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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL WAR BULLETIN

Vol. 1. No. 1.

OCTOBER 1st, 1939,

Price Fourpence.

### INTERIM.

WHEN it was decided by the Publication Committee that in the event of war the normal Journal would have to close down, the chief reason for the decision was a financial one: the inevitable cancellation of many advertisements and subscriptions—our sole sources of income—would have meant that by further publication we should have incurred a very serious debt. Soon after we had settled down into our present state of life we realised that the Journal must go on in some form or other and in fact had a more important function to fulfil than ever before.

So, after much correspondence and a certain amount of unpleasantness in some quarters, we have evolved our WAR BULLETIN, with representatives in practically every hospital and post in the sector. With regard to these correspondents, we had to appoint them rather hurriedly—though as carefully as possible—in order to receive news in time for our first issue. We recognise that some hospitals may wish to be represented by someone other than we have chosen; if that is so we would be grateful if they would elect their correspondent between themselves and let us know the result. The most important fact we beg them to remember, however, is that a position of authority is by no means a necessary qualification for this post—in fact rather the reverse.

Correspondents from Bart's itself have expressed some indignation that this Journal is not being run with its offices in that

Hospital: obviously our Headquarters will be where our Editorial staff are situated. It should be unnecessary to point out that, for a publication whose object it is to keep scattered Bart's men in touch with one another, the spiritual headquarters will naturally be Bart's.

Narrow-mindedness—after petty officialdom—seems to be the chief danger in our present mode of living. When the rumour spread abroad that people were to be moved in a few weeks' time there was tantamount to a revolution in every hospital. It is a gratifying fact—and a great tribute to the authorities—that practically everybody thinks their own situation absolutely beyond comparison with that of anyone else. None of us want to change our abode just yet, but let us hope that our newsletters will show each and all of us "how the other man is living" and that he is living just as interesting a life as we ourselves.

May we point out that to keep cost of production within reasonable limits we have had to use as cheap material and printing as possible for this number. We crave your indulgence for all its faults and will welcome all criticism, constructive suggestions, correspondence and articles of all kinds.

In conclusion let us state that, come what may, we intend that, like "La Libre Belge" of the last war, this publication shall carry on until the war is over so long as the name of Bart's remains and there are men left who are willing to undertake the production.

## SECTOR NEWS.

## St. Bartholomew's Hospital.

16.9.39.

## Transition.

THE old Hospital appears to have died and in dying to have given birth to an infant Casualty Clearing Station: which infant, conceived in official obscurity, continues its life in the darkness of the Black-out. We have now grown used to perennial electric-light existence. The transformation of the Medical and Surgical basements has been ingeniously carried out, and this carefully worked out war-time scheme should prove entirely adequate for any emergency. Great credit is due to Dr. Harris and his assistants for this by no means trivial work.

Exceedingly military is the spirit of our organisation, though not entirely free from the remote control of the Ministry of Health. We have a set of H.Q. "Cops" in brand-new "Battle Bowlers," and we talk about closing time at The "Carter" as 2230 hours! We wear brassards round our arms and no longer are we called "gentlemen" or "students", but collectively "Personnel". Former Chiefs and chief assistants have now become M.O.'s and Ph's. i/c., and even second time dressers are N.C.O.'s. The spirit of the men, of course, is splendid. Paradoxically enough, the only military organisation which no longer flourishes is the London University O.T.C., R.A.M.C., which immediately upon outbreak of war has been disbanded without ceremony.

Military our discipline may be, but not so our clothing. Some of us wear old clothes reminiscent of dissecting room days; there is a swaggering profusion of silk squares, and open-neck shirts are popular. We have also seen shorts and sandals, and even a kilt!! Indeed, we heard one member of the nursing staff say she could no longer differentiate between students and patients. The nursing staff, on the other hand, are still dressed as usual—neat but not gaudy. The only exceptions are the theatre staff, who dress in almost revolutionary style, shiny green oilskin aprons and daring open necked dresses.

These, we are told, are not a brand-new mode, but merely an adaptation of the old and the *tout ensemble*, with the rolled sleeves and turbaned heads, reminds one somehow of the imposing young women of Russel Flint's Academy annuals.

Sandbagging is still continuing, the latest work being to add three layers of bags over the girders and steel plating in the East Wing as additional protection for theatre "J." The speed of these works has slowed down considerably. There is, it is true, still some desultory volunteering, but on the whole it would seem that the cult of bag-slinging as a health-giving and pleasurable form of exercise is now definitely in abeyance. Maybe it was considered that free beer was far too good a thing to continue for long, or that war duties did not allow of manual labour; at any rate, erstwhile volunteers are now content to leave the work to hospital employees. These last-named gentlemen have a method of getting things done which should lend itself to consideration by reason of its economy of effort. We ourselves, while heaving a bag or two, saw eight of these gentlemen, distributed over two parallel planks laid between the outer wall of President and the kerb of the pavement, propelling sacks over a distance of five yards to the open window, while it required a ninth person to unload the trolley and feed this human elevator.

There has been little opportunity of testing the working of the Casualty Clearing system; with the exception of a few black-out casualties, some of them quite serious, and a much diminished morning out-patient attendance, there has been little to do. It is indeed boring sitting down with nothing to do except talk till all is blue: yet while it is the general feeling that an air-raid would do much to "liven things up" and we could at least justify our existence, we cannot be so lumatic as to hope for one. But at any rate if and when it does come we hope we will be prepared for anything.

P.J.M.

## Mill Hill School, N.W.7.

22.9.39.

I think we all felt rather exiled on having to leave Bart's, but from the first warbling siren the general pleasantness of the School and those in it have made these last three weeks memorable for us.

On arrival we were immediately shrouded in a not unpleasant school atmosphere. Portraits of past Mill Hill headmasters frowned on us severely, busts of Virgil and Dante gazed at us with jaundiced eye at our first meal in the School Hall; somewhat awkwardly we read notices on the Headmaster's and monitors' notice boards.

We slept in the Murray Scriptorium, where the Murray dictionary was compiled: many words not to be found in that dictionary were to be heard as we staggered about in the Black-out seeking some sort of bed and making contact with fallen drawing pins.

Sandbagging of course soon came our way: we had to dig our own sand to fill the bags for the first few days. The Nursing Staff turned to with a will, marshalled by our gallant matron, led by our wonderful "Daisy". Walls were built and of course pulled down again; hands were blistered. Our ingenuity was hard taxed for transport: eventually we were helped by friendly lorrymen—and a mad horse

which refused at all costs to back and required a specially trained man to harness and unharness it.

Harrassed by many an encounter and skirmish with George Discombe we have blackened our windows so successfully that seldom now is heard the deep growl of this night wolf at our door.

Dances have been held, with success and free beer, cabarets have been given by Apache dancers, Scottish and Irish lasses; songs of Donegal and the voice of our local crooner have drawn us from the bar. Our cricket team—most of us playing for the first time for five or ten years—scored a great victory over Maudsley Hospital under the inspiring leadership of Mr. Capps. Deeds were done on that day that Mill Hill still talks of: for instance Mr. Capps caught a fine catch by dint of magnificent agility and to the accompaniment of roars of cheers from the pavilion.

Last Wednesday saw our first swimming gala in the home baths, v. Friern; we lost but showed ourselves at home in the water, both with clothes and without.

This is but a mere whisper of the glories of Mill Hill: we hope that many of you will come and see for yourselves and test our skill in some or any form of sport.

R.L.H.

## Friern Hospital, N.11.

24.9.39.

OUR activities here are, at the time of writing, just beginning to get well under way. The Hospital is set in its own large ground and has three tennis courts which the authorities have very kindly placed at our disposal. A tennis tournament on "American" lines has been arranged for staff and students and is proving a great success. We have too a cricket field and a match against the male nurses has already been played. We were defeated, but that is a small matter compared with the nature of the cricket played—most delightfully reminiscent of the Village Green. The billiards table is widely used and members of the Staff whom we would have least suspected of having spent much time in ale-houses are displaying a proficiency which

could not otherwise be easily explained. For the most sober-minded, bowls is the game of choice and they can trundle their woods on a lawn in the grounds. An archery club has been formed, while our swimming team recently paid a visit to Mill Hill, returning successful and surprisingly enough sober. There is a very good golf course near us, so it will be realised that our spare time is put to very good use.

On the academic side lectures by members of the Staff have been arranged and proceed with monotonous regularity. They are primarily intended for those about to take their Finals, but there seems to be a most unexpected abundance of earnest seekers after knowledge, of by no means such distinguished status, who occupy the

rear seats and supply answers of every description when the Front Line has cracked. This Hospital is of course known as Colney Hatch. Psychological medicine can be made to sound far less improbable when one sees patients, and Dr. Strauss has thoroughly entertained us with his lecture-demonstrations. In other branches there has been a decided shortage of clinical material, but no doubt Friern is not unique in this respect.

On the whole we are, we think, very

### London Fever Hospital, N.1

22.9.39.

Islington and Fevers seemed an unhappy combination to some of us way back in the peaceful days of July, but even grimmer when we prepared to take up our abode on Friday, Sept. 1st. But all doubts were dispelled by the extremely hospitable welcome of the M.O. who announced that he had taken off his tie for the duration.

Removing all our upper garments therefore we rushed out into the hot sun and began joyfully sandbagging the Hospital. Sand and bags in lorries and all manner of vehicles roared in through the gates day and night. Later mercifully they sent us filled sandbags. 20,000 were put up in a week, say the modest, 100,000 say others, feelingly. Anyhow we have our strongholds—"Arcadia Villa", built with incredible eagerness—some think for social reasons, others as an emergency exit—, also the Maginot Line, the Poplars and Tin Pan Alley.

There are seventeen of us here in all. In one of the darkest black-outs last week R. S. H—n encountered a Post Office van at speed and passed beneath. Anxious about his precise position with relation to the back wheels he hailed the driver in a loud voice requesting him to stop. A sympathetic crowd and a W.R. announced their intention of escorting him to hospital, but, on learning that he actually belonged to one, dissolved into the blackness in true British

### CLOAKROOM ATTENDANTS.

We are sorry to have to lose Fred, John and Herbert who have given years of attentive and cheerful service to many hundreds of students at Bart's. We hope that when

fortunate; most of our activities are communal and all take part in them. One small regret in closing. We have no Bart's nurses. It is hoped that ulterior motives will not be laid at our door if we say, quite openly and frankly, that we miss them very much. Some of us, naturally, are hit harder than others in this direction, and on special behalf of the unfortunates in this category may we express a wish for a speedy re-union?

D.S.C.

embarrassment. We are glad to say he made his way back under his own steam.

A slight misunderstanding of the King's English on the part of "Balderdash"—or "Fifty seven different varieties"—and an extravagant desire for exercise precipitated J. F. L—y from a 30 ft. high balcony. By clutching a rope and stripping the skin, superficial fascia and some muscle tissue from his hands, he was able to take the impact on his feet and not on his cranium. He also returned under his own steam.

A piece of animated bronze in the local provides purely aesthetic appeal at the band, but other forms of relaxation have been enjoyed.

T. L—n, we note, sports a khaki shirt decorated with odd pieces of lace. They say the neck of his pyjamas is lined with swan's down.

As in many other parts, rumours come often and spread rapidly. Occasionally we look out of our haven at the world outside and see the three gods of war, corruption, incompetence and ambition rear their ugly heads. It seems that gentlemen's agreements are no longer valid simply because we have not been bombed yet.

Having dug in well we should hate to be moved. We should like to see more patients than we do, though; there must be some sick somewhere.

G.D.G.

this war is finished we shall see them back at their usual posts.

A subscription has been started to give them a parting present as an appreciation of their excellent work.

### Advertisements.

Advertisements are warmly invited for this publication. Any enquiries as to cost should be addressed to: *The Manager, The*

*St. Bartholomew's Hospital Journal War Bulletin, London Fever Hospital, Islington, N.1.*

### St. Mark's Hospital, City Road, E.C.1.

22.9.39.

WE are a small colony here; our M.O. in charge is Dr. C. E. Dukcs and our other resident Dr. Eisenhammer. There are in theory four of us from Bart's, but in fact only three; what has become of the fourth we have no idea—but there is something that looks like a bill waiting for him, so perhaps that may account for it.

Dr. Dukcs and Dr. Eisenhammer have given us a short and very interesting course of lectures on the Pathology and Surgery of diseases of the large intestine and rectum, which some of those at the Royal Chest Hospital also attended. We have also had the benefit of an extremely fine museum collection of specimens illustrating these diseases.

Outpatients' clinics have been held in the afternoons three times a week for the last fortnight or so: the use of highly coloured antiseptic dyes in the treatment of pruritus ani reminds us of Wodehouse's remark, originally made about baboons, but equally applicable to these patients, that they

wear their club colours in the wrong place!

It has also been said of a distinguished visiting surgeon to this hospital, well known at Bart's, whose name is both N— and M—, and who has specialised in operations for prolapse of the rectum, that he knows that organ inside out.

On Saturday, September 9th, the Chest Hospital kindly invited us to an exhibition of silent (*sic*) films: on the 16th we gave a short concert to the nursing staff, the *pièces de resistance* of which were saxophone solos by Dr. Dukcs. On the 23rd Matron and the Nursing Staff invited us to a dance in the nurses' common room which we very much enjoyed. We are hoping to follow this up by a Ping-Pong tournament and a Darts match.

Finally, we have to thank Matron and the Staff for making our life here a very comfortable and enjoyable one. In return for this we are endeavouring to increase the security and stability of the hospital.

F.J.L.

### First Aid Post, Bishopsgate Institute, E.C.2.

18.9.39.

We occupy several large rooms in the basement of the Institute. Shelves of books cover the walls and pour forth volumes of dust on to everything at the slightest provocation. We had rather desperate work for the first days of war as, hourly expecting raids, we tried to distribute medical supplies for use and at the same time keep them clean with dust sheets. To make matters worse the workmen had to turn off the water for urgent alterations: so we had to store our water in the dust-bins supplied for the decontamination depot. Our only way of obtaining hot water was to heat one of these on a primus.

After boiling Spencer Wells and forceps, we gaily placed our instruments in spirit: twenty-four hours later slowly growing rings of rust appeared on most of them. Someone suggested adding a pinch of soda bic. to the spirit. This seems to have stopped the rot.

Our sister in charge has made a name in the City which commands attention and this

fact made things a little easier during the early days. Once she commandeered a lorry and descended on Bart's, intent on plunder. The full shock of her raid was taken by the Surgery. Desks, cupboards, medicines, disinfectants, dressings and screens were seized and loaded on to the lorry. Miss B— launched a powerful counter-offensive. But we got our supplies. Our M.O. is an old campaigner and he too considers that a big thing in war is to be an adept at "requisitioning things." So the post is getting quite well equipped. . . .

Time passes slowly now when we are off duty. We have no comforts such as arm-chairs, though we are lucky in having a reading room upstairs where we can work. We also play billiards at the nearby Police Hospital occasionally.

At the moment we are wondering how we are going to keep warm down here when the cold weather comes. But perhaps we shall be moved before Winter.

A.F.B.

### Royal Northern Hospital, N.7.

23.9.39.

A glance at the official air-raid shelter, thoughtfully constructed round a nucleus of water-pipes and gas-mains, led to our erecting more stable quarters under the energetic leadership of Weymouth. We built walls by the Hospital in a few hours which have taken a band of workers as many days to demolish.

Since then we have led the lives of comparative gentlemen. We have had alarms and we have had excursions, but it would be more polite to talk about the former. We nearly missed one raid because our local sirens had fallen off his bicycle; but the wakeful G— saved us amidst universal disapproval.

There have been fire practices and there have been air-raid practices and, so far as we can tell, we are ready for anything—even the seemingly remote possibility of "the arrow that flieth by night" or its modern version.

Until then we have our amusements.

There is always the "Cock" and some of us ("God help us all", said Tiny Tim) our Finals for which we are hopefully taking single tickets, though doubtless cheap day returns would be an advisable economic precaution.

\* \* \*

Pondering on "Cause and Effect" we see Mr. P—, crossing the Holloway Road in his dressing gown to buy the Daily Mirror. No doubt his dress fits his taste.

\* \* \*

Organised clinical instruction space: we, personally, spent a most instructive morning lifting old men on and off bed-pans.

\* \* \*

Don Juan appears disguised as many perfectly innocent members of the community.

\* \* \*

Some of our number take their A.R.P. duties very seriously: Mr. C—, is to be found at all hours of the night looking out for aeroplanes from the roof. C.B.

### First Aid Station, Chartered Insurance Institute, E.C.2. 22.9.39.

Here is an account written under a shadow: all Bart's men are to leave the post. A new arrangement (we have our own word for it) removes the students from the city posts and leaves the first-aid workers to tackle what horrors may be in store for them.

There are nine of us: G. C. N. Acres; J. D. Cronin; R. A. Shooter; A. Dudley Payne; A. S. Playfair; T. E. L. J. Mc Nair; J. R. O'Brien; D. O'Callaghan and G. Canti. We have helped to organise this place and now are sorry to have to leave it.

Imagine a beautiful new five-storey building, modelled on the halls of the old London Guilds and furnished with all the resources, riches and stained glass the Insurance world can afford. Sleeping quarters are set up on the fourth floor, wide rooms with a sun-bathed balcony and hired wireless. The first floor holds our "study":—a collection of "Esquires" and ash-trays set aside for those who are preparing for their finals. The theory of this is delightful, but the distinction between a study group and a raconteur and debating society is every day growing smaller. Only O'C—n

manages to keep his face consistently buried in his books. P—r and C—n keep him company. The three leave for Birmingham for conjoint finals in a few days. (Birmingham!).

Right down in the sandbagged basement a large parquet floored hall forms the treatment centre. All our swabs, splints, syringes and solutions are there ready. A few patients have wandered in, attracted by the "First Aid Post" notices at the door. But they are unimpressive: twisted ankles, blue fingers, dysmenorrhoea, P.U.O., fibrinous pleurisy and a crop of mysterious papules have been our only cases.

Time hangs heavy and we are left to study each other's idiosyncracies. S—r, who insists on a fresh rose daily for his lapel, discusses hopper closets with our liaison officer. O'C—n scorns the Government mattress and has set up a voluptuous luxury bed with sheets and quilting and other full equipment. Acres spends all his nights out and always takes a gas mask with him. O'B—n, dashing heartily about in shorts, is forever filling sandbags and sleeps on the balcony.

P—r has acquired some pleasant notoriety with the women here by reading their palms, which he does very earnestly. Mc N—r thinks himself "hard done by" and studies the music of the Strand Palace Hotel. C—n drinks pints of iced water, complaining bitterly that he is becoming repressed, but no observer can believe him. C—i ("such a nice, handsome boy" say the women) smokes his pipe, looking amazingly like the caterpillar on the mushroom of Alice in Wonderland. He joins P—e in maintaining a quiet observation with serene detachment on our lives.

We have a Bart's nurse to assist us (Bart's Rochester, however) and she has helped matters a lot by calling us all "Doctor" in front of the first-aid workers. We show our gratitude by addressing her as "Sister" (Sister Air Raids). Several of us have lectured to the staff on gas, anatomy and haemorrhage.

And thus all is prepared. Lack of accommodation still forces us to have our meals in the Female Decontamination Room, but since we have all ceased to believe that we shall ever be raided, no one cares.

A.S.P.

### Queen's College, Cambridge,

23.9.39.

We assembled here on Monday, Sept. 18th, to find a strange world. Overnight we have been given a whole college in which to work, eat and play. A certain shortage of food has happily been remedied and we are gradually finding means of obtaining such luxuries as hot water for shaving. But we are all grumbling at the price—three guineas a week—for the honour, as someone put it, of sleeping on the floor and walking across a cold court yard for the necessities. That is putting things at their worst.

Everyone now has at least a mattress to sleep on and those who are in the new block have now hot and cold water laid on!

The best news we have had so far is that the Journal is continuing in the form of

a "broadsheet". We are hoping to have games in full swing by the beginning of October and get some sort of unofficial Students' Union under way. We are also hoping that when Cambridge term begins we shall be able to organise our sports in co-operation with Queen's men. Those we have met have been very courteous and friendly and done much to lighten our hardships.

OUR PRE-CLINICAL CORRESPONDENT.

*(Lack of space, the fact that we have not been able to get in touch with certain correspondents and some dilatoriness on the part of others, have prevented us from publishing news from every hospital and post. Those who have been omitted will be given full space in our next issue.)*

### BART'S IN THE WAR OF 1939.

BY SIR GIRLING BALL, F.R.C.S.

IT seems well that there should be kept some record of the happenings to the Medical College of St. Bartholomew's during the War. For the first time it has had to be removed outside the Hospital, although we have been able to keep a small nucleus of students still within its walls. It was the will of the University of London that its constituent Colleges should be moved into safer housing. In our case the clinical students have been distributed throughout the Sector, of which St. Bartholomew's is the key Hospital; while the Pre-clinical students have gone to Queen's College, Cambridge. Before they were dispersed it was a remarkable sight to watch students barricading the Hospital with sandbags;

it was indeed a noble effort on their part and the Hospital Authorities are extremely grateful for what they have done.

The Clinical students, other than those remaining at St. Bartholomew's, have now been distributed in the following Institutions:— St. Mark's and The Royal Chest in the City Road; the London Fever Hospital in Islington; the Friern at Southgate; Mill Hill "Hospital"; Hill End, St. Albans; the Wellhouse Hospital, Barnet, Luton and Dunstable Hospital, and the Luton P.A.I. Hospital. In each of these Institutions they are performing a variety of functions, as they are exempted from their medical training for a period of three months from the outbreak of War. How-

ever, such is the nature of the War that this alone has been insufficient to keep them occupied and every endeavour is being made to give a certain amount of teaching during this period. It is a matter of much gratification to the College Authorities that their teachers have so far willingly undertaken to give this training and, in Institutions to which no Members of the Bart's Staff are attached, the Medical Officers of those Institutions have joined in the fray. By the 1st December it is hoped to have the normal teaching of the students completely organised, always provided that there are patients within the walls of the various Hospitals. It is hoped that it will be possible to give further information on this point in about a month. It may, and probably will, be necessary to collect the students into larger Units, viz: at the Friern and Hill End Hospitals, to which the majority of the Bart's Staff are attached. If this is done the students in their earlier years will be collected at Hill End and those in their later years at Friern. It may be impossible to do this as the housing question is a distinct problem. So far organised classes for the Final Examinations have already started and Preliminary Classes for the incoming students will be commenced from the 1st October. The Maternity Service exists in embryo and arrangements have already been made for teaching in the Special Departments. The students' collection of the Museum has been removed to Hill End and we are making arrangements to fix up some teaching rooms there.

In the Pre-clinical years there are difficulties with regard to the expensive method of living which has been devised by the authorities of Queens' College, Cambridge. Cambridge is so full of all varieties of students that it is almost impossible to find rooms outside the walls of the College. Moreover, Bart's has made a bargain with Queen's College to maintain a certain number of students within its walls and it is up to us to try and maintain this bargain. Every effort is being made to reduce the cost to the students.

At the same time it must be remembered that the pre-clinical course has been shortened by half a year and thus the total cost of living during that period will almost equal the cost in normal time. Further,

during the clinical period the period will be greatly reduced if the existing system of billeting is still in being.

With regard to the examinations, the Conjoint Board has arranged that the examination in Anatomy and Physiology can be taken after forty-six weeks, spread out over a period of one year, and the University of London has followed suit. Further, the Final examination at the Conjoint Board can be taken after thirty months and the London M.B. after thirty-six.

It is a matter of regret that the Students' Union is unable to use its ground at Chislehurst, but efforts are being made to avoid any serious damage by the Army authorities, who now occupy it. At Cambridge the students will have the use of the Queen's College ground, while in most of the Hospitals in the Sector there are facilities which will enable the students to keep up their athletic activities. It is hoped that they will endeavour to get teams together during the winter months to play other teams in the neighbourhood.

It is well recognised that students are living in unusual and sometimes uncomfortable surroundings; with this everybody will sympathise, but it must be remembered that they are doing their share in helping the country and that they must make every effort to get themselves qualified at as early a date as possible. They have some consolation in knowing that the members of the teaching staff are suffering similar discomforts. It is a matter of much satisfaction to find that the students are knuckling down to their job in an admirable manner, no doubt realising that in order to keep our old school going and to maintain the reputation of the past, we have got to stick together and thus avoid the collapse which is always possible if every effort is not made by all concerned. The students can rest assured that the College authorities on their side will do their best to see proper facilities are provided, so far as can be reasonably expected, to enable them to carry on their work and to render their temporary home as near as possible equal to the old one.

There is just one more point that we must bear in mind, and that is to wish those who have gone off into the Services the best of good luck and a safe return to their native country.

Time and Christ did meet one another  
Where the road nears the old green pond  
And the three brown larks are hung from  
the sky;  
(Time was an old man then,  
Older than God himself),  
They sat in the deep green grass  
Under the shade of the aspen tree,  
And saw how their ways had crossed.  
God had come on the dusty track  
From the Gasworks Lane which leads up  
from the town,

Now he was seeing the hills again  
And clouds in the sky and birds in the air.  
Time was reaching the new-built place  
Where the joyless people live.  
Then both got up and went on their ways  
While the aspen leaves waved their white  
sides  
To silver headed Time,  
And green to the man who turned to the  
hills.

### BOOK REVIEW.

#### Treatment of War Wounds and Fractures.

B/ J. TRUETA, M.D. (Harrish Hamilton Medical Books). price 8s. 6d.

This extremely interesting book has been written by a surgeon who has had three years' experience of war fractures in the Spanish civil war as director of Surgery in the Catalunya Hospital, Barcelona.

Briefly his method follows and enlarges upon Winnet Orr's closed method for treating compound fractures. Rapid, properly planned and boldly executed surgery is carried out at the casualty hospital within a very short time of injury. After débridement of the wound the fracture is reduced and a whole plaster applied maintaining reduction and complete immobilisation of bone and tissues. This is in accordance with sound pathological and surgical principles.

Three factors of modern war induced him to investigate this line of treatment: the great mass of civilian casualties in proportion to the available surgical assistance; the short interval elapsing between injury and hospital treatment (18 minutes in some Barcelona air raids); and finally the necessity for evacuation of patients within a short time to base hospitals in safe areas. Early excision reduced to a great extent the risk of widespread infection, shortened

the period of shock and eliminated reactionary hæmorrhage. The application of plaster diminishes the pain and allows the patient to be transported in comfort, while the absolute immobility of the tissues promoted early healing. Rapid, efficient classification and good surgical teamwork were essential for success.

His results are striking: out of a series of 1,073 mixed open fractures, in 90% there was a satisfactory result, in 9% a bad result, and only 6 deaths. The criticism levelled against these results that gas-gangrene organisms must be absent from Spanish cities does not seem fair when one recalls the pre-war reputation of these streets for being plentifully supplied with dung; but it is fair to say that if gas-gangrene does develop beneath the plaster, the danger to the patient is increased immeasurably. The author has made out a very good case for his technique; and it is hoped that it will be given a trial in our casualty clearing hospitals.

The layout, design and photographs are excellent, the style lucid. The chief objection is that the technique of plastering a gross laceration of a limb is dismissed too summarily. One hundred and thirty seven pages, the book is well worth its price and ought to be read by all.

### Photographic Competition No. 1.

A prize of 7/6 is offered for the photograph which gives the best impression of: "Sandbagging."

Entries should be addressed to: *The Editor, St. Bartholomew's Hospital Journal War*

*Bulletin, London Fever Hospital, Islington, N.1.* and marked "Photographic Competition" in the top left hand corner. The Editor's decision is final. Entries should be received not later than Oct. 15th.

## THE ROOT OF THE TROUBLE.

BY AN EX-GERMAN.

NOW that the war has begun, the chain of events which started several years ago has been completed and I cannot help thinking of some of the real causes lying behind the concrete facts which we know so well.

Fundamentally, it seems to me, the explanation lies in the outlook of the German people which has been brought to its present level by the misinterpretation and purposeful omission of historical facts over a long period of time—this coupled with the native disposition of German youth, hazy, romantic and unstable, utterly void of historical judgement and common sense.

For many years before the Great War, every school child was taught that Germany was the greatest, most scientific and most cultured country in the world. "Kultur" was a conception peculiar to Germany, widely separated from the mere culture of other countries. German industry, German writers, German wine, women and song, were far superior to anything any other country could produce. For this reason, they were told, the rest of the world found it necessary to encircle and crush Germany. Thus happened the War of 1914—1918.

Although the government fell in 1918 and a democracy was established, the new Germany never had the heart to break with the old; this was the greatest calamity of our time. Instead of completely rejecting the cult of militarism and Prussian bullying which had brought about their defeat, the youth of the country were fed perennially with the glorious feats of Frederick II. of Prussia, who invaded all neighbouring countries and waged the Seven Years' War with Austria. The other hero of young Germany was Count Bismarck, whose forty years' policy of intrigue, pacts and counter-pacts they were taught to applaud as admirable diplomacy. Never was there any question of morality. To break a treaty at a convenient moment was acclaimed as an act of great statesmanship; to wage a war for territorial gains was perfectly justified and any suffering produced was considered of very minor importance. Might was right and the strongest must win.

The invasion of Belgium was never mentioned by history books or school teachers

as a breach of treaty: on the contrary "Perfidious Albion" treacherously declared war on Germany under the pretext that they had infringed neutrality. The savage occupation of Belgium was a military necessity, but the occupation of the Ruhr by France an act of brutality without equal.

Year by year up to the present day the injustice of the Treaty of Versailles was hammered relentlessly into the heads of millions of German children. No one ever suggested what peace proposals Germany would have made if she had been victorious.

There was a crazy teaching about superior and inferior races: the Czechs of course belonged to the latter category and the "lousy Poles" ("Polacken") were entirely beneath contempt. The French were a semi-negroid, decadent, syphilitic nation with a steadily declining birth-rate.

The Germans however, were the descendants of the Teutons and this god were Odin, Thor and Baldur: they would regain their place in the world as super-men, heroes, giants of courage, strength and fortitude.

It was this intense feeling of being wronged by the whole world, mingled with the worship of force, a singular lack of critical judgement as to world wants and historical facts, which laid such a fruitful soil for the teachings of Hitler.

It must be added that many German liberals who detested Hitlerism fell into the common error of reverencing all those who had given Germany the name of "Big Bully" throughout the world.

The lesson for the future is to see that when peace comes the people of countries who worship force are taught to recognise it for its true worth and in its true colours. Future generations of German children must at all costs be educated in a completely new way so that the fatal error of the last post-war period is avoided. History books will have to be re-written to show the truth of the past and the real spirit of liberty taught anew; they may then follow the path of other nations. Final peace will not be attained until the idea of democratic liberty associated with peace has pervaded the whole German people.

## EXCERPTS.

### REMUNERATION OF EMERGENCY MEDICAL SERVICES.

Dr. ELLIOTT replied . . . that with regard to medical students, he understood that in general they were most willing to assist in the treatment of casualties. He could not believe that they wished to profit by the circumstances of war.

*B.M.J.*, Sept. 23rd.

\* \* \*

There is something comforting to the inactive in the retort of the man of letters who being asked why he was not at the front trying to save civilisation replied, "I am part of the civilisation they are trying to save."

DESMOND MCCARTHY,  
*New Statesman and Nation*,  
Sept. 23rd.

## SPORTS NEWS.

### CRICKET.

Tour in Somerset and Devon,  
Aug. 14—19, 1939.

FOR various reasons our usual tour in the West Country was much curtailed, with the result that only two matches were played. For all that, a good time was had by all, and in no small measure was this due to the very great kindness shown to the team by Mr. and Mrs. Drake and their family, who thought nothing (we hope!) of having nine extra to supper!

First Match. v. Somerset Stragglers  
at Taunton.

An unfortunate injury to Grant, our most reliable batsman, may have had something to do with the sorry display given by the Hospital in their first innings. North, however, played an excellent innings, scoring his runs in rather under half an hour. Wells-Cole and Davey were the only others to reach double figures, the latter batting patiently in a determined effort to prevent a complete collapse. But in vain; the remaining wickets put on very few runs so that, on a true wicket, we were all out for 101. The Stragglers soon passed this score,

GERMANY BEAT POLAND IN CHESS CONGRESS.  
From Our Own Correspondent.

Buenos Aires, Sept. 20.  
The German team have won the Hamilton Russell Chess Cup with 36 points, beating Poland by half a point.

*The Times*, Sept. 22nd.

\* \* \*

The Ball no question makes of Ayes and  
Noes,  
But Right or Left as strikes the Player  
goes;  
And He that toss'd Thee down into the  
Field,  
He knows about it all—HE KNOWS—HE  
knows!

Rubaiyat of Omar Khayyám (stanza 50).  
Translated by Edward Fitzgerald.

\* \* \*

STOP PRESS.

War Communiqué No. 1.  
(With apologies to *Nat Gubbins*).  
SOMEWHERE IN LONDON, Sept. 24th.  
A bright moonlight night. In the early evening an intensive movement was carried out at the "Pied Bull," general mopping-up operations taking place. The report of celebrations at the Royal Breast Hospital led to a reconnaissance raid. Considerable opposition was met with but several beds were attacked. The enemy carried out an encircling movement on our troops who were forced to retire in good order. The rest of the night passed fairly quietly and the spirit of the troops was excellent.

and in spite of some really good bowling from Denham, who took 7 for 81, led us by 170.

Our second innings, begun on the evening of the first day, started disastrously, with Lucey, Wells-Cole and North out for 16 runs. Howell's wicket fell early next morning, and then Maidlow and Grant put on an invaluable 38 runs before Maidlow was bowled. Brown who came in next shared with Grant in a stand of 167, which entirely altered the complexion of things. Brown batted beautifully in playing his best innings for the Hospital this year. Grant was at his best and gave further proof that he is the best bat the Hospital has had for some time. It is a great pity that the War has prevented him from reaching the goal of 1,000 runs in a season for the Hospital which otherwise he undoubtedly would have done.

The innings closed at 283, and this left the Stragglers 114 to get. Thanks to some steady bowling and keen fielding, we had 8 of their wickets down before they won; and so what had looked like being a walk-over for them turned into an exciting finish.

A most enjoyable match.

St. BARTHOLOMEW'S HOSPITAL.		2nd Innings.	
1st Innings.		2nd Innings.	
R. N. Grant, b Hood	8	G. H. Well-Cole, b Lock	7
D. J. A. Brown, b Hood	3	J. F. Lucey, c Denton,	
J. North, c Stevinson,		b Stevinson	1
b Hood	40	J. North, b Lock	3
W. M. Maidlow, b Hood	0	J. K. S. Howell, c Mar-	
G. H. Wells-Cole, run		shall, b Hood	1
out	13	W. M. Maidlow, b	
P. J. Davey, st. Mar-		Stevinson	21
shall, b Mermagen	13	R. N. Grant, b Hood	106
E. H. Denham, c Act-		J. A. Brown, b	
cher, b Stevinson	2	Hingley	89
D. R. S. Howell, lbw		P. J. Davey, c Aetcher,	
b Stevinson	0	b Stevinson	12
J. J. Pritchard, not out	3	D. Jackson, c Aetcher,	
J. F. Lucey, c Marshall.		b Hood	23
b Stevinson	4	E. H. Denham, not out	2
Extras	15	J. J. Pritchard, b Hood	8
		Extras	10
Total	101	Total	253

SOMERSET STRAGGLERS.		2nd Innings.	
1st Innings.		2nd Innings.	
L. G. H. Hingley, st		L. G. H. Hingley, run	
North, b Denham	52	out	21
H. S. Denton, b Lucey	29	H. S. Denton, c North,	
P. Mermagen, c North,		b Grant	8
b Denham	16	P. Mermagen, b Lucey	1
J. A. Pateman, c North,		R. A. Pateman, c North,	
b Denham	17	b Lucey	18
G. C. Fletcher, lbw, b		R. V. Stanbury, b Lucey	0
Denham	13	A. G. Marshall, lbw, b	
R. V. Stanbury, c North,		Davey	32
b Denham	22	G. C. Fletcher, not out	20
A. G. Marshall, run out	64	A. S. Bligh, c Maidlow,	
A. S. Bligh, lbw, b		b Denham	6
Wells-Cole	28	M. E. Lock, c and b	
N. E. Lock, c Maidlow,		Denham	3
b Denham	1	F. W. Stevinson, not	
F. W. Stevinson, c and		out	5
b Denham	8	E. H. M. Hood, did not	
E. H. M. Hood, not out	1	bat	
Extras	20	Extras	4
Total	271	Total for 8 Wickets	118

**Second Match. v. Seaton at Seaton.**

After two so-called "blank" days, when several of the team demonstrated effectively their inability to (a) play golf, and (b) take the "rough" with the "smooth," the side finished the tour with a rapid and convincing win over Seaton. In fact the game was over in one day, the second being devoted to a pick-up game, in which ten men described as "Odds" played havoc with the efforts of ten others, known as "Willies." Or was it the other way round?

Seaton batted first, and, owing to the fact that they were two short, Howell was loaned to them for the duration. It was chiefly owing to his carrying his bat for a stout 35 that Seaton managed to reach their total of 104.

When the Hospital batted things did not go too well at first, four wickets being down for 41. Grant had batted well, and then Brown and Davey, and later Davey and Wells-Cole, pulled the game round with stands of 44 and 79. Davey hit very hard and his hundred included ten 4's and three 6's. Denham continued the good work, a

last wicket stand between him and Pritchard realising 23, of which Pritchard scored 18 in three 4's and a 6.

In their second innings, Seaton failed to reach even their innings total, only Allen, Knight and Hamilton staying long. Thus we won by an innings and 69 runs.

St. BARTHOLOMEW'S HOSPITAL.		2nd Innings.	
1st Innings.		2nd Innings.	
R. N. Grant, b Smith	23	A. J. H. Spafford, b	
J. F. Lucey, c Howell,		E. H. Denham, not out	36
b Smith	4	J. J. Pritchard, lbw, b	
J. North, lbw, b Smith	3	Hart	18
W. M. Maidlow, c		Extras	24
Knight, b Hart	3		
D. J. A. Brown, b Allen	18		
P. J. Davey, b Smith	100		
G. H. Wells-Cole, b			
Hart	26		
Total	256	Total	256

SEATON.	
1st Innings.	2nd Innings.
Total	104
Total	83

**HOCKEY.**

A Hockey Squad has been marshalled. A weirdly dressed horde has twice now descended on Charterhouse green and joined battle in a melée of sticks. It is believed that a good time and healthful exercise was had by all. The opposing teams were "We" and "Them". It is not recorded who won.

It is intended later on to organise some serious matches with outside opponents.

It is notable that most of the members of the former first and second hockey teams are either at Bart's or City First Aid Posts.

Members of both Senior and Junior Staffs are cordially invited to play.

**SOCCER.**

It is proposed that games of soccer should be played on Saturday afternoons, either between hospital men, or against outside teams if possible. Grounds are available. Will anyone interested communicate with: A. Maples, Isolation Hospital, Coppett's Road, Muswell Hill, N.10.

**Marriages.**

**BULL—BUTCHART.**—On September 8th at St. Alban-The-Martyr, London, Maxwell Marsden, only son of the late Mr. H. Marsden Bull and of Mrs. Bull, Oswestry, Shropshire, to Catherine McKenzie, eldest daughter of Lt.-Col. H. J. Butchart, D.S.O., and Mrs. Butchart, Don House, Old Aberdeen.

**CAPPER—CLARKE.**—On September 7th, 1939, very quietly, at Tiverton, Devon, William Melville Capper, to Edith May Clarke.

**HARMER—HIGGS-WALKER.**—On Saturday, September 23rd, 1939, at St. Nicholas Church, Sevenoaks, Michael Hedley Harmer, M.B., youngest son of Mr. and Mrs. Douglas Harmer, of 9, Park Crescent, W.1, to Bridget Jean, only child of Mr. and Mrs. Higgs-Walker, of School House, Sevenoaks.

**PHILLIPS—REDDING.**—On 12th September the wedding of Basil Montag, younger son of Mr. and Mrs. P. L. Phillips, of 2, Spring Mansions, N.W.6, and Sheila Monica, younger daughter of Mr. and Mrs. Redding, of Bournemouth, took place quietly at St. Bartholomew's-the-Less.

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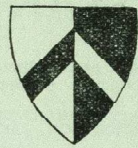
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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

### WAR BULLETIN.

Vol. 1. No. 2.

NOVEMBER 1st, 1939,

Price Fourpence.

#### THE NEW ORDER.

CYRIL CONNOLLY wrote a short time ago in the *New Statesman and Nation*: "One excellent counsel I could give writers would be: keep off the War." It sounds simple, but actually it is extremely hard at this time to find anything to write, read or even think about, which is not in some way bound up with the wretched business.

Theatres and other forms of entertainment are few and far between and happen mostly at inconvenient times. For some of us in the farther flung outposts they are almost completely inaccessible. Newspapers—what there is of them and even the best of them—can record nothing but rumours of war; so much so that if you pick up one written the day before yesterday you can easily read the thing through before you notice anything wrong. Things are improving a bit but unless they improve very much more those responsible will be aiding the War god most handsomely in his object of destroying civilisation.

But it is all extremely good for us really because we have had to learn to find our own amusements and order our own leisure—instead of having everything served up for us on a platter. In many it has brought out unbelievable hidden talents; characters have been completely changed; shy and retiring men have blossomed forth into brilliant social lights; introverts have become extroverts, and confirmed misogynists have found life not such a hopeless affair as they had imagined.

In the same way we have done our best not to lose touch with the Subject of Medicine. I think it is true to say that in every hospital in the sector a system of teaching has been evolved which is proving astonishingly successful. The reason is not far to seek. In our normal regimented lives we follow a time-table of teaching which, like our pleasures, is served up for us on a platter. In following it blindly we forget to think. In the new order, the moulding of our education depends almost entirely on ourselves and we can therefore take a much greater interest in it. Osler said: "The old order changeth, and happy those who can change with it." I don't think we have managed too badly in the process of adaptation.

But ever present and preventing us from really settling down is a big shadow of Doubt. "Omne ignotum pro magnifico . . ." Firstly there is the doubt about if and when and how the first air raid is going to take place; nothing can be done about that but, as a natural consequence of it, there is the doubt about our own position—the horrible feeling that any day we shall be told suddenly to quit the grooves we have fashioned for ourselves, pack our belongings once more and set out for some unknown destination. Under such conditions it is very hard to maintain a settled frame of mind. Doubt and Uncertainty are the War god's most powerful satellites. Once they have been removed just a little, then, in our thoughts, our work and our leisure, we will find it easier to "keep off the war."

Nov., 1939].

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

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#### FINANCE.

IN the early days of Rome, tax collecting aroused wrath in many a far off province and outpost. The recent impost of 4d. per copy has caused some murmuring in our far flung sector. This point in the history of the Journal seems a suitable occasion to explain its finances.

It is the popular belief that part of each student's life subscription to the Union is passed on to the Journal. This is absolutely untrue: in all its past history no money has ever passed from the Student's Union to the Journal. Two years ago a heavy loss was incurred; for this last year which closed with the September issue a small profit accrued, but the lean year has eaten up the fat year; and to pay off the remainder of our debt the Finance Committee has loaned £100 to the Journal.

To meet a future of greatly diminished income and increased costs, the form and substance has had to be sacrificed and money raised. We appealed to our life subscribers and certain others for a further subscription of 17s. 6d. to cover the period of war: they have responded magnificently and we hope to thank them all individually later on.

From the students it was decided to ask 4d. per copy to help towards the cost of production and to eliminate waste. A resolution was passed at the last meeting of the Students' Union that students were no longer entitled to free copies of the Journal. Those that do not consider it worth 4d. can exercise their will power and refrain from reading it in future!

*The Manager of the Journal.*

Contributions for the December issue should reach the Editor not later than Wednesday, November 15th.

#### Photographic Competition.

The prize for the October competition was awarded to **M. Bates**. The size of the entry was very disappointing. It is hoped that when our financial position is a little better we shall be able to afford to print photographs showing the different hospitals in the sector and other features of interest. All contributions of this nature will therefore be gratefully received.

#### CORRESPONDENCE.

To the Editor,

St. Bartholomew's Hospital Journal.  
Dear Sir,

A fortnight ago, whilst on a voyage from the West Indies, a fireman-trimmer came to me with an 8 hours' old strangulated right inguinal hernia. He was suffering with great pain and had vomited,—pulse not too good. His age was 34 years. It would not reduce with ordinary manipulation, so I tried with the aid of Ethyl Chloride Spray: that failed. Then I tried with the patient under chloroform and failed again. We were sailing in convoy with ships carrying at least three other medical men, so near and yet so far, because no ship was allowed to stop. The outlook was not a happy one I think all will agree.

I sent for a block of ice and held this over the lower abdomen and groin; after twenty minutes I began to manipulate again, when to my great relief I realised the swelling was becoming smaller. In about ten minutes it was completely reduced.

This man was told by The Shipping Federation Medical Officer, when "signing on," to get a truss; when I asked him why he had not done so his reply was, "I got drunk instead, Doctor!"

Wishing all those Bart's men who were so kind to me the very best of luck wherever they be,

I remain,

Yours faithfully,

GERALD N. MARTIN.

Woodside,  
Amberley,  
Stroud,  
Glos.

14.10.39.

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

Dear Sir,

I should like to raise an objection about the inclusion of "Marriages," in your last issue, under the heading of "SPORTS NEWS"—and, what is more, as the last item.

Yours etc.,

J.

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

#### Cloakroom Attendants.

The total sum of money collected as a parting present to Fred, John and Herbert was £38-5-0, of which the present inhabitants of Bart's contributed £12-11-9, Friern £5-15-3 and Hill End £4-4-6.



## PARALYSIS FOLLOWING PASTEUR INOCULATION AGAINST RABIES.

(A Personal Note).

*(J.N.R.S.'s vivid description of his experiences as a victim of an attack of acute anterior poliomyelitis, in your August issue, prompts me to ask you to record a somewhat similar experience of my own in January, 1925—though from a different cause).*

HAVING spent nearly three years in the somewhat dreary climate of Moukden, Manchuria, my wife and I decided last Autumn that we would return to England at the end of the year and settle down near London to enjoy retirement on a small pension—the fruits of my twenty years' work in Hong-kong.

Accordingly I resigned my appointments to take effect on December 31st, 1924, and booked our passages to Europe by a steamer leaving Dairen on January 2nd. Just before leaving, I received a telegram asking if I would consent to take medical charge of the Chinese Hospital at Wei-hai-wai, and of the few British officials who were administering the territory. My wife and I thought that it would be a pleasant change to spend a year or two in such a delightful health-resort, and I therefore cancelled our passages home; we arrived at that port in mid-December.

On December 30th the subaltern in charge of the platoon of Loyals' (Lancashire Regiment) stationed at Wei-hai-wei (Mr. G.) came to see me at the Hospital to ask if I could do anything for his dog, an Airedale, that had apparently got a bone lodged in its throat, as it was unable to close its mouth. I took a chloroform drop-bottle, some lint and a couple of pairs of long forceps with me and accompanied Mr. G. to his house. The dog was shut in a room but followed us on to the Verandah, and seemed quiet and friendly, but with its mouth held open and a very dry tongue hanging out. I chloroformed the dog and we failed to find any obstruction in the throat; on recovering from the anaesthetic, the dog ran about the garden for a few minutes and then followed his master back to the room. I advised a dose of Castor oil but did not see what else could be done for the animal.

Some 26 hours later Mr. G. reported to me that the dog had just died with signs of paralysis of the hind quarters, and as this strongly suggested "Dumb Rabies" I had

the carcass brought to the Hospital, where I made a P.M. examination, but failed to find any gross lesion which would account for the dog's death. I therefore removed the head, placed it in a glass jar of glycerin, and sent Mr. G. to the Pasteur Institute at Tientsin for anti rabic treatment, as he had some quite recent scratches on the hand he had placed in the dog's mouth; he took the dog's head with him and left the next morning by steamer. Unfortunately the dog's head was mislaid in Tientsin for a few days. In the meantime we were telegraphing for news of the results of the examination of the dog's brain, and learned on January 5th that no decision could be given for three weeks, as inoculation tests would have to be carried out. It was eventually proved by these tests that the dog had actually died of Rabies.

In view of the fact that the inoculation period of Hydrophobia in man may be as short as three weeks, I left the next morning for Tientsin, as I had a small open wound on the hand I had placed in the dog's mouth. I was accompanied by another Britisher, Mr. J., who had assisted in administering the Castor oil to the dog and whose hands were also not altogether free from scratches; we arrived at our destination at 3 p.m. on January 7th. I at once reported to the Director of the Pasteur Institute (Dr. Lossouarn) and we received our first inoculation at 4-30 p.m. the same day. This was followed by three inoculations a day for three days, then two inoculations a day for three days, and then one inoculation daily; in all I received twenty inoculations and Mr. J. about twenty two.

During the second week I suffered a good deal from malaise with an afternoon temperature of about 101 deg., loss of appetite, and constipation, the latter being a characteristic result of the inoculations, and on the thirteenth day I found that I was suffering from retention of urine. Thinking this might be due to some slight congestion of the prostate from a chill—the temperature of Tientsin in mid-January averages about 10 deg. below zero F.—I spent the greater part of the afternoon in hot baths in the hope of obtaining relief from the retention, but without avail; about 5-30 p.m. the

Director of the Institute visited me at the Hotel and passed a soft rubber catheter, much to my relief. I remained in bed that evening and on the following morning I awoke to find that the lower half of my body was completely paralyzed. Fortunately my colleague, Mr. J., came to my room to ascertain whether I was accompanying him to the Institute for our usual 9 a.m. inoculation and was able to inform the Director of my plight—with the result that I was promptly removed by ambulance to the Victoria Hospital.

This paraplegic condition is a rare complication of the Pasteur treatment, occurring only once in every 2200 cases and is believed to be due to an acute congestion of the lower part of the spinal cord; but I was assured by the Director that the paralysis would disappear completely in the course of a few weeks and leave no after-effects. I could not help noticing however that he daily tested the strength of my hand-grasp and arm-muscles, to make sure that the paralysis was not extending upwards; had it done so I fear the outcome might not have been as favourable as it has been. The paralysis of my back and legs remained absolute for about three weeks, all reflexes being lost, and I suffered great pain and tenderness in the muscles, with considerable mental and physical depression. However on the twentieth day of the paralysis there appeared the first faint glimmer of returning muscular power, and I was able to raise my left knee an inch or two above the bed; this continued to improve so that by the end of the fourth week I could raise my left leg off the bed and wave it vaguely in the air, but my right leg remained stubborn for another week; the reflexes also did not return until the end of the fifth week. The retention of urine persisted for four weeks and necessitated the passing of a catheter twice daily but, thanks to the care exercised by the Director, who continued to treat me after my removal to Hospital, there was no tendency to cystitis and very little evidence of urethritis. Although it was possible to leave off the catheterization by the end of the fourth week, a urine bottle had to be kept in position for more than another week, for while palpation and percussion of the abdomen showed that the bladder contained between one and two pints of urine, I was only able to pass an ounce or two at a time, the desire recurring at fre-

quent intervals. This was no doubt due to the early fatigue of the slowly recovering muscle of the bladder wall, as the same thing was noticeable in connection with the movements of my legs. After a rest I was able to lift my leg and wave it in the air; at a second attempt the leg could only be lifted about half the same extent and a third attempt frequently failed altogether.

By the end of the sixth week I was able with considerable effort to turn from side to side in bed, but was still unable to stand alone; my attempts at walking with someone holding me on either side were markedly ataxic. Massage had been commenced about the middle of the fourth week of the paralysis, as there was considerable wasting of the muscles of the legs and buttocks, and electric baths were tried after the sixth week.

Although sixty years of age I had fortunately never had any serious illness and consequently my organs were all sound. During the first five days after admission to Hospital my evening temperature ran up to about 101 deg. with a corresponding increase of pulse rate, but after this the temperature remained normal, pulse 74 to 80, urine normal, blood pressure 130-90.

I should add that neither Mr. G. nor Mr. J. developed any untoward symptoms and both returned to duty before the end of January. I left the Hospital on March 19th and returned to Wei-hai-wei, where I was able to resume duty at the end of the month.

After my recovery I was able to do four years hard work as principal civil medical officer of Wei-hai-wei and retired in 1929 at the age of 65.

The only permanent disabilities resulting from my illness were paresis of the lower bowel (necessitating a daily enema) and some paresis of the bladder, and in 1933 it was decided that the partial retention of urine required the relief of a permanent supra-pubic cystostomy. This was duly performed on August 4th, 1933, and since then I have had to wear a self-retaining supra-pubic catheter (changed every two or three weeks) draining into a urine bag.

I have now passed my 75th birthday, but am able to be up and about all day and still find life pleasant and full of interest.

It is difficult for the finite mind of man to fully grasp the workings of Divine Providence, or to understand why my homeward path was diverted, at the last

moment almost, to Wei-hai-wei and tragedy; but after I emerged from the shadow I had ample leisure to "contemplate on my inevitable destiny, and guide my reflections to the most interesting of all human studies, the knowledge of myself"; and maybe this period of quiet introspection was just what was needed for the welfare of my soul.

FRANCIS CLARKE, M.D.

"Homeward, homeward as I go,  
The rising sun itself seems slow,  
Till from afar my home I see,  
Look! look! they are expecting me.

Shall we alone be thought—subdued?  
Ash whither? Whence? and how and why?  
And whimper when 'tis time to die?  
I'm ready now—Content to stay,  
I can enjoy each pleasant day  
And lengthen out the sunlit hours  
Among my happy garden flowers."

(From a translation by D. A. Wilson of a Chinese Poem written by Tao Chien, who died A.D. 427. It describes the return to his ancestral home of an aged Chinese Official who had borne the heat and burden of the day in far-distant parts of the vast land of China).

We have just learnt that Dr. Clarke has recently undergone a serious operation. We should like to wish him a very speedy return to health.

## DR. HARVEY CUSHING.

PROFESSOR G. E. GASK writes:

When in 1922 Cushing came to Bart's as temporary Director of the Surgical Unit his charm and personality endeared him to us all and his inspiration has remained with us ever since.

He was given the honorary Fellowship of the Royal College of Surgeons and honours and degrees were showered on him from universities all over the world. But unlike some great men Cushing was not an individualist; he had the capacity of radiating freely and generously. Nothing pleased him more than to put all his knowledge, wisdom and technique at the disposal of the willing student. As a result students flocked from all parts of the world to the Peter Bent Brigham Hospital at Boston, where he had established a school of neurological surgery, in both senses of the term, which will live after him and prove a monument more enduring than brass.

Though American to the core Cushing's frequent visits to this country and his personal friendships in England brought him so close to us that we thought of him as one of ourselves. During the Great War

he worked alongside us in our medical formations at the Front. He has written an account of his experiences in a book called "From a Surgeon's Log."

Of his other literary productions and of the many manifestations of his wide interest in the History of Medicine, in books and in fine arts, we cannot here speak. The world is the richer and the better for his life and we are thankful for all our remembrances of him.

PROFESSOR PATERSON ROSS writes:

Every student knows Harvey Cushing's contributions to surgery and endocrinology, yet it is as difficult for me to write an appreciation of him as it is to find words to express my deep emotion. From the moment of my arrival in Boston to work in his clinic he treated me more as a son than as a visitor from abroad, and since that time I have been conscious of his influence in countless matters both great and small, in the daily round of private as well as professional life, that I have felt almost as though he were constantly at my elbow giving help, advice and encouragement. No words of mine can tell of the personal loss many are feeling, now that we shall never again hear that rich deep voice, and see that charming but commonly mischievous smile.

I suppose that what impressed us most in the Chief was his dogged determination to follow out to the uttermost whatever he believed to be right, however much it might cost. In Surgery he set himself to achieve the highest standard in what he laid down as the fundamental principles of good technique—asepsis, gentleness and the control of hæmorrhage. His hands seemed rather large for his delicate work, and he knew that if he hurried he might be clumsy—so he didn't hurry. If in the course of dissecting out a tumour he met large numbers of vessels, this meant the patient and deliberate control of every one of them, however long it might take to do it; for he didn't believe in dangerous short cuts. Safer surgery may not be spectacular and may even be tedious, but he followed out his principles in spite of criticism, until the answer to his critics was provided by the results of his work. One of his favourite sayings was "It's dogged as does it."

Cushing earned a world-wide reputation as a surgical specialist among the pioneers

who have striven to forge the vital link between the craft of Surgery and the sciences of Physiology and Pathology . . . . I would rather try to say something about the man as we knew him.

He showed an astounding breadth of interest in life as a whole, and not only in the life of the present day, for he was passionately fond of ferreting out anecdotes about the medical men of bygone ages, especially accounts which revealed their character rather than their achievements. He had a remarkable faculty for associating persons with their circumstances—for instance, he once showed me an old diary he had kept of an early visit to London (and his first, I think, to Bart's) in which was a note about the Warden's house, where Matron now lives: "A little house with a very noisy street outside—no wonder Paget could work late into the night!" . . . .

The memory of the Chief will be kept evergreen in the hearts of the large number of the younger generation who had the privilege of working with him, and who are now spread over all quarters of the globe doing their best to follow his ideals. His was a hard school, for his assistants were judged by the same standards he set for himself, yet every man who worked for him not only admired his courage and skill, and gained inspiration from his example, but also came to love the man for himself. His charming home circle, his love of books, his fondness for games, and his enjoyment of the companionship of his many friends filled his life with human interest. He had a real affection for this country and for this Hospital, of whose Medical College he was a perpetual student,

and the many Bart's men who knew him will cherish his memory.

Some weeks before his death we received the following note from Mr. G. L. Keynes:

The College Library has recently received a copy of *A Bibliography of the Writings of Harvey Cushing*, compiled by Dr. John Fulton, Professor of Physiology at Yale, for the celebration of Dr. Cushing's seventieth birthday, April 8th, 1939. This was marked by three days' festivities organized by The Harvey Cushing Society, and the occasion typified the whole-hearted way in which the American medical profession honours its great men even during their lifetimes. The *Bibliography* records most of Dr. Cushing's achievements. He became an Honorary Perpetual Student of St. Bartholomew's Hospital in 1922, and his other degrees and honours from 1891 to 1938 number nearly 150 and were awarded to him by almost every civilised country in the world. In the years 1898 to 1938 he produced 24 books and 306 original papers and addresses. Another 328 papers were issued by his associates in clinics and laboratories. Dr. Cushing has modestly referred to this *Bibliography* as merely "evidence of over-spilled ink." It is common knowledge however that the standard of work which Dr. Cushing has always kept before him has ensured that none of this huge output was superfluous. His books on the pituitary body and cerebral tumours are already classical, and his *Life of Sir William Osler* is one of the most remarkable biographical studies ever written. St. Bartholomew's Hospital is proud of its Hon. Perpetual Student. . . .

## "SIR, YOU MISTAKE ME . . ."

My first school report was not too bad. Such trifles as "backward for his age" and "might do better if he tried" were nothing compared with the scurrilous attacks upon my knowledge which were to become so common in after years. But there was one thing which caused my parents some distress and, looking into the future, well it might. My headmaster confined himself to calligraphy in reporting on my general progress and conduct: "His writing," he said, "has a distressing resemblance to the tracings produced by the eight legs of a

spider, that creature, when intoxicated, having been rescued from an inkwell."

Well I fulfilled my early promise. Sister *Ranunculus Bulbosus* (Buttercup) said my writing was worse than that of Mr. G—, and, if her experience was anything to go by, I'd be qualified in no time.

It wasn't long before I became acquainted with the well established popular belief that members of the medical profession refrain from writing their notes in English. "If I didn't know," said the man with the fractured femur, "that you doctors always work

in Latin, nothing would stop me from crawling to the bottom of my bed to read what you've said about me."

The origin of such a suggestion doesn't matter but I've often wondered how it came to be still so generally accepted a fact. I soon learnt. A man whom I'd seen as an out-patient came back sheepishly to say "Excuse me doctor, could you tell me what's the matter with me? I thought I could find out by reading what you wrote on my card, but I didn't know you wrote it all in Latin."

We all know people who suffer from "a touch of the gastric." It was never my privilege to meet the lady who had been treated by her doctor for years on account of her having "renal kidneys," but we once met a patient who complained bitterly about "the pleurisy in me 'ead, doctor." Crude indeed appears the man who, as a boy, had suffered from "tubercolossus," but his story is improved considerably by the interesting piece of information that his father died "from consumption."

Dressers are all poor fools, so it was with delight that we read an H.P.'s note on the patient who, he wrote, "has been run down a lot this year."

It is curious to note the effect that certain technical terms have on patients; no one minds having an "adeno-carcinoma," but the strongest heart falters at the word "tumour." We once heard of the old lady who, terrified that she had broken her leg, was immensely relieved to be informed by an understanding doctor that it was only a fracture.

The following verses, hitherto unpublished, are by R.B.P., the celebrated author of "*Staphylococcus Aureus*," and other classics of *Round the Fountain*.

They are not quite complete, but it is hoped that some readers may be able to supply the missing lines, and that if so they will send them to the Editor.

## I.

When I first served my term on the HERRINGHAM firm

And clerked 'neath the orange red banner,  
I soon learned the art of percussing the heart

In the orthodox HERRINGHAM manner.  
At first I was shy, and one finger would try,  
But then by degrees I grew bolder,

There was also the man whose leg had been incautiously immobilised in plaster for a month. He was much upset to hear the H.S. say that he had got ankle drop and, on appealing to myself, had his fears dispelled by the information that it was merely *Talipes Decubitus*.

Even now I blush with shame when I recall the unfortunate occasion on which I inadvertently knocked off the wig of an old woman: "O dear," she cried, "now they all know." I tried to comfort her but she proceeded rapidly to die from a variety of causes of which shock can hardly have been the least.

One stumbles on the truth sometimes—even I so have done: I once had to write up a case in a great hurry and for the words "under the care of Mr. X—" I scribbled "under c/o Mr. X—" By chance the "c/o" came at the end of a fresh line and so was naturally misread as the conventional "c/o"—"complaining of." The point lies in the fact that this Mr. X— had removed this person's rectum owing to some slight technical misunderstanding, it being, so the pathologists declared, entirely "non-pathological."

In life we are told that tragedy and comedy are very close together, and so they were in a man with malignant hypertension who earnestly begged me to perform a bi-lateral orchidectomy which he was convinced would cure him. No doubt it would—but convention was too strong.

ANON.

Gave up using my wrist, and with firmly clenched fist

Learned to hit out straight from the shoulder.

Peace, peace, oh for some peace.

Though patients are startled and jump,  
Though coughs may get worse, empyemas disperse

'Neath the orthodox HERRINGHAM thump.

## II.

I once had a chill and felt horribly ill

And thought I was nearing autopsy.

I felt every sign of a rapid decline,

And determined to go and see DROPSY.

Now although you can't tell, as a rule, very well

What physicians may think, from their faces,  
Yet I knew he had guessed what was wrong  
with my chest

From his indiarubber grimaces.

Peace, peace, oh for some peace.

Of phthisis I found I'd no trace,

Which shews you may err, if you too  
much infer

From an indiarubber grimace.

## III.

Though aware that his name was entitled  
to fame,

I little did think what a shock would

Await me on dressing for so prepossessing  
A surgeon as CHARLES BARRETT LOCK-  
WOOD.

I shall never forget the first time that we  
met,

And was filled with intense admiration

At the picturesque way he addressed me  
that day

## A PÆON IN PRAISE OF ALL BART'S MEN.

Unique abode where Beauty joins with  
Brain

To exercise an undisputed reign.

Hail! beautiful countenance whose classic  
lines

Send shivers down four hundred female  
spines:

Hail GEOFFREY! Evolution's masterpiece;  
Happy is Bart's to have such men as these.

Most happy, for the looks of many doctors  
Inspire the students with alarm, like

proctors.

Here, too, another GEOFFREY day by day

Fervently leads his little flock astray;

A pious band

Who, all attentive, under him sit and try  
to understand

While he attributes with ecstatic howls

The most peculiar functions to the bowels.

The MEDICAL UNIT hastens to procure

Cases—almost incredibly obscure;

And SCOTT and SCOWEN daily hold the floor

With diagnostic riddles by the hour.

Whilst WILFRED's finger easily detects

Truly astonishing congenital defects,

In theatre H the afternoon is full

With almost complete exenteration of the

skull.

When I sneezed at my first operation.

Peace, peace, oh for some peace.

\* \* \* \* \*

## IV.

If I fell on my head and were picked up  
for dead

When I came to myself after falling,  
I hope I should find I had not been trephined

By that eminent specialist RAWLING.  
For though after such fall, I have no doubt

at all

One's head would feel terribly bumpy,  
Yet better some pain than a badly mauled

brain

'Neath the fidgety fingers of JUMPY.

Peace, peace, oh for some peace.

\* \* \* \* \*

There's no need to be dull

With a hole in your skull

And JUMPY to stir up your brain.

R.B.P., circa 1910.

Consider now with interested eye  
Th' activities of the intellectual fry,  
Who weekly meet and weekly loudly sing  
The praises of the Socialistic Wing  
And, 'midst a universal jubilation,  
Endorse the views of *New Statesman and*  
*Nation*.

They discuss  
Things that would not be understood by us;  
Such things as Art and Sex and Syphilis,  
And whether this be that or that be this,  
And thus the evening hours of conversation  
Pleasantly pass, in mutual admiration.  
All arguments to one conclusion tend—  
A bed's a weary place without a friend.

And now, my Muse, assist me to portray  
Men of a very different sort of clay,  
And in particular those who stand or fall  
In the pursuit of a rigger ball  
Their success  
Is sometimes more and sometimes rather  
less.

Victorious or defeated, either state  
With wine and song alike they celebrate.  
Some returning early from the fray  
Joyfully vomit in the passage-way;

While others with shrieks torment th'  
indignant air  
And dance around the Fountain in the  
Square.  
Which goes, I think, to show how badly  
He erred who said we take our pleasures  
sadly.

Enough! Let me now cease my ribald chaff  
And sing the praises of the NURSING STAFF:  
Daughters of the Gods, with Tennysonian  
air,  
Divinely tall and most divinely fair.  
Their natural charm  
They use completely to disarm  
The HOUSEMEN, who believing that the  
Square  
Contains the very finest sort of air,  
Vary the usual evening's intoxication

### ROBERT GREENE.

By DR. WILFRED SHAW.

THE Parish Register of St. Bartholomew's the Less contains the following entry for the year 1586:—

"The xvjth of februarie was maryed Wilde otherwise Greene unto Elizabeth Taylor."

The entry was first described by J. Payne Collier over 100 years ago, who suggested that the bridegroom was Robert Greene the poet. Here is one of Greene's poems, *Maesia's Song*:

Sweet are the thoughts that savour of content,  
The quiet mind is richer than a crown,  
Sweet are the nights in careless slumber spent,  
The poor estate scorn's fortune's angry frown.  
Such sweet content, such minds, such sleep,  
such bliss,

Beggars enjoy, when Princes oft do miss.

The homely house that harbours quiet rest,  
The cottage that affords no pride nor care,  
The man that grees with country music best,  
The sweet consort of mirth and music's rare;  
Obscured life sets down a type of bliss:  
A mind content both crown and kingdom is.

which illustrates Greene's ability as a poet. The better known *Sephestria's Song*, "Weep not my wanton, smile upon my knee," is included in most anthologies. Greene's influence on English literature is of prime importance. He introduced the Italian style of comedy into Elizabethan plays, he showed the effectiveness of female parts in drama, and he was perhaps the father of the English novel. His versa-

With mutually satisfactory osculation.

But time, alas, is passing, and my verse,  
The longer it proceeds becomes the worse.  
Night follows night and day another day;  
Earth's proudest empires pass upon their  
way.

BART's shall remain when nothing else is  
there,  
Quibbling diagnostically in the Square.

Unique abode! May Beauty here with  
Brain  
Continue everlastingly to reign.

HOGARTH.

(Both these poems, the first of a past  
generation and the second of the present,  
have hitherto failed to pass the censor).

tility must command respect, he was prolific in his compositions and could turn out a love pamphlet with the best of the Elizabethans at short notice.

His private life was disgraceful yet his dissipations alternated with phases of remorse, and there is no vice in any of his written works. His death seems to have been started by a surfeit of pickled herrings and Rhenish wine. The illness lasted about a month and Greene complained of pain in his belly. He had diarrhoea, yet "still his belly swelled and never left swelling upward, until it swelled him at the heart and in his face. The sickness did not greatly weaken him but that he walked to his chair and back again the night before he departed." Poor Robin Greene admitted to alcoholism and syphilis so that he may have died from cirrhosis.

Greene's poetry, his plays, his life and the manner of his death have always appealed to me in a curious way which is difficult to explain. He had none of the majesty of diction of Christopher Marlowe, and as a poet he never attained the heights reached on occasion by Lodge, Sylvester, Barnefield and Michael Drayton amongst the minor Elizabethans. But in my view he outstripped them all with the exception of Shakespeare and Ben Jonson in versatility and intellect.

Apart from a doubtful allusion by Spenser, Greene was the first of the Elizabethan men of letters to mention Shakespeare when he refers to "the upstart crow," to his "ability to bombast out a blank verse with the best of you; and being an absolute Johannes Factotum is in his own conceit the only Shakescene in a country." This passage in Greene's "Groatsworth of Wit" has been analysed time after time and all kinds of interpretations of Greene's meaning have been offered. I have been an amateur student of Elizabethan literature for more than twenty years and indeed I knew of Collier's record of the entry in the Parish Register before I ever saw our Hospital. I think that the available evidence proves that Greene had met Shakespeare, when Marlowe, Greene and Shakespeare collaborated in revising Henry VI. Most probably, Greene became suffused with jealousy at Shakespeare's phenomenal versatility and quite naturally he could not comprehend how Shakespeare without any University education successfully competed with both himself and Marlowe. For myself I have believed for a long time that Shakespeare was capable of dictating without any effort at all most of his blank verse. There is historical proof that he rarely blotted out a line and most of the Sonnets are clearly spontaneous effusions, effortlessly produced when the spirit moved him. If this view is accepted it is easy to understand Green's jealousy, for Greene himself approached this level. In modern times, Winston Churchill has shown what this technique can do. I believe I am correct in saying that most of his "Marlbrough" with its glorious prose was dictated.

But to return to the Parish Register. Dr. G. B. Harrison has shown that the entries were made at the end of each year by a scribe appointed by the Vicar, Wm. Hall. The entry recorded by Collier is most interesting, for the Christian name of the bridegroom has been deleted and although emendations are common in the Register there is no other example of complete deletion. Furthermore, whoever had a Christian name Wilde? Obviously C. Collier leapt at this entry, for he knew all that there was to know in his time of the private life of Greene and for some reason attributed to Robert Greene the honour of being married at Bart's the Less.

In the last few weeks I have enquired of colleagues and students whether they have heard of Collier and the reply has invariably been in the negative. Collier was a profound student of Elizabethan literature and his contributions were very great indeed. Few men have taken the trouble to investigate the Parish Registers as he did. Yet with all this erudition, enthusiasm and energy, he was dishonest and, with some skill in calligraphy, faked entries and emendations into many of the perfectly original documents he was allowed to investigate just like a disreputable schoolboy.

Dr. Harrison maintains that Collier was responsible for the deletion of the Christian name of the bridegroom of the Parish entry. With this I agree, mainly because there is no other example of complete deletion. The other corrections found in this part of the Register were probably made by the Vicar himself, for the ink is the same as that of his signature.

It is well known that Greene referred to his wife as "Doll," which conflicts with the "Elizabeth" of the entry. Moreover Churton Collins in his edition of Greene's poems and plays shows that the date 1586 does not accord with what is known historically of Greene's marriage. Incidentally Collins is unnecessarily scathing of Collier's record of the Parish entry and obviously never took the trouble to examine the Register. Furthermore there is clearly too little space in the deleted portion of the entry for the name Robert, although Robin might have been inserted.

It is therefore with some regret that I must conclude that there is no historical evidence that Robert Greene was married at Bart's the Less and that a man so important as he cannot be linked with the history of our great foundation. What I have learned however in these rather superficial investigations is the wealth of historical material which our foundation possesses; most of it untapped and almost all of it unknown. I appreciate however as well as anyone how expensive archivists happen to be. The Parish Register itself is a mine of information. In 1641 many of the officials died and were buried within the Hospital. Yet so far as I know no investigation of this pestilence has been made. The College might perhaps help someday by nominating students with literary inclinations to embark upon such researches.

## EXCERPTS.

*Air Raid Surgery.*

Sir Harold Gillies, who developed the almost unknown art of plastic surgery during the last war, has sacrificed his private practice to become a consultant adviser to the Ministry of Health.

\* \* \*

## MORE ANIMAL PATIENTS.

Animal patients at Bart's have been much in the news in the last few months. Some weeks ago an enormous A.R.P. ambulance rolled into the Hospital and disgorged its contents: a small kitten complaining of an injured paw. It was borne down into the underground ground Surgery by its agitated though attractive mistress; there a bored student, starving for clinical and other experience, immediately had the injured limb X-rayed and set in hyper-extension. We understand he was reprimanded.

\* \* \*

## Did you say this?

The following errors of judgment have been sent us by an examiner in the recent Conjoint Finals.

A candidate was shown a gall bladder containing two stones by a Physician:

"Please sir, is this a medical or a surgical viva?"

A candidate was asked the dose of a drug in the morning viva: "I am very sorry, sir, I do not know, but I thought I was going to be asked about these things in the afternoon."

\* \* \*

## LUNATICS.

The story reaches us from one of our ex-lunatic asylums of the Bart's student who inadvertently became bundled into a van with the lunatics who were being evacuated. He protested a bit: "Look here, I'm a Bart's student!" "That's all right," answered the

*College Appeal Fund.*

The College Appeal Fund has received a further contribution of £1,000 from Sir Milsom Rees.

driver, "the man next you is the King of Siam!"

From another of these we hear of the Bart's man who was found by the Matron in a compromising position with a nurse. The Matron raised a mild objection and was met with such a torrent of abuse that, we are told, she called the Superintendent of the Asylum and had the man certified.

Actually, wandering round the grounds of these places, the casual observer is very hard put to it to distinguish either from deportment, language or behaviour, between the patients and our own men.

\* \* \*

*Overheard at a Hospital for Rectal Diseases.*

H.S.: "Will you hand in your dilator as you go out, please?"

Patient: "O doctor, can't I keep it? I like my delighter!"

"You want the best seats, we let you have them."

"I may not be a gynaecologist but I've seen life."

\* \* \*

And it oughtn't to need a war in order to make a nation paint its kerbstones white, carry rear-lamps on its bicycles, and give all its slum children a holiday in the country. . . . However it *has* needed one, which is about the severest criticism our civilisation could have.

MRS. MINIVER.

*The Times*, Sept. 29th.

\* \* \*

Humanity will win it, but unless we create from the winning a world in which it shall be possible once more for men to walk with their heads in the clouds and their feet on the good earth, we lose it in the spirit.

H. J. MASSINGHAM,

*The Field*, Oct. 14th.*Argent etc.*

The only object we can find in the vulgar outpourings of a certain ill-spelt leaflet is a desire for publicity in our own columns. The Publication Committee—described as "grand-motherly"—would however like to deny publicly that any of its members have ever suffered parity.

## THE INVASION.

WE, of the London Fever Hospital, have always been a quiet folk. Life has been a gentle peaceful affair mostly undisturbed by the noisiness around us. The restless incentives that other peoples find so necessary have left us untouched. We have gone about our works in a quiet confident way only faintly aware of the urgent world outside our gates. And it is rather a hurried life outside. At least so we think, because we live in one of the most crowded parts of London surrounded by importantly busy highways and closely set rows of houses. The West End is only ten minutes away; in a few moments we could be in the strengthening atmosphere of Bart's.

Our tastes have been modest. We have enjoyed watching our favourite chestnut tree break in the Spring. On Summer's evenings we have lazily followed our bit of sky moving slowly on. In the darkness of the winter the fireside has been enough for us. The insistent lights of London perplex and frighten us. We walk to our local and occasionally a little further to look at the strangely interesting examples of Early Victorian Islington. We have lived slowly and peacefully.

Then came September 2nd. Everyone was waiting for the inevitable coming of war. We had already said good-bye to our patients—a typhoid or two, an interesting mumps, many chronic consumptives, some of whom we had known for many years, and an odd assortment of diseases to which we had been accustomed. The hospital was empty and we were preparing, with some uncertainty, for a new and more dreadful type of case. Our slightly slow minds realised that life, our life, had changed. We could only faintly imagine how much.

September 2nd was a complete break with the past. On that day we received a telephone message from the C.O. of Sector III that from then onwards fifteen men from Bart's were to come to live with us, help us and work for us. Fifteen men AND from Bart's. It was a meaty thought. Bart's, towering above the Joins of Smithfield, was to us something so big and inaccessible. What sort of men did they breed in those parts? Were they Giants? Did they live solely on raw red meat? Perhaps they even preferred a cut off a human to their normal diet of beefs and

muttons. Would they respect our old-fashioned ways and make allowances for the behaviour of a slightly backward people? We asked ourselves these questions as we looked out, from behind our curtains, at the front gates.

On September 2nd the invasion started. At odd moments and in ones and twos these strange unknown men of Bart's arrived. They were strong, eager, willing and strangely friendly. They accepted what we offered them and unhesitatingly asked for work. Their handshakes were generous and firm. They didn't appear to look at us with the experienced eye of a butcher. They seemed, at least so we thought, to see in us something more than a mere cut off the joint. But again they might be waiting for the two veg. to arrive before starting on us. The first meeting was reassuring, but we were puzzled.

Then they started to work. It was frenzied, tireless work that we had never seen nor are likely ever to see again. The protection of the hospital went ahead like a series of exaggerated film shots. What breath we had left over from the sandbagging was lost in admiration for their work. And then, somewhere about the seventh day, we all rested from sand.

At first we could hardly believe in this new life of rest. We had no other desires than to sleep and to rest weary aching limbs. In a sort of dazed way we seemed to have done with sand. It was a blessed relief not to taste it in our food or feel its roughness in our beer. Slowly the transition passed and, like so many other hospitals, we settled down to wait and wait. As the days passed slowly away this business of waiting became increasingly difficult. How would we deal with this sudden assault of leisure? What could we do to keep these men of Bart's quiet? How could we allay their taste for human sirlains which we still believed they desired? It soon became quite clear that it was not a question of what we would do with them but what they would do with us. Instead of our organising their lives it was a matter of their organising ours; and they did it with the same zest as they used with the sand. They shovelled us on to the tennis court, into the billiard room and on to the ping-pong table—everywhere, in fact, that their desires led them. They

even invaded the sacred precincts of the engine room and shovelled coal. In our lectures they challenged our previously authoritative statements. A strange new life settled in the Fever Hospital and strange new words could be heard of an evening: "Jack Pot," "ante," "Who's light?", "Make it 9/6" began to fascinate and attract us, sometimes successfully, sometimes disastrously. Occasionally we looked over our shoulders at the ghosts of the past, but we didn't really worry. The men of Bart's had absorbed the locals. The invasion was complete. Another bloodless war was over.

We take it all for granted now. We don't notice the barricaded front of the hospital. We don't even question the organisation of

this life of waiting. We have even lost our fear of being next on the menu, though it may return with the coming of rationing. But these men of Bart's have overlooked one thing. They have ordered our lives and organised our hospital but they haven't crushed our spirit. The final word will rest with us. When the Generalissimo of Sector III gives the order for the men of Bart's to move on elsewhere the front gates will be manned and barricaded. The men of Bart's will be unable to go. The locals, with the cunning of the defeated, have decided against it and for a very good reason. They don't happen to want to let these men go. And, as always, the defeated will have the final say.

THE RAJAH.

## SECTOR NEWS.

### HILL END HOSPITAL, ST. ALBANS

#### Location.

Hill End and Cell Barnes are both "loony-bins," the latter being designed for more up-stage loonies than the former. They are within a stone's throw of each other on the outskirts of St. Albans and, except for the Cathedral, form by far the best landmark for bombing planes in the immediate locality.

Though late in the season and necessarily handicapped by restrictions on petrol, full use is made of the surrounding countryside which is admirably suited for hedging and ditching. Stud prices remain firm, Matrimonial Deferred having recently risen a clear six points.

#### Sector Sub-group Personnel.

All the best people are here, but that should go without saying. And so far the impression has been maintained that we are still civilians. Indeed when the news came through that Geoffrey Keynes was to be gazetted Group Captain, it was not at first realised that this gave him command of more than 250 bombers. To a theatre sister it was obvious why he chose the Air Force: his eyes are blue.

A daily conference is held where the brass hats gather (Geoffrey Evans' deer-stalker may be seen any morning alongside Harold Wilson's bowler) and decide the tremendous trifles which produce such a devil-may-care attitude amongst their junior colleagues.

### Fun and Games.

The organisation of things is much the same as at St. Bartholomew's—Firms, lectures, "A.R." etc. Of more interest, however, is the social side of hospital life. We think that we must be one of the few places in the country where dances go on until midnight, but the story going about that playboys from London have been gate-crashing is only partially true.

Romance has flourished like a rank weed and the prophecy made by a wise old bird in the early days of the war has been amply justified. We are not aware of any recent *de jure* engagements but *de facto* cases are plain for all to see. At any rate if they aren't engaged they jolly well ought to be. The Bart's Hill End Social Club is the outcome of a proposal for organising entertainment and sports. It was a stroke of genius that dubbed this the Fun and Games Committee. Strange tales are told of the meeting called to elect representatives of the nursing staff: of how a Very Important Person was booted, of schism amongst the probationers, and of the final unanimous election of Graham (Prunella) Stack. The vast Reception Hall, permanently alive against the coming of The Convoy which never comes, serves also for most excellent concerts of gramophone records, piano recitals and, of course, dances. An orchestra is in embryo.

### Blackout News.

Sisters are in the news again. It will be recalled that they were first had up on the mat on the charges of appropriating apples. They are now accused of assisting the enemy by failing to black-out their wards. Like the Israelites of old the fact that the materials at their disposal are completely inadequate is held to be no excuse. At first they will only be reprimanded, later they will come before the local beaks: finally, I imagine, they will be shot.

### R. S. Q.

The Residents have only two occupations—Snooker and arguing about the Ministry of Health. It is now common knowledge from the columns of the press that a situation has arisen which even in a Government department must be considered an almost unprecedented muddle. However, the Sector *gauleiter* is rapidly reaching a solution more or less acceptable to one and all.

### The Mighty Fallen.

One amusing outcome of the war is to observe the disappearance of the enormous cars of the Staff and see their late owners popping out of what can only be described as beetles.

HOCARTH.

### CELL BARNES, ST. ALBANS.

13 young men, parasites, were admitted to Cell Barnes Colony on September 1st, 1939, under the care of Dr. Geoffrey Evans assisted by Drs. Reynolds and Tatlow.

#### C.o. Hitler.

H.P.C. All was well until 1932 when they began to have hallucinations concerning a little man with a toothbrush moustache and a queer mode of hairdress who wandered around with his hand in the air shouting "Heil." Patients felt quite well in themselves and were able to follow their usual dissipations. The attacks became gradually worse with the introduction of new figures, a stunted man called "Doper" and a fat man hidden by medals called "Heiman, butter please." A few major crises which failed to clear up on the exhibition of large doses of "mush" laddled out in umbrellas (a classical remedy B.P. 1939) led to the removal of the patients here *en bloc*. They were placed together

in a large room and attended by two high grade defectives and since admission have all put on weight (except Father A. Ambrose who worries too much) and appear to have become resigned to the thought of a life of ease; there was no difficulty at all in making them understand that they needed rest. Dr. Evans however, imagining the results of too much leisure upon these strained and unformed minds, immediately instituted a form of occupational therapy. About 20 sick people were obtained and placed in Wards 1 and 2 (Harvey and Garrod to you playmates). The 13 patients were then allowed to indulge in their pet pastime of tapping chests, tapping knees, etc. Incidentally, this was a trick to prevent our complement of charmers from Smithfield from playing too much tennis, rounders and other games with the patients, "d'yer see the idea"? They have now settled down very well except for occasional lapses when they escape and disappear mysteriously with large suitcases only to return in a few days looking rather worn out.

P.H. All are Bart's men and can be convicted of nothing.

#### Systems.

C.N.S. Sleep like logs (except Mr. Cotton who entertains with episodes from his eventful life).

G.I.S. Eat too much.

C.V.S. Sound in wind and limb.

Habits. Smoke 30 cigs/day plus any they can cadge. Drink as much as they can get. C.O.E.

Physical. O.K.

Private Life. None that we know of.

Psychological. There is a marked tendency to wander apparently aimlessly in certain very dark pathways. These nomads give one the impression that they are waiting for somebody to arrive or something to happen; nothing ever does, of course. They return after these excursions with a far away look in their eyes and go straight to bed. So far, we cannot find an reason for this peculiar behaviour, but we notice pronounced malar flushes at certain meetings that take place. Apart from this the lads are in fine fettle and except for an occasional dust-up the place is as harmonious a little Soviet as ever there was.

J.B.

EMERGENCY BLOOD SUPPLY DEPOT,  
OLD BUTE HOSPITAL, LUTON.

Four motor vans labelled "Wall's Ice Cream," driven by Bart's students, are often to be seen coming and going at this depot. This is not for the nourishment of the expectant mothers above us, as some believed, but is the means of transporting regular emergency supplies of blood to the hospitals of our sector. Some 50 pints are sent out every two weeks and we keep a reserve store in an almost-freezing room that was once the mortuary. Much of the blood is being regularly used for transfusion, but for such as remains uses are found both experimentally and in the preparation of prophylactic measles serum for evacuated school-children. We have also been asked to be ready at short notice to augment the available supplies for the Army, both at home and overseas.

Our small colony, under the governorship of Dr. Brewer, is composed of 6 other medical officers, 5 students, 2 old Bart's nurses and a number of well-known Bart's technicians. Students from the Luton and Dunstable Hospital now join those here for regular tutorials in Medicine.

From the outset we have been lucky in having plenty to occupy us. It was first necessary to encourage the local people to offer their blood, and canvassing has been carried out by visits and speeches to factories and firms, articles in the local press, distribution of posters and pamphlets and (for four days) the use of a shop window where Bart's students mercilessly and repeatedly pricked each other's fingers to encourage onlookers to come in for grouping tests on themselves. We have even thought of asking our nearby Bart's R.A.F. representatives surreptitiously to drop a few leaflets over Luton, but this might lead to complications. So far, however, we have obtained and grouped over 5,000 volunteers.

Grouping tests are held every day in a school clinic and blood is collected according to requirements. Most of the donors seem quite to enjoy giving blood, especially when they find they are not set upon with anaesthetics and knives, as a few of the first ones seemed to anticipate. "Why, it's nicer than having an enema!" as one lady—a Grade A, she said she was—remarked. Only a very few donors have felt in the least faint, mainly, be it said in an undertone, among the males. A positive W.R. has been found in 1%.

Teams are sent out to outlying villages to do grouping tests, and we have collected blood in one case at a factory itself in order to save valuable time spent on Government contracts. Some pathological investigations for our own Sector and for the Luton and Dunstable Hospital are also being done here.

Our quarters seem to have been a hive of carpentering activity. Cupboards, benches, partitions and even a gas-proof dog kennel (which looks as if it would rapidly suffocate any inhabitant) have been turned out in rapid succession. We are now, however, fully established and it is hoped that many groups of students will be able to come in succession to "The Old Bute." E.C.O.J.

THE LUTON AND DUNSTABLE HOSPITAL,  
LUTON.

There are nine students here: Arango, Andrews, Bell, Burkitt, Gabb, McKelvie, Robertson, Lopez Garcia and Spafford. When we arrived we were rather disconcerted to find that we were totally unexpected. Three gentlemen who arrived early were after much discussion as to their identity permitted to stay the night in a side ward. The next day the remainder of the party arrived and we set about finding billets.

We discovered that we were a rather heterogeneous collection, being drawn from all years of clinical experience and even all nationalities. As to our social side we are progressing, one member of the party being already christened "heart-throb"!

We have established quite a syllabus of lectures and clinics, while four of us are already doing their midwifery, in great luxury, in a brand new midwifery hospital. We are, I think, the farthest out of any Bart's students, the hospital being some three miles from the town, just under the Dunstable Downs. J.E.G.

## ROYAL CHEST HOSPITAL, E.C.1.

Unfortunately this Hospital was not presented in last month's Journal, but if it has not the thrill-charged atmosphere which may be associated in the imagination of most people with the name of Colney Hatch, its name alone is not bereft of romantic significance to some.

High tribute must be paid to our gallant Nursing Staff here. We cannot enumerate the many ways in which they have adjusted themselves to our presence.

It is on Saturday evenings that the War seems farthest away, and we cease even to wonder what we are here for. For it is then that the butterflies emerge from their starched chrysalises to dance in the bright electric glare; it is then that Mr. Reinold gives the worn and battered grand a new lease of life, and Mr. Cawthorne shows us Mickeys and Westerns on the screen, and the beer flows freely, and Dr. C. S.—is seen dancing "Booms-a-Daisy" in his braces with Sister R—.

But the serious side of life is not neglected. Out-patients and in-patients provide plenty of clinical material, and expert teaching is generously given and gratefully received. The fact that patients are all Heart and Lung cases, and the material therefore somewhat specialized, matters little when one realizes that in no branch of medicine is first-hand acquaintance with the patient more essential to the student.

There are fourteen of us here, housed in two wards. The need for the creation of an atmosphere suitable for comfortable study having gradually forced itself upon us, we have invaded the maids' quarters on the top floor (now deserted) and transformed one of the bare rooms into an admirable eyrie.

The hospital is swarming with newly qualified men now that the Conjoint Finals are over. They had their first real chance the other night to release some of the energy stored up during six years' straining to raise their knowledge potential to the required level. We had a full-dress air-raid rehearsal with "casualties" pouring in every minute, and the skill and deftness with which our new doctors carried stretchers in and out and up and down was a worthy tribute to our noble profession. Further praise should be given to the casualties (recruited from the Army) for bearing this ordeal with such remarkable fortitude. The Evening Night (may it be long delayed!) will find us well-rehearsed and ready. C.F.M.

## ROYAL NORTHERN HOSPITAL, N.7.

Gould, Morgenstein, Stanbury and Page made history by qualifying from the Northern. Edmond's success at Surgery will necessitate the erasure of D. F. E. Nash's name from the list of even the Very Minor Prophets.

We have had more practices, very much a matter of painting the lily; what Douglass can't do with a hose is not worth knowing. Coupland assures us that there is no truth in the rumour that he has to be locked out of the hospital every night. That is as may be; there can however be no doubt that there is some slackening of amorous proclivities. Perhaps the protagonists have gone like Alexander to spread their conquests farther afield.

We are a very energetic set: Mail and Sookies are old fashioned enough to play soccer, Karn departs on his bicycle for Hampstead Heath when the fog comes down and the Lord only knows what Barasi and Thomas do with their spare time. Pickering claims to be the last volunteer in England to be still carrying sandbags; he also indulges in horticultural activities.

It must not be thought that we are mere butterflies; we realise, more perhaps than any other hospital in the sector, that life is real and life is earnest. Indeed it is doubtful whether Bart's has ever been able to boast of 30 such earnest seekers after knowledge as ourselves; we have our duties and we carry them out, none with more thoroughness than Zibli; and no doubt a post-mortem examination will reveal the word "Trevor" writ large across the heart of

YOUR CORRESPONDENT.

## LONDON FEVER HOSPITAL.

*Sad Story.*

Readers will be most distressed to hear of the sad bereavement suffered by Richard, Laura, Elizabeth-Andrey, Audrey-Elizabeth and James Anstruther, the beloved goldfish of the London Fever Hospital.

Thomas Cecil, the sixth fish, succumbed to an illness supervening on an attempt to inspect the hospital plumbing via the aquarium drain. Recovered by a pair of rat-toothed forceps, he became progressively feebler and his owners regretfully decided on Euthanasia to forestall death by starvation.

Poor fellow! He led a blameless life, and now another—and larger—Thomas Cecil swims the sink that was his home, while he lies in state in a forty ounce bottle.

*Facilis descensus. . .*

J.A.S.

(We regret that a letter from Our Correspondent at Bart's was lost in transit and a new copy was unable to be procured in time for press.)

## BOOK REVIEWS.

**One Way of Living.** By James Bridie. (Constable & Sons). Price 8s. 6d.

Dr. O. H. Mavor, M.D., F.R.F.P.S., Glasgow Consultant Physician, is best known to most people as James Bridie, author of "Tobias and the Angel," "The Anatomist" and, more lately, "Storm in a Teacup." In his Autobiography we have the picture of a medical student who was a "bright lad" and did not spend too much time on work; a physician whose chief quality was a keen knowledge of human nature mingled with that most vital gift which Osler calls "Acquaintance": a very distinguished playwright who did not become distinguished until he was nearly fifty; finally most important of all, a Scotsman who took life as it came and enjoyed it to the full.

His life as a medical student is a great encouragement to those of us who have difficulty with our exams: he had nine shots at his Anatomy before he finally defeated it. After he had seen the retirement of one professor he wrote this poem to welcome the new one:

Oh, Dr. Bryce, Oh, Dr. Bryce!  
Your predecessor ploughed me twice,  
Oh, Bryce,  
Let twice  
Summe!

Bryce didn't. But "chronics" must not be unduly encouraged, because Mavor's student life was crammed full of dramatic and intellectual activity, which no doubt laid the foundations of his later literary success.

It may seem surprising that such a good writer could have avoided writing medical reminiscences. In this book very few patients are mentioned at all. Dr. Mavor believes that a doctor is on such terms with his patients that any hint of the histories in which he is taking an active part is an abominable breach of confidence. If he was a patient himself, he states, he would prosecute with the utmost rigour of the law any doctor who "wrote down others' troubles for money and for the entertainment of the vulgar and the inquisitive."

May our medical writers of the future bear in mind these words from a very great man who has succeeded both in medicine and in writing.

**After Many a Summer.** By Aldous Huxley. (Chatto and Windus). Price 7s. 6d.

This book has been described as a parable, in point of fact, far from depicting his synthetic religion through the medium of everyday life, Huxley gives us a bitterly distorted caricature of life—in the rude—mixed rather haphazardly with the philosophical doctrines of which the book is largely composed. The value of these doctrines we should hesitate to discuss: perhaps in some far off era of civilization they will prove their worth.

Despairingly cynical as he makes himself out to be about our present order, Aldous Huxley still has the power to paint classically funny situations which, if you do not appreciate the philosophy, make the book well worth reading by themselves.

Finally we must quote Dr. Obispo who considers that medical practice is fatal to serious work: "How could you do anything sensible when you had to spend all your time looking after patients?"

**Surgical Diagnosis.** By Stephen Power. (John Wright and Sons). Price 12s. 6d.

This eminently readable book, though not in any way revolutionary, is a neat and comprehensive summary of practical diagnosis of surgical cases.

It contains 50 odd simple illustrations and 15 X-ray plates. The text is mainly useful as a reminder of the various conditions met with in the different anatomical regions and is therefore useful to the S.O.P. dresser, for purposes of revision to the man about to take his Finals, and as a "refresher" to the G.P.

**Technique of Analytical Psychotherapy.** By W. Stekel. (The Bodley Head). Price 21s.

Wilhelm Stekel teaches a modified form of the Freudian psychoanalytical technique. Just how important a knowledge of this subject is to medical men as a whole is still a matter for debate. Stekel himself says "A good doctor is a good doctor because he is a born psychologist," and that doctors, in the role of psychotherapists, "have a mission to fulfil in educating the world's parents and teachers."

But it is a long, difficult and rather depressing subject for the ordinary person. If, as Stekel says, "Psychoanalysis is a mirror of the relations between man and man," then we must believe from this book that sex is the sole purpose and motive of life. We may be deceiving ourselves, but we would rather not believe that entirely.

(We regret that "SPORTS NEWS" has had to be held over).

## Marriages.

**BLACKBURN—ROWES-WILSON.**—On September 27th, 1939, at All Souls, Langham Place, Guv. eldest son of Dr. and Mrs. A. E. Blackburn of Beckenham, to Jean Margaret, younger daughter of the late Lt. Col. J. H. Rowes-Wilson and Mrs. Maxwell, Thorpe Abbots, Diss, Norfolk.

**HEARN—STOTT.**—On Saturday, September 7th, 1939, at the Parish Church, Oxshott, Richard Daniel Hearn to Peggy Heather Stott.

**GABB—SMITH-BUNNEY.**—On Thursday, 12th October, the marriage of Hoadley Gabb to Miss Lucie Smith-Bunney, took place at Guestling Church, near Haslings.

**NEWBOLD—GIRLING.**—On October 7th, 1939, at Farnham, Surrey, John Clifford Newbold to Barbara (Ray) Girling.

## Birth.

**ATTERIDGE.**—On September 30th, 1939, at University College Hospital, to Vera, wife of Wing Commander T. J. D. Atteridge, a daughter.

## Deaths.

**CORNISH.**—On Thursday, October 19th, at The Old House, near Dorking, Sydney Cornish, M.B., B.S., aged 70.

**ECCLES.**—On October 17th, 1939, Margaret Coralie, the dearly loved daughter of W. McAdam Eccles, M.S., F.R.C.S., aged 39.

## CARRYING ON—

THE  
MEDICAL SICKNESS SOCIETY

is still issuing policies  
and still paying benefits

You may be Ill even in Wartime!

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 3.

DECEMBER 1st 1939.

Price Fourpence

### FUNCTIONS OF A JOURNAL AND THE FUNCTION OF AN EDITOR.

WE believe that anything that smacks of the pastime known as "washing dirty linen in public" should only appear in an Editorial under the very strongest provocation. So much mud has been slung at the poor long-suffering JOURNAL recently that I fear some of the splashings must for our own justification find their way on to this page.

From the correspondence we receive and snatches we hear in a roundabout way as coming from people who have not the enterprise to write to us directly, it would appear that readers are divided roughly into two groups. First are the normal, friendly people who make constructive suggestions, are prepared to make allowance for the failings of a struggling—though no doubt inefficient—editorial staff, and are on the whole keen to co-operate. We fondly hope—and the degree of our enthusiasm depends on our believing—that the majority of Bart.'s men belong to this category.

On the other side are those readers who, it seems, only look at the JOURNAL if matter appears which closely concerns their own activities. They again fall roughly under two heads: on the one hand are those who consider the function of the JOURNAL to be merely a completely unreadable chronicle of current events, supplemented occasionally by the strictly orthodox writings of Very Senior Men.

On the other hand we have the satyrists of the present generation who, having just passed the stage of adolescence, believe that criticism of a purely destructive nature is a worthy expression of their emancipation. There are those who say that the JOURNAL does not allow students to air their views

without the restrictions of rigid censorship: yet this is the only view they have ever been known to express in their lives. They speak vaguely of "Discussion Corners" where they can discuss conditions and purposes of living: yet the only subject they have ever been known to discuss on paper is the inadequacy of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Possibly in the past there has been a tendency to bow too strongly before convention and tradition. In this Year of Grace and War our columns are free, and nothing is banned except that which is uninteresting, ill-written, grossly obscene, or damagingly libellous. In this connection we are grateful to our contemporary known as *Argent and Sable* for emphasising the importance of free speech.

The functions of a JOURNAL then are primarily to provide entertainment and information and, secondly, to be the mouthpiece of those whom it represents. And the function of an Editor—be it known—is to assemble and edit the material put before him in such a way as to make it most attractive to its readers. But unless he has that material, his job is hopeless. We earnestly appeal, not only to those who have important views to express, to general practitioners and illustrious figures in the higher walks of Medicine, but to all those who can put pen to paper, whether they are placed now in the congenial atmosphere of Cambridge or among the wilds of the Dunstable Downs: only when we receive contributions from all parts can the JOURNAL become truly representative. Apathy and indifference damn the efforts of an editorial staff far more absolutely than criticism of any kind.

DEC., 1939 ]

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

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### R.B.P.

*We are very grateful to an anonymous reader who has sent us the missing lines of R.B.P.'s poem, published last month.*

The verse about Mr. Charles Barrett Lockwood ends in the completed version as follows:—

Peace, peace, oh for some peace.

You've missed the chief pleasure in life  
If you've not heard him curse at the Theatre  
nurse

When she gives him a rather blunt knife.

\* \* \*

The last verse ends:—

I trust that the moral is plain.

There's no need to be dull.

With a hole in your skull

And Jumpy to stir up your brain.

We hope it will be possible soon to print more of the unpublished poems of R.B.P.

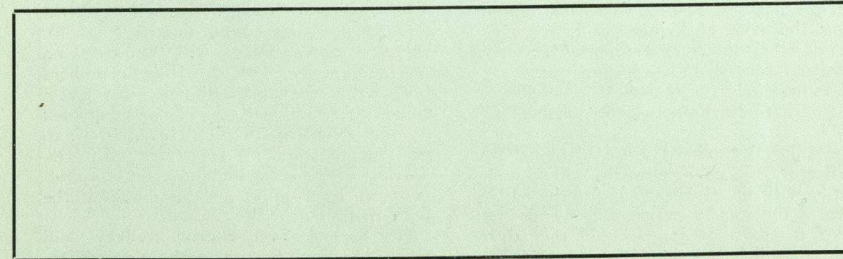
### January Issue.

Matter intended for the January issue of the JOURNAL should reach the Editor at the London Fever Hospital, Liverpool Road, N.1, before Thursday December 14th. Letters for publication should be received before Tuesday, the 19th.

### Thanks to Nursing Staff.

We should like to express our very deep gratitude to the Nursing Staff of the London Fever Hospital for their very noble work in wrapping up the nearly two thousand copies of the JOURNAL which are sent out each month to subscribers.

### OUR CANDID CAMERA



*If funds permit, we hope to renew this feature next month.*

### ROSE WINDOW

On November 20th Heinemann's will publish a volume entitled "Rose Window." It will consist of 25 new and hitherto unpublished contributions—essays, plays, short stories and poems—by distinguished authors, and the proceeds will go to St. Bartholomew's Hospital. There is a foreword by Lord Horder, an introductory ode by Humbert Wolfe, and 24 line-drawing illustrations by Anna Zinkeisen.

The full list of contributors is as follows: Plays—Noel Coward, George Preedy and Emyln Williams.

Poems—Edmund Blunden, A. E. Coppard, Walter de la Mare, Lord Dunsany, Dr. Oliver St. John Gogarty, Rad-Clyffe Hall, C. Day Lewis, Eden Phillpotts and Sylvia Townsend Warner.

Stories—Marjorie Bowen, Ann Bridge, Vera Brittain, Susan Ertz, St. John Ervine, Eric Linklater, A. G. Macdonell, André Maurois, J. B. Priestley, Helen Simpson, G. B. Stern and Sir Hugh Walpole.

A number of the authors have, in addition to giving the book rights, very kindly made over all other rights, magazine, dramatic, film, television, etc., to the Hospital, and enquiries for their use are invited.

"Rose Window" will be priced at 7s. 6d. and is an ideal Christmas gift.

A. W. L'ESTRANGE FAWCETT,  
*Director of Appeals,*  
St. Bartholomew's Hospital, E.C.1.

### Dutch Liner Survivors.

About one hundred of the Dutch liner "Simon Bolivar," sunk by a mine in the North Sea on November 18th, were taken to Bart.'s.

## BART'S IN THE WAR OF 1939

BY SIR GIRLING BALL, F.R.C.S.

THIS is the strangest of wars; not the least of its effects has been the complete dislocation of the working of the Medical College. Unfortunately there appears to be little likelihood that the College will return to its normal home at an early date. It is necessary, therefore, to buckle to and devise schemes under the changed circumstances; fortunately some preliminary efforts at organisation had been made, as it had been foreseen that the College might find itself in difficulties.

It is unnecessary to say very much about the working of the Pre-Clinical School. Satisfactory arrangements have been made with the Leys School at Cambridge for carrying on the First Year Studies in the School Laboratories under our own teachers (Professor Hopwood, Professor Wormall, Dr. Town and Dr. Murray, the new Reader in Biology). In the Second Year's Course, our own Professors of Physiology, Anatomy and Biochemistry (Professors Hart-ridge, Hamilton and Wormall), with a full squad of Demonstrators, are carrying on in the University Laboratories. Although the laboratories, especially the dissecting room, are crowded, it is gratifying to know that the St. Bartholomew's students are getting the very best of teaching as a separate unit, and side by side with the students of Cambridge and the London Hospital. It is further a matter of great satisfaction to the College authorities that it has been possible to keep the majority of the students resident in Queen's College, thereby keeping our identity well established. There was some fear that it might be impossible to do so, owing to the high charges which that College was making. However, the cost of living has been reduced from 3 guineas to 2½ guineas by a re-arrangement of the meals. Efforts are being made to help those students, who are really finding the cost of living too heavy, by reviewing their financial positions. In some necessitous cases help has been given.

The best help that can be given will be to go back to Bart's at as early a date as possible.

The Clinical Students are still living in the Sector, by an agreement which was come to with the Government for the early stages of the war, a period which ends on December 1st. It is expected that this procedure will be continued as a matter of fact until January 1st, after which date students will be expected to cater for themselves. It is suggested that the Council of the Students' Union should consult with the

Dean as to the terms of any arrangement which can be come to.

The students are still living in a variety of Hospitals, which makes it exceedingly difficult for any systematic course of training to be carried out. It cannot be denied, however, that all have had an experience which would not have been possible in peace-time and have been given opportunities of performing duties which they would not have been able under ordinary circumstances to perform until much later in their careers. Their efforts in carrying out A.R.P. arrangements have been magnificent and are appreciated by all who have benefited thereby.

The time has now arrived when further changes must be made which in reality will merely mean the perfecting of schemes already in being.

It is proposed to concentrate the teaching in three Hospitals, St. Bartholomew's, Friern and Hill End Hospitals; the students will be allocated to these Hospitals according to the stage which they have reached in the clinical course. This does not mean that their services may not be required in the smaller Hospitals to which some students are now attached. It will still be necessary to allocate some students to the smaller Hospitals, to which they may again be dispersed in a serious emergency, although they will carry on in the main Hospitals with their education.

The First Year clinical students will be stationed at Hill End Hospital, St. Albans; here they will go through a preliminary course of training spread over the first three months; this will consist of instruction in Preliminary Medicine, Surgery and Pathology. Students who entered in October, 1939, will already have completed this course.

This will be followed by periods of Clerking and Dressing (three months in each). The first appointments will commence on the 1st January, 1940. It is incumbent upon every student who has not yet had a course of preliminary training or completed his first period of Clerking or Dressing, to see that his name is registered with Dr. Harris at St. Bartholomew's Hospital. Forms of application are obtainable at the three main Hospitals.

The Second Year clinical students will carry out appointments in the Special Departments at St. Bartholomew's on the line of the scheme used in peace-time, which should be followed as far as possible. It is hoped by January 1st that the Outpatient

Departments will be completely opened up, thereby enabling the students to carry out their studies in all specialities. The Departments are already working under the Physicians and Surgeons of the Hospital. Students who have not already done their Special Departments appointments should make application to do so and get themselves registered in the College Offices at St. Bartholomew's Hospital. Forms of application and schemes of work can be obtained at the three main Hospitals. Students in outlying Hospitals should make application to Dr. Harris.

The Final Year clinical students will go to Friern Hospital at Southgate. Here the second time Clerking and Dressing will be done and Tutorial classes in Medicine, Surgery and Obstetrics be held.

Teaching of Gynaecology and Midwifery will be carried out under the guidance of Dr. Barris at Hill End, Dr. Beattie at Friern, and Dr. Fraser at St. Bartholomew's. It is important that students who have not yet done their Midwifery should make early application to Dr. Harris at St. Bartholomew's. There are a variety of places in the Sector where midwifery training can be obtained, indeed, the facilities are better than in peace-time.

Pathology will be systematically taught at Hill End, but students are strongly advised to take every opportunity of getting instruction in clinical pathology throughout

their course. The Museum is housed at Hill End, and an endeavour will be made to get a similar collection at Friern and Bart's.

Lectures will be given in all three institutions and will be, as far as possible, of a clinical character. It is important for each student to see that he gets his name down on the lists which are provided, so that it can be ascertained by the Authorities that their attendances will satisfy the examination requirements.

For those students who have passed the Final Conjoint Board examinations, arrangements can be made for them at Mill Hill Hospital. There is some question, however, as to the necessity for such a course. Early requests for such to the Dean, at Mill Hill, will lead to the formation of such a class, if sufficient number of men apply. Men are encouraged to take their M.B., B.S. Examination as soon as possible.

Until further notice House Appointments will be held for a period of three months, with eligibility for a further period of three months. In only a few cases will men be allowed to hold a resident appointment for a longer period than six months.

If there are other matters about which the students require information, will they please make application to the Dean, Dr. Graham at Friern Hospital, Professor Christie at Hill End Hospital, or Dr. Harris at St. Bartholomew's Hospital.



A Memory—"Sand-bagging."

M. Bates

## MEDICINE AND WAR

by

KENNETH WALKER, F.R.C.S.

War is a normal function of nations, and a collection of nations at peace is as accidental a phenomenon as a Bloomsbury boarding-house free from petty jealousies and squabbles. It is true that differences of opinion in boarding establishments seldom end in physical violence, mainly owing to the fact that our wishes are not put into action, so that we annihilate those we dislike only in our hearts, and continue to smile at them with our lips. Moreover there is always the policeman round the corner to remind us that there are few enemies worth hanging for.

There is also another reason for the superiority of boarding-house to international ethics, which I will refer to as the law of diminishing morality. This may briefly be stated as follows: "The greater the aggregate of human beings the lower is their standard of behaviour." A man in a mob is capable of actions of which he would be heartily ashamed as an individual. Crowd psychology is human psychology at its lowest, and national ethics infinitely worse than boarding-house ethics. There has never been such a thing as a forward movement originating in the masses. Certain individuals have by their own efforts raised themselves above the normal level of mankind, and so far as their fellows have been prepared or able to listen to their teaching, a general advance of society has followed, but all these advances have originated in the individual and never in the mass.

It is H. G. Wells's failure to recognise that a crowd is mankind at its lowest that is his chief error. He pins his hope for the future of the human race to the development of some sort of mass consciousness and conscience. For H. G. Wells mankind is the super-entity for the sake of which the individual will eventually sink the limitations of his individuality. This is an error of thought into which a teacher of biology might easily fall. Because on the biological plane evolution has proceeded along the line of the substitution of a complex multicellular for a simple unicellular organism, the biologically minded man assumes that psychological evolution must progress along the same

path. The analogy is a false one. Not only is there no evidence in favour of the existence of a spontaneous evolution on the spiritual plane, but there is every reason to believe that when spiritual evolution may be said to have taken place it has been in the unicellular organism, or individual, and not in the multicellular organism or crowd. The hope for mankind lies therefore in the individual and not in the herd.

Fortunately whatever we may think of the etiology of war is of very little importance. We may believe with the ancient astrologers that war is due to an unfavourable juxtaposition of the stars, agree with the modern economist that it is the result of a scramble for foreign markets, or follow the papers and say that it is simply caused by some Hitler; whatever the conclusion we have arrived at, our actions will remain the same. As medical men, we are in a privileged position; we continue to carry on our function, namely that of relieving the sick. Whether the war be just or unjust, necessary or unnecessary, avoidable or unavoidable, it is our job to deal with its wreckage. The chemist who is compelled to turn his attention to the manufacture of explosives, the business firms who convert their factories into workshops for shells, and the bishops who consecrate the new regimental colours may have ugly moments with their consciences, but we have none. We continue to do our job, and have the additional satisfaction of knowing that we are guilty of even less unconscious harm than in peace time, since we are not only struggling to keep alive the unfit, but doing our best to save also the best in the nation. We are indeed fortunate.

It is not only because we are saved from the burden of doubt that we are fortunate. Twenty-two years ago I stood one night at the mouth of my dug-out on the eastern edge of Arras, saying good-bye to my friends. It was the eve of the battle of Arras, and for three days and nights the guns had been pouring over our heads an unceasing stream of shells. The company officers were going up to their battle positions, and down Iceland trench came machine-gun bullets, like a swarm of angry

bees. It was then that I first thanked Heaven that I was a doctor! In front of me was glory, behind me a nice deep hole. Not I, but the accident of my profession, had decided in which direction I should turn.

To indulge in reminiscence is the privilege of the elderly, and it is a privilege of which the elderly take full advantage. The last war was largely run on recollections of a South African war fought some fourteen years previously, and it is likely that the present hostilities will be waged in the light of the experiences gained over two decades ago. Experience is, however, apt to limit our field of vision even although within that field we may seem to see clearly. Small wonder, therefore, if our juniors sometimes come to the conclusion that we are wearing blinkers instead of glasses.

In spite of the antiquity of my observations on the medical profession in wartime, I propose to offer them. At the time of the last war I held a fictitious and unofficial position in France, namely that of consultant to the Third Army front-line area. As this post was of my own invention, it was naturally a good one; not only had I no commanding officer, but I gave myself my own orders. Indeed, in many respects the post was unique; I could go where I liked, retire or advance according to the state of my "morale," attach myself to any field ambulance to which I had taken a fancy, and leave it for another if the commanding officer ceased to appreciate my company. Only one authority had any right to interfere with my movements, the D.M.S. of the Third Army, and he was so far in the rear that it was the easiest thing in the world to get myself lost. It was my great achievement of the war, this invention of a post that entirely suited my temperament.

As a result of my roving commission I was provided with unique opportunities for studying not only the war itself but also the nature of the great Army-medical machine from which I had been so fortunate as to have escaped. It is the observations made then that I propose to offer to my colleagues of a younger generation, who may shortly be proceeding to France. I am fully aware that what happened in one war may not happen in another, but, human nature remaining the same, it is likely that much that was true then will also be true now.

For those who enjoy war—and in spite of its discomforts, its horrors, its sordid nature, there were many of us that did—the field-ambulance provides the best "point de terre." Working from the field ambulance as a base, an enterprising man can advance or retreat, according to his tastes. When the lure of war calls him, and his nerves are in good shape, he can offer himself as a relief to a regimental officer going on leave, or when the idea of practising his profession attracts him or he feels that his nerves are jangled, with a little luck and ingenuity he can wangle his way back to the comparative safety of the Casualty Clearing Stations. Not that it is always so easy as I have suggested to advance or retreat according to pleasure, for, unlike the D.M.S. in my happy case, the commanding officer of the ambulance is on the spot and is apt to take a personal interest in his subordinate officer's movements. As David placed an inconvenient rival in the forefront of the battle, so do some field ambulance commanders send to the regimental aid-post those whose company they do not esteem. If however this happens, and an ambulance officer finds himself forced to play the hero contrary to his own private feelings, he will find in the trenches a great compensation, due to the fact that the nearer one approaches to the front line the better becomes the company. I do not pretend to explain this phenomenon; I merely chronicle it.

The second recommendation that I would make is that if there be any choice, an ambulance should be selected whose C.O. already wears the D.S.O. By this I do not wish to imply that an ambulance commanded by an officer with a full complement of ribbons is necessarily a better ambulance, but rather that it will prove a more comfortable unit in which to live. Decoration like Trench-fever is one of the most terrible scourges of a war, and a commanding officer who has not been well inoculated on the chest may be as easy to live with as a disconsolate lover whose mistress has shown him the door. Not only is the un-beribboned commander in a constant state of hyper-sensitiveness, but so are all of his officers. A tent a few inches out of alignment, an insufficiency of whitewashed stones to mark the frontage of the unit at the moment of the Divisional General's visit, a badly lettered notice-board, an incorrect filling up in quadruplicate of Army Form 3548/B.H.D. may cost the poor man

his ribbon, and well does the whole of the ambulance know it. For this reason, and in view of the strong tendency of decoration-fever to relapse, it is better, should this be possible, to select a C.O. who wears not only the D.S.O. but also the C.M.G.

For those whose chief interest lies in the practice of their profession and not in the war itself the C.C.S. and the Base Hospital offer the best field of action. Such men, however, must be prepared to pay for their professional enthusiasm, for not only, as already mentioned, does the quality of the company deteriorate as one approaches the Base, but so also does the work increase, and the regulations become more exacting. Should there be anyone whose tastes are so perverted as to make him want to study these regulations at their zenith, he would be well advised to get transferred right back, as far as he can go, to a Military Hospital at home, where the wearing of a Sam-Brown belt is a necessary preliminary to an auscultation.

Finally it may be said that the Army provides excellent opportunities for those with more specialised tastes; for example, it offers Motor Ambulance Convoys for car enthusiasts, Tunnelling Companies for those interested in mines, and the post of M.O. to an Air Squadron for those who are air-minded. Even more specialised tastes than these may be catered for, and during the last war an old Bart.'s man with a passion for natural history was so successful in following his bent as to obtain the post of Rat-catcher to the Forces!

Although the Army is a rigid machine, and the civilian who finds himself, through the outbreak of war, caught up in it is apt at first to be appalled by the exactitude with which his actions are controlled, he may take comfort from the thought that even in the most rigid mechanism there exists a small amount of free play between its various cogwheels. This free play in the

military machine is utilised to the full in the activity popularly known as "wangling," and the art of "wangling" is one that every recruit is bound, in self-defence, to learn. Like all other arts it cannot be acquired from a book, and the expert "wangler" resembles the true artist in so much as he is born, not made. In spite of this, a valuable hint may be given to those who are striving to make the most of their natural endowments in this direction. The first step in successful wangling is undoubtedly to study the machinery of which it is intended to make use, and more particularly the cogwheels that determine the wangler's own actions. Whilst the psychological treatment of the commanding officer is clearly of the utmost importance, there are other less conspicuous "controls" in the machinery that must never be neglected. Amongst those most worthy of mention are the Quartermaster, the Sergeant-Major, and the Sergeant who works in the Orderly Room and is responsible for the handling of that inscrutable mystery, the Army Returns. The establishment of a friendly relationship with these lesser powers is undoubtedly the first step in securing a quiet and comfortable life in most Army units.

Yet it must be confessed that the rigidity of the Army machine is not without its compensations. There is something that is restful and comforting in having one's every action and thought determined for one by some outside authority. Well do I now understand the attitude of men who, having found the struggle to live too difficult, decide to commit a burglary, get caught and retire to prison. No longer will they be called upon to decide between two opposing lines of action, to worry whether they have chosen ill or well, to wish they had acted otherwise; everything, everything is decided for them. Yes, when I take all that happened to me into consideration, those four years in France, serving in the British Army, constituted the happiest time of my life.



## DERMAL LEISHMANIASIS

by

H. V. LANDOR, M.D., M.R.C.P.

Physician, General Hospital, Singapore.

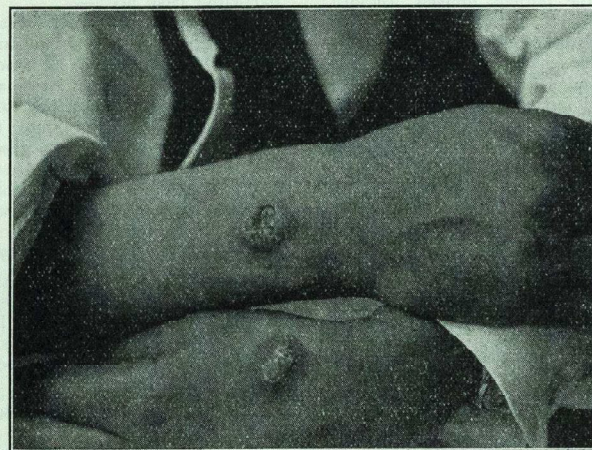
The following case presents one or two features of interest which I think make it worth recording.

A European in British Malaya noticed on October 25th, 1937, two small red shiny spots on his right wrist, and a larger less red shiny spot on the left wrist.

At first he thought they were mosquito bites, having just left Bangkok, where mosquitoes were very plentiful. He had left India on October 6th, after having been in various parts of India during twelve months.

The spots did not clear up, but gradually became larger and the surrounding tissues

The biopsy showed a pathological histology characteristic of dermal leishmaniasis, i.e., an oedematous dermis, with proliferation of large macrophages or endothelial cells, many of which contained several Leishman donovan bodies; several giant cells were seen, and though it is sometimes said that these are not found in leishmaniasis they have certainly been described in Brazilian leishmaniasis at any rate. Lymphocytes, plasma cells, and fibroblasts were also present in increased numbers in the dermis; and several sweat glands and hair follicles were being displaced by the pressure of the infiltration.



harder. In January, 1938, he was back in Bangkok again, and for the first time sought medical advice about the spots. The lesions were there considered to be dermal leishmaniasis, and he was given six injections of the antimony compound Fouadin. A certain amount of improvement occurred, but he then had to leave Siam again for Malaya, where in various towns he consulted several doctors, who disagreed with the diagnosis of leishmaniasis.

He was sent to see me in consultation early in March, 1938. I took a biopsy from the lesion on the right wrist, and some serous exudate for culture by inserting the needle of a syringe, and also a glass pipette, at the edge of the lesion.

In 10 days the diagnosis was confirmed by the culture of the serous exudate on a modified N.N.N. medium showing the live herpetomonad flagellate form of *Leishmania donovani*. The appearance of the lesions at this stage is shown in the accompanying photograph.

Further specific treatment was accordingly now undertaken. Injections of antimony, first Fouadin and later Anthiomalin, were given twice weekly; a full pastille dose of X-Rays was given, and repeated after a few weeks. It is stated in Manson's Tropical Diseases (Tenth Edition, Revised, 1935, p. 174), that X-Rays produce cure after a single dose in the majority of cases, but they had no effect at all on this one.

Carbon dioxide snow applications were then tried, and by repetition were gradually successful in combination with the antimony injections.

All was going well when in May a septic sore appeared on his left ear; he had first noticed this as a very small spot in March, i.e., six months after the original lesions had appeared. Culture of exudate withdrawn from the edge of this lesion, after sepsis had been cleared up, also proved positive for Leishmania. The patient had not been to India since the previous October; dermal leishmaniasis is said to be uncommon in Bangkok, and probably does not occur in Malaya except in people who have brought the infection with them from some other country.

The probable origin of this ear lesion was direct transference of the organisms by scratching by the patient himself, though a further infection may possibly have occurred in Bangkok in January. It is strange that the lesion on the ear should have increased considerably between March and May while the patient was receiving full doses of antimony. I recommended three local injections of Berberine Sulphate,

$\frac{1}{4}$  grain in 1½ c.c.'s, at five-day intervals, for the ear lesion; these injections were very painful.

The antimony had been discontinued at the end of April, as it appeared to be causing diarrhoea, but was started again at the end of May, 20 injections being given altogether. The ear lesion gradually subsided, and by September, 1938, there was only some slight scarring left on wrists and ear to mark the site of the lesions.

Cultures from the hand lesions had become negative in June. The length of time taken for the lesions to heal was, I think, not above the average, though it no doubt would have been shortened had the patient been able to continue without a break his original course of antimony injections. Some cases last for many years.

The points that may be stressed in this particular case are:—

- (1) Failure of X-ray therapy, which I believe to be not uncommon.
- (2) Occurrence of a new lesion six months after the original lesions had appeared, and while they were still active, and in spite of antimony therapy having been given.

## EXCERPTS

### HOSPITALS IN WAR AND THE E.M.S.

Already harm has been done. . . . The Government should permit Hospitals in London to re-open and work at full blast, let medical education and the training of nurses be restored and provision made for the education and leisure of children at present wandering the streets.

LORD DAWSON OF PENN  
in the House of Lords, Nov. 2nd.

We are further aware of active propaganda in favour of converting the present emergency service into a permanent scheme for State hospitals with whole-time staffs.

Letter in *The Times*, Nov. 18th.

The lessons learnt in the treatment of air-raid casualties in Spain have not been followed in the preparation for air-raid casualties in England. . . .

The reader may ask himself this question:

Has the organisation for the treatment of air-raid casualties in London been designed for the safety of the surgical staff or for the safety of the wounded?

*Post-Graduate Medical Journal*,  
November.

### "DICTATORSHIP" AT CAMBRIDGE.

At one college, in which outside students are billeted alongside the regular undergraduates, a notice was recently sent round stating that in future residents could entertain women visitors only between 1 p.m. and 6 p.m. on weekdays.

*Sunday Chronicle*, Nov. 19th.

\* \* \*

### SYMBOLIC.

Enforced inactivity has occasionally resulted in boredom in some of our hospitals, boredom which is not merely *ennui* but a pent-up state which urgently seeks release. In this connection comes from one of them the story of Seven White Mice, with labels tied neatly to their tails and smudged swastikas painted on their backs, who suddenly swarmed over the floor of the nurses' sitting-room while they were enjoying a well-earned rest after their day's work. We understand Bart's men were at the bottom of the affair.

*From an L.C.C. Evacuation Order.*

(1) Midwives to be evacuated in eight sections.

(2) Expectant mothers to show their pink forms at the Town Hall.

\* \* \*

At the beginning of the black-out a certain gentleman adapted his car headlight by covering it with a short piece of inner tubing. He could not understand the ribald laughter of boys that greeted him as he drove through villages, until he found a medical friend of his surveying the car thoughtfully and murmuring:

"Too late. He ought to have been done when he was a little car."

\* \* \*

All this hiding in the dark is humiliating.

G. B. SHAW,

*New Statesman and Nation*, Nov. 18th.

## ON GOING A-HUNTING.

By L. A. T. HAMILTON

*(This article, written just before the outbreak of war, became for a short spell out of date, but we understand is now more to the point than ever.)*

Hunters, like fishermen, are notorious for their Munchausenesque yarns.

Having recently returned from a long safari, it might perhaps amuse some to hear yet another hunter's tale.

The hunt, gentle reader, moves off from the moment you are clever enough to fox the examiners into passing you through the Finals.

The tantivy and tally-ho on qualifying having died down, you begin to get scent, through the medical journals, of very promising quarry. H.P.'s, H.S.'s and C.O.'s seem to be in great demand everywhere from Land's End to John o' Groat's. The field is open: one stands a sporting chance: it's a cinch: it's in the bag.

But gentle and slow they stumble that run fast. "Applications must be accompanied by copies of recent testimonials," and thereby hangs a tale, for now begins the testimonial ferreting from one's former chiefs: hardened veterans at the game of placebo dispensing. Here one receives some surprises, pleasant and otherwise.

Some please by the "nil nisi bonum" way in which they draw the long bow in regard to one's virtues, but bury the hatchet concerning one's vices: others evoke the unpleasant creeping of strange shadows of doubt across the mind as to whether that cynic was not right who, contrary to general

WHAT SISTERS THINK.

"Are we so sure that this war spells ruin for our young men? I have been an elder sister all my life with a younger brother to care for. . . . If only he is spared, discipline, drill, association and competition with other fine chaps will be the making of him. The past twenty years has been a black time for boys. Even in the public schools they seem to have slumped—crumpled collars, dirty boots—a little twitching up will do them good."

*A Sister, British Journal of Nursing*,  
November.

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One correspondent has referred to this page as our "Humour Column"; this, we fear, is rather an over-statement, and any how its purpose covers a broader field. All contributions to it, in any way that readers interpret its function, will however be very welcome.

opinion, maintained that words were given us not to express but to conceal our thoughts.

But there is no time for idle speculations. So on to making typewritten copies of these precious passports to fame; and to writing a most impressive letter of application in which one succinctly states one's age, qualifications and freedom from any matrimonial entanglements; but succulently spins a sagacious yarn, uninhibited by any false sense of modesty, of one's past experience and present capabilities.

Having set this well-baited trap, for the next few days one eagerly awaits, as the proverbial poetic lover his mistress's melodic footstep, the postman's propitious knock.

After several bouts of hope deferred and just when the heart is beginning to be made sick, at last arrives a reply from the hospital secretary which, after all this anxious delay, merely states that your application has been received and will in due course receive attention.

The flame of hope impatiently smoulders, until one day it flares sky-high on the arrival of a telegram requesting your presence at an interview with the selection committee.

Donning the old hospital tie and the traditional well-groomed, sedate and sober bow tie (bearing knowingly in mind that first appearances, like love, frequently make lasting impressions at first sight), one gaily sallies forth with hope springing eternal in the human breast and "joie de vivre"

surging in that schoolboyish heart, on this hunting expedition to some unknown and uncharted region far north.

Off you shuffle on the 10.5, enduring the brief but necessary evil of having to behold drab London warehouses and slatternly suburban backyards, until at last your heart leaps at the enviable sight of serene open country blissfully sunbathing beneath a clear blue sky.

Lulled into a lotus-landish state of reverie by your bucolic surroundings, aided and abetted by rhythmic rockings and rumblings, your fancy takes full flight and with distance to lend enchantment to the scene you behold in a faint but rosy light your future field of operation—amidst ideal rural surroundings and ideal modern hospital where, at last, you will be able to get on terms of intimate familiarity with all those exclusive sets of symptoms and signs with which you have a polite nodding, but unfortunately not satisfactory clinical acquaintance.

And ah! the thrill that awaits you on finding and the self-administered pat on the back on rightly diagnosing and perhaps even reporting some precious medical museum-piece.

Such thoughts as the stereotyped lay-Press caption "Brilliant young Dr. makes amazing medical discovery," or even the more gratifying, if no less sensational, report in an orthodox medical journal of your thesis, "The final link in the cancer chain," float tentatively through your teeming brain. Then, flitting from the sublime to the ridiculous, thoughts wander to forty years on, with venerably greying temples, renown in Harley Street, tranquillity in that place in the country with the little woman and a couple of—

But with a sudden screech, stop and snort you are rudely jolted back into reality and the fact that you have at last arrived at Erewhon Halt, which looks even more inhospitable than the average railway siding. You alight; and, left solitarily behind as your train steams out from the station, you feel rather lost until a blandly astonished but obligingly friendly yokel offers to show you the way—just round the corner in rustic reckoning, five miles in civic calculation—to the local infirmary.

And lo! suddenly with a shock you remain like stout Cortez of the eagle eyes silent with a wild surmise, for yonder, by the gas works, lies your Eldorado.

Hope sinks and you sigh the lack of many a thing you sought as you smell an obvious red herring in that fine-sounding notice in

the medical journal which like the proverbial palaver on the seed-packet has failed to come up to expectations.

For here, as a nightmare come true, lie the ghosts of your hopes pent up in this primitive provincial morgue, a far cry from all the taken-for-granted, familiarity-breeding-contempt, ultra-modernism of good old Barts, for whom your exiled prodigal heart now penitently grows fond.

But good-bye to all that. The secretary now arrives to ensnare you into this abandon-hope-all-ye-who-enter-here institution; and to inform you that the selection committee will interview you in a few minutes.

At last the breath-taking moment when you face the pack of hounds arrives as you are ushered into the august presence of the selection committee of—two! This duumvirate (shades of Tweedledum and Tweedledee in their declining years) then proceed to reiterate your letter of application in a futilely rhetorical fashion and hold you at bay by asking equally futile questions such as "What is a Path. Clerk?" "What is a Medical Casualty Officer?"

Just when you are given a welcome break by being sent to see the secretary, who asks the only sensible question for the whole afternoon—"Well, Doctor, what are your travelling expenses?"

Then without any further beating about the bush you are sent scampering off with the secretarial parting shot, "You will hear from us in due course," which you are subsequently taught by experience is a foxing "coup de grace" for: "Sorry. You have been barking up the wrong tree."

So down to earth, and back to town.

And as the midnight express slinks out from the station the cares that infested the day fold their tents and arab-like silently steal away as you loll back, fold your arms and resign yourself to the idle thoughts of an idle fellow.

What if to-day's trek has been all in vain? What if to-morrow finds you on the road again off to fresh woods and pastures new which mirage-like promisingly await you at your journey's end?

Then to that session of sweet silent thought as you solitarily rumble rhythmically through the night you summon up remembrance of that insatiable vagabond and seek consolation and find contentment in his analgesic philosophy—

"Little do ye know your own blessedness; for to travel hopefully is a better thing than to arrive, and the true success is to labour."

## SECTOR NEWS

ST. BARTHOLOMEW'S HOSPITAL.

A certain surgeon approached me in the surgery one day, brandishing the October issue of the JOURNAL and brimming over with indignation. He waved the paper widely to and fro to indicate the waiting out-patient horde. "Look at this," said he. "Do you call this a much-diminished morning out-patient attendance?" I had to confess that I didn't, and now I must apologise to him and to all hard-working medical men, for the October letter from Bart.'s was written in the very early weeks of the war. Now, however, we have four medical and four surgical wards in commission and, considering the reduced numbers of the staff, very much heavier out-patient work—a trial for the peace-loving dresser. We are glad to see once again Dr. Gow and Mr. Harold Wilson, who have come back to continue the good work of teaching. In fact, with the lectures and ward rounds which are now given regularly, and the re-opening of the special departments, work here is becoming more and more like it was in peace-time.

The Bart.'s Basement Theatre is justifying the efforts spent in creating it. It is frequently used for stage and film shows, which are well attended—also for gramophone recitals. We have had several noted professionals, and considered ourselves lucky to be able to see and hear them free. Heddle Nash and Hella Toros gave an excellent performance of the quarrel duet from "Cavalleria Rusticana." Ivor Novello and members of his company have given us over an hour's delightful entertainment with song hits both old and new from his Drury Lane successes. We have been privileged also to have the incomparable Beatrice Lillie, who kept the house in a state of acute laughter for a sparkling quarter-of-an-hour.

By far the best student show of the war was given by Bart.'s students from the Well House Hospital. Carefully planned, and with some good rhythm numbers it went smoothly from beginning to end. Ward and Latham gave us some more of their excellent guitar work, while the delightful eccentricity of Benson was the crowning achievement of the show.

On Thursday, November 16th, a dance was held at the Mecca Café, Ludgate Hill. Yes, a dance! We feel that our social life is expanding; we even spoke to a nurse we had never seen before, and we met another

we hadn't seen since the beginning of the war. The usual Bohemian crowd was there, nurses, students, housemen, and some of the staff, too, we were glad to see. Mr. Rupert Scott, Mr. Morgan, Dr. Spence, Dr. Bodley-Scott, Mr. Hunt, and Mr. Tuckwell all were present; indeed, Mr. Hunt's spirited performance of the "Boomps-a-daisy" with Sister Paget was an inspiration to all of us. The supper interval was culminated by Douglas Byng, who was extremely funny in a distinctly racy manner. We hope there will be some more of these dances.

*Argent and Sable* is proliferating; I have given up counting the numbers, but I keep them all in my room. I hang them on a hook; they make lovely blotting paper—they're so frightfully absorbent!

On the evening of Saturday, November 18th, the news came through to Bart.'s from Harwich of the sinking of the Dutch steamer "Simon Bolivar." We were told that a train bearing the greater part of the survivors was due at Liverpool Street Station. So ten dressers and an H.S. were sent there to await it. For the next two hours they waited, later regaling themselves at the Great Eastern Hotel at the expense of the Dutch Ministry. There were over two hundred survivors on the train, and when it arrived there ensued a scene of pandemonium; some were clad in blankets and some in pyjamas, and each man had to be interviewed by the police and questioned as to nationality. They were fed, and a large number of them housed, in the Great Eastern Hotel, the dressers and H.S. selecting those to be transferred to Bart.'s; they took all those that had been in the water at all, all injured ones (injuries were of a minor nature; all serious cases had been detained at Harwich), all children with their mothers, and all those who had been coated with oil. Some of them were covered from head to foot, while yet others had been vomiting the stuff.

They arrived at Bart.'s shortly after twelve o'clock in Green Line bus-ambulances, and their reception was a good test of emergency organisation. Drs. Harris and Bodley-Scott and Messrs. Rupert Scott, Hunt and Braithwaite were kept hard at work sorting the cases, and all the Hospital's linguists were brought into action.

There were a few Germans amongst the survivors. The wards were rapidly filled up and records of all the patients were taken; they were given baths and tea and were put to bed and all given one grain of luminal. Nurses were flying hither and thither, and students were kept up into the small hours of the morning cleaning the thick oil from the hair and faces and bodies of the survivors.

The following day those that were well enough were allowed to get up and were later sent to the Great Eastern Hotel in three coach-loads. By dint of noble work by nurses and secretarial staff sufficient clothing was found for all, and some wonderfully bizarre effects were achieved. Two pathetic-looking little sisters in brilliantly coloured mufflers and drab ankle-length tweed skirts must have made the best Press pictures of the day. The wards were a strange sight with groups of weirdly clad unfortunates waiting for the bus with their odds and ends of belongings—most of them had lost everything. Later on in the afternoon the Dutch minister called and saw some of the survivors who were detained, while the rest of them departed in their coaches, saluted by a battery of cameras.

Maybe these efforts will be slight compared with those we may have to make to deal with the consequences of a possible air-raid, but this was at any rate our first war-time emergency.

#### QUEEN'S COLLEGE, CAMBRIDGE.

The best evidence in the world of the way the pre-clinical school has settled down to its new surroundings is given by the sports news we publish below. Actually, accounts of rugby, soccer and hockey by no means cover the whole of our activities in the world of sport, as plans are well under way for swimming, rowing, athletics, etc. Tennis and squash are in full swing. For the more intellectually-minded efforts are being made to run a Chess Corner.

Cambridge has given us a very good welcome, none the less warm for being a little tardy. The gates of every club and society seem to be open to us and our fellow-refugees from London, though we have yet to hear of a Bart.'s man making a sensation in the Union. Queen's in particular, our hosts, have gone to great lengths to accommodate us at our ease, as a glance through the sports column will show.

It might be of interest to record where

and how we are working. Some 60 first-year men have come up since the last issue of the JOURNAL, and they are having all their classes in Leys School. Second and third year men are working in various of the University schools: Anatomy in the anatomy block (familarly known as the "Battleship"), physiology in the zoology block (where pictures of toads, lizards and salamanders help those of us in the throes of embryology), and biochemistry in the chemistry school. The last named is lit by gaslight and makes us think longingly of pre-war days. Indeed, without in any way reflecting on the kindness of our hosts, few of us fail now to appreciate how great an acquisition Charterhouse Square has been.

#### WELL HOUSE HOSPITAL, BARNET.

The Wellhouse Hospital, with its chimney and water-tower, is a Barnet landmark; and apart from looking remarkably like an armaments factory from the air, is as pleasant a place as one could wish for.

The thirty odd Senior students and recently qualified men stationed here have no complaints to make, and certainly no wish to leave; most of us are taking full advantage of the rounds, grinds, operations and informal tutorials which this place has to offer, and as the Hospital caters for all sorts and conditions of men, the scope is wide.

We are fortunate in having a staff who help us in every possible way, and who are enthusiastic and patient teachers. We live under no disciplinary restraints whatever, to a man we have a leaning towards "wine, women, and song," and yet a great deal of conscientious work is done; our pass-list in the last Conjoint examination was phenomenal.

Our billets are excellent, and most of us have become good friends of our hosts and their families. At the Hospital we have a cosy Common Room, a canteen run by the Barnet aristocracy, and an appreciative nursing staff, some of whom seem booked already for higher things—even the kitchen staff shares in the increased romantic tempo, if the odd behaviour of one of our number, who has developed an obsession for peeling potatoes, has the significance we think it has.

The First Aid Post staff were inclined to lord it over the rest of us not so fortunately

occupied, but with its disbandment we are once more a democratic community. The Mobile First Aid Unit still functions, however, except when that converted horse-box refuses to start.

The "Well! Well!" concert, which ran for six crowded performances, has been the most notable of our achievements. Especially memorable are Chisholm's "Jasper," lurking in the black-out and doling out "fates worse than death" in true Victorian manner; Alf Evans' "Poor Little Willy"; and Benson's hilarious juggling. After the final show, cast and audience met at a nearby Road-house, affectionately known as the "Splash," over which part of the proceedings we must draw a veil.

#### FRIERN HOSPITAL, N.11.

As we understand the position at present, the next few weeks will be the last at Friern for some of us, as although the Hospital is to be one of the three main teaching centres, it is exceedingly likely that certain of our present clan will be transferred either back to Bart.'s or to Hill End. This will be, if it materialises, a misfortune, for at the moment we form a singularly happy band. We have even had our photograph taken *en masse*—could any further proof be required of the spirit of amity which prevails? And there has been no recriminations of the "You'd spoil any picture" type—at least, amongst those who knock before entering the Divisional Office. If we have our private theories, they remain private. Perhaps it is because the photographer was very efficient and expensive. Perhaps it is the near approach of Christmas. In any case, we shall be sorry to be split up. It is a sad thought that, to some, tea and social behaviour in Centre Theatre, and to others social behaviour and alcohol in the "Orange Tree," will soon be no more than memories. By the time this appears in print the Great Change may well have occurred.

We seem to find our time fully occupied at the moment. Concentrated lectures and ward rounds six days of the week, keep most of us very busy, and, when these are polished off, there is a Billiards Tournament awaiting our attention. An Entertainments Committee has been formed, and it is hoped to give periodic shows. Likewise a Debating Society—we see that Dr. Maxwell is to prove, starting from first principles and with no previous knowledge of the case, that the Medical Student is NOT, as we had always been led to believe, an Uneducated

Animal. This simple news has at once induced us to forgive and forget a great deal. Beneath a rugged exterior there beats a heart of gold. Would that we could say such pleasant things of his opponent, Mr. Beattie. We know, however, where the vote will fall—let Mr. Beattie be warned in time.

So life goes along very pleasantly, always excepting last week-end, when distressing abdominal symptoms smote staff and students alike. We blame the steak and kidney we had for lunch on Friday. But we are now convalescent, and hoping for better things.

#### ROYAL NORTHERN HOSPITAL, N.7.

There are probably those amongst us who on having a bath are content to do so in the conventional manner. The majority prefer to wash their football boots at the same time as themselves, or to divest themselves of their hirsute appendages.

A simple fellow said that we lived like Kings, and, on being pressed for a reason, said it was so because we could breakfast in our dressing-gowns. We like to regard this as an unwarrantable slur on the Royal Family. Bickford makes a strong stand for decency by appearing early and dressed, but he is in the minority. Some of the dressing-gowns are less flashy than their owners, but there is little else to be said in their favour. Mail creates a mild sensation by appearing in a mackintosh. Coupland compromises by wearing a dressing-gown and being fully dressed underneath. It would be interesting to know what the psychologists would make of this.

Academically there is need to mention Brenner's name as being one of those who qualified from here in October, also Coupland, who has been burying himself in the works of Love—J. McNeill Love, we hasten to add.

We have had more opportunities to get ourselves ready for "The Day." Practice without patients is as common as to scarcely merit mention, the latest idea being to do without stretchers as well. It is only a matter of time before they'll be doing without students.

Women attached to the Hospital have been mending holes in the sandbags, and at the moment of writing there is reason to believe that the periodic flooding of the basement is not altogether unconnected with sand.

Rowntree has observed how as daylight waxes so beauty wanes, though he didn't put it quite like that. Things are seldom what they seem.

If the L.C.C. ever feels tempted to erect a table to commemorate our stay here, it might well bear the saying "Every man is as God made him and very often worse."

#### FIRST-AID POST, UNILEVER HOUSE, BLACKFRIARS BRIDGE.

Coincident with the efflux from London of a counted hoard of children, nine eager young men, with set teeth, made their way to Unilever House. Welshmen travelled from the innermost recesses of England and Englishmen from the fastnesses of Wales, and with grim determination settled down to await the coming of the enemy. Their patience appeared to be soon rewarded. Sunday gave them their first sound of the siren. Casualties nil. The next evening came another. Some sat and continued their slumbers, some sat and gossiped, some sat. Nine o'clock saw their vigil ended. For the next week they started at the "revving" of an engine. Since then they have played table-tennis and patience. Some being industrious and some optimistic, all sat for exams. Some ploughed a wide furrow.

Apart from that there is little to record. With an ex-Bart.'s sister in our midst, is it surprising that we drink tea (China or Indian, Doctor?) at three sessions for long periods. To the political surprises each reacts according to his firm of origin, from "Woodja believe it?" of the ground floor trainee to the "Really, gentlemen, this is most unexpected" of the fourth. Viccs hitherto concealed come out in most unexpected people. Tact prevents us from naming, but there is one who renders hideous the morning air with a "How now, Carruthers?" Another, notoriously brisk, invariably sees midday from his bed. A third, of childlike breadth of countenance, perambulates in a dressing-gown of most roud appearance. One paints himself with iodine in most unexpected places, and a master of the English language breaks periodically into Irish-American. One yells "Wotcher, me old cock sparrer," and beats everyone at table-tennis. One shows *exactly* half-an-inch of shirt cuff at his wrist, while the last, in sound slumber, converses protestingly with what is indubitably something very beautiful.

As someone forestalled me in remarking, "C'est magnifique, mais ce n'est pas la guerre."

T.H.E.R.

#### FIRST-AID POST.

*By a Stretcher-Bearer.*

Anyone care for a Stretcher-Bearer's (A.R.P.) views on the war? I thought not. Well, here they are.

Situated as we are, "Somewhere in the City," we find ourselves a curious and heterogeneous collection of chaps. We count among our numbers one law student, one ship's steward, one pugilist (ex), one (part worn) reporter, one medical student (ex rag trade) and one theatrical magnate. The war is not, at the moment, taken seriously. Our chief worry at the moment is that we shall, sooner or later, be called upon to attend a casualty. This fear, however, is fast receding into the background, as, up to the moment of going to press, we have had but one case, and, as she was immediately and efficiently dealt with by our medicos (about whom we shall have more to say later), we cannot really count her as a patient.

About these medicos, now. If the writer could be certain that his anonymity was sacrosanct, he could and would be more outspoken; but as, even in these days, some leakage is possible, it behoves him to write circumspectly. But this I can say, and I feel confident I have the full support of my colleagues, that a nicer—for want of a better word—matcyer (if that's the way to spell it!) crowd of lads it would be impossible to find. Ranging from trick cyclists to learned exponents on the art of "high diving," we possess as our immediate—and highly popular superiors, as learned a collection of experts in every branch of sport, learning and science as could be found in a day's (or, for that matter, two days') march.

The learned and Hornleighish reader\* has by now discovered the situation of our post, so further secrecy must perforce be omitted.

But, I refuse to finish this effusion without paying a tribute to our Sister. One in a million, she has the gratitude, esteem and many thanks of the whole post, including one who humbly subscribes himself

MERELY A STRETCHER-BEARER.

\* Assuming, of course, I have one!

## SPORTS NEWS

### EDITORIAL

Reports from all over the sector show that games are getting into their stride again. Mill Hill naturally forms the hub of the hospital activity, partly because of its natural advantages and partly because it is fairly easy to get to. Two Rugger teams are being run from there, with one Hockey and one Soccer team, while the only thing that really breaks down under the strain is the changing room. Apart from these Hill End is running a local Rugger side and there is prospect of one from Bart.'s, while Mill Hill alone has the distinction of fielding a Polo side.

Up at Cambridge all three games are being played on the Queen's ground; partly in conjunction with the College and partly as a separate entity, since it was found that although the Cambridge people could manage about five games a week, we had to be content with two at the outside.

The results on the whole show that though there has of course been a "falling off" in the standard of play, it is not as bad as might have been expected from a Hospital divided in itself and scattered to far corners, and, although we grieve sadly for our lost baths, hot water and pints of shandy, Mill Hill does make an excellent war-time substitute.

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### RUGGER CLUB

The Secretary would like to announce that it has been found possible to run two regular sides, but not three, as no other clubs are. It is hoped that players in the sector Hospitals will also arrange games among themselves, though the Bart.'s sides have priority for Saturday games. All suggestions will be welcome.

#### St. Bartholomew's Hospital v. the Middlesex Regiment.

The first match of the season was played on Wednesday, October 11th, v. the Middlesex Regiment.

The game began badly, but when six minutes had elapsed the three-quarters ceased to drop their passes and Macafee crossed the line, but the kick failed. After twelve minutes Reinold started a movement from his own twenty-five, and from this moment L'Etang touched down; Joekes converted. Then the team settled down as a team and some very nice three-quarter play was seen, in which Macafee and Joekes were prominent, the latter scoring a try which he converted. An attempt on the part of our opponents' wing forward to pick the ball out of the scrum was abortive, but the penalty kick unaccountably failed. The next person to score a try was Hearn; this was converted, and at half-time the score was 18—nil.

During the second half Unwin stimulated our opponents to some form of life, but he was the only dangerous member of their team. However, Joekes produced one of the finest runs we have seen for a long time and scored again. A few minutes later Collinson, who was, as ever, noticeable in his dribbling, took a pass from Hearn and ran well; near the line he passed to Hall, who was, as usual, the only man up, and the latter

forced his way over to score right out in the corner; the kick trickled along the ground. During the ensuing shambles Pleydell found himself unmarked for a few seconds and calmly, quietly and deliberately dropped a perfect goal. The only other try to be scored was another feather in the cap of Joekes.

A final word of praise should be given to Jeffries and Greenberg, who did some very useful work in the scrum, and to Dr. Stokes, whose refereeing was admirable in its impartiality.

Team: R. L. Hall; P. G. Jeffries, M. Greenberg, J. Mullan, H. L'Etang; D. Graham, C. Hoskyn; J. Stowe, D. Hearn, L. Macafee, B. Jackson, A. Joekes, M. Pleydell, D. Reinold, J. Atkinson.

#### "A" XV v. Guy's Hospital, October 22nd. Score 6—6.

The opening match of the season against Guy's 2nd XV was played with energy that surprised most members of the team. Spafford, having won the toss, urged his men on so well that many dangerous raids by the Guy's three-quarters came to nought. The game settled down to a fierce forward battle in which Alcock's mobility was prominent. Finally the Guy's fly-half slid through and scored. Bart.'s replied almost immediately when the ball was well heeled and went down the line for North to cross. The second half gave Guy's an early score with a neat cut in the centre. From the kick-off Bart.'s pressed hard, and some fine forward rushes led by Hoskyn and Sandiford saw Bart.'s in the opponents' twenty-five. The tackling of both sides was keen, but finally Bart.'s broke away and the score was level. In the last five minutes the game swung from twenty-five to twenty-five, but rightly ended in a draw.

Team: R. Bartlett; B. Jackson, J. North, D. Reinold, W. Atkinson, R. Merryfield, J. E. Miller; R. Sandiford, J. Mullan, C. Hoskyn, A. H. Spafford, H. King, J. Gask, J. Robertson, R. Alcock.

#### v. Beckenham, November 11th. Won 32—3.

This game was played in mud and driving rain. It was shortly after the kick-off that Joekes slid through the centre and scored, the goal being well converted by Marshall. Although an ideal ground for a forward battle, the Hospital outsiders were handling the ball well and the score mounted rapidly, Joekes and Marshall being prominent. Brown, doing a *locum* on the wing, was conspicuous by running clean off the field into the adjacent overgrowth. By half-time the score reached 29, everyone having taken some part in the scoring. In the second half Beckenham attacked strongly, with the Hospital a little bored; so only two tries were scored, one for each side, the rest of the time being occupied in fruitless forward rushes.

#### v. R.A., October 29th. Score 0—0.

Played, after a brisk cross-country run, on one of the more distant fields at Mill Hill, in pouring rain. After a few minutes the field was a quagmire and it was with the greatest difficulty that the ball could be induced to leave the scrum. This rather favoured the Gunners, as they had been living in camp and by this time most of them had "webbed feet." Jimmy Miller performed great



feats behind the scrum, though of necessity usually obstructive, while the three-quarters soon found the kick ahead the only policy. This resulted in much trouble for the referee since there was no dead-ball line, and the game was continued furiously in the rhododendron bushes. No side, however, could quite establish a cut-and-dried try, so we finished finally all square.

Team: J. D. Loughborough; W. Atkinson, J. Lucey, R. Merryfield, D. G. A. Brown, G. Marshall, J. E. Miller; A. H. Spafford, H. King, P. H. Jeffries, R. H. Sandford, R. Alcock, C. H. Hoskyn, J. A. Robertson, J. Gask.

**Preclinicals v. B. W. Rhodes' XV, October 7th.**  
Lost 17-6.

In this some of the Queen's men played with us against a strong scratch side got up by B. W. Rhodes, the University fly-half. The play was very keen, though their outsides were rather too good for ours.

**v. London Hospital, October 14th. Won 6-0.**

The weather was very wet and this was mainly a forward game, though the three-quarters held the ball very well considering how slippery it was.

**v. Cambridge Wanderers, October 28th. Won 6-0.**

This was another fairly even game, though their three-quarters were again too fast for ours. Ours are improving steadily as the season progresses.

**v. Fitzwilliam House, November 4th. Won 15-0.**

This was a rather scrappy game on a wet day. Among the forwards the play was good, though there was not enough combination. The outsides were much better—taking the ball very well. Unfortunately, we lack anybody who is a good goal kicker.

\* \* \*

**ASSOCIATION FOOTBALL CLUB**

Although we greatly miss the support of the pre-clinical students, who have formed nearly half the Club in past seasons, we have sufficient Soccer players among the Hospitals to run one fairly good team on Saturdays. We hope also to have some Wednesday matches. We are using the ground at Mill Hill as our home ground.

**v. Ravensbourne, October 21st. At Lee Green.**  
Won 7-4.

We arrived at Lee Green with fearful foreboding, having suffered a 4-1 defeat last year and remembering the remarkable cunning of their forwards. This was made worse when we found we had to play a full 45 minutes each way, and not 20 minutes as suggested by an optimist playing his first game. Two quick goals against us seemed to confirm this view, but a fine right-footed drive by Mail soon after made us think again. At half-time the score was 4-2 against, our other goal having been scored by James, whose foot-pound expenditure throughout reached mammoth heights.

The game altered completely in the second half: the Bart's forwards began to play as though they knew something about it, and the gaps in the defence narrowed. Five goals followed, two by James and three by Maples in a novel position at

inside left. We finished the match completely on top with a 7-4 victory. We were glad to see Packer, Darke and Harold back again, the latter playing his first game for nearly a year, having missed most of last season through illness.

Team: Wells-Cole; Packer, Harold; Darke, Kipling, Ealam; Mail, Gordon, James, Maples, Harold.

**v. Old Chigwellians, October 28th. At Mill Hill.**  
Won 4-3.

Another of Bart's second-half recoveries was the keynote of this game, in which we picked up to win 4-3 near the end of the match.

Bart's had most of the play, but by half-time the Old Chigwellians had scored two good goals, while James and Pearce equalised for us.

In the second half, in spite of muddy conditions, there were many effective movements. James and Maples were the pick of the forwards, and the second-half goals came from Maples and Packer, who played splendidly at centre-half.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; G. H. Darke, F. H. Packer, O. Sookias; W. D. Mail, D. J. Robertson, A. R. James, A. Maples, A. G. E. Pearce.

**v. Old Coffeians, November 4th. At Mill Hill.**  
Won 7-2.

Another decisive victory for Bart's was brought about when we reversed the score of last year's game against the Old Coffeians. The game was marked by P. M. Elder's return to play for the first time this season, and he made his debut by a sprightly display on the right wing—an unaccustomed position. As usual, A. R. James was in great form and added three more goals to his bag. We had most of the play and only occasionally was our goal threatened.

**v. Royal College of Science, November 8th.**  
At Mill Hill. Won 6-0.

It was early apparent in this game that we were the stronger side, and we went on to win as we liked, without the defence being really tested. James worked very hard and led the forwards superbly, scoring three grand goals. Others were scored by Brown, McAfee—a beautifully placed long shot—and Mariani.

Team: G. H. Wells-Cole; A. D. McShine, G. Howells; Currie, F. H. Packer, W. J. Atkinson; L. A. McAfee, M. Anthony, A. R. James, D. J. A. Brown, G. Mariani.

**v. Old Aldenhamians, November 11th.**  
At Mill Hill. Lost 0-1.

This was an excellent game all through, and played in conditions nearly ideal for football. Although they were playing only ten men, the Old Aldenhamians managed to have as much of the play as we did, and at half-time there was no score. Unfortunately, Kipling had to leave before the end, and then their steadily increasing pressure gained the day, when a good shot from some way out went just inside the post. For us James worked as hard as ever, and was most unlucky not to score.

Mariani was often effective on the left wing, and Packer and Harold were as steady and efficient as ever.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; F. H. Packer, M. Kipling, O. Sookias; W. D. Mail, D. J. Robertson, A. R. James, A. N. Other, G. Mariani.

**Preclinicals**

Arrangements were made at the beginning of the term for Bart's and Queen's students to combine and share facilities for football. But this did not mean that the individuality of Bart's football would cease to exist. Games have been arranged for a Bart's XI alone. One game has been played already, versus Queen's, and more are to follow. In combining with Queen's, the Bart's players take part in their University League matches, McGuire, Osmond, Dowling, Gallimore, Randall, Adams and Livingstone have played in this combined Queen's-Bart's 1st XI. This side has beaten L.S.E., drawn with Magdalene, and lost to St. Catherine's and Downing. Dowling has scored ten of the goals for the XI in these four matches. Moreover, Jacobs, Bibblings, Benton, Watts and Emtage have played for the combined 2nd XI.

**v. Queen's, Wednesday, October 18th. Lost 2-4.**

Barts took the lead early through Dowling's goal, but the Queen's forwards then combined so successfully that they scored three goals in quick succession. In the second half Randall scored with a long shot to make the score 2-3, but before the end Queen's scored once again.

Team: Brennan; Randall, McGuire; Fox, Osmond, Emtage; Meltz, Watts, Dowling, Melita, Duggal.

\* \* \*

**HOCKEY CLUB**

**v. R.N.C., Wednesday, October 4th. At Greenwich.**  
Lost 2-5.

The first match of the season was played, appropriately enough, against one of His Majesty's Forces. The R.N.C., Greenwich, were our hosts, and a fast game on the windy heights of Shooters Hill, with balloons up above and accompanied by the sound of distant gunfire of naval crews at practice, resulted in a win for the Naval College by five goals to two. The absence of a goalkeeper in the Bart's defences made their task much simpler, but repeated and heavy bombardments on their goal failed to produce more than two direct hits, both of which found the mark the first by K. O. Harrison and the second by G. H. Wells-Cole. It was also a triumph of naval stability that they were unshaken by our puzzling array of shirts.

Team: N. O. One; E. O. Evans, J. P. Haile; A. C. E. Pearce, E. J. Griffiths, T. N. Fison, T. M. C. Roberts, K. O. Harrison, S. R. Hewitt, G. H. Wells-Cole.

**v. Blackheath, Saturday, October 21st.**

At Blackheath. Lost 1-2.

A fast game on a somewhat sticky pitch was

spoiled by the absence of a referee! Our opponents attacked strongly from the start and were soon rewarded by a goal. The defence rapidly settled down, however, and if the excellent work of the halves could have been rounded off more successfully by the forwards, the result might have been a different one. However, from being two goals up at half-time, their lead was soon reduced by an excellent shot by Currie. From then onwards their defence was kept busy, but somehow we were unable to find the net again.

Team: M. W. L. White; R. E. Ellis, E. O. Evans; C. T. A. James, E. J. Griffiths, A. G. E. Pearce; T. N. Fison, T. M. C. Roberts, R. A. House, D. Currie, S. R. Hewitt.

**v. South Saxons, Saturday, November 4th.**  
At Hastings. Lost 1-2.

With minds still full of the memories of a noteworthy match against the South Saxons at Hastings two years ago, and of the memorable evening that followed, we entrained at Cannon Street full of expectations of another great match. Nor were we disappointed. Bart's started attacking strongly and, after forcing a number of corners, were unlucky not to score—their goalkeeper is still as good as ever. Play was even until half-time, the defence by our backs being of a high standard, especially that of P. W. Isaac. The second half was even faster, and a very good breakaway by J. L. Fison ended in just reward for Bart's. But our opponents lost no time in replying, scoring from a mêlée in the circle; and this was quickly followed by another goal from them; but for the remainder of the game play was even and lacked any real offensive play by either side.

One or two members of the team remained at Hastings for the night, but in less draughty quarters than their predecessors; the rest groped their way back to town by midnight in the

Team: M. W. L. White; P. W. Isaac, C. P. Perkins; C. T. A. James, H. R. Mawett, E. J. Griffiths; T. N. Fison, T. M. C. Roberts, J. L. Fison, R. Heyland, G. E. French.

The matches against the East Surrey Regiment and St. John's College, Cambridge, had to be scratched owing to weather conditions.

Hill End Hospital, St. Albans, and Friern Hospital, Barnet, are each running separate Hockey XI's. It is hoped that the results of their respective matches will be published in the next issue of the JOURNAL.

**Preclinicals**

The first match of our own fixture list was against the M.A.'s Hockey Club, on the Queen's ground, on Saturday October 28th. It was played in pouring rain on rather a rough ground. The M.A.'s scored first, after a forward rush. This was soon replied to by Mehta, who obtained an excellent goal by a "follow in" shot. Mehta then scored again by a similar shot, and shortly after half-time Bentall scored from a mêlée at the back of the circle. The rain abated a little towards the end, and the M.A.'s scored again after a very harassing five minutes for Grimson in goal, who had a difficult game to play.

Result: Won 3-2.

## NEW BOOKS

## SURGICAL ANATOMY.

**A Synopsis of Surgical Anatomy.** (4th Edition.) By A. Lee McGregor. (Wright and Sons. Price 17s. 6d.)

**Beesley and Johnston's Manual of Surgical Anatomy.** (5th Edition.) By Bruce and Walmsley. (Oxford Medical Publications. Humphrey Milford. Price 20s.)

**Surgical Applied Anatomy.** (10th Edition.) By Treves and Rogers. (Cassell. Price 14s.)

These three textbooks differ widely in scope, design and layout, and also in value. They have all appeared previously and are probably well known to generations of students.

The best is Lee McGregor's Synopsis, with its neat diagrams and tabulated facts. In structure it is composed of a series of essays on the anatomy of the normal; the tonsil, breast, diaphragms, etc.; and on the abnormal: diverticula, collateral circulation, surgical procedures, etc.; there is no pretence at completeness in subject-matter, and there is little alteration in the new edition.

Beesley and Johnston's book is much more comprehensive but less thorough in treatment; its viewpoint more surgical. The anatomical basis of most operations are carefully described, but the book suffers from some poor pictorial illustrations.

The last is Treves' and Rogers' expensive little handbook. It is less popular than formerly: the reason is not far to seek; the book is spoilt by poor diagrams, unattractive layout and inclusion of unnecessary material. The average student approaching surgical anatomy usually at the eleventh hour wants tabulated facts, sharp layout, and diagrams; and he is not pleased by brief chatters on irrelevant physiology. In its favour is its pocket size and wide range of subject-matter.

## PSYCHOLOGY.

**Guiding Human Misfits.** By Alexandra Adler. (Faber and Faber.) Price 5s.

This short book by the daughter of Alfred Adler has nothing new to offer; however, its simple approach to a complicated subject makes it a valuable asset to students and educators.

The development of neuroses is illustrated by several case histories, and is explained according to the principles of individual psychology. Great emphasis is laid on the early relation of the child to society and on proper parental control.

## EXAMINATION RESULTS.

## M.R.C.S., L.R.C.P., October, 1939.

Brooke, B. N. Witt, R. C.  
Fisk, G. R. Boatman, D. W.  
Alexander, L. L. Butterworth, R. F.  
Gluckman, J. Morris, O. D.  
Howell, D. R. S. Lockyer, N. S.  
Levin, A. Howitt, J. S.  
Cronin, J. D. Sugden, W. G.  
Staunby, F. N. Cawthorne, J. E.  
Hart, J. R. Isaac, R. H.  
Morgenstein, A. Bose, C. F.  
Marshall, G. K. Greenberg, M. J.  
Gretton-Watson, B. G. Nicholson, C. G.  
Cody, W. T. K. Beck, G. A.  
Schofield, G. B. Sinclair-Loutit, K. W. C.  
Collinson, P. C. Gould, J. H.  
Gillingham, F. J. V. Brockbank, C. A.  
Anthony, R. H. Hayes, S. T.  
Colledge, N. H. H. Thompson, J. F.  
Jones, H. D. Page, W. J. O.  
Ryle, J. C. Palmer, P. J. E. B.  
Playfair, A. S. S.

## L.M.S.S.A., October, 1939.

Brenner, J. J. Palmer, T. I.

In an interesting chapter on the psychology of the criminal, the lack of social interest common to the criminal and the neurotic is contrasted with the different response of the two types to the demands of society.

The general principles of treatment are set forth, together with Adler's Questionnaire, to be followed at a first interview with a patient.

## GENERAL SUBJECTS.

**Claude Bernard.** By J. M. D. Olmsted, M.D., Ph.D. (Cassell's.) Price 15s.

This is an illuminating study of the life and work of one of the greatest physiologists of all time. Though it is full of intimate—and sometimes rather petty—detail, the book is well enough written to avoid the dullness common in biographies. It is ironical that a man whose experiments on animals revolutionised the study of liver and pancreatic function, the vaso-motor system, and the action of many poisons, should be so unfortunate as to marry a wife who abhorred vivisection, and was a strong supporter of the French equivalent of the R.S.P.C.A. No wonder he studied philosophy and showed eclectic and agnostic tendencies.

**The Danger of Being a Gentleman.** By Professor Harold Laski. (Allen and Unwin. Price 7s. 6d.)

We have a collection of his essays written before the outbreak of war dealing very clearly with the international law and politics of our times. His words on the true meaning of democracy and the intolerable egotism of excessive nationalism have a particularly poignant significance just now, and we can only pray that his teachings will be borne in mind when the time comes to think about reconstructing Europe. "Fate," he says, "bids us build an ordered world as the price of our survival."

In these very sordid days we are inclined to flee from writings about war and all that has gone to bring it about. **The Sweet of the Year**, by H. J. Massingham (Chapman and Hall, price 7s. 6d.), written about the country in the spring, sounds as if it should supply a great need. Unfortunately Mr. Massingham is so aggressive about the replacement of the old country arts by modern humbleness and tared roads that his writings are inclined to lack the peace and quiet that we would look for.

## BIRTHS

**BURNHAM-SLIPPER.**—On September 27th, 1939, at Eynsford Nursing Home, Southsea, to Beatrice Lorna (née Baldoek), wife of Dr. C. N. Burnham-Slipper—a son (Charles John).

**KLABER.**—On October 5th, 1939, at Haymeads Hospital, Bishop's Stortford, Herts, to Anne, wife of Dr. Robert Klaber—a son.

## MARRIAGES

**BANGAY STEVENSON.**—On November 4th, 1939, quietly, at Hutton Old Church, near Brentwood, Essex, Dr. E. Bernard Dorrington Bangay to Edith Joyce Stevenson.

**BURNETT-RUSSELL.**—On November 11th, 1939, at St. Bartholomew-the-Less, Dr. John Alec Burnett to Miss Elsie Russell.

**CRUDEN-FRISIER.**—On November 6th, 1939, at St. Mary's Church, Stoke Bishop, Dr. William Victor Cruden to Pansy Bernice Emille Pursier.

**ROCHFORD-PITTS.**—On November 18th, 1939, quietly, in London, Dr. James Rochford, eldest son of Mr. G. Rochford and Mrs. Dellaporta, to Barbara, only daughter of the late Mr. A. T. Pitts, D.S.O., and of Mrs. Pitts, 98, North End House, W.14.

## DEATHS

**PICKERING.**—On October 28th, 1939, at Broad Oak, Heathfield, William Cowper, M.B., B.S.(Lond.). Aged 64. Formerly of Wellington and Northampton.

**POYNDER.**—On October 28th, 1939, at East Grinstead, peacefully, Frederick Cecil Poynder, M.A., M.B.(Oxon), only son of the late Rev. F. Poynder, sometime second Master of Charterhouse.

**SAUNDERS.**—On October 26th, 1939, at 153, Cholmley Gardens, N.W.6, passed peacefully away Allan Lindsey Saunders, M.R.C.S., L.R.C.P.

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 4.

JANUARY 1st, 1940.

Price Fourpence

### MAELSTROM.

War and the E.M.S. have suddenly projected the voluntary hospital and consultant system into the limelight of public controversy. A myriad of opinions has been expressed out of which one concrete fact emerges clearly—namely, that some big change is bound to come.

Rather than add to the general confusion by giving our own views, we have taken the liberty of collecting recent pertinent sayings of the great men of Medicine from many and various sources—we admit torn most shamefully from their contexts—and presenting them in the form of a conversational piece.

\* \* \*

#### Reorganisation.

"If the consultant is to be rescued from penury and our hospital system to be saved from chaos or direct Government control, some scheme is essential. . . ."

"Regionalisation and decentralisation of hospitals have been recommended."

"The regionalisation recommended by the British Hospitals Association Commission has been closely followed by the Ministry in drawing up the Emergency Hospitals Scheme."

"I like the regional distribution of the British Hospitals Association much more than the Emergency Hospitals Scheme."

"The physicians and surgeons of the E.M.S. have built much better than they thought."

"The Ministry of Health may be using the E.M.S. as the thin end of the wedge for a post-war State medical service."

"I doubt if a more horrific nightmare be imagined."

"The criticism of the opposition to decentralisation found an appropriate answer in your . . . account of Bart.'s present activities."

#### Harley Street.

"Before the war consulting medicine was dying."

"Far from being moribund, the consulting profession was flourishing at the outbreak of war."

"Harley Street is dead. . . ."

"What the position will be when Harley Street and all it means has ceased to exist is hard to visualise."

#### State Medicine.

"Unfortunately organised State medicine is only visualised at the moment in terms of an extension of the present L.C.C. hospital system."

"If the hospital system should be nationalised we should have complete bolshevisation."

"Many voluntary hospitals at the end of the war, if not before, will find themselves utterly bankrupt."

"I hope general practitioners will not part with their liberty and sell their birthright for a mess of pottage."

#### The Municipal Hospital System.

"Surgery at L.C.C. hospitals under the present system is carried out mostly by untaught men who learn at the expense of their patients. Consultants have no power there."

"The presence of students in L.C.C. hospitals is found to improve hospital efficiency."

"Let us strive to preserve the voluntary hospitals, let the municipal hospitals develop along academic lines, let the two systems learn to work together to the advantage of both."

"Practitioners send all their best patients for teaching purposes to L.C.C. hospitals because, by the nature of their organisation, it gives them much less trouble."

JAN., 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

50

"The eradication of the present L.C.C. system is worth any drawbacks of a wider State organisation."

"In this country we have always prided ourselves upon a rich store of common sense. We should forfeit our title if we allowed ourselves to be chained to the fetters of a large-scale organisation."

\* \* \*

We hope we have not added to the confusion.

### "ROSE WINDOW"

The reader of "Rose Window" (Heinemann, 7s. 6d.) is struck first with the tremendous amount of work that the Appeals Department must have accomplished in compiling such a book; secondly, no one can but feel pride and gratitude that so many great writers should have given of their best in aid of Bart.'s. Criticism of the individual contributions would be invidious, and it can only be said that each one is well worthy of the pen of its author. No more fitting tribute to the work of Rahere has ever been offered than Humbert Wolfe's poem Priestley, Walpole, Coward, Marjorie Bowen, Eric Linklater—twenty-five such names as these can never before in history have appeared on the same dust-cover. No Bart.'s man can fail to possess this work.

#### Queens' College, Cambridge.

We must apologise for the error we or our printers have frequently committed in mis-spelling "Queens'."

### CLINICAL APPOINTMENTS. WAR-TIME SCHEME

BY CHARLES F. HARRIS, M.D., F.R.C.P.

The first few months of this war caused a vast disturbance in the established scheme of clinical teaching. Everyone in the College took a hand in meeting the emergency; education had to take second place, and it is to the credit of all how much real teaching took place in the Sector Hospitals during these earlier months of war. As soon as the re-organisation of the hospitals on a war-basis was accomplished, it became essential to plan a system for clinical teaching. Delay was inevitable until it was known at which hospitals the various teachers would be posted and how many men could be housed in the neighbourhood of the three teaching centres.

#### February Issue.

All contributions for the February issue should be received before Wednesday, January 16th. All communications should in future be addressed direct to Saint Bartholomew's Hospital.

#### Subscribers in H.M. Forces.

All Bart.'s men serving in the Forces, either at home or abroad, are requested to assist us in compiling a "gazette" of appointments which we hope to publish shortly.

#### Index and Title, Page Vol. XLVI.

An order for the printing of this is being put in hand, and all subscribers who would like it are invited to apply to the Manager of the JOURNAL.

#### Circulation.

In giving nearly two thousand as the number of our subscribers, we should have made it clear that this figure did not include present members of the Hospital.

### CORRESPONDENCE.

Dear Sir,

In the December issue of the JOURNAL you write that the Editor has been subjected to considerable criticism. It may therefore interest you to know that the December issue gave me greater pleasure than any issue for the past few years.

I may be wrong, but it has seemed to me that of recent years the BART.'S JOURNAL has been putting on weight. In this issue there is a lighter and cheerier strain. Kenneth Walker's reminiscences brighten proceedings and the Sector News was exactly what old Bart.'s men wanted.

Yours sincerely,

L. BATHE RAWLING.

Squabmoor,  
Nr Fyfeorth,  
Devon.

In the middle of December the relevant information became available and in the course of a very few days a workable system to start in January had to be evolved. Arbitrary decisions had to be made for the current January arrangements without regard to the specific appointments previously applied for. What was aimed at was that all in their clinical years who had not completed their course should be given a post which would advance them towards qualification. In succeeding quarters it will become progressively easier to meet individual wishes in regard to the firms selected and the out-patient sessions to be attended.

It is now possible to set down on paper the somewhat simplified scheme for clinical teaching to be followed in this phase of the war. Everyone will understand that those who have had suddenly to switch from their peace-time scheme to its war-time substitute are at more of a disadvantage than those who start their clinical work under the new scheme. As the months pass men will be coming along whose education is a good deal less disorganised than that of those who had to meet the September to December conditions midway in their careers.

The general plan of the simplified scheme is as follows:—

1st quarter—	Preliminary Medicine and Surgery	
2nd "	First time clerking	
3rd "	First time dressing	
4th "	Pathology	—Hill End Hospital.
5th "	Surgical O.P. and Special Departments	
6th "	Medical O.P. and Special Departments	
7th "	Second time clerking or ward dressing	
8th "	Gynæcological O.P. and Anæsthetics	—St. Bartholomew's Hospital.
9th "	Gynæcological In-patients and Midwifery	
10th "	Second time clerking or ward dressing	—Friern Hospital.
11th "	Revision and tutorial classes	
12th "	" " " "	—Friern and St. Bartholomew's Hospitals.

At the time of writing it is still too early to give a complete list of the names of those members of the staff who will be taking part in the teaching, and additions will be made in the near future. Clerkships and dresserships at Hill End and Cell Barnes Hospitals will be under Dr. Geoffrey Evans, Professor Christie, Dr. Bourne, Dr. Cullinan, Dr. Spence, Mr. Roberts, Professor Ross and Mr. Hosford. Similarly, in-patient teaching at St. Bartholomew's will be given by Dr. Gow, Dr. Scowen, Mr. Wilson and Mr. Naunton Morgan; at Friern Hospital, by Dr. Graham, Dr. Maxwell, Mr. Vick, Mr. Hume and Mr. Corbett.

Medical out-patient and surgical out-patient sessions at St. Bartholomew's Hospital will be taken at the same times by the same teachers as in peace-time except that Dr. Gow and Mr. Vick will undertake Friday morning M.O.P. and Thursday morning S.O.P. respectively and Sir Girdling Ball will replace Mr. Keynes on Saturday while the latter is in the Air Force.

The number of Special Department sessions will be rather diminished so that it will be comparatively easy to attend Throats and Ears, Eyes, Orthopædics during the three months of surgical out-patient work; Children, Skins and V.D.'s during the three months of medical out-patient work. A time-table of the special department sessions will be posted at St. Bartholomew's Hospital.

The work in surgical out-patients will be modified and improved in one respect. There being no surgery dressers available at St. Bartholomew's, those holding an appointment to surgical out-patients will attend the upstairs out-patient rooms on two mornings a week and on the other four mornings a week will undertake the surgical work in the casualty department of the Hospital.

The arrangements in the latter part of the scheme hinge on the fact that gynæcological out-patient material is available only at St. Bartholomew's Hospital and gynæcological in-patient material at Friern Hospital. It becomes essential, therefore, that the gynæcological out-patients should be held as the last appointment before leaving St. Bartholomew's Hospital, and gynæcological in-patients should become the first appointment at Friern Hospital. Facilities in the sector for midwifery are considerable and work can best be combined with the three months of gynæcological in-patients. In order to make use of the in-patient facilities at St. Bartholomew's Hospital and Friern Hospital it is desirable to do either second-time clerking or dressing at St. Bartholomew's Hospital before starting the gynæcological appointments and the complementary appointment, second time dressing or clerking, at Friern after finishing these appointments. Instruction in FEVERS can be arranged during the period of medical out-patient work. No difficulty will be presented in arranging for a course in psychological medicine, the details for which are not at the moment available.

Some inconvenience there must be when a war-time scheme such as this has to be extemporised to fit in with the decentralisation of hospital services. This may prove to be greater in prospect than in fact. Experience in working the scheme will remove some of it. What remains will be an inevitable result of the war. The past few months have shown that every member of the College will put up with any amount of inconvenience so long as it is acknowledged to be unavoidable.

## "COMMENTARIES ON DISEASE."

WILLIAM HEBERDEN, M.D., F.R.C.P., was one of the most acute clinical observers in English medicine, more especially for the times in which he lived. He was born in 1710, and after practising for over fifty years, died in 1801, when he was nearly 91. He prepared the notes from which the following extracts are taken for "the benefit of any of my sons who may choose the profession of physic." He says in his Preface that "the notes from which the following observations were collected were taken in the chambers of the sick from themselves, or from their attendants, where several things might occasion the omission of some material circumstances. These notes were read over every month, and such facts, as tended to throw any light upon the history of a distemper, or the effects of a remedy, were entered under the title of the distemper in another book, from which were extracted all the particulars here given relating to the nature and cure of diseases."

There is more than a hint of modernity in many of these notes, and especially in the first one of Diet.

### OF DIET.

Many physicians appear to be too strict and particular in the rules of diet and regimen, which they deliver as proper to be observed by all who are solicitous either to preserve or recover their health. The too anxious attention to these rules hath often hurt those who are well, and added unnecessarily to the distresses of the sick. The common experience of mankind will sufficiently acquaint anyone with the sorts of food which are wholesome to the generality of men; and his own experience will teach him which of these agrees best with his constitution. Scarcely any other directions beside these are wanted, except that, as variety of food at the same meal, and poignant sauces, will tempt most persons to eat more than they can well digest, they ought therefore to be avoided by all those afflicted with any chronic disorder, or who wish to keep free from them. But whether meat should be boiled, or roasted

or dressed in any other plain way, and what sort of vegetables should be eaten with it, I never yet met with any person of common sense (except in an acute illness) whom I did not think much fitter to choose for himself than I was to determine for him.

There is scarcely any distemper, in every stage of which it may not be safely left to the patient's own choice, if he be perfectly in his senses, whether he will sit up or keep his bed. His strength and his ease are chiefly to be attended to in settling this point, and who can tell so well as himself what his ease requires and what his strength will bear?

### RATIO MEDENDI.

One of the first considerations in the cure of a disease is . . . whether it is a distemper for which any specific or certain remedy has been found out. Many such in all ages, and in every country, have been for a little while in fashion; very few of which have justified the promises of their patrons, and answered the wishes of physicians and patients. Though, among the pretended specifics, some have very little virtue and others may be inconstant in their operations; yet if a physician be satisfied that they are safe, there may be many occasions when he may with propriety employ them.

### ABORTUS.

One woman miscarried five and thirty times. One woman, after frequent abortions, took for a long time three drams of (Peruvian) bark in a day while she was breeding, and went her time, and brought forth the strongest of all her children.

### ALVUS.

A very great difference is observable in different constitutions with regard to the evacuation by stool. One man never went but once a month; another had twelve stools every day for thirty years, and afterwards seven in a day for seven years, and meanwhile did not fall away, but rather grew fat.



## THE FIRST GUN-SHOT WOUND AT FRIERN HOSPITAL.

BY RUPERT CORBETT, F.R.C.S.

ON the night of September 23rd, 1939, the Divisional Office of the Friern Hospital was rung up by the R.M.O. of a neighbouring hospital asking for the opinion of one of the surgical staff with regard to the abdominal condition of an emergency case which had been admitted. It was reported that a man of 21 had sustained a gunshot wound through the chest earlier in the evening. Although his chest condition did not give rise to much anxiety, there was concern with regard to the abdomen which was becoming painful, especially on the side of the injury.

At 1 a.m. the patient was seen, and having recovered from the initial shock of the accident gave the following history. He and a friend—a medical student—were spending the evening together at the patient's home. They were discussing firearms, of which they both had a collection, and in which they took a keen interest. The patient handed his friend a Smith and Wesson revolver—military police pattern—in order to show with what ease this type of revolver could be drawn from its holster. On the third draw a bullet was discharged at a distance of 2—3 feet away, which penetrated the left side of the patient's chest. This occurred at 8.15 p.m. Both individuals went downstairs to break the news to the parents and ring up for an ambulance to take the patient to hospital. Apart from the anxiety for his friend, the patient was not unduly alarmed.

On arrival at hospital it was stated that there was evidence of shock and bleeding from the exit wound situated over the eleventh rib on the left side. The wound of entrance was seen as a clean-cut puncture wound in the sixth intercostal space. Morphia, anti-tetanic and anti-gas serum were given and Eusol injected into the wounds; dry dressings were applied. At this time, five hours after the accident, the patient looked anxious, with discomfort on taking a deep breath. His temperature was normal, pulse eighty, and respirations twenty. There was marked dullness over the left chest and no air entry. Abdominal examination revealed some rigidity, with tenderness in the left hypochondrium and dullness in the left flank. These findings suggested definite involvement of the left

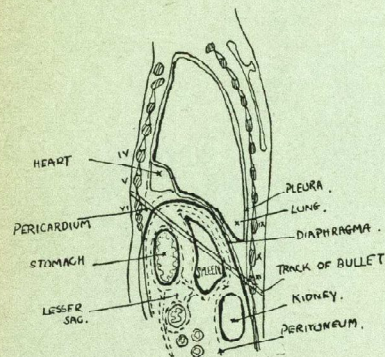
pleural cavity with possible involvement of the general peritoneal cavity in addition. For this reason I requested transfer to Friern Hospital for operation, which was granted.

### Operation.

The patient was anaesthetised with gas, oxygen and ether. It was decided to excise the posterior wound first; there would be less movement of the patient during operation, which would minimise shock and also allow of easier access to the peritoneal cavity, if necessary, after dealing with damage to the lung.

After excising the exit wound and the damaged tissue underlying it, the eleventh rib was found to be splintered. The fragments of bone were removed and an additional  $1\frac{1}{2}$  in. of rib resected sub-periosteally on each side of the fracture. This exposed a circular opening in the parietal pleura, and through it was seen the thoracic cavity full of blood clot. This opening in the pleura was enlarged along the line of the long axis of the rib and a retractor introduced. A good exposure of the pleural cavity was gained in this way and blood clot was mopped out. The lower edge of the left lung, which had collapsed, was drawn down into the wound and two holes were seen in the lowest portion of the lower lobe. These were sutured with catgut. Then the left cupola of the diaphragm was inspected and two small round perforations were seen, one, the medial, temporarily closed with a small tag of omentum projecting through it. By excising the lateral wound in the diaphragm an adequate exposure of the general peritoneal cavity was made. A retractor was introduced, and with the aid of a torch more blood was seen and the source of the bleeding found to be a lacerated wound of the spleen like a gutter extending along its superior surface. This was sutured and use was made of the tag of omentum, previously seen filling the medial perforation of the diaphragm, to cover the sutured surface of the spleen. No further exploration of the peritoneal cavity was thought advisable, and the rent in the diaphragm was closed. The second perforation was sutured from above quite easily. Next, the wall of the pleural cavity was sutured round a De Pezzer tube, as the

level of the opening was in the most dependent position for drainage and a spigot inserted to close the tube temporarily. Finally the patient was rolled gently on to his back. The entrance wound was excised, and it was found that the bullet had only grooved the lower surface of the sixth rib, the track mainly lying in the intercostal space. This reopened the pleural cavity which was found to be free from blood. It was completely closed by suturing first the muscular layers and then the skin.



On return to the ward the tube was allowed to drain into a Winchester Quart Bottle under a fluid level to establish closed drainage. During the next twenty-four hours he had a blood transfusion and a rectal drip established to administer one-fifth normal saline in tap water, of which he absorbed five pints. The latter was particularly indicated as he had vomited blood and it was feared that a perforation of the stomach might have occurred; it was therefore thought wise to restrict fluids by mouth. Progress continued to be satisfactory until the fifth day after operation, when the drainage tube came out of the pleural cavity

of its own accord. Then the patient experienced temporary respiratory embarrassment until the opening in the pleura sealed itself off.

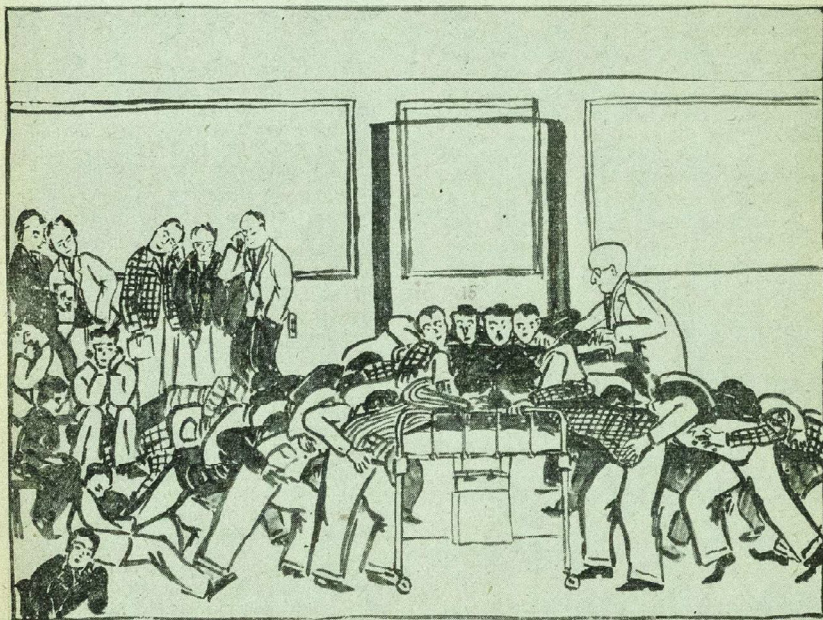
On the eleventh day a sample of fluid was withdrawn from the left side in the seventh space in the mid-axillary line. This fluid resembled serum and was sterile on culture. Two days later 35 oz. of fluid was aspirated, and this gave rise to an irritating cough brought on by movement. Radiograms were taken of the chest to follow the progress of expansion of the left lung, and on the sixteenth day after the operation there was found to be considerable expansion and only a little fluid and air present in the pleural cavity. The patient was allowed up on the seventeenth day, and after two weeks' normal temperature he was discharged on the 31st of October—just over five weeks since the accident.

The accompanying diagram is an attempt to show the path of the bullet. It represents a sagittal section through the left side of the thorax, and explains the involvement of the pleural and peritoneal cavities—luckily avoiding the pericardium.

The satisfactory progress of this patient's recovery was the result of adhering to certain principles in dealing with gunshot wounds in general and those involving the chest in particular. They may be stated as follows:—

- (1) The careful and complete excision of the wounds.
- (2) The evacuation of blood clot.
- (3) The suture of damaged lung.
- (4) The greater efficiency and ease in repair of the diaphragm from above.
- (5) The suture of chest cavity with closed drainage.

## OUR POINTED PENCIL.



War-time Ward-round at Bart's.

We had a lecture just the other day,  
Diabetes was the title, we were told.  
My interest in it flagged, I have to say,  
For it was very dry, and I was cold.  
It appears that if you are a diabetic,  
You carry round a ketone-like aroma,  
But the thing that seems to me the most  
pathetic  
Is the likelihood of dying in a coma.  
The sugar in your blood appears to rise  
Through dysfunction of the Isles of  
Langerhans,  
Which goes to show that you should always  
prize  
The workings of your little ductless  
glands.  
You're an easy prey to many foul diseases  
Which normally would leave you quite  
alone,  
Like pneumonia, or gangrene or paresis,  
Resulting in reduced striped-muscle tone.  
The only funny thing about this trouble  
Is the way it gets at gastronomic sinners,

For aldermen get struck through eating  
double  
What they ought at those enormous City  
Dinners.  
From these, of course, it takes its retribution  
And causes all their hardened hearts to  
sink,  
For, purely through this horrible condition,  
They've got to eat plain food, and give  
up drink!  
Moreover, since it isn't an infection,  
One cannot give the Stand-by, M. & B.;  
They've got to have the prick of an injection  
Of pancreatic insulin—b.d.  
\* \* \*  
The moral of this story seems to fade,  
For, though retribution still is there, we  
think  
That, while aldermen's injections must be  
made,  
The number's halved by protamin and  
zinc.

J. A. S.

## SOME OF THE LESS SERIOUS FORMS OF VERTIGO.

BY SIR ARTHUR HALL, M.D., F.R.C.P.

Emeritus Professor of Medicine, Sheffield University.

IN choosing the subject of Vertigo I realise that I am embarking upon dangerous and difficult seas, often calling for very special knowledge, if they are to be safely navigated. In some form or other, however, it is so common a symptom that the general physician cannot escape having to advise upon and treat it.

In its milder forms it is known as Giddiness, Dizziness, Lightheadedness, Swimming in the head, etc. There may be some compensatory reaction, but it is as a rule only slight, and hardly noticeable to the onlooker.

It is an unpleasant disturbance of consciousness, which, though not identical with other unpleasant sensations such as pain, hunger, thirst, or dyspnoea, may be equally or even more distressing than any of them, in that it causes an alarming sense of insecurity as to one's position in space. This may take various forms, either the person seems to move himself, or things move round him. Indeed, there are many varieties of sensations described by different sufferers.

Why does this feeling of insecurity of one's position in space cause so much alarm and distress?

The answer seems to be: It is a universal law that every living organism, except possibly the very lowest, has some one position of the body in space, which is its "right-way-up," the maintaining of which is imperative for existence.

We can depart from it voluntarily in daily life without discomfort or distress, provided we are aware of it and can at any moment right ourselves if necessary. If for any reason we are uncertain as to our position in space, and therefore unable to get "right-way-up" the alarm and distress which we know as Vertigo is produced.

To animals in the state of nature to be right way up is to be ready at any moment to fight or fly should danger arise. Like other vitally important physiological acts it is not left to the caprice of the higher nervous centres, but is an automatic reflex function of the Brain stem.

Magnus, of Utrecht and his fellow workers showed that in animals as high in the scale as the dog, the ability to gain and

maintain the "right-way-up" is a form of Reflex action, with its centre somewhere in the Brain stem; and that it continues to function even after the Cerebrum and Cerebellum have been removed. Stimuli can then come from two sources only, the labyrinths and the trunk. They also showed that the first essential act in getting right-way-up is to move the head into its normal position.

As the animal scale is ascended, vision becomes binocular, and stimuli from the eyes become a more important source of information as to our position in space.

Thus a normal man, whilst awake, is aware of the position of his body in space relatively to his surroundings, from three sources:—(1) The eyes. (2) The labyrinths. (3) The trunk, neck and limbs (superficial and deep parts). Stimuli are constantly streaming into the centre from these and effector adjustments are constantly being sent out from the centre wherever and whenever they are required to preserve his equilibrium.

Although the labyrinths, as primary sources of information regarding our position in space, are probably of less importance in man than in animals lower in the scale than monkeys, yet they have not ceased to function.

The nerve centres are thus at any and every waking moment fully aware of our position in space.

Under ordinary circumstances we are quite unconscious of this "awareness." Like many other complex mechanisms, it is only when, for some reason or other, being thrown out of action, that it obtrudes itself upon consciousness.

A familiar instance of this is when sitting in a train which is standing in a station. Another train from the opposite direction comes into the station and pulls up alongside. After a short time the other train begins very slowly to move. We think our train is moving only to find that it is not, and on discovering our mistake there is a sense of momentary confusion which in some people may amount to actual giddiness.

In such a case the cerebral process

involved is complex, but the simple fact seems to be that we have assumed the other train to be a fixed object whilst we know that our train is about to move away and we have no other stimuli, visual or otherwise, by which to convince our centres, for the other train occupies the whole of our visual fields.

Vertigo, when it first occurs, is alarming to the patient. He wonders if the attack will ever stop, and when it has stopped dreads its return.

It is remarkable how even in cases of recurrent severe vertigo this alarm disappears in course of time when he has become accustomed to the attacks.

Some years ago a man attended my out-patients suffering from recurrent attacks of intense vertigo—I saw him in one of these in which he had to lie on the floor semi-prone with both arms stretched out as wide as possible. It was quite a long time before he was able to sit up again, and he then moved about very cautiously—but there was no alarm on his part—it was a temporary nuisance which he had accepted.

There are many persons in whom some form of dizziness is common and troublesome. Gordon Holmes quotes an epigram of the late Sir William Gowers:—"Vertigo is often a symptom more obtrusive than its cause." It may be produced by the most varied things, swinging, a train or even a motor journey, the sea, passing traffic, etc. When it has an obvious cause, such as one of these, it is accepted as a nuisance, but does not give rise to alarm. Exposure to the particular cause is avoided as far as possible. It is when there is apparently no cause for the attack that alarm arises.

Gastro-intestinal disturbances can produce uncomfortable giddiness. Here the cause is not obvious, and medical advice is sought. Trousseau described a series of cases which he called "Vertigo a laeso stomacho," and although some of these would probably be explained otherwise today, yet there is a close association in some people between flatulence and vertigo. Nor is it difficult to imagine such an association. Vertigo and vomiting are both present in sea-sickness, intracranial lesions, ear disease and many toxæmias.

There is probably some close nervous connection between the digestive tract and the labyrinths, possibly the remains of an ancestral function, once essential.

Another somewhat different action may also prove troublesome in elderly people, namely, a temporary congestion of the cranial veins when they stoop down. Thus, for example, an old man finds that he goes dizzy when he tries to lace his boots, so that he has to get someone to do it for him. Probably his vestibular apparatus goes as purple as does his face when he stoops.

He can be considerably relieved, and once more able to lace his own boots in comparative comfort by kneeling on the opposite knee for the purpose. The position of the head is then much less flexed, and cranial venous congestion avoided.

There are certain points in dealing with these minor forms of giddiness which can prove valuable even if not removing them entirely. The effect of a first attack of vertigo is one of alarm. This may be so great as to cause a complete loss of self-confidence, persisting for a long time. It is a great step in helping such a person to regain his self-confidence if, after carefully excluding or correcting any serious cause, one explains to him in simple words the mechanism and function of his balancing apparatus. Most laymen have not the vaguest knowledge of their own bodies, either anatomically or physiologically, and the matter of posture and balance is not a simple part of either of these. Still it is a great deal if you can assure a patient that he can help himself by learning what to do and what not to do, and more particularly if you can assure him that an attack of vertigo does not kill and does not persist.

It is astonishing to see how in the course of time an attack which in the early days caused alarm and the physiological effects of alarm will as time goes on be accepted as a momentary nuisance and nothing more.

To a fish the question of the variation of gas in the abdomen may be of considerable importance in keeping it right way up in the water, and therefore any change must be notified at once to the controlling centre. Now, in fishes the auditory apparatus seems to be represented by what is known as the Lateral Line, at each side of the head and body. These are supplied by two sets of nerves, communicating with the 5th, 7th and 10th or 9th cranial nerves.

Although in terrestrial animals the lateral line disappears, yet traces of its old nervous connections persist in the auricular nerve of Arnold from the Vagus with its communicating branches from the 9th and 7th nerves.

Dizziness becomes more common as the years increase. One may suppose that the labyrinths find it less easy to adjust themselves rapidly to changes of position. An infant can be hung head down without any apparent discomfort. Children often amuse themselves by swinging one another round until both of them are pleasantly dizzy. Such forms of amusement do not, however, seem to appeal to adult men and women, unless they are professional gymnasts,

whose balancing mechanism has been trained to act quickly.

Many cases of occasional giddiness can be shown to be due to sudden changes of position of the head, either in getting out of bed, or looking round suddenly in the street or elsewhere. When warned to avoid sudden movements, not only do they lose most of the trouble, but also the anxiety which these recurring attacks, apparently without cause, naturally produced.

## EXCERPTS.

"LANCET" PLAN FOR BRITISH HOSPITALS.

I am a little pained to find that only the third-rate man is prepared to take up whole-time work.

SAMSON WRIGHT.

It seems on the whole that to the general practitioner the plan appears reasonable, whilst to the consultant it appears execrable.

A PRESENT WHOLE-TIMER.

It is not the dreams of your Commissioner that excite surprise and indignation so much as his nightmares. One is tempted to believe that he bases his knowledge of the consultant's life on "The Citadel."

F. G. CHANDLER.

Letters to the "Lancet."

\* \* \*

GERMAN PROPAGANDA.

I suppose that the best method of counter-attack would be to arrange that listeners, having heard the German broadcast, could switch over immediately to our own stations and hear at once a translation of our propaganda broadcast to Germany.

WILFRED SHAW,

The Times, December 13th.

\* \* \*

It is believed in some quarters that the Nazis may be trying to deceive the British Navy.

Daily Telegraph, December 14th.

\* \* \*

It is learnt that all Cambridge Dons who are good at crossword puzzles have been sent for by the War Office for the de-coding department.

F. H. Ridler, of the commercial staff of "Lawn Tennis and Badminton," a voluntary blood donor, has given a transfusion under the Emergency Blood Transfusion Service.

Lawn Tennis and Badminton,

Official Organ of the L.T.A.

December 2nd.

\* \* \*

FROM A NURSE'S NOTEBOOK.

The abdomen is divided roughly into right and left hypochondriacs.

The udders of cows should be examined by veteran surgeons.

In the spleen are found the Eyelids of Langdcham.

Nasal-feeding of a baby should be performed by dipping its nose in a basin and making it sniff.

\* \* \*

FIRST-AID GHOST.

One of our City First-Aid Posts is on the ground floor of an old rambling building with dark passages and strong associations with the past. The story comes to us of the Medical Superintendent who late one night saw a dim feminine figure in white flit past him and glide up the stairs. Being a man of the world he though no more about the affair, but in the morning mentioned it casually to the aged hall-porter. He only looked at him queerly and said, "Oh, so you've seen it, too."

\* \* \*

E. M. MESS.

## HARINGTON'S METAMORPHOSIS.\*

By A. H. T. ROBB-SMITH.

This paper deals, not with the intricacies of thyroxin or the gyrations of axolotls, but with the history of the application of hydraulics to sanitation.

I have no mock modesty in bringing this fundamental matter to your notice, for it was one in which your patron, or at any rate his protégé, Egerton Y. Davis, was profoundly interested, and I am following in the tradition of the Rev. Dr. Buckler† of All Souls, who, in the eighteenth century, read before a learned Society of his college "A Critical and Historical Dissertation on Places of Retirement for Necessary Occasions."

The problem of the disposal of ordure has been with man since he gave up a nomadic existence, though certain theologians held that defecation only began after the Fall as a further sign of unworthiness, and it was for this reason that a Pope during his investiture was set on a chair without a bottom that he might be reminded he was but mortal. With the beginning of an agrarian existence, though it was not possible to move away from one's excreta, yet it is probable that its value as a fertiliser was soon recognised; it was conceived as a useful asset rather than a noisome accumulation, and it is with the rise of an urban population that the real sewage nuisance began.

Excavations at Cnossus, Nineveh and Egypt have shown the existence of carefully planned sanitary schemes, with simple water closets and disposal of sewage along earthenware pipes into adjacent streams, but it is during the Roman period that sanitation reached its zenith. Tatius, who ruled with Romulus, is said to have inspired this interest by erecting a great privy in the Capitol containing a statue of the Goddess Cloacina, but it was the Tarquins who built the Cloaca maxima which carried the sewage of Rome to the Tiber. It should be understood that the cloacæ carried off both storm water and ordure. This was not an ideal arrangement, for although the excrement was out of sight it accumulated and periodically blocked the branches of the drains; certain officers were responsible for seeing that they were kept clear. Privileged

prisoners (it was one of Tarquin the Proud's little ideas) were selected for the task, and on its completion the magistrate rowed down the sewer to the Tiber or drove a cart along it loaded with hay according to the time of the year. The regulations as to turning sewage into the public sewers were strict, permits were necessary, and those who lived at some distance from a tributary had to employ a cesspit whose contents were disposed of outside the city as manure. There were numerous public privies in the Roman towns; some were free and in others a fee was charged. They were of the trough closet type, the seats all opening on one long trough which was washed at frequent intervals by streams of water.

There were no public urinals in Rome, but the fullers, who needed urine both for cleansing wool and in dyeing it, used to put barrels about the streets for the public to relieve themselves into. Vespasian, being short of money, hit on the simple plan of taxing the fullers for the urine they received, and it is said set up special latrines for the purpose. I believe that quite recently certain of the pharmacists encouraged pregnant women to sell their urine to them for its endocrine content, but pregnant mares are now found to be more satisfactory for this purpose.

The Romans were inordinately proud of their sanitary arrangements, and distinguished visitors were always shown them and asked their opinion, much as American film stars are of our policemen.

Apart from the built-in privies there were portable close stools; these were of two types, the *lasanum* for men, which corresponded in shape to a chamber pot, and the *scaphium* for women, which was boat-shaped. The most inferior slave was the *lasanophorus*, who was summoned to his duties by clicking of the fingers. Originally the vessels were of earthenware and were used as missiles at the end of banquets, but later in the decadent period were finely wrought, and it is recorded that the pan of Heliogabalus' close stool was of gold and his chamber pots of onyx and amber.

There is little trace of Roman sanitation in Great Britain, and it will be convenient to consider the evolution of English sanitation from about the twelfth century.

In all conventional buildings special care was taken as to the placing of the neces-

sarium or *reorderter* (meaning behind the dormitory or *dorter*). Monasteries were always built near a river, and it was usual for the cloister and its buildings to be on the south side of the church. A branch of the stream was commonly diverted through the lower story of the *reorderter*, or, as at Gloucester, the chamber was built over the great drain which ran into the stream. One of the most perfect surviving examples is that at Fountains Abbey. It consisted of a lofty basement through which ran water and over this on the same level as the dormitory there were nine archways set back to back constituting 18 privies.

It would appear that it was the custom for the community to relieve themselves at a set hour, for the accommodation was always ample, 54 at Canterbury, 66 at Lewes. (Fifty was the usual number of inmates.) In spite of these good habits the monks were not free from constipation, in examining the privy pit at St. Albans numerous seeds of buckthorn, a powerful cathartic, were found.

In the castles the privies were commonly called garderobes, and it is interesting to note the antiquity of this euphemism. Commonly there was a sanitary tower with several privies to each floor communicating with the moat by shafts. In other cases they were in turrets, with the privy projecting out over the moat. Sometimes they were built in the thickness of the chimney breasts, which kept them warm in winter, and the draught carried away some of the smell. Henry III was very particular about his sanitary arrangements, and when he was short of money and visiting the rich barons he always sent instructions as to the arrangements he expected.

The Chamberlain was responsible for supervising the sanitary arrangements, and in John Russell's Book of Nurture, written in the fifteenth century, we read:

"See the priviehouse for easement be fayre soote and cleane

And that the bordes this uppon be covered with cloth fair and greene

And the hole himself look there no board be seen Thereon a fair cushion the ordure no man to teme

Look there be blankit cotyn or lynyn to wipe the nether ende."

In spite of Gargantua's extensive researches into the perfect torchecul, cloth was the usual cleanser, though the Roman used herbs, or a sponge on a stick, and there is a sad story in Seneca of a German

who mistook the sponge for something to eat and died of it.

Where no running water was available great wells and cesspits had to be built, and the cleaning of these pits was so unpleasant that it was only carried out when the stench made it imperative. In 1281 the privy of Newgate Jail was emptied; it took 13 men five nights to carry it out and cost £4 7s. 8d., which was a considerable sum for the time.

It might be mentioned that many of the small rooms in historic houses which are described in guide books as oratories or priests' holes are clearly, when their architecture is investigated, nothing more or less than privies.

Although the troubles which beset the large house were little more than they are in the country to-day, yet in growing towns it became increasingly difficult to deal with the sewage. To realise the magnitude of the task it has been estimated that 4oz. of faeces are passed daily, which meant that in London in the fourteenth century 2,000 tons of faeces had to be disposed of yearly. Nowadays the borough of London deals with about a quarter of a million tons of faeces in a year. At that time there were only three public lavatories in London, one at Temple bridge built over the Thames with four openings, another at Queenshithe, and the third on London Bridge. Private lavatories were just as scanty; in 1579 there were only three privies to serve 60 householders in the parish of All Hallows.

The richer classes minimised the smell by having a pipe to connect with the earth chamber, but in poor houses boards were set over a deep pit, and as the wood sometimes rotted there were many accidents caused by falling through and drowning in their own filth. An account of such an accident appears in Fabyan's Chronicles (1516): "In this year also fell that hadde of the Jew of Tewkesbury which fell into a gong upon the Saturday, and would not for reverence of his Sabot day be plucked out, whereof hearing, the Earle of Gloucester that the Jewe did so grete reverence to his Sabot day thought he would do as much unto his holiday which was Sunday and so kept him there till Monday at which season he was foundyn dead."

At first people were encouraged to connect their privies with the streams running into the Thames. However, the carrying power of the Thames was limited, and there

\* Based on a paper read to the Osler Society of Oxford on June 10th, 1938, and grounded on an earlier paper read to the Osler Club of London.

† It is odd that one, John Buckle, has just written a pastiche on Oxford in 1883 in which conveniences play a considerable part.



were repeated Royal orders complaining of the condition of this river, "for it is so greatly obstructed and the course of the said water so greatly narrowed that great ships are not able, as of old they were wont, any longer to come up to the same city, but are impeded therein. We also perceived the fumes and other abominable stenches arising therefrom; from the corruption of which, if tolerated, great peril as well to the persons dwelling within the said city as to the nobles and others passing along the river, will it is feared arise unless indeed some fitting remedy be speedily provided for the same."

The result of this was a new order forbidding rubbish and filth to be thrown into the river or fosses, and that it must be taken out of the city in carts.

In 1535 a raker was appointed to every ward, who went round three times a week sounding a horn, and everybody had to put his offal into the open street before five in the evening to be collected.

I have made no mention of the hygienic dangers of the sanitary arrangements, as they were probably small compared with the other disease vectors. There is no doubt that enteric and dysentery were endemic, but the surviving population would be immune and conditions would be similar to those in certain Mediterranean resorts where it is only the foolish water-drinking visitors who get typhoid.

With each outbreak of plague attempts were made to improve the disposal of sewage, but this was largely because it was imagined that the smell contained the noxa and it little mattered where the fæces went so long as the smell did not get into the air.

At the end of the sixteenth century the first true water closet was devised by Sir John Harrington, and although his idea had little or no influence on sanitary practice yet it was of such importance that the matter must be discussed in some detail.

It is true that the Romans had closets situate over natural or artificial streams, but the essential point of Harrington's idea was that there was a pan containing water into which the fæces dropped, and this communicated with the cesspool through a valve which was only opened at will. The pan was flushed and kept filled from a cistern which he suggested should also contain fish, a device which I have felt should be employed in those public lavatories having large glass cisterns.

Harrington was a typical Elizabethan. He was born in 1561, the son of one of Henry VIII's treasurers of building and camps, and one of Elizabeth's ladies-in-waiting, and a godson of the Queen. Educated at Eton and Cambridge, he entered Lincoln's Inn, but spent most of his time at the Court, where he gained a name as a wit and a master of epigram. He is credited with "Treason does not prosper; what the reason? Why, if it prosper, none dare call it treason." He also produced the best English translation of Orlando Furios; at first he only translated the story of Giacconda, which he circulated in manuscript to the ladies of the Court. Elizabeth discovered it and as a punishment banished him from Court until he had translated the whole. During this retirement he spent his time improving his house at Kelston, and it was then that he devised his water closet. He announced the result in 1596 in a pamphlet under the title of "A New Discourse upon a Stale Subject called the Metamorphosis of Ajax," and there were three or four pamphlets in a similar vein. They are full of that word-play and recondite reference so popular at the time. Ajax is a play on the Elizabethan word for a closet—a jakes. He suggested that on the strength of it he should be made a member of the Privy Council, but in actual fact he was nearly arraigned before the Star Chamber. This was not because of its subject matter, for at a later date Elizabeth ordered a closet on his design to be installed at Richmond, but because there was a suspected innuendo against the Earl of Leicester, and once again he kept away from the Court.

I have read through the Ajax pamphlets fairly carefully, and where the Leicester allusion occurs I cannot see and I know no article in which the actual offending phrase is specified, although from circumstantial evidence there is no doubt that it did so offend.

His invention did not have the immediate effects that might have been expected, because about the same time the bucket closet was introduced, which was simpler though less effective. Not only were these used in the house, but in the streets of Edinburgh men went round carrying buckets and large cloaks, crying, "Wha wants me for a bawbee?"

(To be concluded.)

## PETTY CASH or THE SETTLEMENT OF LITTLE ACCOUNTS.

BY OUR FINANCIAL CORRESPONDENT.

In fact, staving off creditors.

Although money affairs are notoriously sordid, especially in the matter of prolonging the life of a credit account beyond what tradesmen would claim to be its natural span, there does exist a way of introducing lightheartedness—even excitement—into this rather grim process. A diverting battle of wits can be begun, involving no more than an exchange of letters between the belligerents. The sides are called "The Customer," who is one-sided, and "The Firm," which is a team. Clearly the Customer is handicapped by a numerical disadvantage, and, unless he too were founded in the reign of George the First, is likely also to suffer from inexperience. It is therefore proposed to give a few hints on the technique of the contest by giving specimen letters both to and from an habitual customer.

*Letter from the Firm:*

"A cheque will greatly oblige" in red ink at foot of a bill.

*Answer by the Customer:*

Send no answer: a Firm as mild as this needs ignoring for up to a year more. This sort of thing arises from a bad habit on the part of their Treasurer, the result of dealing with inexperienced Customers.

*The Firm:*

A red label adhering to the foot of a bill, "This account has now greatly exceeded our usual terms of credit. Kindly send a cheque."

*The Customer:*

Again, either ignore or order something really expensive by post. This is really an opening move.

*The Firm:*

"We feel that this account must have escaped your notice. We shall be pleased to receive a cheque at your earliest convenience."

*The Customer:*

Mild sarcasm should not go unencouraged. Answer on a postcard that you keep all your bills together and were pleased to see theirs among them.

*The Firm:*

"This account has greatly exceeded our usual terms of credit. Kindly send a cheque in settlement by return."

*The Customer:*

"I am accustomed to paying my tradespeople at my own convenience, and unless you propose to institute proceedings against me, I intend to make no exception in your case." This draws them out into the open.

*The Firm:*

"We have had some very heavy accounts to settle during the last month, and shall therefore be pleased to receive your cheque by return."

*The Customer:*

"I am very sorry indeed to hear of your reckless expenditure, and I do hope that you will profit by your present difficulty and will avoid finding yourself in a like embarrassing financial position again. Since I have been dealing with you for some years now and have watched with interest the surprising growth of your firm, I shall be pleased to make you some small contribution to help to put your business on its feet once more." This is cunning: it puts the firm in your debt.

*The Firm:*

"We regret that unless we receive your cheque by return of post we shall have to put the matter into other hands for collection."

*The Customer:*

This is sometimes bluff, and at others means the Debt Collector. Try a very post-dated cheque or an essay on practical Christianity. Or else return their letter and cover it with a note, "Kindly stop your irresponsible clerks from sending me letters like the enclosed."

*From the Debt Collector:*

"Your account with the Firm has been handed to me. I shall be glad if you will forward me a cheque for the sum outstanding within eight days."

*The Customer:*

This is definitely a point to you: the Debt Collector is given a percentage which he is entitled to deduct from the money he proposes to hand on to the Firm. So either send him a post-dated cheque if you dislike the Firm, or write to the Firm if you have met the Collector before and think he is interfering: "You seem to have sent my account to so-and-so in error. Kindly see that this does

not happen again, as I dislike having it made public that I deal with a firm like yours." Or simply, "I don't like your friends, so I am sending you a post-dated cheque." This results in an apologetic letter from the Firm and is another point up to you. Or do nothing at all.

*From the Debt Collector:*

"Unless I receive your cheque within three days, I shall be compelled to take out a summons against you."

### BART'S DINNER ABOARD H.M.H.C. "ATLANTIS"

Alexandria, November, 8th, 1939

On November 8th the following old Bart.'s men forgathered for dinner and drank the health of our Alma Mater:

Surgeon Commander L. G. Strugnell, R.N. (in the chair).

Surgeon Commander G. F. Abercrombie, R.N.V.R.

Surgeon Lt.-Comm. R. H. Enoch, R.N.V.R.

Surgeon Lt.-Comm. H. M. Willoughby, R.N.V.R.

Surgeon LtL.-Comm. de Labilliere, R.N.

Surgeon Lt. C. W. B. Woodham, R.N.V.R.

*Guests:*

Surgeon Captain M. Moore, R.N.

Surgeon Captain J. S. Austin, R.N.

Surgeon Commander E. Pollard, R.N., was unavoidably absent owing to seasickness.

St. Bart.'s Journal War Bulletin No. 1 was handed round by Surgeon Commander Abercrombie, none of the others present having paid their subscriptions!

*The Customer:*

Avoid arbitration: you've made a mess of things: capitulate. But post-date the cheque. Or, "I am enclosing herewith a cheque," and forget to enclose one.

*The Firm:*

"We have decided not to trouble you for the settlement of your account with us. We must, however, decline to allow you credit on future occasions."

*The Customer:*

*Per ardua ad astra.*

After an amazing repast Surgeon Commander Strugnell proposed the toast of Bart.'s and in a telling speech associated Rahere with Sir Girdling Ball, whom our Chairman coupled as Patron Saints of our Ancient Pile. The Guests were coupled with pleasure that one of them honoured Bart.'s with a course of post-graduate study in Radiology; our other guest was undoubtedly Bart.'s loss, if Dublin's gain. Reference was made to the posture of the guests. Whereas they were upright, the Bart.'s graduates adopted a concave position born of sitting for many years on the edge of the Fountain!

Surgeon Captain Moore responded for the Guests in a few well-chosen words and was ably seconded in a trite speech by Surgeon Captain Austin, who recalled divers family connections with Bart.'s.

After a round-table conference, in which many yarns of ripe vintage were passed round (Vintage 1909—1939), the company broke up at 23.00 after a vote of thanks had been passed by Surgeon Commander Abercrombie to our genial Chairman, Surgeon Commander Strugnell.

### AIR-RAID REHEARSAL.

"Town Hall speaking. Air raid will shortly take place. Stretcher cases—some gas—will arrive at your hospital at 1 p.m." So spoke a sauve voice on the hospital telephone shortly before lunch one fine Sunday morning. The Lodge porter rang up the R.M.O., who was reading "Round the Fountain" in his bath. The R.M.O. dried himself hurriedly and rang up the Matron, who was seeing a nurse about something or other. The Matron rang up the kitchen staff about postponing lunches, and all four parties rang up the Students' Quarters in quick succession.

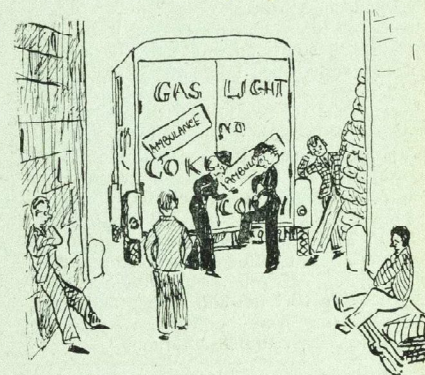
In due course they all assembled in "C" Ward; the R.M.O., Matron, two residents, two sisters, ten nurses and five students. Matron said the Town Hall hadn't mentioned anything about it being a practice, so these were probably real cases. Instruments were hurriedly thrown into the sterilizer, while the R.M.O. rang up the Town Hall authorities. No, they replied, it was only a practice.

As a social gathering the party in the ward was a success. Four men retired quickly into a side room to play poker, but the rest of the company wandered about the ward in groups prepared to give themselves up wholly to the Art of Doing Nothing at the convenience of the Borough Council. Lunch-time came and lunch-time went and interest was beginning to flag a little. At 2.15 it was decided something must have gone wrong somewhere and the party broke up for lunch.

Hardly had the first mouthful been eaten when there was a crashing noise near the front gate. An ambulance had arrived. After much desperate backing and scraping of gears it finally fetched up in the right position under the archway. The company re-assembled. Out stepped two bright young blondes in tin-hats and immaculate one-piece trouser suits.

"Have you got the key to the back Jane?"

"No, you fathead, don't you remember you said you'd keep it!" In the end the key was found at the bottom of Jane's handbag, hidden away among lipstick and powder. The door was unlocked. Inside were two tiers of empty stretchers with blankets neatly folded on top of them.



"Oh, no," said Jane, "we haven't got any patients. We were only practising driving up." . . . The hospital staff returned to lunch.

They had just got through the first course and were starting on the second when the telephone rang from the lodge: "Ambulance arrived."

They returned to the archway. This time men were in charge, heavily clad in gas-proof uniform. They opened the back. Inside was one man lying on the left upper stretcher looking extremely cyanosed and lifeless, with flour on his cheeks and red ink running down his chin. On his chest was a label which read simply, "Bleeding." "Gas case," said the driver briefly.

The stretcher was lifted out without mishap and laid in the square. The gas squad lifted him on to a chair and carried him into the decontamination room.

"Here," said one of them, "we would take all your clothes off and put you into that bath."

"But the water's cold and it's a cold day," said the other, "so we won't bother about that."

A flicker of interest had passed momentarily across the patient's face, only to vanish again as quickly. They carried him through a curtained doorway into another room.

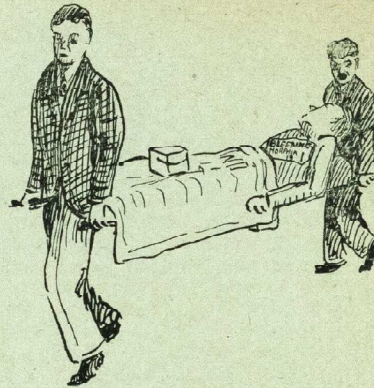
"Here we would throw Soda Bic. into your eyes and probably smear you with ointment," said the first gas expert. The patient showed complete indifference.

They carried him into the ward like a hero and laid him on a bed. Nurses read his label and other nurses fetched him tea. He woke up a little.

Suddenly there was a sound of scurrying footsteps in the doorway and the driver burst in and rushed up to the R.M.O.

"Excuse me, sir, but we've just heard we've come to the wrong hospital. We should have taken him to the City Breast!" Without a word the gas case got up and accompanied the driver hurriedly to the door before a distinctly hostile crowd.

The R.M.O. went into the house and rang up the Town Hall. He was there for some minutes and no-one knows to this day what passed between them. But he came back looking very hot and flushed and with sweat pouring from his brow. No more ambulances arrived that afternoon.



Anon.

### SECTOR NEWS.

By the time this JOURNAL appears in print the Sector system, in the form of many isolated units as we have known it in the last few months, will have come to an end. Under these circumstances it seems undesirable to print in full individual letters from the various units, but we present the more pertinent extracts from the letters we have received.

Our CAMBRIDGE correspondent writes: "In Cambridge we have now almost lost what little there was of Bart.'s left to us. That insidious, crawly reptile culture has taken his abode in Queens' and through the dry leaves of autumn the Erlking has whispered

'Du liebes Kind, komm', geh' mit mir,  
Gar schöne Spiele spiel' ich mit dir.'

"Many a fool has gone! You may see him any day in the market place (like his slave ancestors before him) being traded for a few pieces of silver and returning with nothing but a book. . . . Most certainly there has been no strengthening of the Bart.'s tradition, but rather a shameless copying of Cambridge's ways and a falling away to that much-quoted law of the jungle, might is right." We hope someone will write and say at any rate that this is an over-statement.

From MILL HILL we hear of "Life humming along amid peaceful rural surroundings," of prowess at games and an unbeaten record at hockey and soccer. Also "A momentary lull in the less active side of social life, awaiting the offensive of Christmas gaiety which we hope many Bart.'s men will be able to enjoy with us here."

At HILL END and FRIERN work and teaching continue in full swing. At FRIERN a very successful show has been produced, called inevitably "The Friern Follies."

At the ROYAL NORTHERN they are very dissatisfied at having to move. Our correspondent writes: "If we haven't learned anything since we've been here, it is our own fault. Having never really studied life from a Rectal point of view before, we now realise that we might just as well have a colostomy right away and be done with the thing. And, as someone remarked, there's considerably more in the U.G. system than meets the eye. . . . We like the story of the man in the Middle Ages who, having a cyst of the epididymis, was accounted to have three testicles and by a special Papal Dispensation was permitted to have two wives. Those were the days. . . ." We appreciate their indignation at being, as he puts it, "fouly ejected from" a hospital where teaching is so excellent.

MUSWELL HILL ISOLATION HOSPITAL was closed down abruptly as a Casualty-clearing hospital soon after a very satisfactory routine had been established.

The LONDON FEVER HOSPITAL too, we understand, is ceasing to exist as a Casualty-clearing station. I wonder if the Government realises what a deplorable situation it creates when, having taken over a voluntary hospital and severed it completely from its normal sources of income, it coolly abandons it at about twenty-four hours' notice.

### SPORTS NEWS.

#### RUGBY FOOTBALL CLUB

v. Combined London Irish and London Welsh ("Sheiks"), December 9th. Score: 12-0.

For this game there was a welcome return to the amenities of our own ground at Chislehurst.

Owing to the lateness of the kick-off play was reduced to thirty minutes each way, but nevertheless an enjoyable game was had by all.

The conditions suggested a fast open game and play started off to this tune, but the forwards, especially those of our opponents, gradually took charge and except for an occasional strong run by the "Sheiks'" backs, who were well served from the scrum, the three-quarters saw little of the ball.

The final score just about represented the run of the play, which took place mainly in midfield. Bart.'s never really looked like scoring except for two attempts from penalty kicks which just went wide. The combined side were always slightly better, although all their tries could easily have been prevented.

Team: W. Atkinson; A. McDougall, J. W. G. Evans, J. E. Miller, B. Jackson; M. Laybourne, R. D. Hearn; H. L'Etang, J. Mullan R. L. Hall, R. Macpherson, J. Gask, K. G. Irving, P. C. Collinson, R. Alcock.

"A" XV v. St. Mary's "A" XV. Drawn 8-8.

Played at Teddington on a perfect ground in brilliant sunshine—a welcome change after floundering about in mud up to our ankles. The presence of several members from the 1st XV inspired confidence, and our first try came from a delightful three-quarter movement started by McAfee, which Jackson converted. Soon, however, a passing movement on our own line went astray and Mary's got a lucky bounce and scored under the posts. After that a rousing game developed, rather too obstructive to please the backs but definitely the best game of the season, and the final score of 8-8 could be regarded as satisfactory to both sides.

Team: J. D. Loughborough; B. Jackson, W. Atkinson, R. Merryfield, D. Brown; L. McAfee, J. Miller; R. L. Hall, J. Mullen, A. N. Other, T. Spafford, H. King, R. Alcock, J. Gask, J. Robertson.

\* \* \*

#### ASSOCIATION FOOTBALL CLUB

v. Reading University, November 22nd.

Home. Won 4-2.

We gained our sixth victory in nine matches by beating Reading University at Mill Hill, and the score, on the whole, did not flatter us. James played his usual excellent game, leading the forward line well and scoring two of our goals. Packer's goal was a fine effort and he, too, played a thoroughly sound game at centre half.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; D. Currie, F. H. Packer, G. Howells; D. J. A. Brown, G. V. S. Manson, A. R. James, D. J. Robertson, W. J. Atkinson.

v. St. Mary's Hospital, November 25th.

At Teddington. Lost 3-4.

With as good a side as we had had out this season we just failed to make the game a draw. We were unfortunate in that James hurt himself during the game and so the forwards were considerably handicapped. Nevertheless, Mariani helped himself to three excellent goals, which nearly atoned for our defensive mistakes. The old fault of not tackling the opponent quickly was much in evidence again. It was, however, a very enjoyable game for everyone, and it was very pleasant not to have to change in darkness after the game for once!

Team: G. H. Wells-Cole; A. D. McShine, O. Sookias, W. Gordon, F. H. Packer, D. Harland; W. D. Mail, P. McA. Elder, A. R. James, H. M. Jones, G. Mariani.

v. Charing Cross Hospital, November 15th.

Away. Won 4-2.

For this match we had only ten men, yet managed to give a good account of ourselves. At first things went badly, although we had the slope in our favour, and at half-time we were two goals down. After the interval came one of those recoveries which have been a feature of several of our games this season. The defence remained very steady while goals were scored by Packer (2), Brown, and McAfee, the last being a beautiful shot from well outside the penalty area.

Team: G. H. Wells-Cole; A. D. McShine, G. Howells; D. Currie, F. H. Packer, W. J. Atkinson; L. A. McAfee, M. Anthony, J. V. T. Harold, D. J. A. Brown.

v. Old Cholmeleians, November 18th.

Home. Lost 1-3.

The Old Cholmeleians, against whom we were very glad to be able to get a fixture, were always rather too good for us. They had a strong defence, through which our forwards could only once pass, when Robertson dribbled through to score a brilliant goal. The goals scored by the Old Cholmeleians were all ones which gave the goalkeeper little chance, especially the second, a "pile-driver" from twenty-five yards out into the top left-hand corner of the goal.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; D. Currie, M. Kipling, G. Howells; W. D. Mail, H. Gavurin, D. J. Robertson, S. R. Hewitt, G. Mariani.

v. Ravensbourne, December 2nd. Home.

Lost 2-9.

The difficulty of raising a side has greatly increased lately, a fact which was clearly demonstrated in this game, in which only about six of the regular side played. Ravensbourne, unlike the last time we played them, were much too strong for us, and though we gave an imitation of some of the second-half rallies that have been a feature of many games this year, it was not enough. But the goal Packer and Mail scored between them was worth all the rest of the game put together. Packer, left back, dribbled the ball right up the left wing, centred beautifully for Mail to head it past the goalkeeper. The only other player to shine was Kipling, who played his usual energetic game at centre-half.

v. **Old Cholmcians**, December 9th. Away.  
Draw 0—0.

This game, although played on a heavy ground at least as small as the one at Mill Hill, was quite the best we have had this year. In it our Secretary, Maples, made his come-back after a month in Dublin. Peter Elder were were also glad to see making one of his all-too-rare appearances. Both goals were continually bombarded, and there was much good defensive work on both sides. Harold, at left back, was excellent, and played his best game for us this year. In the last few minutes heavy rain came on and made the ball even more slippery, but in spite of their strong attacks our defence kept them out, and a draw was really the fitting result for such an enjoyable game.

v. **Brighton Old Grammarians**, December 16th.  
Home. Won 3—0.

If, as seems likely, this is our last game this season, it was at least satisfactory that we could record such a convincing win. The game was a fast one, understandable on such a bitter day, and considering that several of our side had not played soccer for some ten years or more we did remarkably well. For this we have to thank Maples and Packer, who, at centre forward and centre half, got through a lot of useful work; and Haruld at left back had his man taped from the beginning.

It would be a matter for great regret if there were to be no more soccer after Christmas. A little more co-operation from members (and a little more cash from the Students' Union!) would make the Secretary's job much easier.

\* \* \*  
**HOCKEY CLUB**

v. **Tulse Hill**, Saturday, November 25th.  
At Mill Hill. Won 4—2.

The game was commenced in the gloom of a typical November afternoon. Bart's started attacking strongly and at once forced the opposition behind the line. The score was opened by the Hospital with a good shot from J. L. Fison after ten minutes' play; and just before half-time the lead was increased by Heyland. Tulse Hill appeared to resent this state of affairs and scored immediately after play had restarted. But by now House's blood was up, and he "foxed" their entire defence to register a spectacular goal. J. L. Fison added another for Bart's, to which Tulse Hill soon replied, and the game ended in the black-out with the score at 4—2.

Team: A. Walker, R. E. Ellis, C. P. Perkins, P. W. Isaac, M. R. Marrett, D. Currie, T. N. Fison, R. Heyland, J. L. Fison, K. O. Harrison, R. A. House.

v. **Blackheath**, Saturday, December 2nd  
Away. Won 2—1.

For the second time this season we visited Blackheath, but on this occasion avenged the defeat of a few weeks ago. Blackheath opened the scoring after seven minutes' play, but the Hospital drew level just before half-time through a great shot by Marrett after a mêlée in front of their goal. Soon after the interval House took his mashie-niblick and banged in a beautiful shot into the far left-hand top corner of the net from the edge of the circle.

Thereafter the issue was never in doubt, though the last ten minutes or so proved a bit sticky, when the pastimes indulged in the previous evening in the "Vicarage" took inevitable effect. The victory would have been greater had the forwards been able to round off some attractive passing movements more effectively. The defence was as steady as ever, and was strengthened by the welcome re-appearance of Dr. Masina.

Team: M. W. L. White, R. E. Ellis, A. H. Masina, P. W. Isaac, M. R. Marrett, G. E. Ffrench, T. N. Fison, T. M. C. Roberts, K. O. Harrison, S. R. Hewitt, R. A. House.

v. **Surbiton**, Saturday, December 9th. Away.  
Won 4—0.

After the first ten minutes of this match it was clear that Surbiton would have to strive hard to force even a draw with an inspired Bart's eleven. The Hospital were in the enemy twenty-five for quite three-quarters of the game, and the occasional sorties which Surbiton made were ably repulsed by an invincible defence. White, in goal, was fortunate in having a companion with whom to converse.

The scoring was opened by J. L. Fison after fifteen minutes' play, but despite intense pressure on their goal there was no further score till the second half, when goals were added by Heyland, J. L. Fison again, and Harrison. The only criticism to be made against an otherwise excellent standard of play was that a slight excess of individual art tended to spoil a team so well together.

Team: M. W. L. White, R. E. Ellis, C. P. Perkins, P. W. Isaac, J. C. N. Westwood, C. T. A. James, T. N. Fison, R. Heyland, J. L. Fison, K. O. Harrison, S. R. Hewitt.

**PRECLINICALS.**

v. **London School of Economics**, October 8th.  
Won 2—1.

This match was played on the Queens' ground on a fine day. L.S.E. scored first by a very good goal after a forward rush. Bentall scored just before half-time and again later to bring the score to 2—1. After this there were repeated forward attacks by both sides but no further goals were scored.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Routh, Bentall, Mehta, Goodbody, Hughes.

v. **Corpus Christi and Sidney Sussex**, October 18th.  
Away. Lost 2—1.

This was the first match away, and played on a very good ground. We started off well with a first-class goal by Newcombe (D.) on the right wing. After this there was a ding-dong battle up and down the field until our opponents sent a shattering goal past Grimson just before half-time. The game steadily became faster and more hotly contested until finally Corpus and Sidney scored again, bringing to a close a very enjoyable game.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Newcombe (D.), Bentall, Mehta, Goodbody, Newcombe (J.).

v. **Peterhouse**, December 2nd. Away. Lost 7—4.

In the first minute of this match the forwards made a well co-ordinated attack resulting in a goal by Sankey. Then followed a dismal twenty minutes in which the defence was sorely tried; four goals were scored during this period. Half-time score: 4—1.

After half time new energy enabled the attack to score three goals in equally rapid succession by Bullough, Bentall and Newcombe (J.). Score: 4—4. Then came another devastating attack on our defences, resulting in three more goals being registered against us.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Newcombe (D.), Goodbody, Sankey, Bentall, Newcombe (J.).

v. **Cambridge Town**, December 6th. Away.  
Lost 6—3.

This was played on a very sticky and rough pitch on Jesus Green. The Town scored three goals that left Grimson little chance. Then Newcombe (D.) had his efforts rewarded by a really good shot into the corner of the net at waist height. In general our play in the first half was pretty dismal. Soon after half-time, however, there was a sudden change; we started peppering their goal (and the goalkeeper) with repeated shots. Goodbody netted twice within a few minutes after some good co-ordinated forward passing. Thereafter the battle was fast and furious in the fading light. From a penalty corner Bullough sent a cannon-ball shot into the corner of the goal, which was saved by an unequalled gymnastic feat on the part of their goalkeeper. Repeated shots failed to find the net, and the final whistle blew with our attack still going strong.

Team: Grimson; Ridge, Morris; Louth, Bullough, Fyfe; Newcombe (D.), Goodbody, Mehta, Bentall, Hughes.

Matches v. Jesus College, Downing College, Caius College and the London School of Economics were scratched owing to bad weather and sundry accessory circumstances beyond our control!

**BART'S SWIMMING CLUB AT CAMBRIDGE**

The Club has been functioning unofficially almost from the beginning of term on September 18th, but it was not until December 8th that it achieved official status.

Arrangements were made with Leys School whereby we were allowed the use of the school swimming bath, but at the moment, as the allotted times happen to be during the period of darkness and as the building does not happen to be "blacked out," swimming activities at Cambridge are at standstill. Nevertheless training still proceeds apace, as visits to various establishments in the neighbourhood will show. There you will find members compensating for—by internal application, the absence, externally, of liquid.

It is hoped, however, to re-open the swimming bath in a short time.

One water-polo match has been played, versus Leys School. We defeated the School by three goals to one, goals being scored by T. Monckton and K. C. Horrocks (2).

*(Writers of sports accounts are requested to write legibly and on one side of the paper.)*



## NEW BOOKS.

**War Wounds and Air Raid Casualties.** Articles from the "British Medical Journal." (H. K. Lewis. Price 10s. 6d.)

Messrs. Lewis are to be congratulated on collecting in one book articles that have been published in the B.M.J. during the last few months and presenting matter that covers practically the whole field of war surgery. Most of it is the fruits of the last Great War, but quite a large amount is from knowledge gained in the Spanish campaign. Although gunshot wounds and their treatment form a large part of the book, injuries due to the effects of high explosive bombs and gas are given an important place; there are even chapters on the Mental Aspects of A.R.P. and the Organisation of the Emergency Medical Services.

**Illustrations of Bandaging and First Aid.** By Lois Oakes. (E. & S. Livingstone. Price 6s.)

This comprehensive little book contains much matter which all doctors are supposed to know but which few students are taught. The importance of this matter becomes only too apparent in wartime. Although very rightly consisting for the most part of illustrations—which are all very clear and excellent—there are useful chapters on pressure points and the First Aid treatment of hæmorrhage and fractures. An invaluable adjunct to First Aid demonstrations.

**Illustrations of Surgical Treatment, Instruments and Appliances.** By E. L. Farquharson. (E. & S. Livingstone. Price 20s.)

The happy combination of an author who loves his work and a firm noted for the excellence of its publications has resulted in a beautifully finished book with a wealth of photographs unequalled in clarity by any other textbook of surgery.

The book deals with blood transfusion, fractures and dislocations, profusely illustrated and dealt with in a thorough and straightforward manner, while the last 110 pages form an instrument catalogue, with well-executed drawing on one page and explanatory notes on the other.

The volume should prove a valuable supplement to orthopaedic teaching, and where this is impossible should provide, if only by its photographs, the best possible substitute.

**Recent Advances on Anæsthesia and Analgesia.** By C. Langton Hewer. (Churchill. Third Edition. 15s.)

Stimulated by the institution of the Nuffield Chair of Anæsthesia, research in anæsthetics has made considerable advance in recent years. On this subject we are glad to welcome a new edition of Mr. Hewer's book. Practically every chapter has received new matter and is followed by a magnificent list of references for those specialising in the subject. The student who is receiving his preliminary training in "stuffing" is strongly recommended to read chapters on Premedication, Gas Oxygen Apparatus, Local Analgesia Technique, Special Analgesia, Anæsthesia in Obstetrics and Oxygen Therapy.

**The Philosophy of Plato.** By Raphael Demos. (Charles Scribner's Sons. Price 12s. 6d.)

In "Timæus" Plato suggests that the Creator, being aware that the human race would be intemperate in eating and drinking and would therefore probably ingest larger quantities than might be necessary, bestowed upon us long intestines which would have the effect of protracting the period of digestion, or prolonging the interval between meals and of so providing sufficient time for the contemplation of philosophy. Whence it may be deduced that the readability of Professor Demos's book is in direct relation to the length of the reader's alimentary canal—presupposing, in the case of a medical reader, that he find it possible to believe his eminently practical education by not reading the book as the textbook of an exact science. These two conditions being satisfied, so coherent a summary of the philosophy of Plato is well worth reading both as an essay in pure platitudes and as a stimulus to abstract thought in concrete minds. It should be appreciated that some of Plato's theories of natural phenomena are commonly accepted as being a little out of date.

## BIRTHS

CHURCH.—On November 18th, 1939, at Kabak, Uganda, to Decima, wife of John E. Church—a fourth son.

HADFIELD.—On November 21st, 1939, at Beer, Devon, to Jean (née MacDougall of MacDougall) and Stephen Hadfield—a daughter.

HOWELL.—On September 6th, 1939, to Dr. and Mrs. Howell, Littleton Lodge, Kew Road, Weston-super-Mare—a daughter.

HUNT.—At Ahmednagar, India, to Eveline (née Stockwell), wife of Captain R. S. Hunt, R.A.M.C.—a son (Christopher John MacGregor).

NASH.—On December 10th, 1939, at Bristol Wood, Cranwell, Lines, to Joan, wife of Squadron-Leader D. F. Ellison Nash, F.R.C.S., R.A.F.V.R., Howard House, S.W.1—the gift of a son (Timothy Michael).

## MARRIAGES

FEARNLEY-DAVIES.—On November 14th, 1939, at St. Michael's, Chester Square, S.W.1, quietly, David, son of Dr. and Mrs. Fearnley, 88, The Avenue, W.13, to Alice Davies, daughter of the late Arthur Davies, Esq., and Mrs. Davies, of Capel, Bangor, North Wales.

THOMPSON-BISPHAM.—On December 9th, 1939, at Holy Trinity Church, Claygate, by Rev. R. G. B. Bailey, M.A., Vicar, Dr. J. R. O. Thompson, son of Dr. O. Thompson, of Petersham, to Marjorie, daughter of Mr. and Mrs. J. W. Bispham, of Claygate, Surrey.

WRIGHT-LEVER.—On November 21st, 1939, at Bolton Parish Church, by the Rev. Canon Davidson, assisted by the Rev. W. S. Swainson, Vicar of Hornby, Lieut. Philip Miall Wright, R.A.M.C., the younger son of the late Dr. J. Farrell Wright and Mrs. Wright, to Mary, only daughter of Mr. and Mrs. Percy F. Lever.

## DEATH

TAIT.—On December 14th, 1939, at 60, Highbury Park, N.5, Edward Sabine Tait, M.D., aged 83.

## CARRYING ON—

THE  
MEDICAL SICKNESS SOCIETY

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and still paying benefits

You may be ill even in Wartime!

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 5.

FEBRUARY 1st, 1940.

Price Fourpence

### REVIVAL

SETTING out for Bart.'s on January 3rd felt rather like returning to school after a summer holiday. Not that those four months of war had been exactly a holiday and certainly not a summer one; but to break away from any rut whose sides have become smooth and well defined through usage is always something of a wrench. Anyhow, there was a distinct feeling of childish anticipation about it all. Perhaps we expected a miracle to have happened in the night: some magic kiss to have awakened the Sleeping Princess, as if no Carabosse had ever cast a spell upon here and reduced her fire to a mere spark kept alive only by the tremendous energies of the few who had been left behind. . . .

We arrived, then, that day expecting somehow to find everything in full swing again just as usual; and at first sight when we arrived things did appear to be normal—except for the wooden pent-houses round the Square discreetly covering up the sand-bag walls. But St. Bartholomew's, like the British Lion, needs time for the wheels of her machinery to gather momentum. Our first shock came on going down into the cloak-room: a distinct chill could be felt even at the top of the stairs, and across the barrier, in place of the smiling face of Fred, an iron grill stared at us malevolently. Up in the Surgery a few porters were wandering vaguely about, and only a smattering of patients sat on the benches. We went on up to Out-Patients. "S.O.P.s" had already finished, because there had only been one patient that morning. In "M.O.P.s"

"An idle wind blew round an empty throne  
And stirred the heavy curtains on the walls."  
We descended into the bowels of the earth.  
Down there in the underground Surgery

things were very different. This place, which came into being miraculously at the beginning of the War, still showed violent and hectic activity. "S.O.P." dressers had returned to the days of their youth and were Junior Dressing again for all they were worth—though albeit a little protestingly. At intervals small groups of men came hurtling out of the temporary Medical Out-Patients' Room, precipitated by some unseen force within, where there was hardly space to turn round. Upstairs on the ground floor Path. Lab. of the Medical Block confusion reigned in an improvised Skin Department; and higher up still, in the Wards, numbers of patients were in the process of being evacuated to Hill End.

But if the Hospital machinery resembles the British Lion in requiring time to be set in motion, equally it resembles it in the force of its advance once it really is in motion. If no "charm was snapt" suddenly at the beginning of the month, in actually an incredibly few days the wheels were going so normally that a casual observer would have found difficulty in telling that anything unusual had ever taken place at all. He might have rubbed his eyes a little at the astonishing—though very welcome—sight of the DEAN and Dr. Gow and Mr. VICK returned to Out-Patient classes; he might have taken exception to being rationed for sugar in the Refectory; he might even have wandered by mistake into the wards still reserved for Air-Raid Casualties, and stood aghast and wondering at their emptiness. But by the second week of the month Out-Patients and most of the Special Departments were in full swing, ward-rounds were carrying on as usual—and our old friends Fred and Garwood had returned to the cloakroom.

FEB, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

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Revival indeed. Bart.'s men all over the world will be glad to know that their Hospital is very nearly itself again. May it be allowed to remain so.

#### Our Sector Correspondents.

We should like to express our very real thanks to those who, in all the Hospitals and First-Aid Posts of the Sector, have so kindly written letters and sold copies of the Journal for us during the last four months.

#### Lateness.

Those who complain so bitterly when the Journal comes out a few days late might be interested to know that at the time of going to press for this number we have just received the *November* number of another Hospital Journal.

#### "Less serious forms of Vertigo."

We apologise humbly for a printing error which occurred in the article by Sir Arthur Hall in the January issue. The last two paragraphs in the second column on p. 57 should have followed directly after the last paragraph in column 1 on the same page.

#### March Issue.

Contributions should be received not later than Wednesday, February 14th.

#### Contributions from the Nursing Staff.

It will be noticed that for the first time for many years reports of Hospital activities have been written by nurses. We hope this will encourage others to contribute. After all, the JOURNAL belongs to them as much as to anyone else.

#### University of Oxford.

The Electors of the Nuffield Professorship of Orthopaedic Surgery have appointed H. J. Seddon, M.B., B.S.(Lond.), to the Professorship from January 14th, 1940.

#### Order of St. John of Jerusalem.

The King has sanctioned the following promotions:—

As Officers: Major G. Aylwen, Lt.-Col. A. C. L. O'S. Bilderbeck, D.P.H., I.M.S., Colonel R. S. Townsend, I.M.S.

As Serving Brother: Lt.-Col. J. C. John, O.B.E., M.B., I.M.S.

### IN-PATIENT AND OUT-PATIENT TEACHING SESSIONS AT ST. BARTHOLOMEW'S HOSPITAL

Following is the time-table of teaching which will be followed for the time being. It should be noted that many of the teachers have their in-patients in the other Hospitals in the Sector.

#### Monday

a.m. Medical O.P.: Dr. Bourne.  
Surgical O.P.: Mr. Naunton Morgan.  
Women's O.P.: Dr. Wilfred Shaw.  
V.D. (S.T.C., Old Bailey):  
Mr. Kenneth Walker.

p.m. Ear and Throat O.P.:  
Mr. Bedford Russell.

#### Tuesday

a.m. Medical O.P.: Dr. Scowen.  
Surgical O.P.: Mr. Hume.  
p.m. Children's O.P.: Dr. Harris.  
Medical Ward Round.  
Surgical Ward Round.

#### Wednesday

a.m. Medical O.P.: Dr. Maxwell.  
Surgical O.P.: Mr. Hosford.  
Skins: Dr. Roxburgh.  
p.m. Women's O.P.: Dr. Donaldson.

#### Thursday

a.m. Medical O.P.: Dr. Cullinan.  
Surgical O.P.: Mr. Reginald Vick.  
p.m. Orthopaedic O.P.: Mr. Burrows.  
Eyes: Mr. Rupert Scott.  
Psychological Med. O.P.: Dr. Strauss.  
Women's O.P.: Dr. Fraser.  
Medical Ward Round.  
Surgical Ward Round.  
V.D. (S.T.C., Old Bailey):  
Mr. Kenneth Walker.

#### Friday

a.m. Medical O.P.: Dr. Gow and  
Dr. Bodley Scott.  
Surgical O.P.: Mr. Corbett.  
Skins O.P.: Dr. Roxburgh.  
p.m. Children's O.P.: Dr. Franklin.  
Ear and Throat O.P.: Mr. Capps.  
Medical Ward Round.  
Surgical Ward Round.

#### Saturday

a.m. Medical O.P.: Dr. Spence.  
Surgical O.P.: Sir Girling Ball.  
Women's O.P.: Mr. Beattie.

Patients sent up for morning O.P.'s should arrive at 9 a.m., those for afternoon clinics at 1 p.m.

## OBITUARY

HUMBERT WOLFE.

It is with deep regret that we note the passing of Humbert Wolfe, Civil Servant and one of the greatest poets of our age. Among the last things that he wrote was a "dedicatory poem" for "Rose Window"

—the book recently published by the Hospital Appeals Department in aid of the rebuilding fund. With their kind permission we reproduce it below:—

## ST. BARTHOLOMEWS

## I

Here in the South the oleander slashes  
the dark of the cypress with its  
brilliant stain,  
and bougainvillea in the huge sunlight  
splashes  
the flat white walls with incandescent  
rain.  
Here is the coast where all that daunts and  
dashes,  
all suffering, all regret and all old  
pain  
spring into Phoenix life from their own  
ashes,  
lying in peace, in beauty to rise  
again.  
This is God's work. A thousand years ago  
the jester of a king in England  
wrought  
miracle of mercy, where no flowers grow  
save in the garden of man's creative  
thought.  
The mist of suffering, the fog of fear,  
and none to pierce them till time  
breathed  
"Rahere."

EDWARD SABINE TAIT.

Sir Walter Langdon-Brown writes:  
By the passing of Dr. E. S. Tait at the ripe age of 83 a link with the past is broken, for his father and brother were both Bart's men; but happily the tradition goes on, for his grandson and two of his nephews are members of this Hospital.  
He practised all his life in Highbury, where his home and the charming garden created by his wife are remindful of the dignified past of that neighbourhood. Edward Tait was something more than a good physician; surprisingly modern in outlook and infinitely painstaking, his approach was that of the fine courtesy

## II

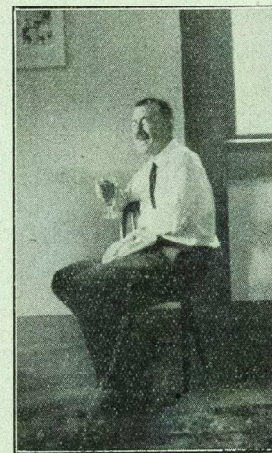
Like Shakespeare's fool in "Lear" you  
did use,  
Rahere, your jester's cap and bells to  
teach  
a king that there are dreams the great  
heart views  
that sceptred power seeks in vain to  
reach.  
You saw beyond the phantoms that confuse  
statecraft and intrigue, each  
infecting each,  
the distant mercy of St. Bartholomew's  
in the high accent of St. Luke's own  
speech.  
After a thousand years the dream still  
grows  
from strength to strength, from  
peace to further peace,  
and countless suffering salvation owes  
in humble gratitude on bended knees  
to the wise fool, who brought his heaven  
so near,  
that even death walks softer now,  
Rahere!  
HUMBERT WOLFE.

*d'Estrel, July, 1939.*

natural to him. To consult with him was to witness that relationship between doctor and patient which must abide if the art of medicine is to continue.

Dr. Tait was a connoisseur and delighted in the arts, himself a sculptor of no mean talent, in whose delicately perceptive work was made plain his great love of beauty and respect for craftsmanship. He made an admirable collection of etchings, among them some fine examples of the French, English and Swedish masters. He will be greatly missed, for he had a personality, rare in these turbulent days, which endeared him to all who knew him.

## OUR CANDID CAMERA

*"Great stuff this Vichy!"*

## THE MEDICAL COLLEGE LIBRARY

By JOHN L. THORNTON.

Librarian.

[The re-opening of the Library after a period of more than four months—at the same time as parts of it are being sent out to Friern and Hill End—seems a propitious occasion for publishing this article.]

COMPARED with other London medical school libraries we are favoured in many respects. Only one other medical school allocates a larger sum to the development of its library, while certain of these collections of books are maintained without the supervision of a librarian. They exist as mere accumulations of literature, being of little value to the institutions housing them. Of recent years, however, many libraries have commenced the complete re-organisation of their collections by the appointment of trained librarians, and this introduction of modern methods of librarianship, together with the co-operation of the authorities responsible for the welfare of the libraries, have rapidly enhanced their value.

Our Library contains about 20,400 volumes, consisting of periodicals, textbooks and older volumes of historical interest. Current textbooks are duplicated as far as possible, but the Library cannot provide sufficient textbooks on every subject for all

the students requiring them, as is sometimes expected of it, for no library is administered to discourage the absolute necessity for the purchase of certain books. Medical school libraries are maintained chiefly for reference purposes, and for the provision of the more expensive books and periodicals, and none of these libraries can afford to duplicate textbooks to the extent of twenty copies, which is a conservative estimate of the demand for certain popular volumes.

The modern books are now arranged by subjects in the cases, these being locked, and all books are obtained upon application to the library staff. Various degrees of open-access have been attempted, but the loss of books was prohibitive to the continuation of the scheme.

The catalogue of the collection is maintained in card form, author and subject entries being compiled, and filed separately. It is hoped that the stock will be re-catalogued as soon as convenient, and that a complete typed catalogue of the entire Library may be made available, together with supplementary catalogues of the Athenæ Collection of books by Bart's men, and of the older volumes arranged in chronological order. A complete list of

periodicals is filed in the card cabinet under the heading PERIODICALS, and lists of recent papers by Bart's men, of all the current periodicals taken in the Hospital and College libraries, and a complete author index to this Journal are all maintained up-to-date in the Library.

Comparatively speaking, few of those using the Library consult literature other than that written for examination purposes, probably because the use of the Library is neglected until the period immediately preceding these events. It is probable that most medical men at some time of their lives put their views upon paper, and appear in print, and the person qualifying himself for this by learning how to use a library and the various bibliographical tools housed therein is better fitted for the task than the person ignorant of the elements of bibliographical research. The man who reads widely the older works on his subject, tracing the history of his craft from the earliest times, and appreciating the various processes by which his profession has reached its present prominence, is better equipped to conduct research than he who neglects the work of his predecessors.

It is probable that one learns more from books than from lectures, and it is considered that the library attached to any teaching or research institution is at least as important as any other of the departments, and should be maintained accordingly. Too few professional men appreciate books, although one of our most renowned bibliographers and physicians, Sir William Osler, loved books to such an extent that he frequently purchased them solely for the purpose of placing them where they would be most appreciated. Darwin, on the other hand, cut one of Lyell's books in half, because it was too heavy. (*Life and Letters*, Vol. 3, 1888, p. 35), and it is believed that for this reason Lyell had the second edition bound in two volumes!

Only those capable of appreciating good books use libraries in the manner for which they are intended. They value the make-up of a volume, as well as the significance of its text, and the person maintaining a private library after qualification derives pleasure, satisfaction and benefit from his collection. For examination purposes, students require up-to-date information, but this should not be allowed entirely to supplant an interest in that which is old.

Certain of our classics, dating back many years, remain unchallenged as masterly expositions of views that have not been improved upon, and are far superior from the literary viewpoint to most of the modern textbooks. For example, the early editions of Osler's *Medicine* have frequently been mentioned as perfect examples of good English and as a pleasure to study, but students of to-day appear to prefer the confusion of facts to be learned parrot-fashion from the smallest possible volume.

The Library contains numerous books of historical interest, among which should be noted Harvey's *Exercitationes de generatione animalium*, of which we possess the first edition, dated 1651. This work is of great importance in the history of embryology, but has been overshadowed by his *Exercitationes anatomicæ, de motu cordis et sanguinis circulatione*, 1654, of which we have several editions. Another book, also by a Bart's man, that is worthy of note is *The Englishman's Treasure, with the true anatomie of man's body*, 1641, by Thomas Vicary.

Edward Jenner is represented by the first edition of his *An inquiry into the causes and effects of the variolæ vaccinae*, 1798, and by *A letter to Charles Henry Parry on the influence of artificial eruptions, in certain diseases incidental to the human body*, 1822. We have a copy of the *Boylston Prize dissertations for the years 1836 and 1837*, by Oliver Wendell Holmes, printed at Boston in 1838. This contains the written inscription, "Mr. Stanley from his obliged and grateful servant, O. W. Holmes." Our copy of *Albucasis Chirurgicum*, 1532, bears the autograph of Percival Pott, who formerly owned the book.

Hooke's *Micrographia*, 1665, contains interesting descriptions of early work with the microscope, and the *Catoptrum microscopium*, 1639, of Johann Remmelin consists of superimposed anatomical plates, of which it is one of the earliest examples. We house a copy of Richard Wiseman's *Severall Chirurgical Treatises*, 1676, which was at one time in the possession of Matthews Duncan, and later of Alfred Willett. This contains an essay on "King's Evil," and also a description of aneurysm.

Many of these old volumes are of more than historical value, and contain classic descriptions of diseases. Certain of them, for example Smellie's *Treatise on the*

*Theory and Practice of Midwifery*, are still recommended for practical purposes, despite the fact that the first edition of this book appeared in 1752. It is the first book to lay down safe rules for using forceps, and it is included in the volumes published by the New Sydenham Society.

Ambrose Paré devised many new instruments, introducing massage, and artificial limbs and eyes. He was the first military surgeon to discontinue the treatment of wounds with boiling oil, and his *Works*, 1678, contain interesting accounts of plague, aneurysm, and pleurisy. That outstanding figure in medicine, Thomas Sydenham, is responsible for masterly descriptions of many diseases, and his *Works*, published in two volumes by the Sydenham Society, 1848-50, can be read with profit, especially the sections devoted to chorea, dysentery, hysteria, influenza, measles, rheumatism, scarlet fever, and gout. The latter he was particularly qualified to describe, being himself a martyr to it, although we do not read that he was successful in its treatment.

The conditions now known as Paget's disease were originally described in periodical literature, but the brilliant writings of Sir James Paget, after whom these are named, are well worthy of perusal. His *Lectures on Surgical Pathology*, 2 vols., 1853, in particular remains a classic to be studied with interest and profit. The research on inflammation and suppuration described in the *Lectures on General Pathology*, by James Cohnheim, of which an edition was issued in three volumes by the New Sydenham Society, 1889-90, are of great significance. Cohnheim is also responsible for the introduction of the method of freezing preparations for microscopical work.

Laënnec, the inventor of the stethoscope, laid the foundations of auscultation, and his masterly descriptions of bronchitis, peri-

tonitis and pneumonia are set forth in his *Treatise on the Diseases of the Chest*, 1821, and *Treatise on Mediate Auscultation, and on Diseases of the Lungs and Heart*, 1846. Samuel Gee, in his *Auscultation and Percussion*, of which the first edition appeared in 1870, and the fifth in 1906, has presented us with a monograph on the subject which is still widely used, and which is to be recommended as an example of clear and concise literature.

A description of Pott's fracture of the fibula can be read in his works, Addison's disease is described in the *Collection of the published writings of the late Thomas Addison*, issued in 1868 by the New Sydenham Society, while the life and writings of Abernethy, the brothers John and William Hunter, Astley Cooper, Pasteur and Wakley, to mention only a small selection of those available in the Library, more than repay the reader who is sufficiently interested in his profession to study its development.

Criticism of a library that has been in existence for a considerable time is a simple matter, but constructive criticism is usually absent. Lack of shelving space has crippled the development of our Library for many years, although the disposal of material of no value to us is relieving the inevitable congestion. The rearrangement of the stock has been in progress for some time, but it will be several years before complete reorganisation becomes an established fact. Certain schemes for the improvement of present conditions are receiving consideration, and although in most respects our Library compares favourably with others of a similar character, we are not content to copy the services rendered by other institutions, but aim to provide the best facilities, as befits a library housed in this respected foundation, with its time-honoured traditions.

### A CASE OF P.U.O.

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

**P**YREXIA of uncertain origin, or, as Dr. Gee describes it, "febris indeterminata," always provides an interesting diagnostic problem. Difficulties arise either from the absence of any presenting symptom or sign, or less fre-

quently, from the presence in the patient of one or more such sign which, although definite, is ambiguous in its meaning. Two definite physical signs were present in the case here described, and both were equally misleading.



The correct diagnosis was reached by observation of two facts which seemed incompatible with the original diagnosis.

A man aged thirty-six was admitted to Hill End Hospital having for two months felt unduly tired. This might have been due to the facts that for the early part of the period his wife and family had been evacuated, and he had been left alone to do his own house-work and house-keeping; also that his occupation as a bank clerk had been exceptionally busy.

For two weeks previous to admission he had complained of headaches and marked lassitude, and, although drowsy, had suffered from sleeplessness. His appetite had been poor, but the regularity of the bowels had remained undisturbed. Aching of the ankles and knees had been present. There was no increased sweating. No rash or purpuric spots were noticed. For two days he had occasional vomiting.

The *Past History* revealed that he had had scarlet fever at the age of 13, and an attack of acute rheumatism at 21.

The *Family History* was negative.

On examination, the temperature had been 101°—103° for at least four days, and it was still raised. The respiration rate was 25. He looked ill, lethargic and rather prostrated. He was dyspnoeic on such slight exertion as using the bed-pan or moving in bed.

No petechiæ were seen on the skin or conjunctivæ; no clubbing of the fingers was present. The tongue was coated. The lungs were normal to examination. The heart showed an apex-beat displaced half-an-inch outside the left mid-clavicular line. The first sound was high-pitched and was preceded by a short but definite pre-systolic murmur. The rhythm was regular and the rate 90.

The blood-pressure was 118/90. The abdomen was distended and the spleen was enlarged three fingers below the costal margin. The Central Nervous System appeared to be normal. No retinal abnormalities were seen. The urine had a specific gravity of 1028 and contained no albumin or sugar.

The provisional diagnosis was infective endocarditis, and this was apparently confirmed by the first blood culture which was reported to show the presence of streptococcus viridans. But a few staphylococci were also present, and this caused some doubt about the accuracy of the result, suggesting a possible contamination.

The febrile course persisted for six weeks in all, and the cause of the fever became clear in the following manner.

A blood count a week after his admission was as follows:—

Hb	81%
R.B.C.	5,050,000
C.I.	0.8
W.B.C.	6,400

The absence of secondary anæmia, and the leucopenia were both strongly against malignant endocarditis, as was the clinical point that no petechiæ or signs of embolism were present except the splenic enlargement.

At this point the agglutinating power of the blood serum against the typhoid and abortus groups of organisms was done. It revealed, in two separate specimens of serum, agglutination of *Brucella Abortus* to a titre of 1 in 500.

During the 3rd, 4th, 5th and 6th weeks the temperature chart became undulatory in character. After that period it became normal, because of, or in spite of, the administration of Sulphanilamide.

The points of interest in the case are the presence of the mitral stenosis, a relic of the previous acute rheumatism, and the absence of any marked sweating or joint pains which might have directly suggested the *Abortus* infection. But, of course, the presence of one lesion is no guarantee of immunity against another.

Additional facts relative to the case were that the urine and blood were both examined for the presence of *Brucella Abortus*. Cultures in CO<sub>2</sub> were persistently negative.

The white blood cells fell at one time to 3,300, possibly because of the administration of full doses of sulphapyridine (M. and B. 693).

### LINES ON THE RE-ESTABLISHMENT OF BART'S AS A TEACHING CENTRE

(Written, we hasten to say, on January 4th)  
Time, so the poet tells us, heals each ache  
And Absence makes the heart still fonder  
grow,  
But should you, by mischance, both  
abstracts take,  
They jointly ring the changes here below.

Four moons ago I quit this place to dwell  
In pastures new, within a world so  
strange,  
Big with the knowledge that, what'er befell,  
My Alma Mater, Bart.'s would never  
change.

Homeward I came. Before my startled eyes  
Lay barrels of beer, straight from  
brewer's carts.

Students were singing joyful songs of  
praise

About the man who put the Bar in Bart.'s.

The Surgery had dug itself a grave  
From whence came many sobs and sighs  
and woes

Of Nurses, given mighty cause to rave,  
Reduced from being belts to being pro.'s.

The dressers, too, had many a cause to  
weep;

Their junior days, they thought, were  
past and done.

But now they're wrested from their Beauty  
Sleep;

'Tis nine o'clock, the Surgery has begun!

It wasn't that from work they did recoil  
(They'd known it long enough, I should  
have thought);

Rather that others didn't share their toil,  
A fact they didn't reckon quite so hot.

With M.O.P.'s and things I'm all at sea,  
And "Specials," too, have yet to rear  
their heads.

The patients aren't what they used to be,  
And, anyhow, we haven't many beds.

"A War is on, and these things have to be,"  
They tell me, as an explanation clear.

Alas! It seems there's only left to me  
The "Vicarage," and lots of Bitter beer.

J. A. S.

### HARINGTON'S METAMORPHOSIS \*

(continued from last month)

By A. H. T. ROBB-SMITH

HOWEVER, by the beginning of the 18th century water closets of the sluice type were being installed; we read that Queen Anne had fitted at Windsor "a little place with a seat of easement of marble with sluices of water to wash all down," and most of the larger houses had them incorporated. Often they were arranged with two seats so that one might have company, or were built in the garden in the form of a temple. When I was in Sweden I encountered one of these two-seaters and was a little anxious lest my host should accompany me there, as I was uncertain of the etiquette, whether to remain seated until he had finished, to talk or not to talk, and so on, but the occasion never arose.

In the latter half of the 18th century, though sanitary conditions had little improved, yet the general health of the people

was improving (the mean death rate fell from 35 to 25 per 1,000 between 1750 and 1800, and the population rose from 6½ to 9¼ millions). Yet this increase in population was largely accommodated in the towns with the draw of industry, and the conditions of overcrowding and insanitation were appalling. As the rich moved away from the centre, the large houses were occupied by the poor, and each room from the cellar to the garret was occupied by a family. The privy, if there was one, was in the hall, and the stench spread through the house, the ground was sewage sodden and the window tax made conditions even worse.

Nevertheless, improvements were beginning. The first patent for a water closet was taken out by Alexander Cuming in 1775, and was followed three years later by a greatly improved valve closet devised by Joseph Bramah, of hydraulic press fame. However, the valve closet, though good in principle, was imperfect in design, and the popular

\* Based on a paper read to the Osler Society of Oxford on June 10th, 1938, and grounded on an earlier paper read to the Osler Club of London.

article was a pan closet with a D trap underneath, which was highly insanitary, but continued to be used until superseded by Stevens Hellyer's "Optimus Valve W.C." and Jennings' "Pedestal Vase."

In John Howard's tour of the principal hospitals at the end of the century it was noted that at Guy's "there were water closets on the best construction, not in the least offensive, for by opening the door water is turned into them." At St. Thomas's he records laconically, "No water closets: bread of excellent quality."

The advantages of a water carriage system were more apparent than real. It only ensured the rapid removal of excreta from a house. The question still remained, where were the house drains to lead to? Most towns had sewers running under them, but they were designed for storm water, and were unsuited to house drainage, and so the contents of the new water closets were directed into cesspits and vaults beneath the house. In 1844 no less than fifty-three overflowing cesspits were found beneath Windsor Castle. Regarded by their owners as equally sacred with the wine cellar, they were cleaned out at the rarest intervals, and their liquid contents percolated through the soil to contaminate the newly-installed drinking water supply with its ill-fitting pipes of wood or cast iron.

The dangers of emptying cesspits were recognised by Ramazzini, who wrote the first book on occupational diseases; he devoted a chapter "Of the Diseases of the Cleansers of Jakes," and most of the medical books of the early nineteenth century give an account of Mephitism. Apart from the risk of falling in and drowning, the men were often overcome with the fumes, and sometimes there were explosions from the presence of inflammable gases.

On the other hand, the excreta was often discharged into the old sewers, with the result that in all the larger towns the rivers impeded with dams and weirs to provide water power for the factories became nothing but lakes of sewage. In 1840 the Health of Towns Committee complained that the Thames was now made a great cesspool and the Serpentine notorious as nothing else but an open sewer, yet in 1849 discharge into the sewers was legalised in London.

The effects of this half-baked sanitation were made manifest when the first great water-borne plague — cholera — attacked

Great Britain. Cholera had been endemic in Asia for centuries, and a great pandemic arose in 1816-30 and gradually spread to Europe. By 1830 it had reached Russia, and in the following year skirted North-Eastern Germany, and there were fears for its invasion of England. Why cholera had never reached Europe before is obscure, but increased travel and speed of travel may have played their part. No time was lost in preparing for it. Two physicians were sent to study the disease in Russia; cholera became subject to the rules of the Quarantine Act, and a consultative Board of Health was formed. They drew up rules and regulations which were little advance on those prepared by Richard Mead in 1720 against bubonic plague, and the King issued a prayer against it.

In the autumn cases appeared in Sunderland, the disease gradually spread to the Tyne and on to Scotland. In the following year it reached London, and spread to Paris in March, and the appalling effects of its outbreak during the Micaëme ball were graphically described by Heine.

By the end of 1832 the epidemic was waning; 21,000 persons had died, but the general feeling was that although Parliament had been somewhat lax in dealing with it, yet on the whole too much fuss had been made about it, "Everywhere it was much less fatal than preconceived notions had anticipated. The alarm was infinitely greater than the danger, and when the disease gradually disappeared in the course of the autumn almost everyone was surprised that so much apprehension had been entertained," so wrote the Annual Register for 1832.

However, it awakened in Parliament the need for sanitary reform which had been apparent to individuals for some time. Chief amongst these were Lord Shaftesbury, Sir Edwin Chadwick and Dr. Southwood Smith.

Lord Shaftesbury from an early age devoted his life to the welfare of the poor; he improved the condition of factories and mines, amended the Lunacy Laws, and was instrumental in sending the Sanitary Commission to the Crimea. In later life his desire to assist became an obsession, and he died in 1885 lonely and disheartened.

Edwin Chadwick was a barrister, who became secretary to Jeremy Bentham. He had a passion for statistics, and it was on

his recommendation that William Farr was appointed Compiler of Abstracts to the Registrar General's office, which resulted in the foundation of vital statistics. Chadwick's attitude to sanitary reform was not so much humanitarian as practical. He pointed out that it was more economical to have healthy workmen than to slave and maim the poor. He was ruthless and despotic and cared nothing for vested interests.

Dr. Southwood Smith had been a non-conformist minister and became a physician to the London Fever Hospital. In 1832 he wrote an essay, "The use of the dead to the living," advocating the adoption of an Anatomy Act, and it was to him that Jeremy Bentham bequeathed his body for dissection which he carried out under striking circumstances.

As the result of reports from these persons the Poor Law Commissioners were ordered to make a general inquiry into the sanitary condition of the labouring population, and their report (largely the work of Chadwick) was submitted to Parliament in 1842. The conditions it revealed were appalling; it advocated an adequate water supply, adequate habitation and sewage disposal by a water carriage system.

Following Parliamentary ritual, a Royal Commission was then formed, which confirmed the previous reports. The carrying out of legislation was delayed by the resignation of Sir Robert Peel after the repeal of the Corn Laws, and it was not until 1847 that Lord Morpeth's Health of Towns Act was presented to Parliament, and in August, 1848, received Royal Assent as "The Public Health Act, 1848." It was preparative in form with control vested in a General Board of Health, which consisted of the First Commissioner for Works, Lord Shaftesbury and Chadwick. Two years later, when the Metropolitan Interment Act was passed, Dr. Southwood Smith was added to the Board. As it was said, "Who would have thought that in the last decade of advancing civilisation, and in a nation boasting of its intellectual and material resources, of its administrative energy and efficiency, the whimsical experiment should have been actually tried of appointing three non-medical authorities—two Lords and a Barrister—to preserve the health of the living and then after a year or so of doubtful success, calling in a physician to bury the dead."

The Board of Health was unfortunate from its outset. In the same year there was a further and more severe cholera epidemic with a mortality of 53,000, and little could be done. Chadwick succeeded in annoying everyone with his dictatorial manner, and finally in 1854, amidst national rejoicing, the Board came to an end with the compulsory resignation of its members, and as the "Times" said: "Aesculapius and Cheiron in the form of Mr. Chadwick and Dr. Southwood Smith have been deposed, and we prefer to take our chance of cholera and the rest than be bullied into health." It was the general feeling, and though they set about their work in the wrong way yet they founded the principles of Public Health administration and foresaw most of its future requirements.

During this period medical officers were appointed in Liverpool and the City of London. The holder of the latter appointment was Sir John Simon, who subsequently became Medical Officer to the Privy Council and introduced the Second Public Health Act of 1866, in which, as he says, "The grammar of sanitary legislation acquired the novel features of the imperative mode."

During the cholera epidemic of 1848 much evidence was collected as to its mode of propagation, and Dr. John Snow suggested that it might be spread by infected water. In the epidemic of 1854 he told the vestrymen of St. James' Parish that if they removed the handle of the pump in Bread Street the epidemic would cease. They did so after much hesitation, and Dr. Snow's prognostic was confirmed. This was the last cholera epidemic of any size in England. In 1871 cholera again spread through Europe, but Simon's defence organisation was so good that it never got a foothold and need never do so again.

The other great water-borne disease, typhoid, had also become more prevalent as the result of the imperfect water carriage system. Until the nineteenth century there was no clear distinction between typhoid and typhus, both being described as fever; and though Willis and Huxham had recognised two forms of this, it was not until the work of Gerhard in the United States in 1837 and of Sir William Jenner here in 1849 that the two were definitely separated. Although typhus decreased by the middle of the century with improved health and general cleanliness, yet typhoid increased

steadily until about 1875, and in 1871 King Edward VII., then Prince of Wales, suffered from it after staying with Lord Londesborough at Scarborough. His illness created a greater impression on the public than all the Boards of Health and Acts of Parliament. Cesspits were rapidly done away with, Doulton's new earthenware drains with cemented joints were installed, and the old long hopper and pan closets replaced by the Optimus or the Pedestal Vase. It is interesting to note that the firm of Dent and Hellyer during the period 1860-70 carried out plumbing in thirty private houses, whereas between 1870-80 they dealt with over 100, including Buckingham Palace.

The sanitary legislation was co-ordinated during Disraeli's second government with his motto, "Sanitas sanitatem omnia Sanitas." In 1875, the third Public Health Act, the magna carta of sanitary legislation, was passed. In it the local authorities were invested with powers to ensure everywhere adequate privy accommodation, sewage disposal, and a clean, wholesome water supply, to provide hospitals and appoint medical officers of health, and to prevent nuisances of any sort.

This historical survey may be concluded with a scene in South Kensington in 1884, where an International Exhibition of Hygiene was taking place. Messrs. Doulton had installed great urinals of earthenware at vantage points which the visitors might use free of charge, and there was a competition for the best water closet. There were thirty entries, and after considering shape and general comfort each article was submitted to a practical test, which, it was stated, was very fatiguing to the judge. Into each pan were placed ten small potatoes, some sponge and four sheets of thin paper, and it was necessary that all the articles should be removed with one flushing. Only three were successful.

It may have seemed very insular to consider only the evolution of sanitation in England, and though we have been given the credit for syphilis and rickets as the English diseases, and the French, with that courtesy which we have reciprocated, have termed *le capote anglaise*, Colonel Condom's bladder policies; yet in the matter of sanitation we have truly been pioneers. As early as 1750 privies were known as "lieux a l'anglaise," and now the symbols W.C. are to be found on doors in France,

Germany and Spain, though they can represent no words in those languages.

I would conclude with a few words on two practical points—the finding of privies in strange parts and the furnishings of the home privy.

As far as London is concerned, the matter has been dealt with authoritatively in a monograph published last year, entitled "For Your Convenience." It is an admirable work and should be on the shelves of all those who, in the words of the author, like to knock back ten glasses of beer in the evening. But for the country there is no such Baedeker, and one must look for other signs. A public park, the market place or a statue of Queen Victoria are certain to have a necessary place in their vicinity. The Town Hall is also reliable, but beware of counting on a public-house, for many are churlish enough to lock their privies when the bar is closed.

While considering the matter of public lavatories it is opportune to mention those writings and drawings which are so common here. They may be subdivided into three types: political, pornographic and sporting. In ordinary public lavatories and those on railway stations they are chiefly of the political or sporting type, with occasional elementary anatomical sketches, but it is in the large towns that the pornographic exhibitionist excels, and I have little doubt that Bodley's Librarian would affix an admonitory  $\emptyset$  to most of the lavatories attached to the London Undergrounds, and certainly those at Great Portland Street and Russell Square, which make Kraft Ebbing appear a mere Sunday School tale. Yet the lavatories abroad are almost entirely free from them. The French limit themselves to "A bas Blum," the Spaniards to scatological recommendations to their political enemies, and the Germans write nothing at all, though I once observed some remarkable anecdotes in German handwriting in an English lavatory. I should be interested to know what is the state of affairs in America, for if it be true that in that country the fig leaf is worn on the lips, one would expect revelations in the comfort stations or body boudoirs.

But to turn to the furnishing of the private sitting room as John Fothergill called it. There are few of us who can plan the situation so that it may have an agreeable view. Nor can we decide whether to have

a Cascade, a Niagara or a mere Adamant, but at least we can consider its movable furnishing, and I would insist that no privy is complete without its library. Sir Ferdinand Lapith kept a set of the classical authors in his privy towers, but what is needed is something instructive to last perhaps five to ten minutes, and the ideal work is the Dictionary of National Biography. The volumes are of the right size, the biographies of the correct length (though in the recent supplement they are too long) and always entertaining. If, like myself, you are not so fortunate as to possess a set, compromise with odd numbers of eighteenth and early nineteenth century magazines and books of characters. For those who prefer consecutive reading, the two great diarists, Gibbon or Boswell, are admirable, and for visitors Sale's "The Specialist" and Paul Pry's "For Your Convenience," though I deplore a collection of technical literature such as works on Sanitation and Chevalier's

Clochemerle is not episodic enough. For wall decoration maps are excellent, but the print should be large and they should be hung near enough so as not to incommode one's proper duties. I am told that for the young consultant a telephone is an essential, but I should find it very disturbing. Similarly a wireless set is not to be recommended, though an old type musical box which will play for the requisite time is legitimate but somewhat conspicuous making.

It might offend the sensibilities of some to recall the uses to which sewage are now put, and I will conclude with a quotation from a journal of the eighteenth century:

"August 24th, 1736. A remarkable fat boar was taken coming out of the Fleet Ditch into the Thames. It proved to be a butcher's near Smithfield Bars, who had missed him for five months. All the time, it seems, he had been in the common sewer and was improved in price from ten shillings to two guineas."

## MY FRIEND BINDLEBINE

"NO," said my Friend Bindlebine, with characteristic determination, "I'm damned if I see it at all. After all, my dear fellow, why the blazes should War make any excuse for it? The fellow is just attired like a confounded heathen; it's not good enough, old son," he said. "Not good enough by a long chalk."

We were standing in a place of public entertainment at the time, and Bindlebine was referring to a man, or rather a mild-and-bitter, of respectable appearance but dubious attire.

"Now, there he stands," said Bindlebine, "a decent enough Charlie in himself, but struggling in the inexorable grip of some psychosis or whatever you chaps call it, which dictates that he shall try to make himself as conspicuous as possible."

"I cannot see any other explanation for those trousers which bears a moment's scrutiny," he said reflectively.

"Maybe the poor chap has a boil or something," I said.

"No good," said Bindlebine. "It might explain the substitution of that neckerchief for the simple collar and tie gambit, supposing the boil were on his neck, but even a generalised furunculosis would not account for the extraordinary preference for a golf jacket instead of a sports coating."

"We are fighting, are we not?" he continued, "for all those things which we hold most dear in English life."

"I suppose that's right," I said.

"Well, then," said Bindlebine, "when I came here in the so-called piping days of crisis I saw a hospital peopled by recognisable medical men, and now I find a wilderness hiving apparently with second-class American caddies. Why, in Burton's name, why?"

With this grave pronouncement poor Bindle pattered vaguely off murmuring something about "Gabardine swine."

Perhaps he has a narrow mind—who shall say?

CORTEZ.

## EXCERPTS

## HEARD IN OUT-PATIENTS.

SIR G—B—: "I am entitled to my own opinion, I suppose!"

"The constituency of the lump is hard."

"The swelling fluctuates. It is impossible to transilluminate."

"Why?"

"Because you can't get batteries nowadays for love or money."

"Father is alive but short of breath. The patient has no habits."

\* \* \*

## CORRESPONDENCE

## "SEVENTY YEARS OF CHARTERHOUSE SQUARE"

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

Recently I had occasion to visit your esteemed and skilful SENIOR SURGEON in his new abode in CHARTERHOUSE SQUARE, having removed from his former professional residence in HARLEY STREET, the reason for this being that he must live in the precincts of the HOSPITAL, as organiser for the effort to re-establish some of the ordinary duties of this great Hospital. Just seventy years ago I entered under the HENRY EIGHTH GATE and took up residence in the COLLEGE for STUDENTS. In the next decade in the College for Students. In the next year, together with several other students, we took up residence in the house of a GENERAL PRACTITIONER then living in CHARTERHOUSE SQUARE a few doors off the house which is now occupied by MR. HAROLD WILSON. Just about that time THE MERCHANT TAYLORS SCHOOL took over the buildings and ground that had previously been occupied by the CHARTERHOUSE SCHOOL. They soon set about having a fine HALL of their own. When in 1935 GIRLING BALL (now "STR") showed me the proposed new buildings and the glorious GRAND HALL and its LIBRARY, as also the splendid grounds, to start the NEW MEDICAL COLLEGE in all the branches for the preclinical students, I confess I was stimulated to do the best I could to help for the purchase of these valuable properties. And now with the threatened extinction of the union between the SCHOOL OF MEDICAL COLLEGE and the GREAT FOUNDATION, namely THE HOSPITAL itself, with its 670 beds and all that go with it, it is sad to walk round the grounds and buildings, so full of in-

## NURSING ITEMS.

Such people believe that a nurse who tries to do her best for her face is unlikely to try to do her best for her patient.

KENNETH WALKER,  
*Nursing Illustrated*, Jan. 12th.

There are many arguments for and against nurses living out, nevertheless, I think it can be a blessing in disguise.

Letter to the *Nursing Illustrated*.

Essex County Council has removed the marriage ban from its nurses. . . . Forty of the nurses expect to be married by Easter.

*Nursing Mirror*, Jan. 13th.

spiration, and think that it might all pass away. Nothing either at OXFORD or CAMBRIDGE can surpass the historic surroundings of the present MEDICAL COLLEGE, situated as it is in the very heart of the ancient City of LONDON, now the very centre of the world. But how is the Medical School to flourish without its own HOSPITAL for efficient CLINICAL TEACHING? Therefore, now is the time—with the danger of the old HOSPITAL being swallowed up by the STATE—for the whole of the Consulting Staff, whose financial successes must have been entirely produced by the prestige of their attachment to ST. BARTHOLOMEW'S, now is the time for them (some twenty-five men) to raise a quarter of a million pounds and build their own up-to-date HOSPITAL as near the MEDICAL COLLEGE as possible. And further, every man on the present staff should pay out his share to carry on the upkeep. If the College is to continue its position as a UNIT of the LONDON UNIVERSITY, then it would have to confine itself to STUDENTS for the LONDON UNIVERSITY only. And with this restriction it might well eventually achieve the highest position of any MEDICAL SCHOOL in the WORLD. And in addition to other UNIVERSITIES (OXFORD, CAMBRIDGE, etc.) not being admissible, so, too, those requiring only the CONJOINT DEGREES would also have to join up elsewhere. Perhaps ST. BARTHOLOMEW'S HOSPITAL itself may escape being taken over by the State, and if so then it and the MEDICAL COLLEGE (with its own CHARTER) can continue working together with all their past history and experiences.

Yours truly,  
J. K. B.

Wimbledon.

## FRIGID FRIERN

To the Editor, *St. Bartholomew's Hospital Journal*  
January 15th, 1940.

Sir,

I would like to take this opportunity of bringing to the fore a thought that is in the minds of many of us who work at Friern Barnet.

Why not an Abernethian Room?

In the chaos of the last three months it must have been very difficult to find room for every-one's needs; but now that organisation is so well under way surely some provision could be made for relaxation. At present you will find many of us grouped together in the corridors—where great-coats are worn—while five or six men only can make use of the fire in the Junior Mess. How one longs for lunch and tea, when at least a seat is assured.

Yours sincerely,

J. N. R. SCATLIFFE..

23, Mecklenburgh Square,  
W.C.1.

## A VOICE FROM NEW YORK

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

May I offer you, together with my cheque for 17s. 6d., which I regret has been overlooked previously, my congratulations on the way in which you are keeping the journal going under what must be exceedingly difficult conditions? We in this land of peace and lighted cities have, I am sure, not the faintest idea of the disruption of life at home.

I see from your last Editorial that you are plagued by captious critics—hence this letter, to reassure you that there are at least some who look forward to their monthly Journal, even if nowadays some of its contents leave them very mystified, and appreciate your efforts.

I remain, Sir,

Yours faithfully,

123, East 61st Street,  
New York. MILES ATKINSON,  
M.D., F.R.C.S. (Eng.)

(Letters for publication in the March Issue should be received not later than Friday, February 16th.)

## THE EVASIVE TECHNIQUE

By OUR FINANCIAL CORRESPONDENT.

STARTLING though it may seem, the greatest problem confronting modern medicine—or, more exactly, the rising generation of doctors—is not to discover the aetiology of everything in Price's Textbook of Medicine, but to discover how to live an adequate life on an inadequate income. The obvious course to adopt is to supplement the income, but the question then arises, How? Practical research has done little to solve the problem, and we can suggest no lasting means whereby the monetary difference between *really ready* cash and comfort can be made up. One temporary measure, concerning credit accounts, has already been put forward, and a second, which has a more general application, is also recom-

## FIELD AMBULANCE

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

I was very glad to see in Kenneth Walker's article in the December issue of the *Bart's Journal* that he gave such a glowing account of the Field Ambulance.

From this unit one really sees far more of what is going on than in any other, and boredom is avoided by its continual mobility. For those who have initiative and powers of organisation and want to become Staff Officers, the Ambulance is an ideal place to develop their powers.

They should remember that they have to help and advise others, and, in order to do this efficiently they must start to learn the duties of a Regimental Medical Officer and gradually work from this to other units not so near to the front. As Field Ambulances frequently have to find Medical Officers for regimental duties, the necessary knowledge of the life of the Regiment can be easily acquired.

Staff Officers have to work many more hours than many of their brother officers—a point not always appreciated by the uninitiated. They must have endless patience, and learn to be father and mother to the formations under their administration.

Yours sincerely,

Southern Command. LESLIE F. K. WAY.

## TEACHING AT BART'S

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

Through your columns I venture to bring to the notice of the responsible authorities the following facts which are seriously impeding the work of a large number of students.

1. The Library and Museum have not been reopened.

2. Of a maximum of seven hours spent in the Hospital, three hours are entirely unoccupied, from noon till 2 p.m. and from 3.30 p.m. till 4.30 p.m.

3. The most important lectures of all, Practical Medicine, Clinical Medicine and Surgery are not taking place.

Yours, etc.,

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

mended; this invokes a principle known as "The Evasive Technique," which, broadly speaking, means the avoiding of spending one's own money on every suitable occasion. Evasion of the repayment of loans provides a simple example of the practice of the Evasive Technique, and in this context a method which frequently bears fruit is given here:

A borrows, say, two pounds from B and then either leaves him as quickly as possible or immediately changes the subject of conversation, so as consistently to avoid finance in any form, talking volubly and violently about something else. Three months later, A, having assiduously avoided B in the meantime, mentions to him that he has an

idea that a debt exists between them somewhere, but it doesn't matter at the moment, anyway. Three months later still, A says, "You know, I've got a sort of vague feelings that you owe me a couple of pounds, but there's no hurry—I expect you're broke; you usually are." After a further three months A says: "Look; about those two pounds you owe me. I would be very grateful if you could let me have them back now, as I'm rather short." And by this strategy A not only avoids repaying the original loan, but manages to raise an extra two pounds from B whilst he is still confused.

In its application to gambling, the Evasive Technique again has possibilities. For example, it was the practice of one particular school of card-playing to play for cigarettes instead of for money, since cigarettes could readily be had on credit, whereas with money the position was entirely different. Again, having played against B for some hours, A might find himself liable to pay five hundred cigarettes on a limited tobacconist's account; evasion could here be applied by

encouraging B's cupidity and raising the stakes until the debt became, say, seven or eight million cigarettes, and then the debt would obviously have to be called off. Alternatively, A, having lost a reasonable amount, might begin to stake property: thus in one game, which lasted eleven hours, an A contrived to lose, in addition to a potentially payable debt, six domestic utensils, a pink and gold teapot and teacup, a valuable collection of thirteen empty wine-bottles, a god-son in Tunbridge Wells and finally his own landlord; with the landlord's spontaneous co-operation this became a masterpiece of the Evasive Technique.

Minor elaborations of this evasive theme could be continued almost indefinitely, such as Objective Teetotalitarianism (the assumption that others don't drink). Your correspondent, however, is aware that most members of this Hospital are already sufficiently practised in the matter as to need few hints from him. In fact, he has on occasions bitterly thought of taking lessons himself.

## "BART'S THEATRE"

### FAREWELL TO THE "GESTARPISTS"

ON Saturday, January 6th, at 8.30 p.m., the "Gestarpists" gave a pot-pourri of their shows to a very appreciative audience in the "Bart's Theatre."

They were a "likely-looking" concert party, and their effective black and red costumes enhanced their attraction (although we must in all fairness point out that A. B. Kennedy's muttered remarks that "these beastly trousers are too tight," heard plainly all over the hall—and in the wards—were rather redundant, as the fact was obvious to even the most casual and impartial observer.

Trevor Roberts, of course, made an excellent compère—eliminating those soul-searing wails which cause the mob at the back of the hall to croon "Why are we waiting?" As a request he gave us his well-known impression of a lady putting on her stockings, and if we were all as careful as Trevor to look for flaws before we put them on, the Hospital's collodian bill would drop by 50 per cent. (Chancellors of Exchequer, please note!). But, later, I heard it voiced

among the nursing staff that Trevor slips into his roll-ons far too quickly. In fact, it is impossible to do it in the time, even starting from scratch. (Yes—I can hear it coming—Trevor is going to say he starts somewhere else, and stops to scratch later on!)

The topical song, "Keep it under your hat," was very popular, though we would still like to know whose "shell-like" ear Gerry Wolls-Cole showed such intense anxiety to whisper into, none of the cast having anything in the least resembling such a delicate feature!

The "Run, Rabbit, Run" opera was grand, and will linger long in our memories wherever we hear any of the tunes they appropriated to help "make their rabbit pie." Jimmie Harold was a wonderful soprano (albeit Charles Cooper knocked her mass of curls away, giving her a slightly pickled look!), her suspenders peeping coyly beneath her reversible flannel petticoat. Gerry and Ken appeared to experience some diffi-

culty with their moustaches, but that did not stop the full richness of their voices from reverberating around the hall; and our beautiful Charles, of the red, red rose—the beauty of his cloak surpasses all description (although he came by it dishonestly—from the air-raid decontamination room!).

Kennedy's monologue, "The Sufferer," was very well done, his facial contortions adding to the morbidity of the theme!

J. Thompson (Tim) entertained us with some very clever conjuring tricks, and a saucy pair of green satin panties underneath his kilt!

The sketches were full of pep, and original, very original, and when it came to "On the outside always looking in," we crossed our fingers, and prepared for the onslaught with the mistletoe for which we

had been prepared, but they were very chaste—very chaste they were!

The "Snapshot Album" will always get a welcome, there always being fresh victims for the trap; and finally Macnamara's Band, an excellent swan song, which we all sang at the tops of our voices and enjoyed to the full.

We were sorry when we heard the closing chorus, which came all too soon, and heartily seconded Mr. Ralph Heyland's vote of thanks first to Ronnie Schofield for his untiring work rehearsing the "troops," and then to all the "ARPists" for giving up so much of their time, "Pro Bono Publico," and wish them a speedy "repeat performance" when they can return from their "Outposts of Empire."

## HILL END NEWS

THE Entertainments Section of the Hill End Hospital Bart's Club arose when the Club was formed and took over the organisation of the entertainments that were already under way, with the exception of the Dances.

During its four months' existence the Section has covered a wide range of activities, which we suggest has played no small part in the communal life of the Hospital.

The most notable activity has been in the musical sphere, and the Gramophone Sub-Section has held 36 Concerts with the co-operation of many people who have kindly loaned gramophone records. The Orchestral and Choral Societies, which have met twice a week since the beginning of October, have performed at several of these Concerts, and no less than six individual pianists have played. Mr. Clifford Smith's Quartet and other visitors introduced by him have also performed.

Folk Dancing Classes, taken by Miss Keene, have been held in Woodside, meeting once a week, and have been enjoyed by members, who have learned many new dances and intend to give a demonstration soon. The members are drawn mostly from the Bart's Nursing Staff, but some students have joined in occasionally.

Two Debates have been held, which have been very well attended, and members of the Visiting and Nursing Staffs have spoken at these. The subject at the first of these was

"That Hitler is wrong in saying that Woman's place is in the Home." This was proposed by Miss Hitch and opposed by Dr. Geoffrey Evans. This produced some lively speeches before the motion was finally defeated.

A Party on Christmas Day was organised, at which a table tennis demonstration was provided by some well-known London players and one of the Sisters distinguished herself by winning the egg-and-spoon race. A small, but enjoyable, "Gramophone" Dance was held the next night.

When we had a large number of soldiers in the Hospital in November we provided two Variety Concerts for them at short notice, with the assistance of some of the soldiers and some artists who came from London. We believe these were appreciated, judging from the pictures of the soldiers which appeared in the Press.

The greatest achievement has no doubt been the Revue, "Bart's in Herts," which was held during the last week of the old year. Four performances were given, and we estimate that over 1,200 people saw this show, an account of which appears elsewhere in the Journal. The receipts were £91 2s. 11d. and the expenses £49 8s. 7d., leaving a balance of £41 14s. 4d. Speeches were made after the last performance, and Sir Girdling Ball congratulated Dr. Fletcher on producing the first show in which Bart's nurses had assisted the students.

We wish to express our very great appreciation of all that Dr. Kimber and Miss Connor have done for us in providing the facilities for these entertainments, and for encouraging many activities that have pre-

viously been impossible. Our thanks are also due to the enthusiastic co-operation of all the members of our Committee.

GRAHAM STACK, *Chairman.*  
PEGGY WILSON, *Secretary.*

### "BART'S IN HERTS"

December 28th, 29th & 30th, 1939

*Girls:* Violet Cannon, Margaret Field, Joan Goodchild, Joyce Holgate, Hilary Holton, Lorna Jack, Ursula Charnock Smith.

*Boys:* Joseph Attlee, Joe Bailey, Charles Fletcher, Deuys Kelsey, George Lumb, Basil Messer, Cyril Phillips, Roy Routledge, Robert (Tum-Tum) Rees.

*Pianos and Drums:* Harry Green, James Knott, Bill Holden.

*Stage Manager:* Graham Stack.

THE Christmas Revue at Hill End came as a most welcome ironic. The twenty-six "turns" were admirably varied; and if the whole lasted a little too long, it would have been hard to decide which of them to omit. Much careful preparation had gone into the show. The time of its two leading spirits, in particular, must have been fully taken up during the weeks leading up to the climax of the performance; indeed, their colleagues may have been tempted to echo Jeeves' summing-up of the activities of Claude and Eustace: "Very high-spirited young gentlemen, sir, Mr. Fletcher and Mr. Lumb. Up to some game, I should be disposed to imagine." And to some purpose, thanks to the single-minded support of a splendid team of artists and technicians.

It would be impossible to do justice to them all here. Tum-Tum was supremely plastic in the window-dressing scene. "Life in Hospital" was a complete riot; "Four Faded Blue-Belts" (The Boys) and "Three Men, Three Girls and a Dog" ran it pretty close. Bill Holden's virtuosity as a percussion-player found a brilliant outlet on the last night, when the advertised array of kitchen utensils was replaced by a well-thought-out system of sanitary porcelain and enamel ware; the rhythmic and tonal possibilities of these were exploited to the uttermost. Interspersed between these

items, and providing respite from painful laughter, were others not less notable. Dr. Cullinan's wizardry remained impenetrably mysterious after three viewings of his performance; George Lumb with Hilary Holton provided some charming stage love-making; whilst the "legs" element was adequately understood in "The Island of Bollamazoo." Charles Fletcher's ghost story was convincingly told. Dr. Kimber, however, was found to be still seated when the lights went up on the last night; some strength of character must have been needed to master the impulse to rush the stage and sit on the narrator's head, calling the while to his minions to hurry along with the strait-waistcoat. "The Stately Homes of England," one of Coward's cleverest efforts, was sung with the necessary clarity of diction. Throughout the show the element of topicality was well maintained, and the numerous references to prominent personages were always witty and inoffensive. The music was in the capable hands of Harry Green and James Knott (pianofortes) and Bill Holden (drums). But why did the programme give no indication that one of the numbers ("Wallflowers") was by a Bart.'s man, John Beeston?

The success of the performance was immeasurably enhanced by feminine participation. Such a revolt against an irksome restraint of Bart.'s tradition was symptomatic of the whole friendly atmosphere of Hill End. For "Bart.'s in Herts," as an under-current to its delightful buffoonery, had a more serious function; it was an expression of friendliness by which the association of the two Hospitals has been, and continue to be, enriched.

C. G. P.

### TWELFTH NIGHT DANCE

A profit of 1s. 10d., a twelfth night dance not on Twelfth Night, no chairs in the Hall but lots outside and formidable Claret Cup, and you have the makings of a Dance. Using this recipe, the balloon went up at 8.30 p.m. on January 5th at Hill End (rumour has it that some of the pieces have not yet come down). We acquired for the occasion the Cathedral red carpet (also Mr. Fiddie-call-me-Alfy-Capps'). Soon after zero hour Michael Boyd in all his majesty descended upon us from Mill Hill to "lopp" off all and sundry. Miss George Davis was responsible for a merry contingent from Bart.'s, including Mr. Alan Hunt as a fetching-brand of Apache. We noticed that Surgeon Rear-Admiral Bushe had emerged

from the Shrubbery to twinkle a Terpsichorean Toe. Friern sent our Mr. Kait-Smith to swell the Roberts' party, a necessary element at these functions, as without Dr. Roberts' hard work the Dances would be impossible. Besides these there were 300 others in spasmodic attendance. Mr. Winnick's Band provided the necessary rhythm to keep the mobile units going, and refreshments were available throughout for the immobile needing suitable lubricant—or otherwise. The Ballroom wizardry of Professor Scott of Utrecht was quietly noted by those to whom he gave hot "tips" in the "Bart.'s in Herts" Revue. At a late hour the many parties disgorged into the fog and, some say, found their ways home.

### CHRISTMAS SHOW AT LUTON

Although, numerically, this outpost of Bart.'s must be one of the smallest, it became imbued at Christmas with sufficient energy to get together a show of some ninety minutes' duration, for the benefit of the patients forced to spend the festive season in the Luton and Dunstable Hospital. For this purpose the resources of the latter hospital were combined with those of the Emergency Blood Supply Depot to provide the male part of the cast, while the broadmindedness of the Matron (trained at Bart.'s, incidentally), was responsible for the inclusion of six of the nurses. The presence of the latter, besides considerably aiding the balance and scope of the entertainment, also served the function of assuring regular attendance at rehearsals without which no show can hope to succeed. However, on these occasions the nurses were capably chaperoned by the watchful eye of the Sister Tutor, so that no diversion from the lawful business was permitted—apart from a social cup of tea at the end of the rehearsal.

The resulting exhibition was considered very creditable by those who saw it, and since this

type of show with footlights and costume had never been seen there before, the enthusiasm which greeted this effort more than compensated everyone for the time spent on its preparation. The title of the show, "Lutonics," set the standard for the items, many of which must have stemmed considerably from the flow of Haust. Cent. Cum. Rheo., judging from the laughter produced. Such old favourites as "The Snapshot Album" (local edition), "Two Sisters," "Sam Small's Corn," and the "Casual Ward Round," came up as fresh as ever, whilst the high standard of co-operation on the part of the audience was noticeable in "The Bow-Wow" song and the action song, "The Town Band." Whilst those in the show felt that the high standard of the Bart.'s Christmas Shows left something to be desired, the local enthusiasm was such that they were asked to repeat it at the Work House, and also at a Gala Tea in aid of the hospital on January 31st. Those taking part in the show were Messrs. Bell, Bromley, Robertson and Trevan, with Beeston at the piano, whilst Andrews and Davies proved most capable stage-assistants.

J. B.

### QUEENS' COLLEGE, CAMBRIDGE

AS the Preclinical part of the Medical College only returned to work after the Christmas vacation in the first week in January, there has apparently been no time to receive any news from that quarter. We hope this will be remedied by next month. Incidentally, it seems a great pity that literary contributions from Bart.'s men at Cambridge should be so conspicuous by their absence.

\* \* \*

### "United Hospitals Magazine"

Before this appears in print, the January number of the new "United Hospitals Magazine" should have made its first appearance. We have grave doubts, however, as to whether this will have been the case. This new venture sets out to become the mouthpiece of London medical students as a united body, at the same time bringing the pick of Hospital Journals to the eyes of a wider public. It has our moral support and its sponsors have our very best wishes for its success in an unenviable task.

## "ROUND THE FOUNTAIN"



Latest Edition

## SPORTS NEWS

THE New Year has been ushered in with a spell of weather which, in normal times, would have set the popular press chattering like magpies, and the ancients from all parts of the country reminiscing freely about the "good old days" when oxen were roasted whole and the existence of young ladies' ankles was problematical, at least to the general public. Nowadays, of course, we have aspired to higher levels. Consequently all the more usual forms of combat have had to be abandoned, and, apart from those imbedded too deeply in front of the fire, the populace has taken to the ice—if not exactly as a duck to water, at least, after the first few steps, *en masse*. Continuous circuiting of the Fountain was found to pall after an hour or two, and the more venturesome spirits sought fresh fields, with the result that various largish ponds in the neighbouring hinterland soon rang with sounds besides those of skates, namely, the oaths and epithets peculiar to those suffering great tribulation. Half an hour sufficed one to make several pungent discoveries—among them the fallacy of supposing that one's legs bear any relationship to one's body. However, such is the foolishness of the human mind that, no sooner having found one's feet, one submits to being armed

with a large cudgel and led off, like a lamb to the slaughter, to partake of a game called ice hockey, one of the bloodiest forms of combat known to mankind. Someone shouts, "Right, let's start!" and life becomes a maelstrom of screaming ice, flying sticks and the heavy thud of falling bodies; the few people who can keep their feet, usually relics of a bygone age with beards and knee breeches, dart here and there twisting and turning after a devil-possest "puck," while the rest clamber and stride madly in whatever direction their feet happen to be pointing, and if the "puck" comes near them either pounce on it as in Rugger or give their celebrated performance of a man on the verge of falling down stairs backwards. The extraordinary thing about the game is that comparatively little hurt is felt, and only next morning does one realise that one has been skating on sundry parts of the anatomy other than the feet. The game is usually terminated by someone remembering, audibly if unwisely, that he has a flask in the car; a last despairing scramble is made for the bank, in which good care is taken to trip up the rightful owner of the flask. . . .

This, then, was our sport for January, 1940. May it come again.

v. Rosslyn Park, December 16th.  
Away. Lost 28—3.

It was a bitterly cold day, and until the second half many were tempted to keep their hands in their pockets. In spite of the fact that nearly all the tries against us were converted, that we lost Atkinson through injury, and Evans, deputising for him at back, also injured his hand, the size of the score against us was largely our own fault. In the first half we ran about cold and rather miserable—somewhat bewildered by the fast running of the Park three-quarters, particularly that of Strathie and Luyt, of Oxford, and the good backing up of the opposition forwards. Once or twice we did manage to get going, and after a good run by Pleydell, ending with a cross kick, the ball was carried over for a try by Macpherson, who was well on to the ball the whole game.

At half-time the score was 20—3. During the second half we took the advice of Mr. Capps, who had braved the cold to watch, and used our feet; then the whole tone of the game changed. For the first twenty minutes we were continuously in the Park half, by dint of well backed up and rather barbarous rushes, and for the rest of the game the pack had the upper hand. The backs, however, were unable to get through the Rosslyn Park defence, and we had two more quick tries scored against us just before the end of the game.

Team: W. J. Atkinson; M. Pleydell, J. W. G. Evans, M. Laybourne, E. J. Griffiths; L. A. McAfee, J. F. Miller; R. H. Sandiford, J. Mullan, H. L'Etang, R. Macpherson, R. L. Hall, J. Gask, K. C. Irving, R. Alcock.

\* \* \*

## RUGBY FOOTBALL AT HILL END

"Bart's in Herts" is a well-established fact, for indeed rugby football has there found a home. But this distant outpost of Bart's rugger has not a home comparable with the beautifully turfed and pavilioned Chislehurst. Rather is it a crude expanse of heavy turf whose shelving slope and cow-marked surface could not, however, dim the optimism nor persistency of the pioneer committee.

The ground had a befitting christening. One bleak December afternoon, a truly representative side beat Mr. C. I. Bloxham's St. Albans School side to a tune of thirty points. Our loyal supporter Dr. Barris had waited two months for this revenge!

It was a pity such a representative side could not be raised for the next scene of combat. The very formidable Royal Tank Regiment were the visitors. They proved more heavily armed and were victorious by 10 points to 3 points.

Earlier results have been:  
De Havilland Technical School: Won 12—11 (away).  
St. Albans School: Lost 11—nil (away).  
Luton: Lost 28—nil (away).  
De Havilland's Works: Lost 25—3 (away).  
" " " " Lost 7—3 (home).

\* \* \*

## HOCKEY CLUB

v. Trampstead, Saturday, December 16th.  
At Chislehurst. Won 3—2.

The reopening of Chislehurst was celebrated by an excellent victory over Trampstead (a combined team of the Tramps and Hampstead).

They attacked very strongly from the start and for a while our goal was repeatedly menaced. After some hard play in midfield, our forwards broke away, and Heyland gave their goalkeeper no chance with a vicious drive. Soon their centre-forward took the ball up the field and scored a good goal. Our opponents were attacking strongly, but the untiring efforts of our half-backs broke up many dangerous movements. After half-time they penetrated our defences and scored again; this seemed to inspire the Hospital forward line, and Heyland equalised with a very good shot; shortly afterwards, Fison added another goal. Our opponents attacked very strongly, but in spite of a penalty corner and two long corners were unable to score. "No side" came with a narrow victory for the Hospital.

The Hospital played its best game of the season so far. The standard of play and enjoyment was due in no small measure to the excellent condition of the ground prepared by Laurie White. The comfort of Chislehurst amenities was enjoyed by all. Our opponents left soon after tea, but we stayed: at 9.30 p.m. we left in various types of cars for a cold run back to Town, some of the party losing themselves in the  -out.

Team: M. W. L. White; R. E. Ellis, J. Atwill; C. A. Perkins, H. R. Marret, G. French, S. R. Hewitt, C. T. A. James; K. O. Harrison, R. Heyland, T. N. Fison.

The match against the East Surrey Regiment at Kingston on Saturday, January 6th, had to be cancelled owing to frosty conditions.



## NEW BOOKS

**Treatment by Manipulation.** By H. Jackson Burrows, M.D., F.R.C.S., and W. D. Coltart, M.B., F.R.C.S. (Eyre & Spottiswoode. Price 5s.)

The student and practitioner have been waiting for some time for a small handbook on manipulation. Here is an excellently clear monograph by two well-known members of our staff.

Briefly the book falls into two parts—the first, General Considerations, i.e., terminology, selection, management dangers, and failure in manipulation; the second—Affections of individual parts. Here diagnosis, selection and technique are discussed in detail. Though no theory is adequate to account for the benefit of manipulation, it is unfortunate that the authors do not include a brief review of modern hypotheses.

The book is illustrated by many good photographs to demonstrate points in technique. An excellent handbook.

\* \* \*

## EXAMINATION RESULTS

## UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees  
November, 1939

## Pass (Old Regulations)

Baum, I. H.	Mackay, G. C.
Herson, R. N.	Pleydell, M. J.
Jayes, P. H.	White, R. A.

(Revised Regulations)

Fisk, G. R.	Ballantyne, J. C.
Gillingham, F. J. V.	Elder, P. McA.
Hughes, J. F.	Ware, M.
Oscier, A. S.	

## Supplementary Pass List

Group I—Old Regulations: None.

Group II—Old Regulations: Hayes S. T.

## Part I—Revised Regulations

Acres, G. C.	Ohannessian, A. O. A.
Baldwyn, A. F.	O'Neill, B. C. H.
Bintcliffe, C. J.	Phillips, H. T.
Cocks, D. P.	Richards, T. H. E.
Evans, G. R.	Saudeck, A. C. J.
Harold, J. V. T.	Scatliffe, J. N. R.
Hart, J. R.	Syred, D. R.
Khan, H. H.	Waytzman, M.
McFarlane, M.	Wigglesworth, R.
Mcade, F. B.	Williamson, D. A. J.
Messent, J. J.	

## Part II—Revised Regulations

Anthony, R. H.	Playfair, A. S. S.
Bintcliffe, C. J.	Smith, B. J. D.
Davies, I. R.	

**Savill's System of Clinical Medicine.** (Edward Arnold & Co. 11th Edition, 1939. Price 28s.)

Only eight books per thousand survive twenty years, so readers may gauge the lasting value of this famous manual, which is now appearing in its eleventh edition after thirty years of life and more.

To those who are not acquainted with it, it may be explained that this book differs from other current textbooks, as it approaches medicine from a clinical aspect, laying particular emphasis on personal observation and examination.

For this edition the book has again been thoroughly revised, and much new material included, chief among which may be mentioned Tomography, Obliterative Pleurisy, and Lenkaemoid blood pictures, while the chapters on the Liver, Stomach and Blood have been recast and many sections rewritten. The section on electro-cardiogram analysis is a remarkably clear account.

The outstanding parts of this excellent book are still, we believe, those chapters on the Facies of Disease, the Heart, Lung, Fevers and the Nervous System.

We warmly recommend it to all students and practitioners.

## BIRTHS.

ALDRIDGE.—On January 7th, 1940, at Beech Hill Nursing Home, Barnstable, to Betty, wife of Dr. J. S. Aldridge, Sudan Medical Service—a son.

GASTON.—On December 4th, 1939, at Broadmead Nursing Home, Riverhead, Sevenoaks, to Jet (nee Mutch), wife of Dr. Alexr. P. Gaston—a daughter (Julia Charlotte).

KANAAR.—On December 9th, 1939, at Worthing, to Mary, wife of Lieutenant Adrian C. Kanaar, R.A.M.C.—a son.

VERE NICOLL.—On December 31st, 1939, at Bangalore, to Margaret, wife of Capt. J. A. Vere Nicoll—a son.

## MARRIAGES.

INNES—CHRISTOPHER.—On December 29th, 1939, at the Church of St. Nicholas, Stevenage, Alexander Innes, F.R.C.S., only son of Dr. P. D. Innes, C.B.E., and Mrs. Innes, Edgbaston, to Margaret Mary, youngest daughter of the late Mr. and Mrs. F. G. Christopher, Goring-on-Thames.

JORDAN—ANDERSON.—At Cassington, on November 28th, 1939, Arthur, eldest son of Mr. and Mrs. Albert Jordan, of Tonbridge, to Georgina Ellen, only daughter of Mrs. and the late George Anderson, of Cassington, Oxfordshire.

PARK—SELDON.—On January 6th, 1940, at St. Margaret's Church, Streatham Hill, Dr. William Douglas Park to Beryl Patricia Seldon, both of Streatham Hill.

WEST—FLEMING.—On September 7th, 1939, at Ardee, Co. Louth, Ireland, Dr. Raymond West to Dr. Jean Fleming, of Anchencairn, Castle Douglas, Scotland.

## DEATHS.

ECCLES.—On November 25th, 1939, at his home, Apple Tree Cottage, Offington Drive, Worthing, George Torcher Eccles, M.A., M.B., B.Ch. Cantab, aged 73.

BURTON.—On January 10th, 1940, suddenly, near St. Mary's Church, Finchley, Francis Henry Merceron Burton, M.D., M.R.C.S. Eng., late Lt.-Col., R.A.M.C., and beloved husband of Hosie Burton, of West Court, Gravel Hill, N.3, aged 80.

WRIGHT.—On December 21st, 1939, at Wotton-under-Edge, Gloucestershire, John Crossley Wright, M.A., M.D., beloved husband of Florence (Fiona) Wright, and eldest son of the late J. Hodson Wright, M.D., of Halifax, aged 73.

## ON ACTIVE SERVICE.

RINGDAHL.—On January 19th, 1940, at Hong Kong, Surg.-Lieut. Knut Erik Olof Ringdahl, elder son of Mrs. and Mr. A. Ringdahl.

**J. & A. CHURCHILL**

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 6.

MARCH 1st, 1940.

Price Fourpence

### VERBAL THRIFT

QUITE a long time ago now a man burst into the Editorial Office one morning and said, rather brusquely: "I think the least the JOURNAL might do is to spell 'Bart.'s' right!" On being asked to explain his outburst, he added: "You ought to know that there should always be a stop between the 't' and the apostrophe. Like this: BART.'S—not BART'S."

Well, there it was. An abbreviation, perpetrated admittedly for hundreds of years, had so grown into popular usage that people were beginning to quibble about its spelling. The least that this new trend showed was a degree of recognition that it was an abbreviation. In this JOURNAL—we must confess—and in many other writings over a long period of time, the "slang" nature of the word has often been completely forgotten. To have a "nickname" is said to be a sign of popularity, and the fact that those trained in this Hospital are known as "Bart.'s men" anywhere where they are known at all is conceivably a measure of the esteem in which the world holds them.

But for individuals to be known singly or collectively by a term of familiarity is a very different thing from a universal loose use of the name of the Hospital which begat them. When we approached people in high positions about this question of spelling, very few, it appeared, had ever considered the matter at all. Someone said: "Well, if you shorten 'Charles,' it has to be 'Chas.'!" That simple remark seemed to cast just the right light on the absurdity of the whole affair. It conjured up in the mind the blasphemous picture of our Patron Saint on the shores of the Sea of Galilee being addressed by his colleagues as "Bart." And so he may well have been.

We can be certain that Saint Bartholomew had many friends and no doubt they liked him well. But it seems incredible that we of this generation, nearly two thousand years later, should be breezily familiar with the name of our founder. Unless it be that we have ceased to associate our founder with the name of the Hospital at all. . . .

When Rahere had his vision, "full at once of terror and sweetness," he says:

"Then saw I one beside me of great beauty and majesty, who said: 'I am Bartholomew, an Apostle of Jesus Christ, who am come to help thee. By the will of Heaven, I have chosen a spot at Smithfield in London where in my name thou shalt found a Church. . . .'"

I think we can be quite sure that even Rahere in answering did not address him as "Bart."

Saint Bartholomew's is a name ringing with ancient reverence and mellow sanctity: "Bart.'s," standing by itself, is a word easily mistaken for a game most usually played in public-houses and which, when spoken in the presence of the slightly deaf, is often interpreted as an inland watering-place in the West of England. . . . This, we are told, is an age of speed in which time must be saved in all things and at all costs. "Think" (I can hear an American say), "of the time saved in using a snappy monosyllable in place of two long and tedious words—almost a whole second every time the name is mentioned. If spoken by various people six thousand times in one day, it means that a hundred minutes, or one hour and forty minutes, could be saved per day—in fact, a whole twenty-four hours a month!"

\* T. S. Eliot, incidentally, spells Bart.'s without a stop between the "t" and the apostrophe.

MARCH, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

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It may be that the time is not far off when languages evolved through countless centuries will be largely replaced by collections of letters and monosyllables. Ultimately the power of speech may revert entirely to a series of grunts. We may consider ourselves fortunate that so far this practice of verbal mutilation and amputation has not seeped too deeply into the life of the Hospital. Even at this time we have committed no enormities like "W.A.T.s" and "F.A.N.Y.s," which are products of war-hysterical femininity, although a clerk in Medical Out-Patients was recently heard to speak of the "Abdo." We perpetually insult one of our greatest historical figures by speaking of the room to which he has given his name as the "A.R.," though as yet no one has called the Abernethian Society the "A.S." We hear of the "L.I.F.C.U."

### OBITUARY

DR. SINCLAIR GILLIES.

We regret to announce the death, in Sydney, of Dr. Sinclair Gillies, a former Bart.'s man, and one whose brilliance and ability made him renowned throughout Australia.

Dr. Gillies was born in New Zealand, and received his medical training at Saint Bartholomew's, where he showed early promise by winning a Brackenbury Scholarship. After nine years' residence in England, he left to take up a practice in Sydney, where he was soon appointed to the honorary staff of the Royal Prince Alfred Hospital, from which he finally retired in 1929 as an honorary consultant.

His interests in the realms of Medicine were manifold. The establishment of the Australian Trained Nurses' Association owes much to his work, while to him fell the great task of taking charge of the soldiers' invalided home on account of tuberculosis in the Great War.

It is perhaps as a teacher that he achieved his greatest work, in which he tried to impart the methods by which he had been trained in London, and by his death the University of Sydney loses one who played a great part in bringing the teaching there to its present high standard.

holding frequent "P.M.s," and somebody recently wrote after his name on a notice-board the legend "A.R.P.O."—a relic of the early war period when men wandered about Saint Bartholomew's wearing intimate details of their titles and activities—fully abbreviated on their sleeves. There was a certain "Chief Ass." who used to address his House Surgeon as "Doc.," with the result that his House Surgeon used to address his students as "Doc." and they in their turn—try as they would—used to find grave difficulty in avoiding the use of the term in addressing everybody they met—including their patients.

We can count ourselves particularly lucky in one thing: the names of most of the members of our Senior Staff are far too monosyllabic to be shortened in any way by the wildest stretch of imagination.

DR. G. C. GARRATT.

By the death of Dr. George Campbell Garratt on Thursday, February 8th, the city of Chichester and the country for miles around have lost a great and valued Physician. He came to Chichester in 1905 in succession to the late Dr. Harlock, of Summersdale Lodge, who died after a few days' illness.

He took the B.A. degree at Cambridge University with a Natural Science Tripos and, proceeding to St. Bartholomew's Hospital, he again had a most distinguished career, obtaining a Kirke Scholarship and Gold Medal. He took the M.D. degree of his University and subsequently became House Physician to the Sibyll Duckworth Hospital and also House Physician to the Royal Hospital for Diseases of the Chest, after which he was a Medical Officer of the London Fever Hospital for some five years, where he did most valuable original work in the treatment of diphtheria which is now of universal use.

Dr. Garratt became the first Visiting Physician to Aldingbourne Sanatorium and also to Graylingwell Hospital. In 1910 he was elected Physician to the Royal West Sussex Hospital, which position he held until a breakdown in his health caused him to resign in 1931, when he was elected Consulting Physician to the Hospital, and retired from active practice. His kindness, and the trouble he took with his patients, especially the poor, gained him a reputation any doctor might well be proud of.

## A DICTATOR'S DOWNFALL

By SIR WALTER LANGDON-BROWN, M.D., F.R.C.P.

NOT long ago I stood by the broken bridge at Avignon. The scene inevitably recalled to my mind the rise and fall of a scarcely remembered dictator, who was true to type.

The Middle Ages that enriched so many cities with splendid architecture left no such legacy to Rome, so great was the turmoil and misery then prevailing there. Indeed only one domestic building remains of that date, the one miscalled the House of Rienzi on the banks of the Tiber, hard by the restored Temple of Fortuna Virilis. Born in 1313 Cola di Rienzi, like so many dictators, was of the humblest origin, the son of an inn-keeper and a washerwoman, who however strove to give him a good education. He saturated himself in the classics and became filled with a sense of the violent contrast between the glorious past and the miserable present of the Eternal City; a misery that had been enhanced by the flight of the Popes to Avignon. A city without trade or merchandise, mediæval Rome depended almost entirely for existence on the ecclesiastical system. Rienzi was no mean orator and he was selected as one of a deputation sent from Rome to Avignon to urge Pope Clement VI. to return. Though he failed in his main mission he gained two things—a well-paid post as apostolic notary, and still more important, the friendship of Petrarch, who reinforced the fiery oratory of Rienzi with his skilful pen.

There is no doubt that at the outset Rienzi like many of his kind was filled with good intentions. The dual conception of the eternal sovereignty of Rome and St. Augustine's Civitas Dei seemed to fuse in his heated brain into an ideal "good estate" which he proclaimed with Messianic fervour to be near at hand. With a passion for the theatrical which besets the usurper of great authority he made triumphal processions in extraordinary and magnificent attire, so that he was looked upon contemptuously as a buffoon by ruling families such as the Colonna who were, until it was too late, merely amused by his threats and predictions.

Nevertheless his *putsch* triumphed. Surrounded by a hundred conspirators he emerged from the Church of St. Angelo clad in complete armour to proclaim the re-establishment of the good estate, and marched to

the Capitol. The populace entranced by the sudden way in which he overthrew the power of the nobles would have conferred on him any title he desired, but he selected the ancient and modest one of Tribune, whose office it was to protect the common folk. Neither he nor they knew that in olden days the Tribune of the people had no legislative or executive functions. That the early days of his rule produced order out of chaos there can be no doubt. In Gibbon's stately phrase, "A den of robbers was converted to the discipline of a camp or convent; patient to hear, swift to redress, inexorable to punish, his tribunal was always accessible to the poor and stranger; nor could birth or dignity or the immunities of the Church protect the offender or his accomplices." By judicious economy and checking corruption he financed public defence, established granaries and provided allowances for widows and orphans. Yet it all ended in disaster for, as Lord Baldwin once said, "none of us is good or wise enough to be a dictator." Having acquired command at home the dictator always sighs like Alexander for fresh worlds to conquer. In that direction Rienzi's first idea was peaceful enough—to unite Italy into a great federal republic. But soon unbridled power went to his head and his lack of balanced judgment appeared together with ostentatious vanity.

It has been said that the letter in which he justified his extraordinary treatment of the Colonnas displays a mixture of the knave and the madman. He rode to the Lateran in state and shocked even his own supporters by bathing there in Constantine's great porphyry bath, sanctified in popular esteem by a famous though false legend. He summoned the Pope from Avignon and kings from Bohemia and Bavaria, together with all the Electors of the Emperor, to his judgment seat in Rome. But just as Glendower could summon spirits from the vasty deep, the question remained, would they come? They did not. All attempts to check this mad career failed, civil war broke out in which for a time he was successful, but when it was renewed his courage suddenly failed and he tearfully abdicated.

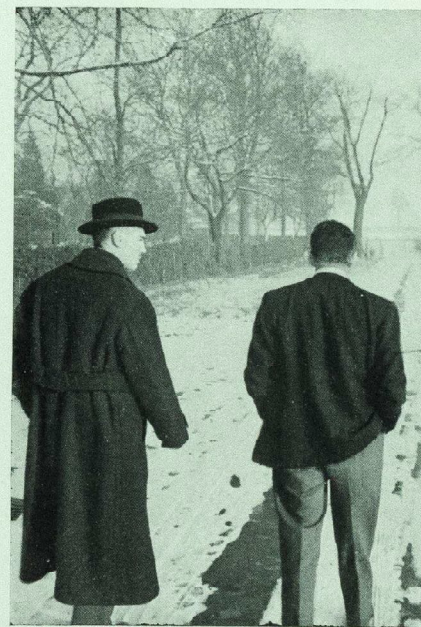
Yet after an exile of seven years he returned from a lenient imprisonment at Avignon, because the new pope, Innocent VI.,

was persuaded that he alone could control the anarchy then prevalent in Rome. But the power of his magic had evaporated, and a short administration of four months ended in a revolt in which he was isolated in the Capitol. A curious mixture of heroism and cowardice, in his last hours the former prevailed. He must have presented a strange and tragic spectacle when, dragged on to the platform of the palace, he stood, silent, half naked and half dead, striving again to hypnotise the mob that once acclaimed him. All in vain, he fell stabbed by a thousand wounds, and his body thrown to the dogs. When the claimant to divine honours fails, his dupes wreak savage vengeance.

Such men are often at the mercy of myth and legend. Is it fanciful to think that a legend of Frederick Barbarossa is playing its part to-day? Lord Bryce tells us that far up among the limestone crags that frown over Berchtesgaden in a spot scarcely accessible to human foot, the peasants used to point out to the traveller the black mouth of a cavern and tell him that within Barbarossa lies amid his knights in an enchanted sleep, waiting for the hour to descend and bring back to Germany the age of strength and unity.

"Sur le pont d'Avignon tout le monde y danse" in the grip of fierce blasts of the Mistral. To-day the nations watch the dance of death on the broken bridge of good faith.

## OUR CANDID CAMERA



"No it's not my dressing-gown."

## CHILBLAINS

## Pathology — Prophylaxis — Treatment

By R. M. NOORDIN, M.R.C.S., L.R.C.P.

*Introduction*

The winter months never fail to bring to the general practitioner a host of minor seasonal maladies of which probably chilblains are the commonest. Advertisement columns devote a considerable amount of space to remedies, and the general public are invariably assured of sudden and "easy cures." Such remedies are mainly local measures, and it is difficult to conceive immediate relief from their application.

While admitting the condition to be a minor ailment, one cannot help noticing how slight is the literature at the disposal of the medical profession. Little is written of the pathology of the lesion; most textbooks on general pathology limit themselves to a paragraph, yet the condition is extremely distressing and even limits the usefulness of persons in their work. In order fully to discuss the lesion, a glance at its pathology is desirable.

*Pathology*

Chilblains are essentially lesions of the capillary circulation. The lesion is multiple and appears to be restricted to the extremities, fingers, toes, ears and even the ala nasi.

In the case of the lower extremity the legs are often involved, the back of the leg becoming invaded. Typically the lesion commences with an area of indurated erythema. The affected part is tense, red and extremely tender if struck or knocked accidentally. The pulp of the finger is seldom affected; the lesion is usually over the dorsum of the finger or side of the hand. Occasionally the lesion appears over the inter-phalangeal joint. When the back of the leg is affected the condition usually spreads from the heel. The dorsum of the foot may also be involved, although the lesion here has a characteristic bluish appearance that is lacking in the case of the toes.

Cold appears to be the stimulus and the lesion appears after exposure.

Boyd (1) attributes the condition to be common in wet and cold climates and hardly ever seen in dry cold. Further, he describes the cause as repeated "light freezing." The latter expression would be better

qualified if the words "prolonged light freezing" were substituted. In other words, the stimulus should be of fair duration and not sudden and slight. Were this not so, then it would be possible to produce chilblains in summer weather by lightly freezing either of the extremities. For example, one cannot produce the lesion by immersing the hand in a refrigerator during summer months because the stimulus (cold) is not sufficiently prolonged even though the temperature in the refrigerator has a lower level than the average winter's day. The moment the stimulus is withdrawn and the hand is placed in normal temperature, the circulation is natural and the lesion is not produced.

Further, during summer it is possible for the feet and fingers to be as chilled as they are on a winter's day. This can be proved if one attempts sea-bathing on a cold and wet summer's day. But the cold is insufficient to produce the lesion.

Briefly, it may be said that the length of the cold determines the production of the lesion. Thus chilblains are seldom seen before October or after April.

As there are no post-mortem findings to guide one, there must be purely speculative assumption on the pathology of the chilblain.

The condition is explained by an arteriolar constriction or spasm due to cold and a capillary dilatation later followed by an interruption in the venous return by constriction of the venules.

Macleod (2) describes "dilatation of the vessels in the corium and of the smaller vessels of the hypoderm with extravasation of leucocytes." Oedema and even bullae follow. Lymph stasis would appear to be a factor also. The so-called "broken chilblain" occurs in the final stage of capillary dilatation when the wall of the capillary ruptures through pressure. Finally observation has shown that the condition is associated with calcium deficiency.

*Treatment**Prophylactic*

The treatment should be directed against the stimulus, *i.e.*, the cold. Patients should guard against really cold extremities. To

this end, lined gloves, thick shoes with pad of felt for inner sole and warm stockings should be started directly autumnal weather arrives. Patients should wash in warm water, but never in really hot water, especially if hands and feet have been cold previous to washing.

About September a course of six injections of Colloidal calcium with Vitamin D should be commenced at three-day intervals. As the condition is associated with vitamin deficiency, cod liver oil or halibut liver oil can be given.

Some authorities associate the condition with anæmia and even T.B. Roxburgh (3) quotes both anæmia and tuberculosis as predisposing causes. Indeed, the appearance of the lesion when spreading up the leg does resemble a tuberculide—vide Bazin's disease.

McKenna (4) states "chilblains depend upon a tuberculous focus, and in some cases this is true." At any rate, the lesson to be learned from the foregoing is that attention should be paid to general health, appetite and nutrition. Diet should include fat, cream, malt, sugar and starchy foods. Attempts to find an intestinal focus of sepsis for the condition have been instituted, but in the writer's experience such attempts invariably fail and chilblain sufferers do not generally give a history of alimentary irregularities.

*Active Treatment*

During the winter a severe attack of chilblains should be treated on general lines.

Attempts to relieve irritation and swelling by local measures are often disappointing. Exception may be made, however, for hot hypertonic saline baths into which the extremities should be plunged. There is often a degree of relief after such measures.

Severe cases (in which the backs of the legs are invaded and the feet so swollen that walking is a torment) should be put to bed. An injection of 1 c.c. colloidal calcium should be given and repeated at daily intervals. No bandage should be applied, and the affected part improves in the warm even temperature of bed. At the end of the first day it will be seen that the fingers and toes are blue but skin is wrinkled, suggesting that all oedema has disappeared. The swelling and blueness should have disappeared after 48 hours and the patient allowed up, but injections should be continued till six in all have been given. Before going into the cold again, circulation should be assisted by brisk massage and rubbing of fingers and toes, and patient should start out warm and endeavour to keep so by exercise. The injections may be then continued at weekly intervals till a further six have been given.

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- (1) BOYD. "Textbook of Pathology."
- (2) MACLEOD. "Diseases of Skin," pp. 2, 6.
- (3) ROXBURGH. "Common Skin Diseases," p. 62.
- (4) MCKENNA. "Diseases of Skin," p. 223.

## THE PSYCHO-ANALYST

I POSSESS a sumptuous sanctum  
Where I smoothie my lofty brow,  
While I ponder on grave questions  
Of the why and when and how.

A secretary guards me  
In my esoteric state,  
A nurse controls the patients  
And a butler guards the gate.

And when at last a seeker  
Is admitted past the pale,  
I solve the phallic mysteries,  
I pierce the virgin's veil.

I display a classic learning  
Before which my patients bend;  
I talk about Narcissus  
Not as flower but as friend.

I have twisted to base uses  
Even ancient tragedies.  
Oedipus I've made a complex  
(Pardon me, Euripides)

Thuswise, erudite and lofty,  
I discourse of this and that,  
Of symbols and of psyches—  
Did you murmur "Thro' his hat"?  
E. M. A.

## "SAFETY FIRST"

By LINDSEY W. BATTEN.

I THINK it was in September, 1917, on a fortnight's leave, between the abortive attack on the Belgian coast when the Germans—like the horse in the tale of the horse-ball—blew first, and the Passchendaele show, that I first saw this phrase. It was on that iron lozenge which concealed the legs of the conductor of a bus seen from behind, and, as intended, it caught my eye. I stared, puzzled. Taken seriously it made no sense, but perhaps it was the name of a play or just a joke or a piece of bitter irony designed to make the coward bold. When I got home I asked about it and was told it meant don't kill yourself by carelessness, or "look before you leap"—quite blameless and even useful pieces of advice. I was partly relieved but still further puzzled, because it *said* so very much more, and I could not understand why no one laughed at it. But no one did, even in war-time, and it spread until it confronted you on every road in the countryside, boasted a Society of its own and was publicly adopted by a Prime Minister as a principle of national policy. And still no one either laughed or hooted.

That it failed in its first object of preventing slaughter on the roads will scarcely be denied. Drivers put, at best, speed or sporting with Amaryllis at the wheel much higher than safety in their scale of values, and cyclists and foot-goers replied in kind; year in, year out the great god "Motor Car" enjoyed and still enjoys his daily hecatombs. It may well be that the slaughter would have been still greater without this motto, but it would take some hardihood to assert that as a life-preserver it has been a success. In a field where it might have been adopted at something approaching its face value it has not been adopted at all.

But in many other directions, and not least in Medicine, it has sunk in so thoroughly and been accepted so readily as an ideal or as almost a truism that it seems time to submit it to critical inspection.

Its acceptance is a surprising phenomenon. It can claim no support from any philosophy or religion. It is alien alike to the spirit of the Old Testament and the

New, to the teaching of Mahomet and of the Buddha; Stoics and Epicureans would equally reject it, and though the "nothing to excess" of the Greeks and the "aurea mediocritas" of Horace have a sort of kinship with it, they are scarcely more than second cousins once or twice removed, and a good Roman or a good Greek would both have despised it. Still more would our own Elizabethans, and, indeed, I do not believe it would have been allowed to appear in public in this country many years before it did in fact hatch out. Englishmen of the late nineteenth century would, I am quite sure, have despised and mocked it, and it receives no sanction from modern psychology.

Nature perhaps gives it a sort of support as a motto for the beasts that perish. The timid rabbit is as successful as the bold sparrow. But animals which in the course of evolution have gone all out for safety, like the tortoise, the hedgehog or the leaf-imitating insects, cut a poorish figure among their fellows and are very far from replenishing the earth and subduing it; in any case, it seems almost certain that the power to take deliberate risks is, in the main a human privilege without which Man could never have attained his present dominance in the animal world.

"But," one may say, "this is a practical age. Religions are out of date and so are philosophies, save perhaps pragmatism. The thing is 'does it work?'" Well, does it? No doubt it has its provinces. As a maxim for use in crossing the road it is really impeccable, and when we contemplate medical or surgical interference—especially if the patient be not very ill—it is at least worth hearing as a whisper in the ear before we decide to begin; but as a principle applied by the individual to the conduct of life, by the statesman to national or international policy, and by doctor and citizen to the preservation of health I submit that it is quite disastrous. And the sad thing is that it is so applied. Thousands of children are brought up on the principle of "no risks"—real or imagined—and many of them grow up into the no-risk adult (or alleged adult) so com-

mon in our consulting rooms and not uncommon even in hospitals. This unfortunate is afraid of almost everything with which he has to do and with which a healthy man must be on terms of friendship. He fears the air he breathes, the food he eats, the sun, the wind, the rain, heat, cold and mist; he dreads "overwork," "strain" and "shock" and is constantly distrustful of the workings of all his principal organs. No doubt he has always existed, but has his attitude of mind always been so terribly respectable? Have his fears been always only a slight exaggeration of the accepted beliefs of most of his fellow-citizens who describe him sympathetically as "rather nervous" and reserve their disapproval for the risk-taking citizen who has been known to go out in the dark without a coat, not to change his shoes when they were damp, to plunge into the surf within an hour of eating or to dine in a house in which there was measles? New or old, it is a sad state of mind but exceedingly prevalent.

Our laws and bye-laws are deeply impregnated with the same doctrine. The one thing the citizen must be protected against is physical injury or the supposedly calamitous and permanent effects of some unpleasant experience—and woe to him by whose unwitting negligence the offence cometh. The wicked hospital on whose polished board-room floor lies a mat ready to slip under the foot of the unwary visitor, the wicked Corporation whose tram driver bumps a hearse, rocks the coffin and shocks the sensibilities (so curiously termed "nerves" or "nervous systems") of the sorrowing relatives, are mulcted in handsome damages, and woe betide the rash employer of a man marked down by Fate for a coronary thrombosis or the Borough Council on whose swings or in whose paddling pool some adventurous child breaks a wrist or cuts a foot or from whose unmulcted tree a branch falls in a gale on the head of a passer-by.

Why couldn't they be more careful? Safety First.

The present international scene is almost too sore an affair to touch, but is it not abundantly clear that this and other democracies are paying now in full measure for the pusillanimous prudence of the last twenty years and still are loth to learn? As to London in the last six months, were ever such vast and costly sacrifices heaped

upon the altars of the god of safety by any city or nation before? Lives, of course, by the thousand, and livelihoods as many, good customs and ancient traditions, family life, work, the practice of the arts, research, education, hills (kept sacred from the builder but now grubbed up and thrust into sand-bags and the trees upon them thrown into the pits), wild animals in the Zoo, radium and cultured microbes in the laboratories, dignities, amenities, freedoms—all sorts of things, some small but many precious and irreplaceable, have been destroyed, neglected or pushed out of sight with, as it seems, hardly a thought or a tear, as though nothing counted but saving our skins from the potential risk of bombs. Of course, the balance sheet cannot yet be made out, but at the moment of writing the sums on the debit side are immense, while the credit side is almost blank. A very large sum of lives saved-by-precautions will have to be shown if the account is ever to be squared. So far, the trick goes to Hitler.

But if we deplore, as surely many of us must, the precautionary excesses of the last few months—the boast of 200,000 empty beds (how many emptied)—the paralysis of our great hospitals and medical schools, the openly tuberculous returned to their homes, the schools prepared for the reception of "contaminated men" or half-filled, as it is rumoured, with coffins for the potential dead but emptied of their children, who roam the streets forlorn; the solemn carrying of gas hats in remote country villages or little Cornish coves, the flight from "residential districts" on the outskirts of London (already well provided with costly dug-outs under the rock-garden) to any comfortable town deemed to be safer; if we deplore all this and wonder uncomfortably whether a most unpleasant-looking war can really be sustained and carried to victory in such unwarlike fashion and whether, in our efforts to preserve our skins, we shall not lose everything better worth preserving, should we not inquire into the springs of this unworthy caution and ask if as a profession we are not reaping where we have sown? Are we, perhaps, if not the chief priests, yet among the leading and most effective apostles of this pernicious creed?

It is a pretty safe assumption that the fearful, timid or over-cautious adult,

whether he transmutes his fears into a neurosis or practises them as a private citizen or as one in authority, learnt his attitude to life in childhood. Often enough his mother has taught him his fears, sometimes his father, and all too often behind the timid parent stands the doctor, lending the weight of his authority to every shirking of a risk, to every retreat from adventure coming down with monotonous regularity on the side of safety and very rarely even suggesting that another side exists. Is it not true that from infancy onwards our fellow-citizens hear us preach the wisdom of fear, the necessity for caution, the vital importance of watching for the earliest signs of danger? Do we not support the unhappy shrinker from life along the inglorious path on which we have helped to set his feet, relieving him even of the burden of decision and giving to fear and its manifestations a respectability and dignity which perhaps Medicine alone has the power to confer? Just lately in the matter of "shell-shock" we have indeed cried "peccavi"; whether we have learned wisdom even in this matter remains to be seen. When war begins and we encounter fear in fancy dress at home and abroad, shall we, even among ourselves, be brave enough to call it fear or shall we coin new nicknames for it as before?

But to return to civil life in peace and to the child. We begin, perhaps, with a circumcision "to avoid possible trouble in the future"; we go on to support every proposal for avoiding contact with the infectious fevers of childhood at a considerable cost in terms of school-days, social contacts, convivial occasions, courage and good-neighbourliness, although we know well enough that we are laying up trouble for the future and that to enter public school or adult life with no acquired immunity is good neither for the individual nor for the community which he joins. If we succeeded in inducing any large proportion of our fellow-citizens to face the ordeal of immunisation against diphtheria, our attitude to chicken-pox might be more pardonable. But in this we notoriously fail.

With our eyes fixed on the organic integrity of the heart and its valves, we put it about on the slenderest of clinical evidence that limb pains in children are tantamount to active rheumatic infection and that fidgets are an early stage of chorea, if not

chorea itself; that in a child with limb pains or fidgets the heart is in danger but that with constant observation and prolonged curtailment of activity we can probably preserve it intact. Except on the basis of "safety first," not one of these propositions would be accepted as proved or indeed as more than extremely doubtful, but on that basis they are preached and acted upon until they are accepted as certain fact by large numbers of parents, teachers and others responsible for the care of children. A vast amount of curtailment of work, play, freedom and adventure among children results, and some doubt at least is cast upon the soundness of an enormous number of young hearts, most of them perfectly healthy. Unquestionably some lives and some hearts are saved, but has anyone ever counted the cost in terms of spoiled childhood, anxiety, invalidism, cardiac neuroses and, once more, diminution of the common store of courage? No one has and no one can. But may it not fairly be said that there is less doubt about the debit than about the credit side of this account?

The young adult we leave comparatively alone, though we have instilled a very effective fear of childbirth by campaigns against "maternal mortality and morbidity," but by middle age the cancer fear begins in good earnest and continues until death. Cancer fear is reasonable enough, as fear goes, but is it not we, rather than the disease itself, who, by half unveiling the dimly seen spectre, have imbued it with such a terror that not one patient in ten will call it by its name? It is quite certain that with cancer, as with tuberculosis, we have failed to give our public any clear picture of the disease, what it is and how it begins; yet we have said enough to scare them profoundly, and all in the name of safety.

Worst of all, we are caught in our own net. We have made ourselves the apostles of safety and we dare be nothing else. Indeed, it is almost impossible. Only at great risk to ourselves can we preach courage to our patients. Sometimes we do boldly tell them that they are quite well, and occasionally we are thanked; sometimes, greatly daring, we tell them (like Mr. Belloc's famous physicians) that "there is no cure for this disease," and for this too we are sometimes thanked, but more often our courage fails. We too play for

safety, and one more vicious circle is complete. That it must be broken somehow, that courage must be restored to its place among the eternal values and "safety first"

be buried with ignominy if anything worth calling health is to prevail is surely obvious. Perhaps war, which breaks so much, will break this circle too.

## MY FRIEND BINDLEBINE

AS you may, or may not, have gathered, my friend Bindlebine, for a member of the laity, is more than ordinarily interested in the manners and customs, more especially in the manners, of our Great and Venerable Institution. Bindle is nothing if not a stickler for what he is pleased to call "The small and not altogether to be despised courtesies of this otherwise savage existence."

Well, this little anecdote concerns one of Bindle's researches, and came about on this wise. We were sitting in a certain underground haunt (which may, in fact must, remain nameless), sipping our coffee after a lunch which Bindle had admirably summed up as one of the less essential horrors of war, considering going to a motion picture entertainment, when I suddenly thought of asking if Bindle would care to go on a Ward Round instead.

In less time than it takes a ganglion to recur we were sitting peacefully in a Surgical Ward harkening to the wise dicta of a Great Man, and Bindlebine was respecting our ancient customs by dozing peacefully at the back. When suddenly—and the drama of this was intense—the Great Man stopped his discourse and said:

"I'd like you all to have a look at this case."

Bindle was rudely awoken by being nearly knocked off his seat to perceive about thirty specimens of "Hearty Young British Manhood" hurling themselves across the room like hellhounds unleashed.

Poor Bindle, he murmured something about "not having paid, and therefore not

wanting to fight for his pound of patient's-flesh," and strolled over to the serum. Knowing better, I stood clear and caught him as he was flung back by a peripheral outpost of pundits. These had made a rather slower dash than their brethren, who were even now bandying pithy remarks as to the prognosis of the patient's carcinoma over her cowering head.

This series of events quite shook the poor fellow, and Bindlebine sat dumbfounded until the very end of the round, when the Great Man made the inevitable final remark:

"Are there any questions?"

"What is Erythrocyanosis crurum puelarum Frigida, sir?" came like a thunderbolt from the right-hand end of the front row.

"I haven't the faintest idea," said the Great Man. "What is it, anyway?"

The "question asker" then gave a concise outline of the condition and smiled triumphantly. I felt Bindle shudder with rage and shame, and a hoarse whisper said,

"What in the name of seventeen fiends did he want to ask that for?"

"To show that he knew it," I said. "Appears to be the done thing these days."

"Oh," said Bindle, "I see."

I was glad that the conversation at tea centred around extra-hospital matters, and that the irreproachable guest's only comment was in praise of the Great Man's self-control.

CORTEZ.

## FURTHER EXTRACTS FROM Dr. HEBERDEN'S "COMMENTARIES ON DISEASE" \*

### OF GOUT.

IT can hardly be reckoned one of the disadvantages of the gout, that after destroying all the comforts of living, by this weight of misery, or by bringing on a palsy or apoplexy, it immaturely extinguishes the power of life. Yet people are neither ashamed, nor afraid of it; but are rather ambitious of supposing that every complaint arises from a gouty cause, and support themselves with the hopes that they shall one day have the gout, and use variety of means for this purpose, which happily for them are generally ineffectual.

Various distempers in certain ages and countries have had the fashion on their side, and have been thought reputable and desirable; others, on the contrary, have been reckoned scandalous and dreadful; not from any circumstance belonging to the distempers themselves, or to the manner in which they are contracted, but from some prejudice or fancy not easily to be accounted for. Epilepsies seem to have been held in particular abomination by the ancient Romans; and ruptures both with them and with the moderns, have been attended with as an unmerited shame. Some maladies have been esteemed honourable, because they have accidentally attacked the great, or because they usually belong to the wealthy, who live in plenty and ease. We have all heard of the courtiers who mimicked the wry neck of Alexander the Great; and when Louis XIV. happened to have a fistula, the French surgeons of that time complain of their being incessantly teased by people, who pretended whatever their complaints were, that they proceeded from a fistula: and if there had been in France a mineral water reputed capable of giving it them, they would perhaps have flocked thither as eagerly as Englishmen resort to Bath in order to get the gout.

The itch is supposed to be wholesome in some countries, where it is endemic; and an ague has been considered as a minister whose presence and stay ought by all means to be courted. These opinions are now exploded pretty generally in England; and I hope the time will come, when a specific for the gout,

as certain as those which have been discovered for these two disorders, will ascertain the equal safety and advantage of immediately stopping its career and preventing its return.

. . . I remember a person who for fifteen years had every year a return of gout; and during all that time he was troubled with an asthma at length the health became ruined, and the constitution utterly broken; and it was remarkable that during the five years in which he continued languishing before he died, he suffered neither gout nor asthma.

But let the producing or maturing of a suppressed or unformed gout be ever so advantageous, still all physicians must allow the criteria of it to be very obscure, and that there are none by which we can know, and I think hardly any which give us ground to suspect this disease, where there is no pain, nor redness, nor swelling in the first joint of the great toe, or in any other part of the foot, and where the person never had the gout, nor has any hereditary right to it. Yet, notwithstanding the absence of all these circumstances, it is not uncommon to see it charged with being the cause of almost every beginning chronic disease, and of some acute ones.

The most perfect cures of which I have been a witness, have been brought about by a total abstinence from spirits, and wine, and flesh; which in two or three instances hath restored the helpless and miserable patients from a state worse than death, to active and comfortable life; but I have seen too few examples of the success of this method, to be confident or satisfied of its general utility.

The great Dr. Harvey, as I have been told by some of his relations, upon the first approach of gouty pains in his foot, would instantly put them off by plunging the leg into a pail of cold water. . . . I do not recommend Dr. Harvey's example as proper to be imitated, though it is known he lived to a good old age.

\* "Commentaries on Disease," by William Heberden, born 1710, died 1801.

### OF ASTHMAS.

Emetics not infrequently procure easy breathing; but cathartics are so very seldom useful, as scarcely to deserve being tried. A large spoonful of mustard-seed taken every morning has been successful in keeping the fits off; and so crude quicksilver, and cinnabar, are said to have been; and yet a course of mercurial ointment has several times brought on a difficulty of breathing. . . . Opium is a powerful remedy in some asthmas, when all other means have failed; is it not useful in all?

If we consider the long intervals of breathing with perfect freedom, which this distemper frequently allows, and likewise the nature of many of its remedies, and that

it will be caused by sleep, grief, anger, terror, joy, or a fit of laughter, it must seem probable that, besides various other causes of an asthma, it is in many instances owing to some disturbance of those functions which are attributed to the nerves.

### AURIUM MORBI.

In consequence of a violent blow upon the head or ear, I have two or three times been the witness to a copious discharge of water from the ear, either clear or lightly tinged with blood, especially on holding the head down: by the account of one of these patients there came not less than a pint every day; but this must have been by conjecture, for it could not easily have been measured. Whence did this come?

## EXCERPTS

### WITH THE R.A.F.

Tall and distinguished in appearance, witty and cultivated in conversation, Mr. Keynes combines surgery with art and literature.

*Evening Standard.*

\* \* \*

### NOW WE KNOW .

Both German measles and influenza are termed virus diseases—virus being a vague term used for the poison which causes a disease when it is not known whether or not bacteria are present.

*Daily Paper.*

\* \* \*

### PSYCHOLOGICAL CASE.

☞ Came up to Hospital to see Mr. Stallard. Saw Mr. Scott. Next thing she know was she was in bed.

*House-Physician's Note*

### CATERING CURIOSITY

or

### The Ham-and-Egg Anomaly

It is well known that on Sunday mornings those students who reside in the West Wing receive, for breakfast, the choice of cold ham or boiled egg, which they receive "on the house," on the distinct understanding that any extra food is procured at their own expense. A student one morning decided to have a boiled egg, and, thinking that cold ham with it would be a Good Thing, ordered it, receiving in due course the ham and a bill for 10d., which was the price of cold ham on the menu. Another

### FORENSIC MEDICINE.

"You have performed an autopsy?" asked the coroner.

"Yes."

"What did you find?"

"I found the blood much engorged and brilliant in colour. . . ."

*Serial story from the Daily Express.*

\* \* \*

### SICKNESS WITH PAV.

Patients with disseminated sclerosis are given frequent remittances.

*Heard on a Ward Round.*

\* \* \*

### ELECTROCARDIOGRAMS.

Under certain conditions you may get a premature P after T.

*Heard on a Ward Round.*

student, however, ordered cold ham and, also struck by the appeal of Ham-and-Egg, ordered a boiled egg, which arrived after the customary delay, accompanied by a bill for 4d.

The only observations we have to make are:

(a) The first student was a "sucker" if he paid his bill; and

(b) Ham-and-Egg is a much less extravagant luxury than Egg-and-Ham.

## SEA PATROL 1918

By SURGEON PROBATIONER, R.N.V.R.

WE had commissioned a new destroyer at Greenock and, passing Ailsa Craig late in the afternoon, had the Start abeam at breakfast the next morning; a prodigious speed, but we were wanted urgently at our base. We refuelled at Portsmouth, threaded our way carefully through the Downs, then through the shallows at the mouth of the Thames to reach home. The ship's company consisted of men who had belonged to a destroyer which had been mined a few weeks before. The old hands were a superb collection of men. The boatswain was a great character, one of the bravest men I have ever met, a worthy successor of Nelson's petty officers. He was full of impish humour and reduced unruly members of the lower deck to total subjection by his gentle sarcasm and wit. The captain and the gunner were tough, very tough indeed, but both were good officers. The other officers were excellent companions. The new ship was much admired at our base, for she belonged to the new S class, with a long high fore-castle. The weather was fine and sunny, and, having reported to the Surgeon Commander and received additional medical stores, I looked forward to a more comfortable duty than that of convoying in the Bay of Biscay from which I had been transferred.

But the work was different, as I was soon to learn. There is all the difference in the world between the risk of being torpedoed or hitting an occasional mine and belonging to a crack attacking squadron of destroyers. We were sent out on patrol the first night we arrived at our base. The crew were at action stations, and to get to the bridge I had to crawl with much indignity beneath the torpedo tubes.

On the bridge the captain was trying to light a cigarette under black-out conditions while cursing the cook—a mild-mannered man who had been a chef of some distinction before the War—for allowing his galley to eject sparks. Suddenly the destroyer leader flickered a signal. It was from Captain D., who was out himself looking for trouble. I remember even now what the message was: "Prospects to-night are very good. On sighting the enemy we will close as close

as possible. I will make for the leader and try to ram her. Others must follow me and do the same in turn." I thought of Midshipman Easy and the Marriott novels. I felt most unhappy. Perhaps personal safety was the first consideration, but I was awed by my own incompetence to deal with large casualties, and I wanted above all things to be allowed to take a station behind a gun. But I was ordered to the stokehold to see a stoker who had collapsed. Curiously enough, I had never visited a stokehold before. The short skirts of my monkey jacket blew upwards as I made the descent, and I suppose now that my journey was perilous, for the ship was rolling heavily, and but for a firm grip on the ladder I might easily have been thrown into the depths of the stokehold below. The stoker was collapsed and there were vague reports from his mates that he had hit his head by falling during the violent rolling of the ship. He seemed to me to be suffering from acute neurasthenia, but it was difficult to examine him properly, and I had awful thoughts as to the correct procedure to deal with a fractured base in a destroyer's stokehold. We carried him up the ladder on a stretcher and tried to make him more comfortable in the stokers' messroom. One of the crew confirmed my diagnosis, I remember. He was a raw cockney—very raw, in fact—but I was thankful at the time for his encouragement. The stoker had been in the "Concord" stoking his fire when the ship had been mined. I sympathised with him and returned to the bridge. The weather was becoming worse, but we were now off the Dutch coast and we could see lights in the houses on the seashore. After a time I felt sleepy and returned to the Wardroom, where I had my bed on the Wardroom settee. One of the magazines was underneath the Wardroom, and the seaman in charge was fast asleep on the bare boards. A curious fellow this. Shakespeare says, "Weariness snores upon a flint." This fellow made a habit of it. On another trip we went into action and the action bell rang—it is true it was a very mild affair—but the action bell rang and this fellow still slept. He was very annoyed with me when I woke him up and hesitatingly told him that I believed we were at action.

The nearest approach to death I have ever had was during one of these night patrols. We were at action stations, and I was on the after bandstand with the midshipman, partly to keep him company, but also to be near the Wardroom in case I felt tired. The ship turned suddenly and the deck tilted to an angle of nearly 40 degrees. I slipped, and saved myself with my fingers alone by holding the armoured sheeting of the after gun.

As the night advanced the weather got worse, but we saw no German destroyers. With the dawn we saw the floating mines through which we had patrolled during the night, and most of us thanked God that we

had been spared. We turned homeward, and the weather got worse and worse. The short waves of the North Sea were a new experience for me. At anything above 12 knots they were most uncomfortable, and the Engineer retired to his bunk. He was a very sick man, and he asked for my help. He was vomiting most terribly and was almost collapsed. His Chief Artificer was with him, and what help I could give I gave willingly and with sympathy, but I realise now that I could have done better. On deck there was bustling vitality and laughter. The cold darkness of the night had gone. In many ways it seemed a pity that we were returning home.

## A LETTER FROM A POLISH REFUGEE

I THANK you very much for your letter—the first one I got after the war. You can't imagine how how terrible this war was for our family. . . . I saw the first German planes in Katowice where I have been working in an office. Then I came away with a car to Krakow to meet my mother who was staying with her family. We spent two days in Krakow but as the Germans has approached the town we thought it dangerous and we took a cargo car and left Krakow in the night. After 15 hours of a very tiresome journey we arrived at last to my aunt who has a "farme" in the country. Unfortunately we have been obliged to start again for a further journey as the little town was bombed all this time and it has not remain very much of it. We took a cargo train in the night as the night was the only time when it was quiet. But this time it was not like that. In spite of the darkness nine bombs fell not very far from our train—you can imagine what an awful feeling and to look and listen to all this people in panic. Maybe once when peace will reign in the world I will tell you all I have past. I know too little English to be able to describe all this. Anyhow we have been lying during many days in the forests—sleeping without taking off our clothes and we have been obliged to walk many miles because we have not got any other sorts of locomotion. Trains, cars and even carriages has been too dangerous. We stoped at last in a small town not far from Lwow and we lived there during five weeks. I have been working as a nurse in

a kind of Hospital. It was like terrible dream—we got hundreds and hundreds of wounded and no doctors, no medicines, no instruments and worst of all no food. We had a doctor for I think one week—he was a refugee too—and it was a bit better with him. They did not die in such quantities. He made operations in the bed without narcotics and without instruments—he used the cisors only. What do you think of such primitive methods of medicine? We have been occupied by the Germans—then we have seen during two weeks the bolsheviks and at the end the Germans came back. After three months of such life we left Germany—it was very difficult but anyhow we did it. Now we are here but my poor father is in Lwow under the Bolsheviks and not allowed to come home back. My brother—I think you know him—is arrested in Russia. As you see this war was terrible for us—but still God was good for us as other people in Poland suffer much more, specially those people who remain there. One thing which is our strength—we believe in the Victory. Justice must win. They are people in Poland who losed their families, their country and all their fortune.

I am going in the nearest future to France where I want to marry a Polish officer who is now in the Polish Army.

My dear —, that is very nice you thought of me during this sadde times for Poland. . . .

Cernauti,  
Rumania.

## THE ANECDOTAL PLANE

"The essential point of the ability to converse is the discovery of some line on which there is, for the moment at any rate, a harmonious unity of endeavour between all the parties to the conversation."—BLICH.

HAVING learned by experience, I took immediate advantage of the momentary conversational truce between the Pseudo-eminent Surgeon and the Truly Minor Doctor. I had just come in, by invitation, to share their tea.

"My aunt," I said hurriedly, "is a most remarkable woman: she has a kettle that whistles and—"

"D'you remember Taylor, R.M.O. of the Putney L.C.C.?" said the Pseudo-eminent with a "silence please" in his eyes which nystagged between me and the Minor Doctor. "An odd sort of chap; I did a locum with him when Jordan got suspended for a month ("No, I don't," belatedly said the Truly Minor in harmony); he'd got a week in jug and old Taylor had to take some notice of it or the Council 'd have jumped on him. Quite a decent old top, but he couldn't stick being run by a Council. They had him up once when I was there on an intussusception he said was b.n.o.r.; it was sent in by a woman doctor, and old Taylor was from Edinburgh and couldn't stick them. He sent it back to her, it was a kid, and he was kept so shorthanded he'd had to see it himself, and it died on the way back from the blasted woman again. He just told the Council—"

"Who," I asked intelligently, "was—"

"—he was abominably understaffed: he got away with it and they . . ."

This, I thought, is all awfully rude, because I've been invited to tea. And I know what happens next. The Truly Minor Doctor gets anecdotal.

"D'you remember Fitch, probably before your time," said the Truly Minor Doctor avidly and agilely seizing the fraction of a second for which the Pseudo-eminent silently gazed at us both to see whether we'd altered at all during his reminiscence. "I worked under him—"

I lacked the Minor Doctor's skill in seizing fractions of seconds. My reaction-time was greater, too. But at the earliest moment at which I was capable of resaying my say, I said hurriedly, "My aunt has a kettle that whistles and—"

"I remember a time when . . .," went on the Truly Minor, and his eyes, in their turn, nystagged to and fro.

This, I thought, is what always happens. It's that blithering anecdotal plane again, and it'll go on for hours. It could even go on for days, and it's jolly bad for my ego. I am pregnant, overdue, with an extremely interesting fact which could be conducive to a discussion *à trois* on both Physics and Metaphysics: and it's very bad for my ego to be conversationally suppressed in this way.

Then I had an idea of scintillating brilliance.

" . . . and I got the sack for it," the Truly Minor Doctor ended, "but everyone agreed that Fitch should have gone."

"I REMEMBER," said I, enthusiastically squeezing into the tiny breach, "my aunt who had a kettle that whistled and—"

"When I was at the Brompton with Percival," said the Pseudo-eminent, looking at me wistfully and sadly as he shouted me down, "I . . ."

I swallowed. I tried to look at it without animus, dispassionately. Blatantly and deliberately the man had cheated—although I had conformed to the rules.

I bitterly thought: "to talk" is recognised throughout the Empire as an intransitive verb: what right had the Pseudo-eminent to monkey with his and my mother-tongue and make the verb transitive by using myself as the direct object? I looked at his face: he had heavy dewlaps like a bloodhound: his Adam's apple bobbed up and down infuriatingly. He was gross and cacophonous, nothing but a voice.

" . . . was broadminded," concluded the Pseudo-eminent.

"We had a radiologist once when I was at . . .," began the Minor Doctor while I was saying, "My aunt has a whistling kettle and—"

" . . . and he and I," he went on, " . . ."

Broadbehinded, not broadminded, I thought furiously as I peeped between the Pseudo-eminent's legs to see why I was beginning to freeze: the fire was still burning warmly behind him. A suit like that is bound to be adiathermanous, I thought,

basing my vocabulary on the first M.B. and its concomitant knowledge; that led me to Physics, to Metaphysics and to my Extremely Interesting Fact. I glowered: and I snarled—aloud.

The Minor Doctor halted in his tracks. He was small and tintinnabulous; he had the other half of the fire. "What?" he asked, and they both looked at me with stationary querying eyes.

"Oh, it's quite all right," I said, and hysteria held me fast. "I have no aunts: none at all: not a single one. And as for whistling kettles . . ."

## CORRESPONDENCE

## THE LIBRARY

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

I have just laid down my February Journal, which contained many good things.

The article which attracted most attention was the article by the Librarian on our Hospital Library. I am very grateful to Mr. Thornton for his lucid account of our wonderful storehouse of literature.

Unhappily, as he infers, the library is most crowded in the few months prior to exams., and there are few opportunities to delve into the rich mine of the past.

May I pay my tribute to the improvement made by our new librarian? The new magazine covers, reference shelves on the central table, and other innovations are appreciated by many. Might I suggest that Journals from our sister Hospitals be at the disposal of readers?

I cannot close without a reference to that well-known figure, Mr. Coughtrey, who retired last year after a long spell of devoted service to our hospital. He was a real link with the past, and will be missed by a large number of students, past and present.

I am, Sir,  
Yours faithfully,  
J. B. GURNEY-SMITH.

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

## WASTED ENERGY

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

Ref. your notice of the increased cost of publishing the *Bart.'s Journal*, I think the right thing to do is to publish it quarterly during the war. That will suffice for it to accomplish its main purpose of keeping *Bart.'s* men in touch with each other, and you will save money and the energy of many, including yourself, which money and energy will be better devoted to other purposes during this time.

Yours truly,  
H. H. KING,  
Lt.-Colonel, R.A.M.C.

Fairlaw,  
Beaconsfield.

(Letters for the April issue should be received not later than Friday, March 15th.)

*April Issue.* Contributions for the April issue should be received at the JOURNAL office not later than Thursday, March 14th. The literary apathy among students of the Hospital, not one out of six hundred of whom will write for his own JOURNAL except under extreme pressure, is still a regrettable state.

## CAMBRIDGE NEWS

THE suggestion made by a recent correspondent that *Bart.'s* men in residence in Cambridge are aping undergraduate ways is so ill-founded that it scarcely deserves a reply. In case, however, any readers should have felt disturbed upon reading it, they will be glad to know that their fears are groundless. The Medi-

cal College, is, as it always has been and always will be, a complete and very independent unit. Up here *Bart.'s* men mix very little with the undergraduates, not because there is any bad feeling between them, but because they are members of two separate bodies, and a mere shifting of quarters does not alter the fact.



The outstanding event of the term has been a dance given by the Students' Union at the Dorothy Café. Eight hundred people were present, and the fact that this is a record number for a Cambridge dance was a tribute to the good name of the Hospital, to the organising abilities of the promoter, M. A. C. Dowling, and to the untiring efforts of his helpers, notably J. T. Marcroft.

Term ends for the majority of students on March 8th, although a small proportion are staying on until the 20th. The summer term commences on April 3rd.

#### ATHLETIC CLUB

Secretary: M. A. C. Dowling.

##### Committee:

L. G. Lloyd, M. S. Hughes, H. G. Middleton.  
(Officers elected November 10th, 1939.)

Since Cambridge A.C. hold athletic meetings during the Michaelmas term, Bart.'s decided to do the same. On November 17th Dowling won Cambridge open handicap high jump. On Saturday, November 25th, a match was held against combined Queens' and Pembroke. Bart.'s was joined to London Hospital, whose one competitor, C. J. Foord, was a great asset to the team. Our team was overwhelming in field, but weak in track events. We led until the last event—440—and finished the match four points behind our opponents. On December 2nd we added two gentlemen from Queen Mary College to our team, and called ourselves (rather ambitiously, perhaps) London University. Our new opponents were Cambridge

University. Foord won the pole vault and was second in discus, javelin, weight putting; Dowling won high jump, long jump and hop, step and jump, third in hurdles.

No activity this term so far owing to snow.

#### RUGGER

Rugger this term at Cambridge has so far been impossible. We were to play with Corpus Christi in a League against other Colleges, but all these had to be cancelled. However, we still hope to play with them in the "Cuppers," which are due to start next week, February 19th.

#### ASSOCIATION FOOTBALL

Unlike the Finnish war communiqués, but somewhat reminiscent of the French communiqués, there is "nothing to report" on the activities of the Club this term. In fact, the Club has been completely inactive on account of snow deluges and frozen grounds. Fixtures have been arranged for every Wednesday and Saturday afternoons, but up to now not one game has been played. It is hoped that a start will be made on Saturday, February 17th, when we shall be opposing our fellow-evacuees—London Hospital.

R. L. O.

#### PRECLINICAL HOCKEY

Activity this month has been confined to the systematic cancelling of fixtures. Once or twice we dared to go so far as putting up teams, but since this is not a very entertaining pastime *per se*, we are just waiting—and hoping.

#### BOAT CLUB

The Boat Club, despite "teething trouble," is now settling down well. VIII's are going out regularly, and it is hoped that an VIII will be entered for the Lent Races.

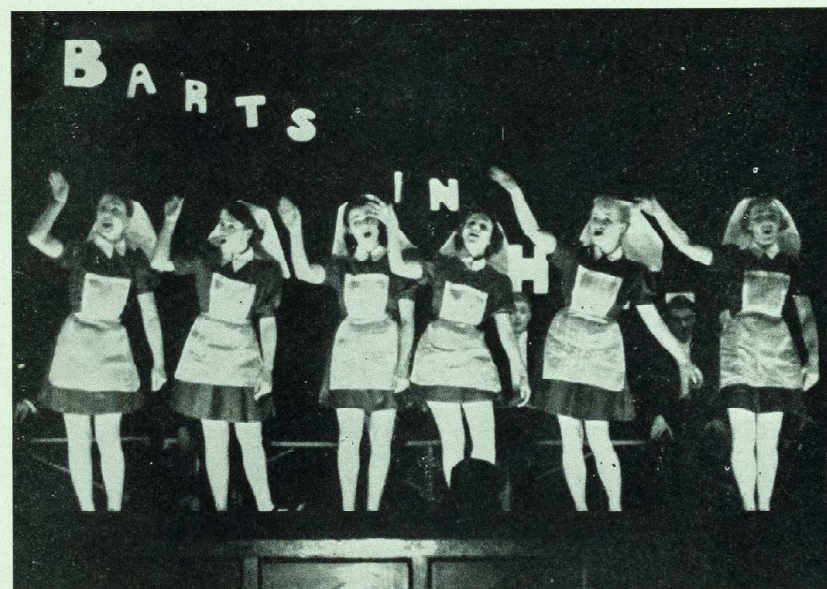
## ROUND AND ABOUT HILL END

THE climatic conditions of the past month have significantly cooled the ardour of some of our somewhat hotter bloods at Hill End and reduced them to the state of mind which demands a modification of activities. This transition has brought many off the roads on to the ice, and instead of the nightly strolls which some have been wont to indulge in, they have been observed chasing each other with lamb-like frolic over the ice. This we know must warm them up, and one wonders, after all, if this increased metabolic activity isn't purposeful and a pawn in the game for even longer promenades in the moonlight after the skating is done. Some, it is regrettable to state, aren't quite so successful on the ice as others; in fact, these more unfortunates have a pathetic story to relate if only they would relate it, for they have been known to take the ice with their heart's desire and return on the homeward track with only the desire and an increased metabolic rate—truly a vicious circle. One

is apt to speculate on the reason for this change of heart, but the minutest scrutiny into the personalities concerned has revealed little save that "Woman is fickle" (his own words, I believe) and "He can do two figures-of-eight whilst I can only do one." We know that Woman is impressed by Man's attributes and skill, so we advise further practice, even if he doesn't appear for a week, until that cherished one figure-of-eight has expanded into a blessed three—then perhaps he will be able to laugh at competition and pour scorn on his adversary with a deft flick of his muscular and agile limbs.

Since the theme so far has been canalised along the lines of disappointment, we might do well to complete the sad picture before painting a more beautiful one of life "round and about" Hill End. Life is full of shocks and surprises, and only those people who have experienced them can really sympathise with others who have

## "BART'S IN HERTS" REVUE



been similarly dealt with by Fates' cruel indiscriminating blows—for instance, what greater shock can a man sustain than that of arriving down to breakfast one morning and finding on opening his morning paper that the person who has made his life so happy during the past few weeks has pledged her troth to another? The gentleness and sweetness of his soul no longer exists, and instead of that smile which has adorned his face and been at the service of every living thing, he develops quite naturally a scowl and a disdain even for the kipper which lies before him. "Even a kipper," he thinks, "had a soul before it was brought to Hill End; but a Woman!—what has she?"

A brighter side of life out here does exist, however, and some have found it in Folk Dancing. Fate has again played her

hand in bringing the right partners together so that meetings have been arranged between them to discuss Folk Dancing every night of the week since it first started—it is natural that the more intricate steps have to be discussed.

A word should be added about the League of Health and Beauty which has been organised at Hill End. Although no male spectators are allowed in the Hall when the "bobbing" and oscillatory movements of the "middle" are in progress, yet some have dared to risk an eye—with striking results, for one intrepid explorer, after witnessing two "bobs," one forwards and the other backwards, nearly had his eye gouged out with a menacing finger and the skin shorn off his nose with a quickly closing door. Still, such is the price that one must pay for experience.

## SPORTS NEWS

### EDITORIAL

The month of February has in the matter of Sports News been even more barren than January: One 1st XV Rugger match against Oxford, an "A" XV game which had best be relegated forthwith to "never-to-be-recalled subconscious," and one successful game of Hockey, which seems to be the only game retaining more than a semblance of its former standard. Ice, snow and intermittent thaws have made other games impossible both here and at Cambridge, while the indoor games are suffering from the lack either of participants or of opponents. However, a certain stirring in the young blood of the Hospital has been noticed lately, and this is always a sure sign of approaching Spring; unfortunately, this coming year may bring developments which will force us to qualify our pleasure at feeling once again the warmth of the sun. So perhaps we had best cry halt to further speculation.

### RUGBY FOOTBALL CLUB

#### v. Oxford University Greyhounds. Lost 3—20.

This game was played at Chislehurst on February 10th. Owing to illness and the call of the Services, the Bart.'s side was sadly depleted.

McAfee kicked off for Bart.'s, and the forwards, ably led by Hall, took the ball into the Greyhounds' "twenty-five." Play for the next quarter-of-an-hour was confined to the opponents' half of the field, our forwards making some very effective rushes on to the Greyhounds' line. As a result of one of these rushes a scrum formed outside the 25-yard line, the ball came quickly out, Kingdon throwing a long pass to McAfee, who passed to Evans, who sold a beautiful dummy to his opposite number, beat the full back and scored far out. He missed the kick.

After this, things went badly for Bart.'s, the passing of the three-quarters was bad and the forwards were sluggish, and as a result for the remainder of the half the Greyhounds were consistently in the Bart.'s twenty-five, and their efforts were rewarded by a goal, and a very pretty dropped goal.

Starting the second half six points down, Bart.'s could not get going, many good movements being spoilt by bad passing. The forwards did quite well, but apart from Hall and Graham they very quickly tired. The Greyhounds scored a goal very early on and followed this by two quick tries before the game ended with the score at 20 points to 3.

In general it must be said that if Bart.'s had taken advantage of their many opportunities the score would have been very different. But since none of the players had had any rugger during the previous two months, there is slight excuse for the apparent lackadaisical manner shown by most of the team.

### HOCKEY CLUB

The fixtures with University College Hospital, Wallington, and The Tramps had to be cancelled owing to Arctic weather conditions.

#### v. Hill End Hospital. Won 2—1.

On February 10th, after seven weeks of enforced idleness, we went down to St. Albans to play Hill End Hospital. Plum pudding and Christmas excess could not be held entirely responsible for some of the contortions which certain members of the team performed in their efforts to control the ball! Hill End scored first with a good shot by J. Fison from a corner. Bart.'s settled down to play quite well, and T.W.C. Roberts equalised with a good shot which surprised him as much as anyone! The sphere of action was then centred round S. R. Hewitt, who treated us to a fine display of unrehearsed acrobatics in which he nearly brained himself on a wood seat! In spite of all this activity the ball could not be coaxed into either goal. At half-time the score was 1—1. In the second half Hill End attacked strongly but were unable to pierce our defences, our backs being now sure of their mashie-shots? K. Harrison scored a good goal for Bart.'s, and after some wild play in midfield by both sides K.O. was kind enough to stop a certain goal for Hill End with his knee. Tough people, these Chinese! The game ended in a narrow win for Bart.'s. Tea and light refreshments were partaken by some of the team, and the last train back to town was just caught.

## NEW BOOKS

**Pathological Histology.** By Robertson F. Ogilvie, M.D., F.R.C.P. With 220 Photomicrographs in colour by T. C. Dodds, F.R.P.S., F.I.B.P. (E. and S. Livingstone. Price 27s. 6d.)

The usefulness of this book becomes obvious on first glancing through its pages, more of which appear to contain illustrations than contain text. It follows many Pathological text-books in arranging its matter in two sections: First come chapters on general processes—degeneration, inflammation, repair, etc. The second part is devoted to the special diseases of the systems. Side by side with each microscopical description, which is amplified by a short macroscopical account, are these beautifully coloured photographs, which are so realistic that they will make the revision of Pathology from actual slides—in practice usually so fraught with pitfalls as to be extremely tedious and discouraging—an absolutely practical proposition.

The fact that such a book, so profusely and expensively illustrated, has been produced at a very reasonable price, shows the popularity which its publishers expected it to receive and which it most certainly deserves.

**Minor Surgery.** By R. J. McNeill Love, M.S., F.R.C.S. (H. K. Lewis & Co., Ltd. Price 5s.)

Written as a guide to hospital residents and general practitioners, this volume of 360 pages is also a valuable source of information to the student while studying surgery, the first third of the book giving him an excellent introduction to the subject of surgery in general.

It is always difficult to decide what falls into the category of "minor" surgery, but we consider that this volume covers the subject as adequately as possible, dealing with the elements of general surgery in the first 135 pages, and devoting the rest to a consideration of the methods employed in minor surgery. Included in the volume are chapters on bandaging, the genito-urinary system and fractures and dislocations, while the closing chapter, though of necessity brief, gives a well-planned outline of the various methods of Anaesthesia.

Though this volume is not very profusely illustrated, what illustrations there are clear and easily understood, while any loss implied by this deficiency is amply compensated by the clarity of style employed in the text.

Printed on paper of excellent quality, with good photographic reproduction and well bound, this book is a valuable addition to the literature already available for the study of the subject.

**Thomson and Miles' Manual of Surgery.** By A. Miles and D. P. H. Wilkie. Ninth Edition. (Oxford University Press. 2 vols. Price 21s. each.)

The last edition of this text book was published in 1931, which possibly explains why it is not as well known as some other works on Surgery. The revision had been planned by that great teacher, Sir David Wilkie, who died before it was completed. Much of the book has been re-

written according to modern ideas, especially the sections dealing with the Central Nervous System, in the Surgery of which revolutionary changes have taken place during the last eight years. Excellently illustrated and set out, the book is yet another of the achievements of the Edinburgh School, whose members have paid, by the trouble with which they have compiled it, a lasting tribute to the memory of Sir David Wilkie.

## EXAMINATION RESULTS

### M.R.C.S., L.R.C.P.

#### January, 1940

Chisholm, J. K.	Pritchard, J. J.
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Rees, E. H.	Evans, W. J. G.
Nicoll, E. de V.	Brenner, J. J.
Lopez-Garcia, L. J.	

## BIRTHS

ANDERSON—On February 3rd, 1940, at 5, Pittville Crescent, Cheltenham, to Beryl (née Anderson), wife of R. G. Anderson, M.D., M.R.C.P.—a daughter.

BOHN—On January 12th, 1940, at 7, South Drive, Sonning, Berks., to Freda, wife of Gordon Bohn, a daughter.

WARD—On January 8th, 1940, at the Nursing Home, Lelant, Cornwall, to Pamela (née Tooth), wife of Surgeon-Lieutenant F. G. Ward, R.N.V.R.—a son.

## GOLDEN WEDDING

DUNDAS-GRANT—FRITH—On January 16th, 1890, James Dundas-Grant to Helen, daughter of the late Edward Frith, of Putney.

## DEATHS

GARRATT—On February 8th, 1940, at Corner Cottage, Singleton, George Campbell Garratt, O.B.E., M.D., son of the late Rev. C. F. Garratt.

GRIFFIN—On February 8th, 1940, at 38, Gunterstone Road, W.14, Frederic William Waudby Griffin, M.A., M.D.

MASON—On January 24th, 1940, at a nursing home, Carlisle, John Mason, M.D., J.P., late of Windermere and Cross-in-Hand, younger son of the late Thomas Mason, D.L., J.P., aged 83.

NETTELFIELD—On February 1st, 1940, at St. Bartholomew's Hospital, Hill End, St. Albans, William Herbert Nettlefield, M.R.C.S., L.R.C.P., of Wingham, Kent, dearly loved husband of Madge Nettlefield, aged 40 years.

POLLOCK—On February 12th, 1940, at Weybridge, Aubrey Keatinge, Halliday Pollock, M.R.C.S., L.R.C.P., D.P.H., husband of Ethel Mary Pollock.

SQUARE—On January 26th, 1940, at Brixham, Dr. William Russell Square, late of Plymouth and Thurlestone.

TOLLER—On January 26th, 1940, very peacefully, at Widemouth Berrynarbor, Devon, Charles William Edward Toller, M.D., in his 81st year.

WORTON—On January 31st, 1940, after an operation, Albert Samuel Worton, M.D., F.R.C.S., of 1, Queen Anne Street, W.1, and Darley Dale, Hadley Wood.

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