

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* Cruitts), 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



The cost of Advertising is 2/- a line of 7 words ; 1/- 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 and must be prepaid.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. XLVI.—No. 7

APRIL 1st, 1939

PRICE NINEPENCE

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

the danger-zone. We should congratulate ourselves that, unlike many other forms of civilian activity, we are no longer floundering in a confusing mass of red tape, but form a part of a well-organized scheme which is already under the command of those who will control it in war.

As many people already know, this Hospital, together with the Royal Free, forms the apex of a sector which extends through outer London to Bedfordshire. Every hospital and medical institution in this area comes under one leadership—at present that of the Dean and Mr. Joll of the Royal Free. Hospitals in the advanced area, which is liable to aerial attack, would be evacuated and used only as casualty clearing stations. To consider our own case, we should be capable of dealing with large numbers of casualties, which would be passed on as soon as possible to safe districts; we should only have a minimum of beds to lodge those who were too seriously injured to be evacuated immediately—one big surgery with something corresponding to Surgery Ward attached to it. Most of our valuable surgical staff, and our even more valuable nursing staff, would continue their activities in the comparative safety of base hospitals situated at the most distant end of the sector. All casualties would be evacuated to the base hospitals, where the most skilled personnel and the best equipment would be concentrated. Only a minimum of treatment would take place in the danger-zone. (For details of this scheme see the *British Medical Journal* of March 10th.)

As a result of this, the A.R.P. training of students has been somewhat altered. It will no longer form part of our activities to protect our own Hospital from incendiary bombs and such-like, and the task of dealing with gas casualties should eventually be taken over by others. It is considered worth while to continue with this training, however, as it is impossible to say when we may be called upon to deal with a gas casualty, or, indeed, when we may need some knowledge for our own protection.

With regard to the activities of students themselves we are on less certain ground, but one is justified in considering the present suggestions so long as one remembers that these ideas are still liable to a great deal of change. It is obvious that in a war of any duration, the shortage of skilled medical men will soon become acute; the duty of a medical student, therefore,

is not to risk his life making courageous rescues in dangerous places, but to get himself qualified as soon as possible. The stage in the student's life at which he must commence to concern himself with nothing but qualification is not definitely settled, but it seems likely that those who have commenced their study of Anatomy and Physiology will be retained for medical study; those in their first year who have not yet reached this stage are at present considered eligible for military or other activities, and the Hospital would have no claim on them. Medical study, then, is our job, but the question arises, where? The base hospitals with the senior staff—and the nursing staff—is obviously the place for us, even if we can find no adequate accommodation and have to live in tents—for these base hospitals are mostly in the country and very far from anywhere. The place where those engaged in Anatomy and Physiology could pursue their morbid pursuits in safety is at present unsettled.

Obviously the change from our present elegant mode of life to one of an urgent search for qualification in some different and perhaps rural medical school with insufficient accommodation could not be made in a day. The present suggestion is that all medical education should stop for three months, and then be resumed, probably at the base hospitals. During these three months students would still be under the command of the medical school; there would be many duties for them to perform, and their heroic tendencies might temporarily have more scope. The first obvious task would be the evacuation of the present patients from the Hospital—a matter of some urgency; hence the need of a list of students' addresses, etc., and training in stretcher-bearing; subsequently there may be many hospitals in the sector which has been subjected to attack who are short-handed and will need reinforcing from the base. These and a variety of other activities could be fulfilled by students during the first three months, before things were running smoothly enough for the establishment of a medical school.

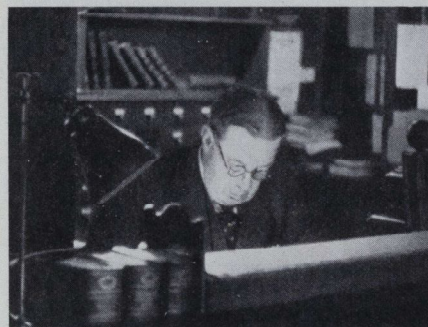
So let us leave this with the hope that the necessity will never arise for us to continue our studies in tents in the grounds of some distant hospital, but remembering that if it does, our duty is not to be heroic, but to get qualified in order that we may justify our existence by saving life before we lose our own.

A. P. B.

TWO YOUNG MEN

MR. COUGHTREY.

THE Librarian has to hark back to 1895 to remember his first associations with this Hospital: to the days when the Pathological Block was no more than a row of shops, and the Library window in Windmill Court looked into the public bar of the "Plough" Tavern. These were the days, too, of "Mackenzie's" and Miss Armitage, the building of "an additional operating theatre" and special venereal wards. It is the changes in the buildings themselves that come first to Mr. Coughtrey's mind.



Prevented by illness from entering the Civil Service, he first worked with Mr. (now Sir James) Berry in the Statistical Department. In 1900 he was appointed the first Registration Clerk to the Hospital, and in 1903, on the retirement of Madden, he took over the Library.

"It hasn't changed much," he said, "as far as numbers of books go." Schedules, however, are a different story; not only are there six times as many now, but they are far more complicated. Coughtrey will be remembered by many generations patiently working through enormous piles of forms—forms of such complexity that they could surely only be understood by himself and the authorities at Queen Square.

His sensitive ear will at once enable him to distinguish a fellow Scot by his pronunciation of his name. After so many years he despairs of getting a mere Anglo-Saxon to appreciate the difference between KOWT-REE (which is right) and KOW-TREE (which is wrong).

The Hospital loses two tried servants and two great characters in Coughtrey and Bridle. May they spend their years of retirement in good health and prosperous activity.

MR. BRIDLE.

Bridle starts seven up on the Librarian, 1888 being the year when he first took charge of the bowler hats and hazel sticks of the students in the Cloak Room except on Saturdays, when he took charge of silk hats and silver-knobbed canes. *Sic transit gloria*. As for vivas, they were taken in full evening dress.

In 1906 he was appointed Lecture Attendant, and it is the familiar figure at the top of the Slope which most



people will recall to mind when they think of Bridle. In those far-off days the lecturer often had to be delayed by the wayside until enough students had been found to make a "quorum" for a lecture. At that time, too, before the distractions of cinema and motor-car, the Abernethian Society was wont to meet once a fortnight or more, and Bridle was the Janitor of the Society—a post which he only vacated recently after 46 years' service. In the days when Sir Dyce Duckworth drove his spanking greys into the Square at half-past one, and Mr. Butlin his Irish ponies, the Students' Union did not exist and its few clubs fended for themselves. The opening of the ground at Winchmore Hill ranks as one of the most notable events at which he has been present.

CURRENT EVENTS

HOSPITALS DAY

Tuesday, May 9th, has been fixed for the third annual Flag Day for all the London Hospitals. On that day there will be no lectures or demonstrations, and everyone will again have the chance of becoming a licensed street trader for the day.

Last year Bart.'s collected £1412 8s. This was an increase of almost £600 on the previous year, and credit must be divided between the increased number of collectors who turned out—800—and also the keenness started by the competition between teams: the impulse to do down one's neighbour being apparently still stronger than the impulse to help him.

Out of every box that was collected two-thirds went direct to the Hospital, and the remaining third

to a central fund, out of which was paid a fixed sum of 7s. 6d. for every collector that the Hospital fielded. The final sum that Bart.'s received after this was done was £1124 14s. 4d.

This year an anonymous benefactor has promised to add sixpence to every shilling that is collected, and the most should be made of this very generous offer. Another reason why a special effort should be made this year is that the maintenance funds of the Hospital are down this year, as many contributions have been deflected to the Mansion House Appeal. It is hoped that a successful Flag Day will raise the level to that of other years.

To do this over a thousand collectors are needed. The team competition will again take place, and a £5 prize has been offered for the winning team. A team will consist of about ten students, and as many outside friends as they can obtain. Already a well-known Hospital figure seen hanging about the stage door was eager to explain that he was "doing his bit for the Hospital", but wives, fiancées or friends will count equally well.

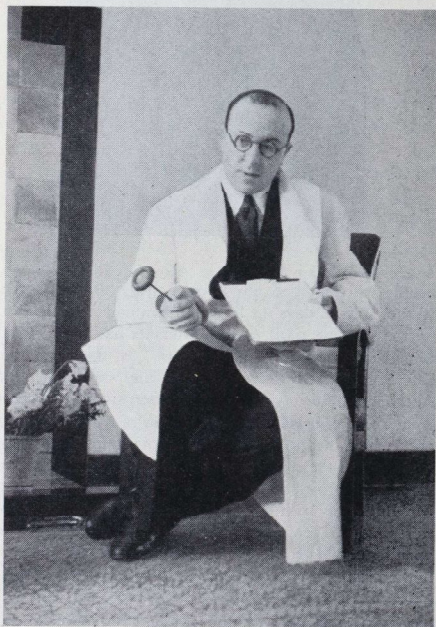
HINTS FOR STUDENTS

On March 14th the Metropolitan Counties Branch of the British Medical Association entertained final-year students of the London hospitals to tea.

Mr. McAdam Eccles, introduced by Sir William De Coursey Wheeler gave an address on "Pitfalls in the Final Examinations and the First Year of Practice". Dealing with exams. in a general way, he stressed the importance of reading the paper and giving a concise and methodical answer to each question. Where there were several recognized forms of treatment, it was better to have a thorough knowledge of one rather than a general and incomplete knowledge of several. In the clinical, he did not consider that a positive diagnosis was always possible, but the candidate should satisfy the examiners that his examination of the patient had been intelligent. He wound up this part of his address with a word of consolation for failures. After all, another six months in the wards would not be wasted.

As a son and a grandson of general practitioners, his association with this branch of medicine had been close. He advised all newly qualified men to join a Defence Union, insure against sickness and join the B.M.A.

OUR CANDID CAMERA



"Knock, knock. Who's there?"

The first case was most important. A dangerous pitfall was the female who objected to being thoroughly examined. As a general rule the "approach" to a patient should be quiet. The tongue and pulse should be examined and the general physical examination should be gentle. Both professional and social calls should be short. He ended with a warning against the plausibility of salesmen, and advised the purchase of equipment only as it was required.

A vote of thanks was proposed by Mr. G. K. Cole and seconded by Miss Singer.

SEVEN-A-SIDES

Saturday, the 15th of April, will see the annual Seven-a-side Tournament arranged on a new basis.

Instead of the teams being composed of those who have done the same first-time ward dressing, they will now be drawn from the dressers, clerks and casualty dressers of each floor of the January-March period. This will provide five teams; the remaining three will be Pre-Clinical, Soccer and Obstetric. (The latter ought to show some neat and dexterous handling.)

A break with convention, but it will infuse new life and interest into the competition. At the moment the favourites are the Unit Floor, but some of the team may be unfit after the friendly games in the West.

Nightfall will see more skilful movements, as the ever popular Rucker Dance brings the season to an end.

THE DECENNIAL CLUBS

The Annual Dinner of the **Tenth Decennial Club** will be held at the Café Royal on Wednesday, April 26th. Lt.-Col. Eric Barnsley will be in the Chair. If there are any members of the Club who do not

receive notice of the Dinner, will they please communicate with one of the Hon. Secretaries, Mr. Reginald M. Vick or Dr. Arnold Stott.

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. If any members of the Club do not receive notices, will they please communicate directly with the secretaries: Dr. Wilfred Shaw or Mr. F. C. W. Capps.

The Third Annual Dinner of the **Twelfth Decennial Club** will be held on Friday, May 5th, at 7.30 for 8.0 p.m., at the Café Royal. Mr. V. C. Thompson will be in the Chair. Dinner jackets will be worn. The price of the dinner will be 10s. 6d., including gratuities.

There are many who have not joined the Club. The life subscription is five shillings only, and should be sent to the Secretary, Mr. C. K. Vartan, at 109, Harley St., W. 1.

EDITORIAL CHANGES

The annual change in the JOURNAL staff falls due in May and the present Editor retires, according to tradition, "worn out with the cares and responsibilities of office".

Applications for the posts of both Editor and Assistant Editor should be sent to—

The Chairman of the Publication Committee,
c/o The Editor,
not later than Tuesday, April 18th.

* * *

It is with great regret that we have to announce the death of Dr. E. P. Cumberbatch, who was for many years in charge of the Electrical Department.

An appreciation will appear in next month's JOURNAL.

A CASE OF TETANUS

By E. H. J. SMYTH, M.B., B.S.

Clinical History

The patient, a healthy well-built man, æt. 26, sustained a cut on his right knee-cap at hockey on March 26th.

April 9th: Felt jaw stiff and consulted his local doctor, who queried possibility of tetanus and sent him to the hospital, where a diagnosis of "tonsillitis stiff neck" was made and he was sent home without serum and with a gargle.

Next 5 days: Symptoms persisting, becoming worse.
April 14th: Bit tongue, first spasm.

TIME was when the dragon called "Lockjaw" was better known; when often in these precincts he reared his head in opisthotonos, teeth bared the while in sardonic laughter. Now, outdated by millions of spore-bearing anaerobes and attacked by antiserum before ever he can stiffen an eyelid, he enters so seldom that he may pass unchallenged till he begins to bring down the roof with the tonic lashings of his tail. So does his recent visit to Surgery Ward cry out for a wider form of publicity than a filed blue folder in the Central Bureau.

April 15th: Admitted St. Bart.'s with definite symptoms of tetanus. Antitoxin therapy started.

C.O.A.: Flushed and sweating, mentally clear. Temperature 99°, pulse 120, respirations 20. Unable to open mouth more than half normal or put out tongue. Back stiff and painful on sitting up. Reflexes normal. On his right knee was an unhealed cut $\frac{1}{2}$ in. long with gaping grey granulations at its edge. There was no sign of local tetanus in the muscles near the injury.

Shortly after admission he began to have well-marked spasms with opisthotonos, muscle twitchings and biting of the tongue. After these he became mentally confused.

April 17th: Wound excised in ward under local anaesthesia. The acute stage lasted from the day of admission till April 29th. During all that time his temperature was swinging from 97°-101°, reaching 103° on the 26th, when he had a rigor. Spasms persisted all this time. April 29th: Temperature suddenly settled and he made a good recovery and was discharged on May 7th.

Treatment

(a) Antitoxin: On admission 16,000 units were given intramuscularly and 32,000 into the spinal theca. During the next 7 days he was given an average of 50,000 units a day by intramuscular injection. After this he developed a serum rash, and a further 16,000 units were given in increasing small amounts (starting with a dose of 4000 units) to desensitize him.

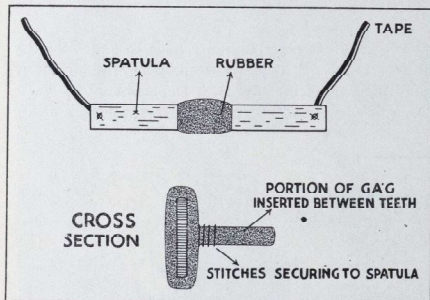


FIG. 1.

(b) Drug: Luminal gr. ij vj ; syr. chloral ʒij ʒiv , morphia gr. $\frac{1}{4}$ sometimes singly but more often in combination were employed to control the spasms. On one occasion he had a terribly severe attack, which was only checked by an intravenous injection of nembutal gr. viifs. Adrenaline mxx *t.d.s.* *per os* and by injection and ephedrine gr. j *b.d.* were used for the serum reaction.

(c) General measures: The patient was nursed in a cubicle in Surgery Ward which could be darkened at will. A simple and effective gag was devised by Mr. John Waring (Fig. 1). It was constructed from a wooden spatula, sewn round the central two inches of which were several thicknesses of rubber in such a way that their overlapping ends projected at right angles to the plane of the spatula. This portion was inserted between the teeth, and the gag was maintained in position by tapes through holes in each end of the wood tied round and fixed at the back of the neck.

The most difficult job of all was to keep his mouth in any sort of condition as, in spite of all precautions, he bit both tongue and lips severely. This also made feeding an ordeal, and any diet but fluids impossible for days. Add to these that during the worst time any external stimulus was liable to start a spasm, and some idea of the nursing problem this case presented may be realized.

Discussion

Apart from the failure to recognize and guard against the possibility of the infection at this man's first attendance there is nothing atypical about his clinical history.

Recent observations on the pathology, prognosis and treatment of tetanus may be briefly discussed in their application to the case.

Pathology and Treatment

By injecting 3-5 c.c. blood-serum from a patient with tetanus into the peritoneum of a guinea-pig the animal has been shown to develop the disease, and this experiment has been used as a test of infection. Intra-peritoneal injection of cerebro-spinal fluid, however, is followed by no ill-effects. By these and other experiments Abel has pointed out that the toxin of *B. tetani* acts peripherally on the neuromuscular junctions in the muscles themselves, and not centrally as was formerly thought. Similarly it follows that antitoxin given intrathecally acts by absorption into the blood-stream, and the higher concentration of toxin in the carotid arteries is put forward to explain the "descending" order of spasms commonly met with. In this case the preliminary intrathecal injection seemed no more effective than the intramuscular one, but numerous clinicians have recently testified to the superiority of the intrathecal route in severe cases.

Among drugs used in controlling the spasms may be mentioned paraldehyde, avertin and somnifaine. Injections of curare and magnesium sulphate therapy are also claimed to be of value. None of these were used in this case.

Prognosis and Mortality

Yodh, of Bombay (*Brit. Med. Journ.*, April, 1937), has published an instructive analysis of 438 consecutive cases. His total mortality was 50%, and he advocates intravenous antitoxin in conjunction with therapy by the other two routes. He then gives interesting figures showing the prognosis and mortality in relation to (1) age, (2) type of injury—"open" or deep puncture, (3) length of incubation period, (4) length of prodromal period, and (5) the two last taken together. Thus (1) the first and third decades have 5-8% better prognosis than the second and fourth. (2) The mortality is 65% with deep puncture wounds compared to 45% with open wounds. (3) An incubation period of less than 10 days carries 50% higher mortality than one above 10 days. (4) Mortality varies inversely as length of onset period. (5) The most favourable type of case carries 20% mortality, and is one with an incubation period of over 10 days and onset period of over 4 days.

The case described was among this last group.

Summary

1. A typical case of *B. tetani* infection in a man, *æt.* 26, is described.

REFUGEE CHILDREN IN CAMP

By RICHARD BUZZARD

HAVING recently visited two of the German refugee camps, I believe that a description of some of the more obvious problems involved in the organization of these camps may be of interest here, of psychological interest if not medical. I went to these camps to assist a friend in making a report on them, and in preparing for the Headquarters of the organization a dossier of all boys over 14 with reference to their education, training, abilities and future prospects.

The whole organization of these camps has been of very rapid growth and is much handicapped for lack of trained helpers. It was this difference between trained and untrained staff which was most noticeable at both camps. It was most strongly borne out that organizations of this kind should, wherever possible, try to obtain trained helpers, as the indiscriminate acceptance of voluntary workers bears very serious disadvantages. In an emergency the trained individual does certain things automatically by virtue of his training and, though hopelessly overworked, remains an efficient person. For

2. The incubation period lasted 14 days, the prodromal period 5 days, the acute pyrexial stage 14 days. Recovery was complete in a further 14 days.

3. The wound was of the "open" septic type and was excised 22 days after its infliction, by which time there was no clinical sign of healing.

4. The patient was sent home from out-patients during the prodromal period without a prophylactic injection, although the possibility of tetanus had been raised by his own doctor.

5. A total dose of 440,000 units A.T.S. was given during the acute stage. Apart from 32,000 intrathecally on admission all were given by the intramuscular route. After 7 days' treatment with an average daily dose of 50,000 units signs of sensitivity developed, for which he was given further smaller injections to desensitize him.

6. The spasms were effectively controlled by luminal, morphia and chloral in conjunction with the serum, except during one particularly severe attack for which an intravenous injection of nembutal gr. viifs was required.

In conclusion I should like to pay the utmost tribute to the quality of the nursing, but for which this man's death would have been a foregone conclusion, and to thank Mr. Hosford for his kind permission to publish the case.

the untrained every new event requires a new effort and a new process of thought.

The first camp visited was at Walton-on-the-Naze, not far from Harwich. Here some seventy children, boys from 10 to 15 years old, were accommodated in the Jewish convalescent home, the site being originally intended as a temporary one. Throughout both camps there was noticed one major problem, namely the lack of co-ordination between the Austrian and German helpers and the English staff. It is obvious that in such an institution as a convalescent home or hospital the Matron must remain in complete control of the actual running of the home, particularly concerning such matters as commissariat, allocation of rooms, etc. It seemed, however, that the adult, here Austrian, voluntary staff, although under instruction to abide by Matron's decision in these matters, found considerable difficulty in doing so. It would be unwise here to go into the innumerable occasions on which this inability to co-operate had caused quite unnecessary tension between

themselves and a sympathetic and, at least trained, English staff.

It was most noticeable that certain elementary rules of discipline become essential in dealing with a collection of children in temporary accommodation and, moreover, in a situation of emergency. Such activities even as keeping dormitories tidy, making beds, organizing their own amusements and punctuality turn out to be of far greater importance in keeping children cheerful in such circumstances than the substitution of any number of games of chess or ping-pong, the difference being that between using and killing time. Further it was also apparent that it was not difficult to get such co-operation from the children, who were a very remarkably pleasant and intelligent crowd. This was particularly borne out in that the Sister of the hospital had very little difficulty with the children in the absence of their helpers, although she spoke no German. The younger children were, in fact, only too anxious to be told to do anything.

We were fortunate in arriving during the beginning of a measles epidemic, in which early diagnoses of individual cases was complicated by the fact that 80% of the children had already streptococcal sore throats on arrival. Some indication of the tension between two staffs was indicated by the fact that a medical student became, on the urgent request of Sister, Medical Officer of Health for the duration of his stay. A stethoscope was invaluable. Unfortunately another factor psychologically very important to helpers in this kind of work was also missing. Save for Sister and Matron there was not appreciated the importance of maintaining a cheerful attitude in front of the children, and consequently nothing was done to mitigate a very definitely scared atmosphere. Indeed the new M.O.H. had on several occasions to dismiss pimples and boils for what they were with an effort of facetiousness which surprised himself. Some of these criticisms may sound a little severe. The place, however, was certainly overcrowded and understaffed, but one important fact stood out: that, in such emergency situations, young children wish to be told what to do, and if this is done they will in fact do anything most willingly.

At Dovercourt, with about 400-500 children, the more immediate difficulties of this nature, although present in the beginning, had been largely overcome, chiefly by the efficient administration of the camp manager, himself a schoolmaster. Here many of the children had been set to work running their own post-office (an important institution), running their own "stores" and helping in the office, and there were volunteer squads of boys clearing up the lines. The camp was admirably clean and tidy, despite the most drastic weather conditions. A small play-pen had been partitioned off for the youngest

children, excellent concerts were arranged, and even an art exhibition for the children under 14. The general morale was certainly higher. The rest of the camp activities included English lessons, walks, and a certain amount of physical training and sports.

Despite all these activities, however, the tendency to boredom was marked. The camp itself was in many ways very well suited to its present purpose, but as it was designed as a summer holiday camp it was bitterly cold at this time of year. There was very little illness. Two or three Austrian doctors were present with the children, but I understood there was some difficulty with Headquarters about arranging regular medical inspections.

Rumours of sexual problems arising out of a co-educational establishment, rumours of opposite problems about brothers not being able to see sisters living only 50 yards away, or even the "riots in camp", which appeared from time to time in certain sections of the Press, most certainly had no foundation, but are interesting as an example of what harm can be done by the prattle of even one person connected with such an institution.

In this camp also the adult German staff presented similar difficulties. Although under 15% of the children were likely to go to Palestine, there seemed a lack of appreciation of the great necessity of their learning as soon as possible to fit into other modes of life to that which they were used to. Fortunately this attitude could have very little effect on these children, who were extraordinarily keen to be given some or any chance to start again.

In both camps there was noticed this remarkable determination. They had all gone through an extremely anxious time with considerable hardship, persecution in schools, streets and homes. Many had relations in concentration camps; some had been in concentration camps themselves. Yet in 200 children over 14 there were only four, and those young, who had not a very clear idea of what they wished to do, and who in consequence were not desperately keen to be interviewed. In fact, until our visit, little had been ascertained about their qualifications and interests save in a few cases, and there was some anxiety on this score.

Over half the children had already been trained in some trade or business and several of them carried most excellent testimonials. Some had completed apprenticeships of two to three years. Twenty were in the scholarship class of education, three of whom had the very great distinction of being allowed to continue their education at the State schools on account of their abilities—a distinction carrying with it the most unpleasant conditions at school.

About 45% came from the professional classes and higher income groups. It is significant that the sons of these people had no illusions about themselves taking up any of the professions. With the exception of the few mentioned who had been allowed to continue their education, they had all left school and gone into some trade or business. Although three had trained in dental technical work and one had wished to be a doctor, there had been no attempt to train for the professions of dentist or doctor in Germany.

The majority of children wished to take up engineering, become mechanics or do technical work of that nature. It is interesting in that connection that the course in engineering in Germany has been reduced from three to two years. Perhaps some of us may hope that future German amusements will be that much less efficient. A small number wished to take up farming, but it was generally realized that unless they were going to Palestine or perhaps Australia, farming would be useless to them. Even in America there is little opportunity for immigrant farmers.

About 30% have some definite chance of emigrating, and many more hope to. Of those with affidavits for the U.S.A., most will not be allowed to go before June or later. For these it is necessary to find temporary homes and, if possible, training. Most of the children add that their parents hope to emigrate. The difficulties, however, are enormous. Though the conditions have now changed, some idea may be gained from the fact that before Christmas in Vienna it was necessary to obtain 21 German certificates as well as the visa of the country they were going to, that each of these certificates took a day to obtain by reason of the long queues, that if all were not obtained within a total period of one month plus visa, the whole process had to be repeated again. The regulations have changed, and change so frequently, that the whole business has become a riddle involving perpetually the question of whether, in the new regulations, to try first or last for visa or in what order to attempt to get the certificates. Incidentally these queues are by no means safe standing. It is not uncommon for a group of S.S. troopers, having dined well near by, to take off their belts and beat up the people standing in the queues, afterwards to drive their cars at them with every evidence of satisfaction.

This is the psychological background of these children. They know, particularly the elder ones, the position of their parents. All they do now is to shrug their shoulders and look cheerful. 30% have fathers or brothers in concentration camps or on the Polish frontier.

It is not generally realized that children are being put into concentration camps themselves. At this camp alone ten children had been in concentration camps.

Four were only 15, three 16 and three 17. They were conspicuous in having had their hair shaved off.

It is not my purpose here to give "human interest", but to give some idea of what these children have been through, and are going through, and of the remarkable ability to face a new life. They were cheerful despite continual anxiety, extremely co-operative, and fully aware of and grateful for what little had already been done for them.

In order to describe the purpose of our visit I will quote three cases from our list:

(1) —, aged 17, very fluent English. Protestant. Learnt shorthand, typing, etc., French and a little Spanish; went to first class school. Wishes to go into business, preferably connected with fruit. Gave excellent impression.

(2) —, aged 17. Father agent for linen goods; now concentration camp. Mother committed suicide, having attempted to do so with the boy, who was saved at the last moment. Has been apprenticed in a fountain-pen factory; wants to continue. Should go to family first. Has good testimonials.

(3) —, aged 15 (this case is atypical, but is included, as a voluntary Austrian worker had seen fit to mark his card "abnormal"). Has never known his father. Mother living with "Aryan", who kicked him out when the trouble started. Was put in prison and then had three weeks in a concentration camp—badly treated. Interested in drawing. Suggest trained drawing and crafts; must come into family first. (— not abnormal but, at 15, a little subdued.)

My strongest impression of these camps was of the appalling waste of very splendid material. These children's only desire was, and is, to work, to learn, and to contribute in some other country to a civilization which has departed in their own, but may yet have remnants elsewhere. The purpose of this article is twofold: First, that it may be of some interest in itself. Secondly, that I may ask any who can offer homes to small children (may I say some of whom are in appearance and often in fact more Aryan than even our blondest Rugby footballers), homes for holidays for those who can be given free education, or who know of situations where they can be apprenticed or trained (they may not be employed), or who can in any way help to provide such facilities, to do so as soon as they possibly can.

It has been said that there are two races left in Germany to-day—"non-Aryans" and "barbarians". I give no opinion on that, but at least we can help on purely humanitarian grounds that it shall not be said here.

STUDENTS' UNION

ANNUAL GENERAL REPORT OF THE STUDENTS' UNION

Presented by the Senior Secretary, R. HEYLAND, at the Annual General Meeting

GENTLEMEN.—In presenting to you the 35th Annual General Report of the Students' Union we have no story to tell of exceptional deeds cleverly achieved; but rather will the past year go on record as a year in which the student body played their part in the life and activities of the Hospital with unusual success. This will bring many things to your minds; let us mention just two—the Flag Day held in May and the state of National Emergency which existed for the greater part of one week in September. It is almost entirely due to the enthusiasm of all those students who helped that the Flag Day, held on May 10th, proved so incomparably more successful than last year from the financial point of view. This was encouraged to some extent by the inauguration of a team competition, monetary prizes presented by the Governors and members of the Staff being won by the teams at Charterhouse and at the Hospital which collected the most.

In the September crisis, about the chaos of which little need be said, but in which much profitable experience was gained, the Secretaries are glad to put on record that the wholehearted cooperation of the student body, coupled with some hard work and quick thinking on the part of a hastily-appointed A.R.P. Committee, made it possible to draw up a workable and exhaustive plan, whereby the student volunteers could best assist the Hospital authorities in a time of emergency. Profiting by this experience, an official A.R.P. Sub-committee was subsequently appointed by the Students' Union, officially recognized by the College and Hospital authorities and with direct approach to the latter. This Committee is glad to report that already 20 student volunteers have been passed by our experts, Mr. A. P. Bental and Mr. G. Discombe, as having the necessary knowledge, and being capable of dealing with gas contamination and with incendiary bombs should the need arise. In passing, Gentlemen, may we put on record how grateful we are to those two gentlemen for all the careful and hard work they have put in on our behalf and on behalf of the Hospital. In the meantime, the Committee has assisted the Hospital authorities in other ways, and it is hoped that in the near future definite plans will be made public as to the part this Hospital and the students would be expected to play should the occasion arise in the future. The Secretaries feel that the student body as a whole is to be heartily congratulated on the splendid way in which it rose to the occasion in September last, and feel confident that it can be relied upon to do so again should it be necessary.

In the closing stages of the past year two new clubs have become affiliated to the Students' Union. The Musical Society, which has long been in a state of decay, was revived, and once more takes its place amongst the affiliated societies; the skill with which the Orchestra performed at the A.D.S. production testifies well to the success with which the energetic organizers have put this Society on its legs again. The application by the Chess Club for affiliation was accepted quite recently, and although this club is still in its infancy, its large membership should ensure it a long and successful life.

To pass to other matters concerning the students, mention should be made of the Catering Company. This, offering always an easy target for destructive criticism, has nevertheless continued its policy of doing everything in its power to better prices, quality of food, and conditions. The experiment of running a Cafeteria at Charterhouse has been most successful, and is now a permanent arrangement. It is perhaps unfortunate that the restricted accommodation of the Hospital refectory does not permit of a similar experiment being made there. To insure that the interests of the students are upheld, the Catering Company Board were gracious enough to allow the number of members of the Council attending board meetings to be increased from one to three, one of whom is a Charterhouse representative. In this context it is thought advisable to remind students that Mrs. Stamp, the managersess at the Hospital, welcomes constructive criticism of any kind, and is only too willing to discuss any complaints personally with those who may have good cause to make them.

Of social activities during the past year, the Secretaries are glad to report that the Annual Ball at Grosvenor House was once again

a most enjoyable success, and that the dances which are now held regularly at the pavilion at Chislehurst are becoming increasingly popular. The Art Exhibition held in the Great Hall at the Hospital proved so successful that it is hoped that this will become a regular function. We congratulate the organizers, Mr. Harmer, Mr. G. Flavell and Mr. Ware.

In June a great honour fell to this Hospital in the conferring of a Knighthood on our Dean, Sir Gilling Ball, and the Students' Union did him honour at a luncheon held in the Great Hall at Charterhouse Square on July 1st, which the students attended in full force.

In the coming year we shall regret the absence of three men who have devoted many of the best years of their lives in serving the Hospital, the College and the students. We refer of course to Bridle, Balcon, and the Librarian, Mr. Coughtrey, who is retiring at the end of this month. It is not in our province to enlarge on all that they have done, but we do wish them in their retirement the many happy years which they all deserve so well.

Finally, Gentlemen, we feel it our duty to strike a rather strident note by putting on record the fact that, in spite of a very enthusiastic nucleus, there is increasingly poor support from Pre-clinical students in games and other activities. Compared with a few years ago, and even in terms of spectators, this support is deplorably poor, not so much in quality as numerically. In the realm of sport this is most marked, and if the good name of this Hospital is to be upheld on cup match battlefields, then a solution will have to be found to this problem, and found soon. The Council have done all they can to close the gap between Charterhouse and the Hospital, and to this end the Secretaries of the Students' Union during the past two years have made it a practice to meet Charterhouse freshmen individually as soon as they come, and learn from them in what activities, athletic or otherwise, they are most interested. But in spite of these and other efforts the number of active members has decreased.

Before presenting to you the reports of the Constituent Clubs and Societies, let us end on a brighter note. Socially, the Clubs and affiliated societies have more than held their own, and this is a sure foundation for the rebuilding of prestige in the future. This, coupled with our fine new ground at Chislehurst, and a marked increase of enthusiasm, at any rate during the past twelve months, will, we hope, produce achievements of note during the coming year.

Rugby Football Club

The season started well with the new Grand Stand erected, and the increasing attendance in the stand and an increased gate with each home match has been very gratifying. In this way some of the money towards the paying of the stand has been collected, and this has been materially aided by the subscriptions from the members of the Club each Saturday. At the present time, of the £575 needed for the fund, there only remains approximately £200 to be paid; and under these circumstances it would appear that the next season will begin with a clear financial sheet.

Every member of the Club (and Hospital too) will be extremely sorry to hear of Dr. Barris' resignation from the Presidency at the end of this season. His deep interest in the Club, ever since he himself was an active member, his accurate knowledge of the game and his unflinching enthusiasm and help is of common knowledge to all.

The season, to date, has been one of vicissitudes. Having played twenty-one matches, the first XV has won nine, drawn one, and lost eleven. The side commenced with an encouraging result against the Old Alleynians, followed by a deserved defeat at the hands of Moseley. It was not until the match against the Army Trial XV that we showed what poor form we could produce. This was repeated in the Bedford fixture against the R.M.A., and perhaps the worst game was against the Southampton Trojans. On the other hand the team has played very well in other matches,

and latterly the results have been encouraging, in particular against the Harlequins, London Irish, Old Paulines and Redruth. This form was reproduced in the Inter-Hospitals Cup match, when we beat King's by 3 points to nil.

We congratulate P. L. Gandler on being captain of Middlesex this season, R. D. Hearn in captaining the United Hospitals team, and K. G. Irving, M. J. Pleydell, G. D. Graham, R. L. Hall and K. D. Moynagh in playing for the United Hospitals XV.

The "A" XV, after a bad start, have now pulled themselves together, and since the New Year have lost only one match. Efforts in building a combined team have been handicapped by the number of injuries sustained. Recently, however, things have been taking a better shape, and a representative side defeated King's decisively in the first Junior Cup-tie by 27 points to 5. At the present time, of the twenty matches played, eight have been won, ten lost and two drawn.

The "Extra A" XV has not had a very successful season as judged by results, but the majority of losses have been by very narrow margins. This is borne out by statistics since, up to date, they have scored 129 points in comparison with the 133 points scored against them.

The "B" XV has had an excellent season; out of the fifteen matches played, thirteen have been won and two lost, with 331 points scored for, and 73 against. Except for a weakness on the wings the side has played well together, both in attack and defence.

The "Extra B" XV has had, on the whole, a rather disappointing season. This may be attributed to the fact that the same XV rarely played in consecutive matches. The honours were fairly evenly divided in the first part of the season and, at the end of December, four matches had been won, four lost and three drawn.

The "C" XV has not enjoyed a very satisfactory season, and it was hoped that their consistent defeats would be reversed once the members of the team had got into training. This, however, was not the case, and only one victory serves as a guide for how the team ought to play. This record is in part due to the eleventh-hour loss of men by illness and by transference, while the lack of co-ordination among members of the team has also been responsible in failing to build up a united side.

It is unfortunate that the resources of the "Extra B" and "C" XV's are usually depleted on Friday evenings. This is hardly a criticism of the system of arranging teams, but is a condemnation of those members who choose either to erase or cross off their names at the last possible moment. Despite an article in the Sports Editorial to this effect, no improvement has been noticed. It is hoped that in future all members will try to help the Secretaries of their teams by a prompt decision and a constant turn-out.

Cricket Club

The Cricket Club last year enjoyed a fairly successful season. Thirty-four games were played, of which eleven were won, eleven drawn and twelve lost. The season was remarkable for the number of close finishes, particularly one against Ilamstead, which was won in the failing light in the last over of the day, and one against Guy's in the first round of the Hospitals' Cup, which we won by five runs. Unfortunately our success in the Cup finished there, as we were beaten by Mary's at Teddington after we had forced a draw on our own ground.

The Club would like to thank White for the excellent wicket which he prepared for us last year. Our visitors were amazed that the wicket could really be in its first season.

The season finished with a very enjoyable tour in Somerset and Devon, in which four games were played, two of which were won and two lost.

2nd XI: The 2nd XI suffered very badly from lack of support last season. The Secretary had great difficulty in raising sides, and only ten games were played, four being won, two drawn and four lost. It is to be hoped that with an improved fixture-list the work of the Secretary will be made much less difficult.

3rd XI: The 3rd XI, run chiefly by Pre-clinicals, was so badly supported by the men at Charterhouse that only two games were played. If the response is as bad this year, it may be necessary to consider dropping the 3rd XI altogether.

R. Heyland, J. North, C. T. A. James, J. Robinson and G. G. Nicholson played for the United Hospitals, and R. Heyland is to be congratulated on being the skipper of the United Hospitals for the coming year.

Association Football Club

The Association Football Club has had during the past year a more enjoyable and successful season than in recent years. The fixtures that have been played this season have been much more suitable, and this has been made possible by withdrawing in May, 1938, from the London University Senior League, in which we had taken part for three years. Freed from the unwelcome obligation of playing mid-week games and from the playing of football in the bad spirit that always accompanied the League matches, we could start off the season in a spirit of enthusiasm for the game itself, and for concentrating on playing good football, rather than on winning the matches as though they were a matter of life and death. The Club, in addition, has had the support of a considerable number of new players who are valuable members of the teams, and who show good promise for future seasons.

Hampered somewhat by injuries the teams took till the New Year to settle down, but after this time the developments of the earlier part of the season began to show their worth, and these are well illustrated by a study of the results of the 1st and 2nd teams. Up to the present time the 1st XI has played nineteen matches, won nine, drawn one, lost nine, and out of the last nine games has won six. The 2nd XI has played fifteen, won six, lost seven, drawn two, and out of the last six games has won four. The crowning success, however, is the achievement of both first and second teams in reaching the finals of the Senior and Junior Inter-Hospitals Cups.

The 3rd XI has had a less successful season, since several matches have been scratched due to the unwillingness of a sufficient number of players to play on one day.

We look forward to the next season, when it is hoped that the membership and enthusiasm of all the members of the Club will be such that we can play three regular teams every Saturday.

Hockey Club

This season the Club has been fortunate in the number of freshmen who have turned out to be players of merit. The forward line of the 1st XI includes three new men, and though it was some weeks before the side played as a team, the high number of goals scored to date speaks well for the reconstructed attack.

The new ground at Chislehurst shows great promise but for the undulating surface at the far half of the pitch. Though the ground drains extremely well, it seems that the elements are against hockey during January, as each year most fixtures are scratched during this month due to the wet ground.

Results to date are:

	Played.	Won.	Drawn.	Lost.	Goals.	
					For.	Against.
1st XI	21	11	2	0	74	49
2nd XI	15	6	3	6	48	44

H. R. Marrett and R. Heyland are to be congratulated on playing regularly for the United Hospitals throughout the season, and R. E. Ellis, E. J. Griffiths and T. N. Fison for having played on several occasions.

This year the Club Dinner was revived and proved a great success. It is hoped that this will become an annual function, as it serves a useful purpose in getting together those interested in the game.

Last year the proposed Easter tour in Germany had to be cancelled as the cost of the itinerary proved prohibitive. At the last minute the Club entered a side for the Festival at Lowestoft, and here the team met with great success, winning three out of four matches. This Easter it was thought inadvisable to visit the Continent, but we are taking a side down to Bournemouth. Fortunately, most of the members of the 1st XI will be able to travel, as we will be meeting some first-class London sides. Judging by the correspondence to date, the visit shows great promise of good fast hockey and an enjoyable trip.

Tennis Club

The 1938 season was remarkable rather for the standard of entertainment than for the standard of play. The results placed by themselves were disappointing, both teams being eliminated early in the Hospitals Cup, and unfortunately a similar fate awaited our debut in the Kent Inter-Club Championships. However, tennis being essentially a social game, these results are no indication of the amount of pleasure derived from those pleasant summer afternoons spent in spasmodic exchange of tennis balls and

Bacchanalian refreshments. Mention must be made, too, of the new courts at Foxbury which, considering that the turf had only been laid about six months previously, played with remarkable regularity. Great credit, also, must go to White for the excellent upkeep and the trouble he has taken to ensure that our guests received a fitting reception.

To summarize the 1938 season we may say then that though, from a purely competitive viewpoint, the season was disappointing, the Club has shown itself to be a very virile and increasingly popular component of the Students' Union.

Athletic Club

Five matches were arranged, three being won, one lost, and one cancelled; there were also three sports days. The best win was a clear-cut victory over Emmanuel College, Cambridge, a team which included several half and full blues. G. Beck, D. Reinold and A. I. Ward are to be congratulated on being awarded their Full Purples by London University, and these three ran for the University in the annual Paris match, gaining a first and two second places.

For the first time a representative team from this Hospital was entered for the University Sports, and met with a fair measure of success.

The Annual Sports were held at Chislehurst for the first time and, as often happens, attendance and entries were ruined by heavy rain on the same morning and early afternoon. This year, however, bigger advertising brought the entries to the fifty mark. Three records were broken and one equalled, a testimony to the excellence of the track layout.

For the Inter-Hospital Sports a particularly strong team had been entered, but again there were absentees on the day of the competition. With such a depleted team it was a good achievement to come within two points of second place to St. Thomas's. G. Beck is to be complimented on being the most outstanding runner of the afternoon. He gained first place in the mile and half-mile, and second in the three miles. He won the mile in the record time of 4 min. 27 sec.

This year, with the strong attack of last year available, the Club should stand its best chance for years of winning a Cup that has been with Guy's for so long.

In the Cross-Country section the Club was well represented in the United Hospitals, G. A. Beck and J. P. Haile having led the first team throughout the season, P. Van de Linde also running on occasions. Haile has shown considerable improvement, and in the future should prove the most formidable opponent to Etheridge of Guy's in the Inter-Hospitals Championship, which the latter has held for six years.

The race for the Kent Hughes Cup, held on the first Wednesday in March, was regained from Guy's, who have held it for three years.

Squash Rackets Club

April, 1938, saw the close of the first season of the Hospital Squash Rackets Club in its present form, and marked the end of the first series of matches played on the new courts. There were twenty-six matches played, excluding Inter-Hospital competitions, of which fourteen were won and twelve lost.

Of the Inter-Hospital matches played in the junior division, all were won, with the result that the Club is now playing off its matches against the Hospitals in the Senior Division.

At the end of last season H. R. Marrett won the Donaldson Cup in the first year of its initiation.

July 1st, 1938, marked the first anniversary of the present squash courts, and the amount of money collected for their use was £128.

For this season the fixture-list has been strengthened considerably, and out of the eighteen matches played, eleven have been won and seven lost. The team and those that are available for the first team have not changed much. We are fortunate in having practically all those who played for the first team last season, with the helpful addition of J. L. Fison, who has been playing as first string with much success.

H. R. Marrett is to be congratulated on having played for the United Hospitals this season.

With the exception of three Pre-clinicals there seems little or no support from Charterhouse, and with our position in the Hospital Cup to maintain, the outlook cannot be said to be over-bright.

Rifle Club

The introduction of the new price of 1s. 6d. for fifty rounds encouraged several new members, but the general standard of

shooting was below that of previous years and the Lloyd Cup was lost to St. Thomas's. Of eight Inter-Hospitals matches the Club won four.

In the Engineer's Cup, six matches were won out of eleven shot. As we were forced to scratch three matches, our position of fifth was quite creditable.

J. F. Mawc is to be congratulated on winning the Fresher's Spoon and the Clay disc competitions. The Bell Medal was won by M. B. H. Golden with an average of 99.

The revival of the Staff v. Students match proved an interesting event. The P'Anson Cup was won by the Students.

At Bisley, despite a dearth of talent, the Club was placed second to St. Thomas's in the Armitage (Inter-Hospitals) Cup.

C. Cant is to be congratulated on winning a cup for the third best aggregate of the match, and B. P. Armstrong on winning the range prize at 600 yards.

In the N.R.A. Inter-Hospitals Cup we were placed third to St. Mary's and St. Thomas's.

Golf Club

The first match of the season, the Students *versus* the Staff, was played at Denham on May 10th. The Staff won by an overwhelming victory, winning the singles by 10-2 and the foursomes by 4-2.

On March 26th the Staff and Students foursomes match (bogey) was played at Denham, and won by Dr. Roxburgh and C. M. Fletcher (35 points) by a narrow margin from Dr. Graham and R. Russell Smith (32 points).

In the Inter-Hospital Cup matches the Club was successful in reaching the semi-finals. We beat Charing Cross at Addington Palace by eight matches to four; against Westminster at Bromley and Bickley a close match was just won on the last green by the victory of J. C. Nel. In the semi-final we lost to St. Thomas's by 2½ to 5½, who brought a strong team to Addington Palace.

Other friendly matches were played during the season, of which the London School of Economics and the Barnet Police were two new fixtures.

Owing to unforeseen circumstances several return matches were not played, one chief cause being the lack of first-class golfers in the Hospital who were able to play on the appointed day.

In February, 1939, a meeting of the Hospital Secretaries was held at St. Mary's Hospital. The Inter-Hospital Cup matches are to be played in the months of May and June this year. The Spring Meeting is to be played at Worpleston on April 19th, and the Autumn Meeting at Westhill on October 4th.

Fives Club

Of ten matches played up to date this season, five have been won and five lost.

The Club would like to express its thanks to Dr. Wilfred Shaw, the retiring President, for his guidance during his Presidency, and to Dr. Kenneth Latter for undertaking the responsibility of the position.

The Knapp Cup has been presented to the Club, and it has been decided that the names of the winners of both the doubles and singles competitions shall be inscribed on it. There are twenty entrants for these competitions, which are in progress at the present time.

The financial position of the Club is more than sound, but it is impossible to ascertain the exact balance in hand before the end of the season.

Boxing

The season, though disappointing from an inter-hospital point of view, produced many outstanding features.

Our captain, J. W. G. Evans, was also elected captain of the United Hospitals' Boxing Club, which had one of its most successful seasons on record; under his leadership the Club won the Inter-universities and Hospitals Championships for only the second time in history. Others also who boxed regularly and successfully for the United Hospitals were R. S. Henderson, A. P. Bentall and T. Brady.

In early December was held the Inter-firm Competition, which produced a very interesting and entertaining evening in aid of the Rigger stand. It was won by the Yellow Firm, and the Orange Cup, decided upon the results, was won by the Clinicals. The competition was so arranged that men in regular training did not compete with those boxing for the first time for a long period; even so the entries were disappointing, and there were only just sufficient to produce a contest.

In the Inter-Hospitals competition we were unable to produce a team in all the weights, and were represented by J. W. G. Evans, R. S. Henderson, A. P. Bentall, T. Brady and E. Levine. We had bad luck in the draw, and in spite of our small number should have done much better than we did.

It may be said in conclusion that there is boxing material both in the Hospital and in Charterhouse Square which is boxing material both could have been drawn capable of winning the Inter-hospital competition with ease; unfortunately, too many people have not the time—or possibly the inclination—to take the sport seriously.

Sailing Club

The season has passed by very pleasantly for all members of the Sailing Club. Bart's yachtsmen have played their part well both in inter-hospital sailing and in the social life at Burnham-on-Crouch.

The Regatta was held on May 15th. Ten boats entered for the race, which was won by M. W. White, 1½ minutes ahead of A. Bentall.

In the Inter-Hospital races a first place was secured by A. Bentall and A. Pearce in the Harvey Cup. A very creditable second was obtained by P. Rowntree also.

The Club is most unfortunate in losing the services of T. E. Harvey as Secretary. He has for three years administered its affairs with great enthusiasm.

Yachtsmen of every hospital in London must regret the retirement of Michael White from the office of Hon. Boatswain. He filled this responsible position with dignity and efficiency. The United Hospitals Sailing Club will feel very heavily the loss of one of its most experienced and accomplished officers.

Swimming Club

The season 1938 was remarkable, more for individual successes than for those of the team. In all three competitions, the London University Swimming Gala, the United Hospitals Gala and the United Hospitals Water Polo League, the Hospital was second to St. Mary's.

In the London University Gala in March, C. R. P. Sheen won the 220 and 440 yards, both in record time. D. C. Evans won the diving. The team was second and third in the Free-style and Medley Relays respectively.

The Hospital was second again to Mary's in the Water Polo League and might, with a more representative team in the last match, have headed the League. Four matches were won, one drawn, and one lost.

In the United Hospitals Gala in June the Hospital was not well represented. However, the points gained were sufficient to obtain second place.

United Hospitals Water Polo Colours were awarded to M. J. Greenberg, C. H. Hoskyn and G. J. Walley. C. R. P. Sheen, besides his efforts in the London University Gala, also won the United Universities long distance race, and was second in the Southern Counties mile and the Welsh open mile.

Fencing Club

For the 1938-39 season twenty-five fixtures were arranged. Since October, when the active fencing season begins, twelve of these fixtures have been fought and five cancelled, largely by our opponents. Though the numerical results have been, with regard to first team fixtures, rather disappointing, a further examination of statistics shows the actual scores to be closer than would be imagined. This may be accounted for by the fact that we are suffering from a dearth of senior members, five of whom retired from active service during 1938. Our captain has been incapacitated for the first half of the season, and has only been able to fight one fixture. The show improved averages compared with last season. On one occasion, owing to the indisposition of all the senior team members, a three weapon, three-men team of "A" team members visited the London Hospital Fencing Club (who, together with St. Thomas's, share seniority amongst the Hospitals), and only lost by the extremely narrow margin of thirteen fights to fourteen.

At the beginning of the season the Club persuaded the Students' Union Committee temporarily to increase the Club's grant, with the result that the regular and essential instruction has been continued and some of our weapons replaced. We feel that the

resulting improvement, particularly amongst the juniors, who will shortly be forming the bulk of our fighting strength, amply justifies the increase.

Debating Society

The Society was revived at the end of the year before last, and this year's work has in the main been that of consolidation of our regained position as a functioning society. Nine meetings have been held, and the average attendance has been about twenty. The plan has been to hold the meetings alternately in the Hospital and at Charterhouse. To begin with, meetings were held every week, one week at Charterhouse, and the next at the Hospital, but it is now felt that fewer meetings would probably be better, and one a month has been suggested.

The motions debated upon varied considerably; some, such as the Place of Politics in Medicine, were of a hybrid nature, others were of a purely political type; we had one talk by a member who had recently visited the U.S.S.R., and one discussion on Pre-clinical Medical Training, at which certain members of the staff were present.

Musical Society

After an open meeting attended by sixty-five students, the Society again came into being last October, after a lapse of some fourteen years. Its activities were divided into Orchestral, Choral and Gramophone sections. The orchestra began rehearsing under their conductor, Mr. H. D. Wing, and produced some eighteen players to provide the incidental music for the A.D.S. show. Since then the numbers have increased to twenty-five, and rehearsals are proceeding for the Summer Concert.

The Gramophone Section has organized two recitals at members' houses, and hopes to arrange further recitals at the Hospital and Charterhouse if and when a suitable room is available.

The Choral Section has been delayed in starting. However, it is now in active process of formation as a Students' Chorus, which it is hoped will begin its career at the Summer Concert.

Abernethian Society

The Society has held nine meetings in the past year. There has been a marked departure from the custom of former years. Compared with last year there have been three lectures instead of nine, and five clinical evenings instead of one. A meeting was held outside the Hospital, and finally the new officers were elected by public vote.

Mr. Norman Birkett, K.C., speaking on "Medical Evidence in Criminal Cases", was welcomed by the largest audience since C. B. Shaw.

Prof. A. V. Hill spoke on "Adventures in Science", including a modest account of the discoveries which have made him famous, and Sir Henry Gauvain reminisced on "Old Bart's and New Treloar".

The attendances at the five Clinical Evenings would seem to justify their revival as a frequent event, and over a hundred were present at the last one.

A debate was held at Dr. Geoffrey Evans's house on the motion "That whereas the trend of modern surgery is such as to preclude it from among the Arts, the practice of Medicine daily becomes more and more of an Art". It was a highly successful meeting, and it is hoped that similar meetings will be held in the future.

Amateur Dramatic Society

The Society's activities during the past year have definitely been progressive. Early in the year an attempt was made to persuade the Governors of the Hospital to sponsor the annual production outside the Hospital at the Cripplegate Theatre. The idea was rejected, but the negotiations aroused sufficient keenness in the Society to consider an extra production each year which could be produced outside the Hospital precincts. With the twofold ambition that the Society should benefit socially and financially, the A.D.S., as the agent of the Students' Union, organized the production of Rabere's *Revue* at the Cripplegate Theatre in January of this year. There were performances on two successive nights, January 6th and 7th, and the profits amounted to something over £70. This was closely followed by the Society's annual production, *Lepidities*, by John Galsworthy was chosen, and in spite of set-backs through illness, and difficulties in casting, Leslie Gimson is to be heartily congratulated on staging a very successful production.

It is the first time for some years that the Society has attempted straight drama, and looking at the season in retrospect, there is one outstanding feature—the paucity of members.

In conclusion the Society wishes to convey its very sincere thanks to the numerous kind friends who expressed sympathy, and offered help, when illness threatened this year's production on its opening night. Fortunately fears of complete cancellation were not realized, and after twenty-four hours' postponement the show "went on" as arranged.

FINANCIAL REPORT FOR YEAR ENDED SEPTEMBER, 1938

Presented by the Financial Secretary, J. C. RYLE

GENTLEMEN.—The balance-sheet for the year ended September, 1938, shows a debit of £30 16s. 1d. At the beginning of the year there was a credit balance of £162 3s. 8d.; the excess of expenditure over income, therefore, amounts to £192 19s. 9d.

On comparison with last year's Income and Expenditure Account the following points are significant:

Income was increased by £218 13s. 1d.; this is made up of an increase in subscriptions of £37 7s. 7d.; by the transference to the income account of the sum of £45 10s. 9d., which was formerly held for the Dance Committee; and by fees from the Squash Courts amounting to £139 14s. 9d.

Expenditure, on the other hand, has increased by a much greater amount. The rent on Foxbury is £131 4s. more than that at Winchmore Hill. Rates have increased by £17 12s. 7d.; gas, water and electricity accounts by £32 12s. 1d.; and wages by £125 5s. 6d. The total expenses at Foxbury, in fact, show an

increase of approximately £400 on Winchmore Hill. In addition to this, expenses at the Hospital and Charterhouse Square have increased respectively by £20 and £17; this represents mostly increases in accountancy charges, and considering the amount of work done by the accountants for the Students' Union, is not unreasonable. One factor in the expenditure account remains: the sum of £85 7s. 1d., representing the loss on the entertainments committee of 1937, has been written off.

In addition to all this, depreciation on certain assets has accounted for some loss: £112 15s. has been deducted in respect of the Squash Courts; and £37 2s. 9d. in respect of furniture and machinery at Foxbury.

The JOURNAL account, which for practical purposes is run separately from the general account of the Students' Union, has shown a loss of £101 6s. 10d. This is due mainly to increase in printing costs and decrease in subscriptions. The Treasurers are satisfied, however, that the JOURNAL committee will be able to correct this by various measures.

To sum up, it is apparent that the Students' Union has had to stand heavy financial strain during the past year. And when all things are considered, the debit of £30 16s. 1d., which is shown on this year's balance-sheet, is by no means unsatisfactory. Needless to say it has only been achieved by considerable restrictions in the matter of extra grants to clubs.

In conclusion it may be said that the income of the Students' Union is due to rise in the future on account of the increased subscription rate, so that the present somewhat precarious state of affairs should not last. At the same time it is only fair to warn members of the constituent clubs that a certain amount of economy will have to be continued into 1939.

SPORTS NEWS

EDITORIAL

To try to draw conclusions from cup results in any of the winter games would be invidious; we can but wish luck to those sides which are still in their competitions, and to the Rugby and Hockey sides on their respective tours in the West. In the meanwhile, turning from the sphere of active play against "foreign" opponents, our next big event is the most important one of the sporting year at the Hospital, to wit the Inter-Firm Seven-a-Side Competition on the 15th of this month at Chislehurst.

The "Sevens" fixture is, of course, followed in the evening by the "Rugger Dance" at Stanhope Gate, and it is most strongly to be hoped that this will be well supported by both the Hospital and Charterhouse.

RUGBY CLUB March 4th. Redruth. Won, 10-5.

Redruth kicked off on a very "squashy" surface at Chislehurst, and started a scrambling first half which was to lose them a match which it is doubtful whether they should have lost.

Throughout the first half Bart.'s were securing the ball from the tight and Redruth from the loose, and though they handled the ball splendidly, Bart.'s three-quarters were not making much of their advantage. This may have been due to the fact that the forwards were heeling slowly, and in consequence, Hearn, at scrum-half, was having a good deal of wing forward trouble, and this sending out a difficult service. Candler was taking the service splendidly, and a newcomer, Jockes, playing a sound defensive game at centre, slowed up the passing rather too much for comfort.

In the first half of this game the Bart.'s forwards played as well as they ever have this season, and hustled the Redruth pack out of their stride. However, in the first few minutes the visitors nearly scored, then the Bart.'s pack heeled smartly and the ball shot out to Jockes, who cut through, passed to Griffiths on the wing, and Griffiths, running very fast, beat his man and ran in to score about half-way out. Macpherson converted with a good kick.

After the centre kick and some scrappy play Candler set Jockes going again, and the latter took the ball to the Redruth "25";

the forwards attacked strongly, forcing a 5-yard scrum and putting the visitors very much on the defensive. Shortly after this Bart.'s heeled, and the ubiquitous Evans, coming up from full-back, kicked ahead, Jockes dribbled on and over the Redruth line for Newbold, who as a forward was very well up, to touch down for a try, which in all fairness was not unfortunate. Macpherson again converted safely.

Redruth then took the initiative, and Robbins surprised Bart.'s by snatching up the ball from a loose kick by a forward and bursting clean through the whole pack to score between the posts. Roy Jennings made no mistake with an easy kick. Macpherson was unlucky to hit the upright with a penalty kick just before half-time.

Of the second half there is not much to be said. Bart.'s were almost continually under the most extreme pressure, and Candler and Evans frequently saved the day with kicks from behind their own line.

The forwards showed some signs of cracking after a few minutes of the second half, but when the referee had stopped the game twice to warn Redruth players for certain fistic indiscretions, and when, after the visitors' scrum-half had scored a try which was disallowed, the same individuals had been rather too vocal, the pack braced up, and Hall and Graham began to give at least as much punishment as they received. Apart from one more occasion on which a Redruth player crossed the line, but was again disallowed, the pressure raged featurelessly along the Bart.'s line until "no-side" was sounded.

Evans, Pleydell and, of course, Candler show amongst the outsiders in their defensive play, and one could not help noticing the great amount of hard work Macpherson and Hall got through, especially in the lines-out, and the fitness and intrepidity in falling on the ball of Barclay.

Hospitals' Senior Cup. Second round v. King's College Hospital. Won, 0-0.

In this game Bart.'s seemed to have their eyes turned more to the coming semi-final against St. Mary's than to the matter in hand, and in consequence, though the side won, they were not particularly impressive.

Though the outsiders on most occasions were adequate, and Hearn and Candler at half were given little chance, the forwards did not quite convince. Especially was this latter fact noticeable in the line-out, where it was to play so significant a part in the subsequent game against St. Mary's.

King's kicked off in wet, almost windless weather, and took an early advantage; the pressure, however, was soon relieved by kicks from Evans and Candler. Bart.'s then attacked rather uncertainly, as though nerves were a little frayed by their early set-back, and Candler's cross-kick to the wing was unlucky to reach touch in goal. From their drop-out King's quickly took the ball to the Bart.'s line, and Griffiths saved a dangerous situation with a quick kick to touch. At this stage Bart.'s, who had had the advantage in the set scrums, commenced to take scrums instead of lines-out and, curiously enough, to lose the ball from these, though this was only a temporary lapse, and they gained it regularly later.

Now followed a period of rather dull football, relieved only by the fine fielding and kicking of Evans at full-back. One or two conventional three-quarter movements looked momentarily dangerous, though Pleydell took some curious things, once running into touch when it seemed avoidable, and once taking a short kick ahead in an open field. Apart from a fine individual dribble by Laybourne, and some intrepid falling on the ball by Barclay, which caused many a touch-line tachycardia, the only other matter of moment scarcely bears description. Candler, seeing little probability of Bart.'s "threees" piercing the King's defence, put up some excellent short kicks ahead for the benefit of his forwards, who stood still, making little or no attempt to follow up.

Just after half-time Bart.'s had their first real opportunity when Macpherson had a long shot at a penalty at about a 30-degree angle. The kick, though straight, fell short.

Shortly after this the forwards, though still not particularly lively, got the ball back, and Pleydell crossed the King's line after some good combined three-quarter play; Macpherson was again short with his kick. One or two awkward moments occurred in the subsequent scrambling play due to poor marking in the back of the line-out, but eventually a cross-kick from Candler to Griffiths was rather lucky to bounce back right into the latter's hands, and he raced over and round, to score close in. Macpherson did not fail with this kick.

In the heavy rain which fell at about three-quarter time, the forwards began to show what they could do. Irving, who had not shone till now, Barclay and Moynagh being well up, and Hall "raging mightily in the midst", held off whatever fire King's still possessed, and the final whistle sounded the end of a game which must have afforded some satisfaction to any Mary's scouts who may have been present.

Evans and Candler were impressive outside the scrum, though we thought the latter might have given his outsiders more of the ball, and kicked less frequently on a full back whose ability to field the ball and give back as good as he got was evident from an early stage of the game. Laybourne was adequate, good at times, though his lack of power handicaps him, and Coupland seemed to see more openings than really existed, running all too frequently right into the arms of his opposite number, and producing yet another loose maul for the delectation of an all too weary pack.

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, K. Moynagh, R. L. Hall, G. Gray, R. Macpherson, K. G. Irving, P. S. Barclay, J. C. Newbold.

v. Pontypridd. Lost, 3-0. Home. March 11th.

Hospitals' Senior Cup. Semi-Final v. St. Mary's. Lost, 6-0.

For the second year in succession Bart.'s hopes were dashed by St. Mary's at Richmond by a narrow margin, this year by 6 points—one try and a penalty goal—to nil. Generally speaking, Bart.'s did not play as well as was expected of them, and Mary's, though sometimes seriously threatened, always conveyed an impression of latent power in defence which quickly convinced a spectator that Bart.'s would have to be more inventive than they were to win.

Bart.'s kicked off in a moderate head-wind, and in the first few minutes neither side enjoyed any marked advantage. Mary's, however, early showed a briskness in heeling from the loose which looked dangerous, but Candler's powerful kicking and Evans's safe play at full back held their centres in a very convincing manner. All

went well until Campbell of Mary's kicked ahead, a long one, Evans misfielded, and a scrum was given on the Bart.'s line from which Squire dived over; however, his pass was forward, and Evans was able to clear with a good kick after the ensuing scrum.

In the next few minutes Bart.'s lost the ball from several consecutive tight scrums; however Cockburn, Mary's scrum-half, was twice penalized for picking the ball out of his own back row. Mary's were kicking ahead, long high kicks, very frequently, and Evans was gathering well but not always finding touch with his kicks. From just such tactics as these came Mary's first score. A long high kick ahead crossed the left side of our line, and Evans and Pleydell, running to touch down, bumped together, and three Mary's men racing up, one of them touched down for a try which, from the run of the play, might have been less fortunate and still justified. Walker missed with his kick, and the sides retired to midfield for a kick-off which was to usher in the most dramatic incident of this game or any other for some time past.

Bart.'s kicked off and a scrum was given in midfield immediately afterwards. A free kick was given against Bart.'s for an infringement in this scrum, and before anyone had fully realized his intentions, Kemp had calmly "dropped" a penalty goal from the centre spot. Thus was the final score completed only twenty-two minutes from the start of the game.

Now the Bart.'s pack began to fight back and some rousing forward play was seen, Graham and Hall tackling, not always scrupulously low but phenomenally hard, and Moynagh managing to hook from the tight in at least his full quota of scrums despite Mary's superior pushing. Even these efforts, however, did not prevent Bart.'s from being in considerable danger a number of times, on one of which Pleydell only averted disaster by a brilliant interception.

Just before half-time Bart.'s produced their first really serious attack. The scrum heeled cleanly, Hearn slung out a long pass to Candler, who kicked ahead to Griffiths on the wing, and a free kick against Mary's was awarded from a maul in which this last became involved. This was taken by Macpherson, fifteen yards outside the "25" and half-way out; he made a good effort, but failed with this difficult kick.

After half-time Bart.'s encouraged their supporters by heeling cleanly from the first scrum, but the three-quarters made little of a fleeting opportunity, and when a forward was pulled up for being off-side Mary's took the ball almost to the Bart.'s line.

Bart.'s now went through a few frightening moments when only Candler's powerful kicking, and off-side and "pickings-out" infringements by Mary's players (which were frequent), saved them. In the course of time, however, Bart.'s pack got the ball away, and gradually progressed as far as the Mary's line, but when they never really looked like scoring. The pressure was maintained by Bart.'s for some time, principally by good kicking from Candler and Laybourne, Irving making a good snap punt to the Mary's corner flag, and Macpherson doing an impressive dribble when the ball went loose.

Bart.'s last really hopeful movement came about ten minutes from the end. The scrum heeled—Hearn—Candler, Candler—Laybourne, Laybourne—Pleydell, and Pleydell very nearly crossed in the corner. Mary's were forced to mark on their line a few moments later, and were able to clear from there.

From a scrum near the centre spot Cockburn again picked out from his own back row, and Macpherson had to face a gesture of despair in the shape of a place kick from only five yards on the Mary's side of the half-way line. He missed with this and Bart.'s continued to press, but rather hopelessly in the face of the superb tackling and covering up of the Mary's outsiders; then Mary's took up the offensive due to inadequate by Bart.'s marking in the lines-out and slow passing in the centre.

From this time until the end all was clearly over as far as Bart.'s winning was concerned. Hearn's defensive kicking saved some anxious moments, but Squire of Mary's almost scored by snatching up a short kick ahead from Candler. Evans came up and joined in one or two three-quarter movements, but despite one fine opening he made even this was useless, and the whistle blew "no side" a few minutes later, to deny Bart.'s team the place in the final of which Mary's has so often felled them.

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, K. Moynagh, R. L. Hall, J. Gauvain, R. Macpherson, K. G. Irving, P. S. Barclay, J. C. Newbold.

v. Nunaton. Won 16-3. Away.

Junior Cup, Second Round. "A" XV v. King's College Hospital "A" XV. Wms, 27-3. Away.

This game was marred by one or two unfortunate events which occurred before its start. The Bart's side arrived on time with a surprising number of supporters, to find that but few opponents and no referee were present on the other side. Eventually a referee was found in the person of Mr. A. Howard Evans, and when the kick-off eventually came, and the referee appeared, dressed in a neat blue ensemble, he was given a rousing ovation.

The day was sunny with a strong cross-wind and Bart's started off confidently. Jackson, on the wing, was robbed of a try in the first few minutes by a lobbed pass from McAfee, and at the same time North had to retire with an injury to his knee. Shortly after this Reinold showed fine speed on his wing, receiving a pass at the end of a good movement, and crossing in the corner for Jackson to miss with a difficult kick. A few minutes later North returned apparently in good repair, and it was not long till Reinold was able to score again, muddling over from a cross-kick by McAfee. Jackson failed with the kick.

King's now picked up courage and began to press strongly, aided and abetted by the fact that Miller was throwing out a rather wild service, and ten minutes of sustained pressure in the Bart's "25" followed; however, Mackay eventually marked and kicked a good touch (he had not invariably been finding up till this time) to relieve the tension. The only other incident of note in the first half was Miller's attitude to the members of the King's scrum; it appears that someone incensed him, for he suddenly appeared, his face contorted with rage, borne high above the scrum, "like a naked new-born babe striding the blast", saying some most indelicate things.

After half-time King's pressed again, but only for a short while, Miller and Mackay intervening with good kicks. Eventually Jackson got away on the wing with the ball at his feet, and would almost inevitably have scored had it not been for a King's man, who grabbed him by the arm and held him till help arrived. A kick, far out, was awarded, and Jackson in high dudgeon made no mistake with this one.

Immediately after this Hayes did a very pretty cut-through from the half-way line to give North a try between the posts. Jackson converted this, and on resuming, the scrum, who incidentally were not binding at all well in the loose, heeled, and the best try of the day followed; it came equally from Marshall and McAfee, each of whom did tricky jinking runs, taking from half-way to score between the posts. Jackson again converted.

Play became dull and uninspired for some time, and then came a push-over try from the scrum, Walley touching down, and Jackson missing a difficult kick. The event of the afternoon then occurred. A King's man made a very high kick, which dropped like Danucl's sword upon Miller, who gestured wildly, yelled "Marked!", and was tackled all in one movement whilst the ball pursued its predestined course unhampered. This was greeted by sundry sallies from the touchline.

Immediately after this stirring incident Hayes kicked ahead—at least he meant to, but the ball went backwards and a King's man, running in, snatched it up and scored between the posts. This, King's sole score, was converted, and after the kick-off which followed, Jackson finished the game with a neat solo try, eluding the whole centre of the King's defence to score between the posts. He converted this effort himself, making the final score 27-5.

Taken all round the side played well in this game, the wings, Reinold and Jackson, being very determined, and the centres inventive, though these latter were never tested in defence. In the pack King and Jeffries were towers of strength and unobtrusively hard work, whilst Alcock and Walley distinguished themselves in the line-out, and Collinson showed his usual great talent as a wupper-up of unmarked outsiders and dropped passes in the wing forward position.

Team.—G. C. Mackay; D. Reinold, L. A. McAfee, G. K. Marshall, B. Jackson; S. T. Hayes, J. E. Miller; R. Alcock, J. F. Mullan, F. G. Jeffries, H. King, G. J. Walley, P. C. Collinson, M. J. Greenberg, J. North.

Junior Cup, Semi-Final v. St. Mary's "A" XV. Lost, 30-3.

With a side gravely depleted by injuries Bart's "A" XV lost to St. Mary's "A" XV at Teddington, in a game which could not have been described as particularly creditable. However, they

were up against a very good "A" side indeed, so that helps to take some of the sting from the scores as they appear on paper.

St. Mary's kicked off on a wet, cold afternoon against a strong wind, and almost immediately Collinson led a good forward rush to the home "25". Here a penalty was awarded against Mary's, and Marshall took a place kick from between the posts and about two yards from the wrong side of the Mary's "25". He sliced this and Mary's relieved the pressure with their subsequent drop-out. Bart's however, were soon back on the attack, though the Bart's forwards were heeling the ball from the loose in a way which encouraged spectators to hope for an early score. The three-quarters, however, met with the same inflexible defence which had been such a notable factor in the Senior Cup semi-final.

After eight minutes of abortive football another free kick was given against Mary's, and Marshall missed again, but this time from far out and right on the "25". A few moments later Mary's took the ball to the half-way line, heeled, and a centre cut through neatly, caught Mackay—Bart's full back—off his guard, and scored about half-way out. The kick was missed.

A few moments later the same centre was missed again, and almost scored, taking the ball to the Bart's line where a scrum was given. From this Mary's heeled, and two men were able to take their choice of who would score from a blind-side movement. The kick was missed again. After this Bart's forwards commenced to press strongly, but their efforts were almost offset by a Mary's centre being missed again, this time by Bart's other centre. However, no matter how high the Bart's outsiders were tackling the forwards still had boots, and it was from Collinson's peculiarly agile pair that Bart's only score was to come.

The ball went loose almost on the half-way line and away over on the left, and Collinson was right on top of it. He departed with it, apparently attached to his toes with elastic, and dribbled straight down to the "25", turned, dribbled across the centre and almost to the line, where a Mary's man threw himself at it. Collinson, however, placed a neat fly-kick over the line for North to touch down at his leisure. Marshall missed with a difficult kick.

From this on the less said the better. Another difficult free kick was missed, and the forwards succeeded in keeping the pressure up for about ten minutes, rarely heeling from the tight, but binding and heeling well in the loose mauls. Hayes and Marshall, however, were consistently going high for their men, and the continuous fear of a complete break-down in the centre was in no way compensated by the territorial advantage gained. Hayes and Mackay were kicking well at this period, but Miller, at scrum-half, though playing coolly and well, was twice off-side in the latter part of the first half.

Towards the end of this half Mary's pressed strongly, Bart's having to take several "25's", and the forwards causing some anxiety by allowing their opponents to break through several times in the line-out.

After the interval Bart's kicked off, facing an increasing wind and the threat of heavy rain, and were soon in difficulties. A long kick ahead by Mary's bounced unluckily for Mackay, who was tackled in possession, and two Mary's men scrambled over far out, the kick being missed.

It then began to snow in the faces of the visitors, and for the first time it became evident that Bart's pack was tiring. Hayes and Marshall both missed their men again, and the long-expected break-through occurred; however, it did not result in a try due to a forward pass.

Bart's were now under terrific pressure and another cut-through in the centre gave Mary's a further try, this time between the posts; the kick went over. Shortly after this the game was stopped as Miller was in trouble, with two Mary's men in attendance, far from the scene of play. It was found that he had sprained three finger-joints of his left hand, which was a cruel blow at this stage of events. Miller now went wing forward, Collinson taking his place at scrum half, and despite Bart's getting the ball from the next scrum a Mary's man gathered a loose pass, and ran clean through the Bart's side, only being grassed at the sixth attempted tackle, the first five not being below clavicle level in any instance.

The pressure by Mary's was kept up constantly from this on. With the exception of a despairing effort by the Bart's pack right at the end, the cervical parasitism of the Bart's outsiders, with the exception of Reinold on the wing, continued, two more breakaway tries, one from the line-out by a forward, and two on the blind side tries from scrums, being scored and only one of these converted.

The pack emerged from this match not without credit, Collinson playing the game of his life, and Jeffries and King working like

Trojans—the former bringing off almost the only low tackle in the game. Of the outsiders, with the exception of the wings, who did their best with their opportunities, the less said the better.

Team.—G. C. Mackay; D. Reinold, G. K. Marshall, J. North, W. J. Atkinson; S. T. Hayes, J. E. Miller; H. King, P. G. Jeffries, M. J. Greenberg, J. D. Cronin, R. Alcock, J. C. Ryle, J. Robertson, P. C. Collinson.

HOCKEY Saturday, February 18th, v. St. Mary's Hospital. Lost, 4-3.

Played at home where the ground was in good condition. Neither side was at all representative, but this did not detract from the battle which soon started. The game was played rather as a cup-match than as an ordinary fixture, everyone going all out to win. Our opponents failed to bring down an umpire, and the man who undertook the thankless job for us must have regretted his folly, as to blow the whistle for every infringement would have resulted in one continual ear-splitting blast.

Though the total number of goals scored appears high, none deserves mention, but each calls for praise for the hard play and concentrated endeavour which preceded it.

Finally, mention must be made of two charming supporters who continually urged us to mightier efforts, and greatly embarrassed House on the left wing, who soon came to think that he wasn't trying!

Saturday, February 25th, v. C.I.A. Royal Arsenal. Won, 9-2.

Played at Chislehurst in continual rain, which soon flooded the pitch. To add to the confusion the Secretary had failed to produce an umpire. The score speaks for itself, the opposing backs being quite incapable of dealing with fast forwards on such a wet pitch. Atwill, at right back, seemed to revel in the rain and mud, doing most of the work in defence, Ellis, being frozen in the first 15 minutes, taking little part in the game. White in goal is to be sympathized with, and if he hadn't prayed aloud for someone to take a shot at goal, maybe the opponents would not have complied with the request and found him anchored in the mud.

Wednesday, March 1st, v. St. Mary's (Semi-Final Cup-tie). Lost, 3-1.

Played at Teddington on a ground which had stood up to the rain of the preceding week exceptionally well. We were fortunate in having a side at full strength, and Marrett at centre-half was outstanding, easily managing to control the activities of his more famous opposite number, Morrison. It is to be regretted that the side was not as fit as is necessary for a hard game such as this was; the lack of fitness in some cases was due to previous illness, and in others, following more pleasant activities.

Mary's attacked strongly throughout the first half of the game and the defence had some very uncomfortable moments. We stood up to the pressure extremely well, but despite our best efforts Mary's scored three goals during this period, none of which were the outcome of any individual efforts, but rather of hard following-up.

It was not until the second half that our forwards started showing their worth, and they gave Mary's defence a really hot time. Soon we scored a goal through J. Fison, but despite hard pressure, which resulted in several corners, we were unable to do more than keep our opponents continually worried and ourselves ever optimistic.

When the final whistle blew we were unanimous in declaring the game excellent, and, as we had the talent and the will to win, who can say that the result might not have been reversed had we been as fit as our victorious opponents?

Team.—G. A. S. Akeroyd; R. E. Ellis, J. A. Atwill; E. J. Griffiths (capt.), H. R. Marrett, A. G. E. Pearce; T. N. Fison, R. Heyland, J. L. Fison, H. H. Bentall, S. R. Hewitt.

Saturday, March 4th, v. Chelmsford. Drawn, 1-1.

An enjoyable game played at Chelmsford in a most friendly spirit. We started in what threatened to be a cloud-burst, but soon the rain passed off, leaving us to concentrate on the game. With Heyland crocked, the forwards were not playing as fast as they usually do, and it was left to J. Fison to keep the ball moving from side to side. Early in the first half Fison ran through and scored our only goal. Several times the forwards looked dangerous and, but for the excellent defence of our opponents, might well have scored again.

In the second half our opponents took the initiative and attacked very strongly. Though Akeroyd gave a perfect display of goal-

keeping, even saving a penalty-bully, Chelmsford scored a well-earned goal a few minutes before the final whistle. P. Isaac, at centre-half, played an exemplary game, being especially good in defence. He was ably supported by Pearce and Tiny Masina, who was playing in his old position of left half, and here his exceptional positional play earned praise even from our opponents. Ellis and Atwill played a steady game at back, rarely failing to stop the ball, and Atwill's hard clearances helped to ease the pressure under attack.

February 28th, v. St. Thomas's (2nd XI Semi-Final Cup-tie). Lost, 3-4. Played at Chiswick.

We unfortunately played one man short; our goalkeeper inadvertently mistook the date and was thus able to join the Rugby Cup match at Richmond. To add to our misfortune the St. Thomas's umpire failed to materialize and the game was badly controlled. The game began in a heavy downpour, which did not abate till late in the second half. Quickly we pressed the St. Thomas's defence, but in the first of a series of breakaways, which were to prove our undoing, our opponents scored a good goal. St. Thomas's scored two further goals in a similar fashion before half-time, the second of which might have been prevented had our right back not assumed the function of the missing umpire in typical professional football style. Before half-time we retaliated, Isaac moving up from the half-back line to score a good goal.

Our forwards, playing well together, started the second half in great style, House's stick-work on the right wing being particularly noticeable, and from one of his centres Harrison scored a goal. In about ten minutes Roberts caught the defence on the wrong foot and with a neat shot levelled the scores. Our opponents then broke through our depleted defence to score what proved to be the winning goal. In the closing stages we made valiant efforts to equalize, forcing several corners from which we might have scored, but in the failing light the agricultural tactics of the defence proved adequate to stay the onslaught.

ASSOCIATION FOOTBALL 1st XI v. Old Colfeians. Away. February 18th. Lost, 7-1.

A hard pitch and a light ball made a fast game in which our team were not up to the mark, and could never settle down or get used to the play which is usual on a pitch that is better covered with grass. After scoring two to our one in the first half the Colfeian forwards took advantage of their lead, which they turned to a smashing victory as our team collapsed towards the end of the game.

Inter-Hospitals' Cup Semi-Final, on Guy's Ground, v. Middlesex. Won, 2-0.

We had beaten the Middlesex team twice this season in "trendy" matches and were thus confident of success in this Cup match. "But," said the Middlesex team, "this is no friendly". And, indeed, it wasn't, in that there was little display by either side of that reluctance to tackle the man with the ball, or, indeed, of the man about to receive the ball. The well-known irresistible force met the equally notorious immovable object in a series of fierce encounters, and the 800-odd Bart's men who stayed away from the match missed a most exhilarating struggle.

Bart's attacked from the word "Go", and on two occasions in the first few minutes the Middlesex goal-line was bestrewn with desperate defenders and furious forwards, but the ball was scrambled away somehow, and it soon became apparent that the Middlesex goal-keepers is a different proposition from the Middlesex of polite Saturday afternoon games. They attacked most persistently during the last half-hour of the first half, and at this time the Bart's defence showed a solidity and determination that was most comforting.

During the early part of the second half Bart's attacked with greater penetration, but the Middlesex defence, while perhaps not as impressive as our own, managed to prevent any score until eighteen minutes from time, when Nicholson scored with a high dropping shot at an "impossible" angle, from fifteen yards' range. From that point Bart's increased the slight superiority that had always been theirs, and five minutes from the end James passed to Nicholson, who quickly dashed through on the right, and beat the goalkeeper with a really good shot into the top of the net. Middlesex tried desperately hard, but never really looked like scoring, and the final whistle blew with Bart's winning 2-0.

The team as a whole played together much better than in the previous Cup match, and there was little of the hesitancy in tackling that so nearly lost us that game. The outstanding feature of the Bart's play was the great improvement in the solidity of the defence. Packer was again the most accomplished footballer on the field, and McGuire played his best game so far. Both he and James took several hard knocks with great goodwill, and Elder, too, refused to be knocked off the ball. Royston, on the left wing, worried his big opponent in most courageous style, and Nicholson, while scoring with shots that could scarcely have been bettered, has added a good deal of intelligence to his old dash. But it was the display of "gus" by the team as a whole, allied to no little skill, that produced a display worthy of the Hospital.

So, for the third time in four seasons Bart's have entered the Cup Final, and we should give a good account of ourselves at Kingston. May we hope that the occasion will attract a crowd worthy of the day? The cheering spectator is a very important factor in the technique of cup-winning—and anyway it will be a good party!

Bart's 1st XI v. Exeter College, Oxford. Won, 4-2.

A rather lifeless game resulted in a win for Bart's by 4 goals to 2. The Bart's forwards combined well, and with more accurate shooting might have considerably increased the score. James played an energetic and skilful game at centre-forward, and opened the score for Bart's. Exeter equalized with a good long shot by their right half. There was no more scoring before half-time, but after the interval Nicholson banged in a goal from a fine angle, off a shot that the goalkeeper had partially saved.

Maples and Howell scored with well-placed shots from unmarked positions. The latter, making a come-back, played a sound game at left half after he had settled down, and fed his forwards well. Exeter's second goal came from a clever lob over the advancing goalkeeper's head. Wells-Cole in goal gave a sound, confident display. The game finished in cricket weather, which probably accounted to some extent for the lack of energy.

SWIMMING CLUB

The finals of the London University Swimming Championships were held on March 10th, when the Hospital took 3rd place with 16 points. C. R. P. Sheen finished second to K. Deane in the 440 yds., and it was the same man who beat T. Coates, after a good race in the 220 yds.

Other results in which Bart's featured were:

Diving: (4th) R. T. Monckton.

Relay: (2nd) J. A. Smith, C. R. P. Sheen, T. Coates, R. T. Monckton.

Medley: (4th) T. Coates, L. A. McAfee, C. R. P. Sheen.

On March 2nd the team were entertained by **Hampstead Priory S.C.** The swimming match was arranged with a view towards the L.U. Gala the following week. Very foolishly C. R. P. Sheen was allowed to swim against instead of for us, and the result of the swimming was a defeat for the Hospital by a small margin.

The water polo match was lost 1-2, but against a strong side. The result was most encouraging, as the team contained a number of newcomers. After being a goal down in the first minute K. C. Horrocks put a hard shot into the goal to level the score. Hampstead soon added another, and although Bart's pressed for the rest of the game a lot of scrambling in front of the posts saved the Hampstead goal. C. R. P. Sheen, by this time returned to the fold, played very well in goal, and G. J. Walley and K. C. Horrocks in front of him were the pick of the Bart's team.

Results.

200 yds.: (1) C. R. P. Sheen; (2) T. Coates; (4) G. J. Walley. 100 yds.: (3) R. T. Monckton; (4) L. A. McAfee. 1 length: (2) E. A. Imossi; (3) T. Rowntree. Dive: R. T. Monckton and L. A. McAfee, 1st. Polo team.—C. R. P. Sheen; L. A. McAfee, E. A. Imossi; G. J. Walley; T. Coates, K. C. Horrocks, R. T. Monckton.

INTER-HOSPITALS CROSS COUNTRY

Run on March 1st. A close race was expected when the field of forty-eight set off over the 5-mile course in Richmond Park to compete for the Kent-Hughes Cup; but no one would have expected that it would be so close that the outcome was finally decided by a tie for the thirteenth place. Bart's and Guy's were about equally favoured for the cup, while Etheridge of Guy's, five times champion, seemed likely to be fully extended by the Bart's man Haile. It was the first time that the latter had raced against the champion, and each showed signs of having a healthy respect for the other.

As a result, in spite of the mild weather and easy going, the start was comparatively slow, and it was not until after the first quarter of a mile when Haile jumped into a twenty-yard lead that the pace became worthy of the competition. Etheridge was quick to follow, and by the time Ham gate was reached these two were well ahead together. The rest of the field was still packing close with Gould of Thomas's making the pace, closely followed by Beck and Atkinson. Haile stuck gallantly to Etheridge, but by half-way the latter had a lead of a hundred yards, and from the Penn Ponds to the finish his position was unassailable. He finished with plenty in hand in 30 min. 8½ sec., the best time that has been recorded over the new course.

Two miles from the start the same three led the main body round King's Clump, with two Guy's men, Merryweather and Martin, close behind, still followed by a large bunch with scarcely a yard between each, though by this time stragglers were forming a well-marked "tail". From here onwards the competition between Bart's and Guy's was nicely balanced, with only four men from other hospitals in the first fifteen to confuse the issue.

Soon after this Gould mysteriously and unexpectedly faded away, to turn up again at the finish in the low twenties. Beck then went out on his own followed later by Atkinson, who finally beat off a strong challenge from Merryweather on the hill round Robin Hood Close. This appeared to give Bart's a handsome lead, with three men in the first four. Merryweather and Martin, however, maintained their positions, coming 5th and 6th, and thereby putting the score at 9-12 with two men to come in both teams.

It was for these remaining places that the closest and most dogged racing was done. Lyon and Lee were together all the way, fighting every inch of advantage, the former with his superior knowledge of the course ultimately finished a few yards ahead. 20-22. Griffin, who had been up with these two, gained 12th place for Guy's. This meant that Van der Linde must get next place for Bart's, 5 to win, or fourteenth for a draw. He appeared in the last straight fifty yards behind Griffin with a clear lead from three Guy's men, when suddenly one of them, Ripman, produced a terrific burst which brought him a yard ahead of Van der Linde before the latter replied to the challenge; twenty yards' racing neck and neck failed to separate them and the judges awarded a tie.

For the rest the London with Learner and Geary at 7 and 9 got third place; while the sealed handicap was won by Waddington, of St. Thomas's, with Haile runner-up.

Dr. Monro, Mr. Kelsey Fry and Dr. Black kindly acted as officials, and together with a handful of supporters—predominantly Guy's—were the sole witnesses of what must have been some of the keenest competition in the forty-five years' history of the cup.

RESULTS.

Monro Trophy.—(1) A. E. J. Etheridge (Guy's), 30 min. 8½ sec.; (2) J. P. Haile (Bart's), 31 min. 9 sec.; (3) G. A. Beck (Bart's), 31 min. 19 sec.; (4) W. J. Atkinson (Bart's), 32 min. 2 sec.; (5) R. Merryweather (Guy's); (6) H. C. Martin (Guy's); (7) J. A. Learner (London); (8) F. R. Coffin (Royal Dental); (9) S. Geary (London); (10) D. J. Lyon (Guy's); (11) H. B. Lee (Bart's); (12) P. Griffin (Guy's); (13, equal) P. A. M. van de Linde (Bart's) and J. Ripman (Guy's).

Kent Hughes Cup.—(1) Bart's, 33½; (2) Guy's, 34; (3) London, 85; (4) Thomas's, 111; (5) Royal Dental, 152.

REVIEWS

Man against Himself. By KARL A. MENNINGER. (George G. Harrap & Co., Ltd.) Pp. xii + 485. 15s.

That medical science should first elucidate the simpler aspects of the human organism's struggle against disease is not only natural, it is right. Strict scientific methods are immediately applicable to the analysis of the physical and chemical properties of the apparent and immediate causes of disease—deficiencies, infection trauma and new growth—and the control of disease that such analysis has obtained for humanity during the last hundred years is dramatic. Mankind has, by its means, freed itself from the major assaults of disease. Never again, it may safely be said, will the black death ravage Europe and claim 25 million victims, as it did in the fourteenth century. But the balance of nature is easily upset. Death now threatens mankind with the new pandemic disease of modern warfare. If the onslaught of this disease is to be averted its fundamental causes require urgent study. To this study Dr. Menninger's book is a fascinating contribution. It comprises the analysis, in semi-popular form, of the self-destructive urges which lie within every man at varying levels of consciousness.

The author first considers frank suicides in whom self-destruction is a conscious aim, deliberately achieved, and he gives a lucid analysis, with well-chosen examples, of the motives which usually underlie suicide, distinguishing three components of the act—the aggressive revengeful wish to kill, the submissive guilty wish to be killed, and the quite independent wish to die which, divorced from the other wishes, may lead to courting death in dare-devil escapades.

Next, the author analyses what he calls "chronic suicide", in which the self-destructive urge is mitigated and disguised under the cloak of eccentric behaviour, so that life is not immediately destroyed, but is distorted and made uncomfortable. Asceticism, martyrdom, patient neurotic invalidism, alcoholic addiction and anti-social behaviour are considered in detail. Closely allied to this study is that of what the author calls "focal suicide". That is, self-destruction concentrated on a part of the body which is thus made scapegoat for the individual's unconscious guilt and aggression. In its clearest form this focal suicide is shown in cases of "polysurgery"—repeated unnecessary operations, in purposive accidents, and in impotence and frigidity. The psychological aspects of organic disease are next considered, and the thesis is proposed that the self-destructive suicidal urge—usually focal in its manifestations—frequently underlies many patients' receptivity to organic disease.

The last part of the book deals with the therapeutic of the self-destructive urge. By analysis unconscious guilt is brought under the control of the ego, aggressive urges are diverted into useful channels, and the transference of affection from the self to others is encouraged.

Finally the possibility of prophylaxis of self-destruction of both individuals and nations by changes in social organization is briefly considered, and the belief is stated that "if one person can be helped by any of the methods which I have described, there is hope for the human race". This therapeutic section of the book deserves more than the 52 pages that it is given.

This is a most illuminating and fascinating book. The arguments for the most part carry conviction, though occasionally the author's strict Freudian upbringing intrudes itself uncomfortably. It is rich in clear clinical examples and references to fuller works, and it is easy reading. It deserves to be widely read by laymen as well as by medical men, and its style suggests that this is its purpose. If this is so, its price should be lower than fifteen shillings.

Textbook of Medicine. By Various Authors. Edited by J. J. CONYBEARE. Fourth edition. (Livingston, 1939.) Pp. xvii + 1112. Price 21s.

Since the appearance of its first edition in 1909, Conybeare's *Medicine* has formed a useful compromise between the two groups of textbooks of medicine, satisfying respectively the needs of the beginner and the man working for his finals. It is complete, readable, and though conservative like every reliable work of reference, pleasantly free from much of the redundant information which make many a textbook so trying to read.

The new edition has been brought up to date, the main improvement being the addition of a new chapter on psychological medicine, by Drs. Curran and Guttmann, which brings the work into line with the recent recommendations of the General Medical Council and makes it unusually comprehensive for its size. Recent advances in general medicine, like the new insulins, Meulengracht's

treatment of haematemesis, and sulphanilamide therapy, are fully and competently dealt with.

Certain remaining defects are here mentioned as being easily remediable in future editions. Thus one short paragraph on the cardiovascular complications of diphtheria, without even the mention of the important peripheral vascular collapse, is scarcely adequate. The collection in one section of all the various manifestations of tuberculous disease was an excellent idea; but why the irritating and quite unjustified rendering apart of aërobic dysentery and hepatitis?

Lectures to Nurses. By MARGARET S. RIDDELL, A.R.R.C., S.R.N. (Faber & Faber.) Price 6s.

The seventh edition of this book has been revised and enlarged, and is very much more bulky than was the volume of the first edition. Its subject-matter is simply and clearly arranged and explained, and this makes it of great value to those starting their training in hospital, as a guide in the principles of nursing procedures. A useful glossary of technical terms completes the book.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ANDERSON, HAROLD G., M.D., M.R.C.P. *A Lecture Course in Intra-thoracic Tuberculosis.* Chengta: West China Union University.

ANDREWS, C. H., M.D., F.R.C.P. "Immunity in Influenza: the Bearing of Recent Research Work." *Proceedings of the Royal Society of Medicine*, January, 1939.

BEATTIE, JOHN, M.D., F.R.C.S., M.C.O.G. "The Equipment and Instruments for Midwifery in General Practice." *Practitioner*, February, 1939.

DICKS, HENRY V., M.D., M.R.C.P. *Clinical Studies in Psychopathology: A Contribution to the Etiology of Neurotic Illness.* London: Edward Arnold, 1939.

EDWARDS, T. P., M.D., D.P.H. "Physical Fitness in Relation to Public Health." *Journal of Royal Sanitary Institute*, February, 1939.

ELAM, JOHN, M.R.C.S. "Analgesia in Domestic Midwifery." *Journal of Obstetrics and Gynaecology, British Empire*, February, 1939.

FELLING, ANTHONY, M.D., F.R.C.P. "Headaches and their Treatment." *Medical Press and Circular*, January, 1939.

HAMBLY, E. H. T., M.B., F.R.C.S. "Unusual Abnormality of the Knee-joint." *Lancet*, February 4th, 1939.

HEPBURN, MALCOLM, M.D., F.R.C.S. "The Nomenclature of Diseases of the Fundus." *Proceedings of the Royal Society of Medicine*, January, 1939.

HOWKINS, JOHN, M.D., M.S., F.R.C.S., M.C.O.G. (and LAWRIE, R. S., M.R.C.S., L.R.C.P.). "Iniencephalus." *Journal of Obstetrics and Gynaecology, British Empire*, February, 1939.

LEISHMAN, A. W. D., M.R.C.P. "Diuresis following Administration of Sulphonamide in Renal Oedema." *Lancet*, January 28th, 1939.

MACFARLANE, R. G., M.D. (G. A. ELLIOTT, M.R.C.P., R. G. M., and J. M. VAUGHAN, M.R.C.P.). "The Use of Stored Blood for Transfusion." *Lancet*, February 18th, 1939.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "The Use of Protamine Insulin." *Clinical Journal*, February, 1939.

PAGE, A. P. MENZIES, M.D., M.R.C.P., D.G.H. (and SEAGER, K. G., M.B.), and WARD, E. M., M.D. "The Use of Placental Blood for Transfusion." *Lancet*, February 28th, 1939.

RAVEN, R. W., F.R.C.S. "Diverticula of the Duodeno-jejunal Flexure." *Lancet*, January 28th, 1939.

SPENCER, W. G., O.B.E., M.S., F.R.C.S. "The Last Hundred Years of Surgery." *Medical Press and Circular*, January 25th, 1939.

TREVOR, DAVID, M.S., F.R.C.S. "Painful Joints and their Treatment." *Medical Press and Circular*, January 25th, 1939.

WARD, E. MELFORD, M.D. See PAGE, SEAGER and WARD.

WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Chronic Retention of Urine." *British Medical Journal*, January 28th, 1939.

YATES, A. LOWNDES, M.C., M.D., F.R.C.S. "Pain in the Ear." *Medical Press and Circular*, January 25th, 1939.

CHANGES OF ADDRESS

BARNARD, E. J. W., 54, Grosvenor Road, Caversham, Reading.
 BOYLE, H. E. G., Grosvenor Hotel, Marina, St. Leonards-on-Sea.
 COLEMAN, F., 31, Weymouth Street, W. 1. (Tel. Langham 2827.)
 FORRESTER WOOD, W. R., 66, Wilbury Road, Illove 3. (Tel. Hove 5147.)
 FOSTER MOORE, R., 36, Harley Street, W. 1.
 FOWELL, P. H. C., Brackendene, Crayshott, Hants.
 GILLESPIE, T., Rollington House, Redlynch, Salisbury. (Tel. Downton 55.)
 OLDFIELD, J., 8, Harley Street, W. 1. (Tel. Langham 2152.)
 ORCHARD, S., 27, Lemon Street, Truro, Cornwall.
 OXLEY, P. M., 17, St. Cross Road, Winchester, Hants.

APPOINTMENTS

DAVIS, H. NOEL, B.M., B.Ch.(Oxon.), appointed Medical Officer to the Post Office at Winchester.
 HANCOCK, P. E. THOMPSON, M.R.C.P., appointed Assistant Physician to the Royal Free Hospital.
 VARTAN, C. K., F.R.C.S., M.C.O.G., appointed Assistant Obstetric Surgeon to Woolwich War Memorial Hospital.
 WILLOUGHBY, H. M., D.P.H., D.T.M.&H., appointed Deputy Medical Officer of Health of the Port of London.

BIRTHS

BAUFOR.—On February 23rd, 1939, at Three Furlongs, Goring Road, West Worthing, to Constance, wife of Dr. Ivor Balfour—a son.
 CHRISTIE.—On February 26th, 1939, at 20, Devonshire Place, to Joyce (*née* Irvine), wife of Dr. Ronald V. Christie—a daughter.
 HEATHCOTE.—On March 18th, 1939, to Barbara, wife of Dr. A. A. Heathcote, Millbrooke House, Newport, Isle of Wight—a son.
 HEWLINGS.—On March 9th, 1939, at Banbury, to Brab, wife of Dr. Pat Hewlings—a daughter.
 HISCOCKS.—On March 11th, 1939, at "Newlyn", Westcliff-on-Sea, to Sybil, wife of Henry F. Hiscocks, M.B.—a daughter.
 ROSE.—On March 13th, 1939, at "Braddyll", Langho, near Blackburn, to Helen Kynoch (*née* Scott), wife of Dr. D. J. Rose—a daughter.
 WARE.—On March 14th, 1939, to Winifred, wife of Martin Ware—a daughter.
 WELLS.—On March 19th, 1939, at Shipton Manor, Kidlington, Oxford, to Rhona, wife of A. Q. Wells—a son.

MARRIAGES

KNILL JONES—WARING.—On March 4th, 1939, at Christ Church, Totland Bay, Isle of Wight, by the Rev. Dr. McKew and the Rev. W. M. H. Wathen, Dr. Peter Alan Knill Jones, youngest son of Mr. S. Knill Jones, of Sanderstead, and the late Mrs. Knill Jones, to Jocelyn, elder daughter of Dr. and Mrs. Ondestowe Waring, of Totland Bay.
 OWSTON—BROMLEY.—On February 18th, 1939, at St. Mark's, North Audley Street, by the Rev. K. H. Thorneycroft (Vicar), Dr. A. J. Owston, of 54, Upper Brook Street, W. 1, to Rosemary Bromley, daughter of the late Mr. and Mrs. Rupert FitzRoy Bromley, 79, Cornwall Gardens, S.W.

DEATHS

CUMBERLIDGE.—On March 20th, 1939, at Eastfield, Stanley Road, Leicester, William Isaac Cumberlidge, F.R.C.S.
 DAMER—PRIEST.—On March 16th, 1939, at Cefnfaes Hall, Rhayader, James Damer Priest, late of Waltham Abbey, and Eastbourne, aged 81.
 JOHNSON.—On March 17th, 1939, suddenly, at 19, Heathgate, N.W. 11, Harold Jessé Johnson, O.B.E., M.B., aged 81.
 JOYCE.—On March 18th, 1939, at Reading, James Leonard Joyce, F.R.C.S., of 10, Bath Road, Reading, aged 57.
 NEVE.—On March 2nd, 1939, at India House, 139, Addiscombe Road, Croydon, Clement Treves Neve, M.B., B.S., F.R.C.S., aged 51.
 PRICE.—On March 10th, 1939, suddenly, George Basil Price, Lieut.-Col., C.M.G., M.D., F.R.C.P., of Intarfia, Clifton Road, Parkstone, Dorset.
 STRUGNELL.—On March 6th, 1939, at The Cliff, Chale, Isle of Wight, Frederick William Strugnell, M.R.C.S., L.R.C.P., L.S.A., late of Grove End House, Highgate Road, London, aged 87.

PERSONAL COLUMN



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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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MAY 1ST, 1939

PRICE NINEPENCE

CALENDAR

Tues., May 2.—Dr. Chandler and Mr. Roberts on duty.	Wed., May 17.—Surgery : Lecture by Mr. Roberts.
Wed., „ 3.—Surgery : Lecture by Mr. Wilson.	Last day for receiving other matter for the June issue of the Journal.
Fri., „ 5.—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Gow.	Fri., „ 19.—Dr. Chandler and Mr. Roberts on duty. Medicine : Lecture by Dr. Evans.
Tues., „ 9.—Dr. Graham and Mr. Wilson on duty.	Tues., „ 23.—Dr. Gow and Mr. Vick on duty.
Fri., „ 12.—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Dr. Chandler.	Wed., „ 24.—Surgery : Lecture by Sir Girling Ball.
Mon., „ 15.— Last day for receiving letters for the June issue of the Journal.	Fri., „ 26.—Dr. Graham and Mr. Wilson on duty.
Tues., „ 16.—Prof. Christie and Prof. Paterson Ross on duty.	Tues., „ 30.—Dr. Evans and Sir Girling Ball on duty.
	Wed., „ 31.—Surgery : Lecture by Mr. Vick.

A CAUTIONARY TALE

ONCE upon a time there were two brothers who lived on the doomed island of Atlantis. Their names were Danos and Criton and they tended their father's herd of goats. Every morning they drove the herd to the green meadows and watched over them as they browsed. Wolves were unknown, and they had little to do except take them to the water before the midday sun grew too fierce, or sometimes chase an animal that had too boldly strayed amongst the precipices. Danos was happy to lie and watch the clouds chasing across the sky, or playing on the reeds, which

he had cut and joined with wax to form a pipe. Sometimes he would plait grasses into a trap to catch grasshoppers, but whatever it was the day passed all too quickly.

Criton, however, was scornful of these childish games, and thought the day was better spent by arguing to himself what made the trees grow up and why the streams ran down. These things were noted by all the countryside, and soon it became clear that while Danos was an idle youth and would remain a herd, Criton had a better and a higher Destiny.

It so happened that one morning as he expounded to a local audience on why the grass was green a magician passing by listened as he showed that since there could be no effect without a cause, the cause was clear, could it once be seen. This magician, struck by the promise of such sophistry, offered to take the boy in hand and educate him in the lore of Magic.

Now the magicians of Atlantis were a powerful sect who controlled much of the lives and fortunes of the inhabitants. Any great undertaking must first receive their blessing, and no one could enter life or leave it without their consent and presence. With reason, those who were admitted to the Mysteries guarded them jealously from those who were not. Entrance was long and arduous: seven years of apprenticeship, with frequent tests in every branch to try the novice's capacity. Criton's master lived in one of the larger cities, and at first the boy was troubled by the tumult and fierceness of the town and missed the pleasant loneliness of his native meadows. Soon he learned how to repress such rustic longings and applied himself to all the branches of the Mysteries. He learned the magic lore of numbers, how some are male and some female, which are perfect and which amicable, and in which lie hidden the properties of reason, colour, cold and health. He learned the magic of the square and triangle and the secrets of the heavens that lie within a twelve-faced solid. He followed the movements of the stars and their interpretation to the moods of men and even to the time and manner of their death. He studied the magic that lies in bones and herbs and all living things and learned how to turn the magic to

his purposes. Sometimes on summer days the smell of hay came, reminding him of country pleasures, but he shut away all distractions and came to be known as a pupil of promise: one whom his teachers watched. Further he was skilful in the Games, and spoke pleasantly to the elders when they met under the fig tree at midday; not saying Yes, Yes, with eagerness, but saying No at first in such a way as they could clearly demonstrate his fault. For all these things he was acclaimed, and at the end of seven years was made higher than his fellows and given a Magician's post of some authority. At this he felt that all the land was his, and planned the coming years as a Victor plans the stages of his entry. Each year had its task and sweet reward, and he had no fear or doubt that what he planned could ever fail. Sometimes he thought with pity of poor Danos, still a herd, how far he was behind, and how much the distance would be widened.

Then came the unexpected end, the story that all know, and in two single nights the world as it was known to them was blotted out and both the brothers drowned. Criton struggled against the blind injustice of the gods who could destroy a life so young and full of promise and wreck his Plan before a quarter had been tried. And as he died he cursed.

Danos thought of the past: the dew on the grass; the tinkle of the bells as the goats moved back from the water; the warmth of the sun on his back; the thrill of ice-cold water, and all the things which had enriched his idleness. And as he died he blessed the Gods for all that they had given him.

CURRENT EVENTS

BALL'S OAK

On a windy April afternoon, the 15th of the month, a small but representative crowd gathered on the Foxbury ground to witness a ceremony that is all too rare—the planting of a tree. A graceful oak sapling was presented by Dr. Geoffrey Evans in person to the Students' Union in honour of Sir Girling Ball.

In his speech opening the ceremony, Dr. Evans paid tribute to the work of the Dean for the Hospital and students:

"It is due to his initiative and activity that we have this beautiful athletic ground. You all know that it is a really good ground in itself. And joined as it is with the Middlesex Hospital ground and with its trees around it we can come from the Hospital in the heart of London and feel that here we are in the heart of the country.

"This tree grew from an acorn in Worcestershire. In its own country it is said that an oak grows for a hundred years, lives for a hundred years and takes a hundred years to die. It is a fitting symbol of our Dean to plant an oak, for however long this oak may live, there can be no doubt that the name and fame of Girling Ball will outlive it, so great and so lasting is the work to which he has devoted himself for the good of St. Bartholomew's and its student body."

On behalf of the Students' Union the tree was accepted by Dr. George Graham; and this was a signal for a round of ceremonial planting by Dr. Graham, Sir Girling, J. C. Ryle and R. L. Hall, in which the Dean came away with easy honours.

The proceedings concluded with a neat speech by the Vice-President, J. C. Ryle, in which he expressed our gratitude to the Dean.

CHANGES IN THE LIBRARY

One of the first jobs of the new Librarian, Mr. Thornton, has been the preparation of an authors' index to the Journal from the first number to the present day. This is not the place to harp on the great value of this index, but to say that it is in card form, and will be kept up to date and added to with the appearance of the Journal at the beginning of the month, or more regrettably towards the middle.

The Librarian also wishes to collect a complete collection of papers and articles by Bart.'s men, and asks that wherever possible authors will send him reprints.

The Library need not be only a place in which textbooks can be read free of charge, and Mr. Thornton

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is anxious to improve facilities in every way that is open to him.

ART EXHIBITION

Last year a successful Exhibition of paintings and photographs by Old Bart.'s men, nurses and students was held in the Great Hall. It is hoped to repeat the Exhibition this July.

The success of the Exhibition will naturally depend on the response given by our artists and photographers, so we trust that they will all start cleaning their palates, polishing their lenses and producing pictures forthwith.

Full details will be available next month. For the present we may say that photographs will need mounting only, while paintings should be framed. None of last year's exhibits will be shown again this year. Finally, in the event of sufficient material being forthcoming the Governors have again most graciously promised the

OUR CANDID CAMERA



"This chair takes some filling. What?"

use of the Great Hall. We hope this opportunity will not be wasted.

Any queries should be addressed: "Art Exhibition", c/o The Editor of the Journal, St. Bartholomew's Hospital.

HIDDEN MUSICAL TALENT

On another page of the Journal Mr. H. D. Wing, who is known to members of the Hospital as the Conductor of the Musical Society, has written an article in which he describes a method of reducing musical ability into mathematical terms.

It is intended to apply the tests to the students of this Hospital and the results will be published in the Journal. Very soon a list will be opened for volunteers, and it is hoped that as many will come forward as possible.

Who knows how many Toscaninis, Samuels or even Mozarts are hidden in our midst.

EIGHTH DECENNIAL CLUB

The 8th Decennial Club Dinner will be held at the Langham Hotel, Portland Place, W. 1, on Wednesday, June 28th, at 7.30 for 7.45 p.m. (price 10s. 6d.). Dr. Lewis Glover will take the Chair. All communications should be addressed to Sir Charles Gordon-Watson, 82, Harley Street, W. 1.

THE TREASURER'S REPORT

We have received the Treasurer's Report for 1938 as the JOURNAL goes to press. A first reading shows the following points:

The Income of the Hospital was £245,000, which was an increase of £14,000 over 1937. Expenditure was also increased, and there is a deficit for the year of £8000 as compared with a deficit of £13,000 for 1937 (round figures throughout).

The number of students who attended the Medical College was 1077. This figure, which includes 288 post-graduates or part-time students, is nearly twice as large as that of any other medical school in London. We did not know this, but suspected it on many mornings in Out-Patients.

Dr. James Maxwell has succeeded Mr. Rupert Corbett as Hon. Secretary of the Medical Council.

There was a discussion at lunch recently over the time in Hospital spent by Medical In-Patients as compared to Surgical. The highest and lowest averages per patient for the Medical and Surgical Wards were:

Medical:	Dr. Gow and Dr. Bourne	28.0 days.
	Dr. Evans and Dr. Maxwell	30.2 "
Surgical:	Sir Girling Ball and Mr. Hume	20.3 days.
	Mr. Vick and Mr. Hosford	17.1 "

HOUSE APPOINTMENTS

The following have been nominated to House Appointments from May 1st, 1939:

Junior House Physicians—

Dr. Gow	Dr. R. B. Terry.
Dr. Graham	Dr. B. M. Wright.
Dr. Geoffrey Evans	Dr. C. H. Hoskyn.
Dr. Chandler	Dr. A. G. Marshall.
Prof. Christie	Dr. P. L. Candler.

Casualty House Physicians (Non-Resident)—

Dr. Gow	{ A. R. P. Ellis. †
	{ R. D. S. Jack. †
Dr. Graham	{ T. P. Blanshard. †
	{ C. M. Fletcher. * †
Dr. Geoffrey Evans	{ R. D. Hearn. †
	{ I. R. Davies. †
Dr. Chandler	{ D. M. Dunn. †
	{ E. O. Evans. †
Prof. Christie	{ J. R. Simpson. †
	{ O. Garrud. †

Junior House Surgeons—

Mr. Harold Wilson	Dr. R. J. H. McMahon.
Sir Girling Ball	Dr. A. D. Messent.
Mr. J. E. H. Roberts	Dr. A. W. Little.
Mr. Reginald Vick	Dr. K. C. Burrow.
Prof. Paterson Ross	Dr. D. E. Macrae.

Casualty House Surgeons (Non-Resident)—

Mr. Harold Wilson	{ D. G. Evans. †
	{ C. M. Craig. †
Sir Girling Ball	{ F. D. Swinstead. †
	{ G. J. Walley. * †
Mr. J. E. H. Roberts	{ J. A. C. Edwards. †
	{ C. A. Jackson. †
Mr. Reginald Vick	{ A. L. Frazer. †
	{ E. F. Stewart. †
Prof. Paterson Ross	{ T. Faulkner. †
	{ R. S. Murley. †

First Intern Midwifery Assistant

Dr. D. V. Morse.

Second Intern Midwifery Assistant

{ G. Flavell. †

{ K. D. Moynagh. †

H.S. to Throat and Ear Department

Dr. C. J. Carey.

Junior H.S. to Throat and Ear Department

{ E. F. Stewart. †

{ M. J. Pleydell. * †

H.S. to Ophthalmic Department

Dr. B. M. Phillips.

H.S. to Skin and Venereal Departments

{ D. J. A. Brown. †

{ R. D. Hearn. †

H.S. to Orthopaedic Department

Dr. J. B. Cuthbert.

H.P. to Children's Department

Dr. D. I. Crowther.

Senior Resident Anaesthetist

Dr. G. H. Ellis. §

Junior Resident Anaesthetists

{ W. M. Maidlow.

{ C. C. Evill.

Non-Resident Anaesthetist

Dr. J. R. Dunn.

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

OBITUARY

ELKIN PERCY CUMBERBATCH, M.A., B.M.(Oxon.), D.M.R.E.(Camb.), F.R.C.P.

The news of the sudden death of Dr. E. P. Cumberbatch, Medical Officer in Charge of the Electrical Department at St. Bartholomew's Hospital, came as a

great shock to all who knew him, many of whom had not even heard of his illness.

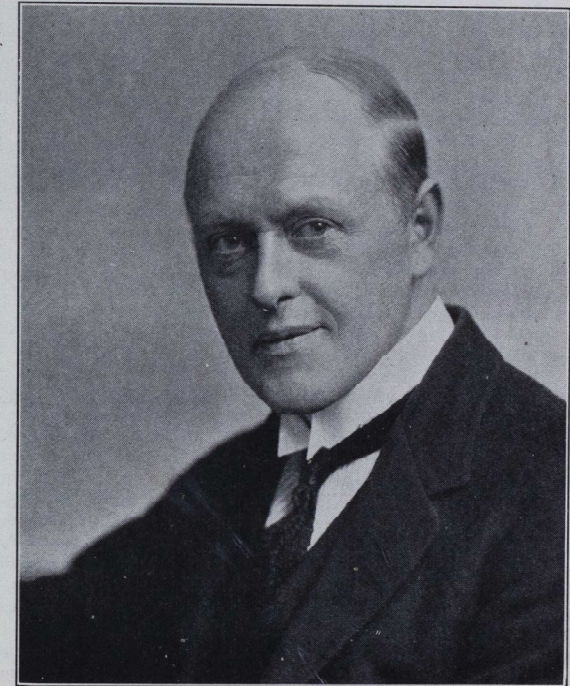
His death has removed from our midst one who could be ill spared, and has created a great void among the ranks of scientific electro-therapists which will be hard to fill.

Born in Somersetshire in June, 1880, he was the son of Charles Walter Cumberbatch. He was educated at St. Paul's School and at Keble College, Oxford, and at both had a brilliant career. He was a Senior Foundation Scholar of St. Paul's School, and left in 1899 with a Senior Science Exhibition, and entered Keble College, Oxford, with an Open Scholarship in Science. He graduated B.A. in 1903, obtaining first-class honours in the School of Natural Science. He was Welsh Memorial prizeman, Oxford University, in 1904, and in the same year entered St. Bartholomew's Hospital with a Senior University Scholarship. He graduated as B.M., B.Ch. and M.A. (Oxon.) in 1909. He was House Surgeon to the Dorset County Hospital 1909-10, and House Physician at St. Bartholomew's 1910-11. He took the M.R.C.P.

in 1911, was Demonstrator of Physiology in St. Bartholomew's Medical School 1911-13, and Chief Assistant in the X-Ray Department 1911-12.

When, in 1912, X-ray work was separated from the old Electro-therapeutic Department, Cumberbatch was put in charge of the Electrical Department—a post which he held until his death. For four years during the Great War he was in charge of the Electrical Department of the First London General Hospital (Camberwell), and while there made a special study of muscle-nerve testing, of which art he became an acknowledged master.

I first met Cumberbatch in the early days of his career, in 1913, and soon struck up a friendship with him. This friendship was further cemented when, in



Elliott & Fry.

the following year, I was appointed Chief Assistant in the Electrical Department at St. Bartholomew's, a post which I held for seventeen years. I soon found out that his reserved manner could not conceal a delightful personality with a clever and versatile brain and high ideals of his profession. He was a brilliant conversationalist with a keen sense of humour, often expressing itself in anecdotes of his school, Oxford and Bart.'s days. One envied his wonderful memory when he recited

screeds of Latin, Greek and English poetry, grave and gay, and long quotations from Dickens and other authors. He was not only a master of his special subject, but was a fine teacher of it. His lectures to the candidates for the D.M.R.E. (Cambridge) who came to Bart.'s were models of what lectures should be—clear, concise, delivered in perfect English, enlivened at intervals with flashes of humour; the most difficult points explained either by diagrams or by homely similes which made them patent to the meanest capacity.

These lectures were afterwards published under the title, *Lectures on Medical Electricity*. Cumberbatch was always most painstaking in his examination of hospital patients, and treated the poorest of them with the same kindness and courtesy which he would extend to the most affluent of his private patients. All the years during which I was working with him I have rarely if ever seen him ruffled or impatient, except when he was talking about any practitioner who had done something unprofessional, especially if it savoured of quackery, that quackery from which his eminent predecessor, Dr. Lewis Jones, and he had done so much to emancipate medical electricity. He was ever a seeker after the truth, proving all things, and would examine every new theory or suggested method of treatment from every point of view before making a decision; and I do not remember him ever making a definite statement which he had afterwards to retract.

Many years ago, when already recognized by the authorities in Great Britain as a leader in his special branch of medicine, Cumberbatch attained an international reputation after the publication of his two standard works, *Essentials of Medical Electricity* and *Diathermy*, both of which have passed into several editions, and his reputation and the reputation of his Department were further enhanced after the publication of *Treatment of Gonococcal Infection by Diathermy*, which he wrote in conjunction with C. A. Robinson, who worked out the details of the technique and the dosage. Indeed, in time the Electro-therapeutic Department at Bart.'s became a Mecca for all those of the medical profession who were interested in electro-therapy, and the visitors' book in the Department contained the autographs of many distinguished doctors from all parts of the world. Cumberbatch will be remembered in after-years as a great master and teacher of medical electricity. I shall moreover ever keep a spot of memory green for a great man whose unbroken friendship, through weal and woe, I enjoyed for twenty-six years, and from whom I received many acts of kindness.

Dr. Cumberbatch leaves a widow, one son and a daughter.

ALASTAIR MACGREGOR.

Miss Neil, Sister to the Electrical Department, has written as follows:

It is almost impossible to express the deep sense of loss of our beloved Chief, the late Dr. Cumberbatch.

During the thirteen years I worked under him in the Electrical Department I was amazed at his untiring efforts and wonderful patience, and will never cease to be thankful for the great privilege of working under so brilliant a man. His kindly manner to patients, both old and young, endeared him to the hearts of all.

Even during the last few days before he died he was continually inquiring after his Department. One patient, an old man, came for treatment the day after the funeral of Dr. Cumberbatch and said, "I was late for the memorial service so I followed him to the grave. I had to thank him for all he had done for me."

Dr. Cumberbatch was a born teacher, and in his element with the Cambridge Diploma Class round him doing clinical work in his Department.

Continental visitors were frequent to his Department. He also instructed them in his great work, and as a farewell introduced them to the portraits of the apostles of medical electricity, and all the star men of St. Bartholomew's in the Great Hall and "Henry the Eighth Gateway".

W. E. SARGANT, M.R.C.S., L.R.C.P.

We regret to announce the death of Dr. W. E. Sargent, at the age of 76. He was College Registrar and Manager of the JOURNAL for over thirty years. His appointment dated from 1893, when the relations between the Medical School and the Hospital were not as smooth as they are now. His tact and courtesy were, however, unflinching whether dealing with Hospital authorities, consultants or students, and when he retired in 1926 the standing of the Medical College was in no small degree due to his efforts.

He was one of those whose imagination led to the starting of the JOURNAL, and as Manager was responsible for its success in times of its greatest affluence.

MARRIAGE AND SYPHILIS

By B. BUCKLEY SHARP, M.D., M.R.C.P.

THE transmission of syphilis from one conjugal partner to the other and from parent to child is, to a large extent, unpredictable. Thus it is a common experience to encounter a man with late clinical and serological syphilis, who admits to having been infected shortly before marriage and to have had little if any treatment, who yet has been the father of an apparently healthy family. Occasionally, however, such a man has more than one member of his progeny infected with the disease, which presupposes also infection of his wife. A woman who has been infected may, without treatment, beget infected and uninfected children, the transmission of the disease being apparently fortuitous and irregular.

Medical advice as to the advisability of marriage is likely to be sought, not by the untreated man or woman, who may sometimes be unaware of having been infected, and rarely by the irresponsible defaulter from treatment, but by the conscientious patient who has followed medical advice as to treatment. The two questions asked are, "May I get married?" and "When may I get married?" And the doctor is expected to be able to say when the time has arrived at which freedom from the risk of transmission can be guaranteed, and to state categorically that the patient will not break down in health in the future as the result of the disease.

In answering these questions the doctor is faced with the unpredictability of transmission, and the absence of any absolute test during life that can prove cure. Negativity of the Wassermann and other serological tests is not proof of cure; this is particularly the case in women during the child-bearing period of life. It is a not uncommon experience to encounter patients, treated thoroughly in the early days of infection, and maintaining a negative serology and good health for two or three years of observation, in whom after many years there is a breakdown from cardio-vascular syphilis or neuro-syphilis, serological tests having reverted to positive in many cases. The economic results in these circumstances for a person who has in the meantime acquired family responsibilities are disastrous.

Wolbarst of New York* has published his own criteria as follows:

* A. L. Wolbarst, "Gonorrhoea and Syphilis in Relation to Marriage," *Brit. Journ. Ven. Dis.*, vol. xii, No. 4, October, 1936, p. 229.

A. For Marriage.

1. Continuous combined therapy in early syphilis with arsenobenzol and bismuth for two years (preferably three).
2. At least one year (preferably two) of observation with repeated blood tests, clinical normality, and a normal cerebro-spinal fluid after one year without treatment.
3. In cases with a fixed positive blood Wassermann, despite adequate treatment as outlined above, marriage is permitted if clinical examination shows nothing abnormal and if the cerebro-spinal fluid is normal on repeated tests.

B. For Procreation.

1. Avoidance of pregnancy for four to five years after marriage, during which period the originally infected husband must remain negative serologically and clinically and the wife must do the same.
2. Every woman whose husband has had syphilis should be given anti-syphilitic treatment throughout her pregnancy, even though never herself showing evidence of infection.
3. If the wife was the originally infected partner, she should be given treatment throughout every pregnancy, even though her initial treatment was adequate and the criteria of cure fulfilled.
4. When both husband and wife have been infected, Wolbarst recommends sterilization. He further makes it an invariable rule to advise all patients who have had syphilis to have a short course of treatment once or twice per year throughout life.

Wolbarst's views are open to criticism on several points. In the first place he is, in my opinion, too pessimistic; and from a psychological aspect a too pessimistic view is to be avoided for fear of inducing syphilophobia in a proportion of those affected. The advice I give depends on the sex of the patient, the stage at which treatment was started, the kind and quantity of treatment given and whether intensively and continuously carried out (especially during the first three months), the subsequent period of observation with blood tests, the result of cerebro-spinal fluid examination after one year without treatment and at least two years after infection, and finally the result of clinical (including neurological) examination.

(a) Males.

1. Stage I (sero-primary syphilis) requires six months of continuous alternating, or three courses of intermittent concurrent therapy by arsenobenzol and bismuth. After this a man may marry at the end of a year from infection, but conception must be prevented till after the lapse of a further year without treatment, during which the Wassermann and Kahn tests in the blood have remained negative, and at the end of which the cerebro-spinal fluid is normal. The cerebro-spinal fluid is very unlikely to be abnormal in such a case,

therefore the economic effect of possible late neuro-syphilis can be left out of account.

2. *Stages ii, iii, iv (sero-positive primary, early secondary and late secondary syphilis)* demand either three full courses of intermittent concurrent therapy after the first permanently negative blood Wassermann test (this means a minimum of four such courses), or a period of continuous alternating therapy for 34 weeks in stage ii, 40 weeks in stage iii, and 48 weeks in stage iv. After this amount of treatment without lapses a man may marry at the end of two years from the date of infection, provided both clinical and cerebro-spinal fluid examinations are negative. Conception should not be permitted till the end of a further year of observation, during which time the blood Wassermann and Kahn tests remain negative, and at the end of which the cerebro spinal fluid is again normal in all respects. It is then unnecessary to treat the wife during pregnancy as a routine, but a blood test should be taken if possible before or at the beginning of pregnancy.

3. *Stage v (latent, or endo-syphilis)* presents a difficult problem, involving an apparently healthy man with a persistently positive blood Wassermann despite adequate treatment commencing at stages i, ii, iii or iv, or with a positive serology discovered when there is no history of infection, or when there is a history of inadequately treated infection some time in the past. In such a case the cerebro-spinal fluid should always be examined. If negative in all respects it will exclude the prospect of the later development of neuro-syphilis. But no one can say whether visceral (probably cardio-vascular) disease will or will not develop at some time. This has to be taken into account when considering marriage from the economic standpoint, and I advocate a yearly course of treatment to ensure as far as possible against a cardio-vascular breakdown.

As regards the possibility of transmission of the disease to the conjugal partner and offspring, the longer the elapse of time since the initial infection the less likely is this to occur. Nevertheless in my experience transmission may take place up to ten years, and the following two cases may be cited to illustrate this: A man, aged 26, was infected in 1906 and had no treatment. He married in 1907, and there is no clinical evidence that his three children were infected, though his wife died of cerebral thrombosis at the age of 43. He re-married in 1916, and two years later himself developed neuro-syphilis. A test was made of the blood of his second wife and found to be positive, reverting to negative fairly rapidly under treatment. The second case concerns a man infected at the age of 22 and treated, according to the history, by a weekly arm injection for one year, and by two buttock injections

altogether. He then discontinued treatment, and there is no information as to a blood test. There was no further exposure to risk, and he married ten years later a woman in whom previous infection can be excluded with a reasonable degree of certainty. Two years after marriage she gave birth to a syphilitic infant which died in a day or two, and her own blood was found to be strongly positive, as was that of the husband. These examples of late transmission from an infected male are uncommon.

In my opinion the reasonable line to take is to permit marriage if the blood Wassermann remains "fast", provided that a full amount of treatment has been given and the cerebro-spinal fluid is normal. It is essential that the prospective spouse should be informed of the position and her co-operation obtained so that her blood test may be taken at a reasonable interval after marriage, say at six and twelve months. Of course, if a condom is invariably used successfully there is no risk of the transference of infection, and there is no point in testing the wife's blood till some months after this practice has been discontinued. Conception should, if possible, be delayed for ten years from the time of the husband's initial infection, and he should be given a yearly course of injections indefinitely. If and when pregnancy begins, the woman should have a blood Wassermann test at the end of three months. Should this prove positive, she must be treated up to the time of delivery. A non-infected child is then practically a certainty; but the infant's blood Wassermann reaction should be tested as soon as possible after birth and again at one year of age.

As has already been pointed out, the diagnostic value of a blood Wassermann test is less in women than in men. In pregnancy it is still less, and a previously positive test may become temporarily negative; hence the value of performing the test before pregnancy starts in a woman whose husband has a positive reaction in his blood. The reason for an increased incidence of "false negative" reactions in pregnant women is related, no doubt, to the known attenuating effect of pregnancy and lactation on syphilis in the female. Repeated pregnancies, in the absence of treatment, may result in permanent reversal of a previously positive blood Wassermann.

4. *Stage viii (congenital syphilis)*.—A congenitally syphilitic male, even if his blood Wassermann reaction remains positive, does not transmit the disease to spouse or child; neither may any illness resulting from his own infection be expected to arise after he has reached the early thirties. Thus congenital syphilis in the male is no bar to marriage and procreation after this age has been reached.

(b) *Females.*

The rules to apply in the case of females are always the same. Naturally, when syphilis is diagnosed, treatment appropriate to the stage of the disease must be given. But whether the patient becomes and remains clinically and serologically negative or not, she must be treated throughout any and every pregnancy to ensure a healthy child. The prospective husband ought to be informed in advance of the position. A woman with congenital syphilis may transmit the disease to her child (third generation syphilis), so that the same rules apply.

It is uncertain whether a syphilitic foetus is infected from the previously infected mother *via* the placenta, or whether the fertilized ovum can be infected directly *via* the father's spermatozoon, or whether these possible modes of infection are alternative. Colles's law favours the first route; though presumably an infected foetus could produce a symptomless infection of the mother *via* the placenta. For spermatozoal transmission a spore or granular form of spirochaete would be necessary.

I am fortified in taking a less pessimistic view of conjugal syphilis than does Wolbarst by statistics from the Ministry of Health's *Report on Anti-Venereal Measures in Certain Scandinavian Countries and Holland* (1938). In Sweden, treatment of syphilis, and also of gonorrhoea and soft sore has been compulsory, and default from treatment notifiable to the Health Authorities since January 1st, 1919. Women who have undergone the full early treatment and who later become pregnant, are offered free treatment throughout pregnancy, but are not compelled to undergo it. By these measures the incidence of acquired syphilis fell from 10.2 per 10,000 in 1919 to 0.67 per 10,000 in 1935, and the incidence of congenital syphilis fell from a total of 165 notified cases in 1920 to 19 in 1935. In Denmark the law is similar, and has caused an estimated drop of fresh infections from 4500 in 1919 to 600 in 1935. In both countries a certificate or declaration of freedom from venereal disease must be furnished by both parties before marriage. Harrison, a member of the Commission responsible for the report, has propounded the view that if every patient with early syphilis received three months' steady treatment, the percentage which would later become infectious would be so small as to have a negligible effect on the spread of the disease.

Sterilization, as suggested by Wolbarst, of the male partner when both partners have been infected is unjustified. Sterilization is an illegal operation unless performed for a very definite medical reason, which does not obtain here in view of the very satisfactory results of the prevention of congenital syphilis by

treatment of the expectant mother begun before the fifth month of gestation and continued to term. Abortion is equally unjustified for the same reason; and even if congenital syphilis could not be prevented with reasonable certainty, the law is precise that risk of disease in the offspring is not a valid ground for interfering with pregnancy. The only legal ground for abortion is risk to the mother's life, which has, by a recent case, been defined so as to include risk to the mother's health; whereas pregnancy, parturition and lactation carry no abnormal risk in the case of a syphilitic woman not suffering from cardio-vascular or neurological disease—the reverse is the case from the point of view of attenuating her own infection.

ONE HUNDRED YEARS AGO : SUPPOSED DEATH FROM DRINKING COLD BEER

By W. R. BETT.

SO revolutionary have been the changes punctuating the story of medicine within the last fifty years that the perusal of clinical case-reports of a century ago would seem to-day almost useless and even a waste of time, were it not for their antiquarian interest, their sense of the dramatic, and their exhibition of whimsically unconscious humour.

On p. 175 of the *Lancet* for April 20th, 1839 appears a report of a coroner's inquest held at the Red Lion, Princes Street, Westminster, on the body of Owen Donovan, aged 43, a stoker at the Equitable Gas Works, "whose death was occasioned under the following circumstances: on Friday afternoon last, about half-past four, as was his usual custom, he partook of a pot of beer, soon after which he was seized with excruciating pains in the stomach, and eventually conveyed to Westminster Hospital, where he lingered in great agony until one o'clock on Saturday, when death put a period to his sufferings". The house-surgeon, who thought the case "very mysterious, although there was no appearance of poison" (the stomach was greatly swollen with slight marks of inflammation) "gave it as his opinion that the death might have been occasioned by drinking the cold beer when in a state of perspiration". Whereupon the coroner voiced his surprise that he himself had not fallen a victim to the drinking of cold beer, of which he was particularly fond. He had, on one occasion, eaten two red herrings, previous to a row up to Battersea, against tide, for the purpose of giving him a relish for cold beer.

A verdict of *natural death* was returned

THE VOLUNTARY PRINCIPLE

By Dr. GEOFFREY EVANS

(Being an address read at the Annual General Meeting of the Women's Guild.)

THE "Voluntary Principle" is indeed well illustrated by the work of the voluntary hospitals, both because of the kind of work that is done in these great institutions, namely, the relief of human suffering, and because of the large scale on which this work is done. Thus in 1937 the approximate income of the London voluntary hospitals was £4,571,000, with a net aggregate surplus of £8000.

The importance and value of this work is generally recognized, but the voluntary system is attacked on the ground that the work could be better done if more money were available for it. From time to time there are articles in the Press to the effect that it is unseemly to ask the philanthropic public to support the voluntary hospitals, and that it is almost a scandal to collect money by street collections and other such little means. Those who adopt this attitude try to strengthen their case by suggesting that because the nation's health is of national concern the voluntary hospitals should be financed by the State. They also press the defeatist view that the expenditure of the voluntary hospitals has now reached such a high figure that it is no longer in doubt that their present sources of income will soon be insufficient to maintain them and that they will become insolvent.

As a matter of fact the present state of hospital finance is not so bad as these people would have us believe. The ordinary income of the London voluntary hospitals in 1937 increased by £180,000, and there was an increase in legacies of £177,000, making an increase in total income of about £357,000, which was £72,000 more than the rise in expenditure for that year. The legacies in all totalled more than half a million pounds, which is the highest figure recorded since these figures were separately tabulated in 1921.

It is generally presumed that the voluntary hospitals are maintained by the rich for the benefit of the poor. It is obvious, of course, that their endowments in the past have been largely provided by the rich and the well-to-do, and an appreciable proportion of their income is still supplied by these economic groups. It is presumed that as taxation increases, or under other circumstances of redistribution of wealth, the income from these sources will shrink. But whatever the future may hold there can be no doubt that those

who can afford to do so, and many who cannot well afford it, will give their money for philanthropic use, and that the voluntary hospitals will, in the future as in the past, get their proportion of it. The fact is that things of material value do not give a man everything that he wants from money. It is in human nature to want the return that comes from doing good. Most people with money learn sooner or later how to invest it in order to get this other kind of dividend. But even if income from these sources of private beneficence were to shrink we need not despair of the economic future of the voluntary hospitals, because their financial support from those who use them is steadily increasing, and has already reached a considerable figure. In regard to our own institution, for instance, in the same year 1937 contributions on account of services rendered to patients amounted to nearly £50,000, of which the patients themselves contributed £17,000 odd and the Hospital Saving Association about £24,000. From the growth of these figures of payments made by the patients or on their behalf we are almost justified in looking forward to the time when the hospitals for the poor will be maintained by the poor. It is all the more incumbent on us not only to maintain but to increase our efforts to strengthen the finance of the voluntary hospitals in order that we may carry on the voluntary principle on which they are based until the day comes when they are supported by those who use them.

This prospect of the hospitals for the poor being maintained by the poor reflects to my mind the very spirit of democracy, and even flag days and street collections which some people decry are of great educational value in bringing to the personal notice of one and all the work that is being done in the voluntary hospitals and the duty to support them.

Let us turn for a minute to the other side of the picture and suppose that all those of our country's institutions that are of national concern become a charge on the State. The voluntary hospitals are one group, but they illustrate the kind of activity which for more than a thousand years has been a characteristic of this island and the genius of our race. To mention but a few, there are the Royal National Lifeboat Institution, the National Trust, the Boy Scouts and, perhaps above all, because of its antiquity, the local government of our country conducted voluntarily and without pay

by the Justices of the Peace, who proudly style themselves "the only unpaid servants of the Crown", the members of county councils, urban and rural district councils and last, but not least, the parish councils. And beyond all this there is all the personal service that pervades and maintains the whole structure of English public life.

Suppose that the voluntary hospitals become a charge on the State and suppose that those who work in them receive direct financial reward for their work in them. It is implicit in such a supposition that many of these other organizations to which I have referred would also become a charge on the State and money for their upkeep would have to be found by the Chancellor of the Exchequer. When that time comes each one of us will do his or her own work and receive from the Treasury some moderate pay, and then go home, the day's work done, lightly leaving the responsibility for the conduct of affairs on the shoulders of the Government and the officials of the State. This is the glorification of State control. It is a conflict indeed between ideologies, a conflict between the traditional behaviour of the people of Great Britain and the age-old habit of the continent of Europe. It is going back a long way, and yet only a few years before the foundation of this Hospital, but we are told that when William the Conqueror came to England he was impressed by the

democratic form of government that he found here. He found the country governed on the principle of local government; he refrained from the promulgation of new laws, and contented himself with the enforcement of the laws already existing. In contrast to this, government on the continent has always been centralized. The main thing there has been the State, whereas here in England it has been the People. The essentials of our attitude is humanity and the value of a human life. On the Continent it has been the power of the State and the sacrifice of life for its aggrandisement.

We who are working for the voluntary hospitals, rich and poor, in preserving them are preserving a bulwark of democratic structure. We are working to preserve our freedom. The freedom to live each in his own way provided that way of living is not anti-social. Freedom, too, to worship God, each one of us according to our religion. We may criticize our Government and even libel the head of it. What a contrast this to a Europe with its concentration camps! What a contrast to a Continent that is torn by passion and worn by fear! It is a challenge to each one of us to work our hardest in every way we can, whether by financial contribution or personal service, to preserve and hand on to future generations the heritage that has been handed down to us from the distant past.

THE MEASUREMENT OF MUSICAL APPRECIATION AND ABILITY

A Study in the Psychology of Musical Talent founded on a Series of Standardized Tests

By H. D. WING, M.A., B.Sc., A.T.C.L.

DURING the last thirty years, some of the most definite advances in psychology have been in the field concerned with the measuring of various mental abilities, the best known and most widely investigated example being that of general intelligence or "g". The most obvious use of well-standardized tests is that they enable the psychologist to assess the various capabilities of the individual, and to use the results as a basis for advice on the choice of a career or leisure occupation, and in warning him against taking up subjects for which he is not mentally fitted. In this connection it is to be borne in mind that the individual's own aspirations are sometimes no guide of ability, for it is well known that a person with a particular weakness may have a leaning towards the very subject he is least fitted to study. To know one's own capacities and

limitations is an important factor in leading a happy life; by developing subjects for which definite aptitudes exist a sense of power is gained, and this, as the Adlerian school so rightly maintain, is a necessity for a happy mental life; unsuccessful effort, on the other hand, may lead to unconscious subterfuges to hide the weakness resulting in a state of mental strain or conflict. It is not hard work but unsuccessful work that usually causes the mental breakdown.

In the case of tests within a definite subject, such as the one under discussion, a second use of the results is that after applying them to wide samples of the population of all ages, an indication will be obtained of the normal stages of growth of the ability with increase of age or advancing study. This information is of great value to the teacher who, to gain the best results

with a minimum of effort, should base his course of study along the lines of natural development. Thirdly the results of a test are of value even to the person who is already a musician, for they will show whether he has an all-round capacity, or whether certain aspects are weaker than others; if the latter be true it may be used as a warning to avoid certain instruments or branches of music, e.g. a person generally good but weak on pitch would do well to choose a keyboard instrument and avoid the strings, while another weak on harmony would do well to avoid the keyboard; a third deficient in rhythm could hardly hope to achieve fame as a conductor, etc. A low-grade in one test might indicate that some part of his training had been neglected, although the tests are designed in such a manner that they are not very greatly influenced by training, and it would then be an easy matter to see whether a short course of study which concentrated on this aspect was beneficial. Finally, the results may be submitted to suitable mathematical analysis so as to throw light on the complex set of factors which go to make up musical ability, to compare the abilities of the two sexes or of two races, and other figures that are of interest to the psychologist rather than to the individual tested.

From the point of view of the present work, it is sometimes unfortunate that the attitude of the musician to his art is like that of the mother to her child. Both are inclined to resent any attempt, on the part of the psychologist, to apply anything savouring of mathematics or the foot rule to their protégé. To many of them, to do so appears absurd, if not blasphemous, and they feel that the work can be of no real service to the art. The results so far achieved would, on investigation, probably remove that impression, for, in the case of children, groups have been tested and a few picked out who would be likely to benefit by training, and in many cases these have been persuaded to start on musical instruments; others who wished to take up music have been tested and told their probable chances of success; and yet others who have taken up instruments and are not doing very well have been tested and either encouraged to go on, or changed to more suitable instruments, or advised against proceeding further. The outcome of these efforts has been definitely to increase the number of young players, and it is largely these who later become concert-goers, join amateur orchestras, or, in some few cases, join the ranks of the professionals. This is a real service to music, for music, more than any other art, owes almost its very existence to the amateurs who form the bulk of concert-goers and are the chief buyers of music. The figures obtained from the testing of adults are chiefly of interest to the psychologist, as they form a more reliable basis of calculation for factor analysis,

owing to the steadier degree of concentrated attention that the adult is able to give to the problems imposed by the tests.

It is not claimed that ability, as shown by a capacity to do the tasks set out on the records, will, of necessity, indicate a person who will be a good performer, for character and interest are also important factors. In some cases persons of marked ability did not progress beyond the stage of playing, quite pleasantly, by ear, as they were lacking in the necessary capacity for hard work on scales and finger technique which is required to become an efficient musician. The tests can point out possibilities, but cannot guarantee success where interest or the power of persistence is lacking, or in cases where the necessary nervous muscular control does not exist.

Before attempting to measure the power to appreciate music, it is necessary to arrive at some definition of what is meant by this term. Appreciation in all arts may be defined as the power to recognize artistic worth; the proficient critic will say that he can recognize artistic worth but cannot define it; however, he would probably have no difficulty in quoting numerous examples of high artistic merit, and probably the major portion of his selection would be similar to that of other critics. To obtain samples of good art it is usual to rely on the opinion of the expert and the test of time. In music, works that have lived through a period of time, and are judged by musical people generally to be good, may be taken as examples of artistic worth, and are used as standards of comparison in the records. Power to appreciate these chosen items is what is chiefly measured in the tests, and this ability is essential for the good listener or performer, for the latter cannot communicate to others a greater appreciation than he himself possesses. A person who can listen and appreciate fully is likely to make a good performer if he chooses an instrument that suits his physique, and if he has the necessary interest and capacity for hard work. The definitions given in these paragraphs would, to a scientist, appear rather too vague to be satisfactory, but then art cannot be defined in any very rigid terms, and for the scientist we may define musical ability, for the purposes of this investigation, as ability to perform the tasks set out in the records, and power of appreciation as ability to perform the last four of the tests.

Tests were compiled to correspond to the main characteristics of good music, and are of such a nature that they need no knowledge of music for their solution, but rely on the innate taste of the person tested. They occupy nine 10-in. records, which means an actual playing time of one hour, although the time taken may

exceed this by about fifteen minutes for changing records, etc. There are seven tests in all as follows:

1. Analysis of chords . . . Stating the number of notes in a chord.
2. Pitch discrimination . . . Stating the direction of movement of a note, when only one is changed in two consecutive chords.
3. Memory for pitch . . . Stating in which note a replayed tune differs from the original.
4. Harmony appreciation . . . Choice between a good and bad harmonization.
5. Intensity appreciation . . . Choice between good and bad use of gradation in intensity.
6. Rhythm appreciation . . . Choice between a balanced and an unbalanced rhythm.
7. Phrasing appreciation . . . Choice between a balanced and an unbalanced phrasing.

During the last five years the tests have been applied to a large number of persons of all ages. From time to time correlation co-efficients have been calculated and analyses made to enable the order of the items to be improved, the detection and removal of doubtful items, and the value of fresh material to be ascertained. The results obtained, other than those concerned with the individual that are mentioned in the early part of this article, may be briefly summarized as follows:

1. A German group and a similar English group were tested and compared; the results obtained were surprisingly similar in all respects, showing that the innate musical ability of the two races was not remarkably different. Similar results were obtained with Jewish groups.

2. The different sexes show similar averages, but the males show more scatter than the females (there are more cases of outstanding ability and more very backward ones among the males). This may explain why there are more male composers and great musicians, in spite of the fact that women, judged by concert attendance, are the greater lovers of music.

3. Complete inter-correlations of all the tests have been calculated. Had all these correlations been of the same order, it would have been reasonable to have assumed that musical ability is an undivided entity; however, the results show considerable variation in the values of the coefficients, and this bears out the assumption that musical ability is a hierarchy of talents and not one talent.

4. When two tests correlate highly, it is probably because they measure a common talent. Much information as to these talents, or factors, in musical ability has been gained from such considerations, and from the introspections of the people who have undergone the testing.

These sources of information have been supplemented by carrying out a mathematical process known as a factor analysis; this indicates the number and value of the factors that are required to account for musical ability (defined as ability to perform the tests). The conclusions to be drawn from such an analysis are tentative and inconclusive, and only one possible solution of the figures, but they afford an illustration of a method by which such problems may be attacked; in this case the mental factors which make up the major portion of musical ability would be indicated as the power to sustain attention, the power to summon auditory imagery, the power to analyse the music (consciously or unconsciously), and some emotional factor. As further work is done on this subject these opinions may undergo considerable modification.

CORRESPONDENCE

THE DOUBLE BRACKENBURY

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

DEAR MR. EDITOR.—It is such an uncommon event for both the Brackenbury Scholarships to be won by the same man that I do think it is worth recording that G. M. Fletcher, the son and nephew of distinguished Bart.'s men, has succeeded in achieving this distinction. As the Dean of the Medical College I would like on behalf of my colleagues heartily to congratulate him, with the hope that his future successes will be such as these early beginnings foretell.

Yours sincerely,
W. GIRLING BALL.

St. Bartholomew's Hospital,
E.C. 1.
April 5th, 1939.

[Under the original foundation of the Brackenbury it was laid down that both the scholarships could not be won by the same man in a single year. Mr. Fletcher was therefore offered the choice and chose the Medical.—Ed.]

REVIEWS

Systematic Qualitative Organic Analysis. By H. MIDDLETON, M.Sc., A.I.C., Lecturer in Organic Chemistry, Bradford Technical College. (Edward Arnold & Co., 1939.) Pp. vii + 279. 12 figures. Price 8s. 6d.

This book, although unpretentious and titled as it is, will be more serviceable to students of biochemistry and pharmacy than many of the larger and well known treatises on the subject.

The lay-out of the subject-matter in schemes is logical and helpful. The nitrogenous compounds are particularly well dealt with, but this section should have been extended to include the amino-acids such as phenylalanine, tyrosine, tryptophan, cystine and adrenalin. The section dealing with the alkaloids is very useful. Notable omissions are the glycerophosphates and the fats. The method of identification of mixtures is carefully worked out, and the list of special reagents might be improved by the substitution of Hopkins's reagent for that of Denigé's. The "Index of Organic Processes and Preparations" is a decided asset and could with advantage be extended. There appear to be few errors in the melting points and boiling points of the compounds mentioned in the text and the book can be thoroughly recommended as a practical guide.

Treatment by Manipulation. By A. G. TIMBRELL FISHER. Third edition. (H. K. Lewis & Co., Ltd.)

The Science and Art of Joint Manipulation. Vol. I. By JAMES MENNELL. (J. & A. Churchill, Ltd.)

The attention of the lay public is focused so steadily on the bone-setter and the osteopath that it is obvious that the members of the medical profession should have some knowledge of the place of manipulation in treatment. Much of the success of the bone-setter is due to the ignorance displayed by many doctors, not only of the technique of manipulation and of its benefits, but of the fact that many of their colleagues have been successfully applying this method of treatment for the last fifty years.

Timbrell Fisher's book, *Treatment by Manipulation*, now appears in its third edition. Described as a "monograph", it has been thoroughly revised and extensively rewritten, with the addition of new chapters on "The Cult of Osteopathy" and "The Prevention of Adhesions", and a number of new illustrations. As is to be expected, the book does not describe the manipulative methods used in the reduction of fractures and dislocations.

In discussing the pathology of adhesion formation, the author is mainly concerned with intra-articular structures, and can quote his own experimental evidence for the method of their formation. In this chapter, and indeed throughout, the whole subject of arthritis and the prevention and cure of deformity is discussed in an interesting and authoritative manner. This digression is inclined to make the book unnecessarily long for the overworked practitioner or student seeking information on the methods of manipulation.

The technical parts of the book, Chapters VI to X, are rightly preceded by a description of general principles, but it is difficult to see why the pathological features of osteo-arthritis are included, or why the value of the various operations of arthrotomy, arthrodesis and the bifurcation osteotomy of Lorenz should be discussed.

The following chapters, describing the manipulations performed on the upper limb, lower limb, spine and sacro-iliac joints, are laid out on a uniform plan. Each is commenced by excellent diagrams illustrating the normal range of movement to be expected at the various joints; then come the indications to be expected at the actual technique employed, the after-treatment, and finally a few illustrative cases are reported. The descriptions of the manipulations are clear, and well illustrated by photographs, but as the author points out, manipulation cannot be learnt from a book, but only by practice and experience.

Manipulation in sciatica and sciatic scoliosis is included in a special section, and although "to regard manipulation as a panacea for all cases is to court disaster", this section is perhaps the best in the book.

If Timbrell Fisher may be regarded as presenting the outlook of the orthopedic surgeon towards manipulation, in *The Science and Art of Joint Manipulation* Mennell presents the view of the pure physio-therapist.

To quote a fragment from the Preface: "I hope that the teachers in the training schools recognized by the Chartered

Society (of Massage) will now feel that they have a standard text-book which will justify them in preparing students for work in this special branch of their profession." His method in brief is to manipulate the joints little and often, and without an anesthetic, so that manipulation becomes part of the "daily dose" of physical treatment, rather than the set manipulation of the orthopedic surgeon.

Some of the illustrations and part of the text have appeared before in *Physical Treatment by Movement, Manipulation and Massage and Backache*, by the same author, but this does not detract from their merits.

The chapters on "The Joint Lesion" and "Referred Pain" must be carefully studied.

That manipulation is a successful method of treatment is undoubted; an explanation of this success is not so easy to put forward. Timbrell Fisher has tried, Mennell has tried, the osteopaths have tried and failed; autopsy is unlikely to supply us with the answer.

The manipulations to be carried out depend on a very accurate localization of the structure which is at fault, and the methods of diagnosis are described in the chapter on "General Rules of Manipulation," together with the contra-indications and after-treatment. The rest of the book is divided into two parts for consideration of the joints of the upper and lower extremity and their treatment by manipulation. Here is the evidence of a long study of joint movement, both normal and pathological, and contains matter which will not be found in the standard text-books of anatomy. The manipulations are detailed and are described in detail. It is sufficient to examine these two books to realize what a personal matter the technique of manipulation is at present, and that to carry out manipulation by the methods of Mennell is for the whole-time physio-therapist or for the trained masseur.

The author is to be congratulated on his publisher, who has produced a handsome volume. The diagrams and photographs are clear and interesting, but the latter could perhaps have been improved by a less personal background.

The work is to be completed by a further volume devoted to the spinal column.

Psyche and the Physiologists. By E. G. DRU DRURY, M.D., B.S.(Lond.), D.P.H.(Durh.). (H. K. Lewis & Co., Ltd., 1938.) Pp. 96. Price 5s.

The more brilliant a lecture the less it is suited to be printed. This is the unwilling conclusion one reaches at the end of these six essays. All have been delivered as lectures (four of them to lay audiences), and the listeners surely sat spellbound by Dr. Dru Drury's magnificent descriptions. They must have been enthusiastically carried away by his extraordinary power of analogy, his clarity and sparkle of speech. In cold print, however, the style is too luxurious, the figures of speech and forced picturesqueness are often irritating and the effervescence of facts and ideas is unsettling.

The essays deal mainly with problems of sensation. They are the work of a physiologist who has probed the mechanical and electro-chemical manifestations of life, and who yet remains awed by the Intelligence (the word deserves a capital) of living matter. He strenuously opposes the notion that men are but bundles of reflexes. Throughout the book runs the theme that "The physiologist is compelled to recognize that Psyche is resident in every cell, tissue and organ according to its capacity". The title essay stresses this in descriptions of tissue cultures, nerve and muscle reactions and correlation of organs.

"Labels and Luggage" deals with the abuse of ready-made conventional phrases and modes of behaviour which can be so easily and lazily used to blunt a fruitful spirit of inquiry and intelligent living. "On Boredom" and "What do we think with?" intertwine psychology and physiology. One feels that the points raised are arbitrarily chosen and do not faithfully deal with their subjects; the picture presented is incomplete. What Dr. Dru Drury said of another essay—"You will get no accurate notes from me, only a wandering tale of reminiscence"—applies more pertinently to these two.

They present an erudite flight of ideas around a subject, a running commentary on the author's association of ideas rather than a direct development of a main theme.

"On Growing a New Claw" is an account of a severe streptococcal infection in the author's arm. From the first prick by an infected lumbar puncture needle to the spreading pus, the treatment and gradual restoration of function, the description is enthralling. It gives the picture of the patient working out the pathology of the minute physiological processes in his arm, comparing theories and observation almost as if he were conducting an experiment.

Finally the essay "Visceral Disharmony" stands out as an excursion into the field of world research on the autonomic nervous system. Dr. Dru Drury wanders about, taking an irregular path over his territory, stopping where he wishes to study irrelevant but interesting scenery, retracing his steps if he likes, moving off at a tangent, drifting back to his original route, but never setting out straight towards a definite point. Like all the essays it is a ramble, but a masterly ramble.

The Abnormal in Obstetrics. By SIR COMYNS BERKELEY, VICTOR BONNEY and DOUGLAS MACLEOD. (Edward Arnold & Co.) Price 18s.

There is a surgical flavour about this book that may prove a little too strong for the stomach of some conservative obstetricians, but that must not detract from its value as a stimulating and original piece of work. For many years Victor Bonney has been the unswerving apostle of surgical obstetrics; he inculcated these principles into his many pupils, and this book is the fruit of that doctrine. In many ways it is more a crusade than a text-book, as a glance at the preface will readily make plain. Much of it will survive and pass into the respectable ranks of orthodoxy, as indeed much already has; a little of the more radical parts will be eliminated by the kindly but inexorable hand of experience and time.

Broadly speaking, the public for which this book caters is that of the post-graduate, the student for higher degrees and the specialist, and they will best appreciate this exhaustive treatise on every conceivable disease that may complicate the pregnant woman. For such *The Abnormal in Obstetrics* must prove itself a handy and useful source of reference.

Certain points of criticism, however, must be made. No doubt it was the design of the authors to keep the cost of the book low, and this presumably explains the lack of diagram and illustration; in this it compares unfavourably with the modern Smellie, Munro Kerr's *Operative Obstetrics*. I feel that it is a pity that this book was not more expensively produced, for the added attraction of illustrations would be well appreciated by the type of buyer who will use it.

The authors state that the elderly primipara does not run an appreciably greater risk than normal; this is not so, as it is well recognized that she runs a three- to five-fold greater risk from toxæmia and the operative manoeuvres necessary to deliver her, with all their complications.

Talking of breeches, they state that it is impossible to turn a breech with extended legs antenatally, which is of course not true at all. They omit to mention the very important work of Burns and Marshall, which in this sphere of obstetrics must rank as first class; and they advocate the use of the blunt hook on the living child.

There is an excellent chapter on infusion and transfusion, one of the best in the book, and there is a very complete bibliography.

Queen Charlotte's Text-book of Obstetrics. Fifth edition. (J. & A. Churchill.)

Previous editions of this book have gained for it a reputation of sound and conservative teaching—a reputation which the present edition more than upholds. In fact, certain criticisms which were made of the fourth edition have been rectified, and a considerable part of the book has been rewritten and brought up to date. There need therefore be no hesitation in recommending it to students taking their final examinations, for they will find it quick and easy to read and refreshingly unencumbered with the controversial—a point of considerable importance in a subject like obstetrics, which is already cluttered up with the particular fancies of individual writers.

Printing and illustrations are excellent, the subject-matter methodically arranged. I personally missed a reference index, when the work of other writers is cited, and this, if included in subsequent editions, would undoubtedly appeal to a man who is reading for higher degrees, or to anyone interested enough to check up a particular point by further investigation. A short

reference note at the end of each chapter would serve this purpose quite adequately. Outstanding chapters are those dealing with the Toxæmias, Puerperal Fever and the New-born Baby, and there is, at the end of the book, a short miscellany which deals with various important subjects constantly recurring in examinations and which are of real use in practice; this includes oxytocic drugs, anaesthesia, radiography and maternal and foetal mortality.

Criticisms are difficult to find and these are small enough. It is surprising that sulphamidamide is not mentioned in the treatment of pyelitis of pregnancy. In simplicity, efficiency and economy it is a far superior drug to mandelic acid, and is much easier to control when administered to out-patients. In the chapter on pelvic contraction the work of Caldwell and Maloy is hardly given the precedence it deserves, and no doubt in the near future, with the advent of more exact pelvic radiography, their classification will usurp the time-honoured varieties, such as "small round pelvis" and "funnel-shaped pelvis". It is curious to see the illustration of a forceps application in the left lateral position, although this has certain advantages for domiciliary practice. As, however, the lithotomy position must be by far the more widely used, it seems a pity that this is not sponsored by Queen Charlotte's. A further advantage of the lithotomy position is that it enables students the more easily to take their foetal bearings when making a vaginal examination. Lastly, the pathology might have been a little more generous, both in text and in illustrations.

St. Thomas's Hospital Reports, 1939.

It is easy to overlook the annual hospital reports, and this is unfortunate, for they may contain much good material. A review, however, may give the necessary reminder that yet another volume has been published.

To those interested in diseases of the chest, the review on putrid lung abscess (N. R. Barrett) should be of value. A good case is made for earlier operation if there are no signs of spontaneous resolution. There is considerable discussion of surgical technique, but it is a pity that no bibliography is given. The outlook for the patient with ulcerative colitis is discussed by E. M. Buzzard, J. S. Richardson and W. R. Turner. Their views on transverse colectomy in this disease merit further attention: "Among our cases it has been noticed at operation that the disease rarely involves the proximal part of the colon until shortly before death". Prof. O. J. V. S. de Wesselow and W. A. R. Thomson contribute an account of their experience with low potassium diet in Addison's disease—the first to be published in this country.

Of interest to surgeons are the articles on ureteric calculus by R. H. O. B. Robinson, and on ununited fractures by G. Perkins, who submits that non-union is nearly always due to local causes under the control of the doctor, and should rarely occur if the principles of treatment are properly carried out. In the report on fractures of the patella, J. D. Fergusson and F. C. Durban note that bony union was not found to be essential for good functional recovery, and that fibrous union with considerable separation of fragments was compatible with stability of joint and a good range of movements.

The Gynecological Department contribute articles on ante-natal treatment of breech presentation (F. A. Finlaison), and the relation of the hemolytic streptococcus to puerperal infection (J. Wyatt).

The volume also contains a short review on gastritis and articles on vitamins in the treatment of rheumatism in children, the functions of a psychiatric department for children, on lacrymal obstruction, treatment of detachment of the retina, an evaluation of the modern treatment for gonorrhoea, and an account of the afferent fibres from the abdominal viscera.

The volume is attractively printed, and its price of 7s. 6d. compares favourably with that of other hospital reports.

Mental Nursing in Observation Wards. By I. M. SCARE, L.R.P.S.(Ed.). (E. & S. Livingstone.)

This book has been written to awaken the interest of the student nurse in her patients in mental observation wards. The style is chatty and the pen pictures vivid. The arrangement of the chapters and sections is illogical and confusing and there is some avoidable repetition; the chapter on Anatomy and Physiology needs omission or drastic revision and the terms "insanity" and "asylum" are anachronistic. The book is, however, quite a stimulating introduction to mental disorders.

SPORTS NEWS

EDITORIAL

Comes the spring, and the winter games fade slowly out, generally leaving us with but little news, as bats, racquets and sails are only just emerging from pickle. However, this year we have real news, and news which can mean a great deal to Hospital Rugby; and all this arose from the Annual General Meeting of the Rugby Football Club.

The first part of the meeting went off in the usual oiled silk pre-arranged manner prescribed by tradition: Dr. Barris retired and Sir Girling Ball was elected to the Presidency, Hearn and Pleydell were chosen as Captain and Vice-Captain respectively, and Candler proposed and carried through a motion that the Seven-a-Side Competition should be played between teams representing floors rather than firms. Then came the all too generally sterile "A.O.B." section, and with it *News*.

Mr. Capps rose and made a most necessary and important speech. The Hospital, he said, seems, or has seemed until now, incapable of producing a Rugby side of the quality we should expect in view of the fact that we have so many more students than the other London teaching hospitals. He suggested that a sub-committee be formed to investigate new talent, and further, to find that talent before its arrival at the Hospital. This sub-committee would select teams, and look into the question of finding a trainer for the first and "A" fiftens. Men must expect, he said, to be dropped from their regular sides without this reflecting on their ability, in order that new men and new team combinations might be tried out early in the season.

These suggestions were received with enthusiasm by the meeting, and after a minimum of discussion a committee was chosen. Mr. Capps (Chairman), Prof. Hadfield (Vice-President), Prof. Wormall, Mr. Newbold, Messrs. Candler, Hearn, Collinson and Macpherson being its members.

The Club is to be congratulated on this change in its policy, and we look forward to the rather more venturesome season which we hope it will inaugurate. And while we are on the subject of congratulation, well-wishing and the like, here's to the cricketers and tennis players whose job it is to see that our new oak tree does not "wither as the grass" in all this heat we hear we are going to have this summer.

RUGBY CLUB April 1st, 1939, v. Torquay Athletic. Lost 25-13.

This, the first game of the tour, was played on a hard ground under very warm conditions. Sunshine for that day in Torquay totalled eleven hours.

Candler kicked off before quite a large crowd. Incidentally, Hearn was acting in his capacity as Captain of the Rugby Club for the first time.

Bart's suffered an early set-back when Torquay scrambled over their line in the first five minutes for an unconverted try. A few minutes later the "Tic's", as they are known locally, went further ahead with a penalty goal. Bart's now began to settle down, and their backs always threatened danger to the Torquay line when they were given the ball. Pleydell led Bart's first attack, and after a long run was finally brought down in touch. Then Griffiths, on the other wing, started a movement from inside his own half; producing an excellent swerve and running hard he outstripped the opposition, drew the full back and punted over the latter's head for North, who was backing up, to touch down. Macpherson added the extra points.

A feature of the game at this stage was the number of injuries sustained by Torquay players, and to clinch matters the referee had to receive attention from the man with the "magic sponge" and thereafter limped about the field. It was just after this that Torquay were awarded a try which caused much comment amongst the spectators. Their left winger literally bowled the ball along

the ground and over our line with his hand before he touched down. This try was unconverted, and so half-time came with the score 9 pts. to 5 pts. against Bart's.

Soon after the second half had commenced Griffiths again initiated a movement on the right. North carried on and kicked ahead, for Candler to win the race for the touch-down and score a very good try. Macpherson was short with the kick from the touch-line. Instead of enforcing their superiority Bart's fell off a little, and smart backing up aided by a certain amount of luck enabled the "Tic's" to score three more tries, one of which was converted. Then Pleydell obtained the best try of the afternoon. Coming into the centre he ran through the opposition and scored under the posts for Candler to convert. Unfortunately in his run he pulled a muscle and left the field for good. Macpherson was just wide with a penalty from forty yards after Torquay had completed their scoring with a goal.

On the afternoon's play the score flattered Torquay. If our backs had seen more of the ball we feel the final result would have been in our favour. The forwards all played well and were splendidly led by Hall, although one ardent "Tic" supporter took a personal objection to "No. 8".

Result.—Bart's: 2 goals and 1 try, 13 pts. Torquay: 2 goals, 1 penalty goal and 4 tries, 25 pts.

v. Redruth. Lost 19-8.

From a late kick-off the early stages of the game were very even. In the scrummages Bart's were getting a fair share of the ball, and from one of these Candler cross-kicked to Griffiths, who just failed to gather the ball and cross the line. Redruth fought back hard; the ball went down the line to their wing, a cross-kick, and a Redruth forward collected and went over, only to be recalled for a knock-on. Then the ball went down the Redruth line to Fairrell, and it was only a fine tackle by Griffiths that saved a tight situation. But Redruth were not to be denied, and from a line-out on Bart's 57-yd. line one of their forwards dived over to give them a 3 points lead.

There ensued some vigorous, bustling forward play. Hall was leading the Bart's forwards in fine style, with Barclay and North always well up in support, and Gray putting in some good spoiling work. The next score came from a penalty goal, after a mêlée in front of our posts, with one of the wing forwards a little too eager, and Bart's were 6 points in arrears. The ball was travelling from one end of the field to the other, and Evans was conspicuous in saving the Bart's line on several occasions. Candler cut through but, with only the full back to beat, his kick ahead went astray. Shortly after he again broke away, and this time made no mistake with his kick ahead to score a good try, to which Macpherson added the necessary points from a difficult angle. After the interval play became rather scrappy. A kick ahead by Laybourne deserved to score, but there were regrettably few up to support Griffiths. Then Redruth began to press strongly, and scored a goal through Howard, their right centre. Once again Bart's swept up the field, only to be driven back again on the defensive, and Howard ran round the blind side to score another try, which was converted with a fine kick from the touch-line. Shortly afterwards a dropped pass gave Redruth one more try. The game was becoming difficult to follow in the gathering gloom, but a spectacular run by Evans through numerous opponents was much appreciated by the Redruth crowd. The final score came from a penalty kick by Macpherson on the "25", and with this, the game was virtually brought to an end.

Seven-a-Side Competition. Final. 2nd Floor v. 4th Floor.

A keen final between two good sides was won by the 2nd Floor by 1 try to nil (3-0). Collinson, of the 4th Floor, kicked off, and Irving got away on the blind side from an ensuing scrum, only to be tackled well by McAfee. Then the play was carried into the 4th Floor half, where, from a scrum, Miller cut

round on the blind side and passed to McAfee, who scored. A fine kick was just missed, and shortly afterwards Graham led a good rush for the 4th Floor, but just failed to score, and the half-time whistle sounded.

After half-time little sign of scoring was evident, though the standing orders of tackle and back up, so important in this type of football, were well obeyed. Candler tried the well-known high kick-ahead manoeuvre, but Jackson was in fine form for catching these efforts, and, though the 2nd Floor's heavy forwards began to give their outsiders good chances towards the end, these latter were unable to pierce the 4th Floor's stubborn defence.

Chief Assistants v. Residents. Draw 0-0.

The Residents were piped on to the field by Rose for this epic battle in which, if the rigger standard was low, the entertainment value was high. The Chief Assistants kicked off, and the conflict became hand to hand with little progress made by either side. The ball, from the first line-out, smote Hawkins smartly on the head, and a moment later Prothero, resplendent in his blue bloomers, made one of his penetrating runs.

Hunt, with giraffe-like stride, set out for the Residents' line, but was felled in true lumberjack fashion, and Gray, having played two games and having prospects of another, took things easily, although he was often seen in the midst of loose mauls.

There was very little constructive play until Gibb had his shorts partially removed. By now most of the players were only actuated by the immediate presence of the ball.

At half-time all but two cast themselves on the ground and many returned to the fray with evident reluctance. Gray, with no boots, kicked off, and the ball, pursued with a yell of pain, landed amid the Chief Assistants. Here the object seemed to be to get rid of the ball to the nearest man, the victim hastily passing it on. The play was now carried into the Residents' half, where Hawkins implored the pack to heel most touchingly; this was difficult, so Prothero accompanied the ball into the scrum, came out on the other side and sent out a long pass to Jack, who ran strongly on the wing.

Hunt tried a drop goal from the "25", the ball being wearily pursued by a phalanx of Residents, many of whose faces had "is-it-worth-it" expressions written over them; and with the bootless Gray attempting a penalty goal which everybody thought funny except Gray himself, the game drew to a greatly appreciated close.

EASTER HOCKEY TOUR This year, thirteen members—this number included one "camp-follower"—visited Bournemouth to play in the Hockey Festival.

We left Bart's on Thursday, the 6th, by car, and though the weather looked threatening, we soon left the clouds behind, and by evening there was every prospect of sunshine on the morrow. A fanatical party arrived at Bournemouth in time for dinner, and after this we visited the "Sable and Or" Club, where we were entertained by our hosts, the Bournemouth Hockey Club. On returning we found that one car load had not arrived from London, and as the hour was 11.30 p.m. we began to fear the worst, as at that time it did not seem possible that they could have dallied over a sandwich or what-not. However, our fears proved unfounded, as shortly before midnight we heard voices inquiring for the Central Hotel, and being informed by a local, "Blimey! You're leaning against it!"

We played our first match on Friday morning against the Quorn, and though several members of the 1st XI had found it impossible to come down, we were not worried as their places were being filled by stalwarts from the capable 2nd XI. The match was started in hurricane fashion, and we were soon peppering our opponents' goalie, but the warmer he got in the blazing sun the better he seemed to play, and despite our best efforts he continually cleared the ball. The Quorn attacked at varied intervals, and seemed to meet with more success than our forwards, as from each breakaway they beat our defence, and gave White, in goal, little chance of saving. The heat began to tell and the game slowed up, but before the final whistle blew our opponents had scored 4 goals while our forwards had failed to net a single ball.

Friday afternoon was spent on the sands, and here the urge to play was so great that it was some two hours before the more high-spirited members could be dragged away from their sand-castles.

On Saturday we met our old opponents, Chelmsford, and a thoroughly enjoyable game followed. Despite the heat a fast pace was set, and the play, continuing up and down the field, seemed very even, one goal being scored by each side when the whistle blew for half-time. We started the second half full of hope, but soon Chelmsford were on the attack, and scored a quick goal; this was soon followed by a short corner, which was converted by a perfect hit. T. Roberts at left inside did all he was asked to do, but try as we might we couldn't keep the ball in our opponents' half of the pitch, and before the final whistle Chelmsford had scored another goal, and this score, 4 goals to 1, was to prove the result.

Saturday afternoon was spent either dancing or bathing (in a heated pool?), and when we finally gathered again at the approved rendezvous, it was a very tired party which sat down to re-adjust the fluid balance of our weary bodies.

There was no hockey on Sunday, and the day was spent in the sun, the more energetic going rowing, while others slept on the sands. One oarsman decided to test the stability of a buoy, and was quickly disillusioned, returning to the hotel in nought but a rain-coat! During the Easter celebrations that night one rather small embryonic Doctor had unfortunately lost his trousers, and for fully half-an-hour kept up a plaintive wail that his pet greys might have been removed in one piece since he didn't struggle!

Our last game was played against Newport on Monday morning, and we were singularly unlucky not to win, our opponents forcing a draw. A reshuffled forward line was playing very well, the ball being swung from side to side. H. Bentall was probably in better training than most men on the field, and scored both our goals. J. Atwill was outstanding in defence, doing a great deal of work despite the heat. The final score was 2 goals each.

Praise is due to A. Spafford for his able support on the touch-line, even managing to get some members of the fairer sex to come and urge us to bigger things. We missed two old members of the Club, one, R. Heyland, who, due to an unfortunate accident, was for the first time missing on a hockey tour, and E. Griffiths, our captain, who was unable to join us. With the aid of these two valuable players we feel sure that the results would have been more creditable.

We left Bournemouth on Monday afternoon, and though most of us did not get back to London till Tuesday, breaking the journey at Newbury, a definite gloom had settled over the party which had so recently finished another season of hockey.

GOLF CLUB Staff v. Students foursome.

On Wednesday, March 22nd, The Staff v. Students foursomes took place at Denham. We were favoured with fine weather in the early part of the afternoon, but a somewhat strong wind was blowing.

One round of golf was played and the scoring was based on the Stapleford system. Sir Charles Gordon-Watson and A. Fraser returned the winning score of 29 points; a close second was presented by H. Robbins and A. Thomson (28 points).

After the event Dr. Graham very kindly presented a prize of six golf-balls to the winners, setting the seal on a most enjoyable afternoon.

Through the medium of the JOURNAL the students wish to express their gratitude once again to the members of the staff for their kindness.

The following took part.

- | Sir Charles Gordon-Watson and A. Fraser.
- | Dr. Harris and W. McAleenan.
- | Dr. Graham and L. Mundy.
- | Mr. Rupert Scott and G. Marshall.
- | Mr. Hankey and H. Bevan Jones.
- | A. Thomson and H. Robbins.

CURRENT PERIODICALS IN THE HOSPITAL LIBRARIES

Below is printed a list of the periodicals taken by the Hospital libraries. The letters in brackets refer to the library in which it is kept: [C.] = Charterhouse Branch Library; [D.] = Dunn Laboratories Library; [K.] = Kanthack Library; [M.] = Medical College Library.

- Acta Societatis Medicorum Fennica "Duodecim".* Series A and B. [M.]
American Journal of Anatomy. [C.]
American Journal of Obstetrics and Gynecology. [M.]
American Journal of Physiology. [C. and D.]
American Journal of the Medical Sciences. [M.]
Analyst. [K.]
Anatomical Record. [C.]
Annales de l'Institut Pasteur. [M. and K.]
Annals of Surgery. [M.]
Annual Report of the Calcutta School of Tropical Medicine and the Carmichael Hospital for Tropical Diseases. [M.]
Annual Report of the South African Institute for Medical Research, Johannesburg. [M.]
Annual Review of Biochemistry. [C. and K.]
Archives of Disease in Childhood. [M.]
Archives of Internal Medicine. [D.]
Archives of Neurology and Psychiatry. [M.]
Archives of Pathology. [K.]
Australian and New Zealand Journal of Surgery. [M.]
Biochemical Journal. [C. and K.]
Birmingham Medical Review. [M.]
Brain. [M.]
Bristol Medico-Chirurgical Journal. [M.]
British Chemical and Physiological Abstracts. [C.]
British Empire Cancer Campaign Annual Reports. [M.]
British Institute of Radiology. Year Book. [M.]
British Journal of Anaesthesia. [M.]
British Journal of Dermatology and Syphilis. [M.]
British Journal of Experimental Pathology. [K.]
British Journal of Radiology. [M.]
British Journal of Surgery. [M.]
British Journal of Urology. [M.]
British Medical Journal. [C. and M.]
British Post-Graduate Medical School. Collected Papers. [M.]
Bronbton Hospital Reports. [M.]
Bulletin de l'Académie de Médecine de Roumanie. [M.]
Bulletin de l'Institut Pasteur. [K.]
Bulletin of the Johns Hopkins Hospital. [M. and D.]
Bulletin of the Neurological Institute of New York. [M.]
Bulletin of the New York Academy of Medicine. [M.]
Cambridge University Medical Society Magazine. [M.]
Chemical Abstracts. [C.]
Clinical Journal. [M.]
Clinical Report of Queen Charlotte's Maternity Hospital. [M.]
Collected Papers of the Mayo Clinic and the Mayo Foundation. [M.]
Current Researches in Anesthesia and Analgesia. [M.]
Ergebnisse der allgemeinen Pathologie und pathologischen Anatomie des Menschen und der Tiere. [K.]
Fight Against Disease. [M.]
General Practice and Review of British and Foreign Medicine. [M.]
General Practitioner of Australia and New Zealand. [M.]
Glasgow Medical Journal. [M.]
Great Britain. War Office. Report on the Health of the Army. [M.]
Guy's Hospital Reports. [M.]
Indian Journal of Medical Research. [M.]
Indian Medical Research Memoirs. [M.]
International Abstract of Surgery. [M.]
Journal of Anatomy. [M.]
Journal of Biological Chemistry. [C. and K.]
Journal of Clinical Investigation. [K. and D.]
Journal of Comparative Neurology. [C.]
Journal of Experimental Medicine. [K.]
Journal of Hygiene. [K.]
Journal of Immunology. [K.]
Journal of Infectious Diseases. [K.]
Journal of Nutrition. [C.]
Journal of Obstetrics and Gynecology of the British Empire. [M.]
Journal of Pathology and Bacteriology. [K.]
Journal of Pharmacology and Experimental Therapeutics. [C.]
Journal of Physiology. [K. and C.]
Journal of the American Chemical Society. [C.]
Journal of the American Medical Association. [M. and D.]
Journal of the Cancer Research Committee of the University of Sydney. [M.]
Journal of the Chemical Society. [C.]
Journal of the Mount Sinai Hospital, New York. [M.]
Journal of the Royal Army Medical Corps. [M.]
Journal of Urology. [D.]
King Edward VII Sanatorium, Midhurst, Annual Report. [M.]
Lancet. [C. and M.]
Liverpool Medico-Chirurgical Journal. [M.]
Medical Annual. [M.]
Medical Dictionary. [M.]
Medical Journal of Australia. [M.]
Medical Officer. [M.]
Medical Register. [M.]
Medicine. [D.]
National Association for the Prevention of Tuberculosis. Report of the Council. [M.]
Nature. [C.]
New Zealand Medical Journal. [M.]
Papworth. The Sims-Woodhead Memorial Laboratory Research Bulletin. [M.]
Philippine Journal of Science. [M.]
Physiological Reviews. [C.]
Post-Graduate Medical Journal. [M.]
Practitioner. [M.]
Proceedings of the Royal Society of Medicine. [M.]
Publications of the South African Institute for Medical Research. [M.]
Quarterly Cumulative Index Medicus. [C. and K.]
Quarterly Journal of Medicine. [M.]
Quarterly Journal of Pharmacy and Pharmacology. [K.]
Radiography. [M.]
Radium Institute, London, Annual Report. [M.]
Report of the Maternity Department of St. Mary's Hospitals, Manchester. [M.]
Rockefeller Foundation. Annual Report. [M.]
Royal College of Surgeons of England. Scientific Report. [M.]
St. Bartholomew's Hospital Journal. [C. and M.]
St. Bartholomew's Hospital. Treasurer's Report. [M.]
St. Bartholomew's Hospital. Treasurer's Report. [M.]
St. Thomas's Hospital Reports. [M.]
Science. [C.]
Science Progress. [C.]
South African Journal of Medical Sciences. [M.]
Statistical Tables of the Patients under Treatment in the Wards of St. Bartholomew's Hospital. [M.]
Studies of the Institutum Divi Thomae. [M.]
Surgery, Gynecology and Obstetrics. [M.]
Transactions and Studies of the College of Physicians of Philadelphia. [M.]
Transactions of the Association of American Physicians. [M.]
Transactions of the Medical Society of London. [M.]
Tubercle. [M.]
Ulster Medical Journal. [M.]
University College Hospital Medical School. Graham Research Department. Collected Papers. [M.]
Walter and Eliza Hall Institute of Research in Pathology and Medicine, Melbourne. Collected Papers. [M.]
Western Australian Clinical Reports. [M.]
Westminster Hospital Reports. [M.]
Zeitschrift für Hygiene und Infektionskrankheiten. [K.]

BOOKS RECENTLY ADDED TO THE LIBRARY

- ABERNETHY, *Surgical Observations on Local Diseases*, 6th ed., vol. 3, 1827.
 ANDERSON, *Lecture Course in Intra-thoracic Tuberculosis*, 1938.
 CONYBEARE, *Textbook of Medicine*, 4th ed., 1939.
 CUMBERBATCH, *Essentials of Medical Electricity*, 8th ed., 1939.
 DARWIN, *Zoonomia*, Tomo 1, 3, 1803-6.
 DICKS, *Clinical Studies in Psychopathology*, 1939.
 FENDLAY, *Recent Advances in Chemotherapy*, 2nd ed., 1939.
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 LERICHE, *Surgery of Pain*, 1939.

- LEWIS, MESSIS. H. K., *Catalogue of Lewis's Medical and Scientific Lending Library*, Pt. I, 1938.
 LONDON COUNTY COUNCIL, *Measles*, 1938.
 MARTINDALE, *Exota Pharmacopœia*, 21st ed., vol. II, 1938.
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 PLENGK, *De morbi tenebræ*, 1783.
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 SAUERBRUCH and O'SHAUGHNESSY, *Thoracic Surgery*, 1937.
 SMITH and GLAISTER, *Recent Advances in Forensic Medicine*, 2nd ed., 1939.
 TIDY, *Synopsis of Medicine*, 7th ed., 1939.
 TREVES, *Student's Handbook of Surgical Operations*, 6th ed., 1939.
 TREVES, *Surgical Applied Anatomy*, 9th ed., 1934.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- ANDREWS, C. H., M.D., F.R.C.P. "Epidemic Influenza." *Lancet*, March 11th, 1939.
 BOURSNELL, J. C., DANGERFIELD, W. G., and WORMALL, A. "Studies on Bayer 205 (Gerrhinin) and Antypol. III. Further Observations on the Method of Determination and on the Retention of this Drug in the Animal Body." *Biochemical Journal*, vol. xxxiii, No. 1, 1939.
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 EDWARD, D. G. ff., M.D. "Leukæmia in Children." *Clinical Journal*, March, 1939.
 FLETCHER, H., MORLEY, M.D., F.R.C.P. "Medicine Past and Present." *Medical Journal of Australia*, January 21st, 1939.
 GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Anorectal Abscess." *British Medical Journal*, March 18th, 1939.
 HAMIL, P., M.D., D.Sc., F.R.C.P. "The Therapeutics and Toxicology of Acetylsalicylic Acid." *Practitioner*, March, 1939.
 HEY GROVES, E. W., M.D., F.R.C.S. "The Treatment of War Injuries in Base Hospitals." *Practitioner*, March, 1939.
 HOPWOOD, F. L., D.Sc., and PHILLIPS, J. T. "Polymerization of Liquids by Irradiation with Neutrons and Other Rays." *Nature*, April 15th, 1939.
 HOSFORD, JOHN P., M.S., F.R.C.S. *Fractures and Dislocations in General Practice*. London: H. K. Lewis, 1939.
 MAXWELL, J., PRESTON, M.D., F.R.C.S., F.C.O.G., Pt. H. J., M.D., LIN HAZEL, A. B., M.D., and KUO, C. C., M.D. "Further Studies in Adult Rickets (Osteomalacia) and Fœtal Rickets." *Proceedings of the Royal Society of Medicine*, February, 1939.
 MORGAN, C. NAUNTON, F.R.C.S. "Hæmorrhoids." *British Medical Journal*, February 25th, 1939.
 MORLOCK, H. V., M.D., M.R.C.P. (and HUDSON, E. H., M.B., M.R.C.P.). "Bronchocopy in Pulmonary Tuberculosis." *British Medical Journal*, February 25th, 1939.
 RAVEN, R. W., F.R.C.S. "Cancer of the Breast." *Post-Graduate Medical Journal*, March, 1939.
 SLOT, GERALD M., M.D., M.R.C.P., D.P.H. (and MORRIS, D.). "Erythema Nodosum Associated with Chorea and Tuberculous Meningitis." *Lancet*, March 11th, 1939.
 STALLARD, H. B., M.D., F.R.C.S., and TAIT, C. B. V., M.D. "Boeck's Sarcoidosis." *Lancet*, February 25th, 1939.
 STUART-HARRIS, C. H., M.D., M.R.C.P. "A Neurotropic Strain of Human Influenza Virus." *Lancet*, March 4th, 1939.
 TAIT, C. B. V., M.B., D.O.M.S. See STALLARD and TAIT.
 WOOD, W. BURTON, M.D., M.R.C.P. "Epituberculosis." *Tubercle*, February, 1939.
 WORMALL, ARTHUR, D.Sc. (BERENBLUM, ISAAC, and A. W.). "The Immunological Properties of Proteins treated with BB1—Dichlorodiethylsulphide (Mustard Gas) and BB2—Dichlorodiethylsulphone." *Biochemical Journal*, vol. xxxiii, No. 1, 1939.
 — See BOURSNELL, DANGERFIELD and WORMALL.

EXAMINATIONS, ETC. UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

- M.Chir.**—McGavin, D. B.
M.B., B.Chir.—Gardner, E. K.
M.B.—Dale, R. H., Fraser, A. C.

UNIVERSITY OF LONDON

Examination for the Academic Post-graduate Diploma in Medical Radiology, March, 1939.

Part I.—Boden, G. W., Mundy, M. L., Sacks, N.

Second Examination for Medical Degrees, March, 1939.

Part I.—Collard, P. J., Cuddon, D. B., Dholakia, G. R., Gallimore, J. O., Goulden, A. W. C., Loveless, R., Rowntree, P., Sanyal, M. C., Scott, H. C. L.

ROYAL COLLEGE OF SURGEONS

The Fellowship has been conferred on the following:

Andersen, D. A., Bickford, B. J., Braithwaite, F., Chakraborty, U. C., Dwyer, F. C., Fraser, D. B., Galal, O. M., Gawie, D. W. G., Langley, E. F., Lewys-Lloyd, R. A. V., Patikl, M. K., Patrick, J., Sharp, H. S.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diploma has been conferred:

D.P.M.—Newton, R. D.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

The following candidate has been awarded the Diploma of the British College of Obstetricians and Gynaecologists:

De Vine, J. G. B.

CONJOINT EXAMINATION BOARD

Pre-Medical Examination, March, 1939.

Chemistry.—Livingstone, A. V., Monkton, R. T.
Physics.—Hopwood, G. M., Livingstone, A. V.
Biology.—Balls, E. A., Fox, C. G., Kok, N. Y., Livingstone, A. V., Monkton, R. T., Whitmore, T. K.

First Examination, March, 1939.

Anatomy.—Evans, J. W., Gilbertson, M. H. M., Howick-Smith, C., Lambert, C. S. L., Maw, J. F., Mistlin, L. L., Sullivan, B., Wells-Cole, G. H.
Physiology.—Brewerton, R. S. E., Burkeman, L. E., Fison, J. L., Gilbertson, M. H. M., Howick-Smith, C., Maw, J. F., Sullivan, B.
Pharmacology.—Barasi, F., Bickford, J. A. R., Dangerfield, W. G., Evans, W. M., Harvey, R. J., Howick-Smith, C., Thompson, J. F.

SOCIETY OF APOTHECARIES OF LONDON

Primary Examination, April, 1939.

Materia Medica and Pharmacology.—Gaman, R. II.

CHANGES OF ADDRESS

ABERCROMBIE, G. F., Fenton House, Hampstead Grove, N.W. 3 (Tel. Hampstead 0652—unchanged.)
 COBB, W. A., 6, Bolton Gardens, S.W. 5. (Tel. Froisher 6073.)
 DALLEY, G., 26, Bartholomew Close, E.C. 1.
 GABB, R. T., 13, Cornwallis Gardens, Hastings, Sussex.

KEELE, K. D., 65, Harley Street, W. 1. (Tel. Langham 1334.)
 LEVITT, W. M., 149, Harley Street, W. 1. (Tel. Welbeck 4444.)
 Residence and practice.
 SHAH, Lt.-Col. J. M., I.M.S., c/o Lloyds Bank, Ltd., 6, Pall Mall,
 S.W. 1.

APPOINTMENTS

COHEN, E. L., M.B., B.Chir.(Cantab.), appointed Physician to
 the Western Skin Hospital.
 MCGAVIN, D. B., M.Chir.(Cantab.), F.R.C.S., appointed Honorary
 Assistant Surgeon to the Royal Infirmary, Leicester.

BIRTHS

PATERSON.—On March 25th, 1939, at Philadelphia, U.S.A., to
 Truda, wife of John F. Paterson, M.D., M.R.C.P., of Little
 Baddow, Essex—a daughter.
 SINCLAIR.—On April 16th, 1939, at Houndean Lodge, Lewes, to
 Margaret (*née* Puleston), wife of C. Gordon Sinclair, F.R.C.S.—a
 brother for Ian.
 UNDERWOOD.—On March 31st, 1939, at 20, Devonshire Place,
 W. 1, to Vera, wife of William Underwood, F.R.C.S.—a son
 (Michael Créssee Elphinstone).
 WOODS.—On April 1st, 1939, at Tresillian, St. Austell, to Bertha,
 wife of Dr. T. G. Rewcastle Woods—a daughter.

MARRIAGES

BECKETT—HAYNES.—On April 12th, 1939, at St. Denis's Church,
 Cambridge, Dr. Francis George Archer Beckett, of Ely, elder son
 of the late Dr. and Mrs. F. H. M. A. Beckett, to Lucy Daville,
 twin daughter of Dr. and Mrs. G. S. Haynes, of Cambridge.
 BURKE—SHARWOOD SMITH.—On March 30th, 1939, at Hermitage
 Parish Church, Lt.-Col. Gerald T. Burke, C.I.E., I.M.S., retired,
 to Kathleen, second daughter of Mr. and Mrs. Edward Sharwood
 Smith, of Woodside, Hermitage, Berkshire.
 DALLEY—MOONEY.—On March 25th, 1939, at The Church of
 Our Lady of Victories, Kensington, Gilbert (George), son of
 Mr. and Mrs. J. Dalley, Gamlingay, Beds, to Josephine (Joan),
 daughter of Mr. and Mrs. Philip Mooney, Glasnevin, Dublin.

SILVER WEDDING

SLADDEN—WILLIAMS.—On April 15th, 1914, at Dowlais Parish
 Church, Arthur F. Sladden to Mary C. Williams.

DEATHS

BUCHANAN.—On March 26th, 1939, Lieut.-Col. Andrew Buchanan,
 Indian Medical Service, M.A., M.D., of St. Jacques, Guernsey,
 and of Killycloher, Omagh.
 COLLYNS.—On April 6th, 1939, at Dulverton, Robert John Collyns,
 M.R.C.S., L.R.C.P.
 CUMBERBATCH.—On March 24th, 1939, suddenly, at St.
 Bartholomew's Hospital, after a short illness, Elkin Percy
 Cumberbatch, M.A., B.M.(Oxon.), F.R.C.P., of 1B, Manchester
 Square, W. 1, and 13, Elm Grove Road, Ealing, the beloved
 husband of Isabel Cumberbatch.
 MACKINTOSH.—On April 10th, 1939, in London, after a long
 illness, John Stewart Mackintosh, M.D., M.R.C.S., L.R.C.P., of
 Rodney Cottage, Sandgate, Kent (late of Hampstead), aged 68.
 MATURIN.—On April 4th, 1939, at Monmouth House, Lymington,
 Hants, after a short illness, Francis Henry Maturin, M.B., B.Ch.,
 (Cantab.), late Lt.-Col. (T.D.) 2/7th Hampshire Regt., and late
 Lt.-Col. (attached), R.A.M.C., aged 67.
 SARGANT.—On March 20th, 1939, passed away peacefully at
 Adersham, William Edward Sargant, M.R.C.S., L.R.C.P.,
 formerly College Registrar at St. Bartholomew's, dearly loved
 husband of Kepura Gertrude (*née* Weynton), and eldest son of the
 late William Sargant, aged 76.

PERSONAL COLUMN



The cost of Advertising is 2/- a line of 7 words ;
 1/- 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 and must be prepaid.

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 "While we have life, let us live."

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 Partial or room and breakfast only if desired.
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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XLVI.—No. 9

JUNE 1st, 1939

PRICE NINEPENCE

CALENDAR

Fri., June 2.	—Prof. Christie and Prof. Paterson Ross on duty. Medicine : Lecture by Dr. Gow.	Fri., June 16.	—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Prof. Christie.
Tues., " 6.	—Dr. Chandler and Mr. Roberts on duty.		Last day for receiving other matter for the July issue of the Journal.
Wed., " 7.	—Surgery : Lecture by Mr. Wilson.	Sat., " 17.	—Annual Athletic Sports, Chiselhurst, 2.15.
Fri., " 9.	—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Evans.	Tues., " 20.	—Prof. Christie and Prof. Paterson Ross on duty.
Tues., " 13.	—Dr. Graham and Mr. Wilson on duty.	Wed., " 21.	—Surgery : Lecture by Mr. Vick.
Wed., " 14.	—Surgery : Lecture by Mr. Roberts.	Fri., " 23.	—Dr. Chandler and Mr. Roberts on duty. Medicine : Lecture by Dr. Chandler.
	Last day for receiving letters for the July issue of the Journal.	Tues., " 27.	—Dr. Gow and Mr. Vick on duty.
Thurs., " 15.	—Concert in aid of the Mansion House Appeal Fund, Great Hall, Charterhouse Square, at 8.30.	Wed., " 28.	—Surgery : Lecture by Prof. Paterson Ross.
		Fri., " 30.	—Dr. Graham and Mr. Wilson on duty. Medicine : Lecture by Dr. Graham.

WILL YOU SIGN ME UP . . . ?

"WHAT is it to be 'read aloud to'?"
 writes Florence Nightingale in *Cassandra*.
 "The most miserable exercise of the
 human intellect. Or rather is it any exercise at
 all? It is like lying on one's back, with one's
 hands tied, and having liquid poured down one's
 throat. Worse than that, because suffocation would
 immediately ensue and put a stop to this operation.
 But no suffocation would stop the other." How
 many generations of medical students must have
 felt like Florence Nightingale (little enough though
 they may have resembled her in other respects!)
 as they sat through those interminable courses of
 compulsory lectures which are still in 1939 a statu-
 tory part of their education! As Aldous Huxley
 points out, it is one of the most unfortunate facts of

education that boredom and fatigue do not actually
 make one scream with pain;—"finding themselves
 liable to prosecution by the Society for the Preven-
 tion of Cruelty to Children, teachers would soon
 mend their ways". Of course only a few of us,
 and those not all the time, feel that lecturers should
 literally be prosecuted. But very many more feel
 or at least suspect, that our attendance (however,
 vicarious) is a waste of time which could be more
 usefully employed or more agreeably wasted both
 by the lecturer and his audience. Since this is so,
 it seems impossible to excuse the continuance of
 compulsion unless the authorities believe that rig-
 orous theoretical and practical examination at the
 end of a prescribed course of clinical appointments
 and laboratory work is an adequate protection to

the public only if a series of lectures has also been attended. Or perhaps their view is that it is impossible by any other available methods of study to attain the standard of skill, information and conscientiousness required by the examiners?

It seems extremely unlikely that anyone seriously believes either of these absurdities. Indeed, the real question is not whether lectures should be compulsory, but whether, however voluntary, they are a sufficiently valuable element in our education to justify the time, energy and, sometimes, intelligence which they consume. Systematic knowledge can never be acquired from lectures, nor are lectures available to us all our lives. Eventually we shall have to rely on books; we had far better learn to learn from them in the beginning. And once one has achieved the habit of print, constant lectures seem like a diet of milk to an adult appetite. One can choose one's book; open and shut it at will (and nothing varies more than the amount different individuals, or the same individual at different times, can assimilate without rest); adapt one's progress to the speed of one's own mental processes (which is not always the same); re-read; stop to think; elucidate obscurities by reference backwards, forwards or to other authorities. More important still, reading demands the active participation of at least part of one's brain. In contrast, it is possible, and indeed usual, for a lecture audience to remain as passive and unabsorbent as a roll of wet blotting-paper. Inevitably: for, after all, could human ingenuity devise a more dreary, clumsy or uneconomic method of conveying information than the routine lecture in physics, chemistry, biology, anatomy, physiology, pharmacology, medicine, surgery and pathology? Indeed, many lecturers tacitly admit the merely ritualistic character of their performance by circulating a printed synopsis, from which in ten minutes one can read what they will then say less well in forty-five.

It is probable that the more sensible advocates of the system would agree that it has been, as Léon Blum said of marriage, "généralisée à l'excès". They would use lectures not as a substitute for books, but to simplify, correct and supplement them. In some subjects occasional lectures for this purpose might be desirable. But in medicine these functions are better fulfilled by the bedside teaching of experienced clinicians, which is far the most valuable part of the formal instruction we

receive. There is, it is true, at least one type of lecture which should certainly be retained: the clinical lecture in which medical or surgical theory is applied to a concrete case. But the present system of continual routine lectures is even more objectionable in medicine than elsewhere. The majority of our working hours at the Hospital are occupied in the wards, out-patient departments and laboratories. During the remainder we have to attend post-mortems, and become familiar with the pathological specimens in the Museum. These are all essential activities. We do not suggest that lectures make any of them impossible; but they certainly make the last two more difficult than is necessary, and they mean that almost all regular reading must be done at home in the evening at the end of a full working day.

There is nothing revolutionary in these views. "Printing," says a writer in *Cambridge Studies*, "has been invented for nearly five centuries. Yet still, as in the Middle Ages, ill-heard, ill-attended to, ill-understood and ill-recorded in notes that will never be read, the voice of the lecturer drones on. To doze through two or three hours of lectures may be grateful to the indolent conscience that calls it a morning's work; the gregarious excitement involved may please some thwarted religious instincts; but as a means of conveying information I know nothing more hopelessly primitive." Aldous Huxley uses almost identical words: "Lecturing as a method of instruction dates from classical and medieval times, before the invention of printing. Cheap printing has radically changed the situation which produced the lecturer of antiquity. And yet—preposterous anomaly!—the lecturer survives and even flourishes. In all the universities of Europe his voice still drones and brays just as it droned and brayed in the days of Duns Scotus and Thomas Aquinas. Lecturers are as much an anachronism as bad drains or tallow candles." Professor Bernal speaks as strongly in his *Social Function of Science*. Indeed it would be easy to multiply authorities; the difficulty would be to produce any on the opposite side. But one more must suffice. Professor Woollard, himself a brilliant lecturer, once exploded: "You must be a set of mugs to be forced to come and listen to such stuff day after day, year after year, of your miserable lives." "Not that you do listen, of course," he added.

CURRENT EVENTS

H. GORDON SMITH, M.B.Cantab., D.P.H.

We regret to announce the death of Dr. Harry Gordon Smith, at Knightwick Sanatorium, Worces., on May 6th. Educated at Berkhamsted School, he came to Bart.'s from Trinity College, Cambridge, and took his M.B. in 1902. He was resident at the West London Hospital and the London Fever Hospital, and did clinical assistantships at the Royal Eye Hospital and the Evelina. In 1908 he became Medical Superintendent of the King Edward VII Memorial Sanatorium at Knightwick and started what was to prove his life's work.

He was one of the most able clinicians on chest cases in the Midlands, and his service as chief tuberculosis officer for Worcestershire will be long remembered by medical men in the county, and by hosts of grateful patients who passed through his hands.

In 1903 he married Eileen Newbury, of Milton Ernest, in Bedfordshire. They had three daughters and one son, who is at present a student in the Hospital.

BART'S AND THE DERRY GARDENS

We have received the following from Mr. McAdam Eccles:

The Gardens are up—on the roof of the fine Derry and Toms Building, Kensington High Street, adjoining the station.

Will you come up by lift the 100 ft. above the street level and see them? They are to be opened each day from Monday, June 19th, to Saturday, June 24th, from 9.30 to 6 p.m. (Saturday, 9.30 to 1 p.m.)

Bart.'s Nurses will be in attendance to receive donations for the Hospital from one shilling upwards.

In 1938, £300 were contributed, but this year it is hoped that at least £400 will be given.

It is a great pleasure to stroll round these unique and really beautiful gardens of more than an acre.

This year in addition to the fascination of the flowers and the waterways, with goldfish and sticklebacks, there are two pairs of sheldrake, and actually a robin has built a nest, and a blackbird has reared a brood!

The Sun-Parlour is delightful for luncheons and teas. No visitor to London should miss paying a visit to the Gardens during the Bart.'s Week, June 19th to June 24th.

HOSPITAL FAIR

On July 5th, 6th and 7th from 2 p.m. to 9 p.m. a Fun-Fair will be held in the Hospital. There will be

§

dancing, hoopla, Punch and Judy, "fishing for fizz", a haunted house, china-smashing, and innumerable other ingenious attractions. A large number of helpers are wanted, and it is hoped that students who are willing to assist will give in their names to the Appeals Department.

MUSICAL SOCIETY'S CONCERT

The Concert which the Musical Society is giving on June 15th is notable, not only for the distinction of the soloists who are so generously giving their services, but also for the fact that it is the first concert that the Society has given for a charitable purpose since 1904.

On that occasion the Society raised £200 for the new Nurses' Home, and it is to be hoped that their new venture will be equally successful.

Much credit is due to Dr. Bourne and the members of the Committee for their energy and enthusiasm in arranging it.

Full particulars of the concert will be found on p. 191.

ART EXHIBITION

Last month we announced that an Exhibition of paintings and photographs would be held in the Great Hall in July. Further details are now available.

1. The Exhibition will be held in the Great Hall of the Hospital from July 3rd to July 7th. The last three days of the Exhibition will coincide with the Hospital Fair.

2. There will be no entrance fee and no limitation to the number of entries from each artist or photographer. There will, however, be a Selection Committee.

3. Entries should be labelled "Art Exhibition", and sent to the Editor of the JOURNAL, St. Bartholomew's Hospital, E.C. 1, not later than June 20th. Each entry should be clearly marked with the name and address of the sender. Entries will be acknowledged by post card. It would help the organizers if exhibitors would send in their pictures early.

4. No picture may be submitted which was hung last year.

5. Paintings should be framed, but photographs need only be mounted.

6. The Exhibition is limited to those who have, or have had some direct connection with the Hospital.

7. Any profits which may be made from the sale of catalogues, etc., will go towards the Hospital Rebuilding Fund.

BART'S MANSION HOUSE BALL

On June 7th a ball will be held at the Mansion House in aid of the Mansion House Appeal. T.R.H. the Duke and Duchess of Gloucester have consented to be present. There will be a cabaret arranged by Leslie Henson, and tickets may be obtained at the cost of £2 2s. each.

HOSPITALS DAY

Hospitals Collecting Day, like View Day, always picks a short, fine period of May between Buchan's cold spells: this year was no exception to the rule, and those of us who left our beds at an early hour had the best of things, because it became uncomfortably hot round about mid-day. The Hospital raised 1052 collectors altogether, nearly 300 more than last year, so that very few of even the most secret ways in the City were left unguarded, and very few of even the most unwilling City workers escaped with pockets or purses untouched. Some of us maintained more reserve in our methods of attack than others, but, whether we used brute force

or strictly Freudian principles, the needs of Bart's were brought home more or less emphatically to all and sundry. Many thanks are due to all those who helped so keenly—especially the lady friends of the Hospital. The total sum raised by our collectors was £1600, £115 more than last year.

VIIth DECENNIAL CLUB

We have received the following from Mr. Brinton: The Annual Dinner of the VIIth Contemporary Club will be held at the Trocadero Restaurant on Wednesday, July 5th. It is hoped that there will be a good attendance.

All members of the VIth Club will be welcomed gladly, and regarded as members of the VIIth.

EDITORIAL APPOINTMENTS

Mr. R. H. L. Cohen has been appointed Editor of the JOURNAL, and Mr. R. S. Henderson Assistant Editor.

AN INFANT'S LIMP ARM

By R. B. TERRY.

AT 9.30 p.m. one Sunday an infant, *æt.* 10 weeks, was brought up by her mother, who said that the child had not moved her right arm for 24 hours, and refused to lie on that side. During this period she had been crying most of the time, and renewed her efforts with any passive movement of the arm. A 5 weeks' history of pertussis was the only untoward event in the child's life. The mother was well, and all previous pregnancies had terminated successfully. The father was quite well.

On examination the child was quiet, well covered, and occasionally bursting into a fit of coughing. The nasal bridge tended to be depressed and the nose was snuffly. There were a number of small round golden-yellow, slightly thickened patches of scaly skin on the outer side of both thighs. An umbilical hernia was present. The left arm was normal. The right arm appeared normal apart from a flaccid paralysis, and she did not resent movements when first examined, but the next morning (when examined by the Children's Department)

there was an obvious swelling around and just above the elbow; on palpation there was a firm, tender swelling surrounding the lower end of the humerus. Crepitations were absent.

Provisional Diagnosis.

Excluding a fracture of the humerus, I made the somewhat rash suggestions of a rare case of poliomyelitis, or a cortical hæmorrhage complicating pertussis. The next morning, when seen by Dr. Harris, there was a temperature of 100.6°, and he suggested pyogenic subperiosteal inflammation.

Differential Diagnoses.

True paralysis.—Obstetrical paralysis immediately suggests itself, but of course is present from birth. Any cortical, cerebral or spinal lesion would have produced spasticity. Poliomyelitis is rare in early infancy, and

almost unknown before 3 months. Diphtheritic neuritis may occur after mild atypical diphtheria which passes unnoticed (2-4 weeks interval), but arm paralysis must be very rare without involvement of the soft palate, eye muscles, pharynx or diaphragm. Lead palsy is by no means uncommon, but in infants its chief peculiarity is to affect the legs sooner and more severely than the arms. Pink disease results in great loss of power, but this is generalized, and other signs (many beginning with "p" are present, such as photophobia, perspiration, pruritus, and a purplish rash.

Pseudo-paralysis is a much commoner condition, and a fractured bone will give the same history as in this case. Scurvy will give exactly the same picture, but the age-incidence is 8-14 months. Rickets may cause a similar condition, but occurs later, is nearly always symmetrical, and causes no such marked pain on movement. An acute infective arthritis must be remembered, but severe septic symptoms occur. Parrot's pseudo-paralysis, due to syphilitic epiphysitis, is a condition occurring within three months of birth, developing acutely with tenderness, swelling and pseudo-paralysis, but with little or no

fever. It is not uncommonly the only symptom, and is said to be present in every case dying of congenital syphilis. It is commonest in the long bones, but especially the lower end of the humerus.

Investigations.

X-rays showed a very characteristic syphilitic epiphysitis of the lower humerus, with extensive periosteal new-bone formation on the radius and ulna of each arm, the right tibia and femur and the left humerus. The Wassermann was strongly positive.

Discussion.

My excuse for writing up this case is that although, apart from the slight pyrexia, it is a classical text-book picture of syphilitic epiphysitis, yet I feel that it is one which few present-day students have seen. The presence of pertussis is interesting in that although undoubted cases of pertussis present at birth have been recorded, yet only 5% occur before the age of 6 months.

In conclusion I would like to thank Dr. Charles Harris and Mr. Donald Crowther for their permission to report this case.

VIEW DAY, 1939

(From our Correspondent on duty and the Candid Camera)

ANYONE acquainted with View Day will know that it is invariably fine for that great occasion. Consequently it was obvious to your special correspondent (on duty) as he left the operating theatre at three in the morning that the stars foretold nothing but perfect weather. And so it was. Later, in his morning dress, as he surveyed the Square, he realized that View Day was not what it used to be. Where were the morning coats of the Staff? Where the Ascot frocks? Where even the Consulting Staff? True, a few of the Visiting Staff had been dressed, possibly by their wives, for the occasion; and a great concession had been made by a distinguished surgeon, who had exchanged his monochrome tie and double-breasted waistcoat for a suit of "City blacks". True, again, there was a Hat which commanded attention at first sight, so broad were its proportions, so generous its conception. But the old form was lacking. Sir Holbert Waring, the spiritual head of the Pink Firm, was there, chatting to his junior, Wilson, and Mr. McAdam Eccles was inevitably heard explaining that he had occupied the Single Side Ward in Heath Harrison but that in those days it used to be Bowly. Dr. Gow seemed to be laughing at one of Mr. Vick's stories, while Professor

Hopwood remained in a reverential attitude by the Fountain.

Yet colour was not lacking in the Square. For a pathetic little row of geraniums blossomed upon the balcony of the Medical Block—on which any moment might have appeared the Hospital Führer to deliver an oration to the students, assembled below in their oldest and dirtiest grey flannel trousers. But such did not occur.

Round the wards started the procession—Beadle, Treasurer, Matron, Clerk and Almoners.

"Dr. —, are you satisfied with the conduct and nursing of your ward?"

"Matron, are you satisfied . . . ?"

"Sister, are you satisfied . . . ?"

Thus spake the Treasurer in each ward and then proceeded to talk with the patients.

Then the Hospital is thrown open to view. Here, in the Dispensary, is a show that will stagger the layman. A ton of ointment dispensed in a year, enough liquid paraffin to float a ship, of cascara a sufficiency to open the bowels of the earth. Peep into Elizabeth. Here are twenty newborn babies tucked into their little cots with the charming coverlets reserved for this great day,

watched over inappropriately enough by the Virgin Mary. And next door, though they do not know it, the forceps are being applied for primary inertia But the crowd hurries forward. News has spread of a

crowd disperse. "Was it very bad?" says a spectator. "We are sending it to be sectioned," we reply with dignity.

View Day passes swiftly. The crowd that gathers

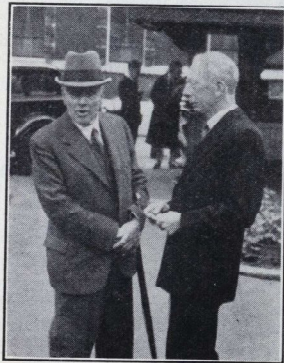


" . . . NOT WHAT IT USED TO BE."

Real Operation in progress. Swiftly the gallery of the duty theatre becomes packed with excited onlookers. Your correspondent has made the diagnosis; his chief will operate and remove the appendix. His wife, seated in the front row, peers through the sloping glass screen. The skin is cut. "This is where they faint" says the surgeon, and a woman faints in the gallery, giving point to his remark. The organ is removed and the

at two of the clock in the Square does not gain entry to the two main blocks until the Treasurer has left them at five. Consequently by the time one's favourite ward has been visited and tea taken, the day is spent and the wards must be cleared—for action.

Thus View Day, 1939, was neither the same nor very different from its predecessors.



" . . . CHATTING TO HIS JUNIOR, WILSON."



"I PREFER MY FLOCK TO FACE ME."



"ONE OF MR. VICK'S STORIES."

A NOTE ON SOME OF THE MEDIAEVAL WILLS IN THE POSSESSION OF SAINT BARTHOLOMEW'S HOSPITAL

By GWENETH WHITTERIDGE, D.Phil.

AMONG the deeds preserved in the Archives of Saint Bartholomew's Hospital are copies of a number of wills containing grants and benefactions to the Master and brethren and the poor patients lying sick within their walls. It was a frequent practice among mediæval people to draw up two wills; one of these, which for convenience is called the *testamentum*, was concerned with rents and properties, the other, the *ultima voluntas*, with personal possessions and belongings. Although copies of the former are of more importance with regard to the history of the Hospital holdings, yet it is the latter which are of the greater interest for the insight they give into the *valuc* attached by the testator to his or her various possessions.

The earliest will of which we possess a copy is that made about the year 1220 by a certain Reginald de Wirham. The peculiar interest of this will lies in the fact that it was made by Reginald as he was setting out on a pilgrimage to the Holy Land. That he never returned from this journey is probable in view of the fact that the benefactions mentioned in his will actually took effect, as is apparent from certain other documents in our possession. Of his own fate, nothing is known, but it is significant of the times in which he lived that he should have thought a pilgrimage to Jerusalem a journey fraught with such danger as to justify his making a will before setting out, as though he were already on his death-bed. The first bequest that he makes concerns the Hospital. Out of the twenty shillings of rent which he had in the parish of St. Mary Somerset, and which he had purchased from the widow of a certain Alan Balun, he left ten to God and to the maintenance of a chaplain to celebrate the mass of the Blessed Virgin Mary for ever in the Hospital of Saint Bartholomew. To the other hospitals of London he also makes bequests, but to none so large a gift as that to Saint Bartholomew's; to the hospital of St. James, half a crown from the same rent of twenty shillings; to the hospital of St. Giles, half a crown from the same rent. If Reginald die on the journey to Jerusalem, the hospital of St. Bartholomew shall have plenary seisin of the said rent, provided that the Master and brethren pay the lords of the fee the accustomed services and make sufficient guarantee to the other hospitals for the rents bequeathed to them. Bequests to other hospitals and

religious institutions follow, with a clause guaranteeing, in the event of his death, plenary seisin of the rent to St. Thomas's Hospital, provided always that the legacies made out of this rent be rightly and duly administered. To his companion, Peter Burgensis, if God grant him a safe return from the Holy Land, he leaves his share in a shop in Cloth Fair, and his shop in Winchester Market, provided that Peter give sufficient guarantee to the Canons of St. Bartholomew for the payment to them of an annual rent of twelve pence. If he fail to return, these properties are to go to the Hospital of St. Bartholomew on the same conditions.

The next legacy which directly concerns the Hospital is one of ten shillings made to Bartholomew the chaplain. This Bartholomew is not necessarily to be identified with the Master of the same name who took up that office in 1246. If Bartholomew die before this will can take effect, the money is to be spent for the maintenance of the poor within the Hospital, for the salvation of the soul of the said Bartholomew. A further personal legacy, also providing, in the event of death before the proving of the will, for benefactions to the poor, is that of two marks (26/8) made by Reginald to his brother William, who seems also to have accompanied him to the Holy Land, for, if he make not thence a safe return, this money is to be spent in the purchasing of shoes for the poor, at the discretion of the executors. A further sum of eleven and eight pence is left to the Hospital of St. Bartholomew out of a debt of thirty five shillings owed to Reginald by a certain Walter de Birhull. Finally, Reginald names Master Hugh, procurator of the Hospital of St. Bartholomew, as one of his executors, and asks as a favour for the inclusion of his name and of those of his father and mother in the martyrologies of the various houses recipients of his gifts, that they may be partakers of the spiritual benefits pertaining to these houses.

The will of Matilda de Kersing, made on St. Cecilia's day (22 November) 1280, is chiefly concerned with her personal belongings, and has, therefore, a peculiar interest of its own. Also, it is rare to find a will made by a woman at this date, and its rarity enhances its *valuc*. Matilda died before November 15th, 1281, and the Archdeacon of London set his seal to the document allowing it valid on January 25th, 1282. The proving of

will seems to have been no more and no less tedious a process in the Middle Ages than to-day. Although this will has been quoted at some length by Sir Norman Moore in his history of the Hospital, its unique quality is sufficient excuse for its repetition here :

" In the name of the Father and of the Son and of the Holy Ghost, Amen, I, Matilda de Kersing, make my will on the day of the blessed Cecilia the Virgin in the year of Our Lord 1280. First, I leave my soul to God and to the Blessed Virgin Mary and all the saints, and my body to be buried in the cemetery of St. Andrew at Farnham. To the high altar, I leave the sum of six pence ; to the vicar, six pence ; to the chaplain of the parish, four pence ; to the chaplain of the Blessed Mary, four pence ; to Nicholas the chaplain, four pence ; to the two clerks, four pence ; (these legacies were probably made as an encouragement for the solemn celebration of her obsequies). To the light before the Blessed Virgin Mary, I leave twelve pence ; to the brethren of Guldeford (? Guilford), five shillings and a black tapet, the best cloth which I have and the best towel ; to the lepers of Awelton, a little tapet and a linen cloth. To Alice, daughter of Robert le Massun, I leave a chest ; to Margaret, wife of Robert le Massun, a brooch of the finest gold ; to Beatrice, wife of John de Heghe, a russet tunic, my best cloak, and my best shoes. To Beatrice's daughter, a cloth and a towel, a quilt and a cushion ; to Cecilia Pidekin, a shift ; to Emma Botisse, a shift ; to Cecilia Pidekin, a pair of shoes ; to the Convent of Wynteneic (? Winchester), the cup of the Blessed Edmund. For alms to be given of the day of my burial, I leave eight shillings. To John de Heghe, I leave a brass cauldron and a basin ; to Cecilia Pidekyn, a little brass cauldron ; to the son of William Carter, four pence ; to Matilda, daughter of Robert Humfraye, a towel and a cushion.

" To the Hospital and brethren of St. Bartholomew in Smithfield, London, I leave the thirteen and four pence of annual rent which the brethren of St. Thomas in Southwark were wont to pay me. To Beatrice, wife of John de Heghe, I leave a green hood. I make and constitute as the executors of this my will Richard le Massun and Robert, son of John Clerk. All the goods which are not named in this writing I leave to be distributed for the good of my soul in the parish of Farnham in whatsoever places my executors see they may be used to the greatest profit."

The next will in date is that of a certain Richard de Wyrle, a wealthy citizen of the time of Edward II and Edward III. His will, made on October 14th, 1331, divided his property between his two sons Richard and John. Richard received his father's tenements and shops in the Ryole in the parish of St. Michael Paternoster

church, and all his plough lands in Edmonton. At his death they were to revert to his brother, John. John was bequeathed the large house and three shops in the parish of St. Augustine beside St. Paul's, and the large house and two shops with a smaller house adjacent in the parish of St. John Zakarie. These latter properties were to be held by John in trust for his sister Isabella, whom he is to maintain in all necessaries for her life's term, provided that she does not marry without the consent of her brothers, Richard and John. To a certain Ydaine, his maidservant, Richard de Wyrle leaves a house in the parish of St. John Zakarie, to be held by her for life, and to revert at her death, to Richard the son. Other bequests of property to his brother and sister are also made by him, with clauses of reversion in favour of Richard his son, who, with his brother John, is to receive in equal share the whole of the contents of the kitchen and house.

What happened between October, 1331, and January, 1334, is a matter for conjecture only. The likeliest explanation seems to be that between these two dates, Richard de Wyrle took to himself another wife, and on her behalf another son, for to the will of 1331 is added a codicil in January, 1334, providing for the bequest to Alice, his wife, her heirs and assigns for ever, of all his rents and tenements whatsoever in the Ryole in the parish of St. Michael Paternoster church, so that Richard and John seem to have been deprived of their inheritance of the greater part of the London properties. The only other bequest made in the codicil is of a shop in the parish of St. Augustine to a certain Agnes, daughter of Hugh de Langrave. This bequest is made for her life's term with reversion at her death, not, as before, to Richard, his son, but to Laurence, his son, his heirs and assigns for ever.

The will of Hawisia atte Holmes, drawn on Holy Innocents' Day, 1334, is an example of provision made by a widow for the custody of her son, a minor, until he should come of age, and for the care of the property which he would then inherit. In this case the guardian is a certain John Mounde, citizen and corn-merchant of London, and the properties which he holds in trust are a brewhouse and three shops in Pentecost Lane, a new tenement and two shops close by, and a tenement in the parish of St. Mary Somerset, just off Thames Street.

John Tarent, cloth-merchant of London, who made his will on 22 April, 1353, seems also to have been at some time appointed guardian to two children, for in his will there is a bequest of £10 to Simon and Joan, children of one Peter Brongor, who, until they come of age, are to remain after his death in the custody of Margery, his wife. Likewise he bequeathes to them

twelve silver spoons, three brass pots, and two blankets. John Tarent made handsome provision for his own funeral, for he left the sum of forty shillings to be expended on his obsequies besides a gift of twenty shillings to the high altar of the church of St. Augustine beside Paul's gate in which he is to be buried, and a further gift of two shillings to the chief clerk and twelve pence to the lesser clerk of that church, and of eight marks to a chaplain to say masses for the repose of his soul.

Household possessions which are enumerated in this will do not figure in any other earlier than this in the Archives of the Hospital. There are general references—to a house and its belongings, to a brewhouse or kitchen and its utensils, which are included in the bequest, but here for the first time the articles are singled out as being obviously of value and importance to the donor. Joan Barton's will gives further details of personal and household possessions which were considered valuable in the eyes of a lady of the fifteenth century. The will is elaborate and detailed, and is followed by a codicil of like elaboration. The will was drawn on August 30th, 1437. The codicil, which is undated, was probably added about the same time :

" In the name of God, Amen. I, Joan Barton, widow, being of sound mind, do thus ordain my last will and testament. First, I leave my soul to Almighty God, to Mary, the mother of Our Blessed Lord Jesus Christ, and to all the saints, and my body, when from the light of this world I shall depart, to be buried in the vault in the churchyard of St. Paul's, London, on the north side of the tomb of Henry Barton, my late husband. To the rector of the church of St. John Zachary, London, I leave thirty three shillings and four pence, that he may pray for my soul, and one hundred shillings towards the maintenance of his schools at Cambridge. To whichever chaplain will say mass in this church daily for one month after my decease with *Placebo* and *Dirige* and the prayers for the dead and solemn music, for the repose of my soul and the souls of Henry Barton and Robert Barry, while they lived, my husbands, I leave twenty shillings, and to the clerk of the works of the church for the repair of the fabric and decoration of the same, ten marks. To William Wode, I leave five marks, and to his wife twenty shillings and a veil at the discretion of my executors . . ."

Bequests of money to her servants follow. Jacob Toller and his wife received ten marks, and forgiveness of the debts which they owed her, and twenty shillings apiece for each of their daughters. Richard Boteler had five marks. Of her five maids, two received five marks apiece, two four, and one forty shillings. Three other men-servants are also mentioned, to each of whom

she leaves forty shillings, and to the wives of the two who were married, a veil at the discretion of her executors. Next follow bequests to relatives. To Oliver Copuldyke, her kinsman, and a minor, she leaves the sum of £20, to be held in trust for him till he come of age by John Reynwell, who is also to have the custody of his person till he comes to years of discretion. A like bequest is made on behalf of William Wattes, her ward, to whom she leaves five marks to be held in trust for him by Thomas Chicheley, his tutor, till he come of age.

" I forgive master Edmund Kyrtton, monk, my cousin, the £20 which he owes me, and I leave him a silver cup called the 'Chalys Cup', that he may cordially pray for my soul throughout his life. To don Edwars Kirton, canon, my other cousin, I leave ten marks and a silver engraved cup at the discretion of my executors, that he too may pray for my soul as long as he shall live. To brother Thomas Cheryngton, bishop of Bangor, I leave a basin and an ewer of silver, and a silver pot, at the discretion of my executors, that he may be mindful of my soul in his prayers. To Thomas Barry, brother of Robert Barry, my late husband, I leave a silver wrought cup at the discretion of my executors . . ."

Then follow certain bequests of money, and finally her wishes concerning the disposal of her lands. John Reynwell and John Stafford are to be her executors, and whichever of them die first, is, at his death, to found a chantry on her behalf in St. Paul's Cathedral. (This chantry was actually founded by John Stafford as is shown in his will, a copy of which is also in the possession of the Hospital, but it was not founded in St. Paul's.) The chantry chaplain is to wear the habit of the choir and is to assist daily, except for infirmity of the flesh, at all the canonical hours, at least during the day, and shall receive a yearly stipend for his pains of twelve marks, to be paid to him by the Master and Fraternity of the Skinners of London. Also the dean and choir of the Cathedral are to receive from the same source an annual sum of forty shillings, that they may celebrate each year for ever her obit for the sake of her soul and those of Henry Barton and Robert Barry, while they lived, her husbands.

The codicil added to this will contains details of bequests of personal property made by Joan :

" I leave to John Stafford, one of my executors, . . . a set of beads of serpentine, the ring of my profession, and all the bed-hangings and bedding, clothes, books, ornaments, ecclesiastic and domestic, and all the appurtenances of the rooms, chapel, butlery and kitchen of my house at Cotes in Hertfordshire therein to be found on the day of my death, save only the bedstead with the great feather bed which was given me by Oliver Copuldyke, which bed and feather bed, with a pair of blankets

and a pair of linen sheets and a fair bedspread, at the discretion of my executors, I leave to this same Oliver, my kinsman. To him also I leave four virgates of cloth of sangweyn in grain, which shall be bought and delivered to his mother on the next journey to Middelburgh. Also to John Copuldyke, chaplain, my brother, for that he was omitted in my will, I leave £10 and a pair of blankets and a pair of sheets and a fair bed-covering, at the discretion of my executors. To John Fray, my tenant in chief, I leave my black mantle, furred with the skins of sables and martens, and to his wife my black gown, furred with sables and martens, and my girdle fringed with gold, and the set of coral beads hanging from it. To Robert Chandler, chaplain, I leave a pair of blankets and a pair of linen sheets and a bed-covering, for this was omitted in my will. To John Morecock, chaplain at Highcross, I leave a pair of blankets and a pair of linen sheets and a bed-covering if they be not already bequeathed in my will. And I wish that seven pieces of woven linen containing sixty three virgates, be made as quickly as possible into garments and given to poor men and women that they may pray for my soul"

John Stafford, her executor, made two wills, one, dated September 9th, 1444, dealing with his properties, the other, dated October 12th, 1446, with his personal belongings. He himself was a man of considerable wealth, but all his lands and possessions he left to John Wakeryng, the Master, and to the brethren of the Hospital of St. Bartholomew, reserving only a life pension to be paid by the Hospital to his son, Thomas, and his brother, Richard. The income from his

properties was to be used for the foundation of a chantry within the Hospital, where mass was to be said for his soul and those of Joanna, his late wife, John and Juliana, his parents, Henry Barton, and Joan and Agnes, his wives. In his *ultima voluntas* further details of money payments to the chaplain and his assistants are given, and a further bequest of twenty shillings is made for the succour and relief of the poor in the hospital. Then come the more personal bequests. To his son Thomas, he leaves £90, and twelve of his best silver table-spoons and a silver-gilt cup and his bed with all the bedding and hangings. To his brother Richard, he leaves £30 and a silver wrought cup, a dozen table-spoons and all his cooking utensils, and the bed with all the bedding and hangings in which Richard used to lie.

Finally, in the will of John Bedham, drawn on June 25th, 1468, there is an interesting clause relative to the prisoners of Newgate. He makes a bequest of a rent of six shillings and eight pence to John Nedham, master of the Hospital of St. Bartholomew, to be collected annually by him and his successors, to provide a conduit of water running from the hospital to the prison of Newgate, for the relief of the prisoners therein, and to provide for its maintenance and repair, that the prisoners may have cause to pray for his soul and the souls of two other men, whose wish this also was.

Such then are some of the mediæval wills among our Archives, and they are typical of all that were made in the Middle Ages. They show a uniform preoccupation as to the fate of a man's soul, and perhaps an eagerness to repair the sins of a lifetime by charitable gifts to the poor.

NOTES ON THE RECEIVING-POST CLASSIFICATION OF HEAD INJURIES

By K. W. C. SINCLAIR-LOUITT.

WAR TIME medical services have to run on conveyor-belt lines. If at some station on the chain from point of casualty to convalescent bed a patient is wrongly diagnosed, not only does it lessen the patient's own chances, but it diverts material, surgical skill and ambulance carriage from other cases to which they more properly belong.

Great responsibility, therefore, rests with the medical officer making the initial classification of the casualty. It is, moreover, to the comparatively recently qualified man that the work of air-raid casualty clearing will fall in its first stages. In this paper some of the factors controlling his judgments are reviewed, with more particular reference to the sorting of head cases.

The following are the factors upon which his "triage" of casualties will be based:

1. *The viability of the casualty.*—He will not be doing his duty if he fills ambulance places with moribund and dead patients, *e. g.* the eviscerated casualty who has been six hours under a heap of rubble.

2. *The urgency for surgical intervention.*—The "clean" (*i. e.* bullet or shell splinter) abdominal case requiring prompt laparotomy would have precedence over the example quoted in No. 4 below.

3. *Fitness for transport.*—A lung shot with frequent and copious hæmoptysis will benefit more by being sat up in his stretcher and being given a coagulant serum than by a bumping rush to hospital.

4. *Capacity for waiting.*—Superficial flesh injuries requiring excision and suture can obviously wait until the laparotomies are cleared.

5. *Chance of ultimate recovery.*—(a) Of life. (b) Of function. Occasions arise when the rival merits of two similar grave injuries have to be weighed, there being the means of full treatment or transport available for only one at a time. This is the most trying and exacting assessment of all. If the casualty is worthy of evacuation or further treatment in the light of the first four factors above, it is not within the function of any medical man to indulge in speculative prognosis. As regards (b), this is even more emphatically the case, except when the casualty is already dead from the human point of view, as in spinal preparations and low brain sections.

All this is clear enough in "straightforward" injuries. The criteria upon which one's judgments are based are gross and easily recognizable, but in cases in which the central nervous system is involved the whole matter becomes more difficult, and the necessity for describing simple and easily arrived at methods of examination is most pressing.

As an illustration of the difficulties, two cases may be cited:

CASE 1.—A war casualty having been detained as moribund at the clearing-post was received sixty hours after wounding, by mobile surgical service. He then showed an entrance wound in the right temporal region, exit in the left frontal and extensive hematoma of scalp. During examination he made some aphasic efforts at speech. The pulse was slow and feeble; deep reflexes present; normal plantar response; no spasticity; bilateral papilloedema. Craniotomy revealed a hematoma largely extradural, but extending into the sub-arachnoid space and along the bullet-track, which entered the posterior part of the right middle frontal gyrus and emerged anteriorly in the left superior frontal gyrus. The hematoma and a little damaged brain-tissue was removed. The middle meningeal was plugged, and brain bleeding-points clipped. There were no signs of infection and the man eventually made a complete recovery, though during his first week in hospital there was obviously much oedema of the brain and some increased intracranial pressure, which was relieved by lumbar puncture. For the first two days after the operation he was comatose, and on coming round had vomiting crises.

CASE 2.—On admission four hours after injury, a wound of entrance discharging blood and cerebral matter over the left ear. If left undisturbed the patient appeared comatose, but exhibited sexual carphology. Any attempt to dress the wound was met with coarse defensive actions—only large joints being used. Pulse

was very feeble and rapid. The patient grasped anything placed in his hand (the grasp reflex of frontal lobe lesions). Deep reflexes exaggerated. Plantar response extensor.

The problem confronting the casualty clearing doctor in the above two cases was that of distinguishing between a case with little brain injury, but considerable oedema, and one in which great cerebral destruction had occurred. When Case 1 was received he was unconscious, vomiting, and apparently severely wounded in the head. Superficially there would be little to distinguish him from a case with extensive and hopeless brain destruction. In Case 2 three points alone stand out as of fatal prognostic importance:

1. A continual discharge from a head wound of cerebral material.

2. A really feeble pulse (rate seems less important).

3. What the Spaniards called "carfologia sexual"—sexual carphology—a continual fumbling with the genital organs.

The coincidence of these three signs invariably gave a fatal prognosis, and was absent in Case 1. Added to this, it may be said that no case in which the ventricles were exposed was seen to recover. Case 2 was probably evacuated fairly rapidly under the impression that some of the reactions observed were purposive, *e. g.* grasp and defence reflexes. In reality he was a mid-brain animal and the outlook was hopeless. Case 1 was kept sixty hours at the casualty clearing station because he was so inactive and had a dramatic-looking head wound. Oedema in his case obliterated all except certain reflexes. Coma alone does not seem to be of grave diagnostic importance. Generalizing, it may be said that only cortical destruction gives release phenomena, while oedema shows more by a general depression of function.

The moral seems to be that such general impressions as are satisfying in the diagnosis of injuries in other parts of the body are not to be relied upon when approaching a head case. This seems so obvious as not to be worth recording; but it is often the obvious that escapes the attention of the man classifying 400 to 500 wounded per day.

In illustration of the deceitful character of head wounds a third case may be quoted:

CASE 3.—Came down from front as sitting case. Exhibited large scalp gash from left temporal to left occipital region. Made to wait as candidate for excision and suture. He was restless, and complained rather inconsequentially of various pains; later he slept heavily, there being occasional inco-ordinated muscle movements. He was thought to be slightly shell-shocked and very exhausted. On operation the outer

table or, at any rate, the periosteum was seen to be scored by the shell fragment and contaminated. It was decided to excise the outer table at the base of the wound. There was no fissuring of the skull and no external signs of fracture. On excision of the outer table a mass of blood-clot was revealed. Investigation showed a depressed fracture of the inner table overlying the fissure of Rolando. It was extensive (about 5 cm. by 8 cm.), and was accompanied by a spreading extradural hæmatoma. The bony fragments were removed and the hæmatoma evacuated, its sources of origin being plugged.

His pre-operative motor restlessness, sleepiness and paræsthesiæ were now easily referable to his injury; they were symptomatic of the pressure exerted by the hæmatoma and the irritation of the bone fragments.

This case shows that it is quite possible for comparatively light wounds to produce considerable internal damage. Not all skulls are equally elastic, and in this case the quality of the inner and outer tables does not appear to have been the same.

CASE 4.—A young woman, admitted within half an hour of injury in a state of profound shock. She had been struck on the head, behind the vertex, by a falling piece of anti-aircraft shell. There was no wound of exit. In the first four hours she received resuscitation room treatment, and as, apart from deep coma, comparable only to deep surgical anaesthesia, her condition seemed fair, craniotomy was performed. Extensive cerebral damage was revealed, a fragment of shell having traversed the cranial cavity from the wound of entrance, to lodge deeply in the basi-sphenoid. No detailed exploration was attempted, since the level of trans-section was obviously that of the corpora quadrigemina. As in the case described by Walshe, the heat-regulating centre must have been intact, thus the case was able to survive some thirty-six hours and later showed typical decerebrate rigidity.

Cases of this type are not common, but are bound to occur—it must be remembered that such fragments of shell return to earth at very nearly the speed they left it, *i. e.* the original muzzle velocity. Detailed description of decerebrate rigidity in man can be found in Walshe's papers.

Summary and Conclusions.

Four cases of traumatic injury to the central nervous system have been described, each being typical of large groups of front-line and civilian war casualties.

Cases 1 and 3 both achieved a good recovery, but in both cases the result was jeopardized by poor triage. Case 1 "looked hopeless", but the normality of his deep reflexes and absence of grasp reflex—to say nothing of

the absence of the fatal triad of signs observable in Case 2—would have given the lie to that prognosis.

Case 3 was only saved from a life of fits and central disturbances, if not from more immediate harm, by the by-no-means universal thoroughness of the junior surgeon, who decided to chip off a small contaminated piece of outer table, thus revealing the mischief within. If the classifying officer had recognized the muscle spasms sleepiness and paræsthesiæ, he would have been sent to a craniotomist in the first place, and not have run the risk of neglect at an excision and suture table.

Cases of the 2 and 4 type are hopeless. The danger here is mistaking the released activity of lower centres for the purposeful efforts of a gravely wounded man claiming attention. The grasp reflex is particularly liable to such misinterpretation.

No attempt is made here to write a compendious account of head injuries, but a triad of signs giving a fatal prognosis is described, *viz.* continuous discharge of cerebral matter, feeble pulse and sexual carphology. A case is also put forward for the inclusion of a percussion hammer in the outfit of the casualty clearing and sorting surgeon, and the adoption by such officer of a more special attitude towards head cases.

The literature on this subject is extraordinarily copious, and a selection of more useful references is given below, the first and the last being the most comprehensive.

Reference is made in this paper to the necessity of establishing a clear differential diagnosis between cortical destruction and cerebral œdema, but the only point here advanced on this problem is that the one tends to give release phenomena and the other depression of function. No trace of any work around this problem can be found in the literature. Classifying surgeons, to say nothing of their patients, would owe a great debt to the neurologist who made this differential diagnosis clear.

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"VOX HUMANA"

By C. E. WELLS.

THE spell of monotheism under which we lie has this great disadvantage—that we can reserve no worship for the particular occupations we enjoy. In this matter the Greeks were immeasurably our superiors. Their great thinkers and students likewise had each his own Muse, to whom he dedicated himself with all the solemnity of a medieval knight to his lady. Indeed, this parallel may be carried further. As the Age of Chivalry owed allegiance to one Lady and paid it to many, so also did the Greeks live to the one beautiful woman and worship her after many fashions. But in this country at least the Christian teaching has ceased for three hundred years to be a *force majeure* in social behaviour: for the spiritual core of that teaching lies beyond the scope of this essay.

Religion, then, for the modern man is a matter of the spirit, whereas for his Greek counterpart it was equally a concern of the flesh. He gave himself to science and expected from her Muse not only her protection and recompense, both in this life and in the next, but also her inspiration. The modern scientist is less importunate: he expects freedom to work and experiment; recognition of work well and truly done, and at least posthumous fame; and if he believes in a Hereafter, the attainment of some suitable state. But that his work should daily inspire him to triumph over hardship he will emphatically deny. It is, he says, up to him. For the leaders of research these remarks are obviously not true. On those rare occasions when they give voice to their innermost soul, or when some *rara avis* appears among them who is naturally articulate, everything points to the exactly opposite state of affairs. Most of us, however, will never have the chance of research. It is then that lack of inspiration from without will find us ever more often in a mood unresponsive to the daily grind.

This point was touched upon by a speaker at the recent debate on preclinical studies. That he accused

his teachers of lack of interest in the students and of a consequent failure to inspire enthusiasm is beside the point. His accusation was unjust, and made with wilful disregard of the facts. Our Hospital is not well off, and cannot afford to maintain an establishment in which the proportion of teachers and students reaches an optimum; so that the teachers, howsoever willing, cannot possibly give such individual advice as they would wish, and as would be found in certain other seats of learning. Nevertheless the body of this student's argument was reasonable enough. Life very shortly becomes one long, interminable drudge, and not infrequently dishonest. In order to keep up with the march many necessary hours of questioning have to be foregone, and much practical work completed in the imagination only. And I believe this to be true of the perfect student who arrives at nine in the morning, and works four hours after supper every day of the week.

There are few who attain this ideal state; for the rest life is seldom exorcised of that anxiety which failure to attain it occasions. And before any suggestions can be put forward another factor must be considered. The young Englishman begins late to appreciate and want the finer arts of living. It is in the year he comes to Bart's that school philosophy loses its charm, and friendship becomes a more sacred trust than tradition. He makes friends and discovers those common interests which may from the point of view of schooldays be called selfish—walking, fishing, sailing and like pastimes, and above all, music, art, and the drama. The perfect student may forgo these things and be the better student for it, but it is doubtful if he will be the better doctor.

It is common knowledge that these things are part and parcel of Oxford and Cambridge life. A relatively far smaller concern for economy is largely responsible—which is their good fortune. But in one direction the senior universities have an optional advantage of us. Their day is much fuller. It was extremely unfortunate

that no one mentioned this fact in debate, because it bears on the touchstone of university life—the fitness of the student. Oxford and Cambridge give a man two or three hard hours' exercise every day, and send him back to work when it is over. Some may think that they would be then too tired to do any useful work, though if they look back to their school days they will remember that half the day's work was done after games, at an age when their bodies were far less enduring.

The time is not ripe for facts and figures. All the contribution that the Bart.'s student can make to the

improvement of his pre-clinical education is readiness to be fit. He is not in a position to judge the merits and faults of his educational syllabus; scarcely to question the sad lack of teachers and apparatus—for his own position becomes ambiguous; but he can see better than anyone else why no Muse comes to inspire him. Hour after hour in stuffy lecture-room and laboratory can never prepare a man for a hard night's reading, whereas few things nerve him to feats intellectual and physical more than soundness in wind and limb.

SIDE-LIGHT ON EVOLUTION

(From an Actual Conversation Overheard)

SINGING in close harmony, the men lounged up the narrow street and stopped to talk beneath my hotel window. I did not see them, but their shuffling tread and their voices thickened by beer gave me a sufficiently accurate mental picture.

Having arrived, after travelling since morning, in this sun-baked West Country town, I was trying to sleep—at first.

"The question is," announced one man in broad accents, after spitting ponderously, "how did Cain take unto himself a wife when Adam and Eve was the first people what lived? The Bible don't say nothing about Eve having any daughters."

"It's my belief," said another man, speaking a surprisingly broad Scotch, "that Eve had plenty of daughters, but they used to hush it up in them days, same as they do in India. Kind of disgrace it was, I reckon. Cain must have married one of them."

"Don't seem to me a good idea at all," murmured the third man—I judged him to be roundish, probably wearing a cloth cap; "besides, brothers and sisters can't marry 'cos it's against the law."

"Adam and Eve was gorillas!" said the first man.

One of those ridiculous lace curtains had been nailed to the lower half of the window, but I had little difficulty in making out who was speaking at that moment.

"Yes, gorillas," he continued; then by way of classification, "you know, apes, monkeys, something of that sort. A mate of mine on a job in London was telling me. He said—"

"Didn't know gorillas had ribs," interposed the third

man—yes, he was small and fat, but headwear uncertain—"and 'sides, you look in any Bible, you won't find nothing about gorillas, and," he added generously, "you can look in any Bible you like."

"Dinna see why a monkey would bother about 'forbidden fruit'; it's nuts they're after," said the logical Scotsman.

The first man was now no longer inclined to follow up his remarkable theory, but instead recounted an anecdote about the "forbidden" fruit which was supposed to have originated from Mac West! Unfortunately the fellow spoke too quietly for me to catch the trend of the tale. After the guffaws had subsided, the little man spoke again:

"Take sex," he murmured, deeming it a suitable topic to take, "the woman always has the last answer."

A pause, then:

"'Spouse its always been the same," agreed the other two sullenly.

A series of chimes were heard, and then the cathedral clock struck twenty—after counting twelve I became quite interested. It was very late. The men bade each other an affectionate "Good-night", and dispersed. As they went, they sang alone, sang of "little drummer boys", of "sleepy heads", and of sweethearts.

I got back to bed, and between hot sheets dreamt of a hairy and powerful Adam scratching for fleas, and saw Eve, lithe and appealing, leap from branch to branch, followed by the admiring gaze of her lord and master.

RENARD.

CORRESPONDENCE

STATEMENT FROM THE MEDICAL PEACE CAMPAIGN TO MEMBERS OF THE MEDICAL PROFESSION THROUGHOUT THE WORLD

Realizing the suffering and disease which are caused by war, and accepting our medical responsibility to prevent disease as well as to treat it when developed, we urge the governments of the world to take action to make war impossible.

In particular we suggest that, in order to combat the present emergency, Great Britain, France and Russia should declare that they stand united and determined to resist all further aggression by military force if necessary; and that the governments of these countries should invite all other countries, irrespective of their form of government, to associate themselves with this declaration.

We maintain that the only way to eliminate all possibility of future war is the establishment of the rule of international law based on the principles of justice to all, and backed, so long as this remains necessary, by overwhelming military and economic strength. To this end we urge that a conference be called to discuss the practical measures which should be taken.

Finally, as an organization representative of medical opinion, and regarding medicine as the most international and humane of all professions, we would remind our colleagues in all countries of the great part which they may yet play in influencing public opinion on behalf of peace.

Signed on behalf of the Medical Peace Campaign,
JOHN A. RYLE,
President.

"BALL'S OAK"

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

DEAR SIR,—On April 15th, 1939, in the *Daily Mirror* of that date, there appeared in large type: "Largest Oak Falls—aged 900 years" A giant oak tree 900 years old, in Powis Castle's Park, Welshpool—the largest oak in Europe—fell yesterday, having completely rotted at the roots. It contained 2000 cubic feet of timber. Planted before the Norman Conquest, it must have taken over 300 years to grow to maturity."

The poet Chaucer in the *Canterbury Tales*, the story of Palamon and Arcite, in discussing "Reproduction", line 2330:

"That individuals die, his will ordains;
The propagated species still remains;
The monarch oak, the patriarch of the trees,
Shoots rising up, and spreads by slow degrees;
Three centuries he grows, and three he stays,
Supreme in state, and in three more decays.*
So man, at first a drop, dilates with heat,
Then, form'd the little heart begins to beat,
Secret he feeds, unknowing in the cell;
At length, for hatching ripe, he breaks the shell,
And struggles into breath, and cries for aid,
Then helpless, in his mother's lap is laid."

(N.B.—The above anticipates Virchow's "Cellular Pathology.")

* 1st 900 years.

CONCERT

IN AID OF THE MANSION HOUSE APPEAL FUND

JUNE 15th



8.30 P.M.

GREAT HALL CHARTERHOUSE SQUARE

KATHLEEN LONG

Soloists:

ANTONI SALA

ROGER QUILTER

MARK RAPHAEL

TICKETS: 3/6, 6/-, 10/6, 21/-

Obtainable from
DIRECTOR OF APPEALS,
St. Bartholomew's Hospital, E.C. 1

Another Chaucer tale, "The Lady in the Arbour", translated by John Dryden under the title, "The Flower and the Leaf":

"Straight as a line in beaurious order stood
Of oaks unshorn a venerable wood;
Fresh was the grass beneath, and every tree,
At distance planted in due degree.
Was newly sprung, and at eight feet or nine
Every tree well from his fellow grew."

The above shows great knowledge of proper arboriculture, *cir.* 1380.

Also two lines from above poem:

"Till gentle heat, and soft repeated rains,
Make the green blood to dance within their veins."

The above lines a prevision of chlorophyll and photosynthesis! All the above to be found in Dryden's Works, published by Routledge, 1894. Just as St. Bartholomew's Hospital has survived over 811 years since its founder Rahere, so may Sir Girling Ball's name and work

live also even up to 900 years in his work associated with the new Medical School revived in Charterhouse Square.

Yours,
J. K. B.
23, Lindsifair Road,
West Wimbledon, S.W. 20;
May 14th, 1939.

COLD BEER

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

DEAR SIR,—The case recorded by W. R. Bett in the May number of the JOURNAL of "Supposed Death from Drinking Cold Beer" reminded me at once of the well-known epitaph on the grave of a soldier in the churchyard of Winchester Cathedral:

"Here lies in peace a Hampshire grenadier,
Who caught his death by drinking cold small beer.
Soldiers be warned by this untimely fall,
And when you're hot drink strong or none at all."

Yours truly,
H. STANLEY.
Eagle House,
12, Pevensey Road,
St. Leonards-on-Sea;
May 14th, 1939.

SPORTS NEWS

EDITORIAL

Further conversations with a Sweep (with profuse apologies to Nat Gubbins).

"Why d'you suppose people ever play cricket?" said the Sweep.
"I don't know," I said.
"Playin' fields of Eton stuff maybe," said the Sweep.
"Maybe," I said.
"Bet they don't do it for exercise," said the Sweep.
"No," I said, "I bet they don't."
"Maybe its health through cricket, like little old 'Itler."
"Perhaps."
"Cor chase my Aunt 'Arriet round the head offices of the Gas Light and Coke Company," said the Sweep.
"Cor," I said.
"They're always whinin' about 'avin' no time, so it can't be to put in the afternoons," said the Sweep.
"No," I said, "it can't."
"Per'aps they get a drop of wallop afterwards."
"I expect that's it," I said.
"Ood'a thought it," said the Sweep, "'Cor sufferin' crickey".

ASSOCIATION FOOTBALL CLUB **Inter-Hospitals Cup Finals at St. Mary's Hospital.**

The results of the first final on April 26th, at Nunhead, and of the replay on St. Mary's Hospital ground at Teddington a week later, showed how much Fate plays her part in the distribution of the laurels in a cup final. The first game was drawn 1-1 after 20 minutes' extra time. With the St. Mary's right wing an injured passenger their attack from the right was never very dangerous, and we kept even with them for the whole of the game, and even looked like beating them at times. If Mail had not dropped the ball at a critical moment, and Nicholson's brilliant first-time shot from a long dropping pass had just gone inside the post, the Cup would have been ours. In the second game Mary's were much strengthened by the inclusion of their right wing, Mackintosh, and on this occasion they played together much more brilliantly as a team. But such is fate.

From the kick-off it could be seen that there was little to choose between the sides, and that neither side was on its best form. This may have had some reason, for the ground was hard, and the dry soil pellets made it difficult to judge the bounce of the light ball. The attacks of either side in the first quarter of an hour were staved

off repeatedly by the good marking of the defence of each side, especially on the part of Packer at right back. James was given little chance, as Hill and often two others followed him in all his far-reaching excursions for the ball. After 20 minutes the right wing of Mary's gave a good centre into the goal area, which Mail ran out to catch, but the ball was dropped and Squire was soon up to put the ball into the net. Soon after this Bart's made repeated attacks on St. Mary's goal, but were repulsed by the stout efforts of the backs, one of which in the process was injured on the knee, so that the position was reinforced by the man from the right wing. This move weakened Mary's forward line, but in no way their defence, and Bart's did not show any more likelihood of scoring against the ten men. An exciting moment came when a move by the forwards ended by a high pass into the centre from Gallimore, which was turned into a good attempt by Nicholson to score from the first bounce, but the ball went a yard outside the post.

The second half was uneventful. Neither side seemed to have the inspiration which makes you "attack the man first time", so that the defence usually defended too late, and the attack, ably led by James, who was in no way an offender, lacked the effectiveness that it had in the previous cup matches. A quick goal came when James collected a pass from Gallimore to beat two or three men and put a good ground shot into the corner of the net. After twenty minutes' extra time, in which Mary's did much attacking, the game was abandoned.

Team.—W. D. Mail; F. H. Packer, N. G. McGuire; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, A. R. James, S. Grossmark, G. R. Royston.

Replay, Wednesday, May 3rd.

The replay in the following week was marked by the substitution of Wells-Cole and Howell in the Bart's team, and the inclusion of the strong right wing, Mackintosh, in the Mary's team. The condition of the ground at Teddington was perfect, and everything was set for an even more exciting game. And, indeed, both sides played better football, individually and collectively, but Mary's improvement was even more than ours, and it was seen all the way through that they were the better team.

Mary's kicked off and soon launched persistent strong attacks down the right wing, which were only warded off by the good defence of the backs and the goal-keeper. A long low shot was deflected by Wells-Cole back into play, but it was taken up by Mackintosh, who centred the ball, which after a scramble was

pushed into the net. The second goal came a short time later with a shot from the edge of the penalty area after a corner.

Soon after half-time Mary's added another two goals, but there was no loss of morale on the part of the Bart's team. Gallimore and Osmont were then interchanged, and the attack seemed to gain more success as two goals were scored by James in a short time. But the rally was too late, for soon after our second goal the whistle blew and the Cup once again went to Mary's with a fine victory of 4 goals to 2.

Team.—G. H. Wells-Cole; F. H. Packer, D. R. S. Howell; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, A. R. James, S. Grossmark, G. R. Royston.

Inter-Hospitals Junior Cup Final v. Guy's.

Friday, May 5th, at St. Mary's Hospital ground, Teddington. Won, 3-2.

Bart's set the pace during the whole of the game and the team combined well. After fifteen minutes we were awarded a penalty which Waytzmann successfully carried off at the second time, as at the first attempt one of our men walked inside the penalty area before the ball was kicked.

Five minutes before half-time a misunderstanding amongst the Bart's defence left unmarked the Guy's inside forwards, who broke away to score an easy goal.

In the second half Bart's continued their repeated attacks, and both the wings were being used well. Hunt, on the right, who was brought in at the last minute in the place of Routledge, who was unable to play, did useful work and delivered many good centres to the inside forwards. A low fast centre across the goal-mouth was neatly put into the net by Birch. Bart's attacked again after the kick-off and were rewarded again by a single-handed manoeuvre by Robertson, which ended in a long low shot to score from the edge of the penalty area. Guy's rallied with some high kicking, one of which shots Bhargava was unfortunate enough to put into his own goal in attempting to clear.

The Bart's team looked the better side and deserved to win. McShine, in goal, played steadily after his long period of lack of practice. The whole of the defence worked hard, and the forwards were set a good example by the energetic and clever work of Evans. They all rose to the occasion, and once more brought back the Junior Cup to Bart's.

Team.—A. D. McShine; A. H. Phillips, K. P. Bhargava; W. Gordon, G. H. Darke (capt.), J. C. L. Adams; M. R. Hunt, M. Waytzmann, D. Robertson, G. R. Evans, J. Birch.

At the Annual General Meeting, on May 15th, the Secretary reported a successful season. Officers were elected. Dr. Gow was re-elected President, A. R. James captain, A. Maples secretary. The long-lost mythical Junior Cup had been found in an obscure cupboard in Guy's Hospital, and now rests in our Library—the fifth win within seven years.

ATHLETIC CLUB The University of London Championships were held at Motpur Park on May 13th, and though only a small team was entered, it met with a considerable measure of success.

There is no doubt whatever that special mention should be made of the great race run by J. P. Haile in the mile, which he won in 4 m. 31.4 secs.—a very creditable performance considering the high wind. Although robbed of the lead in the last lap, he maintained a tremendous spurt at the end, and got home by the proverbial hair's breadth.

We congratulate D. G. Reinold, who ran a very good 120 yds., hurdling against a head wind. He was second to R. Dunstan, of K.C.H., but remembering this to be Reinold's first race this year, we look forward to the turning of the tables at the Inter-Hospital Sports on June 3rd.

D. S. Morris was at his best when he cleared 5 ft. 8 in. in the high jump. He was placed third to the redoubtable Kennedy of London Hospital and Edwards of Imperial College. We have now, with M. C. Dowling, who came to Bart's in October, two first-class high jumpers in the Hospital, and these should provide some keen competition in the Inter-Hospital Sports.

G. A. Beck, who ran so excellently last year in the mile and half-mile, was unable to compete in these events owing to the M.B. viva exams, being held on the same afternoon. However, he arrived on the track at the end of the meeting just in time to run in and gain fourth place in the three miles. He also obtained

a standard by running a ¼ mile in 52.7 secs. in the heats. A. R. P. Ellis, who regularly turns out for the Hospital in all representative matches, is to be congratulated on gaining fourth place in the javelin with a throw of 142 ft. 10 in.

A. I. Ward and W. J. Atkinson also gained points. The Inter-Hospital Sports on June 3rd will provide us with another opportunity of wresting the cup from Guy's, who have now held it for four years. Maybe the regular training done at Motpur Park and Charterhouse Square will help us to do the trick.

Our own Hospital sports will be held at Foxbury on Saturday, June 17th, and as the day is almost midsummer and the weather forecast appears excellent, it should prove an extremely pleasant afternoon for all who are present.

Following the unqualified success of last year's Athletic Dance, we are sure that the flannel dance arranged for "sports night" will be a great draw again this year.

UNITED HOSPITALS' HARE AND HOUNDS CLUB

With the Kent-Hughes Cup, which was reported in the April Journal, the United Hospitals' Hare and Hounds completed one of the most flourishing seasons for many years.

The season showed a substantial increase in membership and keenness, and two teams of eight runners ran in a number of fixtures against many good cross-country clubs, including those of Oxford and Cambridge Universities. The match at Cambridge, although over a course of greater length than usual in Hospital matches, was well contested and lost by only a small margin. That at Oxford followed too soon after the Cambridge match for most of the runners to have recovered their best form, especially over a difficult course of eight miles, and the Hospitals were badly beaten in spite of the efforts of two men to win by taking a shorter course.

After a rather poor start to the season the first team improved and won five out of the last seven matches, the two defeats being at Oxford and Cambridge.

The consistent improvement in the standard of running promises well for next season, especially if the Club is well supported by new runners.

Summary of results:

	1st Team.
v. Thames H. and H.	L. 32-46
v. North London H.	L. 27-54
v. Mitcham A.C.	L. 161-381
v. R.M.C., Camberley	L. 35-43
v. South London H.	L. 63-124
v. Lloyds Bank	W. 66-25
v. Orion H.	W. 43-35
v. Reading University	W. 66-25
v. Barclay's Bank	W. 74-31
v. Metropolitan Police	W. 34-25
v. Cambridge University	L. 35-43
v. Oxford University	L. 33-45
v. Westminster Bank	L. 33-44

Run, 13. Won, 5. Lost, 8. Points for, 563½; points against, 491½.

"A" Team.

v. Reading University "A"	W. 53-25
v. Epsom College	W. 80-56
v. Reading University "A"	L. 23-32

Individual placings in 1st team:

	Races run.	Total.	Average position.
A. E. J. Etheridge (Guy's)	3	3	1
J. P. Haile (Bart's)	12	21	1.75
G. A. Beck (Bart's)	12	30	2.5
H. C. Martin (Guy's)	6	19	3.17
S. Geary (London)	10	47	4.7
J. A. Learner (London)	14	67	4.78
R. Merryweather (Guy's)	9	45	5
R. J. Hamer Hodges (Mary's)	10	31	3.1
D. W. Gould (Thoumas's)	12	65	5.4
C. E. Sharland (Guy's)	8	49	6.1
D. J. Lyon (Guy's)	7	49	7
P. van de Linde (Bart's)	7	51	7.3

REVIEWS

The Essentials of Modern Surgery. Edited by R. M. HANDFIELD-JONES, M.C., M.S., F.R.C.S., and A. E. PORRITT, M.A., M.Ch., F.R.C.S. (Edinburgh; E. & S. Livingstone.) Pp. xv + 1126. 501 illustrations. Price 30s.

An attempt has been made in this work to find the *via media* between the comprehensive text-book of surgery suitable for higher exams, and the condensed form, so often criticized by reviewers on the score of being adapted to examination rather than practical requirements.

It would seem, however, that the editors have defeated their own ends in more ways than one. They have omitted any account of Diseases of the Eye; yet the section on Diseases of the Ear, Nose and Throat occupies nearly a hundred pages. Surely it would have been better to omit both, or deal with them in proportion. The same could be said of the short section on Gynaecology and perhaps Anaesthetics. The difficulty of apportioning space and assessing relative importance has also been made greater by having certain sections written by recognized specialists; and it might have made the editors' work less arduous had this scheme been more elaborately evolved. As an example, we would quote the all too brief section on the Rectum and Anal Canal, which has not even allowed of an adequate discussion of surgical anatomy. In the section on the Chest, furthermore, it seems a pity that the question of Pulmonary Tuberculosis has been so briefly discussed. Lastly, it would surely have been better to assign the Surgery of the Spine and Spinal Canal to the same author as that of the Skull and Brain, and to make Genito-Urinary Surgery a special section in a comparable way.

All these objections, nevertheless, do not detract in the least from the excellence of the book in other respects; and particularly noteworthy are the respective accounts of Specific Infections, Bones and Joints, Deformities, the General Surgery of the Abdomen and Peritoneum and Diseases of the Skull and Brain. In its whole form, in fact, the book is thoroughly readable and well set out; the omission of operative detail is a very pleasing feature; and last but by no means least the type and illustrations are of a very high order.

The Social Function of Science. By J. D. BERNAL, F.R.S. (Routledge.) Price 10s. 6d.

This is the kind of book that can only be described as monumental. In nearly five hundred pages of small print, Prof. Bernal traces, with a wealth of fascinating and often picturesque detail, the relation of all forms of science to human life, as it was, as it is, as it could be, and as it only too probably will be if we do not do something about it.

Any future historian, delving among the ruins of London, who came upon the book, would be supplied with final evidence, if he needed it, of the complete insanity of the human race on the eve of the final catastrophe. Any people who could rise to such a height of civilization that they had in their hands the power to abolish poverty, and want, and a vast amount of disease, to abolish dangerous and unpleasant occupations, and to reduce working hours by half for everyone, but chose, instead, to apply their science and art to developing more and more ingenious and unpleasant methods of torturing and destroying one another; any people, he will say, who could do this, must be mad, and there can be very little doubt that he will be right. For this work is really the material from which history will be compiled. It is objective and lucid in style, with only a moderate, though distinct bias to the Left (much more moderate and much less distinct than one who is familiar with the author's activities would expect), and it is full of really valuable figures and facts—figures, that is, that are at once useful, and almost impossible for any ordinary person to obtain, and such fascinating and varied pieces of information as that soap was used by the barbarian Germans to render their hair so frightful to their enemies, and that the mechanical efficiency of a good motor car is only 8%, and at least two-thirds of its price is taken up by essentials, such as fashionable, but useless, streamlining, and advertising expenses.

Bizarre as these statements are, one cannot bring oneself to doubt them, and if one could, needless to say, there are references given for almost every statement.

It is impossible, in a short review, to do justice to this book, and at the same time it is unnecessary, for the book is essentially a

review itself, a review of all that is known about the social relations of science. Whether it is exhaustive, or whether it contains any errors, it is absurd for one who has neither the ambition nor the energy of Prof. Bernal to attempt to say, and the most I can do is to register a mild protest against some of the developments of science that the author looks forward to with apparent satisfaction.

The prospect, for instance, of an air-conditioned town, with no weather other than that ordered by the town council, is not one I find attractive, nor is the idea of a pharmacopoeia containing only those drugs which are thoroughly understood. But Prof. Bernal is such a liberal and benevolent dictator that I am sure he would allow those who wished to live outside his Utopia, and even occasionally to pour medicine of which they know nothing into bodies of which they know less.

A Text-book of Medicine for Nurses. By NOBLE CHAMBERLAIN. Third edition. (Oxford University Press.) Price 20s.

This book of some 400 pages has been written clearly and simply. Its scope is adequate for any nursing examination.

The teaching is for the most part accurate, but the advised starvation of patients after hæmatemesis is contrary to modern teaching (p. 124), and the suggested rate of 60 bubbles a minute for oxygen therapy now known to be futile (p. 178). The interpretation of "hyperpyrexia" given on p. 12 would not be accepted by examiners for the Bart's Belt. Examples of diabetic diets other than Lawrence's "Lines" might be explained and the details of the obsolescent ketogenic diets omitted.

The illustrations are good and might be increased; the material is comprehensive and well arranged. We can recommend this text-book to nurses with confidence.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

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- 41 Pamphlets.
- Framed picture showing views and personalities connected with the Hospital.

EXAMINATIONS, ETC. UNIVERSITY OF OXFORD

The following Degree has been conferred:
D.M.—Johnstone, J. G.

UNIVERSITY OF LONDON

Second Examination for Medical Degrees, March, 1939.
Part II.—Arnold, D. L., Aston, J. N., Binns, G. A., Borelli, V. M., Canti, G., Champ, C. J., Citron, R., Dalton, I. S., Davies, J. A. L., Davies, T. M., Evans, D. T. R., Evans, R. J., Feanny, P., Gifford, C. S. E., Hale, J. P., Hall, M. H., Hill, I. M., Isenberg, H., Jenkins, B. A. G., Messer, B., Miller, P. J., Parker, K. H. J. B., Phillips, A. R., Pitt, N. M. F. P., Reckless, D., Rees, K. H., Robertson, D. J., Routledge, R. T., Sadler, J. A., Shaw, C. H., Shrieber, M., Sinclair, A. C., Stack, H. G., Thomas, D. C., Thomas, E. G., Tickner, A., Townsley, B., Tweedy, P. S., Weitzman, D., Williams, T. M., Wohl, M., Zibbi, J. H. S.

ROYAL COLLEGE OF PHYSICIANS

The following have been elected to the Fellowship:
Braun, L. I. B., Horner, N. G., Strauss, E. B.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:
D.T.M. and H.—Gomez, A., Rigby, E. P., Viljoen, D. P.

CONJOINT EXAMINATION BOARD

The following students have completed the Examinations for the Diplomas of M.B., B.S., L.R.C.P.:

Andersson, A. C., Bassett, T. H., Beizer, I. S., Bryan, W. E., Bull, M. M., Corsi, E. L., Curtin, A. P., Dearlove, A. R., de Senneville, R., Donkin, W., Elmshirst-Baxter, E. M., Fletcher, C. M., Grindlay, R. W. G., Hanbury Webber, R., Hartill, G. G., Hughes, J. F., Kershaw, R., Lillicrap, J. S., Mackay, G. C., Nicolas, J. C. H., Pallot, K. R., Pleydell, M. J., Post, F., Potter, F. L., Richards, B. W.,

Rochford, J. D., Shuttleworth, V. S., Snelling, M. R. J., Temple, J. L., Tonghai, B., Turner, E. W., Ware, M., Warrick, C. K.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, April, 1939.

Midwifery.—Brenner, J. J.

CHANGES OF ADDRESS

DAVIS, K. J. ACTON, Prideaux, Par, Cornwall.
JOSEPH, H. S., Resident Staff Quarters, West Park Hospital, Epsom, Surrey.

MAXWELL, J., 17, Harley Street, W. 1. (Tel. Langham 3930.)
31, Sheldon Avenue, Hampstead Lane, N. 6. (Tel. Mountview 3363.)

PRIGG, L. R. W., 21, Marywood Square, Glasgow, S. 1.
SAVAGE, O. A., 20, Wilton Place, S.W. 1. (Tel. Sloane 3920.)
VAN HEERDEN, J. A., Mental Hospital, Grahamstown, Cape Province, S. Africa.

APPOINTMENT

SAVAGE, O. A., M.R.C.P., appointed Registrar, L.C.C. Rheumatic Unit, St. Stephen's Hospital.

BIRTHS

BRIGGS.—On May 6th, 1939, at The Chestnuts, Great North Road, Highgate, to Joy (*née* Raw), wife of Dr. David Briggs—a daughter.

FELLS.—On May 4th, 1939, at 17, Mortimer Road, Clifton, Bristol, to Rosalind, wife of Dr. Roy R. Felles—a daughter.

HANCOCK.—On May 7th, 1939, at 19, Bentinck Street, W. 1, to Dorothy (Blue), wife of Dr. F. E. Thompson Hancock—a daughter.

PAGAN.—On May 16th, 1939, at Blighton Nursing Home, Southampton, to Betty, wife of Dr. A. T. Pagan—a daughter.

RODGERS.—On April 26th, 1939, to Margaret, wife of Harold W. Rodgers, 38, John Street, W.C. 1—a daughter.

TRACEY.—On May 3rd, 1939, to Katherine Reavell and Basil Martin Tracey, of 62, Thorpe Road, Norwich—a daughter.

WILLIAMSON.—On May 6th, 1939, to Helen Frances, wife of James C. F. Lloyd Williamson, F.R.C.S., of 34, The Drive, Hove—a daughter.

MARRIAGES

BARNES—NEVILLE.—On April 20th, 1939, at St. James's Church, Piccadilly, Clive Ormsby, only son of Dr. and Mrs. J. A. Percival Barnes, of Tottenham, to Margaret Cecily, youngest daughter of the late Edwin Upton Neville and of Mrs. Neville, of 6, The Chine, Grange Park, N. 21.

OLIVER—MCNEIL.—On April 22nd, 1939, at Christ Church, Mayfair, Wilfrid Allen Oliver, M.D., M.R.C.P., elder son of Mr. and Mrs. A. L. Oliver, Willowdale, Castlemaine Avenue, Crowdon, to Muirich, daughter of Mr. and Mrs. Charles McNeil, 38, Woodstock Road, London, N.W. 11.

PARKS—BILLINGTON.—On May 13th, 1939, at St. Germain's Church, Edgbaston, Birmingham, by the Rev. H. T. Parks, uncle of the bridegroom, John William, son of Mr. and Mrs. F. W. Parks, of "Conegar", Maidstone, to Mary Betty, daughter of the late Prof. W. Billington, F.R.C.S., and of Mrs. Billington, of Pritchatts Road, Edgbaston, Birmingham.

SAVAGE—BATTERSHILL.—On May 12th, 1939, at the Church of Our Lady of the Assumption, London, W. 1, Surg. Lt.-Cmdr. Stephen Julian Savage, Royal Navy, to Mary Elizabeth, daughter of Mr. and Mrs. W. H. Battershill, of Ingatestone.

THORNE THORNE—DE BERTODANO.—On April 20th, 1939, at St. Margaret's, Westminster, London, by Canon Vernon Storr, Bezly, youngest son of Dr. and Mrs. Richard Thorne Thorne, of Greenhayes, Woking, to Lucinda Jerne, eldest daughter of Mr. and Mrs. H. S. de Bertodano, of "The Holme", Walton-on-Thames.

DEATHS

GORDON-SMITH.—On May 6th, 1939, at Knightwick, Harry Gordon-Smith, M.A., M.B., B.Ch., D.P.H.(Camb.).

HOLDEN.—On May 5th, 1939, at his residence, 8, Bath Road, Reading, George Herbert Rose Holden, M.A., M.D.(Cantab.), Knight of Grace of the Order of St. John of Jerusalem.

MACDONALD.—On April 24th, 1939, at a London nursing home, Dr. Norman James Macdonald, of 58a, Wimpole Street, W. 1, dearly loved husband of Elsie Kathleen Macdonald, and only son of the late Charles J. B. Macdonald, aged 44.

RUSHWORTH.—On May 2nd, 1939, at Holly Trees, Guildford Road, Horsham, Frank Rushworth, M.D., aged 81.

PERSONAL COLUMN



The cost of Advertising is 2/- a line of 7 words: 1/- 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 and must be prepaid.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 10

JULY 1ST, 1939

PRICE NINEPENCE

CALENDAR

Mon., July 3.—Opening of Art Exhibition in the Great Hall.
Tues., „ 4.—Dr. Evans and Sir Girling Ball on duty.
Wed., „ 5.—Opening of the Hospital Fair.
Fri., „ 7.—Prof. Christie and Prof. Paterson Ross on duty.
Sat., „ 8.—Cricket: v. Shoeburyness. 11.30. Away.
Tues., „ 11.—Dr. Chandler and Mr. Roberts on duty.
Wed., „ 12.—Cricket: v. St. Ann's. 11.0. Away.
Thurs., „ 13.—Dr. Graham and Mr. Wilson on duty.

Last day for receiving letters for the August issue of the Journal.

Sat., July 15.—Cricket: v. Old Leysians. 2.30. Home.
Last day for receiving other matter for the August issue of the Journal.
Tues., „ 18.—Dr. Evans and Sir Girling Ball on duty.
Fri., „ 21.—Prof. Christie and Prof. Paterson Ross on duty.
Sat., „ 22.—Cricket: v. Nore Command. 11.30. Away.
Tues., „ 25.—Dr. Chandler and Mr. Roberts on duty.
Fri., „ 28.—Dr. Graham and Mr. Wilson on duty.
Sat., „ 29.—Cricket: v. Lewes Priory. 11.30. Away.

THE ABORTION REPORT

"Nothing is more unpleasant than a virtuous person with a mean mind"

IN May, 1937, an inter-departmental committee was appointed "to inquire into the prevalence of abortion and the law relating thereto, and to consider what steps can be taken by more effective enforcement of the law or otherwise to secure the reduction of maternal mortality and morbidity arising from this cause". Its report has recently been issued and should be read in full. Here it is only possible to summarize very briefly a few of its more important conclusions.

The Prevalence of Abortion

The Committee considers the B.M.A. estimate that 16 to 20 per cent. of all pregnancies end in abortion is a near approach to the true figure, which would mean that the number of abortions in each of the last five years must have been between 110,000 and 150,000. Almost all abortions are either spontaneous or criminal, therapeutic abortions being so few that they are not a factor of numerical importance. The impression of the Committee is that at

the present time perhaps 40 per cent. of all abortions are due to criminal interference. In other words, one out of every five or six pregnancies end in abortion, and one out of twelve in criminal abortion. (In addition to this, of course, there are many unsuccessfully attempted.) There is no evidence of an increase in the frequency of abortion in recent years, but the Committee accepts the doubtful opinion that the frequency of spontaneous abortion has decreased, while that of criminal abortion has correspondingly increased.

Statistics are, for obvious reasons, almost non-existent, and when available are extremely unreliable. But the impressions of the Committee would probably be accepted as reasonable by most authorities.

The Maternal Mortality and Morbidity

It is even more difficult to estimate the frequency with which the various types of abortion are followed by ill-health or disability, since, in addition to other

obscurities it is impossible in the majority of cases to decide by clinical examination whether an abortion is spontaneous or induced. But it is estimated that roughly between 3 and 4% of the total number of cases of abortion cause death. In other words, the average risk of mortality from abortion differs little, if at all, from that of a pregnancy which does not end in abortion. It is reasonable to assume that the majority of these deaths are due to criminal interference, and that the death-rate in such cases is at least double the death-rate in all cases of abortion. The vast majority of deaths are due to the conditions under which the operation is performed. It is agreed that the death-rate from abortions performed by medical practitioners in aseptic hospital conditions on healthy women in the first three months of pregnancy would be negligible. Indeed experience in the Soviet Union suggests that in such circumstances the proportion of deaths might be as low as one in ten thousand. The Committee considers, however, "that, in whatever conditions the abortion is procured, there is considerable danger that the operation may be attended by some form of morbidity in the near or remote future". It states, on the basis of some Soviet evidence of doubtful value and the testimony of "eminent obstetricians and gynecologists of this country" that serious pelvic disturbances, endocrine dysfunctions, sterility and ectopic pregnancy are among the likely complications of artificially induced abortion, even under the most favourable conditions.

The Committee contained five doctors, including Sir Comyns Berkeley, and considered the evidence of many more. Yet we believe that it has given a false picture of the medical dangers of abortion. It is no doubt true that "it is clearly established that in no circumstances is any abortion free from risk to life and health", but this statement is also true of all other operations performed under a general anaesthetic. It would have been more candid and more helpful to the general public to try to assess the danger of abortion in terms of the risks of operations of equivalent seriousness, where no legal or ethical considerations are involved.

The Motives for Criminal Abortion

The Committee found that there was an overwhelming body of evidence that an economic reason is the predominant cause for the resort to abortion. Other reasons mentioned are rape, incest, the fear of transmitting disease, and the fear of illegitimacy. But, as Mrs. Thurtle says in her very valuable minority report, there is one important and significant omission from this list—a high degree of fertility. "I believe this is the fundamental cause, and unless this aspect of the problem is considered honestly and courageously, no great improvement is

likely in the conditions the Committee was set up to consider. The economic reasons set out by my colleagues are a secondary motive, but none the less powerful. Until the knowledge of contraceptives is made available, the great majority of healthy fertile women in this country can only control the size of their families by resort to the abortionist. If they were to let nature take its course in married life they would run the risk of a pregnancy every year or two from the time of marriage to the menopause."

Birth Control and Abortion

Most of those who use contraceptives buy them from chemists or other commercial firms which give no detailed instructions in their use. The main sources from which instruction may be obtained are (1) general practitioners, (2) voluntary clinics which are only available in a few areas, and (3) municipal clinics which are allowed to give contraceptive advice to married women, but only in those cases where pregnancy would be detrimental to health (about two-thirds only of all municipal clinics have availed themselves of these powers). The Committee is opposed to municipal clinics being permitted to give this advice on other than medical grounds. Two reasons are given for this decision: that the tendency of the birth-rate to decline might be accentuated, and that "it would tend to lower the traditional and accepted standards of sexual morality in this country". Only two signatories of the majority report dissent. They recommend that advice be given for economic reasons: "The great importance of the population question should not be allowed to override all other considerations. It is a matter of national importance that families should be able to live in reasonable comfort and give their children a reasonable start in life." Mrs. Thurtle, who recommends that advice be given to any married woman who desires it, says: "measures of social and economic amelioration do not alleviate the problem of high natural fertility. Few women in these days desire to spend the most active years of their lives entirely in child-bearing, and it is generally true to say that their husbands do not desire this either. I submit that this is reasonable and legitimate". An additional benefit of being able to control the size of the family that "is not always appreciated, but is very important is the improvement in family happiness due to the removal of the constant fear of pregnancy, a fear that frequently causes difficulties to arise between husband and wife". She points out truly that the refusal to extend birth control facilities is "in operation a form of class discrimination and penalization. Women in other walks of life are, it is said, refusing to bear their share of maintaining the population. Therefore, the implicit argument runs,

these other women must be kept without birth-control knowledge in order that, whether they wish it or not, they may continue to bear more than their share of that burden."

Lawful Abortion

It is recommended that the law be amended to make it unmistakably clear that it is lawful for a medical practitioner to induce abortion if he is satisfied that continuance of the pregnancy is likely to endanger the life or seriously impair the health of the woman, but that in every case of therapeutic abortion a doctor must first have consulted and obtained the approval—based upon a personal examination of the patient—of at least one colleague. It is also recommended that it should be compulsory to notify all therapeutic abortions to the local authorities within 48 hours, and that these records should be available to the police on request. A mischievous suggestion that it should be compulsory for a doctor to notify all cases of abortion, of whatever kind, which came under his care was rejected by a small majority.

Abortion for Non-Medical Reasons

The Committee is strongly opposed to abortion being made legal for social or economic reasons. "We regard such proposals as contrary to religious and ethical teaching and to fundamental principles on which society is based. . . . The teaching of Christian religion and ethics that the individual life is sacred is one of the main principles on which social life rests." The Committee regards the embryo as an individual life, and a large minority states that abortion—however early it may be carried out—should be felt no less repugnant than child-murder. The non-committee mind may find more common sense in Mrs. Thurtle: "I do not recognize a logical distinction between contraception and abortion in the period before the impregnated ovum has become a viable child, and certainly not in the first weeks of growth, while it remains only partially differentiated cell tissue." The Committee also rejects these proposals because of the possible effect on the birth-rate. It adds "there can be no doubt moreover that they would prove an added temptation to loose and immoral conduct—the fact that such a consequence would be likely to follow would in itself make it difficult to support any considerable relaxation of the law".

Rape

The Committee considers that any relaxation of the law would be impracticable. It may be remarked, however, that the experience of other European countries suggests the contrary.

§

Unlawful Carnal Knowledge

"Although it is not open to a man accused of unlawful carnal knowledge to plead consent in his defence, in practice consent is not infrequently given by the girl—in our view relaxation of the law would be a direct temptation to loose conduct among young girls." Once more Mrs. Thurtle dissents: "I cannot agree that a girl under the age of sixteen should run the risk of penalization for life for an act which may or may not have been voluntary at an age which the State itself regards as not responsible." She might have added that only too often the child also will be penalized for life. Indeed many of the Committee's recommendations would have been better if it had remembered the Emperor Trajan's excellent rule that it is more important that the innocent should escape than that the guilty should be punished.

Eugenic Reasons

It was suggested that abortion should be made legal where the child was likely to inherit grave mental or physical disease. The Committee opposes this: "Factors which enter into the transmission of hereditary disease are very complex and it is impossible to say definitely whether the child of a given union will exhibit abnormalities." Mrs. Thurtle's view is that "the price of securing an unknown and doubtful number of healthy children from such unions would be a number of unhealthy children who might pass on their defective inheritance to an unknown and increasing number of children in succeeding generations". It is worth recalling that the Committee does not even approve the giving of contraceptive advice in such cases.

Other Recommendations—(1) Enforcement of the Law

In 1937 only 197 cases of criminal abortion came to the knowledge of the police, and of these only 65 were prosecuted. The Committee points out that the police are unlikely to hear of cases except when the woman dies. It is recommended that a magistrate be allowed to authorize a police search of suspected premises on production of prima facie evidence.

It is also recommended that certain drugs commonly used as abortifacients be included in the 4th Schedule to the Poison Rules, and that advertisements of "female pills" be prohibited.

(2) Social and Economic Measures

The Committee suggests that a scheme for the payment of family allowances would reduce the prevalence of abortion, but does not feel competent to decide whether such a scheme would be practicable. It recommends the improvement and extension of the maternity services.

The Committee's analysis of the problem is comprehensive in scope, but it is always timid, often superficial and sometimes less than candid. Its conclusions should be scrutinized with additional suspicion because of its refusal to take into adequate consideration the experiences of the many other European countries which have recently investigated the subject. It states that "it is difficult to draw positive conclusions from other countries" and that "comparison would be wholly misleading because of differences in social and economic structure". But Mrs. Thurtle is surely right when she says that social and economic conditions in European countries approximate closely to each other and that the fundamental causes which lead women to attempt abortion are common to all countries and all ages.

The recommendations in the report will clarify the law and thus ease the position of the medical profession, but it is extremely unlikely that they will materially diminish the frequency of abortion and,

unless they lead to a system of family allowances, they will certainly not diminish the misery which leads to abortion. Indeed, individual happiness seems to have been beneath the notice of the Committee, perhaps because it was so much pre-occupied with individual "morality".

We hope that legislation will not be based on the conclusions of this report since the results of legislation now would almost certainly be to postpone the reconsideration of the subject by Parliament for at least another 25 years. This would be undesirable because what this report fails to recommend would be of such infinitely greater value than any of its recommendations. The most important failure is the rejection of "the only social measure which would be effective in decreasing abortion—that is one which will make universally available sound scientific contraceptive advice and instruction".

CURRENT EVENTS

THE RETIREMENT OF DR. BARRIS

It is with deep regret that we have to announce this unhappy occasion. A full appreciation of Dr. Barris's great work for the Hospital will appear in the next issue.

Early in June a meeting of the Rugger Club was held in the Kanthack Library, during which a suitably engraved silver salver was presented to Dr. Barris in recognition of his service as President of that Club.

His last lecture was delivered before a full and enthusiastic house on Thursday, June 22nd, in the Medical and Surgical Theatre. Near the beginning he quoted Dr. Bruce Clarke, who when asked by a student advice as to what he should do just before an exam., said, "I should keep my bowels open and trust in the Lord". "The first part of that remark is, I think, superfluous," added Dr. Barris.

It is a journalistic crime of the worst order to play upon words, but on this occasion the temptation is too great to be resisted, because the subject of Dr. Barris's lecture was "Breach": and the breach left in the ranks of the teaching staff of the Hospital by his retirement will be a very hard one to fill.

HOUSE PARTY

On June 14th the members of the Junior Staff entertained the Senior Staff and their wives, and the Chief Assistants and their wives, if any, or fiancées.

A few confirmed bachelors were present without their wives.

The majority accepted invitations, and at one period there were about two hundred people in the Abernethian Room, which had been graciously lent for the occasion.

Flowers and real electric lights—instead of the customary dead bulbs—and, particularly, the presence of the ladies, imparted an atmosphere of gaiety and conviviality which the room, in its ordinary day-to-day dress, so conspicuously lacks.

DANCING IN THE CITY

Fifteen hundred ticket-bearers at the Bart.'s Mansion House Ball on June 7th scrambled to shake hands with the Lord Mayor and Lady Mayoress. They bunched around the buffets, crowded to the cabaret, and stampeded to their suppers. The congestion reached its climax when, in the early morning, it was found that the door handle of the gentlemen's cloakroom had been removed.

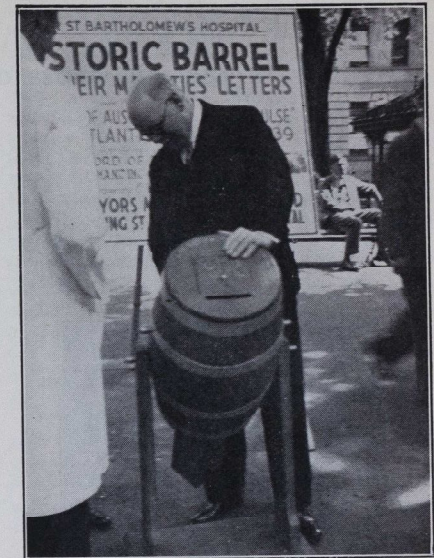
As a setting for a dance the Mansion House is unequalled, with its contrasts. It was possible to pass directly from the crowded and coloured halls to the coolness of the flower-decorated porch overlooking the blue stillness of the City.

The Duke and Duchess of Gloucester were present for part of the evening—one which has given considerable help to the Rebuilding Fund.

THE BARREL LETTERBOX.

The newspapers of this country were responsible for the idea that a barrel should be used to send photographs of their Majesties The King and Queen, together with their personal mail, back to England from the *Empress of Australia* in mid-Atlantic. On May 9th this barrel, fitted with a counter-weight underneath to keep it upright, was launched into a rough sea and picked up after some difficulty by the *Repulse*, at the time when it was about to turn back from its escort duty. While it was on its way to England, someone suggested that it should be utilized as a collecting-box for the Lord Mayor's Mansion House Fund. So it came about that, thanks to the kind co-operation of the Admiralty, the Commanding Officer of the *Repulse* forwarded it to Bart.'s when the ship came to port.

Since its arrival the barrel has done its work outside the Royal Exchange, at the Dorchester Hotel, in the private entrance to the Mansion House, and, for a very brief spell, in the Hospital Square. It was on view at the Derry Gardens during "Bart.'s week", and will return to the Hospital at the time of the Fair on July 5th, 6th and 7th.



"THE DOG IT WAS . . ."

One day, a few weeks ago, a little grey dog entered the Out-Patients' gate of the Hospital and climbed slowly up the steps through the door leading to the accident box. The porter threw him out. Then the little dog, after some thought, followed a Sprained Ankle up the steps, hoping not to be noticed in the general excitement; but nothing escapes porters, and once more he was sent flying past the lodge into Giltspur Street. The dog, however, had read something about the Impertunate Widow, or Robert Bruce's Spider, because once again he returned to the attack, limping a little pathetically this time; and when he got past the door and the porter made a dive for him, he held up his paw and let out a small whimper. The porter then noticed blood trickling from it and so hesitated for a second; like a flash the animal had slipped past him and was inside the accident box, where he made straight for the Casualty House-Surgeon on duty, and held the paw up in the air. And the Casualty House-Surgeon looked at it and called a Dresser and had it bathed and bound up.

As the dog looked a bit hungry they tried to feed him with biscuits; but he would touch nothing until someone had rung up his Mistress—whose name and address were on the collar—and she had duly arrived with a car to take him home.

Meanwhile the Appeals Department had got wind of the affair and had rung up the *Daily Mirror*.

XIIth DECENNIAL CLUB

There are still a great many Bart.'s men who entered the Hospital between 1925-1935 who have subsequently qualified who have not yet joined this club. The sole function of this Club is the holding of an annual dinner at which one meets one's contemporaries and hears of the sometimes surprising fate which has befallen them.

Since the LIFE subscription is only five shillings, the matter presents no very great financial difficulties. Subscriptions should be sent to Dr. Keith Vartan, the Hon. Sec., at 10, Harley Street, W. 1, or to Mr. George Ellis at St. Bartholomew's Hospital.

A CASE OF GROSS ŒDEMA OF THE FACE

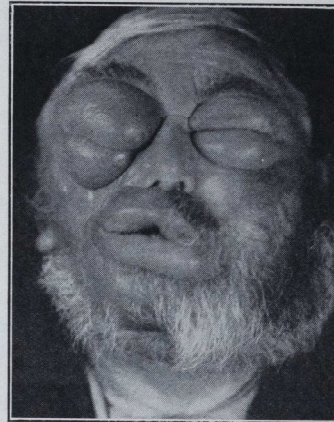
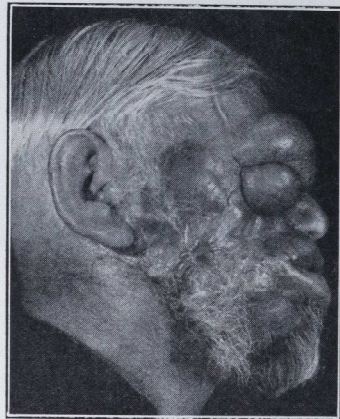
By GORDON EVANS, M.B., B.S.

MR. A. B—, æt. 73, a retired solicitor's clerk, came up "on duty" with a doctor's letter complaining of a swollen face, inability to see and difficulty in breathing.

To obtain a history was no easy matter. He was very deaf, being able to hear only the shouted word, and that

little discomfort, and was not greatly distressed by his appearance. He ate and slept well, could see with his remaining eye, had very little pain, and, although voice-changes had begun, had no difficulty in breathing.

Three months ago came a rapid deterioration in his condition. The swelling extended to both his left eyelids



with the left ear. His speech had undergone great change so that the sound of it seemed scarcely human; the voice, hoarse, rasping; the words indistinct and produced only with distressing effort. Lip-reading was impossible for the lips were bloated and misshapen. The patient could not see to write.

Four years previously he had been well. Then had begun a slight pain on the right side of the face. The right eye became rapidly bloodshot and the eyelids swollen, so swollen that before long the lids met and the patient could no longer see. Two years later the veins on the right cheek became visible, knotted and blue. From that time the pain eased and finally stopped, but the swelling progressed, gradually spreading down to the chin, beneath it, and slowly up the left side of the face, puffing out that cheek and distending the lips. During this time the patient apparently suffered very

so that they, too, met and shut out sight from the remaining eye. The mass beneath the chin became harder and began to press upon the trachea so that breathing became an effort, speech laborious and swallowing difficult. He noticed a loss of weight. "Nature cures" and fasting produced no improvement. He began to worry. He decided to see a doctor.

Now that, for him, was a revolutionary step. When a lad he had been told by a doctor that he was suffering from "heart disease" and would not live beyond the age of seventeen. Living, in spite of this, he had no high opinion of doctors. Now, fifty odd years later, after a full and useful life, after curing his ailments for so long by natural remedies, by fasting and herbs, by the avoidance of alcohol, tobacco and meat, he had again to come back to the medical profession and find once more a faith he had long lost; but he did so too late.

On examination the patient's features were most repulsive and yet strangely pitiful. The accompanying photographs best illustrate his appearance. The right eye was proposed. The swellings over it were brawny in nature, and pitted on pressure only with difficulty. Those over the left eye were much softer, pitted easily, and could be retracted to expose the eyeball. Indeed, from time to time the patient separated them himself with a thumb and forefinger, and through the small opening so formed peered with a bloodshot eye at his questioners and at the numerous people who came to see him. His sight was perfect. The left cheek and the lips were greatly swollen, but the right cheek was shrunken, much scarred and covered with a tortuous, tangled mass of thrombosed veins. The skin was purplish-red. The tissues beneath the mandible were indurated, and the glands of the neck formed a single, hard mass. A straggly growth of wiry hair over lips and chin completed the picture.

The tongue was clean and moist and protruded in the mid-line. The teeth were carious. There was no evidence of ulceration of the hard or soft palate, but there was a swelling of the roof of the mouth beneath the right maxillary antrum. Apart from his head and neck nothing abnormal was discovered.

It was evident, as his present doctor had diagnosed, that the patient was suffering from an advanced carcinoma of the maxillary antrum. Retro-orbital extensions had pushed forward the right eyeball. Obstruction of the lymphatic and venous channels had caused the œdema. Secondary deposits formed the mass in the neck which, pressing on the trachea, caused the difficulty in breathing. There was no question that the condition

was beyond surgical intervention, and the most authoritative opinion ruled out deep X-ray therapy. Nothing could be done but to send the patient back to his own doctor, and to advise symptomatic treatment in some institution such as a county infirmary.

The case is presented, not because it records any brilliant diagnosis, striking cure, or advance in knowledge, but because the patient's condition is so pitiful, and the end-result of a simple mistake made many years ago. Some doctor, believing him to have incurable heart disease, forecast his early death, and, by that faulty prognosis, set his feet on the paths of eccentricity. Life became a round of "nature cures," fasting, faddiness about food, and the man a crank. Distrust of orthodox medicine was evidently not incompatible with longevity, but led to his ultimate downfall, for, if he had still had faith in the physician, the first symptoms of disease would have taken him to the surgery door, and diagnosis and treatment would have come early.

Did that doctor, now dead, make that prognosis in good faith or was he, perhaps, in a hurry? Was his opinion based on the best knowledge of the time or was he out-of-date? Did he try to visualize the effects of his words on that particular patient or was he indifferent to them?

And we? How shall we answer those questions in fifty years' time about our patients? And whether we act in good faith or bad, what tragedies may be laid at our doors?

I wish to express my thanks to Mr. Harold Wilson for permission to publish this case, to Dr. Finzi for his opinion on treatment, and to Miss Fretter for her excellent photographs.

THE CÆSAREAN OPERATION IN 1830

FROM A Dictionary of Practical Surgery: Comprehending all the most interesting improvements, from the earliest times down to the present period. By Samuel Cooper, Surgeon to the King's Bench, the Bloomsbury Dispensary, and His Majesty's Prison of the Fleet, etc.:

"In many instances, both mother and child have lived after the Cæsarean operation, and the mother even borne children afterwards. Very recently an example has been recorded, in which Dr. Müller, of Lowenburg, in Silesia, performed the Cæsarean section, and saved both the mother and the child.

"The most extraordinary case of Cæsarean operation on record, is one performed by a negro-girl on herself, who recovered. (See *New York Medical and Physical Journal*, March, 1823.) Dr. Mosely mentions the case of a negro woman at Jamaica, who opened her side with a butcher's knife, and extracted a child, which died of locked jaw. The woman recovered.

"In England, the operation has been attended with remarkably ill success; and perhaps there is not one unequivocal example, in which the mother has here survived the true Cæsarean operation."

MUSICAL SOCIETY

ON the evening of June 15th the Musical Society gave a Concert at Charterhouse Square.

Such an event must be realized as a milestone in the history of the Students' Union. For by this performance, as Dr. Bourne said, in his gracefully self-effacing speech, not only was a happy means of swelling the Lord Mayor's fund discovered, but the lately resurrected Society was at last able to show that medical students in this Hospital at least have not yet entirely lost the art of making music for themselves.

In times when radio and gramophone are unhappily supplanting the old nucleus of amateur musicians, this sort of activity takes on a civilizing importance which is all too rare. It is a pity so many of the Staff failed to realize this. As it was, a certain number of tickets had to be sold at reduced prices.

Mr. C. B. Gabb has reminded us in a delightfully reminiscent letter of the Concert in 1879. "The great event of the evening was 'She wore a wreath of Roses fair', sung with great éclat by Dr. Samuel West, who had a lovely tenor voice", and Dr. Walter Griffith, then resident midwifery assistant, "who even in those days had a world-wide reputation as a master of the Double Bass". After the concert the house surgeons gave a party in Mr. Gabb's rooms, "at which the pièce de résistance was a big bowl of cold Punch".

The last concert to be recorded was given in the Great Hall in 1908. It seems to have been successful, but the Society petered out till 1914, when the War interrupted renewed efforts at revival. In 1919 we hear of proposed activity under the Secretaryship of the gregarious Mr. Hilton, but nothing came of it, except spasmodic attempts at playing a few tunes at the A.D.S. Christmas Shows.

In fact this twenty-year post-war apathy has only recently been relieved by the energy and decision of Mr. Alexander Katz, to whom we are particularly indebted for re-diagnosing the disease and, we hope, for curing it.

But if the past history of the Society does not bear too close an investigation, Mr. Wing's robust handling of the "Occasional Overture", which opened the programme, promised well for the future. The conductor's knife-like beat appeared particularly helpful to the orchestra, who, despite an unavoidable lack of basses, played with tremendous fire—the first trumpet being especially competent.

Mozart's "Titus" was rather more ambitious;

for Mozart, above all writers, is transparent to the slightest technical misdirections. But except for one unfortunate wandering from the original key they gave a thoughtful and convincing performance of this delightful work.

The rest of the evening was chiefly occupied by guest-soloists, whose generosity helped so much to ensure success.

Mr. Mark Raphael sang a group of Schubert and five charming settings by Roger Quilter. These last, accompanied by the composer, were sung with a sincerity that we feel must have charmed their author.

But, when thinking of Lieder, one inevitably turns to Vienna and especially to Schubert, and we were lucky in having Mr. Raphael to reveal the dramatic quality of these magnificent songs.

If his tone did not carry with very great power, this seemed unimportant beside the feeling he conveyed over the exciting modulations of "Wohin", or the fluttering triplets of "Der Linden Baum". "Sing like a *Happy Man!*", said that great teacher Frank Bib. Mr. Raphael certainly told us with considerable artistry when Schubert felt gay. And the accompaniments! Would not even so experienced an artist as Mr. Quilter confess he enjoyed himself?

Miss Kathleen Long has for some time been recognized as one of our leading exponents of Mozart. Her exquisite cantabile in the first movement of the E flat major Sonata did not lead us to expect the slight loss of rhythm in the Allegro. But in the Couperin and Ravel she captured us with what Harold Samuel would have called "her digital dexterity"—though it is for her compassionate rendering of Bach's organ Cantata that her performance will be chiefly remembered.

The interval brought one surprise. From the more elegant gossip in the corridor one gathered that Sammartini's reputation had been considerably enhanced by Mr. Sala's brilliant execution of Porpora's F major cello sonata.

Both are Italians of the eighteenth century—Sammartini indeed is said to have written "an incredible number of spirited and agreeable compositions"—though Porpora vied with him in volume of excessively tedious opera and oratorio. Porpora was from Naples (that hot-bed of Vesuvian vice), and the greatest singing master of his day.

Certainly Mr. Sala made his cello sing for us, while in his Spanish Dance and Albeniz encore he performed

miracles of virtuosity. Such complete mastery of the instrument came as a special delight to most of us, who had probably never heard such first-class execution.

Finally we were pleased to listen to ten minutes of "John Beeston and his Boys". They surprised us, perhaps, with their courage and attack, but the tenors lacked the conviction necessary to balance this form of song.

This country has never expressed itself to any living extent by male voice ensemble. The Don Cossack Choir and Negro spirituals show the possibilities of massed male singing, and even the Hitler-Jugend on the march are an impressive "corpus". But England surely is the home of mixed voices, from which spring the madrigal and glee.

One of the attractions of the 1908 concert was the

CONCERT	
Wednesday, July 10th, 1907, at 8.30 p.m.	
PART I.	
Cantata	"Hiawatha's Wedding Feast" <i>S. Coleridge-Taylor, Op. 30</i>
PART II.	
Overture (selection)	"Cavalleria Rusticana" <i>Mascagni</i> THE ORCHESTRA.
(i) Song	"In a garden quaint and old" <i>Vivaldi</i> MR. E. R. EVANS.
(ii) Duet	"The moon has raised her lamp above" <i>Jules Benedict</i> (From the "Lily of Killarney"). MESSES. E. R. EVANS and J. B. DAVIES.
Part Song and Orchestra	"Lullaby" <i>Elgar</i> (From the "Bavarian Highlands").
Song	"When the world is fair" <i>Cowen</i> NURSE HASWELL.
Song	"Punchinella" <i>Vernon Lefterich</i> MR. J. B. DAVIES.
Chorus	"Men of Harlech" <i>Welsh Melody</i> THE JUNIOR STAFF.

appearance of the nursing staff both in the choir and orchestra. No less than twelve sisters are said to have taken part! Why should we now allow such talent to remain squandered among those little sound-proof cubby-holes and corridors of the Medical Block?

It is difficult to imagine how this very enjoyable performance would have taken place but for the untiring support of our President, Dr. Geoffrey Bourne, who throughout the new Society's venture has been a constant source of generosity and good counsel.

We must also thank the few outside instrumentalists who filled gaps in the orchestra, and Mr. Wing, who is to be congratulated on such an encouraging start. His help and direction have been invaluable.

The debt to John Beeston as Secretary is already too well known to merit further mention. P. F. J.

CONCERT	
Thursday, June 15th, 1939, at 8.30 p.m.	
Overture	"The Occasional Overture" <i>Handel</i> ST. BARTHOLOMEW'S HOSPITAL ORCHESTRA.
Songs	(a) "Im Frühling" <i>Schubert</i> (b) "Wohin" (c) "Der Linden Baum." (d) "Der Müsensonh"
MARK RAPHAEL accompanied by ROGER QUILTER.	
Pianoforte	(a) "Le-Tic-Toc-Choc" <i>Couperin</i> (b) Sonata in E Flat Maj. (K282) <i>Mozart</i> (c) "Sheep may safely graze" <i>Bach arr. Levéque</i> Aria from Cantata 208 KATHLEEN LONG.
Cello Solo	Sonata <i>Sammartine</i> Allegro—Grave—Allegro ANTONI SALA accompanied by GERALD MOORE.
Overture	"Titus" <i>Mozart</i> ST. BARTHOLOMEW'S HOSPITAL ORCHESTRA.
Songs	(a) "It was a lover and his lass" <i>Roger Quilter</i> (b) "O Mistress Mine" (c) "Blow blow thou winter wind" (d) "To Daisies" (e) "Love's Philosophy" MARK RAPHAEL accompanied by ROGER QUILTER.
Pianoforte	(a) Valse in E minor <i>Chopin</i> (b) Nocturne in D flat maj. Op. 63 <i>Gabriel Faure</i> (c) Toccata <i>Ravel</i> (from "Le Tombeau de Couperin") KATHLEEN LONG.
Cello Solos	(a) Arioso <i>Bach</i> (b) "Fileuse" <i>Dunkler</i> (c) Spanish Dance <i>Granados</i> (d) "Vito" <i>Poppet</i>
ANTONI SALA accompanied by GERALD MOORE.	
Part Songs for Male Voices	
(a)	"Blow away the morning dew" <i>arr. Sir Hugh Robertson</i>
(b)	"As torrents in summer" <i>Elgar</i>
(c)	"In silent night" (German Folk Song) <i>Brahms</i>
Orchestra conducted by HERBERT D. WING, B.Sc., A.T.C.L. Choir conducted by JOHN BEESTON.	

SHOCK ASSOCIATED WITH MORBID ADHESION OF THE PLACENTA

By D. V. MORSE.

A WOMAN came to the Hospital for ante-natal supervision when she was twenty weeks pregnant. She was aged 33 and married. This was her first pregnancy. Scarlet fever as a child had, so far as she knew, not affected her subsequent health; otherwise she had never had a day in bed.

She was examined and found to be a fit woman with a "roomy" pelvis. The general impression gained was that of a woman who was not particularly concerned about her condition. The Wassermann reaction was negative. She was seen regularly as an out-patient, and her pregnancy continued uneventfully until the thirty-sixth week.

At this date she developed backache, accompanied by a brown vaginal discharge. Two days later the backache became more severe and acquired a rhythmical character. The discharge at the same time became pale pink. She thought she must be going into labour and presented herself for investigation.

The degree of prematurity and the brown discharge suggested that all was not well, and on being questioned she admitted that she had not felt her baby move for more than a week. This had, however, not particularly worried her, and she could remember no accident or shock she might have suffered. She felt healthy; headaches were unknown to her. Her eyesight was excellent. She had not been sick.

Examination revealed one or two unusual points. She was undoubtedly in labour. Fœtor oris was very evident, but could be more than explained by the state of her teeth, and was considered incidental. Blood-pressure was normal and there were no other signs of toxæmia.

The uterus only reached to the height of a thirty-two weeks' gestation and felt doughy. No fœtal heart could be heard, though the value of this finding was discounted by the uproar in the accident box. What appeared to be a fœtal head was felt entering the pelvic brim. By rectal examination this structure had the shape of a head, but was unusually soft.

Before the result of an X-ray was known the patient was delivered of a macerated fetus. It had clearly been dead for some time, but showed no abnormality superficially. A post-mortem examination has yet to be done.

Two hours after the end of the second stage the placenta was still lying unseparated in the uterus. The patient was in excellent condition, with a strong steady pulse of 100 and no loss of blood *per vaginam*. The uterus was contracting.

Half an hour later she was in a state of severe shock. She was distressed. Her face was pale and moist; the pulse was thready and rose to 160 per minute. The placenta was still apparently unseparated; the uterus was becoming larger and there was a small loss of fresh blood from the vagina.

It was decided that interference would no longer be meddling, and a manual removal of the placenta was carried out under general anaesthesia. It was found to be markedly adherent. A blood transfusion of one pint was given at the same time.

The patient's recovery was as dramatic as her collapse, the change for the better coinciding precisely with the removal of the placenta. Within half an hour the pulse was noticeably stronger, and down to 140 per minute. Within the next hour it reached 120 per minute, and her general condition enabled the patient to take a cup of tea and talk rationally. The uterus was firm and there was no loss from the vagina. The next morning the patient showed no signs of having been ill. She is having ergometrine and a prophylactic course of sulphanylamide.

The two most remarkable features of this case are (1) the death of the fetus during a normal pregnancy in a healthy woman, and (2) the rapidity with which the patient collapsed, and subsequently recovered during the third stage.

To explain these and the subsidiary events, the hypothesis suggests itself that the placenta was at fault throughout. At about the thirty-fifth week the placenta degenerated. The fetus was deprived of its nourishment and died. The degenerate placenta became adherent to the wall of the uterus. The onset of labour was precipitated by the death of the fetus. After the birth of the fetus the patient remained in good health so long as the placenta remained firmly adherent. Her collapse coincided with an enlargement of the uterus and a loss of bright blood from the vagina—in other words with the partial separation of the placenta. By this separation the toxic products of degeneration were liberated into the maternal blood-stream. Recovery of the mother commenced with the removal of the source of these toxic products.

This hypothesis has at least the merit of fastening the blame on a structure which is available for further examination.

I should like to thank Dr. Shaw for allowing me to publish this case.

PEOPLE IN GLASS HOUSES

By ISOLA SHUN.

"YOU sucker."

It was quite a normal evening on quite a normal weekday, and I had gone to the Dispensary for some medicine. I had entered that wilderness of coloured bottles by the staff door, and observing the dispenser on duty to be busy at the far end of the room, I had resolved to wait until he was free to attend to my needs. I was leaning against the counter when quite suddenly came this rude remark. Turning in the direction whence it came I saw a large glass bowl half filled with water, and halfway up its wall I met the stare of a rather plump, but well-built, leech.

"You sucker, it won't do you any good," he said, and with a fierce glance made it clear that he was addressing me.

I was dumbfounded: was it possible that he had read the prescription which I held in my hand? The truth was that I had felt a bit seedy of late, and I had resolved to try a bottle of the self-same medicine that I had so often prescribed for the patients in the Surgery, viz. "Haust. Gent. cum Rheo": the patients always said it did them good, and I hoped it would have the same effect on me. I was therefore resentful that anyone should insinuate that I might not respond to such a panacea.

"Well, really," I retorted, "what business is it—"

But the leech did not give me a chance to finish.

"Another splendid example," he continued, "of how really effective your medical bluffing is. You have bluffed your patients with that stupid stuff for so long that now you have bluffed yourself. It is really very funny, hoist with your own petard, and even you know it is no earthly use."

"Begging your pardon," I replied angrily, "I submit that it does a lot of good. I admit that this may be in part a psychological effect; perhaps coloured water might in some cases have the same effect, but—"

"Well," he interrupted, "why not give them water and spend the money you would save on a good square meal for the undernourished patients, instead of wasting hundreds of pounds prescribing expensive medicines without any scientific reason for prescribing them?"

"We do not," I contradicted, not a little grieved by this animal attack on the noble profession to which I was apprenticed. It seemed as if, besides reading my prescription, he had fully perused *The Citadel*.

"Oh yes you do," he retorted, drawing himself up to his full height. "Yesterday it was prontosil, and

to-day some numerically-named drug; and both are being given with childish enthusiasm and no discrimination at all for pneumonias, 'flu, sore throats, etc., etc., making the patients feel thoroughly miserable for two days with precious little advantage to themselves."

With this last remark I felt sure he had prepared his own Waterloo, for by an astounding feat of memory I was able to recall the very words used by Dr. ———, my chief on the ward round that very afternoon. Confident of success, I tucked my thumbs behind my waistcoat, shoved my chest out, my abdomen in, and prepared to annihilate my opponent by repeating the words of wisdom of my erudite chief.

"Yer facts are wrong," I said with pursed lips, "absolutely wrong. It has been shown—without a doubt—that the drug in question can, and will, precipitate a pneumonic crisis by about two or three days. In other cases it may preclude complications which, besides having a mortality-rate of no small magnitude, are a jolly sight more distressing to the patient than a possible two-days nausea. And so we consider prescribing the drug absolutely justifiable, d'yer see?"

"Precipitate my foot," the leech answered quickly, with a supercilious expression on his insolent face. "What is a crisis? Pathologically you don't know, so what is the use of precipitating it?"

To get myself out of answering that question I was about to rebuke him for his slang and to point out that he had no feet, when another voice rent the air, this time from a sylph-like leech, who seemed anxious to overcome me by force of numbers.

"Why," he squeaked, "you don't even know the cause of half the diseases you profess to cure."

"Go and drown yourself," said the plump leech.

This unsuspected eloquence, although both unparliamentary and rather stupid since they all lived in water, had a pronounced effect, for the squeaker of a moment ago slid to the bottom of the bowl and became remarkably taciturn. Clearly my antagonist was a lord among leeches, commanding the respect of his companions. I, too, decided to give him that respect that was his due. With feminine ease I changed the subject.

"Perhaps," I suggested, inquiringly, "you have a hate-complex against our profession since it is we who cause your ultimate decease."

"Oh no," he replied, eagerly, "we regard this form of death as a great honour given to relatively few: for example, your English leeches are no use at all, and we

have to be imported from abroad. There is a special heaven for hero-leeches like me, with daily rations of uncitrated gore for everyone *p.r.n.*"

"Are surgeons similarly included in your condemnation?" I asked

"Snakes, no," he replied, "they are far worse. There is a special hell designed for them; it contains herds of patients full of un-ectomized viscera all just out of reach of the prehensile tails which they quickly acquire."

"Oh noble judge, most learned judge," I exclaimed, both amazed and pleased at such sagacity.

But my elation was, like most pleasures, transitory, for his torrent of invective commenced anew.

"Don't get fresh," he said; "there will be a special hell for you medical meddlers as well, just as soon as Satan can think of something foul enough. Meanwhile, you are to be parked with the surgeons—not a bad punishment at that."

At this I became irate. Would some carefully-chosen words catch him unawares? Taking up my courage with both vocal cords, I hazarded:

"I resent that, and the rest of your necrotic verbosity, you—you loquacious leech."

"Well," he retorted, "if it comes to that, I think you are a bit gangrenous yourself."

That was the last straw. All the methods I had so far tried had failed utterly to silence his acerbated tongue. Peace-loving though I am I felt honour was at stake, and I was about to hurl his glassy home to destruction when approaching footsteps warned me that the dispenser was nearly at my side. I assumed an expression of nonchalance and showed him my prescription with feigned aplomb.

Two minutes later I was vending my circuitous way back to the Surgery. "You sucker," I mused: what confounded cheek—and of all things—from a leech.

CORRESPONDENCE

WAR INJURIES

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

DEAR SIR,—The subject raised by Mr. Sinclair Loutit in your last issue seems of sufficient importance to justify this intrusion.

I worked for a year in various front-line hospitals in Spain, mainly in "Triage", where I often had to diagnose and arrange treatment and evacuation for more than 200 wounded a day. Unfortunately, the conditions under which we worked prevented any detailed note-taking, adequate neurological examinations or any form of "follow-up". The "general impressions" which I give below should therefore be treated with the greatest suspicion.

As regards head cases, I found myself faced with two problems: the correct surgical precedence of head-wounds (1) compared with other wounds, and (2) amongst themselves.

The first is part of a general problem. I was, for instance, constantly faced with the problem of deciding between a severe abdominal wound, an arterial haemorrhage, controlled by a tourniquet, a compound fracture of the femur, and a head-wound, when there was only one free theatre. The problem is naturally complicated by the time the wounded man has waited already and his general condition, and unnaturally by the introduction of extraneous factors such as rank or technical ability.

Actually I sent the "laparotomies" and "tourniquets" in first, then the "femurs", and lastly the "heads". This order was worked out from what I saw of the effect of waiting on immediate mortality. The "heads" seemed to do badly however quickly they were operated on—but this may have been due to my inability to select certain types of head injury for immediate operation.

I have the impression that the vast-majority of the head cases which I examined were in a state of "shock"—deeply unconscious and with a generalized flaccid paralysis. This, combined with the lack of "follow-up", discouraged me from attempting any differentiation. All I did was to delay operation on those whose ventricles were exposed until there was no one else waiting. Mr. Loutit's suggestions raise fresh hope, and should receive far more detailed discussion than my lack of notes permit me. I can never remember seeing this tried in any particular case, and can say little about "continuous discharge of brain-matter" as I had rarely time to see a case more than once. The "feeble pulse" cannot, I feel, be very important, as it is so often a sign of shock, for which transfusion

is such excellent treatment. The third, "cartologia sexual", seems the most hopeful. I saw it several times in severe head cases that subsequently died, but I have the impression that it only appeared after cerebral shock has passed off. I have also seen head cases die without showing it, and at least one abdominal case show it before the operation which led to his recovery. I rather suspect that it is a fairly common "sign", but that it required the blanket-shortage in Spain to demonstrate it clinically!

I saw very few head cases "on the table", and can therefore say little about cerebral oedema as opposed to cerebral injury. I should, however, imagine that they are likely to occur together.

I sincerely hope that some surgeons with experience in the Great War will find time to enlighten us on these subjects. In the meantime we can comfort ourselves in our ignorance with the fact that 90% of head wounds are caused by bullets, and that in London at any rate we shall have bombs instead!

University College Hospital. I am, etc.,
A. L. COCHRANE.

LECTURES

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

DEAR SIR,—I can sympathize with you over your feelings about lectures; I am sorry that you are not so fortunate as I in being able to sleep during part of a lecture. But I disagree with your belief that the reading of books should replace compulsory attendance at lectures. To read a technical book intelligently is a great art which few possess, and books are not always either clearly written or up-to-date. I can assure you nothing is more pathetic than the examination of candidates in the final examination who have learnt their medicine from text-books. They write in papers, or they solemnly assert in the vivas, things which are indeed in text-books, but which they have never heard in the wards or in lectures. I realized, after some years of examining, what had happened. In their desire to work hard for the examination they had read their text-books either without reflecting on what they had been taught, or perhaps thinking that the textbook was right, and their teacher at fault. I must admit that the lecturers and ward teachers have failed with these students. The good student, however, remembers his teaching in the ward and lectures, combining these with his reading, and the contrast between the two is enormous.

I agree that lectures should not be a rehash of textbooks, and a synopsis should not, I think, be given out unless it contains certain information which is not readily accessible in the current textbooks. A lecture should be an aid to the reading of textbooks, to stimulate thought, to stress what is important, and give new information which is not in the current textbooks, although it has been published in the journals for some years. You may say, sir, that this can be learnt in the wards, but you must know that the teachers in the wards depend on the material available, and according to the particular physician's bent the clerk will hear much—perhaps too much for his liking—about certain types of disease and little or nothing about other important ones. Moreover, many students never hear the teaching of all the members of the staff in the wards. It is to correct this defect of ward-teaching that systematic lectures are arranged in this college. The Boards of Studies allot the lectures to different members of the staff who have special knowledge on these subjects, so that though much may be stimulated and reading made much more profitable.

It is true that the lecturer's clerks will have heard much of the lecture before, but it is rare that more than eight lectures out of the sixty lectures of the year are given by one man. So, sir, having given many lectures and listened with more or less interest to an infinitely greater number, I repeat that lectures should be—I do not say always are—of far greater value than the reading of textbooks by themselves.

I remain,
Yours truly,
149, Harley Street, W. 1; GEORGE GRAHAM.
June 14th, 1939.

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

DEAR SIR,—The relative advantages of text-books are deservedly stressed in your Editorial. These are all true, I agree, but I feel that it is still true that "the platform carries more might than the Press", although the platform as compared with the Press will have performed a restricted audience.

If we could have systematic lectures, I feel that it should be left to those members of the staff who can "put it across". In the world of commerce there is such a thing as "window-dressing"; there is a distinct place for academic window-dressing in making lectures attractive and lucid. It is known that Sir James Paget, one of Bart's greatest orators, would spend hours rehearsing his lectures, and M.P.'s would visit his lecture theatre to learn a few tips in public speaking. Our staff to-day, wonderfully efficient clinically, have few who could compare with Sir James oratorically.

I was glad to know your desire to retain the clinical lecture: the procession of Chief and Chief Assistant and Housemen to the theatre—with the Chief unfortunately not in academic dress—is an essential feature of Hospital life. In these lectures I would repeat a plea, which I first made two years ago in the JOURNAL, that a larger place should be given to therapeutics. Students want to know how to treat their patients; to give treatment the fag-end of a lecture, or to omit it altogether, on account of lack of

time, is not good enough. Many people can recognize cases within the limits of experimental error, but few can think out careful therapy; and surely the successful treatment of a patient is the mark of a good doctor.

I am,
Your obedient servant,
J. B. GURNEY SMITH.
St. Bartholomew's Hospital,
E.C. 1.

THE MEDICAL PEACE CAMPAIGN

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

SIR,—The letter of Dr. John A. Ryle strikes a very sympathetic chord in my mind. He rightly claims that the spirit of compassionate healing oversteps the bounds which limit one country from another.

It was one of my duties in the Great War to raise and command both a casualty clearing station and a field ambulance.

The one thing that impressed me more than anything else, I think, was my relationship with conscientious objectors.

There were, of course, two classes of these, the shirkers who preferred the comfort of prisons to the hardships of a campaign, but there was a large percentage of men who had such a horror of cruelty, murdering and bestiality, under whatever name it might parade, that they were willing to die themselves rather than to join in the slaughter of other men and women.

I felt it a great privilege to be able to explain to them that by joining my command they would have perfect freedom to heal and care for a German, an Austrian, or a Turk, and that it was of entire importance to them to what nationality a wounded or a sick man belonged.

I pointed out to them that our work was for humanity, and that humanity was not divided by uniforms or languages.

These men proved to be some of the salt of the field ambulance. They readily performed the most repulsive of duties, and gloried in the fullness of service to suffering fellow men.

Some of them won decorations in the field, and they all emphasized the truth of Dr. Ryle's claim that the spirit of healing is higher than any army shibboleth.

Later on in the War when men were being combed out to fill up the fighting units I had much correspondence with the War Office, but eventually I got the claim of those men recognized, namely, that they had enlisted relying upon my word that they should not be called upon to fight, and so to the end of the war they did fine service to their country and to humanity.

The R.A.M.C. as representing the Spirit of compassionate healing represents the spiritual transformation of the armies of the future, wherein it shall be the highest duty of men, not to kill each other and torture each other, but to heal each other and to comfort each other, and then there will be a great and lasting peace in the world.

With Greetings,
JOSIAH OLDFIELD,
8, Harley Street, S.W. 1; Lt.-Col., R.A.M.C.
June 9th, 1939.

SPORTS NEWS

WHY AND WHEREFORE

It is a peculiarly interesting thing to stop and ask oneself—Why do I play games? Why do I travel for nearly two hours on a Saturday, and frequently on a Wednesday too, for so short a time of active play? After all, in the case of winter games, an hour or little more repays two hours' travel and a great while spent in waiting and changing. Why?

We have asked several people who do play games these questions and the answers have been very varied, running from pure exercise at the one end of the scale, *via* enjoyment of the game, the team spirit, the company, fresh air, and just something to do, to beer at the other end. Surely in addition to these assorted reasons

stand out two more, of which we should never have heard in the last century—national fitness (after all, as a profession we preach it), and the increased working efficiency of an exercised man with some interest other than work. (We seem to hear even the games players murmur—poppycock and waffle—nevertheless, it's true.)

Now, since this is headed "Why and Wherefore", let us have another question: Why is it always the same or nearly the same set of people who play games at the Hospital? Who endeavour to do the best of their ability, and their income (because that's what it amounts to), to maintain the name of Bart's as a first-class opponent in other clubs? Is it worth it, or are the members of this Medical College

only here to learn medicine and nothing else as quickly as possible, and then clear off?

All this leads us to one final question, the direct antithesis of our first: "Why not play games?" "All work and no play" they say. Well "dull boys" seem to be on the increase. What are you going to do about it?

CRICKET

v. U.C.S. Old Boys, played at Chislehurst, April 29th. Result, drawn.

Table with columns for THE HOSPITAL and U.C.S. Old Boys, listing players and scores.

U.C.S. Old Boys : 146 for 2 wickets. (dec.) The Old Boys batted first, and after two quick wickets had fallen, the succeeding batsmen had a long partnership...

v. The Rabbits C.C., played at Chislehurst, May 7th. Result, Lost by 3 wickets.

Table with columns for THE HOSPITAL and The Rabbits C.C., listing players and scores.

The Rabbits C.C. : 135. (James, 5 wickets for 54; Cochrane, 3 wickets for 27.)

The Hospital batted first, and showed little confidence in facing the bowling. North, however, stayed long enough to show up the rest, and to give us a glimpse of his true form...

v. Brondesbury, played at Chislehurst, May 13th. Result, drawn.

Table with columns for THE HOSPITAL and Brondesbury, listing players and scores.

Brondesbury : 165 for 5 wickets. (Cochrane, 3 wickets for 52.)

Brown and Grant opened confidently for the Hospital and gave us a good start. The following batsmen failed to keep up the standard until James and Bates mastered the bowling...

the first pair putting on 82. The bowling of Cochrane and Lucey kept the following batsmen from making any dangerous attempt on our score.

v. Finchley, played at Finchley, May 4th. Result, drawn.

Table with columns for THE HOSPITAL and Finchley, listing players and scores.

Finchley : 183 for 6 wickets. (Elder, 5 wickets for 38.)

The start was delayed by rain for an hour before Finchley came out to bat. After Cochrane had taken a good catch in the slips off Grant, the three succeeding batsmen found little difficulty in scoring...

v. Hornsey, played at Chislehurst, May 20th. Result, won by 4 wickets.

Table with columns for THE HOSPITAL and Hornsey, listing players and scores.

Hornsey : 160. (Elder, 3 wickets for 36; Nicholson, 2 wickets for 20.)

The Hospital registered their first win in this match. Hornsey batted first and scored 160 for the loss of 7 wickets. Two batsmen chiefly contributed to this score, the remainder being puzzled by Elder's dangerous leg-breaks...

v. Romany, played at Chislehurst, May 21st. Result, drawn.

Table with columns for THE HOSPITAL and Romany, listing players and scores.

Romany : 184 for 3 wickets.

The match was played in perfect weather, and winning the toss, Heyland decided to bat. Brown and Grant had a good opening partnership, and later Heyland and Brown shared in another stand before Brown was out after making the first century of the season...

v. Bromley, played at Bromley, May 27th. Result, lost by 5 wickets.

THE HOSPITAL.

Table with columns for THE HOSPITAL and Leavesden Mental Hospital, listing players and scores.

Bromley : 171 for 5 wickets. (Nicholson, 2 wickets for 38.)

The Hospital won the toss, and in spite of one of the usual opening batsmen being under the impression that it was an afternoon match, North chose to bat...

v. M.C.C., played at Chislehurst, June 3rd. Result, lost by 6 wickets.

Table with columns for THE HOSPITAL and M.C.C., listing players and scores.

M.C.C. : 251 for 4 wickets. (Grant, 3 wickets for 51.)

Heyland won the toss and decided to bat. The innings started rather disastrously with Brown bowled by the first ball of the match, and North quickly following...

The M.C.C. started hitting out straight away, and runs came quickly until North took a fine one-handed catch behind the stumps on the leg side...

v. Philanderers, played at Chislehurst, June 4th. Result, drawn.

Table with columns for THE HOSPITAL and Philanderers, listing players and scores.

Philanderers : 231 for 8 wickets. (James, 4 wickets for 47.)

The Philanderers batted first on a perfect wicket, and runs came rather slowly until Matthews came in. He found little assistance the other end until Robinson joined him...

The Hospital were left with a bare two hours to make the runs, but Brown and Grant started well, making 30 in the first quarter of an hour. The rate of scoring then slowed down until Grant and Bates once again got level with the clock...

v. Leavesden Mental Hospital, played at Leavesden. June 10th. Result, lost.

THE HOSPITAL.

Table with columns for THE HOSPITAL and Leavesden Mental Hospital, listing players and scores.

Leavesden : 282 for 4 wickets. (dec.)

Leavesden batted first on a fast wicket, and faced the bowling of Lucey and Simpson. These two bowled very well, and were both unlucky in having at least two catches dropped off each batsman in the slips...

The Hospital had not been batting long before Brown was caught. North and Grant then continued slowly until North was out just before tea. After tea most of the batsmen, having stayed a short time at the wicket, proceeded to get themselves out in some peculiar way...

ATHLETIC CLUB

ANNALS Held at Foxbury on Saturday, June 17th, in garden-party weather, this meeting provided several records, a very pleasant afternoon for M. C. Dowling, and a good time for one and all, with the possible exception of one or two dyspnoic unfortunates hereinafter mentioned...

"For purposes of clarity," as the books say, "let us first consider" the running in inverse order of length. This gives the "hundreds", both open and housemen's first on the list. In the heats of the open "Hundred" some very remarkable times were recorded, considering the fact that the track was on a slight upward slope...

In the 120 yards Handicap there were small amusements too personal and numerous to record here; suffice it to say that Macpherson charged home from the 14-yard limit amidst thunderous acclaim, winning easily from Kingston and Walters...

Here we should make mention of two races not connected with the Athletic Club, but kindly provided by them, notably the Children's Race, in which the youngest daughter of Prof. Wormald, that most ardent and active supporter of Foxbury and all its doings, won a stirring contest in a canter...

In the "220" Ward (24 1/2 sec.) won fairly easily from Morris and Beck, who figured in an interesting "quarter", which Atkinson, who ran a great race, snatched from him in the last 20 yards; Lloyd was third, Atkinson's time being 53 1/2 sec.

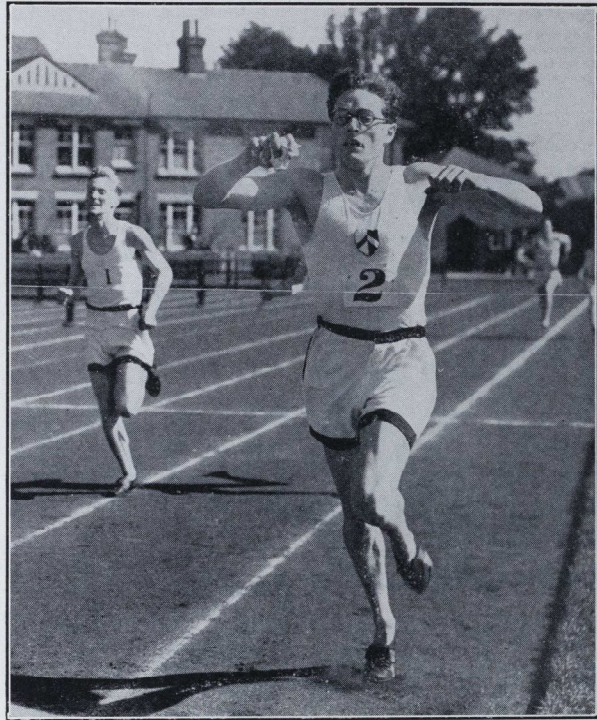
The Half-mile was another handicap event, and included one or two particularly dark horses. Douglas, Gregory and Spafford all looked well in the paddock, but all but three entrants, Lloyd

(2 min.), Atkinson (2nd) and Walker failed to stay the distance, and must be included in our list of dyspnoic heroes.

Though there were only three entrants for the *Mile*, it was a really good race to watch, since Haile, Beck and Atkinson were the three concerned. They ran, bunched well together in this order for the first-half mile, Beck obviously going very well, and then Atkinson began to drop away, leaving the others to fight it out. Their positions were still unchanged at the bell, and it was not until the

M. C. Dowling putting up astonishing performances. Ward leaped 22 ft. $\frac{1}{2}$ in., but Dowling beat him with a 22 ft. 5 $\frac{3}{4}$ in. jump. Now sit back and consider those figures in the light of Ward's own previous record of 21 ft. 8 $\frac{1}{2}$ in.! Morris was third in this rather remarkable event.

Next comes the *High Jump*, in which another record fell to Dowling, who out-jumped first Reinold (whose technique of making the bar bounce wildly whilst he sits watching horrified makes a pleasant



INTER-HOSPITALS ATHLETIC SPORTS MEETING AT MOTSPUR PARK, SURREY (JUNE 23RD, 1939). G. A. Beck (Bart.'s) wins the Half Mile Final from W. J. Atkinson (Bart.'s), 2nd.

last 40 yards that Beck passed Haile to win by 4 yards, apparently without effort (time 4 min. 34 $\frac{1}{2}$ sec.).

It is in the 120 yards *Hurdles* that we first see M. C. Dowling, who finished second to Reinold (17 sec.), who is far and away the best hurdler in the Hospital. Morris was third.

Thus by gentle stages we have reached the field events, and it was in these that the greater part of the afternoon's enjoyment lay, for here the extremes of skill and the lack of it were much more in evidence. Since the field events can be approximately divided into—

- (1) throwing oneself, and
 - (2) throwing something else,
- let us take then in that order.

In the *Long Jump* we had a really fine exhibition, A. I. Ward and

little tableau), and then Morris, to attain 5 ft. 9 $\frac{1}{2}$ in. Dowling's technique of putting on his sweater between jumps is an edifying spectacle, since he frequently only just manages to get it on before he takes it off again, but it gives an erroneous impression of his regard for his health since he uses the Western Roll for his jump, and appears to stare certain death squarely in the eyeball every time he crosses the bar.

In the *Pole Vault* Reinold again gave his celebrated bar-watching act, and pushed Shields up to 9 ft. 6 in. before the bar consistently wobbled off instead of staying put.

Dowling raised the *Discus* record to 107 ft. 7 $\frac{1}{2}$ in., beating Middleton and Atkinson, but the real highlight of this event was one of Ellis's throws, which we can only describe as an ectopic, since it went (i) in the wrong direction, and (ii) only just further than its

unfortunate projector, who apparently forgot to leave go of it until too late to avoid disaster.

Rochford won the *Javelin* event with a throw of 143 ft. from Ellis, who also threw very well. Kobelinsky was third. Gotic Mendoza also took part, throwing on the "high-dropper" principle, which, though doubtless very efficacious when the javelin is used as a weapon of offence (falling, as we are credibly informed it does, upon the upturned face of one's enemy), does not seem to persuade the thing very far in a horizontal direction.

Now comes the last category of all—the team events. Several firms (Surgical, and Pre-clinical) were entered for the *Relay Race*, run in four 220-yard sections, but the Veterans' team, even though its second man, Butler, fell, and despite the speed of Ward and of Candler, won easily (albeit they received 20 yds. in every 220). It was fitting that George Dalley should break the tape for the Veterans, since he used to be so keen a supporter of the Club.

The very last event was the final of the *Tug of War*, between Dr. Geoffrey Evans's firm and the Biologists (Medical Firms and Pre-clinical), 2 teams, made up the entrants. Dr. Evans's firm (though it is to be wondered whether some of its members, especially anchor and No. 7, had ever enjoyed the honour of being members of that illustrious galaxy of talent) won in two consecutive pulls under the skilled instruction of Mr. Howkins, who may well have done his voice a permanent injury due to his enthusiasm.

The presentation of the prizes by Mrs. Stallard bridged the gap between the Sports and a *Seavange Hunt* organized by the Club in a delightful manner, and the whole day was rounded off by a flannel dance, of which the less said the better chance your correspondent will have of surviving to attend this function again next year.

UNITED HOSPITALS' SPORTS

June 3rd was a momentous day at Motspur Park—a day of sunshine and warmth, a day on which Guy's lost the Inter-Hospitals Shield, and above all a day on which a full tug-of-war team turned out for the Hospital!

The fact that we were second with 36 points to London's 69 deserves mention if not praise; but it should be noted that the general standard of performance was higher this year than of yore, and that of sixteen events, points were gained in no less than eleven.

It seems that the sprint races are too fast for us at the moment, but in the other track events our successes were very pleasing. Who might not have run a mile to watch the mile run by G. A. Beck? It was just great, and only missed perfection by the fact that a strong wind prevented him from more than equalling his previous record of 4 min. 27 $\frac{1}{4}$ sec. set up last year. One wonders if Etheridge, of Guy's, could have kept his second place from J. P. Haile (not of Guy's) for more than a moment longer. Not content with this success Beck went on to repeat his double of last year by winning the half-mile too. The time in this was 2 min. 3 $\frac{1}{2}$ sec., including head-wind, and W. J. Atkinson, who sprinted up in grand style to finish second, was not far behind, although he also had already raced in another event, gaining third place in a fast 440 yards.

We take off our hat to J. P. Haile, who chased Etheridge for all but a yard of three miles, leaving Beck to gain an easy third; to N. P. Shields, who came out of his shell with an enormous vault of 11 ft., which made him second to the Springbok Foord; to A. I. Ward, who sprinted for one good point, and jumped the healthy distance of 21 ft. 6 $\frac{1}{2}$ in., only to be beaten by one of these high jumpers, Kennedy; and to M. A. C. Dowling, whose discus throw fetched only one point for fourth place, although it equalled the previous record, but whose high jump of 5 ft. 10 in. gained him third place in that event, in which the record was also broken.

The cake of the week goes to A. R. P. Ellis for his efforts as anchor of the tug-of-war team, which gave Guy's a very good pull, and for his throw, which was the third best in the javelin.

It has been suggested that fewer star men should be sick or crooked for next year's contest, as it is really hoped that the shield shall be returned to Bart.'s after six years of home-sickness.

GOLF CLUB United Hospitals Spring Meeting.

This event took place on Wednesday, April 19th, and was held at Worplesdon. The course and weather were simply splendid. Two rounds were played, a special prize being given for the best scratch score, and another prize for the best card (medal) returned

on one of the rounds. The event was won by Guy's Hospital. It was unfortunate that Bart.'s was so poorly represented, only three players being present—H. Robbins, H. Bevan Jones and W. McAleenan. However, perhaps more players will present themselves for the Autumn Meeting.

Inter-Hospitals Cup.

In the first round of the Inter-Hospitals Cup the Hospital were drawn against Middlesex Hospital. This match was played at Burnham Beeches on May 12th. It consisted of two rounds, foursomes and singles. Middlesex defeated the Hospital by winning the four foursomes and four games in the singles; three games were halved, Robbins winning the only single for the Hospital.

Singles.

H. Robbins	1	Dickson	0
A. Thomson	0	May	1
A. Fraser	0	Buchan	1
H. Bevan Jones	0	Warren Smith	1
J. Cawthorne	0	Pitts	1
W. McAleenan	$\frac{1}{2}$	Stumbles	$\frac{1}{2}$
L. Mundy	$\frac{1}{2}$	Dutton	$\frac{1}{2}$
G. Nel	$\frac{1}{2}$	Hardy	$\frac{1}{2}$
	2 $\frac{1}{2}$		5 $\frac{1}{2}$

Foursomes.

A. Fraser	0	Dickson	1
A. Thomson	0	May	1
H. Robbins	0	Warren Smith	1
H. Bevan Jones	0	Buchan	1
J. Cawthorne	0	Pitts	1
W. McAleenan	0	Stumbles	1
L. Mundy	0	Dutton	1
G. Nel	0	Hardy	1
	0		4

Staff v. Students.

This match was played at Denham on Wednesday, May 24th. The weather and course were perfect, and two rounds were played after lunch, singles and foursomes. Eighteen members of the Staff were present. This year for the first time the students gave the Staff one "bisque"; on previous occasions it had been three "bisques"; even so, the Staff were victorious, winning all the foursomes except two, which were halved. However, they met with greater resistance in the singles, of which they won nine, the Students winning eight, one match being halved. The Students wish to express their gratitude to Dr. Graham for arranging this successful meeting, and to the other members of the Staff for their kindness. It was indeed a most enjoyable day. It is hoped that in future, the poor unfortunate Students will receive the appropriate number of "bisques".

Foursomes.

Dr. Graham	1 up	1	A. Fraser	0
Dr. Roxburgh	1	1	G. Nel	0
Mr. Hankey	5/4	1	R. Shooter	0
Mr. Higgs	5/4	1	J. Smith	0
Mr. Harmer	5/4	1	M. Harmer, jun.	0
Dr. Harris	5/4	1	L. Mundy	0
Dr. Beattie	5/4	1	W. McAleenan	0
Sir Charles Gordon-Watson	5/4	1	C. Fletcher	0
Mr. Corbett	1 up	1	J. Cawthorne	0
Prof. Christie	1 up	1	H. Bevan Jones	0
Dr. Wade (absent)	1 up	1	P. Baldry	0
Dr. Patterson	1 up	1	C. Mathes	0
Dr. Cochran	3/1	1	H. Morgan	0
Dr. Bradley Watson	3/1	1	T. Parkinson	0
Prof. Hadfield	2/1	1	J. Balloogh	0
Mr. Hunt	2/1	1	W. Boyle	0
Mr. Blackburn	5/4	1	T. Gregory	0
Mr. Avery Jones	5/4	1	M. Golden	0
		7		0

Two halved.

Singles.

Dr. Graham	0	A. Fraser (4/3)	1
Mr. Higgs	0	M. Shooter (4/3)	1
Dr. Roxburgh	0	G. Nel (1 up)	1
Dr. Harris (2/1)	1	L. Mundy	0
Mr. Hankey (3/2)	1	J. Smith	0
Mr. Harmer (2/1)	1	M. Harmer, jun.	0
Dr. Cochrane	0	H. Morgan (3/2)	1
Dr. Beattie (1 up)	1	W. McAleenan	0
Dr. Wade	0	P. Baldry (1 up)	1
Dr. Patterson (6/5)	1	C. Mathes	0
Mr. Corbett (4/2)	1	J. Cawdric	0
Sir C. Gordon-Watson (1/1)	0	C. Fletcher (1/1)	0
Prof. Christie	0	H. Bevan Jones (4/3)	1
Prof. Hadfield	0	J. Bullough (1 up)	1
Mr. Blackburn	0	T. Gregory (1 up)	1
Mr. Hunt (6/4)	1	W. Boyle	0
Dr. Bradley Watson (6/5)	1	T. Parkinson	0
Mr. Avery Jones (4/3)	1	M. Golden	0
	9		8

One halved.

SWIMMING CLUB The season started in April with a good water-polo win at Cambridge, and although we lost the swimming 21-22, the best performance of the day was put up by C. R. P. Sheen with a fine "double". First a win in the 200 yards, followed by a 40 yards' victory in the 440 yards, in a time only a second outside the undergraduate record for the bath.

Next week we entertained the Oxford Dolphins at St. Mary's Baths, and again the swimming was lost and the water polo won. It is doubtful if the team will play a better game this season. The marking and ball control were both excellent, and the Oxford team, while seeming to be as good as ours, were never allowed a scoring chance. K. C. Horrocks (6) and J. F. Pearce (1) were the scorers, with M. J. Greenberg in goal and G. J. Walley, as usual unsinkable, also playing well.

With these two scalps, an unbeaten league record, and a goal record up to that time of 35 goals for and only 4 against, the vital match at St. Mary's was approached with a fair amount of confidence; but once again we failed, this time by the unexpectedly large score of 2-7. The first half was most exciting, and after Mary's had scored in the first minute, Bart's settled down and replied with quick goals by Pearce and Horrocks. Mary's scored a second just before half-time to draw level in a half in which Bart's had played every bit as well as their opponents, and might have had a lead but for a certain amount of unsteadiness in front of goal. The second half was all Mary's, and using their superior speed they swam right away from their Bart's opponents, and left themselves plenty of time in which to shoot. This, together with our centre-forward being manoeuvred out of position continually, gave Mary's five more goals without any in reply. The side lacked the determination shown a fortnight earlier against Oxford, the speed on to the man with the ball had gone—although this may have been due to the under-water tactics of our opponents—and there was also a certain looseness about the marking towards the end. The result was once again a demonstration of the fact that so long as we have not got the facilities for daily training we have much less chance of beating Mary's; for besides having this opportunity, Mary's, having their own bath, naturally will attract all the first-class young swimmers from the 'Varsities and schools.

The team which finished second in the Inter-Hospital League has been selected from the following: G. J. Walley, M. J. Greenberg, C. H. Hoskyn, L. A. McAfee, J. F. Pearce, J. A. Smith and K. G. Horrocks.

Water Polo Results.

Cambridge Tadpoles	Way	Won	2-1
Oxford Dolphins	Home	"	3-0
Metropolitan Police College	Way	"	12-0
Guy's	Home	"	6-3
Charing Cross	Way	"	11-0
London	Home	w.o.	
Westminster	Way	Won	10-0
U.C.H.	Way	"	12-1
St. Thomas's	Way	"	5-3
St. Mary's	Way	Lost	2-7

REVIEWS

Fractures and Dislocations. By JOHN HOSFORD. (H. K. Lewis & Co., Ltd.)

A book by Mr. John Hosford will always receive the careful attention of St. Bartholomew's men.

In *Fractures and Dislocations* he produces the first book on this subject to be written in England since Hey Groves's translations of Bohler's classic work.

The Preface disarms criticism and lightens the task of the reviewer; to quote:

"I can answer the question why has yet another book on 'Fractures' been written by saying that it is in response to the request of a number of students and recently qualified men.

"An attempt has been made to produce a book which gives more practical help and detail regarding fractures than appears in the ordinary text-books of general surgery, but yet is not nearly so long as many of the complete treatises on the subject. It is hoped that by this means the book will prove of value not only to the general practitioner who has occasion to treat fractures from time to time, but also to undergraduates working for their final examination in surgery.

"Many satisfactory methods of treating fractures have been used in the past and are in use now, and no claim is made that any one method is the best; but for the sake of simplicity and to save the reader the necessity of trying the pros and cons of various methods, only one is given in the description of most of the fractures of individual bones. It must always be remembered that the good result of treating a fracture depends not one jot so much on the method used as on the individual and continued personal care and supervision that is given, guided by simple anatomical, physiological and mechanical principles.

"The illustrations consist largely of untouched reproductions of skiagrams. These are used instead of the rather popular line drawings of skiagrams, because in practice one has to interpret original skiagrams and not read simple diagrams."

There can be no doubt that Mr. Hosford has produced a work which will be of enormous value both to students and practitioners. The book is short and handy and easy to read, the matter being divided into general chapters on the principles of treatment, and special chapters on the individual fractures and dislocations. Curiously enough muscular violence is omitted from the types of injury which cause fracture, and it is to be regretted that there is no chapter or section on the tissue changes which occur following a fracture and during the process of union.

The whole book is compiled from a direct personal experience in the treatment of many fractures, and throughout, the impossibility of making definite rules for what may be a variable set of circumstances is emphasized—an aspect of fracture treatment which is too often forgotten in these days of organized and routine treatment.

"Aequanimitas, with Other Addresses." By SIR WILLIAM OSLER, Bt., M.D., F.R.S. Reprinted from the third (American) edition. Biographical note by Sir WALTER LANGDON-BROWN, M.D., F.R.C.P. (H. K. Lewis & Co., Ltd.) Price 7s. 6d.

There are few present-day writers who can write prose which holds the reader under a spell by the sheer music of its flow. Sir William Osler delivered his addresses to Canadian and American medical men during the closing years of last century, at a time when medical teaching was just beginning to take the form that we know to-day; it was an age when doctors were beginning to discover that they had no time to think or read outside their work. As he says, "You may find too late . . . that there is no place in your habit-stricken souls for those gentler influences which make life worth living." Sir William reminds us that the fundamentals which go to make a physician have remained the same since the days of Hippocrates and Plato; he must possess, first and foremost, "the divine gift of Aequanimitas," or imperturbability, and with this must be allied "the Art of Detachment," "the Virtue of Method," "the Quality of Thoroughness," and "the Grace of Humility". The knowledge of disease and all that it entails is constantly changing: "The old order changeth, and happy those who can change with it"; but the fundamentals will remain always.

Sir Walter Langdon-Brown has written a short biography of this great teacher, whose wisdom everyone should study who would be a doctor, and would yet keep his soul.

In spite of repeated reprints, the book has long been difficult to obtain, and an English reprint of the third edition is therefore very welcome at this time.

Pye's Surgical Handicraft. Edited by HAMILTON BAILEY, F.R.C.S. Eleventh edition. (John Wright & Sons.) Price 21s.

Many text books are termed "practical" manuals, but few really deserve this title. Mr. Hamilton Bailey, though he uses the word only in the Preface and not on the cover, is to be congratulated on achieving this desirable end. In less than 500 pages there is everything that a house surgeon could wish for, including even a short treatise in his proper relations with the nursing staff! The book is notable for the clarity of the subject-matter, and more particularly of the numerous picture-diagrams, which give more valuable information than a wealth of script. In addition to sections devoted to preoperative and post-operative treatment in general and to the management of special operation cases, there are also chapters on the surgery of the nose and throat and of the eye. Fractures, in view of their importance, are dealt with with great thoroughness.

Here you will find no long descriptions of operative surgery, but you will find the possible complications and how to deal with them. You will also find how to approach a coroner, how to administer anaesthetics, and most particularly the practical side of putting on plasters and splints. There seems to be a wealth of detail in an astonishingly small compass.

A guinea may seem a lot for the size of this book; it is worth it.

Symptoms and Signs in Clinical Medicine: An Introduction to Medical Diagnosis. By E. NOBIS CHAMBERLAIN. Second edition. (Bristol: Wright & Sons.) Price 25s.

There is a truism that diagnosis is nine-tenths of medicine, yet there are surprisingly few books which cover this aspect of our training. Of the 90% who ploughed the M.R.C.P. examination last time the large majority "dropped bricks" over physical signs in the clinical.

This book approaches diagnosis from the clinical view-point and the style is lucid and interesting.

The illustrations, photographic reproductions and type are excellent, though the portrait of the lady with mitral stenosis is somewhat Hogarthian (p. 100).

The subject-matter is well compiled and presented, but the following details may be criticized:

- (i) Diminished oxygenation is held to be a cause of dyspnoea (p. 38).
- (ii) The lack of expansion on the side of a pneumothorax is noted, but the expanded state of the chest-wall itself is not observed. The physical signs of a long-standing A.P. with fixed mediastinum (a common case at Queen's Square) might have been included.
- (iii) The result of a tourniquet test should be mentioned as a sign in haemorrhagic states (Chapter 7).
- (iv) Bradycardia and choked discs are described as symptoms of increased intracranial pressure, while raised blood-pressure is not mentioned as a sign (p. 286).
- (v) The elicitation of the consensual reflex is described without further explanation of its significance (p. 313).

The characteristic temperature charts of measles and perhaps smallpox might be included in Chapter X.

These criticisms are, however, trivial; the author has succeeded in supplying us with a book we all ought to read.

Sister-in-Charge. By H. C. MONTGOMERIE. (Chapman & Hall.) Price 7s. 6d.

Let us quote from the publishers' note on the dust-cover: "The drama of a nurse's daily duties in a big London hospital, the clash of temperaments, the patients' affections, the secret sorrows of the disillusioned, the tug of emotions, the final way of escape . . . The frank and honest record of a noble girl's self-sacrifice, crowned at last with the fitting reward of love and happiness." Nothing further need be said.

Gardiner's Handbook of Skin Diseases. By J. KINNEAR, T.D., M.D., M.R.C.P. Fourth edition. (E. & S. Livingstone.) Price 10s.

This book gives as concisely as possible a survey of a very long subject, which will be of great value to the student and the general practitioner. Many views have been much revised since the original edition written by Dr. Gardiner, in order to keep pace with modern advance. The coloured photographs by the Dufay process will particularly be of use.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

(Authors are invited to send reprints and details of their publications to the Librarian, in order to render this list as complete as possible.)

- *BOURNE, GEOFFREY. "Angina of Efforts as the Only Symptom of Coronary Thrombosis." *Lancet*, May 20th, 1939, p. 1155.
- GASK, G. E. "Gunshot Wounds of the Chest." *British Medical Journal*, May 20th, 1939, pp. 1043-5.
- *GORDON-WATSON, SIR CHARLES. "The Diagnosis and Treatment of Cancer of the Rectum." *Medical Press and Circular*, vol. ccl, May 24th, 1939, pp. 492-5.
- HORDER, LORD. "The Control of Disease." *British Medical Journal*, May 27th, 1939, pp. 1071-7.
- *ROYLE, H. (WILSON-PEPPER, J. K., and). "Progesterone and the Nasal Mucosa." *British Medical Journal*, May 13th, 1939, pp. 974-5.
- *SCOTT, R. BODLEY. "Sternal Puncture in the Diagnosis of Diseases of the Blood-forming Organs." *Quarterly Journal of Medicine*, n.s., vol. viii, April, 1939, pp. 127-72.
- *WARD, E. MILFORD (ELPHINSTONE, J. J., and). "Specific Gravity of the Blood in Pneumonia." *Lancet*, May 13th, 1939, pp. 1097-9.

* Reprints received.

EXAMINATIONS, ETC. UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:

- M.D.—Evans, W. B.
- M.B., B.Chir.—Harmer, M. H.

UNIVERSITY OF LONDON Third (M.B., B.S.) Examination for Medical Degrees, May, 1939.

Honours.—*Gunz, F. W., †Murley, R. S.

- * Distinguished in Medicine.
- † Distinguished in Forensic Medicine and Hygiene.

Pass.—Arden, L. D., Bassett, T. H., Blanshard, T. P., Braines, F. M., Brooker, A. E. W., Butler, K. A., Cates, R. N., Dunn, D. M., Elmhist-Baxter, E. M., Evans, E. O., Grossmark, S., Hackett, J. T. A., Hamilton, L. A. T., Hollands, F. G., Jenkins, S. T. H., Post, F., Rogers, N. C., Savidge, R. S., Shuttleworth, V. S., Swinestead, P. D., Taylor, W. N., Williams, E. H.

Revised Regulations.

Clarke, T. H. W., Dearlove, A. R., Donkin, W., Fränkel, P., Gimson, L. V., Jackson, C. A., Lumb, G. D., Tatlow, W. F. T., Temple, J. L.

Supplementary Pass List.

- Group I.—Baum, I. H., Behr, G., Garrad, O., Harrison, R. J., Mackay, G. C., Pleydell, M. J., Rochford, J. D., Snelling, M. R., J.
- Group II.—Bennett, D. L., Craig, C. M., Frazer, A. J., Hughes, J. F., Jenkin, D. C. R. R., Jillicrap, J. S., McShine, L. A. H., Mason, M. L., Potter, F. I., Warrick, C. K., Woodham, C. W. B.
- *Part I.—Anthony, R. H., Banaji, P. B., Braithwaite, R. F., Davies, I. R., Elder, P. M., Fisk, G. R., Gillingham, F. J., Playfair, A. S. S., Smith, R. J. D.
- *Part II.—Harvey, M. W., Oscier, A. S.

* Under revised regulations.

CHANGES OF ADDRESS

- BERKE, Lt.-Col. G. T., I.M.S. (ret.), "Greenhwaite", Collington Lane, Little Common, Bexhill-on-Sea.
- CHURCHILL, M. H., Pulham Market, Diss, Norfolk.
- CURTIS, L. McL., 21, Wimpole Street, W. 1. (Tel. Langham 1542.)
- HUNT, W., "Ashmont", Carlton, Nottingham.
- LANGDON-BROWN, SIR WALTER, HARCOURT HOUSE (Flat 25), 19, Cavendish Square, W. 1. (Tel. Mayfair 4162—unchanged.)
- MAY, H. J., Godebiers, Botley, Hants.
- NASH, D. F. ELLISON, 804, Howard House, Dolphin Square, S.W. 1. (Tel. Victoria 3800—unchanged.)

THOMAS, J. SAWLE, The Dool House, Littlemore, Oxfordshire. (Tel. Oxford 7079.)
UNDERWOOD, J. E., 76, Wednesbury Road, Walsall, Staffordshire. (Tel. Walsall 2356.)

BIRTHS

CAPPS.—On June 19th, 1939, at 16, Park Square East, London, N.W. 1, to Gertrud, wife of F. C. W. Capps, F.R.C.S.—a daughter.
CUTHBERT.—On May 27th, 1939, at Newcastle, to "Thea", wife of Martin Cuthbert, M.R.C.S., D.P.M., of Ryhope—a daughter.
DARMADY.—On May 24th, 1939, at the Old Forge, Britford, Salisbury, to Mary, wife of Dr. E. M. Darmady—a daughter.
ELLISTON.—On May 24th, 1939, at Boston, Mass., to Harriet, wife of William Arthur Elliston, F.R.C.S. (of Ipswich, Suffolk)—a son (William).
GÓMEZ.—On May 27th, 1939, to Ester Elizabeth, wife of Dr. A. Gómez, of 2, Ormsby Lodge, The Avenue, W. 4—a daughter.
GRAHAM POLE.—On May 29th, 1939, to Doreen, wife of Richard Macvean Graham Pole, B.Sc., M.R.C.S., L.R.C.P., of High Bickington, UMBERLEIGH, Devon—a daughter (Jane Macvean).
HODGKINSON.—On June 10th, 1939, at Grimspound, Milford-on-Sea, Hants, to Mary Stuart (Molly) (née Knox), wife of Dr. H. L. Hodgkinson—a son (William Lloyd).
HUBBLE.—On June 21st, 1939, to Joan, wife of Dr. Douglas Hubble, of 18, Kedleston Road, Derby—a daughter.
JOHN.—On May 29th, 1939, at Stoke-on-Trent, to Nan (née Holden) and Charles John—a son.
LESSER.—On June 4th, 1939, at the London Clinic, to Joan (née Ransom), wife of Dr. S. A. H. Lesser—a daughter.
LLEWELLYN.—On May 27th, 1939, at Holmcroft Nursing Home, Datchet, to Irene, wife of E. E. Llewellyn, M.D., The Corner House, Virginia Water—a daughter.

MARRIAGES

BAYNES—LOGAN.—On June 16th, 1939, at the Parish Church, Bangor, Co. Down, by the Right Rev. the Lord Bishop of Derry and Raphoe, assisted by the Rev. Canon Bradley, M.A. (Rector), Trevor L. S. Baynes, M.D. (Lond.), only son of Mr. and Mrs. E. L. Baynes, of South Norwood, London, to Jean Moira, younger daughter of Mr. and Mrs. R. Logan, of Bangor, Co. Down.
BERRY—HOLME.—On May 24th, 1939, at Fort Johnston, Nyasaland, Dr. William Thomas Charles Berry, second son of Mr. and Mrs. Charles Berry, of Tumblewell, to Veronica Anne, youngest daughter of Mr. and Mrs. R. H. Holme, of 72, Kenilworth Court, S.W. 15.
BRAY—DESPREZ.—On May 22nd, 1939, in Paris, Dr. John Storey Barwick Bray, son of the late Major Geoffrey Edward Traherne Bray and Mrs. Bray, to Elise Soulbieu, youngest daughter of the late Ernest Haynes Desprez and Mrs. Edith Desprez, of London.
BURKITT—BAMBRIDGE.—On June 9th, 1939, at St. Mary's, Wimbledon, Frederick Thomas Burkitt, M.D., to Kathleen, daughter of the late Mr. E. C. Bambridge and of Mrs. Bambridge.
HAMBLY—CADBURY.—On May 20th, 1939, at The Friends' Meeting House, Bournville, Birmingham, Edmund H. Hambly, F.R.C.S., eldest son of the late Edmund Hambly and of Mrs. Hambly, of The White House, Port Isaac, N. Cornwall, to Elizabeth Mary Cadbury, M.R.C.S., L.R.C.P., eldest daughter of Mr. and Mrs. Henry Cadbury, of Barnes Close, Chadwich, Bromsgrove, Worcs.
JOYCE—SEILER.—On June 14th, 1939, at St. Joseph's, Newbury, James Barclay Joyce, son of the late James Leonard Joyce, F.R.C.S., of Reading, and Mrs. J. L. Joyce, to Hedwig Anna Maria Seiler, daughter of the late Dr. and Mrs. A. Seiler, of Riffelalp, Switzerland.

DEATHS

DAVIES.—On May 30th, 1939, in hospital, the result of an accident on April 4th, Frederick Mark Davies, L.R.C.P., of 90, Rodney Court, W. 9, aged 74.
KEMP.—On June 16th, 1939, John Harold Kemp, M.B., B.Ch. (Camb.), of Woodchester, Horsham (late of Wellington, New Zealand).
RIGBY.—On June 17th, 1939, in London, John Charles Alexander Rigby, M.B., B.Ch. (Camb.), late of Bildeston, Suffolk, aged 68.
STEEDMAN.—On June 17th, 1939, at 10, Rawlinson Road, Oxford, Percy Andrew Steedman, aged 36.
SWINFORD EDWARDS.—On May 29th, 1939, at 68, Grosvenor Street, W. 1, Frederick Swinford Edwards, F.R.C.S., Consulting Surgeon to the West London, St. Mark's and St. Peter's Hospitals, aged 86.

PERSONAL COLUMN



The cost of Advertising is 2/- a line of 7 words; 1/- 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 and must be prepaid.

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NEWTON COURT, Leinster Square, W. 2.—Bright and comfortable. Full board from £2 2s. Partial or room and breakfast only if desired. H. & C. basins. Bay 1624.

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 11

AUGUST 1ST, 1939

PRICE NINEPENCE

CALENDAR

Tues., Aug. 1.—Dr. Gow and Mr. Vick on duty.	Wed., Aug. 16.—Cricket: v. W. M. Maidlow's XI. Ilminster.
Fri., " 4.—Dr. Graham and Mr. Wilson on duty.	Thurs., " 17.— Last day for receiving other matter for the September issue of the Journal.
Tues., " 8.—Dr. Geoffrey Evans and Sir Girdling Ball on duty.	Fri., " 18.—Dr. Gow and Mr. Vick on duty.
Fri., " 11.—Prof. Christie and Prof. Paterson Ross on duty.	Cricket: v. Seaton. Seaton.
Mon., " 14.—Cricket: v. Somerset Stragglers. Taunton.	Tues., " 22.—Dr. Graham and Mr. Wilson on duty.
Tues., " 15.—Dr. Chandler and Mr. Roberts on duty.	Fri., " 25.—Dr. Geoffrey Evans and Sir Girdling Ball on duty.
Last day for receiving letters for the September issue of the Journal.	
	Tues., " 29.—Prof. Christie and Prof. Paterson Ross on duty.

THE ENGLISHMAN'S FOOD*

NOTHING is more taken for granted than contemporary thought and the contemporary powers of science and industry. It is common knowledge now what foods and how much of them are necessary for good health; agriculture all over the world can produce a great variety of foods of good quality; science and rapid transport can bring them in good condition to our markets. It is difficult to remember how recent all these achievements are and how slowly through the centuries, but with what accelerating pace, systematic knowledge and its practical application have advanced.

The initial problem for man was to wrest from his immediate environment as much food as he could; this he could do with varying efficiency, but until exploration and transport expanded he was limited to a very few crops; until science could analyse soil and determine the needs of

plants he was limited to the empirical methods of his ancestors and neighbours. As society became more complex, as trade increased, new problems emerged which usually depended for their solution on some knowledge not yet achieved. As towns grew in size and townspeople became dependent on food which they did not produce themselves and which could not be produced in their near vicinity it became a major difficulty, while the road system was undeveloped and there was no preservative but salt, to provide food which was reasonably wholesome. Railways, canning, refrigeration had all to be evolved as new methods for new needs. Changes in social conditions brought changes in the food of the people, but as long as medicine was based on philosophical first principles neither the desire nor the means for systematic knowledge existed, and it is only in the last fifty years that the relation of diet to health has been

* *The Englishman's Food: Five Centuries of English Diet*, by J. C. Drummond and Anne Wilbraham, Jonathan Cape. 12s. 6d. net.

scientifically studied. It was impossible to know therefore whether some change of taste like the change from wholemeal bread to whiter bread was advantageous or not. Indeed it was not till the seventeenth century that the foundations of modern chemistry and physics were laid which were the essential preliminaries of knowledge in other scientific fields.

The medieval peasant who, like Chaucer's "poure wydwe", had "thre large sowes", "thre keen", "a sheep", "a cok" and "sevene hennes", fed on—

"Milk and broun breed,—in which she found no lak;
Seynd bacoun and soumyne au cy (egg) or tweye".

It is important to remember how valuable a food bread then was, as the flour was wholemeal and stone ground and so retained the minerals and vitamins of the wheat berry; and if, as seems likely, he had a good supply of "white meats" (*i. e.* cheese, curds, etc.), his diet was not a bad one except for a deficiency of vitamin C. This deficiency was shared by the other classes of society, the manor people and their servants, the rich and poor townspeople, for vegetables and fruit were few and little used, and fruit was thought actually harmful by the doctors. Otherwise their diet was a good one, having less "white meats" but more meat and salted and pickled fish than that of the villager. Indeed the quality and variety of English roasts surprised foreign visitors as much as our dirt and avariciousness. Ale and beer, with wine for the rich and whcy for the poor, were the usual drinks. It is possible that there was a general winter deficiency of vitamins A and D, as the lack of winter feeding for cattle (there were neither turnips nor oil cake) meant the slaughter of all but the hardiest beasts in the autumn and nothing but salted and pickled meat in the winter. But the main hardship was that the isolation of the communities meant that bad harvests brought famine.

From medieval times till the eighteenth century the methods of English agriculture remained almost the same, though the emergence of the wool trade on a national scale caused the enclosures of common land under the Tudors and the beginning of the destruction of the English village life, which was based on a virtually self-sufficient peasantry. As trade gradually developed new foods came slowly in, sometimes merely increasing the variety of food

available, sometimes creating new social habits: the cheapening of sugar between 1600 and 1700, for example, made puddings possible for more people, while the arrival of tea and coffee created a social occasion when the two sexes could drink together. During the eighteenth century there was a rapid improvement in agriculture and some improvement in road communication. By the end of the century farming methods (except that there were no artificial manures) were virtually those of to-day, with winter feeding, pedigree cattle, a vast acreage under wheat and a greatly extended range of field crops. The potato was no longer a vegetable in the rich man's garden, but, in the North at least, a staple food. This expansion of agriculture rested partly on the most sweeping enclosures—three million acres were enclosed under George III alone—which brought dreadful distress to the evicted. "White meats" disappeared as a staple food, leaving the emphasis on bread and cheese, with meat whenever possible. Taste, inclining more and more to whiter bread, was slowly making it a less valuable food, but it seems likely that the increase of vegetable-growing provided a compensation for the losses in other directions. Many of the evicted found their way to the growing towns, where there had already begun the industrial revolution with its unequal share of colossal wealth and appalling misery.

The growth of the towns and the slowness of transport created problems of sanitation and freshness of food, at first unregarded or insuperable through ignorance or the contemporary inadequacy of science and industry. The increase in national wealth and international trade of the nineteenth century brought a change in social conditions, so that by the middle of the century almost the whole nation existed on bought food. This was accompanied by a rapid growth of scientific knowledge and experiment, resulting in such practical benefits as the railways, the canning and, later, the refrigeration processes. In the 1860's the deprivation to the poor caused by cattle shortage in England was alleviated by the import of canned meat from Australia: in 1866 only 16,000 lbs. were imported, but in 1871 this had reached 2,000,000 lbs. Technical advance, however, was sometimes dangerous: for example, the invention of the roller mill for flour made flour look whiter and keep better at the unrecognized expense of depriving it of

virtually all its mineral and vitamin content. As bread was more than ever the staple food of the poor—in 1892, 83% of the children in Bethnal Green had no other solid food for 17 out of their 21 weekly meals—this loss was a serious one.

As the twentieth century began society became aware that the industrial revolution had brought a terrible deterioration in the condition of the people. It was faced with a great and prosperous Empire and a people with health so ruined that 40–60% of volunteers for the South African War were unfit for the Army, and the height for recruits had to be reduced to 5 ft.; with areas where the infant mortality was 250 per 1000; with children at private schools 5 in. taller than those at council schools; with mothers so weakened by poverty that they could not breast-feed, and so poor that they tried to rear their babies on flour and water. The Royal College of Surgeons, consulted by the Government, disgraced itself by stating that an inquiry into the deterioration of national health would serve no useful purpose.

Nevertheless an inquiry was held, and revealed among other things that in some of the larger industrial towns no less than half the children in the poorer districts were suffering from marked rickets. The awakening sense of social responsibility in the community resulted in the legislation of the Asquith Government, which by expenditure for meals in schools, by grants to Infant Welfare Centres, by Unemployment and Health Insurance (the latter fought by the medical profession), by Old Age Pensions, etc., insured at least that actual hunger became very rare, though malnutrition could and did remain.

It was not until the twentieth century that there was enough verified knowledge of the properties of food and the needs of the human body for medical science to be a valuable factor in the consideration of diet. No scientist, however brilliant, can start higher than the efforts of his predecessors have raised him. For centuries medical science remained under the influence of Galen, so that it was possible for an eminent doctor in 1655 to announce that he had a thriving patient whose "meat for two years was chiefly pepper", as it, being "hot in the third and

dry in the fourth degree", suited her "humours". When research in chemistry and physics began in the late seventeenth century and grew steadily, medical theory and practice were gradually modified. The end of the nineteenth century saw the analysis of food in terms of the need for proteins and calories but there was no mention of food substances such as the anti-scorbutic principles of fresh fruit, though scurvy had existed and been treated in England for centuries. Indeed so wasteful is the system of unco-ordinated individual effort and so misleading is partial knowledge that during the last war our troops in Mesopotamia suffered from scurvy and were treated with lime-juice, though centuries before it had been empirically shown that lemon-juice was the effective preventative. Similarly rickets, though prevalent, and described as a disease since the seventeenth century, was variously attributed to such causes as inherited tendencies, syphilis, overwork, bad houses, faulty diet, and a hundred and one other possible causes as late as the end of the nineteenth century.

With the discovery of vitamins and with the tragic large-scale experiments in the effects of food shortage caused by the war, we have now reached a point when medical science can say with authority what is an adequate diet for all classes of people, and the new knowledge has encouraged the change in food habits which had already started among those who could afford it, and which has led in the last thirty years to an increased consumption of fruit amounting to 88%, of vegetables other than potatoes 64%, and of butter and eggs 50%. But the lowest cost at which such a diet can be obtained is such that over 22 millions of the population still suffer from serious deficiencies. This group contains a particularly high percentage of children. The interesting and inexpensive experiment of the "Oslo breakfast" in Norway has made it clear that the particular nutritional problem of the children, at least, could be readily solved if we so desired.

Prof. Drummond's and Miss Wilbraham's book, as well as providing fascinating and amusing reading, shows the amazing advance that man has made in knowledge and technical skill; it remains to be seen whether he will show an equal or even an approximately equal moral advance.

CURRENT EVENTS

ACKNOWLEDGMENTS FOR THE FAIR

The total profits amounted to between £1200 and £1300.

Many thanks are due to all those generous and kind helpers, without whose aid it would have been impossible to make the Fair the success it was. We mention especially the following :

The City of London Police, who not only made all the traffic arrangements, but also provided their Dance Band twice and their Military Band.

Viscount Wakefield, who contributed £300 towards the expenses.

Mr. Cochran with his Young Ladies and Italia Conti with her Children who entertained us.

The London Fire Brigade and the 2nd Bn. D.C.L.I., who provided their Bands.

Eddie Carroll, Ambrose, Henry Hall and Sidney Lipton, who sent their Dance Orchestras.

Miss Ruth Draper and Mr. W. G. Lovell for their generous donations towards the expenses.

The X-Ray Department of the Hospital, which worked overtime so that the plant could be stopped for one hour in the afternoon, in order not to interfere with the television; and H.M.V. who provided this, with the amplifying apparatus.

The St. Neots Quadruplets for appearing and raising £32 in three hours.

The Matron, Nurses and Guild of St. Bartholomew's Nurses for producing the teas in the Nurses' Home, making a profit of £125.

The members of both the Women's Guild, the "Busy Bees" and the Students' Union, who did invaluable work in the organization.

Messrs. Whitbread & Co. for organizing the very popular Bar.

Many others whose names are equally important, but so numerous as to make it impossible to include them all. Special mention must be made of Mrs. R. M. Vick and Miss Marcon (so long associated with the Trained Nurses' Institute), whose Tombola was the most successful side-show in the Fair, making a profit of £50.

THE EIGHTH DECENNIAL CLUB

(1885-1895)

The 39th dinner of the above was held at the Langham Hotel on Wednesday, June 28th, with Dr. Lewis Glover in the Chair.

The following members attended : D. L. Beath,

W. D. Betenson, E. W. Brewerton, J. E. G. Calverley, M. A. Cholmeley, W. McAdam Eccles, Lieut.-Gen. Sir Matthew Fell, Col. J. K. S. Fleming, H. Morley Fletcher, Sir C. Gordon-Watson, K. R. Hay, Major A. H. Hayes, Lord Horder, W. E. Lee, E. C. Morland, B. E. Myers, C. S. Myers, J. W. Nunn, H. Thursfield and Sir Holburt Waring.

Dr. Walter Griffiths and Sir D'Arcy Power, representing the 6th and 7th Clubs respectively, were present as the guests of the Chairman and they were welcomed with a toast.

After dinner the guests were entertained by Mr. Will Gardner, whose stories were received with rounds of applause. Later Nunn delighted the audience with his famous Cornish sermon.

Lieut.-General Sir Matthew Fell, K.C.M.G., C.B., will take the chair at the dinner next year, which will be held as usual on the last Wednesday in June.

The Hon. Secretaries would be glad if any members who have changed their address on retiring from practice would notify the same, and if any member who did not receive a notice of the dinner this year would communicate with either Sir Walter Langdon-Brown or Sir Charles Gordon-Watson.

ART EXHIBITION

1. The order forms for the Candid Camera and Gill print have unfortunately been lost. The organizers of the Exhibition ask us to apologize on their behalf and to say that they would be extremely grateful if all those who have not yet received their copies would write and repeat their order to P. F. Johnson, Secretary of the Art Exhibition, St. Bartholomew's Hospital.

2. Some exhibits have still not been removed by their owners. No further responsibility for them will be accepted by the organizers of the Exhibition.

3. Some brass rubbings cannot be found. Will anyone who can give any information about them please write to P. F. Johnson?

BART.'S FAIR

July 5th, 6th, 7th, 1939

THE four figures on the Fountain must have many secrets concealed in their bosoms : they have seen the passing of many generations of staff, students and nurses ; they have watched the involuntary nocturnal baths of many housemen ; they have seen wars and View-days. It is doubtful however whether they have seen anything stranger than the fortunately temporary metamorphoses that the Square has undergone during the past year.

On one fine September morning of last year I arrived at the Hospital feeling grossly depressed, but hoping to find some comfort from the sound of the Fountain, and from the contemplation of the blue sky above. My hopes were shattered, for as soon as I arrived in the Square, what should meet my gaze but row upon row of sandbags! I was standing at the entrance to a front-line dressing-station.

Nevertheless we lived on until July, but only to feel depressed again. I knew when I arrived one dull Wednesday morning that my gloom would only be increased by an equal gloom in my friends. Through the Main Gate I saw just what I expected—tents ready for casualties. But why were they like Joseph's coat? It must indeed be pleasant, I thought, to lose a leg in a scarlet tent. Further exploration revealed the name of the Hospital written in large white characters on the asphalt. This was designed perhaps for pilots to recognize their haven from the sky.

Then hard by the Steward's office was a large black monster. Of whom was this an effigy? No man at the Hospital had both exophthalmos and such a portly figure. Was it perhaps Epstein's Adam? No, closer inspection proved that it was not. The problem was abandoned ; a porter was consulted. He explained in one brief word—"Fair". In spite of lowering clouds of both war and rain my gloom was dispersed, for after all a fair is a fair. Happily I discovered that there was still one dressing-station left in the Square—reserved for Mr. Cochrane's Young Ladies.

At 2.45 a procession of carriages arrived from which emerged the Lord Mayor, the Lady Mayoress and their daughters. Mr. George Aylwen welcomed them with a speech, in which he said that if there was any bit of "Old England left now, it was Bart.'s". The Lady Mayoress declared the Fair open and battle commenced. I found myself amidst a galaxy of beauty containing many famous film stars and actresses, and I was lost in admiration of the young women who tried to make me

spend all my money. Wherever we went we were exhorted to buy this, to try that and to test our skill. The loud-speakers from the television tent blared out information, played music (occasionally forgetting to take the record off), and told housemen to abandon their girl friends and see to their patients. There were coconut shies and dart, skittle alleys and shove-ha'penny, penny-rolling and houpla. Our morning problems were solved by seeing the Lord Mayor driving a nail into the monster, and by finding that the painted sign "Bart.'s" was being covered by pennies. There was a Punch and Judy Show for the children, who afterwards made themselves sick on strawberries and cream. A soda fountain was found, whose owner showed apprehension for her custom, for she was next to the bar. Fortunately for her the latter was not open at the time and careful investigation proved it to be opening at 4. Our peregrination led us to the historical exhibition called "Ancient and Modern", showing old books and new apparatus ; we never realized that pewter basins, so often used for other purposes now, were bleeding bowls in reality. Hard by was a hat-making competition which gave rise to considerable mirth. Many of next year's Paris creations and Ascot models were designed here.

Passing with reluctance the darts booth staffed by two delectable young ladies, we came to the tent which presumed to divulge the secrets of our lives. We entered this hesitantly, but fortunately avoided any indiscretions. There was the lie detector which none but the most experienced and unblushing liar could deceive. At the next table one had the strength of one's middle finger tested. Here was a truly remarkable tent.

We next crossed the Square and found we could win half a crown at the expense of a severe electric shock, or we could twist string round a pencil to make a little car climb a hill. Just then we heard some girlish screams coming from a rotating house. There we had the most unpleasant experience—we thought our semicircular canals would never regain their equilibrium. When we emerged, we decided to finish ourselves off by visiting the chamber of horrors. This really merited its name for the layman : to us there were no horrors, except that pathological specimens sacred to the Museum become horrors when displayed to the public for gain. It was certainly not a place to take the children.

We went out as soon as possible and saw across the

Square a long queue. Investigation proved it to be for the Quadruplets. Being members of the Press we forestalled the crowd by going in at the back door. There we saw crowds of gaping people staring at four perfectly healthy and normal children unconcernedly playing with their toys. Their mother appeared embarrassed, but well worthy of congratulation. Just opposite, Italia Conti was showing a troupe of performing children in the Cushion Theatre.

The next morning everyone in the Hospital was waiting with keen expectation for Mr. Cochrane's Young Ladies. Students arriving late on Ward rounds that afternoon were accused of having been throwing darts at them! They were due to appear at 4, so all work stopped at 3.30. The Cushion Theatre was groaning with the crowd, and many were turned away—back into the pouring rain. We arrived a little late, and found the most beautiful young women contorting themselves in the most remarkable manner. The culmination of the exhibition was a fan-dance—oh boy!

Just outside the theatre was an advertisement announcing optical illusions. These proved not to be the young ladies, but Mr. Hamblin's cunningly designed ophthalmological tricks.

We emerged to find the bar doing a roaring trade and the soda fountain's apprehensions well founded. Every now and again a lucky man returned to the bar with a bottle of champagne won from the fizz-fishing stall, which was generously distributed amongst the thirsty crowd. We duly quenched our thirsts and left the bar to wander. Across the Square we thought we could see the Staff of 1890 without any heads; we looked again and saw it was an array of strange figures designed by *Picture Post*. Visitors put their heads in the place of the figures' heads and were photographed—strange results accrued. Near the bar other artistic efforts were displayed by some energetic pavement artists.

The Fair was reopened for the third and last day by Lord Horder. The ceremony was followed by the pleasing spectacle of Miss Jennifer Higgs—aged 8—leading Lord Horder and the Dean down the chute. We decided to let this stay in our memory by laying down our pencils, finding a charming programme-seller, and retiring with her to the bar. There we helped a friend dispose of a Jeroboam which he had won by fair means or foul.

T. R.

MORE BART.'S ARTS

A YEAR ago the first exhibition of painting and photography by present and past Bart.'s men was held. It was a success, but though the two organizers said smugly at its conclusion that they hoped it would become an annual event, neither they nor anyone else really believed it would.

That Hospital artists are more prolific than was supposed was amply demonstrated last month when, under entirely new management, the anniversary exhibition opened as an additional attraction to the Bart.'s Fair, and not only boasted as many entries, but showed a standard as high if not higher than before.

Oils Show Shift to Left

While the water-colours of the present show were not en masse so good as last year's, the oils were undoubtedly much better. To all intent they were the work of two men, Messrs. Buzzard and Burkitt, the first of whom not only dominated the show by sheer weight of numbers, but also produced the best oil—"St. Angelo, Spiaggia Piccola", a vivid landscape not without memories of Arles—and two of the best water-colours, "Trattoria San Martino" and "Griande". All his pictures are

painted in high spirits and high colour, and though some of them (such as the West End cartoons with their one-way floozies and the Sickertesque young man with incandescent hair) might have stayed at home, the rest leavened and sustained the show with practically the only genuine artistic vitality it possessed.

The belief that good drawing impairs this same vitality is a youthful fallacy that Mr. Burkitt would do well to forget. Almost as indefatigable as Mr. Buzzard, he is much more uneven in his results, and ranged from the scumbled Old Master high-lights of "The Deserted Village" and the excellent, if over fine, palette-knife painting of "Study in Reds" to his "Boy in Brown Shirt" and "Man in Red Tie", which suggest he would do best to keep out of politics.

Sir Harold Gillies' Icelandic studies, though they had the same mature charm as ever, were not so impressive as his splendid show of last year. Dr. R. S. Morshead and Dr. Stuart Fuller sent pleasant and careful if rather uninspired landscapes, Miss Buntly Worrall a still-life (whose pernicious anaemia contrasted remarkably with Mr. Burkitt's bold handling of an almost identical group), and Mr. James Douglas as blue an elephant as I have ever seen.

The Water-colours

Neither in numbers nor in average quality did the water-colours come up to last year's standard. But it is not average quality that counts. Mr. Buzzard's outstanding contributions have already been mentioned, and he was represented by a number of other pictures, nearly all of which were first-rate, "L'Après Midi d'un Arbre" striking me as particularly decorative.

Dr. Geoffrey Bourne is always a beautiful technician and his "Shadwell" came off magnificently. His "Mole, St. Tropez" was marred a little by under-emphasis of the mole.

Dr. Alan Fearnley's meticulous and rather exquisite little studies have become so polished that they are beginning to resemble a very long-established Harley Street name plate glossy and distinguished, but without very much significance; while Mr. Vartan's "Landscapes" were really pure foliage studies, and though excellent as such, not to be compared with his pictures of last year.

Dr. Hinds Howell's little oil-painting of "Thurlestone" was very properly hung among the water-colours, since it was unquestionably a water-colour in oils. From a distance it looked extraordinarily like one of Sir Girling Ball's, who was unfortunately not represented this time.

Considerable éclat was given to the exhibition by several drawings and pastels by the late Prof. Tonks, and lent by Sir Harold Gillies. Drawing indeed, a strength and discipline of line that made a cruel comparison with most other things in the exhibition, and a delicacy of colour that made even a gumma on a nigger's lip look beautiful.

The Greater Part

It is inevitable, but somehow a pity, that photography should form the major portion of a show such as this; not that much of it was not in the first flight of excellence, with Messrs. Harmer, Garrod and Billimoria sharing the laurels and the Alps. But there is something inhuman about all these sunny slopes trapped with the correct machinery, enlarged by an engineering feat, and printed matt. The camera is a reporter, and best not far from the Press-room. The picture of Mr. James Joyce, horribly suspended upon a giddy cliff, was worth all the lights and shades.

Dr. Roxburgh, too, was not far off the mark when he turned in his moving study entitled "Lot's Road Power Station".

Various

Of the assorted solitary exhibits which came into no special category, by far the best were the very beautiful

book-bindings in Native Nigerian goatskin by Mr. John Gluckman. If their finish in one or two places fell a little short of professional standard, it is still an astonishing tribute to the L.C.C. School that this was the gentleman's first attempt.

Auntie "Times", or "The Dunderer", as she has lately come to be called, chose to remark in her criticism that "the brightly-coloured patchwork bedspread was the focal point of the show", which seems very appropriate, and deeply symbolical of a whole social philosophy. Or perhaps we are reading too much between the sheets. At all events the artist proudly pointed out to us the shiny black patches that derived, he said, from his sister's pants.

The glorious series of Candid Camera studies by Mr. Charles Fletcher need no recommendation to JOURNAL readers. We had them here enlarged and mounted so handsomely that even their victims crowded to buy copies (under assumed names, of course).

And finally, beside the door, stood Mr. Sinclair-Loutit's *magnum opus*, one out of a series of soixante-neuf, bathed in the tears of all beholders, a cross between Don Quixote and a pear-drop, a monument to paranoia, conceived in sherry and executed in fruit and steel.

It is hard work getting such an exhibition together, and the organizers deserve every congratulation. Let us hope that there will still be someone left to do it again next year. G. F.

POST-MORTEM

You are a thing that was for sixty years a man,
For sixty years you felt and slept and ate,
And yet you never were.

You never thought how you, your ugly life, began;
Nor ever saw how Spring and Summer met;
For you were never there.

You had a body once, but yet you never cared
To stop it growing fat and foul, and more
Than creased with greyish dirt.
Throughout your life you never asked how England
Fared;

Then, pushed to fighting in her greatest war,
Just hoped you were not hurt.

Perhaps you never saw how droning beetle flies
Through clover-scented fields of golden corn,
Nor streaking heron dive.

And that last moment in your codfish eyes
You never wondered if you'd see the morn,
You just were not alive.

ANON.

PRELIMINARY OBSERVATIONS ON A VITAMIN C SURVEY ON MEDICAL STUDENTS

By R. J. HARRISON, A. E. MOURANT, M.A., D.Phil., and A. WORMALL, D.Sc.

IN recent times chemical tests for several of the vitamins have advanced well beyond the experimental stage, and it is now possible to apply them to the determination of the vitamin content of plant and animal tissues, blood and urine. In many cases there is not general agreement as to the precise clinical significance of a certain level of a vitamin in the blood or of the amount excreted in the urine, but there is much evidence that the excretion of certain of the water-soluble vitamins is largely determined under normal conditions by the amount present in the diet. If, for example, the diet of an average adult contains more than about 60 mgrm. of ascorbic acid (vitamin C) per day, a considerable part of the excess is excreted in the urine. Some of the "extra" vitamin may be metabolized, but it has been established beyond all reasonable doubt that the administration of a large test dose of this vitamin (equivalent to at least twenty times the average daily "minimal optimum") results in the excretion of the major portion of it in the urine a few hours later if the individual has previously had a diet containing sufficient vitamin C to meet all the requirements of the tissues. If, however, the individual was "deficient" in vitamin C, due either to a deficient intake or to an increased utilization as, for example, in certain infections, his tissues appear to be "unsaturated" with regard to this vitamin: in other words, the administration of a large excess may lead to no significant increase in his urinary excretion of ascorbic acid.

A comparison of the diets of large groups of the population in this country with the generally accepted optimum dietary requirements has shown that the diets of the lower income groups are inadequate in many respects (Orr, 1936), and a technical commission of the Health Committee of the League of Nations (*Report*, 1936) concludes that the deficiencies of modern diets are usually in the protective foods (those rich in minerals and vitamins). Assessment of the value of a diet by a consideration of the amount of meat, fish, eggs, fruit and other foods consumed is usually very difficult, except perhaps where there is communal feeding, and most of the vitamin surveys will probably be carried out with the aid of chemical or physical determinations. Investigations are now being carried out in the Department of Biochemistry to determine whether the average medical student of this College receives a satisfactory supply of certain of the vitamins. At the present time satisfactory chemical or physiological tests are available

for this purpose in the case of vitamins A, B₁ and C, and the study will be extended later when similar methods are available for the determination of the other vitamins, or for the assessment of the degree of saturation of the individual. In this preliminary report, results of a vitamin C survey on the first group of medical students are presented.

The procedure is essentially that of Harris and Abbasy (1937). This method involves the determination, on two or more consecutive days, of the resting urinary excretion of the vitamin during fixed three-hour periods, and then the determination of the amount excreted during a period 4-6 or 4-7 hours after the administration of daily large test doses. As Harris points out in several of his papers, the resting values may have little absolute significance, and the really important values are those obtained following the test doses.

Experimental

The vitamin C contents of the urines were determined by the 2:6-dichlorophenol-indophenol method (for full details of the method, cf. Harris and Ray, 1935; Abbasy, Harris, Ray and Marrack, 1935; Harrison, 1937). The urines were treated with one-ninth their volume of glacial acetic acid, and the determinations were carried out as quickly as possible, usually within ten minutes.

RESTING VALUES.

The subject emptied his bladder at about 8.30 a.m. (this urine being discarded) and again exactly three hours later. The volume and the vitamin C content of the second sample were determined. With most subjects, resting determinations were made on two separate occasions.

TEST DOSES.

At 9.30 a.m. the subject drank a solution containing a dose of ascorbic acid (B.D.H.) equal to 70 mgrm. per stone of body-weight. The test dose for a 10-stone individual is equivalent to the vitamin C content of a little more than 2 pints of mixed orange-juice. The bladder was emptied at 1.30 p.m., this urine being discarded, and the volume and the vitamin C content of the urine which was passed at 3.30 p.m., or in some cases 4.30 p.m., were measured. This afternoon period coincides with the period of maximum response to the test dose (Harris and Abbasy, 1937).

TABLE I.—Urinary Excretion of Vitamin C.

Subject No.	Ascorbic acid (mgrm./2 hour).*			Subject No.	Ascorbic acid (mgrm./2 hour).			Subject No.	Ascorbic acid (mgrm./2 hour).		
	Resting values.		After test dose.		Resting values.		After test dose.		Resting values.		After test dose.
	(i.)	(ii.)			(i.)	(ii.)			(i.)	(ii.)	
16	...	...	18.5	51	6.5	5.8	76	21	1.5	...	33
66	3.0	11.1	18.2	93	1.8	2.3	76	73	2.2	...	30
94	2.2	6.5	177	86	2.8	2.2	75	88	1.8	2.5	29
58	2.0	12.5	154	15	...	...	75	3	...	...	28
35	2.3	1.0	138	68	1.4	2.0	74	36	0.74	1.8	28
29	1.1	2.0	125	25	1.3	...	73	62	2.0	1.3	27
26	1.4	2.7	118	48	1.8	1.7	70	90	1.1	1.7	27
53	1.5	1.3	113	37	1.8	2.2	67	45	1.2	1.1	13.3
57	2.2	2.4	112	70	2.2	2.1	67	40	2.0	2.1	8.6
77	1.5	2.0	109	69	1.8	...	65	72	1.8	1.9	8.4
78	2.5	2.9	109	64	2.5	5.8	64	46	1.8	1.5	8.0
22	2.3	...	106	55	2.0	2.3	63	81	2.1	1.7	7.1
10	...	...	101	44	1.7	2.3	63	38	2.2	...	6.5
79	3.9	11.6	100	11	...	...	62	97	3.8	1.9	4.4
67	7.7	2.2	95	65	2.8	3.9	61	28	0.94	1.9	3.5
13	...	...	94	54	1.1	1.3	61	31	0.78	1.9	3.5
87	11.4	4.2	92	59	2.7	3.2	56	59	1.2	0.77	3.5
93	1.4	2.6	92	17	...	...	55	4	...	...	2.9
83	3.4	2.7	90	43	1.6	1.9	53	32	0.80	1.4	2.8
52	3.1	2.2	90	92	5.7	...	50	76	1.4	1.9	2.7
74	2.5	3.1	88	9	...	...	50	1	...	...	2.6
91	2.1	...	85	85	1.9	2.1	47	24	1.3	...	2.6
42	3.0	...	84	49	1.5	1.4	45	47	1.1	1.2	2.5
63	2.1	1.6	82	95	2.6	2.3	45	39	1.2	1.4	2.4
60	6.7	5.8	82	71	2.6	2.6	43	6	...	...	2.4
82	1.6	1.5	81	50	1.3	1.1	43	2	...	...	1.8
96	3.3	...	79	98	0.7	...	40	14	...	...	1.8
75	1.6	...	79	89	4.5	7.2	40	30	1.1	1.2	1.8
12	...	...	76	5	...	...	40	23	1.1	...	1.4

* The "resting" values are calculated for a 2-hour period to allow easier comparison with the excretion after the test dose.

Results

The results of these tests are recorded in Table I, which gives the resting values calculated for a two-hour period and the amounts excreted following the test dose. The resting values vary considerably, but on the whole the individuals who subsequently proved to be unsaturated with vitamin C gave somewhat lower values than did the saturated subjects. Low resting values do not invariably mean that the individual is unsaturated, but a high resting value is usually an indication that the subject concerned will not retain the major part of a large test dose of the vitamin.

The response to the test dose suggests that at least 22 out of 87 of the subjects examined were "unsaturated" with vitamin C. It is difficult as yet to define the minimum amount of ascorbic acid which a saturated subject should excrete under the conditions of these tests, but Harris (private communication) tentatively suggests a figure of about 50 mgrm. (per 10 stone) by the second day of test doses. In our investigations, many of the 22 subjects whom we classify as deficient in vitamin C excrete little more after the first test dose than the normal average for resting values (2 to 3 mgrm./2 hour), and the highest excretion in this group was 13.3 mgrm. There appears to be little doubt that about one-quarter of the subjects studied

had previously received a sub-optimal supply of this vitamin. Subsequent tests on these unsaturated individuals showed, however, that the degree of unsaturation was, in most cases, very mild.

The question as to whether a state of saturation is necessary or desirable is one which we shall not discuss here, but there seems no sound reason why every effort should not be made to meet the full requirements of the tissues, and there is evidence that excess of this vitamin produces no harmful results in man or any other animal. Another question which will be discussed more fully in a subsequent paper is that relating to the actual determination of the vitamin in urine. For clinical purposes the 2:6-dichlorophenol indophenol method has many advantages over other more complicated methods which have been devised for this determination. The dye-stuff method is not entirely specific for vitamin C, and the resting values may admittedly be too high, owing to the reducing action of urinary constituents other than vitamin C. Some authors (*cf.*, amongst others, Roe and Hall, 1939) suggest that many individuals on a diet which is apparently adequate may excrete little or no vitamin C in the urine, but, on the other hand, several investigators have actually isolated vitamin C as a crystalline derivative from normal urine. In this connection it is of interest to note that Archer and Graham (1936) found that

gastric and duodenal ulcer patients on a modified Lenhartz diet (containing very little vitamin C), plus about 36 mgrm. of ascorbic acid in the form of orange-juice, appeared to excrete 8 to 26 mgrm. of the vitamin per day (indophenol titration), although these subjects were undoubtedly unsaturated with the vitamin, as shown by the retention of large test doses. There appears to be no doubt, therefore, that the resting values for urinary vitamin C determinations by the indophenol, and similar simple oxidation-reduction methods, may, in some cases, have little real significance; the figure obtained is merely a sum of the ascorbic acid and small amounts of certain other reducing substances such as sulphhydryl-compounds, thiosulphate, etc., but a similar charge of non-specificity can be made against many other biochemical determinations (e.g. blood-sugar determinations). The values for the urines obtained after test doses of ascorbic acid fall into a different category, for the other reducing substances can account for a very small, or even insignificant, fraction only of the 40 to 185 mgrm. of ascorbic acid excreted by the saturated subjects examined in this survey.

In view of the fairly widespread unsaturation amongst these students, it was thought that saturation tests, to determine how much of the vitamin was required to give complete saturation, would be of some interest. These tests are best carried out by administering large test doses every day after the first test dose, until the subject excretes at least 50 mgrm. of the vitamin during the afternoon period, and in subsequent investigations this procedure will be adopted. In this preliminary survey, however, a short interval elapsed before the intensive daily dosing could be undertaken, but the data obtained are of qualitative value in indicating how much additional ascorbic acid these unsaturated subjects required.

In these saturation tests (cf. Table II), nine out of fourteen subjects who were provisionally regarded as "unsaturated" responded fairly satisfactorily to the second test dose; the unsaturation in these individuals was thus of a mild degree only, and it would probably be more correct to classify these subjects as "border-line" cases of unsaturation. Two subjects required three doses in all, one required four doses, and one was still unsaturated after his fourth dose; unfortunately, this last individual failed to turn up for more doses of the vitamin, but it is hoped that there will be a further opportunity next term to study this highly unsaturated subject.

A more complete statistical analysis of the figures obtained in this work will be reserved for a later date, when the results for about 250 students are available.

TABLE II.—Saturation Tests.

Subject No.	Response to 1st test dose (mgrm. ascorbic acid/2 hour).	Interval (in days) between 1st and 2nd test doses.	Response to subsequent test doses (mgrm. ascorbic acid/2 hour).		
			2nd test.	3rd test.	4th test.
2	1·8	68	32	...	...
4	2·9	68	60	...	...
28	3·5	48	98	...	...
30	1·8	47	5·3	4·0	110
31	3·5	47	11·4	3·7	9·0
32	2·8	48	16	114	...
38	6·5	40	62	...	...
39	2·4	40	23	99	...
46	8·0	28	158	...	...
47	2·5	28	24	...	...
56	3·5	21	40	...	...
72	8·4	7	64	...	...
76	2·7	14	30	...	...
97	4·4	1	87	...	...

The numbers investigated so far are too small to warrant definite conclusions. Perhaps it should be mentioned that no evidence has, as yet, been obtained to show that unsaturation with vitamin C is associated with an inability to pass examinations, nor do the students who reside in lodgings appear to suffer unduly as far as the supply of vitamin C is concerned.

Finally, we should like to take this opportunity to express our gratitude to Dr. L. J. Harris of the Dunn Nutritional Laboratory, Cambridge, for his helpful advice in connection with these vitamin surveys, and we are indebted to Messrs. The British Drug Houses, Ltd., for a generous supply of ascorbic acid.

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SUBJECTIVE SENSATIONS OF A SEVERE PARALYSIS

Being an account of a personal experience of Acute Anterior Poliomyelitis

IT is not the lot of everyone to learn his medicine by personal experience, but it has been in this way that I have gained much valuable knowledge of acute poliomyelitis during the last six months. I had always wanted to study a good case of "polio", and little did I expect to have such a fine opportunity. Throughout my illness I have taken many notes, and because such information is sometimes of value I shall attempt to describe, as accurately as possible, my own experience. I therefore make no apology in so doing.

It began one evening in the following way:

Dec. 9: I returned to my "digs" near Paddington at about 9 o'clock. I was very tired and chilly, for it was a cold night. When I got to my room I lit the fire and sank back into an armchair. My head was aching, and because I was feeling cold I kept drawing my chair nearer and nearer to the fire. Later on I developed a backache and felt so rotten that I went to bed.

Dec. 10: I awoke quite early, perhaps 2 a.m., with a shivering attack, but soon went to sleep again after covering myself adequately. I awoke again at 8 a.m., this time in a profuse sweat. I felt very ill indeed and did not want to get out of bed. Firstly, it was all I could do to keep warm in bed: outside it was freezing. And secondly, the thought of breakfast nauseated me. My pulse was 124. This was a bad business, for here I was, alone, in "digs" and about to get 'flu. So, realizing the situation, I hurriedly dressed and set off for home before the fever got any worse. After a long, exhausting journey in a cold sweat I reached home at lunch-time. I was hungry and ate a good meal. I now felt much better, free from backache and had only a slight headache. However, my temperature was 100°, so I went to bed. Towards evening the headache became bad again and I was obliged to draw back my head and neck to gain relief. It was a low occipital ache. Then the backache returned—now to a site between the scapulae. As the night came on it travelled downwards and gave me very little sleep.

Dec. 11: I spent to-day on the couch, feeling rather better. I ate my meals well, but was content to spend most of the day asleep, for I felt very tired. I was taking two tablets of aspirin with every meal and sweated a lot. Once more I was free from backache all day, but after tea it returned again, taking up a lumbar position this time. As the night drew on so

the backache became worse, radiating further and further down the spine, until at about 5 a.m. it was in the sacrum and became so painful that sleep was impossible. This was accompanied by an unpleasant sensation of extreme distension of the rectum. I placed a hot water bottle over my sacrum, which gave some relief, for apparently I then dropped off to sleep and did not wake up until breakfast-time, when I was free from all pain and perfectly comfortable. I ate and enjoyed a good breakfast, although I was very tired.

Dec. 12: I again spent the day on the couch. Still taking aspirin I continued to sweat freely, and slept nearly the whole day, waking up only at meal-times. At tea-time I was feeling quite weak, for I now found it quite an effort to sit up to eat, and felt more inclined to have my tea lying down. I wondered whether this weakness was due to the diaphoretic action of the aspirin, or to the toxic effect of my attack of 'flu. After tea I turned over and went to sleep. I awoke at about 7 p.m. and was startled to find how much my weakness had progressed since tea-time, for now I could scarcely raise myself on the couch. I felt perfectly well, but sapped of all energy as if I had over-exercised all my muscles. With great difficulty I got myself into the sitting position to pass water. Micturition was difficult to maintain and only a small volume was passed. I was worried. I eventually had to be lifted into bed and placed on my back, for I could perform none of these movements myself. I was able, however, to raise my head and move my arms with a tremendous effort. There was no pain. I noticed at this time that objects in the room, such as the picture-rail, were beginning to become indistinct. Later I began to see these things doubled and my eyes started to ache. I found that I could correct this symptom by tilting my head, as in the manner of ocular torticollis. I was now definitely alarmed. My temperature to-night was 101·6°. Lying helpless on my back made me become very restless. I tried to wriggle myself up the pillows to get air, for I was feeling stifled and kept taking frequent deep sighs. But I could not manage to change my position every time and so had to be helped: never before had I been so helpless and hard-up for air. I began to think that I was developing a pneumonia, and kept myself covered in case this was so. My restlessness kept me awake and I could not stand the darkness of the night. I felt much more comfortable with the light on, as I could then orientate my position in the room. My legs ached and

tingling sensations travelled up them. I wanted to pass water and was given the usual bottle. Of course I could not use the thing, and made huge efforts to kneel up in bed, which sometimes succeeded, but micturition was impossible. I recollected the functional retention occurring in doctors, medical students and other intelligent people but could not console myself.

Dec. 13: In the morning there was still inability to void urine, resulting in increasing discomfort as the day went on. The diplopia was worse. My weakness was still extreme and I diagnosed a toxic neuritis from 'flu. That meant bed for seven weeks I reflected grimly. I was angry at the idea of being catheterized because of a functional retention of urine; this appeared to be inevitable all the same. At 10 p.m. I was catheterized, and an enormous volume of very dark urine was drawn off. This relieved me immensely. Catheterization is not a painful procedure. As the catheter enters the first inch of urethra there is a sharp sting. This is followed by a slight burning sensation as the tip of the instrument passes bladderwards, until finally there is another small sting as it passes through the trigone.

Dec. 14: In the morning, a succession of doctors arrived. I was given an eye-shade for one eye, and was told to wear it until the double vision cleared up. I was beginning to realize now that my illness was quite serious and looked forward to having further medical advice. The examinations kept me entertained, as there was nothing else for me to do or think about. I was both annoyed and amazed to find the jerk-hammer fall with a heavy thud on my patellar tendon without the mere suggestion of a kick, especially as my knee-jerks have always been one of my stock entertainments. I was told to lie absolutely still until the diagnosis was confirmed later that afternoon. I was numbed with disappointment. What was the diagnosis? Having to lie still I felt was adding insult to injury. As it was, I could only move my hands and head—movements which made bed just tolerable. The first ten minutes required much will-power, but it gradually became automatic. I felt terribly depressed, and was counting every hour to the afternoon. By this time I was more used to the idea of this existence in bed. At 4.15 I was examined again, and by tea-time I was informed for the first time of the diagnosis: "You have got hold of a rotten thing. It is 'polio'." I received the news with more interest than alarm, probably because I was by now getting used to my disability, and also because I had reconciled myself to a seven-week recovery from my "flu neuritis".

I was told I had weakness of external rectus muscles without nystagmus and with no affection of the third

nerves. The right deltoid was very weak, particularly in its anterior part, and also the right spinati muscles. There was moderate general weakness of the trunk, with bulging of the right lower abdominal quadrant on attempting to sit up. The sacro-spinales were strong. Flexion of either hip was very weak indeed, and also extension of the right knee. There was no weakness of the ham-strings or of ankle movements at this time. The right knee-jerk was lacking, and the left very sluggish. Otherwise the reflexes were brisk and equal. There was marked neck rigidity, and the retention of urine was absolute. I was very relieved to know that a diagnosis had been made. I now knew for the first time the situation. I had to adapt myself to a position hard to understand—a state of motionless existence for three weeks. To think of three weeks was too depressing, so I let my mind go blank and counted the hours instead. There was nothing to do about it and it was useless to worry. That evening a nurse arrived. My interest returned. I was now going to learn something about nursing.

Dec. 17: Catheterized in the morning and again at night. My eye trouble was worrying me a lot. I kept thinking of dreadful operations for tendon shortening that might have to be done but I wouldn't really mind this if only I could walk. It was my helplessness which I hated and feared most. The eye specialist visited me this morning and removed the shield over my left eye and to my utmost astonishment I saw normally once again. This was my first sign of recovery and it raised my spirits tremendously. Lying still was now not so bad. My upper storey was well at any rate!

Dec. 19: To-day my urinary retention showed first signs of recovery. I was again catheterized as usual in the morning and in the early afternoon I was still conscious of a full bladder. As my next catheterization was not due till bed-time I tried to forget it, hoping that the desire would soon pass off. But the bladder filled rapidly and I told the nurse to send for the doctor. The retention then became acutely painful and I began to get restless. I could no longer lie still and was wriggling about in bed, making every effort to pass urine naturally into a bottle. I found that during these efforts I could start the bladder contracting, and in doing so experienced the desire to continue the act. But this was prevented by a spasm of the sphincter, resulting in extreme pain. Although I eagerly wanted to pass water because of the now very painful distension of the bladder, I was discouraged from doing so on account of the painful spasms. I was sweating freely. No doctor was at hand, and I could do nothing but pull the hairs out of my head. I had one very painful spasm resulting in a small micturition.

My joy was immense. I renewed all my efforts, which were now crowned with increasing success. Eventually I filled the bottle after a quarter of an hour. Was this the end of my retention? It was now exactly one week since I last passed urine naturally and during this time I had quite forgotten how the act took place. So in order not to forget I ordered the bottle every hour, and practised micturating! In the evening I was again catheterized after having passed urine normally. There was only a very small amount left. The thrill of being able to pass water once more kept me awake at night and I continually asked for the bottle to appreciate the return of function. I could never sleep more than about two hours at a time on account of postural aches in the back, so I spent every night lying on a pillow. My legs were kept slightly flexed at the knees by means of a "donkey" and good alignment was maintained by means of sandbags, which prevented the occurrence of deformity. This was no doubt extremely important, but I was most uncomfortable and every two hours had to have the pillows shaken, especially the spinal one. "Hollows" very often developed in them, giving rise to a local lack of support with consequent backache. It was here that I most appreciated the value of nursing. My two nurses always contrived to keep me comfortable. I am convinced that no medical man can assess the true value of nursing until he has become a patient himself. Bed-pans were a curse, and I continually needed small enemas, no doubt because of the weakness of my abdominal muscles. I disliked immensely having my blanket bath and preferred to go dirty. It caused me to feel extremely cold and always gave me a loss of appetite for the following meal.

Dec. 25: My hands were sufficiently strong to untie Christmas parcels.

Dec. 27: I looked into the mirror to find unequal pupils. I was bored.

Jan. 2: My three weeks' complete relaxation was now over—the longest three weeks I had ever known. The activity of one's brain normally corresponds to that of the body it operates. Here clearly this was not so: my will to move was met only with bitter disappointment, for, despite my efforts, the muscles did not answer and I had therefore to alter my mental outlook from an active to a passive one. The luxury of a wireless and the tremendous encouragement from my friends quickened the lengthy days and I often forgot my inert state altogether. Towards the end I became quite contented. The frequent and regular visit of my own doctor was an item I especially enjoyed and anticipated. I was now very anxious to see what I could do with my muscles. My thighs were horribly thin and I could see the lower end of the femur plainly. I worried everyone

for a prognosis but could only get an assurance that I should get all right again soon. So I looked forward to what I thought might be a three-week recovery.

(Extracts from my diary describe the progress which now followed.)

Jan. 2: "Once more I am allowed to move. I can wriggle myself about in bed but cannot turn over yet. I can still lift my head off the pillow. This evening I was given some light massage to the back muscles. I was therefore turned on to my side, but soon became hot and giddy, and massage was stopped. I enjoyed the brandy which followed!"

Jan. 3: "My right hand is able to reach my forehead and I am now having active exercises three times a week. I am allowed to contract my muscles four times in the morning and four at night. I am told that if I do much more I shall tire them—but I use them all the same."

Jan. 5: "My right hand will, at a pinch, reach the vertex of my skull. I can also draw my right leg up in bed. Good for the psoas, the first muscle to recover."

Jan. 10: "To-day I was able to sit up and let my legs dangle over the side of the bed. I was expecting to feel giddy but was quite all right."

Jan. 13: "This evening I was lifted into a chair. It was a tremendous thrill. After about ten minutes I was lifted back into bed again and suddenly felt stronger than ever before."

Jan. 14: "Yesterday I slept from ten at night till six in the morning without much disturbance—the longest time so far. I sat in a chair for one hour this afternoon. I am feeling profoundly healthy, with a roaring appetite."

Jan. 18: "I was allowed to sit up for five hours to-day. When my knees are flexed at 90° I get sharp stabbing pains above each knee-joint. The pains are symmetrically placed in each thigh and occur at two points, 2 ins. apart, and 1 in. above the upper border of the patella. My masseuse tells me these are the approximate positions of motor points. These curious pains disappeared to-day. My muscles are still tender, and if anything heavy falls on my bed, the pain produced is very great and lasts for about half a minute. I noticed this particularly when Bob leapt on my bed this evening." (Bob is a Labrador retriever.)

Jan. 30: "My doctor arrived this morning and suggested I should try to stand. By locking my knees and holding on to the back of a chair I attempted to do so and was entirely successful. But I began to get weak after a minute or two and was immediately put back to bed. My muscles then began to tremble, and I felt myself retreating to my old weakness once more. I am lying still again."

Feb. 1: "After a rest of forty-eight hours I am almost recovering from the weakening effect of my first

trial at standing up and this morning I stood once more for half a minute. I was not so tired this time."

Feb. 2: "Stood for three-quarters of a minute. I can now raise my right arm to the vertex when I am lying on my back—that is to say when gravity is eliminated."

Feb. 6: "By holding on to the sides of the chair I raised myself this afternoon on to my feet and stood alone."

Feb. 10: "Stood up to undress. My legs felt stronger beneath me."

Feb. 15: "Went downstairs for the first time, travelling on my buttocks and using my arms to propel me. This method of locomotion is quite effective and as soon as I reached the ground floor I went for my first 'pram' ride."

Feb. 19: "I walked the goose-step alone to-day, with only two sticks. I am more confident on my feet."

Feb. 26: "Walked two hundred yards with my sticks and ended up with a definite foot-drop on the left side."

Mar. 2: "To-day my left lower extremity has been swollen and blue and the tingling which occurs in it as I sit by the fire is annoying me. The left leg is distinctly colder than the right."

Mar. 6: "Fell with a crash to the ground while trying to be too clever and standing up without holding on to any support. It was a horrible fall, not because it hurt, but because I was powerless to check it. I felt as if I was falling through space at the time. I am beginning to realize now how essential muscles are in holding a skeleton together!"

Mar. 24: "I have made an anti-foot-drop device out of an elastic garter, a bootlace and a staple, which fits on to the toe of my shoe. This device rests my pretibialis effectively: in fact it works miracles."

"My hamstrings are improving a lot. Although they were found unaffected at the time of the examination, they are definitely very weak now on the left side."

Apr. 2: "I am now regularly attending the salt water swimming-baths and can do the breast-stroke. I am able to do practically anything in the water, even if it comes to dancing the polka in the shallow end."

Apr. 7: "Faradism was applied to the quadriceps, but they do not react to this yet."

Apr. 10: "My right deltoid has so improved that I went fly-fishing at —."

Apr. 17: "Stairs are now negotiated on my feet, using the banister and one stick."

Apr. 21: "Using my legs and buttocks in relays, I scaled the edge of Alumbay Chine, Isle of Wight. The journey was an unhappy one, as I was trapped by gorse bushes and had to cross these on my glutei. But it was worth it."

May 9: "Can now do 200 yards breast-stroke non-stop, and for the first time I did the crawl to-day. Two days ago, whilst walking with only one stick, I tripped over my left foot and landed with a direct blow on to my knees. I felt extremely sick for a while. I had obviously been over-exercising my muscles without realizing it."

"To avoid these painful falls I have been cultivating an efficient stage fall, but because my legs give way so unexpectedly I can never apply it in time."

May 14: "Took a stroll in Kew gardens to-day but foolishly tired myself out, and nervous fatigue set in before I could get home. My walking became slower and slower. It was quite impossible to go faster. My legs ached. When muscles get tired one can usually carry on but when nerves are fatigued one just stops. It is the clockwork itself running down."

May 15: "When I awoke this morning I was not stiff as I expected. Apparently my nerves will not allow my muscles to contract sufficiently to get stiff."

May 30: "My quadriceps and calf muscles have recovered their strength sufficiently to allow me to flex my knee when I walk. This is now the turning-point of my disability. No longer do I do the goose-step. I can now WALK and I hope will very soon run!"

June 1: "Knee reflexes present. I am now leading a normal existence again."

I should like, in conclusion, to express my deep gratitude to Dr. Denny-Brown and to Dr. W. A. Bourne for their care, and for allowing me to publish this article.

J N R S

CORRESPONDENCE

"COUNTRY LIFE"

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

DEAR SIR,—It is with deep concern that many of us note the passing of *Country Life* from the tables of the Abernethian Room. Some weeks ago a perfectly fair plebiscite was held, in the form of a list on the notice-

board, to decide between *Country Life* and the *Sporting and Dramatic*: by a small though clear majority the *Sporting and Dramatic* won. The point I wish to make is that many of those who signed their names as favouring *Sporting and Dramatic* also supported the other; and I am sure that if a census was taken of the popularity of all the literature in the A.R., both these magazines would be among the first four.

In these days when the English countryside—thanks to the speculative builder—is receding farther and farther from London, when it is becoming harder and harder for the student of small means ever to reach beyond Suburbia or the nightmare of by-pass roads and hectic traffic, then it is pleasant sometimes to be able to sink back in a chair in the A.R. and lose oneself among blue seas and white sails and rippling trout-streams.

Meanwhile, I keep seeing the *Country Life* folder lying on a table and rush to it with wild new hope—only to find it is the last copy we had, of June 10th, which has not yet been taken away.

I am,

Your obedient servant,

R. H.

St. Bartholomew's Hospital,

E.C. 1;

July 15th, 1939.

ART EXHIBITION

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

DEAR SIR.—I do not wish to appear old-fashioned but, having seen with some misgiving an article about an Art Exhibition in the *JOURNAL* last year and another notice of a similar kind this year, combined with an account of the Fair, I determined to support the Foundation, which I had not seen for thirty years while I have been in India, where, I may say, artists are not considered within the scope of mess invitations. Having done my duty by the old place so far as lay within my pocket, I went in some trepidation to the Great Hall with vague but pleasant memories of the famous portraits of the Grand Old Men of Medicine and Surgery stirring in my brain. With mingled shame and disgust I there observed the most pornographic exhibition of my life. I have always suspected that no true medical student, imbued with the great tradition of healing, could find time to do anything else, with the exception of the requisite amount of exercise necessary to sufficiently obtain "mens

sana in corpore sano". Most unfortunately the exigencies of the Service have, to the detriment of my figure, I fear, prevented me taking much active exercise recently, but in my student days we all played Rugby football, and it must be a sign of these degenerate days that despite the purchase of the new ground these young "men" seem to find outlets for their energies of which we should have been ignorant at their age in my day, and of which we should have scorned to be aware. I hope the authorities will discourage an activity which thus lowers the prestige and honour of Rahere's Hospital.

With congratulations to those responsible for the Fair last week.

Yours faithfully,

St. Kitts,

64, The Ridgway,

Wimbledon Common,

S.W. 19;

July 17th, 1939.

JAMES BAGUE

(Col. R.A.M.C. [ret.]).

COWS' HABITS

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

DEAR SIR.—My brother-in-law has shown me an extract from p. 27 of your issue of November, 1938, reporting a "howler" from the recent Conjoint Examination in Medicine.

"No. 2: The Production of Pure Milk.

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

The student who made this answer is not perhaps so wide of the mark as would appear at first sight. Injuries are sometimes caused to the udder when a cow lies there, especially in the case of an individual with a heavy pendulous udder. Such injuries are liable to become infected, and therefore a source of contamination to the milk.

Yours faithfully,

C. A. BROOKS

(M.A.Cantab.).

The Lecture House,

Dedham,

Colchester, Essex;

July 10th, 1939.

SPORTS NEWS

THE HOSPITAL.

R. N. Grant, c and b News-holme	7	G. H. Wells Cole, b News-holme	10
C. T. A. James, lbw, b Gummer	36	J. R. Simpson, b Gummer	6
J. North, b Gummer	32	P. M.C.A. Elder, run out	9
M. Bates, b Gummer	9	J. F. Lucey, c Barnett, b Maclure	19
R. Heyland, lbw, b News-holme	40	C. G. Nicholson, not out	4
D. J. A. Brown, b News-holme	6	Extras	8
		Total	186

St. Thomas's Hospital: 135. (Bowling: Lucey, 7 wks. for 45.)

Heyland won the toss and decided to bat on a wicket which had been played on three times before and yet looked in perfect condition. Grant and James opened confidently, especially the latter, who scored 32 out of the first 40 runs in very quick time. Two quick wickets followed, and it was left to Heyland and North to make most of the runs. Both hit well, and North had designs on the gassometer, but just before lunch he threw away his wicket in attempting a hook from a ball on the off stump. After lunch the batting and fielding alike seemed to be adversely affected by the excellent meal. Elder ran himself out when the slow bowlers had just appeared, and although Lucey made some good shots, we were out for the modest total of 186.

St. Thomas's started scoring at a very fast rate, thanks to Maclure. They were well placed at tea, but the interval disposed of the left-hander, and the captain was soon unnecessarily run out. Lucey, who had been bowling excellently, soon had the remaining batsmen in difficulty, and with the help of keen fielding all round we got them out for 135, thus registering our second win for the season.

CRICKET

v. St. Thomas's Hospital, at Kennington Oval, June 14th. Result, won.

v. **Haslemere C.C.**, played at Haslemere, June 18th. Result, lost.

THE HOSPITAL.		P. G. Hill, lbw, b P. Madgwick	
R. N. Grant, b P. Madgwick	52	P. G. Hill, lbw, b P. Madgwick	0
G. H. Darke, c Bentall, b Bryant	10	G. H. Wells-Cole, b J. Madgwick	5
J. North, lbw, b J. Madgwick	1	A. Gavurin, b P. Madgwick	6
M. Bates, b Bryant	6	P. McA. Elder, not out	10
S. K. Hewitt, c Standford, b Rodgers	7	Extras	10
R. Heyland, c Howell, b P. Madgwick	13		
D. J. A. Brown, lbw, b J. Madgwick	6		
		Total	126

Haslemere : 133 for 8 wks. (dec.). (Bowling : Grant, 4 wks. for 42 ; Gavurin, 2 wks. for 23.)

Haslemere won the toss and decided to bat on a wet wicket. The sky was very overcast, and after the innings had been going for about an hour, a downpour stopped the game for a considerable time. When play was resumed the remaining batsmen helped themselves to many valuable runs, thanks to some terrible fielding and dropped catches. Eventually they declared at a total of 133 for 8 wickets.

The Hospital started batting in a light which gradually got worse, and which the batsmen used as a very adequate excuse. However, this did not disturb Grant, who went steadily on to score an invaluable 50 under very trying conditions. After this, although the weather improved somewhat, the later batsmen were unable to gain mastery over the bowling ; nevertheless we managed to get near enough to make the finish an exciting one, and ended up only 7 runs short of their total.

v. **The Past**, played at Chislehurst, June 24th. Result, lost.

THE HOSPITAL.		R. Heyland, lbw, b Hay-Shunker	
R. N. Grant, b Hay-Shunker	57	R. Heyland, lbw, b Hay-Shunker	21
C. T. A. James, c Maley, b Rutherford	1	W. M. Maidlow, run out	3
J. North, b Rutherford	6	E. J. Weatherly, lbw, b Gabb	15
D. J. A. Brown, b Rutherford	0	B. C. Grettton-Watson, c Hunt, b Gabb	6
G. H. Wells-Cole, st Bamford, b Hay-Shunker	61	P. McA. Elder, not out	4
M. Bates, lbw, b Hay-Shunker	62	Extras	15
		Total	251

The Past : 252 (M. L. Maley 115). (Bowling : Grant, 4 wks. for 61.)

The Hospital batted first, and after some early wickets Grant found a partner in Wells-Cole, and these two stayed together till lunch. Afterwards Grant was soon out for an excellent 57, and then Wells-Cole and Bates put on 100 runs between them. Both eventually fell to Hay-Shunker, as also did Heyland after he had hit up a quick 20. The side were eventually all out for 251 at the tea interval.

The Past attacked the bowling from the start, there being 98 on the board before the first wicket fell. Mabey was chiefly responsible for the scoring, and he found valuable partners in Boney, Wheeler and Rutherford. When he was eventually run out just before the end, Rutherford was there to oblige with some very nonchalant leg glides, which enabled them to pass off score for the loss of 7 wickets.

v. **King's College Hospital**, played at Chislehurst, June 29th. Second Round of Hospitals Cup. Result, won.

THE HOSPITAL.		G. H. Wells-Cole, not out	
R. N. Grant, c Burrows, b Jenkins	150	G. H. Wells-Cole, not out	38
C. T. A. James, b Jenkins	0	J. T. Robinson, b Jenkins	1
R. Heyland, c Childs, b Arkell	33	J. R. Simpson, not out	60
M. Bates, st Bynoc, b Burrows	7	J. F. Lucey, did not bat	
J. North, b Jenkins	18	P. McA. Elder, bat	11
W. M. Maidlow, c Burrows, b Arkell	33	Extras	
		Total (for 7 wks. dec.)	351

Kings : 160. (Bowling : Simpson, 4 wks. for 28 ; Elder, 4 wks. for 40.)

The Hospital batted first on a perfect wicket, and after James had been bowled Grant and Heyland got together and the score mounted up slowly, Grant reaching his 50. Heyland was out just before lunch for an excellent 33. After lunch Grant found further partners in North and Maidlow, while he was on his way to the century. Having achieved this he continued to score freely, playing beautiful cricket, and eventually reached an excellent 150 before he was out. Wells-Cole and Simpson continued with the good work, and when Heyland declared at tea-time the Hospital had amassed the grand total of 351 for the loss of 7 wickets.

King's started badly with 3 wickets down for 29, but helped by some dropped catches they put on 70 for the next wicket. However, because of our large total Heyland was able to set an attacking field all the time, and the bowlers did their job excellently, the last four wickets falling without the addition of any runs.

v. **Chislehurst**, played at Chislehurst, July 1st. Result, won.

THE HOSPITAL.		D. G. A. Brown, c and b Prince	
C. T. A. James, lbw, b Moor	14	D. G. A. Brown, c and b Prince	16
J. H. J. Maidlow, c Lamb, b Prince	44	R. Heyland, lbw, b Irvin	71
J. F. Lucey, c O'Donnell, b Prince	14	G. H. Wells-Cole, not out	43
P. McA. Elder, c Bond, b Prince	9	E. J. Weatherly, not out	18
H. Beckwith, b Mack	14	J. North, b Prince	1
M. Bates, st Robins, b Irvin	24	Extras	8
		Total (for 9 wks.)	276

Chislehurst : 263 for 4 wks. (dec.)

Chislehurst batted first on a perfect wicket, but they seemed ill at ease with the bowling, 3 wickets being down for 42 runs. The batsmen got on top after this and scored freely all round the wicket. The ball was now handed over to the unrecognized bowlers, and after the partnership had been broken, this policy was continued. What at first was a successful and amusing experiment was in the end carried too far, with the batsmen scoring fours off every other ball. This naturally had a bad effect on the fielding and the tea-interval was very welcome, when they had reached a total of 263 for 4 wickets.

The Hospital set about scoring the runs in no uncertain manner and everyone contributed to the total. Heyland eventually took complete command of the situation and hit up a fine 70. After he was out there were some uneasy moments, but Wells-Cole rose to the occasion excellently, and playing the right game, stayed to make the winning hit in the last over of the match. And so an exciting finish helped to redeem what had been a bad beginning.

v. **Shoeburyness Garrison**, played at Shoeburyness, July 8th. Result, won.

THE HOSPITAL.		J. W. G. Evans, b Redding	
R. N. Grant, c Pitts, b McEvoy	60	J. W. G. Evans, b Redding	8
D. G. A. Brown, b Hazelwood	0	C. G. Nicholson, not out	33
J. North, c Hazelwood, b McEvoy	3	P. McA. Elder, c Nightringale, b Hazelwood	1
M. Bates, b Redding	110	J. F. Lucey, not out	21
W. M. Maidlow, b Redding	13	E. G. Grettton-Watson, did not bat	
G. H. Wells-Cole, lbw, b Redding	0	Extras	9
		Total (for 8 wks. dec.)	258

Shoeburyness : 236. (Bowling : Lucey, 3 wks. for 70 ; Nicholson, 3 wks. for 44 ; Evans, 2 wks. for 24.)

Shoeburyness won the toss and put us in on a perfect wicket. After two quick wickets Grant and Bates settled down and the score mounted, helped on by some dropped catches. After lunch Grant was well caught in the deep after yet another excellent innings. Following this three wickets soon fell ; Nicholson then joined Bates and another stand followed, during which Bates completed a valuable century. Nicholson and Lucey continued the good work, the latter scoring two sixes, one of which was all run ! North declared at a total of 258, leaving them 2½ hours to make the runs.

Shoeburyness started badly, half the side being out for 60. However, thanks to a first-class innings by Major Nightringale they kept the game alive all through, and the last wicket fell when they were 22 runs short of our total with 5 minutes' play remaining.

St. Bartholomews Hospital and XI v. R.M.A., played at Chislehurst on Wednesday, June 7th. Result, won by 15 runs.

The Hospital won the toss and decided to bat ; this was fortunate, as the excessive heat and the usual Wednesday alacrity had kept the home team arrivals down to seven men—at 3 o'clock !

J. W. G. Evans and H. Gavurin opened for the Hospital. While keeping an anxious eye on the gates for late arrivals (two of the Hospital side were umpiring and one scoring, leaving a total of two batsmen only to follow on !) they kept their ends up, and brought the score to respectable figures. This to such an extent that when Gavurin left, after making a worthy 25, all the eleven men had arrived.

The wicket was full of runs, and excellent contributions were made by Evans, Feanny, Bates, Ridge and Goodall. The Hospital declared after making 145 for four wickets.

The "Shop" were left with 1½ hours to make the necessary runs. Pritchard, with his first ball, clean bowled their opening batsman ; this was to begin a devastating spell. Steady bowling by Evans, Gavurin and Ridge, backed by good fielding from Goodall, Bates and Andrews, took full toll of the "Shop".

With a quarter of an hour to go the "Shop" had lost seven wickets for 90 runs. Sportingly they went for the runs, and it was left to Ridge to take the last wicket with the last ball of the last over, to win a remarkable match.

Bats : 145 for 4 (dec.). (Evans 43, Bates 25, Gavurin 25, Ridge 20 not out. R.M.A. : 128. (Pritchard 5 for 24.)

TENNIS July 1st v. **The Hampshire Regt.** Result, lost, 3-4, 2 unplayed.

A new fixture, played down at the Officers' Club, Aldershot, which, however, was well worth the trouble of getting there. Our opponents' tactics varied from the old "back to the wall" strategy of the more elderly members to the rather more typical methods of the gentleman who had recently been seconded to the Tank Corps. The match ended somewhere in the middle of the night with the 3rd pair trying hard to gain a strategic point by shooting for "sudden death" every time it was their service ; honour, however, was too strong for surrender, and the war petered out through lack of reinforcements to replace casualties.

Team : R. C. Wite, J. D. Loughborough, J. C. Bell, C. W. Manning, R. E. Ellis, B. Sullivan.

July 6th v. **Byfleet Tennis Club.** Result, lost 6-3.

A repetition of last year's fixture against the home club of one of our most worthy if elusive members. The brothers Manett were shamed into travelling some 60 miles before lunch. John Waring appeared from the pigeon-holes of the Past, even though he was minus "les pantalons", in fact a pretty formidable team descended upon the pleasant, sheltered club of Byfleet. Alas, all in vain ; the placid façade concealed a heart of steel (anyway the balls wouldn't go in the right direction), and by tea-time we were two matches down. Then we were dealt a final blow. Everyone knows, of course, that hospital teams train on milk ? Well, the long and short of it was that there wasn't enough milk. Well, of course, we couldn't rally without milk.

Team.—H. R. Manett, J. D. Loughborough ; J. B. Waring, J. E. Manett ; T. E. Fison, R. E. Ellis.

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Twelfth Summer Meeting of the St. Bartholomew's Hospital Golfing Society was held on Thursday, June 22nd, at the Berkshire Golf Club.

The weather was dull, but the rain kept off, making conditions very good for the game. Twenty members took part in the singles against bogey, which was won by Dr. James Wilson with an excellent return of 6 up on bogey. The runners-up were Mr. W. D. Harmer and Dr. H. D. White with a return of 1 up. After tea four matches were arranged for foursomes against bogey, and Mr. W. D. Harmer and Dr. H. F. Brewer came in winners with a score of 4 up.

A very good supper was provided, and the majority of players were able to stay on to form a very genial gathering. After Sir Charles Gordon-Watson had presented his cup a handsome cigarette box was displayed, which was a gift to the Society by Sir Harold Gillies, to be played for outright. It was decided that this should be played for at the next Summer Meeting, which it is hoped will be arranged at Ashridge Golf Club.

It was decided to hold the Autumn Meeting on Wednesday, October 4th, and the Secretary was asked to approach the Secretary of the Northwood Golf Club.

The following were the results of the meeting :

Cordon-Watson Cup.	
James Wilson, 6 up.	Last 9 holes : R. S. Corbett, 1 up.
W. D. Harmer	C. A. Francis
H. D. White } 1 up.	James Wilson } All square.
	J. Spencer }
Foursomes.	
W. D. Harmer } (4 up)	First 9 holes : W. D. Harmer
H. F. Brewer } (4 down)	H. F. Brewer } All square.
H. D. White } (4 down)	H. D. White } (1 down).
F. Heckford } (4 down)	James Wilson }
G. Graham	

SHOOTING The Rifle Club has to report a very entertaining and nevertheless comparatively successful Disley Season. It is, we consider, a subject for congratulation that though we have perhaps done less practice and strained ourselves less than members of other Hospitals, we have more than held our own in the competitions. Moreover, it is certain that none of our rivals can have enjoyed what might be termed "the social side of rifle shooting" so consistently as we.

In the Armitage Cup (Inter-Hospitals) we picked up from 4th place at the end of the first stage to a close 2nd in the final result on a splendid score, equal with the best, at the second stage.

The N.R.A. Inter-Hospitals Cup in Bisley Week saw us finish second again, this time to a different winner, thus proving our commendable consistency.

B. P. Armstrong is to be congratulated on the following triumphs : the 600 yards range prize, the best aggregate score for the Hospital, on representing the United Hospitals, and on reaching the 2nd round in the shoot for the King's Prize. Other notable performances were the winning of spoons by J. A. Atwill and M. A. Fawkes ; and Pitt's second score—11 more than his previous best—in the second stage of the Armitage Cup, when it was most needed.

Scores :		ARMITAGE CUP.	
G. Canti	93	G. Canti	96
B. P. Armstrong	98	B. P. Armstrong	101
M. B. H. Golden	95	M. B. H. Golden	98
J. A. Atwill	94	J. A. Atwill	96
N. P. Pitt	87	N. P. Pitt	98
G. H. Pickering	88	G. H. Pickering	96
M. A. Fawkes	—	M. A. Fawkes	—
	Total	Total	555
Result :	London	1145	
	Bart's	1140	
	St. Thomas's	1137	
	Guy's	1136	
	St. Mary's	1132	
	Middlesex	1092	

N.R.A. INTER-HOSPITALS CUP.	
G. Canti	93
B. P. Armstrong	96
M. B. H. Golden	93
J. A. Atwill	89
N. P. Pitt	—
	Total
Result :	Guy's
	St. Bart's
	London
	St. Thomas's
	St. Mary's
	Middlesex

REVIEWS

Sexual Disorders in the Male. By KENNETH WALKER, F.R.C.S., and ERIC B. STRAUSS, D.M., F.R.C.P. (Hamish Hamilton, Ltd.) Price 10s. 6d.

In their chapter on "Psycho-sexual development" Mr. Kenneth Walker and Dr. Strauss trace from a boy's earliest days those errors in upbringing—psychological insults inflicted by parents who are relics of a less enlightened age—which are responsible for the neuroses and sexual disorders to be found in such a vast number of males in all walks of life.

An infant's early awakening to the "bodily pleasure-pain principle" is always trodden on very harshly by those in charge of him—fairly rightly too, because uninhibited infantile habits are not always lovable; but in the feelings of disgust, fear and guilt engendered by over-severity at that time lie the foundation of many later troubles. At the age of puberty a boy enters the crucible of public school life, where he is taught—if he listens—to associate Sex largely with feelings of Shame and the horrors of Venereal Disease. Then, when he is a little older, his first experience of heterosexual feeling—the stage of "calf-love"—is made an object of ridicule by all, filling him with yet more disgust for the whole question.

If by any chance he ultimately becomes a medical student, he is given an absurdly small amount of teaching on the subject of sex, although patients suffering from the various types of disorders described in this book form a large and important part of general practice. Indeed, two cases are mentioned of medical men, one of whom had been made a recluse and a misanthrope solely by reason of possessing a small penis,

OUR CANDID CAMERA



"I can't get my finger in."

and another who had led a life of misery because one of his testicles was abnormally low. This book, then, will serve to fill a very vital gap in the knowledge of medical men as a whole. Throughout it is most excellently and entertainingly written, and maintains a well-judged balance between the points of view of genito-urinary surgeon and psychologist.

The last chapter, on "Sexual Difficulties in Marriage" should be presented in a silver-bound folder to every couple at the time of their wedding ceremony—if not when their engagement is first announced.

Physiotherapy in Medical Practice. By HUGH MORRIS, M.D., D.M.R.E. (Messrs. Edward Arnold & Co.) Price 12s. 6d.

Dr. Morris in his preface carefully explains the object of his book, which is to enable the practitioner to obtain a sufficient knowledge of the subject to prescribe the treatment for his patients himself, in preference to leaving the choice to the masseuse.

This book undoubtedly fulfils its object. It opens with a chapter on "some physical principles" of Electricity and Light, which is written in such a form as to be easily understood, and proceeds to give details of all the currents and forms of apparatus used in Electrotherapy; there is a brilliant chapter on Electro-Diagnosis, with diagrams of the chief motor points which alone make the book worth having.

It is a great advantage to have incorporated in one book Electrotherapy and Light.

Dr. Morris perhaps rather over-estimates the value of ultra short-wave treatment, particularly in the case of pelvic infections, and in this connection rather under-estimates the value of diathermy for all forms of pelvic inflammation. The section on Diseases and their Treatment is perhaps a little too generalized, but the book finishes with a most useful glossary.

On the whole it is an extremely good book, which all practitioners should take an early opportunity of reading.

An Introduction to Dermatology. By NORMAN WALKER, K.L., M.D., LL.D., F.R.C.P., and G. H. PERCIVAL, M.D., Ph.D., F.R.C.P. Tenth edition. (Edinburgh: W. Green & Son, Ltd.) Pp. xvii + 391. 102 plates and 96 illustrations in the text. Price 20s.

This well-established textbook has been considerably revised since the last edition six years ago, especially in the section on dermatitis, where the conditions with similar clinical aspect and aetiology are grouped together. The style of writing envelops the book in an old-world atmosphere; perhaps this is due to its long history since the first edition in 1899, and partly to the universal use of latin names of diseases. But the content is entirely up-to-date, with a few exceptions. There is, for instance, no mention of vitamin B₂ in pellagra, the Kathiolan treatment of scabies is omitted, and psychiatry is given no place in the treatment of dermatitis atopica. It is also surprising that the authors consider that indigestion plays an insignificant part in the genesis of rosacea; and are "drowsiness and diminished secretion of urine" really "the well-known symptoms" of poisoning with salicylates?

The best feature of this book is its copious illustration with excellent coloured plates, photographs and thumbnail histological sketches. The worst feature is the index, which is lamentably scanty.

Recent Advances in Medicine. Clinical Laboratory—Therapeutic. By G. E. BEAUMONT, D.M., F.R.C.P., and E. C. DODDS, M.V.O., D.Sc., Ph.D., M.D. Ninth edition. (J. & A. Churchill, Ltd.) Pp. xvi + 431. Price 15s.

None of the Recent Advances series of books are really true to their titles. They comprise in most cases reviews of those fields of scientific medicine in which progress is at present most rapid, and must for clearness include much that is no longer recent. But the title of this book is definitely misleading. There are, indeed, sections devoted to such topics as the sulphanilamide group of drugs, the fourth lead in electrocardiography and the protamine insulin, and some recent personal observations by the authors are given; for instance on the estimation of the B.M.R. and in the use of sanocrysin in pulmonary tuberculosis. But in the main the book

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

consists of up-to-date accounts on the one hand of standard treatments, and on the other of diagnostic procedures in a number of disease conditions. It is not easy to see to whom exactly the book is addressed. Laboratory workers do not require the extremely detailed accounts of the dietetic treatment of peptic ulceration and diabetes, nor do clinicians need to know the precise details of every laboratory procedure. It would be more satisfactory to have two books, one clinical and the other technical, which between them could cover more essential ground.

But there is plenty here to interest an inquisitive mind. The lengthy chapter on the treatment of diabetes is excellent. That on the treatment of peptic ulcer is comprehensive, but surely the Meulengracht treatment of hamatemesis deserves greater prominence. There is a good chapter on the diagnosis and treatment of the various types of nephritis (though many will quarrel with the terminology employed), and there is a good review of the present state of knowledge of the sex hormones. Perhaps the most valuable feature of the book is the extensive bibliography at the end of every chapter.

Dietetics in General Practice. By LESLIE COLE, M.D., F.R.C.P. (John Bale, Sons & Curnow, Ltd.) Price 3s.

Although some of the forms of diet given in this book with relation to certain metabolic disorders conflict with recent teaching, it is a useful summary of a subject which is of vital importance to the medical practitioner. The first part deals with the balance of normal diet and gastro-intestinal disorders, while the second covers derangements of the genito-urinary and cardio-vascular systems, and most of the acute and chronic infections. There are special chapters on food allergy and infant feeding.

Sexual Freedom. By RENÉ GUYON. (The Bodley Head.) Price 15s.

Written by a Frenchman, this book seemingly puts forward every justification for the universal legitimacy of sex acts. Having examined the origins and fallacies of the taboos that surround our sexual activities, he paints an attractive picture of the results of leading a life of complete sexual freedom. Marriage is an anachronism—a "well-travelled" man is one who has had intercourse with women of all races. In our over-regimented civilization the domain of sexuality still remains for adventure to flourish.

Despite frequent repetition of the main theme this book deals in an interesting and intelligent—if at times over-enthusiastic—way with a subject which should receive the consideration of all medical men.

BOOKS RECENTLY ADDED TO THE LIBRARY

- ABERNETHY, *Enquiry into the Probability . . . of Mr. Hunter's Theory of Life*, 1814.
 BEESLY and JOHNSTON, *Manual of Surgical Anatomy*, 5th ed., 1939.
 KLEIN, *Anatomy of the Lymphatic System*, 2 vols., 1873-5.
 MARSHALL, *Detachment of the Retina*, . . . , 1936.
Proceedings of the International Congress on Rheumatism and Hydrology, 1938.
 WALKER and STRAUSS, *Sexual Disorders in the Male*, 1939.

CHARTERHOUSE LIBRARY.

- Association for Research in Nervous and Mental Diseases, *The Pituitary Gland*, 1938.
 BAKOER, *Some Applications of Organic Chemistry to Biology and Medicine*, 1930.
 FESSARD, *Nerfs myélinisés*, 1936.
 —, *Nerfs non-myélinisés*, 1936.
 HESS, *Die methodik der lokalisierten Reizung und Ausschaltung subkortikaler Hirnabschnitte*, 1932.
 HEYMANS and BOUCKAERT, *La sensibilité réflexogène des vaisseaux aux excitants chimiques*, 1934.
 JAKOB, *Die Extrapyramidalen Erkrankungen*, 1923.
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- *ABERCROMBIE, G. F. "The Elimination of the Breech Presentation from Private Practice." *Proceedings of the Royal Society of Medicine*, vol. xxxii, June, 1939, pp. 930-2.
 ABRAHAM, SIR ADOLPHE. "Facial Diagnosis." *Practitioner*, vol. cxliii, July, 1939, pp. 107-12.
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 * — "Rheumatic Diseases of the Spine." *Clinical Journal*, vol. lxviii, June, 1939, pp. 227-35.
 BANKS, T. E. See HOPWOOD and others.
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 — "The Epidemiology of Jaundice." *Proceedings of the Royal Society of Medicine*, vol. xxxii, June, 1939, pp. 933-50.
 DUNHILL, SIR THOMAS. "Diaphragmatic Hernia." *St. Thomas's Hospital Gazette*, vol. xxxvii, June, 1939, pp. 112-22.
 GASK, G. E. "The Cult of Esculapius." *Lancet*, July 8th, 1939, pp. 90-1.
 *HOPWOOD, F. L. (and PHILLIPS, J. T.). "Polymerization of Liquids by Titration with Neutrons and Other Rays." *Nature*, vol. cxliii, April 15th, 1939, p. 640.
 — (NAHMIAS, M. E., BANKS, T. E., RANN, W. A., and GRIMMETT, L. G.). "Apparent Existence of a very Penetrating Radiation from Radium and (Radium + Beryllium)." *Nature*, June 24th, 1939, pp. 1065-6.
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 *MACMAHON, CUKILANDI. "The Treatment of Dysphonia and Allied Conditions." *Journal of Laryngology and Otology*, vol. liv, 1939, 7 pp.
 *MARSHALL, J. COLE. "Case of a Giant Hole of Retina; Numerous Complications; Successful Visual Result after Four Years." *British Journal of Ophthalmology*, June, 1939, pp. 360-73.
 *NIXON, J. A. "Medical Referees under the Workmen's Compensation Act." *Lancet*, April 22nd, 1939, p. 944.
 * — "British Prisoners Released by Napoleon at Jemmer's Request." *Proceedings of the Royal Society of Medicine*, vol. xxxii, June, 1939, pp. 877-83.
 PHILLIPS, J. T. See HOPWOOD and PHILLIPS.
 *SAVAGE, OSWALD A. (and TAYLOR, H. J.). "Preliminary Observations on the Oxygen and Carbon Dioxide Gas Tensions in the Knee-joint in Normal and Pathological Conditions." *Annals of Rheumatic Diseases*, vol. i, May, 1939.
 STRAUSS, E. B. See WALKER and STRAUSS.
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 * — (GAUNT, W. E., and). "Immunological and Chemical Properties of Carbo-benzoyloxy-proteins. I. Serum Globulin and Egg Albumin Derivatives. II. Insulin Derivatives." *Biochemical Journal*, vol. xxxiii, June, 1939, pp. 908-19.
 * Reprints received.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

Final M.B. Examination, Easter Term, 1939.

Part I.—Bull, M. M., Cardwell, J. L., Evans, W. J. G., Graham, G. D., Grettton Watson, B. G., Grunbaum, L. N., Irving, K. C., Isaac, P. W.

Part II.—Coupland, R. I. G., Curl, O. J., Dixon, K. C., Fletcher, C. M., Gauvain, J. H. P., Hay, K. M., Isaac, P. W.

Qualifying Examination in Anatomy for Medical and Surgical Degrees, Easter Term, 1939.

Evans, J. W., Fison, J. L., Lucas, R. M.

Qualifying Examination in Physiology for Medical and Surgical Degrees, Easter Term, 1939.

Douglas Jones, A. P., Firench, G. E., Fison, J. L.

CONJOINT EXAMINATION BOARD

First Examination, June, 1939.

Anatomy.—Burkeman, L. E., Emtage, C. S., John, W. R., Sheeh, C. R. P., Thursby-Pelham, D. C.

Physiology.—John, W. R., Lambert, C. S. L., Mistlin, I. L., Perkins, C. P., Thursby-Pelham, D. C., Wells-Cole, G. H.

Pharmacology.—Conte-Mendoza, H., Gollidge, A. H., Roberts, T. M. C., Sinclair-Loutit, K. W. C., Spafford, A. J. H.

Pre-Medical Examination, June, 1939.

Chemistry and Physics.—Austin, B. G. M.

Biology.—David, G., Jackson, L. G., Nicholas, R. E.

CHANGES OF ADDRESS

CHURCH, J. E., C.M.S. Mission, p/o Kabale, Kigezi, Uganda, E. Africa.

HOTCHKIS, R. D., "Rathmore", Kennedy Gardens, St. Andrews, Scotland.

INGLEBY-MACKENZIE, Surg.-Cdr. K. A., R.N., H.M.S. Royal Sovereign, c/o G.P.O., London.

MARTIN, D. G., St. Richard's Hospital, Chichester, W. Sussex.

MORGAN, E. W., 1, Ladbroke Court, 21, Ladbroke Gardens, W. 11, and 117, Portobello Road, W. 11.

PALMER, C. SPENCER, Hyde House, Manscombe Road, Livermead, Torquay.

PENNY, A. G., 22, Stafford Road, Artarmon, New South Wales.

WEIR, H. I., Rahere Lodge, Rhinefield Road, Brockenhurst, Hants.

WRIGHT, P. M., at Central Chambers, Northwich, Cheshire.

APPOINTMENTS

CASTLEDEN, L. I. M., M.D. (Lond.), M.R.C.P., appointed Physician to the Redhill County Hospital, Edgware.

MACVINE, J. S., M.B., F.R.C.S.E., M.C.O.G., appointed Obstetrician, Grade I, to the Central Middlesex County Hospital, London, N.W. 10.

VARTAN, C. K., M.C.O.G., F.R.C.S., appointed Assistant to the Gynaecological Department, St. Andrew's Hospital, Dollis Hill.

BIRTHS

HARTLEY.—On May 8th, 1939, at Gravesend, to Betty (*née* Millar), wife of Kenneth Hartley, M.B., B.S.—a daughter (*Rosemary*).

SMALLHORN.—On July 5th, 1939, at The Paddocks, Ruskington, Lincolnshire, to Pamela (*née* Glover), wife of Dr. Thomas Smallhorn—a son (Anthony Peter).

MARRIAGE

SIMMONDS—AYRTON.—On July 8th, 1939, at the Parish Church, Bingley, Francis A. H. Simmonds, of Clare Hall, South Mimms, to Agnes Margaret, elder daughter of Henry Ayrton, of Bankfield, Bingley.

DEATHS

BLAIR.—On July 8th, 1939, at Killingworth, Claygate, Surrey, Dr. C. S. Blair, late of Richmond.

RANKING.—On July 4th, 1939, Robert Maurice Ranking, M.D., M.R.C.P., of 16, Frant Road, Tunbridge Wells, aged 63.

PERSONAL COLUMN



The cost of Advertising is 2/- a line of 7 words, 1/- 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 and must be prepaid.

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A RUMMAGE SALE

will be held on Thurs., November 2, in the Hospital

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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, 19, Harcourt House, Cavendish Square, W. 1.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLVI.—No. 12

SEPTEMBER 1ST, 1939

PRICE NINEPENCE

CALENDAR

Fri., Sept. 1.—Dr. Chandler and Mr. Roberts on duty.

Tues., „ 5.—Dr. Cow and Mr. Vick on duty.

Fri., „ 8.—Dr. Graham and Mr. Wilson on duty.

Tues., „ 12.—Dr. Evans and Sir Girdling Ball on duty.

Fri., „ 15.—Prof. Christie and Prof. Paterson Ross on duty.

Last day for receiving letters for the October issue of the Journal.

Tues., Sept. 19.—Dr. Chandler and Mr. Roberts on duty.

Last day for receiving other matter for the October issue of the Journal.

Fri., „ 22.—Dr. Gow and Mr. Vick on duty.

Tues., „ 26.—Dr. Graham and Mr. Wilson on duty.

Fri., „ 29.—Dr. Evans and Sir Girdling Ball on duty.

WAR OR NO WAR . . .

A WEEK ago, when I first contemplated this Editorial, my firm intention was to write on the subject which most closely concerned nearly all of us at that time—that of Holidays. Since then war has enveloped us with overwhelming intensity; to-day we have performed manual labour—some of us for the first time in our lives—in the act of filling sacks with sand; to-morrow who knows what is before us in the days that are coming? Perhaps the clouds will blow over as they did last September, though we must hope that the winds that blow them away will be of a different nature. Or perhaps we shall embark on a life the character of which we can only guess at darkly and vaguely. Whatever sort of life it may be it will not find us unprepared, and whatever we are called upon to do there can be no doubt that we shall do it with energy if not with skill, and cheerfulness if not with effect.

Hitler, we are told with assurance from reliable quarters, was a victim of what psychologists call the "œdipus complex"; in that fact alone seems to me to lie the biggest lesson the doctors of the future can learn from the present state. It would be idle for me to explain what an "œdipus complex" is; let it suffice to say that Hitler's whole outlook on life is the result of certain failings in the relations between his father and mother and himself. Mussolini, we know, also is what he is for psychological reasons of a rather different nature. Is it too much to hope that the general practitioner of the future may profit by these examples and learn to educate the world's parents, that their children's lives may not be made a misery to themselves and, in such extreme cases as these to thousands of millions of the human race besides?

Stekel says: "Psychotheraputists and general practitioners can devote themselves to a grateful task

by trying to educate parents. What more important mission can a doctor fulfil? Perhaps as a new age dawns there will come new human beings and new outlooks. We live in a time of transition. . . ."

But I was going to talk about Holidays—and neither Hitler nor Chamberlain nor Wars will turn me from my purpose. Whatever the future may hold in store for us, most of us will be able, if we have time, to look back upon hot sunny August days by the sea, or among mountains or green valleys. Days when the unconscious mind was devoted entirely to the object of letting the body store ultraviolet rays against the winter; days when the conscious mind dwelt only on the gentler things of life.

For me the memory that will stay is of a Kerry trout stream in the evening, with the sun casting the shadow of a blue mountain across the pool—and a heavy fish rising to my fly at the tail of the eddy under the far bank . . .

But we must not forget that there are some of us who have not started on their holiday; to them we can only give our deepest sympathy. I can well believe, as I heard the other day, that after a man's holiday the cilia in his nose work about ten times as fast as they did before. And yet there are people in

this Hospital of ours who dare not take a holiday for fear they might miss some priceless pearl of knowledge while they were away; surely, if they miss their holidays, they are missing things far more important than knowledge; things that make the difference between a doctor and a fact-full automaton.

Those who shake their heads and pretend they know have been telling us for a long time that if another war came civilization would be doomed. I cannot accept that. "While there's a wind on the heath", said Borrow, while there are still left unspoiled pieces of earth where man and his imagination can wander freely, then no paltry dictator can take Life away from us. I am convinced that there is an ultimate purpose in everything, and that if War comes it must bring with it in the end some benefit to mankind, hard though it is to see now what that could possibly be.

Finally we must state here that if this War happens this will be the last issue of the JOURNAL until it is over. And yet at this moment I still cannot shake off a deep sureness that circumstances will allow the next number to be produced as usual. No doubt we shall all know the worst before this appears in print.

OUR CANDID CAMERA



"I suppose those are our 'planes!'"

APPOINTMENTS

ROYAL COLLEGE OF PHYSICIANS

LORD HORDER has been appointed Harveian Orator for 1940.

The Weber Parker Prize and Medal awarded to SIR PENDRILL VARRIER-JONES for his work on Tuberculosis at the Papworth Village Settlement.

ROYAL COLLEGE OF SURGEONS

H. TAYLOR and A. H. MCINDOE have been elected to Hunterian Professorships.

As Others See Us

From "The Diary of a Guy's Student, October–November, 1811" (*Guy's Hospital Gazette*, August 26th, 1939).

"10 mo. 17 (17th Oct., 1811).—Went to Dr. Hayton's lecture at eight. Went through the area of St. Bartholomew's Hospital. It is composed of four large stone buildings surrounding a very large yard."

INTRODUCTION TO MEDICINE

By F. AVERY JONES, M.D., M.R.C.P.

"The inevitable subdivision of medicine into specialization has broken the continuity of teaching. The value of the 'general approach' to any and every case, whether to a tonsillar infection or a patch of erysipias, an enlarged prostate, or an anxiety state, is in danger of being forgotten. Investigation is tending to supersede and exclude, instead of to supplement clinical appraisement. In his first three years, the student observes and investigates too little; in his last three years, while learning to observe and investigate, he forgets his physiology and thinks too little."—PROFESSOR J. RYLE, "Clinical Sense and Clinical Science", *Lancet*, 1939, i, p. 1083.

IT is only by a complete understanding of the patient, his ancestry and environment, that the physician can fully assist the work of Nature in the treatment of disease. The "general approach" with its appreciation of these factors in the cause and treatment of illness is an aspect of medicine which should be emphasized at the very onset of clinical work.

Senior students tend to think of illness in terms of abnormal physical signs, or disturbed biochemistry only, and to treat the disease, rather than the patient. They find patients dull and uninteresting when they do not present any gross abnormality, and this is unfortunate, for such cases will form the bulk of those seen later in general practice. This attitude of mind may be due to a lack of appreciation of the "general approach" to medicine.

A disease process can be described in mechanical or biochemical terms, but its effect on man can seldom be accurately predicted, for the human element plays so large a part. Medicine is not, and cannot be, an exact science. It is important therefore that at the most impressionable time of his career, on first entering the Hospital, the student should be introduced, not only to the scientific aspect of medicine, but also to the patient as an individual. He must realize the role of heredity, past life and habits, environmental circumstances and anxieties in relation to the cause and treatment of illness. Such an approach to medicine might be encouraged by a series of demonstrations given during the first three months of clinical work in conjunction with the preliminary medical course. Whenever possible, a patient well known to the physician would be the subject of the discussion. The history would be elicited and heard in the patient's own words, and any relevant points in the past or family history would be emphasized, and the effect of the illness on the life of the patient shown by suitable questions. The student would see and hear a patient, whose life, perhaps, had

been profoundly upset by his illness and would appreciate the part played by the physician in assisting the return to normal. He would realize the immense power of mind over body, not only the part it plays in the cause, but also in the progress of the disease. He might observe that the unhappy patient is not necessarily the one with the greatest disability, but rather the one who cannot adapt himself to his malady. Such demonstrations could be augmented by a simple discussion, and a brief account given of the main problems which the disease still presents. It would be possible to give a bird's-eye view of the problems of medicine and an appreciation of the progress that has been made in recent years. Such cases as the following could be shown:

Mrs. A., who was the first diabetic in this Hospital to receive insulin, 17 years ago. She gives an excellent description of her symptoms and illustrates one of the major advances of medicine. Of great interest is the account of her restricted life before insulin, and her full and active life to-day on a practically normal diet. The student has already a fair knowledge of the physiology of insulin, and a brief description of the new insulins and their use in this patient makes an interesting introduction to clinical diabetes. The student would gain the impression of medicine as a rapidly advancing science. Further possibilities and problems could be briefly discussed.

Mr. B., a straightforward case of pulmonary tuberculosis. The consequences of the disease on the patient's work and future life could be brought out, as well as his reaction to his disease. The morbid anatomy could be simply discussed and illustrated by X-rays and specimens. The student would remember, not only this material side, but also the responsibilities of the physician in establishing a diagnosis which may gravely affect a patient's economic life. Further, an account of tuberculosis as a problem of public health would stress the relationship of the community to an infectious disease.

Mr. C., a hæmophilic who has suffered all the classical manifestations of his disease, and who proudly produces his family tree, which he has seen fit to continue. He would be an interesting case for a discussion in eugenics.

Mr. D., an engine-driver, who for many years has

cheerfully battled against a progressive gouty arthritis, and has kept to his work in spite of many crippling attacks.

Mr. E., who was admitted with lobar pneumonia and treated with M. & B. G93. Such a patient would illustrate the principles of treatment of acute infection and the remarkable results of chemotherapy.

Mr. F., admitted with hypertensive heart failure, would introduce the student to one of the major problems of medicine, and would lead to an account of recent experimental work on hypertension. Not only would this add interest to his future clinical work, but would illustrate the experimental approach to medicine. With his recently acquired knowledge of physiology, and without preconceived ideas on clinical problems, it is possible that the student might be able to start work on a previously unexplored avenue.

Mrs. G., who through no fault of her own lost her business at the age of 60, and developed within a short time a large gastric ulcer.

The role of anxiety in disease could be discussed here. First, the bodily effect of fear described in terms of physiology, and then the way in which chronic nervous tension can give rise to symptoms. This is well known, and is the basis of much ill-health seen in general practice. "More people are sick because they are unhappy, than unhappy because they are sick." What is perhaps debatable is the possibility that anxiety may cause organic disease. There is a great deal of evidence that it may do so, and may be an important factor in peptic ulceration, ulcerative colitis, rheumatism, thyrotoxicosis, etc. Many people, of course, suffer great emotional distress and do not develop an organic lesion, but then not everyone develops meningitis if they harbour the meningococcus in their post-nasal space. If it is debatable that emotional stress could initiate these diseases, there is no doubt that it plays an important part in influencing the natural history of these illnesses, and is an aspect to consider and treat in every case.

Such a series of demonstrations might give the student a conception of the true relation of physician, patient and disease. It would also give him an approach to medicine by which he could derive interest out of patients who had no abnormal physical signs.

I believe that this glimpse of the edifice which the student is building would help him in laying solid foundations. Much hard work will be required, but it will be easier, if he has some perspective of the different aspects of medical studies, in relation to his future work. The time to give him this guidance is when he enters the Hospital, not during the later years of his student career.

This article is in no way meant to belittle the importance of accurate examination, or to detract from the importance of physical signs in which the students receive sufficient instruction. Not only is there the preliminary course in medicine, but Chief Assistants are responsible for the adequate drilling of their clerks in routine methods of examination, which can easily be achieved in three months. It would be easier, however, if there were facilities for calling on a museum of classical physical signs so that they could be certain that the students have seen, examined and understood all the common abnormalities.

There are other points which I should stress to students just beginning clinical medicine. I should mention the value of students to the patients in the wards. The clerk or dresser has better opportunities of getting to know his patient than any other member of the medical staff. By maintaining the patient's morale, allaying unfounded fears, and holding a watching brief for the patient's comfort, the student fulfils a valuable role.

I should mention the danger of early specialization at the expense of general medicine, but at the same time indicate the value of special departments to final year students and to those who have qualified. In such departments the student will see how greatly diseases may differ from the text-book descriptions and will appreciate the difficulties of early diagnosis. Neurology is perhaps the best for this purpose, for in addition to providing interesting problems in mental gymnastics, and in locating organic disease, the role of anxiety and emotional upsets in the production of ill-health is well seen. He will gain a balanced approach to medicine, and will see the value of elementary common-sense psychology such as is open to all to practice; but he will also learn which cases really need the guidance of an experienced psychiatrist.

In conclusion, I should recommend him to read Peter Quince in "Grains and Scruples", *Lancet*, 1939, i, 1286, 1343, 1399, 1458:

"The funniest teacher I ever had once exclaimed at a bedside to a distinguished colleague: 'This patient is a test tube. Pour alkalis into him, making his blood pH more than X and his kidneys secrete thus; make it less than X and his kidneys do the other thing', or words to that effect. . . . Pausing at the later, I again accompanied him on a ward round. The foot of a bed occupied by a woman suffering from trigeminal herpes, he said: 'This patient has intractable neuralgia. Her mother died recently and she has lost her job. Her relatives do not want to be burdened with her. She has nothing to live for and nowhere to go. . . . This pain is her escape from life. . . . It is her Little Friend.' (Yes, that was his exact phrase!) 'Is it wise even to attempt to part them?' All bystanders were visibly impressed, and a foreign gentleman even went so far as to make a note. And we passed on to the next bed. Which only goes to show how the psychological approach to disease is gaining ground, and how some old dogs can still learn new tricks."

A NEGLECTED SYMPTOM OF CARCINOMA OF THE STOMACH

By A. HOLMES SMITH.

IT does not appear to be generally recognized that dysphagia may be a symptom of carcinoma of the stomach, more especially if the cardiac end is involved. The following cases illustrate this fact.

(a) J. R—, male, æt. 58; 3-4 months' history of indigestion and pain for $\frac{1}{2}$ -1 hour after food; gradually became afraid to eat. Found that "liquids did not seem to go down so easily". Recent loss of about 1 st. of weight. Test meal showed extreme hypochlorhydria. At operation, free fluid was found in the abdomen and the stomach wall was extensively involved with growth to the cardiac end, being also attached to the colon. No glandular involvement seen.

(b) S. C—, male, æt. 41; 2 years' history of "difficulty in swallowing", with a sensation of sticking at the level of the xiphisternum. Loss of about 2 st. of weight. X-ray showed cardiospasm. At operation: Body of stomach was found to be hard, thickened and contracted, with a hard mass at the cardiac end. Œsophagoscopy had shown an Œsophagus dilated to twice normal size.

(c) R. G—, male, æt. 61; 2 months' history that "solids seemed to stick at the root of the neck", also loss of appetite and of "2 st. of weight"; 1 month epigastric pain. On examination indefinite swelling to left of and above umbilicus. At operation: Hard mass at cardiac end of stomach—4 in. in diameter, matted to surrounding structures; pyloric end of the stomach was normal.

(d) E. R—, male, æt. 63; 10 years' history of epigastric pain relieved by food and alkali; 4 years, pain became worse; 6 months, gave up his job; was now retching and vomiting, and had dysphagia. No loss of weight. Operation was refused. Gastroscopy suggested carcinoma of the fundus. X-ray diagnosis: "New growth of the stomach involving the cardiac end, and probably the lower end of the Œsophagus".

(e) R. B—, male, æt. 50; 3 months' history of nausea and occasional vomiting; 2½ months' onset of "sensation of a lump and of something sticking in the Œsophagus"; 2 months' pain unrelated to food; anorexia and 1½ st. loss of weight in 3 months. At operation: Firm mass at the pylorus and hard glands along the lesser curve.

In contrast to the five cases described as showing dysphagia, two instances were found in which it is specifically stated that there was no dysphagia—although in both these cases the growth extended completely along the lesser curve. In five further cases recorded as involving the cardiac end of the stomach no mention of either the absence or presence of dysphagia is made.

In all the cases described, radical operative procedure was impossible, and palliative gastro-enterostomy with or without partial gastrectomy was the best treatment available. No mention is made in the notes as to the relief of dysphagia after operation.

The symptom has been recorded by Prof. Hermann Schlesinger (*Wien. klin. Wochenschrift.*), and it is stated to occur in 2% of cases of gastric carcinomata by Carnot and Caroli (*zieme Congres Internationale de Gastro-enterologie*).

I should like to thank Dr. Medveir for his advice and assistance, and Prof. Paterson Ross for his permission to publish the above cases.

St. Bartholomew's Hospital Women's Guild

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

VIRTUE REWARDED

THE TALE OF A TOUGH OLD MAN.

By HOGARTH.

The Story

HIS BLADDER was at his umbilicus, and a few drops of blood started from his penis. He was in much discomfort.

Two hours previously a sleepy House Surgeon had protested to the Emergency Bed Service that a case of *papilloma vesicæ* was hardly a 2 a.m. emergency. But "his doctor says he's bleeding a great deal and may need transfusing" touched his heart. "Send him along" he grumbled and went back to bed.

And so, in the grey dawn, he attempted to decompress the bladder, but no catheter would pass. Nor would any sound, nor any bougie, nor even a filiform bougie. And after much manipulation the patient passed several ounces of blood and urine and felt better. Disgusted, the House Surgeon went back to bed; for an impassable yet permeable stricture is an insult.

The Patient

He was 70, this old man, and in his youth he had had gonorrhœa, and syphilis, and a bubo, and gummata on his legs; and when he was rather older he had had an external urethrotomy for a fibrous stricture of the urethra, and had failed to attend afterwards for periodic dilations. And then quite recently he had had a carcinoma of the lip treated with radium and a recurrence subsequently excised.

And so here he was, with inactive pupils, a dilated heart and aortic murmurs; an astronomical blood-pressure, bronchitis and an enlarged liver; chronic retention of urine, and a large prostate, a urinary fistula nearby the anus, and a chancre-scarred penis; a double-plus Wassermann and a Sigma of astonishing proportions—but above all, an impassible fibrous stricture.

The Surgeons

They all tried to reach his bladder—surgeon, chief assistant, house surgeon—but without success. Under general anaesthesia they opened his bladder and passed a sound forwards to the stricture in the bulb. And then, in the lithotomy position, they passed a Wheelhouse's staff backwards to the stricture. And then they

cut down through the perineum on to both of them, and with much labour and patience a gum-elastic catheter was chivvied into the bladder through the penis, the suprapubic wound was closed around a de Pezzer catheter, and the patient returned to the ward, draining urine in three directions—not counting the fistula.

Thereafter things worked by the calendar:

2 days later the perineum was healed.

2 days after that the de Pezzer was removed.

8 days later the urethral catheter followed suit.

2 days later, after offering up a short prayer, a catheter was passed . . . and stuck at the bulb. More prayers. Sounds, bougies, catheters. Suddenly a filiform bougie fell into the bladder and hastily it was tied in. The patient passed water.

3 days later (or 17 days after admission) there was a rigor, the perineum broke down and the penis became excessively œdematous. Reluctantly the suprapubic wound was reopened, and in passing a sound forwards to the bulb, a prostatic abscess was burst. A small rubber tube was inserted through the perineum into the bladder and kept in place by tapes attached to eyes on a metal ring gripping the tube. And then, partly for the benefit of the urethra and partly to show that there was no ill-feeling, the old man was circumcised.

The Outcome

10 days later the perineal tube was removed and a sound was successfully passed; a catheter was tied in.

2 days later he shed his catheter and a sound was again passed, though not without anxiety and difficulty. The battle was almost won. For some time the perineal sinus defeated us, but an in-dwelling catheter at first for 4 days, and later for 6 days, resulted in its closure.

(We got to know that urethra; to be quite fond of it. It went straight at first and then turned sharp left. And then it had a pouch on its upper wall and then it turned back to the right. And then suddenly, when you least expected it, you were in the bladder.)

So he left us, determined this time to attend for his periodic dilations. Perhaps he will need a prosta-tectomy soon. . . .

One last word. It was *Our* virtue which was rewarded not his.

A BART.'S PIONEER

By Sir WALTER LANGDON-BROWN, M.D., F.R.C.P.

A CENTENARY is shortly to be celebrated at Sutton Coldfield which should be of great interest to Bart.'s men, for it is to commemorate the publication of a book by George Bodington, who qualified from this Hospital in 1825, in which he urged open-air treatment for pulmonary tuberculosis. Through the kindness of Dr. Stanley Barnes, Dean of the Medical School at Birmingham University, I have had the opportunity of reading Bodington's *Essay on the Treatment and Cure of Pulmonary Consumption*, and was struck with its modern tone, so completely different from the orthodox views prevalent in 1840. A few extracts from it will make this obvious.

"One mode of treatment prevailing, consists in shutting the patients up in a close room, to exclude as far as possible the access of the atmospheric air; and thus forcing them to breathe over and over again the same foul air contaminated with the diseased effluvia of their own persons. But what could rationally be expected to be the result from such practice than that of the conversion of a slow or moderate consumption into an intense or galloping one? This is, indeed, a treatment founded on the most erroneous principles, and is much more deserving of reprobation than is even the apathetic indifference and desperate hopelessness generally entertained with regard to this disease.

"To aid the powers of the close room system, tartarized antimony is often given in excessive doses, and generally with the effect of nearly destroying the patient: It materially assists the disease in destroying the powers of nutrition, the muscular power, and the functions of the skin, at the same time increasing the nervous excitement." (pp. 2-3.)

"To live in and breathe freely the open air, without being deterred by the wind or weather, is one important and essential remedy in arresting its progress; one about which there appears to have generally prevailed, a groundless alarm lest the consumptive patient should take cold: Thus one of the essential measures necessary for the cure of this fatal disease is neglected, from the fear of suffering or incurring another disease of trifling import. No two diseases can be more distinct from each other than consumption and catarrh; it is the latter only which might be caught by exposure to atmospheric causes; with the former they have nothing to do. Farmers, shepherds, ploughmen, etc., are rarely liable to consumption, living constantly in the open air; whilst the inhabitants of the towns, and persons living much in close rooms, or whose occupations confine them many hours within doors, are its victims: The habits of these latter ought, in the treatment of the disease, to be made to resemble as much as possible those of the former class, as respects air and exercise, in order to effect a cure. How little does the plan of

shutting up the patients in close rooms accord with this simple and obvious principle." (pp. 6, 7.)

"I come now to the most important remedial agent in the cure of consumption, that of the free use of a pure atmosphere; not the impure air of a close room, or even that of the house generally, but the air out of doors, early in the morning, either by riding or walking; the latter when the patients are able, but generally they are unable to continue sufficiently long in the open air on foot, therefore riding or carriage exercise should be employed for several hours daily, with intervals of walking as much as the strength will allow of, gradually increasing the length of the walk until it can be maintained easily several hours every day. The abode of the patient should be in an airy house in the country; if on an eminence the better: The neighbourhood chosen should be dry and high; the soil, generally of a light loam, a sandy or gravelly bottom; the atmosphere is in such situations comparatively free from fogs and dampness. The patient ought never to be deterred by the state of the weather from exercise in the open air; if wet and rainy, a covered vehicle should be employed, with open windows. The cold is never too severe for the consumptive patient in this climate; the cooler the air which passes into the lungs, the greater will be the benefit the patient will derive. Sharp frosty days in the winter season are most favourable. The application of cold pure air to the interior surface of the lungs is the most powerful sedative that can be applied, and does more to promote the healing and closing of cavities and ulcers of the lungs than any other means that can be employed." (pp. 15-17.)

"There cannot be a more fatal error than that which arises from the supposition of there being something deleterious in the external atmosphere, because persons cough when first brought into it out of unwholesome heated apartments: The latter should be especially avoided, and the apartments kept cool and airy, corresponding in temperature nearly to the external atmosphere, whilst the former should be courted and indulged in to the utmost. The surface of the body may and should always be kept warm by sufficient clothing, the lungs cool by the constant access of cold pure air to them; thus undue heat is driven from the interior to the surface. In the present instance it was soon found that by continuing a long time out of doors the cough abated materially; every day some improvement was observed to take place, very gradual, but constant." (pp. 28, 29.)

It will be observed that he favours the plan of graduated exercises on which more stress was laid a few years ago than to-day, and as he had no clinical thermometer as a guide, this part of his method could hardly have been free from risk. He put his theories to the test by taking a house at Sutton Coldfield and installing patients there, where the treatment he carried out was

the prototype of the innumerable open-air sanatoria of to-day. It cannot be said that his ideas were received with open arms. The review in the *Lancet* began as follows:

"The modest and rational preface with which the author introduces to us his pamphlet on pulmonary consumption has so far influenced us that we shall merely give an outline of his principles, without expending any portion of our critical wrath on his very crude ideas and unsupported assertions."

The *Lancet* did its best to make tardy amends, however, for when Dr. Bodington died in 1882, at the age of 82, it said in its obituary notice:

"It is remarkable that a village doctor should have arrived in 1840 at these conclusions, which anticipated some of our most recent teachings. It is less remarkable that he met with the usual fate of those who question authority. He was severely handled by the reviewers, and so discouraged from pursuing observations which might have been of the greatest value. In 1857, some years after he had given up general practice, a writer in

the *Journal of Public Health* unearthed Dr. Bodington's treatise, and did him tardy but ample justice. We are glad again to claim for a general practitioner the high credit of having been the first, or among the first, to advocate the rational and scientific treatment of pulmonary consumption."

Dr. A. E. Bodington, of Winchester, reprinted the essay in 1906 with the whole of this obituary, and a new preface, in which he quotes an extract from a private letter from the author to his son in 1866 as follows: "I often think that when I am dead and buried perhaps the profession will be more disposed to do me some justice than whilst I live."

It is a sad and oft-repeated story; new ideas seem automatically to call up some resistance in the minds of men. Bodington suffered in good company, for when Auenbrugger introduced the method of percussion he had, as Dr. Gee liked to tell us, to endure something harder than opposition, namely simple neglect. Hence my small contribution to retrieving the memory of George Bodington from the waters of Lethe.

WORDS, WORDS, WORDS

By G. T. S. W.

THERE clusters around the English language a number of words untutored sycophants of our plastic tongue. The glory of our language rests greatly in the diversity of its origin, for besides Anglo-Saxon, Greek, Latin, Norman and Old High German have crept in to form our polyglot speech. This adaptation from foreign sources to make English words is to our advantage. However, there remains outside the sphere of the English language a number of words and phrases, which are honoured with italics. Most of them are foolish words, which have either had so much snobbish conceit spun round them that fashion, or uselessness, dictates that they are unworthy to be truly adopted into the full body of the English tongue. These words unnecessarily help to fill the already overlaid dictionaries, and steal the heritage of a true English word.

I am referring to that vast galaxy of words and tags, chiefly French or Latin. Glibly they trip from the tongue—*recherché*, *réchauffée*, *retroussé*, *résumé*. Now *outré* comes to mind close upon the heels of *otium cum dignitate*. Their name is legion. *Résumé* indeed! There, waiting for use, are the words summary, essence, abstract, epitome. For *outré* there is overdressed, eccentric, or best, perhaps, garish. Surely far-fetched is more emphatic than *recherché*? Is not vivacity a better

word than *élan*? And why, why should an English housewife have the ridiculous but frequent appellation of *house-frau*? Is nothing to be done to the man whom I heard only yesterday say *nolens volens* instead of willynilly? Nothing to my relation who, after Sunday luncheon, departs for his study with the words *otium cum dignitate*? His post prandial snore cannot be masked with the words leisurely rest; it must be shrouded by the hypocritical tag, *otium cum dignitate*.

To these words, unintelligibly granted the licence of italics, two things should be done; either adoption direct, like nonchalant, or indirect like the word mutton; or, if they refuse anglicization, they should drop out of current English—best of all. The assimilation of foreign words has been this island's especial forte. From the Greek are derived some of the most perfectly sonorous words in the English tongue: harmony and diapason, liturgy, miasma and antiphon bear testimony enough. Dryden made music with Greek:

"From harmony, from heavenly harmony
This universal frame began:
From harmony to harmony
Through all the compass of the notes it ran,
The diapason closing full in man."

What instruments of music are harmony and diapason. Latin—inspiration of so much English prose—has done

much and will do more. Careen, antiquary, annals, nostrum, eibilant and glory speak of the beauty of the English adoption of the Latin language. Here is more Latin, both in its syntax and its etymology of words :

"Laodameia died ; Helen died ; Leda, the beloved of Jupiter went before. It is better to repose in the earth betimes than to sit up late ; better, than to cling pertinaciously to what we feel crumbling under us, and to protract an inevitable fall. We may enjoy the present while we are insensible of infirmity and decay ; but the present, like a note in music, is nothing but as it appertains to what is past and what is to come. There are no fields of amarauth on this side of the grave ; there are no voices, O Rhodopé ! that are not soon mute, however tuneful ; there is no name, with whatever emphasis of passionate love repeated, of which the echo is not faint at last."

How miserable would seem an italicized foreign intruder within this Latin cadence of Walter Savage Landor's *Æsop and Rhodopé* !

Fair France must not be forgotten before the omnipotence of the classics. The word punctilious, when traced through the etymological past, is derived from *pointille*. Chatelaine, sylph and pierrot make lovely English. My sole regret to French influence is that we anglicized menu, a mean word that crept into our language in the eighteenth century, to oust a respectable bill of fare. China stamped kotow on the English tongue. Spain has fed our language too—thus matador and picaroon. Bard is Welsh ; muezzin Arabic ; landscape is only the Dutch *landschap* ; mulligatawny but a Tamil word, meaning pepper water. In the pellucid heterogeneity of spoken English should lie its power to withstand these parasitic words which uneasily surround our tongue but do not belong to it.

It would be foolish, indeed unreasonable, to wish a

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

The, 183. chapitre doth shew of standing up of a man's heaire.

Horripilacio is the latin woorde. In English it is named standing up of a mans heare.

This impediment doeth come of a colde reume myxt with a melancoly humour and fleume. It may come by a folishe feare when a man is by himselfe alone, and is a frayde of his owne shadow, or of a spirit. O what say I, I should have sayd afrayde of a spirit of the buttry, which be peryllous beastes, for such sprites doeth trouble a man so sorc that he can not dyvers tymes stande upon his legges.

All this notwithstanding, with out any doute in

change in the many Italian words used in music and art. *Mezzo, pianissimo, rallentando* and *appogiatura* in music, *morbidezza* in painting, are as international in usage as the medical term *anus*, or the legal *nisi prius*. This is obviously sensible, and there is a coherent reason for the existence of *pianissimo*, as there is for phthisis, or the zoological word phylum. Although science can sometimes overstress itself, when the depressing malady of having a lost voice is called aphonia.

With consummate ease we have adopted bizarre and lese majesty. Now since our superior *débutantes*—what horror !—will always call our inferior *débutantes gauche* why should the word not be anglicized ? The *débutante* has now existed for innumerable generations ; surely the acute accent could be omitted, and she could drop out of italics as she puts up her hair ? Cannot war be waged on all those who call the English hall porter a *conciérge*, a masterpiece a *chef d'œuvre* ? Why must the story-teller be a *raconteur*—an excellent word if only it were allowed to be English ? Why not be chivalrous, and incorporate *tusitala* for current speech : Robert Louis Stevenson has immortalized it. Why italicize *puenda*, why allow it to exist as a foreign word at all, when we could adopt it, or use the term genitals, or, for the bashful, private parts instead ? A queasy colonel could be forgiven for calling his wife a pukka Mem-Sahib, for at least he is speaking unitalicised Anglo-Indian, but no one should be allowed grace for having a *penchant* or *arrière-pensée*, when inclination and ulterior motive can be respectively offered in their place. Surely our pure English words like twinkle and shrew, awe and the gloaming of the twilight surpass any of these alien and unwanted visitors ?

thunderinge and in lyghtning, & tempestious wethers, many evil things hath bene sene and done, but of all these aforesayd things a whorlewynde I doo not love, I in this matter myght both wryte and speake, the which I wyll passe over at this time.

This impediment doth come of a faynt heart, and of a fearefull mynde, and of a mans folysh conceyte, and of a tymecrous fantasy.

Fyrst let every man, woman or chylde, animate themselves upon God, and trust in him that never deceaved man, that ever had, hath, or shall have confidence in him, what can any evyll spirit or divell doe any man harme, without his wyll.

And if it be my Lorde Gods wyll, I would all the devells of hell dyd teare my flesh all to peeces, for gods wyll is my wyll in all thinges.

CORRESPONDENCE

Message from British Doctors to the World Assembly for Moral Rearmament

(California, August 1st, 1939.)

In the continuing uncertainty of world affairs, the medical profession, in common with others, are deeply concerned to restore the security essential to normal living. It is vital to create confidence during an emergency, but even more urgent to prevent catastrophe and to lay the foundations of a just and lasting peace.

Science has made great advances, but without corresponding moral progress we risk losing even the benefits already achieved.

Behind much disease, as behind world unrest, are fear, self-indulgence, jealousy and resentment. These are problems for which medicine might provide a radical solution.

It is still our privilege to enjoy unrivalled contact with the homes and the people of the nation. Our immediate task is to teach men that health is not the mere absence of disease, but includes a moral and spiritual foundation for life and the replacing of conflict and apathy with a purpose that claims the whole personality in the service of our fellows.

A growing body of people in many countries is calling for this Moral Rearmament to provide the discipline and the direction needed by both individuals and nations. Our profession can give a lead to such a programme which is in accord with the highest ideals of our traditions. To achieve it we realize that the highest standards of honesty and unselfishness must be the touchstone of our professional and private lives. Only by insistence on these spiritual values will the resources of all science be liberated and a new world built in which men can attain to their inherited capacity for physical, moral and spiritual development.

Signatories :

C. G. ANDERSON.	COLIN D. LINDSAY.
THOMAS BARLOW.	EWEN J. MACLEAN.
FLORENCE BARKETT.	A. LOUISE MCLROY.
HENRY B. BRAGKENBURY.	JOHN BOYD ORR.
H. GUY DAIN.	LEONARD G. PARSONS.
W. MACADAM LUGLES.	DONALD PATERSON.
THOMAS FRASER.	LAMBERT ROGERS.
JOHN HAY.	HUMPHRY ROLLSTON.
HORDER.	W. J. STUART.
GEOFFREY JEFFERSON.	Cecil P. G. WAKELEY.
R. W. JOHNSTONE.	HAROLD BECKWITH WHITEHOUSE.
JOHN KIRK.	SAMSON WRIGHT.

July, 1939.

ART EXHIBITION

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

DEAR SIR.—I have read the letter in the August number of the JOURNAL signed James Bague (Col. R.A.M.C. (ret.)), on the subject of the recent Art Exhibition with much interest, for I did not imagine that a person who reacted in such a manner to it could be found outside Bedlam. He says "with mingled shame and disgust I have observed the most pornographic exhibition of my life". But the Col. may surely cheer up, for if the Exhibition really portrayed what he says it did, his past life must have been singularly blameless. The statement that artists in India are not considered within the scope of mess invitations may or may not be true, but, if true, seems a reflection on the mess rather than the artist.

Yours faithfully,

145, Harley Street,

W. 1 ;

August 13th, 1939.

C. M. HINDS HOWELL.

ANIMAL PATIENTS

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

DEAR SIR.—In the July issue of the JOURNAL, under the caption "The Dog it was . . .", appeared an amusing account of the visit to the Hospital of a small grey dog presenting himself for treatment.

Looking over some old cuttings I came across one from the *Daily Mirror* of 1916 or 1917, showing a little member of the feline species, an air-raud victim, receiving treatment at Bart's.

As a student I remember this incident quite well, as possibly do other of your readers who were at Hospital during those exciting days.

I am,

Yours faithfully,

Sunnyside,

Keymer Road,

Hassocks, Sussex ;

August 13th, 1939.

H. NEWTON ANDREWS.

REVIEWS

Cardiovascular Diseases: Their Diagnosis and Treatment.

By DAVID SCHIFF, M.D., and LINDA J. BOYD, M.D., F.A.C.P. (William Heinemann (Medical Books), Ltd.) Price 21s.

This book on cardiovascular diseases is sufficiently small for ordinary reading purposes, but is sufficiently full of detail to be a useful source of clinical information for purposes of reference. The authors have obviously tried to compress as much as possible into its pages, and this has its advantages as well as its disadvantages. For purposes of easy reading the result is occasionally made somewhat confusing, but, on the other hand, frequent useful clinical facts are stumbled upon unexpectedly. The authors have wisely concentrated upon the clinical side of heart disease, avoiding the intricacies of modern electrocardiography.

The chapters on valvular disease are complete and interestingly written, but their indication that verrucous endocarditis so commonly an accompanying manifestation of acute rheumatic fever is not specific to that disease will hardly find general acceptance.

The remarks on coronary disease from the point of view of diagnosis, treatment and prognosis are full and interesting.

The reference to the cardiac pain which occurs in women around the menopause, presumably due to ovarian hypofunction, is worthy of particular attention.

Cardiac pain does not seem to have been clearly analysed into the coronary and the non-coronary types, the former, with the exception of coronary thrombosis, being essentially proportional to the degree of exercise and quantitative in nature ; the latter, having no such exact correspondence to the amount of effort, is practically never seen in cases of mitral stenosis.

There is a mention of the value of palpating the pulse in both arms on p. 70. It would surely be wiser to state that the blood-pressure on both sides should be compared. The physical sign which is, when present, most certainly diagnostic of aneurysm of the descending aorta, viz., lateral thoracic jerk occurring with cardiac systole, is not referred to on p. 326.

In conclusion it can be stated that this book is a serious and valuable contribution to the literature of cardiovascular disease, and will be found to be of use to those who are interested in this subject.

Epidemiology in Country Practice. By W. N. PICKLES. (John Wright & Sons, Ltd.) Price 7s. 6d.

This little book makes much more fascinating reading than the title might lead one to expect. Dr. Pickles, the author, is an observant man and a naturalist in medicine of the old order. As such he has written a book in a plain straightforward style which is altogether refreshing in these days of laboured utterances in medical writings. Apart from its intrinsic value as a record of simple observation by one engaged in country practice, the book serves as an appeal to other practitioners to make fuller use of those peculiar opportunities for observation and record which their position holds for them. To quote from the introduction: "The general practitioner is in the forefront of the battle, and his experience must necessarily be personal and vital."

One of the author's objects in writing this book was to emphasize "the ease with which the *fons et origo* of an epidemic could be traced in the country and the simple steps that were sufficient to bring it to an end." In country places the lines of communication are few, and not very difficult to trace. For this reason the study of an epidemic and its mode of spread is very much easier and more accurate than it is in crowded industrial areas, where a host of factors, difficult to sort out, complicate the picture.

After giving a brief account of the technique he has adopted for recording and charting his cases of the infectious diseases, Dr. Pickles proceeds to examine critically the records of each of these diseases in turn. Whenever an epidemic of one of them crops up we find ourselves hot on the scent of the culprit who started it. Sometimes this takes us into the market town, sometimes to the local fête, and often into the village school. In most cases it has been possible to fix the incubation periods of these diseases by obtaining accurate knowledge of a single contact lasting only a few minutes or hours. The most interesting chapter is the one dealing with epidemic catarrhal jaundice, which cites evidence to suggest that this disease has a long incubation period of about 30 days. It is this fact which makes it so difficult to trace the source of infection in town practice.

It is interesting to find that the author's experience confirms the view that infants under the age of one year are relatively immune to measles; the only case he notes was an infant whose mother contracted this disease, and so presumably had no immunity to transmit to her offspring to tide it over the early months of life. The opinion is expressed that the early stages of notifiable scarlet fever are not particularly infective, and evidence in support of this is given.

Other interesting matter is to be found in the chapters on Sonne dysentery and epidemic myalgia.

This book serves as an example to show what useful work can still be done by an observant worker in a country district. It is eminently readable, and can be recommended to student and practitioner alike.

Essentials of Fevers. By GERALD E. BREEN, M.D., D.P.H. (Livingstone.) Price 7s. 6d.

This little book sets out to give the student and medical practitioner a brief working knowledge of the common infectious fevers. Although much of the matter here dealt with is to be found elsewhere in the standard text-books of medicine, it is nevertheless convenient to have it collected together within the compass of a single small volume which can be referred to quickly when in doubt.

Preliminary chapters outline such fundamentals of the subject as infection, immunity and serum reactions, and important terms, such as incubation period, quarantine and segregation period, are defined. Then follows a chapter on the different types of pyrexia which is illustrated with typical temperature charts. And after this some useful hints on elementary epidemiology, and the methods commonly used in the prevention and control of infection are given; this includes notes on the nursing of infectious patients, and the various methods of isolation. For the rest, the book is made up of a succession of chapters dealing with each of the common fevers in turn. These sections, though brief, give practical information. The main emphasis is on diagnosis, and in this respect the information given is adequate, but the sections on treatment are extremely brief and suffer from the usual defects of most medical text-books of being couched in vague terms. From the practitioner's point of view perhaps these are faults which hardly matter, for he will be mainly interested in the hints on diagnosis. Once more the ungrammatical jargon of the medical text-books has crept in with

such sentences as: "applications such as calamine cream are grateful."

In spite of certain faults such as those outlined above, and certain important omissions, such as some mention of undulant fever, this little book should prove a useful, if dispensable, addition to the student's or the practitioner's library.

Pulmonary Tuberculosis. By C. G. KAYNE, W. PAGEL and L. O'SHAUGHNESSY. (Humphrey Milford, Oxford University Press.) Price 42s.

This book deals with the subject of pulmonary tuberculosis from many aspects. It commences with the pathology of this disease, discussing first the tubercle bacillus and its behaviour, then the pathological changes caused by it in the lung. The various stages of the disease occurring in man are well described and aptly illustrated.

Part II deals with the diagnosis of pulmonary tuberculosis, and here the importance of chest radiology is stressed—and rightly so—while at the same time due consideration is given to history, symptoms and physical signs.

The various methods of testing sputum to get conclusive evidence of tuberculosis is well discussed and the importance of bacteriological proof is stressed.

Part III deals with the prognosis and points out the difficulties of prognosing in pulmonary tuberculosis, and mentions the importance of the psychological aspect of the disease from the patient's standpoint.

The management of tuberculous cases is dealt with in the next part (IV), and in this section the question of collapse therapy in all its forms is discussed at considerable length, but general sanatorium treatment, which is so important, is dismissed within a few pages.

In the section dealing with artificial pneumothorax is pointed out, together with the methods of obtaining this by thoracoscopy and adhesion cutting. This point is well brought out, but the importance of it is not fully realized by all.

In the subsequent pages dealing with the various operative procedures that are available in order to produce an adequate collapse, the operations and the post-operative treatment are briefly mentioned.

In Part V the epidemiology and prevention are discussed. The question of B.C.G. vaccine is gone into fairly fully, and the authors are in favour of its use.

The book is freely illustrated with many diagrams and X-rays, the latter being well reproduced.

This book is well written in parts, but the section dealing with the management of pulmonary tuberculosis rather suggests that active treatment in one form or another is always indicated, which is misleading, and the vital importance of sanatorium treatment seems to be rather overlooked.

Purposes of Love. By MARY RENAUULT. (Longmans, Green & Co., Ltd.) Price 8s. 6d.

This novel has received much praise and equal censure from the critics, but with the public it has been a best-seller; partly because the public in its post-Citadel cynicism grasps eagerly at any criticism of the medical service, and partly because the author has written a very good novel with considerable frankness; she has not been afraid to call a bed a bed, but with that was content.

Vivian Lingard, a nurse in a large county hospital, and the young pathologist there fall in love—a love that is beset with difficulties. In the brief hours of leisure Vivian lives with Mic—a Vivian sometimes jaded and always overworked—a Mic temperamental, and a prey to his unhappy past. In a moment of reaction she seeks artificial brightness; a flirtation with Scott-Hallard, one of the surgeons on the staff; begun thoughtlessly it plunges her into the mire, bringing misery upon herself and Mic. The sincerity of her love for him and the tragedy of her brother's death bring them together again in the end.

The characters of this novel are essentially human: Scott-Hallard, the surgeon, a man of brains with a bright outer shell of charm and culture, having love affairs as a tonic so as to be a 100% efficient, coolly thinking of possible war as scope for his administrative flair. The lesser lights are drawn with skill to form an amusing sub-plot of repressions and perversions, so common beneath an unintelligent application of a harsh discipline. The background

of the book, a nurse's life in a hospital, has for medical readers an especial interest. The stupid restrictions, the petty tyrannies, the interference in the leisure hours have certainly not been exaggerated. The subtly cruel pictures of Sisters are good:

"Sister trotted off, her face red, her body angular, every muscle contracted, taut as an unrolled crane."

Cleverly the author allows them a point here and there, just to make them human enough to live, but does not fall into the error of blaming them for the regime, which would be confusing the fruit with its tree.

The chief criticism to be levelled against this book is that the plot hangs fire in places, and suffers occasionally from pseudo-intelligent conversations.

Several medical critics have concluded: "With the public this novel may give a wrong impression, do infinite harm, or cause offence." Poor timorous fools! The cold blast of criticism, however exaggerated, is better for the healthy growth of an institution than the steamy vapours of censorship.

Principles of Medical Statistics. By A. BRADFORD HILL, D.Sc., Ph.D. Second edition. (The Lancet Limited.) Price 6s.

A second edition of this book within twenty months is an indication of its usefulness. The author emphasizes the value of planned experiments, to avoid the accumulation of unnecessary data and to ensure that the results have some meaning, good or bad. If in this matter more guidance and direction were given to young research workers, there would be a rapid decline in the present "competition" in research, and a rise in the usefulness of the published results. The book shows again how figures can be made to achieve almost any desired result. Frequently a contributor to one of the more popular journals has squeezed into his "advertisement" the last drop of good impression that his figures will yield. The precipitate which he has withheld is subsequently brought to light in the correspondence columns. The application of real statistical method to numerical results, particularly in relation to treatment, is perhaps discouraging, but if the more important publications included the name of a recognized expert as the auditor of the method rather than of the arithmetic of calculations on which claims to success are based, perhaps we should believe more and be disappointed less.

The author deals simply with the common fallacies and difficulties, and specialists of any type should find practical illustrations which interest them. The second edition has included a new chapter on standardization of death-rates.

A study of this concise and inexpensive book would cause hesitation in any enthusiast on the point of rushing into print.

Diathermy, Short Wave Therapy, Inductothermy, Epithermy. By WILLIAM BEAUMONT, M.R.C.S.(Eng.), L.R.C.P.(Lond.), (H. K. Lewis & Co., Ltd.) Price 10s. 6d.

During the past few months several books on the subject of diathermy, and particularly short-wave therapy, have appeared on the market, and it is difficult to know whether further works on this subject are called for.

Presumably the more authorities one reads on any given subject, the more conversant one is likely to become with that subject.

This book is particularly interesting on account of its diagrams and illustrations, which in themselves are so explicit, that the technique of the application of treatment can be understood as well as, if not better than, by reading the script. The work is very full and complete, and Dr. Beaumont has followed his usual practice of stressing the limitations and dangers of the treatment as forcibly as he does its advantages.

Those intending to present themselves for examination in this subject will find this book of a special help, and would be well advised to study it.

Infra-red Irradiation. By WILLIAM BEAUMONT, M.R.C.S.(Eng.), L.R.C.P.(Lond.) Second edition. (H. K. Lewis & Co., Ltd.) Price 8s. 6d.

The call for a second edition of this little book in so short a period is in itself a proof of its value and the skill of its author.

A great deal has been written about this subject, and a great many exaggerated claims made for this form of treatment. It is therefore most gratifying to find that this little work not only gives in the simplest form its value and technique, but in no uncertain terms details its limitations.

Dr. Beaumont seems to have a great aptitude for dividing up his subject to the best advantage, and putting his facts so clearly that this book can be read with advantage, not only by the specialist, but by the young student.

The Treatment of Rheumatism in General Practice. By W. S. COPEMAN, M.D., F.R.C.P.(Lond.). Third edition. (Edward Arnold & Co.) Price 10s. 6d.

This book gives an attractive survey of a subject which is considered long and tedious in the learning and supremely depressing in the treatment. But, as Dr. Copeman tells us and by the end makes us realize fully, the subject "is not nowadays in the chaotic condition which many medical men still apparently believe". He emphasizes the importance of hope and co-operation in the patient as the vital factor in all kinds of "rheumatic" disorders, and although he devotes the greater part of the book to their treatment, gives an eminently readable account of their etiology, diagnosis and prognosis.

Also received:

Ker's Manual of Fevers. Revised by FRANK L. KER, B.A., M.B., Ch.B. Fourth edition. (Oxford University Press: Humphrey Milford, 1939.) Price 12s. 6d.

Sir Thomas Roddick. By H. E. MACDERMOT, M.D. (The Macmillans in Canada.) Price 6s. 6d.

The Childless Family. By E. E. GRIFFITH, M.R.C.S., L.R.C.P. (Kegan Paul, Trench, Trübner & Co., Ltd.) Price 3s. 6d.

Sanitary Law in Question and Answer. By CHARLES PORTER, M.D., B.Sc., M.R.C.P., and JAMES FENTON, C.B.E., M.R.C.P., D.P.H. Fourth edition. (H. K. Lewis & Co., Ltd.) Price 10s.

Conjoint Finals. By GERALD N. BEESTON, M.R.C.S., L.R.C.P. (John Bale, Sons & Curtiss, Ltd.) Price 10s.

Report of the St. Marylebone Children's Rheumatism Supervisory Centre for 1938, including an Analysis of 300 Cases.

A Ramble on Flat Feet. By DOROTHY THACKERAY, M.I., S.Ch. (L. Kaiser.) Price 2s.

The Functions of Human Voluntary Muscles. By NORMAN D. ROYLE, M.D., Ch.M., F.R.A.C.S. (Angus & Robertson, Ltd.) Price 3s. 6d.

Medical Practice in Residential Schools. By F. C. HOBSON, D.S.O., D.M., F.R.C.P. (Oxford University Press: Humphrey Milford.) Price 10s. 6d.

SPORTS NEWS

EDITORIAL

August is one of those delightful months that act as a buffer between the summer and winter sessions of hospital activity: a few belated cricket matches are played at the beginning of the month, and the Sailing Club sends its members on long and hazardous cruises to the far corners of the earth (incidentally, the Bart's contingent have played a fair part in the ocean races this season, which we hope to hear more about next month), but on the whole, most people are enjoying the rather more static pleasure of lying about in the sun, varied, perhaps, by turning out for the "locals" against—that's enough, thank you. This year, however, the crisis being no respecter of seasons, the lotus-eaters have been rudely recalled by the necessity of shifting large quantities of matter from A to B. This has been done with a great good-will and vigour, aided, perhaps, by a very welcome issue of free ale and by the chance to show a fine bronzed pair of shoulders. Whether these efforts are abortive or not remains to be seen, but they certainly make the blokes a fitter and slimmer lot than they usually are at this time of year.

CRICKET

Second XI Cup-ties.

Second round against Westminster on Saturday, July 15th, at Wandsworth Common. Result, won by 4 wickets.

THE HOSPITAL.

J. W. G. Evans, c and b	T. N. Fison, b Dodds	4
Harlow	C. G. Nicholson, not out	20
H. Gavurin, lbw, b Harlow	J. L. Fison, not out	9
S. R. Hewitt, c and b Harlow	K. Bhargava	Did not bat.
Harlow	P. Feanny	25
D. J. A. Brown, b Harlow	B. L. Walker	32
G. A. S. Akeroyd, lbw, b Harlow		0
	Total (for 6 wickets)	109

Westminster Hospital, 101 (Gavurin 4 for 24).
The feature of Westminster Hospital's batting was a last wicket stand of 48 runs. The Hospital obtained the runs fairly easily. Hewitt, Brown and Nicholson laying the foundation.

Against Guy's Hospital at Honor Oak Park, on Tuesday, July 18th. Result, won by 83 runs.

THE HOSPITAL.

J. W. G. Evans, b Curtiss	17	C. C. A. Goodall, b Coffey	18
H. Gavurin, c Sanders, b Curtiss	55	K. Bhargava, not out	16
S. R. Hewitt, b Curtiss	26	P. Feanny, b Downer	0
T. N. Fison, b Curtiss	9	J. Pritchard, c wkt, b Coffey	10
C. G. Nicholson, b Wood-bridge	27	B. L. Walker, not out	8
J. L. Fison, c and b Downer	52		—
		Total (for 9 wickets)	274

Guy's Hospital, 191 (Nicholson 6 for 56).
Evans and Gavurin made a first wicket stand of 60 runs. Gavurin went on to make a hard hit half century. Bart's batting was consistent. J. L. Fison and Nicholson scored 60 runs in twenty minutes.
Guy's lost four wickets for 25 runs, but then a fifth wicket stand followed of 130 runs. At 8.15 p.m. the last Guy's man was out.

Junior Cup Final.

Against St. Thomas's Hospital, on Tuesday, July 25th, at Chiswick Park. Result, lost by 4 wickets.

THE HOSPITAL.

J. W. G. Evans, c Saute, b Kinloch	3	J. L. Fison, b Harper	12
H. Gavurin, c Harper, b Gummer	0	D. R. S. Howell, lbw, b Harper	9
P. Feanny, c wkt, b Kinloch	1	K. Bhargava, b Kinloch	12
T. N. Fison, b Ballantyne	1	J. Pritchard, not out	0
C. G. Nicholson, run out	30	Extras	2
H. M. Gilbertson, b Ballantyne	3		—
C. C. A. Goodall, c wkt, b Ballantyne	8	Total	94

St. Thomas's, 92 for 6 wickets.
Bart's won the toss and batted first. The batting was consistently poor. It was through bad strokes that most of the wickets fell, although the opponents' bowling was good. Nicholson alone was on top of the bowling, and it was a tragic misunderstanding that his wicket was lost.

St. Thomas's had to fight for every run, and as their wickets fell, the finish looked to be in doubt. But Gummer and Ballantyne settled any doubts.

3rd XI v. Sidcup 3rd XI. Result, lost by 5 runs.

On May 6th every myth that might have been associated with the 3rd XI was dispelled by a very practical game against Sidcup. Punctually at 3.15 a worthy body of men emerged from the Pavilion to give a display of fielding which made up in originality what it lacked in prowess. As there were eight "stalwart bowlers" in the team, no difficulty was experienced in dismissing Sidcup for 127.

During this period, the following colours were awarded:
C. T. A. James and R. Heyland for taking the wickets.
M. W. L. White (despite his grey trousers) for catching a catch.

H. Conte-Mendoza for not getting out of the way quite quick enough and thus stopping a fast one with his heel.
A. J. H. Spafford for keeping his men out of the bar between the overs.

Note must be made of J. V. T. Harold, who disappeared into the deep for several overs, and reappeared eventually with the biggest daisy-chain the team had ever seen.

After a refreshing tea interval Conte-Mendoza and White, both protesting violently, opened the innings. The score mounted slowly, no one staying very long, and everyone being out to "the best ball of the match". Heyland scored a useful 33 in a very short period, whilst Harold took slightly longer to make an equally useful 26.

Gimson, going in last, confused the fielders and scored a rapid 16 by hitting any ball within reach to the leg side. This stirred something in the breast of King, who had been playing somewhat cautiously up to date, and he promptly broke a pavilion window. Bart's then had 6 runs to win with 2 minutes to go. King thought he spied a half-volley, but apparently he was deceived, and an enjoyable game was lost by 5 runs.

THE HOSPITAL.

H. Conte-Mendoza, b Fingleton	2	R. Macpherson, b Earwicker	4
M. W. L. White, b Earwicker	1	R. Heyland, lbw, b Barrow	33
J. North, b Earwicker	6	C. T. A. James, b Barrow	5
A. J. H. Spafford, c Beaumont, b Earwicker	16	H. King, b Earwicker	6
J. V. T. Harold, b Barrow	26	P. Gimson, not out	16
J. Mullan, c Hammond, b Singleton	2	Extras	5
		Total	122

v. Sidcup 3rd XI, played at Sidcup, July 8th. Result, lost by 6 wickets.

Two months had elapsed before the 3rd XI took the field again to play the second of their three official fixtures. This they were

only enabled to do through the kindness of, firstly, the opposing side, who lent them their cricket gear, and secondly, Dr. G. Ellis, who equipped them with clothes.

The Hospital batted first and amassed 193 for 7 wickets in two hours. A. R. P. Ellis showed that his metal had not become tarnished through two years of disuse by scoring an invaluable 64. Spafford made any-orthodox cricketers weep by hitting three sixes and seven fours with his eyes shut. Irving showed his versatility on a cricket field by a cautious 32 not out.

Our nine bowlers were not so successful, and Sidcup hit up 207 in an hour and forty minutes. The customary silence when fielding was marred by three men—Gregory's wails when he dropped his catches, Irving's appreciation of his own bowling, and Hill's gasps for breath as he struggled to finish an eight-ball over.

THE HOSPITAL.

A. R. P. Ellis, b Trust	64	N. P. Shields, b Shapland	0
H. Conte-Mendoza, c Singleton, b Trust	0	D. R. S. Howell, c sub, b Shapland	4
G. K. Marshall, c Humphries, b Singleton	14	G. Dalley	3
A. J. H. Spafford, b Barrow	55	T. Gregory	Did not bat.
K. Irving, not out	32	G. Mason-Walshaw	9
P. G. Hill, c Singleton, b Shapland	15	Extras	—
		Total (for 7 wks., dec.)	193

Sidcup: 207 for 4 wickets (dec.).

GOLF

v. London School of Economics.

On Wednesday, June 14th, the hospital played against the London School of Economics at Addington Palace. There were two rounds of foursomes, followed by singles in the afternoon. Bart's won the foursomes by 2 to 1, and the singles by 3 to 1; one match was halved. For this match the team consisted of six players on either side.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD

The following Degrees have been conferred:
B.M.—Douglas, J. W. B., Stevenson, W. A. H., Walley, G. J.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred:
M.D.—Martin-Jones, J. D.
M.B., B.Chir.—Curl, O. J., Dixon, K. C., Isaac, P. W.

UNIVERSITY OF LONDON

M.D. Examination, July, 1939.

Branch I (Medicine). Carpenter, M. A., Cates, J. E., Kanaar, A. C., Roberts, J. C., Royston, G. R.
Branch V (Hygiene). McGladdery, J. P.

Examination for the Academic Post-Graduate Diploma in Medical Radiology, July, 1939.

Boden, G. W., Mundy, M. L.

Second Examination for Medical Degrees, July, 1939.

Part II.—Allardice, A. R., Amin, I. B., Bartlett, D., Birch, J., Bromley, W. A., Coggin Brown, P., Cuddon, D. B., Hanbury, W. J., Holtby, G. R., Ismay, D. G., Jackson, B., Jacobs, D. K., James, A. R., Kok, D'A., Macaulay, J. C., McShine, A. D., Mathes, C. J., Merryfield, S. J. T., Nash, F. A., Pearce, J. F., Perkins, E. S., Picton, F. C. R., Roth, A., Sandiford, R. H., Story, P., Thomson, I. P., Throver, A. L., Wells, B. C., Whelan, W. H.

Foursomes.

A. Fraser	0	Sanderson	4/3	1
C. Nel	1	Paish	—	—
H. Bevan Jones	1 up	Weston	—	0
W. McAleenan	—	Capt. Cane	—	—
E. Nicholl	6/5	Reed	—	0
C. Marshall	—	Wright	—	—
	2			1

Singles.

H. Bevan Jones (½)	0	Capt. Cane (½)	0
C. Nel	0	Sanderson (1 up)	1
E. Nicholl (4/3)	1	Wright	0
C. Marshall (3/1)	1	Weston	0
W. McAleenan (2 up)	1	Reid	0
A. Fraser	0	Paish	0

One halved.

Putting Match v. Brethren of Charterhouse.

This match took place on Monday, June 14th, in the grounds of Charterhouse, starting at 4 p.m. The teams consisted of eleven men on either side, and both singles and foursomes were played. The Hospital won by one match. Afterwards a very good tea was provided, which was followed by a most interesting tour round the historical building. The students wish to express their gratitude to the Master and Brethren of Charterhouse for such a pleasant afternoon. The following represented Bart's:

H. Bevan Jones.	A. Barwood.
R. Russell Smith.	M. Fawkes.
T. Gregory.	C. Mason Walshaw.
M. Golden.	J. Smith.
N. Robbins.	W. McAleenan.
G. Cawthorne.	
	W. McALEENAN, Hon. Sec.

First Examination for Medical Degrees.

Adams, J. C. L., Aronson, R. P., Austin, B. G. M., Balls, E. A., Carson, M. B., Coates, T. J. D., Coulson, J. H., Dawson, A. M., Dowling, M. A. C., Fox, C. G., Goodbody, R. A., Hughes, M. S., Jacobs, H. B., Leverton, J. C. S., Levy, L., Linsell, W. D., McConachie, J. W., Mehta, J. D., Monckton, R. T., Monks, P. J. W., Peck, B. J., Randall, K. J., Rey, J. H., Sheldon, A. F., Tait, G. R. D., Thomson, W. G., Todd, I. P., Turton, E. C., Vischer, P. H. M., Whitmore, T. K.

ROYAL COLLEGE OF PHYSICIANS

The following has been admitted a Member: Marwood, S. F.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diploma has been conferred:

D.L.O.—Rotter, K. G.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The following has been admitted to the Membership: Capper, W. M.

The following has been elected to the Membership: Dalley, G.

CONJOINT EXAMINATION BOARD

Final Examination, July, 1939.

The following students have completed the Examinations for the Diplomas of M.R.C.S., L.R.C.P.:
Akeroyd, G. A. S., Banaji, P. B., Bintlcliffe, C. J., Cardwell, J. L., Dawnay, P. F. H., Desmarais, M. H. L., Elder, P. M., Evans, E. G.,

Gauvain, J. H. P., Graham, G. D., Grant, R. N., Gimson, P. A., Hay, K. M., Irving, K. G., Isaac, P. W., Linton, J. S. A., North, J., McShine, L. A. H., Ohannessian, A. O. A., Peyton, H. N., Stevenson, W. A. H.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, July, 1939.

Medicine and Forensic Medicine.—Brenner, J. J.

CHANGES OF ADDRESS

CASTLEDEN, L. I. M., 52, The Grove, Edgware, Middlesex. (Tel. Edgware 7130.)
SAVAGE, E., Deneholme, Mountain Road, Caerphilly, Glam. (Tel. 2296—unchanged.)

APPOINTMENTS

CAPPER, W. M., F.R.C.S., M.C.O.G., appointed Honorary Assistant Obstetrician to Bristol Royal Infirmary and Bristol General Hospital.
NOORDIN, R. M., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Casualty Services Section of Air-Raid Precautions Scheme, Borough of Ilford.
OAKLEY, W., M.D., M.R.C.P., appointed Assistant Physician, Diabetic Department, King's College Hospital.

BIRTHS

GORDON.—On July 29th, 1939, at the East Suffolk and Ipswich Hospital, to Joan (*née* Holland), wife of Dr. Charles John Gordon, 178, Gloucester Place, N.W. 1—a daughter.
JENKINS.—On July 31st, 1939, at 10, Stormont Park, Belfast, to Nina, wife of Cecil Richmond Jenkins—a daughter.
JENKINSON.—To Phyllis (Koo), wife of Surgeon Lieutenant-Commander S. Jenkinson, Royal Navy—a son.
LLOYD.—On August 7th, 1939, at Kenilworth House, Aldeburgh, Suffolk, to Hazel, wife of Dr. W. Jeaffreson Lloyd—a daughter.
PREWER.—On July 28th, 1939, at Maidstone, Kent, to Margaret, wife of Dr. R. Russell Prewer, of Broadmoor, Crowthorne, Berks.—a son.
ROBERTSON.—On July 18th, 1939, at Little Waltham, Essex, to Norah (*née* Gordon), wife of Dr. H. D. Robertson—a daughter.
SODEN.—On July 14th, 1939, at Wesley House, Brackley, Northants, to Clare, wife of Dr. G. E. Soden—a daughter.
TANNER.—On August 4th, 1939, at The Laurels, Newton Abbot, to Nancy (*née* Thynne), wife of Dr. Guy M. Tanner—a daughter.
WALSH.—On July 30th, 1939, at the London Clinic, to Marian (*née* Jacks), wife of Robert A. Walsh, D.M., of Osterley, Middlesex—a son.

MARRIAGES

BREWER—NICKELL-LEAN.—On July 29th, 1939, at St. Bartholomew the Great, London, E.C. 1, by Canon E. S. Savage, Hugh Francis Brewer to Elizabeth Gertrude Nickell-Lean.
DALE—WILLOUGHBY-OSBORNE.—On July 15th, 1939, at St. Aloysius Church, Oxford, Robert Henry, son of Sir Henry and Lady Dale, Mount Vernon House, Hampstead, to Mary, eldest daughter of the late Col. A. de V. Willoughby-Osborne, C.I.E., and Mrs. Willoughby-Osborne, of Woodend, Hinksey Hill, Oxford.
MARTIN—BUDGE.—On July 15th, 1939, at Christ Church, Kensington, Douglas George, youngest son of Mr. and Mrs. Robert Martin, of 16, Hillway, Highgate, N. 6, to Jean Elma, eldest daughter of Mr. and Mrs. George Budge, of Holly House, Rhiwderin, Monmouthshire.

DEATHS

COOK.—On July 22nd, 1939, Herbert George Graham Cook, C.B.E., M.D., F.R.C.S., of 22, Newport Road, Cardiff.
OGLE.—On July 25th, 1939, at 223, Randolph Avenue, W. 9, Charles John Ogle, M.R.C.S., aged 83.

PERSONAL COLUMN



The cost of Advertising is 2/- a line of 7 words; 1/- 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 and must be prepaid.

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