29.	—Rugby Match <i>v.</i> Old Leysians. Away. Association Match <i>v.</i> Old Malvernians. Home.

THE HOSPITAL AND WAR

AT the time of writing, the horrible calamity of war has receded from the immediate foreground, and appears to be averted or at least postponed. The worst, however, must still be prepared for. Of one thing we may be certain: the mistakes of the last war will not be repeated. In 1914 the fallacy of thinking "that we shall be home by Christmas" and the patriotism of the students led them to abandon their medical training and enlist in the forces or to be sent half-fledged into destroyers. Soon the lack of qualified doctors was felt, and the trenches were combed to find anyone with medical training and to send them back to learn their job. To-day the value of medical men

is fully realized, and no student will be allowed to waste himself in this way, even should he wish to.

At the outbreak of war Bart.'s becomes a Casualty Clearing Hospital. In dealing with the enormous number of civilian casualties that must be expected in totalitarian warfare, the students will have an essential role to play. After the preliminary evacuation of the peace-time patients they will be organized in teams as fire squads, for decontamination from gas, as dressers, stretcher-bearers and messengers; and, very important, in evacuating casualties as they become fit to return to their homes.

By the time this is read every student will know what his job will be and how he is to do it. If any feel that their years of special training will be wasted, and they are put down for work which could be done equally well by people less specialized, they must realize that, apart from serving the immediate needs of the Hospital in casualty clearance, a reservoir of medical men must be maintained and built up, from which fully trained doctors may be sent to the Forces, to advanced civilian posts, and since the destruction must one day come to an end, to the men and women of the Future.

CURRENT EVENTS

THE MILSOM REES SCHOLARSHIPS

These two scholarships of £100 each are awarded annually to the sons of medical men at the Port Regis Preparatory School, Broadstairs. Candidates must be under nine years of age, and the award is tenable until the holder leaves school.

Sir Milsom Rees is an old Bart.'s man, and in the past has especially wished to have the sons of old Bart.'s men as candidates. This year one scholarship is closed for the sons of old Bart.'s men only. The examination will take place early in March, and full particulars may be obtained from the Headmaster, Port Regis Preparatory School, Broadstairs.

The advantages of these scholarships cannot be too widely circulated amongst all medical men, and old Bart.'s men in particular.

THE HOSPITAL BEER

Stimulated by Sir D'Arcy Power's article on beer in the last issue of the JOURNAL, a correspondent sends a reminder of the great days that have passed. A visitor to Faith Ward in the 'eighties would see an ancient painted notice:

"No nurse may leave the Hospital to fetch Porter or other liquor without permission."

Why is this notice no longer necessary?

THE STUDENTS' UNION ANNUAL BALL

As most inhabitants of the Hospital will have already seen, this Ball is again to be held at Grosvenor House and will take place, H.V., on Thursday, November 17th.

Tickets are 35s. double, 21s. single, and may be obtained from the Secretaries of the Students' Union amongst others at the Hospital, and at Charterhouse from A. H. W. Brennan.

The Cabaret is rumoured to be of quite unprecedented glamour, and would alone make the ticket a profitable investment.

THE A.D.S.

The Society announces that their choice for this year's Christmas entertainment is "Loyalties", by John Galsworthy. This play fits the somewhat narrow requirements of the Society extremely well, and should be one of the most successful ever performed.

The casting rehearsal will be held in the Practical Surgery Room on Wednesday, October 26th, at 4 p.m. All who are interested, whether from an acting or technical point of view, will be most welcome.

NEWS FROM OUTSIDE

Almost every printed word which faced your contributor this week-end bore the threat of war, or what really seems worse, undeclared hostilities. Fortunately two exceptions and the Marx Brothers' "Duck Soup" went a long way towards saving his reason. A discussion of Marxian comedy would doubtless be reckoned as unbecoming in these paragraphs as a discussion of Marxist politics. One cannot but feel that the last word lies with General Goering: "We know what is going on. We know that it is intolerable that a cultureless little people over there—none knows where they came from—endlessly oppress and annoy people of culture. We know that it is not just the laughable pigmies in Prague. Behind them hides Moscow, the eternal, Jewish, Bolshevist demons of destruction." But as Chico Marx said, "This is spy stuff", and must be ranked as inside information.

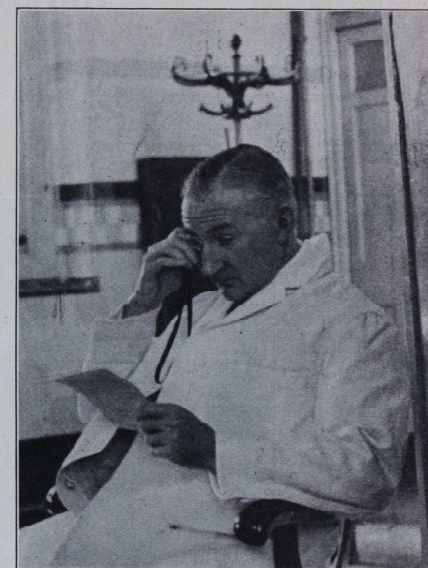
Apart from "Duck Soup", the refreshing thing over the week-end was a new arrival in medical or rather nursing journalism—*Nursing Illustrated*. It is understood that Hamilton Bailey is closely associated in its production, and its technical material is certainly of an amazingly high standard. Noble Chamberlain contributes an article worth the attention of any student on clinical facies, while its general interest material, with the type of photography we have come to expect from the publishers of Lilliput, places it immediately in the first rank.

Benzedrine is to become a "dangerous drug". A somewhat mixed blessing, and one cannot but wonder if the Conjoint Board pass-marks will fall again to a less ambitious level. On the other hand it must be remembered that such was the exhilaration that this drug produced, that a candidate wrote his name 114 times, and then left the hall confessing himself satisfied that he had tricked the examiners.

"In matters of Health, Disease and Medicine the influence of Obscurantism has been, and still is, marked." Thus Lord Horder expresses himself in the 1938 Conway Lecture, which has just been published. He does not confine his remarks to Medicine and scarcely any department of life has been left free from examination, but it would appear that Medicine, Politics and the Law present the deepest bolt-holes for the obscurantist.

The only complaint that can be made against this essay is that its 48 pages cost two shillings, which means that it costs the reader a penny every time he turns over a page—taken by and large it is perhaps worth it.

OUR CANDID CAMERA



"What does she say she's lost?"

St. Bartholomew's Hospital Women's Guild

A RUMMAGE SALE

will be held on Thurs., October 20, in the Hospital

WILL READERS KINDLY CONTRIBUTE?

Clothes, Household Furnishings, Books, China, etc., Bric-a-brac, Sports Equipment, may be sent now to

WOMEN'S GUILD (RUMMAGE SALE),

c/o THE STEWARD,

ST. BARTHOLOMEW'S HOSPITAL, E.C.1.

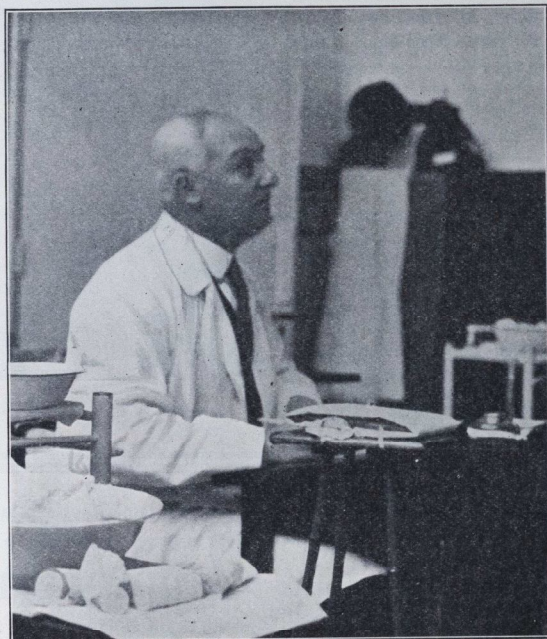
If it proves difficult for contributors to send their articles arrangements will be made for their collection.

Further information may be obtained from Mrs. J. E. H. Roberts (Chairman), Flat 21, Harcourt House, 19, Cavendish Square, W.1.

OBITUARIES

Dr. N. S. BONARD

WE regret to announce the death of Dr. N. S. Bonard, Assistant Medical Officer to the Department for Venereal Diseases.



DR. N. S. BONARD.

Mr. Kenneth Walker writes :

"As medical officer in charge of the V.D. Department of this Hospital, it is not inappropriate that I should say a word about Dr. N. S. Bonard, news of whose death in the south of France has recently reached us. It is not only because he worked so long in the Department that we shall miss him; it is because he was what is called a 'personality'. The picture of the Great White Chief sitting at his tiny desk, injecting kilograms of arsenobenzol per annum into innumerable veins, will remain with many of us to the end of our lives. He

could deal with a row of bare arms, stretching from his room in the Surgery out through the door into the main hall, more rapidly, with less fuss, with fewer unnecessary movements and with more good humour than anybody I have ever known. Sorely will he be

missed by his patients, for in spite of his rapidity, he was familiar with each face and had a cheerful smile for all of them. Indeed, his white hair, his benevolent expression and his dignified bearing gave a veneer of respectability to a somewhat unfashionable Department of the Hospital. Less stigma seemed to be attached to venereal disease through the mere presence of Bonard; it was an unfortunate accident that might have happened to anybody, an accident that had even happened to kings and patrons of the Hospital.

"Bonard enjoyed life. He was a man of catholic

tastes who existed apart from his work. One met him in unexpected places, at Ciro's in immaculate dress, at the Café Royal in suitable company and with an appropriate drink, so engrossed in conversation that he did not even realize that his presence there had been spotted.

"We shall miss Bonard in the Department. We may not be able to feel any longer that it is unnecessary to inquire into the question of how the syphilitic patients are getting on. How can we best honour his memory? By drinking a good glass of wine, and then remaining quiet for a moment whilst we recall our Great White Chief sitting at his desk in the Surgery. That somehow seems more appropriate than long faces and wreaths."

Sir Girling Ball writes :

"I would like to add my tribute to the work of Dr. Bonard.

"In 1917 when the Hospital started the Venereal Department Centre, the building was selected in Golden Lane next to the Coroner's Court for the purpose of dealing with patients contracting venereal diseases. I knew something of the treatment of gonorrhoea and its complications but little or nothing about modern treatment of syphilis. It was incumbent upon me therefore to discover some man who knew something about this. Moreover, in the middle of the Great War it was impossible for me to act as a whole-time officer of this Department, which was what was required.

"By a lucky opportunity, Bonard, who had just come from Switzerland, happened to be working on these lines in London, and he undertook the Chief Assistantship in this Department. Ever since that date he has been a Chief Assistant, and last year was created Assistant Medical Officer to the Department.

"I cannot pay too high a tribute to his ability, his hard work, punctuality, and his kindly treatment of patients. He earned for himself during the five years during which I was in charge of this Department a reputation which I think few possess. I have followed his work throughout these subsequent years, and am quite conscious that the Hospital has lost a very great servant. It is with the greatest regret that I heard of his death, and I feel sure the same will be felt by all those who knew him."

Sister Special Treatment Centre writes :

"For twenty-one years Dr. Bonard was one of the most self-effacing and best-loved figures connected with the out-patients of this Hospital. During that time his patients, perhaps more than most, looked to him as a

friend and were never forgotten by him. I myself worked beside him for half this period and know how deep was the trust and affection they had for him.

"His technique was a highly individual one, and it was always a source of amusement to watch the wide-eyed housemen and dressers when, deep in animated conversation with averted head, the Chief would unhesitatingly plunge his needle into an apparently non-existent vein.

"To-day we are all conscious of a great gap in our Department. So often we will now hear our patients say, 'Not back yet? Well, I'll wait a little longer till the grand old man comes back'."

Mr. W. E. Underwood writes :

"The Special Treatment Centre has lost a great figure. Dr. Bonard was well known to all who passed through the Department for his personality and, perhaps most of all, for his masterful manipulation of the needle and syringe. As a colleague, and even more as a friend, the Staff of the Department feel his absence keenly, but he will always be with us, as many of his old traditions ever remain. No longer will the patients move one place nearer the door from which that ever-cheerful call still appears to come—'Next'."

PROFESSOR MACPHAIL

WE regret to announce the death of Prof. Alexander Macphail, M.D., who was Lecturer in Anatomy at St. Bartholomew's Hospital from 1912 to 1922.

Prof. Woollard writes as follows :

"I was not his immediate, but his penultimate successor in the Department of Anatomy. I often heard him spoken of in terms of great affection, and I used to feel a twinge of jealousy when his lucid and patient manner of exposition was praised. He was taken from Bart.'s by his former chief, now Lord Addison, who, when he achieved political greatness, used the opportunity to do something for medical education.

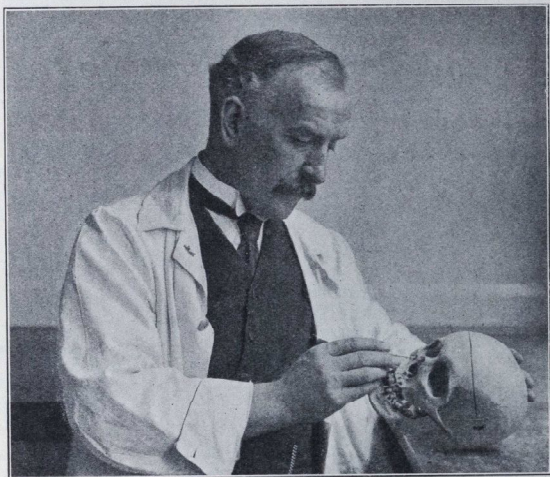
"Dr. Macphail was appointed to administer the Anatomy Act, and do what he could to obtain more bodies for dissection. A dead body belongs to its next-of-kin. A man may express a wish, but he cannot determine the fate of his bones. Boards of Guardians, until they were abolished recently, were the legal next-of-kin of unclaimed bodies. For the most part they were unwilling to allow these bodies to be dissected. Their members were often biased by subversive political ideas, inverted snobbery, the lingering dislike for body-snatchers, the notion that medical students are a special set of Philistines, a vague feeling that dissection

is a ghoulish sort of desecration, and that it is useless and unnecessary. It was the job of Dr. Macphail to persuade Boards of Guardians containing hostile and suspicious members to hand over the unclaimed bodies they had charge of to the schools.

"In this he was most successful. That patience and tact which made him a lovable teacher served to win over many previously reluctant Boards of Guardians. A certain Board demanded that the bodies when due for burial should be inspected by them. Dr. Macphail at once agreed, and we had to do our best to make a

'What do I want with books?' he said, 'haven't I got my hands in the body all day long!' Macphail's personality was always gracious and courteous, and suggested charm and culture rather than the thorny ways of science. Though he collected bodies I feel he had no passionate interest in unravelling their intricacies.

"It is true that recent legislation has secured a more certain and ampler supply of bodies for the schools of London. Indeed, London, in comparison with Continental Schools, is much better off. For this all of us owe a debt to Dr. Alexander Macphail."



PROFESSOR ALEXANDER MACPHAIL.

proper restoration of the dissected parts so that the inspection might be satisfactory.

"Macphail confidently believed that eventually our medical schools would receive an abundant supply of bodies through the desire of enlightened citizens to serve the community not only in life but in death. From intellectual motives an occasional citizen does desire that his body shall be dissected, but for many years the number of bodies so received has remained about thirteen.

"I knew little of Macphail apart from the encounters and meetings which arose in connection with the administration of the Anatomy Act. I believe he got very great pleasure from his appointment as Anatomist to the Royal Academy. An anatomist was once asked if he thought a certain book should be got for the library.

SIR JOHN RAHERE PAGET, Bart., 1848-1938.

Of Sir James Paget's four distinguished sons, Death claimed first in 1911 the second-born, Francis, Dean of Christ Church and Bishop of Oxford. Stephen, who, being the youngest, had to take up his father's career ("why ever did my Father make me a surgeon?"), died in 1926, and last year the third-born son, Henry Luke, Bishop of Chester, and Governor and Honorary Chaplain of the Hospital, followed him into the silence. Strangely the eldest son, who succeeded Sir James in the baronetcy, outlived his brothers, dying at the advanced age of ninety after a short illness on August 20th.

Sir John Rahere Paget (in bearing the name of the Hospital's founder he was surely unique, at least in modern times) first saw the light of day in St.

Bartholomew's Residential College, of which Sir James Paget was Warden from 1843 until 1851. The date of his birth was March 9th, 1848, which, curiously enough, marked the eighteenth anniversary of his father's entrance into the medical profession. For on March 9th, 1830, he had signed the deed of apprenticeship with Charles Costerton, a general practitioner in, and former Mayor of, Great Yarmouth. Sir John, who was educated at Cambridge, was called to the Bar in 1873, becoming a bencher in 1908. Specializing in the law of banking, through his expert opinions and through his pen he acquired an international reputation as an authority on bills of exchange and the legal use of cheques, and in 1913 his advice on financial problems was sought by the United States of America. As in his brothers, so in Sir John also had the hand of heredity left unmistakable prints on both physical and mental make-up. He certainly had his fair share of the fascinating ugliness which was so characteristic of the Pagets. Unlike his austere father, he possessed a deliciously keen sense of humour, and was the owner of a seemingly inexhaustible mine of stories and anecdotes. Unfortunately, when the writer of this note was privileged to meet him some ten years ago, he already felt "very apprehensive of developing senile garrulity", yet his reminiscences were inimitable in their delightful

blend of local colour and frolicsome truthfulness. On at least one occasion he remembered his father to have received from a patient in place of the traditional sovereign and shilling wrapped up in paper, a shilling and a gilded whist-marker with the then customary inscription, "Keep your temper". If, as the late Lord Oxford once said, an autobiography is an unrivalled vehicle for telling the truth about other people, chroniclers of contemporary medical history can but regret Sir John Paget's indisposition to record his reminiscences for the intelligence and delectation of those to whom the biographical art means so much more than the portrayal of stained-glass windows.

W. R. B.

Col. P. C. M. STRICKLAND, I.M.S.

In spite of his 75 years, which few, if any, would suspect from his appearance and soldierly bearing, which he preserved to the last, he was active in body and mind. Indeed he played a good game of tennis till quite recent years. He took a practical interest in Empire and local affairs, and was a kindly man whom many will miss. In short, he was a credit in every way to his "alma mater", Bart.'s, and to the service of which he was a distinguished member.

A. E. J. L.

RADIUM TECHNIQUE IN STOCKHOLM

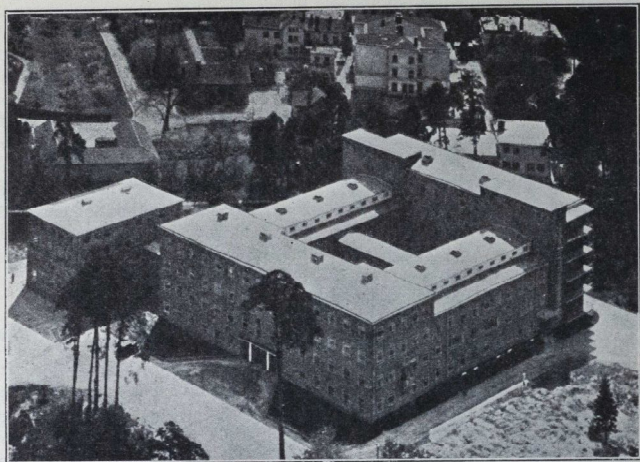
By W. N. TAYLOR.

THE place occupied by radium in the treatment of malignant disease has by now become fairly definitely determined. The wave of enthusiasm of a few years ago has passed by, leaving a few clear-cut indications for radium therapy. Carcinoma of the cervix is an example where nearly everybody, with a few notable exceptions, is agreed that radium is the best treatment. Much of the pioneer work in this field was done at Stockholm, where the famous technique was gradually evolved to serve as a pattern for clinics the world over. Therefore it may be of interest to record some of my impressions of visits I paid to the original home of this technique, during two weeks' holiday in that city.

Such visits were made easy for me by the hospitable way in which I was received by the Stockholm medical students. Not only did they deal effectively with the "shop" side of my holiday, arranging introductions to

most of the best hospitals, but also saw to my recreation and entertainment in other ways, although it was only a few weeks since they had done the same with a party from the N.U.S.

As regards the Stockholm technique itself: This was worked out over twenty years ago at the Radiumhemmet, a hospital specializing in the radiological treatment of disease, and owning over 10 grm. of radium. This hospital has now become part of the new Caroline Institute, where, situated on the outskirts of the town, all the teaching hospitals of Stockholm have been amalgamated into one large general hospital. The new Radiumhemmet stands apart from the rest of the Institute, and is designed in the conventional square modern style. Here they can deal with about 4000 new patients per year, of whom about 1500 are in-patients. Patients are sent to this hospital from all over Sweden, and they attend the follow-up clinics every few



RADIUMHEMMET FROM THE AIR.*

months for the rest of their lives if they do not live too far away, or keep in touch by letter as long as they are free from symptoms if they do. Patients are always told when they have cancer, which not only ensures that they will continue with the course of treatment, but also means that genuine cures will make good publicity, which is very important in influencing public opinion with regard to cancer. The State takes great interest in the hospital patients, paying five-sixths of the hospital fee, and providing free transport for attending the follow-up clinics for all who cannot afford it.

The Statistical Department is a very important one. A large staff is employed checking up the survival rate, and so valuable are the records considered that they are kept in a fire-proof room.

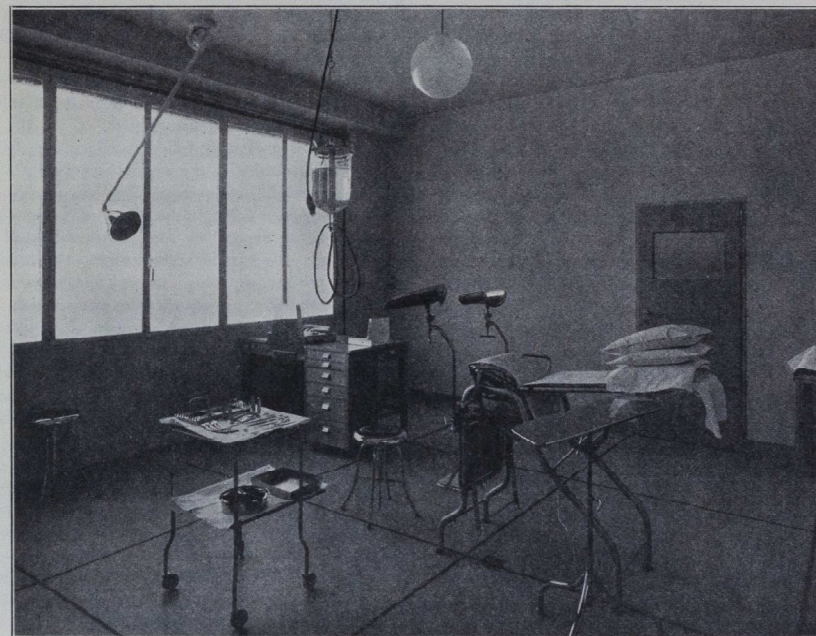
On my first visit to the hospital I attended a round on the general (*i. e.* non-gynaecological) side, conducted by Prof. Bervan, who is in charge of the hospital. This was preceded by the usual ordeal of shaking hands with all the students and assistants present, who have the continental habit of spontaneously introducing themselves; then, having shaken hands with the professor we set off. The wards are small, containing only six or eight beds, which seems to be the modern idea, though what advantage this gives I did not gather. Although I was the only foreigner present in that round, it being the slack season for visitors, the professor explained many of the cases in English, which, with German, nearly

every Swedish medical student seems to know. I was told that this was quite common in any case, because it gave an opportunity to discuss unfavourable diagnoses or prognoses without distressing the patient.

The next day I was introduced to Dr. Heyman, who is in charge of the gynaecological side of the hospital, and who, with Dr. Forsell, was responsible for evolving the original technique for the treatment of carcinoma of the uterus. I had the opportunity of watching him carry out treatments on two cases of carcinoma of the body and one of the cervix. Since in this country hysterectomy is the more usual treatment of carcinoma of the body, details of the former will not be of great interest. But concerning the treatment of carcinoma of the cervix itself, I gathered that it differed in several respects from the conventional English interpretation. In England the operation is more or less standardized. About 50 mgrm. of radium are usually placed in the uterus and about 30 in each lateral fornix, and left for 20 hours, to be repeated one week later and again three weeks after that. At the Radiumhemmet, however, the technique is much more elastic. Each case is treated on its individual merits. Not only have they a large variety of applicators to suit variously-sized tumours, but also the dose of radium is varied, large tumours getting large doses and small tumours smaller doses. The time during which the radium is left *in situ* averages about 20 hours, but it is calculated from special charts

to give about 800 mgrm. element hours in the uterus and 1500 mgrm. element hours in the vagina at each treatment. There is a tendency of late, owing to the increased demand for beds at the hospital, to reduce the number of treatments to two, with a three weeks' interval, and with a larger dose at each treatment. This dose cannot be increased proportionately, however, owing to the danger of such a concentration, so that the

of the cervix. Severe radium injury to the bladder or rectum is avoided by plenty of packing, but mild proctitis is quite common. Sepsis is the most serious complication, but mild sepsis is not an excuse for delay in starting treatment. In one case I saw the cavity of the uterus was thought to be infected, but this was dealt with by inserting a glass drainage-tube into the cervix.



GYNÆCOLOGICAL THEATRE.

total mgrm. element hour dose is of necessity smaller, but the results obtained do not appear to have suffered. Another advantage is the decreased risk of sepsis.

The anæsthetic used for these operations was evipan, apparently a favourite anæsthetic in Stockholm, where I saw it used on other occasions. Only once did I see ether used—a case of ectopic gestation. Nor, as far as I could see, was premedication used at all. It was strange to see the patients wheeled into the theatre in their ordinary beds, then to climb out of bed and on to the operating table.

Routine cystoscopy is done on all cases of carcinoma

The patients are in hospital only three or four days for each treatment, and between treatments the patient can go home.

The radium applicators are made up actually in the theatre. There is an elaborately fitted bench, where, on pressing a button, a small drawer automatically opens containing ready packed needles of the required strength. These are of platinum of filter thickness equivalent to 1 millimetre of lead, and are packed as many as may be needed into the applicators, which may be tubular, flat or cone-shaped, and made of stainless steel of a thickness equivalent to 2 millimetres of lead. The

* This photograph and the one on the opposite page are taken from a pamphlet published in Stockholm describing Radiumhemmet and its works.

packing is done by the junior nurse, who stays at this work only three months at a time.

One other thing that particularly interested me was the way the operation note was written up. Between operations we would all troop into a side room to smoke (where, incidentally, among others on the walls, was a photograph of Sir Comyns Berkeley), and here the assistant, seated at his case, would leisurely dictate his note into a dictaphone, to be typed out by the secretarial staff at their convenience. I was told that all the hospital case-taking is done in this way, a dictaphone being an essential part of the equipment of the wards or out-patient "boxes".

Mention has been made of the value they attach to their records, and the same extreme care is taken to ensure the accuracy of their statistics according to the rulings of the League of Nations Sub-Commission. From 1921 to 1936, 2886 cases of cervical carcinoma had been controlled, the 5-year symptom-free rate (not merely survival rate) varying between 20 and 30% each year. To take more concrete examples: of 198 cases treated in 1930, 27.8% were symptom-free in 1935, and of 211 cases treated in 1931, 20.9% were symptom-free in 1936. This is a comparatively wide variation in results, and shows how, even in the same clinic, using uniform methods, figures based on small numbers of cases are unreliable, and so how useless it is to compare results from different clinics.

A few conclusions may be drawn from all this: As far as treatment of carcinoma of the cervix is concerned the Radiumhemmet at Stockholm have amply proved the value of radium in this particular field. With regard to the treatment of cancer in general one or two points may be brought out. Radiotherapy is now a highly specialized science, and should be undertaken only by specialists. There is no need completely to divorce the radium centre from the general hospital as had been done in Stockholm until recently, because surgery is still the first weapon of attack, but for satisfactory scientific approach to the problem special considerations are required. Accurate histological diagnosis is a very important sideline, which must receive due attention. The patients must be encouraged to attend follow-up clinics regularly, so that accurate records can be kept. The Radiumhemmet prides itself on having not lost trace of a single patient since these methods were started in 1914. The problem of cancer is far from worked out, but it is by the application of such minute attention to detail that progress in this field can be made.

AN ASTONISHING CASE OF INTUSSUSCEPTION A CENTURY AGO

By W. R. BETT, M.R.C.S., L.R.C.P., F.R.S.L.

"and their belly prepareth deceit."
—The book of Job, xv, 35.

FOR us to-day, brought up in such fear of intussusception as to watch even over a doubtful case with knife in hand, the following story is as astounding as it is incredible. Yet it tends to confirm the experience of many practitioners of what Voltaire so fondly called the conjectural and murderous art of medicine that the human body is surprisingly tolerant of heroic or injudicious treatment.

The case is reported by John Fox, Surgeon, of Cerne Abbas, in Dorsetshire, in the *Transactions of the Provincial Medical and Surgical Association*, 1839, vii, pp. 354-63: A boy of sixteen, residing in the parish of Nether Cerne, was taken ill on September 10th, 1838, with dull pain about the navel, occurring several times in an hour and lasting a minute or two. Though he took several ounces of castor oil, his bowels were not opened. The surgeon thereupon prescribed 5 grains of calomel and 1 grain of opium at once, and $\frac{1}{2}$ ounce of castor oil every four hours until the bowels were freely open. The same kind of pain persisted through a restless night, the boy rejecting every dose of the oil. There was slight fullness of the abdomen. Two grains of calomel and 8 of compound extract of colocynth were next ordered every four hours until relieved, and, if pain and constipation continued, a hot bath for 20 minutes. The patient got progressively worse, the pain becoming almost constant, though more violent at intervals. Twelve leeches were applied to the abdomen, followed by warm fomentations with scalded bran, and a pill was prescribed, containing one drop of croton oil, every two hours. Again there was no improvement. The belly became rather more tumid and harder about the centre of the right iliac region. On the thirteenth of the month the doctor writes: "I came to the conclusion that I had a case of intussusception to deal with, and I endeavoured to explain the nature of it to the poor boy's mother, and to prepare her for a fatal termination." The pathetic story drags on. On the 16th the patient had passed a night of constant pain and vomiting, and had been wandering a good deal. The vomit now contained faeculent material and one large *lumbricus*. That same evening he was seen in consultation with another doctor who agreed that the condition was hopeless, as the boy was evidently dying. At this stage Dr. Fox, who, though slow to act, seems to have been a man of resourcefulness, had a "brain-wave". "It now occurred

to me," he writes, "to give inflation a trial, but I certainly did not anticipate a good result for it, as the remedy came so late, and the case appeared so desperate; however, I thought it my duty, and I therefore immediately procured a bladder, and secured one end of it to the nozzle of a pair of bellows, and the other end to a common enema pipe, and having introduced the pipe its full length into the rectum, the bellows were set in motion by my pupil, and inflation forcibly but slowly persevered in, until the poor boy complained of a disposition to 'break wind'." He later passed wind in large quantity, followed in a few minutes by a very copious and liquid evacuation containing a few hard lumps. There was no more vomiting. The copious evacuations continued for the next two days. On the 22nd there was a decided change for the worse, and the doctor records the firm impression on his mind that the case would even now prove fatal. On the following day the nurse was both horrified and amazed to find a large piece of intestine, with some of the mesentery still adhering, in one of the boy's stools. This dramatic episode, incredibly enough, spelled recovery, which was uneventful and complete. The patient was in perfect health four months later, "following his usual occupation of milking and exercising horses without inconvenience". With the boy happily passing out of the chapter, let us bid farewell to his doctor, serenely content in the belief that, late as the remedy came, it was still early enough to be the means of saving the boy's life by tearing asunder the attachments between the dead and the living intestine, and thus assisting Nature in her work of reparation, whilst the inflammation set up by the destruction proved essentially a restorative process.

ST. BARTHOLOMEW'S HOSPITAL LIBRARY

THE Red Cross Library at Bart.'s was started in October, 1930, and for the last three years has been situated under the Surgical Block opposite the Roman Catholic Chapel. It is a good-sized room with fine big windows, but it is not, however, big enough for the Library's needs, and is being enlarged. The books are kept in open steel shelves, which at present hold about 4000 books. Of these fiction is most prominent. There are as well sections of biography, history, travel, the classics, natural history, religion, poetry, and a large section of children's books, scrap-books and magazines.

The Library serves 575 beds. It does not go to the maternity, septic, children's or ophthalmic wards, although some of these wards are sent a supply of books from the Library monthly; these books are not reissued.

The 23 wards that are served are visited once a week on a specified day. There are now 20 librarians and two menders. The books that fall into disrepair are rebound with American cloth, which serves the purpose very well.

The books are taken to the wards in specially constructed trolleys, each of which hold roughly 100 books. The women's wards have mostly fiction, and "light love" is very popular. The men like thrillers, and they are also keen on sea stories, travel, sport, and sometimes political history. There are always exceptions to the general rule, and so it is wise to take a few classics, biographies and natural history, also scrap-books for the very young.

Each patient may have out as many books as he or she wishes, and they have them free. They very often express surprise at this, and all seem pleased to see the trolley arriving. Most patients choose their own books from the trolley, but a few prefer the librarian to choose for them. If anybody wants a special book or author, the librarian writes it down in a note-book, and sees to it that the patient receives the book the next week if possible, or even the same afternoon.

The average number of books given out per week during the last session was 688, but in March this year all previous records for a monthly total have been beaten by the distribution of 3804 books. It is interesting to find that the highest number of books were given out in medical wards, Dalziel of Wooler having 271, and Mary 261. Of the surgical wards the women beat the men by nearly a hundred, Abernethy having 217, and Rees Mogg 127.

The Library has about 5500 books at present, some being in store through lack of accommodation. It now no longer relies on the Red Cross Headquarters for money or the supply of books, although if a special book is required an application is sent to headquarters. The Hon. Head Librarian receives £4 per annum from the Hospital for the purchase of books. Books are also given by the Governors, doctors, sisters, patients and the librarians and their friends, while two of the librarians have a small sale each year, the proceeds of which go towards buying more books. Books in good condition are always needed, and should be sent to the Hon. Head Librarian, Red Cross Library, St. Bart.'s Hospital.

Recently Bart.'s Library had the honour of a visit from Her Majesty Queen Mary, when she was at the Hospital opening the new Medical Block. Her Majesty inspected the room and the books and asked the Head Librarian many questions, and she appeared most interested in all she saw there. Bart.'s Library is proud to be the first Red Cross Library to have had the honour and distinction of a visit from Queen Mary.

A DISEASE OF THE SPECIES

By J. D. O. DOUGLAS.

A CENTURY ago a rapid increase in the world population was threatening the world with poverty and starvation. To-day, a rapidly decreasing birth-rate threatens the human race with extinction. This fall in human fertility is a remarkable feature of modern times. It can be attributed to no single cause, and its arrest is a problem that no government has come near to solving.

Before the eighteenth century the population of Europe had varied about a mean value, increasing when harvests were good and decreasing in times of famine and discase. Towards the end of this century there was an increase in population due, in part, to progress in preventative and curative medicine which brought about a reduction of mortality, especially infant mortality. Further contributory factors were (a) an increase in the available means of subsistence as a result of the application of recently acquired scientific knowledge to agriculture and industry, and (b) an improving transport system which allowed famine in one area to be relieved by the produce of other parts. There can be little doubt that these economic factors, by decreasing malnutrition, tended to lengthen the child-bearing period of women's lives, and to increase the likelihood of their conceiving, thus leading to an increased fertility, especially marked among the working classes.

These medical and economic factors still exert a favourable influence on the growth of the community, but they have been unable to counter-balance a fall in the birth-rate which started in France in the middle of the last century, and in England a decade later. During the last forty years this fall in fertility has affected, to a varying extent, nearly all the countries of the world, especially those which are highly industrialized. In many countries in Europe and in colonies such as New Zealand and Australia, the birth-rate has fallen so low that the populations are not replacing themselves. In other countries, such as Italy and Russia, there has been a decrease in the number of births, but there are still more than enough babies produced to balance deaths. Whereas the fall in fertility primarily affected the rich and the intellectual, of late years all classes have shown a comparable decline, and there is now little justification for the fears of those eugenicists who foretold a world peopled by workers and degenerate but fertile members of the human stock. This is small comfort, however, when it is realized that, even if fertility remains at its

present level, the population of England, according to Kuczynski, may be expected to decrease after 1943 at the rate of approximately 25% each thirty years.

A galaxy of causes has been advanced to explain the diminution in human fertility. Only the more interesting of these will be discussed here.

From America comes a biological theory, originating with Dr. Raymond Pearl, based on experiments with fruit flies bred in the artificial universe of a milk bottle. It has been shown that the breeding rate of such flies is proportional to the density of the population. More specifically, the greater the number of flies the slower they breed. This rule has been shown to hold for other creatures such as goldfish, and many consider that it applies to human communities as well. In view of the fact that the fall in human fertility started in those classes which suffered least from both physical and economic overcrowding, it is hard to regard Dr. Pearl's experiments as anything more than interesting scientific observations.

The ubiquitous vitamins have been introduced by Prof. Drummond, who points out that at the time when fertility started to fall, the human race was deprived of its main source of vitamin E, by the change from stone-ground to machine-ground flour. Such a deprivation, he asserts, would be enough to account for a great fall in fertility. It can only be granted subsidiary importance, however, since peoples who have never been addicted to stone-ground flour, such as the Japanese, have nevertheless suffered a decrease in fertility. It is also hard to explain why the vitamin lack should affect the rich before the poor. Vitamin E therapy, however, has proved very successful in certain cases of abortion and, since more males than females are aborted, would tend, if generally adopted, to bring about numerical equality between the sexes.

The feminist movement and the increasing consideration shown to women have also been blamed for the falling birth-rate. There is good reason to believe that the period of maximum desire in the female is one of low fertility, and any limitation of intercourse during this period would diminish the chance of conception.

The final and probably the most important cause is the increased knowledge and use of contraceptives. Many reasons have been given for the voluntary limitation of families by this means. There is probably little truth in those explanations which postulate a

concern for the welfare of the children, for it is just those wealthy people who can well afford to have many children who limit their families most drastically. There is every reason to believe that when children became a liability rather than an asset, as occurred after the reform of the factory laws, it was found that the desire for progeny could be adequately satisfied by one or two offspring. The resulting limitation of the family was, indeed, accompanied by an increasing regard for the welfare of the child, but undoubtedly the basic motive was a selfish one. The part played by contraception in causing the falling birth-rate is, however, still a matter of some discussion. It is enough to point out that the only state in the U.S.A. which has no laws against the sale of contraceptives has one of the highest birth-rates. It should also be remembered that the decline in fertility started in France—a country predominantly Roman Catholic.

There is a large body of opinion, especially in non-totalitarian states, which sees in the falling birth-rate a sign of returning prosperity. If there are fewer babies, it is argued, there will be fewer unemployed. This line of argument is clearly unallowable, for not only will a fall in the birth-rate not make the slightest difference to the adult unemployed, but it will rather add to their number. For example, fewer children need fewer prams, fewer sweets, and later on fewer schools, and will thus lead to decreased employment in the pram, sweet and schoolmastering professions. Even doctors will have their pockets affected, for fewer babies mean fewer fees. Thus in the economic sphere the result of the falling birth-rate will be to change the expanding internal market of the days of population increase into a contracting one. Industrialists will be faced with the alternative of enlarging their sales to those countries whose population is still on the increase; or of cutting down their expenses by wage reductions and the dismissal of unwanted employees. The first alternative will lead to a revival of imperialism, and the growth of fierce international competition for markets that may well lead to war. The second alternative will throw an added burden on the taxpayer, and at the same time make him less able to bear it. Since an increasing number of old people will be supported by a decreasing number of young, there will again have to be an increase in the taxation of the employed members of the community to provide the money necessary for pensions.

The most unpredictable of the effects of the falling birth-rate will be on the hierarchy of nations. It is hardly conceivable that England and France, with a declining fertility, will be able to retain the colonies they now possess. Nations such as Italy and Japan

with imperialist ambitions and a still increasing population may well be expected to wrest our colonies from us. In a world where wealth and prestige are based upon force, England, unless she can stabilize her population, must be prepared to take her place as a second-class nation.

Little alteration in the decline of the population can be expected from an increase in the number of marriages, or from any future reduction in mortality either before or after birth. Measures designed to arrest the fall in the birth-rate must therefore be based on a study of the considerations that cause parents voluntarily to limit their families. This is a neglected field of study, and there is much scope for research by psychologists practised in the technique of the questionnaire method.

Carr Saunders has classified the reasons for the limitation of families under the heads of medical, psychological, economic and social. Medical and psychological causes may be bracketed together, and include fears of the pains of childbirth, and apprehensions of the bearing of offspring that are monsters or mentally deficient. Mispliced genetic zeal has certainly played its part in the limitation of the family, and medical men may do much, by reassurance, to undo the damage of the over-popularization of science.

Economic considerations affect all classes, for even the wealthy wish their children to enjoy affluence and limit their families accordingly. Poorer classes see in the ranks of the unemployed a sure sign that the world is overpopulated and that their children are not wanted by the State. Wages and salaries, even in countries such as France, Italy, Belgium and Germany, favour the unmarried and infertile. Bribes to procreating in order to be effective would have to offset more than the cost of the child's upbringing, and even then would be relatively ineffective among the well-to-do.

Lastly, children are far from being a social asset. In the flat life to which so many people are condemned, no provision is made for large families. Continuous propaganda from neighbours, from films and from daily papers, teaches that children are a nuisance less to be desired than cats and dogs.

Measures penalizing bachelors and preventing the sale of contraceptives have shown themselves ineffective in arresting the population decline. With the discovery of the excellent spermicidal properties of common soap, birth control has been brought within the reach of all, and any attempt to control it will not only be ineffective, but will arouse a sense of tyranny. It will need a revolution in our mental outlook and in our social system to stop the retreat from parenthood. Unconsciously humanity is on strike, and only a reconstruction of the world will save it from self-extinction.

DAVID PITCAIRN

1749-1809

Being based on the Wix Prize Essay for 1938.

By E. M. ELMHIRST-BAXTER.

LITTLE is known of the early days of David Pitcairn, of his schooldays in Edinburgh, or the six years he subsequently spent at Cambridge. He came from a family of some antiquity in Scotland, and was the son of the Major John Pitcairn who was the first man to go into action against the rebel American colonists in 1775. One of David's brothers was the discoverer of Pitcairn Island, which was later to be occupied by Clark Gable in that tremendous soul-searing epic entitled "The Mutiny on the Bounty".

Within a year of taking his M.B. at Cambridge David Pitcairn was full physician to St. Bartholomew's. This was a magnificent opening to his career, and may not be completely unrelated to the fact that his uncle was President of the College of Physicians, and had unblushingly resigned from the staff in order to give place to his nephew. Among other duties this appointment carried the responsibility of giving a number of lectures to the students of medicine.

It was during such a series of lectures that Pitcairn is believed to have pointed out his observation that valvular disease of the heart was a frequent result of rheumatic fever. The *Dictionary of National Biography* says that this discovery was first attributed to him by Dr. John Latham in his book on *Rheumatism and Gout*, published in 1796. Actually in this book there is no mention of cardiac lesions, nor of Pitcairn. A book by Francis Hawkins (*Rheumatism*, 1826) contains the following passage:

"It is by no means one of the least remarkable circumstances in the history of medicine, that it should have been reserved for Pitcairn, in the latter end of the last century, first to observe the tendency which rheumatism has to attack the heart and pericardium."

This immensely important connection between the two conditions which had always been considered separate entities seems to have been observed by others at much the same period, but whether before or after Pitcairn's teaching it is impossible to say, since no date can be given to his lectures.* Corvisart, in France, threw out a suggestion that rheumatism and gout might be a cause, amongst others, of adherent pericardium. He also noticed that such a diseased pericardium was

* It has been suggested that it was about the year 1780.

more common in France in the tumults and deprivations of the Revolution. Perhaps in reality he was observing the liability to rheumatic disease of the heart in those deprived of vitamin C—a liability which Rinchart and Mettier have "rediscovered" within the last few years!

Another and more accurate description was given about this time by Dr. Beddoes, who recorded the following in his commonplace book: "There is a degree of Rheumatism, semi-acute, no redness of joints, but some fever, and much pain, in which there is prodigious dyspnoea. Here seems to be some weakness of the muscles of respiration, which the Heart partakes of: and under these circumstances I suspect the Heart readily enlarges; having known instances of such rheumatics labouring under enlargement of the Heart."

It was Matthew Baillie who insisted that Pitcairn was the original discoverer, and few of his articles or books on the subject refrained from mentioning the name of his friend. To take an example from Baillie's notes: "In some young persons palpitation depends upon an enlargement of the several cavities of the heart, produced not infrequently by rheumatism attacking this organ. This cause of enlargement was overlooked by the physicians of this country, till it was discovered by the sagacity of my esteemed friend Dr. David Pitcairn."

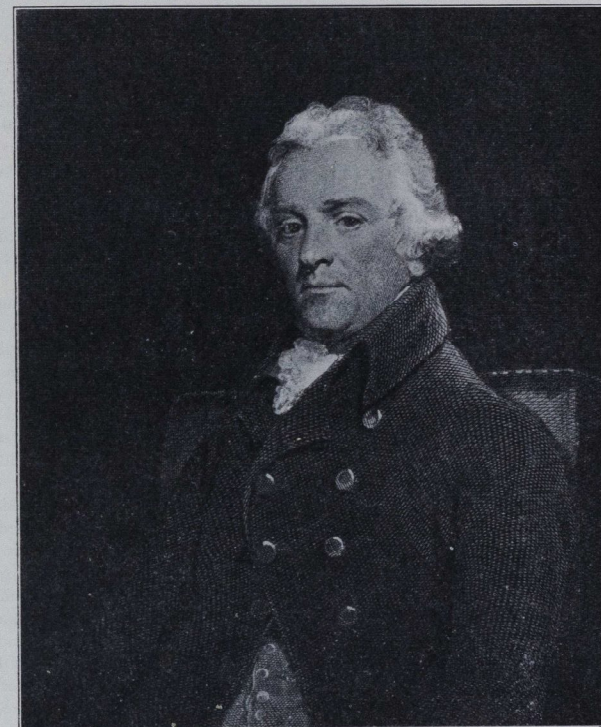
At his death it was said: "He was the first who took notice of the connection between Rheumatism of the external parts of the body, and a certain affection of the heart, which he hence called rheumatism of that organ. Since it was mentioned by him, numerous examples of it have been seen by others, which puts the justness of the observation beyond doubt; though no trace of it exists in any author prior to Dr. Baillie, to whom he had communicated it."

Whether Pitcairn really was the original observer is of no real importance as compared with the fact that he must have reached his conclusions by himself; and even if this distinction must be shared with his contemporaries, it in no way diminishes the amount of credit which is due to him. In 1715 another physician of Scotch extraction, James Douglas, had heard a systolic murmur due to aortic valvular disease which he saw after the patient's death. He also was at St. Bartholomew's when he made this observation, and thus the two great cardiac discoveries of the century were both made

within the walls of one hospital, and by men of the same nationality. And the art of auscultation had not yet been introduced to the world by Laennec.

It was probably during these early years at the Hospital that Pitcairn found time to return to Scotland with Dr. Fordyce. In Glasgow they spent a great deal of time cataloguing the vast number of specimens in Hunter's

The list of the collection which follows is not confined to mere numbers and descriptions. No student could have resisted attempting to see a specimen so alluringly labelled as "Stricture of the Colon, about three inches. Lord T—. Above a year's standing—Dreadful case—(Dr. H.)". The present-day museums are the poorer for the absence of "One of the tonsils of the Elephant,



DAVID PITCAIRN.

Anatomical Museum. Hunter had died without a correct catalogue ever having been made, and the list which was subsequently printed is the only publication to which the name of David Pitcairn is attached:

"The following catalogue is, to the best of our knowledge and belief, a true catalogue of the Anatomical preparations left by the late Dr. Hunter.

"G. FORDYCE.

DAVID PITCAIRN.

W. COMBE."

very curious", or "The Kidney of the Porpoise injected green". As an addendum was solemnly added "A considerable oblong piece of slate; said to have passed from a Boy's bladder; (an Imposition)".

Three years after his election as Physician to the Hospital, Pitcairn became the medical attendant of the Prince Regent, who was newly released from parental control, and who was setting up his own household. Pitcairn now obtained his M.D. degree from Cambridge, to obtain which any candidate "must

explain publicly in the Physick School a whole book of Galen in six extempory, or at least three written lectures, each of which he must be an hour in reading".

It is an extraordinary fact that throughout his life he never wrote a single article which was printed; especially strange at this period, when medical men were rushing into print at the slightest excuse. The loss which the medical world suffered through this refusal to write cannot be estimated, for during all those years of busy hospital and private practice he must have come to many conclusions and made many observations which his successors would have been the better for knowing.

When some of his friends tried to persuade him that, with all his experience, he must have a great deal of information that would be best on paper, he cynically retorted that he did not wish to be obliged to write still more in seven years' time in order to contradict his present opinions.

The death of the famous Dr. Warren in 1797 permitted Pitcairn to reach the zenith of his prosperity. He was the unchallenged leader of his profession in London, not merely the "fashionable" doctor of the time. It is significant that it was always he who was called in by any of his colleagues in difficulty.

In the autumn of this same year he fell from his horse and was badly shaken up, bruising his left side severely. Shortly after this he began to notice that his heart seemed to be beating too violently, and this worried him considerably, since one of his brothers had suffered from similar palpitations and a post-mortem showed a pathologically enlarged heart. Pitcairn nevertheless continued work until February of the next year, when he had a hæmoptysis, which recurred a few months later.

These hæmoptyses, combined with the condition of his heart, not unnaturally made him more disturbed, and in the autumn he decided to take a holiday—one of the first in his life. In September he sailed for Lisbon, since there was then no danger from marauding French ships, their naval power having been broken by Nelson at the Battle of the Nile the month before. The combination of enemy ships and the prospect of the Bay of Biscay in a sailing craft would have been enough to deter any man.

For eighteen months he remained in Portugal, at the end of which time he had decided that he could stay abroad no longer, and in May, 1800, he sailed for England. On his return his friends found him apparently no better. He still complained of his heart, and his tall figure had grown thin—a fact which his erect bearing seemed to emphasize. Once back again his interest in his work revived, and by the end of the year he was once again receiving patients at his house and

was looking much fitter. Before long he was leaving his house to attend consultations, and at length he had entirely regained all the professional ground he had lost. For the rest of his life, however, he always took a holiday of four months in the winter, when he would go to one of his houses in the country.

After two years of comparative health his heart once again began to give him trouble, and he decided to treat himself by abstemious living. For several years he would drink nothing stronger than water, and resolutely avoided all meat. Two years before his final illness he once again began to eat meat, and at the close of 1808 his friends remarked to him that he had never looked better in all his life. Though he was so careful in his diet, he was not so attentive to the amount of work he forced himself to do. It is said that several times in the cold spring of 1809 he got out of bed after midnight and drove twenty or thirty miles before morning in order to visit a patient—no light feat when the state of the roads and the type of carriage are taken into account.

In the spring of 1809, whilst living in Craig's Court, Charing Cross, he had a particularly bad attack of what he thought was quinsy. On April 15th he went to bed, had a blister applied over his throat, and was bled at his own desire. This treatment, which had previously been efficacious, seemed to make him no better, and the next day his closest friend, Dr. Baillie, called on him, not knowing he was ill. To use Baillie's own words:

"He was then lying upon his left side, in some degree across the bed, and spoke thickly from the swelling in his throat. His skin was hot and his pulse frequent but not hard. He had been bled copiously by his own desire, and the blood was very buffy. He had also taken some opening medicine and had applied a blister to his throat. The blister, however, had occasioned so much irritation that it was taken off before it produced its full effect. He did not consider himself to be in danger, and I thought that the disease was nothing but what he had often experienced, with a little more than its usual severity."

Baillie called again at eleven the next morning, "and found him sitting up; but his countenance was very pale, his pulse feeble and unequal, and his voice almost lost. There was some difficulty of breathing but this was without any particular noise or spasmodic character belonging to it. He had, however, an uneasy feeling in the larynx and he wrote down with a pencil on a piece of paper, that his complaint was to be considered as croup. When the parts in the throat and mouth were inspected the tongue was found to be very much swelled and the under surface of it was exceedingly red.

The velum pendulum palati was also red and swelled; from the thickness of the tongue, the tonsils could not be seen distinctly. The velum was incised but no pus appeared. I called myself between four and five in the afternoon and found him in bed. His pulse was then regular and not deficient in strength. He was breathing with difficulty and was a little drowsy, but his countenance was expressive of less distress. He thought himself, and I also thought him, somewhat better. About eight o'clock in the evening he became suddenly worse and in less than half an hour afterwards he died."

It is easy to be wise after the event but, from the distance of more than a century and a quarter, it seems almost criminal that a tracheotomy was not performed. Baillie himself may have realized this afterwards and suggested that it should be tried in future.

An autopsy was performed two days later by Sir

Benjamin Brodie in the presence of Matthew Baillie, Everard Home and W. C. Wells, and œdema of the glottis was demonstrated. "The mouth of the larynx is so much narrowed that the vital functions are actually extinguished by the stricture. And yet the apparent inflammation in the throat is so inconsiderable that it would hardly be noticed."

And so he died at the age of nearly sixty. A good, kind and unassuming man who "was particularly fond of the Scottish game called Golf which took him amongst all sorts of people". But in spite of all this indisputable virtue (which was allied to a good native commercial sense), he cannot be regarded as other than pathetic, for all he left to show he had ever existed was a lot of money, a third part of a museum catalogue, and a fulsome memorial in a village church in Hertfordshire.

BRITTANY

PERHAPS the person most surprised at my going into Brittany was myself. Since I had first mooted the idea of a solo-walking tour in a strange land I had been alternately encouraged and deterred. Glorious sunshine and pelting rain, fascinating novelty and intense boredom, good food and typhoid fever, were alternative pictures placed before me. Amateur psycho-analysts read deep lesions in my refusal of a companion, while sentimentalists wove phantasies of unrequited love. I landed at St. Malo and turned my back on English ways to find the depressing pictures false. I was the guest of a hospitable people, and even the elements co-operated to make me welcome.

Themselves descendants of Celts from Wales who retreated thither under the pressure of invasion, the people have also an admixture of Spanish blood, while in the Pont l'Abbé region a trace of Mongol blood is evident. Here also the women wear a head-dress of Mongol origin, the "bigouden": a cap about a foot high, of elaborately embroidered linen perched on the crown of the head and supported by chin-straps. At Pont l'Abbé too, until very recently, it was common to loan or exchange one's wife. I played delightful games of "snap", which consisted of my saying a Welsh word of which they tried to find the Breton equivalent, or they would give a Breton word which I would try to match in Welsh. I was amazed at the close parallels between nouns, but verb conjugation is so different that when we tried to extend the game to phrases the system failed.

The people in the country are embarrassingly generous, although in the St. Malo district "tourist fleecing" has spoiled them. Two instances of their kindness I recall vividly; one at an inn where I asked for Vichy water; being unable to provide this Madame offered me a bowl of milk. When I offered to pay she said, "You must not pay since it was I who offered it to you. Remember also that next time you pass there will be another bowl of milk for you". The other occasion was at a farm, poor in appearance, with a floor of beaten earth and with old-fashioned "lit-clos". Here I was offered sour milk to relieve my thirst, and when I asked how much I owed the host said, "If you are too rich put it all in my hand. If you are not too rich, keep your hand in your pocket".

At five o'clock every evening I became a fluteless Pied Piper, for at that hour I used to overtake children going home from school. Eager to learn more about this queer creature, they would trot beside me, telling me their names, their age and what they had learned at school, dropping behind only when tired. Of sterner metal however was Pierre, aged five. He kept up a curious jog-trot with me for over a mile and cross-questioned me exhaustively as to how I got stones out of my shoes. He was too young to undo the buckles of his, he said, and wondered how I managed with no one to unlacc mine. He took a long time finding out.

Walking along the major roads was very tedious. Each consisted of a strip of macadam with a dust pit

along each side and a grass verge. At fifty-foot intervals were dumps of small stones, and these usually had been tipped on the shady side. Thus just as one had got into the rhythm of walking on the grass a deviation had to be made into the dust. The only alternative was to walk in full sunlight. France has nothing like the British ordnance survey maps with footpaths marked, and only on two occasions was I rash enough to explore the byways, one leading me to fight a retreating battle with some form of stag hound, while the other, after numerous culs-de-sac and impenetrable hedges, brought me just a hundred yards ahead of my starting-point after half an hour's hard work.

Scenery is very mixed. Particularly worthy of mention were the walks along the seashore, along the cliffs, and especially in the forests, when the air was charged with the resinous scent of pines. Above Quimper a twisty road clings to the side of the hill and gives panorama of the distant city sleepy in the haze, the twin spires of the cathedral rising into the sky. A curious feature of this cathedral is the deviation of the chancel from the line of the nave. As the primitive church developed its transepts as housing for extra chapels, the pious saw in its outline the form of the cross. Extending this mystic symbolism the rose window, the ancient solar disc, became the crown of thorns, and the central spire the spear; here ingenious builders inclined the chancel to the nave to represent the drooping head of the dying Christ. Apart from its architecture and a large quantity of medieval stained glass, for catholics Quimper Cathedral has objects of especial veneration, including a hair of the Blessed Virgin and a fragment of the veil of her mother, St. Anne. Breton tradition has it that St. Anne was the wife of a local chieftan who so ill-treated her that she fled to Palestine, making the perilous journey by sea in a pigs' stone feeding-trough.

Apart from their more solid beauty the churches of Armorica are always delightful for their perfume. The statues are daily adorned with fresh flowers, and the air is redolent with the heavy sweetness of lilies.

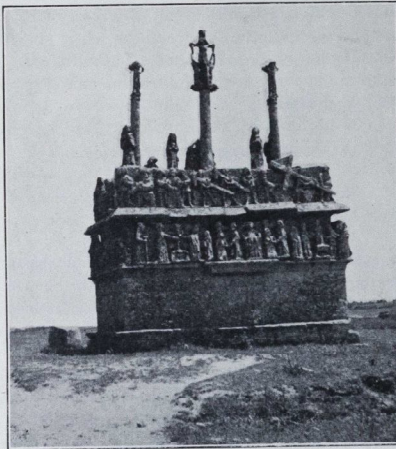
Perhaps the most unexpected thing I saw on the

whole journey was the complete field of the sinister side of the Hospital Arms, sable, chevron argent, graven on a roofboss in Triogat Church. No period is unrepresented in Brittany. Carnac has alignments of stones of whose origin none but the guide can tell. Marble Roman horses prance in Quimper, while each succeeding age has left some monument, from the Town Walls of Dinan to the statue of the Bigoudens at Pont l'Abbé. There are anachronisms, however. In bronze, Laennec, inventor of the stethoscope, sits in the shadow of a medieval cathedral. A massive Bretonne wearing the elaborate *coif* of Pont-Aven sat in front of me in a cinema, and I visited a hospital where the ward sisters are nuns who avert their eyes when talking to a man. I saw a Landudec lady riding to Mass, with one hand keeping her head-dress from being blown away, and with the other guiding her bicycle. In an omnibus near Lorient a Vanneoise was speaking Breton to a priest who had lived in England. Round the sacred fires on the Vigil of St. John the company sang the latest jazz hits.

I should like to add a few words on the war memorials. These bear witness, not so much of the dead, as of the sorrow of the living.

Parents, widows, orphans, graven in stone, symbolize the mourning of the people. At Plozevet, besides a menhir, stands the statue of an old man who lives in the town still. Once he had five children, five sons. The war came, and the old man mourned five times, once for each dead son.

A few practical details may be useful. The French youth hostels are mixed in character and rather far apart. I slept in seven, and they varied from a chateau to a single room. The ground floor of the chateau was occupied by cattle, the first floor by a peasant family, and the second floor by a few hens and by me. The single room served as kitchen, scullery, dining-room and dormitory. At Plozevet I slept in the gallery of the local dance hall. Dinan has a shower-bath in working order, and Isogouet a bathing lake. Hotels are cheap. A bed for a night cost about 1s. 6d., including clean sheets. In the towns a five-course dinner costs 1s. 3d.



A VILLAGE CALVARY.

In the country one can eat simply but adequately for 8d. per meal.

If you go, go alone. Two of you become a foreign colony and everyone fights shy of you. If you are alone

everyone talks to you and you cannot be lonely. If it bores you to watch beetles in the grass and birds in the trees, take a bicycle.

T. H. E. R.

CORRESPONDENCE

THE CAUSES OF DISEASE

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

SIR,—Your contributor "E." in an article entitled "Religio Juvenis" (JOURNAL, September, p. 296) writes:

"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."

I hope I may not seem to be taking too seriously what is after all only an incidental point in his argument, but I am afraid that some of his readers may swallow, along with what may be excellent philosophy, a little biology which is quite false. I hope also that I may never discourage anyone from seeking the origins of disease beyond what appears to be its immediate cause. There is nothing more short-sighted in medicine than to suppose that a micro-organism found at the site of some disease is necessarily responsible for it, and a good many of the chronic infections we see in this Hospital, even some of the acute, are doubtless traceable to vitamin deficiencies, mechanical obstruction, lack of sunlight or ventilation, or other such avoidable defects. But the statement I have quoted can only mean that a man in perfect health would consequently be immune against all infections, and this is not true. The most abundant health would be no protection against smallpox, diphtheria, typhoid fever, malaria, or any of a large number of other diseases caused by what are called "obligatory" as distinct from "facultative" parasites. There are, of course, ways of producing the specific immunity which alone protects against some, though not all, of these infections, and "E." may include such measures in his programme of reform, but he does not say so. He may also have in mind preventive measures directed to the extermination of pathogenic bacteria, but unless these include the universal sterilization of cultivated soil, it will still be possible for his ideal man to get tetanus if he injures himself in the garden.

"E." may like to think that all disease is a penalty for transgression against natural laws. If it is, which I doubt, then neither he nor anyone else knows what some of those laws are. That the most highly organized of living creatures should be the natural prey of some of the most primitive is one of the greatest mysteries in the whole of biology, and nothing will be gained towards understanding it by placing undue blame on the victim and the manner in which he lives.

I am,

Pathological Department,
St. Bartholomew's Hospital,
London, E.C. 1;
September 19th, 1938.

Yours faithfully,
LAWRENCE P. GARROD.

THE DOCTOR'S DRESS

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

SIR,—May I draw the attention of the readers of this JOURNAL to a matter which, I think, affects all of them, especially during the summer months.

On one of the hot days of last summer when it was also very

close, I was working at College when I was approached by one who reprimanded me in the strongest terms for wearing an open-necked shirt. What struck me most forcibly was the perfect sincerity of the gentleman in question. The matter to him was one of ethics. Wearing a tie was more or less equivalent to doing a good deed, whilst going about without one was a heinous and degrading offence.

There are many others who think the same, although the fallacy of this belief is obvious. I do not intend, however, to discuss this point here, although it is of importance, but to make a plea for reason in the matter of dress.

Clothing should be (1) comfortable, (2) protective, (3) hygienic, (4) convenient, *i. e.* pockets. On a hot or close day I maintain that the clothing more or less enforced on business and professional men, and in fact, upon all "respectable" people generally, is neither comfortable nor hygienic, whilst its protective qualities are made use of by bacteria and the like.

I have spoken to the several doctors of my acquaintance, all of whom have told me of the intense discomfort they experience during hot weather due to their having to wear "proper" clothing. How on earth can a man concentrate on the job in hand when he is feeling extremely uncomfortable? What is the hygienic state of the doctor who is continually running his fingers round his collar, wet and sticky from his perspiration?

When it is hot the body sweats in an endeavour to get rid of excess heat by evaporation of the sweat. When a necktie is worn the ventilation which would bring about this effect is absent and hence the body becomes wet, hot and sticky, and the individual becomes irritable and cannot settle down to his work. This is pure physiology, and I imagine Professor Hartridge could make out a powerful case for dress reform.

Most students, I find, agree with my contentions, but do not put them into practice as "it is not the thing". It is not realized that fashions change because someone does the changing.

The medical profession is, above all others, suited to lead the campaign for sensible dress, and there is no reason why Bart's should not start the ball rolling. I know there is a tremendous weight of opinion ready to back up the views expressed above, and I rather hope that some official gesture will be forthcoming.

Yours faithfully,

25, Mount Pleasant Lane,
Clapton, E. 5.

H. ISENBERG.

THE REVIEWING OF POETRY

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

SIR,—I have no wish to reopen the regrettable discussion as to the anonymity of your book reviewers; I do wish, however, to remonstrate gently with the gentleman who has seen fit to air his views on poetry, its writers, and the methods of its writing, under the guise of a review, headed "Poetry of a West Indian", in your issue of last month.

This effort, I must confess, put me slightly out of temper with its author, in the first place because he has not written a review, but a critique—a distinction which appears to have eluded him. In

the second place, because he has devoted about a third of this pearl to the instruction of his presumably bucolic readers in the elementary development of the genus poet. And in the third place, because the greater part of his "review" is in the vein of the master, unbending for a moment to instruct a backward disciple, rather than that of a reviewer giving his readers an unbiased appreciation of the work before him.

It may be that I do him an injustice; he may be a considerable "homme de lettres" for all that I know, but it scarcely appears probable that a man who had read widely of the poets, especially of the more modern poets, would presume to dogmatize as he does.

"There are two classes into which all poetry writers can be divided . . ." says he in his opening lines, and later:

"The poetry of adolescence all the world over is basically similar . . ."

The "reviewer" has but to read the work of some of the young unfortunates of the late war, Brooke, Ledwidge, and the like, to perceive the fallacy of his "adolescent morality-poetry" theory. Further, if he will read a little of Thompson, of Blake, or of George Russell, he may change his mind still further in this respect, and observe that the struggle to harmonize with one's surroundings is almost an integral part of the make-up of every poet, no matter what his age or eminence.

One tends to think that the gentleman is probably either a sculptor or a dauber, since his opinion of poets and poetry seems so low. He speaks of those who write until the passing of adolescence and then "wisely desist", and of those who, heaven alone knows how, have achieved his own maturity, "and still find poetry the necessary medium for their expression".

The writer extends his contempt even to the realm of punctuation, this effort: ". . ." in his rough copy book as interest for himself and material to learn from rather than so early to commit them all to print", being a very fair example of his hauteur in this matter. I would recommend him to a course of A.P.H., who would improve his punctuation, widen his outlook, and would not, I feel, tolerate the word "preciousness," where "precocity" would be so great an improvement.

In short I wonder that the author has stooped to instruct us in these matters, and to correct and advise the unfortunate Calvin Lambert in his work, without first seeing to the beam in his own eye—and wish he had spared himself the condescension.

Yours faithfully,

St. Bartholomew's Hospital,
London, E.C. 1;
September 15th, 1938.

M. W. L. WHITE.

Mr. White's letter has been shown to the reviewer of "Poetry of a West Indian," who replies as follows:

DEAR SIR,—In his gentle remonstrance to my review of the "Poetry of a West Indian" Mr. M. White accuses me of one major crime, and sundry peccadilloes, misdemeanours and inaccuracies.

"The review," he writes "is in the vein of the master, unbending for the moment to instruct a backward disciple, rather than that of a reviewer giving his readers an unbiased appreciation of the work before him."

I regret any impression of patronage that may have been caused by my review—that at least was unintentional. But to demand an unbiased appreciation of a book of poems is patently absurd. Mr. White apparently thinks that a poem can be assessed and criticized in much the same way as a new medical treatment. Unfortunately statistical standards are not yet used in poetry. The best that a critic can provide is an honest personal opinion.

It is precisely because such criticism is bound to be biased that I wrote a critique rather than a page-to-page review. The general premises from which I approached Mr. Calvin Lambert's book are

set out for the benefit of those who disagree with them. With success apparently. For instead of condemning Mr. Lambert from the mouth of an unknown critic, they can shake their heads sadly over the ignorance of the reviewer and read the book for themselves. And after all what better?

I beg to remain both innocent of punctuation and your humble reviewer,

MARTIN WAKE.

St. Bartholomew's Hospital, E.C. 1;
September 16th, 1938.

UNIVERSITY OF LONDON O.T.C.

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

DEAR SIR,—Under the existing international tension discussion has been turning everywhere as to how we, as medical men—qualified and unqualified alike—may best serve our country. In the nature of our profession it must be clear to each of us that the work of both military and civil medical services are equally important.

At this juncture, however, I would crave a small amount of your space to point out to those who feel mere acquiescence to civil medical authorities not to be a sufficiently concrete expression of their patriotic feelings that, in the U.L.O.T.C. (Medical Unit)—a unit of the Territorial Army—there lies a means of fitting themselves the better to back up those of our fellow countrymen who may at some time be called to the defence of the Empire; the which Heaven forbid.

I shall be pleased to give further particulars to any of your readers at any time, and to welcome them at our lectures in the Pharmacology Lecture Theatre, Charterhouse, on Mondays at 5 p.m.

I beg to remain, Sir,

Yours truly,

St. Bartholomew's Hospital,
London, E.C. 1;
September 19th, 1938.

D. W. BOATMAN,

O.-Cdt. S/Sgt.

THE WELLCOME MUSEUM OF MEDICAL SCIENCE

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

DEAR SIR,—I still come across a certain number of senior students who express regret that they did not discover the above Museum at an earlier stage in their career. They are even inclined, sometimes, to be resentful and blame me for the oversight. Lest I be culpable in this respect, may I once again—after an interval of two years—state what this Museum has to offer to your students?

(1) It presents a graphic picture of clinical medicine in all its branches. By means of specimens, models, photographs and drawings, it summarizes the aetiology, pathology, symptomatology, treatment and prevention of each disease. It, therefore, differs fundamentally from the ordinary pathological museum.

(2) It moves forward. As far as possible each Section is kept up to date. Of special value are the classified cuttings which are found in every Section showing the latest work on the disease under consideration.

(3) It deals with most diseases met with in this country and also abroad.

(4) It is of special value to senior students and men engaged in post-graduate studies. It presents a teaching system which integrates the various subjects included in the medical curriculum. It helps the student to take a broad view of medicine.

(5) A short visit will certainly prove of interest, and will quickly enable the student to judge for himself whether the Museum is likely to be of use to him.

Yours faithfully,

S. H. DAUKES, M.D.,
Director.

August 25th, 1938.

SPORTS NEWS

EDITORIAL

The winter is come, the summer is past and gone, and our minds must turn to winter games, and more particularly to the executive side of these activities.

Chislehurst, for the first time, will be in full swing, and the new Rugby football stand lies in wait for an eagerly anticipated increase in the Saturday "gate".

Well, we have the accommodation, and we have very pleasant support for most of the clubs of the Union. Here, however, is the rub: we suspect strongly that there are many men who are hiding their lights under the communal bushel of timidity. By this rather abstruse remark we mean that many people, who would otherwise play games, find that they are not put down to play—they are, in fact, not on the playing strength of their club.

The purpose of this editorial, then, is to tell these modest people that if, when the weekly teams are put up, they find that they are not getting a game, they will communicate with their secretary, every effort will be made to organize extra games for them.

Further to the above remarks we must add the obvious rider—a many times told tale—with reference to regular, or fairly regular players: **Cross off Early**, and think of someone other than yourselves for once. The carnage amongst secretaries, and the annoyance to those who would have otherwise played, caused by the slackness of the blithe Saturday morning refusal to play is difficult for the offender to imagine.

So here's to a game for everyone who registers his wish to play, and to a good season for every club.

THE PANELS AT CHISLEHURST

Below will be found lists of the winning sides that will be inscribed on the panels at Chislehurst through the generosity of the Dean. The Secretaries of the Students' Union add this paragraph:

"The Council of the Students' Union take this opportunity of thanking Sir William Girling Ball on behalf of the students for so kindly offering to instal at his own expense a number of panels on the walls of the Pavilion at Chislehurst, on which, at his suggestion, will be inscribed the names of members of Inter-Hospital Cup-winning sides since 1919, representing those clubs which will use the ground at Chislehurst, namely, Rugger, Cricket, Soccer, Hockey, Tennis, Athletics."

The list here appended is intended to be complete. If there are any discrepancies or mistakes of any kind, it is hoped that the Editor will be notified as soon as possible.

R. HEYLAND } Hon. Secs.
R. A. HALL }

1922 Soccer

R. W. Savage.
A. C. Dick.
G. H. Caiet.
J. Parrish.
E. Coldrey.
L. B. Ward.
E. I. Lloyd.
J. A. Morton.
E. A. Ross.
A. E. Lorenzen.
H. L. Oldershaw.
G. R. Nicholls.

1923 Athletics

H. B. Stallard.
J. W. D. Buttery.
H. G. Stanton.
W. S. Hinton.
W. G. Scott-Brown.
A. Clark.
J. C. Ainsworth-Davis.
J. D. Hosterd.
R. D. Reid.
G. H. Day.
P. R. Viviers.

1924 Rugger

G. W. C. Parker (Capt.).
A. Carnegie-Brown.
Melbourne Thomas.
A. W. L. Rowe.
W. F. Gaisford.
A. E. Beth.
J. W. Buttery.
R. H. Bettington.
W. S. Morgan.
L. C. Neville.
M. G. Fitzgerald.
T. P. Williams.
H. McGregor.
P. O. Davies.
E. S. Vergette.

1925 Soccer

A. Clark.
J. Parrish.
W. A. R. Mailer.
J. R. Crumby.
J. Huntley.
E. N. Jenkinson.
R. W. Dunn.
A. M. Gibb.
L. Oldershaw.
L. B. Ward.
G. Wroth.
L. A. P. Slinger.

1927 Rugger

R. N. Williams (Capt.).
C. R. Jenkins.
A. H. Grace.
W. F. Gaisford.
R. H. Bettington.
H. W. Guinness.
J. R. Jenkins.
W. M. Capper.
V. C. Thompson.
H. C. Edwards.
H. D. Robertson.
G. F. Petty.
J. H. Taylor.
J. F. Beilby.
C. B. Prowse.
M. L. Maky.

1930 Rugger

J. T. G. Taylor (Capt.).
B. S. Lewis.
V. C. Thompson.
R. N. Williams.
J. A. Nunn.
J. A. Nunn.
G. B. Prowse.
J. R. Jenkins.
E. M. Darmady.
H. D. Robertson.
K. Mundy.
J. D. Powell.
G. F. Petty.
D. M. E. Thomas.
G. T. S. Briggs.
J. Ryan.

1925 Cricket

R. H. Bettington (Capt.).
N. E. Cook.
K. R. Fells.
W. F. Gaisford.
H. W. Guinness.
H. L. Hodgkinson.
N. A. King.
K. W. Mackie.
M. L. Maley.
M. R. Sinclair.
G. C. Woods-Brown.

1925 Athletics

H. B. Stallard.
J. R. Beagley.
T. R. Griffiths.
W. S. Hinton.
J. D. Buttery.
G. H. Day.
C. K. Lakshman.
P. R. Viviers.
M. R. Sinclair.

1929 Hockey

P. M. Wright.
H. L. Hodgkinson.
W. F. Church.
R. T. Davidson.
L. P. Jameson Evans.
M. S. Fordham.
J. H. Hunt.
A. D. Hiff.
E. J. Neill.
J. W. C. Symonds.
F. C. H. White.

1930 Cricket

W. M. Capper (Capt.).
A. R. Boney.
J. E. A. O'Connell.
J. A. Nunn.
W. H. Gabb.
G. D. Wedd.
J. D. Anderson.
C. L. Hayslunker.
F. E. Wheeler.
R. G. Gilbert.
I. N. Fulton.

1930
Soccer

R. Slackman.
F. E. Whosler.
H. J. Reache.
R. G. Gilbert.
C. M. Dransfield.
R. McGladdery.
W. Hunt.
C. A. Keane.
A. W. Langford.
J. Shields.
R. A. Wenger.

1932
Cricket

J. A. Nunn (Capt.).
W. H. Gabb.
J. B. Bamford.
G. D. Wedd.
A. R. Boney.
R. Mundy.
C. L. Hayshunker.
G. T. Hindley.
B. Kait-Smith.
F. E. Wheeler.
G. V. H. Wade.

1934
Soccer

T. O. McKane.
P. J. Hardie.
H. Knowles.
D. R. S. Howell.
J. W. B. Waring.
W. A. Owen.
R. G. Gilbert.
N. H. Bloom.
C. M. Dransfield.
P. A. K. Brownlee.
R. C. Dolly.
C. N. Burnham-Slipper.
A. H. Hunt.
W. M. Maidlow.
G. R. Royston.
C. G. Nicholson.

1936
Cricket

R. Mundy (Capt.).
F. E. Wheeler.
W. M. Maidlow.
D. J. A. Brown.
R. Heyland.
J. North.
A. H. Hunt.

1931
Hockey

J. H. Hunt.
A. D. Iliff.
R. T. Davidson.
C. L. Hayshunker.
G. T. Hindley.
H. L. Hodgkinson.
C. A. Hinds Howell.
J. Lockett.
K. W. Martin.
V. C. Snell.
P. M. Wright.

1933
Athletics

J. G. Nel.
J. B. Youngman.
C. P. Reilly.
W. H. Jopling.
J. W. Perrott.
T. P. Storey.
J. R. Strong.
K. O. Black.
H. W. Rodgers.
J. Smart.
G. A. S. Akeroyd.
K. W. Martin.
J. Shields.
G. D. Wedd.
C. M. Dransfield.

1934
Athletics

J. G. Nel.
K. W. Martin.
B. B. Botha.
D. B. Fraser.
G. D. Wedd.
J. Smart.
C. M. Dransfield.
C. P. C. Reilly.
K. O. Black.
G. T. S. Williams.
O. Garrod.
E. E. Harris.

SWIMMING
CLUB

Local lad makes good! Though the season is finished, we feel that it should be brought to your ears that we have one who bids fair to emulate the famous R. J. C. Sutton's deeds. C. R. D. Sheen has been winning all kinds of things. He has retained the Universities Athletic Union Long Distance Championship in record time, won the Onse 1 Mile Championship, the Portsmouth Pier-to-Pier and the Brighton Pier-to-Pier Races. In addition he was second in the Welsh Open, the 1000 Meters at Ramsgate, and the Southern Counties Mile Championship, each time just losing to Deane, the English Olympic swimmer. All power to his elbow.

We regret to say the rest of the team have been indulging in other troubling waters.

FENCING So far the following fixtures have been arranged for the season 1938-39:

1938.			
Oct. 22	v. London Hospital F.C.	3 F.E.S.	H.
Nov. 5	v. Whitgift School F.C.	4 F.3 S.	A.
" 12	v. University College F.C.	3 F.E.S.	H.
" 19	v. Guy's Hospital F.C.	3 F.E.S.	A.
" 26	v. St. Thomas's Hospital F.C.	3 F.E.S.	H.
Dec. 3	v. Dulwich College F.C.	4 F.3 S.	A.
" 10	v. Whitgift School F.C.	4 F.3 S.	H.
" 12	v. Croydon (S.M.) F.C.	3 F.E.S.	A.
1939.			
Jan. 21	v. Highgate School F.C.	5 F.	H.
" 28	v. London Hospital F.C.	3 F.E.S.	A.
Feb. 4	v. Croydon (S.M.) F.C.	3 F.E.S.	H.
" 9	v. St. Thomas's Hospital F.C.	3 F.E.S.	A.
" 18	v. University College F.C.	3 F.E.S.	A.
" 25	v. Guy's Hospital F.C.	3 F.E.S.	H.
Mar. 10	v. Croydon (S.M.) F.C.	3 F.E.S.	A.

It is hoped to start the usual Thursday instruction evenings as early as possible in October. Any Freshmen who are interested are invited to make themselves known in the Gymnasium at Charterhouse any Thursday after 5 p.m., or to see the Hon. Sec. at the "Freshers' Tea" held in October.

ATHLETIC
CLUB BALL

The United Hospitals Hare and Hounds and Athletic Club Ball is to be held at the Hotel Great Central on Thursday, October 13th. The Wharnclyffe Rooms accommodate over 1000 in the main dance hall; in addition the Winter Gardens and adequate buffet and bars, licenced till 2 a.m., will be available. Marius B. Winter will personally conduct his band.

Tickets, 5/6 single, 10/6 double, may be obtained at the cloak rooms or from the officers of the Athletic Club.

REVIEWS

Saint Helena. By PHILIP GOSSE. (Cassell.) Price 16s.

If tales of fearless bravery, tenacity and privation have any appeal, then the story of the growth of St. Helena, from its earliest days until the end of the seventeenth century, will strongly impress people who hold these qualities dear. The development of St. Helena has not essentially differed from any of those parts of the British Empire which, at the cost of so much life, were founded by our Elizabethan forbears. Typical of the age, men went out into the unknown, driven by innate forces, to discover they knew not what. Of such a kind were Martin Frobisher, John Davis, Baffin and Hudson, who unceasingly strove to find the north-west passage to Cathay, and in whose footsteps Sir Edward Parry followed two centuries later. They went not so much in a spirit of aggrandisement, but were driven forth by a restless desire for further knowledge. If

to-day those men could see the results of the imperialism, of which they were the unconscious founders, it is perhaps possible that they might wish that they had never crossed the thirtieth longitude or the equatorial line. However, explore and navigate they did, and it is due to men of similar calibre that St. Helena has been an undisputed British possession since 1673.

Mr. Gosse tells his tale well. His book, although full of the fruits of painstaking research, has not been written in the manner of historian for historian; his prose makes pleasant reading. He has caught the spirit of the island in its evolution, and has written a good book.

Carefully the author has traced the history of St. Helena, from its discovery in 1502 until this present year. Everything is told—of the years of association with the East Indian Companies of Spain,

Portugal and the Netherlands in the sixteenth century, of the short-lived Dutch occupation in 1672, of the island passing over to England for ever a year later, and of the subsequent difficulties and triumphs of the early governors and of the mutinies which they had to suppress. His chapters on the growth of the island in the eighteenth century are excellent, in spite of such a precise chronological treatment of its governors. He has also given an unbiased account of the appalling treatment meted to slaves by our early English colonists, and in no way has he attempted to whitewash the brutality to which natives were subjected, during their passage from the African coast to St. Helena.

That part of the book which deals with Napoleon's banishment has been treated with a good sense of proportion, and this famous prisoner of war did not encroach too much upon the general history of St. Helena. However, it does seem an exaggeration to say that the task of governorship of the island during this period broke Sir Hudson Lowe's career. After returning to England in 1821 he held a brief governorship of Antigua, he was made a G.C.M.G., and he was given a good appointment in Ceylon, from which he would not have been superannuated but for the fall of the Duke of Wellington's ministry in 1830. These incidents hardly bespeak a broken career.

Furthermore, it was not the Dutch but the Belgians who became "the unwilling allies of France" in 1793 (p. 220). Danton, even before the battle of Jemappes, had the impertinence to incorporate the Belgian troops in the French army. The Dutch remained the allies of England, Austria and Prussia, until the famous treaty of Basel was signed on April 5th, 1795.

Medicine and War: The Doctor's View of War. Edited by H. JOULES, M.D., M.R.C.P. With a foreword by Prof. JOHN A. RYLE, M.A., F.R.C.P., Regius Professor of Physic in the University of Cambridge. (George Allen & Unwin.) Price 3s. 6d.

The events of the last few years must have induced most thoughtful doctors to review their attitude to war; the events of this week will have caused the less thoughtful to consider how this catastrophe would affect them as private citizens and as medical men.

This book is an unbiased statement of facts which will convince any reader of the folly of war, and which shows what is to be expected from war thrust upon us.

Nine medical men have contributed to its writing under the editorship of H. Jules. The foreword has been written by Prof. John Ryle, Regius Professor of Physic of Cambridge University. The first part of the book is devoted to the scourges of war. The aetiology and statistics of the diseases of war are discussed, and these salient points are worth noting: No sooner have the old epidemics of plague, cholera and typhoid been checked by the efforts of medicine, than their place is taken by fresh diseases—trench fever, cerebro-spinal fever, influenza; diseases break free from control in warring peoples; TB rate rises; V.D. becomes widespread; influenza runs riot across the world.

In the last war more admissions on all fronts were made for disease than for wounds. This may not be so in future conflicts owing to the greatly increased power of destruction per unit area of the earth's surface, and secondly, owing to the vast unprotected populations.

The neuroses of war are discussed under the title "Shell-shock". The writer remarks that the Great War revealed a large number of men with nervous systems incapable of standing the stress of battle; but he does not draw the obvious conclusion that the number will be even greater in the next conflict, as the noxious stimuli will be more intense.

The weary tale is carried on by a careful and unemotional account of the effects of famine, deficiency diseases and undernutrition on armies and populations.

Two to three years ago, before the post-war world unmasked itself, we often heard the remark, "Men will always fight"—"War is Nature's pruning-hook". That stupid argument is refuted here at some length. It is being answered in some parts of the world somewhat abruptly by the H.E. bomb, which exercises no known selection likely to produce biological or mental fitness.

The remaining chapters deal with the history of the medical service in warfare, the immunity they enjoyed for centuries reaching a climax at the end of the nineteenth century with a swift and rapid degeneration in the Great War, Abyssinia, Spain and China. In modern wars whose slogans are "Women and children first" "Hospitals and civilians next", it is the widely accepted logical principle to strike where you cannot be hit back.

In "Defence of the Civil Population" present A.R.P. are rightly criticized—the over-emphasis on gas, the little or no protection against H.E., while according to an official statement in the House of Commons 30,000 casualties per day are expected from this source. A good suggestion is made that part of the enormous sum spent on rearmament should be devoted to building a ring of base hospitals in the home countries—a plan for present emergency and future needs. The medical problems of evacuation are not discussed unfortunately. The known intention of the Government to remove a large part of the population of London is dismissed with the brief words, "The Government will call for the co-operative intelligence of all available health and allied services".

Medicine is international. In this country patients of any nation would receive equal treatment. In some states it is the philosophy now to wage war by every known means; doctors and wounded of opposing forces have no right of protection. The profession is urged therefore to maintain its independence, lest the State in fear of impending war conscripts the medical service and drifts gradually into this totalitarian philosophy. In view of the vast number of expected casualties at home, organization and redistribution of medical service is obviously necessary. The adoption of the totalitarian philosophy by this country we think is very unlikely. The fear is expressed that under conscription the profession might be compelled to take part in a war of aggression, or side with the Government in an internal strike. The former contingency is very remote, especially if there is any question of defence of moral right and small nations. The appointment of a commission, as this book suggests, is necessary to adjust the relations between doctors and the State, to decide what form of service is justifiable and to prevent "blimpish" treatment of individuals as described on page 166.

Sceptical of the doctrine of ultra-pacifism in these days, this book rightly, in our opinion, pins its faith to the League of Nations as the best instrument to preserve peace. It hopes that in the near future the medical societies of the democratic countries will convene a world meeting of all medical societies to pronounce that a system of collective security must be established for the sake of humanity.

The authors are to be congratulated on this co-operative effort: a careful, orderly description of the facts of war, an array of arguments based on substantiated evidence, with avoidance of any appeal to the emotions. To the layman, the medical student, the doctor, it indicates a line of thought and action which would eventually lead to lasting peace.

EXAMINATIONS, ETC.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diploma has been conferred:
D.T.M.&H.—McGladdery, H. M.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, August, 1938.

Surgery.—Palmer, T. I., Stewart, E. F. G.
Medicine.—Gardner, E. K., Gregory, J. C.
Forensic Medicine.—Gardner, E. K., Gregory, J. C.
Midwifery.—Gardner, E. K., Weston, J. W.
The Diploma of the Society has been granted to:
Gregory, J. C., Stewart, E. F. G.

CHANGES OF ADDRESS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., "Miraflores", Green-hill Road, Farnham, Surrey. (Tel. Farnham 5047.)
BURKE, Lt.-Col. G. T., I.M.S. (ret.), "Windhover", Hartley Hill, Purley.
MASON, T. O., 137, Shepherds Lane, Dartford, Kent.
STANGER-LEATHES, Col. H. E., I.M.S. (ret.), Beverley, Elvetham Road, Fleet, Hants. (Tel. 830.)

APPOINTMENTS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., appointed Commandant and Chief Instructor, Army School of Hygiene, Aldershot.
NICHOLSON, B. CLIVE, M.D., M.R.C.P., D.P.H., appointed Assistant Physician and Assistant Physician for Diseases of Children to the London Homœopathic Hospital.

BIRTHS

- ADENEY.—On August 16th, 1938, to Bettie (*née* Wardle), wife of Noel F. Adenev, of Dournemouth—a son.
- BEARD.—On August 14th, 1938, to Janet (*née* Ellis), the wife of Dr. Beard, of 74, Woodside, Wimbledon—a son.
- BURSTAL.—On September 17th, 1938, to Katja, wife of Dr. E. Worsley Burstal, of The White House, Lutterworth—a daughter.
- CHURCH.—On August 26th, 1938, to Janet (*née* Casson), wife of Dr. W. F. Church, Ruanda—a daughter.
- HARDING.—On August 16th, 1938, to Virginia (*née* Symes Thompson), wife of Dr. C. L. Harding, of Hipplefield, Salcombe—a son.
- HOSFORD.—On August 22nd, 1938, at 58, Harley Street, W. 1, to Millicent, wife of John Hosford—a daughter.
- HUMPHRIS.—On August 24th, 1938, at 13, King Street, King's Lynn, to Aline, wife of Dr. J. Howard Humphris—a daughter.
- HUTCHINSON.—On September 4th, 1938, to Dolores (*née* Durnford), wife of Dr. H. P. Hutchinson, The Hollies, Haywards Heath—a son.
- LANDOR.—On August 16th, 1938, to Marjorie, wife of Dr. J. Victor Landor, of 13, Hospital Avenue, Singapore—a daughter (Diana).
- MACFARLANE.—On August 26th, 1938, to Hilary, wife of Dr. R. G. Macfarlane, of Robins Fern, Northwood, Middlesex—a son.
- POSEL.—On August 22nd, 1938, at Johannesburg, South Africa, to the wife of M. M. Posel, M.D., M.R.C.P.(Lond.)—a daughter.
- RUSSELL.—On September 1st, 1938, at Mohynin, Upper Burma, to Dr. and Mrs. S. Farrant Russell—a son.
- SHARP.—On September 12th, 1938, at 49, Belsize Grove, N.W., to Helen, wife of Dr. B. Buckley Sharp—a son.
- SIMCOX.—On August 24th, 1938, at 19, Bentinck Street, W. 1, to Olwyn, wife of Dr. Ronald Simcox—a daughter.
- SNOW.—On August 15th, 1938, at Leeds, to Mary (*née* Burton), wife of Capt. J. E. Snow, R.A.M.C.—a daughter.
- STEPHENS.—On August 12th, 1938, at Lyndhurst, Repton Avenue, Gidea Park, to Kathleen (*née* Frederick), wife of Dr. D. J. Stephens—a son.

MARRIAGE

RICHARDS—SECRETAN.—On August 13th, 1938, at St. John's Church, Hampton Wick, Middlesex, Capt. Philip John Richards, R.A.M.C., second son of Dr. W. Guyon Richards, Highgate, N., to Beatrice Mary Vivienne, second daughter of Mr. O. P. Secretan, Hampton Wick.

SILVER WEDDINGS

BAILEY GUARD.—On September 2nd, 1913, at Wooburn, Bucks, Selborne Bailey, M.D., of Bourne End, to Mabel Yardley Guard.

WATTS—HOLLOWAY.—On September 2nd, 1913, at the Church of St. Mary the Virgin, Chipping Norton, Oxfordshire, by the Rev. G. A. Littledale, M.A., John Ernest Price Watts, F.R.C.S., L.R.C.P., son of H. Ernest Watts, L.R.C.P.(Lond.), L.R.C.S.I., L.S.A., of Sunnyside House, Belmont Road, Ilford, to Elvies Lilian Norfolk Holloway, elder daughter of William T. Holloway, of Fern Villa, Chipping Norton. Present address: White Hall, Chigwell Row, Essex.

DEATHS

- BONARD.—On September 18th, 1938, in a nursing home in Nice, after a short illness, Numa Sylva Bonard, M.D., of 19, Harley Street, W. 1.
- JEREMY.—On August 16th, 1938, suddenly, after a long illness, Harold Rowe Jeremy, F.R.C.S.(Eng.), of 66, Harley Street, W., and 176, Clarence Gate Gardens, N.W. 1.
- MAGPHAIL.—On August 28th, 1938, while on holiday, Alexander Macphail, M.D., of Northwood, Middlesex, aged 65.
- STRICKLAND.—On September 4th, 1938, at 6, College Road, Clifton, Bristol, Col. P. C. H. Strickland, I.M.S. (ret.).
- WILKIE.—On August 28th, 1938, in London, Sir David P. D. Wilkie, O.B.E., Ch.M., F.R.C.S., Professor of Surgery, University of Edinburgh.

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.

For the transgression of a land, many are the princes thereof; but by a man of understanding and knowledge the state thereof shall be prolonged.—*Proverbs*, xxviii, 2.

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5s. per week, inclusive. Easy access to West End and City. Bay 5857.

CENTRAL ROOM (f'd or unf'd). Quiet. Suitable for student or journalist. 18/- week.—Write MOODY, 57, Red Lion Street, Holborn.

W.C. 1.—Several vacancies occur in this well-appointed "Flatlet House". H. and C, house-phones, electric fires, etc.—22, Mecklenburg Square. Tel. 5881.

PRIVATE SITTING-ROOM with bedroom or bed-sitting-room with breakfast from 27/6; or other meals as wanted. In good-class house.—35, Fellows Road, N.W. 3. Pri. 6756.

KEW GARDENS.—Station one minute. Good accommodation for one or two. Private family. Meals as desired.—143, Mortlake Road. Pro. 1952.

SNUGLY FURNISHED FLATLET in superior private residence. Divan beds. All amenities. Breakfast if required. Absolute quietude.—66, Herne Hill, S.E. 24.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 2

NOVEMBER 1st, 1938

PRICE NINEPENCE

CALENDAR

Tues., Nov. 1.	—Dr. Evans and Sir Girdling Ball on duty.	Wed., Nov. 16.	—Rugby Match v. R.M.A. Woolwich. Home. Surgery: Lecture by Sir Girdling Ball.
Wed., " 2.	—Rugby Match v. Army Trial XV. Home. Surgery: Lecture by Mr. Roberts.	Thurs., " 17.	— Students' Union Annual Ball.
Fri., " 4.	—Prof. Christie and Prof. Patterson Ross on duty. Medicine: Lecture by Dr. Graham.	Fri., " 18.	—Dr. Evans and Sir Girdling Ball on duty. Medicine: Lecture by Dr. Gow.
Sat., " 5.	—Rugby Match v. Metropolitan Police. Home. Association Match v. Old Aldenhamians. Home. Hockey Match v. St. Mary's. Away.	Sat., " 19.	—Rugby Match v. Bedford. Away. Association Match v. Middlesex Hospital. Home. Hockey Match v. Emmanuel College, Cambridge. Home.
Tues., " 8.	—Dr. Chandler and Mr. Roberts on duty.		Last day for receiving other matter for the December issue of the Journal.
Wed., " 9.	—Association Match v. London School of Economics. Away. Hockey Match v. University College Hospital. Away. Surgery: Lecture by Mr. Wilson.	Mon., " 21.	— Old Students' Dinner.
Fri., " 11.	—Dr. Gow and Mr. Vick on duty. Medicine: Lecture by Dr. Chandler.	Tues., " 22.	—Prof. Christie and Prof. Patterson Ross on duty.
Sat., " 12.	—Rugby Match v. Rugby. Home. Association Match v. Guy's Hospital. Away. Hockey Match v. Bank of England. Away.	Wed., " 23.	—Surgery: Lecture by Mr. Vick.
Mon., " 14.	— Last day for receiving letters for the December issue of the Journal.	Fri., " 25.	—Dr. Chandler and Mr. Roberts on duty. Medicine: Lecture by Dr. Graham.
Tues., " 15.	—Dr. Graham and Mr. Wilson on duty.	Sat., " 26.	—Rugby Match v. Devonport Services. Away. Association Match v. Downing College, Cambridge. Away. Hockey Match v. Nore Command. Home.
		Tues., " 29.	—Dr. Gow and Mr. Vick on duty.
		Wed., " 30.	—Hockey Match v. Hertford College, Oxford. Home. Surgery: Lecture by Mr. Roberts.

BROTHER STEPHEN'S SEAL

THIS month on the cover of the JOURNAL the Hospital arms are replaced by the figure of the Hospital's Patron Saint, St. Bartholomew, in a design which has been copied from one of the early Hospital seals. This is the fourth design that has appeared in a year, and though change is stimulating, even a kaleidoscope will pall.

The Hospital arms, third in succession, have now appeared on the cover of seven journals—long enough to have become acceptable by mere familiarity. Those to whom change of any kind is anathema will deplore the removal of the arms at a time when they have just recovered from the shock of their appearance. To these we would recall that after a plebiscite

had removed Mr. Gill's design from the cover, it was not possible to return to the familiar, if not hackneyed, blocks of Henry the Eighth's Gateway, as they had become too worn to be used any longer. The Hospital arms were used to fill the gap until something more original was ready. Now that time has come. In the present figure of St. Bartholomew the JOURNAL has a design that is pleasing in itself, and one which was the distinguishing mark of the Hospital long before the arms of the Renier family were adopted, and before coats of arms were in general use.

In medieval times few people could sign their names, but all, from King to yeoman, had their seal, and sealing was the ordinary process of authenticating documents. To bear a coat of arms was a military practice which started in the Crusades and did not become general till much later.

Brother Stephen's seal is the second in the series that have been preserved and it is still attached to several of the early charters in the possession of the Hospital. It is a roughly oval piece of dark red wax, pendant to the parchment by a vellum tag; the fingerprints of the clerk who moulded it into shape over 700 years ago can still be seen. The whole pendant is enclosed in a linen bag for protection. Two impressions have been made: the one in front, now on the cover, shows the Saint with right hand raised in blessing and staff crooked in his left arm, and is one of the few early representations which does not show him *écorché* with the flayed skin hanging over one arm. The device which surrounds it runs—

SIGILLUM OSPITALIS SANCTI BARTHOLMEI

—a necessary addition for the seal's identity. On the reverse is the impression made from a classical gem which shows an eagle, the head turned to one side, and with wings and tail extended. Surrounding the eagle is a crude rendering of the same device as on the other side.

The first charter which bears the seal records the winning of a lawsuit in 1198 by Brother Stephen, Master of the Hospital at the time, who was the second master to bear that name. The dispute was with one Robert the Clerk, son of Robert de Theydon, Lord of Wakering, who continued to claim rights in the church of Little Wakering after the Charter from the Hospital which granted him those benefits, had expired. The matter was referred to the arbitration of Richard de Ely, Bishop of London, who found unconditionally for Brother Stephen. Robert the Clerk renounced his claim, and his father, Lord of Wakering, was compelled to guarantee the church against all comers, including presumably his son. The Charter, as befitted Rahere's double foundation, bears not only the Hospital Seal, but that of the Priory as well. The seal of the Priory is not so well preserved and shows a rude relict of the west front of the Priory with its three towers. The seal made by Brother Stephen at the beginning of his Mastership, continued in use after his death and is attached to six charters between 1198 and 1308, when another design was made. The matrix of the seal, probably of silver, has not been preserved, and if the usual practice was followed, would have been ceremoniously broken before the high altar when it became no longer current.

Such is the history of the new cover. Only fools make the same mistake twice, and with the reception of Mr. Gill's design still vivid in memory, it is with some apprehension that it is submitted. However we take courage from the fact of the figure being fully draped and showing no features which could be misrepresented by the unworthy. We hope it will be possible for even the most fastidious to leave the JOURNAL lying about in their drawing or consulting rooms. In conclusion, we can do no better than to echo the words said before a venture of a different nature, "I think it is going to be all right this time".

CURRENT EVENTS

DATES TO REMEMBER

Half the Hospital festivities of the year are crowded into November, and we would remind readers of two of the most important. For Old Students, the Annual Dinner, at which the Duke of Gloucester is to be present, will take place at 7.30 on Monday, November 21st. For all past, present or future members of the staff and students, the Students' Union Ball is at the Grosvenor on Thursday, November 17th. The price of a double ticket is 35s. This may seem a large sum, but the value of the dance demands that it be obtained somehow, even if it means going to a gentleman who will advance it on note of hand alone—provided you have an uncle.

THE BART'S CAMBRIDGE DINNER

The Bart's Cambridge Dinner is to be held at the Mayfair Hotel on the evening of Wednesday, November 23rd. Dr. Arnold W. Stott will be in the chair. It is hoped that as many members as possible will attend, especially those who have just come down from Cambridge. Will any Cambridge graduate who has not received a notice kindly communicate with one of the Secretaries, Mr. Reginald M. Vick, or Mr. W. E. Underwood.

The Mayfair Hotel is offering special terms. Knowing, perhaps, the dinner of old, they think "it is possible that some members . . . would find it a great convenience to stay in the hotel the night of the 23rd". The reduced rates for accommodation are:

Single rooms from 15s.
Double rooms from 25s.

Further information may be obtained from—

The Manager,
The Mayfair Hotel,
Berkeley Square, W. 1.

WAS THIS YOU?

We have been sent three examples of howlers from the recent Conjoint Examination in Medicine:

(1) *The Treatment of Insulin Coma.*

A 5% or 10% solution of glucose should be injected into one arm, and from 5 to 40 units of insulin injected into the other arm so as to prevent the blood-sugar rising too rapidly.

(2) *The Production of Pure Milk.*

The cow must not be allowed to sit on its udder.

(3) *The Treatment of Convulsions in a Child of One Year.*

Among other things, He must not be allowed to drive a motor-car.

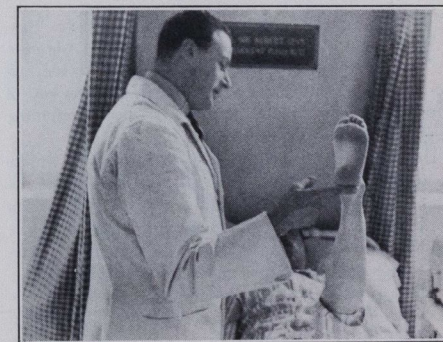
We have been asked to print the following notice: On Thursday, November 3rd, at 5.30 p.m., Professor John Kirk of the Middlesex Hospital is speaking in the Practical Surgery Room on "Medical Ethics". He hopes to speak more from the point of view of Hospital practice. All men are cordially invited to hear him.

NEW YORK CITY

Ceaseless rush, and ceaseless noises
Of the elevated trains,
Plying through the Bronx and Brooklyn—
Wingless demons of the air.
A crashing sound, unseen around,
But underground—the subway trains;
Huge monsters with their straw-built seats,
All roaring through this famous town.
Cities within this city,
To the alien this appears;
Houses within a house,
And fear embalmed in fear;
These endless towers, which seem to pierce the sky;
All are the domiciles of humankind;
Man lives in heights which bring him nearer heaven.

CALVIN LAMBERT.

OUR CANDID CAMERA



"Now here's a nice line at 1/11".

HOUSE APPOINTMENTS

The following gentlemen have been nominated to House Appointments from November 1st, 1938:

Junior House Physicians—

Dr. Gow	Kemp, J. W. L.
Dr. Graham	Parkinson, T.
Dr. Geoffrey Evans	Reynolds, E. G.
Dr. Chandler	Barwood, P. F.
Prof. Christie	Edwards, T. A. W.

Casualty House Physicians (Non-resident)—

Dr. Gow	Butler, K. A. †
	Terry, R. B. ‡
Dr. Graham	Wright, B. M. †
	Dobree, J. H. ‡
Dr. Geoffrey Evans	Hoskyn, C. H. †
	Staley, G. R. ‡
Dr. Chandler	Pratt, J. S. †
	Marshall, A. G. ‡
Prof. Christie	Hewatson, J. C. †
	Candler, P. L. ‡

Junior House Surgeons—

Mr. Harold Wilson	Harmer, M.
Sir Girling Ball	Shields, N. P.
Mr. J. E. H. Roberts	Jayes, P. H.
Mr. Reginald M. Vick	Thomson, A.
Prof. Paterson Ross	Johnson, R. T.

Casualty House Surgeons (Non-resident)—

Mr. Harold Wilson	Braines, F. M. †
	McMahon, R. J. H. ‡
Sir Girling Ball	Messent, A. D. †
	Knill Jones, P. A. ‡
Mr. J. E. H. Roberts	Way, G. L. †
	Little, A. W. ‡
Mr. Reginald M. Vick	Welpley, R. †
	Hanbury Webber, R. * ‡
Prof. Paterson Ross	Macrae, D. E. †
	Vandy, K. W. ‡

Intern Midwifery Assistant (First)

Roualle, H. L. M.

Intern Midwifery Assistant (Second)

Roberts, J. L. D. †

H.S. to Throat and Ear Department

Darke, G. H. ‡

Junior H.S. to Throat and Ear Department

Jack, A. H.

(Non-resident)

Joly, J. S. §

H.S. to Ophthalmic Department

Sturdy, D. C. §

H.S. to Skin and Venereal Departments

Herson, R. N.

(Non-resident)

Knill Jones, P. A. †

H.S. to Orthopaedic Department

Simpson, J. R. ‡

H.P. to Children's Department

Royston, C. R.

Junior Resident Anaesthetists

Fagg, C. G.

Non-Resident Anaesthetist

Ellis, G. H.

H.S. to Dental Department

Phillips, B. M.

Brown, D. J. A.

Henry, T. C.

* If qualified. † 3 months, November. ‡ 3 months, February. Others for 6 months. § Dates to be arranged.

EPITHELIOMA OF THE SKIN:

A REVIEW OF THE TREATMENT CARRIED OUT IN THE SKIN DEPARTMENT OF ST. BARTHOLOMEW'S HOSPITAL

By HENRY CORSI, M.B., B.Chir.(Cantab.), F.R.C.S.

INTRODUCTION.

THE Skin Department of St. Bartholomew's Hospital came under the direction of Dr. Adamson in 1908. From the year 1919 he was assisted by Dr. Roxburgh. Dr. Adamson retired at the end of 1927, since when the Department has been under the direction of Dr. Roxburgh.

Dr. Adamson initiated the treatment of rodent ulcer in the Department, and was also part inventor of the Kienbock-Adamson X-ray method of treating ringworm of the scalp. The chart on the opposite page shows the relative proportion of cases of ringworm and of epithelioma attending the Department since the year 1911.

The contrary direction of the two curves can be ascribed in large part to the methods of treatment invented by Dr. Adamson, or at any rate initiated by him, in this country, twenty-seven and more years ago.

In the case of ringworm his method of treatment led to a reduction of the disease in the whole country; in the case of rodent ulcer his interest in the condition brought more and more cases to the Department for consultation or treatment.

During the period 1911-1937, 667 cases of basal-celled and squamous-celled epitheliomata have been treated in the Skin Department of the Hospital. In the following pages the methods of treatment used are described, and the final results analysed. Close consideration is given to the cosmetic end-result, and, further, to the relative convenience and inconvenience of each form of treatment.

The best method of treatment will be that which satisfies most closely the following requirements:

1. Possibility of treating the whole area at one sitting.

2. Possibility of treatment at the patient's first attendance without making arrangements for a second attendance.

3. If possible the treatment should be carried out single-handed without having to deviate a nurse from other work in order to assist in any way.

4. Minimal length of time required for the actual treatment.

5. Minimal reaction immediately after treatment.

6. Rapid healing.

7. 100% cure.

8. Invisibility of site after cure.

9. Material should be available for micro-section.

10. Expense should be low.

Excision might be expected to give 100% cure. In practice it does not do so for reasons that are not altogether clear. It may be that in the course of operation tumour-cells get grafted into the wound, or it may be that a sufficient depth and margin of healthy tissue fails to be removed. Though the diagnosis of rodent ulcer is easy, it is not so easy to be quite certain of its extent. This can be allowed for, for instance, on the forearm, by taking an abundance of supposedly uninvaded tissue. But the majority of rodent ulcers occur on the face. Here it may still be possible to excise

freely, e. g. in the centre of the cheek. At the same time it must be remembered that a linear surgical scar tends to be a good deal more obvious than an irregular scar, and unless the operator is "cosmetically minded" the result may fail to be completely satisfactory. Further, a very great number of rodent ulcers are not only situated on the face, but in the centre of the face, in which situation excisions are awkward. It is these mechanical-cosmetic reasons, together with the incomplete reliability of excision, which have always led to the search for some means of treatment other than excision.

Excision is desirable where an epithelioma has got out of hand, i. e. has failed to be cured by radium or X-rays, or is believed to be penetrating bone, or as occasionally happens, has had a number of treatments by inexpert hands. Here secondary considerations—convenience, expense, cosmetic result—cease to have weight. Free

surgical removal with the cutting diathermy combined with radium or X-ray therapy probably offers the best chance of cure. Fortunately such growths are rare. The vast majority are readily treated in the Out-Patients' Department, with consequent great saving of time and expense, by some method other than excision. The methods of treatment which will mostly engage our attention are firstly radium, secondly radon, and thirdly Adamson's method of curettage + X-ray. The outstanding advantages of the last of these methods will be manifest.

The majority of cases of rodent ulcer can be recognized at sight by anyone accustomed to examine such cases. Actually, however, the clinical diagnosis has, except in cases treated by radon seeds, almost always been confirmed by micro-section. This has sometimes revealed what was thought to be a basal-celled epithelioma to be squamous-celled epithelioma or of intermediate type. It is customary to look upon squamous-celled epithelioma as having a less favourable prognosis, and it is true that such epitheliomata become dangerously malignant when they have been allowed to grow to some size. They do not, however, disseminate along the lymphatics until late, and when small, respond to X or radium radiation in a manner hardly distinguishable

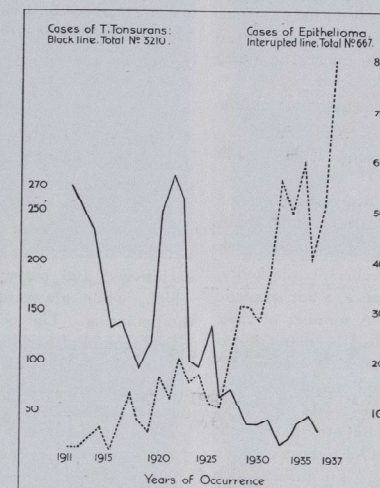
from basal-celled epithelioma. Where, however, a squamous-celled epithelioma was diagnosed, treatment was made rather more "thorough", e. g. more cauterization, or more radium, etc.

In a few instances a supposed epithelioma turned out to be keratosis senilis or a common wart. The error was so rare that it cannot effect the conclusion to be drawn as to the value of a particular treatment.

I take the opportunity at this point of expressing my thanks to Dr. Robert Klüber, who performed all the histological investigations, in addition to carrying out many of the treatments.

RADIUM.

Radium has been used in the department since the year 1914, experience in its effects being acquired in a variety of diseases. The number of epitheliomata



treated has been 112. Plaques of 2.5 mgrm., 5.9, 11, 20 and 50 mgrm. have been used. The plaques were applied to epitheliomata for times varying from a single application of several hours to every conceivable variety of fractional application, such as half an hour daily for six weeks, or six hours every six months.

The results naturally varied, but in some instances an almost perfect cosmetic result was attained. An objection was that the period of convalescence required was longer than desirable. As the radiated tumour was left to be absorbed or rot off, there remained, often for several weeks, a place on the face showing some degree of inflammation. Recurrences in the early years were frequent. This can be ascribed largely to the fact that the radium was not screened, so that while β and soft γ radiation sterilized the surface of the thicker tumours, some of the more deeply lying cells escaped.

The difficulty can be got over by screening the radium, or, as Dr. Adamson did, by the following procedure :

Injection of novocaine. Erasion of all visible tissue with Volkmann's spoon.

Application of radium to the raw area.

The optimum time finally settled for the application was six hours, which dose was not repeated.

The preliminary crasion reduced recurrence markedly. The method gave a quick convalescence, a fair cosmetic result and many successful cures. A number of cases were followed up in 1933, which had been treated as long as eight years before. The majority were cured; the cosmetic result was fair, though frequently there was more atrophy than one likes to see. At the end of a year the cosmetic result was good, but after that bright red fine telangiectasis was usual. Only in very ruddy complexions is this superior to the white mark which follows curettage + X-ray treatment. The combined erasion + radium treatment would probably have been improved by screening. Screening, however, adds markedly to the time the radium has to be on.

Radium treatment has some serious inconveniences :

The radium has to be bespoken for a second attendance of the patient, who may have often come fifty miles or more.

If the area is large the plaque has to be applied to successive areas, or some other method of distributing the radium must be used, which means more radium must be available.

It is at least a whole-day job for the patient.

Some degree of supervision is necessary during the whole time the radium is on.

The capital cost of the radium is about the same as that of an X-ray plant, but considerable organization is required if the radium is not to lie idle. In any case it

will be difficult to treat more than one or two patients in any one day. During this time an X-ray plant can be used on two or three rodents and fifty other patients as well.

It was these secondary inconveniences, as well as a certain number of recurrences, that made one ready, as 1930 approached, to try some other procedure.

The above summarizes the results of radium treatment in 112 patients in a period extending over sixteen years. What has been set out in a few lines represents on the part of Dr. Adamson and Dr. Roxburgh some hundreds of applications of radium and thousands of examinations. The subject is not treated as lengthily as it might seem to deserve, because treatment with radium was subsequently found a good deal inferior to treatment by X-rays.

RADON.

About the year 1930, at the time when one was seeking some method of treatment other than radium, a number of articles were published extolling the merits of radon seeds in the treatment of rodent ulcer. Unfortunately one was seduced by the claims made for radon in these articles, and for three years radon was used exclusively, 166 patients being treated, with results which, while always promising to be better, were disappointing. The percentage of cures was actually very high. Further the seeds could be inserted in a very few minutes, and the whole area, however large, could be treated at one sitting. Apart from this the method had almost all the objectionable features of the other methods put together. But it took time to appreciate this.

The greatest objection was the period required for healing. Two or three seeds each of 1 millicurie inserted into a fleshy cheek gave a reasonably satisfactory convalescence. The seeds were removed in a week's time, and after some reaction the tumour was absorbed or scabbed off; in 4-6 weeks the place was healed. But when seeds were inserted on the bridge of the nose or over cartilage, trouble was frequent; it was almost usual for a small area of necrosis to occur at the point of insertion of the seed, which took several months to heal. Even with rapid healing it was usual for a depressed scar to mark the point of insertion of each seed used, whatever its situation on the face. This alone made it an undesirable treatment.

The following are examples of cases in which objectionable results were recorded :

1. Cured. Seed marks still visible.
2. Two seeds each of 1.1 millicurie: Very sore and painful for two weeks.



FIG. 1.—RODENT ULCER TREATED BY INSERTION OF TWENTY RADON SEEDS.

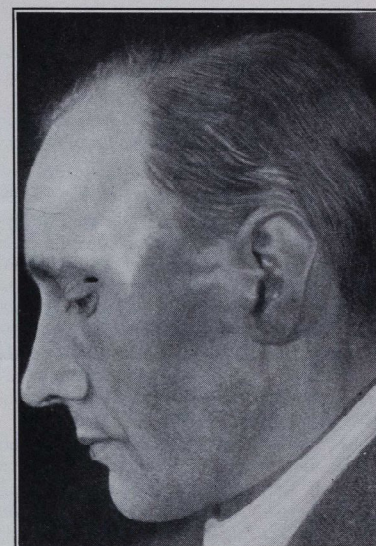


FIG. 2.—SIX MONTHS LATER. RESULT EXCELLENT, BUT WITH RADON RESULTS SUCH AS THIS WERE EXCEPTIONAL.

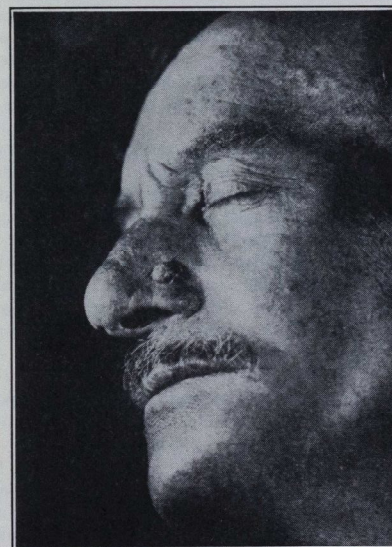


FIG. 3.—RODENT ULCER TREATED BY CURETTAGE AND X-RAYS.

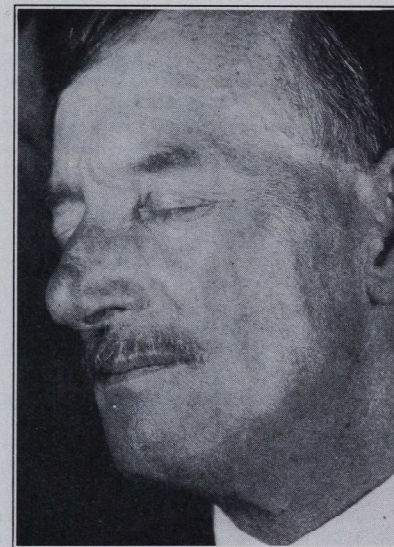


FIG. 4.—SIX WEEKS LATER.

3. Two seeds 1·1 millicurie: after three months "has not yet quite healed up".
4. Four seeds: Healed up. Six months later, after being in the cold, got very red and painful; broke down; did not heal for ten months.
5. Four seeds over lachrymal sac: Cosmetic result good, but epiphora continued for two years.

Such are some of the effects of inserting two to four seeds of 1 millicurie for a week. Where more seeds had to be used the results were frequently more annoying, though not necessarily so. One might have trouble where one seed was inserted, and not with a dozen. One could not foresee what would be the outcome in any given case. In spite of severe reaction, and considerable permanent alteration in the quality of the skin, recurrence sometimes occurred. Recurrences, however, were infrequent; it was the secondary inconveniences, particularly the bad convalescence, that weighed the scales against radon.

It surprises me now that it took three years and 166 cases for me to realize its disadvantages. In February, 1934, Dr. Roxburgh advised abandoning radon, and trying Dr. Adamson's method of erosion followed by X-rays.

X-RAYS.

Dr. Adamson's experimental period with X-rays divides itself into two distinct sections: one prior to 1917, and a second subsequent to 1920. Between the two there were four years during which X-rays were not used in the treatment of epitheliomata.

During the first period the number of cases treated was eight. These received repeated doses of one or two pastilles at intervals varying from daily treatment to treatment once a fortnight. The total dosage ultimately given was a high one—6, 9, 11, 28, 70 pastilles. There was recurrence in every instance. Failures force themselves on one's attention, and Dr. Adamson soon saw that minor doses of X-rays, however often repeated, were ineffective.

The promising results he was obtaining meanwhile with radium induced him to concentrate on this, with results as recorded above.

In 1920, while the radium plaques were being repaired, he gave X-rays another trial. The patient had a small rodent ulcer on the cheek. Having erased the tumour, as had become his custom before applying radium, he gave an unfiltered dose of 3 pastilles of X-rays. Seen eight months later the patient appeared to be cured.

On the same day another patient received 3 pastilles,

but without curettage. Six months later there was recurrence.

These two cases illustrate what was established later, namely: that if three pastilles only of X-rays were given, using 90 kv., curettage was an essential part of the treatment. The success in this one case passed unnoticed, and a return was made to radium, which continued to hold the field.

However, from time to time X-rays were used, mostly, as with radium, in association with curettage. By 1930 51 cases of rodent ulcer had been treated with X-rays.

An examination of the records of these 51 cases shows that the method erosion + X-rays cured at any rate a considerable number. At least 16 cases seen three to ten years afterwards showed no recurrence. Of the others a number were seen cured at some time less than three years after treatment; the remainder, with three exceptions, were not seen again. These three were the only known recurrences, and two of these were exactly those in which erosion before X-ray treatment had not been carried out.

It is seen now that side by side with the development during this time of the treatment with radium, a very promising X-ray technique had been developed. Its full success, however, failed to be appreciated. In explanation of this seeming lack of observation is the fact that, while 51 cases seem in themselves a large number, they form little more than 1 per 1000 of the total new cases visiting the department in these ten years; that spread over ten years they are few and far between; that many months must elapse before a result in any one case can be ascertained; and, still more, that unless specially written for, only recurrences tend to return to the hospital.

This explains, at any rate partly, why, when in 1930 one was looking for some treatment other than radium, a systematic trial was not made with X-rays, and the whole choice, instead, fell upon radon. The chief reason, however, was that general interest at that time was centred on radon. Its disadvantages had not yet made themselves felt. So it was that in 1931 I embarked on radon treatment, following its elusive promise for three years, and subjecting 166 patients to its inconveniences and defects.

In February, 1934, a return was made to Dr. Adamson's method of curettage followed by X-rays.

Technique of the Treatment.

The rodent ulcer to be treated having been anaesthetized with novocaine, the tumour is scraped away with a sharp Volkman's spoon. Most of the tumour is of a cheese-like consistence: it scrapes away easily,

and in a manner so characteristic that a doubt is thrown on the diagnosis if much variation is noted. In skilled hands the curette is both diagnostic and selective, which the cautery is not. The subsequent microscopic investigation will, however, settle the diagnosis. As parts, or even most of the tumour, may lie under ulcerated epidermis, great care must be taken that none of it is missed, particularly at the margins, where small flaps of epidermis may have to be cut away with scissors. Free capillary oozing occurs; possibly a small vein may bleed. Pressure with a swab for two or three minutes almost always completely arrests this. The actual cautery can be used to arrest the haemorrhage if one wishes. The cautery is also useful to alternate with the use of the spoon, so as to increase the depth and extent of the erosion, where the tumour is suspected to be a squamous-celled epithelioma, or in some other respect one specially liable to recur. This procedure, however, was not carried out in the cases treated in 1934. In a few instances the curetted base was painted with chromic acid, but it is not now possible to estimate how much influence this had on the period of healing and tendency to recurrence. When curettage is complete, the patient keeps a swab firmly pressed on the site, during which time a lead mask of suitable size and shape is cut to include 2 mm. of normal skin all round; through the hole the site of the tumour is radiated.

The mask is applied accurately—great care is necessary at this stage to ensure exact immovable apposition—and three pastille doses of X-rays are administered. The X-rays in these cases were produced with a Philips superficial therapy tube at 90 kv. and 2 milliamps. No filter was used. The administration of a three-pastille dose took twelve minutes.

During the few days immediately following the site oozes a variable amount of serum. If a wisp of cotton-wool is applied this will help the serum to form a natural scab. A dressing is usually unnecessary. Many patients, however, prefer to cover the place with a piece of strapping for a few days, either because the appearance of the strapping is less striking than the scab, or "to keep out the cold". The rapidity of healing is remarkable. In a fortnight it will be seen that new epidermis covers the whole raw area, or most of it if the area is large. This rapid growth of new epidermis is one of the most gratifying features of Adamson's method, and, apart from end-results, makes for its marked superiority over such methods as omit erosion, and leave the tumour to rot off or be absorbed.

All this, however, would be but little use if the end-result were not good: absence or at least rarity of recurrences; ultimate good aesthetic appearance; sound quality of the skin at the old site.

Results as regards Recurrence.

In 1934, 35 cases were treated by Adamson's method. These cases have been subjected to very close scrutiny in the course of 1938, in order to determine as far as is possible the number of recurrences.

Twenty-eight cases have been seen three years or more afterwards apparently cured.

Two were seen one year later, but have not been seen again since.

Four, of whom one died of intercurrent disease, were not seen again. There was one recurrence.

The recurrence was in a woman of 28 with a large rodent ulcer in the frontal area of the scalp. The case was sent to Mr. Hume, who excised and grafted the whole affected area of scalp, with excellent result when seen two years later.

The series of 35 cases treated in 1934, with only one known recurrence, shows the treatment to be a good one. To state the results in terms of a percentage is hardly reliable, as a great deal depends on the selection of the cases for treatment. But, with an ulcer that is not very large, or of the terebrans, penetrating type, and provided it is reasonably accessible to X-rays, so that the ulcer does get the treatment, it is probably true to say that permanent complete cure is almost a certainty.

The actual X-ray treatment subsequent to curettage was carried out by Sister Coates or by senior nurses deputizing for her. The success of the treatment is attributable in very large proportion to their care and interest in the work. No words are adequate to express our indebtedness to them; their work fortunately speaks for itself.

The Cosmetic Result.

Hospital patients who are no longer young are not interested in their facial appearance, so much so that an individual will let ten years pass by before seeking advice for a rodent tumour on the end of the nose, the size of a small cherry. The patient himself is therefore no judge of whether he should be satisfied with the cosmetic result of the treatment. But from the operator's point of view the interference with the patient's normal appearance, both immediately after the operation and ultimately, is of considerable interest.

The course of convalescence is described above. After a month there is a healed place with skin more pink than the surrounding normal skin. Gradually it pales. After some months it is more white than normal skin. Seen two or three years afterwards one has often to ask the patient where the ulcer was situated. The majority can be described fairly as "hardly anything to

	Radium.	Radon.	X-rays.
1. Area treatable	If large, plaque may have to be moved about	Whole area treatable	Whole area treatable.
2. Attendances	Two at least	Three attendances	One attendance.
3. Assistance	Supervision while radium is on	Assistance usually necessary	No assistance required.
4. Time of treatment	More than 6 hours	A few minutes	Half-an-hour.
5. Reaction	Very little	Prolonged late reaction if over bone	Very little.
6. Time of healing	4-6 weeks	Weeks, sometimes months	2-4 weeks.
7. Percentage cure	90	Above 90	97%.
8. Cosmetic result	Good	Scar often bad; rarely really good	Site often not noticeable.
9. Microsection	Material available	Not easily available	Available.
10. Expense	Capital cost of radium only	Capital cost of radium + preparation of seeds	Capital cost of X-ray apparatus.

see". In one or two it was actually not possible to see that anything had been done. A few were obvious, but none were bad. The most obvious were those where the white area was situated in a plum-coloured complexion.

Telangiectasis, so common with cases treated with unscreened radium, was not seen in any case. Nor was it seen in cases treated by Dr. Adamson, and examined ten and more years later.

The immediate and ultimate cosmetic result could hardly be more pleasing.

SUMMARY.

The above table summarizes the features of the three main treatments for epithelioma which have been used in the Skin Department of St. Bartholomew's Hospital.

The total number of cases treated by Adamson's method in 1934 was 35—a number relatively very small compared with the number treated in previous years by radium and radon. Their small number has, however, allowed close critical scrutiny of the patients treated.

With respect to the ideal requirements listed in the introduction, the method curettage + X-ray shows outstanding advantages on almost every count, and particularly in the essential requirements—convenience of procedure, good cosmetic result, permanent cure.

The advantage of being able to proceed with treatment as soon as the patient is seen, so that he may return home any distance the same day, alone outweighs minor disadvantages if such exist.

The cosmetic result does not call for comment; to improve upon it can hardly be easy.

With regard to permanent cure it is too early to speak, as a tumour may seem cured up to any number of years, and then recur. However, it seems not unreasonable to deduce from the present appearance of patients treated in 1934, taken together with that of patients treated by Dr. Adamson many years ago, that his method of treatment gives a percentage cure falling little short of one hundred.

THE LATE PROFESSOR ALEXANDER MACPHAIL

By A. L. MORETON, M.S., F.R.C.S.

THE following biographical notes supplement the account of Dr. Macphail's work published in the October number of the Journal.

Alexander Macphail was born in Glasgow in 1872, the youngest son of Dugald Macphail, a learned amateur of Gaelic folk lore, author of *An T'Eilean Muileach*, to whom a memorial cairn was erected in the Isle of Mull by the Gaelic Folk Lore Society a few years ago. He was educated at Garnethill, Partick Academy and Hamilton Crescent Schools, Glasgow, before entering Glasgow University in 1890. While a student he edited the *Glasgow University Magazine*, and took part in a memorable incident when Lord Lister revisited the scene of his former labours to address the students. After the meeting the students unharnessed the horse of Lister's cab and drew it themselves to Sir Hector Cameron's house where he was staying. Macphail directed operations from the box-seat of the cab. After graduating M.B., C.M. with high commendation, he became Demonstrator of Anatomy at Glasgow University. In 1900 Macphail became a Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow, but it was not until 1923 that he proceeded M.D. at Glasgow University, presenting a thesis dealing with the history of the teaching of anatomy and of the legislation concerned therewith. After holding the post of Senior Demonstrator of Anatomy at Glasgow University, he was appointed in 1900 Professor of Anatomy (Bellahouston) at St. Mungo's College, Glasgow (the women's school), and Dean of the Faculty of Medicine.

In 1907, like many another adventurous Scotsman, he turned southwards; he came to London, and became Lecturer on Anatomy at Charing Cross Hospital, succeeding his friend Lord (then Dr. Christopher) Addison, when Dr. Addison came to St. Bartholomew's.

When Charing Cross Hospital gave up teaching "pre-clinical" subjects, Macphail was offered the post of Principal of the University of Hong Kong, and had about three days in which to make his decision. He decided not to go, and for a time lectured on anatomy at King's College, before succeeding Dr. Addison again at Bart's. He was in charge of the Anatomy Department at the Hospital from 1912 to 1922. In the latter year, on the foundation of the Ministry of Health, with Dr. Addison as first Minister, Macphail was called to Whitehall as H.M. Inspector of Anatomy. He was Chairman of the Board of Studies of Human Anatomy, University of London, and Secretary for England and Vice-President of the Anatomical Society of Great Britain and Ireland. At different times he was Examiner in Anatomy at the Universities of Cambridge, London, Aberdeen, Glasgow and St. Andrew's, and for the English and Scottish Conjoint Boards. For many years he was Honorary Secretary of the Glasgow University Club of London.

Coming to St. Bartholomew's as a stranger, Macphail soon earned the respect of the staff and the students, and acquired and upheld the Bart's tradition. As a teacher of anatomy to students, both of medicine and of pictorial art, he was in the very first rank, a clear and simple exponent of his subject and an excellent blackboard artist, rivalling in this respect his old friend, Arthur Thomson, of Oxford, whom he succeeded as Professor of Anatomy at the Royal Academy. This last honourable appointment pleased Macphail greatly, and it was a most successful one, giving scope for the expression of his keen artistic sense, added to his technical knowledge of his subject. At the Ministry of Health he took over the duties of the two part-time Inspectors of Anatomy previously appointed by the Home Office, and carried out the often delicate duties of the office with an urbanity and tact essential in many of the negotiations which he had to undertake.

Above all Macphail had a real genius for friendship, both with members of his own profession and with others. His students and demonstrators all knew that in him they had a real friend to whom they could come with their difficulties and troubles, well knowing that they would always receive sympathy and the best of advice. Off duty he was an ideal companion. He had a cultured mind, and his interests were wide. He was an enthusiastic golfer, and he knew how to enjoy a winter afternoon at Richmond or Twickenham, or a summer afternoon at Lord's or the Oval. He was an accomplished sketcher in water-colour, and a talented musician. He liked to spend his summer holidays amongst the hills and lochs of the highlands and islands of Scotland, whence came his forbears.

His time at St. Bartholomew's included the war years 1914-1918. During this period he held commissioned rank in the University of London O.T.C., and was for a time in command of the Bart's section. In this work his previous experience of military affairs, while holding a commission as Surgeon in the Glasgow Highlanders Volunteer Battalion in the Highland Light Infantry, was of value. He was also concerned in the organization and execution of the emergency regulations for promoting the safety of the patients and staff of the Hospital during air raids; and for a time he undertook some of the duties attached to the office of Warden of the College.

Until well into middle age Macphail seemed younger than his years, but a serious illness four or five years ago impaired his health. Last January he had a serious breakdown; and, although he made a partial recovery, further symptoms set in, and he died in a nursing home at Alverstoke, Hants, on August 28th, 1938, in the sixty-sixth year of his age.

Sir Weldon Dalrymple-Champneys writes:

"May I be permitted as an old friend and colleague of the late Professor Alexander Macphail to add a short appreciation to the obituary notice in your October issue.

"I first met Macphail in 1912 when he had just become Lecturer in Anatomy at Bart's, and I had not yet begun studying medicine, but it was not until 1929 that I came to know him well. In that year I began to share a room with him in the Ministry of Health, and continued to do so until his death. A more delightful colleague and companion cannot be imagined. In him I found that rare combination of refinement and gentleness with moral courage, and on occasion righteous indignation, the whole illumined by a strong sense of humour. His religion was real and deep, but never obtrusive, and it was impossible to imagine him doing anything which savoured in the least of meanness or self-seeking. From his father, the well-known Gaelic poet of Mull, he had inherited a love of nature and artistic talents which showed themselves chiefly in the delightful water-colours, some of which he showed every year at the Ministry of Health's Art Exhibition.

"For some years he had suffered greatly from attacks of bronchitis, which became more and more frequent, necessitating weary periods in bed, but he was always cheerful and uncomplaining, and far more interested in other people's troubles than in his own.

"His death leaves a real gap in the lives of all who knew him well, and to whom he was the personification of a Christian gentleman."

NOISE

By PROF. H. H. WOOLLARD, M.D., D.Sc., F.R.S.

OF all the senses, hearing is the only one that can be so outraged in the ordinary course of its activity that the consequences become a matter of medical concern. The senses were evolved to serve ordinary biological needs—hunger, mating, preservation. Civilization has imposed upon them a multitude of unforeseen applications—looking down microscopes, examining spectra, using colorimeters, percussing, palpating, listening to murmurs, crepitations and sonatas. An examination of these intellectual uses of the senses reveals the enormous importance of vision in apprehending the external world—the source of the raw material for the intellect. Everybody, of course, learns and thinks in terms of visual imagery. The exceptions to this—those who have purely auditory or kinaesthetic memories—are so uncommon as to merit but little attention.

An animal uses its sensory equipment to serve not only as the basis of its rudimentary thought processes, but also as the sentinels of a series of protective reflexes. The protective side is always more strongly developed than the intellectual; and the latter is always inhibited and suppressed by the signals of danger.

Evolutionary Trends

In the newer sense-organs of the skin, the protective order of the pain-endings has become segregated from the discriminating fibres and endings of touch. In the older senses of vision and hearing the primitive state was such that the same sort of stimulation might end in friendly approach or attack and flight. The most primitive visual stimulus is movement. Many mammals seem hardly aware of any other kind of visual stimulus. Birds of prey and carnivorous mammals owe much of their success to their keenness of vision, but in general the sense of smell and auditory acuity have had much more survival value than vision. As it were, vision gets laid on one side until exploited by the primates, who turn it into the implement of intellectual progress. The special senses, the *great exteroceptors*, somewhat like the skin, have fallen into two categories. In the primates olfaction has become a vestige, vision has assumed the dominant role in the development of intelligence, while audition, until the invention of speech, remains entirely in the service of the emotional and protective reflexes.

The intellectual processes are knit together by the innate laws of logic. To perceive the relations between

things is a biological function like all the others which distinguish living from non-living. This perception of the relations between objects apprehended may in operation cause a slight glow of pleasure, but there is none of the upheaval of anger, fear or desire that are attached to the protective reflexes. These reflexes, when organized by emotion into driving forces, constitute the instincts.

Clearly then a sense-organ may by evolutionary fortuitousness become organized as a means of apprehension serving awareness and discrimination, and arousing the innate perception of the relations between things, unaccompanied by anything more emotional than the mere glow or warmth of successful functioning. On the other hand, the same fortuitousness may relegate another sense-organ equally endowed with sensitivity and prospective potency to the service of the protective reflexes and instincts. Its ordinary activity is then associated with the generation of emotion which is discharged by action and ends in fatigue. If the emotion remain undischarged, the subject is even more fatigued, for the emotion must be inhibited or suppressed or sublimated in some way. The auditory sense served throughout six million years this role amongst the primates. Speech may have been invented half a million years ago. Then the auditory sense entered for the first time into the service of the intellect.

Sounds and Noise

In the apprehension of stimuli which have meaning, the eye is busily engaged so long as it is open and the questions of fatigue and anxiety do not arise. Ugliness and beauty are attributes which arise only in the mind. The interpretation of the thing seen is a mental process, and no problem of visual assault and battery arises. In hearing, however, things are different. For millions of years the ear had but to distinguish between a few sounds that were good news and a few that were bad. The monkey, secure in its arboreal home, peered at what its flexuous opposable fingers could hold up for scrutiny, and there wasn't much for its ear to do. Subsequently, when harnessed to the uses of articulate communication it engaged in a meaningful occupation that raised no apprehensive reflex attitude, but like the eye, reported the gamut of things in pattern, order and arrangement. However, now has come civilization and the quietude of everything has been obliterated, and everywhere by day and by night there is cacophony. Noise means those meaningless sounds that knock

ceaselessly upon the ear and are suppressed by effort from reaching the brain. They arouse the lower level of the nervous system and awaken the primitive reflex activities. The emotion that accompanies these is costly in energy and temper. Herein noise lays waste of our lives. A baby is afraid at birth only of two things—being dropped and loud noises. All other fears are conditioned by experience.

Anatomy of Vision and Hearing

The proof that those sounds which have no meaning for the cortex spoil our lives by wasting our nerves in generating and dissipating useless emotion lies in anatomy. Audition had some survival value for arboreal primates, greater than olfactory, less than vision. Vision is their best sense, olfaction their least. Audition is retrogressive, being much less extensive and less acute than in many other mammals—the dog for instance. One aspect of this retrogression is seen in the muscular sphincters of the facial orifices. The eye and the mouth have of course perfectly adequate ones, but those of the nose and the external ear are quite hopeless. It is a major misfortune now that we cannot close the ear as we close the eye. Undoubtedly in the past an auditory sentinel must have been of the greatest value in the dark and during sleep. It is peculiar in being the one sense that most easily changes sleep into awareness. This added enormously to its reflex protective value. Clearly now we can employ a policeman, and it would be best if we could to close our ears as well as our eyes.

As already remarked, the sphincteric muscles around the auricular orifice are functionless, but remnants of the muscles still persist. So-called practical manuals of anatomy continue to enumerate these muscles with their attachments, though they lost their practical value millions of years ago. We assume that arboreal life minimized the usefulness of this sense and restricted its opportunities of service. Vision becoming binocular and more useful, retrogression of the mobility and collecting value of an external ear could happen without incurring any loss in the chances of survival of the animal. Now that civilization has produced the present concatenation, we have no means of shutting out the meaningless grinding Babel of sounds that batter us.

The most important part of this auditory inferiority for our present comfort is that not being able to shut out meaningless noise, this cannot but exert its effect upon the central nervous system. We have, of course, experimental proof that an adequate stimulus invariably sends its impulse rolling into the nervous system whether we are aware of it or not. Every time the aortic valves

open and close a volley of impulses passes up the vagus to the medulla.

In the case of these nerves of special sense the impulses can be conducted primarily to two destinations. The cerebral cortex, being the organ of discrimination and judgment and the seat of the intellectual processes generally, it will be the recipient of those impulses which serve such mental processes. The impulses which serve more immediately and directly the survival of the animal will be provided with an abundance of reflex centres throughout the brain-stem. Through these, protective attitudes can be at once assumed, and their importance for the preservation of their possessor is measured by the intense emotion which accompanies their activity.

Central Nervous System

The anatomical facts can most easily be appreciated by comparing the optic system with the auditory system. The optic system proceeds without interruption to the lateral geniculate body. This nuclear mass is organized entirely as a relay station. Even the reflex centres present in the lower primates cannot be discovered in the higher apes or man. In fact the only brain-stem reflex mechanisms that can be said to persist in vision are the pupillary reflexes. In contrast with this poverty of lower connections there is the amazing development of the cortical connections. In area and in histological differentiation the visual receptive cortex is so distinctive that it can be recognized by the unaided eye and is known as the *area striata*. Vision, we realize from the study of our own mental processes, is *par excellence* the intellectual sense, and if further proof were needed, it is furnished by the anatomical facts that the optic system proceeds to the cortex with the minimal reflex connections, and that its cortical area of reception has the most distinctive organization. Indeed, it is known from experiment that the participation of vision in the maintenance of posture and balance is through the cortex, while for all other afferent nerves concerned in these, the connections are subcortical.

The anatomical study of the auditory pathway reveals quite a different state of affairs. The cochlear and vestibular portions of the acoustic nerve have such mingled pathways in the brain-stem that despite much labour they have not been completely disentangled. Even in the internal ear the role of sacculus is still a matter of uncertainty. It receives branches through the four anastomotic loops between the cochlear and vestibular nerves in the internal ear. Until recently supposed to be entirely covered with static reflexes, it is now suggested that it serves both posture and audition.

In the brain-stem, instead of proceeding straight to its

geniculate relay centre as does vision, it is interrupted by a whole series of reflex centres—the nucleus of the corpus trapezoidicum, the nucleus of the superior olive, the nucleus of the lateral fillet and the inferior quadrigeminal body. This prodigality of lower reflex centres has no counterpart whatever in the case of vision. In many cases, such as the pedicle of the superior olive and the tecto-pontine tract from the inferior colliculus, it is easy to trace the connection between the auditory tract and the lower motor centres.

In contrast with the richness of reflex centres in the auditory system is the lack of distinction in its cortical reception. Whereas the cortical territory of visual reception can be distinguished by the naked eye and the microscope shows it to be composed almost completely of the granular receptive type of nerve-cell, the auditory area cannot be distinguished at all with the naked eye, and only with difficulty by the microscope. Its area has undergone some degree of granularization, but in both the supra- and infra-granular layers there are many non-receptive medium and large pyramidal cells. Throughout the visual mechanism localization is precise, and in the geniculate body and cortex each side comprises the corresponding half of the visual field. Nothing of a comparable kind appertains to audition, and lesions of one cerebral hemisphere, no matter how extensive, do not produce deafness.

THE HEALTH DOCTORS

By A. S. PLAYFAIR.

IN 1936 this journal described the Pioneer Health Centre as Britain's first attempt at preventive medicine. The centre has now been running in Peckham for over three years, and we are entitled to ask, "What has it been doing all this time? Have its hopes been fulfilled?"

The answer is in *Biologists in Search of Material*,* the first medical report by the organizers, Dr. Scott Williamson and Dr. Innes Pearce, and their fellow workers. Note that title. It shows a good deal of their spirit. They are biologists rather than doctors, and they are not exponents of any health theory, but rather research workers trying to find an answer to human biological problems.

In 1935 they opened the Pioneer Health Centre, a club with a swimming-pool, gymnasium, restaurant, theatre, games room and crèche, open to all the families of the district. Such was the superficial aspect.

* Faber and Faber, Ltd., 2s.

It seems then the auditory system has never disentangled itself from promoting preservative reflexes endowed with strong feeling because of their great survival value. Its elevation into the service of the intellect has come later, and the anatomical concomitants which distinguish such a service are relatively poorly developed.

Thus we are the victims of the fortuitous events of our biological history. The primate auditory apparatus was fashioned to detect by day and especially by night the significant disturbances of an otherwise primeval quietude. The same apparatus in ourselves must now night and day receive the meaningless turbulent sounds of the city. Its reflex mechanisms are continually aroused to no useful purpose. The emotion so aroused increases the labour of concentration and distracts the attention. A greater fatigue must of necessity be accompanied by lessened opportunities for repose. Reasonable and friendly men and women can only develop out of children surrounded by calm and patience. The price extracted from us by noise is measured by a falling off in intellectual accomplishment and by a diminution in our patience and goodwill. In the aggregate the subtraction from human happiness must be very serious.

The abatement of meaningless sounds by personal and corporate effort is a duty of good citizenship.

The large modern building with its colossal glass windows and its rooms set around the central glass-walled swimming-bath have already been described in the previous article.* But the principles behind the Centre must be summarized before we can try to consider the report.

In the building are the laboratories and consulting-rooms of the doctors. For them it is infinitely more than a club. It is the laboratory where man and his family can be studied and understood, and where a system of preventive medicine can be evolved.

The chief guiding ideas are:

1. Peckham was chosen as a district which represented a cross-section of the general population, for there all classes and incomes are to be found.

Thus, though the conclusions of the report are strictly applicable only to the material examined, they may fairly be taken as giving a picture of the people as a whole.

* September, 1936.

2. The individual cannot be separated from his environment. Members may not join separately; the whole family must come with them. The assessment of man's health involves more than the findings in a consulting-room; it includes his relationship with his family circle.

3. The members must have every opportunity for physical and mental development. The club is theirs. They can do with it what they like. Rules are reduced to the minimum. All the sport, dramatic and social activities are organized by the members themselves. Mothers may leave their babies in the nursery and be free to join in the general social life of the Centre.

"Life in the Centre," said a visitor, "is like a stream allowed to form its own bank and its bed according to the natural configuration of the land."

In the large building, however, the medical men watch the members. They are not spying, for they know them personally, and the members quite understand the spirit in which this observation is made. Any feature which would affect the physical or mental health of the member is noted.

Medical Examination.

This will go to supplement the results of regular medical overhauls given to each member. This includes a detailed laboratory analysis. The blood, for instance, is examined not only for cells and haemoglobin, but the sugar, calcium, chloride, urea, uric acid, coagulation rate and bleeding time figures also are obtained as routine. In addition graphic records of the cardio-vascular state are kept by means of the *Plesch Tonoscillograph*. This is a small airtight box containing an inscribing needle on a moving chart. The needle's excursions are controlled by the pressure in the armband round the subject. As the pressure is automatically and gradually lowered, the needle registers its oscillations against the appropriate pressure figures on the moving chart. Such a recording gives far more information on the cardio-vascular tone than mere systolic diastolic figures.

After the first consulting-room examinations the whole family is brought together to discuss any of its problems with the doctors. Beginning with the youngest, each child is dealt with and then leaves the room until the parents alone remain.

A Nine per cent. Health Bill.

Such is the method of work. What of the material on which it was applied?

1530 members, representing 500 families, examined over a period of eighteen months form the basis of the report. They were not a selected group, but a very mixed and therefore representative, collection of inhabitants.

Of the 1530.

144 only were quite healthy (9%).

484 were clearly diseased (31%).

902 had hidden but real disorders (60%).

Thus they fell into three groups of health—the diseased, the disordered, and the healthy.

The *Diseased* formed 31% of the community. They were all ill enough to realize their condition. Yet only a quarter of this group was receiving treatment before joining the Centre.

Man it seems does not want to seek medical help. He will go on struggling against his discomfort and pain as long as he can.

"... First home remedies, then friend's remedies, then quack remedies, then the chemist, and in the last resort the doctor is the order of procedure of the diseased towards treatment."

Here is one of the major difficulties that confronts preventive medicine. Not only is the victim jeopardizing his own life, but also he is a loss to the community. Less efficient, he is held up in his occupation and his social value is lowered.

The bodies of these people are fighting a losing battle. They are trying to compensate for the pathological condition, but cannot succeed. The absence of compensation produces the *dis-ease* of the patient.

The *Disordered* comprised the largest group of 60%. They thought they were quite well and yet they were working at a disadvantage. The body was reacting to subconscious discomfort, to subconscious limitation of action. The feeling of "well-being" which deluded the members was due to the presence of effective compensation. Yet, however effective this compensation may be, its price is an excessively large call on the body reserves and an abnormally great wear and tear.

Thus the disorders did not interfere with ordinary life, but were seriously affecting the prospects of future health and longevity. Again an amazing reluctance to be treated was noticed.

"... Some of them strongly resent the suggestion that they should waste time getting rid of the disorder—tumours, varicose veins, obesity, underweight, frequency of micturition, various ear and eye conditions, constipation, flat feet, shortness of breath, palpitations, nervousness, etc.

"... What happens when a disorder underlying a subjective state of well-being is cured? The individual generally informs you spontaneously that he knows now that he had been suffering. The relief of an almost trivial disorder, where well-being would seem to have been very near to health, is often better appreciated, perhaps because of its suddenness, than that of a more serious disorder. In the more serious disorder compensation has become fixed as a habit which it may take a considerable time to re-educate."

The Healthy formed a small minority of 9%. Even now the state of health has to be defined in a negative way, as the condition in which no disorder (hidden or obvious) can be detected. But here we see that the word "disorder" has a much wider meaning, and accordingly that the term "health" is used in a far more critical sense than usual.

The organism does not need to tire itself in compensation. Its energy is not turned inward on itself, but is free to be directed on the environment. We have only to remember and compare our subjective feelings during the early "mugginess" of a febrile condition and during a moment of "radiant health" to appreciate this point.

A New Medical Method.

The club at Peckham is called a "Health Centre" and exists to deal with health, just as a hospital like ours can, not unfairly, be termed a Sickness Centre, focusing its attention on the pathological.

The Pioneer Centre undertakes no treatment. Members go to doctors or hospitals outside. More than this—No advice is volunteered in the Centre.

Indeed 'to give advice' seems to be a well-nigh irresistible impulse to most human beings in a situation of authority. We must try then not to give advice and to refrain from assuming the authority of special knowledge. As one of the members put it, 'the doctor simply tells you how you stand'. It is thereafter left to their own degree of intelligence to act.

It was found in practice that when the examinations were conducted in a spirit which led up to conclusions which were bits of advice, often no action was taken; whereas by leaving it to spontaneity in the individual, and to his own sense of responsibility, action is taken in the overwhelming majority of cases."

Reading *Biologists in Search of Material*, one gradually learns a new concept of medical service. And sooner or later the thought comes: "Surely this is an answer to the problems of preventive medicine. With buildings like these all over the country . . ."

The country has at present two methods of dealing with man's health.

1. *To treat existing disease*: The practitioner, the panel service and the hospital. They cannot dispense health, but only attack disease. The first diagnosis rests with the patient. It is he who decides whether he is ill enough to go to the trouble of seeking expert attention. Experience has shown how he is by no means competent to discern when his body is working inefficiently, or even then to face up to getting treatment.

2. *To give health*: The "Keep Fit" movement in its various forms. Its work, however, is quite separate from the ordinary life of its members.

The Pioneer Centre provides in its club a "Keep Fit" service, and its regular examinations and its general medical surveillance detects disorders which in the ordinary course of events would take years to develop openly or which would, through the apathy of the patient, never be treated.

Note, however, that it does not replace the hospital or the practitioner. Rather it liberates them for the more important and scientific aspects of their work.

A new type of doctor has been created, the *health doctor*, as opposed to the sickness doctor, who is, on the whole, occupied in curing illnesses. The sickness doctor is approached in fear as a refuge in a calamity. But the health doctor, organizing the regular overhauls and mixing with the members, is apparently regarded by them in quite another light. Indeed the writers of the report consider themselves not so much doctors, but *biologists* interpreting and defending the life of man.

We can adapt their table to compare the Centre's service with the position of the practitioner:

<i>The Practitioner.</i>	<i>The Centre.</i>
Is generally rushed, at the mercy of emergency.	The Centre doctor works at leisure free from urgencies of crisis.
Has often to rely on outside equipment.	Has a well-equipped laboratory.
The first diagnosis and the initiative is always the patient's.	Conducts routine regular overhauls.
Sees his patients at odd intervals.	Constant observation of the members.
Sees them only as sick beings, and cannot study their psychological or physical background.	Sees the patient in his normal activities and with his family.
Exists to mend a calamity.	A unique field of research into the causation of disease.
	Exists to deal with health as such.

Some Arithmetic.

And now what of the cost? With a full number of 1500—2000 members (for which the Centre was designed) it would be self-supporting. As it is a yearly subsidy of £4 15s. per head is required.

With profit one might compare some other figures with this. The Government spends one penny per head of population on research and six shillings per head on preventive measures in medicine. And yet the annual cost of illness in Great Britain is over £6 per head.

This first report from the Centre has both a disturbing and an inspiring effect: disturbing in the picture it gives of the health of a typical city community; inspiring by the fact that for the first time medicine is setting out on a large-scale and effective scheme for preventive medicine. Which of these two emotions will finally persist depends entirely on the understanding and foresight of those who have the means or authority to act.

A CASE OF RENAL SYMPATHECTOMY

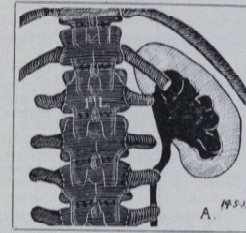
By D. B. FRASER, B.M., B.Ch. (OXON.).

DR. A. B—, *et.* 31, physicist, was admitted to St. Bartholomew's Hospital on May 11th, 1937, for investigation of recurrent right abdominal pain.

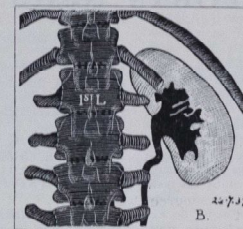
The patient was in usual good health until fifteen months before admission, when he had the first of a number of attacks of abdominal pain of increasing severity. The pain, which came on suddenly, apparently related to exercise, was experienced in the right upper abdomen. It was an ache without radiation, making the patient restless, increasing in severity to a

six weeks' interval preceding his operation he noticed painless hæmaturia of small amount on at least three occasions; this was his first symptom which pointed specifically to the urinary tract as the cause of his pain.

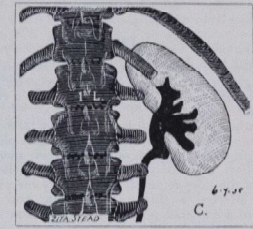
On July 9th, 1937, his right kidney was exposed by a lumbar approach. The kidney was found to be relatively high and fixed by a short pedicle; it was delivered into the wound after sub-periosteal resection of the twelfth rib. The kidney was of normal size. The cortex appeared good. The pelvis and the upper end of the ureter were cleared of their surroundings by blind



BEFORE OPERATION.



TWO WEEKS AFTER.



ONE YEAR AFTER.

climax lasting 10 to 20 hours. It left him with a bruised feeling in the right hypochondrium on its disappearance. It was severe enough to cause vomiting on several occasions. It was relieved by rest and heat. There was never any jaundice, fever, micturition disturbance or constant bowel change, although loose motions were associated with the earlier attacks.

His longest period of remission lasted six months. In the month preceding admission, he suffered from three attacks of such severity as to precipitate the investigation.

Clinically nothing abnormal was discovered, his urine containing no abnormal constituents and cultures were sterile. Cholecystogram showed a normally functioning gall-bladder. Intravenous uroselectan revealed a normal left kidney, but a defective filling on the right side with a dilatation and clubbing of calyces. A diagnosis of right hydronephrosis was confirmed by retrograde pyelography. The pelvis admitted 40 c.c. of 20% sodium bromide without causing the patient any pain. Renal function by urea clearance test was not reduced. The patient returned home and in the

dissection. The upper end of the ureter was found to be coiled without definite kinking and dilated into a funnel shape, where it merged with the dilated pelvis; this coil of the ureter persisted after clearing, and no organic cause of the obstruction was found. The branches of the renal artery, three in number, one of which proceeded to the lower pole were then stripped of surrounding connective-tissue strands for an inch or more of their length. Several of these were obviously sympathetic nerve-fibres of considerable size. The wound was closed and convalescence was uneventful.

The figures are reductions to scale of tracings of intravenous uroselectan X-ray pictures of right kidney taken before, two weeks and a year following the operation.

The improvement soon after operation is maintained in the last X-ray. The patient has been symptom-free since operation.

I am indebted to Mr. Geoffrey Keynes for permission to report this case.

STUDENTS' UNION

COUNCIL The first meeting of Council after vacation. Main business: Two applications for increase of grant. The Fencing Club required extra £5 to supply wavers with kit and weapons; present grant of £15 pays for instructor. Squash representative pointed out that they can't afford instructor and can't even entertain visitors. Increase granted for one year.

The Soccer Club required increase from £37 to £50, to wipe out deficit, pay referees, use a new ball every home match. Inquiry into economics of balls revealed that the Tennis Club sell their used balls at half price; to this a member pointed out that many people have tennis courts, few own football grounds. Agreed that good case had been made, but Council couldn't go on paying out money all the time. Finance Committee granted £10.

New cover of JOURNAL approved by 17 to 3.

An application from the Table Tennis Club for affiliation was

rejected on grounds that a club should first show its worth. This was objected to as being a case of giving to the rich and refusing the poor, but objection withdrawn when evident that aid would be given to the Club although not affiliated.

A flagging meeting revived to discuss request from a women's hockey team to use Foxbury on Wednesdays. It was made clear that some Bart's team is at Foxbury on any Wednesday, and doubts were expressed about changing accommodation and possible disorders at the "gate". Members were assured that the team would be fully chaperoned and that the gate-money would probably be increased. One of the Treasurers thought that to have women crawling over the ground was a mistake anyhow, and Macpherson anticipated trouble in explaining the presence of women on the ground to visiting teams. Request unanimously refused.

SPORTS NEWS

EDITORIAL

Have we—members of the Students' Union—any implied duty to play games for Bart's, or not? A vexed question, and one which we must answer each for himself, but a vitally important one for all that.

We gather that for the last few years, and at the moment the sports clubs of the Union have for the most part suffered, and are suffering from the practice of some of their members of refusing to play for Bart's and playing for other sides. Both the number and quality of the sides regularly fielded by some of our clubs has been seriously affected by this practice of late, and whilst we would be the first to admit that it is not the sole causative factor, we do feel that it is a question which we, as members of the sports clubs, must face sooner or later.

It is self-evident that there can be no definite right or wrong, no bell, book and candle, as it were, for the gentlemen who prefer to take their sport without the company of their workaday acquaintances— suffice it that a number of the clubs are suffering grievously by reason of their absence, and the question as to whether it is their "duty" to play only for Bart's, is a matter for you. To use an unpardonable trans-atlanticism—"take it away!"

RUGBY FOOTBALL The first match of the season, against the Old Alleynians, was played at Chislehurst in front of our newly-erected stand, which gives a perfect view of the whole pitch. It was a hot day, too hot some thought, for football, but it seemed to suit the Bart's XV; never have I seen them show such promising form at the beginning of a season. To begin with the pack; under the magnificent leadership of Burrow, the forwards played with a fire and verve which was surprising. There were a few stragglers now and then, but on the whole they were very well together for October 1st.

They obtained rather more than their fair share of the ball in the scrums, in spite of the absence of Moynagh—Ellis deputized efficiently—owing to the powerful and well-timed shove that was coming, and occasionally produced a successful wheel. In the lines-out they obtained the ball with such consistency that their opponents were forced to take scrums wherever possible, with little more hope of getting the ball. Both Gray and Gauvain were particularly successful in the lines-out.

At half-back both Candler and Hearn were superior to their opposite numbers, but both showed a little uncertainty due, no doubt, to start-of-season lack of practice.

All the three-quarters ran well, Coupland's quickness off the mark carrying him through quite narrow gaps. Both wings ran with determination, and their defence was sound. The passing, however, was apt to be slow and erratic.

Evans, at full-back, showed promising form, but his kicking might be improved.

Six tries, by Hearn (2), Griffiths (2), Candler and Pleydell were scored, but, due no doubt to the absence of Macpherson—though it seems a pity that not one of fifteen first-class footballers knew how to take a place kick—only one try was converted—by Burrow, from the touch line!

Team.—J. W. G. Evans; M. J. Pleydell, M. Laybourne, R. I. G. Coupland, E. Griffiths, P. L. Candler, R. D. Hearn; G. D. Graham, A. R. P. Ellis, P. G. Jeffries, J. Gauvain, R. L. Hall, K. C. Burrow, G. Gray, P. C. Collinson.

1st XV v. Moseley. This match, played away at Birmingham in steady rain, and on rather a heavy ground, as it was, does not cast quite so livid a reflection upon the side as might at first be assumed, when the score (lost 16-3) is considered.

The pack, on the whole, played very well, with the usual exception of those shaky moments after half-time during which Bart's packs of the last few years have tended to fold up. On this occasion, however, the sticky ten minutes passed, and the scrum went back to work with a will, K. C. Burrow and R. L. Hall being about the pick of the bunch, and the former the only one who played with any real "devil".

Amongst the outsiders P. L. Candler was good, as was his partner, R. D. Hearn, rather weak communications between them and the wings, prevented our showing that thrust which we needed so badly. Mention must be made, however, of J. W. G. Evans at full-back, who played a fine game under, in the second half at least, practically continuous long-range fire from Peter Cranmer, the Moseley full-back.

Moseley opened with a penalty goal by Cranmer, who was also responsible for defeating many kick-and-follow attacks initiated by P. L. Candler in the opening stages. Macpherson replied with a penalty goal just before half-time.

After changing ends we faced wind, rain, sleet, and, for ten awful minutes, complete collapse, whilst Moseley scored twice. Then the boys pulled themselves together, and only their own extreme good manners and unselfishness prevented them from scoring. However, Moseley only scored once more themselves, so things weren't as bad as they might have been.

The party was good.

The match with Cambridge University was lost 25-10. A fine game was played before a large crowd on the Cambridge ground. Candler kicked off and the game was carried into the Bart's half, where the Cambridge outsiders launched several attacks in which Evans was prominent in easing the pressure. After nine minutes Forrest cut through, passed to Downes, who passed to Reed, the latter scoring and Geddes adding the points. The Hospital defence

was excellent, for Forrest was attempting to cut through. Bart's took advantage of this when Forrest dropped a pass and Reinold passed to Irving, who scored, Macpherson converting. The Bart's forwards were getting the ball in the tight scrum and there were several fine runs made by the outsiders. Bart's were penalized near the centre line and Geddes, aided by a slight breeze, kicked a fine goal. Shortly after this Bruce dropped a goal to give Cambridge a lead of 12-5 at half-time.

The second half opened with several attacks by the Cambridge outsiders, and when Downes cut through Bart's were saved by a forward pass. A muddle on the Bart's line resulted in Parry scoring an unconverted try. Evans caught after the kick-off and made a long run, and a moment later Hall, Burrow and Irving, supported by the other forwards, pressed Cambridge back to their line, where the ball went into touch. Bart's took a scrum, wheeling with the ball, scored, Macpherson adding the points. A long run by Reed enabled Geddes to show his kicking powers when he converted the try. Macpherson failed with a penalty and Knapp cleared a dangerous situation. In the closing stage of the game a fumbled pass by the Bart's back enabled Forrest to gather and, to the remark from one of the Bart's supporters, "Good-night all!", raced for the line and scored. Geddes, as usual, converted.

Eastern A v. Selfridge's 1st XV. October 15th at Foxbury. Lost 9-3. This was a scrappy and unhappy game, which was lost largely owing to the lack of cohesion shown by the Bart's forwards, and by their inability to follow up.

Things started briskly enough with fast play up and down the field between the three-quarters; the forwards being scattered over the field in any place where the ball hadn't been recently. There was a good deal of kicking into touch, but Bart's rarely got the ball back from the lines-out, as Selfridge's were able to jump and tap it back before our men got their hands out of their pockets. In the scrums we were no more fortunate and only heeled the ball about six times in all, and their scrum-half invariably tricked the wing forwards by doubling back behind the scrum. Rather nettled by this all our forwards at times made good rushes with the ball, if not at their feet, at least in their mind's eye, but any rush was the opportunity for a rest by the others. This did not lead to very effective heeling when the rush was stopped.

However, the three-quarters were able to stop their men with such effect that at half-time only three points had been scored, and that from a run-through to the corner post by Atkinson.

At the beginning of the second half the Bart's forwards showed what they could do if they gave themselves the chance, by dribbling the ball as a combined pack from the 5 yards line right down the field. Scrums became frequent under the eagle eye and whistle Mr. Way, and the atmosphere strained, and a good deal of advice on how to play the game was exchanged. Indeed one player was heard offering to punch another on the nose "if he did that again". His opponent preferred to play football on the field and arranged a meeting for afterwards; however, there is no epic story to tell of how they fought for three hours with bare fists, as he repented of his rashness after the game, and slipped up to London mighty quick. In the middle of the bickering Selfridge's found time to score and convert a try, and drop a goal, but might have been over many times more except for the unflinching powers of Loughborough at full-back.

HOCKEY This game, v. Lloyds Bank, was lost 1-4. Played at Foxbury on October 1st, was scarcely representative. Lloyds were depleted owing to A.R.P. and, as the pre-clinicals had not arrived, we were not at full strength. The ground was bumpy in parts, and the ball hard to control with the new rules in operation. The Bank scored twice without reply before half-time, and twice to our once on resuming play.

v. Beckenham II. Drawn 2-2. Owing to the late arrival of three gentlemen, the defence was constrained from the outset to employ unusual tactics, and from one of the resulting penalty corners, Beckenham scored. Shortly before half-time they scored again off an excellent centre from the right wing. Taking the initiative on resuming we soon scored through a good shot by Heyland; for the next 20 minutes Beckenham attacked, but were successfully repulsed by the defence.

From a penalty corner House scored on the rebound, and in spite of extreme efforts we were unable to get a winning goal.

The side played more cohesively than for some time.

v. R.M.A. Lost 4-2. On Wednesday, October 12th, only two clinical members of the side were able to play, but the "A" team, for once, attacked from the start, and throughout the first half dominated our opponents. Hewitt scoring once without reply.

In the second half the R.M.A. started using long passes to the wings with effect, and finding the defence out of position they scored twice rapidly. Bental replied with a good goal to even up the score. But misfortune overtook us! A ruptured adductor longus on the right wing, and a sympathetic fraternal withdrawal on the left altered the whole complexion of the game, and with three forwards only we could not reply to the "Shop's" further 2 goals.

v. Old Southendians. Lost 1-0. October 15th. Played at Priory Park. Arriving in time in spite of engine trouble we were confronted with a ground extremely irregular in surface, but having a fine coat of grass about 6 in. high. This excellent pasture prevented any hockey being played and the home team scored the only goal of the match. Akeroyd was somewhat disturbed in goal by the presence of an adjacent mound of a multitude of noisy reminders of his present occupation.

1939-40 This fixture has lapsed.

v. Staff College. Won 3-2. October 19th. By contrast with the previous Saturday, this game was played on an almost perfect pitch, and the pace was fast from the outset. In the first few minutes Bullough scored with a lucky shot off a hard centre from the left wing. Greatly encouraged the forwards kept up a hot pace, but failed to score again before half-time. Akeroyd saved several hard shots in this half. On resuming the Staff College led inside scored from a pass from the right wing, but we were soon ahead again, Bental running in and scoring from a rebound. Staff College pressed again, and scored a well-earned goal by a good flick from the left inside.

Hewitt had retired to the right wing due to previous injury, but in spite of this we continued to attack repeatedly, and deserved our third goal through Bental.

UNIFIED HOSPITALS HARE AND HOUNDS

Officers for the season have been elected as follows:

President—Dr. H. Lethby Tidy.

Captains—D. J. Lyon (Guy's).

G. A. Beck (Bart's).

Hon. Sec.—J. A. Learner (London).

Hon. Treas.—A. E. J. Etheridge (Guy's).

The club is now established at their own headquarters at the "Dysart Arms," Petersham. Training runs take place in Richmond Park, every Wednesday and Saturday at 2.45 p.m. Fixture cards and all other information may be obtained from G. A. Beck.

The Committee invite any members of other clubs wishing to get fit or keep fit to use their headquarters for training purposes.

The Club lost their opening match of the season to the Thames Hare and Hounds by 32 points to 47. The large turnout including many really keen freshmen bodes well for coming season.

The first six home were: A. E. J. Etheridge (U.H.) 1, K. H. Percival (T.) 2, G. T. Honnibal (T.) 3, G. A. Beck (U.H.) 4, G. E. Boyd Shannon (T.) 5, H. C. Bryant (T.) 6. J. P. Haile of U.H. was the Hospitals third scoring man being placed 8th.

SQUASH CLUB v. Fayre Club. The first match of the season was played on the Hospital courts on October 10th. The home side won all their matches, the first string playing two matches owing to the unavoidable non-arrival of the fifth string. Thus the correct result was 4-1.

H. R. Marrett had a very enjoyable game with his opposite number of the Fayre Club, and won by 3 games to 1. Both players were using the drop shot, which made the game much more exhausting than the continual use of hard hitting. The games were undoubtedly evenly contested and both players found it difficult to outwit the other. Many a vital point was decided by the ball dropping dead in the corners.

A. J. H. Spafford won his match with little real difficulty. His opponent was most deadly with his shots, when he was in the centre of the court, and it was clearly a case in which the use of hard hitting was used to advantage. This method coupled with some cross court shots soon began to tell on the stamina of his opponent and prevented him from positioning himself. The final score was 3 games to 1.

C. T. A. James scored a victory over the third string by 3 games to 2. His opponent started well and was much more certain of his hitting. Later, however, James began to hit the ball much closer to the "tin", and from then on he forged ahead. The final game was evenly contested and contained many enjoyable rallies.

J. T. Robinson won his match after having started badly. It was not until he had lost the first game and was 0-3 in the second that he began to settle down. He then began to make less mistakes, and was much more sure and accurate with his strokes. This improvement persisted until the end, which gave him a victory of 3 games to 1.

Hornsey Cricket Club. We entered upon our second match of the season with confidence, some of us perhaps with a little too much. The tell-tale story of a visit to Cambridge and a midnight matinee were soon in evidence. Robinson and James both ran a good deal, not always in the right direction, and we found ourselves two games to the bad. Spafford and Marrett, however, pulled the game round, the latter playing on the top of his form, laughter, oaths and perspiration predominating.

So it was left to Heyland to settle the issue. He evidently decided to use his cricket technique, which Hornsey have had reason to deplore more than once. He beat the ball to all parts of the court, only the back wall preventing it from entering the adjacent swimming pool. It was an extremely successful plan of action and being a game up and four-eight down, he eventually won it ten-eight and earned fame and much else.

St. Bart.'s v. Hornsey C.C.

Result 3-9.

H. R. Marrett	9-4, 7-9, 9-4, 10-8.
v. S. Forshall	
A. J. H. Spafford	9-6, 8-10, 9-6, 9-2.
v. G. Escombe	
C. T. A. James	7-0, 6-0, 6-0.
v. D. Nicholls	
J. T. Robinson	2-9, 9-10, 9-7, 7-9.
v. D. Hume	
R. Heyland	9-5, 8-10, 9-3, 10-8.
v. S. Jackson	

CORRESPONDENCE

THE DOCTOR'S DRESS

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

SIR,—The letter of Dr. H. Isenberg raises an important question as to the duty of the medical profession in setting an example to the world.

The danger of our profession is that we have to be "fashionable", and following the fashion of the times is always looked upon as the proper etiquette for a medical man.

A doctor who defies customs and fashions may expect to be looked upon as a crank, and no crank can ever expect to make a fortune! The way of the pioneer and reformer in the past has too often led to the stake, and points to the workhouse!

There are, however, many ways in which every doctor can do a modified share in moulding public opinion on the matter of dress. If his patients want to see him coming in any particular costume it may pay him to conform to their wishes, but at the same time, while wearing an uncomfortable dress he may always leave behind a message which will remind his listeners that a more rational dress is fitting for the human race.

There is no profession more proud of its dress and more conservative in its method of dressing than the Army, but in spite of this the Army is in advance of the medical profession in recognizing nowadays that the most important thing is suitable clothing and not a rigid uniform.

To those who are pioneers I would like to recall a little page out of my own experience when I was a student doing extern midwifery: I used to prescribe for all my slum mothers oranges or orange-juice when their babies were weakly, and when any anaemia was present. All my colleagues and my extern M.O.'s chaffed me unmercifully

GOLF CLUB The Hospital played Charing Cross Hospital in the first round of the Inter Hospital Cup. The match was played at Addington Palace Country Club on Wednesday, October 12th, 1938. The result was a win for Bart.'s by 8 matches to 4, the foursmes being halves, 2 matches—2 matches, the singles being won by 6-2.

Foursomes.

H. Robbins and J. Cardwell (4/2), v. Cruikshanks and Bellis.
G. K. Marshall and A. E. Fraser (5/3), v. Cran and Wharton.
W. H. McAleenan and R. S. Russell-Smith v. Gow and Greig (3/1)
A. Thomson and J. A. Smith v. Williams and Catchpole (3/2).

Singles.

H. Robbins (1 up) v. I. R. Cran.
J. Cardwell v. G. Cruikshanks (3/2).
A. Thomson (6/5) v. P. H. Greig.
A. E. Fraser (1/3) v. C. Bellis.
G. K. Marshall (3/2) v. G. Wharton.
W. H. McAleenan (4/3) v. F. L. Gow.
R. S. Russell-Smith (7/5) v. B. E. Catchpole.
J. A. Smith v. J. I. Williams (3/2).

FENCING CLUB The following additional fixtures and alterations have been made since the publication of the 1938-9 fixture list:

October 29th v. Westminster Hospital F.C. 3 F.S. (H.).
March 4th v. Westminster Hospital F.C. 3 F.S. (H.).
March 18th v. Highgate School F.C. 5 F. (H.).
No fixture is at present arranged for January 21st.

Owing to the occupation of the gymnasium, the regular Thursday evening fencing was delayed until October 13th, but it is hoped we shall be able to offer a fairly strong team for the match against London Hospital on October 22nd.

and looked upon me as an extremely foolish crank, and warned me that those mothers would all get what they graphically described as "bad belly aches".

Nowadays the teaching of the Fruitarian Scientists has so modified medical opinion that nearly every doctor to-day is a disciple of the methods I then taught and practised.

I would, therefore, bid Dr. Isenberg to be strong of heart and to go on fighting for wisely designed, artistic and hygienic varieties of vestments for the human race, medical or non-medical, wholly regardless of fashion. Of course such pioneering reform is not for women doctors.

5, ESSEX COURT,
Temple, E.C. 4;
October 10th, 1938.

With greetings,
JOSIAH OLDFIELD.

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

DEAR SIR,—Mr. Isenberg quite rightly divides the subject of dress for doctors into three parts, ethical, hygienic and utilitarian. All these three are important, but which is the more so is a matter which I am not prepared to discuss here. However, we are all agreed that clothes must be useful; but Mr. Isenberg dismisses the ethics of the question as if it were unworthy of consideration, and he goes into an interesting description of the perfect hygiene, which he attributes to the tie-less and almost collarless shirt.

Now I suggest that Mr. Isenberg's hosier is extremely inefficient if he finds it difficult to provide a collar which will tolerate a tie, with comfort, on Mr. Isenberg's neck. I think that few people

who trouble themselves to buy really well-fitting collars consider them to be any discomfort at all, as long as they are worn with a tie, of course. It has been suggested that such collars are unhygienic because they not only cause the wearer, in hot weather, to insert his fingers into the crevice between collar and neck, but also prevent free access of sweat to the open air (so nice if the wearer suffers from bromidrosis). The first of these two objections has already been overruled by the suggestion that a good hosier be visited. The second objection retreats into oblivion before the advance of the question uppermost in my mind. Has the open-shirted doctor any hirsuties on his chest? He may have them. He may not have any. Who knows but his patients who have the doubtful pleasure of seeing his bare chest? Now hirsuties, wherever situated, are notorious for the freedom with which they provide harbourage to parasites both protozoal and metazoal. Surely such potential hazards are sources of danger both to the patient and the doctor.

The ethics of the question come last but not least. In England the doctor is looked up to by one and all as meet for respect, both in manner and dress. In warm countries it is *de rigueur* to wear next to nothing in summer. In England, however, the doctor is expected to be dressed well, decently and tidily all the year round, without displaying his manubrium sterni unnecessarily.

Yours faithfully,
TOM ROWNBERE.

8, Fitzhardinge Street,
Portman Square, W. 1;
October 14th, 1938.

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

SIR,—Surely Mr. Isenberg has, like many reformers, allowed his enthusiasm to exaggerate the benefits to be derived from his reform; the slight gain in comfort and hygiene at the expense of flouting the accepted standard of dress of the medical profession would lower its status in the eyes of its patients, for, as Polonius advised Laertes—

"Costly thy habit as thy purse can buy,
But not expressed in fancy; rich not gaudy,
For the apparel oft proclaims the man."

And Joinville gives us King Louis IX's views—"You ought to clothe yourselves well and suitably, so that your wives may love you the better, and your people hold you in the greater honour."

Yours faithfully,
H. J. M. STRATTON.

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

A CASE OF WIND

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

DEAR SIR,—It may not fall to the lot of every ship's surgeon to perform gallant feats of abdominal surgery in the tails of typhoons, but a case recently came my way of such surpassing interest that I thought it might be worth including in the columns of the JOURNAL, to form, as it were, a medical corollary to Mr. Butt's famous case. The lady in question brought a letter from her own woman doctor which should explain the nature of her complaint without further comment.

Yours faithfully,
MICHAEL HARMER.

On board S.S. ———,
Bombay Docks,
September 28th, 1938.
(Encl.)

CASE OF MRS. I.—

I have been attending Mrs. I.— for the past 2½ months. Clinically I found the following: Asthenia, depression and apathy apprehension, and extreme introspection. She has post-appendicectomy adhesions which are aggravated by chronic constipation which has ameliorated with petrolarg treatment. She has had her bad teeth attended to. I am of the opinion that the parasympathetic has preponderated by chronic toxemia, devitalizing the adrenal bodies and ribs, with demineralization and decreased sympathetic tone, plus local irritation by dust has led to a local discomfort in the throat which is otherwise quite normal and causes the patient to have embarrassing bouts of swallowing, during which she swallows air into a spasmodic oesophagus which adds further to her discomfort. I have taken an X-ray of her in this condition. Further, she has responded to adrenalin treatment by mouth and a stomachic mixture, also a mixture containing Easton's Syrup, Parrish's Syrup

and ammonium bromide, and locally diathermy has been applied to the neck. In conclusion I would like to add that I have also prescribed minadex to deal with demineralization, and also a mixture for dysmenorrhoea containing thyroid (elixir-Armour), calcium, and Fowler's solution. I have been glad to note a definite improvement in my patient and hope that these notes will be helpful to you.

The ——— Memorial Hospital,
———, India.
September, 1938.

M.S., M.B., Ch.B.

To the Ship's Medical Officer.

REVIEW OR CRITIQUE?

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

DEAR SIR,—In his letter of September 15th, Mr. White takes your reviewer of *The Poetry of a West Indian* to task for writing a "critique" instead of a "review", and for allowing this distinction to escape him.

As I was in the same unhappy predicament as your reviewer I hurried to the *Shorter Oxford Dictionary* for information. I found the following definitions:

REVIEW: A general account or criticism of a literary work.
CRITIQUE: An essay or article in criticism of a literary work: a review.

The distinction still eludes me. Surely Mr. White would not have the JOURNAL'S reviews mere summaries of contents.

Yours faithfully,
G. M. FLETCHER.

St. Bartholomew's Hospital,
E.C. 1;
October 20th, 1938.

We have shown Mr. Fletcher's letter to Mr. White, who replies as follows:—[Ed.]

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

DEAR SIR,—I have had the privilege of reading Mr. Fletcher's rather mystified letter and am gratified at this opportunity of replying to it.

Far be it from me to criticize the source of Mr. Fletcher's information, but it seems that he would have done well to consult a rather fuller manual before rushing into print. Webster, for instance, goes far to clarify the situation:

CRITIQUE: Examination of the merits of a performance (literary), and remarks or animadversions on its beauties and faults.
REVIEW: A second or repeated view, a resurvey. *Analysis* of a new publication.

It is well to notice "remarks on faults", and "analysis", for therein would appear to lie the whole nub of the question.

The purpose of a review, surely, is to give its readers an idea of what to expect in the way of material and the setting out and intellectually nutrient value thereof should he purchase the book, whilst that of a critique is primarily to criticize, evaluate the skill of the author, assess the value from a literary point of view of the work in hand, and, if necessary, to say that the book or its author is "a good thing" or "a bad thing". This is no part of the business of a re-view of a book.

Pooh bear once wisely remarked:

"A fly can't bird,
But a bird can fly . . ."

Whilst a critique may well be a review, a review should never, in my opinion, assume the aspect of a critique.

May I give just one example of this. We have a number of reviewers in this Hospital, all doubtless brilliant men, but, whilst one need have no hesitation in saying that they are all capable of writing reviews, I gravely doubt if we have one man whose intellectual achievements would render his *critique* of a reputable author acceptable.

Yours faithfully,
M. W. L. WHITE.

St. Bartholomew's Hospital,
October 20th, 1938.

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

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

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

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

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

NOVEMBER, 1938]

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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REVIEWS

Introduction to Diseases of the Chest. By JAMES MAXWELL, M.D., F.R.C.P. (Hodder & Stoughton, 1938.) Pp. 323. Price 12s. 6d.

A book to which we have long looked forward, this volume is written in a style quite unmistakable to all those who have sat at Dr. Maxwell's feet during his clinical discourses on chest diseases. They will find here the same simplicity, the same lucid tabulations and the same completeness that they have come to expect from his spoken teaching.

The student may feel after reading this book—and all students should read it—that he has not so much been introduced to diseases of the chest as made a bosom companion.

Considerable space is given to a clear account of physical signs and examination, and throughout the book Dr. Maxwell lays the same stress upon their paramount importance.

The book is illustrated with numerous X-ray photographs of the conditions described, though they suffer in clearness from there being four of them to the page, and every chapter contains a crop of appropriate prescriptions from the Maxwell pharmacopœia. Although the book is a comparatively short one, the reader will be astonished on reading it to find he has not only covered all the common respiratory ailments, but has nodded to a surprising number of the more obscure ones in passing.

The work is perfectly straightforward, and where controversial ground is touched, such as streptococcal therapy, Dr. Maxwell suspends judgment.

We unhesitatingly recommend this book to all students, and especially to those who are beginning their clinical studies.

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

The early appearance of a second edition of Sheldon's "Diseases of Children" is proof of its well-deserved popularity. The chief change in this edition is in the chapter on intra-thoracic tuberculosis, which has been rewritten, and is as clarifying an account of this condition as could be desired. Particularly useful are the full instructions on the management of infant diets, and an appendix giving a list of the commoner drugs with the doses appropriate for children of various ages.

Although sulphanilamide therapy is recommended in the treatment of streptococcal infections, no mention is made of its use as a urinary antiseptic or in meningococcal meningitis, and it is odd that intravenous mercuriochrome should be seriously advised in pneumococcal peritonitis. Further it is sad that in an excellent descriptive chapter on functional disorders, no mention should be made of the value of frank psychotherapy in the treatment of these conditions.

Clear and readable, this is an ideal text-book for students.

Sick Children: Diagnosis and Treatment. A Manual for Students and Practitioners. By DONALD PATERSON, M.D., F.R.C.P. Third edition. (Cassell & Co., Ltd.) Price 12s. 6d.

Most students are familiar with the previous editions of Dr. Paterson's textbook on children. It has a well-established and well-deserved reputation for conciseness and wise choice in the conditions described. The book is essentially practical, and the author, though a specialist in his own subject, has amply avoided the temptation of producing a book fit only for the whole-time pediatrician.

The third edition has undergone complete revision and there are several new sections. In particular the sulphanilamide derivatives receive due notice. An account of Sonne dysentery has been added—perhaps on account of the recent epidemics. Antritis in infancy and childhood is another addition. The sections on diabetes and anemia have been improved.

The book is illustrated with a remarkably fine series of photographs of ailing children which will do much to fix the clinical conditions in the student's mind. Reference is made easy by good cross-headings.

This book can be thoroughly recommended to the students and practitioners for whom it was written.

Heart Disease and Pregnancy. By CRICHTON BRAMWELL and FRITH A. LONGRIST, with a Foreword by Sir FAYEN MACLEAN. (Oxford University Press.) 194 pp. Price 8s. 6d.

This book, a critique of 350 cases of heart disease complicating pregnancy, is designed for practitioners, but will also be of great

value to final-year students. The material is clearly presented, the conclusions sensible and practical. The introductory chapters on the history and physical examination of cardiac cases are models of simplicity and selection of detail, and are better than those found in the standard text-books of medicine. The chief abnormalities are discussed separately, and a chapter apiece is devoted to treatment, immediate prognosis and ultimate prognosis. The use of this book to the student will be that it provides a refreshing survey of many aspects of cardiology. In his revision year the student has somehow to make a unified, interrelated pattern of his knowledge; having torn the body to pieces, he needs to see it whole again. Midwifery, more than anything else, will enable him to do this, for its proper practice requires a sure knowledge of medicine as a whole.

Great importance is attached to ante-natal care, and still to-day the warning note must be sounded for prophylaxis: "Whereas, out of 25 patients in our series, admitted to the wards as 'urgencies', there were 14 deaths; out of 325 who had been under supervision in the ante-natal clinic, there were only 11 deaths." Whatever the nature of the case, whether it be congestive heart failure, auricular fibrillation, or heart disease complicated by a family and a small income, it is during pregnancy that the final outcome is settled.

On the whole the authors do not depart from what are now the accepted views on the subject, but their pages have the added interest, so often lacking in encyclopædic text-books, of personal thought and experience. For instance: "Rest is prescribed, not because a patient has heart disease, but because she has heart failure. In the absence of heart failure exercise in moderation is beneficial: it aids the venous return to the heart, and the heart, like other muscles, needs to be kept in training."

Contrary to the general belief, the authors do not hold that repeated attacks of rheumatic fever add to the gravity of prognosis in pregnancy. Their figures show that the highest mortality from rheumatic heart disease was amongst patients who gave no history of rheumatic fever, chorea or rheumatism. Possible reasons for this are discussed, but no definite conclusions can be arrived at until the relationship of articular to cardiac rheumatism is precisely understood.

Their views on treatment are orthodox. If the termination of pregnancy is to be considered, it must not be performed until the heart has been treated. Abortion may be induced up to the end of the third month, but later than that the delivery of a viable child by Caesarian section is favoured, and the premature induction of labour is looked at askance. A patient who is likely to die in delivery at term is equally likely to die as the result of an induced labour.

This book will give confidence to the physician in charge of a difficult case.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

The following Degree has been conferred:
D.M.—Brodrick, H. S.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:
D.C.H.—Livingstone, F. D. M., Roden, A. T., Warren, C. B. M.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, September, 1938.

Chemistry.—Brady, T. J., Jackson, L. G., Napier, J. R., Pracy, J. P., Vischer, P. H. M.
Physics.—Sankey, P. R. B., Vischer, P. H. M.
Biology.—Hill, P. D.

First Examination, September, 1938.

Anatomy.—Helme, P. E., Perkins, C. P., Winocour, G.
Physiology.—Druitt, A. W. N., McAfee, L. A., Winocour, G.
Pharmacology.—Storey, T. P.

CHANGES OF ADDRESS

BLACKBURN, G. O., King's Mansions, Lawrence Street, Chelsea, S.W. 3. (Tel. Flaxman 3193.)
 BRAIMBRIDGE, C. V., The European Hospital, Nairobi, Kenya, E. Africa.
 CHILTON, N., Medical Department, Dar-es-Salaam, Tanganyika Territory.
 CLAXTON, E. E., 45, Manor Road, Folkestone, Kent. (Tel. Folkestone 4594.)
 FRANKLIN, A. W., (residence) 58, New Cavendish Street, W. (Tel. Welbeck 4642.)
 GILBERT, R. G., "Parklands", Ashted, Surrey. (Tel. Ashted 2943.)
 HARTLEY, K. W. D., Greyfriars, Old Road East, Gravesend. (Tel. Gravesend 528.)
 JOSEPH, H. S., 48, Canfield Gardens, S. Hampstead, N.W. 6.
 KEELE, K. D., 92, Townshend Court, N.W. 8.
 KINNEAR, A. I., Dohnavur, Tinnevely District, South India.
 LANE, Lt.-Col. W. B., I.M.S.(ret.), 146, King Henry's Road, N.W. 3. (Tel. Primrose 0306.)
 MATHESON, I. W., Flat 2, 49, Champion Hill, S.E. 5.
 MORISON, C. R., 3, Beech Grove, Harrogate. (Tel. Harrogate 3123.)
 MOYNAGH, D. W., Holly Lodge, Crawley, Sussex. (Tel. Crawley 592.)
 NIXON, G. P., Mufulira, Northern Rhodesia.
 PINKER, H. G., The Stone House, Welshpool.

APPOINTMENTS

CUTHBERT, T. M., M.R.C.S., L.R.C.P., D.P.M., appointed Deputy Medical Superintendent to the Cherry Knowle Mental Hospital, Ryhope, near Sunderland.
 MATHESON, I. W., F.R.C.S., appointed Senior Surgical Officer, St. Giles' Hospital, Camberwell.

BIRTHS

HOGG.—On September 28th, 1938, at Godalming, to Mollie, wife of J. C. Hogg, F.R.C.S.—a daughter.
 SHAW.—On October 12th, 1938, at 109, Harley Street, to Anne, wife of Wilfred Shaw—a son.
 TISDALL.—On September 29th, 1938, at Westfield, Harrow-on-the-Hill, to Christina, wife of Dr. O. R. Tisdall—a daughter.

MARRIAGES

GILBERT—BOURNE.—On September 24th, 1938, at St. Bartholomew's the Great, E.C., Roger Gordon Gilbert, F.R.C.S., only son of Mr. and Mrs. Douglas Gilbert, late of Roborough School, Eastbourne, to Margaret Victoria (Margot), second daughter of Alec Bourne, F.R.C.S., F.C.O.G., and Mrs. Bourne, 12, Wimpole Street, W.
 MATHESON—COPE.—On October 1st, 1938, at East Grinstead, I. W. Matheson, F.R.C.S., to Helen Susanne second daughter of Mrs. Cope, of Daledene, East Grinstead.
 MERRIMAN—FLAVELLE.—On September 28th, 1938, quietly, in London, Basil Mandeville Merriman to Yvonne Flavelle.
 SMART—FRAMPTON.—On October 6th, 1938, at Bromley, Kent, Joseph Smart, M.D., M.R.C.P., second son of Mr. and Mrs. Fredric Smart, of Cambridge, to Phyllis Mary, youngest daughter of Mr. and Mrs. Albert Frampton, of Bromley.
 WARREN—PARK.—On September 24th, 1938, at St. Andrew's, Plymouth, by the Rt. Rev. F. Whitfield Daukes, Bishop of Plymouth, Wilfrid Warren, M.A., M.B., B.Chir., only son of Mr. and Mrs. F. Warren, of Winchester, to Elizabeth Margaret, younger daughter of Mrs. and the late Mr. C. J. Park, of Plymouth.

SILVER WEDDING

WOOLLEY—WALLER.—On October 2nd, 1913, at St. John's Church, Hove, Major Jasper Maxwell Woolley, I.M.S., to Kathleen Mary, only daughter of Major R. J. Waller, I.A., and Mrs. Waller, of Hove. Present address: 8, Somershill Road, Hove.

DEATH

EVERINGTON.—On September 23rd, 1938, in a motor accident, Herbert Devas Everington, M.B., of Sanderstead, Surrey.

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.

For the transgression of a land, many are the princes thereof; but by a man of understanding and knowledge the state thereof shall be prolonged.—*Proverbs, xxviii, 2.*

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5s. per week, inclusive. Easy access to West End and City. Bay 5857.

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Consulting room; top floor back, available by lift and stairs; very quiet; suit psycho-analyst; central heating; H. & C.; own telephone, or extension from switchboard as required; power and gas separately metered. Rent £110 p.a., which includes the services of doorman, etc., and the use of waiting-room for patients. Free at Christmas quarter, or earlier by arrangement.—Apply Box No. 30.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 3

DECEMBER 1ST, 1938

PRICE NINEPENCE

CALENDAR

Fri., Dec. 2.	—Dr. Graham and Mr. Wilson on duty. Medicine: Lecture by Prof. Christie.	Tues., Dec. 13.	—Dr. Chandler and Mr. Roberts on duty.
Sat., " 3.	—Rugby Match v. Trojans. Away. Association Match v. Westminster College. Home. Hockey Match v. Surbiton II. Away.	Wed., " 14.	— Last day for receiving letters for the January issue of the Journal.
Tues., " 6.	—Dr. Evans and Sir Girling Ball on duty.	Mon., " 16.	—Dr. Gow and Mr. Vick on duty. Last day for receiving other matter for the January issue of the Journal.
Wed., " 7.	—Surgery: Lecture by Prof. Ross. Hockey Match v. Aldershot Command, R.A. Away.	Sat., " 17.	—Rugby Match v. Old Blues. Home. Association Match v. Westminster College. Away.
Fri., " 9.	—Prof. Christie and Prof. Patterson Ross on duty. Medicine: Lecture by Dr. Harris.	Tues., " 20.	—Dr. Graham and Mr. Wilson on duty.
Sat., " 10.	—Rugby Match v. Old Millhillians. Home. Hockey Match v. R.N.C., Greenwich. Home.	Fri., " 23.	—Dr. Evans and Sir Girling Ball on duty.
Sun., " 11.	—Association Match v. Parsloes and District Football League. Home.	Tues., " 27.	—Prof. Christie and Prof. Patterson Ross on duty.
		Thurs., " 29.	—Rugby Match v. St. Edward's Martyrs. Home.
		Fri., " 30.	—Dr. Chandler and Mr. Roberts on duty.

SENSE AND SENSIBILITY

MOST practitioners will have come across followers of the Anti-Vivisection Societies in one way or another: perhaps they have had to face an irate old lady across the tea-cups, and defend themselves against the charge of "torturing" animals, or perhaps to try and convert those who refuse vaccination or inoculation, and so endanger their own lives or the lives of their

children. They are invariably high-minded people whose honesty is patent; their only fault, that in them Sentiment is master of Reason. Probably they were walking down the street one day and had their attention arrested by a shop window which displayed stuffed dogs in a deformed and bulging condition, and cats caught in the grip of infernal machines. They entered the shop, drawn partly by genuine

feeling, partly by morbid curiosity, and then were subjected to as efficient a piece of propaganda as any totalitarian state can produce.

The first attack is on the emotions. They are told of the wholesale torturing of animals, the baking of rabbits to death, the maiming of dogs, and are asked whether they would allow such things to happen to their pets, and that 785,627 such experiments upon living animals were performed without anaesthetics in 1936. Any advantages that are claimed to result from such practices are discredited by appeals to "common sense". For instance, "Do you know that vaccines are preparations of germs? These germs which are injected with the object of preventing a disease are the very germs that are said to *cause* the disease"; or "The introduction of the products of disease and other foreign matter into the system, through a puncture in the skin, has only been made possible by the invention of the hypodermic syringe; it is a most dangerous practice and one that is quite outside the provision of Nature". The rise of the diabetic death-rate, the failure of vaccines in diphtheria and typhoid, and the disasters that have occurred through their use, are pointed to as showing the uselessness of the benefits that the scientists claim have resulted from their painful experiments on animals.

How can the unfortunate research or medical worker gain reassurance that he is not the monster he is painted, and that the treatment of diabetes, diphtheria and other diseases has progressed and not regressed?

In regard to the question of "torture" he can refer to the Home Office White Paper on the experiments performed on animals for England during the last year.*

Here he will find that any research worker must obtain a licence from the Secretary of State before he can experiment on animals; that he must work in a registered place, and that, "In no case has a Certificate dispensing entirely with the use of anaesthetics been allowed for an operative procedure

* *Experiments on Living Animals*. H.M. Stationery Office, 1938. Price 1s.

more severe than subcutaneous venesection. Serious operations are always required to be performed under an anaesthetic". Under licence, the animal must be killed before coming round from the anaesthetic, under Certificate B, the animal is allowed to recover from the anaesthetic, but if at any time "the animal is found to be suffering severe pain which is likely to endure" it must be killed forthwith. Certificate A allows experiments without anaesthetics and includes inoculations and injections, and a separate certificate where the animal is a dog or cat is also necessary. This covers inoculations and injections. In a very large number of cases the results are negative; in positive cases even when the termination is fatal there is very little pain.

In 1937 the number of places registered for animal experiments was 376, and to these 901 visits of inspection were made, for the most part without previous notice. "The animals were found to be suitably housed and well cared for, and the licensee generally attentive to the requirements of the Act and the conditions attached to the licences." Only seven minor irregularities were reported, through misunderstanding of the conditions, and in all cases the offenders were warned or admonished. One example of an offence was: "A licensee not holding an appropriate certificate performed experiments on rabbits involving the simple injection of drugs. He explained that as the drugs which were used had anaesthetic properties the experiments would come within the scope of a Certificate B, which he held. He was warned to exercise greater care in future."

This pamphlet shows that the "tortures", which are alleged, are as much fantasies as Pluto's adventures with the Mad Doctor.

In regard to the fallacy of the Anti-Vivisection statistics, the reader should consult a book by Sir Leonard Rogers, Hon. Treasurer of the Research Defence Society,* in which the saving of life and pain to animals and man which has resulted from animal experiment is fully discussed. He also

* *The Truth about Vivisection*. J. & A. Churchill, Ltd., 1938. Price 5s.

deals with the history of the movement and sifts the evidence of the Commission of 1905-1912, which found completely against the Societies.

Finally, in approaching the question of animal experiments from the ethical point of view, it can be argued that for a human to benefit from the discomfort or premature death of an animal is immoral in itself. And one respects the holders of such views even if they are not shared; they believe that pain or death should not be inflicted on an animal even though the inflicting of pain may lead to the prevention of many times that pain in the future. If the anti-vivisectionists based their claim on this point of view, their case would be a much stronger one: as it is they do not. The number of gelding operations that are performed in a year to produce tender meat totals ten million. The operations are painful and are performed without anaesthetics, and are in fact the only form of vivisection that is allowed under English Law. Yet the Societies turn a blind eye to these practices, and member after member when giving evidence before the Commission had to admit that in not being a vegetarian his attitude was inconsistent.

CURRENT EVENTS

THE OLD STUDENTS' ANNUAL DINNER

This dinner took place on November 21st at Charterhouse, and if good food, good wine and good company mean anything in this time of insecurity, it was as great a success, if not greater, than it has been in the past.

Mr. Harold Wilson, the Chairman, regretted on the behalf of all present that our President, the Duke of Gloucester, had been prevented from attending, owing to the death of Queen Maud. In recounting the events of the past year he mentioned the efforts of staff and students in the recent crisis, and emphasized that if our fears in October were ever realized in the

It may be asked why a body of people should not be left to maintain their sincere though misguided beliefs in peace. It may be desirable, but is impolitic. The societies are rich. Sir Leonard Rogers estimates their capital at £200,000, and their income from investments and subscriptions at £40,000. Not only is charitable money deflected from purposes which can well be regarded as more worthy, but devotees are encouraged to withhold subscriptions from hospitals unless their attitude is recognized. The partial success of the campaign against anti-typhoid and anti-tetanus prophylaxis amongst the troops in the last war is only one example of the dangers that may result from such propaganda.

Stephen Paget, who spent much of his life defending the medical profession against the attacks of the Anti-Vivisection Movement, summed it up in these words: "It gives us very fine sentiments, but is tainted through and through with falsehood. I know that many who believe in it are honourable and full of kindness. But I have studied it for thirty years, and I have come to feel sure that it ought to be regarded as the enemy of the people."

future it was essential that the work of the Medical School should continue. The School should move into the country with the patients and those members of the staff who would not remain in the Casualty Clearing Hospital should go too as teachers.

Sir Girling Ball in proposing "The Guests" referred to the long association of Henrys and Alwyns with the Hospital, and rejoiced that now a Henry, the sixth of his name, should be President of the Hospital, and an Alwyn Treasurer.

May all those present enjoy many another such pleasant dinner in the future.

THE A.D.S.

Rehearsals of "Loyalties" have now started, under the vigorous production of Leslie Gibson, who should score as good a success with this play as he has done many times before. The play will be performed in the Great Hall on four consecutive nights—Tuesday to Friday, January 17th to 20th.

The A.D.S. has been appointed to undertake the annual production of a *Pot Pourri* of the Christmas Shows as representatives of the Students' Union, and producers of shows are asked to note the date of the performance, which will be on Friday and Saturday, January 6th and 7th, at the Cripplegate Institution.

A scrap-book of the Societies' activities over fifty years has been placed in the Library and may be seen on request to the Librarian. It consists of photographs and press cuttings, and is very well worth remembering when the more serious works that some people seek there begin to pall.

ROUND THE FOUNTAIN

We have several copies left of the last edition of this famous classical work. As a special Christmas kindness to which we are not often prone, we have reduced the price to sell off quickly before the next edition arrives:

- 75s. 6d. copy beautifully bound, now 3s.
- 3s. 6d. copy not so beautifully bound, now 1s.

NURSE

(With apologies.)

I know two things about a Nurse;
The second is by far the worse.

GILL'S RAHERE



WHEN Mr. Eric Gill's characteristic design appeared on the cover of this Journal in February and March of this year it was received by no means indifferently.

The Monk had once more come to move the citizens: to tantalize the puritans, to delight and amuse others. The degrees of opinion concerning this woodcut varied in the main between, those who approved the design, those who approved, but did not think it suitable for the cover of this Journal, and those who condemned it in every way.

The Publications Committee, who did not wish to see this design by such an eminent Artist fall into oblivion, were prompted to preserve it in some way, and it was decided unanimously to have it printed as a limited edition. Mr. Eric Gill's co-operation was sought and readily given: for this we are exceedingly grateful.

The edition for which subscriptions are now invited is limited to 100 copies only, of which 25 are signed by the Artist. It is printed on handmade paper, and accompanying it is a short note by Mr. G. L. Keynes.

Those who wish to reserve a copy should do so as soon as possible owing to the limited number available and also the popularity of Gill's work among collectors.

Reservations should be addressed to E. F. Stewart, c/o The Journal Offices, St. Bartholomew's Hospital.

Prices of the Edition will be:

2 Copies printed on Vellum,	£2 2s. each	Numbered and signed by the Artist.
23 " " Handmade paper,	10/6 each	
75 " " Handmade paper,	3/6 each	Numbered only.

BRONCHIOGENIC CARCINOMA: WITH SPECIAL REFERENCE TO TREATMENT

By OSWALD S. TUBBS, F.R.C.S.

THE medical profession is still unable to offer a reasonable chance of cure of carcinoma of certain organs of the human body either by extirpation or by irradiation. The prostate, pancreas and oesophagus are examples of such organs, for the results of the many efforts at cure have been so discouraging that palliation is usually all that is attempted at the present time. Unfortunately, primary bronchiogenic carcinoma has been in this category until recently, and it is generally maintained that, cure being impossible, the best that can be done is to treat the disease with deep X-ray therapy (frequently without histological proof) and hope for the best.

The numerous and great obstacles associated with radical treatment of bronchiogenic carcinoma have apparently discouraged many from embarking on the problem. Evidence of this is shown in the extreme paucity of work on the subject published in the British literature. However, a recent review of the subject by Crafoord of Stockholm shows that an enormous amount of work has been done abroad, particularly in the United States, and that this work has been rewarded with a certain measure of success.

During a year in the U.S.A. I have had the good fortune to be associated with some of Dr. Overholt's remarkable results from treatment by radical surgery, and have also had the opportunity to discuss the problem with other authorities. I hope, therefore, a discussion of the possibilities of treatment of bronchiogenic carcinoma, with special reference to Dr. Overholt's work, may be sufficient encouragement to make the early diagnosis of the disease in the out-patient department or practitioner's surgery as important as it is in the case of cancer of the breast or cervix uteri.

Correlation of Symptoms with Gross Pathology

If the gross pathology of bronchiogenic carcinoma is considered briefly, it is found that there are two main types:

1. Tumours arising in large bronchi, *i. e.* in one of the main stem or lobar bronchi or in one of the latter's primary divisions. 75% of the cases belong to this type.
2. Tumours arising in the small peripheral branches of the bronchial tree. These account for the remaining 25%.

In type 1, the growth at a very early stage projects into the bronchus without obstructing the free passage of air. The probable symptoms at this stage are therefore cough with production of frothy mucoid sputum due to bronchial irritation, and frequently haemorrhage from ulceration of the growth. When the tumour becomes larger, thereby further narrowing the bronchus, a wheeze may sometimes be heard due to the air flowing back and forth past the constriction. Later the constriction may permit air to enter the lung distal to it during inspiratory bronchial dilatation, but prevent its exit due to the natural constriction which occurs during expiration, *i. e.* the growth acts as a ball-valve, and the lung distal to it exceeds its normal size due to hyper-inflation—a condition described as obstructive emphysema. This may be seen in a roentgenogram, and even better on fluoroscopy as it is associated with abnormal mediastinal movement. Finally, complete bronchial obstruction ensues. All the air in the lung distal to the growth is absorbed and this area is then atelectatic. If no infection occurs distal to the obstruction there is a simple accumulation of bronchial secretion, and later symptoms result from further spread of the tumour. Very frequently, however, infection leads to other changes, *e. g.* suppurative bronchiectasis (see Plate I), lung abscess or, by further spread of the infection, empyema. In these circumstances the symptoms of the growth itself are overshadowed by those of the septic complication.

In type 2, the peripherally-placed tumours, the growth is less likely to give rise to cough soon after its inception, as the cough reflex is absent in the small branch bronchi. Ulceration also usually occurs later than with tumours of the large bronchi, so that blood-streaked sputum or frank haemoptysis infrequently bring the patient to the doctor early. Being in the periphery of the lung, obstruction with its septic complications does not arise, but spread to the pleural surface occurs much earlier and may result in a serous or haemorrhagic pleural effusion. Secondary lung tumours are said to be "silent" as they rarely produce symptoms until very late. Primary peripheral tumours might reasonably be described as relatively silent.

From this outline of the gross pathology correlated with the symptoms, it is seen that cough, mucoid sputum and haemoptysis occur early in growths near the hilum and later in those peripherally situated.

Four other symptoms common to both types frequently appear early—shortness of breath, discomfort or pain in the chest, loss of weight and loss of appetite. None of these have been adequately explained, for any or all of them may arise when the extent of the disease is apparently insufficient to warrant their appearance.

Method of Spread

Apart from spread by continuity, metastases in both types may take place through the lymphatic system or blood-stream. Briefly, the lymphatic vessels drain to the glands in the hilum of the lung, thence to the tracheo-bronchial glands of the mediastinum. Further spread may follow to the supra-clavicular, axillary or abdominal para-aortic glands. The peripheral type may also extend diffusely through the sub-pleural lymphatic vessels. Blood-borne metastases are particularly liable to appear in bones, brain, suprarenal glands and liver. Such metastases are said to occur earlier in association with peripherally-situated tumours.

Early Diagnosis

An early diagnosis must be made if an attempt at cure is going to be carried out. The possibility of making such may well be queried in view of the symptoms and signs being so variable and often trivial. The suggestion that an X-ray film of every patient who comes to a doctor with a cough should be obtained is generally declared impractical, just as it is impractical to carry out a barium enema examination on every patient with constipation. But it has always been taught that any unexplained alteration in the bowel action of a middle-aged person who has previously always been regular demands complete examination to exclude colonic carcinoma. Similarly, any middle-aged patient with a persistent unexplained cough who has previously not been so troubled requires full investigation to exclude the presence of a bronchial neoplasm, in addition to the customary examination for tuberculosis. A patient complaining of constipation and mucus and blood in the stools is directly comparable to one with cough, mucoid sputum and hæmoptysis in that carcinoma must be excluded. The excellent results of surgery in colonic cancer keep everyone engaged in clinical medicine alert to see that no case passes to the inoperable stage while under medical supervision. This is not true of bronchiogenic carcinoma. Yet it is now possible to offer a patient thus affected a chance of restoration to almost complete normality for an indeterminable length of time.

Confirmation of the Diagnosis

The symptoms and variable signs suggestive of bronchiogenic carcinoma have already been mentioned. Further investigation consists of a radiogram of the chest followed by bronchoscopy. If the growth cannot be seen with the bronchoscope, demonstration of bronchial obstruction by X-ray after the introduction of lipiodol into the trachea is highly suggestive of growth. But, whatever treatment is ultimately undertaken, it is most important to remove a portion of the growth so that the diagnosis may be made absolute and the exact histology determined. This can be done through the bronchoscope in about 75% of the cases. In the remaining 25%, sufficient growth for diagnosis and histological classification can often be obtained by aspiration through the chest-wall. This "aspiration biopsy" is fraught with numerous theoretical dangers, but has been found to be safe in practice if certain precautions are taken. If both these methods of proof fail and the case is otherwise operable (operability is discussed later), exploration may be justified if the diagnosis is highly suggestive, but it has to be admitted that, even with the chest widely open, it may be impossible to determine the nature of the lesion by simply looking at and palpating the lung. Lymphatic gland biopsy from the supraclavicular triangle or axilla is a possible method of histological verification of an inoperable case when bronchoscopy has failed to provide material for this. This is of definite value prior to commencing X-ray therapy.

Treatment

There are two main methods of treatment:

1. Excision either by removal of a whole lung or of one or more lobes.
2. Irradiation either by the local application of radium or radon seeds or by deep X-ray therapy.

In spite of a very occasional good result from the intrabronchial application of radon and the palliation obtained by deep X-ray therapy, excision at the present time is the treatment of choice in any operable case.

This statement necessitates a brief reference to the histology of bronchiogenic carcinoma. There are three main types—squamous-celled carcinoma, adenocarcinoma, and undifferentiated growths (the latter including the so-called oat-cell carcinoma). Early recurrence following removal of the last type has been experienced by some surgeons and, if these tumours are analogous to very cellular growths elsewhere in the body, it may prove that better results will be obtained by irradiation.

Determination of Operability

Operability has to be defined:

1. For lobectomy, the tumour must be peripherally placed and invisible with the bronchoscope.
2. For pneumonectomy, the growth must not encroach within 1 in. of the trachea.

In both cases metastases must be absent.

The history may suggest the presence of metastases, e. g. hoarseness due to involvement of the left recurrent laryngeal nerve, or skeletal pains due to osseous metastases. Physical examination is invaluable in the determination of operability, and careful search should be made for the presence of Horner's syndrome due to involvement of the sympathetic chain, supraclavicular or axillary glandular deposits, enlargement of the liver and palpable bone metastases. In addition to information obtainable from the chest roentgenogram, fluoroscopy may show diaphragmatic paralysis as a result of neoplastic infiltration of the phrenic nerve. If excision is to be attempted, bronchoscopy must show normally mobile vocal cords, a trachea and main

bronchi unfixed and a carina unwidened by glandular metastases. Many British authorities consider that a carcinoma visible through the bronchoscope is inoperable. This is untrue. Surgical excision has given the best results in cases of squamous-celled carcinoma of the large bronchi and, if the modern technique of total pneumonectomy is carried out, it is usual to remove the main bronchus to within 1 in. of the trachea.

The skull, pelvis, ribs, vertebræ and long bones should be examined radiologically to exclude osseous metastases.

If clinical examination and all special investigations reveal no barrier to operation, surgical exploration of the chest is indicated. About 40% of those explored up to the present time have shown mediastinal lymphatic deposits, and have necessitated closure of the chest and resort to X-ray treatment. If the case is operable, removal of the whole lung is necessary in most cases; however, lobectomy is probably the correct treatment of those uncommon peripherally-placed tumours which are still operable. That such treatment may give at least a four-year "cure" is demonstrated by one of the late H. P. Nelson's patients, who had a lobectomy for carcinoma at the age of 61 and was perfectly free

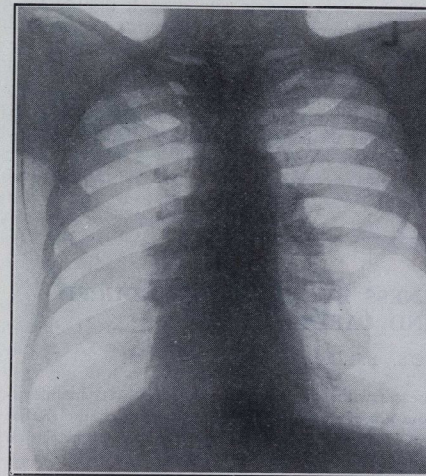


PLATE I.—Pre-operative chest radiogram of a male patient, æt. 51, suffering from a squamous-celled carcinoma of the right lower lobe bronchus. This bronchus was almost completely obstructed by the growth, resulting in partial atelectasis (evidence of which is shown by the shift of the heart and mediastinum to the right) and gross bronchiectasis distal to it. Clear areas (bronchiectatic spaces) surrounded by a zone of increased density were clearly visible in right lower zone in the original X-ray, but are difficult to distinguish in the reproduction.

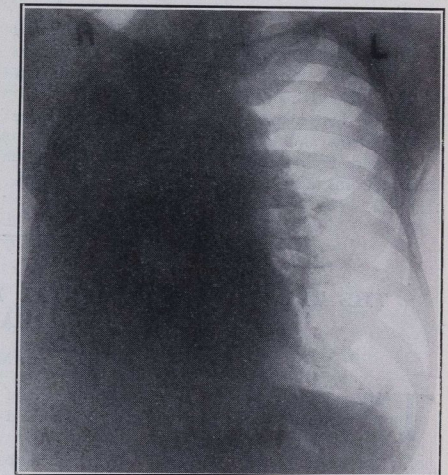


PLATE II.—Chest radiogram of same patient as Plate I, one month after operation. The diffuse density of the right hemithorax is caused by a sterile collection of serum and fibrin. The heart and mediastinum have shifted further to the right and the intercostal spaces are narrowed by contraction of the chest-wall. The position of the right hemidiaphragm is not distinguishable. Subsequent X-rays showed further mediastinal displacement and contraction of the chest-wall.

from evidence of recurrence in September, 1938, four years after operation.

With reference to removal of the whole lung, certain questions which arise from those unfamiliar with this form of treatment require answering, *e. g.* :

1. Is not the operative mortality in a patient of middle age or over prohibitive?

In Dr. Overholt's series (previously referred to) a whole lung has been removed for growth in fifteen cases; of these, only four have died within three months of operation; nine are surviving two months to four and three-quarter years since operation. These excellent results are apparently due to a combination of factors, some of the most important being:

(a) Anaesthesia providing adequate oxygenation (cyclopropane administered with 90% oxygen). Anoxaemia is avoided after operation by using an oxygen tent.

(b) Maintenance of the circulation with intravenous fluid and blood both during and after the operation.

(c) Avoiding interference with the mechanics of respiration by leaving the chest-wall almost intact, *i. e.* thoracoplasty is not combined with the operation.

(d) Obviating pleural infection by extremely careful asepsis and, most important of all, using a method of bronchial closure which, with few exceptions, remains permanent.

2. What happens to the undrained pleural space following removal of the lung?

The space diminishes in size from shift of the mediastinum towards the side operated on, contraction of the

chest-wall and rise of the diaphragm; thus reduced in size it fills with blood-stained serum, which later forms a mesh-work of fibrin enclosing sterile fluid in its meshes (see Plate II). In the rare cases when the space becomes infected, the patient may still get well following drainage and complete thoracoplasty.

3. What is the physical capacity of a patient of middle age in whom one lung has been removed?

Such a patient is capable of moderate exertion without causing dyspnoea, cyanosis or undue fatigue, *e. g.* a man is capable of carrying on a normal business life or a woman is able to run her home.

It may be that results comparable to those referred to are not possible in London, where the incidence of chronic bronchitis in middle-aged men is high, so that the risk of post-operative pulmonary complications and of contamination of the empty pleural space is increased. Nevertheless, it would seem that patients with bronchiogenic carcinoma should be investigated as to operability, and pneumonectomy or lobectomy performed if thoracic exploration shows there is a chance of cure.

With regard to deep X-ray therapy, there are still no satisfactory statistics on cases treated following histological proof and classification. If the effect of irradiation is to be accurately assessed, the histology should be known prior to treatment. If X-ray treatment is confined to inoperable cases, the chance of cure or great alleviation must necessarily be small. It would, however, be of considerable scientific value to carry out such treatment on a series of patients following biopsy, thus obtaining some idea of the radio-sensitivity of the various histological types.

THE TREATMENT OF MENTAL ILLNESS BY MEANS OF INDUCED HYPOGLYCAEMIA AND CARDIAZOL

By J. SAWLE THOMAS, M.R.C.S., L.R.C.P., D.P.M.

THE so-called "shock" treatments by means of insulin and cardiazol originated in Vienna and Buda-Pesth respectively.

In both cases the disease which it was aimed to cure or at least alleviate was schizophrenia. In choosing the title of this paper I have deliberately avoided the use of this term, as personal experience tends to show that the treatment is of equal, and it may possibly prove of greater value in the treatment of other forms of mental illness.

Schizophrenia itself is one of the most ill-defined

diseases with which we have to deal. Its manifestations are of so varied and changeable a character that one is impelled to ask whether schizophrenia is an entity at all.

Kraepelin distinguished the group of symptoms associated with this disease from those of the manic-depressive psychosis, and used the term "dementia praecox" to describe them. It was in 1911 that Bleuler drew attention to the inaccuracy of this term. He pointed out that dementia praecox is a misnomer, inasmuch as it does not invariably progress to dementia,

but may be arrested at any stage; neither does it always begin in early life. He coined the term "schizophrenia", and qualified it by saying that it would be better to speak of "the schizophrenias—a disease group almost analogous with the group of organic dementias". Nevertheless the group has certain symptoms and signs common to all its various manifestations. Among these perhaps the most important and characteristic is a degree of mind disintegration with disharmony between mood and thought. Bleuler also stressed the disturbances of association, although others (Henderson and Gillespie) have attributed this to the primary affective disorder.

The fact remains that as many as 70% of the chronic patients in mental hospitals are suffering from some form of this disorder.

Its cause is unknown, and there is no proved pathology. A large number of treatments have sprung up and have been acclaimed; but unfortunately each have, with more or less rapidity, been shown to be unavailing.

Now, at last, we have a form of treatment which, if not a cure, does without doubt improve a substantial number of cases which have been labelled as "schizophrenia" in a manner quite strikingly more effective than anything else.

Insulin had been used in the treatment of mental illness for a number of years before Sakel originated his technique, which is now the generally accepted method. Other workers had stressed the dangers of allowing hypoglycaemic coma to develop; but M. Sakel, working at the Pötlz Clinic, Vienna, observed that it was after the occurrence of this hitherto dreaded complication that the best therapeutic results were achieved. He evolved a technique which aimed at producing deep hypoglycaemic coma, while at the same time reducing the dangers to a minimum.

Principles of treatment.—The essence of the treatment is to produce a state of profound hypoglycaemia. It should be mentioned here that recent work by Day and Niver in America has shown that the effects are produced not by the reduction of the sugar in the blood, but rather by its reduction in the cerebro-spinal fluid.

The dose of insulin is so arranged that symptoms of HGL* occur between the second and third insulin-hour, and that deep coma does not occur until four to four-and-a-half hours after the injection. The patient fasts from 6 p.m. the previous evening and the injection of insulin is given at 7 a.m. The treatment is interrupted by the administration of sugar at the appropriate time. As soon as the patient is awake, usually seven to twenty minutes after giving the sugar, he gets up,

* HGL = Hypoglycaemia.

changes into dry clothes and goes to his normal mid-day meal.

The treatment is conveniently divided into four phases (Sakel):

Phase I: Preparation.

„ II: Hypoglycaemia ("shock").

„ III: Period of rest.

„ IV: Termination of treatment.

I. *The preparatory phase.*—This phase usually lasts from seven to twenty-one days. It is usual to begin with a dose of 20 units of insulin. A larger initial dose may have serious consequences. It is believed that the organism adapts itself gradually to the higher doses, and an original high dose might easily cause death.

During this phase no very pronounced signs are observed. As the dose is increased the patient may become a little euphoric, and later he may be drowsy. Until so-called "shock" symptoms occur sugar is given three hours after the injection. The patient being awake, he is able to drink it quite normally. It is customary to give about 200 grm. of either glucose or sucrose dissolved in water.

During this phase the dose of insulin is increased daily by 10 units until symptoms of HGL appear. Once these are established he is said to have entered upon Phase II.

II. *Hypoglycaemia.*—This phase is divided into five stages: (1) Incubation. (2) Presomnolence. (3) Somnolence—sopor—coma. (4) Interruption. (5) Finish.

(1) Incubation: This is the stage immediately following the injection of insulin. There are no recognizable symptoms; it usually lasts half to one hour.

(2) Presomnolence: During this stage there may be interesting changes in the psychotic symptoms. If the patient is hallucinated "the voices" become quieter and pleasanter. There is often a vague excitement and feeling of well-being. Somatic changes are not marked; but sweating may begin and rapidly become very profuse, so that the mattress is soaked through. This stage frequently ends in a state of more acute excitement with extreme over-activity. The usual duration of this stage is about two hours.

(3) Somnolence—sopor—coma: The preceding stage is followed by a period of quiet, and the patient sleeps peacefully. Quite suddenly, however, he may become extremely restless, noisy, and exhibit violent spasms of the muscles and limbs alternating with jerky myoclonic movements. The breathing may be heavy and stertorous; he may shout and cry out, and throw himself wildly about the bed. He is now virtually unconscious and his attention cannot be attracted. He then once more relapses into deep sleep and finally into coma.

(4) Interruption: After 4½–5 hours, or earlier if

the condition of the patient warrants it, sugar is given. A nasal tube is passed, a small quantity of stomach contents aspirated and tested with litmus paper (in order to verify the position of the tube) and the sugar solution is poured into the stomach through a funnel. In cases of emergency, and in some cases for therapeutic reasons, sugar is given intravenously. In the latter case 80-100 c.c. of 33% glucose are given. Usually when this procedure is adopted the patient is fully awake before the injection is completed.

(5) Finish: The patient being now awake, he is immediately given a drink of sugared tea together with a large slice of bread and butter. He then gets out of bed, changes his clothes, which are usually soaked with perspiration, and is able to resume his normal activities.

III. *Period of rest.*—In all early cases and in most others it is customary to give the treatment daily for six days and omit it on the seventh (usually Sundays). This day of rest constitutes the third phase.

IV. *Termination of treatment.*—The course of treatment is terminated when the patient is deemed to have recovered, or after 60 to 80 "shocks". The termination is effected by rapidly reducing the doses of insulin for a period of from four to eight days.

Complications are, fortunately, comparatively uncommon, and in my opinion the dangers of the treatment have been somewhat exaggerated. Considerable experience of the various manifestations which appear during HGL is necessary both for the doctors and the nurses in attendance; but once this experience has been gained, and provided that the nurses are reasonably competent, it should not be necessary for the doctor to remain continually in the insulin ward so long as he can be summoned and be certain of arriving within two minutes.

Among the more serious complications which may arise are acute pulmonary edema, laryngeal spasm and myocardial damage. Epileptiform fits occur quite frequently and are not of serious significance. It has been thought that they were of definite therapeutic value, but I have seen nothing to confirm this view. One of my cases, who had 11 fits and would have had many more had not the coma been interrupted when signs of an approaching fit were seen, has failed to show any improvement. Another case who had 7 fits and 73 comas was also unsuccessful. On the other hand complete remissions have been obtained in two cases who only had 1 fit each.

Cardiazol.—The use of this substance in the treatment of schizophrenia was originated by von Meduna in Buda-Pesth. He conceived the idea that there was a fundamental antagonism between epilepsy and schizophrenia, and strove to find a substance which would

produce convulsions. After experimenting with various camphor derivatives he finally selected cardiazol as being the most suitable.

The technique of this treatment is much simpler than that of insulin and it has been very widely adopted. Many workers are using the combined method of insulin and cardiazol known as "summation". With this method cardiazol is given during the somnolent stage of HGL, and when the effects have subsided the HGL is interrupted.

Cardiazol is given by intravenous injection.

It is usual to begin with a dose 3-5 c.c. of a 10% solution. The injection must be given as rapidly as possible into a large vein. If it is given slowly or intermittently no effect is produced. Within about half a minute of the injection a violent epileptiform convulsion takes place lasting about two minutes. Shortly afterwards the patient wakes up and shows no ill-effects.

Complications are rare. Occasionally the period of apnoea following the convulsion is prolonged and requires the administration of artificial respiration. In some recorded cases fractures have been produced, and dislocation of the jaw is stated to be not uncommon.

In spite of the claims made by the advocates of "summation" treatment, I am of the opinion that certain types of illness do better with insulin, others respond more satisfactorily to cardiazol, and this view has been borne out by experience, although on an admittedly small number of cases. It seems to me that those cases which have done well with "summation" after having failed to respond to ordinary insulin treatment might have done equally well if treated with cardiazol alone from the beginning.

It is hoped at a later date to elaborate these views and to record illustrative cases from a series, some of which are still under treatment at the Bucks Mental Hospital.

It has not been possible in the space of this paper to give anything more than a brief outline of these treatments, but detailed accounts have already been written by many workers, notably in this country by Wilson (1937), James, Freudenberg and Cannon (1937) and, on cardiazol, by Cook (1938). In addition an admirable historical survey has been published by Wortis in America.

Apart from the undoubted therapeutic value in certain forms of schizophrenia, a wide field of research has been opened up in the realms of neuro-physiology and bio-chemistry, which may lead to further great advances in the diagnosis and treatment of this and other forms of mental illness.

In conclusion it gives me great pleasure to have this opportunity of recording my gratitude to Prof. Pözl

for permitting me to study these treatments at his Clinic, and also to Dr. K. Th. Dussik for his infinite patience and kindness to me during my visit to Vienna.

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A BEDOUIN PRACTICE

By S. AVERY JONES, M.R.C.S., L.R.C.P.

WHEN I qualified I felt that a life of too great security would not agree with me. Therefore when I was offered the work of organizing a mobile medical unit in the Transjordan Desert I accepted with alacrity. This unit was to be organized as a result of the recommendations of Dr. N. M. MacLennan, who did a thorough medical survey of the tribes in 1934.

It was to be pioneer work, as the Bedouin have become law-abiding only in comparatively recent years, and an organized medical service among them had not previously been attempted.

I was promised a mobile dispensary with a driver and four trained Arab orderlies, with tents and equipment. With this outfit I was to treat as best I could the nomadic tribes. There were preliminaries: for three months I battered my head against the gates of learning that concealed the Arab tongue. I then left for the desert, sore but full of enthusiasm.

I arrived in Jerusalem about the end of 1936 and was rather disconcerted to find, despite the newspapers, an apparently normal town going placidly about its business. I was mightily troubled by finding that my knowledge of Arabic—as it is spoken—was minute.

My dispensary car was still under construction by the Public Works Department and I was able to plan much of its interior, which was then most neatly executed by their chief Arab carpenter, who is rather a genius. I also chose my equipment, and later went to Transjordan to get some idea of the conditions under which I should have to work.

A full gale of icy wind mixed with rain and sleet was

blowing when I reached Amman, the capital of the country, and I hastily readjusted my ideas of a hot and waterless climate. When the tracks were passable I accompanied Major Glubb, the C.O. of the Desert Patrol, on one of his tours of inspection of the Desert Patrol Posts in the Northern Desert. This Desert Patrol is manned by picked Bedouin, lean, hard, natural fighters, yet possessed of such courtesy that in their presence one felt oneself back in the days of chivalry. I studied them with interest, as I was to be their medical officer in my spare time. Their uniform is picturesque: a long khaki robe with a scarlet sash from which swing gold and scarlet tassels; a cartridge belt across the chest is worn, and a dagger in a beautifully patterned metal sheath studded with semi-precious stones is carried; no man goes anywhere without his rifle. Sheepskin cloaks dyed bright red are worn against the cold and act as an auxiliary blanket. Their hair is worn long and braided and is concealed by their red and white headcloths; all are bearded.

These are the men that hold the desert forts strategically scattered throughout the desert. They do camel patrols, settle disputes and recover lost or stolen animals. Their work is more than that. With Major Glubb's assistance many have learnt to read and write, so the rapid assimilation of new ideas goes on and spreads among a backward race, while the best of the old traditions are rigidly maintained.

To return to my preliminary visit. We came across few Bedouin tents. The occupants were thin and poorly clad, and every group of tents produced a case or two of tuberculosis. I discovered that at this time of the year the majority of the tribes go to the warmer

east, many of them outside Transjordan. As there is drinking-water for themselves and their animals in the rain-pools, and now little danger of being raided, they have no need to congregate in any one area, and are, in fact, widely scattered throughout the eastern desert.

I found also that there were two main tribes that I would have to deal with—the Howeitat and the Beni Sekr, both of which receive honourable mention in Lawrence's *Seven Pillars of Wisdom*. Incidentally the fine portraits by Kennington in this book do full justice to the Bedouin, and it is rare to see in their faces the characteristics of ignobility, meanness and depravity too often to be found among townfolk of any nationality. They have the proud bearing of a free race, and their warlike appearance is emphasized by the murderous-looking knife and the rifle and cartridge belts, without which they would feel undressed.

When friendly their courtesy is elaborate and their manners perfect, as is to be expected of a fighting people among whom an infringement of the laws of politeness has for generations meant a possible killing followed by a blood feud. To-day poverty is the predominating note among them, as their ancient occupations of raiding and extorting "protection money" from caravans and villages are no longer tolerated, and the inevitable encroachment of mechanized transport in the East makes the breeding of camels a less and less profitable business.

They have a high code of behaviour—much higher than appears to prevail in contemporary Europe. A woman can travel unmolested anywhere among them; a guest is a sacred charge to be protected with one's life if need be. Their war traditions are such that if a woman, child, sick person or old man were killed even by accident, the greatest shame would rest on those responsible—vanquished or conqueror. Much has been written about Bedouin hospitality—every tourist who

passes through the country seems to write a book about it—so I shall add but this: that the poorest among them, summing his worldly wealth in the possession of but one goat, would cheerfully kill that goat in order to provide a meal for his guest; in fact it is sometimes embarrassingly difficult to prevent this being done without causing mortal offence.

The Bedouin are a charming race, quite unreliable, fantastically generous and yet, given the prospect of money or personal advantage, of amazing avarice. They have been called lazy and unenterprising. This is shortsighted. They live on an amount of food that would starve an Englishman and have, therefore, to conserve their energy in everyday affairs. With an ideal in view they can draw upon great reserves of nervous energy.

My dispensary car took longer to make than I anticipated owing to the multiplicity of holidays in Jerusalem at the beginning of the year: Arab, Christian and Jew all get their time off at different periods, so that the work of the Government departments becomes held up. Finally it was ready and I took it to Amman.

Then began a period of intensive work arranging stores and packing the car. When this was nearly finished I set up a model clinic on the Arab Legion Parade

Ground and this was inspected by His Highness the Emir Abdullah of Transjordan, accompanied by the senior Government officials. I opened my first desert clinic on April 15th, 1937, 28 kilometres from Amman and among the Beni Sekr tribe. Before the tents were up we were inundated by patients, who arrived at the rate of 50 to 80 per day for several weeks. That was one of my most hectic periods. My stock medicines (concentrated 1:4) were put up in 1-litre bottles, and got used up so rapidly that I seemed always to be routing among boxes for the essential ingredients to make them up afresh. I then got 2½-litre bottles and used them, not without one or two restless nights



DESERT PATROL.

from the thought of the terrifying quantities of tinct. nux. vom. and liq. arsenicalis necessary to make up my mist. tonic in these amounts of a concentrated mixture. However, no irate people came to probe the question with their long knives and I soon regained confidence.

After three weeks the Bedouin moved and I shifted the clinic to follow them. It then seemed time to expand further, so I packed up what experience had proved necessary, and leaving my first clinic in charge of an orderly, went south with the car perilously loaded.

It is 200 kilometres from Amman to Ma'an, the chief southern town, and my destination was 100 kilometres further south at Rumm, a gigantic valley hemmed in by sheer sandstone cliffs and carpeted with soft sand. One road to Akaba from Ma'an runs through Wadi Rumm. In the centre of the valley floor is a fort, which by its nature and setting conjures up memories of old novels in the *Beau Geste* tradition. From high up one side of the wadi flows an unceasing spring of ice-cold water, dropping into an ancient trough fashioned by the Nabateans. Dragonflies abound, and vivid green moss and leaves almost hurt an eye attuned to the monotonous glare of the desert. Beneath, an unexcavated Nabatean town lies buried in the sand.

Here I stayed only twenty days. During part of this time I toured the southern Desert Patrol Posts examining the men. As there were few tents and less sick in the neighbourhood of Rumm I moved the clinic again, this time to the high land about 30 kilometres from Ma'an in a region where there were many of the Howeitat, and later to the wells of Jeffer. Here I spent some time in as near an approach to Hades as could be found in this life. Jeffer is set in the midst of a mud flat. The temperature in summer rises to about 115° in the tents at mid-day, putting my clinical thermometers out of action. There were whirlwinds carrying pillars of dust, and every patient arrived veiled by a swarm of flies. I had some typhoid cases to deal with and the Ma'an hospital was full, so I put up bleaching powder in the wells and inoculated the local inhabitants, who complained bitterly thereat, and the cases stopped as the weather became cooler.

I found time to expand further, and established a third clinic in the South, this time in a beautiful little valley near Shobek. The tents of Hamd Ibn Jazi are near here, and his people come up for treatment. The clinic site is hard by a spring of clear water that wells up into a pond walled off to prevent pollution. There is even a patch of grass around the pond, as short and smooth and thick as a well-kept lawn. I kept a clinic there for four months in 1937 and again this year. Except in the winter, when I had two

clinics, I have maintained the number of clinics at three, but hope later to increase this.

The equipment of each clinic is as far as possible standardized. There is a bell tent for the orderly, a large clinic tent and a smaller white open tent to act as a shelter to patients awaiting treatment. The clinic tent has a cupboard 6 ft. tall, a long table to work from and a small table for the clinic register, etc.

Because of difficulties of transport I make up all my stock mixtures concentrated 1:4 in 2½-litre bottles. These are cumbersome to work with, so the orderly dispenses from 1-litre bottles and the large ones are kept as a reserve. I provide the following medicines: (1) M. tonic; (2) M. protuss. sed.; (3) M. hydrarg. c̄ pot. iod.; (4) M. diaphoretic; (5) M. bismuth; (6) M. ferri et quinine; (7) M. diuretic; (8) M. dysmenorrhoea. Nos. 1, 2 and 4 are duplicated in the appropriate strength for infants, for whom a M. pot. cit. is also supplied. I also make up my own tinct. iodine, distilled water (I have a still), and eye drops of argento protein 5%, silver nitrate 1% in 15% glycerine, zinc sulphate 1% c̄ boric acid 3%, cocaine 2%, M. pig. mandl. for throats, "endrine"-type of nose-drops, and phenol 10% in glycerine for ears. We have tablets such as aspirin, calomel, grey powder, atelbrin, plasmoquin, calcium sod. lactate c̄ vit. D, A.P.C., veramon, and I have recently issued sulphamide-p for use in urgent cases.

There are also dressings such as lint, cotton-wool, gauze, etc. Ointments include ung. zinc, ung. iodoform, ung. hyd. ammon. dil., ung. hyd. oxid. flav., ung. acidi borici and ung. streptocide. The equipment includes items such as spirit ammonia aromatics, anti-snake-bite serum, copper sulphate sticks, eye ointments, oil of chenopodium, liq. adrenalin, kaolin, soap, etc.

My difficulties as a dispenser were at first tremendous, and even now are not small. I had tins made to take such solid ingredients as was possible, and a box made to take the tins. My tinctures I get in concentrated form to save space, and make them up with the appropriate dilutions of alcohol as I go along. Transport of bottles provided a problem; this I solved by having special boxes made to take them, and so as not to have all the eggs in one basket I use a number of small bottles for transport rather than a few large ones. In this way breakages are few and, when they occur, are unimportant.

I now arrange my supplies so that I can make up most of my stock medicines at one time. I then take off an afternoon and evening, get out my collapsible weighing machine, unpack the boxes and get down

to it. I make a special point of never allowing these supplies to become exhausted, as it is demoralizing for the orderlies to have to see cases without being able to give the appropriate treatment.

This question of morale is an important one in work of this kind and is worth a lot of thought. My staff comprises four Arab orderlies trained in Palestine and Transjordan and a Circassian driver. I have found them loyal, hard-working and intelligent. They all come from towns or villages in Transjordan, and in their previous work could count on regular hours and Fridays off. In the desert regular hours are impossible, as the Bedouin have no sense of time and may have to journey long distances to reach a clinic, so must be seen when they arrive. None of the orderlies speaks English but the driver does, and when I first began he was in considerable demand as an interpreter. I never give the orderlies work that they feel I would not do myself and at the least complaint I do it—which they cannot bear.

The Bedouin have many curious notions about medicine, one of the more dangerous ones being "the more the better". I have never had a fatality from this yet, but why not is a mystery, as in spite of warnings I get bottles returned empty very much too soon for my peace of mind. In some cases of course the whole family has had a pull. In others, the patient has taken one dose, disliked the taste, poured the rest away, and returned, loudly protesting that the medicine had done no good and demanding a better one. A popular idea is that the doctor always really knows a cure, and if his treatment is not immediately successful it is because he is wilfully withholding the correct medicine. This is the most irritating and dangerous attitude to encounter.

They are very fond of laying on a red-hot iron as treatment, and some cases arrive scarred from head to foot and with large suppurating areas as a result. The skin is usually burnt over the site of the pain and often may have the desired counter-irritant effect, but the use of the cautery is an art, and the knowing experimentalist is quite likely to burn in the region of the elbow to cure a cough. The burns vary from second to third degree in severity, and may be single or multiple, patched or linear, and from $\frac{1}{4}$ in. to 8 in. long. It is not easy to palpate an abdomen mutilated in this fashion.

Another drastic measure, less common, is to thread a piece of very dirty string (using a blunt and equally dirty needle) through skin and muscle at the site of affliction. The string is left in, and the subsequent suppuration regarded as a good thing.

Aromatic plants abound in the desert, and the

Bedouin make infusions from them which are said to be good for the belly-ache and divers other troubles. I have not had the opportunity of testing their actions, but they are probably carminatives. Some plants are used to make a substitute for tea. This I have often drunk and found refreshing and stimulating; I think it may contain caffeine. Wild colocynth grows freely, especially in the south, and is used as a purgative, with dire and occasionally fatal results.

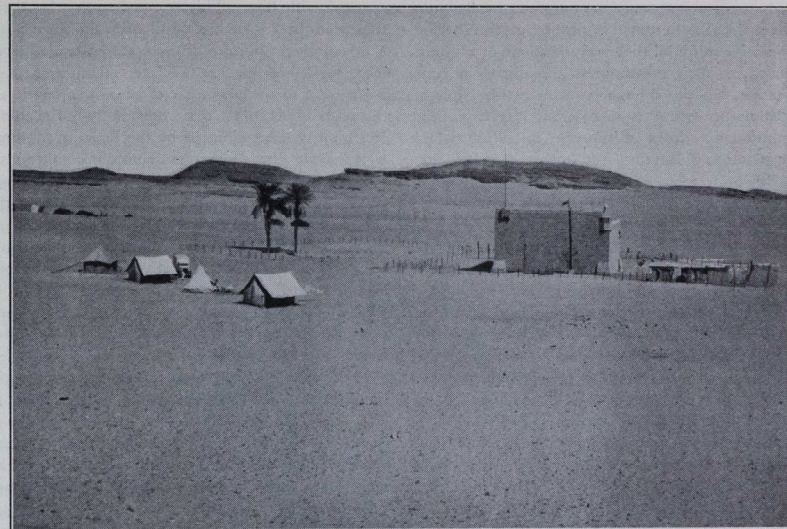
I seldom see cases of fractures, as the treatment of these is more or less a monopoly of certain families. In the cases of broken arms or Colles' fractures the results are fairly good; with broken legs any treatment is rendered of little value owing to the attitude of the Bedouin patient who, if he has strength to get about, will do so, and will on no account lie up for sufficient time for callus formation to become firm.

I have never yet been called in for a case of child-birth, nor for a case of puerperal sepsis. Delivery is the prerogative of old women, and it is probable that if anything went wrong, the patient would be dying or dead before the relatives would think of sending for a doctor, even supposing they could overcome their traditional modesty.

The Bedouin women are not as secluded as the Muslim women in the towns, and come up freely for treatment. I have no difficulty even in examining the abdomen, though any vaginal examination is impossible. From the gynaecological aspect their troubles are few, and owing to the abundance of sunlight and fresh air, and to the camels' and goats' milk which they drink in large quantities in the winter and spring months, rickets is unknown. Dysmenorrhœa is occasionally complained of, as Bedouin women have no false modesty about speaking of menstruation.

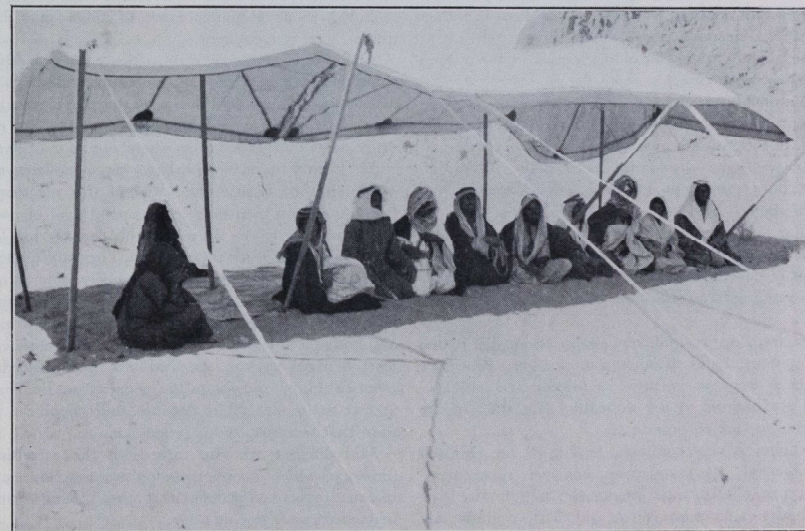
Climatically the country is very favourable to good health. Most of the desert forms the top of a vast plateau, the high altitude giving comparatively cool nights even in the hottest weather. Although the heat is extreme at times in summer, it is not unbearable owing to the dryness of the air. The winter is short and very cold, but during this time many of the Bedouin go outside the country to the warmer east.

The most prevalent diseases are largely the result of economic conditions combined with medieval ideas regarding sanitation and personal hygiene. Where sufficient water is available the men usually take the opportunity of washing themselves and sometimes even their clothes, but water is scarce and soap scarcer, and they are all louse-ridden. Owing to lack of privacy and for reasons of modesty the women find it more difficult to wash their bodies, and the older ones especially are often very dirty.



CLINIC CAMP AT MUDOWARA.

In summer the temperature here rises to about 130° in the shade.



OUT-PATIENT DEPARTMENT.

Tuberculosis is a serious disease among the Bedouin, and in its surgical form sometimes causes great suffering. They live on a minimal diet very deficient in vitamins A, B and C, so their resistance to this disease is poor, and their life, healthy though it seems at first sight to be, by its nature prevents them from receiving those small immunizing doses of tubercle bacilli to which the comparative immunity of townspeople is due. Thus a Bedouin may go for many months without contact with tubercle bacilli, until a day when he drinks from the same coffee-cup, and talks in close proximity to a person spitting up blood and thousands of the bacilli every minute.

Syphilis is quite common, but appears to occur in a very mild form without nervous or arterial complications, although the nasal arch is sometimes destroyed and bone lesions are not infrequent. The infection appears to be carried on by intermarriages between infected and healthy families, and possibly by the habit of drinking from the communal coffee-cup. It is very difficult to treat efficiently, as it is often impossible for the Bedouin to remain in any fixed place for a sufficient length of time. Moreover, although they realize the great value of injections for the disease, as soon as any benefit appears they will immediately cease treatment if it causes them the least inconvenience to continue with it. I have had people come to me saying with a charming smile that they had syphilis, and would I please give them a needle for it. On being told that it would be necessary for them to return for further injections, they would say, "Oh no, I can't possibly do that, as I am moving with my family to the Hedjaz to-morrow".

It is difficult to see why true scurvy is not more prevalent among the Bedouin, particularly towards the end of the summer months, as their diet appears in many cases to be absolutely deficient in vitamin C. Sub-scorbutic symptoms are common, however, in the form of spongy bleeding gums, though true scurvy is rarer than might be expected. Anæmia is very frequent at this time of the year, and I get many cases complaining of neuritic symptoms. These clear up rapidly when treated with an iron tonic and a vitamin preparation.

Their teeth are magnificent, and I think this is due to the amount of milk drunk at some seasons. Pyorrhœa however is frequent in those of middle and old age, and is attributable to the unhealthy condition of the gums due to lack of vitamin C.

Trachoma is very common, nearly all the children being affected. In many cases, however, spontaneous cure seems to take place before the middle twenties. The children's faces are filthy, and in the summer are

covered with flies. This is one reason why the fly in these countries is such a pestilential nuisance; since it is accustomed to feed on the nasal and ocular secretions it makes a bee-line for the face. Rather surprisingly, I have not seen many cases of acute conjunctivitis, but this probably occurs in some years in fly-borne epidemics. Infection is also facilitated by the Bedouin mother, who wipes away the discharges from her children's faces indiscriminately on her sleeve or the hem of her dress.

Typhus and typhoid occur sporadically, and there is considerable danger in a population such as this, which lives on the borderline dividing sufficient nutrition from starvation, that in a bad year with poor crops and loss of cattle lowered resistance would permit widespread epidemics. The past two years, however, have been good ones with abundant winter rains, so that the health of the Bedouin is now above the ordinary level.

Control of such epidemics and the prevention of their spread into Palestine is one of the main reasons for my existence in the desert. However, it is by no means easy to get the Bedouin to submit to inoculation against such infections as typhoid, for, although they come to me demanding needles for every complaint, their automatic reaction to any enforced measure is one of suspicion. In fact it would be difficult to find any people more apt to cut off their own noses to spite their own faces than the Bedouin. A sheikh, for example, who considers himself annoyed will refuse to allow his people to come to the clinic until he has been mollified, even although some of them may be in urgent need of treatment.

Smallpox is now very rare in this country, although common in the adjacent land of Saudi Arabia. This is due to the very efficient measures that have been taken by the Health Department of Transjordan. For many years past orderlies have been sent out to vaccinate all children and others who have not yet been done. Although they realize the value of this measure the Bedouin submit to it only after a good deal of protest, as the absence of the disease in this country has lulled them into a false sense of security. They still remember the days of variolation, however, and consider a newly vaccinated person dangerous. When one person has been done they are therefore more ready to bring up any other unvaccinated person. The absence of scarred faces among the Bedouin in Transjordan is remarkable, in contrast to the people from the Hedjaz, and it is in fact often possible to recognize a man from that territory by his pitted skin.

Skin diseases are also rare, with the exception of impetigo, which is very common among children, and of sweat rashes and occasional eczema. Ringworm and scabies are very uncommon.

The Jordan Valley is intensely malarial, and many of the Beni Sekr become infected there. The village of Azrak, also, which is surrounded by a marsh, is a source of infection. The quartan form of malaria is uncommon, and sub-tertian and benign tertian make up the majority of cases. I treat this disease with a course of atabrin followed by a course of plasmoquin, and finish off with M. ferri et quinini.

Bilharzia is occasionally found among the Howeitai, but is always picked up outside this country. I have not seen a case of kala-azar.

Scorpions are found everywhere in the desert and the Bedouin are often stung. Though I have seen cases showing considerable shock with a slow pulse, a perspiring cold skin and vomiting, I have never yet heard of a death from this cause, except in young children. Incidentally we are frequently killing these pests in our own tents, and I am probably one of the few practitioners who has found a scorpion nesting coyly among his pillboxes. They seldom reach a size above two inches long, and two varieties are known, the white and the black, of which the black is supposed to be more venomous.

There are also snakes, though these are rather retiring, and I myself have only seen three since I have been in the country. The small yellow sand-vipers have the worst reputation, and are known as "the father of going sideways" owing to their peculiar mode of progression. The Bedouin are rarely bitten by snakes, not at least when in my neighbourhood, and that in spite of the fact many of them go bare-footed, and when travelling they park down for the night anywhere on the ground.

The technical obstacles in this work are imposing, and at first, when I had only the dispensary car for transport, were almost insurmountable. This car has a

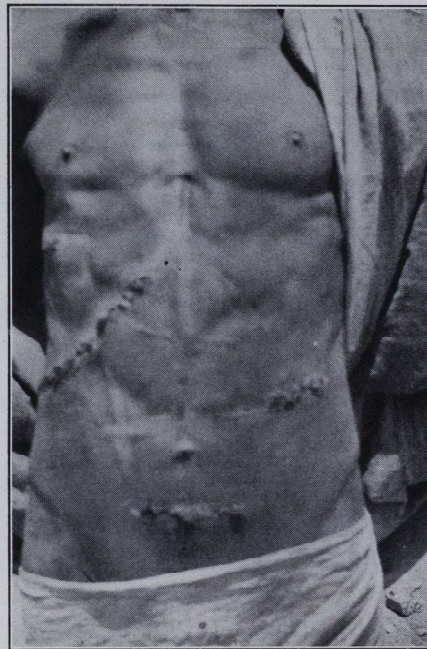
six-wheeled, three-ton Ford truck chassis, and while its special body makes an excellent laboratory, office and store, it has not the bottle-space and accessibility necessary for clinic work. It is also too slow and heavy for touring over rough country to the tents, and for the transport of clinics it was often necessary to make double journeys with the car filled nearly to the roof, and an orderly sprawling uncomfortably on top of the boxes and equipment as we jolted, swayed and bumped over rough and sandy tracks through an inferno of heat and dust.

I remember runs like this when on journeys of 230 kilometres or more we had to stop and mend from two to four punctures, and anyone who has had to take off the wheels and mend the tyres of such cars similarly loaded will realize what heart-breaking work it is.

Thus it was soon obvious that a second light and more mobile car was required, and I was forced to buy one. The type I chose was a Ford V-8 $\frac{1}{2}$ -ton pick-up, which I run with the help of a Government kilometre allowance. This car, which looks at first sight like a farmer's milk van, I have found very useful. Being light-bodied but with a powerful engine, it is capable of going up and down hills that appear almost as steep as walls, and over country strewn

with stones and cut through by innumerable small wadis.

The desert in this country is by no means confined to the rolling sand-dunes so often seen in picture post cards, though these occur in places. It comprises also volcanic rock-strewn country impassable except on cleared tracks, bare mud-flats extending as far as the eye can see, gravel-strewn country, flint-covered rolling hills and mountainous areas with magnificent scenery. South of Ma'an is the most picturesque desert of sand and mountain type, particularly on the



BEDOUIN TREATMENT.

A case of malaria showing "treatment burns" and seton threaded through abdominal wall.

routes to Akaba and Mudowara, and near Shobek. At Mudowara is an ancient Turkish fort now occupied by the Desert Patrol. It is the site of the last station in Transjordan on the erstwhile railway to Medina. I had a clinic there in March of this year, to examine the pilgrims returning overland from Mecca. From Ma'an to Mudowara the track follows the railway, which is in the same state as it was left at the end of the war, with culverts blown up and stations wrecked.

unit to be as self-contained as possible. The distances to be covered may be illustrated by the fact that a round of my clinics at the moment would cover 350 miles, and at other times may be much more. It is difficult to keep to any fixed schedule, since if there is an infectious disease in a locality I am bound to stay there until it is over. Otherwise I try to stay about a month at each clinic, taking them in rotation, and moving them to correspond with tribal migration. I



DEPIGMENTATION.
Origin probably syphilitic.

My transport difficulties, which I had hoped were solved, were again in evidence towards the end of last year when, owing to a burst tyre, my pick-up crashed in the desert near Jeffer. I was driving at 80 kilometres an hour and the car turned over three times, so its repairs were a lengthy undertaking and necessitated my leaving the wreck in Jerusalem. I did not get it back until June of this year. This prevented me from carrying out my plan to establish a winter clinic in Jebel Toubaik, far away down in the south-eastern corner of the country and two days' journey by car from Ma'an. To this place, which I have heard is beautiful, go many of the Howeitat in the winter months, as, given rain, the grazing is excellent and the weather mild. I expect, however, to go there this winter.

Working as I do far from a base it is necessary for the

also visit all the Desert Patrol posts twice a year in order to examine the men.

Much of my laboratory work I do myself, usually in the evenings. I am provided with a very fine Leitz binocular microscope and have good laboratory equipment, including a centrifuge. For illumination when using the microscope I find a paraffin pressure lamp satisfactory.

My greatest bugbear in the past was official reports and letters, which I had to do in my own hand. For many months I kept my files in a suitcase, and although I ultimately had boxes made for them, the carpenter got his measurements wrong and they had to be returned for another long period before they could be used. In April of this year when on leave I married, and my wife, who lives with me in the desert, has now taken all such things in hand and has wrought miraculous

changes. All my correspondence is now typed—a beautiful arrangement for me if not for her—and she has put my astonished files in order.

We are rather cut off from civilization in this work and have not even a wireless set to keep our nerves on edge. Often we are out of touch with European news for weeks at a time. For the last three and a-half months, with the exception of three nights in Amman, we have slept in our tent in the desert, only going in for occasional day trips to take patients into Amman Hospital or to get stores.

It is not, however, an existence we would change, as the desert has its own great compensations, not least of which is the keener sense of enjoyment in small things that would pass unnoticed in a town, as the taste of water, a breeze scented by passage over aromatic shrubs, or the golden evening glow that settles over the plains and makes even a whirling dust column a thing of beauty.

THE FIRES OF SMITHFIELD

By P. W. ISAAC.

THE burning of heretics was first introduced into England about the year 1390, when a Lateran decree ordering their extirpation was adopted. The writ was issued under the well-known title, "De heretico comburendo".

Smithfield, being conveniently near Newgate, was the scene of some sixty-six martyrdoms. Those burnt were, with several notable exceptions, of the artisan class. They included among them cutlers and cobblers, tailors and tallow-chandlers, men and women. They were tried by ecclesiastical courts and then handed over to the secular authority. Their heresies included criticism of the Mass, possessing copies of the Bible in English, and teaching the Lord's Prayer in English.

The first man to be burnt at Smithfield was one Thomas Badly, by trade a tailor. Great efforts were made to make him recant. He had two trials, one before the Bishop of Worcester, and one before the Archbishop of Canterbury; tied to the stake, the Chancellor of Oxford preached to him, and the eldest son of the King admonished him. The Prior of St. Bartholomew's, having approached in seemly procession, questioned him once more and the fire was applied, only to be extinguished by order of the Prince. Even this failed to dismay the tailor, and the fire was relit.

Distinguished sons of Oxford, such as Ridley and Latimer, were burnt in their home town, close to Balliol. Smithfield, however, was the scene of the death of at least three Cambridge men. Among those who condemned the first of these was a Dr. Barnes, who soon

afterwards himself preached a reformed sermon at Trinity Hall. This caused no small stir both in the Senate House and also at "a house to which they chiefly resorted—the White Horse Inn—which, in contempt, was called Germany! This house was chosen because many of them of St. John's, the King's College and the Queen's College were able to enter at the back gate". The Proctors arrived to find their bird flown to London, where he was hailed before Cardinal Wolsey and so to Smithfield.

John Rogers and John Bradford were both Cambridge men and prebendaries of St. Paul's. The latter was also a Fellow of Pembroke.

There is no doubt that burning at the stake was an exceedingly cruel death. The accounts contain indications that death was often delayed because the wood was green, or because those responsible wished to give the heretic another chance. The victim was not apparently bound, but secured to the stake by a chain. Several are said to have held their hands in the flames for some time. In most cases death from shock and to a lesser extent asphyxia was probably not long delayed. Sometimes gunpowder was placed around the stake to shorten the agony. On one occasion this disturbed the onlookers much more than the victim at the stake. A well-born and educated woman, Anne Askew by name, having been racked by the Lord Chancellor himself in the Tower (because the Lieutenant, Sir Anthony Knevet, refused to order the gaoler to do so), was being burnt before a distinguished company. These worthies, who were seated along the wall of St. Bartholomew's Church, included the Lord Chancellor, the Duke of Norfolk, the Earl of Bedford, and the Lord Mayor. Hearing that gunpowder was to be used they expressed fear for their own safety. Reassured by the Earl, the Lord Mayor pronounced "fiat justitia" and all passed off safely.

A search of the Hospital records of this period has revealed no reference to these events. The clerk was, to be sure, most distraught and upset the day following the burning of five heretics, if one may infer such from a much blotted and corrected entry.

Likewise it is not easy to ascribe any direct connection between them and the second foundation of the Hospital. It is, however, certain that these men died in the fight for that freedom of thought and conscience which is ours to-day.

Clinically this was a time when the modern science of medicine was born. Linacre and Harvey were of this and the following generation. A modern touch is found in a contemporary entry in the Hospital records, well enough suited to end this account of death by burning: An order for the erection of a shed for the use of patients "for swetyng in"!

A CASE OF METROPATHIA HÆMORRHAGICA

By JOHN GLUCKMAN.

EM., aged 30, commenced her catamenia, at the age of 15, with a cycle which varied between three and five weeks, and a duration of from four to ten days. At the age of 22 she had continuous hæmorrhage for three months, after which her cycle became regular until the age of 24, when, after five weeks' amenorrhœa, vaginal bleeding started and continued for six months.

The patient was then seen, in October, 1922, because an ectopic gestation had been suspected. A diagnosis of metropathia hæmorrhagica was made since the swelling on the left side of the uterus was a cystic ovary. She was admitted to hospital and her uterus was curetted. Microscopically the curettings showed the characteristic cystic glandular hyperplasia.

Following the curettage a normal cycle returned for a few months and then continuous hæmorrhage recommenced. In 1933 the patient was given injections of anterior-pituitary sex hormone, with the theoretical object of stimulating the ovaries to produce a corpus luteum.

No relief followed. The creation of a temporary artificial menopause with radium or X-rays was considered, but the patient was advised to become pregnant, although it was felt that her chances of conception were not very good. However, in 1935, at the age of 27, she was delivered normally, but the bouts of continuous hæmorrhage recurred and another curettage was performed in March, 1936. At this time the cyst was palpated in the right ovary. The patient was then free from symptoms for six months and became pregnant a second time, being successfully delivered in July, 1937. The child was breast-fed for ten months, during which time the mother had amenorrhœa.

Since then her periods have been irregular, with a month's continuous bleeding in August, 1938. It was then decided to remove her uterus and, in September,

1938, subtotal hysterectomy was performed. The endometrium exhibited the characteristic appearances of the disease, and the cyst was found in the left ovary, whilst the other was small and atrophic.

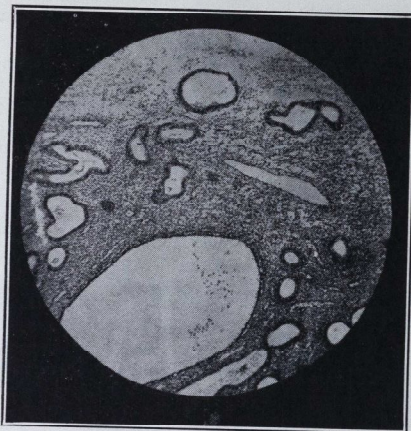
Discussion

The case is reported to emphasize the characters of the disease. There is a history of continuous bleeding, preceded by a short period of amenorrhœa. The physical signs of a bulky uterus associated with a cystic ovary are present, and the diagnosis is confirmed by examination of the curettings. The endometrium is thickened and in parts hyperplastic; cystically dilated glands are found, and there are areas of necrosis in the superficial and middle layers. These endometrial peculiarities are associated with constant disturbances in ovarian function, which result in an inhibition either of the process of ovulation or of the full development of the corpus luteum. The follicle which is affected becomes

cystic and persists in the ovary. In this case the age of the patient is atypical in that the disease is but rarely encountered between the ages of 20 and 25. The maximum incidence is between 40 and 45.

This case presents some very interesting features. In the first instance, it is surprising that the patient conceived. Pregnancy is almost unknown in patients who have suffered from this disease. It is to be noted that pregnancy and lactation gave no permanent benefit, although the relief from the continuous bleeding must have been great. Then the case illustrates that the anterior pituitary sex hormones are of little value when the usual doses are given. In 1933 large doses at frequent intervals were given without any effect at all. (Æstrin also was given in that year with similar results.

It may be questioned why the patient was not treated



SECTION OF THE ENDOMETRIUM IN THIS CASE, SHOWING CYSTIC GLANDULAR HYPERPLASIA AND SUPERFICIAL NECROSIS.

with progestin. But since this hormone has been available the patient was either pregnant or lactating, and during the last recurrence of the symptoms she was so disgusted with her uterus that she preferred surgical to conservative endocrine therapy. In any case it is doubtful whether progestin treatment in its present form is of much value in cases of this type.

Since Shaw published his classical survey of this subject in 1929 no further contribution of value has been made concerning its ætiology. It is difficult to understand why curettage should have produced even temporary alleviation of the symptoms, for this operation does not disturb the menstrual rhythm when performed in such cases as sterility and dysmenorrhœa. It seems that the most satisfactory hypotheses are to assume that the endometrium secretes a hormone which has some effect on ovarian activity, or that there is a quantitative or qualitative disturbance of the pituitary gonadotropic factors. Finally, one is loath to accept the view that the disease is determined by an over-production of æstrin, as

the æstrin content of the cyst fluid has been shown repeatedly to be very low. Very often the cyst is lined with flattened epithelium and, indeed, experience has shown that the longer the continuous bleeding has persisted the more atrophic do these epithelial cells become. Further, it can be shown that continued æstrin stimulates ovarian activity, whereas in this disease much of the ovarian tissue of the cyst is atrophic and shrunken.

I am indebted to Mr. Wilfred Shaw for permission to publish this case, and for his guidance in the preparation of this report.

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THREE UNLUCKY DEATHS

By G. L. A.

THE bodies of the following were brought to my mortuary (in Tropical Africa) within a short period:

1. A boy of ten was supposed to be working on a farm, but his master found him playing around, and attempted to beat him. The boy made off, and the man threw a small knife after him.

It hit him on the back of the left thigh, and he died in a few minutes. At autopsy the superficial wound was little over half an inch long. The femoral artery had been partially divided.

2. A boy of sixteen was up a palm tree, holding on with his left hand, cutting nuts with a machete in his right. He missed a shot and hit himself in the bend of the left elbow. He fell down, but his screams were taken by people in a neighbouring house for those of children at play, and he bled to death. At autopsy the brachial artery was found to be partially divided.

3. A man of thirty was playing a drum at a funeral; he was seated, and the drum, made of skin stretched over a length of hollowed tree-trunk, was held between his knees. Illicit spirit, distilled from palm wine, stronger than gin and

very pure, is obtainable in these parts in unlimited quantities at a shilling a bottle, and all were very drunk. A member of a rival band went up to the drummer and stuck his penknife through the drum; it slipped and went deep into the right groin. He died,

OUR CANDID CAMERA



Standing Room Only.

they said, in about fifteen minutes. At autopsy the femoral vein was found to be partially divided.

In each case the vessel had been only partially divided. Not long after the last, a man was brought to hospital with his left hand cleanly severed through the carpus. About twelve hours previously he had been

attempting to break into a house, and the owner of it had dealt thus with him. Though nothing had been done to control bleeding, apart from wrapping it in dirty cloth, bleeding had entirely ceased when he was admitted, and he was not particularly exsanguinated.

CORRESPONDENCE

THE DOCTOR'S DRESS

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

SIR,—May I assure Mr. Rowntree that I have tried very many types of collar, all of which have failed to prevent some measure of discomfort during hot weather, and further that I am not advocating bare chests, but merely the freeing of the neck from constricting bands.

I did not discuss the ethics of the question in my letter, because I did not wish to make the issue too large and vague. Since it has been raised, however, I should like to give my views thereon.

Fashions in dress have almost invariably been set by members of the affluent and titled classes who generally lead a fairly leisurely life. Whilst their clothing may suit them well it does not follow that it is suitable for those who do work in office or surgery. However, the exaggerated respect held by the middle classes for wealth and title induces them to ape the rich, and hence it becomes necessary for those desiring to be held in esteem to dress as noblemen do.

And with much bombast and wagging of fingers we are told "The apparel oft proclaims the man". How absurd! The apparel may indicate the personality, but surely not the character. The fundamental basis of conventional dress is seen to be snobbery, and hence interpretations of character based upon it are fallacious.

Consequent upon this conventionality people wear clothes which for the most part are unsuited to them. Furthermore those who, realising this, wish to vary their dress according to the weather and not according to the fancy of the upper strata of society are not allowed to do so for fear of losing their jobs.

This state of affairs can only be changed if a body of people already commanding the respect of the public makes use of the power thus provided and of its knowledge to state publicly that it is up to each individual to dress himself comfortably, cleanly and suitably, and that the requirements of each will vary with his physical make-up (e.g. activity of the thyroid). Many might still wear ties in hot weather. On the other hand, those who would prefer some other dress would have leave to do as they pleased. Which is as it should be in a democratic country.

In conclusion, may I point out to Mr. Rowntree that it is customary to wear sensible clothing in warm countries, not because it is *de rigueur*, but because it is too hot for even the most pukka sahib to wear conventional English dress. The "de rigueur" comes galloping after.

Yours faithfully,

25, Mount Pleasant Lane,
Glapton, L. 5;
November 14th, 1938.

H. ISENBERG.

SAMUEL GEE AND CEDAR TREES

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

DEAR SIR,—In the most recent issue of the *Hospital Reports*, viz. vol. lxxi, 1938, the publication of the Wix Prize of 1937 presents a most valuable account of the hospital career of that celebrated clinical teacher, Dr. Samuel Gee. I had the good fortune to attend his first course of Lectures on *Morbid Anatomy*, which he instilled into us the value of the post-mortem, which are still far too few, both in private as well as in hospital practice. One detail of his earlier teaching, expressed clearly in this essay, was his contempt for physiology. But I believe this might be traced to the very backward state of the text-books on physiology (for instance the earlier editions of Kirk's *Physiology*) previous to 1870. On the other hand, Quain and Sharpey's *Anatomy*, especially the section on histology, all gave greater help to those working, like Gee, at morbid anatomy. Gee was like Samuel Wilks in always being very simple and yet efficacious in his details of therapeutics.

Amongst his medical lectures is an address given to the Abernethian Society in 1903 on 'Abraham Cowley the Poet and

Physician'. One line in a letter written by Cowley in 1643 throws a valuable light on a point in historical arboriculture which has baffled many of those people interested in giant trees. Scattered through England and Scotland are many magnificent cedar of Lebanon trees. Many of these after careful inspection must be considered as of at least 600 or more years old. But it seems that up to the present time all the botanists, etc., quote Evelyn in his book on the cedar of Lebanon tree have been introduced to England and so they can now be propagated, as the seeds appear to grow freely in this country. There were some cedar trees growing in Chelsea (The Physic Garden) at that time. But on p. 331 of the fourth edition of Gee's *Medical Lectures*, published in 1915, is part of a letter written by Cowley complaining that Covenanters had visited Cambridge University, where he was Fellow, but as he would not sign the covenant he writes, "I am torn from thence by that violent storm which suffers nothing to stand where it did, but rooted up every plant, even from the princely cedar to me the Hyssop". A great misfortune and financial loss, as Gee observes in his book.

This letter of Cowley's was written twenty years before Evelyn's book, which shows that there must have been many princely cedar trees about for Cowley to be able to make use of that simile. Visiting Dryborough Abbey this summer in the north one could not but admire the grand cedar trees there, and it seems certain that those many cedar trees in and near churches and abbeys must have been brought home as small trees from the various Crusades in the twelfth and thirteenth century. These would tally with the great size of so many of the cedar trees scattered all over England. In the grounds of Atkinson Morley Convalescent Hospital (St. George's Hospital), on Copse Hill, Wimbledon, there are two such cedars, which must be quite a great age. A third tree there is known for certain as 100 years old, and in comparison the other two must be well over 500 years. Yours, etc.,

23, Lindsfarne Road,
West Wimbledon, S.W. 20;
October 28th, 1938.

J. K. BARTON.

CRANKS

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

SIR,—Dr. Oldfield, in his letter in the Journal of last month, makes some comments which are both dogmatic and puzzling.

"No crank can ever expect to make a fortune." I am sure we all know of cranks—criminal lunatics would be a more correct term—who do make fortunes. The gentleman who treated a patient of mine, who had carcinoma of the lung, with hormone therapy, "in order to purify the blood", and who saw her every day for six weeks at five guineas a time!

Another gentleman, to whom a patient of mine, who had dementia praecox, was taken, told her that, as the hip was connected to the spine and the spine to the brain, he must X-ray her hip, which he did—and charged twenty-five guineas!

These cases can be multiplied many times, and as far as our profession is concerned it is the crank who will make more money, in many cases, than the sober practitioner.

Dr. Oldfield's final *bon mot* on "dress" is shattering. "Such pioneering reform is not for women doctors." In Heaven's name, why? They have already proceeded with it. Women's dress to-day is, in many respects, more comfortable, more hygienic and more attractive than men's—as even a fruitarian scientist will agree the next time he puts on a boiled shirt in midsummer!

Yours truly,

24, Silverdale,
S.E. 26;
November 8th, 1938.

W. A. BELLAMY.

SPORTS NEWS

EDITORIAL

Two years ago, at the Annual General Meeting of the Rugby Football Club, a rather vexed question was mooted back and forth for some time—the question of Wednesday fixtures. It may seem odd that this matter should crop up again in these columns, but it is being forced more and more upon our attention these days.

Briefly the difficulties are as follows: The Press practically only attend at our matches on Wednesdays, and on the form they see they assess our Club from their point of view. Now in consideration of the financial difficulties surrounding the Club our gates are all-important, and therefore the point of view of the Press is, *ipso facto*, just as important.

In view of these circumstances does it not seem a pity that we should meet sides which are not in the first flight on such days, and moreover meet them with scratch teams little better than second XV's? Should we play good sides and at least give them a game (and the elementary courtesy of a full side in opposition) it might well bring us back gates of the old Winchmore days.

The blame for this condition of affairs lies, not at the door of any individual, but at the door of the whole Club. There lies the cure also.

RUFGY FOOTBALL October 29th v. **Old Leysians**. Won 16—0.

v. **Army Trial XV**. Lost 8—31.

The Army brought a strong side to Chislehurst on Wednesday, November 2nd, certainly the strongest they have brought for some time. Unfortunately Bart's were weakened by the absence of Candler and Irving, who were supporting Middlesex, and Hall, who was away also.

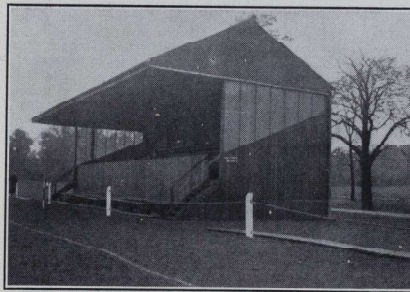
In front of a host of Army selectors and others, Sergt. Ibbitson started the ball rolling at 3 p.m. in somewhat chilly, though fine

weather. The Army by no means had it their own way in the first half, and on the whole honours were even. Bart's were packing 3—4—1, a rather unwise move against what was to prove such a heavy pack of forwards.

The idea, one presumed, for this formation was to try to remedy the slow heeling which has been all too apparent in the previous games. Nevertheless we would prefer to see the problem tackled from a sounder and more basic angle, namely an attempt to form a more solid and combined scrummaging machine. One feels that with a little more practice than is obtainable on the actual afternoon of the game this would soon be achieved. Nevertheless Moynagh, with that rare skill of his, though getting less shove in the light, contrived to manoeuvre the ball into the ever-ready hands of Heary, who played his usual sound game. His passes from the base at times were inclined to be erratic, but more often than not they reached the safe hands of McAfee, who incidentally took Laybourne's place at fly-half just after the start. Try as they might the Bart's three-quarters could not penetrate a most stubborn opposition. Pleydell, playing in an unusual position for him at centre, tried everything, even that often successful manoeuvre of a fast three-quarter of Obolensky—but to no avail. There was always someone there for the tackle, and often he was a forward. And how good some of them were! One wished that some of the Bart's players would profit by the good example being set them, for to-day they were at times peculiarly lethargic.

The centres might have let the ball over more quickly to the wings when they were being so constantly checked. As it was Griffiths and Hayes were completely starved, or else the pass arrived when it was too late to be any good. Up to a point the three-quarters' defence was good, but as the opposition began to take control in the second half their tackling was often found wanting. Amongst our forwards the heavier ones were more conspicuous, Moynagh,

GRAND STAND APPEAL :: BART'S R.U.F.C.



THE GRAND STAND at Chislehurst seats 250 people. It cost £600, and of this amount £400 remains to be paid.

Dr. GRAHAM has kindly given security to the Rugby Football Union, who have lent the Club £400, provided this sum is paid off in the next few years. Not less than £60 has to be paid off every year.

Seats taken in the Stand for the last two matches:

Contributions should be made payable to

Hon. Treasurer,
St. Bartholomew's R.U.F.C.

v. Metropolitan Police, 34.

v. Rugby, 151.

McPherson and Gauvain in particular. It is a pity that the latter is not always a safe catch in the line-out, for his size and height are invaluable in that position. Ellis was playing a good game till his activities were most unfortunately cut short when he received a boot on the nose which necessitated his retiring from the game.

The first half produced two scores from the Army and one from Bart's. After a dropped pass by the Bart's three-quarters, Arango-Jones dribbled through, picked up, was tackled well by Evans on the line, but from what appeared to be a pass off the ground France was up to score, and convert the try. Later on Sergt. Ibbison ran strongly to score in the corner. Both McMcC and Pleydell relieved the constant pressure by well-judged kicks. Once Pleydell broke through with the whole field in full cry behind, but his kick ahead over the full-back just went dead. From a loose scrum on the Army "25" Hearn gave to Burrow, who passed to Laybourne, who ran through a host of players to score a very good try near the posts. McPherson failed with the kick. Thus at half-time the score was 8-3 against, and things were not too bad.

However, on resumption (by then we had lost Ellis) the Army team's continual hammering and throwing the ball about, and especially the backing up, were bound to tell. Four goals and a try were scored in this half. Towards the end Evans came up in the Bart's attack to send Griffiths over for a good try in the corner, which McPherson converted with a magnificent kick. "No side" came soon after.

A good game to watch, as it was very open and fast. Bart's should have done much better, but Candler's guiding influence and steadiness, especially in adversity, were sadly missed.

November 5th v. Metropolitan Police. Lost 11-6.

v. Rugby. Won 22-15.

Played at home. Bart's got going from the word "go", and scored 20 points in the first half, the forwards getting the ball and every outside doing his job well.

In the second half, against the wind, the side as a whole tried a little and were unlucky to have 15 points scored against them—these included a penalty and two dropped goals.

v. R.M.A. Lost. November 15th.

Let us mention early in our account of this regrettable contest the one extenuating factor—only five members of the 1st XV played. There however the excuse begins and ends.

The "Shop" kicked off, and went to work from the first second. This need not say should not happen; everyone playing knew that, but the conventional ten minutes for regaining consciousness must apparently be observed. So Bart's dithered around the proximal portion of their own "25" for fifteen minutes or so, woke up and scored a rather fortuitous try through Hayes, who incidentally played a safe game, MacPherson added with a fine kick, and then the side pulled the bedclothes over their heads and waited for the nasty men to go away.

The unfair part of the game was that the "Shop" forwards had done some training, and occasionally broke into a sharp trot which seemed to embarrass our pack quite a little. In the 20th minute the Bart's eight awoke sufficiently to get offside in their own "25" and forfeited a penalty goal, which left us down at the turn, a "Shop" outside having previously dropped a goal.

After the interval the outsiders joined the forwards in the customary post half-time blues. The service from the scrum, even allowing for the fact that we rarely got the ball, was poor, the stand-off half commenced to miss his man, the right centre to try to do too much, and his wing to tackle around the chest.

Talking of tackling, the forwards lost interest in this branch of the game in the second half, and it was through this that we forfeited another try, through the aforementioned defensive weakness in the outsiders that we gave away a goal, and through the skill of our opponents that we lost another four points from a drop-goal.

Honourable mention must go, however, to Macpherson, Collinson and Burrow, especially to the touch-kicking of the latter, which was splendid.

v. Bedford, at Bedford on November 19th, 1938. Lost 37-0.

The large score of 37-nil was accumulated against the Hospital largely by the workman-like activities of the Bedford forwards, supported by a hard-tackling and opportunist three-quarter line. Of the five goals and four tries scored, only three were of an entirely constructive nature right from the base of the Bedford scrum. Following upon errors of handling or tactics by the Hospital, the remaining scores were excellent examples of plentiful and intelligent

backing-up—a highly-prized, match-winning virtue which can pull almost any game out of the fire.

From the stand it was regrettably noticeable that the Hospital team as a whole were suffering from a grievous complaint—an epidemic of high tackling, at the best of times an unwise procedure, but fatal against a fast and heavy team, as they were left upon their feet to continue the movement, instead of biting the dust, morally and physically.

Nevertheless the Hospital team were well able to keep the game interesting; indeed they gave Bedford some uncomfortable moments with rather too individual forward rushes, a dangerous cut-through by Candler, and by Macpherson's penalty kick which bounded off the upright. The touch-kicking of Candler and Burrow brought forth applause from the crowd, as did some neat passes by Evans at full-back, who put in much good work in a busy afternoon.

HOCKEY. v. St. John's College. October 22nd. Lost 2-3.

Played at Cambridge, where the pitch was, as usual, in good condition and a very good game resulted, which we were a trifle unlucky to lose.

An altered forward line played cohesively, on the left side of the field especially, and T. N. Fison showed great promise on the left wing. At half-time the score was 2-nil in our favour.

Resuming. St. John's took two easy goals from first-time penalty corner shots, a technique we might ourselves employ with advantage, but it must be said in fairness to Akeroyd in goal that stragglers obscured his vision on both occasions.

Victory went to the College when a few minutes later their centre-forward scored.

v. Maoris. October 29th. Won 9-0.

This fixture in which the New Zealand Shipping Company entertained us at Worcester Park was a last-minute one, which, unfortunately, produced a most uneven contest. The Company's hospitality quite atoned, however, for the game itself, though this, at least, gave the forwards a good dose of confidence, and showed them how low a percentage of shots get through when the goalkeeper is inspired.

Our opponents were without two good players owing to injury.

E. J. Griffiths supported the forwards well and kept them busy all the time; R. W. Brewerton at left half also gave a good display of stickwork.

v. St. Mary's. November 5th. Lost 2-4.

The pitch at Teddington was easily the best we have enjoyed this season, and the game was correspondingly fast. We showed a first half equality at least, though Mary's opened the scoring through their centre forward. Almost immediately, however, J. L. Fison equalized, and before half-time he added our second goal. St. Mary's left inside was a good player, seemingly unmarked; at any rate he bore a charmed life, and scored three times in the second half, once from a penalty corner.

A most excellent firework party followed, and some good teamwork with the rockets resulted finally in a direct hit on an upper window, missing, we learned afterwards, by a hairsbreadth, an unfortunate caged fowl seated therein. Apologies followed!

v. U.C.H. Wednesday, November 9th. Won 8-4.

v. Bank of England. Saturday, November 12th. Drawn 2-2. Played for the second year in succession at Roehampton. The ground was a little softer than usual, and several of those who persisted in wearing summer foot-gear found themselves rapidly face to face with Mother Earth.

In the first half the defence, wearing orthodox boots, still lacked cohesion until the shock of two sudden goals by the House restored them to their senses. In the second half the whole side settled down, and soon levelled the score. Further than this we could not go, in spite of repeated attacks.

R. Heyland (1), and J. L. Fison (1) scored the goals, while A. G. E. Pearce at right half played his usual dashing game, and ended one valiant rush by colliding violently, in the old style, with the opposing right wing, who thereafter took no active interest in the game.

We should have won, but the terrible lapses of last season were still with us; they are becoming fewer, however, with each succeeding game.

	Goals.					
	P.	W.	D.	L.		
	F.	A.	F.	A.		
1st XI, 10 November 12th	10	3	2	5	31	28
2nd XI. The second XI have so far had only a moderate season, after their victory in the Cup last year.						

	Goals.					
	P.	W.	D.	L.		
	F.	A.	F.	A.		
To November 12th	7	3	0	4	24	21

They lost to Beckenham III, Staff College Owls, Reigate III and Folkestone Optimists II, beating Chelmsford II, St. Mary's II and St. Thomas's II.

ASSOCIATION FOOTBALL CLUB

Now that the club, by unanimous decision to withdraw from the London University Senior League at the annual general meeting of last year, has secured a new lease of life as far as clean and enjoyable football are concerned, the prospects for this season are decidedly encouraging, and we look forward to fielding two strong teams. Several of last year's first eleven remain, and there are a number of new and useful members who show considerable ability. Judging from one or two games of this year, the first eleven, led by P. M. Elder, has considerable scoring capacity, but on paper the defence does not seem all that it should be, since in every game of the season at least one goal has been ceded. The back lines of the second eleven are steady, and the halves show initiative in defence and attack, but the forwards yet remain to settle down to improve their record of a total of two goals in four matches. So great is the competition for some positions that it is difficult to know whom to exclude from the elevens. The best constitution of the teams remains to be seen, since up to date several players have been absent through various reasons.

A match is being played against Parsloes and District Football League on Sunday, December 11th—sixpence entrance fee and the proceeds are going to one of the funds connected with the Hospital. Bring all your friends and relations to shout against the threatened invasion of four hundred and fifty supporters of the other side.

1st XI. v. Old Malvernians. October 29th. Home. Won 6-1. For so early in the season the team-work of the players was very encouraging. Bart's had most of the ball for nearly all the game, and the combination of the forwards and the use of the wings made for a more potent attack than usual.

1st XI. v. Old Aldenhamians. November 5th. Home. Lost 0-3. Although not with a representative side and with the absence of our usual centre forward, A. R. James, strongly felt, we did well to lose by no more than three goals. From the start the opponents played well together, having most of the game, and with individual players outstanding. The first goal was scored from a centre by the right wing when the ball came high across the goal-mouth and dropped into the net. This was followed soon after from the left by two low and accurate ground shots which just went inside the post.

1st XI. v. Guy's Hospital. November 12th. Lost 0-2. For only ten men, although Bart's men, to include three reserves in their first away match, and combat a strong Guy's eleven which played the ubiquitous Rees, is to spell misfortune. Praiseworthy it was, then, that we only lost by two goals to nil. A couple of goals expertly headed from two of their many corner-kicks gave our goalkeeper no chance and Guy's a lead at the interval. Thereafter we had the better of the game, despite some inexpedient muddling (stentorian cries of "Right!" would help in this respect). James and Omont would have scored had they not been outnumbered; Brennan made a good debut, as did Elder's new boots. Gallimore worked unceasingly, and with the rest of the defence ran endless miles to cover up the inevitably unmarked opponents.

SQUASH CLUB Clinicals v. Pre-clinicals.

In the first match of this series, on November 8th, the Pre-Clinicals arrived eager to stain their rackets with Clinical blood, but the Clinicals returned with their pride and a 5-0 victory.

A. J. H. Spafford beat Y. Y. Cabril in three short games, but was perhaps lucky to win with the loss of so few points.

J. T. Robinson beat F. J. Bromfield 3-1, the latter playing some good squash at the beginning, which was later obscured by weariness.

J. J. Slove beat R. Boyce 3-2. This pair had the best game of the evening, politeness and hard-hitting predominating.

R. S. Murley and P. C. Collinson beat J. Bullough and J. Cullen respectively, in the minimum of games, much to undisguised relief of the former pair.

v. St. John's Wood S.R.C. November 3rd (Thursday). Won 5-0.

For this match W. A. Oliver and R. C. Witt, stalwarts of last year's side, returned to the team.

St. John's Wood were not as strongly represented as usual, due to Cumberland Cup calls, but nevertheless some close matches were seen.

Marrett, as yet unbeaten this year, was made to run about by a player twice his age, but youth told in the end. Spafford once again showed an absolutely indecent amount of energy in the court, his retrieving at the back of beyond causing his opponent utter despair. James, Oliver and Witt all had comfortable victories, Oliver's long reach and Witt's angle shots frequently embarrassing their opponents.

Results:
H. R. Marrett beat A. L. C. Chalk 3-9, 9-3, 10-8, 9-6.
C. T. A. James beat R. L. Carr 9-2, 6-9, 10-9, 9-6.
A. J. H. Spafford beat I. M. Service 6-9, 9-3, 9-2, 7-9, 9-2.
W. A. Oliver beat H. C. French 9-4, 9-3, 9-6.
R. C. Witt beat A. L. G. Roberson 10-8, 9-6, 9-2.

GOLF In our second round of the Inter-Hospital Cup Competition the Hospital met Westminster Hospital. The match was played at Bromley and Bickley Golf Club, and was won by Bart's by 7 matches to 5 matches.

H. Robbins (3/1)	1	Llewellyn	0
A. L. Frazer (6/5)	1	Dods	0
R. S. Russell-Smith (5/4)	1	Gibbon	0
G. K. Marshall (6/5)	1	Smith	0
W. H. McAleenan	0	Brigstock (4/2)	1
J. A. Smith	0	Peak (1 up)	1
J. Cawthorne	0	Daynes (6/5)	1
J. G. Nel (1 up)	1	Sutton	0
	5		3

Robbins	0	Llewellyn	(3/2)	1
Nel	0	Dods		0
McAleenan	0	Smith		0
Russell-Smith	(3/2)	Gibbon		0
Frazer	0	Peak		0
Cawthorne	(4/2)	Brigstock		1
Marshall	0	Sutton	(w.o.)	1
Smith	0	Daynes		1
	2			2

In the Semi-Final Round we met St. Thomas's Hospital at Addington Palace. The match was won by Thomas's 8½-3½.

H. Robbins (2/1)	1	Kelly	0
J. Cardwell	0	Barrett (4/2)	1
A. Thomson	0	Harvey (2 up)	1
A. L. Frazer	0	de Courcy (1 up)	1
P. A. Knill-Jones (3/2)	1	Kenrick	0
G. K. Marshall	0	Large (3/2)	1
R. S. Russell-Smith	½	Nimmo	½
W. H. McAleenan	0	Belcher (4/3)	1
	2½		5½

Robbins	0	Kelly	(2/1)	1
Cardwell	0	Large		1
Thomson	(2/1)	Barrett		0
Knill-Jones	0	Harvey		0
Frazer	0	Kenrick	(6/4)	1
Marshall	0	de Courcy		1
Russell-Smith	0	Belcher	(6/5)	1
McAleenan	0			1
	1			3

S.C.H. ALPINE CLUB A party of five went to North Wales for the week-end of October 21st-22nd. Contrary to tradition the weather was excellent. On the Saturday two of the party were introduced to rock-climbing for the first time. We made a leisurely ascent of the Gashed Crag on Tryfaen, and then divided into a bathing party for Llyn Bocklwyd, and a climbing party for Glydr Fach by the Slab route. The veil of autumn mist cleared from the hillsides in the evening, and two of us will never know whether it was a bar of cloud or Ireland that we saw far out beyond Holyhead. On the Sunday we did the Rocker Route on Llwydd. In the afternoon three of us became involved in a minor rescue party, so that we were not all off the rock until dark. However, we were rewarded, as we walked back to Pen-y-Pas, by the stilted silence of the cwm and Snowdon reflected in its dark mirror.

We reached London at 6.30 a.m. on Monday after eleven hours driving through midland fog.

FENCING CLUB Of the first four matches arranged for the season, two were scratched by our opponents, while in the other two we were handicapped by the unavoidable absence of senior members. Despite this, after a thoroughly enjoyable match we lost by the narrow margin of 12½ fights to 14½ against London Hospital on October 22nd. The team was further depleted in a match against Westminster Hospital, which was lost by 7 fights to 11.

Additional fixtures for December may be arranged, as it is hoped to fight the first round for the Inter-Hospital Cup on December 17th against Westminster Hospital.

REVIEWS

St. Bartholomew's Hospital Reports, Vol. LXXI, 1938. (Murray.) Price 21s.

An interesting volume. It compares favourably with similar products of other medical research centres. The absence of dogmatism and the willingness to admit incompleteness are in refreshing contrast to much pseudo-scientific medical journalism.

I found the most interesting paper that on "The Post-operative Administration of Fluids" (VI). The restoration of normal fluid and electrolyte balance in the blood in intestinal obstruction, peritonitis, uraemia, shock, etc., has been one of the major problems of surgery. This paper, from the combined Medical and Surgical Units, illustrates the tendency to base administration of fluids, quantitatively and qualitatively, on accurate biochemical blood studies, thereby eliminating guesswork and the sometimes dangerous reliance on "surgical judgment".

Here a warning—such work is often regarded as "interesting confirmation of things we knew already". It should point the way to a real advance in technique. It may be argued that the necessary facilities can only be available in specially equipped hospitals. A strange paradox if the refinements are only to be at the disposal of those presumably best equipped with "surgical judgment" as well. The B.M.A. recently, in pressing for the limitation of Austrian medical refugees to 50 per year, stressed the overcrowding of medicine here. Looked at from this one angle alone, surely the extension of modern methods of surgico-biochemical symbiosis to all hospitals throughout the country would absorb a large number of trained medical biochemists. One wonders how long the fiction will be perpetuated that medicine should remain "aloof" from its own essential involvement in politics and economics.

In the remaining papers, Sir Girling Ball adds useful reports to the existing records of that interesting injury, the Ruptured Urethra (II).

Dr. Hadfield, "The Rheumatic Lung" (III), states that "most of the published descriptions have lacked precision". He has remedied that defect.

"An Analysis of the Complications and Fate of Diabetic Patients attending a Follow-up Department" (IV) is rather muddled and less valuable.

"Thyroidectomy for Angina of Effort" (V) confirms existing reports, and stresses the importance of careful case selection.

Mr. Boyd (VII) describes a useful experimental addition to our understanding of the complexities of blood formation. His classification of Thrombo-angitis Obliterans (X) is excellent. Mr. Knight adds a study of Erythro-cyanosis Trigida and Chronic Oedema of the Leg (XI). Both these papers on peripheral vascular disease discuss the value of sympathectomy, and show the value of accurate localization of obstructive vascular lesions by arteriography and phlebography respectively.

Mr. Rodgers and others (VIII, IX and a note in XV) contribute valuable observations that should help to evaluate Gastroscopy. They have shown that gastric ulcer cannot be excluded without gastroscopy.

Mr. McGavin (XIII) reviews 100 cases of Prostatic Carcinoma. His conclusions are in line with opinion elsewhere. It is interesting

to find him in agreement with the Americans, who insist that the radical perineal operation has still a place in the treatment of early cancer.

The "Life of Samuel Jones Gee" (XIV) I found boring. I see no reason why biographers should revert to the literary style of the period they are describing. Some may not agree.

In conclusion: A most interesting volume.

Thus We are Men. By SIR WALTER LANGDON-BROWN, M.A., M.D., Hon.LL.D., F.R.C.P. (Kegan Paul.) Price 10s. 6d.

The experience of a lifetime devoted to the observation of man in his pathological manifestations, both physical and mental, and an extensive literary knowledge, are the foundations of this unique book. Sir Walter Langdon-Brown has seen many changes, many ages of medicine come and go, and now from the calm atmosphere that surrounds the consulting physician, he turns and looks at man.

The further evolution of man physically is improbable and mentally unlikely he argues, so that only psychological evolution remains. That is the main theme with variations that runs through the book, which is built up upon a series of essays and addresses to societies.

To develop in this way we must understand ourselves and learn to co-operate intelligently and voluntarily. This is well illustrated in the first chapter entitled "Biology of Social Life". The relation of the individual to the community is compared with the obedient co-operation of the cell with the body. There are two opposing tendencies in human life—the one tolerant, tending towards enlargement of the unit, the other intolerant, tending towards segregation. The fruit of the first is internationalism, of the second nationalism. In this way the hysterical and fanatical worship of the State in certain parts can be explained as the reaction of the segregating impulse to international tendencies, and this entails repression of the freedom of the individual with destructive effect upon creative abilities. Fundamentally this is true; in practice the reaction against internationalism is the work of Big Business.

The author traces this reaction further in the revolt of modern literature against reason, the reaction of emotion against convention. He reads heavily on Mr. James Joyce's efforts in prose: "This slapstick raised to art"; "The pendulum has swung too far".

Again the modern interest in psychology is the reaction against the materialistic attitude of medicine in pre-war years, and so are the pathological side-reactions: osteopathy and christian science.

In the next three chapters the psychopathology of the individual is discussed: the reaction to excessive internal inhibition, the retreat from unbearable reality into phantasy. The mechanisms of neurosis are explained and illustrated by case-reports. Though critical of the tenets of Freud and Jung and more inclined to follow Adler, the author is of the opinion that each of these schools presents one aspect of the truth.

The next section is "an attempt at interpreting the writings of certain authors as a revelation of the workings of the unconscious mind". Considerable ingenuity is shown in examining the works

of Barrie (*Peter Pan, Mary Rose*) from this view point. Sir Walter does not conceal his contempt for some post-war writers. His remarks on James Joyce we mentioned above. "D. H. Lawrence had great literary gifts . . . fatally damaged by his psychoneurosis"; and then should we disagree with him we are branded psychoneurotics: "A generation with minds undamaged by the war (which war?) and the scarcely less disastrous peace . . . will recognize this fact." But in his retrospect he does admit that belonging to a pre-war era, he himself is bound to feel less at home in this stark age, where "modern music is discordant cacophony, modern sculpture meaningless distortion, modern pictures hideous". This is an age of Realism—so our elder statesman say (see Munich). We prefer to look at the world as it is and not as it ought to be.

Then again Cambridge to the author is Cambridge of the Golden Nineties, where "habits of early rising are contracted; lofty ambitions stirred . . . the neat little banquets . . ." Ye Gods!

This is a challenging and ingenious book. Although we disagree with several statements therein, we beg to congratulate the author on its writing.

Minor Medical Operations. By KENNETH HARRIS, M.A., M.D. (Cantab.), F.R.C.P. (Lond.), and EDITH HARRIS, M.B., B.S. (Lond.), D.P.H. (Eng.). H. K. Lewis & Co., Ltd. Pp. x + 198. Price 7s. 6d. net.

In writing this book for senior medical students and recently qualified practitioners, the authors have had in mind that the average medical student, by the time he qualifies, knows far more about the theory than the practice of medicine. They have therefore assembled a fairly complete series of practical procedures which are in everyday use, and they have set out clearly and in order the various steps which are necessary in carrying out the technique in each case. It is natural that, in a volume of this size, it is not possible to devote space to alternative methods, and the authors have thus been compelled to make an arbitrary selection. It is clearly impossible in this way, to detail methods which will satisfy everyone yet, on the whole, the selection is such that the great majority will be satisfied. Perhaps it is permissible to criticize the method of pneumothorax refill described, for the apparatus selected for description is so complicated that it is necessary to devote almost two complete pages to a series of tables which show what happens when various clips are released, and this type of apparatus can only be regarded as suitable for the expert. There are several much simpler models which could be substituted with advantage.

It is difficult to suggest further methods for inclusion in subsequent editions; perhaps the chief necessity is for a description of the continuous drip method of giving a blood transfusion. There is little which is redundant, but it is very doubtful whether cisternal puncture is worth including in a book which is not intended for the specialist on nervous diseases.

The second part of the book is devoted to the general care of the patient and to certain simple procedures such as the application of poultices, plasters, etc. This is a most valuable section, and one which is likely to be very helpful to the recently qualified practitioner.

The book fulfils a very definite need, and contains much practical information which is not otherwise readily available. It is therefore well worthy of a place in the library of the student and the recently qualified man.

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EXAMINATIONS, ETC.

CONJOINT EXAMINATION BOARD

Final Examination, October, 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:

Ballantyne, J. C., Brownlee, P. A. K., Burnett, J. A., Burrow, K. C., Craig, C. M., Ellis, A. R. P., Evans, D. G., Haggag, H., Halper, N. H., Hardie, P. J., Hearn, R. D., Hudson, E. G., Jack, R. D. S., Joyce, J. B., Maidlow, W. M., Maycock, R., Neatby, G. O. M., Rees, H. N., Shrinagesh, M. M., Stewart, E. F., Swinstead, P. D., Wheelwright, J. B.

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MARTIN DOYLE, C., 46, Redlands Road, Reading, Berksliirc. (Tel. Reading 2984.)

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SQUARE, W. RUSSELL, The Quay, Hamble, Hants.

THOMSON, D. M., 24, Heathcote Road, Dartford. (Tel. 2040.)
WATERS, A. B., 151, Sheen Lane, East Sheen, S.W. 14. (Tel. Prospect 5621.)

WOODS, T. G. REWCASTLE, Tresillian, King's Avenue, St. Austell, Cornwall. (Tel. St. Austell 654.)

BIRTHS

PHILLIPS. On October 20th, 1938, to DEYU (*née* Johnson), wife of Dr. E. H. D. Phillips, of Worcester Park, Surrey—a son.

RAINEY. On November 10th, 1938, at St. Raphael's Nursing Home, Hove, to Margaret and Phillip R. Rainey—the gift of a son.

THOMSON. On October 19th, 1938, to Joyce (*née* Cansick), wife of Dr. D. M. Thomson, of 24, Heathcote Road, Dartford—a daughter (Ann Sheena).

WEDDELL. On October 29th, 1938, at 20, Devonshire Place, W. 1, to Barbara (*née* Mills), wife of Dr. A. G. McD. Weddell—a daughter (Gillian Mary).

WYNNE THOMAS. On November 1st, 1938, at Midgham Croft, Woolhampton, Berks, to Marjorie, wife of Dr. G. Wynne Thomas—a daughter.

MARRIAGES

BURNHAM-SLIPPER—BALDOCK. On October 22nd, 1938, at Christ Church, Wolvute Square, Charles Nelson Burnham-Slipper, M.R.C.S., L.R.C.P., only son of Mr. and Mrs. C. R. Burnham-Slipper, of Westcliff-on-Sea, to Beatrice Lorna, only daughter of Mr. and Mrs. G. Baldock, of Gillingham, Kent.

FULTON—PRESTON. On November 12th, 1938, at Brompton Oratory, Captain Ian Noel Fulton, R.A.M.C., son of Lieut.-Col. and Mrs. H. A. Fulton, of 17, Gilston Road, S.W. to Deborah Susan, daughter of Mr. and Mrs. Douglas Preston, of 53, Drayton Gardens, S.W.

DEATH

CLEVELAND. On November 11th, 1938, at St. Albans, John Wheeler Cleveland, M.R.C.S., L.R.C.P.

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.

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KEITH VARTAN very gratefully acknowledges anonymous Bart.'s donor's gift of valuable early English stamps and requests better acquaintance.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 4

JANUARY 1ST, 1939

PRICE NINEPENCE

CALENDAR

Tues., Jan. 3.	—Dr. Gow and Mr. Vick on duty.	Tues., Jan. 17-20.	—A.D.S., "Loyalties", by John Galsworthy.
Fri., " 6.	—Dr. Graham and Mr. Wilson on duty.	Wed., " 18.	—Surgery: Lecture by Mr. Wilson.
Sat., " 7.	—Rugby Match v. Harlequins. Home. Association Match v. Casuals. Home. Hockey Match v. Sevenoaks. Away.	Fri., " 20.	—Dr. Gow and Mr. Vick on duty. Medicine: Lecture by Dr. Evans.
Tues., " 10.	—Dr. Evans and Sir Girling Ball on duty.	Sat., " 21.	—Hockey Match v. Nore Command. Away. Association Match v. Courtaulds. Away.
Wed., " 11.	—Surgery: Lecture by Prof. Ross. Hockey Match v. Shoeburyness Garrison. Home.	Tues., " 24.	—Dr. Graham and Mr. Wilson on duty.
Fri., " 13.	—Prof. Christie and Prof. Paterson Ross on duty. Medicine: Lecture by Dr. Gow.	Wed., " 25.	—Surgery: Lecture by Mr. Vick. Rugby Match v. London University. Away. Association Match v. London School of Economics. Home.
Sat., " 14.	—Rugby Match v. Wasps. Home. Association Match v. Old Bradfieldians. Home. Hockey Match v. Old Southendians. Home.	Fri., " 27.	—Dr. Evans and Sir Girling Ball on duty. Medicine: Lecture by Dr. Graham.
Mon., " 16.	—Last day for receiving other matter for the February issue of the Journal.	Sat., " 28.	—Rugby Match v. London Irish. Away. Association Match v. Middlesex Hospital. Away. Hockey Match v. Hertford College, Oxon. Away.
Tues., " 17.	—Dr. Chandler and Mr. Roberts on duty.	Tues., " 31.	—Prof. Christie and Prof. Paterson Ross on duty.

"THE CITADEL"

THE film version of Dr. Cronin's book will cause a good deal more heart-burning than its original; it will reach a wider public, and by the nature of the medium the issues have to be presented more boldly and the black painted with a deeper dye.

The story remains largely the same, and might bear the subtitle, "A Cautionary Tale for Final

Students". A newly qualified young man takes up his first post as an assistant in a Welsh mining village where there is no hospital, no X-rays, no laboratory, and all operations have to take place on the kitchen table. The poverty of the miners and the intolerance shown both by them and their attendants is as great an obstacle to any progress. His first case completely baffles him, which is not surprising in that he takes

no history and makes no examination beyond taking the temperature and pulse. A drunken colleague, both cynic and idealist, draws his attention to an epidemic of typhoid, due to contamination of the well by the village sewer. The D.M.O. spends his time on the golf-course and is unapproachable and so the two of them blow up the sewer.

Later he becomes assistant physician to a miners' medical aid society and starts to work on the cause of silicosis, and equips his own laboratory as facilities are refused him elsewhere. He leaves after it is wrecked by the miners, who will not allow him to use guinea-pigs to determine the cause of their ill-health, though in the mine canaries are used to test the air.

He moves to London and buys a practice, but bills come in faster than patients, and after a year he is reduced to piercing the ears of ladies "who are not good, but who are not really bad either". Then the luck changes and he is accepted by a set of qualified quacks whose robbers' den is a "luxury nursing home", and he is soon tapping the treasure chests of the rich for all he can get. Any method of making money is accepted, from honest dichotomy to taking £15 from a colleague at golf. Any treatment is indicated as long as it is expensive, but the patients do not suffer, for they are women who revel in ill-health and have no disease. Under such tuition he abandons his homely tweeds and buys pearls for his wife, and is shown numbed to all emotion except the joy of amassing money.

To arouse him from this state it requires "a murder" at the hands of an incompetent surgeon. He abducts a girl from a hospital where the treatment which could save her life had not been given, and takes her to an unqualified specialist and gives the anaesthetic himself. Haled before the General Medical Council he impassionately harangues the audience on the evils of the closed shop and the intolerance of the medical profession, which "thinks that everything is right inside the profession and nothing is right outside". The fade-out comes

without disclosing whether he is hailed as the future Messiah of the profession, or ignominiously struck off the Register.

"The Citadel" is a first-class film, but we are not concerned with this aspect of it. It can be regarded either as a sincere attempt to throw light on evils which are a discredit to the profession as a whole, or as a blasphemous attack on the reputation of doctors and on the faith of the public, which is as important to them as the treatment they receive. Doctors can not expect to be immune from criticism; there have been satires in plenty from Molière and before, but "The Citadel" does not attempt to satirize; it claims to present the truth. The truth it shows is of doctors who are drunk, incompetent, intolerant of progress, self-seeking, insensitive to their patients' distress, and exploiting the public's frailty for their own financial gain. Not a pretty picture, and if it is a true one the public have a right to see it exposed. However, even our greatest enemies would not claim that all doctors are crooks or incompetent wastrels, but such could be inferred from the film. No hint is given of the bulk of the profession who do their work honestly and competently and receive little financial reward. The film would be better for the contrast.

On the other hand the lay public does not escape uncensored; patients are seen insisting on the "pink medicine, which they can swig by the tubful without doing themselves any harm or any good either", in preference to treatment which might cure the disease as well as the symptoms, and it was the hostility of the public that forced him into the course he took. That will not be noticed in the greater attack on the doctors.

As to the public, we hope it is not from prejudice alone that we believe, isolated instances apart, they benefit more from our profession than at the hands of quack-healers and the manufacturers of patent medicines. It is very possible that many of the vast crowds who are seeing the film may be deflected into these devious paths and, for this reason alone, it is a film which can not be ignored.

CURRENT EVENTS

NEW YEAR HONOURS.

We tender congratulations to the following Bart.'s men who received recognition in the New Year Honours:

Knight Bachelor.—ADOLPHE ABRAHAMS, O.B.E., M.D., F.R.C.P., Consulting Physician and Dean of Westminster Hospital Medical School.

C.I.E.—Major-General N. M. WILSON, O.B.E., I.M.S., Surgeon-General with the Government of Madras.

O.B.E.—E. DONALDSON, M.D., D.P.H., Medical Officer, Ministry of Health.

M.B.E.—Captain H. D. R. ZSCHERPEL, I.M.S., Superintendent, Central Jail, Peshawar, North-West Frontier Province.

D.B.E.—Miss E. M. MUSSON, C.B.E., R.R.C., LL.D., Chairman of the General Nursing Council for England and Wales (former Bart.'s nurse).

TUITION IN GERMAN

As students we are frequently impressed with the value of being able to read foreign papers in the original, but it is not as widely realized that while at the Hospital there is an opportunity of a free course in Scientific German, through the kind offer of Mr. A. FitzAucher. Classes are held once a week, on Fridays at 5.30 p.m., and no previous knowledge of German is necessary. This term the classes start on January 13th.

THE MILSOM REES SCHOLARSHIPS

The Examination for these scholarships takes place in March, and the names of candidates should be sent before the end of this month to the Headmaster, Port Regis Preparatory School, Broadstairs.

For the benefit of those who may have missed previous notices, there are two scholarships to the school of £100 each for the sons of medical men. One is closed for the

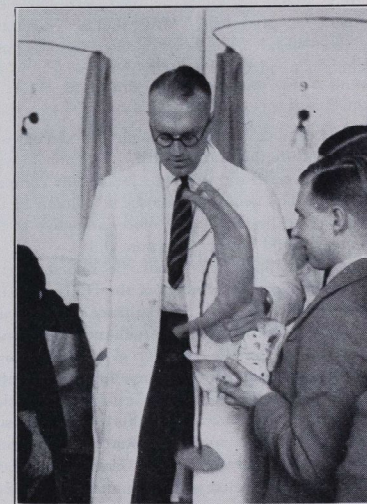
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sons of old Bart.'s men. Candidates must be less than nine years old, and the scholarship is held for as long as the holder remains at the school.

URGENT PHONE MESSAGE

"Will Dr. please hurry to see Willy A—. He is sweating very much, you know, and they think he has got the new Disease what's come out just lately, you know, the one with the Iron lung."

OUR CANDID CAMERA



"We have all had to go through this once."

NEWS FROM OUTSIDE

Lord Dawson of Penn made a strong speech at the dinner of the **Medico-Legal Society**, which reflected the difficulties in which the law places the medical practitioner. He declared that legal fetters holding up preventive medicine should be removed, and went on to refer particularly to the subject of sterilization. Quoting from his own professional experience he said: "A man and a woman of mature age wish to marry, but each being liable unfortunately to transmit disease requests that one of them should be sterilized. A friend of mine who happened to be a distinguished judge warned me that I had probably broken the law in implementing their request." Lord Dawson went on to discuss the whole matter of illegal maiming and unlawful wounding, and ended with the plea that "such shackles, as were never intended to apply to us, should be removed and medicine set free to extend its work of preventing disease".

It has been said that every surgical operation is an assault in itself—hence the practice of obtaining a written permission from the patient—and it is a little hard to see why there should be such discrimination (accidents apart) over the actual site of the assault. It would appear that in some ways the medical profession rely almost as much as the legal upon the endorsement of precedent. Why should vasectomy arouse taboo—legal or otherwise—when hysterectomy passes almost unnoticed?

In mid-December the Government introduced as a non-party measure the **Cancer Bill**. The debate with which it was greeted did much to weaken its comprehensive title. The general consensus of opinion in the House seemed to be that a title more indicative of the Bill's content would be the "Radium Bill".

A general disappointment may be sensed in the speeches of the medical members of the House that the Bill pays so little regard to the claims of research and work along preventive lines. Sir Francis Fremantle effectively disposed of the Minister of Health's claims that the Bill was comprehensive by reading the preamble at him, its purpose being "to make further provision for the treatment of Cancer, to authorize the Minister of Health to lend money to the National Radium Trust, to prohibit certain advertisements relating to cancer and for purposes connected with the matters aforesaid".

Our own Hospital was mentioned some eight or ten times in the debate, though in rather a negative

fashion. St. Bartholomew's Hospital occurred amongst the list of institutions with special experience in the treatment of cancer which the Ministry had not seen fit to consult when framing the Bill. Sir Ernest Graham Little, the member for London University, had most of the House behind him when he said, "I think the Minister might have consulted the experts, who have knowledge and experience behind them".

Dr. Edith Summerskill made a good point when she stressed that it is one thing to provide facilities for treatment and another thing to get the patients early enough to benefit from such treatment. The cause of delay among the poorer class of housewife was, in her opinion, the fact that they could not get medical advice free. Her remedy was to include the dependents of insured persons within the provisions of the National Health Insurance Acts.

The House welcomed the Bill with a spirit of constructive criticism and did not find it necessary to divide upon the issue, so the Bill passes unobstructed. One effect it will have is to open up greatly the field of employment for radiologists.

Thyroid Crisis.—Manchester Assizes have produced a judgment which opens up whole vistas for those of medico-legal inclinations, both professional and speculative.

Briefly a lady standing at a crossroad witnessed a collision and, deeming herself to be threatened, fainted without so much as being touched. Subsequently she was diagnosed as gravely thyrotoxic and on one occasion nearly died. As she had not noticed any great trouble before she saw the accident she attributed all her disabilities to the shock. She brought an action against the two drivers concerned. Counsel, on her behalf, claimed that she would be an invalid for the rest of her life, and that she would never again take part in those recreations and social events which she had previously enjoyed. The case does not appear to have been very strongly contested, since it ended in an agreed settlement in spite of what seemed a very *post hoc, propter hoc* pathology. No medical evidence was called, and the value of the whole thing to the thyrotoxic lady was £2500 and costs.

If such actions become at all common one inevitable result will be a sharp rise in insurance rates, and one would also imagine a sharp rise in the incidence of disabling fright and conversion hysteria generally.

THE NEUTRON

By Professor F. L. HOPWOOD, D.Sc.

Nature and Occurrence

THE neutron was discovered by Chadwick in 1932. It is a minute material particle which is a constituent of the nucleus of all atoms which are heavier than the atom of hydrogen. Its mass is almost identical with that of the hydrogen atom, and it does not possess an electrical charge.

According to the present state of knowledge, the nuclei of all atoms are composed of protons and neutrons. A proton is the positively charged nucleus of a hydrogen atom, and the number of protons in the nucleus of the atom of any heavier element is called the atomic number of that element. The difference between the atomic mass and the atomic number of any element is the number of neutrons in its nucleus.

Elements which have the same number of protons in the nucleus, but different numbers of neutrons, are called isotopes.

The Production (Liberation) of Neutrons

Neutrons are set free from the nuclei of some atoms when these are disintegrated by artificial means. So far, such disintegrations have only been achieved* by the bombardment of various elements by positive ions—protons, deuterons (= nuclei of "heavy" hydrogen), and alpha particles (= nuclei of helium atoms)—which have been accelerated to high speed.

The high-speed ions can be produced either by direct acceleration with high voltages applied to suitable discharge tubes, or by the multiple impulse method of the cyclotron.

The direct methods have some serious disadvantages. Firstly they are limited to what for these purposes are relatively low voltages—up to 2 or 3 million volts. Secondly, high-voltage installations need as much space as the large and lofty buildings used as hangars for air-ships.

The cyclotron. The most successful indirect method is the multiple impulse method as employed by Prof. E. O. Lawrence of California in his cyclotron. The relative efficiencies of the different methods can be judged from the fact that the output from Lawrence's cyclotron is from 100 to 1000 times that of its nearest rival!

Any elaborate account of the construction and mode

* We neglect here the effects of gamma rays of very short wavelengths and cosmic rays.

of action of the cyclotron would be out of place here, but the accompanying illustration* and following brief description may help to give some understanding of them.

Positive ions, produced by a hot filament situated between a pair of insulated hollow semi-circular boxes, are thrown to and fro between the boxes by means of a rapidly alternating electric field supplied by a power tube oscillator. These semi-circular boxes, called "dees", are enclosed in a highly evacuated container which is placed between the poles of a large (50- to 200-ton) electro-magnet. Under the combined influence of the electric and magnetic fields the ions describe circular paths of increasing radius, and with speeds increasing at each jump from one "dee" to the other. Luckily the time to describe a half revolution is always the same, the added speed compensating for the longer path. The ions therefore, starting from the centre, describe a spiral path, and ultimately issue through a window at the edge of a "dee", with energies corresponding to several hundred times the applied potential. The alternating potential applied to the "dees" by Lawrence is about 45,000 volts, and the highest energies obtained correspond to 16 million volts.

The high-speed positive ions falling on targets made of light elements such as lithium or beryllium cause the targets to emit streams of neutrons.

Direct bombardment of heavier elements with the high-speed ions usually results in the transformation of the stable natural atoms into new atoms which are radio-active.

Alternatively, the streams of neutrons produced by the cyclotron transmute the atoms of most elements into radio-active substances.

Neutrons in Biology and Medicine

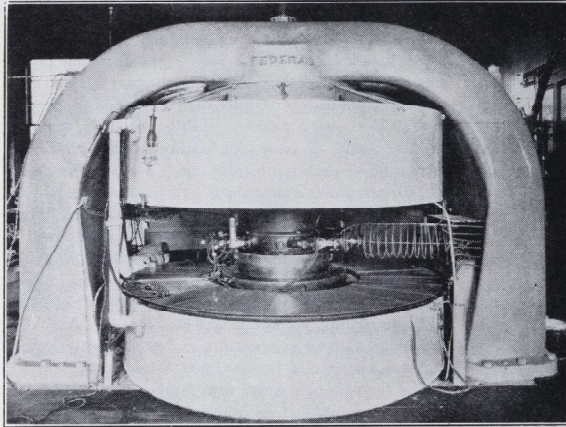
Among the many interesting properties of neutron rays there are three which would seem to be of outstanding importance in connection with biological research, namely (a) their anomalous absorption in matter, (b) the type of ionization they produce, and (c) their capacity for making ordinary inert atoms radio-active.

(a) Neutron rays have the remarkable property of being more readily absorbed in light substances rich in hydrogen such as biological tissues than in denser substances like iron or lead.

* This will be circulated as soon as copies are available.

If we could use a fluoroscope to view the animal body with neutron rays the bones would appear relatively transparent and the flesh dark.

(b) Neutron rays are unique in the way in which they produce ionization. Whereas X-rays produce ionization by liberating high-speed electrons from atoms, neutrons, being minute dense particles of neutral matter, pass right through the electron clusters surrounding atoms and ionize only by making intimate collisions with atomic nuclei. As a result, neutron



THE CYCLOTRON.

ionization in comparison with X-ray ionization is very much more intense where it occurs.

(c) Neutrons are also the most potent particles which can be employed for the artificial disintegration of atomic nuclei and the production of artificially prepared radio-active substances.

TABLE I.

	Doses.	Ratio.
Mammary carcinoma (reduction of "takes" of implants to 50%)	X-ray 3600 r	5 : 1
Drosophila eggs, 50% mortality	X-ray 180 r	...
	Neutron 87 r	2.1 : 1
Normal mice (lethal power)	...	3.8 : 1
Wheat seedlings	X-ray 600 r	5 : 1
	Neutron 120 r	...
Flea spots	X-ray 52,000 r	...
	Neutron 21,000 r	2.5 : 1
*Drosophila (mutations)	X-ray 1000 r	1 : 1.6
	Neutron 1600 r	...

Since the primary effect of penetrating radiation on biological material is to produce ionization, and in

* Timofeeff-Resovsky and Zimmer. *Naturwissenschaften*, May 27th, 1928.

view of the difference in ionizing action of X-rays and neutron rays, tests have been carried out to see whether these agents differ in their biological action. Table I below gives the results of experiments carried out on five different objects, and shows that the ratio of the physical doses of the two forms of radiation required to produce the same biological action in the several instances varies from 1 : 1.6 to 5 : 1.

These results show that neutrons have a selective action on biological substances which is different from that of X-rays. They give us another weapon for the study of the effects of ionizing radiations on tissue, and indicate the possibility that this new form of radiation may have a favourable differential effect on one or more neoplasms.

The treatment of cancer patients by direct irradiation with the neutrons issuing from a cyclotron is already under trial in Lawrence's Institute at Berkeley, California.

Most of these results are due to Prof. E. O. Lawrence (the inventor of the cyclotron) and his colleagues, and are taken from a summary published in *Radiology*, September, 1937.

Artificial Radio-activity

As we have seen, the atoms of most elements are transmuted and become radio-active when bombarded with neutrons or high-speed positive ions.

Hydrogen is a notable exception. Table II exhibits some only of the radiations emitted and the approximate half-life periods when activated of a number of elements important in medicine and biology.

It should be especially noted that (with the exception of hydrogen) all the elements occurring in the human body can be made radio-active.

TABLE II.

Element.	Emits.	Half-life.
Carbon	Positrons	20 minutes.
Sodium	Beta and gamma rays	15 hours.
Phosphorus	Beta rays	14½ days.
Potassium	" "	16 hours.
Sulphur	" "	14½ days.
Copper	Beta rays and positrons	12½ hours.
Nitrogen	Positrons	10 minutes.
Oxygen	" "	2 "
Magnesium	Beta and gamma rays	12 "
Chlorine	Positrons and beta rays	33 and 98 minutes.
Calcium	Beta rays	2.3 hours.
Iron	" "	72 hours.
Iodine	Beta and gamma rays	25 minutes.
Arsenic	" "	26 hours.
Bromine	" "	34 "
Gold	Beta rays	2.7 days.

Radium and its relatives give off one or more of the following radiations: alpha particles (which are helium nuclei), beta rays (electrons), and gamma rays, all of which are ionizing radiations and produce biological effects. Artificially induced radio-active substances give off similar particles and rays, but differ from the natural elements in that they retain their activity for relatively short periods. Their relatively short lives make it safe to inject them into the body for they soon become inactive.

Further, the radio-active isotopes of the various elements do not differ in chemical behaviour from their stable relatives.

This has suggested a means of following the metabolism of the elements in the body, as the radio elements are "tagged" or labelled, and can be detected by their radiations. Much useful and interesting information has already been obtained in this way.

By far the most important field of research with artificial radio-active substances, however, deals with

their possible application to therapy. With the aid of the cyclotron amounts of some of these substances sufficiently large for clinical use can now be obtained.

Besides exhibiting a more extended spectrum of radiations than the radium family, their non-toxicity permits their introduction into the body by the mouth or injection.

Elements such as iodine, phosphorus, iron, etc., which occur in higher concentrations in certain organs or tissues of the body, can be replaced by their radio-active isotopes by ordinary metabolic processes. In this way selective irradiation of the bone-marrow, brain, thyroid, etc., could be carried out. Preliminary exploration of this field has already shown the practicability of the treatment.

A further possibility is the use of artificial radio-active substances to supplement or even replace ordinary radium appliances now used in surface or tele-radium therapy.

CHRISTMAS SHOWS

EIGHT shows including a film show were presented and most of them gave a good performance.

Musical production numbers have been the main feature of the shows this year and there has been a decided improvement in the standard of chorus work. But as against this there was a most noticeable lack of good sketches and individual items. It is a good sign however that more attention is being turned to production. Rehearsals for at least two of the shows commenced some six weeks before Christmas, and it is worthy of note that these two were generally considered to have given the best performances.

Harold's Harmernists (Pink Firm).—Surrounded by microphones and a battery of spot-lights this team gave by far the most polished performance of the day. They had a well-balanced programme which had been thoroughly rehearsed. The chorus work was neat and timed to a split second, and above all they kept smiling and never allowed their numbers to drag.

The chief credit must go to J. Beeston, their pianist producer, whose direction of this show was the best individual effort this year.

D. S. Morris, a very good comedian, was particularly effective in "The Casual Ward"; R. J. Harvey's "Danny Boy" was one of the highlights of the show, and J. Beeston and D. J. Trevan must be mentioned for

their performances in the number "In Bart's To-night". Bailey had some good stories which he put over very well.

But it was the concerted items rather than individual acts that were outstanding. The enthusiasm with which their action song was performed was infectious. Patients staggered up to the footlights and joined in the fun; an attempt, unfortunately unsuccessful, was made to bring on a chorus of sisters, and eventually the Harmernists were leading those of the audience who were not doubled up with laughter through the intricate movements of their song and dance.

One fault perhaps in this show was that they over-exploited the microphone. The effects, both sound and light, were, however, perfectly managed and timed, and the producer considered no doubt that the fullest use should be made of such powerful weapons.

The Reggimentals (Light Blue) was quiet and unpretentious but very good entertainment, and had at least two exceptionally good numbers.

The costume was pleasing and a good choice for this type of show. They opened rather poorly. A little more attack here would have undoubtedly prevented the slow tempo which was the chief weakness. The second number, "Whistling", aided by good lighting, went well, and then I. P. M. MacDougall really

set the show moving with his song, "I belong to Bart's."

The outstanding items were "Oriental Sketch", acted by W. A. Bromley and J. Lomas, one of the cleverest turns to be found in any show, and the "Sisters' Duet", in which R. C. Bell and R. W. Schofield, splendidly made up, scored a great hit. Robertson told some good stories, and the "Melodrama", in which P. J. Miller was very funny, brought roars of laughter from the audience. The Ballet was an original idea and a gallant effort. The lighting was good. R. W. Schofield was the pianist and R. C. Bell had charge of the production.

Rahere's Roundsmen (Residents) was attractively costumed, full of good material and bristling with talent, but lacked the drive which would have put it right at the top of the shows. This may have been due to the fact that on both occasions on which the writer saw the Residents they were handicapped by rather inadequate lighting.

The biggest hit in this show was undoubtedly George Gray and Basil Phillips in "Excelsior". This was a great turn, certainly one of the best comedy numbers this year. Donald Crowther's masterly performance in a monologue which he had composed relating the further adventures of Samuel Small, and C. J. Carey's recitation of "The Prep School, the Public School, the Varsity", were two excellent individual items.

"The Little Snapshot Album," a topical number, was a great success and had a terrific reception.

Alan Thomson was at the piano, and the show was arranged and produced by Basil Phillips.

The Chain Gang (Dark Blue) gave a very polished performance. The thoroughness with which it had been rehearsed was evident in the accuracy of the chorus work and the high speed at which it was presented. D. Reinold had cleverly arranged the musical numbers, and also gave an excellent performance at the piano.

The costume, although appropriate for the opening "Eleven More Months and Ten More Days", did not help them for the remainder of the programme. One felt that P. R. Latcham and A. I. Ward particularly would have been assisted by a brighter costume. These two with their guitars provided one of the high spots of this year's shows. They are quite at ease in front of an audience, and "put over" light comedy numbers with perfect confidence. Dickson's "Georgia" and "The Nine O'Clock Blues", with Birch, Latcham and Dickson, were two other numbers which were enthusiastically received.

"Little Red Riding Hood" and the "Sister's Warning" were both good, making up a well-balanced programme very strong in musical numbers with a good backing of comedy.

Porters' Pot Pourri.—For the second year the Porters provided a good programme. They were wisely opened with "Best of Friends" and "Life at Bart's", two bright numbers which got the show moving well, and from then onwards they never allowed the pace to slacken.

The best turns were "The Porter's Song", sung by A. Lewis in the George Formby style, and "Smilin' Thro'", sung by G. D. Rees. They finished strongly with a medley of popular tunes in a campfire setting and a good final chorus.

The sketch "D.I.", in which D. C. Stokes and B. Wilson had the major parts, had some very funny lines, but would have been more effective if played somewhat faster.

A. Hastings was an excellent pianist.

Snow Balls (Yellow Firm).—The best item in this show was the "Donkey Serenade", with a Maconochie guitar and Lustigman violin. The opening songs were good: G. Discombe did some chemical conjuring and W. McAleenan acted as *compère*.

Film Show (Green Firm).—This was arranged and presented by D. V. Harris and J. A. G. Horton. The programme included a Walt Disney Silly Symphony, "The Skeleton Dance", "The Big Show", a Mickey Mouse feature, and "Zoo Animals", a short film photographed by D. V. Harris.

The Pansy Patrol, produced by Macpherson, was a very jolly and extremely popular show. They left crooning, new-fangled gadgets and quiet light comedy numbers to the more sophisticated shows and concentrated on burlesque. They meant to be funny and they were.

The costume was sufficient to get the opening over for them. Roger House made an abortive attempt to recite "Napoleon's Farewell to his Troops", and then Carroll leapt into the attack with "Knitting a Singlet for Cecil" and immediately had the audience roaring. This was followed by the "Tower Sketch", in which M. White, Max Laybourne and J. Harold distinguished themselves. No time to stop laughing for House, Carroll, Harold and O'Neill were on in "Borstal Bags" and had a great reception. Then Macpherson sang "Lindy Loo". The introduction of a straight song at

this point in the programme was a clever move and thoroughly deserved the applause it received.

The entire company followed up with "Down in Ohio", which was a riot and so on to the finale; "London is Saying Good-night", which brought an excellent show to an end.

Max Laybourne at the piano skilfully accompanied the musical numbers. Vincent, who was responsible for the lighting, did his difficult task admirably, and considerably aided the show with his work on the dimmer. L. G.

THREE CASES OF MALARIA

By R. H. BARRETT, M.R.C.S., L.R.C.P., D.P.H., D.T.M.&H.,
Assistant Medical Officer, Port of London.

I AM often asked about the clinical side of Port work, and this has led me to record these cases in the hope that they may prove of interest, not so much for themselves, but as examples of those that a port medical officer has to deal with and that a general practitioner may be asked to see, if he is called to a ship requiring medical assistance.

The clinical work of a port health authority can be divided roughly into two main groups of cases. The first consists of recognized or suspected cases of infectious illness occurring in ships in which a surgeon is carried. The second consists of illness reported in ships not having a surgeon on board, which may or may not prove to be infectious. These are of course the most interesting from a clinical point of view because they are presented in bare detail without a preformed professional opinion. They are reported not so much because the regulations say they should

be, but because medical help is required and the port medical officer in a large port is always available by day or night, and can usually dispose of the case to a hospital on shore if urgent treatment is needed.

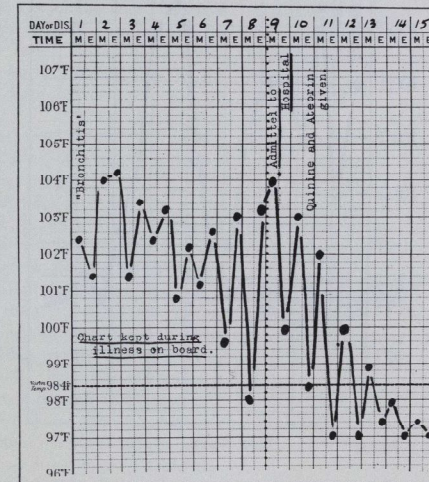
The three I have selected are examples of this second group, the first two arriving in a small tramp-steamer from the Grecian Archipelago. The ship was a foreigner, but fortunately the Master's command of the

English language was quite accurate, although we had to go slowly and keep to the main essentials. He had also kept a temperature chart, which after being translated from Centigrade to Fahrenheit was of great help.

Case No. 1 had a ten-day history of attacks of fever, shivering and sweating. On examination the only positive finding was a firm, enlarged spleen. The diagnosis here presented no difficulties, as the patient had just returned from a part of the world where malaria and anopheline mosquitoes both exist. The interest in this case lies in the fact that as soon as he was placed in the ambulance launch he produced a typical and quite severe malarial rigor, which to one unversed in tropical practice was most instructive.

It started with the patient looking a little blue about the face and having a mild shivering attack.

This instead of passing off became more marked, the cyanosis became deeper, making the whiteness of the teeth and sclerotics stand out in contrast. His teeth were soon chattering, and the shivering became so violent that his hands and arms and legs moved quite uncontrollably. Piling on as many blankets as were available made no difference whatever. After a few minutes he was deeply cyanosed, and although his skin felt cool to



CASE No. 2.

touch his temperature was 104.2°F . The pulse was poor in volume, but quite regular at about 110. His expression was anxious and he was obviously rather frightened by the severity of the symptoms, as indeed I was myself. At one stage the excursions became so violent that it was surprising he did not fall off the stretcher on which he was lying. The rigor lasted about 25 minutes, but fortunately had ceased by the time the hospital pier was reached. It was followed about an hour later by a profuse sweat. The nursing staff at the hospital were most disappointed at not seeing this attack, but the patient was considerate enough to have a similar one the next afternoon, for which they were duly grateful, for such a typical text-book rigor does not often occur in our hospital, although malaria itself is not uncommon.

A blood-smear showed a benign tertian infection; presumably therefore it was a double infection with the crises on alternate days. Recovery proved uneventful under atebryn and quinine.

Case No. 2 from this ship was also of interest, although I did not at first pay much attention to him, being so engrossed in watching the first. This seaman had reported sick

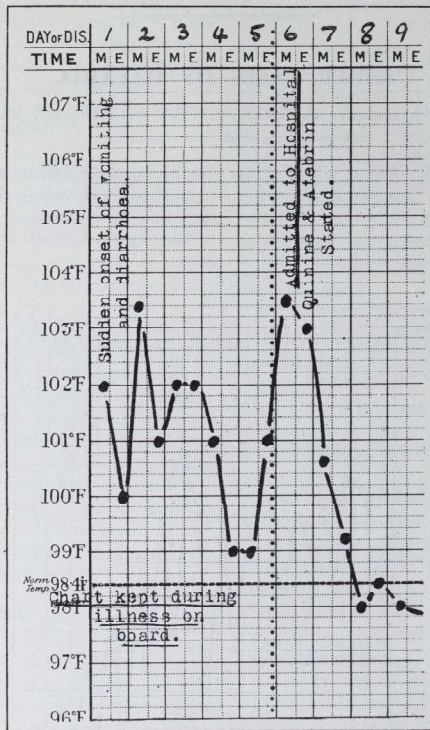
nine days previously and had been diagnosed by a doctor abroad as "bronchitis", for which some medicine had been prescribed. He had been running a high temperature ever since, as his chart shows. He was found lying in his bunk in the crew's quarters, and although the light was bad it was possible to see that he looked drawn and ill and had herpes on his lips. His temperature was then 103.5°F . and his pulse 120, while the respiration-rate was about 24. A rather hurried examination of his chest and abdomen revealed dull areas at both bases and many

ronchi at the apices. The spleen was not palpable. Arrangements were made to place him in the ambulance launch with the first case. Here he seemed quite oblivious of the interesting phenomena that were then in full swing in his shipmate, but lay quite apathetically on his stretcher giving only an occasional short dry cough. In the light of subsequent findings he can hardly be blamed for his lack of interest.

When he was safely in bed in the hospital I was able to examine him more carefully, and it was then obvious that he had consolidation of his right lower lobe, and a left-sided pleural effusion extending up into the axilla and displacing the mediastinum to the right. His illness had already lasted nine days or more and his temperature had now begun to swing, and for the two succeeding days no improvement took place. His condition was thus giving rise to some anxiety and it was thought that the effusion was becoming purulent, but exploratory puncture disproved this. Expert opinion was about to be called in when the nursing staff came to the rescue by reporting a slight rigor which had occurred on two afternoons in succession at about 4 p.m. This led to a blood-smear

being taken, which showed the presence of malignant tertian rings. A course of treatment was at once started, with the result that after ten days all the signs and symptoms had disappeared.

It is interesting to speculate whether this was a true case of malarial pneumonia, or just a lobar pneumonia complicated by malaria. But I think the moral of this case is that where one proved case of malarial infection has already been found in a ship, any other patient from that ship should be suspect in this respect until proved to the contrary.



CASE No. 3.

The accompanying chart shows the trend of temperatures both before and after specific treatment.

The next case, No. 3, arrived in a timber-ship from Archangel. She reached the Quarantine Station at the inconvenient hour of 3 a.m. on a rather cold and wet night. As often happens in these ships, some of the deck cargo had shifted a little and she had a good list to starboard. This made the ascent of the side on a rope ladder rather less hectic than usual, but subsequent progress over the deck and down ladders was not without incident. The Master told me, in English this time, that the man had been ill for five days, starting with a sudden onset of vomiting and diarrhoea accompanied by a high temperature. All these symptoms had persisted without remission and had caused a great deal of anxiety. The patient could no longer keep any food down except water in small quantities. He had not complained of any pain, but only of lack of appetite and general malaise. There had been no other cases of this nature on board, and the patient had eaten the same food as the rest of the crew, and had not been ashore or bought anything extra such as fruit, or even a bottle of beer! Incidentally shore-visiting in this part of the world is discouraged by the presence of a sentry with fixed bayonet stationed on the gangway.

The Captain's diagnosis was gastric 'flu, which seemed a fairly reasonable explanation, but rather unlikely to keep the temperature up for five days. On going to see the patient he was found to have a dry hot skin and very injected conjunctivæ. The history he gave was similar to that told me by the Captain, except that he had a persistent soreness in the upper part of his abdomen in addition to his other symptoms. His temperature was then 103.5°F ., pulse 110, regular and good volume. The appearance of his conjunctivæ might possibly have been due to the vomiting. His heart and lungs were normal. The abdomen was not rigid, and only a little tender in the upper left quadrant. The R.I.F. was clear. No viscus was palpable at first. By this time the original diagnosis seemed to be the most probable one, but as a last resort I asked the patient to take as big a breath as his symptoms would allow, while I again palpated the tender region below the left costal margin.

Right at the end of inspiration a firm, tender spleen came down and could be felt for three fingers' breadth.

This narrowed down the possibilities considerably, and further inquiry showed that the patient had been on the far eastern run about three months before and had an attack of "fever" on the China Coast. It also appeared that just previous to the present illness he had been sleeping in rather damp and cold quarters

owing to heavy weather. This in itself was sufficient to cause a relapse if the original infection had indeed been malarial.

He was taken into hospital as a P.U.O. and treated for malaria pending further investigation. Under this treatment the improvement was immediate, and after two days his temperature had dropped to normal and the gastric symptoms had been relieved. The blood-smear showed no evidence of parasites, but as it was not taken until after treatment had been initiated it was not conclusive. On therapeutic grounds and on the history it seems probable that the diagnosis of malaria was correct, more especially as on discharge the palpable and tender spleen could no longer be felt.

These three cases were therefore all manifestations of an infection with the malarial parasite, and they show the diversity of the symptoms that can be produced. It is not an uncommon infection among the sea-going community, and for this reason it is a good rule when dealing with such a patient to take a blood-smear, stain it with Leishman's and examine it under a microscope with the high-power oil-immersion lens. Malignant tertian malaria is in particular an insidious and serious infection which should be treated very thoroughly whenever it is found. One other point is worth mentioning in this connection, and that is that no examination of a patient in this sort of work is complete unless evidence of specific and the allied infections has been most carefully looked for. This precautionary measure may save a great deal of trouble and embarrassment during the subsequent treatment and final disposal of the case.

I am greatly indebted to Dr. M. T. Morgan, M.C., Medical Officer of Health of the Port of London, for permission to publish these cases.

REPLY FROM NURSE

I could tell tales about some students ;
But to reveal 'em were gross imprudence.

There was a young student from Caius,
Who passed his exams with a Squaius,

By dissecting at Bartholomew's,
All the partholomews (such as hartolomews),
From which he could study disaius.

CORRESPONDENCE

TREATMENT OF EPITHELIOMA OF THE SKIN

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

SIR, We were both very interested in Dr. Corsi's article on the treatment of epithelioma of the skin in the last issue of the JOURNAL and we would like to call attention to certain points arising from it. The great advantage of the Adamson method of treatment is that it involves only a single attendance, while the use of high-voltage X-rays or of filtered radium requires several attendances. On the other hand, we do not think that this advantage offered by the Adamson method can possibly offset the fact that the results of filtered radium treatment are definitely better cosmetically and probably better in their final results. If Dr. Corsi were to estimate his percentage of successes on the same lines as we do in the X-ray Department and as those upon which most other malignant disease statistics are estimated, he would give three-year healing a rate, not of 97% but of only 80%. The difference arises from the fact that Dr. Corsi has not followed the rule that untraced cases should be regarded as failures. Indeed, in the X-Ray Department we even count death from intercurrent disease or old age against our statistics.

It seems quite possible that some of the six untraced cases in Dr. Corsi's series have had recurrences and have gone elsewhere for treatment. In fact we have both seen local recurrences after the Adamson method more than three years after the original treatment. These recurrences are extremely difficult to get well whatever method is used.

It appears to us that these malignant skin lesions are pre-eminently cases in which co-operation between the dermatologist and radiologist is called for, the former using his skill in curetting the lesion and the latter his in the application of filtered radium or high-voltage X-rays with adequate dosage and, what is at least as important as adequate dosage, correct dosage-distribution.

Yours faithfully,
N. S. FINZI,
W. M. LEVITT.

107, Harley Street,
W. 1;
November 21st, 1938.

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

DEAR SIR,—It is most gratifying to find that the Adamson method of treating superficial rodent ulcers has awakened so much interest that Dr. Finzi and Dr. Levitt offer to co-operate in amplifying the method; presumably so that it may be extended to more advanced cases, for which the present Adamson technique was not intended (see Adamson, *Brit. Med. Journ.*, 1933, ii, p. 994).

I gladly accept their offer and thank them. As they point out, the fact that the Adamson method requires one attendance only is a very great advantage, the patients often being very old and having come from distant towns. But there are other advantages, some of which carry a great deal more weight. Prominent among them is the curetage under novocain which removes all macroscopic tumour tissue, and does not injure the healthy. This it probably is which accounts for the surprisingly rapid healing—two weeks only in some cases.

Regarding the cosmetic result, I stated and also illustrated in my paper that with the Adamson method the cosmetic result is so good, that in a year or so one cannot always be sure where the treated ulcer was situated. This is a factor of the highest importance second only to the essential one of permanent cure.

It is of course logically possible that some of the six untraced cases observed for a period less than three years had a recurrence, and took themselves to another hospital. But it is improbable. In a follow-up of the difficulty is to get up the successful cases. I had to pursue a number of patients into their own homes, one of them as far afield as Dover. There is no difficulty about seeing patients that give cause for dissatisfaction, as we soon found in connection with the 166 patients treated with radon seeds. Rodent ulcer patients realize they have been extracted from the main bulk of patients for special attention, and have had the importance of their disease explained to them at least once. To this add the influence of courteous and friendly handling, and the likelihood of their having gone to another hospital fades almost to vanishing point.

Yet my colleagues suggest that these should be reckoned as recurrences, so giving a percentage cure of 80%—a recurrence of 1 in 5. Now in dealing with a disease like carcinoma of the tongue, in which the prognosis is not good, patients who cannot be traced, or who die, say, of pneumonia, must be reckoned as failures.

But to apply this principle to patients with small superficial rodent ulcers, which cannot kill, directly or indirectly, would lead to a false conclusion. For this and other reasons I stated in my paper that—

"To state the results in terms of a percentage is hardly reliable, as a great deal depends on the selection of the cases for treatment. But, with an ulcer that is not very large, or of the penetrating type, and provided it is reasonably accessible to X-rays, so that the ulcer does get the treatment, it is probably true to say that permanent complete cure is almost a certainty."

The one recurrence we had did not conform to the above requirements, as reference to my paper will show. I did not fail to include it in the series, however, as I felt that, if the series had been longer, a recurrence would probably have appeared in any case.

As far as small superficial rodent ulcers are concerned the present Adamson technique seems to be adequate. I look forward with pleasure to the co-operation offered by Dr. Finzi and Dr. Levitt, and to an extension of the field of applicability of the Adamson method.

Yours faithfully,
H. CORSI.

114, Harley Street,
W. 1;
December 14th, 1938.

COMFORT OR SLOTH?

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

SIR,—Comfort in dress is mainly a matter of well-fitting clothes, and even the most ardent supporter of the black or red shirt with the zip opening would, if honoured with an invitation to dine with the "affluent and titled classes", probably feel more comfortable mentally if not physically in a boiled shirt and collar.

My own experience of those who dress sloppily is that they are slack in their mentality and habits and that soap and water are anathema to them. A slovenly appearance may be comfortable, but heaven forbid that grown members of an honourable profession should practise their arts dressed like certain youthful and irresponsible members of our great universities.

We, as a profession, do not like our patients to try and cure themselves by buying patent medicines over the counter, and I suggest that we may obtain more comfort by having correctly fitting clothes made for us individually: this includes suits, shirts and collars, and—tell it not in Gath—shoes also, though there are very few good bootmakers left. We shall then all of us less resemble tailor's dummies than comfortably dressed human beings, which we could be if we took a little trouble over our sartorial appearance.

I fear that the G.P. would himself have little confidence in the consultant who arrived at his patient's house dressed in flannel bags, pullover and a sports-jacket (25s. off the peg), with a red open-necked shirt and no collar, with long unkempt hair and shaved with the modern electric razor, which allows one to go to one's consulting room unwashed and plug in for a quick shave while the patient is waiting.

Yours faithfully,
D. LEIGH SPENCE.

26, Lombourne,
Melksham;
December 12th, 1938.

A SUPPORTER'S EXPENSES

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

DEAR SIR,—In view of the recent efforts to obtain a better attendance at the home matches at Chislehurst and the not entirely

THE BART'S REPORTS

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

satisfactory response thereto, I feel justified in raising a point about which I, and I believe others, are in some doubt.

The main difficulty is that of expense. When I want to watch a 1st XV match at Chislehurst it costs at least 3s. 6d. That is, entrance fee, 6d. car park, 6d. stand, and a minimum of 1s. 6d. for petrol.

If I went by train it would cost more still. Now can the average student be expected to pay out between three and four shillings to see his own side playing on his own ground?

Naturally the stand has got to be paid for somehow, but, apart from this, why should a member of the Students' Union have to pay to go into the ground which he is already entitled to use as one of the privileges of membership?

Some enlightenment on this subject from the authorities would be very welcome.

Believe me,
Yours very truly,
ROBERT J. EVANS.

St. Bartholomew's Hospital,
E. C. 1,
December 11th, 1938.

Mr. Evans has been misinformed. As a member of the Students' Union he does not have to pay an entrance fee to the ground. Further, if he went by train it would not cost him more but less; a ticket at the reduced rate obtained from the Cloakroom costs 1s. 4d. with 4d. for buses and no car park.

Thus a student "to see his own side playing on his own ground" has to pay less than two shillings. Admittedly it is to be regretted that he has to pay even this sum, but if he spent his Saturday afternoon in a cinema it would cost as much or more.—Ed.

REVIEWS

Sleeping through Space. By Dr. ALEXANDER CANNON. (The Walcot Publishing Co., Woodthorpe, Nottingham.) Pp. 131. Price 5s.

"Seeking the bubble reputation even in the cannon's mouth."—(*As You Like It*, II, vii.)

"This book" (the publisher wrote to us) "revolutionizes modern medicine, world-thought, and gives the reader the secret of how to get what he wants."

Not bad, for its 119 pages of text. Dr. Alexander Cannon (with 27 initials and an etc. after his name) expounds a system of eastern knowledge. It would be pleasant to explain the real basis of his theories. Dr. Alexander Cannon unfortunately has not made it very clear.

All the items on earth are a reflection of one great universal spirit; however diverse they seem they have this one origin. Thus the physical universe as we see it is only a great illusion. The book sets out to show how to dispel the illusion and so control realities. We have three bodies. Around the physical body is an astral body (linked to the autonomic nervous system) and an etheric body. The functions of the three are not well explained. Apparently they connect our tissues and mind with the vibrations which compose the universe.

We have used the word "theories" in reference to Dr. Alexander Cannon's work. This was wrong. Dr. Alexander Cannon does not theorize. He knows. Here are 119 refreshingly and unwaveringly dogmatic pages. *Magister dixit.*

There is no correlation of the many bits of eastern wisdom patched together in this quillwork of secrets. Yet for the houseman's benefit we cannot do better than quote some of Dr. Alexander Cannon's medical recipes.

To begin with, Tibetan Segmental Breathing (which consists of imagining a force travelling up and down different segments of the body and keeping time to the respiratory rhythm) can be used:

1. To Develop A Wasted Limb.—Breathe in through the right nostril and out through the left, while the Force travels on the limb.
2. To Get Rid Of An (Edematous) Leg.—Let the Force move along the opposite limb and reverse the use of the nostrils.

A note on Sims' position: ". . . A person to be given a rectal general anaesthetic or to be confined (in labour) is laid on the left side, so that the right, positive or life-giving force nostril is active, and yet no one is ever told to lie more or less on the left side to draw in power, energy, and improve the heart, lungs, bronchi, digestion, etc."

For orthopaedic practice we quote: ". . . The use of certain invisible rays before manipulation makes the muscles so relax as to easily allow the vertebrae to 'pull into place' with correct technique. . . . It is to be hoped that the teaching hospitals will embody this technique." The description is necessarily short, and apart from such accounts as that tapping on C7 will safely stop the pulse and in the long run produce blinching, or tapping C4 with C7 diminishes deafness, Dr. Alexander Cannon gives no clinical or anatomical data.

Neurologists can learn that nervous conditions are due to the autonomic nerves being "open" like two pitchfork prongs near each other, instead of "closing" with the prongs intertwining. Dr. Alexander Cannon uses ". . . electricity" of anything from 220,000 volts to 5,000,000 volts made from the air. . . . quite harmless (as there is no amperage)" to "close" these nerves and so relieve neurasthenia, epilepsy and sea-sickness.

Now how did Dr. Alexander Cannon measure the voltage of his air-produced and ampere free electricity?

Method To Clear A Sore Throat: ". . . is for another person to take a deep breath and then to put his face at right angles to yours with his mouth touching yours which you keep open and then he blows powerfully into the back of the throat, this is repeated three or four times, after which the reddened throat looks quite pink again and feels comfortable."

We recommend this as quite ideal for young housemen on carefully chosen patients.

To Maintain Perpetual Youth: ". . . the sage breathes mainly through the left nostril from sunrise to sunset and through the right nostril from sunset to sunrise, so counteracting the destructive forces of both solar and lunar vibrations."

Those who maintain that the sage would become prematurely aged in the attempt can be dismissed as materialist scoffers.

For the nostrils are terribly important and it is a grave mistake

to breathe indiscriminately. For instance: ". . . It must be remembered that diabetes is produced by excessive use of the right or positive or solar nostril in breathing; and in men, neurasthenia and sex incompetence including impotence through excessive use of the left nostril."

But which would one rather be, impotent or diabetic?

In case the perpetual youth secret has failed Dr. Alexander Cannon's *tour de force* is the great secret of Bringing Back The Dead to Life. It is, in short, to prop the body against the right knee and to press the vagus nerves above the clavicles with the thumbs while the fingers pass up and down over the pectoralis major muscles. After twenty seconds of such exertion ". . . give a severe kick with the knee between the shoulder blades, hitting also the prominent cervical vertebra (cervical seven) and at the same time say in a very loud voice "Oye", "Oye", "Oye", into the patient's left ear."

We have seen very nearly the same technique to awaken the almost dead in the Lambeth Walk.

We wish we had written this book ourselves. With illustrations by Fougasse it would have made a Christmas best seller.

Through a Ward Window. By H. L. MONTGOMERIE. (Chapman & Hall.) Price 8s. 6d.

Through a Ward Window is a series of letters written by Anne to her bosom friend Letty, giving a vivid and interesting insight of the inside mechanism of a large general hospital.

Anne, suffering from a broken engagement, decides to "work to forget", and, against the wish of her mother enters the nursing profession and in spite of the derision of her ne'er-do-well brother.

Her fortunes in her new sphere are vividly portrayed, and the plot follows the simple course of ex-fiancé hurt in the hunting field, being nursed back to life by Anne with the inevitable ending of marriage.

The writing is disjointed and several printing errors add to the confusion, but the book is most entertaining and grips the attention, so that one is compelled to read to the end.

The undertone leaves one with the impression that nursing is taken up as an escape from the outside world or as a marriage market—or have we changed since the days of the ethics of Florence Nightingale?

We do not think so as truth is still truer than fiction.

SPORTS NEWS

EDITORIAL

Conversation with a stranger (with apologies to Alf Gubbins).

Me: "Morning."

Him: "Morning."

Me: "Have a nice Christmas?"

Him: "Cor blow me up a gum-tree."

Me: "How do you feel?"

Him: "Cor."

Me: "The boys'll be nice and fit for games."

Him: "Not 'arf they want."

Me: "Considering how fit they were last month I don't like to think of them now."

Him: "Cor strangle me Aunt 'Arriet."

Me: "Cor."

RUGBY CLUB December 3rd. Before a record gate at Southampton the Trojans beat the Hospital

13-3.

It was a lamentable inability to back up which lost us this game. Individually we were the equal of the Trojans, but we could not produce that extra man at the critical moment—a mistake that must be put right before next February. One felt that the most exciting event of the afternoon was an exhibition of aeronautes overhead by a newly built "Spitfire" plane—if only this name could have been ascribed to our forwards, and this speed to our outsiders!

We congratulate the two Trojan players, each over thirty years of age, who played with such enthusiasm, Lauder, who broke thro' our defence on two occasions, and the vocal accomplishments of their revered leader F. Cox.

Individual criticism is invariably unfair, but K. Moynagh played well and produced one excellent tackle, whilst for the outsiders McAfee broke through very well on one occasion; and Macpherson kicked a penalty goal to register our only score.

Old Blues. Won 8-3.

Played at Chislehurst on a bitterly cold day, the game opened with the Hospital heeling from nearly every tight scrum. Miller, who played a really fine game throughout, gave a very good service to Candler, who was, however, closely marked. The outsiders had several scoring opportunities during the first half, but knocks-on and forward passes were all too evident. Eventually Laybourne sent Griffiths over for a good try; Macpherson converted. Just before half-time Irving dribbled over, but the kick hit the post.

After the change-over the Old Blues' forwards began to obtain more of the ball, but were unable to break through the Bart's defence. Graham had to go off with a head injury, and we then had the galling sight of the Bart's pack hoist with that petard of which they themselves are so fond—being pushed over their own line from a five yard scrum; the kick failed. Candler was twice pulled down in the nick of time and Irving made a great effort to

batter his way over, but the whistle for "no-side" went without further scoring on either side.

Taken all in all the forwards were good, Miller and Candler very good. The centres can both do much better; their tackling was good but passing poor. Evans shapes better and better at full-back, but must remember that when he comes up in attack there are other players outside him more often than not. The sooner Pleydell and Griffiths revert to their old positions the better it will be. It is surprising what a difference playing on the opposite wing has made to both—we trust the change is but a temporary one.

Old Millhillians. December 10th. Drawn 6-6.

On a dull, almost windless day, in perfect conditions for football, Bart's drew (a penalty goal and a try each) against Old Millhillians. The general tone of the game was dull for the greater part of the time, though Bart's did very well in the last twenty minutes.

Bart's kicked off from the pavilion end, and did actually get going quite briskly, if not very concertedly, from the start. However, the Old Boys fought back very hard, and a penalty, awarded at a fairly easy angle, left Bart's three points behind in the 15th minute. The rest of the first half was a triumph for the Sandman, the forwards being woefully slow and lethargic, and a more than erratic service from the base depriving the outsiders of any chances which they might or might not have taken. Only one incident relieved the gloom, and that was a fine break through by P. L. Candler, who eventually passed—unnecessarily it seemed from the stand—to Irving, who, tragically, dropped "the baby" and forfeited an almost certain try.

After half-time Bart's definitely woke up and the forwards started to bustle round almost hopefully as though scenting distant "cuppers". G. Gray being noticeable for his "energetic" strangle tackles, and P. S. Barclay for his more orthodox tackling. Incidentally Barclay was the only man in the pack who tackled properly and hard in this particular game. A bout of this reluctance to tackle overlooked our forwards in and around the 60th minute, and one of their men ran in clean through the eight to score a try, which was not improved.

This effort seemed to awake the whole side, and from this moment on all went well, Macpherson kicking one of his "specials" from a difficult angle, and a series of well-sustained attacks by the outsiders resulted in a corner try by Griffiths. Macpherson missed with his kick.

The forwards made the mistake in the latter part of this game of showing that they can bustle around and heel quickly in the loose as well as the next man if they care to try.

ASSOCIATION FOOTBALL CLUB **1st XI v. Middlesex Hospital.** Home. Won 3-1.

This was a fairly representative score as indicating the relative merits of the two sides as teams, for no one could be singled out as brilliant, yet both teams played well together.

The forwards were without the help of James, whose place was ably filled by G. R. Evans. Our first goal came in the first two minutes when a scrum passing movement on the right side was followed by a scramble in the goal mouth, in which the goalkeeper fumbled the ball and Grossmark was up to tap it into the net. Thereafter the game was fast, with each side doing its fair share of attacking. Good use was made of the right wing, and after several fruitless attempts this policy was repaid by a cross-shot from Nicholson, which rebounded into the goal from the opposite post. By half-time we were one further goal ahead thanks to the effective following up of the forwards, and Grossmark was able to put another shot into the net. The second half was renewed with vigour which lapsed near the end of the game, but Bart's could not reply to Middlesex's goal, although they came several times near to doing so.

Team—E. Brennan; N. C. McGuire, J. V. T. Harold; A. Maples, P. M. Elder (capt.), J. O. Gallimore; C. G. Nicholson, R. L. Osmont, G. R. Evans, S. Grossmark, G. R. Royston.

1st XI v. Downing College, Cambridge. Away. Lost 2-5.

Our joy at being represented for the first time this season by the same team in any two consecutive games was shattered, for after five minutes we lost Evans, who tore a muscle. Without a left wing our forwards were innocuous, but Royston was wisely moved into that position and things improved. But their shooting was poor and Downing scored the only goal before half-time. In the second half the forwards combined well, Royston scoring two goals, but the defence was very poor collectively, so that Downing's mere half-a-dozen break-aways produced four goals. There is still much inexcusable muddling among the defence.

1st XI v. Ravensbourne F.C. Home. Lost 1-4.

With two changes we looked a new team in this match. James's return put such life into the forwards that they played better than ever, and Packer's performance at full back, both constructively and destructively, was most endearing. It was only ill-luck that prevented the ball entering their goal on four occasions in the first half, as compared with three polite entries into ours. Although playing well we hardly deserved to share the two second-half goals for our opponents continued to teach us an admirable lesson in the giving and taking of passes. Very encouraging.

1st XI v. Parsloes and District Football League.

Played at a great pace from start to finish this match resulted in a win for the League side by 2 goals to 1, despite a determined effort by the home side to equalize in the closing stages.

Bart's lost the toss and kicked off against the slope and a slight breeze. Following persistent attacks by the forwards James fastened on to a bad pass, and beating his opponent, put the ball low down into the left-hand corner of the net to give Bart's an early lead. Just before half-time the League side equalized through Griffin, their outside right, who put in a shot which Decuman could not possibly save.

The second half opened with Bart's on the attack, but a break-away by the opposition led in Griffin again, to score what proved to be the winning goal. There were several stoppages for technical fouls and the ball was frequently kicked out. However, Bart's were unlucky not to equalize. Both James and later Maples made splendid attempts to head through from the excellent corners taken by Nicholson and Royston.

The Bart's defence was much sounder than in recent games; Gallimore as usual working hard at left half. Brennan, in goal, played much more confidently and safely. The forwards tried hard without much luck, and the insiders, though skilful at times, tend to give too many passes to the opposition. However, this was an excellent match for tuning up for the cup-ties ahead.

Team—E. Brennan; F. H. Packer, J. V. T. Harold; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, G. R. Evans, S. Grossmark, G. R. Royston.

HOCKEY CLUB v. Nore Command. November 26th. Won 3-2.

At Chislehurst. The visitors opened the attack, and soon scored through their right inside. For the next twenty minutes play continued up and down the field, until shortly before half-time Hewitt, on the right wing, ran in and scored for us.

Early in the second half T. M. C. Roberts ran down the left wing, and beating the defence, scored a good goal which gave the Hospital the lead. The side again attacked strongly and soon forced a penalty-bully, the Command goalkeeper being penalized

for lying on the ball. The bully was taken by R. Heyland, who got the ball away and took a sighting shot at the goal, but to everyone's amazement the ball went high over the cross-bar. We continued pressing, and soon Hewitt got away and scored. The result seemed to be decided, and we let the Command take the initiative. They attacked strongly, and just before the final whistle their left inside ran almost to our goal-line before pushing the ball back to the centre forward, who scored.

Surbiton II. December 3rd. Lost 1-0.

Played away on a ground which, though somewhat heavy, was very level. For the first fifteen minutes Surbiton attacked, and the defence had a busy time. Unfortunately their umpire translated the rules literally and the game was continually being stopped. It was not until the umpire tired, or, perhaps, we became careful, that we got the ball away from our half.

For the rest of the game we attacked strongly. J. L. Fison broke away several times, and was most unfortunate not to score, the wet ground assisting the defenders, who stood immovably in his course. There was no score at half-time, but on resuming the game we swung the ball from side to side and the forward line looked very dangerous. The Surbiton defenders played hard and successfully. One clearance reached their right wing, who ran in and scored with a hard shot which gave Akeroyd little chance.

R.N.C. Greenwich. Saturday, December 10th. Won 4-3.

Played at Chislehurst, where the ground, which has been in bad condition all this season, was made worse by heavy rain. It took us most of the first half of the game to learn to manoeuvre on the wet and bumpy pitch. Both sides had important members missing, and this added to the chaos.

On resuming play in the second half we found our opponents leading by three goals to two. The defence changed their tactics, and swinging the ball out to the wings we were soon attacking. Playing more like a side we drew level and quickly took the lead. Though the R.N.C. tried hard during the last few minutes of the game they were unable to score again.

Hockey Dinner. Saturday, December 10th.

It is some seven years since this dinner was held last, but as there seemed to be a demand for some function where the members could meet and "wine and dine" together, it was decided to revive it. We were unfortunate in the choice of date as neither the President nor any of the Vice-Presidents were able to attend. The dinner was held at Gennaro's Restaurant. So enjoyable and liberal was the fare that the diners were anchored in their chairs for a full half-hour after coffee. We then proceeded with the show. Speeches were few and brief, but the toasts numerous and varied. A barrel of Whitbread's best sparkling bitter beer rested in one corner, and this was attacked with great joy. It was striking midnight before the last drop of beer was drawn off, and we unwillingly collected hats and coats and started homeward.

SQUASH CLUB v. Old Wellingtonians. Won 4-1.

It was unfortunate that our opponents had had difficulty in raising a side—in fact, only four of them arrived.

However, some good games were seen, and a heartening sight was the squash of J. L. Fison, a newcomer from Cambridge, who made short work of his opponent.

Marrett retained his unbeaten record, but came off the court shaking his head in disgust. We agreed with him. It wasn't good—too much lobbing of the ball down the centre of the court instead of into the corners.

Spafford found it easy after a lazy start, and with cup matches of a high standard in the very near future we should all be well advised to practise quick starts.

Oliver has not found his old form of last year, but the potentialities are there rich enough.

James joyfully received a walk-over. Thus 4-1.

Results:

H. R. Marrett beat W. L. H. Thring, 7-9, 9-7, 9-7, 8-10, 9-5.

J. L. Fison beat H. H. West, 9-5, 9-0, 9-2.

A. J. H. Spafford beat J. V. Alexander, 9-7, 9-3, 9-0.

C. T. A. James, walk-over.

W. A. Oliver lost to F. K. Doyle, 6-9, 5-9, 4-9.

Fayre Club. Won 2-1.

This match is invariably a dangerous one, inasmuch as their court is of a completely different pace to ours.

That this was true was soon in evidence, as Spafford, for the first two games, was completely out of touch against a fast and experienced opponent. He came back very well to make the score level at two games all, but the pace of the earlier games had told its tale, and he lost the final game 9-5.

Robinson, after a slow start, found his form, and playing much better squash than hitherto this year, won an exciting game to level the match.

James clinched the match with a fairly comfortable win over a not very astute performer, and so our first "double" victory of the season was recorded.

Results:

A. J. H. Spafford lost to St. Ruth, 2-9, 5-9, 9-5, 9-3, 5-9.
C. T. A. James beat J. Feathers, 9-6, 9-2, 1-9, 9-7.
J. T. Robinson beat A. Lloyd, 6-9, 9-5, 5-9, 10-8, 9-7.

1922

Soccer

R. W. Savage.
A. C. Dick.
G. H. Caiger.
J. Parrish.
R. S. Coldrey.
L. B. Ward.
E. I. Lloyd.
J. A. Morton.
A. E. Ross.
A. E. Lorenzen.
H. L. Oldershaw.
G. R. Nicholls.

1923

Athletics

H. B. Stallard.
J. C. Ainsworth-Davis.
H. C. J. Ball.
J. W. O. Holmes.
M. C. Fitzgerald.
W. G. Scott-Brown.
H. G. Stanton.
H. G. Anderson.
J. W. D. Buttery.
E. Bacon.
R. Okell.
G. H. Day.
W. W. Darley.
G. W. C. Parker.
H. A. Ware.
G. Dietrich.
A. F. Beith.
W. S. Hinton.
P. R. Viviers.
J. R. Beagley.
A. Clark.
J. D. Allen.
R. D. Reid.
J. P. Hosford.

1924

Rugger

G. W. C. Parker.
A. Carnegie Brown.
M. G. Thomas.
A. W. L. Row.
W. F. Gaisford.
A. E. Beith.
J. W. D. Buttery.
M. L. Maley.
R. H. B. Bettington.
W. S. Morgan.
L. C. Neville.
M. G. Fitzgerald.
T. P. Williams.
W. H. S. McGregor.
P. O. Davies.
E. S. Vergette.

1925

Soccer

A. Clark.
J. Parrish.
W. A. R. Mailer.
J. R. Cumbie.
J. Hindley.
E. N. Jenkinson.
R. W. Dunn.
A. M. Gibb.
H. L. Oldershaw.
L. B. Ward.
C. Wroth.
L. A. P. Slinger.

1925

Athletics

H. B. Stallard.
J. R. Beagley.
T. R. Griffiths.
W. S. Hinton.
J. W. D. Buttery.
G. H. Day.
C. K. Lakshmanan.
P. R. Viviers.
M. R. Sinclair.

THE PANELS AT CHISLEHURST

The revised lists of teams that are to appear on the panels at Chislehurst are printed below. We wish to thank all those who sent corrections, and point out that it is only the winning teams of the Clubs who use the Pavilion that are concerned.

The panels will be carved early in January, so that if there are any further corrections to be made, will notice be sent as soon as possible.

1928

Rugger

R. N. H. Williams.
C. R. Jenkins.
A. H. Grace.
W. F. Gaisford.
R. H. B. Bettington.
R. W. Guinness.
J. R. R. Jenkins.
W. M. Capper.
V. C. Thompson.
H. G. Edwards.
H. D. Robertson.
G. F. Petty.
J. T. C. Taylor.
F. J. Ceilby.
C. B. Prowse.
M. L. Maley.

1930

Cricket

W. M. Capper.
A. R. Boney.
J. E. A. O'Connell.
J. A. Nunn.
W. H. Gabb.
G. D. Wedd.
J. D. Anderson.
C. L. Hay-Shunker.
F. E. Wheeler.
R. G. Gilbert.
I. N. Fulton.

1929

Hockey

P. M. Wright.
H. L. Hodgkinson.
W. F. Church.
R. T. Davidson.
I. P. Jameson Evans.
M. S. M. Fordham.
J. H. Hunt.
A. D. Iliff.
E. J. Neill.
J. W. C. Symonds.
F. C. H. White.

1930

Soccer

R. Shackman.
F. E. Wheeler.
H. J. Roache.
R. G. Gilbert.
G. M. Dransfield.
R. McGladdery.
W. Hunt.
C. A. Keane.
A. W. Langford.
J. Shields.
R. L. Wenger.

1931

Rugger

J. T. C. Taylor.
B. S. Lewis.
V. C. Thompson.
R. N. H. Williams.
J. A. Nunn.
G. B. Prowse.
J. R. R. Jenkins.
E. M. Darmady.
H. D. Robertson.
R. Mundy.
J. D. Powell.
G. F. Petty.
D. M. E. Thomas.
G. D. S. Briggs.
T. J. Ryan.

1932

Cricket

J. A. Nunn.
W. H. Gabb.
J. B. Bamford.
G. D. Wedd.
A. R. Boney.
R. Mundy.
C. L. Hay-Shunker.
G. T. Hindley.
R. Rait-Smith.
F. E. Wheeler.
G. V. H. Wade.

1931

Hockey

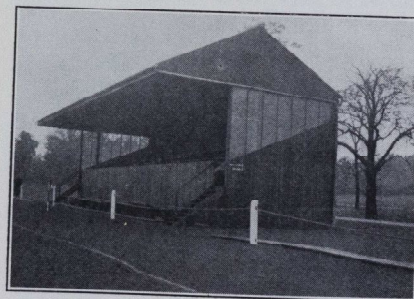
J. H. Hunt.
A. D. Iliff.
R. T. Davidson.
C. L. Hay-Shunker.
C. T. Hindley.
H. L. Hodgkinson.
C. A. Hinds-Howell.
J. M. Lockett.
K. W. Martin.
V. C. Snell.
P. M. Wright.

1933

Athletics

J. G. Nel.
J. G. Youngman.
C. P. C. Reilly.
W. H. Joling.
J. W. Perrott.
T. P. Storey.
J. R. Strong.
K. O. Black.
H. W. Rodgers.
J. Smart.
G. A. S. Akeroyd.
K. W. Martin.
J. Shields.
G. D. Wedd.
C. M. Dransfield.
K. A. Butler.
W. D. Coltart.
E. E. Harris.

GRAND STAND APPEAL :: BART'S R.U.F.C.



THE GRAND STAND at Chislehurst seats 250 people. It cost £600, and of this amount £250 remains to be paid.

Dr. GRAHAM has kindly given security to the Rugby Football Union, who have lent the Club £400, provided this sum is paid off in the next few years. Not less than £60 has to be paid off every year.

We should like to thank all those Members of the Consulting and Honorary Staff, also Past and Present Members of the Rugger Club, whose generous contributions have enabled us to collect £150 in the last six weeks

Contributions should be made payable to
Hon. Treasurer,
St. Bartholomew's R.U.F.C.

1934	1934
Soccer	Athletics
T. O. McKane.	J. W. Perrott.
P. J. Hardie.	J. G. Nel.
H. Knowles.	K. W. Martin.
D. R. S. Howell.	D. B. Fraser.
J. W. B. Waring.	J. Smart.
W. A. Owen.	C. M. Dransfield.
R. G. Gilbert.	C. P. C. Reilly.
N. H. Bloom.	K. O. Black.
G. M. Dransfield.	G. T. S. Williams.
P. A. K. Brownless.	O. Garrod.
R. C. Dolly.	A. I. Kinnear.
A. H. Hunt.	W. H. Jopling.
W. M. Maidlow.	W. D. Coltart.
G. R. Royston.	
C. G. Nicholson.	

1936
Cricketer
R. Mundy.
F. E. Wheeler.
W. M. Maidlow.
D. J. A. Brown.
R. Heyland.
J. North.
A. H. Hunt.
C. T. A. James.
S. T. Rutherford.
R. N. Grant.
P. G. Hill.
J. S. Johnstone.
M. H. Harmer.

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COLLEGE APPEAL FUND

"I HOLD EVERY MAN A DEBTOR to his profession ; from the which as men of course do seek to receive countenance and profit so ought they of duty, to endeavour themselves by way of amends to be a help and ornament thereunto."—*Francis Bacon*

SUBSCRIPTIONS TO DATE.

	£	s.	d.	
Staff	14,232	13	4	(83)
Demonstrators, etc.	1,010	0	0	(72)
Students	1,347	11	11	(332)
Old Bart's men :				
† Bedfordshire	30	18	6	(10)
† Berkshire	126	6	0	(17)
† Buckinghamshire	91	13	0	(19)
† Cambridgeshire	194	6	0	(42)
† Cheshire	6	16	6	(3)
† Cornwall	23	2	6	(9)
† Cumberland	5	0	0	(1)
† Derbyshire	10	14	0	(4)
† Devonshire	675	1	0	(54)
† Dorset	77	11	6	(14)
† Durham	17	7	0	(4)
† Essex	272	8	6	(24)
† Gloucestershire	258	6	6	(29)
† Hampshire	1,524	4	6	(61)
† Herefordshire	17	12	0	(4)
† Hertfordshire	110	16	0	(22)
† Huntingdonshire	5	5	0	(1)
† Isle of Wight	191	13	0	(13)
† Kent	602	9	0	(73)
† Lancashire	135	1	6	(18)
† Leicestershire	142	0	0	(8)
† Lincolnshire	65	8	0	(17)
† Middlesex	497	14	0	(34)
† Norfolk	178	0	6	(21)
† Northamptonshire	59	14	6	(6)
† Northumberland	101	1	0	(2)
† Nottinghamshire	29	8	0	(6)
† Oxfordshire	256	15	0	(22)
Carried forward	£23,125	18	3	

	£	s.	d.	
Brought forward	23,125	18	3	
Rutland	1	1	0	(1)
Shropshire	38	1	0	(10)
Somersetshire	2,027	6	4	(28)
† Staffordshire	194	18	0	(6)
† Suffolk	343	2	0	(26)
† Surrey	542	11	6	(64)
† Sussex	922	14	6	(66)
† Warwickshire	215	19	0	(24)
Westmorland	2	10	0	(1)
† Wiltshire	1,011	12	0	(13)
† Worcestershire	161	1	0	(25)
† Yorkshire	358	8	6	(31)
Wales	69	12	0	(20)
London	7,030	14	2	(262)
Channel Islands	20	0	0	(2)
Scotland	14	4	0	(4)
Abroad	139	11	0	(15)
South Africa	390	15	6	(21)
Canada	114	3	0	(8)
East Africa	67	12	0	(10)
West Africa	167	10	0	(16)
India	224	12	0	(10)
Ireland	30	4	0	(5)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	230	10	0	(9)
China	52	13	4	(10)
Siam	10	0	0	(1)
France	30	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	73,462	7	8	(612)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	3,000	0	0	
Value of Building	20,000	0	0	
Loan	20,000	0	0	
Stock Sold	4,061	0	0	
	£182,449	3	3	

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

EXAMINATIONS, ETC. UNIVERSITY OF OXFORD

The following Degree has been conferred :
D.M.—Chilton, N.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred :
M.D.—Cookson, J. S.
M.B., B.Chir.—Masina, A. H.; Saxton, R. S.
M.B.—Gurney, A. H.; Masina, F. H.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees, November, 1938.

Honours.—*Terry, R. B.

Pass. Acharya, B. S. S.; Brown, D. J. A.; Brown, K. C.; Edwards, J. A. C.; Ellis, B. H.; Evans, D. G.; Evill, C. G.; Fagg, C. C.; Halberstaedter, M.; Jordan, A.; Krutrachue, G.; Little, A. W.; McMahon, R. J. H.; Macrae, D. E.; Shrinagesh, M. M.; Simpson, J. R.; Staley, G. R.; Waring, I. W. B.

SUPPLEMENTARY PASS LIST

Group I.—Arden, L. D.; Barrett, R. H.; Frewen, W. K.; Porter, A. S.
Group II.—Ballantyne, J. C.; Banaji, P. B.; Burnett, J. A.; Dunn, D. M.; Grossmark, S.; Swinestead, P. D.; Young, N. A. F.

* Distinguished in Medicine.

Part I (under Revised Regulations).—Beck, G. A., Clarke, T. H. W., Dearlove, A. R., Donkin, W., Fränkel, P., Gimson, L. V., Jackson, C. A., Lumb, G. D., Oscier, A. S., Tatlow, W. F. T., Temple, J. L.

ROYAL COLLEGE OF SURGEONS

The following were successful at the Examination or the **Primary Fellowship**:

Atkinson, W. J., Clarke, E. P., Clarke, S. H. C., Gordon, C. J., Newbold, J. C., Tuckwell, E. G.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:

D.A.—Butt, J. T. H., Cobb, W. A., Jenkins, D. C. R. R.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

Surgery.—Gardner, E. K., Weston, J. W.
Medicine and Forensic Medicine.—Gurney Smith, J. B.
Midwifery.—Kennedy, A. B.

The Diploma of the Society has been conferred on the following:
Gardner, E. K., Weston, J. W.

CHANGES OF ADDRESS

BURNHAM-SLIPPER, C. N., 100, Waverley Road, Southsea, Hants. (Tel. Portsmouth 31657)
JOPLING, W. H., c/o Public Health Department, P.O. Box 367, Salisbury, Southern Rhodesia.

APPOINTMENT

DAVIS, H. NOEL, B.M., B.Ch. (Oxon.), appointed Assistant Honorary Anaesthetist to the Royal Hampshire County Hospital, Winchester.

BIRTHS

HANCOCK.—On December 16th, 1938, at the Royal Bucks Hospital, Aylesbury, to Estelle, wife of Dr. F. R. T. Hancock, of Stoke Mandeville—a daughter.
NASH.—On December 18th, 1938, in London, to Joan (née Andrew), wife of D. F. Ellison Nash, F.R.C.S.—a daughter (Ann Valerie).
ROBERTSON.—On November 26th, 1938, at Ridge Green Farm, South Nutfield, Surrey, to Betty (née Ginner), wife of Dr. J. R. Robertson—a son.

MARRIAGES

BENTON—BURKE.—On November 15th, 1938, at Edgware, Douglas Benton, M.R.C.S., L.R.C.P., elder son of Dr. and Mrs. W. Benton, of Worthing, to Delia, daughter of Mr. and Mrs. T. Burke, of Limerick, Ireland.
DINGLE—THRIFT.—On December 14th, 1938, at All Saints' Church, Jesselton, North Borneo, Percival Alfred Dingle, C.B.E., North Borneo Medical Service, to Dorothy Kathleen Thrift.
FRASER—GREAVES.—On November 23rd, 1938, in Lincoln Cathedral, by the Bishop of Grimsby, Alastair Codrington, only son of Dr. and Mrs. Fraser, of Caistor House, Caistor, Lincs, to Cynthia Blanche, youngest daughter of the Bishop of Grimsby and Mrs. Greaves, The Rectory, Lincoln.
HARDWICK-SMITH—KEMP.—On December 1st, 1938, at Trentham, New Zealand, John Eaton, only son of Dr. and Mrs. Hardwick-Smith, of Wellington, New Zealand, to Alison Mary, eldest daughter of Dr. and Mrs. J. H. Kemp, of Horsham, Sussex.
SAVAGE—ILLINGWORTH.—On November 3rd, 1938, in London, Oswald A. Savage, M.R.C.P., to Katharine S. Illingworth.

DEATHS

DALE.—On December 9th, 1938, at Brook Bend, Weston Sub-Edge, nr. Broadway, Cuthbert Bracey Dale, M.R.C.S., L.R.C.P., of 66, Bristol Road, Birmingham, aged 68.
DUNN.—On November 20th, 1938, at Stevenage, Philip Henry Dunn, M.D., aged 76.
FOX.—On December 11th, 1938, at Bantham, Kingsbridge, Edward Lawrence Fox, M.A., M.D., of 9, Osborne Place, Plymouth.
PRITCHARD.—On November 26th, 1938, at 6, Wimpole Street, Dr. Harold Pritchard.

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.

*"Tree stan' high, but honey mighty sweet—
Watch dem bees wid stingers on der feet."
—Brer Rabbit from Uncle Remus.*

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XLVI.—No. 5

FEBRUARY 1ST, 1939

PRICE NINEPENCE

CALENDAR

Wed., Feb. 1.	—Surgery: Lecture by Sir Girling Ball. Association Match v. Reading University. Home. Hockey Match v. University College Hospital. Home.	Wed., Feb. 15.	—Surgery: Lecture by Mr. Roberts. Hockey Match v. Balliol College, Oxon. Home.
Fri., " 3.	—Dr. Chandler and Mr. Roberts on duty. Medicine: Lecture by Prof. Christie.	Thurs., " 16.	—Last day for receiving other matter for the March issue of the Journal.
Sat., " 4.	—Rugby Match v. Old Cranleighans. Away. Association Match v. Caius College, Cambridge. Home. Hockey Match v. Seaford College. Away.	Fri., " 17.	—Prof. Christie and Prof. Paterson Ross on duty. Medicine: Lecture by Dr. Chandler.
Tues., " 7.	—Dr. Gow and Mr. Vick on duty.	Sat., " 18.	—Rugby Match v. Old Paulines. Home. Association Match v. Selfridges. Away. Hockey Match v. St. Mary's Hospital. Home.
Wed., " 8.	—Surgery: Lecture by Mr. Wilson.	Tues., " 21.	—Dr. Chandler and Mr. Roberts on duty.
Fri., " 10.	—Dr. Graham and Mr. Wilson on duty. Medicine: Lecture by Dr. Gow.	Wed., " 22.	—Surgery: Lecture by Mr. Vick.
Sat., " 11.	—Rugby Match v. Moseley (morning game). Home. Association Match v. Brighton Old Grammarians. Home. Hockey Match v. Staff College. Away.	Fri., " 24.	—Dr. Gow and Mr. Vick on duty. Medicine: Lecture by Dr. Harris.
Tues., " 14.	—Dr. Evans and Sir Girling Ball on duty. Last day for receiving letters for the March issue of the Journal.	Sat., " 25.	—Rugby Match v. {Crosskeys. Away. Old Tauntonians. Home. Association Match v. Lancing Old Boys. Home. Hockey Match v. C.I.A. Royal Arsenal. Home.
		Tues., " 28.	—Dr. Graham and Mr. Wilson on duty.

THE MANSION HOUSE APPEAL

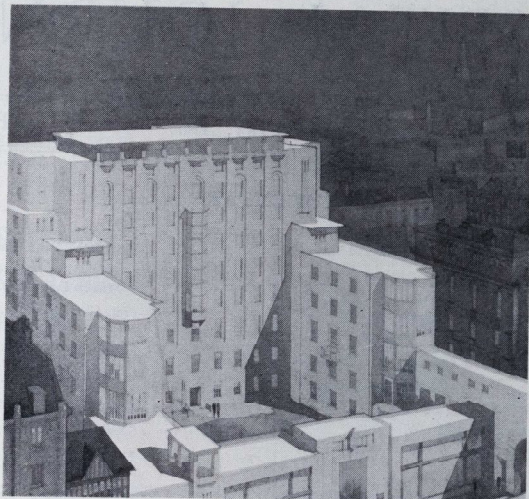
THE appeal which was launched at the Mansion House Dinner on Monday, January 30th, is intended to raise £650,000 for the Hospital: the sum necessary to complete the rebuilding of the Hospital of which the Medical and Surgical blocks are already witness. The Hospital owes a deep debt of gratitude to the Lord Mayor for his deciding to open a Mansion House Appeal and to use his great influence in carrying

that appeal to a successful conclusion. That his kindness should be forthcoming is perhaps all the more understandable on realization of the close co-operation that has existed between the City of London and the Hospital over so many centuries. The Duke of Gloucester, President of the Hospital, in his speech at the Dinner, outlined in detail the requirements of the Hospital and emphasized that the money raised by the appeal was not to be used

for maintenance but was entirely for the objects as outlined.

In supporting the appeal the Treasurer pointed out that it was not in any sense a parochial appeal. As one of the greatest teaching hospitals in the Empire this appeal would be such as to reach all who had the interests of medical teaching and medical attention at heart.

The most urgent need, and the first that shall be put into effect, is £120,000 for a Paying Patients' Block. At present Bart's and Charing Cross are the only teaching hospitals in which there is no provision for paying patients; it is intended for black-coated workers, whose opportunity for obtaining adequate medical facilities is less than that of any other section of the population. The wards of the hospitals by Charter are not open to them, being



The Proposed Paying Patient Block.

reserved for the poor and the needy, they rarely belong to any system of health insurance, and the fees charged by nursing homes are beyond their incomes. Last year the Bill which sought to gain powers for the normal funds of the Hospital to be used for the provision of such a block was not passed by the House of Lords and the Treasurer has no other course but to appeal for special money to provide this essential function of a modern hospital. A site has already been acquired on the east side of Little Britain, closely adjoining the Priory Church. It includes a row of houses facing Little Britain and a tangled block of yards and buildings to the east of Bartholomew Close. The proposed

block will be nine stories high and stand well back from the street. Entrance will be through an archway and the houses now facing Little Britain will be replaced by one-story shops.

Communication with the Hospital will be made by a tunnel should the ground permit, or alternatively by a bridge.

The building is planned to provide separate cubicles for eighty patients, with the fees rising from six guineas a week. Provision is made for quarters for a Resident Staff, which will be separate from the Resident Staff of the Hospital proper. The Paying Patient Block will not of course be available for teaching purposes.

Other objects for which the appeal is made are:

£150,000 for a new Nurses Home, which will be built at the north-east corner of the Hospital. The shorten-

ing of nursing hours entails a large increase in the number of nurses, and the new home will replace the temporary and unsatisfactory accommodation which many of the nurses are now suffering.

A new Radiological Department is planned at a cost of £150,000. The present department started as two rooms allotted from the Electrical Department, and the discomfort to both its staff and patients, which is caused by the cramping quarters, is too well known to need comment. Here we would like to make a plea that in the new block there be accommodation for a small resident staff, as is customary in even the smaller of provincial hospitals. At present a patient who attends the hospital after

the staff has left of an evening may have to wait ten hours or longer before the X-ray, which may be essential for diagnosis, can be taken.

The Special Departments will be housed in a single block at a cost of £200,000. Children's with Solarium; the Women's Departments; Ear, Nose, Throat and Massage Departments.

Finally, a Preliminary Training School for Nurses is planned to be built a short distance outside London for a cost of £25,000. The present School, in Finsbury, consists of three houses

knocked into one and can accommodate 23 nurses only.

Such is the formidable plan, but if adequate service is to be given, every part is essential. That the destruction of almost all of James Gibbs's buildings is necessary to the plan is unavoidable, but there is no reason that the new buildings should not be equally admired in 200 years' time.

In conclusion we wish the Treasurer the greatest success in his appeal and years of peace in which to build a new Hospital.

CURRENT EVENTS

PROF. WOOLLARD

The news of the sudden death of Professor Woollard, on January 18th, must have come as a very great shock to all who had known him. Although he left the Hospital over two years ago, his memory was still green, and stories in which "Bertie Woollard" was always the hero could be heard as frequently as when he was a member of the Staff.

Personal memory is of a tremendous vitality and the power to stimulate in whichever way he turned, of hatred of pretence in any form and of unfailing kindness.

We wish to offer deep and sincere sympathy to Mrs. Woollard in her great loss.

A full obituary notice will be published in the March issue of the JOURNAL.

THE RAHERE REVUE

In only two years the Cripplegate Show has become an institution as much as the Ward Shows are themselves; this year the experiment of holding two shows on successive nights was fully justified. Everything went smoothly and the changes of scene fast; many congratulations are due to the producers and stage managers for doing so much in so little time.

As to the individual items, as the umpire said at the

sham fight, all parties deserve great credit, but special mention should be made of **Rahere's Roundsmen**, who scored consistently high marks for all their appearances, to **Harold's Harmernists** for the best sketch of the show, *Casual Ward Round*, in which D. S. Morris gave his teeth-cleaning the significance of Mosaic ritual; Donald Crowther for his never-can-be-heard-too-often rendering of *Sam Small's Corn*, and to E. G. Turner for the most perfect Sister that has graced the boards within memory.

We wait and look forward to next year.

FILM PREMIÈRE

The Hospital Women's Guild are organizing the Film Première of *Gunga Din*, based on Rudyard Kipling's historic ballad, at the Gaumont Theatre, Haymarket, on Tuesday, February 28th. The proceeds are to go towards the Reconstruction Fund of the Hospital. The film contains the stirring personalities of Cary Grant, Victor McLaglen, Douglas Fairbanks, junior, and Joan Fontaine.

The President of the Guild, H.R.H. the Duchess of Gloucester, has graciously consented to be present.

Tickets from 5s. to £10 10s. may be obtained from Mrs. Carr, at the Appeals Department, St. Bartholomew's Hospital, E.C. 1.

POKER

It has become general knowledge that a group of gentlemen at Charterhouse are fitting themselves for a professional career by playing poker in the common-room, and that the game is often "set" from 11.30 in the morning till the buildings close at 6 p.m.

We are not concerned with the time that the players might well spend otherwise, nor wish to attack the noble game; we would, however, like to point out that it has always been an unwritten rule of the Students' Union that card games and any form of gambling shall not take place in their Club rooms. It is hoped that the small group of students who occupy themselves in this way will desist in time.

It may console them and others to learn that the provision of a bar at Charterhouse is likely to be considered by the authorities in the near future.

A CAUTION

(We are indebted to Dr. Philip Gosse for the accompanying verse)

Lies the last meal all undigested still,
Does chyle impure your poisoned lacteals fill?
Does Gastrodynia's tiny gimlet bore,
Where the crude load obstructs the rigid door?
Or does the fiery heart-burn flay your throat,
Do darkling specks before your eyeballs float?
Do fancied sounds invade your start'd ear,
Does the stopt heart oft wake to pulseless fear?
Your days all listless, and your nights all dream,
Of Pustule, Echymose, and Emphyseme;
Till ruthless surgeon shall your paunch explore,
And mark each spot with mischief mottled o'er;
Does all you suffer quite surpass belief,
Has oft tried soda ceased to give relief?
Has bismuth failed, nor tonics eased your pain,
Have Chambers, Watson, both been teased in vain?
In case so cross—what cure?—but one: *Refrain!*

CHARLES DAVID BADHAM, M.D.*

* From *A Treatise on the Esculent Funguses of England*, 1847.

A.R.P.

The Students' A.R.P. Committee has made a report to the Students' Union, in which it embodies the experience and suggestions derived from the last crisis. Particulars of the report are given under *Students' Union News*. The object of the report is to enable the students to be mobilized quickly in the event of future emergency and to establish a small working committee which will carry out, in peace time, training in such things as decontamination from gas and fire-fighting, which could not be quickly learned in an emergency. Volunteers have now been asked to come forward and offer themselves for training in these services.

A BODILY VERSE

Bodley
who used to be
Dean-like
oddly
now
has come to be
lean like
Gow.

NURSES AND STUDENTS

They hint, but to do more seem oddly loth!
What price a plain unvarnished tale of BOTH?

A. PORTER.

[No offers.—Ed.]

Tailpiece.—Prof. James Hendry to Glasgow nurses:

"You are the white flowers of Dedicated Womanhood. I can only hope however that none of Glasgow's brilliant private nurses will be drawn into this proposed eight-hour day for infirmity nurses."

OCULAR TORTICOLLIS

By H. B. STALLARD, M.A., M.D.(Cantab.), F.R.C.S.

CUIGNET, in 1874, applied the term "ocular torticollis" to a compensatory tilting of the head, unconsciously assumed in order to avoid diplopia, in cases of paralysis of one of the muscles which control the vertical movements of the eyes. This tilting is comparable to the ipsilateral rotation of the head assumed by patients with paralysis or paresis of an external rectus muscle, in attempting to escape diplopia.

In ocular torticollis the defective vertical movement arises early in life and is usually of congenital origin. However, in some cases the condition is acquired, when as a result of operative interference, particularly in connection with the frontal sinus, the superior rectus on one side is damaged.

In most cases of ocular torticollis there is a primary paresis of the superior rectus muscle on the side of the head-tilt and an overaction of the complementary or synergic muscle of the other eye, the inferior oblique. That this is so is proved by (a) the "cover test", which shows that when the eye on the side of the head-tilt is fixing an object and the other eye is covered, the secondary deviation of the latter is more than the primary deviation of the former when it is covered and the eye on the opposite side of the head-tilt is fixing, and (b) diplopia tests, which demonstrate maximum vertical separation of the images when the eyes are directed upwards and towards the side of the head-tilt.

By tilting the head hyperphoria (vertical muscle imbalance) is reduced, and extorsion of the eye from the overaction of the inferior oblique muscle is not so troublesome.

Ocular torticollis has been mistaken for torticollis due to the contraction of the sterno-cleido-mastoid muscle,

and as a result ineffective operative procedures undertaken.

The salient points in the differential diagnosis are well illustrated in Fig. 1, and may be tabulated as below.

In ocular torticollis the face on the side towards which the head is tilted is smaller and slightly less developed

and there is some flattening over the upper and lower jaws, and on the opposite side the curve of the lower jaw is longer. These changes are not so marked as the facial asymmetry associated with true torticollis.

When the head is passively straightened ocular discomfort and diplopia are experienced, and the eye on the side opposite to the head-tilt is turned upwards. On looking toward the opposite eye

shoots upwards and inwards (the inferior oblique muscle acting more powerfully in the adducted position), and on

Torticollis due to Sterno-cleido-mastoid Muscle Contracture

Head rotated towards the opposite shoulder and face turned upwards.
Chin directed forwards and upwards.
Sterno-cleido-mastoid muscle contracted and stands out as a tight band under the skin.

Head cannot be bent over towards the opposite side.

Conjugate ocular movements normal.

Extra-ocular muscle balance normal.

Ocular Torticollis

Head rotated slightly towards the side of the head-tilt and face turned slightly downwards.
Chin slightly depressed and directed downwards.

Sterno-cleido-mastoid muscle not contracted. There may be slight tightness of the neck muscles on the side towards which the head is tilted.

Head easily bent over to opposite side, and held there without effort or confusion if one eye kept closed.

Conjugate ocular movements abnormal. (See text and figures below.)

Hypophoria of the eye on the side of the head-tilt and hyperphoria of the other eye.



FIG. 1.

Torticollis due to contracture of sterno-mastoid muscle on right side.

With acknowledgments to Mr. Keith Lyle.

"Ocular torticollis."

looking away from the side of the head-tilt the eyes appear parallel (see Fig. 2). In the diplopia tests the maximum separation of the images occurs when the eyes are directed upwards and to the side of the head-tilt, e.g. in the axis in which the opposite inferior oblique muscle acts most powerfully.

In the resting position the eyes are directed slightly to

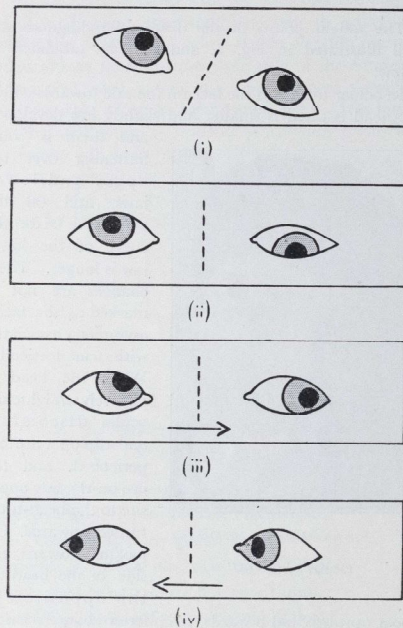


FIG. 2.—POSITIONS OF THE EYES.

- (i) Ocular torticollis. Head tilted to left.
 (ii) Head straight. Right eye turns up and slightly outwards.
 (iii) Eyes looking to the left. Right eye deviates up and in.
 (iv) Eyes looking to the right. Both eyes parallel.

the opposite side, a position in which the tonic over-acting inferior oblique is less effective, and with the head tilted the squint is not apparent and diplopia is not complained of.

Treatment

In most cases of ocular torticollis the extra-ocular muscle imbalance is too severe to be benefited appreciably by orthoptic training and so surgical attack is indicated, and it is usual to direct this against the overacting inferior oblique muscle on the opposite side to the head-tilt. Children and young adults with good binocular vision in

the head-tilted position are benefited by a partial myomectomy of the appropriate inferior oblique muscle. It is probably best to leave untreated adults with good binocular vision in the head-tilted position, and those with variable binocular vision and suppression of the sight in one eye are sometimes not helped by any treatment.

Partial Myomectomy of the Inferior Oblique Muscle

The incision begins over the lateral extremity of the anterior lacrymal crest, and is carried in a curve which follows the inferior orbital margin for a distance of

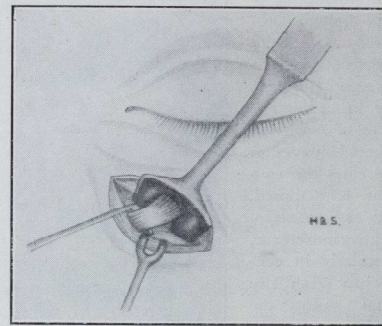


FIG. 3.

2 cm. It is deepened through the orbicularis muscle and orbital fascia. The exposed orbital fat is retracted upwards and temporalwards, and the origin of the inferior oblique muscle sought in the floor of the orbit, posterior to the lacrymal sac, and immediately lateral to the lacrymal sac, to which some muscle-fibres are attached. The connective tissue and orbital fat are separated from the muscle-belly by a blunt dissector for a distance of 12 mm. from its origin. This strip of muscle is then lifted slightly forward (see Fig. 3) on a strabismus hook and clamped by two fine straight mosquito pressure-forceps at a site 12 mm. from its origin. The muscle is divided between the clamps and then about 1 mm. from its origin, 10 mm. or so of muscle-belly being thus resected. Bleeding points are checked before closing the wound with a continuous subcuticular stitch of fine silk or horsehair. It is necessary to resect at least 10 mm. of the muscle-belly in order to avoid its re-attachment to the floor of the orbit.

An alternative approach to the inferior oblique

muscle is through the conjunctiva of the lower fornix. The results of this operation in children and young adults are generally good.

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SMITH, F. T.—*Brit. Med. Journ.*, 1935, i, p. 416; *Med. Journ. Australia*, 1933, ii, p. 307; *Brit. Med. Journ.*, 1934, i, p. 374.

WHITE, J. W.—*Amer. Journ. Surg.*, 1928, iv, p. 77.

THE A.D.S.

"LOYALTIES"—how easily the vague emotional word came to Galsworthy! Ties of race, of caste, of family, of club, of profession, the trustfulness of personal affection—all these are ranked, without further analysis, "loyalties" and as such found equally worthy of respect. Nor is there any attempt to assess the difference in quality between, say, De Levis's wary aggressiveness which at least has its origin in a genuine personal difficulty—that of assimilation to an alien culture—and Charles Winsor's indolent good-nature which comes, almost as much as the ceases in his trousers, from careful valeting. Even the routine sympathy of the family lawyer, which makes him for a moment regret his professional duty, is magnified into a conflict between emotion and principle. But on a more sober scale the loyalties of most of these characters seem hardly more than "sucking" reflexes—mere spasms of childish memory, unmodified by intellect, imagination, or adult experience. Here steadfastness of affection appears to mean a blind belief that all whom you have known "since they were boys" or with whom you have been in "holes" must be incapable of any action condemned by the contemporary local code; a violent rejection of inconvenient facts, while they can still be kept private; and, when at last they become public, a helpless collapse into panic and emptiness. For what else but the panic and emptiness of those who live their lives by the most threadbare formulae is the advice of the wise old solicitor and the still wiser and even older general, when the theft is brought home to Dancy, that the only course left to him for his wife's sake and his own (and the army's and the club's) is to run away from all responsibility and be killed (or rather "make good") in a war of which he has hardly heard?

The trouble is not so much that the values held by the characters are so petty, but that the author seems to share them all; a serious play on such a theme must surely cut far deeper. But here, at least, Galsworthy's ethical world was adolescent and his insight into human

character superficial. As Desmond MacCarthy once wrote, "his understanding was not that of a creative artist at all but only of a kind magistrate concerned to administer the law mercifully and with impartiality".

The characters are disappointing. Ricardos, the Inspector, Twisden, Gilman, St. Erth, the General—their lines could have been supplied along with the mutton-chop whiskers and Soho-English accent by any competent actor of stock "character" parts. Lady Adela (how false is the "Too thrilling" with which she greets the news that one of her guests has been robbed!) and Margaret Orme only show how completely at sea Galsworthy was when attempting "modern" women and "modern" slang. Mabel Dancy's emotion is genuine, but the part is a slight one; and even De Levis and Dancy, though they are entirely credible and have an effective surface reality are not so very much more than exceptionally life-like silhouettes. To quote Mr. MacCarthy again: they "are like the jugs of cream they bring you in provincial hotels—very imposing at first glance but tilt them a little and you soon see to the bottom".

It was interesting to compare this performance with the original production of 1922. The chief differences that I noticed were in the playing of De Levis and Dancy. Ernest Milton as De Levis was like a bird of Paradise in a wilderness of sparrows; he behaved as though Meldon Court belonged to him. Trevor Roberts's much more commonplace young Jew, so bitterly conscious of not belonging to Meldon Court, seemed to me nearer the intention of the text. Roberts's voice, appearance and manner showed not only a remarkable accuracy of observation but movingly conveyed the long experience of wounded self-esteem; the wincing but contemptuous awareness of the reserves behind the friendly, upper-class, Gentile good-breeding of his hosts; the sullen, suspicious expectation of rebuff; the resentful, rather vulgar determination not to be exploited; the gradual freezing of a natural generosity and effusiveness.

In the earlier production Dancy was played as a much more obviously neurotic character than he was here. Visibly jumpy, with a perpetual petulant irritability, drinking too much and too fast, he had all the early signs of the physical coarsening that comes to the unemployed athlete. It was a picture of the increasing deterioration of a man exasperatedly unable to adapt himself to civilian life after the excitement of war. Donald Crowther's intelligent, controlled and most skilful performance seemed to me too purposeful and calculating; it missed Dancy's reckless, gambler's note.

Nothing in acting needs greater technical maturity than the direct expression of simple emotions. Rita Maas did not quite succeed in the part of Mabel Dancy but she gave a fine performance. Of the rest Patricia Tucker and Nanette Thompson were accomplished in two rather empty parts; Charles Fletcher gave a discreet sketch of anonymous gentlemanliness; Keith Randall delivered with suave authority some fine old curry-and-brimstone sentiments; and Basil Phillips, William McAleenan and Peter Miller were particularly good in "character" parts.

It must be difficult enough to produce a cast of 20 even without the last minute catastrophes with which Leslie Gimson had to contend this year. He himself had to learn the General's part in a week and the Solicitor's part (which he acted most skilfully at the performances) in two days; and the opening night had to be postponed because of the indisposition of the leading lady. But there was absolutely no evidence in the performance that there had been any difficulties whatever. In Leslie Gimson the A.D.S. have a quite remarkably talented and versatile producer.

The stage manager, J. E. Cawthorne, and the assistant stage manager, H. G. Stack, were as smoothly and unobtrusively efficient as ever; wigs (M. Jules) and make-up ("Bert") produced the aristocracy of all our dreams; and the prompter (R. Gates) was not required.

Finally, the evening was also notable for the first appearance of the new St. Bartholomew's Hospital Orchestra, which is under the direction of Mr. H. D. Wing and has 18 members. It played selections from Haydn, Bach and Rossini with the greatest verve and accuracy. Alexander Katz, whose enthusiasm was largely responsible for the formation of the orchestra, must be warmly congratulated on its success. We look forward to its first concert and hope that its numbers may soon be increased by the inclusion of members of the nursing staff.

ONE HUNDRED YEARS AGO:

A SCANDAL IN HIGH PLACES

By WALTER R. BETT, F.R.S.L.

"The spider taketh hold with her hands, and is in kings' palaces."—*Proverbs*: 30, 28.

A CENTURY ago there occurred at Buckingham Palace a tragedy which all but ruined the professional career of one of the pillars of Victorian society and quite perceptibly rocked the throne itself. Flora Elizabeth Hastings, an unmarried girl of thirty-three and lady of the bedchamber to Queen Victoria's mother, the Duchess of Kent, was the eldest child of Francis Rawdon, first Marquis of Hastings and second Earl of Moira, who had been Governor-General of Bengal and had died at sea in 1826. Returning from a holiday in Scotland and feeling generally unwell, on January 10th, 1839 she consulted Sir James Clark who was physician both to the Queen and to the Duchess. Among her colleagues there were some whom the Bible describes as "tattlers also and busybodies, speaking things which they ought not", and in due season the prophecy was fulfilled "A bird of the air shall carry the voice". It became common knowledge that there was an unusual fullness in Lady Flora's figure which at once aroused in suspicious minds the conviction that she was "in the family way", and even the name of the man concerned was whispered at Court. On February 1st, Sir James Clark, summoned by the Prime Minister, the future Viscount Melbourne, allowed himself to be persuaded to acquaint his patient with the nature of these rumours. Though at this stage of the proceedings he himself felt little doubt that Lady Flora was pregnant, a little earlier he seems to have been greatly exercised as to what other condition might possibly be responsible for her appearance. The only alternative diagnosis which occurred to him was severe abdominal disease, but this he quickly dismissed as absurd since her general health was far too good. Very foolishly, in so delicate a situation, he had contented himself with examining the girl's abdomen over her dress, but it was mid-winter and the forbidding hand of prudery lay heavy over Victoria's England. No wonder, then, that even a physician of international fame could not readily make up his mind as to the nature of the abdominal swelling. Very foolishly the haughty lady of the bedchamber had refused his request that she should remove her corset. Strangely enough it never occurred to Sir James to overcome this difficulty by examining his patient in bed,

instructing her not to get up before his visit, and still more curiously the question of amenorrhœa was apparently never mentioned. According to a letter written by Lady Flora to her uncle, which was published in the *Morning Post* on March 8th, 1839, Clark announced to her the conviction of the ladies of the palace that "I must be privately married, or at least ought to be so". When she scornfully ignored his exhortation to confess "as the only means of saving her character", Clark informed her that "nothing but her submitting to a medical examination would ever satisfy them, or remove the stigma from her name". After Lady Portman had conveyed a message from Victoria to her mother to the effect that her lady in waiting would not be permitted to appear at court until the examination had taken place, the poor girl finally swallowed her pride and on February 17th obtained a certificate testifying that "there are no grounds for believing that pregnancy does exist, or ever has existed". This document was signed by Sir James Clark and by Sir Charles Clark, physician to the Hastings family. (The two were unrelated.) And now a number of events began to happen in rapid succession. The Duchess of Kent immediately dismissed Sir James Clark from her service, and it is a matter of history that this tragic scandal haunted the court physician for the rest of his professional life. The unpopularity of the young and inexperienced Queen grew more pronounced, especially when a few months later Lady Flora died. The second Marquis of Hastings hurried to London with the intention of challenging the Prime Minister to a duel and thus avenging the insult offered to his sister's honour, and on March 21st Flora's uncle, Mr. Hamilton Fitzgerald, in a letter to the editor of the *Examiner* published full particulars of "this odious affair".

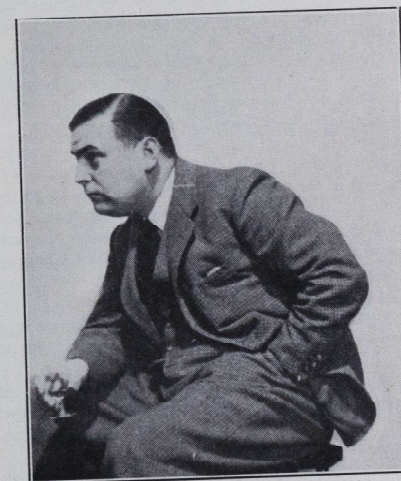
Lady Flora Hastings died at Buckingham Palace on July 5th, 1839. The post-mortem examination showed marked emaciation and universal adhesions of the peritoneum. The liver was very much enlarged, extending downward as low as the pelvis and upward so as very materially to diminish the capacity of the right cavity of the chest. Though the organ was pale, its structure was not materially different from what exists in the healthy state. Some of the mesenteric glands were enlarged, and there were a few small deposits of unorganized yellow matter in the adhesions. The uterus and its appendages presented the usual appearances of the healthy virgin state. While there is a possibility of this being a case of malignant disease of the liver or of the peritoneum, the suggestion offered by Colin Macdonald in 1935 ("The Case of Lady Flora Hastings", *Medical Journal of Australia*, 1, 241-7) of tuberculous peritonitis with terminal fatty degeneration of the liver is probably

correct. In the light of this diagnosis, the abdominal distension would be explained by slight intestinal obstruction determined by the massive peritoneal adhesions. In discussing these autopsy findings, the *Lancet* (July 13th, 1839, ii, 587) scathingly comments: "If the symptomatic swelling of the abdomen were, by some, mistaken for pregnancy, it could not have been by one who knew that in pregnancy the swelling is developed from below upwards."

A century has rolled by, and with it many incidents in this story have lost their meaning, and many voices have faded away. What was once a garish scandal written across the open skies has become something strangely unreal, silhouette-like, episodic, yet it retains to this day its insistent and provocative spirit of bitterness, unfairness, and deeply moving poignancy.

"With innocence of flowers and grass and dew
Earth covers up her shame, her wounds, her rue.
She pardons and remits; she gives her grace,
Where men had none, and left so foul a trace."

OUR CANDID CAMERA



"So What!"

ALEXANDER MACPHAIL

(We have received from abroad a further appreciation of Prof. Macphail)

THERE must be a large number who knew Dr. Alex. Macphail in his capacity as Lecturer in Anatomy, or perhaps as a war-time commander of the "Bart.'s" Medical Section of the University of London O.T.C.

Those who received their first impressions of anatomy from him will recollect his lucid teaching both in the Lecture Theatre and in the Dissecting-Room.

As a lecturer he was possessed of a clear and pleasing voice with a well-chosen vocabulary and a plain delivery, but quite without any tricks of oratory. He was a good blackboard draughtsman, and had a great gift of improvisation. With no more equipment than a piece or two of chalk, a duster or some other simple but well-chosen trifle he would improvise and plunge into an explanation of the most intricate corner of the human frame. Of these improvisations I enjoyed none more than the demonstration of the *velum interpositum*, the choroid plexus and the lateral ventricles of the brain with the aid of a lump of plasticine and a piece of gauze. Having explained how the choroid plexus got inside the brain, he would proceed to demonstrate the appearances of transverse sections with the same material! Macphail seemed to enjoy the demonstration as much as his class did.

Macphail was certainly a good teacher, and nowhere better than in the dissecting-room. Even when he had a full staff of demonstrators he took a large share of the dissecting-room work himself. I think he enjoyed it.

As one of those who was a demonstrator under Macphail, perhaps I may express the opinion that he was interested in the training of teachers in addition to the teaching of students. There must be more than a few who made their first essay at teaching in the Anatomy Department of Bart.'s, and who will look back kindly on the experience and their relations with the chief. I am one, perhaps the only one, who passed through the Macphail mould and has finally found a haven in a school of anatomy. Perhaps on this account I got to know Macphail better than most.

I most freely acknowledge that what I know of dissecting-room routine, of teaching method and now, lately, of training junior teachers I learnt from Macphail.

Very methodically all particulars concerning students—work done, fees paid, examinations passed and in prospect, failures, successes, prizes and the like—were

posted in one large heavy ledger. He never liked the modern card-index, but nothing was easier than to extract full information from the ledger with its entries in Macphail's precise and clear handwriting.

Each of his staff of demonstrators had his routine of classes to conduct and his hours of dissecting-room duty, all arranged at a "round-table" conference on the first day of term. We were allowed the most complete freedom to conduct our classes as we thought fit, so long as the ground was covered and the "log book" was punctiliously written up.

Only occasionally would our chief offer advice, but he never failed to give it if asked, and for myself I often did. Sometimes he would advise one to "speak up a bit", or, in a humorous way, would criticize a blackboard diagram after a class.

I remember a demonstrator asking him what he should do, after having made a mistake and a wrong statement to a class. Also I remember his answer, to soothe the troubled conscience, that when he first started to teach anatomy he produced a diagram in a lecture theatre with the anconus muscle on the medial side of the forearm, and "that", he said with a laugh, "is now immortalized in the notebooks of 200 Scottish medical practitioners!" But I must not give a wrong impression. Humour and kindness were among Macphail's most obvious attributes, but I am sure he would never have overlooked carelessness. So far as I know he never had any trouble with discipline; students liked and respected him, and all his staff gave of their best, for the chief had a gift of getting the best out of us just by raising in each of us an enthusiasm for his job.

Every term he would ask each of us to lecture for him, fixing a day and a topic. Former members of his staff will remember how one emerged from the Lecture Theatre to read on the chief's board "OUT—Linea Centralis Magna", which formula was accepted to mean "Great Central Railway"—for Sandy Lodge *via* Marylebone understood. It is a corollary to this that every term he would arrange to get a day off and would take each of the staff out to Sandy Lodge for a day's golf, and leave another to lecture for him: "I think it is a good thing for every demonstrator to give a formal lecture at least once a term."

Macphail was a close friend of his predecessor, Addison, who became the first Minister of Health. By whose inspiration the administration of the Anatomy Act

was transferred from the Home Office to the new Ministry of Health I never heard. The plan may well have been Addison's, but certainly Macphail was in agreement.

I have the idea that Macphail was not really best pleased when, from a sense of duty, he felt obliged to yield to the pressure of Addison and of his colleagues in the anatomy schools to become a full-time officer of the Ministry and to administer the Anatomy Act himself. But a better man could scarcely have been found, and the position of the anatomy schools after the war was serious indeed, the teaching being gravely hampered by shortage of material, and this was at the time of the very large post-war entries.

However, Macphail took over the task of persuading guardians to assist in the cause of medical education by permitting anatomy schools to have the bodies lying unclaimed in their institutions, and soon there were reasonable supplies where there had been dire shortage.

I remember Macphail telling me that it was difficult to persuade guardians of the necessity of dissection for the teaching of anatomy; they much more readily understood or saw a value in teaching the medical student the technique of surgery. I wonder what would be the views of postgraduates and of teachers if these were rigid alternatives, "Anatomy and no Operative Surgery", or "Operative Surgery and no Anatomy"—not the second, I should judge.

I think he got considerable satisfaction in persuading a "difficult" board of guardians. His methods included explanation of the requirements of medical students in all sweet reasonableness, and bitter sarcasm if it were needed. An anecdote will show:

The chairman of a board of guardians declared that he considered himself "*in loco parentis*" to those under the care of the board, and never would he countenance "this abomination" overtaking those who had died in the institution.

"Do you mean that you look upon those under your care exactly?" (with emphasis) "as if they were your own children?"

"I do," said the Chairman.

"Now, let us be quite honest with ourselves. You look upon these persons exactly as if they were your own children or near relatives. I may assume, therefore, that you attend every funeral, personally see that all graves are kept neat and in good order, you observe every anniversary, placing flowers on the grave—?"

That board gave the permission that was sought from them.

The sometimes repeated formula, "let the rich (*sic*) dissect the rich", roused his anger, and if the "rich" means the medical student and his teacher, Macphail by

his own example has most effectively turned the tables upon the scoffer.

He became a valued authority on the working of the Anatomy Act, and, indeed, presented a criticism of the Act as a Thesis and obtained the Degree of M.D. in the University of Glasgow.

I knew him as a guest and I knew him as a host. Perhaps I remember him best in my own home after dinner, singing the songs of the Hebrides and other Scottish songs to his own accompaniment at the piano. Though a convinced abstainer, he was quite devoid of bigotry. I never hesitated to take what I fancied when lunching or dining with him, for he never failed to press his guest to make a choice from the wine-list.

His personal tastes were of the simplest; he enjoyed his pipe and a long "crack" with a friend as much as anything else.

With the passage of years I met Macphail less frequently, but when I had the chance I used to call at the Ministry of Health to take up our friendship just where we left off at our last meeting. It was no matter of renewing friendship, for it was never broken—only put into store. I cannot imagine that Macphail ever lost a friend.

His interest never failed in anatomy or in the wider problems of teaching the medical student. Certainly he was proud of his appointment to the Professorship at the Royal Academy of Arts in succession to Arthur Thompson, and his Examinership at Glasgow for the Royal Faculty was a perpetually recurring interest.

I always felt it was hard that the Lectureship was not raised to the status of a Chair in time for Macphail to become the first Professor at the Bart.'s he loved. He never gave me a hint of such a feeling, but he was genuinely pleased with the improved status of the post when it came to pass.

I never knew a man more obviously straight and honest of purpose, or possessed of a kindlier heart or a greater sense of humour. His staff loved him, and I think a large number of old Bart.'s men will have heard with great regret of the passing of "Sandy" Macphail.

I learnt a great deal besides anatomy from Alexander Macphail: I have been indebted to him for help on many occasions and for many acts of kindness; I have been greatly privileged to have been admitted to a measure of intimacy with this fine and simple man.

His final act of unselfishness in the cause of medical education, which may have wide consequences, gives peculiar point to the words he wrote in the "log book" after giving his last lecture—"Finis coronat opus".

L. R. S.

MOUNT EVEREST IN 1938

(Being a doctor's account of the adventure.)

By CHARLES WARREN.

THE vision of a high and shapely mountain fills me with vague emotions the nature of which I find difficulty in analysing. Perhaps they are akin to those produced by great poetry, and A. E. Housman, when asked to define poetry (the request came from America), replied: "I could no more define it than a terrier can define a rat, but I thought we both recognized the object by the symptoms which it provokes in us. One of these symptoms was described in connection with another object by Eliphaz, the Termanite: 'A spirit passed before my face: the hair of my flesh stood up.' . . . This particular symptom is accompanied by a shiver down the spine. The seat of this sensation is the pit of the stomach."

Be this as it may, whatever organ is the seat of my emotions they fill me with a desire (a mad one if you like) to climb to the summit of a mountain; which is, after all, but an instance of our natural curiosity which compels us to have a look round the next corner—

"For lust of knowing what should not be known."

The adventures of the earlier expeditions to Mount Everest diverted the attention of mountaineers from the Swiss Alps to the Himalayas. There, in a new and unexploited range, they would be able to capture once again the thrill which men like Whymper must have experienced in the old pioneering days of scrambling amongst the Alps. This, rather than the notoriety that attaches to great altitudes, should be the genuine motive for going as far afield as the Himalayas to climb. Yet as far as Everest is concerned I can find excuse for any mountaineer whose ambition it is to tread the slopes of the highest mountain on earth. Thus far only do I venture to confess myself "a snob for altitude".

Soon after obtaining my medical qualifications I received an invitation from some friends in Liverpool to join an expedition which they were taking to Garhwal. Such an offer as this I was unable to resist. The charm of Himalayan travel once felt is not easily forgotten, but on returning from that expedition I managed somehow to settle down to the life of a house physician, and hardly expected to see the Indian hills again for many a day to come. Then quite unexpectedly one day towards the end of my time on the house Eric Shipton came to ask me if I would be free to join as doctor and climber, a reconnaissance expedition to Mount Everest which he had been asked to lead that summer. This expedition would not go out with the idea of trying to climb the

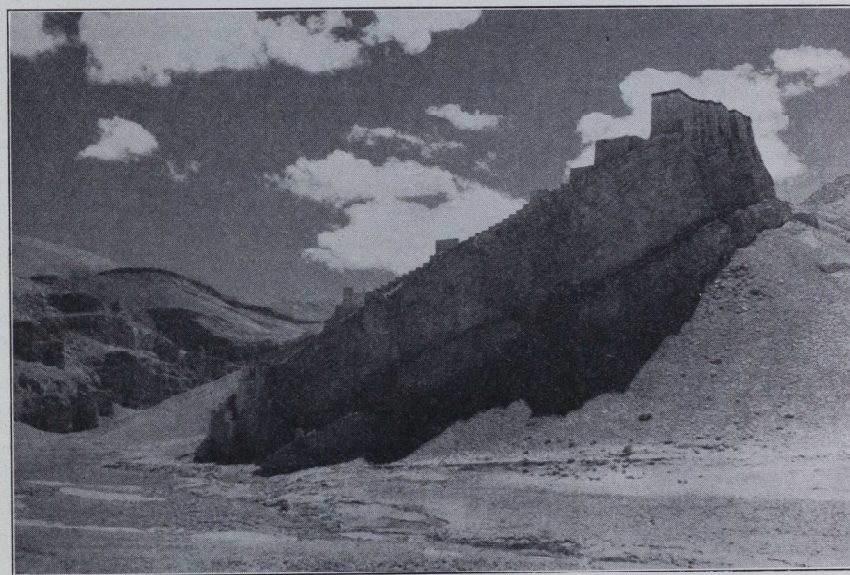
mountain, for it would set out too late in the season, but it would have as its objectives the testing out of new climbers for the main expedition which was in preparation for the following year; the examination of snow conditions on the mountain throughout the period of the monsoon; and the making of a new and more extensive map of the Everest region by modern methods of survey under the direction of Michael Spender. After going out with this reconnaissance expedition in 1935 I returned to the mountain again in 1936 with the ill-fated Rutledge party, only to come away cheated of making a serious attempt on the summit. No party went to the mountain in 1937 because by then our Tibetan passport had expired. But in 1938 the Tibetans once more gave permission for an expedition, and I found myself setting out for Mount Everest for the third time.

Preparations for these expeditions begin some months before they are due to leave for India, and some of the work in connection with these preparations falls to the lot of the medical officer. Medical examinations of the members of the party have to be made; letters have to be written to each member giving advice about vaccination, inoculation and care of the teeth; and there is the medical equipment of the expedition to be ordered and shipped. As a result of previous experience I knew exactly what I required in the way of medical stores for 1938. This time the weight of all equipment was to be more strictly limited than ever before. Eventually all our medical stores were packed in two "Venesta" cases made of three-ply-wood, each of which weighed less than 50 lb. when packed. It would be tedious to give a list of all our medical equipment, but it may be of some interest to mention the more important things that are required. I aimed at including a set of surgical instruments sufficient to allow of the commoner surgical emergencies being dealt with should they arise. Gigli saws were taken in case an emergency amputation had to be performed. Spinal anaesthetics and "Evipan" were relied upon for major anaesthesia and "Novotox" for local anaesthesia. Ether would be too volatile at high altitudes, and chloroform is dangerous and very nearly produced a fatality in 1933. A dental syringe and a pair of upper and lower root forceps were almost the most important items of the whole equipment. The interchangeable cartridge type of dental syringe is the most

practical for field use. Fractures as a result of a fall, a throw from a horse or involvement in an avalanche might easily be met with. To deal with these I relied upon a collapsible Thomas's splint and eighteen (6 in.) plaster-of-paris bandages; I should have preferred to take more. The apparatus which would be required for giving a blood transfusion plus supplies of normal saline and glucose saline was included, and the blood groups of members of the party were discovered before starting.

Royal Air Force Central Medical Establishment, according to the custom of previous years. In addition to this they had their teeth examined and X-rayed.

After the 1936 expedition the Mount Everest Committee asked some of us to go into the question of discovering a suitable oxygen respirator for the climbers to use on the mountain. Oxygen is of value on Everest not only as an aid to climbing, but also for treating cases of pneumonia and frost-bite at high altitudes. We



KAMPA DZÖNG.

To provide against such tropical diseases as might be encountered I took supplies of quinine, atabrin, plasmoquine and emetine. It has to be remembered that the medical officer of an expedition will be called upon to treat the natives of the country in which he is travelling; so in addition to providing for the wants of the seven members of our party and the porters I had to take extra supplies of the commoner drugs for this purpose. Since local outbreaks of small-pox have been known to occur at Shekhar Dzöng I obtained a supply of vaccination lymph to take with us.

Before leaving for India each member of the party submitted to a routine medical examination at the

discussed this matter with Sir Robert Davis of Siebe Gorman, who kindly supplied us with two kinds of apparatus. These were then submitted to various authorities, including Dr. Douglas at Oxford and Dr. Matthews at Cambridge, for criticism and advice. Eventually it was decided to take both types of apparatus to the mountain. But before coming to this decision it was necessary to test the mechanical efficiency of the latest type of apparatus when climbing in it. For this purpose I took it to the Alps during the summer and tried climbing the Matterhorn when wearing it.

The last two expeditions have set out from Kalimpong in the Himalayan foothills of north Bengal. Kalimpong

is the first bazaar of any size at the Indian end of the main trade route between Tibet and India. Almost every day throughout the spring and summer little bands of Tibetans come clattering down from the hills with a train of animals laden with wool, which they barter for Indian wares or money in the bazaar. Disease is common in these parts, and a small local hospital serves the needs of those afflicted with such diseases as tuberculosis, malaria, kala-azar and hook-worm infestation. A leper colony has also been founded there, in which I spent an interesting day looking at every clinical variety of leprosy. The lepers come into India down the trade-route, and from the bazaars at Kalimpong they are encouraged to enter the isolation colony, where they receive treatment for their disease.

To reach mount Everest from India it is necessary to go into Tibet and approach from the north. No doubt a quicker way would be through the native state of Nepal. But so far the Nepalese have been unwilling to allow travellers to go through their country. Even had they let us do so it seems doubtful whether the shorter route would prove a real advantage, for one of the essential factors in bringing about acclimatization is a certain length of time spent living at a high altitude, and what could be better for such a purpose than the long march through Tibet. Our party entered Tibet by crossing over the Kongra La, a pass through the Himalayan range at an altitude of 16,000 ft. The route through the mountains to this pass follows the great Tista river to its head waters. The path plunges steeply from the hill-tops near Gangtok down to the level of the Tista torrent at Dikchu. It then winds up the valley at first through sub-tropical jungle, until at last the deep-cut gorges open out into pleasant alpine pastures. We left Gangtok on the 4th of March, some three weeks earlier than usual. Each day we moved on from one rest-house to another in Sikkim, a stage of ten to fifteen miles. These early stages are always strenuous, for the path mounts gradually the whole time, frequently winding steeply up the hillside to avoid some impassable rocky bluff. Two miles an hour in this kind of country is considered good going. During the rains leeches abound here on all the foliage and lie in wait for the passer by. The scenery and vegetation in the lower gorges are magnificent. Giant creepers and brightly tinted orchids hang from every tree; while enormous gaily coloured butterflies float across the glades or settle on the paths to suck moisture from the earth.

For some reason at present not quite clear every expedition that has passed through Tangu at 12,000 ft. has suffered from mountain sickness more or less acutely; we suffered from headaches, loss of appetite, nausea, and even vomiting.

An abrupt change in the scenery takes place on crossing into Tibet. Undulating brown hills stretch away into the distance as far as the eye can see. Our caravan, a series of tiny black dots in the plain, moved imperceptibly in the direction of Kampa Dzöng. As we approached this important landmark the impressive fort on the rock began to take shape in the surrounding hills. At length we came into the village at the very foot of the rock, where our camp was pitched near the stream. At Kampa Dzöng a halt of several days became inevitable, while a change of transport animals was arranged, so amongst other things we visited the grave of Dr. Kellas, the physiologist, who had died there on the way to Mount Everest in 1921. Some mornings we would climb the hillsides near the camp to watch the sun rise on the great peaks. But soon we were on the move again, now in a westerly direction towards Shekka Dzöng.

When travelling in Tibet at all early in the year it is best to start the day's march as soon after sunrise as possible. The early mornings are cold and calm, and walking or riding across the plains is then wholly enjoyable. But towards mid-day a cold wind gets up and continues to blow from the north-west until some hours after sundown. Great clouds of dust are swept across the plain, which make afternoon marches extremely uncomfortable.

At a place called Jikyop we came to some hot springs, at which several members of the party settled down to a bathe. The water reeked of sulphur, and it was so hot where it issued from the ground that a delay of some twenty minutes was necessary before one could accustom the body to the temperature. We heard later that the Tibetans take the waters as a cure for syphilis—a rumour which caused some misgivings with certain members of the party who had bathed there. Considerable reassurance from the medical officer was necessary before their fears in this matter could be allayed.

Shekka Dzöng is even more impressive than Kampa Dzöng. The gleaming white houses built up the side of the rock can be seen from miles away as one advances across the plain. The summit of the rock at Shekka is crowned by an ancient castle in the usual Tibetan manner. At this important place we made friends with the Dzöngpen, or head-man, who kindly gave us permission to camp within the shelter of a grove of willow trees. In Tibet trees are scarce, and the willow is regarded as almost sacred; they are usually walled about by the lamas to protect them from destructive hands.

As an example of Tibetan architecture the monastery on the rock at Shekka Dzöng is a thrilling spectacle. During our short stay we visited the temple and climbed to the fort on the summit of the rock, whence we gazed

eagerly in the direction of Everest. But before going on there were social obligations to be fulfilled at the house of the Dzöngpen. When you are entertained in Tibet

savoury meats and Chinese sauces. Throughout the meal we drank the local small-beer called "chang". It is prepared by pouring boiling water upon freshly



MONASTERY AT SHEKKA DZÖNG.

festivities begin early in the day and continue well into the night. We were invited to lunch and dinner also; but by four o'clock in the afternoon we were constrained to ask for an interval and short rest. The feast began with Tibetan tea—an excellent concoction when well prepared. Instead of milk or sugar the Tibetans take butter and salt in their tea. Then came freshly made macaroni with

fermented barley and is mildly alcoholic. The best vintages are not unpleasant. The custom is for a servant to hand the cup and make you drink; it is then immediately replenished. When all the guests have been served in this manner you find that it is your turn to drink again. To avoid becoming too quickly intoxicated it is wise to take small sips of the brew. At the evening

session chang was replaced by "arak", a much more noxious drink, which is made from chang by the simple process of repeated distillation. While we were busy drinking the servants of the household entertained us with singing and dancing. There was one song which they sang that almost proved our destruction. Each verse of this song was composed about a member of the party, and at the end of the verse the chang-girl handed him his cup, which he had to drain at a single draught. Odell was told he was like a god, and I was told that the girls of the village were in no immediate need of my services as a doctor. That about Karma Paul, our interpreter, apparently did not bear translating. Towards midnight we left the Dzöngpen's house, and on reaching our tents had some difficulty in preventing our servants from trying to put us to bed.

At Shekkar Dzöng I was called into consultation. The morning we were due to leave, the Dzöngpen and his lady came to our camp with a gift of eggs. I was asked to stay behind and visit him on a medical matter. I went along with Karma Paul, and Tensing my servant carrying the first-aid case. In truly oriental fashion we

sat down to drink tea and pass an hour or so in polite conversation before introducing the object of the visit. It turned out that the Dzöngpen had once been treated by injections in Lhasa for syphilis, and now he wanted to know whether he was cured of that disease—a question I found some difficulty in answering. Examination revealed the presence of many scars, the outlines of which were as serpiginous as those of the finest Tibetan dragon. We resumed our conversation across the tea-cups and I was paid my fee in Tibetan paper currency. My servant meanwhile had been given a meal and a tip, so henceforth I rose considerably in his estimation. The Dzöngpen and his wife then attired themselves in their finest robes of gold and purple brocade and led us to the door. There we found horses awaiting us, and before a crowd of gaping Tibetans I mounted with as dignified a mean as was possible considering my misgivings. Our restive steeds, excited by the mob, leapt forward in a cloud of dust. By a miracle I kept my seat; and in a flash we were lost to sight in the plain.

(To be continued.)

REVIEWS

Leukaemia and Allied Disorders. By CLAUDE E. FORKNER, A.M., M.D., Assistant Professor of Clinical Medicine, Cornell University Medical School, etc. New York: The Macmillan Company, 1938. Pp. xvii + 333. 6, coloured plates; 73 figures and tables. Price 21s.

If Bacon's observation that reading maketh a full man be true Prof. Forkner must be replete to the point of distension, for he claims that the preparation of this monograph has required the "survey of about 5000 references", and although his work bears the stigmata of imperfect digestion of this mass of material, he has nevertheless performed a valuable task. A monograph on what he would resent being called "leukosis" has been badly needed, and he has compressed a great deal of information into its 333 pages. However, this book cannot be recommended to those whose knowledge of hamatology is meagre because the broad outlines of the subject are everywhere obscured by a plethora of detail, but it should prove a useful work of reference to the experienced hamatologist.

The major criticism must be directed against the author's own classification of the leukoses, in which he takes the retrograde step of denoting the variety of the disease by the type of cell in the circulating blood rather than by the fundamental tissue change. Nowhere is the important fact stressed that a leukemic blood picture is an epiphenomenon and, especially in the lymphoid and monocytic types, may be associated with a variety of histological changes.

It is impossible to close a review of this book without a word of regret that the author's abuse of the English language should so frequently stultify his avowed intention of producing a "scholarly presentation of the subject as a whole". Such quotations as: "These etiologic conditions which can be traced or suspected in some cases stand in a position with relation to the disease which is too uncertain to allow them to be considered as exciting or predisposing causes"; "there is . . . data"; and "a growing viewpoint" will show that the reader who expects a limpid style will be disappointed.

Bailey and Love: A Short Practice of Surgery. Fourth edition. (K. H. Lewis & Co., Ltd.) Price 28s.

Just over a year ago the third edition of this popular book made its appearance. Now we have a fourth. The reason: the rapid advance of surgery, so the authors claim; yet they have barely mentioned sulphonilamide, and not at all in the treatment of gonorrhoea and pyelitis. Some of the old omissions have not yet received attention; in cholecystography no mention is made of the intravenous administration of dye should the oral method fail, which is not uncommon. The authors do not make it clear that enucleation of the prostate is merely the removal of the fibro-adenoma, leaving behind a false capsule of compressed prostatic tissue.

The policy of pictures, not words, has been continued. There are 55 new illustrations, total 818. For the student entering casualty or the wards for the first time this is useful, as he can rapidly acquire a tabloid knowledge of surgery, but this treatment is much too rigid for the senior man, and is not productive of a spirit of inquiry.

An enterprising and entertaining feature of this edition is the introduction of historical footnotes.

New matter has been inserted on blood transfusion, surgery of the sympathetic nervous system, etc., and many chapters have been rewritten. But on the whole we do not think there is sufficient new matter to warrant a man buying a new copy at twenty-eight shillings.

A Text-book of Neuroradiology. By C. P. G. WAKELEY and ALEXANDER ORLEY. Pp. 312. Price 25s.

The development of neurosurgery has given extreme practical importance to the accurate localization of brain tumours—a process which previously has been a mere intellectual exercise. The radiology of the skull makes important contributions to this

localization, often so difficult on clinical grounds, and therefore the appearance of a text-book dealing with neuroradiology is timely.

The book is clearly written and well illustrated and has chapters dealing with most of the problems of neuroradiology. One has the feeling that dealing with neuropathic disturbances such as Charcot's joints and megalomania might well have been omitted, and that other sections such as that on the radiology of the spine might have been enlarged. The opening chapter deals with the radiology of the normal skull. It should be of considerable value to technicians, who even in large institutions often seem incapable of producing skull films of any value, or of appreciating the fact that small deviations from the normal must be visible since gross change is rare.

The next chapter deals with skull injuries and deformities, and there follows a lengthy account of cranial and extracranial lesions. This contains much repetition, and does little to emphasize the radiological changes characteristic of a particular disease. There is a full discussion of the radiological signs of raised intracranial tension, and the changes observed in pituitary and other types of tumour are described.

The diagnostic methods of arteriography, ventriculography and cnccephalography are fully described. The description of Lyscholski's method is particularly useful, being a careful account of Ventrholm's well-known work. In itself this makes the book of value to all who frequently read ventriculograms.

There are certain statements with which there will not be general agreement, e.g. that ventriculography is of relatively little value in cases of meningioma, that multiple myelomatous tumours represent metastases of a single tumour with a tendency to disseminate exclusively in bone, that hematogenous osteomyelitis of the skull is uncommon in peace-time but quite common in war wounds.

In spite of these criticisms the book supplies much useful information, and should find a place among the works of interest to the neurologist, neuro-surgeon and radiologist.

Sober Pieces and Songs. By WILLIAM P. S. BRANSON. (University Press.) Price 5s.

Here is a very agreeable book of verse by an old Bart's man, thirty-eight pieces strong, and living up to their title. One gains the impression that the author has written some pleasant things for his friends and has thought fit, and rightly so, in later life, to hand them on to the public.

The first and best of his verses, "The Price of Reason", was printed in the Journal in 1903, and puts the case for euthanasia exceedingly well:

" . . . Had you a dog
So ground beneath this burden of the flesh
Your ready hand would yield, I dare be sworn,
The boon unasked; . . ."

A.R.P.

At a meeting of the Council of the Students' Union held on Tuesday, January 10th, the following gentlemen were appointed to serve on the Students' Union A.R.P. Committee:

Chairman: T. M. C. Roberts.
Vice-Chairman: Dr. C. F. Harris.
The Hon. Secs. Students' Union: R. Heyland, R. L. Hall.
Members: A. P. Bentall, D. W. Boatman, G. Discombe, A. H. Brennan, K. Sinclair-Loutit.

This Committee has the power to co-opt, in an emergency, up to any reasonable working number.

The functions of this Committee, which has been officially recognized by the Medical College and by the Hospital authorities, are:

- (i) To organize training in specialized branches of A.R.P., such as decontamination.
- (ii) In an emergency, to organize the Student personnel, so that all those who volunteer may be of best service to the Hospital.
- (iii) To co-operate with the Hospital Authorities, and to undertake any work or investigation which they may wish to be done.

The Committee has already evolved a definite scheme of organization for utilizing the whole mass of student volunteers. The scheme,

The spirit of quiet disillusionment with which most of the piece, are written is pleasant, since it is moderately expressed; there are, however, verses such as "Nemesis", and "Confidence Tricks", which are written with a tang of Shakespeare, and an evident effort for self-expression which rather jars in the midst of the number of obviously sincere and charming poems.

In short this is a very pleasant little book, and an interesting one were it only for its first poem.

Schafer's Essentials of Histology. Fourteenth edition. Edited by H. M. CARLETON, M.A., B.Sc., D.Phil. (Longmans, Green and Co.) Pp. 604 of text. Price 16s.

One of the foremost standard textbooks on practical and descriptive histology for the student.

As a healthy organism this book has grown with advancing knowledge during the last 53 years without requiring an alteration of its ground plan. Up to the last but one edition the late Sir E. Sharpey-Schafer supervised the new editions himself and since then H. M. Carleton has taken over the task, consisting mainly of keeping the text up to date and improving the illustrations.

This book is too well known to require criticism, but it may be worth while recalling its special value from the students' point of view. It combines the practical and theoretical aspects of histology so inseparably connected for any understanding of that subject. In 50 lessons the main aspects of histology are covered in a spirit of deductive science. Almost every lesson starts with a practical part of how to prepare the slides useful for the matter under consideration. This is followed by a theoretical and descriptive part always able to call the microscope and slides as witnesses for any statement made. The last 28 pages contain an appendix with a most useful and systematic collection of the main technical methods of mounting, staining, etc., and the reasons for their various usages.

Schafer's Histology is not only essential for examinations, but has proved invaluable from the reading point of view.

On the Danger List. A Case-history by Dr. SÁNDOR PUDER. (Constable.) Price 7s. 6d.

The idea which prompted the writing of this book is a good one. It is a most detailed description of the preparing for the inevitable—an appendicectomy which was so delayed that it entailed three operations. You watch the author, a physician, gradually lose his sense of balance as he fails to trust better judgments. He slips deeper and deeper into the abyss of his own imagination run riot. You are amazed at the so complete exposure of such chaos. Is it to get it straightened out that there are these displays of sensuality? The student, for whom this book is intended, will at least be brought to understand the great difference between the mind working in a healthy body and that running riot in a sick one.

STUDENTS' UNION

in brief, involves the use of all volunteers in the general scheme for evacuation of patients from the Hospital in time of emergency, and then the subsequent division into the five groups outlined below, to work in the Hospital as long as their presence is deemed necessary by the authorities. This scheme of course only takes effect if the Hospital Scheme A is still in force.

SUMMARY OF ACTIVITIES OF THE STUDENT VOLUNTEERS.

- I. In Evacuation:
 - (a) Stretcher-bearers.
 - (b) Carrying patients.
 - (c) Driving cars.
- All the volunteers would probably be essential, a few being kept in reserve for any local emergency.
- II. Subsequently, dividing into following teams:

(1) In-patient Dressers	} Variable, and transferable in teams if necessary to other Hospitals.
(2) Out-patient Dressers	
(3) Stretcher-bearers	} Regular training is deemed most advisable.
(4) Fire Squad	
(5) Decontamination Squad	

At a later date the scheme will be put to the Students in full detail.

R. HEYLAND,
Hon. Sec., Students' Union.

SPORTS NEWS

EDITORIAL

In this, as it were, the pre-Copper edition of the Journal, it is difficult to say what we really would like to say. The touchiness of secretaries and of players alike on the apparently trivial subject of training is somewhat hypertrophied at this time of year, and in consequence we feel that our remarks on the topic would be best confined to the somewhat cryptic crack that half a loaf might conceivably be an improvement on no loaf at all. (What, no loaf at all?)

We wish to take this opportunity of making our apologies to Mr. Gubbins, inasmuch as we called him Alf last month instead of Nathaniel or Nat, which we believe to be his Christian and "Pet" names respectively. Frankly we prefer Alf to Nat—it sounds less itchy (or should the itchy form be spelt with a G as in Gnu?).

RUGBY CLUB *v.* Harlequins.

Chislehurst was a mud-bath for this fixture, which points to extremely ill weather, since Chislehurst is one of the last places to achieve this condition. However, the score of Bart.'s 6, Harlequins 14 was probably rather flattering to Bart.'s on this account.

"Quins" kicked off two men short, and Bart.'s got going well from the start, the pack showing quite a lot of bustle, and Hearn's service from the base being unusually good. In the 10th minute a free kick was given against "Quins and Bart.'s took the lead, "Gunner" Macpherson converting the ball, some water, and about a quarter of a stone of mud from a distance which looked impossible. In the 25th minute Bart.'s were lucky to get away with a "25", and 3 minutes later a penalty was awarded to the now complete "Quins side, and another "coup-de-pied extraordinaire" made the score 3 all. Half-time came after a bout of defensive play by Bart.'s in which Evans and Pleydell were prominent.

Immediately after recommencing Griffiths saved a difficult situation with a fine tackle. (Incidentally he tackled very well all afternoon against a powerful and aggressive opponent.) Then Watts, the "Quins and Oxford stand-off, got a beautiful try between the posts which was converted (8-3), and this was followed by a bout of inter-full back kicking in which Evans tried to do rather too much and failed to "find" in consequence.

After a grave attack of butter-fingers on the part of Marshall (albeit the ball must have resembled nothing more than a gross wet lemon-pip), Evans scored the prettiest try of the season. Joining the three-quarter line he cut through magnificently on his own, punted over the full back's head and gathered to score far out. Macpherson hit the upright with another fine kick (8-6).

Shortly after this Evans just pulled Watts down in time, and the "Quins were awarded another penalty from the ensuing scramble round the Bart.'s goal (11-5). A little later Bart.'s forwards were pushed over their own line (second time in two games!) for another "Quins try which was not improved (14-6).

Bart.'s missed Peter Candler sadly in this game, but McAfee is an adequate, if not a spectacular substitute. Of the forwards Macpherson was, as ever, a tower of strength in the line-out, and Collinson appears to thrive on mud exceedingly.

January 18th, *v.* Sussex County Rovers.

In this game, played on a good ground which had assumed the general appearance of some sort of volcanic mud-bed, and in a strong downfield wind, Bart.'s scored a convincing win over a scratch side of the major Sussex clubs.

It is impossible to report the match in the conventional manner since the state of the ground was so decidedly unconventional.

The handling of the outsiders against these conditions was really splendid, Candler being impeccable as usual.

Half-time saw no score by either side, but we must mention the fact that Conte Mendoza had done several fine dribbles and all but scored from one of them.

In the second half Bart.'s played with the wind, and after some abortive scrambling, a try was made by Reinold and Laybourne, for North to touch down. King failed with the kick. Shortly after this Pleydell scored in the corner after prolonged pressure by the Bart.'s "threes", the kick was missed by Candler. A try by Reinold quickly followed and the kick was missed by Newbold, who, shortly afterwards, failed with a penalty.

Just at the close Collinson got away with one of his own special dribbles, and Pleydell touched down.

Result: Bart.'s 12, Sussex County Rovers, 0.

January 14th, Bart.'s B XV *v.* Artificers Apprentices' A XV, at Chislehurst.

Owing to the non-arrival of the referee Bart.'s took the field one man short and with a referee brought up on the Hockey code, who insisted on hugging the side lines to watch the play. Five minutes later a fresh referee was substituted after instruction in the more elementary rules of the game. Consequently Bart.'s started the game proper 3 points up (a try scored after a flagrant knock-on).

Bart.'s were faced by a young team, much fitter than themselves, and the game was played at an extremely fast pace throughout despite several flagging Bart.'s spirits, and whilst Bart.'s never looked like losing, play fluctuated from end to end.

Unfortunately the Bart.'s forwards as a pack were non-existent. They suffered from lack of leadership, and the only attempt at such was a consistent plaintive appeal in the line-outs of "Catch it and cleanly back Bart.'s", and this we suspect came from the scrum-half.

In the set scrums, the back row, with the laudable intentions of imitating Mr. Burrow, broke quickly and made for the Artificers' three-quarters, but the ball was still in the pack and our opponents were able with the greatest of ease to carry the ball on at their feet. When Bart.'s did get the ball the heeling was very slow, and this, aided by the fact that the offside rule was one of those the referee had not been instructed in, resulted in a very thin afternoon for our scrum-half. In the line-outs the ball was generally caught by a Bart.'s forward, but he would then decide to fight the opposing pack while the rest of the forwards stood and watched the inevitable result. In the open they showed up very much better, and here Anderson was in a class by himself. Thompson, Tait and Visser worked hard and were otherwise the pick of the forwards.

Merryfield and Smith, at half, did their best in unaccustomed positions and with a poor supply of the ball. Smith on his debut after a shaky start improved rapidly as the game progressed and was very quick on his man.

The three-quarters gave promise of being a good line, and the tries scored by Smith, Howells, Harrison and Rowntree came from good open movements, the last two as the result of intelligent backing up. The centres did a tremendous amount of defensive work in spite of some lack of training on the left.

Picton, at full back, made several good saves in a very cool manner and kicked well with both feet.

Result: Bart.'s 15, Artificers' Apprentices 8.

On Saturday, January 14th, Bart.'s lost to the Wasps at Chislehurst by 9 points to 8.

Conditions were all against open play and from the start the handling of both sides was poor. Within a few minutes the Wasps heeled from a loose scrum and Harry Bowcott, the Welsh international, dropped a really fine goal. Before the Hospital had recovered from this unexpected move the Wasps' left wing cut

through, swerved into the centre and, because of some very half-hearted tackling, was able to touch down beneath the posts; the kick went over, and Bart.'s were 9 points down in as many minutes. This rather seemed to sting the pride of the Hospital forwards, who began to obtain much more of the ball. Keen tackling by the Wasps prevented scoring, though Pleydell was once pulled down inches from the line, and a penalty kick bounced on the wrong side of the bar.

For most of the second half the game must have been much more interesting in which to play than to watch. Eventually McAfee cross-kicked to the right wing, and Griffiths, following up fast, gathered the ball in his stride and literally crashed his way over the line near the flag; Macpherson converted with a good kick. During the closing minutes the Hospital fought hard to get on terms. After battling on the Wasps' line for some time a penalty was awarded in an easy position, which Macpherson missed. Almost immediately following the drop-out another penalty was given near the line, and this time Macpherson made no mistake. With the score at 9-0 the last few minutes were furious rather than scientific, but there was no further scoring. It was exhilarating, however, to see the side going really flat out as though they wished the final whistle would not go—quite a change!

ANNUAL "RUGGER" DANCE

The date of the Annual "Rugger" Dance has been fixed for Saturday, April 15th. It will be held, as it was last year, at Stanhope Gate.

SQUASH CLUB Friday, December 30th.

The Hospital lost by 1 match to 4 against the Kensington Country Club, who brought a very strong team and won with their first four strings. G. Gray saved the rout after a five-game fight. Both men were very energetic and there was much hard hitting, which continued from start to finish. H. R. Marrett had a very pleasant game with his opposite No. 1. The run of the game was very even, and after many long rallies, in which a good variety of shots were played, the match was decided in the

fifth game. Owing to the Christmas holidays three of the regular team were absent, so everybody was playing above his usual position.

Tuesday, January 17th.

This match against St. Thomas's Hospital on their courts was the first of the Cup matches that the Club has to play in the Senior division. Although there were some good games to be seen, Bart.'s were beaten by 4 matches to 1. Again the Hospital side was not able to be at full strength owing to illness. J. L. Fison, who is a new member to the Club this season, won against St. Thomas's No. 1. This was a fine effort and a good match to watch. At the beginning the play seemed to be in favour of his opponent, who won the first game. However, from then on Fison began to be more accurate in his shots and was hitting very close to the "tin". He maintained his improvement and won the next three games. All the other strings lost their matches, although H. R. Marrett tried very hard to master an uphill fight of five games.

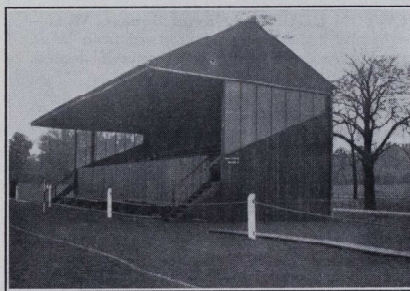
ASSOCIATION FOOTBALL CLUB 1st XI *v.* Casuals.

Played on January 7th on a muddy pitch, the Casuals won by 7 goals to nil. The score suggests a rather easy victory, but Bart.'s put up a good fight. We had to start the game with only nine men, and but for this fact, and the poor finishing in front of goal as compared with that of our opponents, the result might have been a good deal closer.

1st XI *v.* Old Bradfieldians.

Played on January 14th, the less said about this game, from the Bart.'s point of view, the better. The whole side played badly, and several players seemed to get disheartened and gave up trying. There is no excuse for slackness, and there will have to be some ginger up if Bart.'s are to make a worthy attempt in the cup matches. The Old Bradfieldians, who had seven of their Arthur Dunn side out, combined well and effectively (though at least three of their goals should not have gone into the net) to win by 8 goals to 1.

GRAND STAND APPEAL :: BART'S R.U.F.C.



Contributions should be made payable to

Hon. Treasurer,
St. Bartholomew's R.U.F.C.

THE GRAND STAND at Chislehurst seats 250 people. It cost £600, and of this amount £250 remains to be paid.

Dr. GRAHAM has kindly given security to the Rugby Football Union, who have lent the Club £400, provided this sum is paid off in the next few years. Not less than £60 has to be paid off every year.

We should like to thank all those Members of the Consulting and Honorary Staff, also Past and Present Members of the Rugger Club, whose generous contributions have enabled us to collect £150 in the last six weeks

CHANGES OF ADDRESS

ANDERSON, H. G., Church Missionary Society, 6, Salisbury Square, E.C. 4.
 CHRISTIE, R. V., 37, Church Mount, Hampstead Garden Suburb, N.W. 11. (Tel. Speedwell 4274.)
 CLARK, B. MAULE, c/o Union Health Department, Medical School Building, Hospital Street, Johannesburg, S. Africa.
 EDWARDS, W., 6, Arkwright Road, Sanderstead, Surrey.
 ROWNTREE, T., 17, Harley House, N.W. 1.
 STRUGNELL, Surg.-Cmdr. L. F., R.N., H.M.S. Barham, c/o G.P.O., London.
 WARD, A. B., Redheath, Esher, Surrey.

APPOINTMENTS

ANDERSON, H. G., M.D., M.R.C.P., appointed Medical Superintendent and Physician to the Church Missionary Society.
 PEARCE, C. M., M.B., B.S.(Lond.), F.R.C.S., appointed Honorary Surgeon to the Blackburn and East Lancashire Royal Infirmary.
 PHILIPS, A. S., F.R.C.S., appointed Assistant Ophthalmic Surgeon to the Royal Westminster Hospital.

BIRTHS

CLARKE.—On January 17th, 1939, at 29, Royal Avenue, Chelsea, to Eveleen (*née* Myers), wife of Dr. R. F. Clarke—a son.
 EDELSTEN.—On December 26th, 1938, to Peggy (*née* Milsome), wife of Dr. Geoffrey Edelsten, of Wonston Grange, Sutton Scotney, Winchester—the gift of a son (Richard Geoffrey).
 GROVES.—On January 6th, 1939, at 20, Devonshire Place, W. 1, to Myrtle (*née* St. John), wife of Dr. John Nixon Groves, of 88, Bryanston Court, W. 1—a daughter.
 HALL-SMITH.—On January 18th, 1939, to Kathleen Mary, wife of Dr. Cedric Sharr Hall-Smith, of Swaffham, Norfolk—a son (stillborn).
 HOWARD-JONES.—On December 27th, 1938, to Ruth (*née* Fontes), wife of Dr. Norman Howard Jones, Steinengraben, 51, Basle—a son.
 LOYD.—On January 1st, 1939, at Alton House, Ross-on-Wye, to Jean, wife of Dr. C. Marner Lloyd—a daughter.
 NAIRAC.—On December 19th, 1938, to Barbara, wife of Dr. Maurice L. Nairac, 25, Church Street, Kidderminster—a daughter.
 SHACKLETON BAILEY.—On January 15th, 1939, at Norwich, to Dorothy, wife of Dr. Shackleton Bailey, of Eye—a daughter.
 SUTTON.—On January 10th, 1939, at the London Clinic, to Nancy (*née* Mitton), wife of Dr. R. J. C. Sutton—a son.

DEATHS

COLE.—On January 7th, 1939, Thomas Edwin Cecil Cole, M.A., M.D., of 13, Kenilworth Road, Leamington Spa.
 CUTHBERT.—On January 9th, 1939, at Chelsworth Lodge, Felixstowe, Charles Firmin Cuthbert, F.R.C.S.(Edin.), late of Gloucester, aged 81.
 F'ANSON.—On December 20th, 1938, at Dunsandle, Ashtead, Surrey, Walby F'Anson, M.D., formerly of Whitehaven, Cumberland, aged 85.
 WAGGETT.—On January 5th, 1939, at 2, Cavendish Court, W. 1, Ernest Blechynden Waggett, C.B.E., D.S.O., T.D., M.A., M.B., B.Ch., aged 72.
 WOOLLARD.—On January 18th, 1939, suddenly at University College, London, Herbert Henry Woollard, M.D., F.R.S., of Tudor House, Highgate, aged 49; Director of the Institute of Anatomy and Embryology, University College, London.

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.

φιλοκαλοῦμεν μὲρ' εὐθείας
 "We are lovers of beauty without excess."
 —*Thucydides* II.

FAMILY RESIDENCE.—93, Inverness Terrace, Hyde Park, W. 2. Eight bedroom studies, communal lounge and dining-room. From £2 5s. per week, inclusive. Easy access to West End and City. Bay 5857.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 6

MARCH 1ST, 1939

PRICE NINEPENCE

CALENDAR

Wed., Mar. 1.—Surgery : Lecture by Sir Girling Ball.	Thurs., Mar., 16.—Abernethian Society : Lecture by Dr. Wilhelm Stekel on "The Compulsive Neuroses".
Fri., " 3.—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Dr. Evans.	Last day for receiving other matter for the April issue of the Journal.
Sat., " 4.—Rugby Match <i>v.</i> Redruth. Home. Hockey Match <i>v.</i> Chelmsford. Away.	Fri., " 17.—Dr. Graham and Mr. Wilson on duty. Medicine : Lecture by Dr. Graham.
Tues., " 7.—Prof. Christie and Prof. Paterson Ross on duty.	Sat., " 18.—Rugby Match <i>v.</i> Nuneaton. Away. Hockey Match <i>v.</i> Folkestone Optimists. Away.
Fri., " 10.—Dr. Chandler and Mr. Roberts on duty. Medicine : Lecture by Dr. Chandler.	Tues., " 21.—Dr. Evans and Sir Girling Ball on duty.
Sat., " 11.—Rugby Match <i>v.</i> Pontypridd. Home. Association Match <i>v.</i> National Bank of India. Away. Hockey Match <i>v.</i> St. Thomas's Hospital. Home.	Fri., " 24.—Prof. Christie and Prof. Paterson Ross on duty.
Tues., " 14.—Dr. Gow and Mr. Vick on duty. Last day for receiving letters for the April issue of the Journal.	Sat., " 25.—Rugby Match <i>v.</i> Northern. Home. Association Match <i>v.</i> H.A.C. Home.
Wed., " 15.—Surgery : Lecture by Mr. Roberts.	Tues., " 28.—Dr. Chandler and Mr. Roberts on duty.
	Wed., " 29.—Association Match <i>v.</i> Centels. Away.
	Fri., " 31.—Dr. Gow and Mr. Vick on duty.

DOCTORS AND WAR

LAST month the Minister of Health outlined to representatives of the British Medical Association the Government's plan for the organisation of the medical services in wartime.

A branch of the Ministry of Health will be established in each of the twelve regions into which the country is to be divided for the purposes of civilian defence, and will be responsible for the medical services in its area.

Qualified practitioners will be divided into the following categories :

(1) Doctors serving with the armed forces ; (2) those required for the hospital services, either immediately or in reserve (including those needed for the maintenance of medical education) ; (3) those in control of first-aid posts ; (4) medical officers of Government departments and local authorities ; (5) medical boards for examining

recruits. In addition a large number of general practitioners would be needed for maintaining the essential medical services for the civilian population, including those insured under the National Health Insurance Acts. Doctors removed from their normal work (by the way what is to happen to their practices?) would be paid according to a scale of salaries to be agreed upon between the Government and the British Medical Association, and the Government would reimburse local authorities and hospitals for the extra expense involved.

The most important part of the Minister's statement was the announcement that the Government assumed that hospitals situated in vulnerable areas would be available only for the initial reception of casualties. The therapeutic equipment and the main body of the medical and nursing staffs of such hospitals would be removed to hospitals in relatively safe districts to which they would be affiliated. More details of this part of the scheme will be known shortly when the Ministry of Health's memorandum on hospital policy is published.

The success of the plan will obviously depend on its practical administration, but in outline, at least, it is comprehensive and flexible. It is clearly not immediately possible to enrol every doctor in his appropriate category, since the relative requirements of the different categories cannot be exactly estimated in advance; for instance the number of doctors needed for service with the armed forces will depend on the size of the forces, and that in its turn depends on varying political and strategic factors. But it should be immediately possible to assign all those with special qualifications to suitable work, and to establish a skeleton organisation for each branch of medical service that would be necessary. Finally, the plan clearly defines the wartime function of hospitals in vulnerable areas, and thus enables those in charge of them to begin to make the appropriate technical and administrative adjustments.

The response to the British Medical Association's questionnaire shows how far the medical profession

is able and willing to meet the demands that will be made upon it. Ninety-five per cent. of the effective total on the register have volunteered for work, which means that there are at present available 45,000 doctors, of whom 3000 are already attached to service units. As yet no analysis of the replies to the questionnaire has been issued, so that it is impossible to say for what categories of service the remaining 42,000 have offered themselves.

There is no direct reference to the position of medical students in the Minister's statement, but it is clearly the intention of the Government that medical education shall be continued at the base hospitals. We shall know more when the report of the St. Bartholomew's Hospital A.R.P. Committee is issued. Meanwhile we understand that it has been decided not to use students for other than skilled medical work. It is probable that a student is incapable of this until he has completed the majority of his clinical appointments, but he is a valuable life to the community, because it takes more than three years to replace him, and because an adequate reserve of fully trained doctors is essential, both for the later stages of a war and also when peace comes. It would have been grossly uneconomic to employ students as chauffeurs or stretcher-bearers in dangerous areas, when they might have been continuing their education. It is also to be hoped that the committee will clarify the position of those pre-clinical students who have not yet passed 2nd M.B., since they are not at present included in the list of reserved occupations, and it is thus open to them to volunteer for work outside the hospital.

How tedious are all these preparations! A character in *The Cloister and the Hearth*, on being asked by a stranger to the city the meaning of a hullabaloo which has arisen in the street, replies, "Oh, just a miracle". We have learnt to be as dreadfully familiar with that recurrent phenomenon of our time, the international crisis—

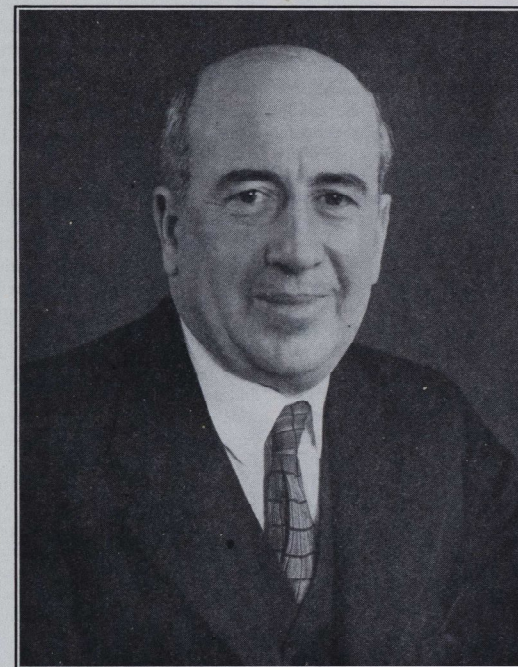
Most joyous age of horrors, crises,
Disasters of all shapes and sizes,
The one way left you to surprise is
One day—just one!—without a crisis.

PROFESSOR H. H. WOOLLARD, M.D., D.Sc., F.R.S.

THE tragic death of Professor Herbert Henry Woollard at the early age of 49 years has robbed us of one to whom the welfare of Anatomical Science was one of the foremost things in his life. Australian by birth, he was a graduate of Melbourne University. He first became associated with the anatomical world, as opposed to clinical medicine, in 1919, as a student in the Primary Fellowship Class at University College, London, after returning from the war with a distinguished record and the rank of Lieutenant-Colonel in the Australian Army Medical Service. He was mentioned in Dispatches, and awarded the Croix de Guerre avec palme.

Having passed the First Examination he became associated with Sir Grafton Elliot Smith, who saw in Woollard a man of great promise with a mind of unusual brilliance, which would have been wasted in other than academic life. He persuaded him to join the staff of the Anatomy Department. Woollard threw all his energy into his work, and soon became outstanding both as a teacher and research worker. He would study until late into the night, sometimes reading in the Library, and at other times doing experimental work. He gained a Rockefeller Foundation Scholarship in 1921, and went to Johns Hopkins University at Baltimore, Maryland, U.S.A., where he came under the influence of the Mall School of Experimental Anatomy, as exemplified by such names as Sabin, Streeter and

Weed. This year served to emphasize still further his attitude towards the value of experimental methods in anatomy, first gained under the influence of Sir Grafton Elliot Smith. Two stories have survived from this visit.



Whilst Woollard was walking down the main street of Baltimore he slipped on a banana-skin; he lay for a few seconds, and then in a small voice exclaimed, "God, what a country". The other recounts his being chased by "cops" late at night, who had seen him climbing over the walls of the anatomy building after returning to finish some work in progress. He escaped them!

He returned to University College the following year, and in 1927 was made Assistant Professor of Anatomy. At this time some of his best research work was done, on the innervation of the heart and blood-vessels. He became very skilful in the

application of the technique of vital staining with methylene-blue, and used this method with great effect in his study of nerve-endings. At this time also he published his book, *Recent Advances in Anatomy*. This book had great influence in stimulating the progress in anatomical teaching and research in this country. The non-experimental type of anatomy which was traditional appeared to have no future in its application to medical problems; and had come, as Professor Le Gros Clark states, "to surpass the bounds of both expedience and decency". His book called attention to the vitality of anatomy in other countries, and particularly in the

United States, and the importance of using experimental methods in the study of structural organization. It can be truly said that Woollard's influence was responsible for a movement to make anatomy a vital science in this country.

In 1928 Woollard went to Adelaide University, returning to St. Bartholomew's in 1930. I first met Professor Woollard when I was a student at "Bart's." in the old Anatomy Department. It was at once obvious that to the Professor anatomy was an experimental science, and that he was willing to help not only his staff, but also his students in making original investigations. He even allowed students the use of his apparatus in their spare time. A few of us timidly approached him and asked if we might be allowed to do some "Research". He welcomed us, put us in his room, and everything he had was at our disposal. He would talk to us upon a host of subjects and make us feel he was a student like ourselves, and even willing to learn from us as we from him.

The Professor's room at the top of a winding iron staircase was in many ways like an information bureau: staff and students alike would come in an unending stream, bringing a variety of problems. His previous wide clinical experience enabled him to work in co-operation with surgeons and physicians, and with his help new advances were made, especially in the field of the surgery of the sympathetic system, and also in problems concerning the lymphatic system. Visitors found that his opinion in other matters was as sound as it was in science, and many received valuable advice on private difficulties. Any person asking for information solely for his own personal advantage was made to feel that he was committing an unpardonable offence, for Professor Woollard feared to offend no man.

In time, owing to his great persistence, a number of improvements were made—the lighting in the dissecting-room was improved, the underground storage vaults were converted into photographic rooms and the Professor's room slowly changed from office to laboratory, and the experimental work became a major consideration. Many who appreciated his work welcomed this new experimental discipline. Realizing the great physical demand made by a medical career, he organized a Student Health Service, which has proved of inestimable value.

In time it became evident that the Medical School and the old Anatomy Department in particular were inadequate. Plans for a new college were prepared; "Bart's" was to be supreme in pre-clinical subjects as well as in the clinical field. In the great effort that brought into being the new Medical College, Professor Woollard tenaciously supported the great work of Sir

Girling Ball. His own particular department he planned with rare skill and foresight, and into this, as into most things, he threw himself with almost reckless energy. It was with deep regret he left his new home soon after its completion.

As a teacher Professor Woollard was magnificent. With anatomy as a text he stimulated the students to feel that the future of medicine lay not only at the bedside, but in the experimental laboratory as well. Pathology, he said, was based on sound anatomy and physiology. Frequently on Saturday mornings he would give informal lectures to a group of ten or so students on any subject they liked to choose; he gave stimulating discourses on physiology, medicine, surgery and endocrinology, so wide was his knowledge of the fundamental principles of biological science.

His personal research work was largely done late at night: he felt free to think and work then, when the constant interruptions of the day were over. It was at such times that he became most human; he would talk of his ideals and difficulties, and his passionate desire to disseminate experimental methods into the study of medical science. His greatest research interest was in neurology, and especially cutaneous sensation; the problem was a very satisfying one to him. In this work he combined psychological, clinical, physiological and anatomical methods of approach, which suited his wide scientific interests. It was his greatest joy to experiment on himself, because he used to say, "Man is the finest experimental animal".

Professor Woollard was a great man of brilliant intellect and colourful personality. As a friend and teacher he was inspiring; his singleness of purpose and high ideals were a source of admiration. He never spared himself; his industry was amazing. He had given to his work for years on end all the energy of which a human being is capable. He was animated by one great ideal—to induce medical students to use facts at their disposal logically, and thus rid medicine of the future of quackery and empiricism. He hated self-seeking and hypocrisy, and was outspoken and provocative in conversation. He was amazingly generous to his colleagues and friends, both anatomical and clinical, assisting them to his uttermost. During the last few years he worked against great difficulties; he was often attacked by acute anginal pains, which he suspected were cardiac in origin, but although these at times made him somewhat brusque, they never affected his judgment. Woollard, like Pavlov, was passionate in his work, and a truly courageous man.

In 1936 Professor Woollard left Bart's for University College. Such a move was inevitable—University College was his anatomical birthplace, and so many

of his lifelong friends worked at the same College. He always had a warm place in his heart for St. Bartholomew's Hospital, which he unhesitatingly regarded as the greatest of the British teaching hospitals.

The value of his experimental work recently received recognition by his election to a Fellowship of the Royal Society; this he regarded as a great honour.

Those who were privileged to work with him and enjoy his friendship have lost an inspiring leader, and Anatomy one of its leading disciples in this country.

Professor Woollard leaves behind him a wife, to whom he owed so much of his success, and two sons. To them we extend our deep sympathy in their tragic loss.

GRAHAM WEDDELL.

Sir Girling Ball sends us the following:

"It is not my intention to add anything very much to the admirable notice already written about Professor H. H. Woollard.

"There is one point, however, on which too much stress cannot be laid, even if it is known already to a large number of people.

"Woollard entered our Medical College as a teacher at a time when the Anatomy Department had been without a professorial head for some months. Little was known of him at Bart's. The equipment given to him was meagre. The dissecting-room was an old one, cold and forbidding in winter even to a hardened Englishman. The accommodation for the Professor was an upstairs chamber used also by his demonstrators and technicians; there was no corner in which he could have privacy or receive his friends.

"On his arrival he uttered no word of complaint, receiving without a murmur that which we had to give. Within a very short time the department became a hive of activity; everybody was working with or for Woollard. His methods of teaching, new to our School, revolutionized those that had been in existence for years, and there soon arose a feeling of enthusiasm towards the little man who, after re-organizing his department, so wholeheartedly extended his services to the benefit of his colleagues.

"For some years the question of acquiring a new Medical College had been in the air. Schemes more or less adequate were devised. Shortly after the arrival of Woollard the Charterhouse site became available. The project of acquiring the buildings and so establishing a Medical College without equal was magnificent, but the task was prodigious and, without assistance and stimulation, impossible. Indeed, the idea was almost given up, as so few thought it possible, and those few

were not, perhaps, so full of enthusiasm as they might have been.

"One day the idea was put to Woollard, and he was asked to give his opinion as an outsider, for he had only recently come among us. He visited the site, examined the buildings minutely, and came back with such enthusiasm and stimulation as few have it in their power to drive into others. It was decided to go on with the scheme.

"I can state—and nobody is better qualified to do so—that if it had not been for Woollard's magnificent enthusiasm, and his subsequent most valuable, whole-hearted and freely-given assistance, St. Bartholomew's Hospital Medical College would never have acquired the first-class equipment that it has to-day.

"It seemed to us who knew his value that we could not do too much for him. Everything was done in his department that he asked for; and we had every hope that he would stay with us and found a great school of anatomy at Bart's. Alas! it was not to be. His memory, however, will ever remain with those who were privileged to work with him."

In the eyes of Professor Woollard anatomy was but an approach to medicine, and to be used as he used it in a search for those fundamental truths upon the knowledge of which progress in medicine depends. One will remember always the fiery eloquence with which he explained this to the many who regard anatomical study as sterile and a mere exercise of memory. How well he demonstrated the truth of his view is shown, not only by his own contributions, but by the numbers who came to him for assistance with their varied problems, and who owe to him new conceptions. At other times his wrath would be directed against present methods of medical practice, since he believed that those best fitted to contribute to medical knowledge often made no attempt to do so. Outspoken and easily roused on such matters, his essential kindness was always obvious in his eagerness to help and encourage all those with whom he came into contact. His modesty, too, brought him very close to his students and assistants, and his transparent honesty and love of truth must have impressed all who knew him.

To have glimpsed, even but dimly, his motives, to have known his inexhaustible energy, increased only by his failing health, and to have seen his achievements in the varied fields of organization, teaching and research will be for many an inspiration now that they can no longer go to Woollard for advice. His memory will always remain fresh for those who had the privilege of working for him.

JOHN O'CONNELL.

HEPARIN

By Professor A. WORMALL, D.Sc.

THE search for blood anti-coagulants has been prosecuted almost as strenuously as have the more spectacular efforts to obtain substances which will promote coagulation, and which might be suitable for the treatment of hæmophilia. In the former field an outstanding success in recent times has been the identification of heparin and its production on a commercial scale, as a result of the observations of workers in Toronto, Stockholm and Copenhagen. Clinical tests have given very promising results, and it seems probable that more extensive use of heparin will be made in the future.

The mechanism of the clotting of blood has been investigated by a large number of physiologists and biochemists, and one result of this interest has been the production of an almost equal number of theories to explain the process. Perhaps it does not matter really which theory we adopt, since most of them provide a satisfactory basis for the study of coagulants and anti-coagulants. Expressed in the simplest form, most theories can be reduced to the following:

- (1) Prothrombin (+ calcium ions) → thrombin (or thrombase).
- (2) Thrombin + fibrinogen → fibrin.

According to Howell's theory, which is the basis of most theories of blood-clotting, the first reaction is inhibited in circulating blood by heparin. When blood is shed, this heparin is "neutralized" by cephalin or some similar substance liberated from the platelets or from the tissues. The clotting machinery is thus irreversibly set in motion. According to most authorities, therefore, the fluidity of circulating blood is largely maintained by heparin. Other workers do not accept this view that the dominant rôle is played by heparin, but all are agreed that, whatever its function in the intact animal, this substance is a very powerful anti-coagulant.

Heparin was "discovered" in the liver about twenty years ago by W. H. Howell and his collaborators, who found that it was of carbohydrate nature. Chemical studies on this substance made very little further progress until 1933, when Charles and Scott, in Toronto, devised a new method for the preparation of the active substance from liver and lung. This achievement opened the way for more serious chemical investigations, and these workers, and several others, confirmed the view that heparin is a complex carbohydrate. The next

step was made by Jorpes (1935) who showed that it contains a hexuronic acid (probably glycuronic acid), a hexosamine (an amino-sugar) and a considerable amount of ester sulphate. Jorpes has reached the conclusion that heparin is not a single chemical compound, but is a mixture of polysulphuric esters of mucoitin, *i. e.* it is a complex carbohydrate containing amino-groups, acetyl groups and sulphate groups. It is certainly remarkable how frequently it is found that specificity in the animal body is determined largely by carbohydrate groupings; in more recent years this has been well illustrated by observations on bacterial antigens and on the blood-group agglutinogens, and now heparin has been added to the list of complex polysaccharides which have powerful and specific activities in the body.

It has not been possible as yet to correlate this physiological activity with any particular grouping in the heparin molecule, but Jorpes has produced very satisfactory evidence that the activity is related to the sulphate groups, and he makes the pertinent observation that several synthetic blood anti-coagulants (Congo red, Bayer 205, chlorazol fast pink, etc.) contain sulphate groupings (*cf.* Bergström, Jorpes and Wilander, 1937).

The part played by heparin in the maintenance of the fluidity of circulating blood may at present be a purely academic problem, but it is interesting to note that the Stockholm workers (Holmgren and Wilander, 1937; Jorpes, Holmgren and Wilander, 1937) have found that it is produced by the tissue mast-cells of Ehrlich. Since these cells are mainly localized in the neighbourhood of the smaller blood-vessels, heparin secretion into the blood-stream is clearly indicated.

The preparation of this highly purified non-toxic material has enabled the Toronto and Swedish workers to use heparin for the prevention of thrombus formation in man. Best and his colleagues have shown that thrombus formation produced in small animals by mechanical or chemical means is inhibited by heparin, and subsequent clinical tests have given encouraging results. It is not possible in this short review to quote all the literature on this subject, but those interested in recent developments of this work are referred to the excellent reviews of Best (1938) and Murray and Best (1938).

Another clinical application is the use of heparin for blood transfusions, either by addition to the blood taken

from the donor or by injection into the donor. Hedenius (1936, 1937) has found the latter method satisfactory in 150 transfusions and he claims that it fulfils all the requirements of an ideal blood-transfusion method. The donor is ready for the transfusion ten minutes after he has received the heparin injection, and his coagulation time returns to its original figure in about one and a half hours; it is presumed that during the latter period he should take special precautions to avoid injury.

Heparin is also being used by many workers for the collection of blood samples for chemical and cytological examination. Heparinized blood is suitable for all the common determinations (*cf.* Wilander, 1938) with the exception of the Wassermann reaction, and it seems probable that more extensive use of this anti-coagulant will be made in physiological and biochemical investigations. One serious difficulty which confronts investigators in different countries is the question of standardization. In view of the observations of Jorpes, which suggest that purified heparin preparations are really mixtures, it would seem very desirable that the

various authorities in this field should agree to adopt an "international" standard.

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PURPOSE IN DISEASE

By J. M. JACKSON.

I THINK if I were to ask a hundred general practitioners what was their philosophy in medicine I should find that the majority had none. Among the specialists I should find an assortment of beliefs. To the bacteriologist the world of man is a seething mass of microscopic enemies, to the endocrinologist it can be summed up in terms of hormones. What about the surgeon, the biochemist and the psychologist? Each has his peculiar philosophy according to his particular experience and method of treating disease. The G.P., however, belongs to no special camp, but merely observes and takes leaves out of all books.

The profession can be compared to the clerical in the number of its denominations; we see Catholic and Protestant in the rivalry between physician and surgeon. Fundamentally, however, all denominations are based on one basic principle—in the case of the clerical, the soul of man, and in our own the behaviour of the body-mind in health and disease. I will not attempt to define what health and disease are; Lord Horder has recently done this in his conception of health as "a whole man for the whole of his life", and disease, or unfitness, as a

part-man. Let us forget definitions, as they are misleading and make us think we know more than we do. Who can say where disease starts and health ends?

The impression that I had on leaving hospital was that man during his life must be looked upon, like Christian in *Pilgrims Progress*, as a creature warding off perpetual pathological burdens, or running a continual gauntlet of bacteria. I did not believe that disease could possibly have any purpose in man's life other than a destructive one. I also had the idea of my own future omnipotence as a healer, but time and experience soon brought me to humility. I now place less faith in my own healing abilities and more in those of the patients themselves. I began to think—how is it that patients die under skilled medical care, when often they should live, and why do they get well in spite of unorthodox methods? It is most annoying for the young practitioner to see men and women flourishing under homœopathy, osteopathy, and all the other cults in which Society delights.

The Christian Scientist told me that "if drugs possess intrinsic values or intelligent curative qualities, these

qualities must be mental"* but remembering what I had been taught in pharmacology, I soon dismissed this as unscientific. Yet, what honest doctor will deny the mental factor in the success of his prescriptions; the faith in the bottle of medicine still exists. If you have any doubt of this, you only need to look at the capital of some of our most famous patent medicine firms. To be able to make a living in practice to-day we still have to pander to the beliefs of our patients. We would be bad doctors and fools if we did not, as the suggestion produced by the neat wrapping and labelling of our bottles is often as important as the chemical action of their contents.

Suggestion—nobody knows what it is, but clearly it plays a tremendous part in the treatment of our patients. Let us see what are the factors in therapeutics which we are dealing with every day consciously and unconsciously:

(a) There is the specific treatment for the patient's complaint: Drugs, sera, radiotherapy, physiotherapy—we need not point out their intrinsic values.

(b) There is surgery. I do not consider surgical treatment as specific in the same sense as (a); it is entirely mechanical, the fundamental principle of which is "If the patient's eye offend him, pluck it out". Why the patient's eye should offend him is often beyond our ken.

(c) There is the effect of the person administering treatment, irrespective of the method used. We now know something about transference and its part in all forms of human behaviour.

(d) There is the environment in which treatment is given. This may be the patient's own home, nursing home, hospital or spa.

(e) There is the patient himself, with his idiosyncrasies, chemical and psychological.

It is quite obvious that a gigantic part is taken up by mental factors in the treatment of disease, but I am afraid I learned very little about this in my student days. I looked upon cases as something concrete, in terms of demonstrable pathology, which reacted like chemicals in test tubes when drugs were poured into them.

One of the first things that impressed me in practice, as it must everybody else, was the frequency with which I came across functional complaints. By this I mean that next to wax in the ears, colds and other trivialities, I came across patients for whose symptoms I could find no organic cause. You will probably say that it was because I was such a bad diagnostician, but that cannot be wholly the cause. For an understanding of these symptoms I turned to psychology, and especially to Freud. Do not think I am an expert psychotherapist

* Mrs. Eddy, *Science and Health*.

or a psycho-analyst. I am not, but one can digest Freud's writings without being psycho-analysed. I would here advise every student before embarking in practice to read Freud, and read him again. Your understanding of the functional and neurotic complaints will be of far more service to you than any detailed knowledge of anatomy and surgery (unless you devote yourself to surgery). If you see twenty to thirty cases of acute appendicitis a year in your future practice you will be doing well, but you are bound to see ten times as many functional and neurotic cases; unless you have some understanding of them they will be your greatest bugbear.

The main purpose of this article is to draw attention to this fact and to protest against the deplorable state of our medical education in psychology. We are overburdened with a vast medley of futile facts which are no use to us in later life; we go forth into practice with an entirely materialistic conception of our Art, and the conditions we meet most frequently in practice are those about which we are taught nothing. The day will come when students are taught to dissect the human mind in the same way that they dissect the body.

At present there is distrust and scepticism in regard to psychology among the profession, and especially among general practitioners; this is largely due to ignorance, but is also due to the quarrels among the psychologists themselves in their different schools. There can be no doubt whatsoever of the virtues of psychotherapy. Anybody who has seen the recovery of psychoneurotics during analysis will vouch for them. The difficulty at present is that there are so few trained analysts for the volume of work to be undertaken; there are between 50-60 in London. If each of these analysts is seeing at a maximum eight cases a day, this means that in the Metropolis only 300-400 cases can receive the benefit of analytical treatment. I could collect 40 cases in my own practice alone if there were the facilities for treatment. I must not give the impression that I have no use for other forms of psychotherapy, but here again the facilities for treatment are at present limited and the waiting lists are long—at least, that has been my experience. The poor G.P. is driven to continue with his "bromide and encouragement" method, which is the only one he knows, and is utterly useless in the psychoneuroses. The old faces haunt his surgery regularly until, poor man, in desperation, he tries to run away or sneak in by a side door, not knowing what to do next.

Let us look at organic diseases finally. Here we already realize the tremendous part psychology plays in their treatment, whether orthodox or heterodox. What a number of diseases we meet whose cause is at

present unknown, but is commonly attributed to a psychogenic origin—idiopathic steatorrhea, mucous colitis, paroxysmal tachycardia are a few. Pity the poor dermatologist, what a rotten deal he gets—alopecia areata, angioneurotic oedema are a few of his snags. What about warts?

If ever there is a doctors' addition to the Litany, it ought to be "From asthma, migraine and urticaria Good Lord deliver us". Our chronic asthmatics search Harley Street in vain, they have all sorts of concoctions pushed into their arms by allergic enthusiasts, but they get no better. When we know more about the minds of our allergic cases we shall have a better understanding of these diseases. Can we look upon them as "organic neurosis"? I do not know, but suspect that the particular allergen has a far greater significance to the patient than we realize.

The allergic diseases, with that often accompanied symptom, indigestion, lead us on to peptic ulceration and hyperthyroidism with its text-book signs of anxiety

—what a field for investigation. Never was medicine at such an interesting stage. Is there really such a strict frontier between functional and organic, or can functional disease become organic; if so, what determines which organs should be affected? Let us keep an open mind, and be ready for shocks when they come.

Sometime ago I was introduced to four books by Groddeck, as a patient drew my attention to his theories of disease. Groddeck applied psycho-analysis to organic disease, and if one can believe what he says his results are amazing. Some of his conclusions are perhaps a bit far-fetched, but he talks a lot of common sense about constipation. Should it be possible to apply psycho-analysis to organic disease, as Groddeck claims, then medicine is at the beginning of a great revolution. This does not mean that we shall abandon physical methods in treatment, but that our understanding of the body-mind will be enriched a thousandfold. Disease will then be looked upon as having a purpose in the life of man.

MOUNT EVEREST IN 1938

(Being a doctor's account of the adventure.)

By CHARLES WARREN.

(Continued from p. 112.)

We now had but a comparatively short way to go before coming to the Rongbuk monastery at the foot of Mount Everest. Hitherto we had kept fairly well, barring Oliver, who had developed a bad cold at Shekhar Dzöng. But the day we turned into the Rongbuk valley I began to feel ill, and on arrival at the monastery retired to my tent with a headache, sore throat and fever. We arrived at Rongbuk on April 7th, eighteen days earlier than in 1936. But even this slight difference in dates meant that conditions of living were much more severe. For the next four days I was confined to my tent with an illness that was very like influenza. Soon it began to snow, and a gusty wind which swept about the drifts added much to the discomforts of life. On April 10th the rest of the party left Rongbuk to start making the camps up the East Rongbuk glacier, and I was left behind to recover from my illness. Five days later I had recovered sufficiently to join the others at Camp III. A few days later Tilman went sick with symptoms which were much the same as mine had been, but he also lost his voice with laryngitis, so he had to return to Rongbuk to recover. These

illnesses left us with troublesome coughs and post-nasal infections. Indeed my own cough was so irritating that I could not go more than a few yards uphill without coughing, until I became completely exhausted and had to sit down to recover. Coughs and sore throats have been annoying features on every expedition to the mountain. They are probably due to the combined effects of mouth-breathing in the rarified atmosphere, and dryness of the air pre-monsoon, for when cloud descends upon the East Rongbuk glacier during this season the sore throats improve remarkably. So far we have found no way of preventing them. But in my own case I found that I could get relief from my cough by wearing the "Matthews' respirator", a simple device designed for another purpose, namely, to prevent excessive loss of heat in the breath when climbing at great altitudes. The respirator consists of a few layers of copper gauze mounted in a face mask. Heat is conserved by the gauze and moisture condensed on it with every expiration; then on inspiration this heat and moisture is imported to the cold dry air taken in.

When Camp III was first established it was still very

cold, and we could see that a tremendous wind was blowing higher up on the mountain. We all had coughs or sore throats, and it was obvious, too, that no one was really sufficiently well acclimatized to make a serious attempt on the summit. In spite of this we were anxious to get on with the task of opening up a route to Camp IV on the crest of the North Col. We found the slopes below the Col at this period were ice from top to bottom, so steps had to be cut laboriously all the way. At a certain place we were compelled to go beneath some alarming-looking ice cliffs, where I found it best not to imagine the consequences should they break away while we were still on the slope. After two days' work on the North Col ice we had seen enough to be convinced that the route we had chosen could be completed at any time without much further difficulty. But now the question to be decided was how soon to move an assaulting party up to Camp IV on the Col. Opinion on this matter was divided, but the majority were in favour of postponing an attempt on the summit, though Lloyd and I were anxious to carry out oxygen trials above the Col as soon as possible. It was argued that no one was yet fit enough to make such an attempt; and further that there would be a serious risk of frost-bite if it were made so early in the season. Then, too, there was a danger of breaking the health and morale of the high porters on an abortive early attempt. Shipton strongly advised us to retreat for the time being to lower levels in the comparatively sheltered Karta valley. After endless argument his plan was agreed to, and we decided not to come back to Camp III to continue the assault until May 15th, by which time conditions would have become favourable on the mountain. In a normal year this plan would have allowed a clear month for climbing the mountain before the onset of the monsoon; and we decided that we could only lay plans for a normal season.

The district known as Karta Shika is situated close to the northerly slopes of the Himalayas, and in consequence it enjoys a heavier rainfall during the monsoon than do other parts of Tibet. We had hoped to be able to live off the country at Karta, but only in the summer, between the months of June and October, does it become a flourishing agricultural district. When we went there we discovered that fresh food was difficult to obtain.

The great Arun river, as it flows from the Tibetan plateau into Nepal, cuts a series of remarkable gorges through the loftiest part of the Himalayas near Karta Shika. Wager considers "that the Arun and similar rivers have always had approximately their present course, established at a time when there was a continuous slope from the Ladakh range (on the Tibetan plateau)

to the Plains of India, and that the Himalayan mountains have risen across the course of the rivers, but so slowly that the rivers managed, by rapid erosion, to keep their channels open". We camped in a grassy hollow of the hills close to the entrance of the Arun gorges. It was but a short climb up to the crest of a rocky spur above the camp, and from that point we could peer down at the silver band of water a thousand feet below.

It was a relief to be able to laze about on grass once again, where we were sheltered from the discomforts of the Tibetan wind by the pine trees. A respite from the rigours of the East Rongbuk glacier was clearly much needed, for Tilman now went down with a mysterious fever, Oliver and Smythe had sore throats, Lloyd had developed an alveolar swelling, and Odell was suffering with toothache. For myself, I was feeling bruised and shaken as a result of a fall down an ice slope on the way over, and now I started a sharp attack of diarrhoea. We had been instructed to cut down loads to a minimum for this journey, but fortunately I had insisted upon bringing a certain quantity of medical equipment with me, even at the expense of adding to my own load. I was kept busy during the next few days attending to the sick, and I had to draw Odell's tooth. Throughout this period we experienced unsettled weather, and snow fell on the surrounding hills. Joking references were made about the arrival of the monsoon, but it was not until a month later that we discovered from the letters which we received from India that we were actually experiencing the first of the monsoon snowfalls at this time.

On May 10th we left our convalescent camp to return to Everest. Tilman was still a sick man, but the rest of us were better for the interlude. We were back in Camp III on the 18th, where it was now comparatively warm, with much cloud about. Snow fell every afternoon for the next few days, but work soon started on the Col. There was less ice on the slopes now, and the dangerous ice-cliffs beneath which we had been compelled to pass before had avalanched, leaving blocks the size of a house strewn across the route. Now that the mass had come away the lower section of the climb was much safer, but higher up the slope was very steep, and we had the labour of fixing almost 800 ft. of rope to make it safe for loaded porters to go up and down. Near the top a treacherous traverse had to be made across an exceptionally steep slope. Oliver, with two porters, was cautiously negotiating the traverse when the snow avalanched beneath his feet. His party shot away down the slope, but Tilman and I, foreseeing what might happen, had anchored ourselves firmly behind the lip of a small crevasse, and when the drag came we were able to hold them up quite easily on the rope.

The way was now open to the upper reaches of the mountain, but operations were held up by more unsettled weather. The mountains were in cloud most of the day, and we were recording high temperatures at night. As we lay in our tents the increasing dangers of the North Col route were forced home to us by the incessant roar from the avalanches pouring off the north-east face of Everest. Although nobody liked to admit it, we all felt that the monsoon had indeed arrived. At last there was a break, and Tilman decided to move the first assaulting party and the doctor up to Camp IV. Meanwhile Smythe and Shipton had left to go round to the west side of the North Col because it was felt that the possibility of finding a safer route to the Col from that side should be explored.

Six inches of snow fell during our first night at Camp IV, leaving the rocks on the north face of Everest barely visible through the fresh white mantle. Clearly all hope of climbing the mountain had vanished for the moment. Tilman had struggled on up the north-east spur for another thousand feet, but found it impossibly heavy work ploughing through the drifts. We lingered on for three nights at this camp before reluctantly deciding to abandon the attempt, and get down before the snow on the Col became too dangerous for the descent. There was nothing to do but retreat down the glacier and wait for an improvement. Meanwhile we had agreed that our next move should be a concerted exploration of the westerly approach to the Col. If the weather improved we would send up assaulting parties from that side.

A few days later our party was creeping up the little bay of glacier which lies beneath the vast north face of Everest, keeping close under the precipices of the North Peak to avoid crevasses. For a time we were compelled to come within range of the stones which were falling from the crags of this peak. Now and then a sharp report would be heard, coming from somewhere high up amongst the crags. We would peer anxiously into the mists until a few seconds later, with a horrible whirring noise, a shower of rocks and stones would pepper the snow a few yards away. Whenever this happened we were goaded to even greater speed, short of breath though we were at this altitude.

The crest of the North Col was already aglow in the morning sun when we set out towards the unbroken sweep of snow which on this side led up to it. We crossed the debris of a large avalanche which must have fallen quite recently, for it had swept the slope clear, leaving bare ice. This ice-slope had to be climbed before steps could be stamped in snow. The icy section, though steep and unpleasant for the loaded porters, seemed infinitely safer than the upper slope, where the

snow had failed to come away with the rest of the avalanche, and was lying in a very critical state.

And now we were back in camp upon the North Col, where we heard from the porters we found there that they had left Smythe and Shipton at Camp VI ready to make an attempt on the summit. The men who had helped to carry this camp up to 26,000 ft. had returned safely and were well, except Pasang, who was said to be behaving oddly and was very exhausted. I crawled into Pasang's tent to see him, but apart from his speech, which seemed to be giving him a little difficulty, I noticed nothing wrong at the time. That same evening Smythe and Shipton stumbled into the big dome tent, and after they had been revived with hot drinks they told their story. They had reached 27,000 ft., but had been prevented from going any further by the depth of the snow on Norton's traverse.

The two climbers were going down off the North Col the following morning, so I asked them to take Pasang with them. But when they tried to make him walk they discovered that he could not do so. I was called to see him and found him aphasic with a right-sided hemiplegia. Obviously it was going to be no easy matter getting a paralysed man down off the Col, so we returned to the dome tent to discuss how this was to be done. In the early hours of the next morning we were roused by groans coming from one of the tents outside. I flung on a few clothes and stumbled out into the snow to find out what was happening. I found Oudi sitting up in his tent groaning and holding his chest. It was dark, so I couldn't see what was happening, but he was cold and clammy, and seemed to have difficulty in getting his breath. We took him into the big dome tent, where I made him comfortable and gave him oxygen. He seemed to be much relieved by the oxygen and soon stopped groaning. Soon he developed a cough and said that he only had a pain in the chest on breathing or coughing. At first I thought that he might be getting pneumonia, so I arranged to get him down from the Col as soon as it got light. I left a note for Tilman asking him to help the others with Pasang, and then conducted Oudi down to Camp III. The subsequent course of his illness was unlike that of pneumonia. The temperature never rose above 100° F., the respiration-rate came down to normal within a few hours, and the pulse-rate rapidly returned to normal. He had a cough for a few days with a little sputum, but it was never blood-stained, and friction could be heard over a small area at the back of the chest. In 1933 Oudi had very nearly died on the North Col with pneumonia, so I was worried at the time, and only too anxious to get him down from the Col, where our supplies of oxygen were limited. The following day we watched the rest of the

party bring Pasang down to Camp III. They had to lower him rope length by rope length all the way down to the glacier.

Tilman and Lloyd had fared no better than the others on the mountain; they, too, had been stopped by deep snow on the rocks at 27,000 ft. We knew now that there was no longer any hope of climbing Mount Everest that year. Oliver and I should have made the next attempt, but I was now tied with a sick man on my hands. So reluctantly we faced the fact that the attempt must be abandoned.

I have told the plain tale of our adventures. Perhaps I should have mentioned physiological problems, and discussed the value of oxygen on the mountain; but these subjects would furnish a tale in themselves, so I deliberately refrained from introducing them. I am certain that the matter of finding suitable diets for high altitudes should be given more thought; it seems to be difficult to find a diet which is adequate, and at the same time palatable at great altitudes. In the matter of vitamins there is less difficulty; on the last three

expeditions these have been provided in the form of ascorbic acid (Redoxon), halibut liver oil (Crooke's) and marmite.

It was a calm clear day when we turned away from Mount Everest to start the homeward journey. By a curious paradox the very weather which begins to make life pleasant in these regions brings incalculable dangers of its own on the mountain. For myself, I had no regrets at the outcome of the venture, only a sense of disappointment that we had failed to accomplish more. Perhaps secretly I was even a little glad to know that the highest mountain on earth, the one that so many had striven in vain to approach, still remained to challenge another band of mountaineers. But now they would have to wait until Everest—

A year's snow bound about for a breastplate
—leaves grasp of the sheet?
Fold on fold all at once it crowds thunderously
down to his feet,
And there fronts you stark, black, but alive yet,
your mountain of old,
With his rents, the successive bequeathings
of ages untold.

PSYCHOLOGICAL REARMAMENT*

By E. B. STRAUSS, D.M., M.R.C.P.

THERE can be no doubt but that the next enemy to wage war against Britain will adopt as his main strategic policy the destruction of the civilian morale in the principal towns. Quite clearly, it will be a war waged against our minds, as in the last analysis wars always are. It has become a cliché that spiritual disarmament must accompany or even precede material disarmament. That spiritual rearmament must accompany material rearmament does not appear to be so generally recognized; yet we must look to our psychological defences, since the world has no intention of disarming, morally or materially, to-day or to-morrow.

A witness has given me a personal account of an air-raid on Barcelona in which six aeroplanes took part, using high-explosive bombs only. There were 700 fatal casualties, but Barcelona did not panic. Wherever one's sympathies may lie in the Spanish war, one must admit, I think, that if Government Spain is defeated, General Franco's victory will not have been brought about by the collapse of the civilian morale of the Loyalists, but through the literal starvation of the population.

Wars are won and lost on the psychic front. Although

* Contributed to a symposium on "Panic and Air-Raid Precautions", held by the Medical Section of the British Psychological Society, December 16th, 1938.

we must be prepared for air-raids in which 500 bombers will take part, dropping thousands of thermite bombs and possibly some gas, as well as high explosive, that fact need not determine our defeat if we take suitable psychological precautions against the spread of panic.

My small contribution to this problem is intended to be mainly clinical. Although medical psychologists find it convenient to distinguish various instincts, and to classify them according to their apparent purposiveness, yet all the "instincts" are but aspects of one primal instinct—the life instinct. The life instinct "resides in" every living cell in the organism. The psychic order of experience comprises anything which is experienced by the organism as a unified structure. The experience need not necessarily be conscious, for beneath the surface of consciousness one leads a life of psychic processes of all kinds which we term "unconscious". But there is an order of vital events which are not fully psychic, in so far as they are not fully experienced by the personality as a unified structure. We can term that order of events "psychoid". Some of the phenomena associated with panic-reactions must be regarded as psychoid rather than psychic. Panic may result whenever there is a serious threat to life, direct or indirect, real or fantasied, conscious or unconscious. When the threat to life is

very sudden and intense, the immediate result may be a sudden descent into the psychoid order of experience by way of "hypobulic" and "hyponoic" reactions.

One of the many services performed by the psycho-analytical approach and allied disciplines has been the impetus which has been given to the study of psychology from the genetical point of view. We can now see that, like the rings in a tree-trunk, the human psyche structurally records its phylogenetic and ontogenetic history. By hypobulic reactions we mean those psychic and psychoid events which are genetically speaking pre-volitional; and by hyponoic reactions we mean those mental events which are genetically speaking pre-cognitive. To quote Kreisler, "In the case of adult civilized man, we find that a very sudden rush of over-strong stimuli is associated with an immediate paralysis and exhaustion of the phylogenetic surface-level, and that the level immediately below takes control of the whole motor apparatus. A welter of exaggerated, instinctive tentative movements takes the place of calm (*i. e.* motionless) deliberation. That is the way the acute terror and anxiety syndromes known as panic arise; examples of crowd panic are observable in sudden disasters such as earthquakes, wars, mine accidents and theatre fires. Panic-stricken crowds behave exactly like a swarm of infusoria in warm water; they exhibit a storm of aimless movements, blind rushing hither and thither, crushing against each other, shrieking, hustling and shoving. If one of these exaggerated movements succeeds in removing an individual from the danger zone (*e. g.* from collapsing houses), that movement shows a tendency to persist, and calm gradually supervenes on the motor storm with a return to purposive deliberation. However, it is not only the motor activities that subserve flight which are mobilized by such acute anxiety situations; all the reflex and vegetative activities are brought into play—rhythmical movements such as tremor, clonus and tics, violent and ill-regulated irritative activities of the cardiovascular system, the digestive organs, and all the organs of secretion.

"Mass psychology provides us with examples of similar motor storms occurring in strong affective states other than panic—anger, enthusiasm, political frenzy (under the suggestion of fanatical orators), religious ecstasy. Here, too, these storms can reach the magnitude of convulsions, dancing and 'speaking with tongues'. History shows that such storms were more readily and frequently started amongst primitive peoples than nowadays. Also, children, women and mental defectives are more subject to panic and hysterical reactions than are mature men."

In addition to the hyperkinetic reactions, panic may produce another set of hypobulic and hyponoic defence

reactions, which are characterized by immobility. These reactions are phylogenetically comparable to the "sham death" reflexes exhibited by so many animals, both vertebrate and invertebrate. Psychiatric casualties in air-raids will thus tend to fall into two main groups—the hyperkinetic, who run riot, and the immobile, who are rendered stuporose by shock. Each group will require to be differently handled, both in the interests of the individual patient, and to prevent the spread of panic by psychic contagion.

As a direct result of panic reactions we also meet with the following symptoms: severe headache, insomnia, dyspnoea on walking, skin eruptions, high pyrexia with great oscillations, theatrical behaviour, which in individual cases goes so far as extreme childishness and nonsense-talk. In some cases acute panic is followed by twilight-states in which criminal acts may be performed as automatisms, or by the Ganser syndrome or pseudo-dementia.

This brief account of the clinical aspect of panic will have forcibly reminded you of the hysterical reactions. Is there, in fact, any difference between hysteria and panic? Although the two groups of reactions imperceptibly merge one into another, yet a useful distinction can be drawn; the panic reactions may be regarded as being predominantly psychoid, the hysterical reactions are definitely psychic. In panic only the more archaic components of the personality participate; in hysteria much higher levels of the total personality contribute to the morbid picture. Hysteria is in a much truer sense purposive, seeing that the element of secondary gain, semi-conscious or unconscious, now controls the situation and acts as a fixator of the physical or mental disorders. If properly handled, the majority of the cases of panic-psychosis can be of short duration, and the purely egotistical factor of secondary gain can be prevented from giving rise to the "will-to-sickness". This must be our guiding principle in war-time psychiatry.

It is impossible to estimate the number of psychiatric casualties in a future war amongst the civilian population. According to some, there are likely to be three psychiatric to one physical casualty at first. The Spanish war, however, has shown that the civilian population can become accustomed to air-raids with all their attendant horrors and danger to life, with the result that the number of acute psychiatric casualties is greatly reduced in the course of time. Nevertheless, a very unpleasant form of chronic anxiety state would appear to be becoming general in Barcelona, a state which appears to be engendered not so much by the air-raids themselves, as by the population not knowing from one hour to another whether a raid is to be expected.

The measures of psychiatric prophylaxis of widest

applicability would seem to depend on one principle, namely the inculcation of group loyalty and the sense of a common aim. Hypertrophy of the individual's ego-ideal must be encouraged, and the will-to-community actively stimulated.

Unfortunately we are not in a good position at the present day to bring this about. It is true that there was much that is false and ridiculous in the "old school tie" spirit; but it contained immense potentialities for group loyalties of the right kind. Now that all that remains of the "old school tie" are the Western Brothers and Colonel Blimp, our psychological defences are correspondingly impoverished. In the same way, the absence of belief in revealed religion which characterizes the twentieth century has left yet another gap in our psychological defences, with nothing to fill it. The Spartans, in order to prevent the spread of panic, organized their regiments as bands of lovers; but no one could seriously suggest the re-introduction of idealized pederasty as a step towards psychological rearmament.

Yet something must be done—and that quickly. Group psychologists in certain countries have discovered that the quickest method of uniting a nation is by the inculcation of a common hate. It is my belief that although the inculcation of a common love does not

appear to give such dramatically quick returns, yet the modification of the ego-ideal in the individual, and the identification with the group-ideal brought about thereby, proves to be a much more reliable spiritual defence in the last analysis.

The Government should start a propaganda campaign on a grand scale to create a new form of patriotism. The British citizen should be made to feel that his country is prepared to stand for and stand by real spiritual values—justice, fair play (divorced from any of its discredited "old school tie" implications), the rights of the individual and the dignity of the individual. And democracy must come to be identified with these ideals, and not equated with any particular form of government or administration.

Every civilian should have his particular duty in war allotted to him beforehand. A knowledge of what to do and where to go to do it, coupled with means of reaching the task required of him as soon as possible, is the best preventative of panic and war neurosis. The conviction that one's own particular contribution to the national struggle is all-important and, humanistically speaking, sacred, is the surest means of preventing a man from reverting to sub-man when attacked by sub-men.

ON NOTE-TAKING

By T. H. HOWELL.

THE other day I had occasion to look through the past panel records of a patient who had previously been attended by several other doctors. What struck me most forcibly on reading the notes was the differing types of entry made by my predecessors. One card, for example, was filled only by a list of prescriptions, occasionally punctuated by a symptom or two. A second gave several diagnoses, but no reason at all for them. At last, however, I came to a note which occupied two complete leaves, and was written in a style which would be considered creditable at any teaching hospital. This gave me all the information that I sought.

This contrast took me back to my first days as a surgical dresser, when I began the clinical work which was so different from life in the dissecting-rooms. I remembered the gruff voice of Sir Holburt Waring on my first round, as he asked the new senior dressers why they had to keep records of their cases. After each one had given a hastily concocted answer to his question he grunted and replied, "You write those notes for your education and my edification". I puzzled over

this statement for several days, and, even now, I am not sure that I have got to the bottom of it.

Of course, to appreciate the real value of good notes, it is necessary to leave a teaching hospital and go straight as locum to a general practice in which the doctor has known most of his patients personally for a long time. Each man and woman expects you to know all about their "case", and unless the records have been carefully kept, you find yourself completely in the dark. Many folk complain that "the medicine has been changed, doctor, and it is not as good as the last bottle". Sometimes it is necessary to start afresh by taking a complete history of each patient. This brings home the value of carefully written notes in a way that nothing else can.

But it is not always the fault of the panel doctor if his notes tend to be inadequate. In many cases it is his teachers who are to blame. So much stress is laid upon the examination of patients in a teaching hospital that the history is relatively neglected. Even at Queen's Square and similar places the physical signs are all-important as a passport to qualification.

At Bart.'s, surgical dressers used to have a little green book presented to them before they entered the wards. In this they found a guide to surgical note-taking and examination which was very valuable even after they had left hospital. The clinical clerk, however, has his attention directed more towards physical signs than to history-taking at first, and has no book to compensate for this. "Hutchison and Hunter" deals mainly with methods of examination, while "Horder and Gow" is a trifle advanced for the embryo physician. Geoffrey Bourne's book on case-taking is one of the few helpful books, at this stage.

I remember dreading my first round in a medical ward. I had copied out the house physician's notes word for word, but possessed little idea of their significance. As I read the history in a low voice, I hoped frantically that my stern-looking Chief would not ask me any questions about the case. Fortunately, at a critical point in my ordeal, the patient in the next bed had a heart attack, which diverted attention from me and I was saved. In fact, I never acquired the ability to take even mediocre histories until my second three months' clerking, when the opportunity of seeing Lord Horder's method of approach to a case taught me a great deal.

On going into practice after leaving hospital, it will be found that the relative importance of symptoms and physical signs changes completely. In these circumstances it is very useful to keep careful records. Everyone has his "off days", when he is unable to

think clearly or to make an accurate diagnosis. Even so, notes written on such a day may strike a responsive chord in your mind a few days later. I can recall several cases which illustrate this. Especially one woman with headache and lumbo-sacral pain, whose pathology was obscure at the time of examination, but suggestive of the Arthur Hall syndrome of subarachnoid hæmorrhage on re-reading the notes next day.

In heart disease the history is so important compared to the physical signs that Paul White, the American cardiologist, states that in cases where a consultant has not enough time to take the history as well as to examine the patient, it is advisable to delegate the examination to an assistant while taking the history in person.

Another type of case in which the history is all-important, is that which has pain as its only symptom. If the answers to Ryle's ten points* are recorded, the diagnosis is well on the way to being established. Also, future observers will find a basis on which to compare their observations.

A few years ago the sign of a well-trained physician was the ability to write an elegant extempore prescription, with basis, adjuvant, corrective and vehicle all nicely balanced. May I suggest that we now judge a doctor by the quality of the notes he writes?

* Ryle's ten points.—(1) Character of the pain. (2) Severity of the pain. (3) Situation of the pain. (4) Extent of the pain. (5) Path of reference. (6) Duration. (7) Frequency of occurrence. (8) Time of occurrence. (9) Aggravating factors. (10) Relieving factors.

CURRENT EVENTS

BRITISH MEDICAL ASSOCIATION

In the preliminary announcement of the 107th annual meeting of the Association the following Bart.'s names appear:

Section of Medicine.—Prof. L. J. Witts (Vice-President).

Section of Orthopaedics and Fractures.—H. J. Burrows (Hon. Secretary).

Section of Surgery.—John Hosford (Hon. Secretary).

"PITFALLS IN THE FINAL EXAMINATION AND THE FIRST YEAR OF PRACTICE"

The above is the title of the Annual Address to Senior Students and Newly-qualified Practitioners to be given on Tuesday, March 14th, 1939, in the Great Hall of the B.M.A. House, Tavistock Square, W.C. 1. There will be a reception at 5 p.m., at which refreshments will be served, and at 5.30 p.m. the Address will be delivered by Mr. W. McAdam Eccles, M.S., F.R.C.S., Consulting Surgeon to this Hospital.

ELEVENTH DECENNIAL CLUB

Mr. Wilfred Shaw and Mr. F. C. W. Capps send the following: The Annual Dinner of the Eleventh Decennial Club will be held at the Café Royal on Friday, April 28th. John Hosford, Esq., M.S., F.R.C.S., will be in the Chair. The secretaries wish it to be known that there is great difficulty in keeping an up-to-date record of the addresses of the members. If, therefore, any members of the Club do not receive notices, will they please communicate directly with the secretaries.

100% BONUS!

Sir Girling Ball has very generously offered to double the gate receipts for the Rugby Match v. Redruth on Saturday, March 4th, if they reach £12 10s.—so come in hundreds!

SPORTS NEWS

EDITORIAL

Junior Sides

Now that the surge and thunder of the Odyssey in the shape of the Senior Rugby Cup is close upon us, it seems time, more almost for the benefit of those of our readers not concerned at the moment with the Hospital than for the present members of the sports clubs, to talk of the smaller main.

How few people may know even of the existence of our six rugger, three hockey and two soccer sides, and of the Junior Cup matches which are played with perhaps less publicity, but certainly as much fire and enthusiasm as their big brothers. Yet, while the 1st XI's and XV arc struggling in the limelight, let us stop to give a measure of praise to those who play the "Junior Cuppers" with such verve, and to those, our almost unrecognized foundations, who are as yet competing for the distinction of being included in these—the Junior Sides.

RUGBY CLUB *v.* Moseley.

The last morning game against Moseley was played at Chislehurst on January 21st. It has been replaced by an afternoon game. Although lost 0-0, it was short and sweet owing to a late start. Moseley kicked off and carried the ball into the Bart.'s half, where neither side made much progress. The best movement occurred when, from a clean heel by Greenburg, Pleydell took a reverse pass from Candler and sent the ball down the line to Griffiths, who, after a fine run, was pulled down. The half-time whistle came as Moseley were making several dangerous raids. The second half opened with some fine touch-kicking by Candler, but Bart.'s were forced into their "25", and after some scrambling play the Moseley forwards scored under the posts. After the conversion Moseley were soon in the attack, and a fine drop goal by

Hill quickly followed. Several promising movements by the Bart.'s outsides were unable to penetrate the stubborn Moseley defence.

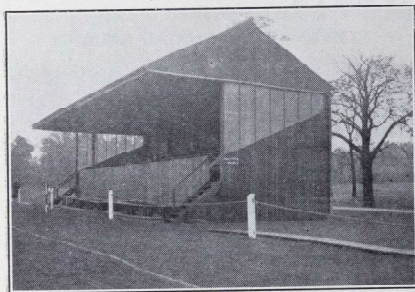
v. Old Paulines. This match was played at Chislehurst on Saturday, February 18th, and resulted in a victory for the Hospital by a goal, a penalty goal, a dropped goal and two tries (18 pts.) to a goal (5 pts.).

The game began very scrappily, and it was some time before the sides settled, down to play constructive football. Our pack were not well together, and we would suggest a change of leadership, leaving the present leader to concentrate on his own individual type of adventuring. When our mid-field players had ceased dithering amongst themselves and sent the ball swiftly to the wings our attack improved tremendously, and as a result some fine tries were scored from well-executed movements.

Two tries were scored by Pleydell in the first half after good handling by Candler and Laybourne. Macpherson failed from a difficult position to convert the first, and Candler added the extra points from in front of goal from the second.

The second half began at a cracking pace, and the O.P.'s were getting a fair share of the ball, but their backs lacked thrust and our defence was very sound. Bart.'s returned to the attack, and from a mêlée on the O.P.'s "25" line the ball was passed back to Pleydell, who dropped a very good goal. Soon after this Macpherson landed a penalty with a long kick. The O.P.'s now began to get more than their share of the game, and the magnificent defensive kicking of Candler was invaluable. At last their efforts were rewarded by a try from a loose forward rush, which was converted by the ever-green, or perhaps red, Hogbin. Near the end Griffiths, who had not had the ball as often as he should, scored far out, but the kick failed. The game was made the more enjoyable by the excellent refereeing of Mr. C. H. Gadney.

GRAND STAND APPEAL :: BART'S R.U.F.C.



Contributions should be made payable to
Hon. Treasurer,
St. Bartholomew's R.U.F.C.

THE GRAND STAND at Chislehurst seats 250 people. It cost £600, and of this amount £220 remains to be paid.

Dr. GRAHAM has kindly given security to the Rugby Football Union, who have lent the Club £400, provided this sum is paid off in the next few years. Not less than £60 has to be paid off every year.

There was a record gate for the match against the London Irish. The stand was really full for the first time. We hope to reduce the amount to be paid off to under £200 before the end of the season.

INTER-HOSPITALS SENIOR CUP COMPETITION

The 1st round Cup match *v.* University College Hospital was played at Chislehurst on February 9th, and was a most exciting game, the Bart.'s team producing a fighting spirit which enabled them to beat what was perhaps a more skilful side.

After 20 minutes of scrappy play Bart.'s were two goals down, and U.C.H. were playing more and more together as an effective team. Both their goals were scored as the result of the hesitancy and "gentlemanly" tactics of the Bart.'s team, and although Osmont scored for us after 30 minutes, U.C.H. scored again before half-time, and, as the B.B.C. have it, "the further outlook was unsettled". Osmont's goal was a truly remarkable affair: he crashed the ball in on the half-volley from quite 25 yards' range, but this was the one ray of sunshine which served but to emphasize the general darkness of the Bart.'s prospects at the interval.

Twenty minutes after half-time Gallimore scored for us, but almost immediately afterwards Rees, the U.C.H. inside left, broke away, and his partially-cleared centre was converted, to make the score 4-2 against us.

From that moment the game underwent one of those dramatic changes so beloved of the story-writer. The Bart.'s team began to play with splendid spirit; defence and attack alike fought hard for the ball, and time and again secured it by sheer determination. The inside forwards, too, began to pass with considerable accuracy, and Bart.'s were undoubtedly the better side at the end.

With 15 minutes to go James scored a very well-earned goal, and soon afterwards Nicholson put in a high dropping shot from the edge of the penalty area, the goalkeeper being rushed into the net before he could clear the ball, which he had caught. Elder, Maples, Royston and James all had good shots saved by U.C.H.'s very capable goalkeeper, but finally Nicholson sent over one of a series of excellent corner-kicks, and Osmont "noddled the leather between the uprights", to give Bart.'s a most exciting victory by 5 goals to 4.

Elder set the team a fine example by his persistence throughout, and Packer was quite exceptionally good, while James was outstanding at centre-forward; his determination and general toughness often when entirely unsupported in attack were splendid. The extreme wing-men also played in their best style.

Team.—W. D. Mail; F. H. Packer, N. G. McGuire; A. Maples, P. M. Elder (capt.), D. Harland; C. G. Nicholson, R. L. Osmont, A. R. James, J. O. Gallimore, G. R. Royston.

1st XI *v.* Middlesex Hospital. Away. January 28th. Won, 3-0. From the beginning of the game it was manifest that Bart.'s would be in control of the proceedings, as they showed better individual play and combination than the opposing team. Repeated attacks on the Middlesex goal, however, were aborted by the energy and good football of the backs. A break-away by Nicholson on the right wing, however, gave us the lead halfway through the first half. Middlesex fought back, and for a time our defence was kept hard at work, and had it not been for the inaccurate shooting, and delivery of centres from the wings to behind the goal line, they probably would have scored. From a goal-kick Maples passed the ball up the centre, and good following up by the inside forwards gave us a second goal from Kingston. The second half was uneventful, but it added a third goal from Callimore.

1st XI *v.* Caius College, Cambridge. Home. February 4th. Won, 2-1. With ten men for the whole game, Bart.'s did well to be one goal up against a team with several good individual players. The game opened with attacks in our half of the field, and Caius had soon scored one goal after a scramble in the penalty area. Bart.'s, however, showed superiority in most departments after this, and the hard work of the forwards was soon rewarded. Royston centred well, and Osmont well fulfilled the positions of inside and outside right, but in spite of this, the presence of another man on the wing was sorely missed. One of Osmont's many good centres was taken up by Gallimore, who cut in and put a low accurate shot a short way inside the post. In the second half we repeated our good performance, and after Evans had given us the lead would have been one more goal up had not a long shot from Harland hit the cross-bar. It was an encouraging game, with everyone playing with more energy and surety than in the past games of the season.

1st XI *v.* Brighton Old Grammarians. Away. February 11th. Won, 2-1. With nine men for most of the second half of this game, and with only five regular first-team members playing,

we put up a good fight against a moderately good team. The enthusiasm and energy of the previous games of this month was once more displayed and soon brought an early goal through Robertson. Our defence was kept busy, but the backs defended well. The half-time score of 1-1 was discounted when a centre from the right wing was well headed into the net by Robertson.

Second Round Cup Match

2nd XI *v.* Charing Cross Hospital. Home. February 2nd. Won, 3-0. This satisfying result was the reward of a hard-working team playing well together, and at times very good football. It was a fair representation of the run of the play, for we did most of the attacking. Without the help of one of their backs, who was later moved into the forward line, Charing Cross probably would have been some more goals down.

Gordon at right half did much valuable work, both in defence and attack, feeding his forwards with well-timed and accurate passes. Evans, who plays equally well in nearly all places on the field, was playing for the first time, this season on the right wing, and after taking the first half to settle down to his new position, did excellent work in the second half, attacking down the side of the field and lifting the ball into the centre. The veteran captain, Howell, did less work than usual, but just enough to keep a steady influence on the other members of the team. The inside forwards, Grossmark and Routledge, both did good work in attack, and also in retrieving the ball when in our half of the field.

The game started off at a fairly fast pace with our forwards attacking persistently. The passing and individual play was good, but after the excitement of beating their rivals, the forwards forgot their balance, and several times lifted the ball over the bar instead of underneath it. Not till the second half did they open the score, when Routledge took a hard low shot which went between the goalkeeper's legs. This unfortunate goal seemed to demoralize our opponents, whose defence from that moment became less effective. It was still active, however, in placing our forwards off-side, for which we were penalized many times. Evans later cut in and put in a good shot across the goal-mouth. Soon after this Grossmark added a third goal to make sure of a satisfactory victory.

Team.—G. H. Wells-Cole; A. H. Phillips, D. Harland; W. Gordon, D. R. S. Howell, G. C. Darke; G. R. Evans, R. T. Routledge, D. Robertson, S. Grossmark, J. Birch.

THE UNITED HOSPITALS BOXING CHAMPIONSHIPS

were held in the Stadium Club on the evening of February 3rd, before a cheerful and noisy crowd. The position of Bart.'s in the final list was poor—next to bottom; this was partly due to the fact that their best boxers were not lucky enough to get a win in the finals, in spite of some good efforts, and also due to the fact that no fly-weight, bantam or heavy could be produced. (Disappointing when we have such good training quarters, and one of the best trainers in London.)

E. LEVINE was beaten by T. R. Woodbridge of Guy's in the preliminaries of the middle-weights. Levine tried hard to box carefully and was using his left well, but his poor guard led to his undoing in the second round, which opened with some heavy hitting by Woodbridge. Levine fought back pluckily and took a lot of punishment before the fight was stopped towards the end of the second round.

T. J. BRADY was beaten by D. M. L. Doran of Thomas's. This was a fine fight with good fast boxing on both sides. The old Oxford Captain has recovered much of his form, but Brady held his own, and did well by frequent attacking. When the end came it was by no means obvious which way the decision would go, and the result might well have been different if Brady had been able to do a little more heavy punching.

A. P. BENTALL beat W. E. Mahon of London Hospital in the semi-final of the light-weights. This was a hard fight, and Bentall received one or two heavy blows in the first round; he fought back well, however, and after a fast hard-hitting contest gained the decision on points.

J. W. G. EVANS was beaten by P. E. Coffey of Thomas's after a very fine effort indeed. There was much close hard hitting in the first round, with Evans countering well. In the second round Coffey landed a left hook to the stomach followed by a right to the head which put Evans down for seven. He recovered, however, and kept his opponent off cleverly until the end of the round. There was some good boxing on both sides in the third round, but Coffey gained a decisive victory.

R. S. HENDERSON was beaten by R. W. Ross (Mary's) in the semi-finals of the light-heavy. This was a wild fight with untidy hitting, and too much rushing on both sides. Henderson, who was giving away a lot of weight, used his left well, but did not box cleverly enough to keep Ross away. In the third round Ross landed a perfect right to the jaw which settled things in no uncertain manner.

A. P. BENTALL was beaten in the finals of the light-weights by A. A. Halamandres, of Guy's, who won with a technical knock-out early in the first round. Halamandres, fresh from two previous knock-outs, started early with a rush of heavy blows to the head. Bentall tried hard to fight back, but went down twice before the fight was stopped.

The final results were: Guy's, 26; Thomas's, 18; London, 15; Mary's, 14; Bart's, 7; Charing Cross, 1.

HOCKEY January was a most depressing month; only one game was played, and that against the Old Southendians, at Foxbury, was lost by 1-4, our worst defeat for some time. Fortunately we received a bye in the 1st round of the Cup!

February.

University College Hospital, at Perivale Won, 5-1. 2nd round Cup-tie. A cold and windy day and a long wait before the start made our first-minute score rather surprising. From the bully-off the ball went to Hewitt on the right wing, who ran in and passed to the centre-forward, who scored.

U.C.H. resented this strongly and attacked unceasingly, soon scoring their only goal of the match through the right half. Gaining the ascendancy with a further goal in the first half, the result was thereafter never in doubt, Marrett at centre-half being more than

adequate in defence and attack. J. N. Fison (3) and R. Heyland (2) scored the goals.

Seaford College, at Seaford. Won, 6-4. This spate of goals was due, probably, to the combination of a rough pitch with extremely vigorous umpiring, the latter making any consecutive play for more than 15 seconds out of the question. The most striking contrast of the day was provided by the diminutive Seaford goalkeeper, who was kept very busy, and who saved his side from the indignity of a double-figure score. Poor play by our defence accounted for the 4 goals scored against us, although most of it was quite excusable in obstruction, and to side-step one's opponent turning. We retired hastily through an avenue of mildly cheering scholars, some of whom wore faces which belied their vociferations, but there was no repetition of the most unfortunate attack of booing which greeted the employment by a member of our defence—who shall be nameless—of a very fine half-nelson tackle during the closing stages of the game.

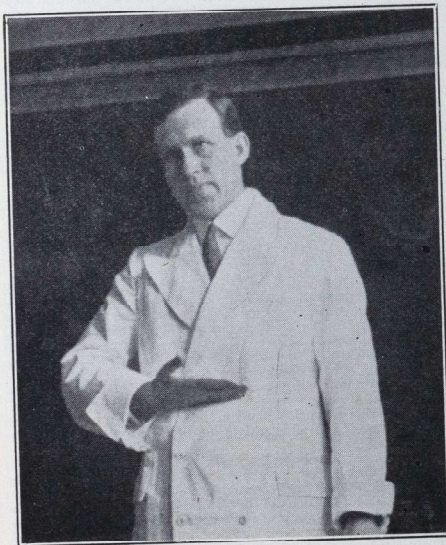
Staff College, at Camberley. Won, 4-2. Blazing sun and a perfect pitch combined to make this the fastest game of the season, and before we were anything like under way the Staff College centre-forward scored from a rebound. Throughout the game our opponents' policy of the quick follow-up was balked of its due and rightful reward only by the excellence of Akeroyd in goal. Our first goal was scored by Heyland at inside left, from a cross-pass from the right half, and a few moments later Bentall was unlucky not to score when he ran in and took the ball on the reversed stick. The forwards were beginning to swing the ball about and combined really well. Before half-time J. N. Fison scored with a very good shot. A plethora of short corners against the Hospital marked the closing stages of this half, but none crossed the line between the posts.

Early in the second half Staff College scored from a centre from the right which reached the inside left, who caught the goalkeeper on the wrong foot. After this the defence proved adequate in spite of many successful attacks from the right. Ellis, at left back, being outstanding, and Masina, back at his old station, was very safe indeed—his excellent sense of position serves him well even when fresh from retirement.

Age began to tell very quickly now, and our third goal by Bentall was most exemplary, Fison running out to the edge of the circle on the right to hook back a through pass into his waiting stick. Finally our efforts were crowned by a further goal from a penalty corner. Staff College made no further attacks of a serious nature, and we had the satisfaction of beating a team which just previously had showed the way to an O.U. Occasionals side.

Matches to February 11th: Played 18, won 9, drawn 2, lost 7. Goals for, 58; against, 45.

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RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- BALL, SIR GIRLING, F.R.C.S. "Staphylococcal Infections of the Kidney." *British Journal of Urology*, December, 1938.
- BOURNE, GEOFFREY, M.D., F.R.C.P., and EVANS, COURTENAY, M.D., M.R.C.P. "The Four-lead Electro-cardiogram in Angina of Effort." *Lancet*, December 10th, 1938.
- BREWER, H. F., M.D. See HOWKINS and BREWER.
- CHOPRA, R. N., C.I.E., M.D., Sc.D., F.R.C.P. (and GHOSH, S., and DUTT, A. T.). "Some Inorganic Preparations of the Indian Indigenous Medicine." Part VI. *Samudra Phena. Indian Journal of Medical Research*, October, 1938.
- (and CHATTERJEE, R. G., DE, N., and GHOSH, S.) "A Preliminary Note on the Chemistry and Pharmacology of the Leaves of *Skimmia laureola*, Hook. F." *Indian Journal of Medical Research*, October, 1938.
- COYLE, RALPH, F.R.C.S. "Trusses and Belts." *British Medical Journal*, December 24th, 1938.

- CULLINAN, E. R., M.D., F.R.C.P. "Ulcerative Colitis: Clinical Aspect." *British Medical Journal*, December 31st, 1938.
- CUMBERBATCH, ELKIN P., M.B., B.Ch., F.R.C.P., D.M.R.E. *Essentials of Medical Electricity*, Eighth edition. London: Kimpton, 1939.
- EVANS, COURTENAY, M.D., M.R.C.P. See BOURNE and EVANS.
- HALDIN DAVIE, H., M.D., F.R.C.P., F.R.C.S. "Skin Diseases in the Winter." *Practitioner*, December, 1938.
- HEWER, C. LANGTON, M.B., D.A. "Anaesthesia." *Medical Annual*, 1938.
- "Spinal Analgesia." *Medical Press and Circular*, May, 1938.
- (and BELFRAGE, D. M.R.) "Trichlorethanol on Trial." *Lancet*, December 3rd, 1938.
- HOWKINS, JOHN, M.D., M.S., F.R.C.S. (and JEFFERIES, D., B.M.). "True Oxycephaly with Case-Report." With Pathological Note by RICHARD S. HANDLEY, M.B. *Lancet*, November 26th, 1938.
- and BREWER, H. F., M.D. "Placental Blood for Transfusion." *Lancet*, January 21st, 1939.
- HUNT, ALAN H., B.M., F.R.C.S., and JEWESBURY, ERIC C. O., B.M., M.R.C.P. "Perforated Peptic Ulcer in Organic Nervous Disease." *British Medical Journal*, November 26th, 1938.
- HUNTER, J. T., M.R.C.S., L.R.C.P. "Anaesthesia in Thoracic Surgery." *British Medical Journal*, January 21st, 1939.
- JEWESBURY, E. C. O., M.R.C.P. See HUNT and JEWESBURY.
- KEYNES, GEOFFREY, M.D., F.R.C.S. "Tuberculosis of the Thyroid Gland." *Lancet*, December 10th, 1938.
- MAXWELL, JAMES, M.D., F.R.C.P. "Staphylococcal Septicæmia Treated with M. and B. 693." *Lancet*, November 26th, 1938.
- MILNER, J. G., B.Ch., F.R.C.S. "Glaucoma." *Post-Graduate Medical Journal*, December, 1938.
- MYERS, DENKARD, C.M.G., M.D., F.R.C.P. "Gaucher's Disease from the Clinical Point of View." *Post-Graduate Medical Journal*, January, 1939.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. (and MAJUMDAR, D. N.). "Haematological Studies in Indians. Part IX. The Analysis of the Hematological Findings in 57 Cases of Anæmia in Pregnant Tea-Garden Coolie Women with Special Reference to the Results of Treatment." *Indian Journal of Medical Research*, October, 1938.
- ROCHE, ALEX. E., M.D., M.Ch., F.R.C.S. "Orchitis, Varicocele and Twisted Cord." *British Medical Journal*, January 7th, 1939.
- SHARP, B. BUCKLEY, M.D., M.R.C.P. "Syphilis of the Central Nervous System." *Post-Graduate Medical Journal*, December, 1938.
- "Prevention and Treatment of Neuro-Syphilis." *Post-Graduate Medical Journal*, January, 1939.
- SHORE, L. R., M.B., M.R.C.P., D.P.H. "A Note on the Interparietal Groove in Egyptian Skulls." *Journal of Anatomy*, October, 1938.
- SLOT, GERALD M., M.D., M.R.C.P., D.P.H. "Ammonia for Burns." *Lancet*, December 10th, 1938.
- SNOWDEN, FERNST N., M.B., B.S. "Self-Consciousness and Public Speaking." *Lancet*, January 14th, 1938.
- WALKER, KENNETH M., O.B.E., F.R.C.S. "Practical Points in Diseases of the Testicle." *Clinical Journal*, October, 1938.
- "Circumcision." *British Medical Journal*, December 31st, 1938.
- WARRING, JOHN, M.R.C.S. "Needle for Continuous Intravenous Drip Therapy." *Lancet*, November 19th, 1938.
- WITTKOWER, ERICH, M.D., L.R.C.P. "Ulcerative Colitis: Personality Studies." *British Medical Journal*, December 31st, 1938.
- WOOD, W. BURTON, M.D., M.R.C.P. (R. C. COHEN, M.D., and W. B. W.). "Cerebral Paratuberculosis." *Lancet*, December 10th, 1938.
- YOUNG, F. H., O.B.E., M.D., F.R.C.P., D.P.H. "The Management of Chronic Bronchitis in the Winter." *Practitioner*, December, 1938.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1938.

Part I—Dallivall, K. H. S., Dixon, K. C., Evans, W. B., Fletcher, C. M., Hearn, R. D., Phillips, A. L.

Part II—Brennan, E. B., Clutton Brock, J., Ellis, A. R. P., Gardner, E. K., Harmer, M. H., Hoskyn, G. H., Jack, R. D. S., Moore, M. E., Sturdy, D. G., Wright, B. M.

UNIVERSITY OF LONDON

M.D. Examination, December, 1938.

Branch I (Medicine)—Clarke, R. F., Latter, K. A.

Branch II (Pathology)—Macfarlane, R. G.

Branch IV (Midwifery and Diseases of Women)—Rees, E. R.

*Awarded University Medal.

M.S. Examination, December, 1938.

Branch I (Surgery)—Bintcliffe, E. W.

First Examination for Medical Degrees, December, 1938.

Ball, E. W., Bullough, J., Curé, S. M. F., Davies, T. D. L., Davies, W., Durham, P. D. A., Evans, T. G., Ezra, C. J., Inossi, E. A., Jones, W. K., Lyster, J. N., Mackay-Scollay, E. M., Mackenzie, W., Morris, J. L., Musgrave, S. R., Nazroo, I. A., Osmond, R. L., Pracy, J. P., Ridge, L. E. L., Sanders, C. D., Siegler, J., Sills, O. A., Tata, M. N., Thorne, N. A.

ROYAL COLLEGE OF PHYSICIANS

The following have been admitted to the Membership: Boden, G. W., Kassar, A. C.

ROYAL COLLEGE OF SURGEONS

The Fellowship has been conferred on the following:

Blusger, I. N., Bremer, J. K., Chandra, S. R., Cooper, D. M., Desai, N. R., Drake, E. P., Hall, Dunlop, E. E., Eddy, H. H., Griffiths, I. H., Hambley, E. H., Mahadevan, R. I., Mazhar, K., Norman, H. R. C., O'Donoghue, J. G., Sobhi, H.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:

D.A.—Mart, W. T. D.
D.P.H.—Briggs, G. O. A.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, December, 1938.

Chemistry—Hopwood, G. M.

First Examination, December, 1938.

Anatomy—Bickford, J. A. R., Brewerton, R. S. E., Fison, J. L., Thrower, A. L.
Physiology—Bickford, J. A. R., Helme, P. E., Thrower, A. L.
Pharmacology—Coupland, H. G., Lemerle, M. E., Marrett, H. R.

Final Examination, January, 1939.

The following students have completed the Examinations of the Diplomas of M.R.C.S., L.R.C.P.:

Blanshard, T. P., Campbell, D. H., Cates, R. N., Clarke, T. H. W., Cole, M. J., Crabb, E. R. T., Davies, I. R., Dunn, J. R., Faulkner, T., Garrod, O., Glatston, H., Gunz, F. W., Hackett, J. T. A., Jackson, C. A., Kelsey, D. N., Mason, M. L., Moynagh, K. D., Murley, R. S., Perrott, J. W., Redman, V. L., Rogers, N. C., Salmon, J. K., Savidge, R. S., Stoker, G. E., Taylor, L. R., Taylor, W. N., Thompson, J. R. O., Whittaker, W. O., Williams, C. G., Williams, F. H., Young, N. A. F.

SOCIETY OF APOTHECARIES OF LONDON

Primary Examination, January, 1939.

Materia Medica and Pharmacology.—Benson, T. L.

Final Examination, January, 1939.

The Diploma of the Society has been conferred on :
Headley-Blythe, J. B.

CHANGES OF ADDRESS

ANDERSON, R. S., 133, Pollards Hill South, Norbury, S.W. 16. (Tel. Pollards 1372.)
BRUNYATE, W. D. T., 308, Keyes House, Dolphin Square, S.W. 1. (Tel. Victoria 3800.)
FRANCIS, A. E., 40, Roxborough Park, Harrow, Middlesex. (Tel. Byron 4105.)
GEACH, R. N., Virginia Lawn, Egerton Road, Weybridge. (Tel. Weybridge 2880.)
LYON-SMITH, G. L., Goods Farm, Merridge, Spaxton, near Bridgewater, Somerset.
RICHARDS, F. A., 2, Chesterford Gardens, N.W. 3.
SHRINAGESH, M. M., BM/XPEJ, W.C. 1.

APPOINTMENTS

BRUNYATE, W. D. T., D.M.(Oxon.), D.P.H., appointed Medical Officer to the Ministry of Health, S.W. 1.
FAWGETT, R. E. M., M.B., B.S.(Lond.), Capt. R.A.M.C., T.A., appointed Home Office Medical Instructor, A.R.P. Department.
RAVEN, RONALD W., F.R.C.S., appointed Assistant Surgeon to the Royal Cancer Hospital (Free).

BIRTHS

DEAN.—On January 25th, 1939, at 17, King Street, King's Lynn, Norfolk, to Joan (*née* Crutts), wife of Dr. David M. Dean—a daughter.
GARNHAM.—On February 1st, 1939, at Kisumu, Kenya, to Esther, wife of Dr. P. C. C. Garnham—a daughter.
HOUGHTON.—On January 30th, 1939, at Quarry Place Nursing Home, Shrewsbury, to Frances (*née* Cooper), wife of A. W. John Houghton, of Drapers' Hall, Shrewsbury—a son.
KERSLEY.—On February 10th, 1939, to Dr. and Mrs. G. D. Kersley, 6, The Circus, Bath—a son.
McNEIL.—On February 6th, 1939, at Allahabad, to Jean Mary (*née* Sittain), wife of Capt. Charles McNeil, R.A.M.C.—a daughter.
NICHOLSON.—On January 29th, 1939, to Frances (*née* Burdon-Cooper), wife of Dr. B. Clive Nicholson, of 17, South Close, Pinner—a daughter.
SIMON.—On February 6th, 1939, at 19, Bentinck Street, W. 1, to Charlotte, wife of George Simon, M.D.—a son.

MARRIAGES

BURNETT-PEARSALL.—On January 26th, 1939, in London, F. Marsden Burnett, M.D., D.P.H., of Sevenoaks, to Mrs. Marjorie Pearsall, of Prince of Wales Mansions, S.W. 11.
ENRAGHT-BESEKE.—On February 4th, 1939, William Enraght, L.R.C.P.(Lond.), M.R.C.S.(Eng.), to Miss Maud Beseke, of "Millford", Etchinghill, Kent.

DEATHS

GANE.—On February 9th, 1939, at Castle Green, Llansawel, Llandilo, Carmarthenshire, Edward Palmer Steward Gane, M.D.(Durh.).
OKELL.—On February 8th, 1939, Charles Cyril Okell, M.C., M.B., Sc.D., F.R.C.P., late Professor of Bacteriology in the University of London, of Ferry Corner, Chesterton, Cambridge, aged 50.
WARBACK.—On January 24th, 1939, at Gravesend, James Stratton Warrack, T.D., Col. A.M.S.(T.), M.A., M.D., G.M.(Aberd.), D.P.H.

PERSONAL COLUMN



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ST. BARTHOLOMEW'S



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CALENDAR

Tues., April 4.—Dr. Graham and Mr. Wilson on duty.	Mon., April 17. Last day for receiving other matter for the May issue of the Journal.
Fri., " 7.—Dr. Evans and Sir Girling Ball on duty.	Tues., " 18.—Dr. Gow and Mr. Vick on duty.
Tues., " 11.—Prof. Christie and Prof. Paterson Ross on duty.	Fri., " 21.—Dr. Graham and Mr. Wilson on duty.
Fri., " 14.—Dr. Chandler and Mr. Roberts on duty.	Tues., " 25.—Dr. Evans and Sir Girling Ball on duty.
Last day for receiving letters for the May issue of the Journal.	
	Fri., " 28.—Prof. Christie and Prof. Paterson Ross on duty.

STUDENTS IN WAR

WITH the "alarums and excursions of war" becoming almost a matter of routine, it is a matter of great interest and importance to us, as students, to know what our part will be in any future national emergency. Our thoughts on this subject have already been clarified considerably by the Warden's talk on the matter, and those who are attending the rather brief and practical A.R.P. courses at present being held already have some idea of the general scheme of casualty organization. It is with the hope that everyone may have some idea of the existing hospitals' organization, and of the less definite plans

governing the activities of students, that this article is being written.

In September last our activities were directed towards the production of an emergency scheme, whereby the Hospital might be able to deal with large numbers of casualties near the scene of their occurrence ; at the same time we had to protect the staff, including students, and the patients themselves, from becoming further additions to this list of casualties. Even at that time the more enlightened of those who controlled our destiny realized the absurdity of having so many highly skilled and irreplaceable people concentrated actually in