

# ST. BARTHOLOMEW'S



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### REFORM

TODAY we stand at the close of what most of us will agree has been an astonishingly successful period of clinical teaching. Seven months ago, with the world—so it seemed—about to tumble in ashes around us, we sat down to write an Editorial for the last peace-time issue of the Journal; and in it we took the liberty of suggesting that though War was a paramount evil, yet out of it some good things might conceivably be born. On the "ill wind" principle we put forward the view that in such a catastrophe it must be worth looking out for any blessings which might in small measure tend to outweigh it. The reform of medical teaching was not at that time the thought uppermost in our minds: rather we saw visions of social re-planning, a re-casting of ideals, and a new evaluation of the meanings of Right and Wrong.

Four months later found a world still standing, with the Medical Profession existing in a state of enforced idleness, bored, feeling extremely foolish, and talking wildly and extravagantly about its future; there arose a babel of conflicting voices, upon which we commented in January in some notes under the heading "Maelstrom"; then out of the chaos emerged one clear voice speaking firmly and convincingly on the future of clinical teaching. It was that of Professor J. A. Ryle,\* who recently stood—unfortunately without success—as Parliamentary candidate for Cambridge University.

In contemplating reform (said Professor Ryle) our concern must be (1) with the schools and their support, (2) with the teachers and their terms of appointment,

\* *Lancet*, January 27th, 1940.

(3) with the students and their selection. Of the medical schools he said: "They should cease to be institutions to which men 'go' to teach or to learn; they should be institutions in which they largely 'reside' to teach or to learn. . . . A much greater part of the teachers' and the students' time should be spent and commonly spent together," both in and out of working hours. "The physician must be more often in the laboratory or the operating theatre, the surgeon more often in the ward." He added: "It should be more honourable to be referred to as 'the Staff' than as 'the Visiting Staff.' We should not wish to be visitors in our own home. . . ."

Without in any way advocating the introduction of a system of State Medicine, he declares that a degree of Government aid need on no account have any such result. "A nation which can spend six million pounds a day on defence and destruction in war-time ought to discover in times of peace some means of contributing . . . to ensure the solvency and progressive activity of its teaching hospitals. . . ." Of the teachers, he says, "Good teaching and good practice are not incompatible, but flourishing West-End practices or attempts to secure them are inconsistent with full service to the patients, the students, and the general interests of a teaching hospital." The early careers of young consultant are frequently marred and too often wrecked by the anxiety of financial embarrassment. A fixed post, with a Government stipend amplified by an honorarium from the Hospital, would in his early years make it possible for a "coming man" to reach the top on merit alone; at present, he must have supreme brilliance, private means, or a disposition to extreme self-sacrifice before he

APRIL, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

112

can consider entering upon a consultant or specialist career. In return for this salary he should give "not less than a full half of his working life . . . to his hospital," over a fixed period of time. Later on he should be given a consulting room in the Hospital precincts, so that his private and hospital practice might be allowed to work side by side, and less time need be wasted in travelling. Finally, with the fruits of his experience fully ripened, he should be prepared to devote the last ten or fifteen years of his professional life entirely to teaching, under full-time conditions.

Of the students, Professor Ryle decries the present practice, made necessary by reasons of finance, of filling medical schools beyond their capacity with men many of whom are unsuited to a medical career and who regard it purely from a money-making standpoint.

To-day in St. Bartholomew's and its war-time off-shoots, Professor Ryle might be surprised to find that the circumstances of war have brought about a state of clinical teaching in which, partly through good fortune, but chiefly through the hard work and foresight of those in whose hands the care of the Medical College lies, many of his suggested improvements have already come to pass. The "small community" problem has been solved by this division of our

normally too large numbers into three separate entities. Teachers, in part paid by the Government, and students, resident in or about their Hospital, are able to make it the centre of their energies. Teachers are beginning to know students personally, in many cases for the first time. Harley Street is no longer the all-important factor in consultants' lives.

In addition, the practice of evacuating patients from St. Bartholomew's to the Sector Hospitals outside London, when they are found to require long period of treatment, has increased out of all belief the number of patients any one student sees in his wards during a given period of time. One more thing makes the student's life these days such a much more satisfactory one than in peace-time: lectures have been reduced to a minimum, and have had to be given the secondary place of importance which it has been realised for so long is all they deserve.

The Gazette of the Hospital to which Professor Ryle is Consulting Physician has treated his suggestions in a most reactionary and unprogressive spirit. I wonder if it is too much to hope that in our own Hospital, when normal times return, we shall not forget the magnificent results of this experiment which has been forced upon us, and the relation they bear to Professor Ryle's recommendations.

### WHAT OTHER PEOPLE THINK.

AT the recent Annual General Meeting of the Students' Union, it was suggested that the "white feather" habit of the last war had broken out again and that the Medical Student population of the Hospital needed to advertise the fact that it was following a vitally important "reserved occupation," by the wearing of a badge: this was to carry as its chief *motif* a Red Cross, supported by the Hospital crest.

If this trend really is returning with any force, and if the whole medical profession agrees that this step is a necessary one, then the proposal of such an idea is highly commendable. We cannot but feel, however, that the introduction of conscription has made this war a completely different one

from the last as far as this question is concerned. Is the unthinking and wicked stupidity of—we feel sure—a very few people sufficient to render a whole profession self-conscious and introspective? Would not this self-labelling draw attention, if anything, to our compulsory inactivity, belligerently speaking? And do the opinions of stupid people matter anyhow?

I can remember in the early days of the war returning home to a provincial town wearing the E.M.S. armlet. A relation who met me at the station gave one look at the monstrosity, gasped, and then said: "Good heavens, you don't mean to say you've joined the English Missionary Society!"

I never wore it again.

## STORED BLOOD:

### AN INTERIM SURVEY FROM THE EMERGENCY BLOOD SUPPLY DEPOT.

IT may be of value to give in these columns a brief account of the use of the stored blood which is collected and distributed by the Emergency Blood Supply Depot at Luton; a few points concerning the blood administration outfits, also assembled and sent out from the Depot, are included. At first, there seemed to be some prejudice against the use of the preserved commodity, but, with experience and an increasing demand, its real value and ready availability have come to be generally recognised. Stored blood must prove an important therapeutic weapon if large-scale civilian air-raid casualties develop, or if the British Expeditionary Force becomes actively involved. Although the present period is quiescent, the Sector scheme has meant bringing out many of the ordinary civilian sick into hospitals on the periphery of London, remote from an established service of donors, and for these the use of stored blood has become a regular and growing practice. Large numbers of so-called "Life Donors" were enrolled in the London district as the result of an appeal in the early summer of last year, but dispersal from evacuation and a lack of administration in the use of such batches of donors geographically have led to more and more utilisation of stored blood from the four Depots which have been established by the Medical Research Council.

The life of stored blood collected into simple citrate-saline solution, and kept at 2-4 degrees C., was up to 14 days; the addition of glucose in a concentration, which has been found to be optimum at 1 per cent. in the blood, has prolonged this to over 21 days, and glucose is now incorporated in every bottle sent out from the Depot. These statements are based on clinical results, combined with blood counts, fragility tests and estimation of degree of hæmolysis in stored blood. Preliminary work with lactose suggests that this sugar has an even more definite protective and preservative influence. Each bottle contains two parts of whole blood and one part of the glucose citrate-saline solution. This dilution prevents the blood from becoming "tacky" on storage, but the degree of dilution necessary is being further investigated.

Increased liability to cause reactions in the transfused patient is a charge against

stored blood which appears to be unjustified. There is evidence that the present glucose-protected blood can be used up to at least three weeks—a period within which the degree of *in vitro* hæmolysis is small and safe—without an increase in the incidence of reactions compared with fresh blood. Bearing on this, it must be remembered that the reaction rate in cases given fresh blood from donors of the London Blood Transfusion Service, pre-war, amounted to 15 per cent.

#### CLINICAL RESULTS.

During the past two months, we have been able to follow up the effects of stored blood provided from this Depot. This has been made possible by the use of detachable reply-paid postcards which are now fixed to every bottle that is sent out. We are most grateful to all those Housemen and others who have carefully filled in and returned these cards. Their help provides valuable information, and we hope that in the future no blood will be used without a card being returned to the Depot. From the first 150 cards returned, it appears that Hill End Hospital have transfused 45 bottles of stored blood, St. Bartholomew's 19 bottles, Friern Barnet 18 bottles, and others such as the Wellhouse, the R.A.F., Highgate, etc., 68. Of these bottles of blood, 73 were up to one week old when used, 49 were up to two weeks old, 21 were up to three weeks, and 7 over three weeks, the oldest blood used so far being 27 days old.

The blood has been used for many different conditions and no severe ill-effects are recorded in these returns. One patient, aged 93, after a prostatectomy was successfully given three bottles of blood, fifteen, eight and five days old, without any reaction. Another patient, after a uterine hæmorrhage, received four bottles of blood, sixteen, twenty-three, twenty-five and twenty-seven days old, with good effect and no reaction beyond a passing rigor.

Twenty-five cases of fever over 99 degrees F. (with or without rigor) are reported in this series, but most of these were associated with such severe procedures as thoracoplasty, cholecystectomy, partial gastrectomy, perineo-abdominal excision of

rectum, etc. Typhoid fever and empyema may have been the cause of the fever in other instances. In only ten patients was the recorded fever likely to be due to the transfusion alone, and in these instances blood of all ages, including blood only two days old, was used.

A rigor is recorded in thirteen cases; often it was very transient. Four occurred when the blood was used during its first week's storage, three during its second week's storage, two during its third week, and one in its fourth week of store. In the remaining three instances, where blood of different ages was mixed and given simultaneously, it is difficult to impute the blame to one.

Skin irritation and urticaria occurred in one instance when two-days-old blood was given, and generalised itching in one instance after transfusion with three-days-old blood. Slight jaundice is reported in one instance after the use of eleven and four-days-old blood.

These figures suggest, as previously stated, that stored blood can safely be given for at least three weeks and probably longer and that the incidence of reactions is apparently less than that associated with fresh blood.

The blood group of all the blood supplied by the Depot is determined twice to ensure accuracy and a Wassermann reaction is carried out on every specimen. No instances of incompatible transfusion have occurred, and the only instance of hæmoglobinuria reported was found, on full investigation of the history, to have resulted from transfusion with incompatible fresh blood, before stored blood of the correct group was given.

The positive effects of stored blood appear so far to be satisfactory, and the main indications for its use are replacement of blood loss from hæmorrhage and in the treatment of shock. In these conditions, it is probably equal in value to fresh blood. For the treatment of sepsis or for transfusion in blood diseases, fresh blood is to be preferred. It is more efficacious as a hæmostatic agent, and as a stimulant of body tissues, particularly those of the hæmopoietic system.

#### ADMINISTERING OUTFITS.

In addition to supplying blood, the Luton Depot undertakes the assembling and sterilising of a standard apparatus suitable for administering stored blood. Over 400 transfusion sets have now been distributed in Sector III and about the same number in Sector I. Apparatus has been supplied to Sector II, and in addition 150 complete sets to the R.A.F. A small number is maintained in reserve at each hospital for immediate use in emergency, and in case of a sudden call for blood on a large scale apparatus would be dispatched with the blood for distribution through the sub-depots. Filtered stored blood can, of course, be given by any of the usual methods. Many, however, prefer to use the standard outfits for routine hospital use, and this has the advantage that those responsible for transfusion in the Sector become familiar with the apparatus which would be used under emergency conditions.

Two types of outfit are issued, each fitted with screw clip, drip-bulb and needle adaptors, and differing only in the type of filter used. In the one, filtration is by means of glass beads added to the bottle; and in the other, gas mantle fabric is used. Sheets describing the method recommended for administering stored blood with the standard apparatus are available at each hospital and are obtainable from the Depot. After use, the outfits are washed and returned to the Depot, fresh ones being sent to replace those used. If the sets are re-sterilised at the hospital, it is important to make sure, before starting a transfusion, that the rubber tubing fits tightly at all joints. Metal cannulae, suitable for use with the standard outfits, when it is necessary to "cut down" on the vein, have been supplied to most hospitals.

#### TECHNICAL POINTS.

It is not generally realised that both Group O and Group A blood are issued for use from the Depot. The practice of using Group O (universal donor) blood for all transfusions in this quiescent period is to be condemned. If the patient is grouped, there is an almost 1 in 2 chance of utilising Group A blood, thereby conserving Group O donors for perhaps more urgent future needs.

Before use the blood should be gently mixed and warmed according to the instructions on the bottle label. It is notable that, in many hospitals in the Sector, transfusions are often given without a preliminary cross-grouping of the patient's serum and a loopful of the stored blood. An added safeguard against the risk of an incompatible transfusion is thus neglected, and whenever possible, cross-grouping should be a routine procedure.

Filtration of stored blood is essential, whatever method of administration is chosen. Apart from the occasional presence of small clots in the blood, a fibrin sludge often deposits in blood after 7-14 days' storage, and unless the blood is filtered before use the needle may become clogged during the transfusion. Cases have been reported to us in which "the blood was clotted in the tube or needle"; further investigation of these cases has shown that the preliminary filtration of the blood had been omitted. The standard administration outfits supplied have filters incorporated in them, but any of the ordinary methods of giving blood may be used provided the blood is first filtered through several layers of sterile gauze. If this is done, preliminary washing through of the apparatus with citrate-saline is unnecessary.

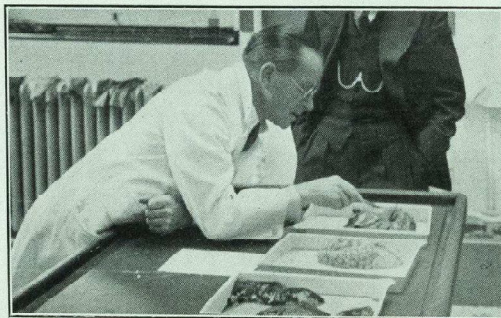
Rarely, as the result of an extreme degree of shock or hæmorrhage, or dependent on manipulation of a vein following exposure, or the use of insufficiently warmed blood,

a condition of venospasm occurs. In such a case, gravity may be insufficient to cause the flow of blood. "Milking" of the tube, proximal to the needle or cannula, may overcome this spasm, but if this is unsuccessful some form of positive pressure must be used. With the standard outfits, this may easily be applied by attaching the bulb of a Higginson's syringe or that of a blood pressure apparatus to the air-inlet tube through a cotton-wool filter.

It is important to remember that a pint bottleful of stored blood contains only two-thirds of blood, the remaining one-third consisting of anticoagulant solution. One bottleful can, therefore, only be expected to raise the hæmoglobin of an average-sized adult by some 6-8 per cent. in the absence of bleeding, and in practice more than one bottle should usually be given. Some difficulty has been reported in changing over bottles. With the mantle fabric filter set, the screw clip should be closed, the rubber bung removed from the empty bottle and inserted into the new bottle; if this is now inverted and the clip loosened, blood will again flow easily. With the bead filter sets, a fresh lot of beads should be emptied into the new bottle and the bung inserted as before.

H. F. BREWER, *M.O. in charge.*  
K. O. BLACK.  
G. W. HAYWARD.  
E. C. O. JEWESBURY.

### OUR CANDID CAMERA.



"Now that this meat-rationing has come in . . . ."

### A GASTRONOME'S LAMENT.

WHEN dining out a few months ago my host said accusingly of another guest, "But he is a connoisseur." A frigid silence fell upon the table and the stigmatised guest was eyed by the company as though he were guilty of an unforgivable social misdemeanour. This reaction raised anew in my mind the problem, "Why is an intelligent interest in food regarded in England as indecent?" Food shares with art and music the property of being enjoyed through the medium of one or more of the five senses, but, while it is respectable to rhapsodise over the Brandenberger Concerto or El Greco, any comments on Beccace flambé are considered obscene. When a necessary or physiological act is attended by sensual pleasure the respectable man will stress the necessity and conceal the pleasure; this important social principle applies to the gratification of other human appetites besides hunger.

These reflections came back to me with renewed force when I found myself condemned during war-time to take all my meals within the walls of this venerable foundation. It has always been one of the disadvantages of St. Bartholomew's Hospital that to invite a friend to lunch is to risk the loss of his friendship, but since war was declared the fate of the gastronome has been even more unhappy. Previously the restaurant had the bright and bustling air of a busy public convenience, but now, with props to prevent the collapse of the Resident Staff Quarters and windows painted black, there is an all-pervading gloom. The dim electric lights are draped in the finery of yellow paper shades, as tawdry as superannuated street-walkers; the faces behind the hot-plate taken on a strange malignity in the half-light, and at the evening meal no sound is heard but the sound of mashed potato being dispensed.

It is true that with pertinacity and a long purse abdominal distension may still be acquired, but for those who are honest enough to admit to enjoying good food there is no reward. Indeterminate soup, sometimes called "gravy soup," sometimes unimaginatively "brown," but always tasting of the imperfectly cooked flour used for thickening, heads the menu. In the middle

of the day the dreary pageant of the last ten years continues, an interminable procession of Durham cutlets, Vienna steaks and egg and vegetable pies. Beef sausage jostles pork sausage, to find its inevitable end enshrined in sausage toad; cabinet pudding, currant roll, sago, all the melancholy throng are there, down to the fragments of cheese, sweating with the embarrassment of being miscalled cheddar. We are faced daily with a culinary chamber of horrors, displaying all the exhibits which make foreigners regard eating in this country as a penance.

I am not alone in my complaints, a solitary voice crying for sensual titillation in what others consider a physiological exercise; on all sides there is criticism of the food we are compelled to eat. Only heroic measures will relieve this grave disorder. The difficulties are in part financial: the Hospital exacts a considerable rent from the Catering Company; the company is inadequately subsidised for the board and lodging of the resident students, and some profit from the restaurant is expected to defray the cost of domestics in the Resident Staff Quarters and the West Wing. The rising prices which confront the casual visitor to the restaurant are due to his paying his measure towards feeding the resident students and cleaning his bedrooms. If the company were to confine its activities to catering and the Hospital were to reduce or waive the rent for the duration of the war, these troubles would in part disappear.

More easily remediable is the low quality of the cooking: it is probable that the raw materials which enter the kitchen are wholesome, but during the process of preparation virtue undoubtedly goes out from them. The green vegetables become amorphous and sodden; the potatoes are imperfectly mashed and globules of fat float on the surface of the soup. Over and above this is the apparent lack of any guiding culinary intelligence and the absence of any inspiration in constructing the menus. Here the remedy is self-evident.

It is to be anticipated that these suggestions will fall on stony ground, for six months of persistent complaining have been without avail. Such discouragement is

driving many of us to eat with no higher ambition than the acquisition of a sufficient number of calories and an uneasy sense of repletion. However, others remain, suffering but mute, who share the opinion of Samuel Johnson: "Some people have a foolish way of not minding, or pretending

not to mind, what they eat. For my part, I mind my belly very studiously and very carefully; for I look upon it that he who does not mind his belly will hardly mind anything else."

Anon.

#### "OF THE GOUT."

The passage on gout from Dr. Heberden's "Commentaries on Disease" published last month prompts one to record an extract from John Allen's "Practice of Physick" (1756):—

"It is very merry what Dr. Turner reports of an old gouty Person of his Acquaintance. After he had laboured under

the Gout for twenty Years in his Hands and Feet, frequently diverting himself *playing at Cards and Dico*, whilst at Play, humourously enough used to mark his Game, not with a Fossil, but Animal Substance, *viz. Chalk* taken out of his own joints, nor to his Death did he want Plenty of *such a Substance*, to answer his Purpose."

### THE PARISH REGISTER OF ST. BARTHOLOMEW THE LESS IN ELIZABETHAN TIMES

By WILFRED SHAW.

THE study of parish registers is to be regarded, as a general rule, as a symptom of incipient senility. The register of the Church of Little St. Bartholomew contains, however, so many interesting entries, that I have some excuse for submitting the following notes.

The Parish Register dates from 1547, and the first volume embraces the entries up to the year 1646. The script varies considerably. The practice was to employ scribes to make the entries at the end of each year. Some of the best scripts date from the early years of the Register. Some of the worst are found in 1597 and 1608.

William Hall, who was Vicar of St. Bartholomew the Less from 1583 until 1610, checked each page of the Register from the year 1547, and his signature is found on almost every page until the year 1611. He also noted the entries of persons who were buried within the walls of the Church itself.

The Register for Elizabethan times has been investigated most carefully in the past, as anyone may discover who reads what has been written of Elizabethan literature. Collier was probably the first to examine the Register carefully, and he states with pride that Malone and Chalmers had not seen the Register. Collier himself made some interesting discoveries, which will be mentioned

later. Since the time of Collier, other examinations have been made and the entries have been sifted with such great care that it is unlikely that the entry of any important Elizabethan personage is unrecorded at the present day. The associations of these important Elizabethans with our Hospital are not generally known, I believe, to the staff and students of the Hospital. Hence these notes.

The Register illustrates the incidence of epidemics of plague. In 1563 the plague must have attacked the Parish of St. Bartholomew the Less with very great severity. For example, between September 13th and 23rd, 1563, there were six burials from the house of Goodman Bertram. The next epidemic was in 1574, and there were others in 1578, 1582, 1592, and particularly in 1593, when the players had to leave London. In 1603 there was another severe plague, while in 1612, 1613 and 1625 there are other large entries of burials. In the early part of the Register it is recorded specifically which burials took place in the churchyard immediately surrounding the Church. The poor people and patients were buried in the common churchyard, which was situated on the site which is now the Dispensary and the area adjoining the western ends of the new medical and surgical blocks. The

matrons and sisters were buried within the Hospital. It is interesting to notice the frequency of the name Bartholomew in the christenings, and many of the foundlings were called by this name.

#### DOCTOR LOPUS.

Doctor Lopus, the first physician elected to St. Bartholomew's Hospital, was convicted of treason against Queen Elizabeth, and executed. This episode in the history of St. Bartholomew's physicians is regretful, particularly when it is remembered that after execution for treason the body was drawn, as at a modern post-mortem, by the hangman, before being quartered.

Dr. Lopus was a Portuguese, and was proved to have received gifts from the King of Spain, and there was hearsay evidence that he had undertaken to poison Queen Elizabeth. Lopus, who was physician to the Queen, maintained that he had no intention of poisoning the Queen, and claimed to have given information of the plot to people around Queen Elizabeth's Court. He was accused of being a Jew, but he undoubtedly practised the Christian faith, as the entries in the Parish Register show quite clearly.

The following entries of the Lopus family and servants can be found in the Register. There has been difficulty in reading some of the entries, and these are queried below.

- 1563 The ninth day of January, Elyn Lopus, daughter to Maister Doctor Lopus, was christened.
- 1565 The sixth day of May, Ambrose Lopus, son to Mr. Lopus, was christened.
- 1567 The twelfth day of the month of December, John Lopus, the son of Doctor Lopus, was buried.
- 1573 The thirteenth day of May, Douglas Lopus, the son of Doctor Lopus, was christened. The twentieth of April Jerome Lopus, was buried.
- The twentythird day of August, Elnor Lopus, the child of Doctor Lopus was buried.
- 1574 The twentysixth March, Anne Lopus, the daughter of Dr. Lopus, was christened. The chrysome child of Doctor Lopus was buried the 24th March.

There must be some mistake with these two entries. Perhaps the days should be reversed.

- 1577 The 24th October, William Lopus, the son of Roger Lopus, Doctor, was christened.
- 1577 The first day of March, Anne Lopus, daughter of Doctor Lopus, was christened.
- The 7th November, Dominarius Lopus, the "sacristan" (?), gentleman, secretary to the Ambassador, was buried.

This entry has been marked by the Vicar, William Hall. Presumably the entry refers to a relation of Doctor Lopus, who acted as a chaplain, and who would have been noticed by the Vicar, as the Vicar himself marked all entries of priests associated with the Hospital.

1580 The 23rd July, Nicholas Slowes, dairyman and "doortender" (?) to the Lord Ambassador, was buried.

These entries show that Lopus outwardly followed the Christian Faith, as I expect he was compelled to do by his associations and by his office. It is interesting to notice that his relations with the Hospital date from 1563. Sir Norman Moore points out, however, that the first record in the Hospital Journals of Lopus's association with the Hospital was June, 1568.

One of the bribes offered to Lopus by the Spanish and Portuguese intermediaries was that his daughters would be well-married. Three daughters were baptised in St. Bartholomew the Less, but Elyn and the younger Anne died and were buried within the Hospital, so that the elder Anne was perhaps one of the daughters that the King of Spain had in mind. It is interesting to notice how Lopus is referred to first as Maister Lopus Doctor, then becomes the Ambassador, and finally the Lord Ambassador.

After conviction, Lopus sickened in prison, and was suspected of dying by slow poison self-administered. The Queen ordered the execution to be postponed from May 19th, 1594, until June 7th. At the gallows, Lopus declared his faith in Jesus Christ, and was jeered at by the crowd, who were convinced that he was a Jew. The King of Spain had presented Lopus with a jewel which the Queen afterwards kept for herself, although in 1595 she allowed the widow and children of Lopus to retain some of his property.

It is important to notice that Lopus left Bart.'s in 1582, so that his degeneration was subsequent to his association with the Hospital.

Shakespeare wrote the Merchant of Venice in 1596, or perhaps a little earlier, and it is reasonable to expect the play to show some mention of the Lopus affair. In Act IV, Scene I, Gratiano is being offensive to Shylock as follows:—

Thou almost makest me waver in my faith  
To hold opinion with Pythagoras  
That souls of animals infuse themselves  
Into the trunks of men; thy currish spirit  
Govern'd a wolf, who, hanged for human  
slaughter,

Even from the gallows did his fell soul fleet  
And whilst thou layest in thy unhallow'd dam,  
Infused itself in thee; for thy desires  
Are wolfish, bloody, starved and ravenous.

It is quite likely that Shakespeare had Dr. Lopus in mind, for a wolf (*lupus*) is not usually hanged for human slaughter. For myself, I confess to some difficulty in believing that Shakespeare hoped that his Elizabethan audience would understand such a reference. What I think more important is that Shakespeare sensed the anti-Jewish feeling which had been stirred up by the Lopus affair and wrote his play upon this theme.

Dr. Lopus is mentioned in Marlowe's Doctor Faustus, Scene XI, "Doctor Lopus was never such a doctor." Now, Marlowe was killed in 1593, "Stab'd into the eye, in such sort that, his braynes coming out at the daggers point, hee shortly after died," and the Lopus trial was not until the following year. Marlowe himself was certainly not responsible for the reference. Dekker is known to have revised the play Dr. Faustus and it is most likely that this passage, which incidentally is rather poor stuff, was an interpolation by Dekker to arouse a little mirth in the audience.

Lopus is also mentioned by Middleton and Ben Jonson. Incidentally, Ben Jonson mentions our Hospital in his play Bartholomew Fair and in *The Alchemist* he displays a really profound knowledge of the art of the apothecary. I am perhaps prejudiced about Ben Jonson, but I can understand how Ben outshone Shakespeare between 1598 and the date of Shakespeare's death in 1616. Next to Shakespeare Ben Jonson is perhaps the greatest literary figure that this country has produced. His *Alchemist* is one of the best plays ever written. It is, however, coarse and vulgar in parts, but it was intended for an Elizabethan audience and was a great success.

Dr. Lopus must be regarded as one of the greatest of Bart.'s physicians. He must have been an extremely competent physician to have obtained the practice and position that he did, and it is probable that Queen Elizabeth thought very highly of him, otherwise she would not have postponed his execution. The name Douglas of the son

baptised in 1573 is significant. The child may have had an important personage as godparent, for Douglas, so far as I have been able to discover, occurs at no other place in the whole century of entries comprised in the volume of the Parish Register. No other Bart.'s man has been raised to the rank of Lord Ambassador.

#### DR. PETER TURNER.

Peter Turner succeeded Lopus as physician to the Hospital in 1580 but did not live within the Hospital until 1582. His tenure of office was short and he left in 1585. The Parish Register contains the following entries:—

1583 The XXVI th of June was buried Dorothee Turner the daughter of Peter Turner doctor of physicke.

1584 The XXVIII th of Januarie was baptized Samuel Turner the sonne of Willm Turner doctor of physick.

Peter Turner was born (Norman Moore) in 1542 and his father was William Turner, a botanist. It is difficult to believe that the boy Samuel was Peter's brother. I am afraid that I have not made further investigations into the Turner family.

#### DR. TIMOTHY BRIGHT.

Timothy Bright must rank amongst the greatest of Bart.'s men, for he was the originator of modern shorthand. He succeeded Peter Turner and held office until 1591.

1585 The IX of februarye was baptized Paule Bright the sonne of Tymothie Bright, doctor of physicke.

1585 The XII of March was buried Paul Bright the son of Mr. Tymothie Bright doctor of physicke.

1586 The XXVth of februarye was baptized and buried Willm Bright.

At this time a Thomas Bright, bowyer, was living in the parish, whose daughter Clare was baptised in 1586 and whose daughter Elisabeth was buried in the same year. The boy Willm may therefore have been the son of Thomas and not of Doctor Timothy.

1588 The XVIII of August Margaret, the daughter of Tymothie Bright, doctor of physick, was baptized.

1588 The XIth of November was Margaret the daughter of Tymothie Bright, doctor of physick buried.

I know nothing of Bright's medical attainments, nor have I examined his shorthand method. The system was presumably elaborate and cumbersome, but it is of great historical importance. Pepys did not follow Bright's system, but was influenced by that

of Thomas Skelton. Nevertheless it was Bright who introduced the idea and made the method practicable. Modern students of Shakespeare pay much attention to Timothy Bright. The 1623 folio, edited by Heming and Condell, fellow players of Shakespeare, condemn the imperfect copies of Shakespeare's plays which had previously been published. The early quartos of the Shakespeare plays show curious imperfections and departures from the Folio text. Shakespeare was undoubtedly a very strange man, and I do not agree for one moment with the attempts which have been made by the distinguished editors of recent years to show that he was a simple-minded man with a flair for business. In my view no one was more capable of self-criticism than Shakespeare. He made no effort to publish his plays and was content to return to Stratford and let his literary work go to the devil, for he sensed the greatness of his rivals Ben Jonson, Beaumont and Fletcher. It may be that he was suffering from a form of neurasthenia, as Sir Edmund Chambers has suggested, when he returned to Stratford after writing *Lear* and *Macbeth*. At any rate he never at any time appreciated the greatness of his plays. He cannot have had any part in the publication of the so-called pirated quartos, and the difficulty which puzzles scholars is to explain how the printers obtained the material from which the quartos were published. Two theories hold the field to-day. One assumes that renegade players themselves dictated their lines to the pirates. The other assumes that members of the audience took down by shorthand what was said on the stage. Personally I think the second possibility most improbable, but the theory has staunch advocates. It is known that some years later Heywood complained of the activity of what he called the brachigraphers.

#### DR. RALPH WILKINSON.

Timothy Bright was succeeded not by Wilkinson but by Doylee, but the Parish Register shows that Wilkinson was living in the parish before Timothy Bright retired. Wilkinson was afterwards elected to succeed Doylee.

1587 The VIIth of May Martha, the daughter of Raffe Wilkinson was christened.

1590 The first of April Richard the sonne of Henry Wilkinson, doctor of physicke, was baptized.

The XXV of Aprill John the sonne of Raffe Wilkinson doctor of physicke was baptized.

1591 The fifth of August John, sonne of Mr. Raffe Wilkinson was buried.

1592 The XXXth of Aprill Elisabeth the daughter of Henry Wilkinson gent. was christened.

1595 The first of April Henry the sonne of Henry Wilkinson gent. was baptized.

It is most likely that two Wilkinsons were living in the parish and that Henry was erroneously referred to as a doctor of physicke in the entry for the year 1590.

#### DR. DOYLEE.

1595 The two and twentieth (April) Edmond the sonne of Mr. Robert Doylee, Doctor of physicke was buried.

1597 The third of Marche francis the sonne of Mr. Doctor Doylee was christened.

1602 The XXIIIth of Januarie Anne the wife of Mr. Doctor Doylee, Doctor of physicke, was buried.

The XIth of Marche Mr. Thomas Doylee Doctor of physicke to this Hospital was buried.

Ralph Wilkinson succeeded Doylee as physician to the Hospital and held office until 1609, when he gave place to the great Harvey. The parish records are interesting, for they show records of the Wilkinson family before Ralph Wilkinson was elected, whereas after his appointment no mention is made of him.

#### WILLIAM HARVEY.

Harvey did not live within the Hospital and there is no reference to him in the parish records. There are, however, entries referring to his brother. So far as I know, there is no historical evidence of the reasons why Harvey became interested in Bart.'s. It may be, however, that his brother, who was living in the parish, acquainted him of the vacancy. At that time some of the important Governors of the Hospital were closely associated with the parish, so that Harvey's brother may have helped in his appointment.

1597 Ninth Aprill, Nathaniell Harvy, Gent. was buried.

I do not think that this Nathaniell Harvy was related to William Harvey.

1605 Third May, Thomas, the sonne of Thomas Harvey of Hyde in Kent was baptized.

The twentieth of July, Thomas, the sonne of Thomas Harvye, was buried.

This Thomas Harvye was a brother of William Harvey, and William Harvey was not elected to the staff until 1609.

1606—There is an entry of marriage on February 8th of Thomas Harvy to Clement Whyte. There is no record of the death

of the wife of Thomas Harvy of Hyde, so that Thomas Harvy, who was married in St. Bartholomew's the Less, may not have been William Harvey's brother.

#### OTHER MEMBERS OF THE STAFF.

The Parish Register shows quite clearly that a relatively large number of doctors of physic, barber surgeons and apothecaries were living within the parish, particularly during the years 1600-1610. They were not all members of the Hospital. Presumably some acted as assistants to the members of the Medical Staff. The following list illustrates the associations of these men with the Hospital:—

- 1588 The fifteenth of July was Mr. John Symons, Dr. of phisicke, buried.
- 1590 The XXIII<sup>th</sup> Januarie was Susannah, the daughter of Baltazar Willick, "Goazmane" (?) Dr. of phisicke, baptised.
- 1591 The XXII<sup>nd</sup> December, Mr. Robert Balthope, sercant surgeon to her Majesty, was buried.
- Robert Balthope was not a member of the staff of the Hospital, although he lived within the parish.
- 1593 X<sup>th</sup> of July, Madeline, daughter of William Pickeringe of London barber surgeon, was buried.
- 1593 XIII<sup>th</sup> June, Anne, the daughter of Robert Sprignell, was baptised.
- 1599 The eighteenth of februarie, Bartholomew, the sonne of Thomas Cotton, Gent, was baptised.
- 1600 XXX<sup>th</sup> November, Katherine, daughter of Robert Sprignell, was baptised.
- 1601 Tenth of March, Sara, the daughter of Robert Mashall of London, barber surgeon, was baptised.
- XXX<sup>th</sup> May, Elizabeth, the wife of Gabriell Sheriffe, apothecary, was buried.
- Nineteenth of October, Thomas, the sonne of Thomas Cotton, apothecary, was buried.
- 1602 Eighteenth of July, Richard, the sonne of Robert Sprignell, was baptised.
- 1603 The sixth of December, Richard Sprignell of London, barber surgeon, was buried.
- 1604 The second and twentieth of April, Susannah, the daughter of Robert Sprignell, surgeon, was baptised.
- XXX<sup>th</sup> Januarie, Anne, the daughter of Joseph fenton, barber surgeon, was baptised.
- 1608 The twentysixth of September, buried, Anne, daughter of William Spark, barber surgeon.
- Eleventh October, buried, Robert, sonne of William Spark of London, barber surgeon.
- 1609 Eighteenth August was baptised John, the sonne of William Spark of London, barber surgeon.

- 1611 The eleventh day of December was baptised Elizabeth, daughter of William Spark, barber surgeon.
- 1612 Sixth July, William Sparkes, barber chirurgion, was buried.
- fourteenth July, Elizabeth, the daughter of William Sparkes, of London, was buried.
- 1613 Eleventh August, Richard Collins and Cysely Spark were married.
- 1613 Twentysventh of April, —, the wife of Henry ffranke of London, barber surgeon, was buried.
- Eighth June, Henry ffranke, barber chirurgion, was buried.
- 1615 The twenty-ninth September James Parker, servant to Dr. Bonnom was buried.
- The nineteenth of May, the wife of William Pasrill, Dr. of Phisicke, was buried.
- 1616 fourth March, Mary, daughter of Toby Wyarkes, apothecary, was baptised.
- Eleventh December, Doctor Hone, civilian, was buried.
- Second of May, Richard Mattock of St. Leonards, foster Lane, London, lether seller, unto Mary fenton, the daughter of Joseph fenton, Chirurgion, was married.
- 1616 The Twentyeighth of September, John Harwiske, of St. "Weadaffe als foster" in foster Lane, London, Chirurgion, and Anne Ruddocke, were married.
- 1618 The twentyninth of August, Audrey, the wife of Joseph fenton of London, Chirurgion, was buried.
- 1619 Eleventh february, Audrey, the daughter of John Tonegrone of London, Chirurgion, and of Katherine, his wife, was baptised.
- 1621 fourteenth July, George, the son of John Colson, chirurgion, was buried.
- 1622 The twentysixth of June, Audrye, the daughter of John Colson, of this Parish, was buried.
- 1623 The twentysventh April, Elizabeth, the daughter of Mr. John Cowleson, of this Parish, by Katherine, his wife, was baptised.
- 1623 fourth September, John Ruggs of the Parish of St. Gregory's, London, Apothecarye, and Milene Wragge of Christchurch Parish, Newgate Market, mayde, the daughter of John Wragge, in the Parish of St. James Clerkenwell, in the County of Middlesex, Gent. were married.
- 1623 The twentysventh of May, Mrs. Elizabeth Cowleson, of this Parish, and Matron of Little St. Bartholomew's Hospital (buried).
- 1624 Sixth of September, Audrye, the daughter of John Cowlson, Chirurgion, by Katherine, his wife, was baptised.
- 1625 The ninth of August, Walter, servant unto Mr. Glover, apothecary to the Hospital, was buried.
- 1625 The tenth of September, John Cowlson, London, barber Chirurgion in Smithfield, was buried.
- The same day, Katherine, wife unto John Cowlson, was buried.

- 1626 The twelfth of October, Edward Cooke, of the Parish of "St. Dionisii," Barkin Church, London, Apothecarye, and Prise Rieve, of the same Parish, Dum Vivit of the Parish of St. Michael, Cornhill, London, deceased, were married.
- 1629 The second of Januarie, Audrye, the daughter of John Cowlson, London, Chirurgion, by Katherine, his wife, out of Mr. fenton's House, was buried.
- 1632 The twentyfifth of December, Thomas, the sonne of Ralphe Daniell, London, Apothecarye, out of Charles Jacob's House, Little Brittain, by Anne, his wife, was baptised.
- 1632 Seventh of August, Mr. fenton's daughter Mrs. Hill, was buried.
- 1633 The seventeenth of february, Mr. Joseph fenton, London, Chirurgion, was buried ten feet deep.

The entries are clearly not always accurate, so that names like Richard and Robert are sometimes confused. The custom of

linking up one's family with our mother Hospital has been perpetuated to this day. Marriages at Little and Great St. Bartholomew are very popular at the present time, although christenings are few.

Of the people mentioned in the above list, few were men of distinction except the illustrious Balthope, and he was not a member of the staff. Pickering, Fenton and Colson were members of the staff as surgeons. Glover was apothecary from 1619 until 1648. I have, however, not examined the Hospital Journals for further details of the staff. The Matron Mistress Elizabeth Cowleson may perhaps have been related by birth to Colson the surgeon. The names are suggestive.

(To be continued)

### MY FRIEND BINDLEBINE.

"I HAD always understood," said Bindlebine, as we stepped briskly across the Park a few days after the disastrous Ward Round of which you may have read.

"I have always heard," he said, "that Medical Students were a fairly boozy collection of Charlies, but reasonably decent souls withal, such as one might beat around with and talk to of this and that. One does not, of course, visualise your lives as a continuous round of Student Rags and such heartiness—"

I winced violently at this remark.

"Ah," said my sage companion, "I see you start, I perceive you tremble like a stricken ship. The words 'Heartiness' and 'Student Rags' arouse in you the same sensation of nausea as they do in me; I only mentioned the subject in order to point out that I don't believe it. Your colleagues must be made up—as is every other community of every type from the Hearty to the Arty; but those people I was assaulted by the other day don't somehow fit in with my conception of your ancient foundation."

At this juncture we reached the Park gates and the parting of our ways.

"If you've nothing better to do," I said, "come to Surgical Out-Patients to-morrow morning and continue your observations."

"Thank you," said Bindle, "I will."

And it was so.

"Well," said Bindle, as we sat down to lunch the following day, "what do the patients feel about all that?"

"I don't know," I said, "and I don't think many people care much either nowadays."

"Did they ever?"

"Yes, I think so. There was a time when tradition prescribed that the men up for the next Exam. went up in an orderly fashion, examined the patient with a friendly word for good measure and sat down again. You see, if the candidates for their Finals saw the cases it was thought that everyone got a fair turn at a time in their career when it would be of most use."

"That rational notion appears to have perished," said Bindlebine. "I have travelled widely, as you know," he continued; "I have seen Grand Central Station in the rush hour, attended the People's Palace on a Sunday night, and mingled with the busy throng in the Bazaar at Amritsar; and now, thanks to you, old horse, I have attended Bart.'s Out-Patient Department."

With no further comment, he hurled himself with gloomy satisfaction at the two hyaline hunks which represented his portion of braised steak.

CORTEZ.

## "R. B. P."

IN our December number we put forward the hope that before long we would be able to publish more of the hitherto unpublished poems of "R. B. P." of "Round the Fountain" fame. A short time ago we received the following from a Divisional Headquarters of the B.E.F. in France:—

Dear Mr. Editor,

When in the "terrible teens" of the present century I did a resident appointment at the London Lock Hospital, I composed a metrical advertisement for the facilities afforded by that institution which was then considered unprintable. Being now in an Expeditionary Force where, in the absence of the casualties of Mars, one's attention is perhaps disproportionately focused upon those of Venus, I was reminded of this ancient Saga; and wondered whether in these more plain-spoken days of the "fighting forties" the taboo would still hold good. So I have reproduced it from memory, and added another stanza to bring the treatment of Gonorrhœa up to date. . . .

## HYMN OF THE LOCK HOSPITAL.

Should a person ever hanker after treatment for his chancre,  
Or to see his skin eruptions getting fewer,  
If his melancholy plight is Gonorrhœal urethritis,  
At this hospital we guarantee a cure.  
But perhaps what worries you is a hereditary lues,  
And you're feeling, like your nasal bridge, depressed:  
Get your drooping spirits rallied—we make *Spirochetæ pallid.*  
And Ducrey's and Neisser's pests don't get much rest.

If a dissipated banker comes to see us with a chancre  
He's astounded at our courtesy and tact;  
When a constipated plumber comes complaining of a gumma  
Not the slightest blame attaches to the act.

No, our charity's a picture—  
If we *have* to pass a stricture  
On a patient we use gentleness, not force;  
And our treatment's never brutal, though  
our methods have to suit all  
Dispositions, hardened, shy, refined, and coarse.

If in spite of all precautions you're a martyr to abortions,  
And you think you'd really like some healthy babies;  
If a touch on your patella makes you kick like a propeller,  
And you've never heard of G.P.I. or Tabes;  
If you've been to Quacks, and Coué'd, to improve your spinal fluid,  
But your Wassermann is obstinately plus;  
There is only one conclusion—it's a grandiose delusion  
To attempt a cure without recourse to Us.

When, in days of tribulation, we relied on irrigation,  
You could almost hear the diplococci clap;  
But just mutter "M and B," and the mystic "693,"  
And the incantation wipes them off the map!  
A minor peccadillo on a hospitable pillow  
Implies no longer weeks of deep disgrace—  
How can any sin be tragic which the ever-potent magic  
Of Sulphonamide can instantly efface?

All the worshippers of Venus are sincerely glad they've seen us  
When Nemesis o'ertakes them in their trade;  
And even very shy men, narrow devotees of Hymen,  
May invoke our patron saint St. Lues' aid:  
So if you need our assistance, don't maintain that haughty distance—  
In our clientele all classes freely mix.  
See, they flock from rich and mean street up to Harrow Road and Dean Street!  
Ring us up—our number's EHRlich 606.

## AN UNUSUAL SWELLING IN THE SCROTUM

By C. M. FLETCHER, M.B., B. Chir.

THE case of J.R. throws some doubt on to the supposedly well-established fact that hot air tends to rise.

He was a boy of sixteen who had had diabetes for five years and had been discovered four months ago to have pulmonary tuberculosis. He was in Friern Hospital under the care of Dr. George Graham and was receiving regular refills of a left artificial pneumothorax. Collapse of the upper lobe was unsatisfactory, and Dr. Smart had performed thoracoscopy for division of adhesions. His only other peculiarity was a tendency to have sensational epileptiform overdoses at irregular intervals. One of these overdoses occurred immediately after the thoracoscopy.

His complaint, a week later, that he had developed a swelling in his scrotum was justified. On examination I found an oval swelling 3 inches by 2½ inches by 2½ inches in the left scrotum lying above and behind the testicle and extending up to the external inguinal ring and down to the middle of the epididymis, whose palpation was thus rendered difficult. Its surface was smooth, its margins fairly, but not absolutely, definite, as it was of a soft consistency. There seemed to be no extension into the inguinal canal and I could detect no impulse on coughing. Transillumination was brilliantly clear. The testicle, cord and as much of the epididymis as could be felt, appeared normal.

I made a diagnosis of hydrocoele secondary to a tuberculous epididymitis and laid plans to aspirate it the following morning so as to make possible more accurate palpation of the epididymis.

The next morning the appearance had changed. The swelling was very much smaller, measuring 1½ inch by 1 inch by 1 inch. It was softer than on the day before and now lay above and quite distinct from the testicle. The epididymis could be felt easily and appeared normal. Round the swelling and within it there was a crepitant feeling as if the swelling contained and was surrounded by minute foreign bodies.

Aspiration had been planned and aspiration was attempted. With difficulty, owing to the laxity and evasiveness of the swelling, I introduced into it an intravenous needle with a syringe attached. On the first attempt at aspiration the syringe filled with air, was rejected as faulty, and a second syringe was used. Again air was aspirated. I withdrew the needle hastily, and an uneasy feeling arose in my mind that the swelling was really a hernia containing gut and that my inept physicianly finger had failed to elicit an impulse on coughing. Further attempts to elicit this sign failed, but the uneasy feeling remained.

That afternoon Dr. Graham and Dr. Smart palpated the swelling and could come to no conclusion as to its nature. But Dr. Graham took the opportunity of instructing me in the art of testing syringes for leaks. The needle should be inserted into a cork and attempts made to withdraw the plunger. A leak is thus immediately revealed.

In the evening Mr. Corbett was called in. And it was with relief that we physicians found him also puzzled by this evasive swelling. He attributed the surrounding crepitant feeling to surgical emphysema induced by my morning manipulations. "You'll be accusing Dr. Smart next," said Dr. Graham. This, in effect, Mr. Corbett did; for he examined the incision and to his and our amazement was able to demonstrate surgical emphysema extending from the left axilla down the thoracic and abdominal walls into the scrotum. The swelling here was in fact simply a large bubble of air that had collected (? beneath the external spermatic fascia) after travelling some 18 inches subfascially from the axilla. Such extensive spread of surgical emphysema after thoracoscopy is not uncommon, but the collection of a large single air bubble must be unique.

So the syringe had not leaked. And hot air can track downwards and produce an addition to the list of swellings which may lead a man to think that he has three testicles.

## A CASE OF SWING BLADDER—WITH RECOVERY

By H. BEVAN-JONES.

"**A**YE, Swing Bladder is a fatal condition. The old ewe will be dead by sundown."

It was lambing season; the two old farmers had finished their conversation and were turning to leave the room. They were experienced men of the countryside—strong, weather-beaten, happy men, who had lived their lives on Mother Earth and not on ceremony. I felt provoked to ask for an explanation of the amazing condition they had spoken of, and found the farmer very willing to tell me about Swing Bladder. He had lost a ewe two days ago with it—and now another one seemed inevitably to be about to share the same fate. But he could not describe the condition further than to say: "It hangs between their legs, and it swings in the breeze like a death rattle. That's what it is—a death rattle! Only Swing Bladder describes it better."

No one had ever saved a ewe "once the bladder was swinging." No vet, he said, could do anything. So if I liked to go "and knife the old ewe, good luck to 'ee, I don't mind if you kills the old lady, she'll die anyway." Immediate action seemed to be called for, so, having collected the "middy bag," and fortified ourselves against twenty degrees of frost and a cold wind, we set out across the fields for the sheep pen up on the hill. At last we reached it, and found scores of lambs making a great noise, strangely reminiscent of a morning's out-patients.

"The Old Lady" was standing in a far corner of the pen. She appeared quite unconcerned about our arrival or her fate. Yet, clearly visible "swinging in the breeze" between her hind legs, were the unruptured membranes described by my friend the farmer as Swing Bladder. He was quite resigned to a fatal prognosis, and left me to deliver my first lamb all alone. "I'll fetch the shepherd from the local to help you," he shouted over his shoulder as he disappeared down the lane. So, after all, I was to have the aid of an expert midwife.

In the events which followed I was most interested to note that every obstetric complication I met with had an exact parallel in human midwifery practice. On examination, the sheep did not appear distressed, but was standing "with her rear to the

wind." This was said to be a bad sign. Healthy sheep stand facing the wind when in their pens.

Temperature and pulse I failed to take, but respirations were at the rate of 24/min.

Immediately "the shep." arrived, we got the ewe on to her side (*left side*) and, using gloves and Dettol, I made a vaginal examination. On rupturing the membranes I found the os fully dilated; second stage had begun. A marginal placenta prævia was present, and judging by the blood scattered about the pen there was no time to lose. A slow trickle of blood emphasised the urgency of the situation.

I had never examined a sheep before, certainly not vaginally, so I was forced to work entirely along human midwifery lines. Accordingly I hastily applied treatment for A.P.H. due to placenta prævia. At this stage it seemed that pulling down a leg was the only available course, to be followed by the quickest possible delivery (no abdominal binder, Willett's forceps, or Dublin technique applicable). In pulling down the leg I found that I was already dealing with a breech. This discovery unnerved "shep.," who said that the lamb must come out "head first or not at all." Malpresentation with placenta prævia—this certainly was following human lines.

With great difficulty internal version was performed. It was only after flexing the sheep's back that the head could be brought down into the pelvis.

Both the forelegs were now pulled down, but every time traction was applied to these the head slipped back behind the symphysis. I tried to hold on to the head with one hand to keep it flexed, while at the same time pulling on the forelegs with the outside hand. The intervals between the pains were becoming shorter and shorter. I soon felt the vicelike grip of imminent tonic contraction. Most of the amniotic fluid had now drained away and the vagina was becoming hot and dry. As a last resort, and rather in desperation, I applied high forceps. With these I succeeded in getting the head well down, but at the crucial moment they slipped off and were therefore discarded. No pulse could be felt in the lamb's cord, and it was at this stage that "shep." dumbfounded me by saying, with great authority, that the lamb had been

dead before I arrived on the scene. If only he had told me sooner! No time was lost in performing embryotomy. The lamb's forelegs were skinned and each leg wrenched completely out from the shoulder; then, by hooking my index finger through the floor of the lamb's mouth, behind the jaw, and pulling hard during a contraction, the dead lamb was delivered.

Manual removal of the marginal placenta

was performed. Finally the uterus contracted down without any postpartum hæmorrhage, though no oxytocic drugs had been given.

Before leaving I gave "the old lady" 15 grains of M. & B. 693 as prophylactic treatment, and left three 7½-grain tablets with "shep." to be given in doses of half tablet every four hours. The patient made a complete and uninterrupted recovery.

## CORRESPONDENCE.

### SAFETY FIRST

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

Dr. Lindsey Batten has exploded, and I hope is feeling better for the venting of his feelings. The catharsis of the soul is as important as the catharsis of the body, perhaps more important. And not only has the article entitled "Safety First" probably done the writer a service, but it has undoubtedly benefited many of the readers. I myself feel so much better that I am compelled to express my gratitude to both the *Bart's Journal* and Dr. Lindsey Batten. It was high time that somebody damned in no uncertain terms that vile catch-word of the day. "Prudence is a rich old maid courted by mediocrity," and Safety First cannot be compared to anything that can be printed in your Journal. Who invented this vile slogan? I hope he was run over by a bus, and is enjoying the safety of the grave.

Yours, etc.,

149, Harley Street, W.1. KENNETH WALKER.  
March 15th.

### THE CAMBRIDGE ATTITUDE

To the Editor, *St. Bartholomew's Hospital Journal* Dear Sir,

The major portion of the very brief "Cambridge News" in your last issue is monopolised by a reassurance that the preclinical students are mixing very little with the undergraduates and there is therefore no fear of our students being influenced by "undergraduate ways."

Prior to the war, the student who undertook his preclinical studies at Cambridge had the good fortune to associate with contemporaries whose future life was not to be absorbed in medicine; he also had other advantages, such as immediate access to sports facilities. But he also suffered from the disadvantage that his preclinical studies seemed completely divorced from their later application in the wards.

To maintain that the "Bart's tradition" can only be preserved by avoiding contamination with the undergraduates appeals to me as the most ridiculous nonsense and indefensible snobbery.

If our preclinical students must suffer separation from the Hospital, let them avail themselves of every opportunity to associate with those whose lives are bent in a different direction, so that the stigma of being "bound up in medicine" may become less frequently applicable.

Yours truly,

Hill End Hospital,  
St. Albans, Herts,  
March 15th. OSWALD S. TUBBS.

### OUR WASTED ENERGY

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

Dear Sir,

With reference to Lieut.-Col. H. H. King's letter in the March issue, I should have thought that the annual cost of producing the Journal, *i.e.* about £400, might be compared with that of making a large shell, or two or three large shells.

The one gives pleasure and amusement—I will not venture to say edification—to some hundreds of readers; the other probably displaces a few tons of mud somewhere in France. I seem to remember a Latin tag—"Aequum memento rebus in arduis servare mentem."

With apologies.

I am, Yours sincerely,

GEOFFREY BOURNE.

47, Queen Anne Street,  
Cavendish Square, W.1.

### CHILBLAINS

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

Dear Sir,

I have read with interest the article on chilblains in your March issue, and I think it may be of interest to your readers to mention a treatment for this condition which is not referred to in the article, namely, the administration of nitroglycerine, which can conveniently be taken in the form of trinitrin compound tablets (B.V. & C.). The dosage which I have found successful has been one tablet (one-hundredth of a grain of nitroglycerine) three times a day after meals on the first day, two tablets t.d.s. on the second day, and three tablets t.d.s. on the third and subsequent days. I have found this treatment most successful both personally and in the case of other patients. If begun early in the condition the chilblains usually disappear completely by the third day.

No unpleasant effects have in my experience followed the administration of these doses, and, in fact, much larger doses can be given if increase is gradual. My father always maintained that this is a drug of which doctors are much too frightened, and that in such conditions as high blood pressure benefit can often only be derived by pushing the drug far above the B.P. dosage.

Yours faithfully,

W. DALRYMPLE-CHAMPNEYS.

Ministry of Health,  
Whitehall, London, S.W.1.  
March 15th, 1940.



## "THE LANCET"

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

Many of your readers are now separated from their libraries, where the current medical literature is to be seen. The medical societies, too, have had to curtail their activities, and the ordinary contacts—in common-rooms and unions—are interrupted. Yet the need for knowing what is going on in medicine is greater than ever, for in war time changes in medical practice and administration are always more rapid than in peace. "The Lancet" is doing its best to help medical students and recently qualified doctors in these perplexing days. Beyond expectation much valuable original work has been submitted for publication, while the leading articles and annotations have kept count of the application of such work to the needs

of the time. A new feature has been a running story from many pens of the doings of migrated hospitals and schools. Parliamentary thought on the floor of the House is reflected by our own representative there.

For these reasons "The Lancet" may be regarded as playing an essential part in medical education, and the proprietors have asked me to draw attention to their special offer whereby students may take it at a quarter the usual price (10s. 6d. per annum), while recently qualified men may take it at half the usual price (£1 ls. per annum). Subscriptions should be sent to the Manager of "The Lancet," 7, Adam Street, Adelphi, London, W.C.2, and he should be kept informed of any changes of address.

I am, Sir, yours faithfully,  
THE EDITOR OF "THE LANCET."

## FRIERN NEWS.

SOME of our number have been resident in a Mental Hospital for seven months, and have become affected by their environment to an alarming degree. Take Pearse. Entering the lounge one evening, in a state of acute mania, he announced his intention of indulging in what the late lamented Finns call the "tauna," or snow-bath. His example was followed by four other residents and, to indicate the therapeutic benefits of this treatment, one participant was immediately stricken with simultaneous attacks of Influenza and German Measles.

Further evidence of the mental instability which pervades this institution is presented by the members of the Beard Club. These gentlemen have sworn to affix to the chin, on a predetermined day of each week, a prosthesis of the type obtainable in the Shaftesbury Avenue district. Mr. G-ld-n, who is foremost among the eccentrics, laughingly remarked that when taking a

bath the presence of this beard occasioned considerable trouble, as it seemed much longer when he had no clothes on.

The Beard Club were, of course, all present at the Fancy Dress Ball, and distinguished themselves in no uncertain manner; the beards were removed at the end of the evening, as they somewhat hampered the successful conclusion of the festivities.

It is rumoured that a member of the Senior Staff disapproves of the association of one of our number with Clarissa. He is to be seen daily cavorting in a field with this Flighty Bird. She (Clarissa) has somewhat ungainly proportions and recently stays have been added to keep her trim. She moves rather ungracefully and seems to suffer from tail-swing. Rude remarks have been passed about her nose, which bears the mark of repeated severe trauma.

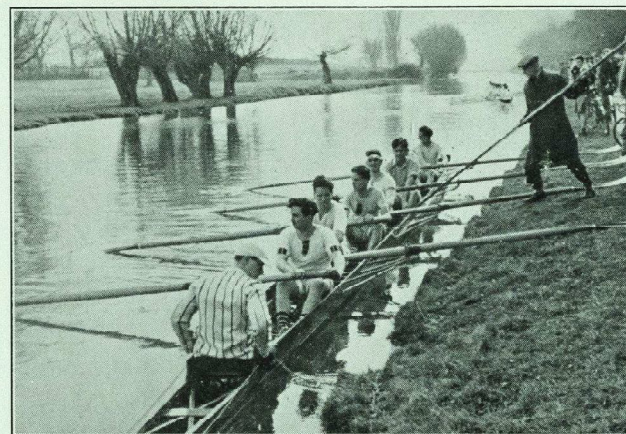
Other products of the Aeroplane Club are the "Atwillian" and the "Stumpi-Stumpita." These sometimes fly.

## R.A.F. DINNER.

On February 29th, an informal dinner party enabled ten officers of the R.A.F.V.R. and A.A.F. to meet at Oddenino's, where they were honoured by the presence of Mr. A. H. McIndoe's company, as guest; Group Captain G. L. Keynes; Squadron Leader D. F. E. Nash; Flight Lieutenants C. R. Jenkins, W. D. Coltart, J. H. Attwood; Flying Officers M. P. Morel, B. M. Phillips, J. W. Cope, J. North, E. O. Evans.

In addition, one regular R.A.F. medical officer was present, but his name will not be divulged! Several other reserve officers were unable to attend, and any with whom contact has not yet been made, and any who may enlist from time to time, are asked to communicate with Squadron Leader Nash, Bristol Wood, Cranwell, Lincs.

## CAMBRIDGE NEWS.



THE break up of winter and the advent of spring have brought new life to pre-clinical sporting activities in Cambridge. Probably the chief object of interest to readers will be the success of the Bart.'s Boat in the Lent Races.

Owing to the unavoidable absence of one member of the crew, A. J. Eley, who had been the coach, was forced to take his place in the boat. However, owing to the kindness of the Secretary of the L.M.B.C., R. M. Dohoo, who took Eley's place, the Eight were not without aid from the tow-path. Two bumps were achieved, one against the London School of Economics on the first day, and the other against Christ's on the third. The failure of the crew to achieve a bump on the second day was due to no fault of their own, but to the impene-

trable mass of jammed craft ahead, making further progress impossible.

The London University Hockey side, which included five Hospital men (Bentall, Buller, Newcombe, Spencer-Phillips and Fyffe), played against the Cambridge University side several weeks ago. Although Cambridge won by five goals to two, the game was keener than the score suggested.

In combination with Corpus Christi the Rucker side have played one or two games, but unfortunately with little success.

With talk of a Cricket side for the next term and the vision of pleasant summer hours on the Backs, not even the bogeys of Anatomy and Biochemistry can make the prospect of the future anything but attractive.

## EXCERPTS.

## RARE ANOMALY.

"Was there much in M.O.P.'s to-day?"

"No, only a man with constipation, and two hearts."

\* \* \*

## TEACHING AT FRIERN.

After six weeks you kill the guinea-pig to see what it died of.

## IMPORTANT PRONOUNCEMENTS.

The patient cannot see so well in the dark as in the daytime.

*Friern Ward Round.*

\* \* \*

It is a difficult thing to hang your hat on a floating kidney.

*Medical Out-Patients.*

## SPORTS NEWS.

## HOCKEY CLUB

**St. Bartholomew's Hospital v. Old Creightonians**  
At Chislehurst, on February 24th.  
Result: Won 6-2.

A perfect afternoon helped the Hospital to find its form and Harrison soon scored; the pressure was maintained and another goal was scored by Fison. After this the Old Creightonians took the initiative, but good play by Ellis and Barwood prevented any scoring. The Hospital forwards attacked strongly and another goal was added by Hill. In the early part of the second half the Hospital forced a corner, but were unable to score. Our opponents launched a counter-attack, but some good frisky and energetic play by Ellis and Marrett prevented any nonsense. Our redoubtable right wing got up steam and went off like a rocket and centred a good pass which Roberts netted with ease. A little later further goals we added by Harrison and Roberts. Time came with a win for the Hospital 6-2. In fairness to our opponents, they were playing without a goalkeeper.

Team: M. W. L. White; R. E. Ellis, P. F. Barwood; P. H. Jayes, H. R. Marrett, C. T. A. James; R. A. House, K. O. Harrison, P. G. Hill, T. M. C. Roberts, T. N. Fison.

**St. Bartholomew's Hospital v. Merton.** At Merton, on March 2nd. Result: Won 4-2.

Soon after the start of the game the Hospital attacked strongly, but were unable to score. Merton tried to penetrate our defences without any success. Play was then confined to midfield; the Hospital had most of the play, but the forwards seemed to have been struck dumb and were unable to do anything constructive with the ball. After a while J. Fison scored a goal with a shot which gave their goalkeeper no chance. Merton then attacked strongly and scored with a good shot. H. R. Marrett was playing a stalwart game and was instrumental in keeping our opponents at bay; he ran about the place like a shot rabbit! In the second half our forwards played much better, although the ball was not swung about enough. Marrett put the Hospital ahead with a good goal from a penalty corner; later on further goals were added by House and Heyland. The final score was 4-1, for which most credit is due to the halves and backs. After an excellent tea some of the team partook of light refreshment at the Leather Bottel before returning home in the search-lit sky.

Team: M. W. L. White; R. F. Ellis, D. Currie; K. O. Harrison, H. R. Marrett, C. T. A. James; T. N. Fison, T. M. C. Roberts, J. L. Fison, R. Heyland, R. A. House.

**St. Bartholomew's Hospital v. Southgate.**

At Southgate, on March 9th. Result: Lost 0-4.  
A perfect afternoon heralded the zero hour in this match. The Hospital took the field with some mixed feelings of fear and impending annihilation by a team who have been unbeaten this season. The result was not disappointing, considering the strength of our opponents; the low score was due largely to some magnificent goalkeeping by M. W. L. White and also to the apparently endless and untiring energy of Ellis and Marrett.

Soon after the bully-off Southgate began to attack, but some stalwart work by the Hospital defence prevented any score; a penalty and ordinary corner were both brought to no avail by some

good rushes. The ball was very difficult to take away from our opponents, and after saving some good shots White was beaten with a better one. For a few minutes the Hospital forwards were inspired to do great things, and after a good passing movement, took their defence by surprise but were unfortunate not to score. The score at half-time was 0-1. In the second half the play was mainly in midfield and many onslaughts by our opponents were repulsed by our backs and halves. However, superior passing movements and cohesion amongst their forwards enabled them to score three more goals. White was a tower of strength in more ways than one, and even flattened their centre-forward, who tried in vain to score by busting tactics. A most enjoyable game ended with a win for our opponents 0-4. Some members immediately after tea returned to Town in a certain vehicle called "Nausea," which decided to emulate the noise of a high-powered racing car!

Team: M. W. L. White; R. E. Ellis, I. McLean; D. Currie, H. R. Marrett, G. C. Franklin; T. N. Fison, T. M. C. Roberts, J. L. Fison, R. A. House, P. G. Hill.

## THE UNITED HOSPITALS HARE AND HOUNDS

In spite of a late start, the Club has had a successful season, winning four out of seven matches, including the defeat of Blackheath Harriers, though losing to Cambridge University on a particularly snowy day the week before their win in the Varsity Match.

Throughout the season Bart's men have played a prominent part, and in the match against the Metropolitan Police took three out of the first four places. J. P. Haile and P. A. M. van de Linde have run consistently, and Haile has the creditable record of winning every race except that against Cambridge and one in which injury prevented him from running. Major Harold Lee (R.A.M.C.), W. J. Atkinson and D. E. R. Kelsey have run in one match each.

The race for the Kent-Hughes Inter-Hospital Cup was run on March 13th, over the five-mile course at Richmond. Bart's, the holders, were unlucky to lose to Guy's by the narrow margin of 47 points to 40. Royal Dental were third (92 points). London and St. Mary's also entered teams.

A very fast race was won by B. F. Brearley (St. Mary's) after a very keen fight with Haile, the race being undecided until the last quarter-mile. Atkinson ran a good race, finishing third and winning the handicap. Van de Linde, also running well, was the third Bart's man. The team was completed by Davies and Kelsey; Hamby also started. The match was followed by the annual dinner, held this year at the Club's Headquarters at the Dysart Arms, and we were glad to welcome old members, including Major Lee and G. Ashton Beck.

Times and positions: B. F. Brearley, 28min. 10sec., 1; J. P. Haile, 28min. 27sec., 2; W. J. Atkinson, 30min. 4sec., 3; P. A. M. van de Linde, 31min. 21sec., 9; T. M. Davies, 34min. 26sec., 18; D. E. R. Kelsey, 34min. 46sec., 19.

Finally, we would point out that new members are very welcome, and we feel sure that there are others in the Hospital who would be able to support the Club.

## NEW BOOKS.

**The Single-handed Mother.** By Lindsey W. Batten. With a Preface by H. G. Wells. (Allen and Unwin. Price 5s.)

Dr. Batten sets out to supply a much-felt need—the instruction of mothers on the natural history of babies and the principles of mothercraft. Most of the literature about babies, instead of allowing the possibility that mothers nowadays are by nature quite often intelligent, self-reliant people, gives them lists of blind directions and rules of thumb, as though an infant were a more than usually complicated mechanical device. This book gives a clearly written account not only of the intricacies of feeding—breast, bottle and full diet—but also of management, the preparation for the "baby in prospect," and the attitude to be adopted to all the little problems and troubles not usually met with in text-books but so common in ordinary life. No doubt if mothers—and doctors, too—could learn to pay more attention to the baby in health, the baby in unhealth would become a less common feature of practice.

Those of us who read Dr. Batten's article, "Safety First," in the last number of this Journal will have realised that his views are strong ones and that his mind as Mr. H. G. Wells puts it in his Preface—"wars against misleading phrases, fashionable remedies and ready-made conclusions."

**Fractures and Other Bone and Joint Injuries.** By R. Watson-Jones. (E. & S. Livingstone. Price 90s.)

A new treatise on bone injuries has appeared at a timely moment, and Mr. Watson-Jones has been more than equal to the occasion with a beautifully illustrated masterpiece of design and style.

The book is divided into five parts: I, the Principles of Fracture Treatment; II to IV, Pathological Fractures and Regional Bone Injuries; and V, which is devoted to unusual and instructive cases. A novel feature is the introduction of X-ray problems: a query, based on an X-ray plate alongside, is written on a flap of paper, beneath which lies a second X-ray providing the answer.

The size and scope of the book indicate that it is intended primarily for the graduate and specialist, since features such as Diagnosis have been dealt with in outline only. Although containing the results of much original work—such as the influence of Avascular Bone Necrosis on Treatment—the chief purpose of Part I is to enunciate the essential facts upon which the author bases his treatment of bone injuries. There is a vigorous emphasis on immobilisation as the key to success in fracture treatment—immobilisation of bone and tissue by a complete plaster even if primary excision and debridement have failed. It is encouraging for the young (who were convinced of the soundness of Fracta's technique in Spain, in spite of the cool reception it received in London) to read this emphatic exposition of the same principles, as coming from one of the leading orthopaedic schools in Great Britain.

**Synopsis of Surgery.** By E. W. Hey Groves, M.S., F.R.C.S. (John Wright and Sons. Eleventh Edition. Price 17s. 6d.)

It is seven years since the last edition was published of this excellent synopsis, which has been brought fully up to date, particularly in the treatment of such conditions as fractures of the femoral neck and cleft palate. Many people condemn the use of "synopses" as a practice laying undue stress on the importance of examinations. In this uncivilised world, however, examinations unfortunately still do happen, and there are few who are brilliant enough to dispense with "last month" revision, in which this book fulfils its chief function. Surgery lends itself to note-form classification rather better than some other subjects, and this summary contains fewer errors than Messrs. John Wright's corresponding one on Medicine.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- BURROWS, H. JACKSON. "Treatment of Ununited Fractures by Bone Grafting Without Resection of the Bone Ends." *Proc. Roy. Soc. Med.*, Vol. 33, Jan., 1940, pp. 157-60.
- CAPPS, F. C. W. "The Faucial Tonsils and Accessory Sinuses of the Nose in Relation to Focal Sepsis." *Post-Grad. Med. J.*, Vol. 16, Feb., 1940, pp. 34-41.
- CULLINAN, E. R. "Colitis." *Practitioner*, Vol. 144, March, 1940, pp. 248-57.
- HAMBLEY, E. H. T. "Internal Derangement of the Knee-Joint; Abnormal Combination of Lesions." *Lancet*, Jan. 20, 1940, pp. 125-6.
- \*HEALD, C. B. *Mobile Units for Electrical Treatment; their Utilisation in Medicine and Surgery. With a Foreword by Sir Girdling Ball.* 1939.
- HOPWOOD, F. L. "The Storage of Radium in Wau-time." *Brit. Med. J.*, Jan. 13, 1940, p. 65.
- HORDER, RT. HON. LORD. "Focal Sepsis in the Male Uro-genital Tract." *Post-Grad. Med. J.*, Vol. 16, Feb., 1940, pp. 61-9.
- \*KLABER, R., and WITTKOWER, E. "The Pathogenesis of Rosacea: a Review, with Special Reference to Emotional Factors." *Brit. J. Dermatol. & Syph.*, Vol. 51, Dec., 1939, pp. 501-524.
- \*LEVITT, W. M. "Treatment of Lymphadenoma and Certain Malignant Growths with X-Ray Baths." *Lancet*, Feb. 3, 1940, pp. 212-5.
- NIXON, J. A. "Diet and Teeth." *Chin. J.*, Vol. 69, Feb., 1940, pp. 29-33.
- \*O'CALLAGHAN, D., and SHOOTERS, R. A. "A First-Aid Post in London." *Brit. Med. J.*, Dec. 2, 1939, pp. 1101-2.
- PAVNE, R. T. "Pneumococcal Parotitis." *Brit. Med. J.*, Feb. 24, 1940, pp. 287-92.
- ROBERTS, J. E. H. "War Injuries of the Chest." *Post-Grad. Med. J.*, Vol. 16, March, 1940, pp. 79-83.
- SEDDON, H. J. "Treatment of Irrecoverable Paralysis After Poliomyelitis." *Brit. Med. J.*, Jan., 27, 1940, pp. 139-41; Feb. 3, pp. 182-5.
- SHOOTERS, R. A. See O'Callaghan, D., and WITTKOWER, E. See Klaber, R., and —.
- WITTS, L. J. (Hobbs, Felicity C. G., and —). "Platelet-Reducing Extracts of the Spleen." *Brit. Med. J.*, Jan. 13, 1940, pp. 50-51.  
Reprints received.

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WOMEN'S GUILD

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We have opened a small second-hand shop at the above address, and we will gratefully accept gifts of any second-hand goods. We are dependent on this kind of help to stock the Guild's own shop—in fact, we want your old suits; we want any kind of bric-a-brac; we want anything you don't want.

The shop is open daily, and many attractive and useful things may be bought at absurdly cheap prices.

Mrs. Carr will receive any day goods sent to the shop; it is, however, difficult for us to arrange to collect them.

We hope that people will respond generously; it proceeds go to the Hospital.

*Obituary.*—Notes on Dr. E. T. Glenny and Lieut. E. G. Reynolds will be published next month.

*May Issue.*—Contributions and letters for the May issue should be received not later than Thursday, April 18th.

## Combined Hospitals Flag Day

TUESDAY, MAY 7th.

Volunteers are urgently wanted for collecting in the streets on this date. Owing to evacuation St. Bartholomew's has only about 300 people to call upon instead of 1300. Last year 1500 collectors made a record sum of £1404.

### BIRTHS

**COLEGROVE.**—On February 24th, 1940, at 6, Clifton Bank, Buxton, to Jessie, wife of Dr. E. C. Cosgrove—a son.  
**MOVNACH.** On February 25th, 1940, at Grays, Crawley, Sussex, to Nita (née Dinwiddie), wife of Dr. Digby Moynagh—a daughter.  
**LEISHMAN.**—On March 7th, 1940, at Moor Hill, Harewood, Yorks., to Elizabeth (née Oldfield), wife of Major A. W. D. Leishman, R.A.M.C.—a daughter.  
**TIERNEY.**—On March 20th, 1940, at Victoria Nursing Home, Westcliff, to Dora May (née Gosland), wife of Major T. Fane Tierney, R.A.M.C.—a son.  
**WESTWOOD.**—On March 19th, 1940, at Chesterton Terrace, Cirencester, to Gretta, wife of Dr. Matthew Westwood—a daughter.

### MARRIAGES

**SHIELDS—MEAN.**—On February 24th, 1940, quietly, at St. Bartholomew's-the-Less, London, Flying Officer Noel Peter Shields, M.R.C.S. (Eng.), of Newcastle, Staffs., to Verna Mean, of Cambridge.

### DEATHS

**GLENNY.**—On February 11th, 1940, passed peacefully away, at Forrester's Lodge, Clapton-in-Gordano, near Bristol, after long suffering courageously borne, Elliott Thornton Glenny, M.B., B.S., beloved husband of Winifred Glenny and eldest son of the late Edward Glenny, of Barking, aged 59.  
**PRYCE.**—On March 2nd, 1940, at Bramber, Horsell Vale, Woking, Thomas Davies Pryce, M.R.C.S., F.S.A., late of Nottingham.  
**REYNOLDS.**—On March 4th, 1940, suddenly, Lieut. Edward George Reynolds, M.B., B.S. (Lond.), beloved son of Mr. and Mrs. Reynolds, Beadon Prier, Salcombe, aged 27.  
**WHITE.**—On February 9th, 1940, at Aspley Guise, Edward How White, M.A., M.D., dearly beloved husband of Grace White.

### EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

J. & A. CHURCHILL

## NEW BOOKS

### SURGERY OF THE HAND

By MARCO ISELIN, M.D., Surgeon, American Hospital Paris. Translated by T. M. J. D'OFFAY, M.B., F.R.C.S., and T. B. MOUAT, M.D., F.R.C.S. 135 Illustrations. 21s. Ready this Month.

### POISONS: Their Isolation and Identification

By FRANK HAMFORD, B.Sc., late Director of the Medico-Legal Laboratory, Cairo. With a foreword by Professor SYDNEY SMITH, M.D., F.R.C.P. 21 Illustrations. 18s. (Just Published.)

### PATHOLOGY: An Introduction to Medicine and Surgery

By J. HENRY DIBLE, M.B., F.R.C.P., Professor of Pathology, University of London, and THOMAS R. DAVIE, M.D., M.R.C.P., Professor of Pathology, University of Liverpool. 374 Illustrations, including 8 Coloured Plates. 36s.

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## PERSECUTION

CERTAIN people tend to make a state of war, as applied to everyday life, an only too ready excuse for carelessness or inefficiency; others use it indiscriminately as a weapon against any way of thinking to which they are for the time being opposed. On the one hand the existence is justified of such passing trends as stage nudity—about which we have heard far too much—and poor and over-expensive food in the refectory of St. Bartholomew's Hospital, about which we have heard enough on all sides, and which is now showing slight signs of improvement. "There's a war on—didn't you know?" is the inevitable reply made to anyone who complains. This is bad enough. On the other hand, if a man wishes to condemn (or extol) any system, either which has been long tried and needs changing, or which has been changed and needs restoring, he merely says: "That is one of the things, with the object of destroying (or preserving) which, we are fighting this war." This is far worse.

Editors of Hospital Journals are popularly believed to be naturally opposed to anything which is time-honoured or conservative. They are usually thought necessarily to be strongly socialistic in their views—if not actively, certainly ideologically. Be that as it may, we are departing from long-established custom by daring to criticise such a "go-ahead" body as the London Medical Committee of the National Union of Students.

Since the war started, this society has had excellent opportunity to be more than usually aggressive. Such an organisation as the E.M.S. naturally played right into their hands. From the very beginning, London medical students became pictured in their eyes as a collection of poor fools,

persecuted by an unsympathetic Government, dictated to, and, like their brothers in Czechoslovakia, refused any opportunity to express a united opinion. After the first shock had worn off, they sent a long list of questions to the Ministry of Health, the purport of which could be summarised by saying, "How do medical students stand in relation to the threat of air-raids—and to medical education in general—in time of war?" The Ministry, of course, took the view that the maintenance of medical education was the job of the various separate authorities concerned, and that, as for air raids, not even they could be expected to know exactly what the German plans were in this respect, or for that matter how these plans would work out.

The National Union of Students was entirely unsatisfied by this reply—the substance of which, indeed, if they had considered the matter at all, they might have anticipated—and sent the Ministry another questionnaire on much the same lines as before, but laying special stress on the "status" of medical students in air-raids. No doubt they will learn when the time comes that their "status" is the last thing they will wish to worry about. In reply, it was stated that the Medical School authorities were responsible for arranging to what degree teaching would be interrupted by such events, that medical students injured in air-raids were in exactly the same position with regard to compensation as the general public, and that, for the second time of asking, no one could foresee the extent to which their services would be required under these circumstances. "The arrangements," they said, "must be fluid and capable of being adapted to whatever developments in fact occur."

But even now the National Union of Students is not satisfied. An epoch-making conference is being called to discuss "all the burning questions of the day," and take decisions "as to how medical students, collectively and in their schools, can take action." The subjects include, once more, "the position and use of medical students in air raids," "the financial and educational difficulties of students in war-time," "the allotment and payment of house jobs," "the lowering of standards in wartime, that is to say, the production of the despised 'war doctor,'" and, lastly, conscription, the very sensible details of which, as applied to the medical profession, have recently been made known.

This conference is to be held in May in

a "Northern University," and the hope is put forward by its sponsors that all medical schools will send representatives. So far, representatives from St. Bartholomew's Hospital have been conspicuous, by their absence at meetings of the National Union of Students' London Medical Committee, conceivably because the wartime arrangements in our own hospital are better than those in some others, so that we miss these reasons for complaint. Perhaps someone will travel northwards this month, if he has time, and add his voice to the empty clamour of the would-be oppressed who cannot find enough to do; war provides these people with an excellent opportunity to make themselves conspicuous by crying aloud to the Heavens on worn-out themes.

## OUR CANDID CAMERA.

"Our Candid Camera," after many years magnificent work for the Journal—for which highest praise and gratitude are due—is leaving the Hospital this month. A successor is urgently wanted.

Society of Apothecaries of London. The dates of the May examinations are:

Surgery	...	...	14, 15, 16.
Medicine and Forensic	...	...	
Medicine	...	...	20, 22, 23.
Midwifery	...	...	21, 22, 23, 24.

## PORT REGIS SCHOOL.

Five £60 scholarships to Port Regis Preparatory School are being offered by Sir Milsom Rees to sons of medical practitioners. Candidates must be under 9 years of age on June 11th, 1940, the date of the examination. Reduced fees are offered to prospective candidates who enter the school in May. Applications should be made to the Headmaster, Port Regis School, Broadstairs, Kent. Arrangements have been made to move the school to Blandford, Dorset, in case of emergency.

## OUR CANDID CAMERA.



"Psycho-Therapy."

## JEREMIAD

By KENNETH WALKER

THE saying that "a nation gets the ruler it deserves" is easily explained by the fact that a ruler does not really rule. He is merely a symbol, the outward expression of the nation's inner ideal. Even such an autocrat as Napoleon was merely the external manifestation of a new disruptive force let loose in Europe, the ideals embodied in the French Revolution. Ideals and movements make history, not individual men decked out with the trappings of power. These are but the flies on the axle of the chariot wheel, born along by uncontrollable forces, and marvelling at the dust they are raising.

To change the metaphor, Hitler, Stalin, and Mussolini are the clinical signs of a virulent fever consuming one-half of Europe; Chamberlain and Daladier those of a deficiency disease that has troubled the other half. Much has already been written of the fever that rages in the blood of the totalitarian nations, of the inane worship of the ant-hill, and of the "bludgeoning of the people by the people for the people," and the pathology of this disease is well known. The diagnosis is clear, although, as is generally the case in medicine, the treatment a matter of considerable difficulty. But what of their democratic neighbours, the afebrile ones, the seekers after appeasement and the neutrals, who have meant so well and yet could only frame their aims in terms of negation? With what malady have they been afflicted? At the risk of being thought tedious and to be too serious is not generally considered to be in good taste—let us attempt to reach a diagnosis. For this we must plunge for a moment into past history.

Towards the close of the last century religion and all philosophies of living died, and we embraced what C. E. M. Joad has termed the "stomach-and-pocket" view of life. The few who were not satisfied with this creed took refuge in the search for Truth as represented by Science, or else—because religion had been discredited—in the gospel of Freud and his disciples. The psycho-analyst had conclusively proved that the search for God was an illusion based on a sub-conscious desire for the father figure, so that nobody with any sense was going to chase a mirage.

Ethics had at the same time been destroyed. The suppression of impulse, and

the thwarting of desire was not only inadvisable but actually injurious. The "Libido" if damned back became a stagnant marsh that poisoned with its obnoxious odours and humours that which it was necessary to cherish above all else, the Personality. Therefore let the libido flow. And it flowed in self-expression, in stunts and "isms," in cranky schools, in farmyard love, and in forms of Art that filled with dismay the respectable breasts of the Royal Academicians. Many of the seekers after Truth found the new road to it so difficult that they hastily beat a retreat and rejoined the "stomach-and-pocket" majority. Others of a more determined nature took refuge in Communism, the one living belief that seemed capable of filling the vacuum that religion had left behind it. At the Universities the inspired writings of Marx were read with religious fervour, and ardent young men and women looked towards Moscow as Musselmen look towards Mecca. But alas! clouds were gathering around the holy city, and clouds of an earthly origin, explosions and shootings, and liquidations of the faithful. However well the great Russian experiment had started, like many other human experiments it was not proceeding along the anticipated lines. Lenin died in time, but Stalin disastrously survived. The communism that had once appeared as a revelation rapidly became a convention, and as such was no longer capable of filling the vacuum left behind by the disappearance of religion. Yet another illusion had been dispelled.

There consequently grew up a post-war generation that not only possessed no religious or political belief, but no relief of any kind. Professor Joad in his recently published book, "Philosophy for our Times," comments on this as follows: "To say that as a result Life has for it no point, and the universe no purpose would be true, but it would not be the most important truth. More important is the fact that to the present generation it is a matter of no interest whether life has a point, the universe a purpose or not. It does not care, and therefore does not enquire." "High-browism" has given place to "low-browism," and if anyone has a secret passion for poetry or philosophy he takes care only to indulge it in private. Can we be surprised, therefore, that we find it difficult to formu-

late our war aims when we have long given up trying to formulate our personal aims? Small wonder that with a stomach-and-pocket attitude to life we chose as our leaders decent, honest business men who would never lead us wittingly into danger.

Then came the war, to shake us out of our complacency with a stomach-and-pocket view of life.

War is the great destroyer, but it may also prove the great awakener. We have mastered the air, swum under the sea, harnessed to our needs the forces of the earth and heaven, only to find that we have no values or philosophy, and have never learnt how to walk the earth! The very powers that we have gained, as is so tediously being dinned into us, now threaten to destroy us.

This, then, is the deficiency sickness from which the afebrile half of Europe has been suffering, an absence of values, a kind of vitamin starvation. The remedy is available even although the vehicle by which it is administered may vary with the individual. It may even be argued that a wrong set of values is better than no values at all, and that the idiotic worship of the ant-hill and the deification of the State is preferable to the worship of nothing. In any case let us contrive to find some aim in addition to that of curing our stricken neighbour's fever.

There was a time when it was possible to look upon the solid objects that occupy

space as the standard and stock type of reality, and such apparently abstract entities as arithmetical formulæ, beauty and the thoughts that come to us through religion and philosophy as mere figments of the mind, devoid of all reality. Such times have passed. Matter, the great reality of the Victorian age, has dissolved into an infinite attenuation, a wave of probability undulating into nothingness, and physicists, willy-nilly, are becoming idealists, followers of Bishop Berkeley. Our conception of reality has changed, and it may well be that the promptings of the moral, emotional, and aesthetic sides of our nature possess more reality than the tables and chairs around us. At any rate they are the things with which we have the most direct contact. "Mind," writes Sir Arthur Eddington, "is the first and most direct thing in our experience and all else is remote inference." We create the universe in our minds, and when we go out into its uttermost parts to discover it we find only what we have put there.

Yet it is the inner world of the mind that we have consistently neglected, convinced that the discoveries of the Edisons and Marconis of the world were of greater value to us than the discoveries of the philosophers, the poets and the mighty geniuses of religion. If the war teaches us that we cannot subsist on bread alone it will have served some purpose.

## A RARE COMPLICATION OF GERMAN MEASLES

By R. D. S. JACK, M.B., D.Chii.

ENCEPHALITIS is seen occasionally following such virus infections as measles, varicella and herpes, but the literature records very few cases complicating German Measles. In such circumstances encephalitis in a case of Rubella throws some doubt on the original diagnosis.

T. H., a boy of 16½, was admitted to St. Bartholomew's on February 20th. A week previously he had been diagnosed on clinical evidence by his doctor as a case of Rubella. He had made a good recovery and until the day before had been feeling well. During the morning, however, he complained of extreme lassitude, and in the afternoon of headache, which was not considered severe. There had been no vomiting. That night he had slept profoundly and had had to be aroused by his mother

at 2 p.m. on the day of admission. Shortly after, he had what appeared to be a typical epileptiform fit, had bitten his tongue, and was incontinent of urine. During the afternoon he became increasingly drowsy, and had two more convulsive seizures.

On admission the patient was lying on his side, with his knees drawn up and his head bent slightly forward—photophobia was present. He could be aroused only with difficulty. The rhythm of his breathing was regular. T. 97° F. P. 78. R. 18. Neck rigidity and a positive Kernig's were elicited. There were no posterior cervical glands palpable. Cranial nerves appeared normal; fundi and discs were normal.

His reflexes in both upper and lower limbs were present and not exaggerated, plantar response was flexor; and he showed a

degree of hypersensitivity to any skin stimulation, and a *tâche cérébrale*. Abdominal reflexes were all absent.

Later, while sterilising the skin prior to lumbar puncture, a typical epileptiform fit was precipitated.

Laboratory investigations showed a normal urine, and a white blood count of 12,000; a differential count gave normal proportions of each variety of leucocytes.

C.S.F.—pressure 300 mm. (taken just after fit) was a clear colourless fluid without coagulum.

Total cells, 12 lymphocytes.

Total protein, 65 mgms. per 100 cc.

Globulin, slight increase.

Chloride, 700 mgms. per 100 cc.

Reducing substance normal in quantity.

The boy had no further fits, and made an uninterrupted recovery. He was discharged twelve days later.

Of other cases described, symptoms of meningeal irritation—headache and stiffness

—occur in the majority of two main groups. Those in which cerebral symptoms predominate, as in this example, and a smaller group with spinal involvement.

Merritt and Korsakoff describe four cases of their own and quote seven others in which the onset of symptoms lay between two and six days after the first appearance of the rash. The temperature was usually normal, but 103°—105° is recorded. Symptoms in their series included convulsions and unconsciousness in seven out of the eleven, while diplopia, nystagmus, hemiplegia and paraplegia, urinary retention and absent reflexes also occur.

Sevestre reports a case of Rubella in which there was delirium on the appearance of the rash.

C.S.F. in cases described have a normal pressure. Cells 10-200, protein 60, normal chloride and reducing substance. Colloidal gold curve is either normal or luetic in type.

Complete recovery is the rule.

## THE PARISH REGISTER OF ST. BARTHOLOMEW THE LESS IN ELIZABETHAN TIMES

By WILFRED SHAW

### ENTRIES OF OTHER PEOPLE ASSOCIATED WITH THE HOSPITAL

THE Matrons and Sisters, Stewards, Hospitalers and Vicars were usually buried within the Hospital. I have included other important people who were associated with the Hospital in the following list:—

1565 The tenth of September Mr. Harie Atkinson, Priest, sometime Vicar of this Parish, was buried.

1573 The twentieth day of August, Robert Howell, steward of the Hospital was buried.

The fifteenth of Januarie, John Carington, steward unto the house of Little St. Bartholomew's Hospital, was buried.

1574 The twentieth seventh of November, John Bellamy, the sonne of John Bellamy, Vicar, was buried.

In 1574 Syrian Borman of this Parish was married to Elizabeth Hudson of St. Thomas's Hospital, Southwark, and in 1580 Leonard Shull, of the Parish of St. Thomas's Hospital, was married to Margery Martin of this Parish.

1580 The fourteenth of June, Richard Balamy of Stratford upon Avon, in the County of Warwick, was buried.

John Bellamy was the Vicar of the Parish in this year, and it may be that Richard Balamy was a relation of his.

1583 The twenty sixth of Januarie was baptised

Sara Kington, the daughter of John Kingeton, Hospitler.

1583 The twenty third of May, Agnes Kingeton, daughter of John Kingeton, was buried.

1584 The seventeenth of June was buried Ellinr Smith, the Matron of this Hospital.

1592 The second of September Hughe Cooke, Steward of the Hospital, was buried.

1593 The thirteenth of March, Francis Hollgrave, the Hospitler of this Hospital, was buried.

The twenty sixth of August Eline Jenninge, widow and Matron of the Hospital, was buried.

The same day (10th September) was buried Aline Hobbins, servant to Mr. Hall, Vicar.

1594 The fiftenth of December Johane Hall, the cook of this Hospital, was buried.

The records show that the cooks and porters were buried within the Hospital, but I have not included their entries in this list.

1595 The twenty first May, Anne, the wife of Mr. William Peryam, Knight, Lord Chief Baron of the Exchequer (Exchequer) was buried.

The third of October, Richard Hayward, steward of this Hospital, was buried.

1599 The seventeenth of June, Elisabeth, the daughter of Samuel Hill, Hospitler, was baptised.

1601 The twenty fifth of May, Mary, the wife of William Hall, Vicar of Little St. Bartholomew's, was buried.

1603 The twenty first of April, Sisely, the daughter of Samuel Hill, Hospitler, was baptised.

1608 The seventh of April, buried, Elizabeth, the wife of Samuel Hill, Hospitler.

1611 The twelfth of June, was buried Ladye Anne, wife to the Right Worshipful Sir Thomas Bodley, Knight.

1611 The twenty eighth of Januarie, the Right worshipful Sir Tho. Bodly, Knight, died, was buried in March following at Oxford.

1613 The twenty third of November, Anne, the daughter of Sir Raphe Winwood, Knight, was buried.

The Parish must have been popular and almost fashionable at about this time, for several titled people are mentioned in the Register. Sir Edmund Tholmolthorpe was buried in 1613. The son of Sir Thomas Dutton was baptised in 1614, and Jane, the widow of Sir Edmund Tholmolthorpe married Sir Edward Paton in 1614. In 1616 Sir Thomas Parkeringe married Elizabeth, the daughter of Sir John Morly. In 1617 Sir Raphe "Wynward" was buried. In the same year, Mary, the daughter of Sir Thomas Hamond, was married. In 1618, Elizabeth, the daughter of Lady "Wynward," was buried, and in November of that year Dame Elizabeth Kyrton, the wife of Sir James Kyrton, was buried at St Botolph, Aldersgate. In 1619 Sir George Cornwallis was married to Dorothy, late wife of John Joyen, late Bishop of Norwich.

1621 fifth of June, Luisa, the daughter of David Tontevill, Vicar, by Margerie, his wife, was baptised.

The fifth of februarie, Samuel Hill, the Hospitler of this Hospital, was buried.

The twenty third of March, William Griffin, Parish Clerk of this Parish, was buried.

1622 The nineteenth of October, Peter, the sonne of David Tontevill, Vicar of this Parish, was buried.

1623 The twenty seventh of May, Mrs. Elizabeth Cowleson, of this Parish and Matron of Little St. Bartholomew's Hospital (was buried).

1624 The twenty sixth of May, Walter, the sonne of Mr. Tonteville, of this Parish, Vicar, by Margery, his wife, was baptised.

fourth of June, Walter, the sonne of Mr. Tonteville, of this parish, Vicar, was buried.

1627 The twenty seventh of October, Margery, the wife of Mr. Daniel Tontevill, preacher of God's holy worde, was buried.

1630 The fiftenth of October, Thomas Langly, Hospitler of Little St. Bartholomew's, was buried.

1634 The twelfth of May, Martin Lewellen, Gent. steward of the Hospital of Little St. Bartholomew's, West Smithfield, was buried.

Martin Lewellen produced a vast number of children, whose baptisms and deaths are recorded in the Parish Register—so many, indeed, that they have not been included in these notes. One of the boys was Martin Llewellen, who subsequently became a

Fellow of the Royal College of Physicians, and wrote a long prefatory poem to the English translation of Harvey's "De Generatione Animalium" (Norman Moore).

1634 The nineteenth of February Thomas Chester, Gent., out of Mr. Pretty, his house, steward of the Hospital, was buried.

1635 The fifth of November, Anne, the daughter of Robert Pretty, steward of the Hospital, by Anne his wife, was baptised.

Thirtieth of Januarie, Mathow, the wife of Tho: Langley, deceased, sometime Hospitler, was buried.

This list requires some comment. The early entries are of importance.

Harie Atkinson is not mentioned in the list of Vicars of the Parish given by Sir Norman Moore. Similarly, the stewards Robert Howard and John Carington are not mentioned by Sir Norman Moore.

It is interesting to notice that the offices of Vicar and Hospitler were quite separate in the early days. John Kingston was the first Hospitler appointed by the Hospital. Francis Hollgrave, Samuel Hill and Thomas Langley are all mentioned in the Register. Sir Norman Moore does not mention Thomas Langley.

Sir Ralph Winwood lived within the Hospital in a house on the site which is now occupied by the East Wing of the new Medical Block. The house was previously occupied by Sir Thomas Bodley. Sir Thomas Bodley was, of course, the founder of the Bodleian Library at Oxford. After Bodley's death the house was leased by Sir Ralph Winwood, who had married Bodley's step-daughter. Sir Ralph Winwood was Secretary of State and his daughter married Edwards, afterwards second Lord Montague. The Winwoods afterwards became related by marriage to the Harvey family.

I have already pointed out that Thomas Harvey was probably acquainted with Sir Thomas Bodley, and perhaps Sir Ralph Winwood as well, and it may be that Wm. Harvey was encouraged to apply for the vacancy of physician to the staff through the activities of Thomas Harvey.

Sir Ralph Winwood is the "Sir Raphe Wynward" who was buried in 1617.

### INIGO JONES

It is not generally known that the illustrious Inigo Jones was baptised in St. Bartholomew's the Less. The Parish Register gives some interesting information of the Inigo Jones family.

1570 The sixth day of August Milizent Jones, the daughter of Enego Jones, was christened.

1572 The seventeenth day of May, Mylesent Jones, the daughter of Enigo Jones, Cloth Worker, was buried.

This entry refers, presumably, to the child who was baptised in 1570.

1573 Enego Jones, the sonne of Enego Jones, was christened the sixteenth day of July.

1575 The sixth of September Philipp Jones, the sonne of Ennigo Jones, was christened. The fourteenth of October, Philipp Jones, the sonne of Enygoe Jones, was buried.

1576 The third day of february Johnes was christened, being the daughter of Enygo Jones.

The twenty sixth day of March Anne Jones, the mother of Enigo Jones, was buried.

1577 The twelfth of July — Johnes, the daughter of Enygo Jones, was buried.

1578 The seventh of September, Anne Jones, the daughter of Enygo Jones, was christened.

There are no other entries of the Inigo Jones family, and it is to be presumed that Inigo's father and mother left the Parish soon after 1578. The Parish record shows that a large number of Welsh people were living in the Parish at this time, and most of them, like Inigo Jones the elder, were clothworkers, or tailors and merchant tailors. They probably formed a small colony in the Parish. The Welsh names are interesting; here are some examples:—

John Evans, Henry Williams, John Griffiths, Griffith Jones, Griffith Lewis, Evan Griffin, John Davies, Walter Morgan, while the steward, Martin Llewellyn, had a Welsh name.

Inigo Jones, the elder, is believed to have been a Catholic. Little is known of his upbringing, although there is some evidence that he came from Conway in North Wales.

Inigo Jones should be regarded as one of the most distinguished men born in the Parish of Little St. Bartholomew. To me he is particularly interesting because at one time he was a close friend of Ben Jonson and collaborated with Ben in producing masques for the Courts of King James I and King Charles I. They combined together to write "Pan's Anniversary," "Love's Triumph through Callipolis," and "Chloridia." In the masque, "Pleasure Reconciled to Virtue," there is a most amusing scene called "For the Honour of Wales," written by Ben Jonson himself, which shows a very good knowledge of the Welsh countryside with its mention of Penmaenmawr and Cader Idris. But Ben quarrelled with Inigo Jones and wrote some gorgous pieces of invective against him. They are a joy to read. The three pieces are now called the Expostulation, the Epigram and the Corollary. Thomas Nashe has

always been a favourite of mine, and I love his "Have with you to Saffron Walden" as the classical piece of invective in the English tongue. But Ben in verse is the equal if not the superior of Nashe. The Expostulation starts as follows:—

Master Surveyor, you that first began  
From thirty pounds in pinkins to the man  
You are; from them leapt forth an architect,  
Able to talk of Euclid and correct  
Both him and Archimede.

In Drummond's notes, Ben says of Inigo Jones: "He said to Prince Charles of Inigo Jones, that when he wanted words to express the greatest Villaine in ye world he would call him anc Inigo."

Ben Johnson always makes me discursive, for which I apologise in advance. His personality undoubtedly dominated his contemporary poets and playwrights, and, as I have hinted already, I believe that it was this, more than anything, which explains Shakespeare's neurasthenia and his sense of inferiority. Ben killed Gabriell Spenser in a duel, and Henslowe out of spite refers to Ben as a bricklayer in consequence, but then both Ben and Gabriell owed him money. Ben told Drummond that he took *optima spolia* from an antagonist in the sight of both armies during the Flemish Wars. He describes his wife as a "shrew, but honest," a remark which has achieved immortality. He loved canary wine as did the great Gibbon years afterwards. He walked to Edinburgh and back and in Scotland saw Drummond. He told Drummond that "he heth consumed a whole night in lying looking to his great toe, about which he hath seen tartars and turks Romans and Carthaginians feight in his imagination," which sound to me like delirium tremens. To Drummond he relates: "Queen Elizabeth never saw herself after she became old in a true glass. they painted her and sometimes would vermilion her nose. that she had a membrana on her which made her incapable of man, though for her delight she tried many, at the coming over of Monsier ther was a French Chirurgion who took in hand to cut it, yett fear stayed her and his death." I suppose that Queen Elizabeth had hymen rigidus. But for the membrana, English history might have been different.

The greatness of Inigo Jones is mainly traditional, for little now remains of his architecture except Whitehall Court and the Queen's House at Greenwich. He made magnificent additions to old St. Paul's and was responsible for the plans for Lincoln's

Inn Fields and for much of old Covent Garden. His designs of scenery and costumes for the masques have been, in some part, preserved, and a large number of his original drawings remain. The drawings are particularly to be admired.

Inigo made at least two journeys to Italy and he also travelled to Denmark. He became surveyor to the King. To Inigo Jones more than anyone else should be attributed the elimination of the bastard Gothic from English architecture, and by introducing the classical style from Italy he paved the way for the great Wren and our own Gibb.

There is some reason to believe that Ben Jonson was by no means alone in his antagonism towards Inigo Jones. Inigo was treated very roughly by the Roundheads, and he was probably very unpopular with the poor people of London. Inigo was asked to give an opinion on Stonehenge and reported that it was built by the Romans. It is difficult to believe that this was an honest opinion and the report is very puzzling.

#### JOHN LYLly

I did not know that John Lyly was connected with the Parish until I examined the Register. The poem—

"Cupid and my Campaspe play'd  
At cards for kisses; Cupid paid."  
is number 72 in Palgrave's Golden Treasury.

Lyly's style greatly influenced Shakespeare, and Lyly's best works were produced when Shakespeare was a young man in London. The Parish Register contains the following entries:—

1594 The seventh of December, Isabell, the daughter of Emanuell Lillie was baptised. The ninth of Januarie, Isabell, the daughter of Emanuell Lillie, was buried.

Presumably Emanuell Lillie was a relation of John Lyly, resident in the Parish.

1596 The tenth of September, John, the sonne of John Lillie, Gent. was christened.

1600 The third of July, John, the sonne of John Lillie, Gen. was baptised.

Presumably the other son John was buried between 1596 and 1600, but there is no entry of this in the Parish Register.

1603 The twenty first May, Francis, the daughter of John Lillie, Gen. was baptised.

1604 The seventeenth of Januarie, Thomas, the sonne of John Lillie, Gen. was baptised.

1605 The eighth of May, Elizabeth, the daughter of John Lillie, was buried.

1606 The thirtieth of November was buried John Lillie, Gent.

1608 The twenty sixth of July was married Robert Langley, Gen. to Anne Lilly, gentlewoman.

1617 The seventeenth of februaire William Brawne of Stamford, Gent., and Francis Lillie of this Parish, daughter to John Lillie, deceased, were married.

John Lyly was therefore buried in the churchyard within the Hospital. If his grave has not been disturbed, his bones probably lie under the road between the Church and the Clerk's Office. When the Sassoon X-ray Therapeutic Department was being built, part of the churchyard was uncovered during the excavations, and I remember watching a student, who shall be nameless, digging bones from the soil with his penknife. We all hope, I am sure, that the remains of John Lyly still lie within the Hospital.

The spelling and pronunciation of Lyly's name have always presented difficulties, as the Parish entries show clearly. Ben Jonson refers to Lyly in his poem "To the Memory of my beloved, The Author Mr. William Shakespeare," as follows:—

For, if I thought my judgement were of yeeres,  
I should commit thee surely with thy peeres,  
And tell, how farre thou didst our Lily out-  
shine,  
Or sporting Kid, or Marlowes mighty line,  
And though thou hadst small Latine, and lesse  
Greece,  
From thence to honour thee, I would not seeke  
For names:

This reference seems to suggest that Ben Jonson pronounced the name more like the modern Lisle.

The daughter Francis seems to have been married at the early age of 14, and it is interesting that Lyly's family was still living in the Parish so long after Lyly's death.

Although Lyly was not one of the greatest of Elizabethan writers, he showed much originality. At the present day his euphuism and his allegory are not in accordance with modern tastes. Personally, I have difficulty in reading Lyly, and he is not one of my favourites amongst the Elizabethans. At the time he was living in the Parish, he had some association with the boys of St. Paul's choir.

#### JOSHUA SYLVESTER

Joshua Sylvester's sonnet—

"Were I as base as is the lowly plain"

is number 34 in the Golden Treasury, and is perhaps one of the finest sonnets in our language. Apart from this one sonnet Sylvester has made no lasting contribution to English literature. Here is Drummond's note of Ben Jonson's opinion of Sylvester:

- "That Sylvester's translation of Du Bartas was not well done, and that he wrote his Verses before it err he understood to conferr."
- 1590 The 13th March Edward Gaselye was married unto Elisabeth Sylvester
- 1619 The twenty sixth of July, Ursula, the daughter of Joshua Sylvester, was baptised.
- 1614 The fourth of februarye a still-borne sonne of Joshua Sylvester was buried.
- 1625 The same day (2nd September) Bonaventure Sylvester, daughter of Mary Sylvester, widowe out of Proctor's House, was buried.

The entries show that Joshua Sylvester lived within the Parish, although he himself was not buried within the Hospital. The entry of 1590 may possibly have been that of the marriage of Sylvester's sister.

I first read Palgrave's Golden Treasury at the age of 15, and I remember how I was enthralled by the beauty of Shakespeare's sonnets. At the time Sylvester's sonnet seemed to me to be the equal of Shakespeare's best. I do not hold that view now, for I appreciate that Sylvester was more superficial, but I still regard his sonnet as one of the first half-dozen in the English language.

#### JOHN UNDERWOOD

John Underwood was a fellow-actor of Shakespeare, and he is included amongst the actors mentioned in the First Folio. He was rather later than Shakespeare, and did not join the King's Company until after 1605, and is first mentioned in the actor list of the "Alchemist" in 1610. In his will he describes himself as of the Parish of St. Bartholomew the Less. He left five children.

- 1610 The twenty seventh of December was baptised Jolin, the sonne of John Underwood, Gent.

His will was made in October, 1624, but there is no record of his burial in the Parish Register.

#### JOHN WILSON

Jack Wilson is mentioned by name in the First Folio of 1623. In the play "Much Ado About Nothing," in the second Act, instead of "Enter Balthaser with music" of the Quarto Edition is the instruction "Enter Jacke Wilson," who therefore sang the song "Sigh No More."

Chambers states that Jack Wilson was baptised at St. Bartholomew's the Less in April, 1585, but I have been unable to trace such an entry. He lived in the Parish of St. Bartholomew's the Less and the Register contains the following entries:—

- 1623 The twenty third of May, Elizabeth, the daughter of John Willson by Joan, his wife, was baptised.
- 1624 The twenty fourth of June, Annabella, the daughter of John Willson, by Joan, his wife, was baptised.
- The seventeenth of July, Johan, the wife of John Willson, of this Parish, musician, was buried.

I have been unable to trace any other references to John Wilson's family. He is believed to have been alive in 1641.

#### ROBERT WILSON

There is a mysterious Robert Wilson of Elizabethan times, who was a well-known actor, and who was mentioned by Meres and praised for his "wittie extemporall verse."

There has been great difficulty in deciding whether there were not two Robert Wilsons, one a player, who was buried in 1600, while the second Robert Wilson, the playwright, was perhaps another man, who may be the Robert Wilson whose burial is recorded below.

- 1610 The twenty first of October, buried Robart Willson.

The problem seems insoluble, and there is little evidence to associate the Robart Willson mentioned in the Register with the Elizabethan playwright of that name.

#### WILLIAM KEMP

- 1605 The eleventh of februarye William Kempe was married unto Anne Haward.

William Kemp was famous in Shakespeare's time as a comedian and as a dancer of jigs. He was responsible for the famous Morris dance from London to Norwich in 1600. It is possible that this marriage entry is of William Kempe, the actor, although there is indirect evidence that he died at about this time.

This entry was noted by Collier. No other reference to William Kempe's marriage has been found in any other Parish Register in London.

In conclusion, I want to say how much I have been helped by the late Sir Norman Moore's History of St. Bartholomew's Hospital. This magnificent compilation has fallen into disrepute during recent years, and senior members of our staff have shown a tendency to hint of inaccuracies. If I were asked for my opinion—which I admit is unlikely—of the important contributions from our Hospital during the last century, I should place Paget first and Norman

Moore's History second. The History was written in the time of Sir Sidney Lee's "Shakespeare" and conforms to Sidney Lee's style. Modern historical research is much more exacting, and just as Sidney Lee is now subject to adverse criticism so Norman Moore has suffered from textual criticism. There are limits to human accomplishments, and if Norman Moore is to be criticised, it is because he undertook more than is humanly possible. His History is of supreme importance. It matters little historically that minor emendations are necessary. The History will ever be the corner-stone upon which further historical research will be based. Much of what I

have included as comment in these notes is due to Norman Moore. Without his History I should have spent many hours amongst the Hospital Journals. It is true that I have found inaccuracies, but these are trivial.

Lastly, I want to emphasise that these notes are incomplete. The Register must at some time be published *in extenso*. For example, there is a family Delano connected with the Parish, and the name is that of the second Christian name of the American President. The Register demands a much more detailed study than I have given to it, but my limitations in this direction are obvious—perhaps to me more than anyone.

## BALLET

### "THE DANCE GOES ON"

#### Characters:

Graafian Follicle .....	A young girl
Corpus Luteum .....	Her stepsister
Progesterone .....	Lovers of Corpus Luteum
Oestrone .....	A Controversy
Nervous Control of Pituitary .....	Chorus of Chromosomes.

Costumes of mesodermal origin.

THE lighting is dim throughout the scenes and the audience is asked to refrain from smoking during the performance as it may inhibit its rhythm.

The general atmosphere is one of suppressed excitement and mystery. The characters resemble the personification of ideas rather than the embodiment of living people.

The scenery is weird, fantastic and slightly futuristic in its suggestion of a nether world. The theme of the ballet is in the nature of a controversy.

The ballet opens with the symbolic dance of the chromosome chorus. They are curious little Puck-like creatures wearing purple gowns emblazoned with mystic mitotic figures, and they have white silk cords round their waists.

The curtain goes up to the accompaniment of "Siegfried's Journey down the Rhine," and after a few minutes when the music has reached a crescendo Oestrone rushes madly on to the stage followed by volumes of smoke. He is dressed rather untidily in blue and his hair is ruffled. Occasionally when there is a lull in the music the far-off sound of a soda syphon in action is heard.

He rushes about in a series of bounds and then glances nervously around him. Graafian Follicle pirouettes gracefully on and the music gives way to Chopin's "Nocturne." She is dressed in a flowing gown of white tulle and wears a virginal wreath of white roses on her brow. Oestrone gazes at her sadly. She reminds him of the lover who has pleased him so well but is now beginning to tire of him. She trips round the stage in a dreamy fashion, to his admiration.

The orchestra starts to play "The Dance of the Sugar Plum Fairy," and after the opening bars Nervous Control of Pituitary comes on, reminiscent of the mist rising on the marshes by the sea in the evening. He has a dreamy and whimsical air about him and throughout the action of the ballet is on and off the stage intermittently. He is vaguely dressed in loose-fitting and fanciful clothes. He disappears after an elfin-like dance recalling some forgotten sprite. Graafian Follicle soon follows him mysteriously reminded of something by the sound of distant chimes. Oestrone dances round the stage in an excited manner.

Corpus Luteum comes on in a firm manner. She is smartly dressed in black sequin



and she has a firm and collected air about her. Anyone with a cynical turn of mind might say that she reminded them of a rich and rather superior lady of easy virtue. Oestrone comes dancing up to her ready to take her in his arms, but she snaps her fingers at him. He is no longer of any use to her. She summons her new lover, Progesterone, who arrives to the accompaniment of the storm music from "William Tell" amidst a flash of lightning. He is dressed in sky-blue pyjamas with black edgings and a black silk dressing-gown. Progesterone whips a favour from the quivering hand of Oestrone, who lies prostrate and dying on the floor, and with a magnificent gesture throws himself at the feet of Corpus Luteum with protestations and promises to love her and guard the welfare of her stepsister, the gentle Graafian Follicle. Oestrone drags himself away to the music of "The Dead March from Saul."

Corpus Luteum and Progesterone do a passionate *pas de deux*. Nervous Control of Pituitary whisks in and stands gazing quizzically at the scene. He hops to and fro and then disappears.

## THE BABY WHO TALKED

*A Fantasy of the Children's Department*

IT was nearly the end of a very trying day in the Children's Department. The patients, mostly small babies, had been more than usually vociferous in their efforts to frustrate even the kindest attempts at an examination. The last case was just coming in. The mother was a large woman with a worried expression, and she carried a very small baby of about four or five months; a normal-looking baby except for the very ferocious scowl it wore. At any rate, it wasn't howling. The mother crossed the room and sat down.

The Great Man turned towards her.

"What are you complaining of, mother?"

"Well," she said, "I'm rather worried about 'im. 'E don't seem quite normal; 'e talks."

"Talks, does he?" queried the Great Man. "How old is he?"

"Four months and two weeks," replied the mother. "It don't seem natural."

Suddenly there is a flash of lightning and the rumble of distant thunder; the stage darkens and only a spotlight remains playing on the wondering forms of Corpus Luteum and Progesterone, who crouch together in one corner.

Then from the back of the stage, in an all-pervading glow of light, there arises the vast and powerful form of a great white-haired and genial giant, a heavenly cloak of azure blue clothing his mighty frame, his hands outstretched in benediction. Above his head, crowning glory of all, we see, as our eyes become accustomed to the strange light, a blue fluorescent ring symbolic of something more powerful, more mysterious, than any electrical manifestation as it grows in intensity to form a halo over his head. Inevitably we are reminded of the great Placenteric Omnipotence.

The curtain goes down to the accompaniment of the "Spinning Song" sung by the heavenly chorus of chromosomes.

A. W. G. G.

J. R. N.

"Never touch the stuff," put in the baby, in a deep bass voice.

"Good God," gasped the Great Man. "Wh-what does he take, then?"

"Beer!" snarled the baby.

With an effort the Great Man managed to pull himself together. "Has there ever been any discord in the family, which might have disturbed him?"

"I should just say there has," interrupted the baby in truculent tones. "Why, I could tell you . . ."

"Now, Herbert," soothed the mother.

The Great Man was getting badly rattled. The situation was obviously passing out of his control. He mopped his brow feverishly and began to ask questions at random; anything that came into his head, in the vain hope that something might give him a clue to this extraordinary phenomenon. He still directed the questions to the mother, despite the fact that this terrible child was manifestly capable of looking after itself. It didn't seem quite right to bandy words with a child of that age.

The mother's replies to his questions were drowned by the obscene comments of her precocious offspring. The class were shifting nervously in their seats. The baby was so thoroughly unpleasant, so obviously contemptuous of everyone; and nobody who has not experienced it can realise how humiliating it is to be held in contempt by a four-month baby.

At a complete loss, the Great Man started to examine the infant.

"Open your mouth, my little man," he said nervously.

"Why?" said the baby.

"The Doctor wants to see inside," put in the mother. The baby pointed out to her in no uncertain tone that this was fairly obvious.

The Great Man hurriedly let the matter drop and proceeded to examine the neck, reflecting longingly how easy it would be to strangle the little brat. The vicious look in the beastly little fiend's eye decided him against this course, however, and the examination was completed without further incident, except that he sustained a kick under the jaw while testing the knee-jerks.

"Well, mother," said the Great Man, when he had recovered a little, "I can find nothing the matter with your boy."

"Nobody thought you would," said the baby contemptuously.

Desperately the Great Man continued, hardly attempting to conceal his eagerness to get rid of the pair.

"I think I should just try ignoring him. Leave him alone, and with patience you may find that he'll grow out of it."

The mother got up to go. She didn't say anything, but she didn't look at all satisfied. The baby didn't, either, but he *did* say something, and he was still saying it when the door closed on them both.

Nothing has subsequently been heard of this amazing child, and the only record of the case is the Great Man's note, obviously written when he was labouring under some severe nervous strain, and not at all himself. It was very brief, and ran as follows:—

Herbert Egmont, aged four months.

Complaining of mother and everything else he can think of. Swears, drinks and probably plays cards.

Weight at birth: Quite impossible.  
Family history: Quite unthinkable.  
Past history: Quite unprintable.

WILL THE THROAT DEPARTMENT PLEASE SEE?

J. I.

## LETTER TO THE C.O. OF AN INDIAN REGIMENT

"Honoured Sir,

"Having been amputated from my family for some years, and as I have complaints of the abdomen coupled with great conflagrations of the internal and prostration of all desire for work, with also dis-

gorging of my dinner, I hope your highness will excuse my attending orderly room for ten or nine days, and in duty bound, shall ever pray for the salubrity of your temper and the enlargement of your family."

## LETTER FROM A PATIENT

... "I must tell you about My Operation. Do you remember that beautiful cyst I had on my lower lip? Well, I went to the Hospital here last Wednesday and had it out. It had become quite a lump—unsightly and a nuisance. I padded into the operating theatre in my stockinged feet and coatless. A charming nurse bade me lie down on the table—a 'rickety Heath-Robinsonian affair which rocked like a hammock. Then I was covered all over by a young surgeon with white draperies (draperies over *me*, not the surgeon). My mouth being exposed, he filled that to the brim with cotton wool. Having muffled me he began to ask me questions to which I could only murmur 'Mmmmmmm!' So he jabbed a cocaine needle seven hundred and one times into the region of the cyst. I thought it would be a glorious joke if he lost the cyst when my lip swelled up to two sizes larger than a barrage balloon. And I couldn't help chortling a bit when he asked me where it was, even though it was *my* cyst he had lost. He said to a pal who was nearby that he had a cyst and what did he think he ought to do with it. 'My God!' I thought, 'I've brought the blighter a perfectly good cyst and he doesn't know how to deal with it!' His pal said that *he* thought he should do a dissection. He had seen one done like that a couple of weeks ago. My bloke apparently thought such a plan as good as any and plunged on with the job. He jabbed open a hole with short, tugging jabs, clipped the works back and proceeded to cut out my beloved cyst, which after nine months, had become more

or less attached to me. My hide must be tough; at least I take that as the reason for the knife getting blunt. He called for a sharper knife which a sweetly feminine voice gave him, said 'Ah, that's better!' and plunged with it once more. 'Once more to the breach.' His pals complimented him and cheered him on as they passed through at various intervals. 'Nice work,' 'Very pretty,' etc. He admitted to one that he was afraid—terrified—lest he should 'but-tonhole' the flesh. He kept calling to me at intervals 'All right?' in a kindly enquiring tone but which seemed to expect the worse. But I was ever ready with a muffled 'Yes.'

"Time passed. It was a long and tedious job apparently. But finally the hemstitching was done and I was sitting up gargling with a most charming nurse and watching my young surgeon. He had my cyst in his gloved hand and looked as pleased as Punch. I complimented him on a nice job—for really it was. He had cut the thing out without bursting it. He offered it to me to take home. But it was all covered in bits of *me* and a little gruesome to carry in a bus with unsuspecting law-abiding citizens and besides I suspected the Sealyham here wouldn't appreciate it. So I declined his generous offer and said farewell to my offspring and padded off. And that's the whole silly story. My lip is almost normal again.

With best wishes,

Yours,

STEPHEN HERRIEF."

## EXCERPTS.

THINGS THAT MIGHT HAVE BEEN PUT BETTER  
"... but no cases of this type are included in this series, and reference may be made to Jackson's work, already quoted, for dull details."

JAMES MAXWELL,  
B.M.J., April, 1940.

\* \* \*

## FUNCTIONAL

"Patient is complaining of infra-umbilic primary pain and palpations."

Heard on a Ward-Round.

## FOREIGN POLITICS

"... II Duce was in the Italian Chamber when a motion was passed."

B.B.C. News Item.

\* \* \*

## MEDICAL CIRCLES

"Would you say this tumour was the size of a halfpenny?"

"Almost as long as a halfpenny, sir, but not quite as wide."

Surgical Out-Patients.

## MY FRIEND BINDLEBINE

WELL," said Bindle, "I've done it."  
"Really," I said. "Done what?"

"Had a look at most of the institutions, customs, and working bees of your venerable foundation, and frankly I'm rather glad I shall not have the galling experience of investigating them any further."

"What ho!" said I, nettled. "Steady, old cocksparner; explain that crack, or we shall have words—harsh words, old friend, and bitter."

"All right, you've asked for it, here it is," said Bindle calmly. "You say that Bart's is a proud medical college; her games, her mighty intellects of the artistic world, her scholastic achievements, ring round your poor deluded head . . ."

It was at this moment that I dropped my brick. "Ah," I said, "but, Bindlebine, I have known Bart's far longer than you and have seen these things happen."

The quiet voice cut in, "But where are the snows of yesteryear? My dear Cortez, I can only judge by what I can see; and what I see of your comrades in arms, the virtue of putting up a decent show at the games end of the list is a dead duck—magnificent material for a draughts marathon, or even, I say it with distaste, a jitter-bug contest—but for the more manly things of life—definitely no!"

This outburst flustered me a trifle, not to mention angering me beyond measure, and proved my undoing, for without thinking I blurted out:

"Bindlebine, if you think we come here first to play games and behave like . . ."

"I don't, old man, I don't; but if you were going to mention work, I would remind you that you yourself failed your last two examinations, and that the whole boiling lot of you didn't do, if I may burst the bounds of grammar, so hot; no, if you would fain argue, that cock won't fight."

"All right," I said—raging by this time. "If that's how you feel, don't come here any more."

"Thanks, I won't," said Bindle. "As a matter of fact, I have a date with some St. J.'s men, for a noggin—nice fellows, if not quite so interesting from an ethnological standpoint as your little playmates. Care to come along?"

"O.K.," I said gloomily. "I need a small something after all that."

"By the way," said Bindle, "I happened to hear these chaps talking to some St. R.'s men about some Bart's people they'd run across, and they were in agreement it appeared—but if we keep off the subject and don't mention where you come from, everything will be all right."

This was too much. I escorted Bindle to the Giltspur Gate and bade him good-bye for ever. I wonder if I wronged him?

CORTEZ.

## CORRESPONDENCE.

## CONGESTION

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

Conditions must have changed considerably since the April Editorial was written. I would not quarrel with the remarks about the advantages of students being allowed to live in, nor with the praise for the work, which must have been truly enormous, of those in charge of the Medical College, but to suggest that now fewer students see more patients!

If each year was divided between the various Sector Hospitals, this might well be true. After all, in peace-time different years never clashed, for they were engaged in different departments and each year was divided into several groups, but now that all the men of one year are doing the same appointment together at one hospital, where their teachers are fewer or their visits rarer, congestion at Out-Patient Departments is not relieved but aggravated. I do not know what conditions

were like previously, but surely ninety men at "S.O.P.'s" or forty-five at "Eyes" or "E.N.T.'s" are not considered a paltry few? Even if there is an increased number of patients, one is unable to see them unless one is in the front two or three rows.

I am not suggesting that the situation is not inevitable, but the picture is certainly not the happy one that was painted in the Editorial.

I would like to take this opportunity of expressing my appreciation, not as a placebo, but in sheer honesty, of the "new" life in the "old" Journal. I hope that we shall have many more articles on the historical associations of the Hospital, among the other good things.

C. R. HOLTBY.

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

April 16th, 1940.  
[It should be pointed out that congestion in certain departments is partly due to "overlap" caused by the three months lost at the beginning of the war.—Editor.]

## OBITUARY

F. G. REYNOLDS

THE sudden death of Edward G. Reynolds, at the age of 27, on March 4th, will have come as a shock to his many friends. He was born on January 6th, 1913. He entered University College, Swansea, and passed the first M.B. examination in 1931. In October, 1932, he entered the London University, and after passing his second M.B. examination he entered St. Bartholomew's Hospital, London, in October, 1934. He qualified M.R.C.S., L.R.C.P., in October, 1937, and obtained his M.B., B.S., degree in May, 1938.

Reynolds first served as Casualty House Physician for three months, and after this was appointed Junior House Physician and then Senior House Physician to a Medical Unit at St. Bartholomew's Hospital.

When the Hospital was partially evacuated at the outbreak of War, Reynolds became the Senior Resident Medical Officer at Cell Barnes Hospital, near St. Albans, Herts. We lived and worked together there for the first two months of the War, and during this time my previous impression of Reynolds as a man of character and deep understanding strengthened. From the first it was evident that he had the best influence on his patients that a doctor can have. They trusted him. His presence and understanding helped them. His clinical work was of a high order. He had a hunger for knowledge, not only as a means of helping his patients, but also for its own sake. Reynolds had already developed many satisfying interests in life. He loved the country, and on one of our walks he told me of two fields at home that belonged to him with a stream running through them. He had a vivid picture of them in his mind. His untimely death is a sad loss to all who knew him.

GEOFFREY EVANS.

\* \* \*

Reynolds would hate eulogy, for he never sought the limelight. But may I refer simply to his unfurried calm? Nothing rattled him. The only thing that might perturb him was complacency, and no patient in his wards could suffer any neglect.

He seemed to make up his mind easily, but in talking with him you soon found how much care he spent on coming to his conclusions. On this account he was never afraid to adopt an opinion of his own and stand by it.

His sudden death, when so much remained for him to do, was a sad shock to many who had confidence in him.

E. C. O. J.

DR. E. T. GLENNY

We regret to announce the death, at the age of 59, of Elliot Thomson Glenny, of Clapton-in-Gordano, in Somerset.

Dr. Glenny was educated at Redlands Hill House School, and then at St. Bartholomew's Hospital, where he finally became a House Surgeon.

In 1910 he went to practise in Peru, and while there explored parts of the country with the Yale-Harvard Expedition of 1911, while later he led an expedition of his own in the Amazon region.

During the Great War he was surgical specialist to the R.A.M.C., and after treating the first batch of some 700 casualties from Mustard Gas and Phosgene, was responsible for the official War Office report on Poison Gas Attacks.

After the War he became Surgeon to Southmead Hospital and then took up a practice in Clifton, which he gave up in 1936 to become Medical Instructor to the A.R.P. Department of the Home Office for the South Wales district. Two years ago he went to Bristol and assisted the Medical Officer of Health in organising the A.R.P., but unfortunately, owing to poor health, retired from this last December.

A keen sportsman, Dr. Glenny played hockey for Essex, Lincolnshire and Gloucestershire, and captained the Eastern and Western Counties Hockey XI's, and was also a member of the British Ski Club.

Apart from his sporting and medical activities, he was a Fellow of the Royal Geographical Society, and his charming manner and infectious enthusiasm made his death most keenly felt by all who came in contact with him in his many spheres of life.

## FRIERN HOSPITAL

*Beard Club Reports.*

The second meeting of the B.C. was held in the M.A.V. at 7 p.m. on Friday, March 29th. The President, Mr. Pearse, was in the chair.

Mr. Morgan was elected first Honorary Member (Beardless) and initiated the custom of presenting the Club with a full hemigallon of ale.

Mr. Conte Mendoza and Mr. O'Carroll were later elected as Bearded members (2nd Class).

Toasts were drunk to the unknown host of the previous day's tea-party and to M. Champetier de Ribes.

Harc-hunting and fox shooting were drunk *ad nauseam*.

After dinner, members, in full regalia attended No. 1 Hall for dancing.

Noticeable lapses of decorum occurred during the evening and the President was disenpresided by a hemi-quorum for

infamous conduct in a professional respect.

Two new Presidents, Mr. Boyle and Mr. Golden, both self-appointed, were rejected by the Club.

The third meeting was held on Friday, April 12th, at 7.30. A hitherto unprecedented number of toasts were drunk, due to the generosity of three new honorary members.

Two Presidents, Mr. Macdougall and Mr. Belam successively and unsuccessfully took the chair.

No agreement whatsoever was obtained except upon the motion that bottles (four) of Guinness should be sent to Dr. Avery Jones in recognition of his valuable services to the nation.

Later disagreement became acute, damage to persons and property resulting, and the meeting broke up in disorder soon after midnight.

## STUDENTS' UNION

## ANNUAL GENERAL MEETING

To-day being the end of a Students' Union year, it can be said that the year has been divided equally into normal peace-time activities and the far different circumstances of war.

Collecting Day was held in the Spring of last year. We were favoured by good weather, and over 400 collectors turned out to collect for the Hospital, raising the sum of £1,186, an even larger sum than last year. In the Summer the Bart.'s Fair was held in the Square, and here again a number of Students gave their time to help make the Fair a great success.

At the same time, during the past Summer there was the feeling that War was close at hand, and the Student A.R.P. Committee proposed to the College that a series of Air Raid lectures be given; this proposal was accepted, and G. Discombe and A. P. Bentall gave a series of really excellent lectures, the success of which may be gauged by the large numbers that attended four afternoon a week for ten days. The Students' Union owes them a great debt of gratitude for the vast amount of work they put in.

At the same time we heard of the Sector Scheme for Hospitals in case of War and here again the A.R.P. Committee, with Discombe and Bentall, Heyland, Van de Linde and Sinclair Loutit, were in no small way responsible for the quick and efficient way that Students went to the various Sector Hospitals the day before War broke out.

In the middle of August the work of preparing the Hospital against Air Raids began, and some idea of the truly remarkable amount of hard work that was put in may be estimated by the fact that 100,000 sand-bags were filled and 1,176 yards of sand were used, a large proportion of this work being done by Students of this Hospital.

The outbreak of War found the Union split up in Hospitals and First Aid Posts extending from the City of London to Luton in Bedfordshire, some in conditions far from comfortable; nevertheless the Secretaries of the Union did not receive one complaint, and everyone accepted the altered circumstances with good heart and set out to make the best of their surroundings.

The beginning of the Rugby, Soccer and Hockey seasons found us without the athletic ground at Chislehurst, which had been taken over by the Army. The Medical Officer of Mill Hill School Hospital, however, very kindly allowed us to use the grounds at Mill Hill, and up till December games took place there. Chislehurst is now again available, and had it not been for the hard weather it would have been used regularly by Hospital sides.

The preclinicals are now up at Queens' College, Cambridge; here they have founded their own local Students' Union and Clubs. It is to be hoped that Club Secretaries here will try to arrange fixtures with them so that the two components of the Students' Union will not be completely isolated from one another.

We congratulate the Journal Committee, who, overcoming many difficulties, have produced some excellent Journals.

Finally, we wish every good wish to the number of Bart.'s men who have joined the Services and assure them of a sincere welcome when they are able to visit the Hospital.

We congratulate the newly elected Council and wish the Students' Union every success in the coming year.

Your obedient servants,  
R. I. HALL.  
A. R. JAMES.

## FINANCIAL REPORT

The Financial Report is of necessity incomplete, since, owing to pressure of work and diminished staff owing to the War, the accountants have been unable to furnish us with a financial statement of the past year in time for this meeting. It will be my responsibility as Secretary to see that this statement is made public when it is forthcoming, and, in the meantime, to give some indication of the present financial position.

In the first place we may state that in the past year the total expenditure of the Students' Union did not exceed its income, so that we may consider ourselves solvent. On the other hand, we may say with equal certainty that there is but little balance in hand, almost all of the said income having been absorbed by necessary expenditure. The principal items of this expenditure are:—

1. The upkeep of grounds and facilities at Foxbury.
2. The upkeep of the A.R. and its comforts.
3. The upkeep of the A.R. and its comforts at Charterhouse.
4. The various Club grants.

We may therefore rest assured that the financial position in the past year was satisfactory.

With the outbreak of War, and the onset of a new financial year, the position was far less certain. Our income, derived mainly from the subscriptions of new members, was uncertain, and our expenditure, with large numbers of Students at Cambridge, and the War Office occupying the grounds at Chislehurst, was equally uncertain. It is therefore possible to give only the broadest outline of the proposed financial procedure in the

coming year. So far as it can be ascertained, our income will not be greatly diminished. A great extra expenditure is the maintenance of sports facilities and other comforts for the Pre-clinical Students at Cambridge. This is made possible by saving resulting from:—

1. A decreased war time rent at Chislehurst.
2. A decrease in wages owing to the smaller number of people now employed by the Students' Union.

These main items having been considered, it was found possible to give the various Clubs grants which are, in most cases, equal to their normal allowances.

There is one financial matter of importance which must also be mentioned, as it involves the invested capital of the Students' Union. The sum of £100 was loaned to the Journal to put it on a sound basis in its efforts to continue its activities in war-time. This involved the sale of capital. (I might add that the Journal Committee states that it is now in a position to repay this sum, mainly owing to the magnificent response of subscribers at home and abroad. The Finance Committee decided, however, that it is better for them to maintain control of this sum for the time being, and it has now been satisfactorily invested.)

Thus we see that financially the past year was in every way satisfactory and that adequate arrangements have been made for the present year, on what is of necessity an uncertain and changing foundation.

A. P. BENTALL,  
Hon. Financial Secretary.

## SPORTS NEWS

## EDITORIAL

At the end of a season, the normal function of a Sports Editor is to look back with pride on successes scored, or find justification for failures suffered. Only in time of war does it become really evident that it is the "aggressive instinct" which is mainly responsible for keenness about competitive sport. In war this instinct is fully satisfied, and games are played as games only, with very little importance attached to results. In no sport more than boxing is this more evident. Competitive boxing is, by the very nature of it, a belligerent pastime, and this season nothing more than a little occasional gentle sparring has even been heard of. If we may be permitted to say so—a very good thing, too.

## HOCKEY CLUB

St. Bartholomew's Hospital v. Royal Naval College  
Drawn 2—2.

For the second time this season we were entertained away by the Navy. We arrived at their ground in one of H.M. vehicles and were met by an anxious Press photographer who insisted on taking a group of each team before the game started. The Hospital lived up to its reputation for variations in sports dress, and the more "Heath Robinson" attire were skillfully blended into the back row. After sweet smiles, etc., had finished, the Hospital took the field.

The game started off in a leisurely way and both sides found that the ball was most difficult to con-

trol. K. Harrison scored the first goal, and after some wonderful exhibitions of turf-hacking by both sides, our opponents attacked strongly but were repelled by our balloon-barrage expert. The Hospital forced a corner but were unable to score from it: just before half-time the Naval College equalised with a good shot. In the second half the Hospital began to play with more verve, but the effort was of short duration. Our halves and backs were playing quite well, although one back gave us a wonderful exhibition of how to dribble the ball back towards his own goal! (He did not score.) Roberts was much in evidence and afforded some good action studies for the cameraman. [Some say that Trevor had advanced him a small sum, so that he could have his photo taken; but we must stop any gossip in case the enemy hears us.] Play was confined to mid-field for a while, and then Roberts scored after a good passing movement by our forwards; our opponents quickly followed suit, and the final result was a draw.

Team: M. W. L. White; R. E. Ellis, P. W. Isaac; G. C. Franklin, H. R. Marrett, C. T. A. James; J. Harold, K. O. Harrison, T. M. C. Roberts, T. N. Fison.

St. Bartholomew's Hospital v. Westminster  
Hospital. Won 6—4.

The game began with great bustling tactics by our forward line and the pressure was kept up throughout the first half. The forwards played very well and soon after the start goals in quick

St. Bartholomew's Hospital v. Centymca  
Won 7—1.

The game was played at Chislehurst on a perfect ground in very hot weather. The Hospital was fortunate in having the services of some newly fledged quacks, viz., "Ping," "Basher" and "Lovely"! The Hospital attacked strongly and soon forced a corner but did not score; a little later three quick goals were scored by Hill and the "gemelli." Our opponents managed to keep play in mid-field for a little while and then J. L. Fison scored again for the Hospital. Centymca then broke through our defences and scored a good goal. In the second half the Hospital had a number of short corners, but was unable to score. Once again our opponents attacked strongly, and a goal seemed inevitable, especially as our goalkeeper was lured out of the goal, but Ellis hurtled across the field and cleared the ball away from the goalmouth. Further goals were scored for the Hospital by Heyland (1) and J. L. Fison (3). The result was a win 7—1 for the Hospital. This was the last match of a very successful and enjoyable season.

Results: Played 14, won 9, drawn 1, lost 4.

Team: M. W. L. White; R. E. Ellis, J. Atwill; A. G. E. Pearce, H. R. Marrett, P. W. Isaac; G. C. Franklin, R. Heyland, J. L. Fison, P. G. Hill.

## NEW BOOKS

My Life. The Autobiography of Havelock Ellis.  
(Heinemann. Price 15s.)

Havelock Ellis wrote his Autobiography over a long period of time, and he wrote it entirely without self-consciousness, as we would write a most personal diary such as we would guard under lock and key. He obviously wrote completely without regard for the opinions of whoever should read it: "The attentions of the world," he found, "embarrass more than they flatter," and this attitude gives us, therefore, a very true picture of a very remarkable life. In parts the book is undoubtedly tedious and difficult to read—though the writer is always a great master of the English language—especially towards the end when it becomes largely taken up with letters to and from his wife. His relations with his wife actually form a most enthralling psychological study: the author of such great works as *The Psychology of Sex* states that "it must be a hard task for the sexual athlete to become a great lover." Havelock Ellis was a great lover indeed, and, above all else, his Autobiography is a great love story, and the very last sort of love story we should have expected.

It is interesting to note that it was in reading *The Life and Letters of James Hinton* that he came upon the passage where "it was decided that young James should enter the medical profession, . . . and he was accordingly placed at St. Bartholomew's Hospital Medical School"; that instant caused him to decide to become a doctor and laid the foundations of his later life and work.

Mellor's Modern Inorganic Chemistry. Revised and  
Edited by C. D. Parkes, M.A., D.Phil.  
(Longmans, Green & Co. Price 14s.)

This is a new edition of a well-known book, which has been greatly improved both by the publishers in the quality of paper and the printing and by the author in the arrangement of the material. It is a good book and amply repays for the space it occupies on the bookshelf. The book would be further improved if physical chemistry received more adequate treatment; it should not be impossible to combine this, which implies the fundamental principles of the subject, with general descriptive chemistry in one book. There is no mention of pH and methods for its determination, or of buffer solutions; while the treatment of indicators is superficial. Such subjects are of vital importance to the medical student and their inclusion would make a good book better.

## General and Inorganic Chemistry. By P. J. Durrant, M.A., Ph.D. (Longmans, Green &amp; Co. Price 8s.)

This is a book written by an enthusiast for the electronic theory of valency; a barren theory which collates but seldom predicts. This treatment of the subject is well done but the rest of the book is mediocre. It is not suitable to the needs of medical students; there is too great a stress on metallic chemistry and too little on physical chemistry, which is presented in a half-hearted manner. The chapter on mass action and equilibria is not good, nor are the definitions of acid and base, while oxidation and reduction which is essentially only a case of electron transfer receives too little treatment.

### RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- BURROWS, H. JACKSON. "Incomplete Fracture of Femoral Neck in a case of Infantile Coxa Vara." *Brit. Med. J.*, April 6, 1940, p. 569.
- COLEMAN, F. "Incidents and Accidents in the Great War." *Brit. Dent. J.*, Vol. 68, April 1, 1940, pp. 271-77.
- DALRYMPLE, J. F. HALLS. "Headache in Relation to Cardiac Affections." *West London Med. J.*, Vol. 45, March, 1940, pp. 6-10.
- DISCOMBE, G. See Vartan, C. K., and —.
- ELMSLIE, R. C. "The Treatment of Talipes Equino Varus." *Med. Press and Circ.*, March 27, 1940, pp. 262-4.
- GROVES, E. W. HEY. "The Life and Works of Moyinhan." *Brit. Med. J.*, April 13, 1940, pp. 601-6; April 20, pp. 649-51.
- HOSFORD, J. P. "Views in Surgery." *Camb. Univ. Med. Soc. Mag.*, Vol. 17, Lent Term, 1940, pp. 65-7.
- \*JONES, P. ( Jenner Hoskin and — ). "Analysis of Fifty Normal Electrocardiograms including Lead IV." *Brit. Heart J.*, Vol. 2, 1940, pp. 33-40.
- ( Jenner Hoskin and — ). "Electrical Axis Deviation of Fifty Normal Electrocardiograms." *Ibid.*, Vol. 2, 1940, pp. 47-50.
- \*LIVINGSTONE, F. D. M. "Some Problems of Evacuation as Experienced in a Midland County." *Practitioner*, Vol. 144, March, 1940, pp. 268-75.
- MAXWELL, J. "Localized Emphysema as a Sign of Incomplete Bronchial Obstruction." *Brit. Med. J.*, March 30, 1940, pp. 520-22.
- PAYNE, R. I. "Pneumococcal Parotitis and Antecedent Auriculotemporal Syndrome." *Lancet*, April 16, 1940, pp. 634-6.
- \*POWER, SIR D'ARCY. "The Muniment Room of St. Bartholomew's Hospital, London." *Dull. Hist. Med.*, Vol. 8, 1940, pp. 392-402.
- RAVEN, R. W. "The Syndrome of Traumatic Shock." *Post-Grad. Med. J.*, Vol. 16, April, 1940, pp. 118-24.
- VARTAN, C. K. "Cause of Breech Presentation." *Lancet*, March 30, 1940, pp. 595-6.
- and DISCOMBE, G. "Death from Quinine Poisoning." *Brit. Med. J.*, March 30, 1940, pp. 525-6.

\* Reprints received.

### EXAMINATION RESULTS

#### Final Conjoint Diplomas — April, 1940

Simpson, R. A. H.	Cartwright, J. F.
Kingston, R. F.	Barwood, A. J.
Jack, R. C.	Laberthson, A.
Smith, B. J. D.	Pablot, P. J.
O'Neill, B. H.	Horton, J. A. G.
Morgan, H. V.	Ellis, R. E.
Dickson, R. R.	Syred, D. R.
King, H.	Ward, A. I.
Hanse, R. A.	Thompson, F. A.
Jacobs, J.	Golden, M. B. H.
Pearce, A. G. Eveson.	Griffiths, E.
Meyers, R. L.	Bernstein, I. J.
Katz, A.	Lang, A.

June Issue.—Contributions for the June issue should be received not later than Thursday, May 16th.

### BIRTHS.

- EVERY-JONES.—On April 5th, 1940, at Bromley and Chislehurst Maternity Hospital to Dorothea (née Pitter), wife of F. Avery Jones, M.D., M.R.C.P.—a son.
- BELLBY.—On April 8th, 1940, at the Shiel Nursing Home, Weybridge, Katharine (née Cunliffe-Owen), wife of Dr. F. J. Bellby, a daughter.
- CASTLEDEN.—On April 16th, 1940, at 52, The Grove, Edgware, to Joan, wife of Dr. L. I. M. Castleden—a daughter.
- EVANS.—On March 18th, 1940, at the Princess Christian's Nursing Home, Windsor, to Muriel (née Henderson), wife of E. Stanley Evans, F.R.C.S.—a son.
- FORCE-JONES. On March 21st, 1940, at "Holmea," Yapton, Arundel, to Blanche (née Crabbe), wife of Dr. R. J. Force-Jones—a daughter.
- HINDLEY.—On March 13th, 1940, at Shyira, Ruanda, Belgium Mandated Territory, to Phyllis (née Tatham), wife of Dr. G. Talbot Hindley—the gift of a son (Christopher).
- HULBERT.—On April 3rd, 1940, at 19, Bentinck Street, W.1, to Joan (née Grazebrook), wife of Dr. N. G. Hulbert—a son.
- KIRKWOOD.—On March 29th, 1940, at Wellington Nursing Home, New Malden, to Thelma, wife of Surgeon-Lieutenant R. M. Kirkwood, Royal Navy—a daughter.
- ROBERTSON.—On March 19th, 1940, at Ridge Green Farm, South Nutfield, to Betty ("Belinda"), wife of Capt. J. T. Robertson, R.A.M.C.—a son.
- SAVAGE.—On March 19th, 1940, at Warescot Nursing Home, Brentwood, to Mary (née Battershill), wife of Surgeon Lt.-Comdr. S. J. Savage, R.N.—a daughter.
- WILLOUGHBY.—On April 16th, 1940, at the Hoe Park Nursing Home, Plymouth, to Kathleen, wife of Surgeon-Commander Hugh Willoughby, R.N.V.R.—a daughter.
- YOUNGMAN.—On December 30th, 1939, at Cross House, Northam, to Muriel (née Hersee), wife of J. G. Youngman, F.R.C.S., a daughter—Judith Ann.

### MARRIAGES.

- HODGE-LECKY.—On April 6th, 1940, at St. Bartholomew's the Great, Smithfield, the Rev. Stanley Hodge, M.A., Chaplain to the Forces, of Birmingham, to Miss Charity Lecky, of London.
- MARTIN JONES-FIGGIS.—On March 31st, 1940, at St. Peter's Church, Carmarthen. J. D. Martin Jones, R.A.M.C., to Margaret Figgis.

### GOLDEN WEDDING.

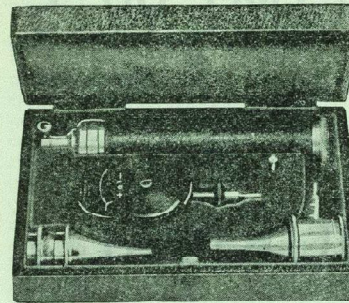
- On April 30th, 1930, at the Parish Church, Croydon, Prideaux George Selby, M.R.C.S., L.R.C.P., to Elizabeth Mary Alice Easty. Present address: Beaughill, Lynsted, Kent.

### DEATHS.

- ELLIS.—On March 17th, 1940, at Swavesey, Cambridgeshire, Joseph Watson Ellis, M.D., aged 80.
- FOLLIOFF.—In January, 1940, Surg.-Commander E. Follioff, R.N., of St. John's, Milton, Salisbury.
- HEWER.—On March 24th, 1940, suddenly, at Glenhorne, Tarporley, Cecil Mackenzie Hewer, O.B.E., F.R.C.S.
- LISSAMAN.—On March 30th, 1940, at his home at Pecklechurch, Glos., Thomas Lissaman, M.R.C.S., aged 70.
- SMITH.—On March 8th, 1940, at Legat, Hill Head, Fareham, William Christian Baumgarten Smith, M.R.C.S., L.R.C.P., dearly loved husband of Ethel Mary, aged 62 years.
- VALERIE.—On April 7th, 1940, Wing Commander John Valerie, O.B.E., late R.A.F. Medical Service, aged 74, of 60, Walsey Road, East Molesey, Surrey.
- YOUNG.—On April 9th, 1940, at his home, Bampton, N. Devon, Thomas Young, M.R.C.S., L.R.C.P., formerly of Londesborough and Woolcombe, aged 70.

### EDITOR'S NOTE

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.



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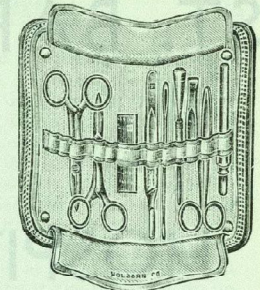
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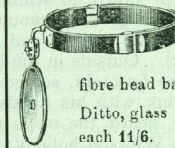
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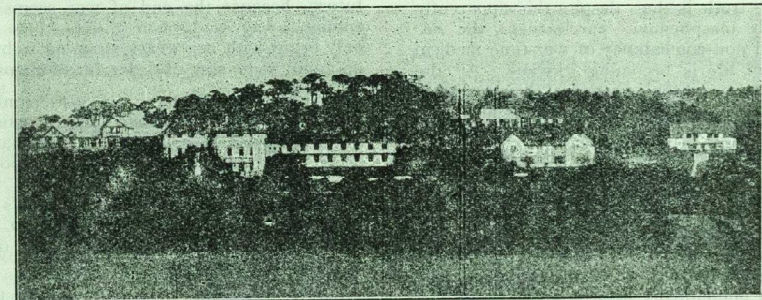


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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 9.

JUNE 1st, 1940.

Price Fourpence

### SHREDS

ON the day when Germans walked into Holland and Belgium, someone lying full-length on a couch in the Abernethian Room was heard to remark, "It's time we really got down to winning this war!" After which grave pronouncement he straightened his tie a little and put his feet to the ground. Outside in the brilliant sunshine round the fountain, someone else, sitting on the brink with his hands in his pockets, had just heard the news that he had to forego his Whitsun holiday; and he was heard to say with a certain display of feeling: "That man has got a lot to answer for!"

The truth is that, despite this apparently almost blasphemous carelessness, the enforced non-combatancy of war-time medical student life is becoming irksome. All the usual editorial topics have lost their meaning. Practically everything has lost its meaning. For nearly ten months we have had to pin our interests on what is trivial, struggling to avoid reality. Work has very easily seemed trivial, and we have gone about our usual occupations finding it hard not to feel ashamed of them. Nevertheless it has on the whole, until this last blow, been easy enough to forget. . . . In a few ways it has undoubtedly been a better life. The god Ambition, with his retinue of "coming men," keen self-seekers after big futures, has retired into the background. Brilliance counts for little now. We are—the vast majority of us—on a level in our aims, working according to our lights only towards a rather inglorious qualification and a humble place in His Majesty's Forces. As selfishness has thus in some measure withdrawn, so has its companion self-consciousness, and all the neuroses, repressions and

other evils which these two by their coupled force draw in their train. Someone once said that consciousness slept in the mineral, dreamed in the vegetable, awoke in the animal, and became self-conscious in Man. Perhaps in that respect at any rate we have returned a little towards the animal, and are the better for it. In the growth of civilisation from the animal level, Man has, in the course of time, gained much; but in gaining it, also lost much. In times of war some of what is lost is regained, and the degree to which that which has been gained is lost depends largely on the individual. To the animal the future has little meaning. For our part we hesitate to look into the future, because the end of war seems far enough away, and when it does come can only bring with it a weary stooping to build up again some sort of order out of chaos.

Mr. Kenneth Walker in last month's JOURNAL quoted Professor Joad's words, "To the present generation it is a matter of no importance whether life has a point, the universe a purpose or not." At this time, whatever our teleological beliefs or religious convictions, it behoves us to live in the present and make what we can of it in the time of waiting.

On Whit Monday morning I walked in a field in the sun beside the upper reaches of the Thames. An aerodrome was near by.—It is perhaps an encouraging thing that there are few pieces of country left now which are more than a few miles from an aerodrome. Overhead roared continuously wave upon wave of bombers and fighters in training. At first the noise seemed to cut out everything else; after a while the senses grew accustomed to it and it became a sort of background for the more pleasant things

JUNE, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

152

going on in the sunshine. Between waves it was just possible to catch the low-pitched drumming of a snipe, wheeling in circles overhead. Peewits who had their nests in the field were swooping around and crying out in vague alarm; and there were curlews, too, occasionally sending out their bubbling spring call. Once, when a flight of about ten Blenheims roared low over the river, a kingfisher who had been perched on a willow gazing into the water, gave one look upwards of wild horror and fled, gleaming blue-green, towards the west. But he soon came back. . . .

### VIEW DAY, 1940

ANOTHER View Day has come and gone, though, for obvious reasons, it was but a shadow of its former self.

The day broke fair, and was suitable for that parade of feminine finery to which we are accustomed, but there was little of that this year.

As befits the Senior Surgeon, Mr. Harold Wilson seemed to dominate the scene, and was observed in conversation with Sir Holburt Waring and Sir D'Arcy Power, doubtless speculating on what had become of Sir Walter Langdon-Brown, who was a notable absentee.

After a much shorter interval than usual the procession finished its tour of the wards, and those who remained in the square investigated the main business of the afternoon, that of obtaining some tea. The usual lavish supply of cakes, etc., were in every ward, although this year it seemed to us that the larger percentage of the tea drinkers was composed of students.

The Honorary staff, or what there was of it, stayed to partake of tea in their respective wards, though at one point in the afternoon we noticed that Fleet Street contained most of the representatives of both our surgical firms at once, and had almost the appearance of a pre-war View Day under the ministrations of Sister Fleet Street (née Bowlby). We admit, however, to being biased on this subject.

Gradually, to an accompaniment of . . . "good-bye . . . Thank you so much . . . it's been lovely . . ." the visitors left or were ushered out, and the nursing staff were left to deal with the usual enormous amount of wasted or left-over food, and another View Day had passed.

All this seemed to symbolise our present state of existence. Through the desolation, not quite yet at our door, we must needs cling to the few shreds of civilisation that remain. That is our excuse for continuing such a thing as the JOURNAL—hardly even a shred now, because literary inspiration seems to have died, even among our great men of letters. For nine months we have written on this page about what are, in the face of the issues at stake, banal trivialities. I suppose the trivialities must go on, because they are practically the only things left to us.

### THE ABERNETHIAN SOCIETY

#### A CLINICAL EVENING

5.30 p.m., June 20th

A clinical evening at 5.30 p.m. on June 20th will be the first war-time meeting of the Society. It is hoped that all will attend, although it is realised that it is difficult to get to St. Bartholomew's from the Sector Hospitals. Yet an hour's journey will be well repaid; those who have attended previous clinical evenings know how enjoyable they are (and instructive, to boot), while those who have not yet attended one will learn the same if they come on June 20th.

\* \* \*

The minute book of the Abernethian Society from 1900 to 1930 is missing. All the earlier books are in the Library. The Secretaries would be very grateful if any previous Secretary could give any information of the whereabouts of these records.

We deeply regret to announce the death of Louis Bathe Rawling, F.R.C.S., Consulting Surgeon to the Hospital. An obituary notice will appear next month.

July Issue. Contributions for the July issue should be received before June 16th.

#### Assistant Editor

Mr. E. Grey Turner has been appointed Assistant Editor to the JOURNAL.

## THE PRESTATAIRE

"Rational Scale. Prestataires:  
Brandy, issued only in exceptional circumstances, 0.0625 litres, roughly 1 minim."  
*B.E.F. General Routine Order No. 636.*  
4th March, 1940.

The nutritional needs of the Prestataire  
Are prescribed for him with the utmost care;  
He can't go drinking like me and you,  
He requires the sanction of G.H.Q.  
He never can really let himself go;  
He has to comply with a G.R.O.  
But if by a series of lucky chances  
The fact of "exceptional circumstances"  
Is certified by the Q.M.G.,  
He's allowed one minim of Eau de Vie!

Now just imagine his joyous bearing  
When, back from a hard day's prestatairing,  
He draws up his chair and sits him down  
In his carpet slippers and dressing-gown;  
With trembling hand he removes the stopper,  
And strips the red tape from his teat and dropper,  
And raising the same with a "Cheerioh!"  
(In strict accordance with G.R.O.),  
He feels the heartening glow within him  
Of one whole glorious Brandy minim!

Oh! A wonderful life has the Prestataire,  
Rollicking, roystering, never a care,  
Standing his round with the best of treaters  
On 0.0625 litres.  
But one over that he never dares,  
For Brandy is poison to Prestataires!  
How fortunate that the Q.M.G.  
Is aware of this idiosyncrasy;  
And, discouraging all attempts to gin him  
Up in excess of his daily minim,  
Has taken under his special care  
This very susceptible Prestataire!

They tell the tale of some devil-may-care  
Dipsomaniac prestataire,  
Who, acting on some abandoned whim,  
Filled a teaspoon up to the brim!  
Two months' rations of Brandy neat  
He squeezed from his regulation teat!  
With a fearful oath he drained the spoon,  
And fell at once in a fatal swoon.

But he lingered on in a two months' trance,  
Which was held "an exceptional circumstance,"  
And regularised the heroic fare  
Of this desperate, dram-drinking Prestataire!

And what, you ask, is a Prestataire?  
As a matter of fact, you have me there!  
The word in my lexicon doesn't occur—  
but perhaps he's a Presti-digitateur,  
Who can summon spirits in magic fashion  
And laugh up his sleeve at this paltry ration—  
He may be a new kind of fancy religion—  
Whatever he is is not my pidgin:  
The only man who really knows  
Is the fellow who writes these G.R.O.'s.  
But if two years' rations he'll kindly spare,  
I'll drink to the health of the Prestataire!

## EPILOGUE

"G.R.O. 636 is cancelled.  
The ration scale for Prestataires is as follows:—  
Rum,  $\frac{1}{2}$  gill—Issued only in special circumstances at the discretion of a Brigadier on the recommendation of the Senior Medical Officer present."

*G.R.O. 783. 15th April, 1940.*

Yo ho ho! and a bottle of rum!  
The Prestataire is no longer glum—  
He is prestatairing now with a will  
And his spirits have risen by  $\frac{1}{2}$  gill!  
If the Brigadier and the S.M.O.  
Agree to call it a rummy show,  
Then ("in special circumstances" still)  
He can drink like a fish with half a gill.  
So far, so good! but all the same  
The Prestataire may well exclaim:  
"Tot homines, tot sententiae!  
Will they ever agree on a tot for me?"

*Amende honorable* by the Q.M.G.  
Number seven hundred and eighty-three  
Thus leaves, for the moment, the strange affair  
Of this rummy, mysterious Prestataire.

R. B. PRICE.

## OUR CANDID CAMERA



"Eat, Drink, . . . . ."

## INTESTINAL OBSTRUCTION DUE TO GALLSTONES

A REPORT OF TWO CASES

By C. A. JACKSON, M.B., B.S.

## CASES

## Case 1

A man, aged 74, was admitted to hospital, having been seized with a violent attack of abdominal pain while on his way to work six hours before. The pain was immediately followed by retching, a recently taken meal being brought up. On arrival at his office he collapsed, and repeatedly vomited mucus but no further solid food. Pain was severe, coming on in attacks each of increasing intensity. It was of a colicky nature, together with a constant acute ache which he localised to the sub-umbilical region. There had been a normal bowel action that morning.

On examination the patient was an obese well-preserved man in great pain; his brow was covered with a cold sweat, and he was cyanosed. He lay on his back with his knees drawn up. Vomiting of a bile-stained mucus occurred twice during examination. His pulse was 118 per minute, temperature 97.4, and his respirations, which were shallow and grunting, were 32 per minute. The blood pressure was raised to 170/90.

Emphysema was present, and the abdomen was fat with a broad sub-umbilical

ACUTE intestinal obstruction following the impaction of a biliary calculus in the bowel is of sufficiently uncommon occurrence to have been termed a "rara avis even for surgeons of wide experience." When twelve eminent American surgeons were called upon to publish collectively their cases of "gallstone ileus," as it is ambiguously phrased in the States, they could muster only sixteen between them. Thus it is not surprising that the condition is referred to "in small type" in most surgical textbooks and classified among the "2 per cent. other causes of obstruction," together with foreign bodies, enteroliths and faecal masses.

The condition is of importance, however, as a complication of cholelithiasis, and illustrates the development of an acute obstruction of the bowel by the occlusion of its lumen without the immediate involvement of its vascular supply. Often it presents an interesting sequence of symptoms which gives it features distinguishable from other forms of obstruction.

The subject of this paper is a report of two cases occurring within a short time of each other, the second serving to demonstrate an earlier stage of the first.

paramedian scar. There was slight distension and, in the lower half, rigidity. A firm, circular lump, measuring six inches by four inches, was visible below the umbilicus to the left of the mid-line. It was fixed and slightly softer than the surrounding abdominal wall, which was held rigid. No bowel sounds were heard over this lump. There was no dullness in the flanks. The rectum was empty of faeces.

From the past history it was learned that an acute appendix abscess had been operated upon three years previously and had been followed by rupture of the wound.

A diagnosis of acute intestinal obstruction was made.

#### Operation

The abdominal cavity was opened through a sub-umbilical paramedian incision, excising the previous scar. Thickened fibrous tissue only lay over the bulging peritoneal cavity, which, when opened revealed oedematous inflamed small gut.

In the lower end of the ileum, at about four feet from the ileo-caecal junction, a large foreign body was felt to be impacted. Beyond this the small bowel was collapsed, while above the site of impaction the gut was distended and grossly thickened, with dilated lymph vessels on its surface. For twelve inches immediately proximal to the occlusion five small areas of necrosis, each a quarter of an inch across, were observed.

The mass in the bowel lumen could be moved upwards, but not down. It was therefore "milked" to above the ulcerated areas and removed through a longitudinal incision made in the anti-mesenteric border.

The foreign body was found to be a gallstone. (See plate.)

Following the removal of the stone the incision in the ileum was closed transversely. In view of the damaged condition of the gut, it was decided to establish a side-to-side anastomosis between healthy ileum above and below the damaged section, as the more serious alternative of resection of the ulcerated portion was considered unjustifiable.

Death from circulatory failure occurred thirty minutes after the completion of the operation.

Permission for a postmortem examination was refused.

#### Case 2

A woman of 64 was admitted to the hospital complaining of abdominal pain and vomiting.

Six years before, cholelithiasis had been diagnosed at another hospital, but operation was refused. In the interval prior to admis-

sion a flatulent dyspepsia had persisted although the patient had adhered to a diet. From time to time the exacerbations of her symptoms had been severe.

Two months before admission there had been a sudden onset of vomiting associated with a bad recurrence of her pain. Vomiting occurred soon after meals, usually within twenty minutes of taking them. A slight aching pain persisted in the epigastrium after the attacks. Alkaline powders afforded no relief. She denied any loss of appetite.

On examination she appeared a pale woman seeming older than her years, with poor respiratory movements of the chest and a wide subcostal angle. The abdomen was soft, fat, and moved well on respiration. A right paramedian scar was present, and beside it an incisional hernia was observed through a pararectal appendicectomy scar.

During one week's observation in the ward, vomiting occurred on one occasion only, when four ounces of partially digested food was brought up without any preceding nausea or any great disturbance to the patient. The appetite was very poor; the patient would only "pick" at her food, which consisted of a low, fat, diet.

A plain X-ray film of the gall-bladder area revealed two large stones. (See plate.)



An operation for cholecystectomy was undertaken.

#### Operation

The peritoneum was opened through a right paramedian incision with an upper curved extension to the mid-line. The gall bladder was not identified. In its normal situation there was a

mass of chronic inflammatory tissue involving the pyloric region of the stomach, duodenum, transverse colon and liver. A hard mobile body could be palpated in the first part of the duodenum just distal to the pyloric sphincter.

Extensive adhesions of all the surrounding structures rendered localisation difficult. A large gallstone was delivered through a longitudinal incision made into the anterior surface of the duodenum, which was closed after probing had precluded the presence of any further foreign body. The length of the alimentary tract was examined and otherwise found to be normal. The inflammatory mass was needled in vain to determine the presence of the other stone. It was inferred, therefore, that this stone had either been passed, or was still present embedded in the liver substance (and fibrous tissue). The abdomen was closed.

There followed a stormy post-operative course. The patient died four days later.

A postmortem examination revealed:—

1. An acute broncho-pneumonia.
2. Advanced myocardial degeneration.
3. A localised peritonitis was present in the region of the first and second parts of the duodenum. There had been a partial solution of the inflammatory mass in that area, with necrosis of the wall of the cysto-duodenal fistula by the second gallstone. Probably the gall-bladder was represented by the mass of necrotic tissue, and the second gallstone was found buried in it. The suture line on the anterior aspect of the duodenum was intact, and no leakage had occurred from it.

In the opening paragraph the infrequency of such cases was referred to, and this is borne out in the literature, although one finds on an average five reported cases per year, and there must be quite a number more which are never thus recorded.

As early as 1654 Bartholin gave details of his personal observations on an obstruction of the bowel by such means. Up until 1914 there had been 334 known cases recorded; of these, 94 had been followed by spontaneous cures, 82 had been verified at postmortem, while of 159 operated upon there were 95 deaths, 60 recoveries, and the outcome of four cases was unknown.

The relative incidence of this condition is said to be from between 0.5 per cent. and 2 per cent. of cases of acute intestinal obstruction.

Thus:—

Reference	Cases of Intestinal Obstruction	Cases due to Gallstones
Discussions on acute obstruction. B.M.J., Nov. 18th, 1925 ...	3,064	28
R. Vick. B.M.J., 2, Part II, 546, 1932	3,628 (excluding herniæ)	47
A. McQueeny. Annals of Surgery, 110, June, 1939 ...	7,232	149

#### Age Incidence

Gallstone obstruction is essentially an emergency occurring in the later decades of life. Combined statistics of the seven large London hospitals show:—

Over 50 years of age ...	1 case
" 60 " " " " " " " "	7 cases
" 70 " " " " " " " "	15 "
" 80 " " " " " " " "	5 "

#### Sex Incidence

As might be expected, women are far more commonly affected, about 80 per cent. of reported cases being of the female sex.

#### Pathology

*Mode of Occurrence.* A gallstone giving rise to intestinal obstruction is generally more than one inch in diameter, and most often a single large cholesterol or mixed pigment and cholesterol stones, which has formed in the gall-bladder about a bacterial or organic nucleus.

A localised chronic peritonitis develops about such a pathological gall-bladder, which causes it to become adherent to a neighbouring structure, most commonly the duodenum, into which the stone gradually ulcerates leading to the formation of a fistulous track between the two. In most cases, therefore, a dense mass of adhesions bind the gall-bladder and duodenum together, enclosing this cysto-duodenal fistula. This is well illustrated in Case 2.

The duodenum is not, however, the only site of such abnormal communication. Of 109 cases of internal biliary fistula quoted by Barnard a track existed:—

Between the gall-bladder and duodenum in 56 cases	
" " " " colon	36 "
" " " " stomach	12 "

There were multiple fistulous tracks present in five cases.

This by no means exhausts the viscera which may be eroded in such a process. The ileum and jejunum are less commonly concerned. Courvoisier described fistulae between the gall-bladder and pleura, gall-bladder and female genitalia; and he also quoted a case of the passage of a gallstone from the urinary bladder.

There are on record cases of gallstone obstruction in which no such abnormal communication existed. In these cases either enormously dilated common ducts were found, or there was evidence that the original stone was of such dimensions as to



have been passed by the normal passages and, once in the bowel, has lain there encysted in a pouch, gradually becoming covered with thick phosphatic accretions.

#### Site of Impaction

Once in the duodenum descent of the stone occurs, a progress which may or may not be accompanied by symptoms of obstruction. The point at which the stone finally becomes impacted is usually the lower part of the ileum, between three to five feet proximal to the ileo-caecal valve, as this is the narrowest part of the bowel.

Courvoisier in fifty-three cases found the site of obstruction to be:—

- In the sigmoid flexure in 2.4 per cent.
- At the ileo-caecal valve in 10 per cent.
- In the duodenum in 21.4 per cent.
- In the ileum in 64 per cent.

#### Size of the Stones

The size can vary considerably, but from reported cases it would seem that on an average such gallstones are oval or barrel shaped—1½ inches by 2½ inches, and about three inches to four inches in circumference. The barrel-shaped stones may have one or both ends faceted, suggested that it was not originally the sole occupant of the affected gall-bladder. (Case 2.)

The surface of these stones generally is smooth and of a brown, coffee colour, the latter being derived from altered bile pigments. Others are of rough granular appearance on which there are nipple-like projections, a condition due to residence in the bowel for a longer period prior to the onset of symptoms, during which time partial dissolution of the pigment on the exposed surface has occurred. (Case 1.)

Enormous calculi that have impacted in the gut are on record. Bennett recovered at a successful operation a stone weighing 41.3 grammes, and having a circumference of 13.75 cms.

#### Symptoms

Although symptoms may be suggestive, diagnosis is seldom made prior to operation. H. L. Barnard in his masterly series of lectures on intestinal obstruction gave a record of six personal cases, in five of which he was able to diagnose the condition before operation. He pointed out certain distinguishing features, and analysed the symptoms and signs, a summary of which follows:—

The patient in most instances gives a history of obscure epigastric or right hypochondriac pain for years, which is often described as a "windy spasm round the heart," and diagnosed as dyspepsia. These pains are attributable to the presence of a large encysted calculus, and to the adhesions of, and subsequent ulceration of the gall-bladder into the duodenum.

Biliary colic and jaundice occur in only a minority of cases, for the large stone are as a rule single.

A typical case may be a fat woman passed middle life, rarely giving a history of acute disease in the right upper quadrant, but often of indigestion, followed by alternating attacks of chronic constipation, and diarrhoea. She is suffering from an acute obstruction of her small gut without distension. The intermittent and colicky character of the pain during the early stages of the attack leads to the inference that strangulation of the gut is absent, and obstruction partial. The onset has been sudden, pain experienced first in the epigastrium shifts later to the umbilicus. Vomiting is a great feature of the attack. It is severe, continuous, profuse, and is early stained brown with bile or blood. The character of the vomiting varies with the localisation of the stone in the bowel.

As in other forms of small intestine obstruction, constipation is an anomalous symptom. An attack may be precipitated by the taking of a purge, which may act during the early stages of the condition so that faeces and flatus are passed even in response to enemata. Complete constipation is not present until the stone is finally impacted, and it is then that collapse becomes marked.

A little tenderness is present on palpation below the costal margin on the right side, but the slight distension that may be present cannot be detected in obese abdomens, so that abdominal examination might reveal little. In rare instances the stone may be felt per rectum or per vaginam in the pouch of Douglas, or even through a thin abdominal wall.

#### Prognosis

There is a considerable mortality in this condition. Some authors rate it as high as 100 per cent., none put it below 40 per cent.

With modern earlier diagnosis and operative relief there has been a slight improvement in quoted figures. Yet gallstone

obstruction of the bowel still remains one of the most fatal of intestinal catastrophes. This can be attributed to the great average age of the patients, to their degenerate tissues and organs, and probably to the characteristic remissions of symptoms occurring prior to the final impaction of the stone, and leading to a delayed diagnosis.

#### Treatment

Operative relief is always essential, when obstruction is established, but there are cases on record in which spontaneous passage of the offending stone has occurred either per rectum or by being vomited. In this connection Guillaume in his "Les Occlusions de l'Intestine" wrote of an eminent lady, who was a political enemy of Napoleon's, who, after attending a banquet, was seized with abdominal pain, vomiting, and collapse. Her friends were apprehensive of a political crime, but suspicion vanished when the lady made rapid recovery after passing a large gallstone per rectum.

By no means all cases surviving this natural relief of obstruction recover, for with the passage of the stone death occurs some hours or days later from the resulting dehydration and toxæmia.

#### Comment

Neither of the reported cases presented themselves with the suggestive symptoms of gallstone obstruction. In Case 1 the lack of evidence of previous indigestion or abdominal pain, the sudden onset of acute obstruction in the absence of earlier intestinal symptoms, and the extreme toxicity occurring within six hours precluded a possible preoperative diagnosis.

From reported cases it would appear that so severe an ulceration of the bowel is also unusual, and this with its associated localised peritonitis no doubt contributed to the fatal circulatory failure in this case.

Case 2 presented some interesting features:—

1. The presence of so large a stone almost occluding the lumen of the first part of the duodenum, yet causing so little disturbance. A change of symptoms and the onset of vomiting had occurred two months before admission. It can be reasonably assumed that the stone had passed into the duodenum and, instead of passing down the small intestine, had remained just distal to the pyloric sphincter. This bears out the observations of H. L. Barnard that the process of ulceration preceding the passage of a gallstone by a fistulous track need not be associated with any appreciable constitutional disturbance.

2. The X-ray film, a single postero-anterior plain film of the gall-bladder area, revealed two large opacities which were assumed to be present in the gall-bladder. Yet one lay in the lumen of the duodenum, while the other was deeply embedded in the under surface of the liver. A lateral view taken at the same time might have revealed the true nature of this complicated condition.

3. This case, and the other preceding it, illustrates a rare but disastrous complication of cholelithiasis which could have been avoided had cholecystectomy been performed earlier.

#### References:

- (1) Wagner. *Deutsch Ztsch. f. Chir.*, 130, p. 353, 1914.
- (2) Moore. *Boston M. & S. Journal*, 192, p. 1,051, May, 1928.
- (3) Frank Martin. *Annals of Surgery*, Vol. 55, p. 725, 1912.
- (4) Discussions on Acute Intestinal Obstruction. *B.M.J.*, 2, 993, November 18th, 1925.
- (5) H. L. Barnard. "Contributions to Abdominal Surgery."
- (6) McQueeney. *Annals of Surgery*, 110, 50, 54, June, 1939.
- (7) C. Bennett. *B.M.J.*, 1, p. 565, March 27th, 1926.
- (8) Courvoisier. *Path. and Chir.*, 1900.

I should like to thank Mr. R. S. Corbett, F.R.C.S., for his kind permission to report these two cases and for his advice in reviewing them.

#### ENDEAVOUR

The great pulsating song of mighty wings,  
Lift and throb, upon the swift cool air  
Runs all along my veins.

The dreary care  
Of littleness, and shame and empty things  
Are shadows in the night of yesterday,  
And pain's forgot, and love is laid away.

I. D. M.

## TREATMENT OF FEVERS, 1756

From John Allen's "Practice of Physick"

" . . . . After this *Washing of the Feet*, it is customary to apply living Fish or Pigeons, cut open. These Applications to the Feet some Physicians extol as *Specifics*; but *Epispastics* are rather to be chosen, such as *sour strong Yeast with Onions roasted under the Embers, with a small Matter of the Raspings of Horse Radish. Nay, all sour Herbs mixed with Salt and Vinegar.* Upon such Applications, there appears a Redness and Tumor, which occasions a great Derivation of Humours. A noble, divine Medicine, by which I have cured so many miserable Patients: And if Physicians did not neglect this Method,

many would escape, who now drop under their Hands. The following Method is of great Service to those in a Fever, who are in the Flower of their Age, *viz.*, If young Men of a full Habit, in the *Small-pox*, then I wrap up in Flannels, soaked in fresh Milk, the Feet, the Tarsus, the Metatarsus, and all the inferior Parts of the Legs, or with a Poultice of Meal, or an emolient Decoction: These Things I apply so long till the Skin peels off, the Part being half mortified, which I no way regard, providing I can determine the Blood thither, which I do in all Distempers, where I apprehend the Danger of a Delirium. . . ."

THE BALLANSIAN CREED  
QUICUNQUE VULTTo be said or sung on the Feast of  
Saint Bartholomew and on Triplicity Day

WHOSOEVER will be saved: before all things it is necessary to hold the Girling Ball faith.

And the Girling Ball faith is this; that we acknowledge one Ball in triplicity, and triplicity in identity.

Neither confounding the persons; nor dividing the substance.

For there is one Ball of Bart.'s, another of the Faculty of Medicine; and another of the Ministry of Health.

But the headship of Bart.'s the headship of the Faculty, and the headship of the Ministry is all one: the magnitude equal, the voice stentorian.

Such as Ball of Bart.'s is; such is Ball of the Faculty: and such is Ball of the Ministry.

Bart.'s incomprehensible, the Faculty incomprehensible: and the Ministry incomprehensible.

Bart.'s is Ball's, the Faculty is Ball's: and the Ministry is Ball's.

And yet there are not three Balls: but one Ball.

As also there are not three incomprehensibles: but one incomprehensible.

So likewise Ball of Bart.'s is almighty, of the Faculty is almighty: and of the Ministry is almighty.

And yet there are not three almighties: but one almighty.

For like as we are compelled by the Emergency: to acknowledge Ball by himself to be of Bart.'s of the Faculty and of the Ministry;

So we are forbidden by the Court of Examiners of the Royal College of Surgeons: to say that there be three Balls.

And in this Triplicity none is greater or less than another: none is afore or after the other, although a good many persons seem to be after one Ball.

So that in all things, as is aforesaid: there is Girling Ball in triplicity, and triplicity in monotony.

He therefore that will be saved: must thus think of this mystery.

Perfect Dean of Bart.'s and of the Faculty: and perfect Sector Officer, of a bountiful soul and plentiful flesh subsisting.

One altogether; not by plenitude of substance; but by identity of person.

This is the Girling Ball faith: which any reasonable soul will find it hard to believe: yet—except a man believe faithfully, he cannot be saved.

ANON.

## SHAKESPEARIANA

## THE PATH. BLOCK

"The very rats instinctively had quit it."  
*The Tempest, Act I, 2.*

\* \* \*

## ONE OF THE SISTERS

"Her wisdom,  
Her sober virtue, years, and modesty,  
Plead on her part."  
*Comedy of Errors.*

\* \* \*

## Dr. R—XB—H.

"He shall have the skins of our enemies,  
to make dog's leather of."  
*Henry VI, Pt. 2, IV, 2.*

\* \* \*

## INTERPROFESSIONAL JEALOUSY

"The first thing we do, let's kill all the lawyers."

*Henry VI, Pt. 2.*

\* \* \*

## SELDOM ADMITTED

"This disease is beyond my practice."  
*Macbeth.*

\* \* \*

## PROTEST IN THE REFECTORY

"My cake is dough."  
*Taming of the Shrew.*

## THE JUNIOR DRESSER

"This is a slight unmeritable man,  
Meet to be sent on errands."  
*Antony and Cleopatra.*

\* \* \*

## REFERRED TO H. P. D.

"My heart is heavy and my age is weak."  
*All's Well that Ends Well.*

\* \* \*

## THE CHIEF ASSISTANT

"Bold, quick, ingenious, forward, capable."

*Richard III.*

\* \* \*

## H. G—V—N

"Highly fed and lowly taught."  
*All's Well that Ends Well, Act II, 2.*

\* \* \*

## HISTORY OF PRESENT CONDITION

"Your tale, sir, would cure deafness."  
*The Tempest, Act I, 2.*

\* \* \*

## EFFORTS AT QUEEN SQUARE

"A thing too bad for bad report."  
*Cymbeline, Act I, 1.*

\* \* \*

## SIR G—G B—L

"Very like a whale."  
*Hamlet, Act III, 2.*

## DOCTORS AND DOCTORS

One little doctor, looks you thro' and thro',  
Can't diagnose your case, and then there are two.

Two little doctors, failing to agree,  
Call a consultation, then there are three.

Three little doctors, poke you o'er and o'er,  
Send for a specialist, then there are four.

Four little doctors, wonder you're alive:  
Another brings a stomach pump, then there are five.

Five little doctors, trying funny tricks,  
Order in the X-ray man, then there are six.

Six little doctors preparing you for heaven,  
In comes a D.D., then there are seven.

Seven little doctors, decide to operate,  
Call in a Surgeon, then there are eight.

Eight little doctors think it is your spine,  
Ask for a Neurologist, then there are nine.

Nine little doctors, all of them are men,  
Send for a lady doctor, then there are ten.

Ten little doctors, standing by your bed,  
Come to a decision, find that you are dead.

## OBITUARY

SIR GILBERT BARLING, Bt., F.R.C.S.

THE death of Sir Gilbert Barling on April 27th has removed a great Bart.'s man and a most notable surgeon. He was born as long ago as April 30th, 1855, the son of William Barling, of Blythe Court, Newnham, Gloucestershire. His student days covered the period when Sir James Paget, "reigning" in this Hospital, described the disease of the nipple associated with his name, and when Lister advanced to London in order to deliver a frontal attack on the citadel of opposition to his "new-fangled" ideas of antiseptic surgery. Those were great days for a keen young student.

Barling won scholarships in anatomy and physiology, and the Kirkes Gold Medal. After graduating M.B.(Lond.) in 1879, he served as house-surgeon. At the termination of his appointment he elected to settle in Birmingham, of which he was destined to become one of the most distinguished citizens. Starting as resident pathologist to the General Hospital, he climbed successively all the rungs of advancement in that institution, being appointed resident surgical officer (after obtaining the F.R.C.S.) in 1881, assistant surgeon in 1885, full surgeon in 1891, consulting surgeon in 1915, and finally president of the hospital in 1925. His portrait now hangs in the board-room, a tribute to his great work in developing the hospital and especially the teaching facilities of the Medical School.

The pre-eminent size of Barling's surgical practice in Birmingham did not prevent him from taking an active interest in the affairs of the city. His long record of public service, as a J.P., Vice-Chancellor of the University, Pro-Chancellor, and in other ways, was the subject shortly before his death of a congratulatory letter from the Prime Minister (Mr. Chamberlain). Sir Gilbert stood out for all that was best in Birmingham, and was rewarded with the gold medal of the Birmingham Civic Society. Especially keen on academic affairs, he delivered the Ingleby Lecture in 1895 and received an honorary LL.D. in 1937 from the University for which he had done so much.

Barling held high office in the B.M.A. and in numerous other medical organisations of Birmingham and elsewhere. For eight

years he sat on the Council of the Royal College of Surgeons, and for ten was a member of the G.M.C. During the Great War—one is tempted to say "the last outbreak of the German pestilence"—he acted as consulting surgeon with the rank of Colonel A.M.S., and was honoured with a C.B., a C.B.E., and (in 1919) a baronetcy.

In his earlier years Barling was a disciple of Lawson Tait, whom he greatly admired. He was a pioneer in major abdominal work. By his passing, another great product of this Hospital is gone, but we may console ourselves with the remark of Sir James Paget on the death of an old friend: "There are very few of us left now, but I believe there are better in our places."

E. G. T.

JOHN VALERIE

## "Sunshine in the Square"

I believe it was Robert Louis Stevenson who said "A cheerful face is worth a five-pound note." If ever a man earned that fiver it was John Valerie. Those of us who spent a lot of our time round the fountain in the early and middle 'nineties have heard with regret the death of a man who was always amusing, often very witty, always laughable and often unprintable. Like the rest of us, John Valerie spent—I was going to say wasted—a good deal of time round the fountain, but to us it could never be wasted while we had that inimitable teller of stories to listen to.

John was a bit older than most of us; he had been up at Cambridge and then on the stage for some years before he came to Bart.'s. He was a very fine actor. Who could forget him in Anstey's "Vice Versa"? I never shall, and it is forty-six years ago since I saw him. He was so glib, I only once knew him at a loss, and that was only for about half-a-minute; he and I had gone down to the Embankment to see whether he had got through Surgery or not—John was about the usual three-to-one-against chance, and I was what the bookies called "fifty-to-one to you, sir, or anything you like." Strange to say, the examiners had passed me and ploughed him. His face fell, but the joke came in about thirty seconds, "Well, you'll have a nice plate when you start to practice—Physician and Midwife by examination, Surgeon by the grace of God."

He could make anyone laugh—even Mr. Waring (as he was in those days) in the dissecting room, and nearly all the Senior Staff, which took a bit of doing in those days of broughams, frock-coats and top-hats.

About his doctoring I am not in a position to speak, but I am sure it cheered many a poor soul who needed it badly. In appearance Valerie was very like the great Napoleon, and he never tired of giving us an imitation of him going to lunch in the Little

Britain. Latterly he and his daughter delighted audiences at Hampton Court when he was quartered there as Chief Medical Officer.

I saw him for the last time at Decennial Dinner two years ago—I had not seen him for twenty years, but he was just the same—and he and I and our mutual friend Gordon-Watson sat together, and he made us feel young again all through the evening. . . . He was still the sunshine in the Square.

J. W. N.

## CORRESPONDENCE.

## CATERING COMPANY

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

We thank you for your letter of the 3rd instant, addressed to our Chairman.

The article in the JOURNAL was very carefully considered by the Board of Directors at their last meeting. Mr. R. L. Hall, representing the Students' Union, attended and made various suggestions, which, in his opinion, would help to bring about a more satisfactory state of affairs so far as the students and other users of the Company's Restaurant are concerned. The Board, being desirous of doing all they can to help in this direction, undertook, so far as is possible, to adopt his suggestions, which, they considered, were reasonable. Instructions have been given to the Lady Superintendent accordingly.

We feel it is necessary to point out that, so far as the lighting of the Restaurant is concerned, this is a matter which is not within this Company's power to remedy, as we must carry out the instructions we receive from the Hospital Authorities. We are, however, drawing their attention to the complaint.

Another point which must be taken into consideration is the fact that meat and many other articles of food are at the present time under Government control, and in many cases severely rationed. There is not a very large choice of butcher's meat, for instance, as the butcher supplying the Company, in addition to being rationed himself, has to take whatever meat is sent to him.

We do not know whether you are aware of the fact that for many years past the Directors have welcomed the attendance of representatives of the Students' Union at their meetings. They have always felt that it is in the interest of the Students' Union and the Company that there should be as much co-operation between the two bodies as is possible, with a view to making the service satisfactory and to dealing with any complaint or suggestion which may be made.

Yours faithfully,

W. C. LOVELL,  
DUDLEY STONE,

Director

St. Bartholomew's Hospital Catering Co., Ltd.  
Smithfield, London, E.C.1.  
May 20th, 1940.

## NATIONAL UNION OF STUDENTS

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

The criticisms of the National Union of Students contained in your Editorial in last month's JOURNAL are of a two-fold nature.

Nominally, they are directed against the course of action taken by the N.U.S. Medical Committee. The underlying current of criticism, however, would appear to be directed against its existence.

With obvious glee you announce that "Representatives from St. Bartholomew's Hospital have been conspicuous by their absence at meetings of the National Union of Students' London Medical Committee." I suggest that this is not something on which we may congratulate ourselves. Medical students are old enough to think for themselves, and it is obviously desirable, from all points of view, that they should take an intelligent interest in the world about them, in the standard and method of teaching and other such student problems. It is the negation of this principle which, when applied to peoples as a whole, tend to make a farce of democracy.

If "the war-time arrangements in our own Hospital are better than in some others," to stand aloof from the problems with which these others are faced is to adopt the attitude which has been put into practice in international affairs in recent years, with what dire results we are all now only too horribly aware.

The existence of the N.U.S. is an indication that students are taking an active and intelligent part in their own affairs, and I suggest that so far from mocking at its endeavours, we should hurry to send our representative to its meetings, so that we may help in achieving something better.

Yours, etc.,

H. A. ISENBERG.

St. Bartholomew's Hospital,  
London, E.C.1.  
May 15th, 1940.

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

In view of your last Editorial, my experience of the N.U.S. may be of interest. Soon after the war began I received a circular asking me to attend a meeting in London. After communicating with the

Secretary of the Students' Union, I decided to attend in a private capacity. I arrived at the meeting to find some eighteen persons present, some of whom I had seen before—usually being "rather busy" at gatherings of certain organisations in Cambridge (usually Left Wing).

It soon became apparent that the meeting was taking full advantage of the war to be aggressive and destructively critical. They had few, if any, constructive suggestions to make. After much idle chatter they decided to send a deputation to the Minister of Health. They said that the teaching in Medical Schools was bad, and intended to ask the Minister what he was going to do about it. At this point I interrupted and said that our teaching was excellent, considering the difficulties caused by the war, and that if any of the other Medical Schools had reason for complaint, they should complain to their teachers and not to the unfortunate Minister of Health. I added that I was certain that teachers did not need the help of the N.U.S. to run their Medical Schools.

Finally, I said that I thought that before a deputation was sent it would be a good thing to

find out how many students we represented, as eighteen was a very small number compared with the total number of Medical Students in London. The Chairman then said that he assumed that I represented some three hundred students at Bart's. I speedily retorted that I represented nobody but myself, and that nothing but my own personal curiosity had brought me to the meeting. Being by this time somewhat unpopular with the assembled company, I left before the meeting ended. I first stipulated, however, that my name should not be included in any deputation sent to the Ministry of Health.

Yours, etc.,  
A. G. S. BAILEY.

P.S.—Some gentleman did appear at the meeting and announced that he represented some thirty Bart's students. I should hesitate to give details of who these thirty students were!

St. Bartholomew's Hospital,  
London, E.C.1.  
May 15th, 1940.

[It should be pointed out that this correspondence was written before the recent events.—Editor.]

## HILL END NEWS

"THE AMAZING Dr. CLITTERHOUSE"

By The Hill End Players

Freedom from the past traditions of the Great Hall appears to have had a rejuvenating effect on the Dramatic Society, but whether this is due to removing the restraint of acting under rows of worthies disapproving from the walls or not, the change is marked, and the Hill End Players and their producer, Edward Perkins, deserve great praise in this production, so much more professional than anything remembered from the past.

The play is a mixture of thriller and comedy that well suits the talents of an amateur society. Dr. Clitterhouse, that eminent Harley Street specialist by day, becomes the master criminal by night. At first limiting himself to lone burglaries on the rich of his neighbourhood, he becomes the leader of a gang and plans robberies on a large scale. He remains the mysterious organiser, and the gang views with surprise a leader who conceals his identity, claims friendship with the detective who is investigating their crimes, and whose motives are not entirely dishonourable. Inevitably his identity is discovered and he is blackmailed, leaving him no solution but to kill his blackmailer. However, he bungles his perfect murder (surely even a specialist would know that one grain of heroin is not the anaesthetic dose?), and he is left at the end of the play with no choice but to plead insanity at his trial.

Dr. Clitterhouse is no Dr. Jekyll frightened of his split personality, but tries to persuade us that all is performed in the sacred name of Science. His thesis is that every criminal act produces a physical change in the criminal and that the only way to study those changes is by becoming a criminal himself. Very wisely, Lionel Burkemann did not try to justify this fantasy to a medical audience, but instead showed a Dr. Clitterhouse who burgled because he liked burglary and for the same reasons that caused Lord Lamancha to rustle stags as an Unrest-Cure. He showed a vain egotistical man who enjoyed being cleverer than others, the sly childish pleasure of wondering what people would think if they only knew the truth about him. Such a feeling insists on an audience, and he soon

got one in Nurse Ann, ably played by Frankie Wilson, who supplied just the right mixture of upright stupidity and treacherous devotedness that his vanity needed. Only later, when the need for justification is urgent, does Burkemann stress Clitterhouse's preoccupation with his "research" on the gang, and very good fooling it makes, too, to see a villainous set of crooks drawing off each other's blood in 100 c.c. syringes. Indeed, it is easier to believe in Clitterhouse in the scenes with the gang than in his consulting room, perhaps only for the reason that he did not wear the immaculate black and white which our Honoraries have taught us to regard as part of the physician's art. It is only surgeons who dare to put a little colour in their clothes. The parts of the gang were enthusiastically played. Lily Ralph gave a magnificent performance as Daisy, a sharp, shrewish Cockney who was unable to discover the man in Dr. Clitterhouse, though "it wasn't as if she hadn't tried." Frank Morris as "the only honest fence in London" was quietly villainous throughout, and at times by his massive immobility could capture the stage to himself. Denis Bartlett, Bill Holden, Cyril Boroda, and Ian Hill made up the remainder of the gang in a most convincing and high-spirited way. Paul Rowntree made a most gentlemanly "man from the Yard," who was compelled to arrest his friend with the utmost sorrow, and Robert Nicholson, a most sober lawyer.

A good deal of the success of the play rested with Craham Stack and his helpers, both for the smooth changing of the many scenes and for the excellent scenery itself—in particular for a backcloth showing St. Paul's from the top of a factory as it really ought to be seen.

Finally, a word of criticism; the prompter—or, we believe, promptress—had on the first night as large a part as anyone on the stage; though this is part of the tradition of the A.D.S., it could well have been left behind in the Great Hall. But it was not enough to spoil a great evening's entertainment.

J. G.

## CRICKET AT HILL END

### Hill End v. George Hicks' XI

Under perfect weather conditions the Hicks XI took the field, our captain, Spafford, distributing his side with accomplished strategy. The onslaught of the official Hill End team was represented by Ffrench and Wells-Cole. With the dismissal of the former by Merryfield in the third over, the Hicks XI realised they had the position well in hand. Holborow's arrival at the crease was awaited with confidence and the traditional chewing of grass. Strains from *Madame Butterfly* were even heard to come rolling in from somewhere beyond mid-on, bearing the unmistakable stamp of James' baritone larynx. Well-Cole, Holborow, Goodchild and Mason put up an impressive defence but were no match for Gallimore's attack, which was definitely on form, while Hewitt had a spot of bother with Badock's second ball, which was neatly gathered into Macaulay's bosom. McShine, coming in with five wickets down for 36, changed the situation considerably, no little aided by Gilbertson, the Hill End captain, with a well-earned 36. Feeling the situation required improvement, Spafford took a bold step and scouted for bowling talent throughout the team, with the sole exception of the wicket-keeper and disastrous results in one instance. However, the move proved amply justified, as Gilbertson was finally defeated by a ball from Macaulay, and a major discovery was unearthed from the depths of the outfield in the form of James, who successfully dealt with the last three wickets, Holden, Lambley and Attlee, to wit, halting the Hill End score at 131. These last three overs of James', unequalled, in ferocity in the annals of the game, will probably never be forgotten by the wicket-keeper, Pearce. Deserving of special mention was Badock's work in the outfield, carried on in spite of an unfortunate encounter with a beer-bottle the night before and subtle irregularities of the ground which proved his downfall more than once.

Richards and Pearce were pushed on to the field to open for the Hicks XI, giving the captain time for a pipe before tea. After tea Pearce and Elder had the misfortune to have their embryo sixes ably held by McShine just short of the boundary. However, Gallimore and Spafford changed all this with an inspiring 49 and 23 respectively. Goodchild and

Gilbertson proved the Waterloo of most of our batsmen, but for a few minutes we thought Campbell was entrenched for the evening, having started in an aggressive manner, apparently taking strong exception to short-leg's head. Such was Macaulay's contempt for the bowling, that he felt it unnecessary to remove his pipe for the ceremony of taking guard and returning to the pavilion. Atwill seemed full of confidence and promise, but was beaten back to the crease by a ball from Hewitt and was stumped by Ffrench, while Merryfield left the wicket with his honour unstained, having been run out. With the score at 108 for nine and 24 to win, the situation looked grave, but not without hope, for James and Badock had everything under control. As the score approached our opponents' 131, deck chairs were clenched tensely. There was one nasty moment when James was given run out, but amidst cries of "Umpire's pants!" both batsmen resumed their places. Minutes of pent-up emotion were liberated as raucous cheers when Badock scored the winning hit.

Scoring was ably carried out by George Hicks in person, to whom, together with Michael Gilbertson, are due our thanks for an extremely enjoyable afternoon.

A. G. R.

Teams in order of batting:—

Hill End	
G. E. Ffrench ... 4	M. H. M. Gilbertson ... 36
G. H. Wells-Cole ... 10	son (Captain) ... 4
J. Holborow ... 5	W. Holden ... 6
G. B. Goodchild ... 3	D. G. Lambley ... 0
S. H. Hewitt ... 12	W. O. Attlee ... 3
R. M. Mason ... 2	Extras ... 46
A. D. McShine, not out ... 36	Total ... 131

George Hicks' XI

A. G. Richards ... 0	J. A. Atwill ... 7
A. G. L. Pearce ... 3	A. R. James, not out ... 26
J. O. Gallimore ... 49	S. J. Merryfield ... 1
P. McA. Elder ... 2	G. B. Badock ... 9
A. J. H. Spafford (Captain) ... 23	Extras ... 8
N. A. Campbell ... 8	Total ... 137
J. C. Macaulay ... 0	

## CAMBRIDGE NEWS

The Preclinicals have now thoroughly settled down here and are enjoying the company, the scenery and the weather. On Saturday, May 4th, we entertained in a large party from St. Albans. They had the pleasure of helping or watching the Hospital defeat Cambridge University on the water and finished the day by supporting a dance

given by the Quarts Club (of Bart's origin) in aid of the local Hospital.

On Saturday, May 25th, the Students' Union is organising another dance in an attempt to raise money for the Hospital in order to compensate for our absence on Collecting Day. We hope that once again we shall have the company of colleagues from London, Friern Barnet and St. Albans.

SPORTS NEWS

EDITORIAL

For eight months now, we have been engaged in a war that was to have brought Civilisation to its knees in a few weeks; and yet, to most medical students, the storm has been little more than a cloud on the distant horizon: teaching, games, and our usual pleasures have gone on much as before, and apart from a natural irritation at A.R.P. restrictions, our general feeling was perhaps a rather smug satisfaction at being exempt from the general turmoil. "At least," we said, "we are doing as much good as anyone else." Then came Norway, bringing in its train strange stories of heroism and endurance that somewhat shook our complacency—we began to realise that there was a war on.

To-day, with Holland and Belgium invaded, and the most destructive phase in the history of the world upon us, there can be few who do not feel a sense of frustration, of impotence, at the little we can do; the countryside seems almost too poignantly beautiful, our games take on a Nero-like quality, and our pleasures seem strangely hollow.

And yet, we all know, though it makes it little easier, that we are doing the only thing that it is possible for us to do: few of us, we agree, would make other than indifferent soldiers, and we must take consolation from the fact that in a year or two, the Fates willing, we shall have increased our worth some ten, some sixty and some even an hundred-fold. Naturally, the "tempo" of our work has been increased, and our studies given an added point which make them more bearable, but the student mind being it is, it is essential that we continue our games and other relaxations, and, while doing so, think as little as possible about the War. Here, competitive games have a certain advantage over the more æsthetic pleasures—a sort of vaccine therapy wherein the minor conflict abouts the major conflagration, added to which, man being a gregarious animal, we derive more comfort from rude companionship than we would care to admit. Well, we have our remedy in Chislehurst, which at this time of year presents so perfect a setting that even those to whom all games are anathema, can scarcely fail to be charmed—a fitting complement indeed to the somewhat drab architecture of the West Wing.

Incessant air raids, of course, must present problems which cannot be forecast, but I rather think that most of us, selfishly and quite illogically, would not be sorry to get the first one over, and really feel that we were "doing something." "It's not," as we frequently affirmed at school, "that it really hurts; it's the waiting that's such a ..."

\* \* \*

CRICKET CLUB

v. U.C.S. Old Boys, on Saturday, April 27th, at Chislehurst. Won.

The Hospital		The Hospital	
R. Heyland, b Criffen ... .. 30	J. J. Stowe, c and b Moran ... .. 7	J. W. G. Evans, b T. N. Fison, c Griffen ... .. 6	Green, b Griffen... 0
M. Bates, b Griffen 0	S. R. Hewitt, not out 0	G. H. Wells-Cole, c Taylor, b Moran.. 13	R. N. Grant, b Moran 2
H. Gavurin, b Moran 3	Extras ... .. 8		
	Total (8 wickets) 79		

C. G. Nicholson and G. French did not bat. U.C.S. Old Boys: 78. Bowling: Nicholson 3 for 31, Heyland 3 for 12, Grant 2 for 8.

Grant won the toss and decided to put the Old Boys in and take advantage of the one new ball, a necessary economy this season. Nicholson opened the bowling and met with an immediate success, and four wickets were soon down before any stand was made. This was shortlived, however, and with some good bowling by Heyland, combined with keen fielding, we dismissed them for the small total of 78.

The Hospital innings was almost immediately delayed by rain, although up till tea-time it had been like a June afternoon. However, we restarted an hour later, and Heyland looked as if he was finishing an innings left incomplete last year! The other batsmen discovered the whereabouts of the ball too late, except for Wells-Cole, who helped Heyland to bring the first match to a successful, if modest, close.

v. Horlicks, on Saturday, May 4th, at Slough. Lost.

The Hospital		The Hospital	
J. W. G. Evans, b Ambrose ... .. 26	T. N. Fison, b Johnson ... .. 0	R. N. Grant, b Johnson ... .. 0	R. S. Henderson, lbw, b Johnson ... 0
G. H. Wells-Cole, c Isherwood, b Ambrose ... .. 5	I. Maclean, run out 3	H. Gavurin, b Johnson ... .. 0	J. J. Stowe, c Bowers, b Ambrose 5
M. Bates, b Johnson 0	Extras ... .. 3	J. L. Fison, b Johnson 0	Total ... .. 53

Horlicks: 131. Bowling: Grant 2 for 26, Letts-Cole 4 for 28.

Horlicks batted first against the Hospital's rather weak bowling, and the first pair seemed well set, when the backing-up batsman was well run out by Bates from cover. After this wickets fell fairly regularly, due to some steady bowling by Wells-Cole, backed up by good all-round fielding, especially marked on the square leg boundary, where T. N. Fison did some spectacular one-handed fielding. We did well to dismiss them for the small total of 131 before the tea interval.

The Hospital's innings started disastrously with Grant going in the first over, and he was followed by a steady stream of batsmen, all of whom seemed very shaky, except for Evans, who stayed in most of the innings and hit some very nice cover drives. The innings eventually closed at the meagre score of 53, a rather disappointing contrast to our bowling and fielding.

v The Rabbits C.C., on Sunday, May 5th, at Chislehurst. Lost.

The Hospital		The Hospital	
M. Bates, b Taylor 0	T. N. Fison, b Taylor ... .. 6	D. J. A. Brown, b Taylor ... .. 3	J. V. T. Harold, not out ... .. 3
G. H. Wells-Cole, c Parkinson, b Demery ... .. 2	R. S. Henderson, b Taylor ... .. 5	J. L. Fison, run out 0	J. A. Robertson, b Taylor ... .. 0
P. McA. Elder, b Taylor 16	Extras ... .. 12	H. Gavurin, b Taylor ... .. 6	Total ... .. 54

The Rabbits C.C.: 213. Bowling: Harold 5 for 55.

The Hospital fielded a very weak and entirely unrepresentative side this match, which, combined with the losing of the toss and also of an elusive train by several members of our side, made it rather an unfortunate start to the game. However, with the generous help of two substitutes, two umpires, and a scorer, we eventually started. Before lunch our bowlers made little impression on the batsmen, but J. L. Fison kept one end going valiantly all the time. Just before lunch, for which event our side was intact, T. N. Fison made his presence known behind the stumps by quietly removing the bails and stumps from the ground, but this didn't worry the batsmen very much. After lunch Harold bowled some good balls and deservedly had five wickets to his credit before the Rabbits declared at 213 for the loss of seven wickets.

The Hospital's innings started disastrously, with Bates setting a bad example in the first over. Little opposition was shown by any of the following batsmen, except for Elder, who alone managed to hit a boundary. The innings would be more worthy of remembrance, not for the Hospital's batting, but for the performance of Taylor, who took six of our wickets for five runs.

PRELIMINARIES

At a meeting of the Club W. D. Linsell was elected Captain and M. R. Hunt Secretary. Practice at the Queens' College nets was begun on April 13th, possibly earlier than anywhere else in the country, and since that date we have been getting in some useful knocks on Tuesdays and Fridays. There appears to be a good selection of all-round talent available, and notably large numbers of fast bowlers; with fifteen or more fixtures we should have a very enjoyable term's cricket.

v. Ridley Hall, on May 1st. Won by 25 runs.

The Hospital		The Hospital	
*W. D. Linsell, c and b Russell ... 32	A. R. Anderson, b Hewitt ... .. 1	J. N. H. Jones, st Willis ... .. 2	G. Monckton, c and b Hewitt ... .. 0
R. L. Osmont, b Hewitt ... .. 0	P. Durham, b M. R. Hunt, c Willis 23	K. E. Mortimer, b Hewitt ... .. 2	M. A. C. Dowling, c Hewitt ... .. 0
G. V. Grossmark, lbw, b Hewitt ... 5	Total ... .. 73		

Bowling: Hewitt 7 for 32, Willis 2 for 16, Hook 0 for 5, Russell 1 for 5, Harrison 0 for 9, Moody 0 for 5.

Ridley Hall

K. Russell, c Randall, b Dowling... 0	C. Moody, c Osmond, b Linsell... 2
J. C. Tyrell, not out 19	C. D. Harrison, b Grossmark... .. 4
N. Campbell, c Randall, b Monckton ... .. 7	A. R. Gaskell, c Randall, b Dowling ... .. 0
R. Hook, b Monckton ... .. 1	W. G. H. Willis, run out ... .. 0
J. Hewitt, b Grossmark ... .. 3	K. C. Cooper, b H. R. Riddell, b Grossmark... .. 0
Grossmark... .. 5	Extras ... .. 7
	Total ... .. 48

Bowling: Dowling 2 for 12, Monckton 2 for 11, Grossmark 4 for 13, Linsell 1 for 5.

We won the toss and batted first. W. D. Linsell 32 and M. K. Hunt 23 started the season well with a third wicket partnership of 40, but after them there was a complete collapse, due partly to some steady bowling by Hewitt and Willis, the former finishing with 7 for 32.

After tea, however, Ridley Hall found the fast bowling of Dowling and Monckton very unsettling; these two, assisted by Grossmark (4 for 13) and some good fielding, rapidly dismissed the Hall for 42—an encouraging start to the season.

Despite this victory we must hope for an improvement in the batting if our future matches are to be tackled with any degree of confidence.

v. King's College, on May 4th. Lost by 23 runs.

King's College		King's College	
H. A. Van Annell, c Monckton, b Grossmark ... 58	R. Benger, b Monckton ... .. 0	D. McM. Caven, c Jones, b Dowling 3	V. Thambipillay, b Monckton ... .. 1
K. A. A. Wray, lbw, b Grossmark ... 12	N. P. Butler, b D. M. Infield, b Linsell ... .. 0	J. Reidy, c Osmond, b Monckton ... 20	R. H. Whitworth, not out ... .. 3
F. J. Walker, b Jones (J. N. H.) 0	Extras ... .. 21		Total ... .. 125

Bowling: Dowling 1 for 24, Monckton 5 for 22, Grossmark 2 for 19, Linsell 1 for 31, Jones 1 for 8.

The Hospital		The Hospital	
W. D. Linsell, lbw, b Whitworth ... 57	G. Monckton, b Van Annell ... .. 30	J. N. H. Jones, lbw, b Whitworth ... 1	P. Durham, lbw, b Van Annell ... 0
R. L. Osmont, b Whitworth... .. 0	J. C. L. Adams, b Van Annell ... 0	M. R. Hunt, lbw, b Butler ... .. 2	G. J. Grossmark, b M. A. C. Dowling, b Butler ... .. 0
K. J. Randall, c Benger, b Butler 4	Extras ... .. 4		Total ... .. 102

Bowling: Butler 3 for 33, Whitworth 3 for 9, Walker 0 for 18, Thambipillay 0 for 13, Agar 0 for 10, Van Annell 4 for 10.

Caven and Van Annell opened the batting for King's in glorious sunshine. Their first wicket fell with only four runs on the board, but Van Annell and Wray quickly settled down, the former scoring 58 by good aggressive cricket; he fell finally to a magnificent catch by Monckton at mid-off. This

player was at the top of his form on this occasion, for besides bowling very well (he took 5 for 22), he also helped himself to 30 runs with some vigorous hitting after tea.

Once again Bart's batting was a two-man affair, Linsell being in the limelight for the second match in succession. This time he played a truly great captain's innings for his 57.

We were all out for 102, to lose by the small margin of 25 runs, Van Ammell taking a hint from Monckton with 4 for 10.

v. King's College, on May 8th. Match drawn. The Hospital

W. D. Linsell, b	G. J. Grossmark,	
Whitworth ... 14	lbw, b Magan	
K. J. Randall, c	Marker ... .. 11	
and b Butcher ... 8	M. A. C. Dowling,	
M. R. Hunt, c and	c Walker, b But-	
b Butcher ... .. 0	cher ... .. 4	
J. N. H. Jones, not	L. Cartledge, c	
out ... .. 62	Walker, b Butcher 13	
C. Monckton, lbw,	P. Durham, not out 1	
b Butcher ... .. 2	Extras ... .. 4	
Ballantyne, c On-	Total (for 8) —	
low, b Butcher ... 0	wkts.—dec.) 119	
J. C. L. Adams did not bat.		

Bowling: Bury 0 for 11, Whitworth 1 for 24, Butcher 5 for 28, Magan Marker 1 for 12, Van Ammell 1 for 20, Caven 0 for 10.

King's College

H. Van Ammell, c	K. A. A. Wray, run	
Cartledge, b Dow-	out ... .. 7	
ling ... .. 20	A. J. Magan Marker,	
R. McM. Caven, c	not out ... .. 27	
Randall, b Dow-	Extras ... .. 2	
ling ... .. 7		
F. W. Leakey, not		
out ... .. 24	Total (3 wkts.) 87	
J. Reidy, C. A. R. Onelow, F. J. Walker, P. Bury, N. P. Butcher and R. M. Whitworth did not bat.		

Bowling: Monckton 0 for 32, Dowling 2 for 31, Grossmark 0 for 7, Cartledge 0 for 13.

Linsell and Randall opened for Bart's in doubtful weather. After a shaky stand of 24 runs they were both out in successive overs, to be rapidly followed to the pavilion by Hunt. Jones came in and stopped the rot for us when things looked bad at 38 for 5; helped by succeeding batsmen, he pulled us round with a gallant 62 and was unbeaten at tea (119 for 8).

With only ninety minutes' batting, King's had lost three wickets for 40, but Leakey and Magan Marker remained together until the close; for this they had to thank our fielding, which was far from good.

v. Peterhouse College, on May 15th. Lost by seven wickets.

The Hospital

W. D. Linsell, c	P. D. A. Durham,	
Southern, b Leslie	lbw, b Infield ... 1	
K. J. Randall, b	A. R. Anderson, c	
Infield ... .. 8	Veal, b Leslie ... 0	
M. R. Hunt, b In-	G. J. Grossmark, b	
field ... .. 1	Infield ... .. 0	
G. Monckton, lbw,	W. R. Daniel, not	
b Leslie ... .. 9	out ... .. 0	
F. I. W. Ballan-	D. C. Roberts, h	
tyne, b Infield ... 1	Infield ... .. 1	
M. A. C. Dowling,	Extras ... .. 11	
b Leslie ... .. 2		
	Total ... .. 35	

Bowling: Leslie 6 for 12, Infield 2 for 6.

Peterhouse College

Veal, b Dowling ... 4	Leslie, b Monckton 10
Hooker, c Durham,	Infield, not out ... 7
b Grossmark ... 22	Southern, lbw, b
Paine, b Dowling... 0	Ballantyne... .. 1
Mann, c Monckton,	Extras ... .. 4
b Dowling... .. 0	
	Total ... .. 48

Thornber, Jones, Keeling and A. N. Other did not bat.

Bowling: Dowling 3 for 15, Monckton 1 for 20, Grossmark 1 for 8, Ballantyne 1 for 1.

Suffering from the after-effects of a recent holiday, we were not at our best for this match; indeed, some members of the usual team had failed to return from their Whitsun revels! The score tells the sorry fare of our batting, but due credit must be given to the fast bowling of Leslie (6 for 12) and Infield.

Peterhouse did not start too well; with the score at 8 three wickets fell, but after this bit of excitement they went on to pass our total and win by seven wickets. Once again three wickets fell quickly, but we were cheated out of the rest, as the remaining batsmen had already gone home.

ATHLETIC CLUB

Major H. B. Stallard's R.A.M.C. Team v. St. Bart's H.H. & H., on Saturday, April 27th.

At Hatfield House Major H. B. Stallard entertained his Club, the Bart's Hare and Hounds, over a course of 3½ miles of good country, on which he set his R.A.M.C. team against us. For the first three-quarters of a mile the Army set the pace down a gravel drive, but, turning off into the woods, J. P. Haile "hared off," challenged at first by the Army and J. Birch. For the remainder of the race Haile led from Major Stallard and W. J. Atkinson, followed by Sergeant Jones, Dr. G. A. Beck, J. Birch and then five Regimentalists. The Hospital side won by 24 points to 40, but this was only due to the facilities which they possess for training and the lack in that respect of the R.A.M.C. We heartily thank Major Stallard and his team, including the Lieutenant who so kindly refereed, for a very enjoyable afternoon.

London University Triyan Club v. Oxford Centipedes, on Saturday, May 24th.

The London Club beat Oxford Centipedes by 56 points to 42 at Fenner's. M. A. C. Dowling, unfortunately, could not turn out, but J. P. Haile tied with B. F. Breasley (St. Mary's) in the one mile in 4 min. 36 sec.; W. J. Atkinson won the half-mile in 2 min. 3 sec.

SPORTS DAY

Sports Day this year is on Saturday, June 15th, and it is hoped that the support formerly so generously given will be forthcoming. One of the events is the relay; would any members of H.M. Forces at home who would wish to compete in this event and/or others, please send their names to the Secretary, Athletic Club, St. Bartholomew's Hospital.

SWIMMING CLUB

Bart's v. a Cambridge University Side

On Saturday, May 4th, we joined forces with the Preclinicals at Cambridge, and a full team swam to victory against a Cambridge University side, both teams suffering from a certain lack of training.

In the 220 yards freestyle, Sheen won comfortably in his usual manner, with Coates a good third; and in the 100 yards freestyle, Coates and Smith were second and third. This gave us a lead, which was consolidated when Young won the 100 yards backstroke and MacAfee the 100 yards breaststroke, leaving the two relays to decide the day. In the freestyle relay we were handsomely beaten, but strong swimming by Young and MacAfee left Smith an easy swim home for the race and the match, which we won by 24 points to 20.

The water-polo match was fought to a very exhausting and satisfactory draw, in which each side scored three goals, all Bart's efforts being attributed somewhat tentatively to the strong right arm of Pearce.

The teams were:—

Freestyle Relay: G. Tucker, R. T. Monckton, T. Coates, C. P. R. Sheen.

Medley Relay: W. Young, L. A. MacAfee, J. A. Smith.

Water-polo Team: Sheen; MacAfee, Smith; Young; Horrocks, Monckton and Pearce.

PRECLINICALS

Owing to difficulties in arranging suitable times for swimming at the Leys School bath, activities commenced late in the season. These difficulties were overcome by amalgamation with the Cambridge University Swimming Club, and we are now looking forward to an enjoyable and not unsuccessful swimming season.

Six fixtures have been definitely arranged, while several others are being considered.

Of the two matches already played, the first, v. John's, resulted in a win for Bart's by two goals to none, the goals being scored by Holloway and Horrocks. Team: Turton, Duff, Horrocks, Coates, Wigglesworth, Orr-Hughes and Holloway.

The second fixture, v. Christ's, was scratched by Christ's.

In addition to the previously mentioned fixtures, a combined clinical and preclinical Bart's swimming and polo team met Cambridge University in a swimming and water-polo match at the Leys School bath on May 4th.

We defeated the University by 24 points to 20 in the swimming events and drew three goals each in the polo match after a keenly contested game.

THE BOAT CLUB

The rowing at Cambridge has attracted so many recruits this term that it has been possible to put no less than three Bart's VIII's on the river.

The crews are now going into intensive training (sic) for the May Bumping Races, and a great deal of hard work is being put in during the long summer evenings.

The first VIII remains unchanged from last term and is fortunate enough to retain its coach, A. J. Eley. We have been on a marathon run to Clayhythe and back, during which we were accompanied by the Queens' boat, with whom we had a practice row on the way down. The afternoon was only marred by the temporary loss of our cox, D'Arcy-Laidlaw, who took an involuntary dip in the Cam, but was soon salvaged by the surprisingly unsympathetic crew.

Despite mumbled references to centipedes throwing epileptic fits, the second and third VIII's are now beginning to show real progress, and high hopes are held for them in the coming races. It is hoped that suitable festivities will be held after the Mays.

FENCING CLUB

Apart from the flourishing and almost autonomous preclinical unit of the Club established at Cambridge, most of the Fencing Club's activities are at Hill End.

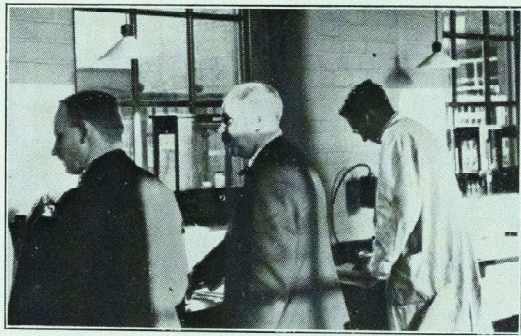
The excellence of the weather has caused the old system of Thursday evening practices to be temporarily abandoned, and instead the Club meets almost daily at 9 a.m. (W. & W.P.). As a further departure from routine, membership of the fencing section at Hill End has been extended to the nursing staff. Members of the old "Bart's Fencing Club" are finding serious competition, at any rate in the field of enthusiasm, and it has been rumoured that the nursing staff is responsible for the popularity of the "nine o'clock" vogue amongst some habitually late-rising members of the student body.

As only one of the London hospitals is, at the moment, in a position to raise a team regularly, inter-hospital fixtures are few. The Club has been regularly represented in the United Hospitals team, and in the last match against Oxford University provided two-thirds of the team—the other member (and captain) being provided by Westminster.

It is hoped to continue the Club's activities throughout the summer so that we may be in form to make a quick start for the season in October, when it is hoped more match fixtures will be available.

I. M. H.

## CAMBRIDGE WAYS



"Somebody blowing down a Bünsen?"

## NEW BOOKS

**London Doctor.** By Edward P. Furber, C.B.E. (Geoffrey Bles. Price 10s. 6d.)

This book is the autobiography of an old Bart's man who became a well-known and successful practitioner; after dealing briefly with his career at Charterhouse and Bart's, he tells of his many and varied experiences, first in a country practice, where he was able to indulge his love of sport to the full, and later in the West End of London.

Throughout the book one is struck by the large number of people in all walks of life who are able to greet him as friend and confidant, many of them well known in the realms of medicine past and present. The author has, moreover, the happy knack of being able to tell amusing and illuminating stories about all his friends and acquaintances, and to clothe the story of his career with a wit and humour which renders it both interesting and attractive.

For the present medical student it is rather in the nature of a tale of the past, albeit an interesting one, but many old Bart's men will easily recall many of the men he met and medicine as it then was.

Perhaps the life story of "Furbie" may be best summed up in the heading of one of his chapters, entitled "My Patients are my Friends."

Lest anything be lacking, there is a foreword by our own Dean, Sir Girling Ball, of whom he tells a very funny story about a pair of flannel trousers.

**Surgical Note-Taking. A Booklet for Surgical Dressers and Clerks Commencing Clinical Studies.** By Charles F. M. Saint, C.B.E., M.D., M.S., F.R.C.S., etc. (H. K. Lewis and Co., Ltd. Price 3s.)

"The diagnostic acumen of the student," writes Professor Saint, "will gradually evolve with increasing knowledge and experience derived from careful note-taking." His book is designed to assist the student in making "full, accurate, and relevant notes." It is, of course, very similar to the Scheme of Note-Taking with which we are all provided on commencing at Bart's, but it contains one additional feature of considerable value. Every section is illustrated by a case, of which the history, examination, special investigations, and diagnosis are all recorded. There are twenty-one such examples, and students might put themselves through a useful test in reading the reports of these cases and then working out the diagnoses for themselves.

The book is of convenient size for the pocket. Professor Saint is a North Countryman, like the writer of this review, but the fact that in his examples the colour or race of the patients is always stated serves as a reminder that he is the very popular and successful director of the unit at Capetown.

**The Bottom of the Well.** By Josephine Bell. (Longmans, Green & Co., Ltd. Price 7s. 6d.) Truth, they tell me, lies at the bottom of a well, but Miss Bell's research scholar seems to be trying to stir up a certain quantity of mud in his search for the truth about the virus of anterior poliomyelitis.

The title is, however, the worst thing in a well-written and interesting book which, we hasten to add, is neither a scathing attack on the medical profession nor a daring exposé of its major faults.

The story mainly concerns John Mason's attempt to combine a love of research with that of his fiancée, the daughter of a wealthy honorary physician to his hospital. That he cannot do this is

not particularly surprising, even though they each possess what may be termed "a free and modern outlook on life." His efforts to solve his particular problems are well represented and extremely true to life, though it is perhaps a little disturbing and difficult to accept Miss Bell's doctrine that the children of wealthy parents are complete amateurs, who, because they need not do anything useful, cannot do so.

In the end, work triumphs, but the story maintains its convincing atmosphere, no breath-taking discoveries in the world of medicine are allowed to shatter it, and this is not one of the books in which the technical descriptions and achievements cause the medical reader to tear his hair.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

CARROD, L. P. "Action of Antiseptics on Wounds." *Lancet*, April 27, 1940, pp. 798-802; May 4, pp. 845-8.

\*JEWESBURY, E. C. O. (G. C. Duncan and —). "The Management of the Acute Complications of Diabetes Mellitus." *Med. Clin. North America*, November, 1939, pp. 1533-59.

\*— (G. G. Duncan, T. D. Cuttle and —). "Observations on the Comparative Clinical Values of the Zinc Insulin Crystals in Solution, and Unmodified Insulin." *Bull. Ayer Clin. Lab., Pennsylvania Hosp.*, Vol. 3, December, 1939, pp. 293-306.

LANGDON-BROWN, SIR WALTER. "A Key to Psychic Conflicts." *Brit. Med. J.*, May 18, 1940, pp. 322-3.

NIXON, J. A. "Diet in Pregnancy." *Clin. J.*, Vol. 69, May, 1940, pp. 113-7.

PAYNE, REGINALD T. "Cancer of the Stomach as a Surgical Problem." *Brit. J. Surg.*, Vol. 27, April, 1940, pp. 740-59.

— "Treatment of Drowning and Electrocution." *Brit. Med. J.*, May 18, 1940, pp. 819-22.

\*PHILPS, A. SEYMOUR. "Post-Cataract Hyphema." *Brit. J. Ophthalm.*, March, 1940, pp. 122-35.

\*— "The Prognosis in Detachment of the Retina." *Practitioner*, Vol. 143, December, 1939, pp. 637-42.

\*RAWLING, L. RUTH. *Landmarks and Surface Markings of the Human Body. Eighth Edition*, 1940.

RAVEN, R. W. "Gas Gangrene." *Post-Grad. Med. J.*, Vol. 16, May, 1940, pp. 149-56.

SWAIN, R. H. A. "Stain Variations in the Resistance of *Streptococcus Viridans* to Sulphonamide Compounds." *Brit. Med. J.*, May 4, 1940, pp. 722-5.

\* Received from author.

## EDITOR'S NOTE

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

## BIRTHS

DALZIEL.—On April 19th, 1940, at Carlton House, Enfield, to Celia (née Geenge), wife of Dr. John Dalziel—a son.

EYTON-JONES.—On April 21st, 1940, at Beach House Nursing Home, Littlehampton, to Sally, wife of F. M. Eyton-Jones, M.D., M.R.C.P., a brother for Richard (John Rowland).

GILSENAN.—On May 3rd, 1940, at Trimleston, Shenley, Herts, to Maria Teresa, wife of Captain B. M. C. Gilsenan, R.A.M.C.—a son.

KING.—On April 2nd, 1940, at 23, Chestow Place, London, W.2, to Morna Budgett (née Aitinger), wife of J. F. Lascelles King a daughter (Ursula Mary).

KNILL JONES.—On April 26th, 1940, at Brooklands, Freshwater, I.W., to Jocelyn (née Watling), wife of P. A. Knill Jones—a son.

PROWSE.—On May 10th, 1940, to Jean (née Grant) and Cedric Barrington Prowse, of 69, Wilbury Road, Ilave, Brighton—a daughter.

## MARRIAGES

BINTCLIFFE—LEWIS.—On April 27th, 1940, at Doddridge Memorial Church, Northampton, Eric Wilham, elder son of Dr. and the late Mrs. Bintcliffe, of St. Austin's, Coolhurst Road, Crouch End, London, to Beatrice Mary (Betty), elder daughter of Mr. and Mrs. George Lewis, of Northampton.

DAVIES—WATSON.—On March 30th, 1940, at Harpenden Church, Herts, David Owen Davies, F.R.C.S., of Manchester, to Marion Watson of Hull.

HAYWARD—ACKERLEY.—On April 6th, 1940, in the Lady Chapel, Worcester Cathedral, Dr. Sydney Thomas Hayward, to Irene Mary, second daughter of Dr. and Mrs. R. Ackerley, of Llandrindod Wells.

MOORE—AKENHEAD.—On April 19th, 1940, at St. John's Church, Maidene, Newport, quietly, Martin Edward, son of Mr. and Mrs. Martin S. Moore, of Leamington Spa, to Helen, daughter of Mr. and Mrs. F. Akenhead, of Mount Eveswell, Newport, Mon.

ROSS—BOOTH.—On April 30th, 1940, at the Church of St. Thomas a Becket, Warburgton, Hants, Major Kenneth M. Ross, R.A.M.C., of Farnham, Surrey, to Betty E. M. Booth, of Emsworth, Hants.

## DEATHS

BARLING.—On April 27th, 1940, suddenly (three days before his 85th birthday), at 6, Manor Road, Edgbaston, Birmingham, Sir Gilbert Barling, Bart., C.B., C.B.E., F.R.C.S. (L.D.).

CLARK.—On April 19th, 1940, at Berkhamsted, Herts, Francis Clark, M.D., Barrister-at-Law, formerly of Hong-Kong and Wei-hai-wei.

DOBELL.—On April 17th, 1940, at 1, The Park, Cheltenham, Brian Dobell, M.D., F.R.C.P.

RAWLING.—Suddenly and peacefully, at Squabmoor, Exmouth, Louis Batho Rawling, F.R.C.S., late Senior Surgeon, St. Bartholomew's Hospital and West End Hospital for Nervous Diseases, London, aged 69.

SMITH.—On March 8th, 1940, at Leggett, Hill Head, Farnham, Surgeon-Captain W. B. Christian Smith, Royal Navy, aged 62 years, beloved husband of Ethel Mary (née Seely).

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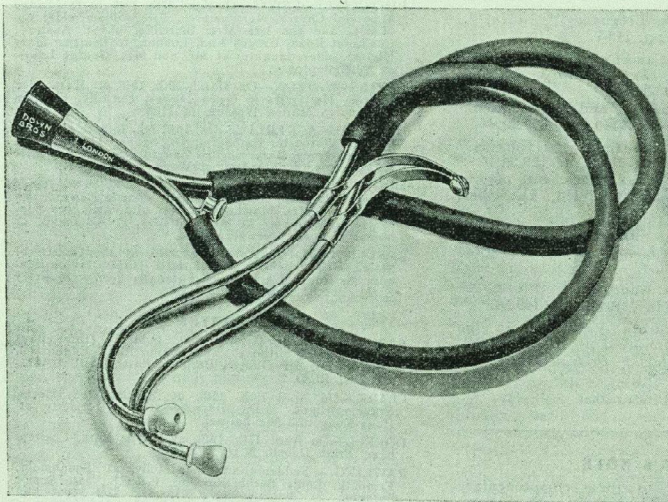
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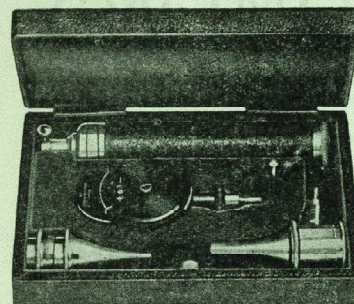
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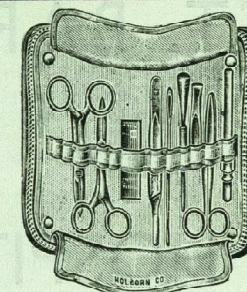
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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 10.

JULY 1st, 1940.

Price Fourpence

### "SCRIBBLING FOOLS . . . ."

IN the next few days many of us will be finding Escape of a somewhat uncongenial nature. Queen Square once again casts its shadow across the sun—darkened, one would have thought, by black enough shadows as it is. A less brilliant one might well have faded and left gloom in its place; yet people are heard to say that the glory of this June has been a mockery and a waste.

There are none of us who have not known those periods of life when the examination spectre is all-pervading, causing the rivers of the mind to become choked with the mud of misgivings and the flotsam of confused facts; a spectre which jangles its chains menacingly whenever gentler waters essay to filter in and stir the Despond into fresh ripples. It might be thought that the combined effect of war and examinations would stem completely the tide of reasonable thought; and so in some ways it has—for the writer, at any rate. Yet the one does act as a sort of counter-irritant, blistering Spanish Fly to the skin, against the other.

A year ago we looked upon the examination system as a rather crude and inadequate method of testing ability and knowledge, soon to be left behind by the advance of civilisation. Now—well, perhaps "the dull, bear-eyed scribbling fools" are as good products of that civilisation as anything else.

If the whole problem of taking a qualifying examination was, apart from the question of knowledge, a simple one, then the task would be easier. Actually it has at all times been exceedingly complex. In days of peace it presented itself to everybody as a choice between two alternatives: on the one hand a man who had passed his

First and Second M.B. could decide as he neared the end of his course that it was better for him to become qualified quickly by taking an easier examination: he might thus be able to take a house job earlier, and then, if his mental energy and enthusiasm were not exhausted, take his degree after that; otherwise he could spend a little longer, learn more, slowly and more surely as he concentrated on the main issue, and then at the end of the required length of time take the M.B. alone. Many factors went to influence his decision: the exact time of year at which he started his clinical work might have made a difference of six months one way or the other; he might have grown to recognise that his knowledge and potential knowledge were limited; or he might have been guided by financial considerations. Each used to make the decision according to his lights, and the conflict has always been accepted as one of life's unavoidable difficulties.

Just now the situation is clearly altogether different. The one urgent consideration is that the most number of people become qualified—and adequately qualified—as soon as possible. The fact that most people are impatient to take an active part in the war is beside the point. He would be a brave man who would have the face to postpone his qualification by six or nine months merely so that he could possess a degree as opposed to a diploma. But, quite apart from any other consideration, there is one major snag: for the privilege of attempting to satisfy the "Conjoint Board of Examiners in England" the wretched student has to pay out the sum of nearly forty pounds—and more if he fails in any part first time. In these days he is bound

JULY, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

172

to find it extremely hard to do so and, whatever his circumstances, it seems hard that he should have to pay so heavily on account of the necessity of serving his country as early as possible.

Now, when doctors must obviously be needed in large numbers as soon as possible, surely all qualifying examinations should be reduced to a common level, a satisfactory standard which must certainly not be too low to render the products of it useless, but which could be within the reach

of everyone who had done a reasonable time of clinical work. Furthermore, though the workings and finances of Examining Boards are admittedly wrapt up in a cloak of mystery, surely some of our forty pound levies might be used for better purposes. . . .

Meanwhile, let us fervently hope that "In through the window my Lord the Sun" may shed his light on the "dull, bear-eyed scribbling fools" at Queen Square this week.

### "CANDID CAMERA"

This month the Publications Committee of the JOURNAL are publishing under this title a collection of nearly fifty photographs of the Staff of the Hospital taken by Charles Fletcher and others during the last five years. A large number of them have been published in the JOURNAL and are well known to readers. Only a limited number of copies of the book will, for obvious reasons, be available.

### Narvik Award

Surg.-Lieut. K. W. Donald has been awarded the D.S.C. for "daring, resource and devotion to duty" in the first battle of Narvik.

### Port Regis School

Sir Milson Rees wishes it made known that the Port Regis School, Broadstairs, has been moved to Bryanston School, Blandford, Dorset, for the war period.

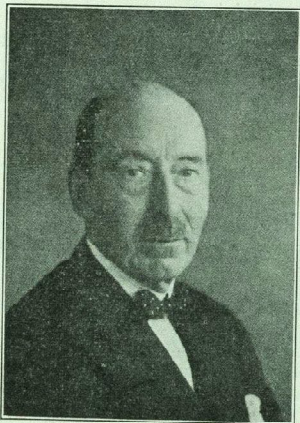
### OUR CANDID CAMERA



"And some fell upon stony ground . . . ."

## OBITUARY

LOUIS BATHE RAWLING, M.B., B.CH.,  
F.R.C.S.,  
*Consulting Surgeon to St. Bartholomew's  
Hospital*



THE death of L. B. Rawling, which took place suddenly and peacefully on May 11th, must come as a great shock to countless friends whom he had impressed with the vitality of his personality and with his youthful spirit.

He came to St. Bartholomew's Hospital from Clifton and Caius College, Cambridge, qualified in 1896, was Brackenbury surgical scholar, and became house-surgeon to Alfred Willett and Harrison Cripps.

He took the F.R.C.S. diploma in 1900, in 1902 obtained a special prize and certificate for his Jacksonian essay on fractures of the skull, and in 1904 was appointed assistant surgeon at St. Bartholomew's Hospital, assisting in turn D'Arcy Power, Bruce Clarke, C. B. Lockwood, and Anthony Bowlby, and becoming full Surgeon on Bowlby's retirement.

During 1914-1918 he was in charge of the Surgical Division of the 34th General Hospital, was stationed in India, and was also attached to the 1st and 4th London General Hospitals.

His inclination to cerebral surgery, already shown by his Jacksonian essay, was fortified by his appointment as surgeon to the West End Hospital for Nervous Diseases, and led to the publication of many neuro-surgical articles and of

his book, "Surgery of the Skull and Brain."

An admirable basis for this speciality was furnished by his extensive knowledge of anatomy, maintained since his senior demonstratorship in this subject. Of this stage in his career he would tell many good stories, such as that about the bet which he lost with regard to the position of Poupart's Junction. His conclusion that it didn't exist was met by the rejoinder that it did on the Southern Railway! Again, when suddenly asked by a student to unravel the intricacies of the otic ganglion, he said, "Excuse me a minute, old chap, but I've just been called to the telephone." A hasty perusal of Gray's pages, a careless return and casual "What was that someone asked me? Oh- yes, it was you—about the otic ganglion, wasn't it?" a rapid demonstration of its mysteries — and prestige was saved!

His lasting interest in anatomy was exemplified by the publication of "Stepping Stones to Surgery," ably illustrated by Mrs. Rawling. This book was actually undergoing recent revision, when it was tragically interrupted.

Another and better known anatomical product is the famous "Landmarks and Surface Markings," first published in 1904, a medical best-seller and a model of succinctness. Its popularity is shown by the fact that, in addition to numerous reprints, an eighth edition has just appeared.

As regards academic appointments, Rawling was thrice Hunterian Professor of the Royal College of Surgeons, and member of the Court of Examiners for many years, being examiner for the F.R.C.S. diploma and also at Cambridge.

In 1932 he retired from the position of senior surgeon to St. Bartholomew's Hospital, and thereafter lived near Exmouth, Devon.

He was a first-rate clinician, combining wide experience with common sense, and with what seemed an almost intuitive accuracy in hitting the mark. His lectures and rounds were always enjoyable and practical.

As a surgeon he was rapid and gentle, with a humane antipathy to lethal operations of magnitude, and a preference for those which, if less radical, were more frequently compatible with continued existence. His unassuming modesty and sim-

licity, coupled with a reluctance to operate when not essential, and with a steadfast holding to surgical views which might be temporarily unpopular, but which he was convinced were correct (as time often proved) led him, perhaps, to be insufficiently appreciated by those who are dazzled by the limelight, to which he never aspired. However, though some surgeons might have achieved greater eminence in the technique of a given operation, the present writer, had such an operation seemed necessary on himself, would rather have had Rawling's opinion as to whether it was really necessary. This respect for his judgment was maintained and heightened during six delightful and profitable years as his house-surgeon and chief assistant.

His memory was amazing. On one occasion he did one set appendicectomy, followed by three emergency appendicectomies, and his house-surgeon (who now writes this) took the opportunity of jotting down the findings in each case before the next operation should blur his memory. On the next ward round, Rawling, as he came to each of these patients, detailed the findings as to the position, length, and condition of the appendix, the presence of concretions and free fluid, etc. His incredulous houseman quietly checked his chief's words against his own notes. The correspondence was exact.

He combined many other excellent qualities — vivacity, humour, accessibility, honesty, loyalty, kindness. It would be truer of him than of most men to say that he had few acquaintances, but many friends. Indeed, his popularity was tremendous.

One day he said, "There are three things a man needs for happiness at my time of life—happy home life (wife and kiddies), a decent bank balance, and good digestion."

This lovable and vital personality has now been withdrawn from us in the physical sense, and our profound sympathy is extended to Mrs. Rawling and his daughters. But his spirit lives on among us and will animate us for years to come, especially at those delightful annual meetings of his past and present house surgeons in which he greatly rejoiced, and which are to be continued under their old name of the Rawling Club.

Sir D'Arcy Power, writing to the "Lancet" (May 25th, page 983), says:—

"I knew Louis Bathe Rawling from his early student days, when he had just come down from Cambridge to begin his clinical work at St. Bartholomew's Hospital. For some years he was my assistant surgeon, at the somewhat remote period when it was the duty and the pleasure of the assistant surgeon to attend and help his surgeon in the operating theatre.

"Tall, good looking, debonair, of a cheerful countenance and a gentleman, he always met one with a pleasant word and a smile, and we never had a misunderstanding during the whole time we worked together. There was an intermediate period when he was a house surgeon. It was then the duty of C. B. Lockwood and myself as the junior assistant surgeon to supervise the house surgeons every morning at 9 o'clock in the casualty department of the hospital. Rawling never had to be reported, nor was he even a minute late; he treated the vast horde of out patients as human beings, and was always on friendly terms with his dressers. He was perhaps somewhat over-sensitive because, being in the ordinary course appointed to act as assistant surgeon to Lockwood, my immediate senior, he degraded and attached himself to me, on the ground that he was not good at repartee. He retired from practice soon after he had become senior surgeon to the hospital, which was the goal of his ambition. When I last saw him a few months ago he was as cheerful as usual, and said that he was living quietly and happily near Exmouth."

## RUBENS WADE

Rubens Wade was the elder son of the artist, the late Thomas Wade, and was born on February 15th, 1880, at Afflethwaite. He was educated at Sedburgh, Christ's College, Cambridge, and St. Bartholomew's Hospital, taking the Conjoint diploma in 1906.

Mr. Wade held the appointments of senior house surgeon and resident medical officer to the Royal Northern Hospital.

During the last war he held a commission as Captain, R.A.M.C., and became appointed as anaesthetist to the Military

Hospital, Sidcup, where he played an important part in the development of anaesthesia for plastic facial surgery, a new branch which was then being developed by Mr. (now Sir Harold) Gillies and his colleagues. The chapter on anaesthesia in Sir Harold's classical work, "Plastic Surgery," was written by Mr. Wade, as was an article in the "Lancet" in 1918 on "Methods of General Anaesthesia in Facial Surgery."

After the war he obtained anaesthetic appointments to the Throat Hospital, Golden Square, the National Dental Hospital, the Royal Northern Hospital, and St. Bartholomew's Hospital. At the two latter hospitals he was senior anaesthetist at the time of his death.

Mr. Wade never enjoyed robust health and suffered from deafness. He largely overcame this disability by perfect control of his voice and by lip reading. In his younger days he was an oarsman and rowed in his college boat.

In 1912 he married Phyllis Mary Landon, who died during his last illness. He leaves one son, to whom we extend our deep sympathy.

Mr. Wade had the rare combination of tact and skill which makes a first-class anaesthetist. He never became flustered, and carried on the most difficult work with efficient calmness.

During the twenty years that the writer knew "Ben Wade," as he was universally and affectionately called, he cannot recall a

single occasion when anyone said an unkind thing about him. There are not many people of whom one can say the same.

C. L. H.

\* \* \*

May I, who knew the late Rubens Wade from Cambridge days until the last scene in the nursing home, be permitted to add a few words to the official obituary notice published in the JOURNAL. His attitude to the approaching end was typical of him. Unruffled, dispassionate, and gentlemanly, he almost looked forward to it as an interesting adventure, returning to my remark, "We come out of the unknown and go back into it," the words "and this thought is not without fascination." His thoughts were always for others, for the surgeon who had operated on him and had been severely worried by his case, for his wife, who had died a few months before him and had thereby been saved from the anxiety attached to critical times, and for his friends to whom it had been impossible for him to say good-bye. Unruffled in death, he was unruffled in life, and never during our long partnership as surgeon and anaesthetist have I once had to stop an operation because things had gone wrong at the other end of the table. There was something big in Wade, unexpressed in words, but implicit in his manner of living. He was the ideal anaesthetist and the ideal colleague.

KENNETH WALKER.

### COMBINED LIGATION OF DUCTUS ARTERIOSUS AND SULPHAPYRIDINE THERAPY IN A CASE OF INFLUENZAL ENDARTERITIS

By KENNETH D. KEELE, M.D., M.R.C.P. and O. S. TUBBS, F.R.C.S.

ALTHOUGH ligation of the ductus arteriosus has been reported on several occasions, particularly by Gross, we have seen no case except that of Srieder's, in which it has been done as a means of combating active bacterial endarteritis of this region. The following case, of which this is a preliminary report, is one of proved bacterial endarteritis. Treatment has been along the dual lines of ligation of the ductus arteriosus and sulphapyridine administration.

C. W. (aet. 23) was admitted to St. Bartholomew's Hospital in October, 1939, with a five-months history of general malaise following an attack of "influenza," for which he was in bed fourteen weeks. During this period he noticed increasing pallor and loss of two stone in weight. There was no dyspnoea, or pain in the chest, haematuria or petechiae. He knew that he had had "heart trouble" from birth.

On examination the salient positive points found were—pallor (Hb. 45 per cent.), the heart showed a slightly heaving impulse in the fifth space,  $4\frac{1}{2}$  inches from the mid-line. A typical loud "machinery" murmur was heard all over the praecordium, maximal at the pulmonary base. This murmur occupied all systole and a large part of diastole, and was accompanied by a thrill in the region of the pulmonary base. Blood pressure was 120/60. Screening showed enlargement of the pulmonary conus. Both the liver and spleen were palpable. Small petechiae were present on neck and shoulders. Urine showed albumen in large quantities, with a positive Guaiac reaction; microscopy showed many pus cells and red blood cells; culture, streptococcus faecalis. Blood culture was positive, an organism of the H. Influenzae group being cultured—and this on several occasions. This organism was agglutinated to a dilution of 1 in 1,250. Blood urea was 71 mgm.

#### COURSE

A preliminary phase of conservative general therapy and transfusion failed to influence a higher fever of intermittent type, and rapid deterioration in the patient's condition. On November 14th, 1939, sulphapyridine was commenced—3 grms. daily. This produced vomiting and marked mental depression, combined with a dramatically flat temperature chart. With difficulty a dose of  $1\frac{1}{2}$  grms. per diem was tolerated, during which the patient became almost afebrile and greatly improved generally in spite of some nausea. Blood culture, however, remained positive.

It was decided that after three weeks of this relatively satisfactory progress it would be possible, though obviously dangerous, to ligate the patient's ductus arteriosus in the hope of blocking off a large part of the vegetations presumed to be present.

Accordingly, after further transfusion, on December 5th, 1939, Mr. Tubbs performed the operation of ligation. The ductus arteriosus was exposed by the transpleural route, and identified with ease. It was large, about the diameter of a little finger. Two silk ligatures were put round, towards the pulmonary end of the ductus, and tied.

At once the regurgitation of blood into the distended pulmonary conus was seen to stop, and the blood pressure rose from 108/60 to 120/80.

As was to be expected, the post-operative course was "stormy." For some days there was severe oliguria and signs of uraemia developed. Blood pressure rapidly rose to figures of 182/120, oedema appeared over the neck and chest, and the blood urea rose to 216 mgm. per cent.

Three weeks later, however, his condition was better than we had ever seen it. Blood culture was negative. Though still complaining of headache, he was practically afebrile, red cells in the urine were markedly diminished, and the blood pressure was dropping slowly. By the end of January this was down to 138/94, the patient felt very well and had no complaints, the urine still showed red blood cells and albuminuria. During this period of improvement since operation no sulphapyridine had been given.

In February, slight rises of temperature occurred and the haematuria increased. Blood culture remained negative until that of March 26th, which was positive for the same para-influenzal organism. Sulphapyridine was recommenced,  $1\frac{1}{2}$  grms. daily, in view of the previous success with this dosage. This was increased with the aid of alkalis, to 5 grms. daily, without ill-effects. Coincident improvement occurred, as shown by the temperature chart and symptoms during this course, which improvement lapsed as soon as the drug was discontinued. A second similar course was commenced totalling 31 grms. in nine days. This again produced the desired clinical result, nor was there any return of fever for a period of ten days after discontinuing the drug. At the end of this time a third course was given with maximum dosage of 7 grms. daily, totalling 35 grms. This finished on June 10th, since when, until the time of writing, the patient has remained afebrile and subjectively "never better in my life" to quote his own words. Unfortunately, a blood culture taken on June 6th, in the middle of his course of treatment with a serum sulphapyridine level of 5.5 mgms. per cent., was positive—the same unmistakable organism being found.

This brief preliminary report has been made to celebrate the sixth month of survival since ligation of the ductus was performed—and it is not mere survival, for, however positive his blood culture may be, this man is at present enjoying life in a way that seemed impossible in October of last

year. He has not been cured, but a claim is surely permissible for the effectiveness of his treatment—far more effective than in any other similar case we have come across. A full discussion of the factors of importance cannot be entered into at present, but we would like to close by drawing attention to the following points that arise from this case:—

(1) The probability that the whole illness would have been prevented if the ductus arteriosus had been ligated in the patient's healthy adolescence.

(2) The correctness (if unwitting) of the original diagnosis of "influenza" in the

early stages of the illness, with influenzal endarteritis as a complication. The para-influenzal organism discovered has the typical properties usually associated with influenzal endocarditis.

(3) The conclusive evidence from this case that both sulphapyridine therapy and the ligation of the ductus arteriosus have greatly influenced the condition although they have not so far been curative.

(4) The reassuring fact that even after seven months' illness the operation of ligation of the ductus was successfully performed.

### THE ARRIVAL OF THE BELGIAN CONVOY\*

"WELL, I think I will go to the cinema to-night," said A. "Yes, I think I will come along," said B. "Oh, no, you will not," said Dr. Graham; "you are going to help with the convoy." "Convoy?" "Yes," said Dr. Graham, "we are expecting 240 from Boulogne at seven o'clock, some Belgian, some French, some surgical, some medical."

Mr. Cambrook, Dunn and Ellis were detailed to go to the station to meet the train, and after they had waited on the platform until ten o'clock the train steamed in. While the train was preparing to back on to the correct line, most of the "walking wounded" jumped out of the train, and, according to Belgian tradition, passed their water on the railway line. When they had been persuaded to re-embark, the train backed adjacent to the platform. As one man, a weary and rather pathetic crowd emerged from the train . . . complete chaos. Where were they to start? However, stage by stage, thanks to Mr. Cambrook's ability as an organiser, they were shepherded into the buses awaiting them, amidst the cheers of the assembled crowd.

In the meantime, in the Divisional Office, a large plan had been drawn up with lots and lots of figures . . . the predominating one being a rather overgrown "0" (we later discovered that the large size was for still another number to be inserted inside it).

The first problem was to sort out which were medical and which surgical, which French and which Belgian; but most important of all, which were ill and which were not, and to administer any immediate

\* We are not allowed to say where.

treatment which might be necessary. For this purpose an enormous body was formed consisting of Honorary Staff, Housemen, and Students from the M.A.V. The advanced guard of this company was headed by Dr. Graham, who was armed with a pencil in his right hand and the complicated list in the other. As the men came in, first the walking wounded and then the stretcher cases, he asked each man the following question, "Blessé ou malade?" and the replies ranged from "Eh?" to "Wounded, sir"! It was on this classification that they were sent to surgical or medical wards respectively. Most of them went, but an odd few clung tight to their friends and landed in the wrong ward!

Then we all repaired to the wards, our hearts in our boots. . . . How were we to manage the language? We each went round our own cases, had a brief look at them, and by signs and symbols roughly discovered the system involved; but that was not enough, we wanted a proper history out of each of these men.

Just at that moment I noticed Conte Mendoza, in his usual cheerful way, talking to one of the Belgians . . . he seemed *au fait* with not only each language, but each dialect in those languages! Then I saw George Discombe, who had thrown his heart and soul into the "next of kin" list. . . . He also was freely conversant in French.

After the work in the wards had been completed, some of us repaired to Dr. Smart's room for tea. There I saw Conte Mendoza and asked him he would come round with me the next day and interpret.

"Oh, no, you don't," said Dr. Smart; "I have bagged Conte. He is going to have a busy day helping me to-morrow." My heart fell again. Those languages, those histories—why didn't we learn our French at the proper time?

The next morning the scene in the wards was very different from what I had expected. There was a small delegation, headed by Hall, already writing the histories. Hall was taking the history and interpreting, and Klidjian was demonstrating the sites of various aches and pains and writing it all down. What could be better? So just as Dr. Smart had "bagged" Conte Mendoza, I bagged Hall. We worked steadily all the morning on the histories, and, when nearing lunch time, along came Gaman. "I say," he said, "I think you ought to let Hall help me for a bit." "But I've bagged him," I said. However, we agreed to share him. In the next ward we found Poolman, speaking the most fluent French, with Weymouth acting as his secretary.

Now a word about the Belgians. They were, for the most part, tired out after the retreat. This was shown by the soundness

with which they slept, not only that night, but also the following day. Most had left their families behind in territory now occupied by the enemy, many had lost all their possessions, and quite a few had not even any clothes. The English soldiers at once rose to the occasion, made a collection for their immediate wants, such as cigarettes, lent them clothes, started to teach them to speak English, and, what is more, made friends with them and welcomed them.

On that fateful day when King Leopold committed his act of high treason by his independent capitulation, the atmosphere in the Belgian wards was tense. There was extreme indignation. He had not one single supporter. There was only one thought in their minds—to join up with the British Army and get back to engage the common enemy.

I am sure that I speak for all of us when I say that we have grown very fond of these Belgians and French. We wish them every success in the future, that their land may be freed from the tyranny of the invader, that they may return to their families, and that there will be peace.

B. G. GRETTON-WATSON.

### ANNALS OF A QUIET NEIGHBOURHOOD FIFTY YEARS AGO.

1. EXTRACT FROM THE CASE BOOK OF A COUNTRY DOCTOR  
John Betterton, aged 67, Poulton.  
Occupation, journeyman butcher.

This patient presented himself June 24th, 1887, with the following history:—On June 15th he had been requested to cut up a bullock which had shown symptoms of serious illness, coming on suddenly, and rapidly getting worse, and which had then been killed with a scythe.

He stated that the blood was black and tarry-looking, and did not coagulate, and that there were spots of hæmorrhage about the meat. Two or three days afterwards he noticed three little pimples on his left forearm, which itched very much, but he took no notice of them at first, until they began to enlarge, and the arm and forearm to swell. Within the last day or two the arm had become much worse and the swelling had markedly increased.

The following were the appearances presented:—

The whole arm, from the tips of the fingers to the axilla, was enormously

swollen by a peculiar looking, dead white oedema, which did not pit on pressure. About the junction of the middle and upper thirds of the forearm were four round, hard, purplish-black eschars in different stages. They were all slightly depressed below the surrounding oedematous tissue, and were each encircled by raised vesicles-like large blisters, evidently full of clear fluid. There was no area of brawny infiltration, nor was there any tendency to suppuration. The purple patches were not markedly painful on pressure. The man had walked over a distance of four miles, and appeared weak and exhausted. His tongue was very foul, and his bowels costive.

I learned from others that he was very intemperate. I recommended him to come into the Cottage Hospital at once, but he declined.

The next morning he came again, begging to be admitted into hospital. The general appearance of the limb was much worse. He was admitted at once, and put to bed.

I examined some of the blister fluid under the microscope, and with a power of 200 diameters, saw a few red blood corpuscles, a few leucocytes, and a great number of motionless, red-shaped organisms. Many of them were in single segments, but some were joined together in chains of two or more lengths. With higher powers no other organisms were visible.

Concluding that this was a case of anthrax, I freely excised the four patches, and applied the actual cautery. The patient took chloroform well, and complained of no pain afterwards. He had a very restless night in spite of two 20 minim doses of Bartley, and died the following morning, June 26th, at 9.30, remaining conscious to the end.

## 2. FROM THE WILTS. & GLOS. STANDARD

**Sad Death from Blood Poisoning.**—On Saturday last, the 25th June, Mr. John Betterton, butcher, of Poulton, was admitted to the Fairford Cottage Hospital suffering from an apparent case of blood poisoning, and, notwithstanding all that could be done for him, he died on the following morning. There have been some sensational rumours afloat in regard to the case, and the death of the deceased having been attributed to anthrax contracted in the exercise of his business, we have been at some pains to ascertain the exact history of the affair, in order that the public might be assured that the alarming statements made are without foundation. It appears that on Wednesday, the 15th June, a bull belonging to Mr. Marshall, of Poulton Priory, was being worked at water-cart. The animal was very fat, and as it became distressed by the heat and unwanted exertion, it was directed to be placed in the cool. The place selected, however, was draughty, and in the evening the bull was found to be very bad, the symptoms being so serious that Mr. Marshall directed it to be slaughtered. On the animal being opened it was apparent that the cause of its illness was congestion. Betterton was called in to dress the carcase, and he did so. Mr. Marshall sent to Mr. Jesse Smith, butcher, of Cirencester, explaining the circumstances, and asking him to come and see if anything could be done with the meat. On Thursday, the 16th, Mr. Smith sent his slaughterman to Poulton, with instructions to advise Mr. Marshall to have the meat boiled up for the pigs if there was the least doubt in the case, but to pack and send the carcase to the London market if it was quite good. The slaughterman found that the meat was in perfect condition, and he accordingly packed it in hampers and took it to Cricklade station for conveyance to London. Owing to the scant railway facilities at Cricklade, the meat was not despatched till the evening of the 16th, and did not reach London till the following day, too late for the market. The salesman called the attention of the inspector to it, and it was not surprising that, having been so long packed in hampers and exposed to the intense heat, three of the quarters were found to be tainted and had to be condemned. The fourth quarter

was good, and was accordingly sold and the proceeds returned. Meanwhile, Betterton, who suffered from erysipelas, and who had two small sores on his arm at the time he dressed the animal, found signs of inflammation present themselves. He continues, however, his usual diet, including the use of beer, and applied several kinds of oils, etc., to the sores, which tended to increase the inflammation. On the following Thursday, the 23rd, he killed a sheep and a pig for Mr. Harris, shopkeeper in the village. On Friday, complying with the persuasions of neighbours, he walked to Fairford and consulted Mr. Bloxsome, who saw that his symptoms were serious, and advised him to enter the Cottage Hospital. This he declined to do, but on the following day, Saturday, the 25th, he walked to Fairford and entered the hospital. As showing the imprudence of the patient, it may be mentioned that he called at one or more public houses on his way to the hospital and had beer. On the following morning (Sunday), death ensued, and alarming rumours soon became current, it being asserted that Betterton had died from anthrax, and that he had got the contagion from Mr. Marshall's beast. The police were communicated with, and Dr. Bond, the Medical Officer of Health, was also informed, and the latter gentleman, as a precautionary measure, advised that lime should be put in the coffin of the deceased, and that when in the grave it should be covered with lime to the depth of two feet. Dr. Bond afterwards visited Mr. Marshall's premises, and at once found that the case was one of a very ordinary nature. The state of Betterton's health rendered him peculiarly liable to blood poisoning, and his treatment of the sores and daily diet after the occurrence, aggravated the disorder. If anthrax had been the cause of death, the patient would probably not have survived more than four days, instead of which he lived ten days, and would most likely have recovered if he had sought medical aid earlier and had adopted ordinary care. Much was made of the fact that the kidneys of the bull were given to three ferrets on the evening of the 18th, and that they were found dead on the 19th. These animals, however, evidently died from over-gorging themselves, for two of Mr. Marshall's men divided the bull's heart between them, had it cooked, and their families dined off it with perfect enjoyment and without the least ill effects. While sympathising deeply with Mr. Betterton's friends in his sad death, we felt that the above full explanation was due to all concerned.

### THE RECENT CASE OF "BLOOD POISONING" AT POULTON

To the Editor

Sir,—In your account of this case, two or three statements occur which are not in accordance with facts. Will you kindly allow me to mention:

1st—That anthrax is *not* necessarily fatal in four days, as the period of "incubation" is frequently much longer than that, and the duration of the disease, when established, varies from 48 hours to three weeks.

2nd—That Betterton had *not* erysipelas.

3rd—That the case was *not* one of "blood-poisoning" in the ordinary acceptation of the term.

I refrain from saying anything further at present, as the matter is still sub judice.

Yours truly,  
C. H. BLOXSOME.

Fairford, July 3rd, 1887.

(We, of course, most willingly publish Mr. Bloxsome's letter, but, with due respect to him, we consider it to be the duty of a public newspaper, when a panic of this kind is set on foot without any apparent foundation, to ascertain as far as possible what are the true facts of the case, and to publish them for the reassuring of the public mind. In the present instance our information was obtained from what we believed to be fully competent authority, and this is shown to be the case by the fact that our account has proved to be accurate in all its essential details. Mr. Bloxsome's first point is that "anthrax is *not* necessarily fatal in four days," but that "the period of incubation is frequently much longer than that, and the duration of the disease, when established, varies from 48 hours to three weeks." We would remind Mr. Bloxsome that we did not put the case so strongly as his letter would appear to convey. All we said was, that if the disease had been anthrax, "the patient would *probably* not have survived more than four days." Mr. Bloxsome is no doubt safe in saying that anthrax is *not necessarily* fatal in four days, but, of the two limits which he gives we believe it will certainly be found that for every case of *true* anthrax which survives inoculation a week, there will be at least a dozen which will die within that period. As to his second point, Mr. Bloxsome is right in saying that Betterton "had *not* erysipelas," i.e., *at the time he died*. We should have written that he "had had erysipelas," i.e., some time previous to his accident, which shows that he had a tendency to blood-disease. With reference to the third point, if Mr. Bloxsome does *not* consider a case of anthrax (admitting for the sake of argument that Betterton *was* such a case), which is produced by inoculation, to be a case of "blood-poisoning," perhaps he will be good enough to state what meaning he gives to this latter term. If Betterton's blood was *not* poisoned by the inoculation in question, whether it was of anthrax or not, it is difficult to see how blood can be said to be "poisoned" at all.—*Ed. W. & G.S.*

To the Editor

Sir,—I beg to thank you for your straightforward account of the unfortunate death of poor Betterton, and of the circumstances connected therewith.

I have heretofore been always able to take care of myself, and I trust to be able to do so in the future; but for all that, I feel very grateful to you for the steps you have taken to give publicity to the facts, and stop the hue and cry which has been raised against me on what appears so far to have been very insufficient grounds. I however fail to find in your paper any letter from Mr. Bloxsome, explaining how he came to make the extraordinary mistake he did; and I think you, sir, and those of your readers who have heard it stated that I employed Betterton to dress a bull dead of anthrax; then Mr. Smith, of Cirencester, to send the carcase to London; and that after that Betterton—poor fellow—died in Fairford Cottage Hospital, of anthrax contracted from skinning this bull twelve days previously, will expect to be told how all this turns out to be a mistake after all.

These were grave charges that should not have been lightly made, being likely to do great injury to the people implicated, and I should like to know the grounds on which they *were* based.

From all authorities within my reach I gather that the diagnosis of anthrax is exceedingly simple, and consists solely of the determination of the presence of the Bacillus Anthracis in the *blood*.

Did Mr. Bloxsome find this bacillus in Betterton's blood, and has he obtained confirmation of its presence before or after he made this statement as to the cause of death?

This I should like to know, and hope he will tell us.

Then my poor friend, Betterton\* (for he was an old ally of mine, and no one regrets his death more than I do), was notoriously a free liver, and on the very day he went to the Hospital he roused up the landlady (I am told) of our village inn from her bed in the early morning to give him brandy; and, I hear, visited other public houses on his way; and I should like to know from Mr. Bloxsome if a man so conditioned was in a fit state to have an operation performed on him, and what percentage of such men he would expect to pull through operated on under similar conditions?

Accept, sir, my gratitude and respect, and believe me,

Yours faithfully,

H. J. MARSHALL.

Poulton Priory, July 4th, 1887.

LETTERS TO THE EDITOR

### The Recent Case of "Blood-Poisoning" at Poulton

Sir,—As there appears to be a more or less general expectation that I should make a definite statement concerning my connection with this matter, I will ask you to be good enough to publish my notes of the case, taken at the time.

I have nothing more to say except that I have prepared some sections of the tissue removed, which show up the Bacilli very well, and I shall be very pleased to submit them to the inspection of any competent microscopist.

Yours truly,

C. H. BLOXSOME.

Fairford, July 11th, 1887.

MEDICAL RESPONSIBILITY

To the Editor

Mr. Editor,—I am ignorant of the circumstances which have caused so large an amount of feeling to be displayed by yourself and Mr. Marshall, in respect to Mr. Bloxsome's certificate of the cause of death in the person of his late patient, Betterton; but, in the interest of the medical profession, of which I am a humble member, I desire to protest against the inference implied by yours and his remarks. Surely a medical man is not to be held responsible for any "panic" which may arise, by his recording the truth in a certificate which he is compelled by law to give to a certain authority after the death of any patient under his care. If a patient be brought to me in the pangs of death by arsenic, and he dies, am I to refrain from stating (in a certificate legally required of me) the *cause* of death, lest it might possibly throw a suspicion of guilt on some person in the neighbourhood. More, in passing, I would ask what knowledge of Pathology, or of anthrax in particular, does Mr. Marshall possess, which

justifies him in bringing a serious charge against a medical practitioner, by publicly enquiring (through a newspaper read by many of his patients) "how he came to make the extraordinary mistake he did?" Now, it so happens, that Mr. Bloxsome has made no mistake, much less an "extraordinary mistake," in his certificate concerning Betterton. Mr. Marshall, somewhat triumphantly, asks, "did Mr. Bloxsome find this bacillus in Betterton's blood?" Mr. Bloxsome *did* "find this bacillus in Betterton's blood." Mr. Marshall also wants to know, "has he obtained confirmation of its presence?" Mr. B. will, doubtless, treat this enquiry with such respect as it deserves; but, if so experienced a microscopist as he is should seek "confirmation" of it, I am enabled to say that I also have seen this "bacillus" in the diseased fluid of the said patient. Mr. Marshall informs the public that he has "been always able to take care of himself," and I think Mr. Bloxsome is equally capable to "take care of his professional honour," against any attack made by Mr. Marshall or anyone else; and it is not therefore with the Quixotic presumption of aiding Mr. Bloxsome that I write, and he is, moreover, quite unconscious of my proceeding; but, as an aged member of the medical profession and a quondam lecturer on pathology, I write to protest against inference that a medical man should be influenced by any other consideration than that of recording the exact truth when legally called upon to give a certificate of a patient's death. Whether the truth so recorded should create a "panic" or offend a county squire, is no matter for his regard. The medical profession is burdened with responsibilities enough without adding the incubus which you seem desirous to fix upon it.

I am, yours respectfully,

JOHN HITCHMAN, M.D., F.R.C.S.,  
Fellow of the Royal College of Physicians,  
London.

THE POULTON "BLOOD POISONING" CASE  
To the Editor

Sir,—I have been very interested in reading the reports and correspondence which have appeared in your columns relating to the above. As Mr. Bloxsome says that he has mounted some microscopic specimens of the diseased tissue, I would suggest that they be submitted to the examination of some eminent bacteriologist or pathologist, such as Drs. Burdon-Sanderson, Klein, or Schafer, who would decide if the bacteria present is the bacillus anthracis, or if it is the B. septicaemiae (the organism found in ordinary blood poisoning). I would write more, but trust that my suggestion will put an end to any further controversy on the subject. Apologising for intruding upon your valuable space.

I am, Sir, your obedient servant,  
"JUSTITIA" (M.R.C.V.S.L.).

REPORTED CASE OF ANTHRAX  
To the Editor

Sir, I daresay you and your readers are tired of this subject, and I only trouble you now to ask Dr. Bloxsome, in the interest of science, to forward to the College of Veterinary Surgeons or the Veterinary Department of the Privy Council the "sections of the tissue removed," which he says he has prepared, that the Bacillus there shown may be compared with the real article and its identity determined.

I understand from Mr. B.'s letter in yours of 16th, that these Bacilli were only taken from "blister fluid," which is unfortunate, as I am told on good authority that such fluid always (or nearly always) contains some sort of Bacillus, and the writers on Anthrax insist on the presence of the Bacillus Anthracis in the *Blood only*.

It is, of course, quite possible that Betterton (supposing he had Anthrax) contracted that disease from one of the animals slaughtered subsequently to my bull; but if it was from that animal the poor fellow caught the disease, the following facts give the case a peculiar interest:

1st, No other cattle or animals of any sort on the farm have shown any signs of the disease; excluding, of course, the three ferrets, the cause of whose death was not ascertained.

2nd, Of the five men who assisted Betterton in skinning and cleaning the carcase, two had sores on their hands and arms, but none are or have been any the worse for the operation.

3rd, Two men and their families partook of the heart cooked, and the sheep dog of as much of the offal *raw* as he could eat, with no bad results.

Under these circumstances, I hope Dr. Bloxsome will forward his preparations as I have suggested above, and so do what is possible to help elucidate the matter.

I do not feel called upon to answer Dr. Hitchman's letter, and remain, sir,

Your obedient servant,

H. J. MARSHALL.

BLOOD POISONING CASE  
To the Editor

Mr. Editor,—Like unto "Justitia," as related by him in the last issue of your paper, I have been very interested in reading the reports on the above case, but few things in the reports have so much astonished me as the simplicity of "Justitia" himself, more especially as he appends the letters M.R.C.V.S., L. to his pseudonym. What in the name of elementary pathology can he mean by suggesting to Mr. Bloxsome that he should send his "microscopic specimens" to distinguished pathologists to decide whether the "specimens" contained the "Bacillus Anthracis," or the B. Septicaemiae ("the organism found in ordinary blood-poisoning")!?! Mr. Bloxsome has long ago learnt the alphabet of pathological mycology, and is not therefore likely to stultify himself by sending *such* a requisition either to Klein or Burdon-Sanderson. As to "Bacillus Septicaemiae being in one of the "microscopic specimens" Mr. B. preserved from the serum and blood of poor Betterton, were I to ask him if it was so, I am afraid he would quiz me, by employing the language of "Betsy Prig," and saying, "I don't believe there's no such person." In sober fact, this organism is not likely to be found under such circumstances. "Justitia" may probably have heard of such a Bacillus, in connection with Koch's experiments on the house-mouse, but the two organisms, the "Bacillus Anthracis" and the "Bacillus Septicaemiae," are as easily distinguished the one from the other as an English dray horse from a Shetland pony. The "Septicaemiae" are so small as to be seen only by very high powers, being only 1 m. in length, and 0.1 m. in breadth, while the Anthrax bacillus is 5.20 m. long

by 1 m. broad; that is, it quite as much outstrips in relative size the B. Septicaemiae as does the dray horse the Shetland pony.

There are few obscure cases in medical practice which can so rightly claim the expressive letters Q.E.D. as can Mr. Bloxsome's nomenclature of the cause of Betterton's death. *Diagnostic* facts have been richly supplied by his detractors. The chief of these tells us that some men ate of the heart of the suspected beast with impunity. Now, of all the organs of the body the heart is about the least likely to be affected by the bacilli; but if, even assuming that in this seemingly virulent case, a few may have been present, I suppose even "Justitia" is aware that effective *roasting*, or boiling, destroys the pathogenic power of the organisms. Happily for us all this is so. Three poor ferrets ate their allowance *raw*, and *died* afterwards. "The cause of whose death (we are coolly told) was not ascertained." Again, the same writer tells us, "the *sheep dog* partook of as much of the offal *raw* as he could eat." This important fact is of great *diagnostic* value, coupled as it is, with the other remarkable circumstances above stated; inasmuch as experimenters on "Anthrax" have laid it down as an axiom, that *the dog* is peculiarly "refractory" to the poison, even by injection. Dogs have had the "Anthrax Bacillus" injected into their system, and have *not* died; ferrets, less fortunate, have died after simply *cutting* the raw flesh. I do not affirm that it is *impossible* to poison a dog by anthrax-blood, but he is peculiarly "refractory" to the poison, so that the above fact of the dog's experience in the case in question is most noteworthy. In the practical work "Pathological Mycology," by Woodhead and Hart, an attempt is made to throw some light on this fact, "Why should the anthrax bacillus attack *man*, an *ox*, or a mouse, and *not* a dog?" Green, a modern pathologist, in the sixth edition of his work on Pathology, alleges that old dogs are *not* affected by it. Therefore, Mr. Bloxsome must have smiled at the above proofs brought forward by his censors to show his patients and others "the extraordinary mistake he had made" in his diagnosis, even if he did *not* smile at the insinuation conveyed by the question, "What percentage of such men he would expect to pull through operated on under similar circumstances?" Borrowing "Justitia's" amiable gift of "suggestion," I, also, would venture to suggest that before he "writes more" on the subject, he should read "Koch on Traumatic Infective Diseases," Watson Cheyne's writings in the "Pathological Transactions," and Burdon-Sanderson and Greenleaf's paper in the 31st number of the "Royal Agricultural Society's Journal," 1880, and he will then probably perceive that his "suggestion" to Mr. Bloxsome was something of an absurd proposal.

I am, yours respectfully,

FIAT JUSTITIA, F.R.C.S.F.

July, 1887.

The Coup de Grâce. "This correspondence is now closed."

THE RECENT CASE AT POULTON  
To the Editor

Sir,—Anticipating Mr. Marshall's request, some weeks ago I submitted this case to Mr. Watson Cheyne, one of the highest authorities on this

subject known to science, although *personally* I did not consider it necessary to seek confirmation of my diagnosis.

I received the Report, a copy of which I enclose for publication (with Dr. Hitchman's courteous concurrence) this morning; and it is, I think, quite unnecessary to make any addition to it in reply to your correspondents' objections.

Yours truly,

C. H. BLOXSOME.

Fairford, July 28th, 1887.

(Copy of Report)

"59, Welbeck Street,

"Cavendish Square, W."

July 27th, 1887.

"On June 28th, I received a letter from Mr. Bloxsome, of Fairford, asking me to examine certain portions of tissue from a case of suspected Anthrax. As I was away from town at the time, I asked Mr. Bloxsome to harden the material, and send it to me about July 18th.

"Accordingly, on July 19th, I received a bottle containing three pieces of skin and subjacent tissue, labelled 'Betterton'; two microscopical specimens, one of the contents of a vesicle taken during life, and one a section of tissue; and notes of the case.

"The specimen of the contents of the vesicle showed large numbers of Bacilli presenting the same characters as those which I have found in sections of the tissue. The stain had faded considerably, and this was more especially the case with the other specimen, in which, however, I have been able to find the same Bacilli.

"I have made sections of the various portions of tissue sent, and have stained and prepared them in the usual manner. Large numbers of Bacilli are present, which stain well by Gram's method. Their size and shape is that of Anthrax Bacilli as seen in cases of human Anthrax. They are in largest numbers around the vesicles, but they are also found in groups deep down in the tissue; and in some parts they seem to be in the interior of the capillary bloodvessels.

"Even without the cultivation test, which cannot, of course, be applied now, these Bacilli are so typical that I have no hesitation in stating that they are the Bacilli of Anthrax.

"The clinical history of the case is that of a case of Anthrax.

"From the microscopical appearances, the clinical history, and the facts stated with regard to the effects of the material on the lower animals, there can therefore be no doubt that this patient died of Anthrax.

"W. WATSON CHEYNE."

EPILOGUE

The M.O.H. lays much stress on Betterton being a drinker and liable to erysipelas.

"The Bull," he reports later, "was of a full habit of body, to repress which he was put to do a certain amount of cart-work, which on June 15th had, combined with the heat, so exhausted him that the Squire considered he had contracted congestion of the lungs, and so caused his throat to be cut with a scythe, and sent for Betterton to skin and dress the carcase."

The M.O.H. agreed with the Squire that the bull died of heat apoplexy, and added that in dressing the carcass Betterton had inoculated himself with some infected matter that has "produced Septicæmia, the excitation of which, as well as the fatal result, had probably been much induced by his previous habits of inebriety combined with the erysipelatous tendency and with the exhausting efforts of his two walks to Fairford."

On hearing of Mr. W. Cheyne's opinion he writes in his report:—Although I do not wish for a moment to throw the slightest doubt on the accuracy of the observations made by Mr. Bloxsome and Mr. W. Cheyne, I think that if they are to be

accepted in all the force which they attach to it, we shall have to modify somewhat the views which are generally entertained as to the diffusiveness of the infection of Anthrax, and also as to its origin and effects. In this opinion, he says, he was supported by the Inspector of Cattle under the Contagious Diseases Act.

A neat and impressive "get out," but he thought it might be just as well "in view of the possibility of any infection attaching to Betterton himself" to give instructions for his cottage to be disinfected by sulphuring, and to be then whitewashed, and also for the body to be well surrounded by sawdust soaked in carbolic acid, and for the coffin to be covered in the grave with lime, and all the man's clothes to be burned.

## PARIS

### Whitsuntide in Wartime

[This article was written before the Battle of France had begun. Succeeding events have already rendered it obsolete, though some of the author's observations have become all the more interesting.]

THE day of departure from England chose to be perfect-sea smooth, with a wonderfully clear sky and bright sunshine. Having gone through all the formalities at the port which, by the way, were very easy considering the times, the boat was boarded. The unusual signs of two guns mounted aft manned by French sailors and two anti-aircraft guns on the promenade deck, together with the grey painted steamer, helped to accentuate the contrast of pre-September days with the thoughts of those late winter afternoons crossing with the boat full of youthful people, many armed with skis, chatting and full of hopes for a holiday in sunshine and with good snow. The crossing was done in one and-a-half hours and was uneventful; on arrival in Calais the Paris train did not leave for a couple of hours. A brief walk through the old town in brilliant sunshine, the fishing boats rising gently on the swell along the quay side, made a very agreeable picture, marred somewhat, on further inspection, by anti-aircraft guns mounted on their little cabins!

The train, a modern Deisel electric, started precisely on time, and ran straight to Paris without stop. En route the peaceful countryside looked so green and fresh, cattle grazing in the fields and peasants preparing the fields for the

harvest which was destined never to be reaped.

The first thing noticeable on arrival in Paris was the large number of cars on the streets; no shortage of petrol was apparent. Food was plentiful, although three days a week pastries were forbidden and on other days butchers' meat; also on certain other days no alcoholic drinks were allowed, with the exception of beer and champagne; the latter at 4 frs. a glass made the decision of what to drink a very easy one!

On the boulevards was the usual procession of pedestrians, the Parisienne seemed to be as smart as ever, most of the men were in uniform, and everyone appeared to be very cheerful. With the Champs-Élysées decked with the magnificent chestnuts in bloom, the scent of the syringa and the trees of the boulevards dressed in their new green coats, Paris this Spring seemed to be particularly lovely.

So two days passed idly and pleasantly, when suddenly, in the early hours of Friday morning came the first indication of a change—an "alerte"! The wail of the sirens, quickly followed by the running of feet, the persistent buzzing of the telephone by the bedside, caused an awakening to the realities of the situation. A period of silence, then the rat-a-tat-tat of the anti-aircraft guns. That morning the papers were full of the news that Belgium and Holland had been invaded. From this time the "alerte" was a frequent occurrence, and the next afternoon, after a visit to the Invalides to see the tomb of Napoleon

(fruitless because the tomb was covered with sand bags) another alarm occurred; it was an interesting experience to see the streets clear so quickly and easily, the people being directed to the nearest "abri." The "abri" in which the writer took shelter was a deep cellar in an old building, quite comfortably fitted up by the occupants of the house, with chairs and even a screen to prevent draughts from the door! Twenty-five other people were sheltering there, together with several children, and one was struck by the calmness of the occupants and the philosophical way in which the air raid was taken. The women were very friendly, chatting together of the experiences of their relatives and friends in the outlying districts of Paris, and airing the rumours of the various bombs dropped on the different towns; the men smoking. A little girl played with her doll, oblivious to the noise of the raid.

The afternoon was completed by a visit to Versailles, only to find that the chateau and gardens were closed. A stroll through the woods was interrupted by English voices. On investigation these proved to come from some young R.A.F. men playing football with some local French lads.

Naturally, with the sudden onset of activities it was necessary to return home as quickly as possible, and enquiries led to the discovery that Calais, Boulogne and already Dieppe had been bombed and were closed to passenger traffic; this necessitated waiting for a boat and sailing from a port further south.

The most forcible impressions of the whole trip were the absolute calm of the French in air raids, and their fierce determination to defeat "le sale Boche." One concluded the visit very heartened and cheered by this knowledge.

W. A. H.

## THE PATRIOTIC PATHOLOGIST

We must rule out the works of Weil-Felix and Weil,  
Of Widal, of Wilms and of Weiss,  
Of Werihof, and Wassermann, Zenker,  
and Zahn,  
They're all far too Deutsch to be nice.  
And Albers and Aschoff, Ayerza and such  
Must be purged from our midst, for  
they're Huns,

And Langhans and Lipschütz, Ludwig and Küss  
Are none of them Englanders' sons.  
So never to Freidreich, nor Frölich, nor Frei,  
Shall we raise our professional hat;  
We'll pretend there's no cause for our mors  
we just die,  
And quietly leave it at that.

CORTEZ.

## CORRESPONDENCE

### M. and B. 693 POISONING AT SEA

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

The following experience of mine recently may be of interest and instructive. A young seaman showed all the signs and symptoms of a left-sided pleurisy and there were many crepitations to be heard above the loud rubbing sounds. The temperature was 104; respirations 45, and the pulse 130. Thinking of giving M. & B. 693, I enquired if any salts had been taken, and received a negative reply. Therefore, I gave the maximum dose, intending to repeat in three hours, as I have done many times before. In under the hour the patient was practically unconscious. I say practically, because there was the slightest response to the prick of the needle and a slight flicker of the eyelids. The breathing was very marked, Cheyne Stokes classification, though the heart beats were forcible all the time; knee and planter reflexes were plus—very definitely so. There was no retraction of head; there was no discoloration of the skin, rather did he become more flushed than he was before. My first thought

was general spinal meningitis as a complication to the pleurisy and pneumonia, this being strengthened by the presence of facial twitchings. Having to decide whether to have the ship make the nearest port, which meant turning on our track for 24 hours (and this is no matter to treat lightly), my position was not too enviable. The captain gave me till noon (he was most sympathetic), but at 11.0 a.m. the patient showed signs of returning consciousness and by noon was "round." Later, I learnt that he had two good doses of Andrew's Liver Salts the previous day, but did not think I included them in my question. He had not had an egg for two days. Was this a case of idiosyncrasy or sulphur poisoning?

The pneumonic crepitations subsided in 24 hours but the pleural effusion increased up to the axilla and the patient was landed at our usual port of call.

I remain,  
Yours faithfully,  
GERALD N. MARTIN.

C/o Messrs. Elders & Fyffes, Ltd.,  
At Sea.

## THE BALLANSIAN CREED

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

Permit me to protest against the inclusion in the JOURNAL of a production such as the Ballansian creed.

It could hardly fail to shock many readers, nor escape the criticism it would appear to deserve.

Yours faithfully,

E. MARCON.

48, Porchester Terrace,  
W.2.  
June 10th, 1940.

[We offer our sincere apologies to those who were offended by the Ballansian Creed published last month. We can only assure them that the author did not realise that it would be interpreted as irreverent.]

## NATIONAL UNION OF STUDENTS

[We regret that it is only possible to publish extracts from a very lengthy correspondence on the N.U.S. Correspondents are requested, in view of paper shortage, to write as concisely as possible.]

## Points from Letters

... Since the beginning of the war the N.U.S. London Medical Committee has undertaken a number of activities of which it is only possible to mention a few in a letter. They have worked out a plan by which, if there is a great shortage of doctors and it is found necessary to speed up their training, they consider that the least valuable parts of our education can be omitted, and have sent this scheme to the examining bodies. They have considered the question of conscription and asked that so far as is possible students on a qualification should be allowed an adequate period of house jobs, the principle of which has already been accepted by the Central Medical War Committee, to ensure that they are properly qualified for their responsibilities.

They then, in conjunction with Manchester, organised what proved to be a very successful conference. Here delegates from nineteen medical schools discussed education in war-time. They drew up a plan for the use of students in air raids by which they considered they could continue their education while ready at their posts. They adopted the L.M.C.'s plan for the modification of the curriculum should this prove necessary, and advocated speeding up by curtailment of holidays in the preclinical course. At a session chaired by a member of the Central Medical War Committee, they discussed the position of the newly qualified man and conscription. They asked that doctors should be allotted on a national basis in the necessary proportions between the armed forces, medical research and the civilian population, so that the latter should not be left in the care of those above the conscription age alone. They also urged that the C.M.W.C. should consider not only the economic hardship of those going into the forces, but also that some arrangement should be made for those who return at the end of the war and need assistance for further training, civilian practices, etc. Professor Platt undertook to convey the conference recommendations to the C.M.W.C.

The Committee is now about to bring out a plan for training in first aid, military hygiene, war-time dietetics and treatment of war casualties, based on that already in force in St. Mary's, which it is hoped will be undertaken by other hospitals. . . .

It is surprising that so much interest should be aroused in a hospital which has not, through lack of contact with the Committee, been able to furnish its mouthpiece with the facts. Criticism of its activities would be helpful to all members working on the Committee, but would be far more constructive if they would send a representative of their own to acquaint himself with its activities, and do more than cry aloud in a desert of misconceptions.

A. D. BURNS,

for the London Medical  
Committee of the N.U.S.

With regard to your correspondence *re* the N.U.S. Medical Committee, may I point out that Mr. Bailey's account of their activities is wholly misleading and in accordance with none of the known facts of the case.

Since I found his conception of things totally out of tune with the opinion of many in this Hospital, I thought it would be worth while to attend their last two meetings as an interested "observer," in order to discover their real motives and action.

Firstly—they form a strictly non-political body, whose purpose is solely—

(a) To suggest new ways of educating and making good doctors;

(b) That students should be able to be of maximum use to further the war effort.

... If war-time teaching in our Hospital is excellent compared with others—and they were the first to admit it—then we should surely contribute with the force of our achievement to their constructive work, in enabling students of other hospitals to feel they were progressing towards something better, more efficient management. . . .

The main point of this letter is to suggest that—

(1) Mr Bailey's letter is a phantastically subjective account of a phenomenon he knows little about.

(2) We, as a first-class Hospital, should show our scientific spirit by sending a representative to meetings of the London Students' Medical Council.

PETER F. JOHNSON,

[The Report of the British Medical Student Association plan can be obtained in the Cloakroom, price 1d.]

It was with much surprise and concern that I noted the contents of Mr. A. G. S. Bailey's letter in the June issue of this JOURNAL. After dealing in a somewhat peremptory manner with the meeting of the N.U.S. Medical Committee which took place last December, he proceeded to make the following remarkable statement—

"Some gentleman did appear at the meeting and announced that he represented some thirty Bart.'s students. I should hesitate to give details of who these thirty students were!" . . .

... I must say that I strongly deprecate the manner in which Mr. Bailey has spoken so slightly of the thirty-odd students who were billeted last year at the Royal Northern Hospital, and whom I had the honour to represent at the meeting already referred to in the columns of this JOURNAL. It is to be hoped that he will take an early opportunity of making an equally public apology.

DAVID WEITZMAN.

[Mr. Bailey wishes it stated that he is sorry his meaning was not made clear. He hesitated to give details of the thirty students because Mr. Weitzman did not disclose any.]

## HILL END NEWS

thanks to the various authorities for their willing co-operation in enabling us to play cricket under such delightful conditions.

M. H. M. C.

v. **Odhams Press**, on Saturday, May 4th, at Hill End. Lost.

Our first match was played on Saturday, May 4th, at Hill End, against Odhams Press. Both sides had had little practice, and Odhams were dismissed for 76. Holden took 3 for 19, Merryfield 3 for 2, Gilbertson and McShine 2 each. We were over-optimistic in thinking that we should open with an easy win, for we were dismissed for 54—only two people reaching double figures.

## The Hospital

G. E. French, lbw, b Yates	3	J. Holborow, b Halsey	4
W. Holden, b Beach	6	D. G. Lambey, not out	15
J. O. Callimore, b Beach	8	C. E. Tudor, b Yates	0
G. B. Goodchild, b Halsey	4	S. J. Merryfield, lbw, b Yates	0
A. D. McShine, b Beach	1	A. R. James, lbw, b Reed	1
M. H. M. Gilbertson, b Beach	10	Extras	2
		Total	54

## Odhams: 76.

Bowling: Merryfield 3 for 2, Holden 3 for 19, McShine 2 for 13, Gilbertson 2 for 20.

v. **Cell Barnes**, on Saturday, May 11th, away. Won.

Cell Barnes batted first on a good wicket and were dismissed for 53 in 1½ hours. Merryfield bowled exceedingly well and in seven overs took 7 for 14. When we went into bat the weather became cold, and it was a pleasure to go in to bat and so get warm. Against weak bowling our wickets fell regularly, partly because we easily made the 53 runs necessary and partly because of the cold weather. Grey and Hewitt entertained us to some effective but not altogether blameless hitting.

## The Hospital

J. C. N. Westwood, st Ketley, b Norker	19	M. H. M. Gilbertson, b Oughton	1
D. Bartlett, run out	6	S. R. Hewitt, b Reynolds	16
A. D. McShine, b Tidy	15	W. Holden, b Reynolds	0
G. B. Goodchild, b Tidy	3	J. Holborow, not out	1
A. J. Grey, c Tidy, b Reynolds	32	S. J. Merryfield, b Jackson	0
		Extras	10
		Total	103

A. R. Allardice did not bat.

## Cell Barnes: 53.

Bowling: Merryfield 7 for 14, Gilbertson 2 for 8.

v. **Wheatthampstead**, on Sunday, May 12th, away. Lost.

On a hot day we went out in cars to a delightful village pitch, which had been used for cricket for the past 101 years. Wheatthampstead batted first and found runs difficult to obtain against steady bowling by Bartlett, Merryfield and Gilbertson. R. P. Nelson, the Northants captain, batted well for 64, and was eventually out to a good catch on

The last few weeks of glorious sunshine and perfect weather has made Hill End and its environs an extremely pleasant place to live in, and many of us who are leaving at the end of June have been seriously tempted to conjure up some excuse by which we can justify to ourselves and the authorities that a further three months here would be a good thing. However, so far nobody has been able to furnish sufficient justification for prolonging their sojourn here, so the return to Bart.'s seems inevitable unless Oster House comes to the rescue and students are needed to fill the breach.

Activities have been mainly devoted to the open air, very little dancing having been done, and swimming at the Splash has been a very popular pastime at all times during the day despite pleading notes inquiring why Mr. Winocour or Mr. Tadros have not attended the Psychology lecture. The recognised and official Hill End Poker School may always be seen gathered together round a small table at the Splash, playing with some unsuspecting victim who has been drawn from the crowd and who looks much happier when he is in the bath. It is interesting to note that each victim makes his debut but once with the celebrated School, having learnt all his lessons in one sitting. Such is the high standard of teaching among the staff.

Even cricket has its problems, and perplexing incidents arise which at first seem intensely mystifying but which on inquiry later are proving to have a simple origin. The case in point happened during a Sunday match, when a scratch team had to be hurriedly formed owing to the failure of De Havilland's cricket team to turn up. During the course of the game a certain member of the team was seen to leave the field and return some ten minutes later. No notice was taken of this at first, but when it occurred yet again and again it was decided that discreet inquiries should be made at the end of the game. Inquiries duly made confirmed the diagnosis that rhubarb had been the sweet at the previous day's lunch.

To those remaining here at the end of this month we wish luck and a further continuation of this glorious weather, and trust that when their turn comes to bid adieu to Hill End the present dark days through which we are now passing will have come to an end.

A. R. J.

## CRICKET

Cricket has now been in full swing for a month and we have been very fortunate in the weather. At the Cricket meeting M. H. M. Gilbertson was elected Captain, J. C. N. Westwood was elected Secretary and G. B. Goodchild Assistant Secretary. We have been most fortunate in having such a delightful ground to play on and one which is so near at hand.

Considering difficulties, we have been very successful with our fixture list, and many thanks are due to Mr. Goodchild for providing us with such a good nucleus to start with. At the end of June nearly all the regular players are going back to Bart.'s, and one can only hope that there will be enough players left to enjoy the remaining months of cricket at Hill End.

So far our successes in the field have been notable by their absence, but every game has been most enjoyable and enjoyment of the game is the first essential. I should like to record here our



the boundary by Gilbertson off Westwood's slow wickets. They declared at tea for 131 for seven. Our batting quite broke down against some accurate fast bowling and to the psychological fear of Nelson, and we were all out at seven o'clock for 50. A pleasant evening was spent in the local not 200 yards from the ground.

The Hospital

Table listing cricket matches: J. C. N. Westwood, lbw, b Walton; D. Bartlett, b Walton; A. D. McShine, b Walton; G. E. Ffrench, b Walton; A. J. Grey, c Kingham, b Nelson; M. H. M. Gilbertson, c Wingfield, b Nelson; Bowling: Walton 4 for 13, Nelson 4 for 31, Cherry 2 for 4.

Wheatthampstead: 131 for 7. Nelson 64.

Bowling: Merryfield 3 for 25.

v. Odhams Press, on Sunday, May 19th. Lost.

Odhams batted first and opened disastrously, three wickets falling for three runs. Our success was short-lived, as the brothers Yates proceeded to put on 86 for the fourth wicket; from then on wickets fell regularly, and at tea-time they declared at 177 for seven. D. Yates having scored 101 not out. Our bowling and fielding were both steady but lacked variety. We batted after tea, and except for McShine and Goodchild our batting was very poor indeed. Spafford failed us at the critical moment and we were all out for 115. It was very good to see Goodchild coming into form, and his 40 was well executed and saved us from ignominy.

The Hospital

Table listing cricket matches: J. C. N. Westwood, b Beach; A. D. McShine, c and b Halsey; P. McA. Elder, b Beach; M. H. M. Gilbertson, c Halsey, b Beach; A. J. Spafford, b Beach; G. B. Goodchild, lbw, b Yates; Bowling: Beach 5 for 43, Yates 3 for 16.

Odhams: 177 for 7.

D. Yates, not out; A. Yates, c Westwood b Elder.

Bowling: Elder 2 for 44, Holden 1 for 15, Gilbertson 1 for 33.

v. St. Albans School, on Saturday, May 25th, away. Won.

As the match had to end at 6.30, each side batted for 1 1/2 hours. Owing to a large convoy half our team did not arrive until 3.15, and we batted first. Bartlett and Ffrench opened well and scored 49 for the first wicket; this was followed by a collapse until Westwood and Gallimore were together. Both batted extremely well and treated us to some glorious hitting. Westwood scored 57 and Gallimore 55 not out. We had scored 176 for six in 1 1/2 hours. The School started well and it looked as though we should not have enough time to get them out. After Bartlett and Merryfield had

dismissed the early batsmen, Gallimore and Gilbertson bowled well to dismiss the remainder, and we won with a quarter of an hour to spare. Our catching was most prominent in our fielding.

The Hospital

Table listing cricket matches: D. Bartlett, b Pelant; G. E. Ffrench, c Becket, b Arnold; A. D. McShine, b Pellant; J. C. N. Westwood, c Becket, b Hackney; Bowling: Pellant 3 for 57.

J. K. Mason, S. J. T. Merryfield and N. Campbell did not bat.

Bowling: Pellant 3 for 57.

St. Albans School: 71.

Bowling: Bartlett 2 for 13, Merryfield 2 for 33, Gilbertson 3 for 13, Gallimore 3 for 4.

Bart's v. Provincial Universities, on Saturday, June 1st, at Hill End. Lost.

This was by far the most exciting game played at Hill End yet. Bart's batted first, two wickets falling quickly. Wells-Cole and Gallimore then batted extremely well to take the score to 121 before Wells-Cole was out to a good catch by Richards. Gallimore was out soon after, having scored a good 58. Wickets fell regularly to good bowling by Gilbertson, Spafford and Fison. Bart's declared at tea, having scored 173 for eight.

Westwood and Ffrench opened for the Provincial Universities and took the score to 88 before Westwood was out, having scored a delightful 55. Fison in between sets of tennis came along and rattled up 23 before resuming his game of tennis. With Ffrench batting stubbornly, Spafford entered in his usual style and in 15 minutes hit up a grand 41, to win the match with two minutes to spare. Ffrench was unbeaten with 37 to his credit—a very fine innings under hot conditions. Spafford was returning to Friern on the following day, so a good time was had by all in the evening.

The Hospital

Table listing cricket matches: D. Bartlett, run out; G. H. Wells-Cole, c Richards, b Gilbertson; A. D. McShine, lbw, b Gilbertson; J. O. Gallimore, c Westwood, b Mason; S. R. Hewitt, c Grey, b Spafford; Bowling: F. Burckeman, c Spafford, b Gilbertson; A. R. James, not out; J. Merryfield, b Fison; G. B. Badock, b Gilbertson; Extras.

Total (for 8 wks.—dec.) 173.

A. H. Brennan and R. Loveless did not bat. Bowling: Gilbertson 4 for 44, Spafford 1 for 36, Fison 1 for 37, Mason 1 for 13.

Provincial Universities

Table listing cricket matches: J. C. N. Westwood, b McShine; G. E. Ffrench, not out; A. J. Grey, b McShine; Bowling: J. L. Fison, c Burckeman, b Merryfield; A. J. H. Spafford, not out; Extras.

Total (3 wks.) 177.

M. H. M. Gilbertson, J. Holborow, N. A. Campbell, A. G. Richards, J. K. Mason and A. G. E. Pearse did not bat.

v. Wheathampstead, on Sunday, June 2nd, at home. Draw.

Wheatthampstead batted first and against some good bowling and very keen fielding they made so little headway that 1 1/2 hours' batting produced 45 runs. Westwood was put on to tempt the batsmen, but they continued to play full tosses to leg safely back to mid-on. In consequence they continued to bat after tea until six o'clock, when they declared at 145 for six. It was a very good performance on our part to keep the runs down so well and our fielding was excellent. Left with 1 1/2 hours to make the necessary runs, we fared badly, except for Westwood, who scored 67 of the most delightful runs it has been anyone's privilege to see at Hill End this season. He was out eventually in trying to force the pace. Westwood saved us from complete collapse, only Hewitt reaching double figures with the rest of the team. We played our time safely and stumps were drawn at 114 for eight.

The Hospital

Table listing cricket matches: D. Bartlett, b Walton; C. E. Ffrench, b Cain; J. C. N. Westwood, b Walton; A. D. McShine, c Wingfield, b Cain; G. H. Wells-Cole, lbw, b Day; S. R. Hewitt, not out; C. R. Goodchild, c Wingfield, b Russell; A. J. Grey, run out; M. H. M. Gilbertson, c Wingfield, b Russell; Extras.

Total (8 wks.) 114.

J. K. Mason and S. J. Merryfield did not bat.

Bowling: Cairn 2 for 28, Walton 2 for 20, Russell 2 for 22.

Wheatthampstead: 145 for 6.

Bowling: Merryfield 2 for 25, Bartlett 1 for 33, Gilbertson 1 for 20.

TENNIS

Under this rather euphemistic heading are classed those pastoral dances which are in progress upon the courts daily from dawn till dusk. They present some pretty contrasts. Sometimes we see a sister of madonna-like calm, swathed in a flowing white garment, opposing a furiously vigorous fairy-like figure in shorts. Very tasty, very sweet. Sometimes we see a black moustache and khaki shorts opposing a pair of hairy legs and a much-worn rigger vest—not so tasty, not so sweet. But sometimes, and alas, but rarely, there is a lady who shows really beautiful form beneath a very attenuated costume indeed. It's worth getting up at seven-thirty to see it.

About the courts themselves much could be written, but as so little of it would be allowed to appear in print it would be vain labour. But for all that, the standard of tennis, or at least the length of the rallies, has been steadily increasing throughout the season. So has the size of the holes in the net.

With regard to matches played, Misses Craske, Olding, Bradbury and Barker brought Bart's to the second round of the Times Nurses Competition at the expense of a team from Romford. But they won't get much further unless they reduce the percentage of double faults served very considerably.

Other matches, it is hoped, will be arranged in due course. In conclusion, may we say that we would greatly welcome the appearance of the Hill End staff on their own courts?

D. E. R. K.

FENCING

The Reception Hall is no longer the venue of the Fencing Club. The smoothness of the floor and the closeness of the atmosphere compare so unfavourably with asphalt paths and June evenings, that it seems unlikely that the Club will return. It has been remarked that the cool air after sunset has proved more of a disadvantage than failing light, where evening practices are concerned.

The gentle art of sabre play has been introduced amongst the nursing staff, and there are occasions when one feels that their ferocity and aptitude displayed when wielding this trenchant weapon may lead to its becoming the weapon of choice at all times when honour and opinion are at stake. The popularity of the sabre is, however, thought to bear no relation to an outburst of cynicism amongst certain members of the Club—the aetiological factor lies rather in the quietness of life at Hill End.

The last United Hospitals' match (in which the Club was represented) against Westminster Hospital was one of experience versus practice, experience winning by the narrow margin of 14-13. Westminster won the foil by 6-3, and the United Hospitals won the sabre 5-4 and the epee 6-3. At all stages the bouts were hotly contested, and, as merits such a match, the deciding point was the last hit of the final assault.

It is with unmingled feelings of regret that two members contemplate their departure from Hill End on July 1st, for the fencing there will undoubtedly form an historic section in the annals of the Fencing Club.

I. M. H.

UNIVERSITY OF LONDON Third (M.B., B.S.) Examination for Medical Degrees, May, 1940

Pass (Old Regulations)

Table listing names: Butterworth, R. F.; Carpenter, R. H.; Craig, C. McK.; Cronin, J. D.; Gould, J. H.; Horton, J. A. G.; Jacobs, J.; Lillierap, J. S.; O'Callaghan, M. D. M.; Pentreath, E. U. H.; Rees, E. H.; Rochford, J. D.; Thompson, J. W.; Walker, A. J.

(Revised Regulations)

Table listing names: Baldwyn, A. F.; Davies, I. R.; Harold, J. V. T.; Latham, P. R.; McShine, L. A. H.; Williamson, D. A. J.

Supplementary Pass List

Group I (Old Regulations)

Table listing names: Parker, K. H. J. B.; Nicholson, C. G.; Orchard, N. P.; Manning, J. D.; Ward, A. I.

Group II (Old Regulations)

Table listing names: Dickson, R. R.; Griffiths, E.; John, A. O.; Pablot, P. J.

Part I (Revised Regulations)

Table listing names: Boomla, R. F.; Bowen, R. A.; Burkill, F. A.; Liebmann, F. M.; Stone, P. H. D.

Part II (Revised Regulations)

Table listing names: Acres, C. C.; Jones, H. Bevan; Page, W. J. O.; Protheroe, B. A.; Saudak, A. C. J.; Scatliffe, J. N. R.; Wigglesworth, R.

Part III (Revised Regulations)

Table listing names: Beck, G. A.; Cocks, D. P.; Evans, G. R.; McFarlane, M.; Ohannessian, A. O. A.

SPORTS NEWS

EDITORIAL

It is an odd comment on this war business that the Athletic Club produced last Saturday one of the best Sports Days for many years; the criteria by which an "Athletic Meeting" may be judged are beyond my scope; weights, lengths and times pass over my head like rocketing pheasants, and one always murmurs "How good" or "How bad" with supreme and unerring transposition; however, call it a "Sports Day" and we are on fairly safe ground. Whether it was the sunshine or whether people felt that here at last was the supreme occasion for trotting out the much-abused "Eat, drink and be merry" excuse, makes no matter, for the populace was obviously there to enjoy itself, and, judging by the outward appearance and White's glass bill, it did.

Sufficient be it to say that evening slid into night and night into morning in a manner which must have been highly gratifying to the Committee and to the bar receipts, and it is only necessary to add a word of appreciation to the Whites for their magnificent work.

SPORTS DAY

A successful meeting, the 57th, was held, with Sir W. Girling Ball as President and Referee. Mr. D. B. Fraser rendered invaluable service as announcer and recorder, while many members of the staff helped in making the sports run smoothly. The records for the discus and long jump were broken; in these M. A. C. Dowling threw 4ft. 10½in further than his 1939 record of 107ft. 7½in., and jumped 23ft. 2½in., also beating his last year's record by 9½in.

Generally the standard of performances was the highest for many years, and the attendance "the largest in my time" (White). Mrs. H. Wilson graciously presented the prizes. The Athletic Club is most grateful to all for their support and encouragement.

St. Bartholomew's Hospital Sports, 1940

Three Miles: 1 J. P. Haile, 2 W. J. Atkinson, 3 D. Currie, 15m. 19.2/55cc.  
 One Mile: 1 J. P. Haile, 2 W. J. Atkinson, 3 G. A. Beck, 4min. 39/55cc.  
 800 Yards (Handicap): 1 A. R. Corbett, 2 J. P. Haile, 3 J. F. Lucey, 1min. 51.1/55cc.  
 440 Yards: 1 W. J. Atkinson, 2 J. P. Haile, 3 L. G. Lloyd, 55sec.  
 220 Yards: 1 J. W. G. Evans, 2 A. I. Ward, 3 D. S. Morris, 23sec.  
 120 Yards (Handicap): 1 D. R. Duff, 2 J. C. E. Adams, 3 H. R. Dickman, 12.3/55cc.  
 100 Yards: 1 A. I. Ward, 2 D. S. Morris, D. R. Duff.  
 120 Yards Hurdles: 1 D. G. Reinold, 2 M. A. C. Dowling, 3 P. C. Dorniaingue, 16.8/55cc.  
 High Jump: 1 M. A. C. Dowling, 5ft. 8½in.; 2 D. S. Morris, 5ft. 7in.; 3 D. G. Reinold, 5ft. 6in.  
 Long Jump: 1 M. A. C. Dowling, 23ft. 2½in.; 2 A. I. Ward, 19ft. 10½in.; 3 M. R. Hunt, 19ft. 6½in.  
 Weight: 1 M. A. C. Dowling, 39ft. 4½in.; 2 R. L. Hall, 31ft. 1½in.; 3 J. F. Lucey, 31ft. 2½in.  
 Discus: 1 M. A. C. Dowling, 112ft. 6in.; 2 J. F. Lucey, 3 J. R. Haire.  
 Javelin: 1 J. F. Lucey, 129ft. 4in.; 2 W. J. Atkinson, 125ft. 6in.; 3 A. I. Ward, 111ft. 5in.  
 Cricket Ball: 1 J. F. Lucey, 270ft. 1in.; 2 A. I. Ward, 273ft. 5½in.; 3 M. A. C. Dowling, 263ft. 2½in.  
 Tag-of-war: 1 Cambridge, 2 Bart's, 3 pulls to 0.  
 Relay: 1 Bart's, 2 Cambridge, 1min. 49sec.  
 Housemen's 100 Yards: 1 A. I. Ward, 2 G. A. Beck, 12sec.  
 Records broken: (1) Long Jump—M. A. C. Dowling, 23ft. 2½in.; (2) Discus—M. A. C. Dowling, 112ft. 6in.

Wednesday, June 12th, at Oxford

St. Bart's and St. Mary's v. Queen's, Lincoln, Exeter and other Oxford Colleges, at Illey Road.  
 Discus: 1 E. Bullwinkle (Queen's), 102ft.; 2 and 3 (tie) A. H. Hodges (St. Mary's) and W. J. Atkinson (St. Bart's).  
 One Mile: 1 B. F. Brearley (St. Mary's), 4min. 36sec.; 2 A. H. Hodges (St. Mary's); 3 K. W. May, Captain, Queen's.  
 Weight: 1 E. Bullwinkle (Queen's), 3ft. 4in.; 2 L. Throver (Exeter); 3 W. J. Atkinson (St. Bart's).  
 Javelin: 1 E. Hamilton (Queen's), 102ft. 5in.; 2 W. J. Atkinson (St. Bart's); 3 H. Lees (Queen's).  
 High Hurdles: 1 J. M. Tanner (St. Mary's), 16.4sec.; 2 A. Danby (St. Bart's); 3 E. Forsyth (Exeter).  
 100 Yards: 1 J. Cohen (St. Mary's), 10.5sec.; 2 J. M. Tanner (St. Mary's); 3 D. S. Morris (Capt., St. Bart's).  
 High Jump: 1 E. Forsyth (Exeter), 5ft. 6in.; 2 A. Grimble (St. Mary's); 3 S. Charters (Lincoln).  
 220 Yards: 1 E. A. Bachelor (Lincoln), 23.6sec.; 2 (tie) M. Starey (St. Edmund's Hall) and W. J. Atkinson (St. Bart's).  
 Half-Mile: 1 T. Welford (Lincoln), 2min. 1.0sec.; 2 B. F. Brearley (St. Mary's); 3 J. P. Haile (St. Bart's).  
 Long Jump: 1 M. Starey (St. Edmund's Hall), 21ft.; 2 J. Cohen (St. Mary's); 3 D. S. Morris (Capt., St. Bart's).  
 440 Yards: 1 W. J. Atkinson (St. Bart's), 54.2sec.; 2 S. Charters (Lincoln); 3 E. Chadburn (Queen's).  
 Relay (440, 220, 220, 440 yards): Oxford.  
 St. Bart's and St. Mary's won by 54 points to 49 a very enjoyable match. We record our appreciation of the organisation and hospitality rendered to us and hope for a return at Chislehurst.

M. A. C. Dowling and R. L. Hall unfortunately could not turn out. A grand race between A. Dauby and J. M. Tanner in the high hurdles opened up speculations as to future performances if these two young athletes retain their interest in the game.

Saturday, May 25th, at Chislehurst

St. Bart's A.C. v. London University Tyrian Club.

When all had assembled and agreed as to which side they belonged, a very pleasant match took place. The ground, thanks to Mr. White, was in excellent condition, and, as Mr. Keislake, of the Tyrian Club, helped the Secretary out with the organisation (which apparently was badly needed), the fixture went off smoothly. St. Bart's lost a very close struggle by 54 points to 59.

High Jump: 1 A. A. Grimble (L.U.T.C.), 2 D. S. Morris (Bart's), 3 I. Wootton (L.U.T.C.), Height 5ft. 5in.  
 220 Yards: 1 D. Shearman (L.U.T.C.), 2 P. Mills (L.U.T.C.), 3 A. E. Pyffe (St. Bart's), 24min. 15sec.  
 Javelin: 1 L. McNeill (L.U.T.C.), 2 M. A. C. Dowling (St. Bart's), 118ft. 2in.  
 100 Yards: 1 T. Davies (St. Mary's), 2 (tie) P. Mills (L.U.T.C.) and D. Shearman (L.U.T.C.), 55.5sec.  
 Discus: 1 M. A. C. Dowling (St. Bart's), 2 L. McNeill (L.U.T.C.), 115ft. 2in.  
 440 Yards: 1 W. J. Atkinson (St. Bart's), 2 A. Grimble (L.U.T.C.), 3 E. Pearce (L.U.T.C.), 55.5sec.  
 Weight: 1 R. L. Hall (St. Bart's), 2 L. McNeill (L.U.T.C.), 3 P. Mills (L.U.T.C.), 32ft.  
 800 Yards: 1 J. P. Haile (St. Bart's), 2 J. R. Owen (St. Mary's), 3 P. Coynes (L.U.T.C.), 2min. 4.1sec.  
 First 120 Yards Hurdles: 1 R. Dunstan (L.U.T.C.), 2 R. Tanner (L.U.T.C.), 3 D. S. Morris (St. Bart's).  
 Second 120 Yards Hurdles: 1 K. Tanner (L.U.T.C.), 2 M. A. C. Dowling (St. Bart's), 3 R. Dunstan (L.U.T.C.), 18.8sec.  
 One Mile: 1 W. J. Atkinson (St. Bart's), 2 L. Bruce (L.U.T.C.), 3 P. Coynes (L.U.T.C.), 4min. 41sec.  
 Three Miles: 1 A. Cosgrove (L.U.T.C.), 2 R. Evans (L.U.T.C.), 3 P. A. Van de Linde (St. Bart's), 6min. 46sec.  
 Long Jump: 1 M. A. C. Dowling (St. Bart's), 2 P. McNeill (L.U.T.C.), 3 Holmshaw (L.U.T.C.), 22ft. 2in.

NEW BOOKS

**Acute Infectious Diseases.** By J. D. Rolleston and G. W. Ronaldson. (William Heinemann. Price 17s. 6d.)

This volume represents the third edition of a book on infectious diseases written originally by Dr. Rolleston alone, but, as he tells us in the preface, owing to the great progress made in acute infectious diseases, he felt he had to rewrite the book, and called in the aid of Dr. G. W. Ronaldson.

The book makes no pretence of covering the whole field of acute infections, selecting only those which are usually treated in isolation hospitals, yet it succeeds in supplying a great deal of useful information on the most important points in the field of infectious diseases.

Each disease is given a separate chapter, which is systematically divided up into sections dealing with aetiology, bacteriology and pathology, symptomatology, differential diagnosis, prognosis, treatment, etc., with the result that all aspects of each disease are most thoroughly dealt with, in a manner most easy to follow and digest.

The results of most recent investigation in the realm of infectious diseases are included, rendering the book completely up to date, and after the chapters on the various diseases come two chapters dealing with vaccination and modern isolation methods, the latter chapter containing plans of the most modern isolation blocks in the country.

It would not be fair to close a review without mentioning that in each disease part of the chapter is devoted to a most interesting historical survey of the disease and the methods of treatment used in the past, while a large list of bibliographical references is appended to each chapter, with a view to helping those who wish to pursue the subject farther.

Taken in its entirety, this volume is perhaps rather more than the medical student requires if he has in mind only the passing of his exams., but for a thorough knowledge of the subject it can be recommended to students and practitioners alike.

There is an almost complete absence of illustrations in this book, but Dr. Rolleston holds the belief that the clinical appearances of the various fevers mentioned can only be learnt at the bedside, so he wisely eschewed all illustrations which, instead of helping the reader, might give him entirely false ideas of the disease in question.

**Clinical Methods.** By Sir Robert Hutchison, Bart., M.D., F.R.C.P., and Donald Hunter, M.D., F.R.C.P. (Cassell. Price 13s. 6d.)

This volume represents the latest edition of a handbook which must be widely known to almost all students and practitioners alike. For those who are not acquainted with it, the book aims at

"describing those methods of clinical investigation by the proper application of which a correct diagnosis can alone be arrived at."

The opening chapters deal with Case-taking and General Appearances, and then the remaining chapters are devoted to descriptions of the clinical examination of the various systems, including well-written accounts of any special investigations which may be made, e.g., test meals.

In this edition, which is a little shorter than the previous ones, much that is out of date has been discarded, and a thorough revision has been carried out on all the other chapters. The chapter on the Examination of Children has been rewritten, as has the chapter on Bacterial Investigation, and the whole book has been modified and brought up to date.

We consider that in its present form this book covers the requirements of the student in a most concise and excellent manner, and would recommend it whole-heartedly to all who wish to have a thorough grounding in the principles of clinical investigation.

**A Handbook for Nurses.** By J. K. Watson, M.D.

This book, which needs no introduction to nurses, has been carefully revised in its eleventh edition, published by Faber & Faber. In one conveniently sized volume, this up-to-date comprehensive work covers the whole theory and practice of nursing, including hospital, district and private nursing, anatomy and physiology, dietetics and drugs, medicine and surgery with all modern methods of treatment. There is much to enlighten on the diseases of the ductless glands, specific fevers and diabetes. In the chapter on surgery there are brief accounts of some of the commoner surgical operations, and there is an instructive chapter on the important subject of anaesthetics. An interesting account of the diseases of the nervous system is given, and the author briefly describes the commoner forms of mental disorders.

The reader will find much useful information and instruction in the chapters on Electricity, Electro-Therapeutics, Diathermy, Ultra-Violet Ray Therapy, X-ray and Radium. The remaining chapters are devoted to gynaecology and obstetrics. Among these, much that is new has been written on the symptoms and toxæmias of pregnancy and on the various complications of childbirth. The book is conveniently "sign-posted" throughout with sub-headings for rapid and easy reference, and much useful knowledge can be gained from the illustrations, explanatory diagrams and X-rays with which this volume abounds.

This interesting, instructive and practical textbook should become a standard work for all student nurses and is an excellent book of reference for all trained nurses.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Society of Apothecaries of London

The dates of the Society's August Examinations are:

Surgery ..... 12, 14, 15  
 Medicine and Forensic Medicine 19, 21, 22  
 Midwifery ..... 20, 21, 22, 23

## BIRTHS

BECKETT.—On June 1st, 1940, to Lucy (née Haynes), wife of Dr. F. G. A. Beckett, Ely, Cambs, a son.  
 BENISON.—On May 22nd, 1940, at the Royal Northern Hospital, to Ellen Mary, wife of R. L. Benison, a daughter (Rosemary Sarah).  
 BODEN.—On May 31st, 1940, to Peggy Matthew, the wife of Major Geoffrey Boden, R.A.M.C.—a daughter (Lynn).  
 BREWER.—On May 28th, 1940, at 9, Greenhill Avenue, Luton, to Elizabeth (née Nickell-Lean), wife of H. F. Brewer, M.D.—a son.  
 DALE.—On June 3rd, 1940, to Phyllis, wife of Dr. C. H. Dale, of Eastcote, a daughter.  
 KENNEDY.—On June 7th, 1940, at Thornbury, Nelson Road, Southsea, to Oonagh (née Ziesler), wife of Lieut.-Commander A. R. Kennedy, Royal Navy—a son.  
 SHUTTLEWORTH RENDALL.—On May 20th, 1940, at The Willows Nursing Home, High Wycombe, to Dorothy (née Horsey), wife of Surgeon-Lieutenant D. C. Shuttleworth Rendall R.N.V.R.—a daughter.

## MARRIAGES

BARTON-BARTON.—On May 28th, 1940, at Kingston-on-Thames, James Kingston Barton, M.R.C.P.Lond., of 23, Lindsifane Road, S.W.20, to Elizabeth Ellen Barton, daughter of the late Henry Walker, of Minster, Thanet.  
 MUNDY-EDSALL.—On June 1st, 1940, at St. Mary Abbots, Kensington, Surgeon-Lieutenant Norman Mundy, R.N.V.R., son of the late Dr. Herbert Mundy, F.R.C.S., and Mrs. Mundy, of 170, Florida Road, Dublin, S. Africa, to Gwendoline, second daughter of the late Mr. and Mrs. E. R. Edsall, of Wimbledon Park.

## DEATHS.

MARSHALL.—On May 22nd, 1940, at 69, The Drive, Golders Green, N.W.11, Charles Frederick Marshall, M.D., F.R.C.S.  
 MICKLETHWAIT.—On May 10th, 1940, at Bootham, St. Albans, George Whitley Micklethwait, M.D., late of York and Danby.  
 O'KINEALY.—On June 6th, 1940, at Torquay, after a short illness, Lt.-Col. Fredrick O'Kinealy, C.I.E., C.V.O., I.M.S.  
 PATERSON.—On May 21st, 1940, at Glasgow, Herbert J. Paterson, C.B.E., M.C., M.D., F.R.C.S., of The Whims, Berkhamsted, and late of 9, Upper Wimpole Street, London, W.1, beloved husband of Tempe Langrish Faber, aged 73.  
 VAN BUREN.—On May 29th, 1940, at 2, Queen Anne Terrace, Plymouth, Dr. A. C. Van Buren.  
 WADE.—On May 30th, 1940, in a London nursing home, Kubens Wade, M.R.C.S., L.R.C.P., Senior Anesthetist of St. Bartholomew's and Royal Northern Hospitals.  
 WILSON.—On June 5th, 1940, at Grange Cottage, Rondebosch, C.P., South Africa, Norman Octavius Wilson, F.R.C.S., the beloved husband of Margaret Wilson, and youngest son of the late Joseph Wilson, M.I.C.E., of Kenley, Surrey.

*August Issue.*—Contributions for the August issue should be received not later than Thursday, July 18th.

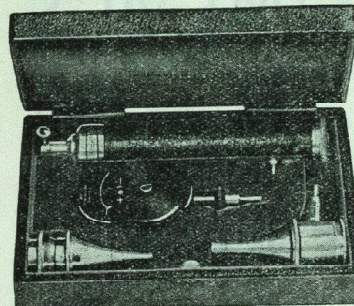
## ROUND THE FOUNTAIN

(FOURTH EDITION)

There are still a number of copies of this volume available for sale.

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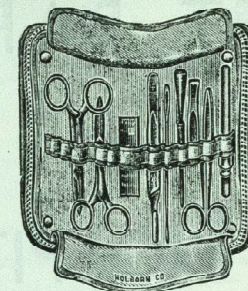
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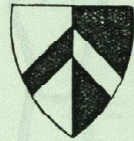
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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 11.

AUGUST 1st, 1940.

Price Fourpence

### "LIVING-ROOM"

A FEW years ago—so the story goes—an illustrious foreign visitor, I think he was a Danish professor, was being shown round St. Bartholomew's Hospital. He was shown the wards, the ward-kitchens, and the glories of the sluice rooms, he marvelled at the glistening splendour of the operating theatres, and he was even polite about his lunch in the Refectory. . . . Outside in the Square, he was seen to be looking round corners and through gateways in ever-growing astonishment, and, when asked what it was that he had failed to find, he said simply: "But where is the park?"

If the idea of a supposedly advanced country running its most important hospitals in the heart of its largest and dirtiest city appeared incongruous to our enlightened Scandinavian neighbours, they for their part were inclined to forget that London hospitals were built in districts which only long after became the over-crowded hives of congested populace which they now are. And obviously there must be hospitals in the thickly populated areas, within easy reach of acute emergencies. But it is amazing that it should have taken this war to bring into being a state of affairs which allows chronic cases to be sent out of the city to receive treatment among congenial surroundings, where there is air to breathe; a war, curiously enough, being fought by an aggressor whose affirmed purpose is to find "living-room"—breathing-space—for his people. . . .

The tendency nowadays is perhaps to under-rate the value of fresh air and open space in the treatment of disease. Ask the patients at Friern or Hill End what they think about being in a hospital ward in the

country rather than in the town, and there is not much doubt about the answer they will give—unless possibly they have had to arrive on a rainy day. An even if it is that they only *think* they get better more quickly in the country, surely the benefit is the same.

To the man who has worked for a long time in London, a spell at one of our base hospitals has a similar tonic effect. At Friern Barnet, for instance, he is hardly so far out of town as to be able to say he is in the suburbs; yet once within the grounds of the hospital, he might be miles in the country. He can look out of a ward window during a round, and see, not the soulless turmoil of the G.P.O., but the sight of well-fed cows grazing quietly in green fields under green trees, nurses and patients sitting easily together in groups on the grass, and ward-sisters chatting pleasantly with lunatics. There, too, through the branches of a cedar-tree, he can see a water-tower standing on the top of a small hill, faintly suggestive of a Greek temple. And over all lies the slumbrous quiet of a prosperous country estate. If he goes out for lunch, he may have it in a rustically cosy shop where food—incredibly cheap—tastes like food again, and he can forget the ruinous distastefulness which is all he can find in his home hospital. . . .

Those who have converted these places since the war began, and adapted them from what they were into what they are, deserve the highest praise and congratulation for their efforts. May the fruits of the work they have done not be cast aside when the war is over.

AUGUST, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

193

Perhaps, also, after Hitler in his search for "Lebensraum" has had loads of bombs dropped on London, then, when the rebuilding begins, those who are responsible for it will do it with thought, so that room to live and air to breathe may be left for everybody. Perhaps the dream of the poet will come true who looked at the city and saw a new Jerusalem in some far distant future:

As home I travelled regretfully through London,  
She entered. She was pretty and pranked in all  
the fashion,  
Who can doubt she likes it, her Babylonian  
bondage . . .  
The noise, the never-ending streets,  
The pale and clever faces?

Yet as our eyes encountered, I saw her go to  
milking  
Across the unknown meadows until her shoes  
were golden . . .  
Was it her mother's mother who looked at me,  
or was it  
No faded ghost, and had I seen,  
Perhaps, her children's children?

### ABERNETHIAN SOCIETY

THE 1939-40 Session was closed by a clinical evening on June 20th in the Abernethian Room, at 5 p.m. Mr. C. M. Fletcher took the chair. This was unfortunately the only meeting of the year; many vain attempts had been made to find a prominent person to address the Society, but we had to give up the effort, which left us only June in which to arrange a clinical evening. This was highly successful, however, and had a large attendance.

Elections for the Committee for the year 1940-41 preceded the clinical evening. The following were elected:—

Mr. C. M. Fletcher,  
Mr. R. R. Terry,  
*Vice-Presidents.*

Mr. M. D. M. O'Callaghan,  
Mr. T. Rowntree,  
*Presidents.*

Mr. J. Reeston,  
Mr. A. G. S. Bailey,  
*Hon. Secretaries.*

Mr. E. Grey Turner,  
Mr. C. S. Phillips,  
*Junior Hon. Secretaries.*

Three cases were shown at the Clinical Evening, which followed:—

A case of cirroid aneurysm, by Mr. Morris.

A case of lymphoid follicular reticulosis, by Mr. Davies.

A case of ophthalmoplegia due to orbital periostitis, by Mr. Atkinson.

All the cases inspired considerable discussion, and the evening came to an all too early end at 6.30 p.m.

The Society wishes to extend its thanks to those members of the senior staff who helped the evening to be so successful by allowing their cases to be shown.

### L.D.V.s AT HILL END

FOLLOWING a request from the Colonel of the local battalion, two dozen students joined the L.D.V.s to reinforce the Cell Barnes Section. Accordingly, on certain evenings the aforesaid gentlemen may be seen at practice, handling their weapons with a measure of confidence which speaks of many days spent at O.T.C. camps. Others of them may be seen erecting suitable fortifications. It would be obvious, even to an unbiassed observer, that the spirit of the troops is excellent.

Uniforms have been issued. As far as the forage caps are concerned, uniform is a singularly apt description—they are all the same size. This gives the larger-headed men a somewhat pickled look. The manufacturer seems to have overlooked another elementary principle of good tailoring—the provision of buttons. These trivial defects automatically reduce the uniform to the "reach-me-down" level.

In spite of its ragtime appearance the unit has been congratulated on its efficiency by the Colonel. Further divulgence of its activities would no doubt place the writer in an exceedingly embarrassing position—in front of a brick wall.

J. C. M.

*September Issue.* Contributions for the September issue should be received before August 16th.

Sir Walter Langdon-Brown has been elected an Honorary Fellow of the Royal College of Physicians of Ireland.

## CASE REPORT OF RUPTURED VALVES IN THE SUBCLAVIAN VEIN

By J. F. LUCEY.

**T**HIS history is of some interest, as it is believed to be the first reported case of the condition.

The patient was an energetic man of 19 in good health. While playing tennis, actually during the act of serving, he experienced a sharp pain in the apex of the axilla. The pain was not severe and lasted for a minute or so only. During the next few minutes the right arm became rather swollen and, while making strokes, pain was felt over the medial side of the elbow and over the dorsum of the hand; the veins were more engorged than those of the left arm, the whole right arm being, moreover, rather stiff and tense. At this stage the condition was relieved but slowly by elevating the arm, and it also took several minutes exercise to produce symptoms.

For the next 2½ years the condition remained almost stationary except for two or three minor changes. The pain became less localised and less acute; symptoms developed and were relieved by rest and posture with increasing abruptness; cyanosis began to occur to an increasing degree; and finally one small and wandering collateral vein developed, running from the cephalic vein to the external jugular vein. No loss of power developed, but ability to use the arm was greatly limited by swelling; if activity was continued without stop for more than one minute, the arm became so tense that the wrist and elbow could be moved with difficulty only, a period of at least 10 minutes' complete rest being required to remove the congestion and the cyanosis; elevation of the arm shortened this period and a dependent position of the arm prevented the symptoms from abating.

Two months before the patient was seen, he fell heavily on his right arm, while it was in a congested state; immediately after this fall a swelling appeared which was situated below the clavicle, in the space between the deltoid muscle and the clavicular head of the pectoralis major muscle; its transverse diameter was 2½ in. Further, from this time onwards the condition became very much worse, and such everyday affairs as washing, shaving and dressing could not be accomplished without considerable swelling and pain. The pain at this

stage was not sharp and localised, as at the beginning, but was a dull pain present throughout the arm. At no time was there any oedema of the right arm, the swelling being confined to the general venous circulation.

Dr. Scowen was consulted and exploration of the subclavian was recommended; with this in view Professor Paterson Ross and Mr. O'Connell were kind enough to see the patient.

During examination, one important new fact was noticed. This was that no congestion of the arm occurred during exercise, if digital compression was applied over the subclavian vein during the exercise; as soon as the finger was taken off the vein congestion followed. On the basis of this it was decided that, if no other cause of the condition was found, it would be beneficial to tie the vein.

At operation the vein was thoroughly explored; two incisions were made; by way of the first, 4 inches long, just above the right clavicle, the external jugular vein was displayed and traced down to the subclavian; and then the subclavian was explored as far inwards as the point where it disappears beneath the inner end of the clavicle. Just internal to the external jugular junction and in front of the scalenus anticus muscle there was some fibrosis outside the vein. This appeared to be a thickening of the tunica adventitia causing no constriction of the vein at all. The second incision was made below the clavicle, in the groove between the deltoid and the clavicular head of the pectoralis major muscle. Through this incision the top of the axillary vein was exposed, and this part of the vein as well as the outer end of the subclavian vein appeared normal. The exploration completed, it was decided to tie the vein; this was done by means of two ligatures passed around the vein, about half an inch apart, just internal to the external jugular vein—i.e., in the second part of the subclavian vein. The ligatures were of chromic catgut and they were tied independently; the vein was not divided between the ligatures. The wounds were closed with interrupted catgut sutures and a corrugated rubber drain left in the outer end of the upper incision.

Progress following the operation was remarkable and the result of the operation excellent.

On recovering consciousness, there was a sense of acute discomfort. The whole arm ached and the right shoulder was peculiarly painful; the head could not be raised from the pillow, owing to the slight dissection of the sterno-mastoid muscle. The arm from the wrist to the shoulder was swollen and there was pitting oedema over the fore-arm. Throughout the period of recovery, the hand was never oedematous. The patient lay on his back, supported with four or five pillows and, with the arm resting in a sling hanging from a pole beside the bed, the elbow was flexed and the fore-arm vertical.

For two days the pain continued to be severe, and no change in the degree of swelling was noticed; the drain was removed on the first day after operation. During the second night, some degree of surgical emphysema was noticed in the right axilla, which caused no pain, and was absorbed without giving any trouble.

On the third day, the pain was less, the head could be raised with help from the left hand and a fairly good night's sleep was obtained with two Allonal tablets.

The fourth day was marked by the removal of the stitches; these were removed without any pain, deep sensation only being present. There was no inflammation around the incision, although the small place from which the drain had been removed still discharged some blood stained serum. The night was a good one, sleep being obtained without any narcotic.

On the fifth day, the patient was able to enjoy a full meal, and was able to get up and shave himself, using the right arm. At this time the arm was still very swollen, no change having occurred in this respect since the operation. There was still considerable pain in the shoulder on movement, especially when the arm was hanging by the side; the sling was discarded as a permanent measure on the third day.

The seventh day saw the complete mobilisation of the patient, a fifteen mile bicycle ride being taken without any discomfort. The arm was still swollen as before, but this swelling was painless and increased very little with exercise. The

occurrence of cyanosis with exercise had practically ceased.

From this time onward, progress was unhindered, the patient returned to everyday work on the tenth post-operative day. Three weeks after the operation he was able to enter for athletic sports, and compete in field events without any swelling of the arm, that is to say, *extra* swelling, the original oedema being still present. Recovery of strength in the right arm was dramatic, as for the first week after the operation the arm could not be lifted above the shoulder, nor was it possible, without considerable pain, to lift any object from the ground; one week later the patient could play a hard game of squash and throw the javelin.

At the present time, nine weeks after the operation, sensation is returning to the skin, the operation scar is firmly healed and is freely mobile over the clavicle; there are several small collateral veins running across the front of the chest; no pain is experienced and there is no limiting factor as far as exercise is concerned; the enlargement of the arm is very much less marked, though there is no accurate measurement of the subsidence of this swelling.

*Comment.*—From post-mortem specimens, it was found that the uppermost valve in the subclavian vein was situated approximately where the vein enters the neck, below the clavicle, the exact position varying in different subjects; in the patient's case this corresponds with the position in which the pain was first felt.

The increased rapidity of the occurrence and subsidence of symptoms during the later part of this history, before operation, would seem to indicate that the blood was forming some new pathway for itself, probably by the venae comites; this pre-formed drainage would explain the rapid recovery without gross oedema, or large collateral veins.

*Differential Diagnosis.*—During the earlier stages of this condition, two other diagnoses were considered.

(1) Effort thrombosis; this condition is known to occur in washerwomen, who spend long periods with their hands above their heads, and in the subclavian veins of a certain type of fencer, who uses

a heavy sword and has to keep this weapon above head level. Against this diagnosis was the incomplete nature of obstruction and the intermittent occurrence of the symptoms.

(2) Obstruction of the vein by some surrounding structure; this diagnosis was

more likely and could not be excluded until operation. X-rays excluded the possibility of bony obstruction, and it was difficult to reconcile the symptoms with any definite form of obstruction.

My thanks are due to Professor Paterson Ross for permission to report this case.

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## VIVA VOCE!

*Or Heil to the Dictators in the Anatomy Department.*

An imp in me whispers  
"A concha's a part  
Of Scalenius Anterior  
Found in the heart."

It tells me how Corti  
Discovered that beer  
Will produce palpitations  
If poured in the ear.

That Winslow's foramen  
When found in the brain  
Will—for goodness' sake stop it,  
You'll drive me insane.

My knowledge has gone  
And I don't know a thing,

As I wait for a viva—  
The bell give a "ting."

Has the tone of a diner's  
Kept waiting to eat,  
An imperious challenge,  
Hi!! Bring me more meat.

The last one was tender,  
He melted away;  
When I asked him, "Relations"  
—Refer him to Gray.

Once again the bell rings  
And this time for me,  
If I had but the courage,  
I'd turn round and flee.  
"LAUNCELOT."

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## THE NEW BEHAVIOUR

Curious manifestations have appeared lately of a new laxity in manners which has sprung into being since the war began. This is not directly our concern except where the blame is wrongly laid at our door. Certain individuals, possibly with "Candid Camera" in mind, have been seen to stand up quite blatantly in the front rows of out-patients with the object of taking photographs of teachers and patients, sometimes causing a complete hold-up of proceedings. Let it be known that not a single one of the victims of "Our Candid Camera" in the past—nor few of those present on the occasions when he did his work—were ever aware that anything had taken place.

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## EXAMINATIONS

Correspondents have shown a certain lack of understanding of last month's Editorial by interpreting it as a plea for an easier examination standard. The point made—as closer scrutiny will show—was that the discrepancies shown by different Examining Boards, not in standard of knowledge required, but in cost of entrance and amount of clinical work done, should be removed.

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## QUEENS' COLLEGE, CAMBRIDGE

*We regret that we have received no news from Cambridge for some time, and sincerely hope that the defect will be remedied next month.*

## MOLOCH - 1940

YEARS ago the Ammonites sacrificed to the God Moloch that which they held dearest; and so their children were forced to pass through fire in sacrifice to this munificent monster. To-day the children of this country are being forced to pass through fiercer fires in sacrifice to another Moloch beside whose wickedness the original looks as innocent as a Raphaelite cherub. Moloch the First needed exposing—herewith the exposition of Moloch the Second.

Every day for the last ten months, property and persons which we hold most dear are being needlessly sacrificed to uphold a nebulous belief known as "fair play." From this belief other pseudo-ideals are procreated, such as "playing the game," "it is not sporting," or "it is not British." Consequent upon these nonsensical beliefs the authorities of this country are unable to take the initiative during a war in which failure to take the initiative means incalculable sacrifices of men and materials. Pristine politicians, who are generally considered to be of no more help to the country which they have successfully steered to the edge of the precipice, cannot be suspended altogether, but must be given a smaller job in the spirit of fair play. Convicted evaders of Military Service, who pay fifty to two hundred pounds to a pathological piece of protoplasm to impersonate them at their medical examination, may only be fined twenty-five pounds; to desert while in uniform earns an interview with a firing squad, yet to make the punishment fit the crime in the former case "would not be playing the game." Other countries, having decided that certain persons, or collection of persons, contribute nothing to the state, upon whom they parasitically exist, are entitled to act accordingly; but no authority dare do so in England lest the public rise up crying, "It is not British."

There are countless other examples of similar sacrifices to this new Moloch. And who is to blame? Why, Cricket of course.

Yes, the fundamental cause of this false principal is to be found in the waving of willow wands. From this ancient game has arisen the new Moloch to which so much is needlessly sacrificed: in it is personified the spirit of "fair play" and "doing the right thing," which must be eradicated instantly. Ask any politician born and bred in the outfield of an English cricket field to take the initiative in invading a neutral country to-day before the enemy gain colossal advantages by doing so to-morrow, and he would certainly reply, "No! It is not cricket—damme, old chap, it's body line."

Time it is, therefore, to substitute for this limbo of false dreams, a sport which inculcates in the followers a right spirit of superiority, unscrupulousness and destruction. Propagate fox hunting throughout the country; let everyone, old and young, rich and poor, experience the joys of chasing and killing the defenceless fox, and let everyone be blooded at each and every kill. Horses, bicycles or bath chairs may be matched with foxes, guinea pigs or tortoises, provided no possible means of escape be allowed for the victim. Both sexes must indulge together in the new sport to encourage that feeling of competition and strife so wrongfully suppressed in Cricket.

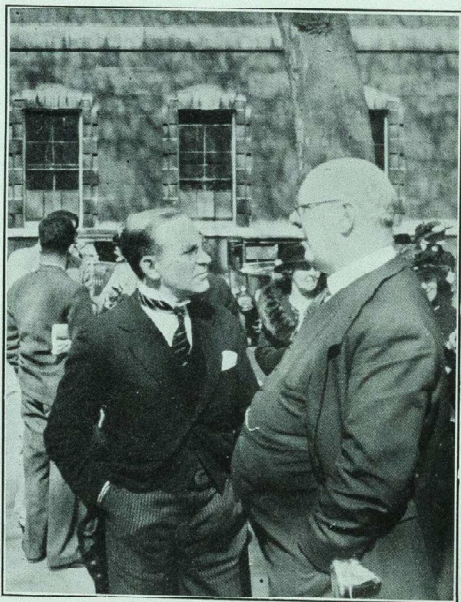
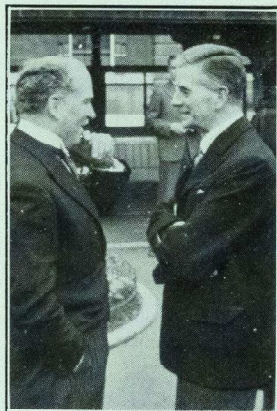
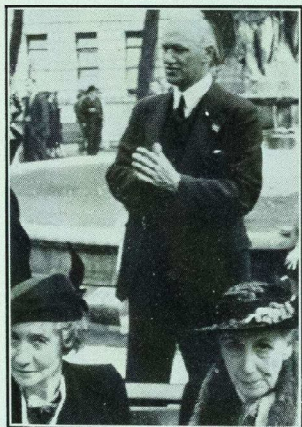
And what of the discarded game? Is it to be buried for ever? Decidedly no. Transport it to Germany and firmly implant the disease there. Let the President of the M.C.C. bowl long hops and full tosses to Hitler, encourage him in every way, and later award him his half-colours. And finally, when Adolf is concentrating hard to equal W.G.'s record of centuries, the plans for the protective invasion of another neutral will be met with a slight cough, an attempted curling of his moustache and the sharp rebuff, "Gad, no sir; it's not Cricket!"

J. T. H.

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# CANDID CAMERA

Extracts from the recently published book.



"Who's been at my Eno's."

Obtainable from the Manager of the Journal, St. Bartholomew's Hospital, E.C.1.

Price 2/- (Post Free 2/2d.)

## "HYPERPYREXIA"

IN the course of surgical dressing at Hill End Hospital during the past few months, I came across a case that was perhaps a little out of the ordinary.

The patient was a soldier, aged 25; he gave a reasonable history, having come in on a convoy from France, complaining of a pain in the right loin. He first noticed this two weeks previously when, during a spell of guard-duty up near the front line, he suddenly felt a stabbing pain in his right loin, which left him incapable of movement. The pain was continuous, and he later described it as "darting." He was admitted to a base hospital, and there the pain increased in severity but once asleep it did not awaken him.

No nausea, vomiting, constipation, diarrhoea, hæmaturia or any other symptoms were complained of, except general weakness.

He was examined soon after admission to Hill End, when marked hyperæsthesia over the whole abdomen was exhibited, and the muscles "guarded" on touching the skin. There was great tenderness in the right loin but no redness or swelling; rectal examination was negative; the patient was running a slight fever.

A diagnosis was not immediately arrived at, and in the meantime he was kept under observation.

The first time our suspicions were aroused was when one morning he complained of a pain, continuous and gnawing in character, at the base of his bladder. Another rectal examination was made, and

there appeared to be excessive tenderness around and inside the orifice—so much so that he nearly jumped out of bed at the first attempt. The prostate was extremely tender, but was otherwise quite normal. Now this was the second time that he had pain unaccompanied by any other signs or symptoms, and when the following morning the nurse took his temperature, she was startled to find that it read 108 degs. F. This caused considerable consternation in the ward, but the patient didn't show any signs of an acute fever, and when his temperature was taken later in the day it read 99.6 degs. F., which approximated to the temperature he had been running for several days.

However, the next morning the nurse was again startled to find that this time the mercury had risen right to the very end of the tube, somewhere above 110 degs. F.

Again the patient showed no signs of a high fever, and this is where he miscalculated badly. He had been pretty "cute" in squeezing the mercury up the tube, but he had quite forgotten or else was ignorant of the fact that even an increase of a few degrees in body temperature cause a considerable alteration both in the patient's appearance and his condition.

It was now realised that our friend no longer served any useful purpose by remaining in the hospital, and after being reprimanded for having irreparably damaged two government thermometers, he was discharged, his "pains" having disappeared as if by magic.

G. E. F.

### EDITOR'S NOTES

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

## THE DIFFICULTIES OF BEING PATRIOTIC

By R. A. MASSINGHAM

WE have fallen foul of the men of Bart.'s. A long and carefully won friendship is over. Perhaps, friendship is too strong a word. It would be presumption on our part to suggest that men from Bart.'s could be "friends" with humble folk from Islington. There never could be equality between Smithfield and the Angel. There is, after all, a difference between cheese and chalk. The feeling of the white man for the backward natives of an African swamp would be nearer the mark. Such as it was, we treasured it as something very worth while. Now it is all finished.

It all happened like this. On a bright and deliciously warm morning in early July, we looked out on the flower beds just below our window. They were aglow with colour and heavy with scent. Their beauty was so enveloping that, for the moment, we forgot the hurry and urgency of the road just beyond our gates. We even forgot the war. Nothing seemed to matter except the irresponsible gaiety of those flower beds. At that moment a balloon rose slowly above the house tops and floated menacingly into the sky. It destroyed that snatch of happiness and recalled the wailing of the sirens of the night before with their message of coming disasters. The spell was over.

The colour and gaiety lost all meaning. It seemed just thoughtless, unpatriotic exhibitionism. Those flowers were probably fifth columnists. But as we looked down, the beds, film-like, slowly dissolved into a clean stretch of brown earth and from its goodness came carrots, onions, potatoes and lettuces, each trying to outdo the other. The zeal of those sprouting vegetables sealed, once and for all, the fate of those pretentious beauties. We would humble their pride. Carrots not roses, onions not violas, potatoes not antirrhinums, would be our answer to Hitler. In a moment we were at our uprooting, and those flower beds, but a second ago alive with colour, were bare and ready for sterner stuff.

The work did not take long, and the effort, judged by world standards to-day, was small enough. But, in our humble way, we thrilled with patriotic pride as we

looked down on the good earth now ready to do its bit in the struggle ahead. In our simple hearts we felt we were hammering a further nail into the coffin of the Hun. For the first time in many weeks we felt really happy.

At that moment, the men of Bart.'s passed by on their way to Smithfield for the daily round. Perhaps it was the soft sunny morning or, possibly, that good brown earth that made those men of Bart.'s look even nobler than usual. Our hearts warmed to them. Now, we have an old custom in these parts of wishing our friends a good morning as they pass. The men of Bart.'s have always respected that custom. The salutations have always been most friendly on their side, and, naturally, most respectful on ours. We have never knowingly over-stepped the mark. The second gardener never forgets his position when he meets the village squire.

On this morning of mornings we hailed the men of Bart.'s with particular warmth, but there was no answering call. They ignored us and our good morning and stared down at those empty flower beds. Astonishment deepened into horror as the full meaning of the change became clear to them. They gazed and gazed at the emptiness beneath them. It took a moment or two for complete realisation, and then, without a word, without even a look, all but one passed on their way out of the gates and on to Smithfield.

They say that the unexpectedness of life is one of its greatest charms. Success can follow disaster without warning and often without meaning. Unfortunately, it cuts both ways, as we only too well realised on that fine July morning. We thought of the friendly sunshine and the vision we had had. Then we thought of the injustice of these men's attitude. After all, we had planted those flowers that, so lately, cheered our hearts as well as theirs. It was harder for us to see all that colour go. It was a heavy decision to take. Patriotism had been the only motive. We felt that the carrot would serve the country more successfully than the lily, and that the onion would help us to victory more speedily than the aesthetically-minded rose.

One of the men from Smithfield stayed behind. He, too, was staring at the beds and sucking vigorously, as is often his wont, at his empty pipe. He seems to derive some inner strength from air unflavoured by tobacco smoke. This morning he was pulling rather harder than usual at nothing. From time to time he shook his head in deep sorrow—his soul plainly in great pain.

We have always had a particular regard for this tall aesthetic-looking man from Bart.'s. His charming diffidence, and, at times, disarming inconsequence has always made a special appeal. There are many aspects to his many-sided character. We have watched over him, prostrate from an attack of influenza caught while sleeping, one pouringly wet night, under a hedge in the Cotswolds. We have seen him, full of life and enthusiasm, smash a tennis ball right out of the Hospital grounds. We have watched him dancing, making a speech, at work and at play—a most interestingly arresting character. Our most treasured recollection of him, perhaps, was in the very early hours of New Year's morning, 1940. We remember his exhortations for the future. With his head in the coal bucket, he shouted his heartiest greetings. Some might have mistaken his meaning. His choice of expression might have misled others. To those who knew him his words bore the unmistakable ring of friendliness. Strangely sounding, but strangely comforting.

It was, therefore, with special heaviness that we watched his torment. He was being unjust but we could understand the wanderings of his mind. He was, unquestionably, condemning us as clods with no appreciation of beauty and, certainly, no feeling for the higher life. Even if we were inferior beings, he was finding it very difficult to understand this complete subjugation of the soul to the belly. Great as was his feeling of disgust, it was as nothing com-

pared with his sense of disappointment. He had always believed in us. While others continued to look upon us as a bunch of dagoes, he always maintained there was goodness somewhere, difficult as it was to find. He believed he could instil some sense of decency in us. Well, he had been wrong.

We were puzzled. With a fairness rarely found in backward peoples we tried to fathom the real reason for this attitude. Outraged as their sense of beauty undoubtedly was, we somehow felt that they were being a bit extreme in the defence of aestheticism. We don't suggest they were trying to pull a quick one on us or that they were being entirely hypocritical. But the indisputable fact remained that on all other occasions their patriotism had always come first. Love of beauty had previously run a poor second to love of country. Why not this time? We didn't challenge their patriotism. But, what was the true explanation? We puzzled over it the whole of that day, and it only came to us over a mild and bitter just before closing time. It was perfectly clear. It wasn't the going of the flowers that was disturbing their late morning's rest, but the coming of the vegetables. If it had been pigs and not carrots they would have slept on. But, VEGE-TABLES! These men from Smithfield had lived too long in an atmosphere of red joints, succulent steaks, halves of mutton, kidneys in their fat, pig's trotters and the like. We had forgotten that they had always regarded the two veg. as an intrusion on their plate of roast and Yorkshire. We have known good healthy meat-eaters who looked upon the carrot as indispensable to a plate of boiled beef. Not so the men of Bart.'s. It must be flesh always, and underdone if possible. Covent Garden might be all right for opera but for nothing else. In all humility, we might say that their appetites had become a little jaded by over coarse feeding. Quite humbly again, we might say they were — but that's another story.



A RULE OF LIFE FROM "THE METHOD AND MEANS OF ENJOYING  
HEALTH, VIGOUR AND LONG LIFE."

By EVERARD MAYNWARINGE, M.D. (1683).

Keep the body *soluble*; your Head will be more free from *pains, fumes, and heaviness*: Also the lower Region of the Body will not so frequently be disturbed with *flatulent rumblings, distention and windy eruptions*.

Cherish *Sleep*; it refresheth the spirits, pacifies a troubled mind, banisheth cares, and strengthens all the faculties; but *tiresome waking* in the night is a great Enemy to a melancholy person.

Fly Idleness, the Nurse of Melancholy; but exercise often, and follow business, or recreation.

Walk in the green *Fields, Orchards, Gardens, Parks, by Rivers*, and variety of places.

Change of *Air* is very good.

Avoid solitariness, and keep *merry Company*.

Be frequent at *Musick, Sports* and *Games*.

Recreate the spirits with *sweet, fragrant and delightful* smells.

Banish all passions as much as in you lies; *fear, grief, despair, revenge, desire, jealousy*, and such like.

Give not yourself to much *study*, nor *night-watchings*; two great Enemies to a melancholy person.

Refrain *Tabacco*, though a seeming pleasant Companion; the *phancy* is pleased but for a *short time*; and the ill effects are *durable*.

*Everard Maynwaringe*, 1630-1699, a Physician, was M.D. of Dublin. He practised in London, and condemned violent purging and blood-letting. He was in charge of the Middlesex pest-house during the Great Plague. The book from which this extract is taken was written "in his Study in the Inner Temple, November, 1682," and is dedicated to the Lords & Judges, the Treasurer & Masters of the Bench & the rest of the Members of the Inner Temple.

### EXCERPTS

POLLUTION OF A CREEK—POOR OUTLOOK  
. . . The Harbour Master at this juncture produced a jar of particularly vile foetal matter which he stated could be collected in buckets-full from the backwater after a storm.

*Local Paper.*

\* \* \*

#### INQUIRY INTO CONTRACTS

A Select Committee has been appointed to report on National Expenditure of improper commissions on contracts for beds for evacuees.

*News Chronicle.*

\* \* \*

#### NEW COMPLAINT

Patient complains of passing white of egg in his water.

*Heard in a ward.*

#### BRIGHTER NEUROLOGY

*Physician*: Now is this pin sharp or blunt?

*Patient*: I should have thought you could have determined that for yourself.

*Heard at Hospital for Nervous Diseases.*

\* \* \*

*Physician*: Now what am I doing to your big toe?

*Patient*: I think you're just —ing it about.

*Heard at Hill End.*

\* \* \*

*Physician*: Now will you show me your teeth?

*Patient*: Sorry, I can't do that, they're upstairs.

*Heard at Hospital for Nervous Diseases.*

### THAT MAN AGAIN

The other day I received a rather odd communication purporting to come from a friendly alien who had observed the Fifth Column at its worst; it was not long however before I had divined the identity of this menace to the Hospital's integrity, and, for what it is worth I give his letter in full. I hope that you too will be able to recognise the perpetrator of this dastardly attempt to undermine the charming customs which appear to mean so much in the Hospital.

Respected Sir,

For many days am I watching your Hospital, and to-morrow must will the pen to pepper put warning you of perilousness. Honoured sir, please to believe. I see now the Fifth Columns for many weeks abroad warking and yesterday am telled by a gemutuals freund "If you will to St. Bart go there you will see the Columns and even some Columbine"; well Sir, I watsch and I have terror, yes me.

Your columnists have come seeking destroy of morale, destroy Britische charactern, commonsivilities, politness to the Herr Doktors, good decencies to patients and likewise. They say "if we behave like the feelthy schweinhunds, we forget manners and morals, maybe even we manage as bad as Wops, then are the English doktors beatn."

Sir, I am to your Surgeons Outenpatients

gone desguised as a hydrocoel—first I think I am in the Konzentrationslager got, then I see your Fifth Columnists—they talk for drowning the Herr Doktor, they ask your Damfool questions for confusing, they make click the cameras from the frontrow and from the backrow pusch—it is tarrible.

Later I am on a Medikalsround gone also this is tarrible. I am think if the Fifth Columns are any more lacksundasikal, or less attendance to the Herr Doktor make, they will get next into the spare beds and quietly to sleep will go.

Lastingly Sir I am get to the lectures-room for hearing the so grand Herr Rectumsdoktor, and there see the most tarrible of all, the feulier of frightfulness from der Outenpatients, who now in the middlefront sits und Bally und Libe reads never uplooking once for all the lecture. The Herr Rectumsdoktor und all the Britische are much unmoralled—it is tarrible.

Why will you not do something before it is later, but perhaps your great fountain is now even in the summer froze—yes?

Much respectsk and hopes you will advice taking.

HANS BINDLESHERTZ.

The nerve of the man—still we must be fair and admit that there's something in what he says.

CORTEZ.

### ARMOUR

ON June 26th the Royal Society of Medicine was treated to a discussion which was stimulated by Mr. Kenneth Walker's interesting paper on Protection of the Soldier in Warfare. Mr. Walker had noticed in the last war that many deaths were caused by small missiles tearing the great vessels of the chest and heart. The soldier's head was protected by a steel helmet, and he saw no reason why this principle should not be extended to the thorax. The old objection, that armour was too heavy, no longer held good, since the modern soldier did not march, and, furthermore, suitable light materials (such

as compressed canvas and bakelite) were available.

Recent investigations showed that about 33 per cent. of the dead were wounded in the chest, and that about 60 per cent. of cases at a C.C.S. were wounded by missiles other than the bullet. Mr. Walker had submitted to the War Office a jerkin composed of laminated steel segments, which would stop projectiles of low and medium velocity. The weight was 14 lbs. He had spent the last three months in and out of Government offices, with some effect at the Air Ministry but none whatever at the War Office.

Sir Richard Cruise pointed out that he had advocated protection for the eyes since 1917.

Sir Harold Gillies was full of new ideas, including extra windscreening on vehicles and machines.

Major W. E. Underwood stated, by proxy, that many wounds in this war were due to projectiles of low and medium velocity.

Colonel Max Page said the soldier's burden must not be increased, and that the Germans were not using armour.

Mr. T. B. Layton was of opinion that something weighing 2 oz. would probably pass the authorities.

Surgeon Rear-Admiral Gordon-Taylor backed Mr. Walker and Sir Richard Cruise, while

Sir Thomas Dunhill said the choice lay between protection and manoeuvrability.

After sundry other speakers, Mr. Walker concluded by proposing two resolutions, one calling for closer collaboration between the medical profession and the defence ministries to consider this problem, and the other recommending the Society to appoint a special committee for this purpose. Both resolutions were carried unanimously.

## CORRESPONDENCE

### LOUIS BATHE RAWLING

To the Editor, St. Bartholomew's Hospital Journal

Sir,  
May I pay a tribute to the memory of Mr. Rawling. While a dresser to the "firm" of which Mr. Rawling was Assistant Surgeon, I had occasion to bring to Mr. Rawling my mother's dressmaker, who had fallen and sustained a Colles fracture. She had been treated in another London hospital and apparently had retained splints far too long—five weeks or so—with the result that adhesions had made her wrist and fingers practically useless, which was a most serious matter for one in her position, as it prevented her earning her living. The personal attention that Mr. Rawling gave to this rather tedious hospital case, his trouble over it, and his kindness to the patient were an eye opener to me, and a real education in the humanities. It was for that quality—that real goodness of heart—that all of us who knew "L.B." loved him. He has passed on, but his example remains.

Yours truly,

N. N. KING.

Lieut.-Colonel C.I.E., I.M.S. (ret.)

Fairlawn,  
Beaconsfield.  
July 6th, 1940.

### N.U.S.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,  
The recent correspondence concerning the National Union of Students had hitherto roused little emotion in me except perhaps that of amusement. Mr. Bailey's reference to the people whose

names he hesitated to mention, I merely passed over with the thought that here was no difficult guesswork. But Mr. Weitzman's letter altered my ideas and also taught me a lesson; it taught me with even more emphasis than ever the value of accurate and well-chosen English usage, as opposed to the danger of misarranged and careless words. In his letter, Mr. Weitzman said that he represented "the thirty-odd students stationed at the Royal Northern Hospital." (Please do not again use that word 'odd' to denote a number; and how lucky, Mr. Editor, you failed to omit the hyphen! It is this incorrect use of the definite article which I take as my excuse for bursting into correspondence; it implies that all the students stationed at the Royal Northern Hospital were represented by Mr. Weitzman. I should like to point out that this is totally wrong. I know of six (out of the total of about thirty-five) who had definitely no desire to be associated with the N.U.S. or any of its machinations. I will remember the fuss and bother in the Common Room in our billets in the Holloway Road while the N.U.S. was discussed. It was a discussion difficult to avoid without retiring to one's bedroom; the only item that did not seem to raise much dispute was the name of the ambassador. I think that Mr. Weitzman will remember that these six had no more objection than was compatible with good manners to his going on his mission on condition that their names were not associated with it in any way whatsoever.

I am, Sir,

Vours faithfully,

TOM ROWNTREE.

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

(This correspondence is now closed.)

## HILL END NEWS

### CRICKET AT HILL END

M. H. Gilbertson's XI. v. J. Westwood's XI.  
9th June, 1940.

This was an enjoyable game, the teams for which were picked at short notice when our official opponents failed to turn up. Batting first, Gilbertson's XI. were doing well with 83 for 4 on the board, when Vincent's landlord's son, K. Embleton, produced a collapse, and the eventual total was 115 for 9 dec. Rain prevented Westwood's XI. from scoring the extra 22 runs they would almost certainly have made

M. H. Gilbertson's XI.	
A. D. McShine, b Gallimore ...	23
S. R. Hewitt, b Gallimore ...	13
S. J. T. Merryfield, b Embleton ...	21
M. H. M. Gilbertson, b Embleton ...	10
J. K. Mason, lbw, b Embleton ...	19
S. Embleton, run out ...	4
Total (for 9 dec.) 115	

J. Westwood's XI.	
D. Bartlett, c Embleton, b Merryfield ...	16
G. H. Wells-Cole, ct Hewitt, b Merryfield ...	2
A. J. Gray, run out ...	0
J. O. Gallimore, b Tudor ...	41
E. C. Picton, c Gilbertson, b Tudor ...	6
J. Westwood, not out ...	8
A. G. Richards, not out ...	1
W. O. Atlee, c H. Vincent ...	2
C. Longman, c K. R. Embleton ...	0
Extras ...	18
Total (for 5) ... 94	

Hill End C.C. v. Herts County Council C.C.  
June 15th.

A sporting declaration by the opposition enabled us to pass their total with three wickets in hand. Taylor had a good day, taking 3 wickets for 18, and scoring 25, and Gallimore hit hard and often for 62.

Hill End	
D. Bartlett, ct Chessum, b Rose ...	5
G. H. Wells-Cole, ct Long ...	3
A. D. Macshine, c Richardson, b Long ...	0
J. O. Gallimore, b Long ...	62
C. E. Tudor, lbw, b Rose ...	0
G. B. Goodchild, c Grigg, b Finch ...	22
Total (for 9) ... 129	

Herts—123 for 9 dec.

Hill End v. Thorndale C.C. July 7th, 1940.

Owing to a certain lack of co-operation between past and present secretaries, the first intimation of this match was when their team arrived at 12.0 in the morning. G. E. Hicks, Esq., by searching in appropriate places, quickly raised a team, breaking up in the process what appeared to be a very promising session. Gallimore by taking 5 for 62, and nursing the bowling when it was our turn to bat, forced a draw on a superior team.

Hill End.	
S. R. Hewitt, b Prentice ...	6
A. J. Gray, b Green ...	0
J. O. Gallimore, not out ...	41
J. A. Attwill, at Christen, b Green ...	7
J. K. Mason, b Prentice ...	0
L. Grunbaum, c Smith, b Prentice ...	0
Total (for 7) ... 67	

Thorndale—146 for 9 dec.

Hill End v. Shenley Hospital. July 13th, 1940.

Yet a third time were we defeated by the wagging tail of our opponents. As Gallimore was 18 short of the 50, we have come to expect from him, we were all out for 105, though Pearce and Mason showed some interesting cricket in adding 19 for the eighth wicket. Inability to play the slow bowling of Attwill and the almost stationary bowling of Gray, caused a partial collapse, but our total was eventually passed with 2 wickets in hand. Attwill bowled unchanged throughout to take 4 for 25.

Hill End.	
A. J. Gray, b Holcroft ...	8
G. H. Wells-Cole, b Holcroft ...	6
J. O. Gallimore, ct Greenbough, b Gledhill ...	32
A. D. Macshine, ct Gledhill, M., b Gledhill, T. ...	13
S. R. Hewitt, ct Gledhill, M., b Holcroft ...	4
C. E. Tudor, run out ...	8
Total ... 105	

Shenley—108 for 9.

A. J. G.

Hill End v. St. Michael's C.C. 16th June.

In spite of a good opening stand between Bartlett, who was unlucky not to carry his bat, and Wells Cole, followed later by some good defensive batting by Gilbertson, we were all out for 111. This total, regrettably enough, was passed by the

opposition with eight wickets in hand. The remark "Gilbertson unfair to wicket-keeper" was freely heard when it was discovered that he was the only person who had not been asked to bowl.

Hill End C.C.	
D. Bartlett, c	M. H. Gilbertson, b Funnel ... 7
G. H. Wells Cole, b Clifton ... 20	C. P. Perkins, b Funnel ... 0
A. D. Macshane, b Clifton ... 0	F. C. R. Picton, b Prior ... 6
C. E. Tudor, st	N. A. Campbell, b Pearce, b Prior... 2
G. B. Goodchild, c	S. J. T. Merryfield, b Prior... 1
F. J. Taylor, b Prior	Extras ... 12

Total ... 111

St. Michael's—173 for 6.

Hill End v. Local Taxation Office C.C. 22nd June.

Good bowling, especially by Bartlett, enabled us to dismiss our opponents for 62, Bartlett's analysis being 4 for 22. Thanks to Gallimore and Well-Cole, we had no difficulty in registering an excellent win, in spite of a bad start—2 wickets down for 2.

Hill End C.C.	
Bartlett, c Newbolt, b Hinde ... 1	Taylor Gilbertson
Wells-Cole, c Brookes, b Scarlett ... 24	D'Silva Campbell
Macshane, b Hinde	Merryfield
Gallimore, not out	Did not bat
Goodchild, b Hinde	Extras ... 4
Tudor, not out ... 7	

Total (for 4) ... 68

L.T. Office C.C.—62.

Hill End Hospital v. Cell Barnes Colony. June 26th.

This exciting game ended justly in a draw. In 2 hours 10 minutes C.B. Colony scored 166 for 3, when they declared, leaving Hill End an hour and forty-five minutes. With three minutes to go, Gilbertson came in when we wanted 16 to win. As the batsman had crossed at the fall of the previous wicket, Gallimore scored a 2 and a 3 off the next two balls; Gilbertson swung and missed, swung and connected (4 runs), swung and was caught, and the game was drawn. Most exciting, I repeat.

Hill End.	
Bartlett, lbw Reynolds ... 20	R. M. Mason Picton
Macshane, b Merryfield ... 5	D'Silva Perkins
Gallimore, not out	61 Cotton

Tudor, b Norcker ... 38	Did not bat
Hewitt, ct Oughton, b Jackson ... 16	Extras ... 16
Gilbertson, ct Reynolds, b Jackson 4	Total (for 5) ... 160

Cell Barnes Colony—166 for 3 dec.

Hill End v. St. Michael's C.C. June 29th. Playing for the first time under our new captain, Gallimore, we were in some ways unfortunate not to win this game. Keen bowling by Taylor (4 for 22), and Bartlett (4 for 33), caused St. Michael's wickets to fall for 81; the last pair, however, added 23, a stand which was to prove our undoing. Shortness of time, too, was partly responsible for the abandon with which our last four wickets fell.

Hill End.	
Bartlett, ct Wiggs, b Turner ... 5	Gray, b Sedgwick ... 10
Wells-Cole, lbw, b Turner ... 30	Tudor, ct Pearce, b Sedgwick ... 0
Macshane, b Turner 4	Mason, K., lbw Turner ... 0
Gallimore, b Turner 12	McGrigor, b Sedgwick ... 6
Goodchild, ct Hodges, b Biles... 13	Stephens, not out... 0
Taylor, c and b Turner ... 0	Extras ... 8

98

St. Michael's C.C.—104.

Hill End v. Cell Barnes. July 3rd, 1940. Once again a last wicket stand led to our defeat. Apart from Gallimore's 41, the runs were fairly evenly distributed among the rest to give us a total of 150. When Cell Barnes went in, their opening batsman put them in a good position (79 for 1). It was left to Gray and Attwill making their long-awaited (by Gray and Attwill) debut to give us a fighting chance (132 for 9). Badcock by big hitting, however, won the match for them.

Hill End.	
C. E. Tudor, ct Reynolds, b Jackson ... 13	J. C. Macaulay, ct Reynolds, b Jackson ... 15
A. J. Gray, ct Windmill, b Jackson ... 15	J. K. Mason, ct Reynolds, b Jackson ... 12
J. O. Gallimore, ct Jackson, b Oughton ... 41	H. H. Rentall, lbw Jackson ... 6
R. B. McGrigor, b Oughton ... 20	V. P. Stephens, ct Kettleby, b Jackson ... 0
J. A. Attwill, b Oughton ... 1	G. E. Hicks, not out ... 0
H. L'Etang, b Norcker ... 7	Extras ... 20

Total ... 150  
Cell Barnes—154.

TENNIS AT HILL END

"Those were the days." How often does one hear that said nowadays? Perhaps they were, but there are advantages in these not being the days. There was no Wimbledon tournament this year, and no longer does one walk on to the court with a vision of Budge's second service in one's mind's eye—the thought that it is ten times as fast as one's own first service which never goes in anyway, not since last Tuesday week, as far as one can remember; no longer does one compare one's partner's forehand with that of Kay Stammers; and no longer does one have to take three rackets,

all bound up with white tape, on to the court to impress one's opponents. The world knows that there was no tournament at Wimbledon; perhaps it doesn't know, or care, that at Hill End we have not had a tournament either. Instead, we have played tennis for pleasure, and have been lucky in having the weather and the courts. If one can't afford new balls and must perform use the same old ones time and again—what matter? It is still the pleasantest and one of the most efficient ways of building up a thirst.

R. M. M.

GRAMOPHONE SECTION

At the end of June a powerful new electric gramophone was permanently installed in the Reception Hall at Hill End. It has thus been possible for the Gramophone Society once more to resume the activities which it started last winter, but was forced to abandon at the end of March, when its founder returned with his gramophone to Bart's.

As before, evening concerts are held twice weekly, on Sundays and in the middle of the week. At the former, short popular works are performed, while the mid-week concerts are devoted to symphonies or concertos. This is done in an attempt to satisfy those who prefer light music and opera as well as those whose tastes are more serious.

The audience usually numbers fully fifty people, and although a large proportion of these seems to attend for purposes of conversation, reading novels, or completing various articles of knitted wear, it is encouraging to note that a few also come, apparently, to listen to the music.

In addition to concerts, the Society has also held two gramophone dances, activities which serve considerably to enliven the atmosphere at the Hospital.

It will not be out of place in concluding to take this opportunity of thanking all those who have been so kind as to lend records to the Society, both for concerts and for dancing.

A. G. H.

SPORTS NEWS

TENNIS CLUB

v. Balliol College, Oxford. Won 9—0.

After last year's defeat it was with a certain amount of trepidation that we set forth for Oxford and the news that two of their team were away playing against Cambridge was received with protestations of regret more enthusiastic than sincere. Such fears, as it turned out, were unfounded, and the surprising result of 9—0 in our favours, severely shook our confidence in our ability to play the game brilliantly without actually winning. However, several sets managed to get themselves lost, through, of course, no fault of ours, and the standard of tennis was eminently suited to a hot Saturday afternoon.

TEAM—1st Pair.	K. Marrett, D. Currie.
2nd Pair.	J. D. Loughborough, J. Stephens.
3rd Pair.	J. Slove, D. Kelsey.

SWIMMING CLUB

Bart's v. Bishop Stortford College

On Wednesday, July 10th, a Bart's team travelled to Bishop Stortford, and beat the College swimming team, winning first place in every race. In the water-polo which followed, owing to lack of training and the most atrocious marking, we lost to a team which played together and deserved its victory.

The first race was the 100 yds., which was won by T. Coates, with C. R. P. Sheen a close second, and this was followed by a win in the 50 yds. by J. A. Smith. The diving, which supplied an interval in the racing, was most closely contested, and L. A. MacAfee just lost the verdict by one point, gaining his revenge in the 50 yds breast-stroke when he won by a touch from an opponent who exploited the recently legalised "butterfly" stroke; R. L. Hall gained third place. The final event was a 4 x 25 yds. relay, which we won by about half a length, giving us the match by 23 pts. to 8.

The water polo match was a very different story. The Bart's team seemed to lack any sort of cohesion, and the marking was so bad that the two backs were frequently left to try and deal with three forwards, and Stortford opened the scoring with a close shot that gave Sheen little chance. Pearce equalised a few minutes later with the only Bart's goal of the match. For the rest of the first half Stortford pressed, and were repulsed by the backs, and half time came with the score 1—1. In the second half, the marking was, if anything, worse, and by taking advantage of this, the College team started throwing in some long shots, one of which eventually scored. After a great deal of very ragged play, the College centre forward was allowed to swim through unmarked and, on reaching the backs, put in a shot which almost burst the net, and gave them the victory by 3 goals to one.

TEAM—C. R. P. Sheen; J. A. Smith, R. Orr-Hughes; T. Coates, L. A. MacAfee, W. Pearce, I. E. D. MacLean.

Two other matches have been played against the men of Chelsea barracks, and although we are rather strong in the swimming side, the fixture has resulted in two well fought water polo matches of a fairly high standard, both of which we won by a narrow margin.

SAILING CLUB REVIEW

This season the heavy shadow of the Admiralty fell upon the Sailing Club at Burnham-on-Crouch. The Barge, "Harry," was requisitioned by cadets billeted in the Royal Corinthian Club, as being suitable for their band practise. The whaler was also taken under Admiralty control.

Because of the restrictions at Burnham, the difficulty of transport and the difficulty of getting leave, it was decided that the club should move to the Thames to accept the hospitality of the London Corinthian Sailing Club. Accordingly, the majority of the dinghies were brought to Hammersmith.

When it was discovered that the Thames is rich with colour, fair winds, and excellent old-worldly hostilities, sailing rapidly became a popular pastime. Races were conducted against Oxford, and also against the London Corinthian Sailing Club.

Fair promise was held for a good season until, on July 9th, sailing was prohibited below Barnes Bridge. Members will be glad to learn that efforts are being made to move the boats further upstream.

I. E. D. M.

## NEW BOOKS

**Wide Field X-ray Treatment:** S. Gilbert Scott. (Newnes, 8/6.)

Under the patronage of the Nuffield Wide Field X-ray Research, Dr. Gilbert Scott has published the results of his work over a period of twenty years with low voltage medium-wave X-rays. Experiments with animals having shown that a small dosage of X-rays to the whole body resulted in maintenance of health, increased resistance to artificially induced tumours and a general increase in weight, Dr. Gilbert Scott felt justified in using the same treatment as a routine on patients in the London Hospital, with the intention of preventing the growth and spread of secondary deposits after destruction of the primary tumour by deep X-ray. The results were consistent with those of animal experiment, with the addition that the general condition of the patient was considerably improved.

Since 1933 the technique has been applied to various other conditions—asthma, local sepsis, rheumatic spondylitis, blood and lymphatic diseases, endocrine disorders, and, finally, indefinite general ill-health with an absence of objective signs. In all these conditions, Dr. Gilbert Scott claims to have had good results, as shown by the cure or improvement of the patient. A differential sedimentation test, based on the work of Baudien, was used as the index of dosage in individual cases, and in all improvement was accompanied by a characteristic change in the sedimentation curve which then approximated to the normal.

As an explanation of the results obtained and of the altered sedimentation curve the author suggests that the treatment causes an increase in general resistance, which may be due to improvement of the co-ordinated function of the whole complex of secreting glands; this is, however, almost entirely without experimental proof.

The chief purpose of this book is to draw the attention of radiologists to the possibilities of wide field X-ray treatment, and Dr. Gilbert Scott has shown clearly the many directions in which further research is needed. The subject is of particular interest from the point of view of prophylaxis; assuming a reliable method of assessing the general susceptibility of a person to disease, a preventative course of wide field X-ray treatment may well play an important part in preventative medicine of the future.

### Royal Northern Operative Surgery

By the Surgical Staff of the Royal Northern Hospital (H. K. Lewis, Price 42/)

The appearance of new textbooks of surgery and medicine often occasions regrets—swelling as they do the medical literature and adding to the difficulties of the student searching for the "best book." The purpose of the authors of the Royal Northern Operative Surgery is to create "a live surgery to help and refresh the practising surgeon." One is not entirely satisfied that this end is attained.

The book is well produced, the print being a pleasure to read and the illustrations, both photographic and drawn, are excellent. As regards the subject matter, one's first criticism is that in spite of its quite large size, the volume is by no means a complete system of operative surgery, so that the young surgeon may be disappointed to find that the very procedure on which he requires immediate information is not described—e.g., injuries to the upper abdominal viscera.

Some of the chapters are of outstanding merit. That dealing with urology is an example. So also is the orthopaedic section. Others are poor—or so incomplete that they would better have been omitted, e.g., the sections dealing with the head and the spine.

The value of a text book of this type is, on the whole, open to question. The two chief functions which it might perform are first to act as a work of reference on operative surgery, and secondly, to aid the young surgeon by containing all the information which he may need for the performance of emergency operations. The book fulfills neither of these functions, not being sufficiently complete for the former, nor dealing adequately with emergency procedures for the latter.

**Landmarks and Surface Markings of the Human Body.** By L. Bathe Rawling. 8th Edition. (H. K. Lewis. Price 8s. 6d.)

The eighth edition of this famous classic had just been completed before Mr. Bathe Rawling died. It differs from its predecessors mainly in that the British Revision of the B.N.A. Terminology is adopted, although Mr. Rawling has "compromised in the case of some older terms which are classical, or which still retain their place in surgical descriptions." Beautifully illustrated and clearly written, it is an ideal handbook for those studying for an Anatomy examination, an excellent reference book for everybody at all stages in their career, and finally, for all Bart's men, a small reminder of the man.

**Clinical Practice in Infectious Diseases.** By E. H. R. Harries and M. Mitman. (F. & S. Livingstone. Price 17s. 6d.)

There has of recent years been undoubted need for an up-to-date and complete textbook of infectious fevers and their relation to Public Health. This volume is of necessity a trifle full for the ordinary student, but is so attractively written and set out that it is far easier to read than the many shorter and more scrappy books on the same subject from which only about a fifth as much is to be learnt. The rather cheap summaries at the end of each chapter are inclined to remind the reader of those examination-conscious travesties. Treatment and prophylaxis are rightly the most prominent features of this work, which is one of the few really important new books that have been published since the war.

\* \* \*

**Green's Manual of Pathology.** Revised by H. W. C. Vines. 16th edition. (Baillière Tindall and Cox. Price 31s. 6d.)

For some quite unknown reason, most people think that a good text-book of Pathology must of

necessity have hailed from across the Atlantic. It comes, therefore, as somewhat of a surprise to find that after all there is a perfectly good English textbook on the subject, which has been going for a very long time, but of which extraordinarily little seems to be known by the ordinary person. And very good English this book is, too, the choice of phrase and manner of expression—quite apart from the excellent illustrations—making it one of the most readable, though not one of the most complete, Pathology books in existence.

**Common Skin Diseases.** By A. C. Roxburgh. Fifth Edition (H. K. Lewis & Co. Price 15s.)

A new edition of Dr. Roxburgh's book is always welcome, and this one—which we must apologise for being a little late in reviewing—has been brought into line with the most recent advances, added to in the matter of illustrations, and generally revised. There are many textbooks on Skins; most of them are too full for the ordinary student, a few of them are too short and sketchy to be of any use at all. Dr. Roxburgh's book has the distinction of being, with regard to quantity, just right, besides being excellently written and, so far as treatment is concerned, one of the most valuable.

## BOOKS RECENTLY ADDED TO THE LIBRARY

- BAILEY: *Demonstrations of Physical Signs in Clinical Surgery.* Seventh Edition, 1940.
- BRAIN: *Recent Advances in Neurology.* Fourth Edition, 1940.
- BREEN: *Essentials of Fevers.* 1939.
- British Pharmacopœia. Addendum,* 1936.
- BROWNE: *Antenatal and Postnatal Care.* Third Edition, 1939.
- \*BURROWS: *Some Factors in the Localisation of Disease.* 1932.
- \*BURROWS and COLTART: *Treatment by Manipulation.* 1939.
- COPE: *Early Diagnosis of the Acute Abdomen.* Fifth Edition, 1940.
- DIBLE and DAIRE: *Pathology.* 1939.
- DUNLOP and others: *Textbook of Medical Treatment.* 1940.
- EVANS: *Recent Advances in Physiology.* Sixth Edition, 1939.
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**BIRTHS**

- ARNOLD.—On June 27th, at Elmswood Nursing Home, Wembley, to Frances (née David), wife of D. L. Arnold—a son.
- BIRCH.—On June 4th, 1940, at Southsea House Nursing Home, Dorking, Surrey, to Diana, wife of Dr. R. G. Birch—a daughter.
- BERRY.—On July 10th, 1940, at Zomba, Nyasaland to Veronica and Dr. W. T. C. Berry—a son.
- COPE.—On July 3rd, 1940, at Lima House, Reading, to Bonny, wife of John Cope, F.R.C.S., R.A.F.V.R.—a son.
- HANBURY-WEBBER.—On July 3rd, 1940, at H.R.H. Princess Christian's Nursing Home, Windsor, to Phyllis (née Atkins), wife of Lieut. R. Hanbury-Webber, R.A.M.C.—a son.
- KERSHAW.—On July 3rd, 1940, at Scads Hill House, Orpington, to Armine (née McCutcheon), wife of Dr. Robert Kershaw—a son.
- McCURRIC.—On July 2nd, 1940, at St. David's Wing, Royal Northern Hospital, N. 7, to Bettine (née Ellis), wife of H. I. McCurric, M.S., F.R.C.S., of Hove—a son.
- OWSTON.—On June 24th, 1940, at the Radcliffe Maternity Home, Oxford, to Rosemary (née Bromley), wife of Flight Lieutenant John Owston—a son.
- WHITE.—On June 29th, 1940, at 108, High Street, Berkhamsted, to Phyllida (née Warren), wife of H. Denis White, M.B., B.Chir.—a son.
- WARING.—On July 18th, 1940, at Luton and Dunstable Hospital, to Margaret (née Thompson), wife of Dr. John Waring—a daughter (Rosemary).

**MARRIAGES**

- BUTLER—THOMPSON.—On June 24th, 1940, at Bishop's Stortford, Kenneth Arthur Butler, M.B., B.S., to F. D. Margaret (Dinah) Thompson.
- CROWTHER—AUSTEN HALL.—On July 20th, 1940, at Holy Trinity, Friarage Convent Road, Donald Crowther to April Austen Hall.
- DEIGHTON—POPE.—On Saturday, June 29th, 1940, at Cheltenham Parish Church, by the Rev. J. R. Goodliffe, Rector, Thomas Dudley, son of the late Mr. and Mrs. T. Howard Deighton, of Brockley, London, to Gillian Barbara, daughter of the late Mr. and Mrs. Clement Pope, of Dorchester, Dorset.
- EDWARDS—TELFER.—On April 20th, 1940, at St. Bartholomew's the Less, E.C.1, T. A. Watkin Edwards, R.A.F.V.R., to Beatrice Elizabeth Telfer.
- HARTILL—HERBERT.—On July 8th, 1940, at East Cowes, Geoffrey Gordon Hartill, only son of Dr. and Mrs. S. Hartill, Bucklands, East Cowes, to Olive Altrida Herbert, youngest daughter of Mr. Herbert and the late Mrs. Herbert, Little Common, Beahill.

**DEATHS**

- ANDERSON. On June 23rd, 1940, at his residence, 178, London Road, Twickenham, Matthew John Beevor Anderson, L.R.C.P. (formerly of Cedars Road, Clapham Common), dearly loved husband and father.
- BINDLOSS.—On June 14th, 1940, Dr. Edmund Frederick Bindloss, J.P., of The Boltons, Farnborough, Hants.

**ON ACTIVE SERVICE**

- DAVIES.—In July, 1940, killed on active service, Ivor Rees Davies, M.B., B.S., Lond., Lieut. R.A.M.C., dearly beloved eldest son of Dr. and Mrs. H. R. Davies, Redford Lodge, Whyteleafe, Surrey, aged 25.

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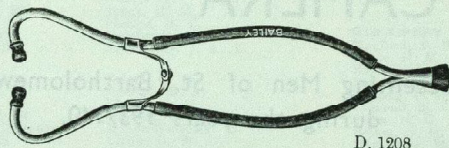
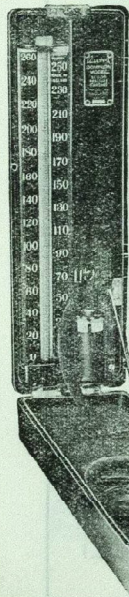
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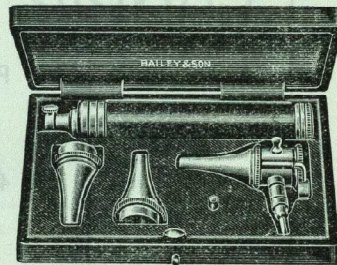
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## HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 12.

SEPTEMBER 1st, 1940.

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### LIGHT IN OUR DARKNESS?

FOR most of us, the age of twenty-one, far from being the age of discretion, would more truthfully be termed the age of disillusionment. Presumably that feeling comes in varying degrees to every generation, but since facts are always more poignant when applied to oneself, it must seem to many of us that we are in a must have seemed to many of us that we are in a veritable pit of disillusionment, ringed with the crumbling edifices of youth and with a large notice in the middle, marked PRESENT. Let it not be supposed that our pit is not a very pleasant place: we eat, sleep, play, work (if a little tentatively), drink, make love, and generally enjoy ourselves; in fact, we are for the most part entirely oblivious of our confinement. But occasionally, and even more frequently as the years go by—aye, there's the rub—that relentless power of reasoning, the only thing that puts us on a higher plane than animal life, rolls back the mists and we are face to face with the walls of our pit. For many of us those comforting mists have worn very thin these last few years. A claustrophobia has set in, and we feel that at all costs we must find the way out; we argue madly round the walls seeking for a foothold so that at least we may peer over the top and see what is ahead. A few of our edifices have their corner-stones still standing, and we leap on to these in the hopes of finding our way up the old familiar stairways. Religion with its broad and magnificent base offers a mounting block. But the way up is precipitous and so strewn with the debris of cant, sect and doctrine that most of us have difficulty in picking our way, and regretfully turn back, with a mental reservation that we will try again one day.

Politics presents its gaily painted façade, but crumbles at the first touch, rotten to the core with Cancer of the Press, Big Business and Self-Seeking. Nationalism, Racial Theology, the Service of the State, bring the boulders of War, Persecution and Intolerance thundering about our ears; while the steps of Democracy are so coated with the slime of hypocrisy and fraud that it is impossible to keep one's foothold.

Thankfully we turn to the broad stretches of Art and Science, and the way looks firm and solid, reaching away in an endless chain of possibilities. The thralldom of Music, Books, Poetry, Colour, Form, Research, Pure Science, each are gratefully claimed—but only for a chosen few does this road lead out of the pit, and most of us have to return again, calmed and comforted perhaps, but still unsatisfied.

What is left? Acceptance? An endless milling round and round with Cynicism, Fatalism, Hedonism; or is there an avenue down which a distant light can be seen, the Evolution of Man? There is a tendency to regard the development of mankind as a *status quo*; but the last hundred years has produced mechanical progress beside which all previous efforts appear as the tracings of a reluctant snail. The advent of the internal combustion and petrol engine coupled with advance in agricultural science and engineering have made it possible for all peoples of the world to be clothed, fed and housed, and yet to have time for leisure; the speed of travel, the production of the wireless, telephone and television, have opened up vistas of intercommunication of thought, music and art to an extent hitherto undreamed of. In the sphere of Medicine we have decimated the infant mortality rate,

SEPTEMBER, 1940)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

213

produced anæsthetics and practical surgery, fought successfully with pathogenic organisms, and seen the beginnings of efficient public health. Everything, in fact, calculated to make the world an entity rather than a collection of warring states.

"That's all very well," says the critic, "but look at this world of yours—never has there been such chaos—your engines have made the bomber and the battleship, the agricultural implements and the dust belt, bringing starvation and desolation; your science the poisonous gases, your wireless the cult of sentimentality. No, you can't change human nature. Civilisation must inevitably destroy itself." The answer is, give a layman a tube of insulin and see what he does with it. Of course, the world may indeed destroy itself; but if it does, it will be in the pains of child birth, not in the agonies of old age. The last twenty years have shown that all over the civilised world there has been an awakening of a world conscience, an active revolt against the old conception of every man or nation

for himself and the devil take the hindmost; the birth of a real Internationalism—witness the myriad organisations, the League of Nations, the International Student Conferences, the Boy Scout Jamborees—all, you may say, quite useless; but the idea has been born. Finally, an awakening of a social conscience, a gradual revolt against the extremes of living—dire poverty and over-abundance.

One great country, Russia, tried to force the issue, to short-circuit one link in the long chain; with what results few of us are qualified to judge—but we know that premature deliveries are fraught with complications; still the ideal remains magnificent and courageous, and only time will tell in what manner the millenium shall come.

All this has happened in the last hundred years of the odd two thousand that history reveals to us, a period which in itself is less than a second in the Evolution of Man. Isn't there a little light for the future, even in our own time?

### STICKY STAMPS

One of the most fascinating "war efforts" that can be made these days is the saving of paper by re-using old envelopes. The Hospital's Appeals Department has left over from the Mansion House Fund campaign—unfortunately terminated by the war—a large number of attractive sheets of adhesive stamps in green, red, mauve and blue, which were on sale at that time at a price of 12 for a shilling.

These make admirable "stickers-up" of old envelopes—we have found them so ourselves, having not used a new envelope for nearly two months now—and a complimentary sheet of stamps is enclosed in each copy of this JOURNAL. Further sheets can be obtained from the Appeals Department of the Hospital at the ridiculous price of 2d. per sheet of 12.

### OCTOBER ISSUE.

Contributions for the October issue should be received not later than Sept. 16th.

### DISTINGUISHED SERVICE

The following has been brought to notice in recognition of distinguished services rendered in connection with operations in the field up to June, 1940:—

*Commands and Staff:*

Weddell, Col. J. M., F.R.C.S.,

—*Times*, 27.7.40.

The following have been brought to notice in recognition of distinguished services rendered in connection with operations in the field up to March, 1940:—

*Royal Army Medical Corps:*

Hankey, Lt.-Col. G. T., T.A.

Crellin, Major D., M.C.

Underwood, Capt. (acting Major)

W. E., S.R.

—*Times*, 29.7.40.

*L.S.A.—October Examinations:*

Biology	...	...	...	7
Anatomy, Physiology & Materia Medica	...	...	...	7
Pharmacology	...	...	...	7
Surgery	...	...	14, 16, 17	
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Midwifery	...	...	22, 23, 24, 25	

## CONSCRIPTION

By SIR GIRLING BALL,  
Dean of the Medical College

For the first time in history, conscription has been applied to the medical services of this country. Owing to the very large influx of men into the Army recently it became clear that it would be very difficult, if qualified men continued to be taken at the same rate, to cater properly for the attendance on the civilian population. The circumstances are quite different in this war from the last, as it is certain that air raids on this country are going to make a much greater demand on the services of the Medical Profession. Further, there has been an increase in the number of Hospitals throughout the country; provision has to be made for their staffing.

The Government was, therefore, approached to give powers to the Central Medical War Committee to invoke a modified form of conscription to the civil medical service, and it has been agreed that it shall be applied to those recently qualified, within a period of two years from their date of qualification, and, if circumstances subsequently demand it, up to the general conscription age.

Practitioners are not recommended to the Services within six months of qualification, but are urged to gain experience during that time by seeking an appointment through the usual channels, preferably as a junior house officer at a hospital. If at the end of three months after qualification a practitioner has *not* obtained a hospital post, he may be required to undertake work in any hospital post then vacant, at the remuneration normally payable at the hospital concerned. This means that every man who is qualified should get his name registered, and seek and obtain a house officer's appointment in a Hospital. On his appointment to a post he should notify the C.M.W.C. of the fact. If he is unable to find one he should tell the C.M.W.C. at British Medical Association House, Tavistock Square; he will be given a selection of any vacant Hospital posts available for which he should apply. Compulsion will not be applied unless a man persistently refuses an appointment offered to him.

He will be allowed to hold the appointment for a period of six months, and will be eligible for election to a senior appointment for a further period of six months, with the proviso that during this

second period he may be called up to serve in the Services if required. But as a general rule he will be allowed to hold these two appointments for a total of twelve months.

Having completed his appointments he is then placed at the disposal of the C.M.W.C., who will advise him as to his future procedure.

At Bart.'s there are a certain number of men who have already held an appointment for three months. Those who are holding a second appointment will be allowed to do so for six months. They must then place themselves at the disposal of the C.M.W.C.

Owing to the fact that the present house appointments are to be extended to six months as from August 1st, there will be a certain number of men who, qualifying in September, may be seeking House Appointments at Bart.'s. In order to avoid being conscripted after three months, they should notify the Dean's office that it is their intention to apply for a House Appointment at St. Bartholomew's, to commence in February, 1941. Others not attempting to obtain appointments will be held at an earlier date than usual. In the meantime men should try to get their University degrees. These men, together with those who hope to qualify in January, should send in their names to the Warden before December 1st, 1940. Others not attempting to obtain appointments on the Bart.'s Staff should obtain a House Appointment as soon as possible after qualification.

A new arrangement of Junior Staff appointments has been devised to bring the offices as near as possible to normal. This scheme will be explained to prospective candidates on application to the Warden.

After holding a House Appointment, a limited number of men will be required to hold Demonstrator and Chief Assistant posts. The men holding these appointments at present will continue in office for the normal period. They will be exempt from conscription until the end of this period. When their appointments come to an end, they must then place their programme before the Dean of the Medical College, who will advise them as to their future steps. Those men still in doubt as to their position should consult with the Dean or the Warden.

## OUR CANDID CAMERA

(Second Series)



"The Hormonal Balance"

## DIPLOPIA IN A CASE OF THYROTOXICOSIS

by R. J. EVANS

MISS J. W., aet. 23, a farm worker, was admitted to Friern Hospital on the 17th October, 1939, under the care of Mr. J. B. Hume.

The patient had a history of thyrotoxicosis extending over the past five years. From the beginning, exophthalmos had been present in both eyes, though it was more pronounced in the left eye than in the right.

However, vision was not interfered with until four months before admission. At this time, the left eye—in the patient's own words—"appeared to drop."

She now had diplopia and had considerable difficulty in seeing moving objects.

Whenever she wished to see clearly, she was obliged to cover one eye with her hand and this was naturally a great handicap if an attempt was made to play tennis or to drive a car.

On examination of the eyes, it was seen that there was bilateral exophthalmos, though more pronounced on the left side than on the right, and that there was a weakness or paralysis of the right internal rectus muscle.

The two photographs shown, taken before the operation, illustrate the condition of the eyes.

Photograph 1. This was taken when the patient was looking straight in front of her. There is apparently no strabismus.

Photograph 2. When this was taken the patient was attempting to look at an object on her left. The left eye is directed at this object, while the right has lagged behind and is still directed nearly straight ahead. Needless to say, there was diplopia.



After the usual preliminary treatment, a partial thyriodectomy was performed by Mr. Hume, from which the patient made an uneventful convalescence.

In April of this year, the patient wrote that her eyes had improved and seldom worried her.

Fig. 1.



#### Discussion.

Exophthalmos is present in about 80 per cent. of cases of thyrotoxicosis and is usually bilateral.

It is, however, frequently more pronounced on one side than on the other and is sometimes unilateral.

The various eye signs mentioned in most books are of little interest, except from the academic point of view, as the patient is seldom troubled in the least by her ocular condition unless the exophthalmos is so marked as to cause actual difficulty in closing the eyes.

Paralysis of extrinsic ocular muscle sometimes occurs. This often results in squint and diplopia.

Bram states that squint and diplopia are not rare in Graves' disease, but only 15 cases of this sort occurred in his series of 5,000 cases observed over a period of 25 years in America.

Wedd and Permar report a case of a woman of 37 with recurrent Graves' disease in which symptoms began with visual disturbances, due to an external ophthalmoplegia.

According to Foster Moore, the external rectus is most affected, but at times the internal rectus is involved and occasionally all the external muscles may be paralysed or defective in action. The effect may be transient or intermittent but is often prolonged.

Fig. 2.



He considers that there is little doubt that the defective movements are due to changes in the muscles, either in the form of oedema or fatty infiltration, and not to a nerve lesion, for the paralyses are often quite irregular and do not correspond with the distribution of any particular nerve or nerves.

Fraser mentions weakness of single external ocular muscles as one of the less common symptoms of toxic goitre which are difficult to explain on a basis of excessive thyroxine production.

It is well known that the exophthalmos is very intractable, and may still remain long after the other symptoms of thyrotoxicosis have cleared up as a result of treatment.

This probably is also the case with muscle paralyses, and little can be done for the patient apart from covering one eye with an opaque lens.

I am indebted to Mr. Hume for permission to publish this case.

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## THE USE OF NICOTINIC ACID IN THE TREATMENT OF VINCENT'S INFECTIONS OF THE MOUTH

During June and July several cases of oral sepsis were admitted to the London Fever Hospital. This term was used to cover all grades of oral and pharyngeal ulceration and sepsis, accompanied by but little constitutional upset. All cases occurred in soldiers, some of whom had been involved in the final phases in France and others who had had severe tonsillitis. They were deeply tanned, and appeared well and fit—in surprising contrast to the grossly septic condition of their mouths. The first case was given purely local treatment, two were given N.A.B. (0.45 Gm. intravenously), the last three Nicotinic Acid by mouth—following the treatment advocated by J. D. King (*Lancet*, July 13th).

#### Case 1.

PRIVATE B., aged 31, a bathman on the way out to the Somme, and a machine gunner on the way back; admitted June 24th with sore throat and difficulty in swallowing.

*O.E.*: Very sunburnt, very hungry. T. 98. P.65. Right tonsil grossly enlarged to the midline and hanging down into posterior pharynx. On the superior surface several deep ulcers with grey floors.

*Treatment*: Gargles and throat paints.

*Result*: Cleared very slowly in 19 days. The dysphagia persisting for some time.

#### Case 2.

PRIVATE L.P.M., aged 30. Admitted on June 6th with sore throat and painful gums. Gave a history of previous tonsillitis. A heavy smoker, he had been living in crowded quarters, and eating tinned food.

*O.E.*: Though naturally pale, looked well. T.99. P.70. Foetor oris marked. Pulpulent bleeding gums. Carious teeth. Half inch ulcer with grey membranous floor on right tonsil. Cervical glands tender.

*Treatment*: After one week of local treatment without any noticeable improvement, .45 gm. N.A.B. were given intravenously. Slow separation of the membrane followed. The case was discharged in 20 days.

#### Case 3.

RECRUIT M., aged 10. Admitted June 20th with sore throat and dysphagia. History of sore throat for 6 days previously. Now afebrile. Acute tonsillitis 7 months ago.

*O.E.*: A tall well-built guardsman. Looked very fit and sunburnt. Foetor oris marked. Right tonsil grossly enlarged, extending far down into posterior pharynx. On the antero-superior surface there was a large poulticed necrotic mass the size of a penny. Tongue and gums normal.

*Treatment*: Local, and .45 gm. N.A.B. given intravenously. Slough separated slowly. Throat still painful and swollen by July 10th. Retained in hospital for further 6 weeks for tonsillectomy.

#### Case 4.

PRIVATE J., aged 21. Admitted July 21st with sore throat and malaise. History of sore throat for 2 days, and tender painful gums following a difficult extraction.

*O.E.*: Flushed and in obvious malaise. T.100.6. P.98. Follicular tonsillitis present. Sloughing greenish ulcer at site of molar extraction. Gingivitis also present. Microscopic examination showed profuse numbers of treponema vincentii in ulcer.

*Treatment*: Sulphonamide cleared the tonsillitis in 24 hours. Temperature then normal. Then nicotinic acid 250 mg. per day for condition of gum, which was not affected by sulphonamide therapy. August 4th—gum healed completely. No ulcer present. Tongue clean. Tonsils normal.

#### Case 5.

MACHINE GUNNER W., aged 32. Admitted July 26th, 1940, with acutely sore mouth and difficulty in eating any solid food. This patient presented the worst case of oral sepsis seen for a long time. History: Condition arose in France during return to Western ports; without proper food for 3 weeks; lived on green strawberries and bully beef and biscuits when obtainable. Since then 4/52 treatment in dental department. — local astringents to the gums. No improvement.

*O.E.*: T.P.R. normal. Looked fit; deeply sunburnt. Hungry. Stench from mouth powerful at 3 feet. The open mouth presented a view of bright red pulpy gums with a green sloughing margin well withdrawn from the bodies of the teeth. An abundance of greenish pus mixed with small quantities of blood lay in this groove between gum and teeth. The pharynx was red and injected, the tongue sore. It was impossible to use a toothbrush owing to the pain.

*Treatment*: Nicotinic acid, 500 mg. per day.

*Result*: July 29th. Mouth felt much better. Able to eat. August 10th: Zinc chloride locally in additions. August 15th: No foetor and no pus; still some pain and redness. August 18th: Gums are remarkably clean; pale, pink and firm except around upper incisors. No foetor, no pus, and no pain. Still some retraction of gums from teeth.

#### Case 6.

PRIVATE L., aged 23. Admitted July 23rd, 1940, from a military hospital with sore throat and dysphagia. History of acute tonsillitis for 4 days 3 weeks ago. Two weeks ago ulceration of right tonsil. Treated successively with chronic acid locally, ascorbic acid 500 mg. per mouth, acetylsalicylic intramuscularly. No improvement after one week. "Throat as sore as the day he entered."

*O.E.*: Fit looking man. T.P.R. normal. Right tonsil showed ulcer with shaggy grey base. Grey excoriations on buccal mucous membrane. Foetor oris marked; cervical glands tender.

*Treatment*: Nicotinic acid 250 mg./day. July 29th: Ulcer healing rapidly. Tonsils and tongue clean. August 2nd: Discharged. Tonsils normal; small cleft marks site of ulcer.

*Summary.*

The impression gained from these few cases was that intravenous arsenic did improve the mild types, removing the slough from the throat, but did not alleviate the condition of the gums, and the response was by no means dramatic.

After therapy with nicotinic acid all patients at the end of the third day said without special inquiry that their mouths

felt very much better, while inspection showed the grey ulcers melting away, and the fiery redness fading from the tongue. Local treatment alone produced no early detectable response, the soreness and dysphagia persisting quite unaltered for many days.

These cases are published by kind permission of Sir William Willcox, K.C.I.E., Hon. Physician to the Hospital.

G.D.G.

### THE FLOWERS IN THE PARK

"PINK geraniums; " shouted a voice, and I turned round. There were no pink geraniums in sight, only a dilapidated man in a bluish suit and a bowler hat; he was leaning against the park railings and looking a little unhappy.

"I beg your pardon?" I said as I walked up to him. I can remember many an important conversation which had an even less promising beginning.

"Yellow daffydils," went on the man in the bowler hat, adjusting his position against the railings and waving his arm generously towards a bed of antirrhinums.

"Black pansies," I answered, hoping that this was the password. But it wasn't.

"There isn't no such things," said the man in the bowler hat emphatically. "It just ain't true, sir. They're mostly plain dark blue, though they does their best to look black. It's the packet what makes you think they're black. There's a fortune for the man what can grow a black pansy."

"But I have an aunt who grows black pansies in a window-box," I said, "and she says they're so black that you can't see them at all at night." I have so many aunts that this might have been true of one of them even if I didn't know it.

"That may be, sir, but there isn't no such thing. I know," said the man in the bowler hat, and he spoke with such conviction that I decided he must have inside information from the Pansy Growers' Federation.

"Perhaps you're right," I answered humbly. "But how do you know so much about it?"

"I was gentleman's gentleman to Lord Maidlow for thirty years, sir," said the man. "Maybe you knew 'im? 'E lost all 'is money a-racin' 'orses. Didn't know one end of an 'orse from the other, so 'e backed

'em both ways until 'e'd used up all 'is father'd left 'im. Then 'e couldn't afford a gentleman's gentleman no more: so 'e died."

It was a shock to hear that any peer could be so irresponsible. "Do you really mean to say that he preferred racehorses to gentlemen's gentlemen?" I asked.

"'E did, sir," said the man taking off his bowler to air his scalp for a space. "I live at Woolwich an' I've got a wife. I don't get the Old Age for two years an' I've walked all the way 'ere."

"What about the black pansies?" I asked. "Of course, you're lucky having a wife, you know; she must be a great asset at Woolwich."

"I've walked ten miles to-day, sir," said the man with great determination as he stood up alone and without the railings. "An' I can't get work nowhere an' I've been in an' out of 'ospital for six years. Bile's the moisture of the stomach," he added, to make it clear that a gentleman's gentleman must be a man of considerable education.

"But why walk here? Is it for a sort of sentimental reason because Lord Maidlow grew black pansies like these?" I asked, pointing to the antirrhinums which seemed to symbolise horticulture in general.

"I was wondering, sir," said the man, "whether any kind friend'd give me a cup of tea. I've walked twelve miles to-day an' 'aven't 'ad a bite since breakfast."

"I expect you've got friends like me everywhere," I said sadly as I gave him a shilling and forgot about the black pansies. "And I expect they all get bitten too," I muttered as I walked away. I hadn't gone far before I heard him again.

"Pink geraniums!" shouted the man in the bowler hat derisively.

### BART'S THEATRE

#### RED CROSS REVELS

The Red Cross Revels produced one of the most varied, amusing and entertaining shows that has ever been seen in the Bart.'s theatre. The energetic and versatile performers deserve the highest praise; for, despite its anti-semitic nature, the first performance raised twenty pounds. For that reason alone it would be shameful if the threat of banning future shows ever materialises.

The loudest words of praise must go to Jimmy's alluring falsetto, "Keep your tummy side up" when preparing Donald for appendicectomy (old style), and to the latter's brilliant "mighty Wurlitzer" act. Lyn Benson was undoubtedly a slicker, more terrified, and more mystifying rogue than Hampstead Heath, Epsom Downs or Bart.'s has ever before harboured.

Ronnie's unwavering hawk-like eyes and Gerry's oculogyrics while "the nightingale sang in

Berkeley Square" ruined the thick sentimentality of that song, thereby rendering it—to the reviewer—more palatable. Which of these two bore the closer resemblance to Harpo Marx in their fair wigs as baby girls will long be a matter for speculation.

The unknown voices act was an amusing innovation; whether the voices or the audience enjoyed it more is debatable. It is a pity that the other Ronnie's agile fingers on the piano were stilled for this; they would have accentuated the beauty and harmony of the singing.

I wonder if everybody else was as distressed as I at the oft-repeated christian names of the artists—and they deserve the name. Luckily they will remain in my memory as more interesting characters—Hamburger, Mittelschwartz, Rumpelstein . . . und Schmidt.

#### BINDLEBINE FORGIVES

"Sorry, Bindle."

"Sorry for what, shipmate?"

"Sorry I booted you out of Bart.'s that time, old man."

"What time, shipmate?"

"The time you didn't approve of some of our little customs—remember?"

"Oh yes," said Bindle ruminatively patting his posterior. "I do seem to recall something of the kind. Why should you start being sorry now though?"

"Well, Bindle, I realise now how right you were. Do you know what I saw in the synagogue—sorry, I meant Rees Mogg, the other day. No! Well, I'll tell you. I saw—on a ward round mark you—an incredible fellow wearing, if you please, full morning dress."

"Well, what's so bad about that?"

"He had pants-cuffs, Bindle—pants-cuffs!"

"If I knew what pants-cuffs were I might appreciate the horror more keenly," said Bindlebine.

"Toin ups, chum, toin ups!"

"Good lord, chum—no! Not turn ups!"

"Yes, turn ups—but that's not all

Bindle; beside this vision of perjured perfection stood a small fellow—first I thought it was a sunset—and then I thought he must have wrapped himself in a sort of chequered horse blanket because of our inclement English summer, but when I looked further and saw the dark blue flannels peeping out beneath the coat, and the vernal green which flowered above it in the approximate shape of a shirt I knew the worst."

"Just another student?"

"S'right."

"I trust the Herr Rectumsdokter was not taking that round."

"Fortunately no; he would not have approved—he doesn't approve of you by the way."

"No!"

"No!" he feels that you ought to have polyposis."

"What's that—it sounds terrible?"

"I'm not at all sure—but it must be frightful."

"Goodbye."

"Bung-ho."

CORTEZ.

#### EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

### "ACUTE APPENDICITIS"

It all arose out of a pair of boots. . . . A few minutes before parade one morning George suddenly discovered that his were nowhere to be found, and he remembered to his horror that he had lent them to someone in another platoon for some special duty the night before. He was badly shaken. It was quite impossible to get them back in time, and his spare pair was being mended. There seemed to be no way out whatever—until he had his brain-wave. . . .

All of a sudden everyone in the barrack-room was astonished by the sound of tremendous groans of agony coming from George, who was holding his right lower abdomen, obviously in great pain. In a very few minutes he was being hurried across to the M.O., in charge of a corporal, still uttering the most blood-curdling noises. The M.O. made him lie down on a couch while he quickly observed that the site of the pain was the Right Iliac Fossa. So he made an easy and confident diagnosis, and went off to do some superbly efficient telephoning. The outcome of this was that in less than ten minutes George found himself in an ambulance being driven out of the gates of the barracks towards an unknown destination. He sighed contentedly as one who has done a good job well, and settled himself more comfortably on his stretcher. . . .

In about half an hour the ambulance drove into a small auxiliary military hospital, where the Resident Surgeon happened not to have had any work for a fortnight. So,

when he read the army form, which said quite dogmatically that here was a case of acute appendicitis, he was overjoyed. George was ushered with great ceremony into a surgical ward, where he was given a form to sign giving his consent for an operation to be performed upon himself. It was then that he began to get a little worried, and by the time the Surgeon and House Surgeon came round to see him, his pulse rate had risen to 90. However, he thought he had better carry the thing on for a little while, and when they tried to palpate his R.I.F., he held his muscles rigid and almost shouted with agony. Furthermore, he found a rectal examination to be a procedure quite foreign to his disposition, so that he protested vigorously, this time in all good faith. The Surgeon nodded significantly to his junior.

By now George felt inclined to make a clean breast of the whole affair, have himself given up to the military authorities, and suffer the consequences. But one thought deterred him—he wasn't at all sure that anyone would believe him. . . .

Three hours later he was being induced with gas, oxygen and ether. The operation was extremely successful, and the Surgeon stated afterwards that the appendix was sufficiently inflamed to warrant fully the signs and symptoms. The House Surgeon didn't notice anything wrong with it—but then he hadn't had much experience. Convalescence followed a reasonably uneventful course, so that altogether George had five weeks' "rest" from the British Army.

And it all arose out of a pair of boots. . . .



### TREATMENT OF SYPHILIS, 1756

From *The "Practice of Physick"* by John Allen

WHATEVER some Medicasters and Quacks may impudently boast of themselves, and their Secrets, every honest and ingenuous Physician, and Surgeon, with one Voice allow, that a *Confirmed Pox* can scarce ever be extirpated without a Salivation. The Methods of Salivation, by Quicksilver internally given, or outwardly applied, are various and well known, amongst which, it is sufficient to remark that Salivation by *Mercurial Uction*, is more efficacious than the rest, especially in great Complaints, and where it has been of long standing. In undergoing a Salivation, however raised, there are sometimes of Accidents arise very troublesome to the Patient, and to the Physician, such as *Diarrhœas*, *great Sickness at the Stomach*, *Swellings at the Jaws* beyond Measure, *Ulcerations*, *intolerable Pains*, *dangerous Hæmorrhages*, &c. . . . .

In order to guard against such grievous Complaints, and that it may not be brought to Extremities, the Physician, whilst raising the Salivation, should frequently recollect the Adage, *Haste Slowly*. The Calamity once brought on, no Opportunity is to be lost to free the Patient; *Emollient Glysters* are to be injected, *the Stomach to be strengthened*, *the Spirits revived*. The *Folus Stomachicus* of Fuller for external Use and an *Epethema* to the Seat of the Heart, *Ex Theriacâ Andromachi*. *Spir. Lavend. Comp. & Ol. Garyophyllorum*: Internally, besides *Burnt Wine*, with *Aromatics Cordial Medicines*, *Distilled Waters of Mints*, *rightly prepared*, which is an incomparable Medicine, and has somewhat peculiar in it above the others, to assist, in the most speedy manner, the Complaint. . . . .

### EMBANKMENT

These have I missed; the strange phantom faces  
That haunt the City's crowded lonely places,  
In shadows on the curiously turned walls,  
When the night's velvet curtain swiftly falls  
On the long purple Thames and each old street  
And the starred, winking rainpools round lamp's feet.  
Then in the trees' dark parsley shadow well  
Innumerable eyes that know nor tell.  
They throng Knight Rider Street and Pudding Lane  
To Pelican Stairs and then right back again  
Beneath the Bridge and Tower's fog-shrouded ghost,  
Until by the slow rising mooring post  
And dripping steps of Paul's Pier Wharf, being free  
Plunge in the river's seeping mystery.

E. G. R.

Herts, 1940.

## TRUTH

Down the mysteries of uncertainty  
 Light and soft you stole, comforting me.  
 Proud you were and laid aside my fear  
 And bade me follow after, through the dear,  
 The dreaded way you showed, So hand in hand,  
 I not sure, and you that understand—  
 Swift and glad we'll go. There is a place  
 In front of time and hidden over space,  
 Cool with fragrant deep forgetfulness  
 And hushed for always, free and careless;  
 And there a wearied soul may melt and merge  
 And lips that tire with lies may freely purge  
 Their sadness, finding live-long truth in this:  
 The dear quick shame about you answering kiss.

I. E. D. M.

## CORRESPONDENCE

## THE MEDICAL REFUGEE QUESTION

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

... "Now remember, we do not want to repeat the mistake made in the last war, when there was a shortage of doctors, because students had interrupted their work and enlisted. Your job is to stick to your work, you are not eligible for any of the Forces, and you are only holding up work of importance if you are applying for enlistment in H.M. Forces before you are qualified." These were the words which Sir Girdling Ball directed to us as we were sitting in the old Anatomy Rooms on August 27th, 1939. All were resolved to do their fettle and their best.

Eight months passed, Norway had fallen through Fifth Column activities, Holland had been overrun, Belgium was delivered to the foe, France gave itself away—all this had been achieved with the aid of Fifth Columnists. England might be invaded and the aggressor aided by similar forces in this country.

Somebody got the wind up and somebody put his foot down! But did it come down on the Quislings?

German and Austrian Jews—members of the Auxiliary Military Pioneer Corps who had done their work in Belgium and France, digging trenches and building roads, who, unarmed, had faced danger and who captured a German tank without weapons—they have arrived safely in England again—"the next of kin have been interned."

Quick action? Yes! Efficient action? Doubtful! Useful action? . . .

When Hitler started his drive against intellectuals, Jewish Doctors left their country, young boys took up medicine here, hoping to forget the terror of the Gestapo men knocking at their doors, older men of experience, including some of international fame, realised that there was no place for humanity in Germany. Some of them came to England, willing to continue their work, and grateful to this country of hospitality. They started to learn again (not only medicine and surgery), and they also began to feel again the spirit of freedom and independence. They respected the working man and woman who did not care for guns instead of butter, but who would fight with words and deeds, anything encroaching on his liberty of thought and action. They wrote enthusiastic letters about the ideals of progress, about a free England, free Europe and a free world!

They found that the work done in Hospitals on this Island was more efficient and humane in those they had known on the Continent, although the buildings themselves might not be as impressive.

When Austria was invaded, fifty Austrian Doctors were selected by a special Committee of people who knew them and their reputation, who knew them to be opposed to the régime of terror, and to be good and honest men of their profession. These fifty were approved of by the Home Office, as well as the B.M.A., and were allowed to study here, to gain an English degree, and to become useful members of this community! They all were ready to do anything they were told to do! When war broke out they all enrolled for National Service in one way or another, and a large number of them was employed along with their English colleagues in A.R.P. work.

Members of this Hospital know that all refugee students only too willingly played their part in the National War Effort, and thought it only natural that they should do so.

Refugee Doctors in other Hospitals in London and the Provinces thought themselves fortunate to be in a position to help this country against the common enemy.

Then the order came: "No German, Austrian and Czech subjects were allowed to be in a Hospital under the E.M.S." And this after most stringent examination before admission to England, after re-examination by specially appointed tribunals, after the imposition of special restrictions. It must be stated here that all of them had been in this country for some considerable length of time, a number of them since 1933, the year Hitler came to power, and that none of them came with the big influx at the end of 1938, when immigration was considerably simplified by the "guarantor system." Of the late-comers, none were in a position to pursue studies as they all had left Germany and Austria penniless.

Two weeks after the first order, the general rounding up of all male friendly aliens of enemy nationality was put into force; however, men in key positions, doctors who were actually practicing and people who had English sons in H.M. Forces were exempted from internment. Why exactly these men who were more than most other people in a position to spread rumour and defeatist talk or to hold up production were freed from internment, was never made clear, but it was apparently felt that these people were necessary, and the risk taken in letting them carry on their work amidst the people negligible.

Young refugee Doctors and medical students who had previously offered repeatedly their services by trying to enlist in H.M. Forces, and who had been told time and again "to stick to their jobs," suddenly lost these jobs and even the possibility to finish their studies, and were given the alternative of either internment or of joining the Auxiliary Military Pioneer Corps—as privates!

It is not for us to question the wisdom of the decisions taken under stress conditions, but it is doubtful whether these men, who, although they are under military control in the Pioneer Corps, are nevertheless free to roam the country, free from most restrictions, are less dangerous now than they were previously. This shows that the Government does not expect any real danger from these men, and yet their real training is not being made use of in any way. They are highly trained and specialised men, they love this country, they hate Hitler more than any Englishman can possibly hate him, and as they have shown by enlisting, they are willing to work as privates, and yet their skill is wasted.

That there are more Doctors needed is borne out by an article in the B.M.J. of July 20th, 1940 (page 1860), which points out the shortage of Doctors in Australia.

There are Doctors overworked in Hospitals all over this country, and the evacuation of children in some districts has opened another problem for the profession.

Another aspect is the shortage of nurses. There was an announcement in the daily papers calling for more nurses urgently! Two days later over

200 nurses, amongst them a large percentage of S.R.N.'s and S.R.M.'s, were dismissed within a few hours on account of their nationality, although a stricter supervision than that experienced by nurses can hardly be imagined. There are 200 nurses kept at Government expense in a number of hostels in London alone. Would not they be more useful if employed according to their abilities? Is it really in the best interest of the country to make some 300 doctors build roads or let them sit behind barbed wire?

Lately an Advisory Committee has been set up, dealing with all aspects of internment and employment of "Class C" aliens of enemy nationality. This Committee has been approached by a group of young refugee doctors, all of whom have undergone their complete medical training in this country, with a view to ascertain whether or not they cannot be used in a more useful way. The outcome of consultations in this particular question will partly depend upon the attitude taken by members of the Medical Profession. We trust that their judgment will, as usual, be fair. They are in a position to decide the fate of these, their colleagues, as well as the welfare of this nation which is entrusted into their hands!

Yours, etc.,

F. A. BACHMANN.

## "LUNATICS"

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

Bart's has deservedly a great reputation not only as the oldest of the London teaching hospitals, but also for its modernity of spirit. It was, therefore, with surprise and pain that I read in your editorial this month that you still refer to Mental Hospital patients as "lunatics." A more enlightened attitude among the general public towards mental illness is not to be expected while the bulk of the medical profession still retain the old conception of mental illness as an incurable disaster which must be hushed up and shut away in "asylums" (sic). It is difficult, naturally, to eradicate these ideas from older men who have grown up with them, but surely it is tragic that all the work which has been done and is still being done with ever-increasing value to the community should be ignored by those who are about to become active members of the profession.

Psychiatry is not such a difficult speciality that its principles need remain the closed book which they still appear to be. There is, perhaps, more room for research in this subject than in any other branch of medicine, especially in this country; but many students are undoubtedly prevented from adopting it as their speciality through the chaffing and thinly veiled ridicule of their seniors.

I will close this letter with a quotation from the Mental Treatment Act, 1930, Sect. 20 (5): "The word 'lunatic' . . . shall cease to be used in relation to any person of unsound mind . . ."

And finally, I would suggest that a study of the provisions of this brief act should be, if it is not so already, an essential part of any course in psychiatry.

I am, Sir,

Your obedient servant,

J. PAWLE THOMAS.

The Mental Hospital, Berry Wood,

Northampton.

August 12th, 1940.

To the Editor, St. Bartholomew's Hospital Journal  
"S.O.P. DRESSERS"

Dear Sir,

At the beginning of October a new batch of men will be doing their S.O.P. appointment, including dressings in the Surgery.

None of these men will have done out-patient dressing before.

May I suggest that they be given a greater opportunity to benefit from this out-patient dressing than have had their predecessors of the last few months?

It was obvious that under present conditions it would be unnecessary for all men doing S.O.P.'s to attend every morning in the Surgery, and the present system whereby each man attends on two mornings of each week was introduced.

There is really nothing to commend this arrangement, either from the point of view of the patient or of the dresser.

The intermittent appearance of each dresser in the Surgery must result in a deterioration in the treatment of the patient because he is being attended to by someone different nearly every day.

Coincident with this, there seems to be an amazing variety of opinions as to the best treatment for each case, and dressings tend to be changed far too often just because the dresser does not know what is hidden beneath the bandage.

Apart from this, naturally a very large part of the knowledge and experience normally gained by the student in this part of his training is lost as he has little chance of following a case from start to finish.

I suggest that all this would be avoided if each of the S.O.P. firms attended in the Surgery every morning for one month of the three.

This could quite easily be arranged, as even on the firm's "days" there would be no need for most of the men to leave the "boxes" before 10 a.m.

I remain,

Yours faithfully,

"OUT-PATIENT DRESSER FOR THE  
SECOND TIME."

St. Bartholomew's Hospital,

August 13th, 1940.

London, E.C.1.

## HILL END NEWS

### A.R.P. AT HILL END.

We did not seem to be taking the war very seriously at first; at least we hadn't got an air raid shelter or a parachutist post, or anything like that. True we had got the black-out and a few sandbags, but even the latter are now beginning to resemble the Hanging Gardens of Babylon rather than a means of defence.

But—they have camouflaged the Water Tower. I was one of those privileged to see this work of art in progress. Two men stood at the top with very long poles—how they got there I never discovered, for the only ladder I saw did not reach a quarter of the way up! Another man stood at the bottom a little way off; he it was who directed operations. He started off by uttering loud cries (we could not hear what they were) and gesticulating wildly. The immediate effect was the up-setting of an entire pot of green paint over the side of the tower, or alternatively of black paint. This went on for an hour or so, punctuated by much shouting from the participants and much helpful (and otherwise) advice from the spectators. The nett result is a cross between a surrealist nightmare, a badly kept birdcage, and a water tower!

They have also built us a Reservoir. At first we hoped that it was a swimming bath, and the patients hopefully measured the distance from the windows, with a view to spectacular high diving, but alas, they have divided it up into partitions and put bars across it—but this is anticipating. The pieces all arrived in a large lorry, and were unloaded with much grinding and scraping on to the grass. Here a few men stood around and surveyed the bits and scratched their heads. They then fetched a few more men, who also stood around and scratched their heads. They tentatively spread a few pieces out on the grass.

This was too much for them, and they gave it up until the next day. Work went on slowly, a rivet put in here and there, the effort being so great that the workmen lay down to it. At last it is finished, and half full of water, but I think that they've forgotten about the hose, as it has been hanging limply over the side for the past week. A.R.P. seems to have lost interest for all concerned now that the Nurses have to be booked in at 10 p.m.

ONLOOKER.

### CRICKET AT HILL END

Match v. Electrical Apparatus Co. July 20th, Home.

The features of this game were a magnificent last wicket stand of 57 by Hicks and Macaulay, and the fine bowling of Reynolds, who had eight maidens in his eleven overs. Hicks, triumphing over the impossibility of finding for him a bat long enough to reach the ground, exploited a fine slash through the covers; while Macaulay beat the ball to all four quarters of the field (but especially those over the bowler's, and over the slips' heads).

F. Reynolds, lbw, b Baxter ...	18	D. Kelsey, b Turner ...	0
C. E. Tudor ct Greenway, b Pell ...	9	A. G. E. Pearse, lbw, b Turner ...	0
J. O. Gallimore, b Baxter ...	20	J. K. Mason, b Turner ...	0
G. B. Goodchild, b Greenway ...	5	J. C. Macaulay, not out ...	37
A. J. Gray, b Baxter ...	6	G. E. Hicks, b Greenway ...	16
R. B. McGrigor ct Thomas, b Baxter ...	23	Extras ...	20
		Total ...	154

E.A.C.—73 (Reynolds, 5 for 9; Gallimore, 2 for 26).

### v. Rodexicon C.C. July 27th, Home.

Our confidence was rather undermined from the outset in this match, when we heard that our opponents had made 223 for no wicket in their last match. Consequently, when we got them out for 109, we were more than satisfied. A poor start on our part made it look wiser to play for a draw. However, R. M. Mason coming in at 39 for 5 had other ideas, and a masterly 42 not out in 30 minutes secured a win in the last over.

Hill End		Hill End	
C. E. Tudor, b Coulson ...	10	P. D. A. Durham, ct Cranley, b Tutty ...	11
G. E. Ffrench, run out ...	4	I. C. Macaulay, lbw Hart ...	1
J. O. Gallimore, ct Mardell, b Coulson ...	6	C. E. Hicks, not out ...	12
J. A. Attwill, b Hart ...	2	A. C. Everson-Pearse, did not bat	
A. D. McShine, lbw Hart ...	11	Extras ...	2
F. J. Taylor, b Coulson ...	12		
R. M. Mason, not out ...	42	Total ...	113

Rodexicon 109. (Taylor 4 for 30.)

### v. Hill End R.A.M.C. July 31st, Home.

Considering that some of the R.A.M.C. had never played before in their lives (there are approximately 11 R.A.M.C. men here), they did well to get us out for 115, nearly half of which came from Gallimore's bat. Their batting, however, was a sorry tale, lasting for 6-4 overs only. Going in again against the weird and wonderful attack of such trundlers as Pearse and Beck, they did better, with the exception of one gentleman who was discovered to have left the field some two hours before drawing of stumps.

Hill End		Hill End	
C. E. Tudor, ct Wicks, b Nash ...	19	J. K. Mason, b Nash ...	1
P. D. A. Durham, b Nash ...	10	A. G. E. Pearse, b Alderson ...	9
J. O. Gallimore, b Nash ...	47	G. E. Hicks, ct Daniels, b Alderson ...	13
A. J. Gray, ct and b Wicks ...	8	G. Beech, not out	0
R. B. McGrigor, b Wicks ...	0	Extras ...	3
H. Bentall, b Nash ...	2		
J. C. Macaulay, ct and b Nash ...	3	Total ...	115

R.A.M.C.—115 (Gallimore, 4 for 5; Gray, 6 for 3) and 91 (Mason, 2 for 17; Bentall, 2 for 8; Pearse, 2 for 6; Beck, 1 for 2; Gray, 2 for 0).

### v. Herts. County Council C.C.

August 3rd, Home.  
Herts. C.C. fared badly against the bowling of Taylor and Gray, who repeated Gallimore's feat in the last match by doing the hat trick. McGrigor being also concerned in each wicket. McGrigor was unlucky to be dismissed after a good innings when we needed 3 for victory.

Hill End		Hill End	
F. J. Taylor, ct Godfrey, b Tomlin ...	1	L. W. Jeffreys, ct Richardson, b Fordham ...	0
P. D. Durham, b Tomlin ...	3	G. E. Hicks, b Tomlin ...	2
G. B. Goodchild, b Finch ...	9	A. Alderson, did not bat ...	0
A. J. Gray, ct Tomlin, b Fordham ...	26	G. Beck, b Tomlin ...	0
R. B. McGrigor, b Tomlin ...	20	J. Ruffles, not out ...	1
J. K. Mason, ct Chessum, b Tomlin ...	13	Extras ...	27
Herts. C.C.—74 (Gray, 6 for 24; Taylor, 3 for 20).		Total ...	102

### v. St. Michael's. August 4th, Home.

Despite some lucky wickets, obtained by a judicious mixture of bouncing the ball twice and making intimidating appeals, by Gray, St. Michael's batted well to score 125. Only Durham and Gallimore were able to play their bowling with any success; though Hewitt Mason and Hicks all succeeded in striking the ball well at times during their all too brief innings.

Hill End		Hill End	
P. D. Durham, c and b Funnell ...	13	R. B. McGrigor, b Turner ...	1
R. M. Mason, ct Funnell, b Turner ...	1	O. Kelsey, b Turner ...	0
J. O. Gallimore, ct H. Pearce, b Turner ...	25	J. K. Mason, lbw, b Funnell ...	5
G. B. Goodchild, b Funnell ...	0	G. E. Hicks, not out ...	8
A. J. Gray, ct Halsey, b Turner ...	1	F. J. Taylor, ct Biles, b Funnell ...	6
S. R. Hewitt, b Funnell ...	9	Extras ...	8
St. Michael's—125 (Taylor 2 for 24; Gallimore, 1 for 25; Gray, 6 for 51; Goodchild, 1 for 21).		Total ...	77

### v. Odham's Press. August 10th, Home.

Without Gallimore and Taylor, our best bat and bowler respectively, we were well beaten on this occasion. Mason was the only bowler to be treated with any respect, though Mr. O'Connell was unlucky not to get more wickets after doing some strenuous fielding in the deep. About our batting, after an opening stand of 30, the less said the better.

Hill End		Hill End	
P. D. A. Durham, lbw, b Yates ...	12	J. K. Mason, b Halsey ...	0
G. B. Goodchild, lbw, b Halsey ...	18	J. C. Macaulay, ct. Dyas, b Yates ...	5
A. J. Gray, b Halsey ...	5	R. J. Mackay, ct Edis, b Yates ...	0
B. Rait-Smith, b Halsey ...	3	T. Pegg, not out	2
R. B. McGrigor, ct Yates, b Halsey ...	0	L. W. Jeffreys, b Halsey ...	0
J. E. A. O'Connell, lbw, b Yates ...	1	Extras ...	9
Odham's Press—159 (Mason, 5 for 31; O'Connell, 2 for 33).		Total ...	55

v. **Shenley Hospital.** August 11th, 1940.

With a depleted team, we were once more beaten for the second day in succession. The match was played at Cell Barnes as bigger things were in progress at Hill End, and perhaps the strange surroundings were responsible for the loss of length by our bowlers and of eye by our batsmen.

Hill End	
F. Reynolds, Snr., lbw, b Gledhill	18
F. Reynolds, Jr., ct Wilson, b Woodcock	0
R. M. Mason, b Woodcock	1
G. B. Goodchild, b Gledhill, E...	8
R. B. McGrigor, b Gledhill, E...	7
J. Nash, b Gledhill, E...	1
P. D. A. Durham, ct Wilson, b Gledhill, E...	6
Shenley—186 for 9 dec.	
J. K. Mason, ct Woolridge, b Woodcock	3
J. Ruffles, b Gledhill, E...	0
G. Abrahams, not out	14
R. J. Mackay, ct Hill, b Woodcock	0
Extras	16
Total	74

**Tail Piece**

No. 11 of a visiting side, on perceiving that a certain member of the Hill End permanent staff was bowling: "Is that old — bowling? He's sure to get me out; he's done for the last twenty years!" (The old — did.)

**QUEENS' COLLEGE, CAMBRIDGE.**

*Preclinical students are still on holiday. We trust we will be able to publish a full account of their activities next month.*

**SPORTS NEWS**

**CRICKET CLUB**

Saturday, July 27th, v. **Middlesex Hospital.** Played at Chislehurst.

The Hospital managed to raise a side for this, the last official match of a very disappointing season. Middlesex won the toss, and decided to bat. But the start was delayed by a thunder-shower. Play eventually began at 3.30, and runs came freely against the bowling of Evans and Lucey. Westwood, going on for Lucey, took two very useful wickets in his first over. The fielding was generally quite keen in spite of the slippery state of the ground. At 4.30, rain stopped play again, and tea was taken. After tea, we got four more of their wickets before they declared at a total of 128. When Evans and Wells both started batting for the Hospital the sun was shining, and the thunder clouds had rolled away. After Evans had been caught early on, Wells-Cole and Westwood, a newcomer to the side, settled down to some very attractive cricket. Westwood brought out some excellent shots, hitting many delightful drives and powerful back shots. When these two were out, it looked as if the remaining batsmen would be able to get the necessary runs, but the wickets fell rather quickly. The Fison brothers attempted their big hits, and even Bates hit a six into the newly-dug trench, but the effort proved too much, and it was left to the last batsmen to make 7 runs in the last over. These runs were unfortunately not forthcoming, and so we narrowly lost a very interesting and enjoyable game.

To-day was also marked by being White's last Saturday, and I feel sure that all Bart.'s men who have known him down at Chislehurst will wish him the best of good luck in his new job as Sergeant-Instructor in the R.A.F.

The Hospital.	
J. W. G. Evans, c Wilmot, b Lenton	1
C. H. Wells-Cole, lbw, b Wilmot	35
J. G. Westwood, run out	44
J. L. Fison, b Wilmot	8
J. E. Gabb, b Wilmot	0
B. Jackson, c Holbrow, b Ferment	13
Middlesex Hospital:—128 for 6 wkts, dec. (Westwood 2 for 26, J. L. Fison 2 for 5).	
J. F. Lucey, b Ferment	0
M. Bates, b Wilmot	14
R. D. W. Schofield, b Lenton	1
L. A. McAfee, not out	4
Extras	2
Total	122

Saturday, August 17th, 1940, v. **Middlesex Hospital,** at Chislehurst. (12 a side.)

For our return match with Middlesex we had a stronger side than before, and hoped to do well. But, in perfect weather, their opening pair put on 131 before being separated. Our bowling was not bad, but there was no assistance from the wicket at all. They went on batting very well and fast, and declared after just about two hour's batting.

From the very beginning of our innings things looked bad. A fast left-hander opened the bowling for them, and had half the side out for a paltry 23. But James and Harold were most determined,

**SWIMMING CLUB**

On August 1st, a game of Waterpolo, arranged hurriedly the day before, was played against a combined Westminster and Charing Cross Hospitals side. Both sides turned up short of men and had to borrow from St. Mary's, and this resulted in a win for Bart's 6—4, after a pleasant and not too serious game. At the end of the first half, both sides were level 2—2, and it was during a seemingly unending second half that most of the scoring was done. During this period, too, one member of the Dart's team began sinking lower and lower in the water until at the end his centre of buoyancy was so low that he only made occasional visits to the surface for air. However, he rapidly revived later on in the evening.

Incidentally, this was the first time in over a dozen matches that the club has had difficulty in raising a full side. Tea—C. R. P. Sheen, C. A. Young, L. A. McAfee, W. M. Tucker, R. F. Ray, I. E. D. McLean, T. Rowntree.

**Bart.'s v. Mill Hill and Friern**

Played at Mill Hill on Monday, August 11th, resulting in a win for Mill Hill and Friern.

When the Bart.'s team arrived, they found the Mill Hill side somewhat depleted. Sir Girling Ball had refused to swim. Mr. Michael Boyd was suffering from an overdose of massage, and Dr. Maclay and Neville Grant had colds. Still, with the help of a Friern contingent, consisting of the expert MacAfee, and Spafford—who was still "staying the night" following a recent cricket match (Mill Hill hospitality, being what it is)—D. J. A. Brown and the redoubtable J. E. Lovelock made up a formidable body of men. Rather too formidable for Bart.'s who, apart from I. E. D. MacLean, were by no means regular swimmers—some less regular than others.

The One Length went to Mill Hill and Friern, being won by MacAfee, with Borrie second and Brown third. Henderson Also Swam for a while, but was reserving himself for the Relay.

In the Two Lengths Bart.'s scored their only success, MacLean winning from Lovelock after an exciting finish, with Atlee third. Spafford Also Swam for one length, using what the judge described as a "Crab Stroke"; he, too, was reserving himself.

Henderson, for Bart.'s, and Brown, for Mill Hill, started off the Relay. The former began with a fierce crawl, but had to try everything before he reached the end, thus giving Mill Hill a lead of a clear bath's length. In spite of desperate efforts to catch up by Atlee and Borrie, MacLean was unable to overhurl Lovelock in the last lap.

Exhibition diving by MacAfee and Spafford ended the evening's entertainment just as night began to fall. Thanks are due to the sole spectators and judges, Sir Girling Ball and Nurse —, for their excellent encouragement and support.

A wonderful place, Mill Hill, breathing peace and friendliness. . . .

**CLERIHEW.**

Testosterone  
Is an anachronous hormone.  
Long before 1882, in fact,  
It was making the Married Woman's  
Property Act.

(PETER QUINCE.)

and scored with a fine disregard for the bowling which had caused so much havoc just before. They put on 52, and gave us our chance of saving the game. Heyland batted steadily in spite of an injured hand, and after he and James, whose 39 was an invaluable innings, full of good shots, were out, McAfee and Pritchard had an entertaining few minutes of hard and true hitting, the game being saved with the aid of our 12th man, lent by Middlesex.

**St. Bartholomew's Hospital.**

J. W. G. Evans, b Mutch	5	B. Jackson, b Wilmot	0
A. D. MacShine, b Mutch	1	R. Heyland, c Holbrow, b Mutch	13
G. H. Wells-Cole, b Mutch	0	L. A. McAfee, b Pratt	10
C. G. Nicholson, b Mutch	3	J. J. Pritchard, not out	20
J. C. N. Westwood, c & b Mutch	9	Cice, not out	2
J. T. Harold, b Wilmot	20	Extras	4
C. T. A. James, c Holbrow, b Pratt	39	Total (10 wkts.)	126

Bowling:—Mutch 6 for 38.

**Middlesex Hospital:**—230 for 6 declared (James 2 for 34).

**LAWN TENNIS CLUB**

As in all other sports it has been exceedingly difficult to turn out a regular six, and although our record is not very impressive, we have had many enjoyable games.

On Wednesday, June 5th, we went up to Cambridge to play Caius College, but owing to the sudden end of the University team, only one Caius man was playing. However, they turned out a side which beat us by the odd match, 5-4, and both the game and the inevitable night spent in Cambridge were thoroughly enjoyed by all.

Of the four fixtures for the 2nd VI. only two were played, the others being scratched by the opponents.

<b>1st VI.</b>	
v. London Hospital	Lost 7—2
v. Balliol College, Oxford	Won 7—2
v. St. Thomas's Hospital	Lost 6—3
v. Middlesex Hospital	Won 5—4
v. Caius College, Cambridge	Lost 5—4
v. Metropolitan Police	Lost 9—0
v. Middlesex Hospital	Scratched
v. London Hospital	Lost 8—2
v. Chiswick	Scratched
v. Royal Naval College	Won 6—3
v. City Police—July 27th	
v. Hill End Hospital—August 3rd	
v. City Police—September 21st	
<b>2nd VI.</b>	
v. University College Hospital	Lost 8—1
v. St. Thomas's Hospital	Lost 6—3
v. Middlesex Hospital	Scratched
v. Middlesex Hospital	Scratched

## NEW BOOKS

**Handbook of Physiology and Biochemistry.** Haliburton & McDowall. (John Murray. Price 18/-.) 36th Edition.

The "Handbook of Physiology," originally written by Dr. Kirkes in 1848, has now appeared in its thirty-sixth edition. The popularity which this implies can be attributed mainly to two reasons. First, that as the book in its various editions has been published over a period when the foundations of modern physiology have been both laid and built upon, inevitably it includes much of the history of this period and borrows interest from the historical beliefs which are still retained in the text. It is, incidentally, much to be hoped that many students with curious minds (that is "enquiring"), will be stimulated to turn to Hippocrates, Galen and the Persian school of physiological thought to establish the sources of some of the theories advanced in the Handbook. On the other hand it is perhaps, unfortunate that Dr. Kirke's successors have omitted to make a clear distinction between myth, legend and prosaic fact—Dr. McDowall even confesses that he has made a conscious effort to weave new material into the text with a minimum of disruption of the classical *motif*. The second reason is that, with a sure knowledge that the eye and mind of the young physiologist will be attracted only by the highly conspicuous, the book has been bound in scarlet.

As the title "Handbook" suggests, the book should be read only after enlightenment from other sources on the subject of physiology. The blank page at the end of every chapter, upon which the reader may record his own original thoughts, is most commendable: had the whole book been modelled on these lines it could have been used quite conveniently as a notebook.

**Introduction to Pharmacology and Therapeutics.** J. A. Gunn. (Oxford Medical Publications. Price 6/-.) 6th Edition.

Dr. Gunn's primary purpose has been to provide the student with a short survey of the actions and uses of the principal drugs. This he has done rather by selection than by summarizing, and his selection has been influenced more by the practical than by the academic importance of a particular drug. The chapters are arranged under headings dealing with the site of action of the pharmacological groups.

With the publication of the sixth edition the book has been brought up to date and, used in conjunction with a competent course of pharmacology, it should be adequate for any of the university examinations, though it is to be regretted that the short paragraph on the sulphanilamide compounds is so disproportionate with their present importance. Dr. Gunn has, nevertheless, succeeded admirably in his intention, and as a short survey of the subject his book has well deserved its popularity.

**The Universe Through Medicine.** J. E. R. McDonagh, F.R.C.S. (W. Heinemann, Ltd. Price 25/-.)

For many years Mr. McDonagh has been attempting to reduce disease in general to its lowest terms. His investigations have been con-

ducted mainly in the realm of chemo-physics, and he has paid particular attention to the colloids and plasma proteins. On the results of his research he has elaborated a theory of the nature of disease which is as comprehensive as the title of the book suggests. Offshoots of the main theory embrace almost every phenomenon of living matter—including bacterial mutation, the nature of viruses, polemics, philosophy and sociology. The author's previous published work on the nature of disease has aroused much interest and practical application of his theories has resulted in the successful use of many new therapeutic agents. This book is his *credo*, and whether or not his beliefs are eventually substantiated and confirmed it is unusually interesting and worth reading for the freshness of his subject alone.

**Fighting for Life.** S. Josephine Baker, M.D. (Robert Hale & Co. Price 10/6.)

In 1901, when Dr. Josephine Baker entered the Health Department of New York City, the child and infant welfare services were limited to a few private philanthropic institutions and to the City's medical inspectors who were uniformly incompetent and corrupt. Dr. Baker was appointed Director of the new Bureau of Child Welfare in 1908, and within fifteen years she had been responsible for reforms which covered nearly every aspect of infant welfare, with a success which is borne out by the statistical evidence of an infant mortality rate reduced from 144 to 50 per thousand; milk, educational and welfare centres were opened extensively in New York City, and by 1923 these had been initiated throughout the United States. Opposition to such widespread reforms was inevitable, particularly as Dr. Baker was the first woman doctor to hold a high public administrative post in America. Not only did slum mothers apparently prefer that their babies should die for a faith in a folk-lore which fed them on pineapple and beer; the medical profession was afraid that a wholly healthy infant and child population would offer little encouragement to young men to take up medicine; the local government of the Tammany clique was obstructive from habit and added considerably to Dr. Baker's difficulties.

At the beginning of the century public welfare services in America were less developed than in this country, but now the unsolved problems of child welfare in America have their equivalent here and Dr. Baker has much to say which is pertinent to both countries. She has told the story of an enthusiast for neglected causes, and has written this autobiography with such sincerity and vigour that it is impossible not to be interested and inspired by her account of her work.

**Anatomy and Physiology for Nurses.** By Evelyn Pearce. (Faber and Faber. Price 5/-.) 5th Edition.

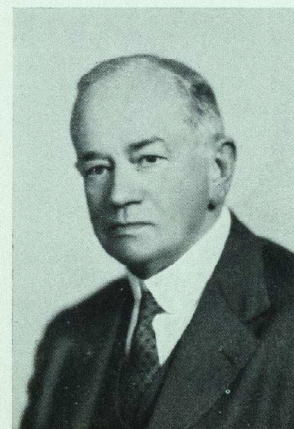
This textbook for the Preliminary State Examination is now in its 5th edition. It is a handy-sized, readable book, pleasantly written in obviously feminine style and pleasantly illustrated. The physiology is up to date, and there is an appendix containing questions from recent examinations and references to the pages of the book that supply the answers. Anatomy and Physiology without tears, and all for 5/-.

## OBITUARY

REGINALD CHEYNE ELSMLIE.

Our Hospital and Orthopaedic Surgery have suffered irreparable loss with the death of Reginald Cheyne Elmslie, at the age of sixty-two.

He inherited connections both with the sea and with surgery. His father was for many years well known to travellers to and from Australia as the master of the famous clipper "Solraon," a fine model of which used to adorn his consulting rooms. Through his great grandfather he was descended from the Cheynes of Edinburgh, who for three generations practised surgery in that city.



He entered St. Bartholomew's from Brighton Grammar School with a scholarship. As a student he gained further honours, and qualified with the Conjoint Diploma in 1901. The M.B., M.S. with gold medal, and F.R.C.S. followed in due course, and among other academic distinctions he won the Laurence Scholarship of this Hospital and the Jacksonian Prize of the Royal College of Surgeons. He was House Surgeon to Sir Henry Butlin, and afterwards held an appointment at the Royal National Orthopaedic Hospital, where he became interested in the branch of surgery to which he was later to devote his life. Instead of graduating to the Surgical Staff of the Hospital through "the Rooms," he became a demonstrator of Pathology. The five years which he spent in this department had a lasting influence on his surgical outlook and teaching. Apart from his well known contribution to the pathology of bone disease, this early training was evident in his approach to everyday clinical problems.

After his appointment to the post of Surgical Registrar at Bart's and to the Staff of the Metropolitan Hospital success in general surgery was assured. He elected, however, to devote himself to Orthopaedics, and in 1912 became Surgeon in

charge of the Orthopaedic Department of our Hospital, the first specialist to hold this post. Although this department was the oldest of any teaching hospital in London, it had previously been under the care of one of the assistant surgeons.

Under his direction, which lasted twenty-five years, the department, always large so far as Out-patients were concerned, at length acquired its own ward and operating theatre and an assistant orthopaedic surgeon.

The years of the last war were for him a period of unremitting toil. In addition to his civilian duties at Bart's and the Orthopaedic Hospital, he worked as a Military Surgeon at the First London General Hospital and at Shepherd's Bush, and later at Queen Mary's Hospital, Roehampton. For his services he received the O.B.E. Military Division.

No full account can be given of his activities during the succeeding twenty years, but they form an astonishing record of public service and disinterested devotion to duty. He did much for the welfare of crippled children, and the organisation of the treatment and supervision of physically defective children under the London County Council were largely due to his pioneer work. Later, as a moving spirit in the Central Council for the Care of Cripples, he did much to further their cause throughout the whole country.

He was a regular attendant at meetings of scientific societies, where his gift of clear exposition always commanded attention and respect. He became President of the British Orthopaedic Association, of the Orthopaedic Section of the Royal Society of Medicine and of the Section of Orthopaedics of the British Medical Association.

One of his most exacting but pleasurable tasks was to further the interests of the massage profession, and he served in turn as Vice Chairman, Chairman and President of their Society. Their present high professional standing is largely due to his efforts and guidance.

A few years ago he was called upon to give expert evidence before the Select Committee of the House of Lords which considered the osteopaths' claim for registration. He was also a member of the Royal Commission on Workmen's compensation at the time of his death.

In the lighter vein he was, as a student, an active member of the Dramatic Society, and he maintained this interest throughout his life.

His clarity of thought and sound judgment made him a valuable committee man, and his work on the Medical Council of this Hospital, of which he was at one time Chairman, and also on the Council of the Royal College of Surgeons, will be remembered.

In all a remarkable record of achievement, but only someone closely associated with him in his daily work could appreciate Elmslie's real worth. Of a retiring nature, he never courted popularity or sought self advertisement. Yet his reputation was international. Foreign orthopaedic surgeons visiting this country always wanted to meet him,

Esteem of this sort is not easily achieved or maintained. It was the sterling quality of Elmslie's work which demanded such recognition.

Both hospital and private patients he treated with the same unvarying courtesy and attention, and even towards the end of a long Out-patient afternoon or operating list he never showed any sign of impatience or flagging interest.

The fact that so many of his house surgeons have since adopted orthopaedic surgery as a career is a tribute to his teaching and example.

He will be sadly missed by patients, pupils and colleagues alike. S.L.H.

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#### NORMAN OCTAVIUS WILSON

Norman Octavius Wilson, who died at his home at Rondebosch, on 5th June, 1940, was much beloved by all who knew him. Born in 1870, he was the youngest child and eighth son in a family of eleven. He was Foster-Prizeman in 1889, and served the Hospital as House Surgeon to Mr. John Langton, and Ophthalmic House Surgeon to Mr. Henry Power. He passed the Final F.R.C.S. examination before he was 25. In 1898, his health

broke down temporarily, and he went to Cape Colony, where he practised till within a year of his death, except for service in the Army during the South African War. His was a brilliant and versatile personality. Whilst at the Hospital he excelled in games. Later in Cape Town it was discovered that he had a magnificent singing voice, and he devoted his holidays to painting with great success the scenery of East and South Africa and the neighbourhood of the Victoria Falls. His health had been uncertain for some time, but during the last twelve months there had been continuous loss of strength. He was married in 1897, and his devoted widow and only daughter survive him.

Over forty years ago he told the writer the following true tale, too unique to be omitted, and considering the date of the incident I hope not subversive. At the final fellowship examination he was accompanied by a friend, "M." When the list was read out Wilson was told that he had failed, but "M's" name was among the successful. "M" was so confident of his friend's superiority that he tackled the announcer, alleging that a mistake must have been made. On a scrutiny the error was found out, and Wilson's success also was acknowledged.

#### BIRTHS

SIMMONDS.—On July 12th, 1940, at Redhill County Hospital, Edgware, to Agnes (née Ayrton), wife of F. A. H. Simmonds, M.D.—a daughter.

BAYNES.—On July 15th, 1940, in Hertfordshire, to Jean (née Logan), wife of Trevor L. S. Baynes, M.D.—a daughter.

PARSONS.—On July 23rd, 1940, at 77, Grange Road, Cambridge, to Betty, wife of F. E. Parsons, M.D.—a daughter.

HINDS HOWELL.—On August 1st, 1940, at Wrecclesham Grange, Farnham, to Joceline (née Greenaway), wife of Major Anthony Hinds Howell, R.A.M.C.—a daughter (Penelope).

RICHARDS.—On July 21st, 1940, at Cambridge, to Lovelady, wife of Dr. F. Alan Richards—a son.

SNOW.—On August 9th, 1940, at Mount Stuart Nursing Home, Totquay, to Mary (née Burton), wife of Major J. E. Snow, R.A.M.C.—a son.

DALE.—On August 13th, 1940, at Grantham, to Mary (née Willoughby-Osborne), wife of R. H. Dale, F.R.C.S.E.—a son.

#### MARRIAGES

DOUGLAS-COX.—On July 25th, 1940, at All Saints', Harrow Weald, Middlesex, Dr. W. Michael Douglass, son of the late Dr. W. Cloughton Douglass and Mrs. Douglass, of Stanmore, to Margaret Ruth, younger daughter of Mr. and Mrs. H. T. Cox, of Long Sutton, Somerset.

SUTTON-HARDY.—On July 23rd, 1940, at St. Bartholomew's-the-Less, London, by the Rev. J. S. Dugdale, Dr. Michael G. Sutton to Ruth Mary Hardy.

PROCTOR-SEATON.—On August 3rd, 1940, quietly, at Hawkhurst, Lieut. Henry Proctor, R.A.M.C., younger son of Colonel A. H. Proctor, D.S.O. (I.M.S., retired), of Hammersmith Hospital, London, and Mrs. Proctor, to Jean Tyrie, elder daughter of John Seaton, Esq., J.P., and Mrs. Seaton, of Blair Atholl, Perthshire.

BENTALL-GREGORY.—On July 11th, at St. Bartholomew's-the-Less, Dr. Anthony Pearson Bentall and Nobby Gregory, daughter of Colonel and the late Mrs. Gregory.

#### DEATHS

EMLYN.—On July 19th, 1940, at Tretawn, Boars Hill, Oxford, Charles Willmore Emlyn, M.R.C.S., L.R.C.P., aged 78.

ELMSLIE.—On July 24th, 1940, at Tuesley, near Godalming, Reginald Chyene Elmslie, O.B.E., M.S., F.R.C.S., Consulting Surgeon, St. Bartholomew's Hospital, and Royal National Orthopaedic Hospital, aged 62.

LEY.—On July 16th, 1940, suddenly, at Chilbolton, Hants, Bernard Ley, M.R.C.S., L.R.C.P., late of 18 Ashburn Place, S.W.7.

PERL.—On June 29th, 1940, at Martin's Oak, High Street, Battle, August Frederick Perl, M.R.C.S., L.R.C.P., aged 64.

SMITH.—On July 29th, 1940, as the result of an accident, Llewelyn George Smith, M.R.C.S., L.R.C.P., husband of Nancy (née Davis), of Sittingbourne, Kent, aged 38.

WARING.—On August 3rd, 1940, at Fishbourne Cottage, Fishbourne, Chichester, John Arkle Waring, M.A., M.B.B.Ch.

#### UNIVERSITY OF CAMBRIDGE FINAL M.B. EXAMINATION

Easter Term, 1940

##### Part I (Surgery, Midwifery and Gynaecology).

Bentall, A. P.  
Payne, A. D.  
Todd, R. M.  
Brooke, B. N.  
Rowatree, J. W.  
Friedman, R.  
Shooter, R. A.  
Morgan, H. V.  
Smith, L. W.

##### Part II (Principles and Practice of Physic, Pathology and Pharmacology).

Friedman, R.  
Morgan, H. V.  
Shooter, R. A.  
Gregory, T. E. S.  
Mungavin, J. M.  
Smith, L. W.  
Jack, R. C.  
Payne, A. D.  
Todd, R. M.  
Jeffries, P. G.  
Rabinowitz, H.



