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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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BOMBAST

Each morning for the first week of London's "Blitzkrieg" men would be seen arriving at the Hospital with heads held high, obviously bursting with news. They had come for social reasons largely, since there were very few patients left, and teaching had come inevitably almost to a standstill. On one of those mornings a typical conversation heard on the "Slope" ran as follows:

"I had a bomb dropped in the next street early this morning!"

"That's nothing. I had two time bombs go off in the back garden of the next house but one!"

The third speaker lived in the West Wing, and his voice was laden with deep contempt: "Have you seen the back of the Nurses' Home?" They hadn't, and they were squashed. So—as they found when they came to inspect the damage—were a wall and several sandbags. If the enemy has done his job with such ineffective thoroughness that every man has thought his own particular part of London the worst hit; then Bart.'s men all over the country, reading daily in their papers the headline, "Famous London Hospital Hit," must have for their part had many anxious moments. But—and it may come as somewhat of a shock to many—there are other famous hospitals in London; and St. Bartholomew's, except for that slight upheaval in Little Britain, has remained, up to the moment of writing,* relatively untouched. But the area covered by all these promiscuous droppings is amazing, and only goes to show the impregnability of London's vastness. This Editorial was started in the United Hospitals' Sailing Club's temporary quarters at Hammersmith. We went there because there was sun and a sou'wester, and we hadn't had much sleep the night before. When we arrived the Steward was just returning after an absence of four days due to a time bomb which was lying buried in the mud just below the boats. The club-room had a strange musty smell, as if it hadn't been used for a century or two, and we felt like ghosts returning from a forgotten past. But the wind was fresh as we pulled the boat down to the edge and rigged the sail and emptied the water from the bottom. Then, just as we were pushing off, the sirens went—and that was that, because you mustn't hoist a sail up near the Thames in case you give away the River's presence to the enemy. By the time the "All Clear" went the tide had turned, and it was time to go home. So we left, with the time bomb well covered with water by now. . . .

These are interesting and rather difficult days for the student. What with teaching in London—and also for a short time at Friern—sadly, if only temporarily, upset; what with those air-raid casualties for whom we have waited so long, astonishingly (we almost said, disappointingly) few—in Bart.'s at any rate, and again, we hasten to add, up to the moment of writing—it sometimes seems that the students would be better at home, where he is not a potential target. The days are empty, the evenings dangerous, and the nights—well, to say the least of it, they are stuffy and noisy.

* The night after this was written, a further upset occurred in the region between the "Slope" and the A.R.—a part of the Hospital which needed demolishing anyhow.

On the other hand, he must stay because the greater need may come any day and, what is more, though the whole thing is extraordinarily unpleasant, there is something rather fascinating about being a small speck on one bristle of a gigantic darts-board. . . .

As I was coming up a little alley which was a loop-way to circumvent a damaged part of Smithfield, the Medical College suddenly came in sight, seen from an unusual aspect. A meat-porter was going the same way. He jerked a thumb towards it and exclaimed to no one in particular, "That's a worry!"

But it isn't really. Because though they set us on fire or hit us with dozens of direct hits, obviously nothing on earth or in the sky can damage St. Bartholomew's more than very superficially.

THE FUTURE OF THE JOURNAL

The Journal will continue production, and will come out reasonably punctually, so long as is humanly possible. But obviously anything may happen—the address books have already been bombed and retrieved with difficulty, and we cannot give any guarantee that future numbers will arrive in time or, if the worst happens, at all. Meanwhile, we shall be greatly assisted if people will write articles for us without constant pressure—especially those people who have given promises months ago.

PLASTER

Sir Henry Gauvain, writing to the "Lancet" of September 28th, draws attention to the lack of facilities in this country fer instruction in plaster-of-paris technique. He goes on to invite senior students and practitioners to make use of the facilities at the Lord Mayor Treloar's Cripples Hospital, Alton. No fee is charged. We feel sure our readers will be most grateful to Sir Henry for this kind offer.

November Issue

Contributions for the November issue should be received not later than October 19th.

MEDICAL COLLEGE OF ST. BARTHOLOMEW'S HOSPITAL

By SIR GIRLING BALL, Dean

After tremendous effort it has been possible during the past year to build up an organisation which, although not as good as in normal peace time, has gone a fair way towards producing efficient teaching facilities for the students through the whole of their medical courses. This result has been brought about by the magnificent co-operation between the students and teachers, who merit the best thanks of the College authorities for their combined efforts.

The College is now starting on a new session of work under even more trying conditions than last year's. To run a medical college in the front line demands the greatest courage and determination: but with renewed and even greater efforts, if those concerned are willing to put their shoulders to the wheel, it can and shall be done.

The organisation which has been built up will be maintained as far as possible.

The pre-clinical students have already gone back to work, some of them completing their first year's work and others the second.

The clinical students are still distributed in three hospitals, and so far as the outside hospitals are concerned the present arrangements will be maintained and, it is hoped, will be improved. Improvement in details must be made, and the College authorities will do everything they can to help.

The greatest difficulty, however, is going to be in the old Hospital, standing as it does in the very centre of the forefront of the battle. During the past year it has

been possible to accommodate a large number of students in the out-patient departments, hitherto regarded as an essential part of the students' education, and with certain clinical facilities provided in the wards by those patients whose admission was essential. In recent weeks, however, while the bombardment of London has been going on, the number of in- and out-patients has diminished to rather small figures, and it has become almost impossible to find sufficient material for teaching purposes. It seems likely, therefore, that it may be necessary to redistribute the students throughout the Sector, as was done last year. It is hoped, however, that a little patience will be exercised until it is seen whether or not things are going to settle down. The students must try to get through as many of their appointments as they can, and they will receive the sympathetic help of the Dean and the Warden to aid them in solving their difficulties. If conditions are going to remain as hectic as they are now, then those who still have to complete their courses will have to have arrangements made for them; but if conditions settle down, the departments will carry on as before.

The one point which must be instilled into the minds of both students and teachers is that the greatest effort must be made to carry on medical education. The students must remember that they are doing a piece of work which is comparable with that of the soldiers, in that they are providing the medical service of the future and, in the case of senior students, the near future. The medical services are sure to lose heavily during any active period of warfare and their numbers must be replaced. It is therefore incumbent on every student to become qualified as quickly as possible. For the same reason, it is necessary for the teachers to make additional efforts; they are fewer in numbers than in normal times and have thus been called upon to work harder; they are now faced with a new difficulty, namely, the lack of teaching material. New methods of teaching will have to be devised to meet the occasion; these will probably be more in the nature of demonstrations than those which are normally practised.

It is no business of mine to preach, but at the beginning of this session at Bart.'s it is my duty as the Dean of the Medical College to stimulate everybody to put his heart and soul into his job; he must make the greatest effort in playing his part in helping to win the war. Bart.'s has never failed in the past; let it not fail now.

HEBERDEN'S NODES

Dr. Heberden's own Account

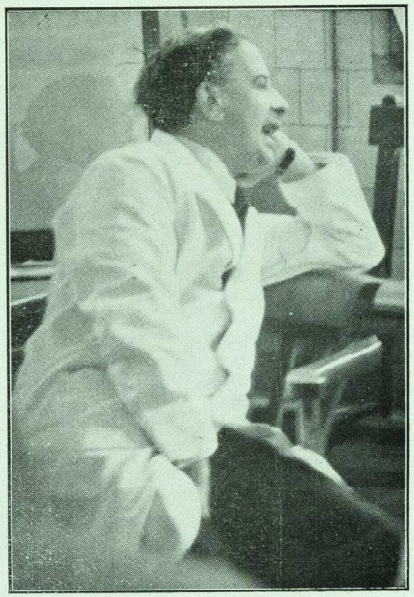
Digitorum Nodi

What are those little hard knobs, about the size of a small pea, which are frequently seen upon the fingers, particularly a little below the top, near the joint? They have no connexion with the gout, being found in persons who never had it; they continue for life; and being hardly ever attended with pain, or disposed to become sores, are rather unsightly than inconvenient, though they must be some little hindrance to the free use of the fingers.

Pedicularis Morbus

1762. Aug. 23. I was this day informed by Sir Edward Wilmot, that he had seen a man who was afflicted with the morbus pedicularis. Small tumors were dispersed over the skin, in which there was a very perceptible motion and a violent itching. Upon being opened with a needle they were found to contain insects in every respect resembling common lice, excepting that they were whiter. Sir Edward Wilmot ordered a wash, consisting of four ounces of spirits of wine, four ounces of rectified oil of turpentine, and six drams of camphor. The day following he told me all the insects had been killed on being touched with this liquor, and that all the itching had immediately ceased.

OUR CANDID CAMERA



"And Bob's your uncle!"

LOCAL ANAESTHETICS

It was when I was a very puzzled junior dresser, hopelessly lost in the chaos called medicine, that anæsthetics first held out a friendly hand. An orderly chromium-plated hand, and I thought that I had found something rational at last. Rows of taps and cylinders of gas promised the mechanical exactness that was so lacking among gurgling hearts and whistling lungs. The urge to anæsthetise grew stronger with time; in the next two years I read all that one standard text-book of surgery had to say about gas and oxygen and ether. I even toyed with an article in the "Lancet" on cyclopropane. And eventually time blossomed and bore its fruit. I was to do my anæsthetic clerking.

A month may seem a long time to fill with becoming an anæsthetist. Yet during this month there were almost more ambitious anæsthetists than there were patients for operation. A list was, therefore, drawn up; the month was reduced to a single day of thirty-fold importance. My day came. Now that I was at last to become an anæsthetist I abandoned myself to hope—to the hope that even in medicine I might meet a suspicion of the fool-proof logic of science. At nine o'clock in the morning I stepped into the minor operation theatre full of the joy of anticipation.

A patient was on the table. A houseman

was holding a nose-piece over him. The dentist was standing by. I declared myself to the houseman.

"I," I said, "have come to be an anæsthetist."

The houseman turned on the taps and the patient took the gas. The tooth came out. The patient came round; and went out. Another patient came in.

"I," I repeated expectantly, "have come to be an anæsthetist."

The housemen looked down his nose. "Have you ever given a gas before?" he asked as the second patient went to sleep.

"No," I said, "but I've read a book. And I pick things up frightfully quickly."

"Well, I'd rather you didn't give this one," said the houseman while he put the third patient under.

The fourth patient came in. With an experienced elbow I pushed the houseman aside and stood by the patient's head.

"Just hold this here," said the houseman, "and I'll work the machine." I held the nose-mask and it never wobbled. It stayed stable. It shows what an advantage it is to have done some reading, I said to myself.

No fifth patient came in.

"That's the lot for this morning," said the houseman. "If you hang about here you might get some more by tea-time."

I hung about for two hours, but no one came to be anæsthetised.

"Are you expecting any patients for gassing to-day?" I asked a nurse. I was bitterly disappointed with the whole thing so far. I was nearly in despair because I knew what the answer would be.

"No," said the nurse.

"Well," said I, "shall I go out into the highways and the byways to canvass some, then?"

"Grrr," said the nurse civilly: so I went out into the highways and the byways.

"Do you know if anyone is wanting an experienced, well-read anæsthetist?" I asked a theatre pink.

"Sorry," she said as she rushed by, "but you might try the wards."

I went to a surgical ward. I saw a red-faced man lying in bed. I went up to him because I thought, wrongly, that he had a pre-operational apprehensiveness about him. "I am an anæsthetist," I said, "or at least I think I am. Most certainly I can hold the steadiest nose-piece of anyone in this hospital. There aren't any patients anywhere; would you like a gas?"

This male moron misunderstood me. Verbally he slapped me on the back until I winced. "Sit down, chum," he said heartily, "and make yourself comfortable. What'll we gas about?"

It was twenty minutes before I could escape with even the minimum of grace. By then I'd had the most enlightening conversation that I'd had for long: it was wholly factual, positively bristling with facts. He could even have told me how many green cheeses would reach the moon had I given him the chance. I detached myself and went to the nurse in charge of the ward.

"Do you know of anyone here who would like an anæsthetic? Because I'm an anæsthetist to-day, thoroughly competent, and I've read a book. Good with children, too." I said this: she said "No: they're all ill," and withdrew before I had time to ask what that had to do with it.

Dejected, I went back to the minor operation theatre. A patient was on the table again. Someone was about to inject a local before stitching an eyebrow together. The time was ripe for reason. "Have you ever," I asked the dresser, "considered the advantages of general over local anæsthesia for dealing with supra-orbital lacerations?"

"No," said the dresser injecting novocain into the squirming patient. "What are they?"

"First," I answered pointedly, for the patient was saying "Ooh" with an undisputable sincerity, "first it saves the patient pain, so *he* prefers gas: then. . . ."

The patient sat up suddenly. "I WON'T have gas," he shouted. "It made me blankety sick last time an' I won't be messed about with any more."

The dresser reassured him. Indignation centred round me. I left the theatre and went out into the surgery.

"Have you any septics?" I asked a nurse point blank. "I'm an anæsthetist—at least I shall be one day. And I'd like to give a gas."

The nurse was standing guard over a benchful of women and children. She looked rather glum.

"This one's constipated," she said, pointing to a fat old woman in black.

"I'm sorry," I answered, "you'll have to see a doctor about that. I'm an anæsthetist."

I went to the children's department which was beginning to wake up for the afternoon. I went towards the nurse in charge, and this time it was she who started the conversation.

"There isn't a class this afternoon so you can go away again," she said.

"Woman," I said crushingly, "diseased children may all be very well for beginners, but I'm an advanced student. I am an anæsthetist. If you have anyone here who would like an anæsthetic, I shall be delighted to offer my services. I know all about gas: it's puff puff puff gasp, and don't burst the bag. Have you anyone here?"

She put out her teeth at me but said nothing. As I left she was saying unusual things to the houseman.

I went to the psychological clinic. "You know," I said to a nurse who knitted by the door, "I think a nitrous oxide anæsthesia would do these people a world of good. It would take their minds off things for a while and when they woke up they'd have forgotten. . . ."

"Do you want to see Dr. Strauss?" asked the nurse a little abruptly.

"No," I said, "I don't. I'm an anæsthetist."

"Well?" said the nurse.

"Here," I said, "you have an experienced anæsthetist, myself. Why not take advantage of it? I have never actually given an anæsthetic, but this morning I held a mask in place. I have also read a great deal in the last two years."

"I don't think Dr. Strauss would like you to interfere with his patients," said the nurse, standing protectively between them and me. Why, I wonder, does every little nurse with a box of matches think she's a lady with a lamp? I explained that I had no intention of molesting the psychologically unsound and descended to the cellars. I left the nurse making harsh tchkk-tchkk noises to herself.

In the cellars I wandered about. I came to the boilers and there I saw a woman. It was an unexpected place to find her, but she may have been a fireman's wife or a straying patient, possibly. She was fat and fortyish, dressed in a sort of brown with half a cherry orchard in her hat. It wasn't anything as romantic as that which interested me; it was the remarkably ugly and prosaic faces which she was making. And a big bulging left cheek. . . . Pain, I said to myself with joy; pain and toothache. Suffering humanity usually struck me with compassion, but not on this day. Toothache meant removing a tooth and that meant—an anæsthetic.

"Madam," I said ecstatically, "you're in agony. Let me have that tooth of yours taken out for you?"

She didn't say a word. Poor suffering soul, I thought, as I led her from the boiler-room. Probably she'd been awake all night and was too exhausted to speak. There was a familiar smell about her which reminded me vaguely of medicine, but I was much too elated to worry about what she'd been taking.

I led her to the minor operation theatre. I led her by the hand. Outside I sat her down. "Madam," I said, "wait here a second and we'll have that tooth of yours out in no time. No pain, either. I'll give you gas myself if you'll just fill in the form."

She didn't say a word. She signed the form resignedly in the sort of way that fat, untalkative women do.

I burst into the theatre. "Nurse!" I cried, "I've got a patient who wants to be gassed and to have a tooth out. Will you be so very good as to prepare things?"

"Grrr!" said the nurse with a certain lack of originality. "Anæsthetic clerks can't give gasses unless there's a houseman present."

Again I fled out into the highways and the byways and in the square I found Arthur, My Best Friend. He was qualified.

"Arthur," I said as I dragged him by the arm. "I've got a patient and I'm going to stuff her while you pull her teeth out. Only you've got to supervise me."

"I suppose you know," said Arthur, "that although I'm qualified to give anæsthetics and to supervise you, I've never even turned on a gas tap in my life? But I'd like to pull some teeth out. I've never done that either." I convinced him of my

competence as an anæsthetist. All he'd have to do was give the whole thing a purpose by pulling out teeth here and there.

The fat woman was lying on a table in the theatre. On a trolley beside her were weapons.

"Funny smell," said Arthur while he was tying on his gown. I was much too occupied to answer. I was reassuring the patient before I clapped the mask on her.

"Just go on breathing, ma'am," I said soothingly.

She spoke for the first time. "Can't 'elp meself, doctor," she said. "Couldn't stop if I tried."

And then I turned on the tap, covered her face with the mask and she slept.

"It makes you think a bit," I said to Arthur with ill-concealed pride.

"It does," he said. "How do you suppose I get her teeth out with that face-mask on? It may be hackneyed, but I'd like to take them out through her mouth."

We laughed merrily, Arthur and I. At least, I hope I did. I deftly changed the face-mask for a nose-mask, and fiddled with the machine, more to give Arthur confidence than because the patient had gone blue. Arthur clearly wasn't quite sure which forcep was which or what the things that weren't forceps were, and showed no hurry to begin.

It was then that I noticed that whereas there had once been a swelling of the left cheek, now there was one on the right. "It is a bit odd, isn't it," I remarked to Arthur when I pointed it out to him. "We'd better take out all her teeth while we're about it if they're going to swell up and down like this. She must have had a rotten time of it."

"I wonder," said Arthur. "I think I know that smell . . ." He did. He opened her mouth and bravely put his fingers in. He dragged out an enormous peppermint sweet. "I shall write this up in the 'Lancet,'" he said.

"It really is a bit odd," I said. "She looked exactly as if she had toothache." I let her come round. I gave her back her peppermint wrapped in a piece of paper. She didn't mind. Not at all. And Arthur didn't mind. He was My Best Friend. Most of all I didn't mind. Why should I? —I'd just given my first anæsthetic.

TO ANY NURSE

Proud is my heart in me
To sing thy eulogy
To praise
Thy abnegated days.

Sublime humility
Degraded thus to be
To cede
Pride to the greater need.

The Laurel and the Thorn
Concatenate, adorn
Thy brows;
Sole guerdon of thy vows.

T. H. E. R.

AN UNUSUAL CASE OF ALLERGY TO ASPIRIN

THE following document was brought in by a lay patient; it has not been edited in any way:—

"For over three months now I have been suffering from a skin irritation the seeming cause of which is the appearance of small 'heat bumps' which come up on various parts of my body, arms and legs from time to time.

About two months ago one morning I took two Asperin tablets for a headache, and about an hour afterwards my face had swollen and assumed a dull red flush. My eyelids had also swollen and the rims become very inflamed, and my eyes blood-shot. To the touch my face, forehead, and back of neck (these being the only parts affected) felt like a 'mass of lumps.'

This was accompanied by a severe pain in my chest, as of acute indigestion; blurred sight, and some little difficulty with speech owing to tightness of facial skin. Some of the above-mentioned 'heat bumps' appeared on my arms, and just one or two red blotches on body.

Without taking any remedy the phenomena faded out after about four hours.

On Saturday morning last I took two Aspros and within an hour exactly and precisely the same thing as set out above occurred again. But this time a slight repetition in the afternoon.

At times of a night (not frequently) my body gets intensely hot, but is not accompanied by sweating.

Physical reaction: Lack of energy.

Medical history: Six months ago I had slight attack of Influenza. Previous illness, Jan., 1919, just home from France, went down with very severe attack of 'Spanish 'flu.' Previously just child ailments when a youngster."

Though asthma has been recorded in several cases as an allergic response to aspirin, angio-neurotic œdema is a rare phenomenon in this respect. No literature on the subject was found in any of the last two years' medical publications; unfortunately, further search has not been made up to the time of going to press. The patient was instructed to use phenacetin instead of aspirin, and requested to report any further attacks. He has not been seen again after three months.

M. B. H. G.

R.S.V.P.

by G. Haverfordwest
(pronounced Harvest)

From the day, indeed from the very moment, that a boy decides that medicine is to be his career, he is peculiarly beset on all sides by questions. No other profession is so liberally bespattered with marks of interrogation; at no other profession is the eyebrow so constantly raised.

Setting aside Examiners, a thing that most of us have desired to do at some time more or less remote, we will consider the idle, the inane, the oft-repeated, the embarassing, and other distasteful forms of questioning, and the most satisfying method of reply.

Regrettably frequent is the query: "What made you decide to become a doctor?" Idle, inane, oft-repeated and sometimes embarassing. To such questions most doctors answer impatiently, briefly and without thoroughness; some deal with them as courteously as may be, trying to combine the beauty of candour with an ever-present charitable remembrance that no-one of these inquisitive persons at bottom means to be annoying. Not through intention do they become pests, but through repetition. And repetition, I reflect meekly, is a foible which has been imputed to me

also by exceedingly well-read persons very nearly as intelligent as my questioners. It behoves me, perhaps, to condone repetition.

Even so, I admit that when I have been asked any question twenty times, and have answered that question twenty times, the progression begins indefinably to lack zest; with the arrival of the hundredth time I regard it, I fear, with active distaste.

"What made you decide to become a dotor?" In my long-past but unregretted youth I replied at length, recounting the odd concatenation of circumstances, the strange emotions and half-understood longings which led to my arrival at Barts. "What made you decide to become a doctor?" Now, simply, "I didn't!" Which illustrates my advance, in some degree, toward the great respondent virtue of brevity. And though it is the short form that I now commonly use, I preserve a liking for the longer, franker and more self-expressive form; "though brevity be a virtue, yet is truth not always a vice."

For a short time after qualifying one is plagued by: "What does it feel like to become a doctor?" and "How do you like being qualified?" to which one may give a delicately coloured picture of the my-life-is-before-me school, or a resounding example of the success-attained-at-last variety, or, more briefly, "much the same as having a hang-over." Many of my colleagues, I grant you, would have expressed themselves differently here and there, adventuring more fearlessly in the uncivil!

In the case of a dashing doctor who has enjoyed his youth, it is well known that, without consulting his preferences, divers women pop out of his past just as relentlessly as yet other women prepare to enter his future; but that seems inadequately to excuse the embarassing reiteration of his colleagues, who unflaggingly question his morality whenever he is seen in the company of anything from a girl to a goat. To them I would say that my morals are, if not exactly beyond reproach, not yet beyond hope.

To those medical men who teach is well known the pest who asks questions to which he already knows the answer, second only in nuisance-value to the one who asks questions to which the teacher knows not the answer. To both the retort is: "You tell me."

Yet it seems to me, on deliberation, that another type of question is more widely represented; other teachers, being more lucid fellows, may be called on not quite so frequently to explain what, during the progress of exposition, they imagined they were talking about. I, who am not omniscent, may not speak here for my confrères; but I do know that my own pupils take rather a high hand with me as to this point, incessantly.

Furthermore, there is the fellow, so innocent his eye! so frank and open his countenance! who asks you just that one question which shows that he believes not one word of what, with sweat and agony, you have for hours been trying to instil into what, with more of charity than regard for truth, you have been pleased to call his mind. To you in this hour of trial I would meekly offer this advice: do not scarify him, heap no reproaches on his head, do not pursue him with contumely; he is probably the only one who has been listening.

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.

LETTER FROM THE MIDDLE EAST

At Sea,
H.M.S. "——"

23.7.40.

My dear ——,

It's a queer journey I'm making. First I found myself on a luxury liner, first class, of course, and no work at all. Then there was a vivid day ashore at St. Helena; three of us had a few hours' leave, and tramped up through the town of Jamestown, its streets littered with ancient cannon and half-caste children, and up a small hill track; an arid lava-strewn hillside, with only cacti at first. Later there were upland meadows, where the sea mists condensed and gave some moisture, and palm trees pomsetteas, and raucous birds. . . . . .

At Durban we stuck for three weeks' holiday. What a place! Warm, lazy, dry; pleasant, easy people; palm trees, cool clubs where Indian waiters bring long whiskeys and short gins; dancing by moonlight on a floor roofed only by palms. . . . . .

Now I'm in a troopship bound for God knows where. I have quite a bit of work now, as we have a 'flu epidemic on the soldiers' mess deck, and the sailors are always knocking themselves about. We are travelling in convoy, and waiting for Italian aircraft.

I hadn't expected all this when I joined the Service. We get the worst of things in one way, because we go farthest and get home last. But, otherwise, we get our compensations. And how they love us in patriotic cities like Durban!

Write and tell me the news sometime. I don't talk of the war because I know very little about it.

Yours,

J——.

CORRESPONDENCE

WAR AND EVOLUTION.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

The leading article in the last issue of the Journal might be looked upon as a contribution of scientific inspiration.

The majority of people, following the lead of their Teachers and their Preachers, are bewailing the calamities of to-day, and are condemning the horrors of war and the wickedness of warmongers.

Just as in the last war, the crowds were shouting "Hang the Kaiser," so to-day a spirit of increasing bitterness is springing up, and men seem to relieve their own minds by quoting the most objectionable adjectives to apply to Hitler and his gang, and to Mussolini and his cabal.

It is specially valuable therefore that scientific teachers should remind all thinking people that this war, like all wars, is only a cleansing process by which terrestrial human life can be purified.

The methods of God appear at times to be the handiwork of the devil, but whatever names we may give the process, the fact none the less remains that the History of Evolution warns us that although gentle means have the most profound effect, when they are continued sufficiently long, yet violent means appear to be necessary from time to time to give a sudden jerk in evolutionary progress.

It always reminds me of a solution which may approach steadily for a long time towards the saturation point, and then almost miraculously, and certainly suddenly, as the result of a jar, the solution has become permeated with crystal solids.

In the same way what we call the Conscience of Humanity ever so often makes a progressive step as the result of some sudden severe change in environment, and minds that have been apparently unconsciously sleeping for centuries suddenly become conscious to an entirely different outlook upon life.

Let me take a medical case that illustrates my meaning.

Age after age the human race was afflicted with great outbreaks of diseases, such, for example, as the "Plague" or "Typhus."

Again and again the scourge came, and men tried to meet it by incense, adoration, prayers, vows, and manifold drugs, and other treatments.

And yet beyond all this, by means of the disease, if only they could have seen it, the beckoning hand was pointing to the command of the ages: "Wash and be clean." "Cleanliness is next to Godliness."

Thousands of thousands of people had to die miserable deaths before they could learn the lesson that Insanitation is the Foundation of Morbidity.

Men complained of God when they were dying of the plague.

Men were bidden to look upon such a disease as a "Dispensation of Providence" that should be borne with humility and meekness.

Eventually science said with no uncertain voice, "This disease is the result of your own fault. Wash, be clean, and you will be free from it."

One of the next steps in evolution is that humanity should learn the brotherhood of man.

Herbert Spenser summed it up that evolution was a progress from enmity to amity.

Hitler and Mussolini and their crew are mere blains and boils wherein the disease in humanity has become focussed.

War is the carbuncle of the spiritual world, and the core and all that is attached to it has to be spewed out of the human race.

The process is a painful one, and is often destructive of sound tissue as it proceeds, but the end is a lesson learnt.

Once human beings have grasped that we do not live in and for ourselves, and have learnt that the Rich must not become rich by the sufferings of the poor; and have become conscience conscious that no man can suffer alone; but that every man's sufferings and privations are part of the body politic, and that therefore covetousness, Hatred, Malice, and all Uncharitableness have not only to be preached from pulpits but practised by all, then when this stage of progressive evolution has been reached, wars will have done their work and war will then no longer be possible.

Towards such a Golden Age this war is leading us.

We are not fighting to kill Germans, but to make all men fuller of that pity of God which fired the soul of Rahere.

Yours, etc.,
JOSIAH OLDFIELD.

8, Harley Street, W.1.

* * *

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Your leading article entitled "Light in our Darkness" gave me the impression of confused darkness, and it left me a little sad. I seemed to sense a feeling of disillusionment and perplexity. There seemed to be a doubt in the writer's mind as to what is the ultimate goal.

This attitude is understandable and natural. Thus, speaking psychologically, that is to say on the emotional rather than the intellectual plane, it is obvious that in infancy, childhood and adolescence, every human being is dependent on society for its survival. On reaching maturity each one of us is required to do his bit to support society by accepting responsibility and contributing by work to the common weal. The first awareness of this change over often creates in the young adult that variety of sensations which many of us have experienced in the few moments that precede a rather high dive into cold water. Other sensations are quickly experienced on rising to the surface of the water that is colder than was anticipated. Thus there may be a feeling of independence and power and unlimited scope more buoyant than the water itself, or there may be the sensation of isolation and a doubt as to the swimmer's strength and ability to keep afloat. Rightly or wrongly, I read something of this "shivering on the brink" into the leading article in question. It seemed to me that the writer had not fully realised the number of others in the water, and had not yet had time to experience the joy of those contacts which are made by helping others or being helped himself.

The writer continued his thought in an enquiry as to the ultimate goal. There seemed to be for him a little light in modern internationalism, and alternatively in the brave experiment in social re organisation made in Russia since the last great war.

My reason for writing this letter is to express my personal conviction that these objectives are both small and wrong. Society exists for the benefit of the individual, and it must be one of the prime objects of each individual's life to work for the maintenance of society because man is a communal animal. Internationalism is a building of which nations are the bricks. My idea is that the preservation of humanity and human society is the ideal to inculcate, and the building which concerns us is the one of which each individual is a brick. My emphasis is on the individual, and not on the nation or the state. It is of course no easy matter to get this ideal across because of the warring instincts in human nature. The ego instinct and desire for self-preservation works fairly harmoniously with the instinct of procreation, which fulfils the desire for the survival of the race. But there is a contrary instinct in all of us, and one that finds satisfaction in destruction and giving pain. Dr. Heinrich Hoffmann, a German (as one would expect), physician (I regret), epitomised this ingredient of human character in his story of "Shock-headed Peter," so well known to the older members of this era as "Struwwelpeter." No understanding of German character is complete without close study of this remarkable book.

To my mind, having been brought up a Christian, it is this basic destructive instinct in human nature that Jesus Christ recognised as "original sin," and taking a broad view of His divine teaching, it was this which He set Himself to blot out. And so I feel that it would be a matter for profound regret if we were to take modern Russia as giving us a lead. Modern Russia under Stalin's leadership has made war on religion, especially in its persecution both of formal Judaism and Christian services In short, I believe that the object of living is to preserve humanity, and that to achieve this we require God's help. Without such help humanity will destroy itself.

Yours faithfully,
GEOFFREY EVANS.

7, Mansfield Street, W.1.

MEDICAL REFUGEES

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In answer to your correspondent, P. A. Bachmann, there are many British doctors seeking a livelihood on account of their practices in defence areas around the coast having disappeared. In this war students are being encouraged to continue their studies and not join the combatant units as they did in the last war, so that a supply of young doctors is being made for future service to the community.

It is not right that foreigners should be enabled to establish themselves in practice in this country to the detriment of medical men absent in the Services, as happened in the last war.

The safety of this country is too important, that we can afford to be too nice about the majority, in insuring that the minority, who are potential Fifth Columnists, are safely controlled, in view of the success that Hitler has achieved in other countries mainly with this agency.

There is no finer and disinterested way of man showing his regard for a country than by fighting for it in a combatant unit.

Any shortage of nurses due to those who have joined the Services is being met by the return of retired nurses to nursing duties and increasing supply of trained helpers. Our hospitality extends almost beyond any reasonable expectations, but we must take care to safeguard ourselves.

C. HAMBLEN-THOMAS.

9, Harley Street, W.1.

CRICKET MATCH

Mr. O'Connell's Hill End XI. v. Mr. Harmer's St. Bartholomew's Hospital XI. Played at Hill End.

On a peaceful morning in August before this great war came to London an old and very squeaky 'bus was waiting in Smithfield. The Vicarage was cleared, and the visiting team rather surprisingly, for it was a Sunday—was away on time.

It was a good team—on paper For did it not include the names of seven people who in 1936 had helped to win the Hospital Cup? The home team had heard of this too, and, blue with fright we were assured, had been having evening "nets" in order to show some of their fellows that a cricket ball was held quite differently from a golf club.

After certain stops, for the 'bus was very old, everyone arrived. The sun came out, and the teams' wives arranged themselves along the boundary with an altogether excessive number of dogs, and took no further interest in the play, which then commenced. Mr. O'Connell won the toss, and after a disproportionate amount of thought, for there had never been a better wicket, decided to bat.

At this far-distant date it is difficult to remember details, but the general impression of the home team was of a fine cricketer's innings played by Westwood, who made nearly half the runs scored by his side, and of the care and deliberation of the captain himself who, in spite of being attacked by the leg theory bowling of James (from in front), and the homicidal tendencies of the wicket keeper (from behind) was finally not out lbw when he had made 19. In addition, Rait-Smith's innings and Tubbs "knock" against a background of more dropped catches than has ever been seen before, gave much pleasure to the onlookers. Everybody bowled, and each rather worse than the one before.

By comparison, Mr. Harmer's team did not give such value for money. The scorer was emphatic on this point, for during the tea interval he had taken the umpire aside, and with the aid of coloured beads and words of one syllable had convinced him that an over should contain 6 balls and 6 balls only. Consequently in this innings the play was cleaner and altogether more above board, and an element of surprise and grave speculation was removed.

The wicket was as true as a bowling green (with the exception of one smallish bunker), and there was no reason why the seven great cricketers already mentioned should not have made 50 apiece. Yet Harold was the only one who did, though Heyland might very well have done so had not a missed catch in the deep field earlier in the day split his hand for him. (Another missed catch, equally deep, was responsible for fracturing Tubbs' fifth metacarpal, but this was not discovered until three days later!)

Hill End's 124 was passed with four wickets in hand, but nobody noticed that; for all had come prepared to play cricket, and, as everyone knows, that means batting. And so Hunt went in, like the village blacksmith, and hit the first ball for a 4 and the second to everyone's intense delight, for he was determined to do so, for a 5. After that it was mostly beer, and a rather dismal drive back to London in the black out. And everyone enjoyed it enormously, and said we will have another game in September, but Hitler said total war on London. . . .

HOGARTH.

St. Bartholomew's Hospital.

Johnstone, ct and b Spafford ...	3	North, b Bartlett	3
Harmer, ct Rank, b Bartlett ...	5	Cambridge, c t and b Spafford	4
Heyland, lbw, b O'Connell ...	46	Morse, b Bartlett	1
Harold, b Spafford	57	Evans, b Spafford	0
Brown, b Bartlett	9	James, run out ...	12
		Hunt, not out ...	25
		Total ...	165

Bowling:—Spafford 4 for 45; Bartlett 4 for 48.

Hill End.

Bartlett, ct and b Heyland ...	3	Tubbs, ct Hunt, b James	16
Westwood, ct James, b Harmer	51	O'Connell, lbw, b North	19
Barron, b Heyland	1	Hayward c and b James	0
Rait-Smith, b Cambridge ...	16	Rank, not out ...	1
Gray, ct Harmer, b Cambridge ...	2	Mowlem, b North	1
Spafford, st Hunt, b Cambridge ...	3	Extras ...	11
		Total	124

Bowling: Cambridge 3 for 16.

AN APOLOGY

The Publication Committee apologises for delay in publishing this number. The Battle of London has interfered with the printing trade, and we are sorry to announce that the Editor has been taken ill. His place is being taken by Mr. E. Grey Turner.

HILL END NEWS

Some aspects of music

Much space has recently been devoted to details of cricketing operations so that I have no compunction even in the teeth of paper rationing, in drawing attention to one of the aspects at least of our musical life at Hill End, viz., the Chorus. Briefly our purpose was to sing together for our own pleasure and if we became proficient enough, we used occasionally to perform in public. We gave three such performances, of which the first two in particular were surprisingly successful. In addition we were able to raise £10 for the Red Cross by singing Xmas Carols.

At our first performance, towards the end of November, 1939, we found ourselves appearing at the end of an impressive list of local talent; in addition to this, we had to cope with an amused and almost hostile audience. Nothing daunted, however, the elegance of our performance astonished even ourselves and brought the house down. I seized an unrivalled opportunity to make an appeal for recruits, stressing my "urgent longing to embrace every nurse in the hospital within our midst" and asked for male assistance in this. Everyone seemed delighted with this suggestion, and the results were not unsatisfactory, as at least sixty nurses and twenty students must at some time or other have been regular singers—in just about typical "Messerschmitt-Spitfire" ratio, the chief difference being that usually we were in harmony.

Then we averaged two practices a week until Xmas, when we went carol-singing. On the first occasion two males had to furnish support for about thirty-five soprano and alto enthusiasts—one bass and one tenor. We raised £2, though I must confess that I was completely exhausted at the end—with a sore throat of almost streptococcal severity. Mr. Hambly, however, seemed all the better for his experiences.

Mr. Drake, as a result of a brainstorm, was able to produce two army lorries with crews so that fifty of us were able to scour St. Albans. The division of labour between the sexes was equal—not quite the right proportion for singing, but on one worried about that. Our tour was most successful and included visits to the Bishop, Dean, many houses both public and private and most of the important streets of the town. Our combined efforts raised £10. This was sent to the Red Cross with the appreciation, I think, of the whole hospital with unimportant exceptions. All who took part thoroughly enjoyed themselves. I should add that the expedition was unofficial and open to all.

Shortly after Xmas, we gave a grand choral festival. The programme included many songs, carols and chorales. In addition there was some community singing of popular carols. There were numerous soloists amongst whom our Caruso Tum-Tom ranked high. Unfortunately, space forbids any further references to these exploits. The Clifford-Smith Piano Quartet also rendered us invaluable assistance by accompanying us in one item and by providing a charming interlude. There was a big and appreciative audience, and the evening was a great success.

"From Strength to Strength go on;"—and we did, despite much bad luck. A tremendous shift of duty took place amongst the nurses, and we lost many of our most esteemed members. Many new ones seemed afraid to join. Added to this, influenza and that pest Rubella at times nearly brought us to a standstill, not to mention nurses' examinations. Had these things been foreseen, we should have undertaken a less ambitious programme, perhaps. Therefore, I am glad that they were not foreseen, for without ambition one will get nowhere. Anyhow, we tackled Brahms "Song of Destiny" and Parry's "Blest Pair of Sirens" in eight parts. Unfortunately, owing to the circumstances enumerated above, we were not able to finish the latter, although it was easier than the former. We did succeed in finishing "The Song of Destiny" and, with Mr. Tweedy as accompanist and absolutely invaluable at that, performed it with some songs at a joint choral and orchestral concert at the end of March. At the end, a vote of thanks was proposed and passed with enthusiasm to Mr. Tweedy for all that he had done for music at Hill End.

Though the performance was not perfect, I like to feel that Brahms would have blessed the attemp trather than have lifted the turf! It is not, perhaps, out of place to remark that he and that Billroth of partial gastrectomy fame were very great friends, and that parts of the B flat Pianoforte Concerto were submitted to Billroth for his approval. This association between the great men we tried to emulate in a small way at Hill End both actively in the chorus and orchestra, and also with numerous gramophone recitals which were well attended. Space forbids further reference to these latter, but their activities were widely appreciated. I hope that in the future they will all become an integral feature of the social life of the hospital on an universal basis and freed form traditional prejudice.

J. L. F.

CAMBRIDGE NEWS

Owing, as wireless announcers say, to a technical hitch, no news from Cambridge has recently appeared in the Journal. The Pre-Clinical Section is, however, still going strong.

At the present moment only those students entered for the forty-six-week anatomy course are up here, all working feverishly for their rapidly approaching 2nd M.B. The majority of the men return here on the second of next month.

Several of the College's sporting activities were interrupted at the end of last term by the premature departure of the University. The Boat Club, having laboured throughout the summer, found themselves, trained to a hair, but with no Mays in which to demonstrate their skill. However, Cambridge University is opening again on the 4th October, and the secretaries of the Rugger, Soccer, and Hockey clubs hope to secure full fixture lists once again.

On Saturday, October 26th, the Students' Union are again holding a dance with the aim of raising funds for the Hospital, and we hope to entertain as many from Hill End, Friern, and London as can manage to make an appearance.

* * *

CRICKET.

No accounts of any cricket matches played by preclinicals at Cambridge have appeared since the June issue of the Journal. This does not mean that none have been played, for indeed the team has gone from strength to strength, winning three of the last four matches that were played. For several of these the side was reinforced by two members of the Staff, to whom we owe our thanks for their excellent performances.

Glancing through the season's averages several individual performances are worthy of mention. Captaining the side with admirable skill, Linsell has an aggregate of 215 runs for the season, and an average of 25. J. N. H. Jones has an even more startling average of 58, and his total number of runs is 120. M. A. C. Dowling seems to throw a cricket ball with as much skill as any of his other weapons, and has taken 21 wickets for 6.62 runs apiece. G. J. Grossmark also has done consistently well, securing 19 wickets at a cost of 4.8 runs each.

Only a brief resume of the last matches can now be given, and is as follows:—

Date. May 25th. v. Fitzwilliam House 93 (Grossmark 5—23, Monckton 4—27). St. Bart's: 94—3 (J. N. H. Jones 51, Randall 25). Result: Won by 7 wickets.

Date.—July 3rd: v. Ridley Hall 65 (Grossmark 7—14). St. Bart.'s: 106—8 declared (Linsell 19, G. J. Willans 17). Result: Won by 41 runs.

Date.—July 19th: v. Amalgamated Banks, Cambridge 89—8 (Dowling 5—29). St. Bart.'s: 103—9 declared (Dowling 32, Linsell 18). Result: Match drawn.

Date.—July 26th: v. Gonville Gunmen 64 (Dowling 7—18). St. Bart.'s: 110—7 (Linsell 50, Hunt 15, Dowling 15). Result: Won by 7 wickets.

"And the Cricket side was reinforced . . . ."

SPORTS NEWS

GOLF CLUB.

The Annual Hospital Meeting was held in beautiful weather at Porter's Park, Radlett, on Wednesday, August 28th. After a considerable delay in starting, due to three competitors paying a visit to a nearby club by mistake, we managed to fit in 36 holes just before the light failed.

One noticed, after the tea interval, that two or three leading lights, who had been quenching their thirst overlong at the bar, found considerable difficulty in guiding their ball along the straight and narrow, and were to be frequently seen jumping in and out of the various military earthworks scattered round the course in their endeavour to produce a winning score. Nevertheless, they succeeded in timing their play to coincide with the setting sun and the vicinity of the club house, and were there ready to lift up the hearts of those who had trudged round the full distance, and who came in with looks of awful despair upon their faces.

Dr. Graham's Cup for the best scratch score was won by N. Birkett with 79 (four over bogey), and the other handicap cups were won by J. L. Fison with 70 net (Hospital Challenge Cup), and J. P. Stephens 2 up (Girling Ball Cup).

Our thanks are due to the Porter's Park G.M. Club for a really splendid evening in spite of an air-raid warning.

Wednesday, August 21st, marked a pleasant and relaxing interlude, the occasion of the Annual Staff v. Student's Match, unavoidably postponed from an earlier date.

The weather behaved adequately, a fresh breeze only giving way to a short shower of rain after tea.

Due to the prevailing conditions a number of the most formidable members of the Student's side were unable to attend, and were deputised for by weaker brethren, who earned the title of "rabbits" by the time the 19th was reached, although their prowess at this hole was not disputed.

The singles were played off before tea. Here the staff showed considerable ability, and a touch of genius in eliciting the aid of natural surroundings, for it was during this part of the day's play that the phenomena occurred that will mark the occasion indelibly in the memories of many present. The play had been waxing and waning over the pleasing Hadley Wood course when it came to the turn of a member of the Student's side to drive his golf ball into the middle distance, whereon a covetous looking crow appeared, and with malicious aim dived upon the sphere, carrying it away into the upper air, firmly held in its beak, thereby imperilling the classical seat held by the Jackdaw of Rheims, and simultaneously incorporating a new variety of golfer to be known as "the crow golfer."

The foursomes were played off on a half round after tea, and the day's play terminated in victory for the Staff, to whose credit it should be added that they reached this conclusion without making best of a number of their allotted bisques, officially two in the singles and one in the foursomes.

Having discussed the finer points of the day's play over a pint or so, the majority retired to the club's dining room, where Dr. Graham presided over a very hearty and informal dinner, which was suitably wound up by a short speech from the President announcing the result of the match and the possibility of returning to Hadley Wood on the next occasion should the war still be in progress. Mr. McAleeman answered, thanking Dr. Graham and the Staff to whom we were all very indebted for a splendid afternoon and evening, and including a few well-chosen words on the activities of a certain crow to offset Dr. Graham's suggestion of the presence of rabbits, and here it may well be repeated that all those who played for the Student's side do most heartily endorse Mr. McAleeman's words of thanks to the staff, and especially to Dr. Graham, to whose activity the occasion was largely responsible.

SWIMMING CLUB

The end of September brings to a close the current year's fixtures of the Bart.'s Swimming Club, and incidentally marks the close of what has been a varied and pleasant year's swimming.

Despite the war, the Club has succeeded in maintaining a good fixture list with other schools and other Hospitals, and has managed to incorporate in the team those members of the club who are up at Cambridge.

It was fitting that our last matches should be with our old friends and opponents, the Scots Guards, who kindly invited Bart.'s to play against them at their swimming gala on the 20th August, when we succeeded in winning a closely fought and most enjoyable game by the narrow margin of three goals to one.

Bart.'s v. Scots Guards

At Lambeth Baths. August 20th.

Bart's managed to get the ball from the opening swim up, and after a certain amount of play in mid-pool, W. Young broke away and scored our first goal. After the swim up we again made a raid on the enemy's goal, but Smith's shot was stopped by the goal-keeper, and in the ensuing excitement it was noticed that Pearce was roosting inside the two-yard limit, and was forced to leave the water. The remaining time of this half was occupied by some furious swimming by all the Bart.'s team, in an heroic endeavour to do the work of six men, and at the end of the half, despite some narrow escapes, we held a lead of 1—0.

The opening of the second half found Pearce still on the bank, looking very cold and miserable, while the rest of the team continued to keep the Scots Guards at bay. After about one minute, however, they equalised, and this allowed Pearce back with us again, where he looked even more cold and miserable. After the swim up we again carried the play to the Guards' goal, and Pearce succeeded in bringing the score to 2—1 in our favour. Shortly after this E. Young added another, and the match finished with the score at 3—1. After the match we were each given a medal, specially struck to commemorate the first London swimming gala of the war, and then entertained to some stronger waters than the Lambeth Baths could offer.

Our thanks are most gratefully tendered to Lieut. Cummings and his men for providing us with four of the most enjoyable matches of the season, and we hope to play them yet again in the coming season.

NEW BOOKS

Surgery of the Hand. By R. M. Handfield-Jones, M.C., M.S., F.R.C.S. (E. and S. Livingstone. Price 15/-.)

The preface to this volume suggests that the surgery of the hand is one of the Author's pet subjects, and as such, in this book he does justice to it indeed.

The importance of this subject cannot be too heavily stressed, and one has only to look at the Out-Patient department of any Hospital to appreciate the number of injuries to the hand which require treatment.

At the same time, Mr. Handfield-Jones is not concerned only with the hand after it has reached the stage of surgical interference, for the first chapter embodies a portion devoted to the immediate treatment of potentially septic wounds, which, if carried out, greatly reduces the risk of severe sepsis.

The book may be divided into three portions, dealing respectively with septic lesions and their complications, fractures and dislocations and, finally, two chapters on congenital and acquired defects, including tumours.

Not without justice, by far the largest part of this book deals with sepsis of the hand, which is dealt with most fully in a delightfully clear and concise manner, giving full instructions and illustrations as to surgical technique. The possible complications, and the steps to be taken if these are to be avoided are also fully discussed.

The necessary diagrams of the anatomy of the hand are very well executed, and the descriptions of the various spaces in the hand are admirably illustrated by actual X-rays, with the site of the spaces super-imposed.

The section on fractures describes and illustrates all the better methods of splinting, and little more need be said on this chapter, save that it deals fully with all the fractures of the hand in an orthodox manner.

In these two sections, the Author stresses the importance of careful and intelligent after-treatment, for, as he states in his preface, "what does it profit a man to have an abscess drained if he lose the use of his hand?"

In closing we have no hesitation in saying that this is one of the finest volumes of its kind that we have seen, and it cannot be recommended too strongly to all surgeons and practitioners alike, and indeed, to all future practitioners and surgeons, for there is little in the book which is not of paramount importance to the medical student himself.

Applied Physiology. Seventh Edition. Samson Wright, M.D., F.R.C.P. (Oxford Medical Publication. 25/-.)

A description of the general outlines of such a well-known and valued book as this one would be a work of super-erogation on the reviewer's part, for there must be few medical students indeed who are not acquainted with it.

The seventh edition has been much enlarged to accommodate the results of recent research in physiology, and students will find that every important development in the realm of physiology has been dealt with most adequately, though it would be impossible here to give a detailed list of the sections and chapters in which these improvements have taken place. It is sufficient to say that Professor Wright has drawn freely on all the available sources of information, and has reproduced them in his usual condensed and accurate style, so that a modern volume has been produced without giving way to any great increase in bulk.

We have always considered that one of the great advantages of this book has been that, while it is an extremely readable book, the method of arranging the index has made it a most helpful source for reference. Readers of the seventh edition will find that the index is as useful as ever, incorporating the new material in the same excellent style.

Bandaging and Nursing Notes for Masseuses. By Edith M. Prosser. (Faber and Faber. 5/-.)

Oddly enough, medical students are never taught bandaging, save in the Boy Scouts or by some sympathetic nurse. The first two chapters of this little book, which are clearly written and profusely illustrated, should be of assistance to them.

On the chapter on Asepsis and Antisepsis Miss Prosser is on less certain ground. There are several inaccuracies, probably due to a gallant attempt to oversimplify the subject. In the section on the pulse, the "water-hammer pulse" is compared to "pouring water slowly out of a bottle," a resemblance which is obscure and certainly not responsible for the term.

The book as a whole, however, should be useful to masseuses, for whom Miss Prosser wrote it.

A Hospital Prayer Book, compiled by M. L. Jacks, D. B. Porter and G. R. Girdlestone. (Oxford University Press. 8d.)

The happy idea of compiling a Prayer Book for use in hospitals originated in the Wingfield-Morris Orthopædic Hospital. The least satisfactory part of this compilation is the prayers themselves.

There is a wide selection, but they are mostly unfamiliar; and somehow new prayers seem never to have the beauty and comfort of Cranmer's immortal compositions. No. 45, however, is a new and unorthodox prayer with an attraction all its own.

The other sections of the book, dealing with the Creed, the Holy Communion, Intercession and Spiritual Healing, are excellent and might well be studied in more institutions than Hospitals. A most appropriate selection of passages from Scripture is also included.

BIRTHS

GIBSON.—On September 4th, 1940, at 51, Southgate Street, Winchester, to Betty, wife of Lieutenant R. G. Gibson, R.A.M.C.—a daughter.

HAMBLY.—On September 8th, 1940, at Treharrock, Seer Green, Bucks, to Elizabeth Mary (née Cadbury), wife of Edmund Hambly, F.R.C.S.—a daughter (Elizabeth Cadbury).

LAWN.—On July 23rd, 1940, at Abontiakoon, Tarkwa Gold Coast Colony, to Rita May, wife of John Lawn—a daughter.

SMART.—On September 5th, 1940, at a Bromley nursing home, to Phyllis (née Frampton), wife of Joseph Smart, M.D., M.R.C.P.—a daughter.

WEST.—On September 15th, 1940, at The Rossan, Auchencairn, Castle Douglas, to Jean (née Fleming), wife of Dr. Ranyard West—a son.

DEATHS

DEIGHTON.—On August 26th, 1940, suddenly, at Cheltenham, Thomas Dudley Deighton, very dearly loved husband of Gillian Deighton.

EDKINS.—On August 17th, 1940, John Sydney Edkins, M.A., M.B., D.Sc., of 61, Castleton Mansions, Barnes, S.W., aged 77.

FURBER.—On August 19th, 1940, at 25, Welbeck Street, W.1, Edward Price Furber, C.B.E., M.R.C.S., L.R.C.P.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

NOVEMBER, 1940

VOL. 2. No. 2.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 2 NOVEMBER 1st, 1940. No. 2.

C'EST LA GUERRE!

Great things are happening at Bart's these days. We who work there every day are apt to forget that there is a host of Bart's men all over the world, unaware of what goes on at the mother hospital, and anxious to know. This meagre summary is meant for them.

The " airblitz " has necessitated another reshuffle of the Medical School, and once again our tireless authorities have tackled the problem with a happy blend of intransigence and compromise. More students have been moved out to the sector, and those remaining behind are doing a delightfully informal appointment comprising Ward clerking and dressing, Outpatients, Special departments, and Casualty work. Our only hope is that the Examiners will take account of the conditions under which we live, and not ask awkward questions.

A subject which examinations do not cover is the great work done by the students in A.R.P. A peace-time Bart's graduate, returning to-day, would find vast areas of the hospital carefully sandbagged, windows blackened, ingenious lighting systems, internal loudspeakers, and all sorts of devices for our unparalleled basement surgery. Much of this was accomplished by the students.

Further outward change is the disappearance, almost unnoticed, of the historic German field-gun. There are many who do not know its thrilling story; how, in the delirious days after the Armistice of 1918, it was bravely captured from Trafalgar Square, and later stealthily removed by jealous U.C.H. men; how a gallant band attempted to regain it, but were repulsed in battle royal, in which the shameless women students of the enemy joined; a great expedition then set out and brought it back in triumph, parading through the City. Years later, soulless vandals clamoured for its removal as a " grim reminder of barbarism." Patriotism prevailed, and it stayed. Now it has gone for scrap; it will do its duty in the *second* round.

Early in this war the "Fountain Society" was founded, to keep going the Abernethian Room, and to provide a common-room for the resident students, now converted into the gas decontamination department. This go-ahead society was responsible for more startling innovations. The " Vicarage " (which is a bar) was inaugurated, and in its first year of existence over £2,000 has passed through the till! The founders, with an eye to possible legal complications, were astute enough to place the accounts in the hands of the Vicar—and the Vicar was gallant enough to accept.

An excellent Theatre (histrionic, not surgical) was constructed in the former nurses' dining-hall, complete with the famous footlights of the old Gaiety. The ARPists, Gestarpists, and whatnot, have brightened up the hospital, and among the greater lights have been Ivor Novello, Heddle Nash, and Beatrice Lillie. I hear you gasping for breath. . . .

St. Bartholomew the Less has been uncommonly busy with weddings, a wartime fever which spreads rapidly, and not only among the young.

Innumerable stories could be told (if the censor would allow!) about the little episodes, grim and gay, of air-raids—about the night the casualties from the *Simon Bolivar* came in; of that night when x—x—x—x—x

One thing further should be mentioned. Voluntarily and unrewarded, the students

have undertaken to share with the porters the risks of roof-watching during raids. They call it bomb-dodging, or *bodging* for short, and at times it can be hair-raising. I, being only a poor country bumpkin, have spent only one night on the roof. Incongruously perhaps, I was impressed by the beauty of it all: the brilliant flashes of many-coloured lights, the crash and roar of guns, and in the silence after each salvo, the gentle patter of shrapnel on a thousand roofs. Others have had much less enviable experiences. When the Bart's man of to-day is asked by his children " What did *you* do in the great big war? " the answer will be: " I was a bodger."

Yes, great things indeed.

It is proposed henceforward to send out Subscribers' accounts half-yearly instead of quarterly, as a measure of wartime economy. The Publication Committee earnestly hopes that subscribers will continue to be as prompt, and in some cases more so, in paying their accounts.

* * *

The Editor draws the attention of prospective contributors to the following:—Articles and photographs containing censorable matter (*e.g.*, referring to bomb-damage) must be submitted *in duplicate*. Such contributions entail endless work on the part of the Editor, and are unlikely to be released for publication until a period has elapsed which, to the non-military layman, may appear quite unreasonably long.

* * *

December Issue.

Contributions for the December issue should be received not later than November 15th.

* * *

All readers will be sorry to hear of the slight indisposition of Sir Girling Ball, due entirely, we feel, to overwork. We wish hm a speedy recovery.

NEGATIVE WAR-TIME TECHNIQUE

by P. B. P. MELLOWS

A few observations based on recent experiences in a " quiet " rural practice in Kent.

Don't despair if Sodi Sal and Gent c Rheo do not exercise their accustomed charm, remember the present-day incidence of " Shelter-disease " which not only exacerbates pre-existing physical and mental ailments, but is parent of a multiplicity of new ones.

Don't wave away as an old wives' tale the story that an earwig crawled into little John's ear whilst he was asleep on the floor of the " Anderson," nor airily dismiss the phenomenon as wax when you see a brownish mass at the distal end of the auriscope, because beetles and moths an inch in length do smuggle their trunks, wings and legs into the meatus.

Don't let your faith in the picture of a typical acute abdomen be shaken. and wonder if you should have sat on the case, when you hear that the local hospital was blitzed the same night that you sent her in, and that 22 female patients were killed!

Don't forget that Mist Pot Brom et Valerian t.d. s. p.c., and Tabs luminal gr. ½ 1-2 nocte in their fight against war nerves may win as much claim to immortal fame as Keating's did against other pests in that last war to end all wars.

Don't be so impulsive when seeing an aeroplane nose-dive into terra-firma as to explore the debris for human remains without remembering that there may be much unexploded ammunition in the wreckage, and that carpet-slippers are a poor substitute for the fire-walking faith of Yogi devotees.

Don't forget that cannon-ball shots at close range cause much charring of wounds, and that after bleeding is arrested Tannic-acid jelly is a good first-aid dressing.

Don't hesitate to give life-saving morphia to our wounded pilots and other casualties, but don't be surprised if you waste your time charging the syringe with the good alkaloid for an injured Fritz, because

probably he will refuse it, acting on the assumption that you are an agent of the Goebellised Mr. Cæsar Borgia Churchill.

Don't be surprised to find that an incendiary bomb on a thatched roof has miraculous curative powers on the acute lumbago of the occupant of the house, nor that an acute cystitis may be complicated by symptoms of enteritis if a high explosive has fallen near the sufferer.

Don't be in so much of a hurry to pop a case into the waiting ambulance after dressing the obvious wounds as to miss another in a more distant part of the body which, if neglected, might involve a fatal hæmorrhage on the way to hospital.

Over and above all, don't try to soothe your patient's highly-strung nerves by attempting to outrival the grim story of his or her recent poignant bomb experience.

PEDIGREE OF PERCIVALL POTT, F.R.S.

by SIR d'ARCY POWER, K.B.E.

THE Potts came of an old Cheshire family, of whom the first known was :—

John Pott (i), of " Dunge ". He married Bridget (d. 1600), daughter of Roger Jodrell, of " Erswick ". Their children were Leonard, John, Bridget and Grace.

John (ii) by his second wife, Walburga, had six children, of whom

John (iii), the eldest, was Minister of Darley. He married Mary, daughter of Francis Byrde, of Foulgrave, and had eight children.

John (iv) was the fifth son. He was citizen and grocer of London, and lived in the parish of St. Peter's, Cornhill. He was baptised 12th November, 1642; apprenticed December, 1658; admitted Freeman, 1666; died 1705, and was buried at St. Peter's, Cornhill, August 30th, 1705. He married Susan, daughter of John Stracey, " a fine potmaker at the sign of the Wheatsheaf in Gracechurch St." He was the father of six sons and six daughters. His eldest son,

John (v), was citizen and grocer, baptised at St. Peter's, Cornhill; on 3rd January, 1680, married Elizabeth Clarke, " an heiress ". They had six sons and five daughters. It was said of him and his father that they were the best pot makers in London.

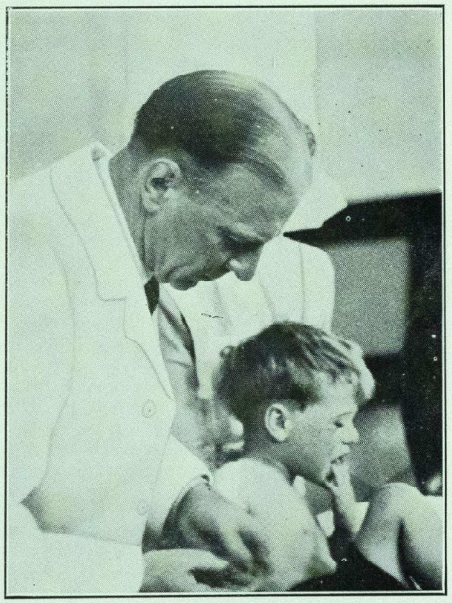
Percivall, notary and scrivener, second son, was baptised 29th January, 1681, and died January 6th, 1714. He married Elizabeth at Edmonton on 23rd November, 1712. She was the young widow of Lieut. Houblon, who belonged to the Houblon family, founders of the Bank of England. She is said to have been brought up as a Quaker and became a member of the Established Church of England on her marriage to Percivall Pott as she had married out of the Society.

Percivall (ii), the only son, was born on 6th January, 1713/14, in Threadneedle St.; apprenticed to Edward Nourse 1729; admitted to the Freedom of the Barber-Surgeons Co. 1730; Master of the Surgeons' Company 1765; Surgeon St. Bartholomew's Hospital 1744; died 22nd December, 1788; buried in St. Mary, Aldermary. He married Sarah Cruttenden at St. Augustine's Church, Watling St., E.C., on 27th June, 1746 (O.S.) She died 18th January, 1811, and is buried in St. Mary, Aldermary. Percivall Pott himself was a Grand Steward in 1789 from Emulation Lodge No. 21.

Their children were

1. Percivall Pott (i), b. 27th April, 1747, and died 21st September, 1747.
2. Percivall Pott (ii), b. 24th November, 1749 (O.S.), d. at Kensington unmarried in 1833; banker, buried in a vault at St. Mary, Aldermary, E.C.
3. Sarah, b. 21st March, 1751: married 5th November, 1771, John Ravel Frye of the Island of Monsarrat; died 27th October, 1791, and was buried in St. Mary, Aldermary. J. Ravel died 26th June 1799. They had three sons and two daughters.
4. Eliza, b. 28th August, 1752; married to Samuel Potts of the Post Office 1st June, 1776; died in Paris 20th November, 1807; buried in Père Lachaise where her husband was interred 16th October, 1815. They had two sons and five daughters. One son in the H.E.I.C.'s service.

OUR CANDID CAMERA



"I wonder if this *is* his right hand"

Eliza Frederica, the eldest daughter, was married to William Orton Salmon of the Bengal Civil Service. There were three children of the marriage. The third, William Percival, was a Captain in the 60th Rifles. He married Alicia Francis Battiscombe. There were ten children of the marriage of whom Lieut.-Col. William Henry Salmon was one. Lieut.-Col. Salmon married Ellin Verney. Their two children were Dorothea Salmon and Christopher Verney Salmon.

5. Mary, b. 7th June, 1754; married to (Sir) James Earle 13th June, 1782, and died in Harley Street 16th February, 1831, her husband having died in Hanover Square 22nd September, 1817.

There were five sons of the marriage of whom the third was Henry Earle. He was born in Hanover Square on 28th June, 1789; was apprenticed to his father in 1805; admitted M.R.C.S. in 1808 and received an honorarium for his Jacksonian dissertation on " Injuries and Diseases of Nerves " in 1813 (The Prize being awarded to Daniel Pring). At St. Bartholomew's Hospital he served as house surgeon to his father in 1808; was elected Assistant Surgeon on 31st July, 1815, and Surgeon on 29th August, 1827, until his death " of a fever " on 18th January, 1838. He lived in George Street, Hanover Square; was President of the Medico-Chirurgical Society 1835-7 and was appointed surgeon extraordinary to Queen Victoria when she succeeded to the throne.

6. Robert Pott, b. 19th January, 1726, married his cousin Sarah (Sally) Cruttenden at Berhampur on 28th May, 1783. He died at Lucknow (?) June 22nd, 1885. A solicitor and sometime resident at the Court of the

Nabob of Afzoulbaug, Bengal. A thoroughly "bad lot" (see Hickey's *Memoirs*).

7. Joseph Holden Pott, b. 27th Oct., 1758, in his father's house near St. Bartholomew's Hospital. Published a poem in two cantos whilst at Eton;* at Eton 1767-76; admitted Pensioner at St. John's Coll., Cambridge 20th June, 1776, B.A., 1780; M.A., 1783; Archdeacon of St. Albans, 1789-1813; Prebendary of Lincoln, 1785-1814; Vicar of St. Martin's-in-the-Fields, 1813; Archdeacon of London, 1813-42; Prebendary of St. Paul's, 1822-47; Vicar of Kensington, 1824-42; Canon and Chancellor of Exeter, 1826-47. Died unmarried 16th Feb., 1847, in Woburn Place, London. Buried at St. Mary Aldermary.
First day of residence at St. John's Coll., 16th October, 1776, admitted Constable scholar, 5th November, 1776; Deacon, 24th June, 1781; Priest, 22nd December, 1782; Chaplain to Edward Lord Thurlow, Lord High Chancellor; Rector of Beelsby, 14th March, 1783 (value £100), and by dispensation from Archbishop of Canterbury with the Rectory of Braytoft, Co. Lincoln (value £90). He held Braytoft till 1787 and Beelsby—eight miles away—until 1790. Collated to Prebend of Wilton Brinkhall in Lincoln Cathedral, 17th March, 1785-1814; Vicar of St. Olave Jewry with St. Martin, Ironmonger Lane, 5th March, 1787-1792; Rector of Little Bursted, Essex, 23rd Nov., 1797-1806; Vicar of Northall, Middlesex, 24th Feb., 1806 (value £528), and had dispensation to hold it with St. Martin's-in-the-Fields (value £480). Admission to St. John's Coll. Pt. 4, p. 431.

8. Anne, b. 9th June, 1760, married Compton Cox on 23rd June, 1787, a Welsh judge (1786-1803); a Master in Chancery (1803-1828); Treasurer of the Foundling Hospital (1806-39). There were five daughters of the marriage.

9. Edward Holden Pott, b. 10th March, 1765—Barrister-at-law.

*His poem 1779, "Written on the Banks of the Thames near Eton, 1779"

WELCOME ALL

(*SOI's, Monday morning*).

Good-afternoon, Mr.——

GOOD-Morning. Hands cold this morning? Oh, I see.

Flying-boat late this morning I suppose.

My God! Good afternoon.

Words fail me.

Did you bring your shooting-stick with you? You would have been all right if you had.

Lost your tin hat or something?

Nice morning this morning.

——!

THE DEVELOPMENT OF BLOOD TRANSFUSION

by ERIC C. O. JEWESBURY. B.M., M.R.C.P.

I.—EVOLUTION OF TECHNIQUE.

BLOOD transfusion is to-day so commonly employed that it is often difficult to realise that it is only within the last quarter of a century that it has become a safe and practical procedure. Its problems baffled many in the past, but in the Great War of 1914-18 it was possible for the first time safely to carry out transfusion of fresh human blood on a large scale and to prove its value. New advances have been made, and to-day, somewhat ironically, it is in this second Great War that stored blood and stored plasma and serum are able to undergo their first extensive and successful trial in this country.

Although much of our knowledge is very recent, and although modifications of technique are still being introduced, the idea of blood transfusion is one of the oldest in medicine, and it was a series of rather disjointed discoveries that finally led so precipitately to the achievement that had been visualised for centuries.

To the ancients the blood symbolised the living spirit of the body. It was the custom of many spectators at the arena to rush to drink the blood flowing freshly from the veins of dying gladiators. This they did in the belief that the blood would impart to the drinkers something of the youthful strength of the victims and cure them of certain diseases, particularly epilepsy.

Many of the older writers, including Galen, advised the drinking of blood for various maladies, and Pliny describes the baths of human blood used by the Egyptian princes for recuperation from illnesses and as a cure for elephantiasis.

In the sixteenth century the idea of transferring blood direct from the vessels of one person to those of another was toyed with. A chemist, Andreas Libavius, in 1615, naively suggested a method which bore an uncanny resemblance to a modern technique, although he apparently wrote with his tongue in his cheek, for he considered that the whole operation was in the realm of quackery, and said that any physician who performed it would be out of his senses.

The Beginning of Blood Transfusion.

It was the discovery of the circulation of the blood by Harvey in 1616 that laid the foundation for blood transfusion. Investigators all over the world began to experiment energetically with the infusion of various substances into the blood stream. Chief among these was Sir Christopher Wren, the architect and astronomer, who in 1659 injected fluids into the veins of dogs by means of slender quills and bladders. According to the "History of the Royal Society," published in 1667, "He was the first author of the Noble Anatomical Experiment of Injecting Liquors into the Veins of Animals. . . . Hence arose many new Experiments, and chiefly that of Transfusing Blood, which the Society has prosecuted in sundry instances, that will probably end in extraordinary success." Harvey's experiments were carried on by his friends, Wilkins, Robert Boyle, and others, with the result that shortly afterwards the first infusion of solutions of drugs into human beings was performed in London on a convicted malefactor.

The first authentic transfusion of blood from one animal to another was done at Oxford by Richard Lower in 1665. He connected the carotid artery of one dog to the jugular vein of an exsanguinated dog by means of a quill.

In 1667, the first transfusion upon a human being was carried out in Paris when Jean Baptiste Denys, physician to Louis XIV., transfused some lamb's blood into a youth of fifteen. The patient was suffering from an obscure fever, in the course of which he had been subjected to some twenty venesections, from which he lay exhausted. In Denys's own words, "We took about three ounces at five of the clock in the morning, and at the same time we brought a lamb, whose Carotis Artery we had prepar'd out of which we immitted into the young man's vein, about three times as much of its arterial blood as he had emitted into the dish." The patient showed remarkable improvement, and became "a subject of amazement" to all who knew him.

Denys carried out some other blood transfusions, his record subject being a healthy man aged 45. . . .

". . . . The man abated nothing of his jovial humour during all the time of the operation, and amongst other reflections which he made concerning the placing of the lamb near his arme, he said merrily that there were strange waies in physick to preserve life, that he knew not who had in-

vented this of bleeding, but that he felt a very great heat from the orifice of his vein up to his arm-pit. . . . When the operation was ended, we advised him to lie down to rest; . . . but we could not keep him from falling to work with the poor lamb, cutting his throat and fleecing him, in which he is very dexterous, having exercised the same profession from his youth."

Denys's third subject was a moribund patient, whose life was not saved, and his fourth was an insane man upon whom he carried out two transfusions and attempted a third. This last case is of interest not only because it led to such popular feeling against blood transfusion, but also because it is the first recorded instance of an incompatible blood transfusion in man.

Undesirable reactions in animals had already been recognised by Gaspar de Gurye and others. This French experimenter, in the Philosophical Transactions of 1667, is quoted as saying "that an expert acquaintance of his, transfusing a great quantity of blood into several Doggs, observed alwayes that the Receiving Doggs pissed Blood."

Denys recounts in some detail the reactions in his patient. There was heat along his arm and under his arm-pits. "His pulse rose presently, and soon after we observed a plentiful sweat all over his face. His pulse varied extremely at this instant, and he complained of great pain in his kidneys, and that he was not well in his stomach, and that he was ready to choak unless they gave him his liberty. . . . He made a great glass full of urine, of a colour as black as if it had been mixed with the soot of chimneys."

The hæmoglobinuria cleared up in a few days, and the patient appeared to be none the worse. A third transfusion was attempted at the urgent request of the patient's wife, but, although no blood was actually given on this occasion, the patient died the next night.

A storm of ill-will against Denys and condemnation of his operation, much of it wrapped up in traditional prejudices and personal jealousies, was thereupon let loose. "If one should undertake to dissipate all the false rumours they spread touching this matter, one should never lay aside the Pen," wrote Denys in desperation.

The enemies of blood transfusion bribed the dead man's widow to bring an action against Denys charging him with murder; they even offered money to others to induce them to say that the patient had died in the actual course of transfusion. The evidence that was brought, however, strongly suggested that the woman herself had poisoned her husband. There had frequently been violent scenes, and her husband had accused her of putting powders in his food. The Court stated that "this woman would no wayes suffer any to open the body of her husband, for an excuse. He was already in the coffin when he was not."

At the end of their published report, they stated: "Since this sentence, new informations have been given in, considerably stronger than the former; and witnesses have been discovered to whom the woman had committed it as a trust that it was Arsenick she mingled in her husband's broths, and even that the deceased, having given the rest of one of the messes of broth to the cat, the animal died of it a few dayes after."

Denys was found innocent of murder, but further transfusions in France were prohibited. This prohibition became law by Act of the Parliament of Paris in 1670.

Although Denys in France was the first actually to carry out blood transfusion in man, workers in other European countries were making similar experiments at about the same time. On November 23rd, 1667, Richard Lower and Edmund King in England performed the first human transfusion to be done in this country. The subject, a young Bachelor of Divinity of Cambridge, received about ten ounces of sheep's blood which "ran freely into the Man's veins for the space of 2 minutes at least." The experiment was performed at Arundel House in the presence of many curious spectators. It is perhaps not surprising that Samuel Pepys with his insatiable interest in affairs, makes mention several times in his diary of these new and intriguing topics." First there is mention of the animal experiments. . . .

"November 14, 1666. . . . Dr. Croone told me that, at the meeting at Gresham College to-night . . . there was a pretty experiment of the blood of one dogg let out till he died, into the body of another on one side, while all his own ran out on the other side. The first died upon the place, and the other very well, and likely to do well. This did give occasion to many pretty wishes, as of the blood of a Quaker

to be let into an Archbishop, and such like; but, as Dr. Croone says, may, if it takes, be of mighty use to man's health, for the amending of bad blood by borrowing from a better body."

A year later Pepys refers to the Arundel House experiment, although he did not himself witness it.

"November 21, 1667. With Creed to a tavern, where Dean Wilkins and others; and good discourse; amongst the rest, of a man that is a little frantic . . . that the College have hired for 20s. to have some of the blood of a sheep let into his body; and it is to be done on Saturday next. They purpose to let in about twelve ounces; which, they compute, is what will be let in in a minute's time by a watch. They differ in the opinion they have of the effects of it; some think it may have a good effect upon him as a frantic man by cooling his blood, others that it will not have any effect at all."

"November 30, 1667. I was pleased to see the person who had his blood taken out. He speaks well, and did this day give the Society a relation thereof in Latin, saying that he finds himself much better since, and as a new man, but he is cracked a little in his head, though he speaks very reasonably, and very well. He had but 20s. for his suffering it, and is to have the same again tried upon him: the first sound man that ever had it tried on him in England, and but one that we hear of in France."

In Denmark, Italy and Germany there were also some attempts at blood transfusion, but in each country the fatalities which occurred and the popular superstition and distrust which were aroused brought the procedure into general disrepute. Legal and ecclesiastical authorities forbade the operation, and in consequence no further work of any importance was done on blood transfusion for nearly 150 years.

Towards the end of the eighteenth century interest in blood transfusion began to be revived in England, particularly by James Blundell, who was lecturer on physiology and midwifery at St. Thomas's and Guy's Hospitals. Being appalled by the mortality from puerperal hæmorrhage he determined to find a means of making good the blood that was lost. "If I have any claim, however small," he wrote in 1834, "to rank among supporters of transfusion, it lies entirely in this; that undeterred by clamour or scepticism, I have made it my endeavour again to bring the operation into notice."

Blundell carried out a large number of careful investigations on the properties of blood and the effects both of withdrawing it and injecting it. His chief contributions were three. First, he found that blood transfusion between animals of different species was unsuitable, and he therefore declared that for human transfusion human blood alone was fit to be used. Secondly, he showed that direct transfusion methods requiring a formidable operation upon the artery of the donor were unnecessary, and that not only could the blood be removed independently and injected through a syringe, but that venous blood was as satisfactory as arterial blood. Thirdly, he invented a funnel and syringe for transfusion, which was known as the "Impellor," and which could be fixed on to the back of a chair when in use. Blundell himself performed the operation eleven times. His first four attempts were on almost moribund patients who all died, but he later succeeded in saving the lives of a number of women whose death from postpartum hæmorrhage seemed certain.

As a result of Blundell's work, other surgeons and obstetricians performed transfusion, especially in England. Many difficulties were encountered since aseptic technique was unknown, reactions due to incompatibility were frequent and coagulation of the blood could not be prevented. Each of these difficulties was destined to be overcome in turn.

About 1875 the value of intravenous injections of physiological salt solution was beginning to be recognised. Here was a serious rival to blood transfusion, for the new method was simple and safe. No donors were required, and there was no troublesome clotting. Largely on this account, blood transfusion retired for the second time into oblivion, and was only reintroduced some thirty years later after the discovery of the blood groups and their significance.

The Blood Groups.

Creite in 1869 had described the clumping of human red blood corpuscles which occurred when placed in the serum of cats, dogs, sheep or birds; Landois, in 1875, developed this work and explained the hæmoglobinuria following transfusion with blood of another species as being due to agglutination and dissolution of the foreign red cells. Because hæmoglobinuria and

other reactions still often occurred when patients received only human blood the significance of these discoveries was missed. It was in 1900 that Landsteiner made the discovery, which was perhaps the most important in the history of blood transfusion, and which was subsequently awarded the Nobel Prize, namely, that human blood contains iso-agglutinins capable of agglutinating other human red cells. From his agglutination tests he divided human bloods into three groups, and in 1902 Decastello and Sturli discovered the fourth and rarest blood group.

Although Landsteiner appreciated the significance of blood groups in relation to blood transfusion, their great practical importance was emphasised by Hektoen (1907), who recognised " that under special conditions homologous transfusion might prove dangerous by leading to erythrocyte agglutination within the vessels of the subject transfused." He went on to point out that the danger could be avoided if donor and recipient belonged to the same group.

In 1910, Moss worked out the relationship of the blood groups, and classified the cells and plasma of five series of twenty people against each other. He showed, on the basis of 1,600 tests, that all individuals could be divided into four groups, which he termed I, II, III and IV.

This paper was published in the Bulletin of the Johns Hopkins Hospital, and had a wide circulation, but it so happened that three years previously almost exactly similar work had been reported by Jansky in an obscure journal in the Czech language, which, so far as is known, can even now be consulted only in one library in this country, and in two in the United States of America. Moss saw a review of this paper while his own was in the press, and he added a footnote in which, after stating that their results were quite similar except for the numbers by which they designated the four groups, he concluded generously:

" Had this paper come to my notice in time, I could have given the author credit in the body of my paper for his priority in establishing the correct classification."

Until quite recently the Moss classification was the more commonly used of the two, especially in this country, although a representative American Committee in 1921 unanimously recommended that in order to avoid misunderstanding and on the basis of priority, the Jansky classification should be adopted. From the confusion worse confounded which resulted from this resolution, a more satisfactory alphabetical nomenclature, as suggested by Landsteiner in 1928, has come into use. This has been recommended as the international nomenclature by the Health Committee of the League of Nations, and it is more reasonable than either of the numerical classifications since the letters designate the antigens in the red cells and give much more information about the groups. The three terminologies are here given for comparison.

Jansky ...	1	2	3	4
Moss ...	4	2	3	1
International	O (Universal Donor)	A	B	A B (Universal Recipient)

Landsteiner pointed out that a person's serum cannot contain the antibody for any antigen present in his own red cells, or his cells might be agglutinated; but, with rare exceptions, the agglutinin corresponding to any agglutinogen not in the red cells occurs in the serum. Thus Group O subjects have both anti-A and anti-B (or so-called A and B) agglutinins in their serum, Group A subjects have B, Group B have A, and Group AB have neither agglutinins in their serum.

In 1911, von Dungern and Hirschfeld differentiated two types of A agglutinogen, and described the sub-groups A_1 and A_2. A_1, which is the commoner, actually contains two distinct A agglutinogens in the cells, whereas A_2 cells contain only one of them.

In 1928, nearly thirty years after his discovery of the ABO groups, Landsteiner, in collaboration with Levine, described the presence of two other agglutinogens, one or both of which might be present in human red cells. These agglutinogens were termed M and N, and three distinct types of blood could be distinguished, M, N, and MN. The distribution of the three types M, N and MN is the same in each of the four ordinary blood groups, so that the agglutinogens M and N are unrelated to the agglutinogens A and B. In England the distribution of the M-N groups in the population is approximately: M.30 per cent., N.21 per cent., MN.49 per cent.

Agglutinins for M and N are obtained, and were in fact first discovered by the injection of human red cells into rabbits, in whose serum the anti-M and anti-N agglutinins are thus produced. Unlike anti-A and anti-B, the antibodies M and N do not occur naturally in human serum, though three cases of human serum containing spontaneous anti-M have been reported. M and N groups are, therefore, of no practical significance in relation to blood transfusion. Their importance is in medico-legal work where blood relationship may be disputed. The inheritance of the blood group factors of the ABO system was first explained by Bernstein in 1924, on standard Mendelian principles, A and B being dominant to the recessive O. Since A and B are equally dominant, they both show themselves in the group AB. Blood group tests using only the A_1 A_2 BO groups has been found to exonerate 17.29 per cent. of men wrongly accused in paternity cases. Landsteiner and Levine showed that both M and N are inherited as Mendelian dominants so that when they occur together, in group MN, they are both manifest and nobody has yet been found who has neither M nor N in his cells; there is thus no group corresponding to O. This later work has resulted in the provision of additional evidence in disputed paternity cases, and when the MN tests are also used the protection afforded to men as a whole has been raised from 17.29 to 33.32 per cent. (Taylor, 1940).

Anticoagulants.

The discovery of the blood groups has thus been of great importance beyond the realm of blood transfusion. The other most valuable discovery related to transfusion work which has had application in other fields is the devising of means to prevent shed blood from clotting. Prévost and Dumas in 1821 first successfully used defibrinated blood for animal transfusions, and they also experimented with blood rendered incoagulable by the addition of caustic soda. Many workers came to employ defibrinated blood, and many rather queer methods were devised. In 1873, Sir Thomas Smith, for example, described his use of defibrinated blood in transfusing a purpuric child at St. Bartholomew's Hospital. The apparatus employed included " a wire egg-beater, a hair sieve . . . and a suitable vessel floated in warm water to contain the defibrinated blood."

Sir Benjamin Richardson in 1856 used ammonia to prevent coagulation of blood, and in 1868 Braxton-Hicks used sodium phosphate, but in neither case was the blood suitable for transfusion. Hirudin or leech extract was suggested by Landois in 1892, and was used by Satterlee and Hooker, but discarded on account of its impurity and toxicity. Bordet and Gengou in 1901 introduced vessels coated with paraffin to delay coagulation.

An important step, however, was taken in 1914 when Hustin, of Belgium, reported his experiments on the use of sodium citrate and glucose in preventing clotting, and in the following year other workers reported independent researches which confirmed the value of sodium citrate as a safe and simple anti-coagulant. The first transfusion of citrated blood was given by Professor Agote, of Buenos Aires, in November, 1914.

Sodium citrate has been found to be so completely satisfactory that no other substance has replaced it. Experimental work has recently been done on heparin. Knoll and Schurch have shown that delay in coagulation can be produced either by adding heparin to the shed blood or by injecting heparin previously into the donor. Further investigations, however, are required before the place of heparin in blood transfusion can be evaluated.

In Detroit, U.S.A., sulpharsphenamine has been used as an anticoagulant in over a thousand transfusions, but it prevents clotting for only 35 minutes.

In Italy, a polysulphonate of sodium, commercially known as Transfusol, has been introduced, but it is more expensive than sodium citrate, over which it appears to have no proved advantage.

Sodium citrate has been adequately demonstrated to be non-toxic in the concentration necessary to keep the shed blood incoagulable, and its introduction was perhaps the last link in the chain which led to the simplification and safety of blood transfusion. Charles Routh, in 1849, had somewhat unjustifiably declared the procedure then to be " one of the safest major operations which may be practised in surgery." This very premature claim was at last fulfilled, and the operation could even be classed as a minor one.

The use of citrated blood was introduced to the British Army in France in 1917 by Oswald Robertson, of the United States Army. He improvised an apparatus known as " Robertson's bottle," which was extensively used. It is of interest that Robertson at this time also first used stored red cells for transfusion in twenty

cases. He thus anticipated the storage and use of whole blood which was to be carried out on so large a scale in the next Great War.

Methods of Transfusion.

It is needless to discuss in detail the various forms of apparatus that have been used for the administration of blood since their interest is largely technical and their name is legion.

They have fallen into three main groups: (1) the direct method in which a blood vessel of the donor was fixed into a blood vessel of the recipient; (2) the semi-direct method, in which the blood was allowed to flow or was pumped through tubes from the donor to the recipient or was transferred by means of syringes; and (3) the indirect method, in which the donor's blood was first collected into a receptacle from which it was then transferred to the patient's vein.

To-day, the indirect process, using sodium citrate, is by far the most widely used method of blood-transfusion. The donor is able to give his blood, without risk of infection, in a room separated from the patient, and the blood can be given to the patient at whatever time later is most suitable.

Modern methods of indirect blood transfusion have been of four types:—

1. The gravity method.
2. The syringe method.
3. The flask and air-bellows method.
4. The rotary pump method.

Of these the first is the simplest, and although the other three more specialised methods are satisfactory in the hands of somebody who is used to his own method and apparatus, experience seems to have verified the Hueter's declaration in 1870 that "the simplest is the best".

The simplicity of the elementary gravity method, both in preparation and in use, is such that it has outlasted all other methods, and is to-day the most widely practised method both in Europe and North America. No elaborate equipment is required, and any lost or broken components are cheaply and easily replaced. Once the needle has been inserted into the vein, the transfusion may be left to give itself.

Large Volume Transfusions.

The introduction of slow-drip blood transfusion by Marriott and Kekwick in 1935 was a notable advance, and has been much used in gradually raising the hæmoglobin percentage of a severely anæmic patient to a high level. It is of special value in patients who are actively bleeding and as a preliminary to operation in those who are grossly anæmic or do not respond to iron or liver therapy. The average amount of blood which Marriott and Kekwick have given in 177 such transfusions to adults has been just over two litres, although double that amount has been given with safety. The average duration of the transfusions was 27.1 hours with an average rate of 84 c.c. per hour. They stress that in all transfusions benefit is dependent upon adequacy of volume, and safety upon slowness of administration.

The old conception of "giving a transfusion" meaning about a pint of blood in half an hour, is irrational and unsatisfactory. They have recently (1940) given principles and formulæ upon which to calculate the necessary volume and rate of the transfusion in chronic anæmia. A rough method in dealing with adults of average size is to allow a pint of blood for every 10 per cent. of hæmoglobin rise required, while if a rise of more than 33 per cent. hæmoglobin concentration is required they advise that the transfusion should be divided into two parts, separated by two clear days. On their own showing, however, the need for this division seems questionable. The rate of transfusion should, they say, never exceed 1 c.c. per pound of body weight per hour, and in very severe cases of anæmia (hæmoglobin less than 25 per cent.), cachexia, or cardiac or respiratory distress the rate should be half of that. No cases of cardiac failure during a drip transfusion have been encountered by them in the last three years. A very slow rate is essential when large amounts of blood are to be given to an anæmic patient, but experience makes it questionable whether so slow a rate as they advocate is equally necessary when only a small volume of blood is being given. Large volume transfusions are best given by the gravity method, sedimentation of blood in the reservoir being prevented by a current of filtered oxygen from a cylinder. It is usual to tie a cannula into the vein in a transfusion lasting more than eight hours rather than use a needle which is liable to become displaced. Marriott and Kekwick have recently described a flow-regulator which dispenses with the screw clip ordinarily used. This regulator will maintain a steady and uninterrupted flow of blood at whatever rate required, even so slow as five drops a minute.

Such work as this has helped to rationalise blood transfusion therapy and, both in technique of administration and understanding of the principles involved, we are now reasonably justified in feeling that the dangers and problems of the past have been overcome.

(To be continued.)

LIFE

Born into this world, naked and unashamed,
We live, learn, and educate our minds.
A world of strife and worry, countries famed
In history, purposeful, but mankind finds
It difficult to understand. From childhood
We progress, slowly, through youth to adult age.
Empires, that for centuries have stood
Secure, fashioned by a man's cunning hand, wage
War, are defeated, and by his means decay.
This life is strange, there is a hidden power
And usefulness contained within it. And yet to-day
We have not realised fully why we live, but cower
In the shadows of despair and darkness.
Some claim happiness, but it is not real, cannot stand
The test of endless time. Others, less
Fortunate, find despair and misery; and life, as sand
Washed by the rolling sea, ebbs away to death.
Civilisation has educated man, developed him,
Built up a being of might and ability. But death
Still claims its rightful spoils, tearing limb
From limb, until we reach the grave,
And man's discoveries have all turned, to destroy
And torture life. We cannot save
Ourselves from the ravages of jealous men, who toy
With life, seeking an end to suit themselves,
Thinking not of suffering and grief,
But acting selfishly, as one who shelves
Responsibility. This is our life, in brief
A living hell; yet we survive to carry on the spark
To other generations. And although worn
Weary by our burdens, we fight on in face of stark
Reality, asking our creator still why we are born.

THE WANDERER.*

Charles Waterton started his life as a naturalist at the age of eight when he climbed up the side of an outhouse at Walton Hall to investigate a starling's nest. At the age of eighty-two he was observed by Sir Norman Moore to shin up the tallest elm in the Park so that he could return to its nest a young heron which had fallen out.

It is more than a coincidence that three great writers and naturalists who have admired and written about Waterton were men of St. Bartholomew's Hospital. Norman Moore, who was student and physician on the staff for fifty years, was one of the most eminent historians and naturalists of last century, and his "History of St. Bartholomew's Hospital" is a volume which should hold a prominent position in the libraries of all Bart.'s men. He kept copious notes of all Waterton did and said in his old age, and recorded his aphorisms under the title *Præcepta Watertonica*. The Rev. J. G. Wood, who was Chaplain to the Hospital from 1856 to 1862, wrote the biographical introduction to the "Wanderings in South America". These two men were intimate friends of Waterton and kindred spirits in an age when such qualities as his were not generally appreciated. But it was left until the year of grace 1940 for the third Bart.'s man and kindred spirit to give the first full account of the Wanderer's life. Dr. Philip Gosse is well known for his books on Piracy, his memories of the countryside, and perhaps best of all for that remarkable volume, "Memoirs of a Camp Follower," in which he describes his experiences in the R.A.M.C. in the last war; though he spent most of his time under fire, he only mentions the fighting occasionally, dealing almost exclusively with his observations on the little ways of birds, and less often of men. No one living was better qualified to write a biography of "The Squire of Walton Hall" than the man who in 1916 became "Chief Rat-Catcher" to the Forces in France.

Miss Edith Sitwell wrote of Waterton: "He was an eccentric only as all great gentlemen are eccentric." "It was perhaps eccentric," wrote J. G. Wood, "'to dine on a crust, live chastely as a hermit and give his all to the poor'. . . . It was eccentric to be saturated with the love of nature. . . . It was eccentric to be ever childlike but never childish. . . . We may safely say that the world would be much better than it is if such eccentricity were more common." It was certainly unusual o catch an alligator with a sharkhook and a large fish, and then ride on it, using the front paws as a bridle while the local natives pulled on the line. This incident is described most amusingly in the *Wanderings*, for instance, in noting the animal's reaction to this treatment:

> "He now seemed to have recovered from his surprise, and, probably fancying himself in hostile company, he began to plunge furiously. . . ."

It was unusual, to say the least of it, to dissect a decomposing gorilla in the drawing room after dinner. And it was certainly considered eccentric and hardly *à la mode* at the time for a country gentleman to soak his hat in corrosive sublimate so as to make it waterproof.

He was somewhat of a physician himself, though unqualified, and did a brisk practice in the neighbourhood where "Squire Waterton's Pills" held a big reputation. He was a great believer in "self-venesection," and is said to have bled himself, usually without assistance, one hundred and sixty times altogether in his life, never being satisfied with less than sixteen to twenty ounces at each sitting.

Sufficient has been said to show that Waterton never did anything in an ordinary way, and Dr. Gosse has made of his doings and sayings—usually allowing him to use his own words—a most enchanting and fascinating story. He finishes the book by expressing the opinion that this man "of singularly saintly character and original disposition" deserves to be canonised as the Patron Saint of the Birds of England, and certainly no man has lived sine the days of St. Francis of Assisi who was better qualified for such a title. No wonder the linnets joined in the chanting of the priests as he was laid in his grave beside the lake in the Park. . . .

Three "eccentrics" of St. Bartholomew's Hospital who loved birds also practically worshipped this man who was not of St. Bartholomew's Hospital but loved birds and animals better than men.

R. S. H.

*"The Squire of Walton Hall." By Philip Gosse. (Cassell & Co. Price 15/-.)

THE ROLL OF HONOUR

CAPTAIN RUPERT WELPLY, M.R.C.S., L.R.C.P., R.A.M.C.

Born in 1911, Rupert Welply was killed in action at Dunkirk. He was the only son of Dr. G. C. Welply, of Forest Gate, and qualified at Bart.'s in 1938. He was House Surgeon to Mr. Vick before joining the R.A.M.C. In France he was attached to the R.A.S.C. Headquarters.

KNOCK! KNOCK! - WHO'S THERE?

BUT Maudie, dear . . . " he said, and, for the fourth time that morning, got no further.

'Maudie dear' put her cup down on the breakfast table.

"It's no good butting in and interrupting. I was leaning over the top of the bannisters and, with my own ears, I heard you calling the postman 'old cock.' I can slave and slave and work my fingers to the bone to make a respectable home and get us looked up to by the neighbours and all you can do is to try and get matey with a low common postman. A fine anniversary of our wedding this is, I don't think; I suppose you do this sort of thing instead of giving me a present. But you don't care . . . . "

With a noisy clatter of plates she seized the tray and bounced out of the room. Her massive body, tightly clothed in checked blue gingham, quivered with indignation. Mr. Smithson sighed and, with his handkerchief, thoughtfully removed all traces of egg from his moustache. He rose to his feet and clipped his tie, a confection in black satin which he had carefully removed before grappling with his breakfast, on to a peculiarly lofty linen collar.

The ormolu clock on the mantelpiece struck eight and his eyes brightened. Stepping softly into the hall he put on his coat, and, with one hand on the latch of the front door, called timidly to his wife that he was going to catch the early train. A brisk banging of cupboard doors was the sole reply, and hastily placing his bowler hat on his head, he closed the door and hurried down the short garden path and through the ornate iron gateway into the street.

Once outside, he stopped and sniffed at the air. It was a perfect morning in the late spring, the two battered plane trees were budding apologetically, on the other side of the road a cat sunned itself with appreciation, a boy on a bicycle was whistling. Mr. Smithson felt his spirits heightening; he sauntered gently along, endeavouring to forget all household unpleasantness.

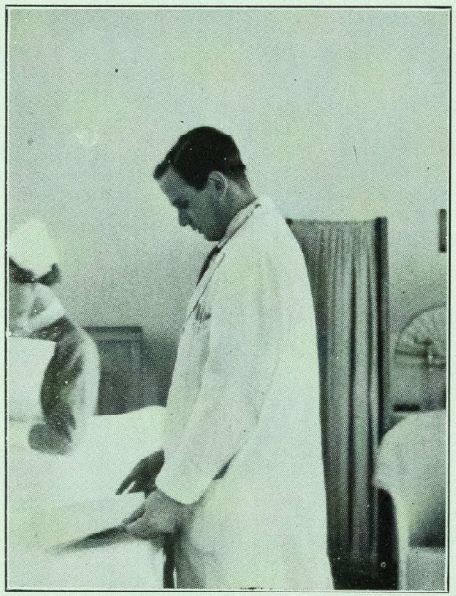
A kindly feeling towards the world started to creep over him. The world, on the whole, was a pleasant spot . . . a pity that Maudie's temper was so sharp. There seemed no harm in passing a friendly word with the postman; but there, that wasn't the real trouble, he really ought not to have forgotten that it was their wedding day. In the evening he would take her to the pictures, he'd bring her some sweets home as well; no . . . even better than that, he would get some now, take them home, and catch the later train.

He increased his speed and, ten minutes later, was retracing his footsteps with a parcel tucked under his arm. Mr. Smithson's spirits continued to soar. Children were starting out for school and one small boy touched his hat respectfully as he passed. He returned the salutation with a stately nod and walked on with increased dignity.

Maudie was right, he decided, there was no call to get too familiar with the postman or the tradesmen. He was one of the only clerks in the street, nearly everyone else worked in shops and places like that. He must really try and uphold his dignity; after all, with a woman like his wife to give him a lead it should not be very difficult. He must remember to put the postman in his place next time he saw him. He had better put a stop to his wife taking on like she sometimes did; no call to be brutal, of course, just firm . . . kind but firm.

The tide of his self-confidence swelled and swelled. By the time he had reached his front gate he was walking with his head back, whistling softly to himself. Mrs. Smithson had disposed of the breakfast things and was busily whitening the front door step . . . its whiteness was her greatest pride. Viewed from the gate she appeared to be merely a pair of shoes and a gigantic hummock of checked, blue gingham. Mr. Smithson walked briskly up the path; still whistling, he waited for his wife to look up, but she, with head down, continued to holystone. In his mood of heady exultation her husband suddenly forgot himself: he leaned forward and landed a resonant smack on the apex of the hummock.

Mrs. Smithson spoke. "Oh! It's you, is it?" she said, "I think I'll have an extra pint to-day."



Cambridge Candour. *

* For the benefit of the uninitiated, the above is a snapshot of Dr. Charles Fletcher at Oxford.

T. and A., SUBJECTIVE ACCOUNT

Letter from a child, as received by the late Editor :—

" Dear——,

" I am so sorry to hear that you were ill I hope you will soon be better. I have Just been ill too I had the Adenoids and Tonsils removed, it was awful because when I got there I had needles stuck in me all over and they could not find any more fresh places. I were in a private ward, when I was better I went home and that night my throat began to bleed a lot and I had to go back to the Haspidal that night and had more needles stuck into me. I had to go to the Theartre 3 times and once I were put to sleep. We have a kitten called Dinah who spends the morning on my bed. . . ."

(At the bottom of the letter were the curious symbols:

O X O X O X O X O X O X O.
O X O X O X O X O X O X O.

In the reply to the letter enquiry was made as to the meaning of the noughts. Another letter was then received as follows:—

" Dear——,

" I am glad you are better. The OOO are HUGS. I am going to the flicks to see PINNOCCHIO . . ." which seemed to settle the matter once and for all.)

M.O.P's

I have stood by the couchside with Maxwell,
And watched for his temper to flare,
'Cos he's told us he's got one, but conduct
Has failed to convince me it's there.

With Spence I have lolled by the couchside,
From the rear I have often observed,
The kyphoses, scolioses, lordoses,
Ascribed by his back as it curved.

In the face of much grave opposition,
With Gow I have risked a pure guess,
It's part of the technique of students,
And his opinion of me can't be less.

The debonair Bodley has " foxed " me,
With words that are cultured and rare,
In their exquisite flow and perfection
Of choosing, his meaning to bear.

The benevolent eyes of plump Scowen,
Have twinkled with glee at the sight,
Of me, speechless and lost in confusion,
When trapped by his intellect's might.

Bourne's hesitant speech has enthralled me,
His smile never ceased to attract,
These two and his own gracious manner,
Have never put me on the rack.

Then there's Keele with his right-sided ptosis,
That has tempted me often to ask,
His opinion of cause and prognosis,
But my courage it failed in the task.

The brisk, bright, expansive delivery,
Of Cullinan telling the lads,
'Bout the grandiose notions of patients
By the spirochaete rendered quite mad,

Has brought to my mind the base vision,
That he if he caught it would soon
Be the God of all Gods spirochaetal,
And not end a mere common loon.

Black, Jewesbury, and Crowther, " chief asses,"
Are young but acquiring the knack,
Of judiciously sailing, whilst teaching,
'Long their own Chief's particular tack.

I know that the ailments of patients,
My interests should wholly employ,
But I am thought to be keenly observant,
So my mind may legitimately toy,

With the idiosyncrasies blatant,
The remarks, both sarcastic and wise,
The postures, conjectures and gestures,
Of my Chiefs as they valiantly try,

To catechize ignorant students,
With figures, with facts, with wise-cracks (?)
At my cost they have had entertainment,
Why then should I not hit them back?

J. BIRCH.

SPORTS NEWS

YOUNKERS SQUASH OLDSTERS.

By G. HAVERFORDWEST (pronounced Harvest).

" Alas! unmindful of their doom, the little victims play." Recently a fine Sunday saw the bearded ancients give battle to the beardless boys in the Squash Courts at Charterhouse Square. With the arrogant confidence of youth the Resident Students predicted for themselves a 5—0 victory; the Resident Staff, with the cunning born of years, resisted the temptation to contradict them.

The first to play, after sweeping the court of the débris left by our nightly visitors, were the elderly Barclay, his legs bandied by time, and Campbell, who, in a clever attempt to conceal his extreme youthfulness, flaunted an incipient and dithyrambic moustache. However, Barclay, possibly because he was the youngest of the ancients, had not acquired the degree of cunning necessary to match the youthful vigour of Campbell, the latter winning by three games to one.

By this time Ward, his heels flashing a little less sprightlily than they did in the days when he brought many a stadium to its feet with a roar as he breasted the tape, was altogether outmanœuvring the infant Merryfield. None-the-less the dear lad's cheerful grin never left his face, even when Ward finished with a 3—0 victory. Poor boy! perhaps the long cycle ride from Bart.'s to Charterhouse Square had been too much for him?

Then the Hibernian Harold who, with a Shavian disregard for convention, seemed to be playing adorned with pin-stripe pants and carnation, so deft were his strokes, so neat his movements, proved too good a tactician for the strenuous frontal attacks of the gaily gallivanting Robertson. Run, my fine young friend, though your vigour will avail you nought; it is written in the sands of time—a victory for the old one by three goals to nil.

Now the captains meet. What a battle is toward! Borrie's lean lithe young body twists and turns, his supple wrists flick the ball hither and yon, to be met by that stalwart blonde giant Shooter, who stands bearded and on guard four-square in the middle of the court (as long as he is allowed to do so). The games are closely contested, and most go to eight all; but Shooter, who retains much of his pristine lissomeness if little of his former fit-

ness, is exhausted at last, and Borrie wins a fine set by three games to one.

The match stands at two all as the elderly and panting Payne enters the court with his tiny opponent Ismay. It is obvious from the start that Payne is too old to run; Ismay, on the other hand, runs and runs and runs. And runs. That boy must like running. Age alas! has dimmed Payne's eye, and he can only win one in four of the most politely contested games we have ever watched.

So the bearded boys beat the bearded ancients by three matches to two. But, if you add up their respective scores, you will find that each side won nine games—so what?

PRECLINICAL RUGGER.

On Monday, October 7th, a rugger meeting was held at which Mr. A. R. Corbett was unanimously elected secretary. A trial match was held on the following Saturday, the only incident occurring when a younger member expressed his doubts as to how men who "drank and smoked" could possibly play as a co-ordinated whole.

The first match was played on Wednesday, 10th October, against Queens' College, and resulted in a win by 10 pts. to 8. Queens' scored first, mid way through the first half, following a long kick to our corner flag, a slight misjudgment by a Bart.'s back giving them an easy try which was unconverted. Bart.'s replied soon after with a good forward movement, and Marcraft went over under the posts, Livingston converting. Bart.'s pressed hard early in the second half, but Queens' carried the ball up the field, and scored a converted try from a blind side movement. Just before time Bart.'s pressed hard again, and Marcroft was up to take an inside pass from the backs. Livingston again converted.

Team:—S. A. Livingston, E. P. W. Helps, P. T. Ballantyne, R. F. Jones, V. H. Jones, M. R. Hunt, J. T. Brady, K. E. Rimmington, I. P. Todd, A. Jones, E. M. Vickery, A. F. Sheldon, J. T. Marcroft, G. J. Hadfield, A. R. Corbett.

M. R. H.

NEW BOOKS

Modern Dietary Treatment. By M. Abrahams and E. M. Widdowson. (Ballière, Tindall, and Cox. Price 10/6.) Second Edition.

A second edition of this book coming so soon after the first is evidence not only of recent advances in dietetics with important practical applications, but also that the book is of considerable interest to the medical profession. The subject matter falls under three headings. The first concerns the physiology of diet, and refers in general terms to the distribution of the energy-producing foodstuffs and the vitamins in materials of everyday diet. The second part deals in detail with diet in a variety of diseases and is supplemented by full tables which serve as models for the construction of detailed diet sheets. Finally, the composition of a large number of foodstuffs is detailed in tabular form, and recipes are given which help to render the most monotonous diet palatable. The authoresses hope that the book will be useful to nurses, dieteticians, and practitioners, but there is no doubt that medical students will find much enlightenment in its pages, as the subject of dietetics is a closed book to most of us.

Textbook of Dietetics. By Davidson & Anderson. (Hamish Hamilton. Price 10/6.)

In no section of therapeutics is there greater scope for the faddist than in dietetics, but this new book by Davidson & Anderson treats the subject on scientific lines, and exposes a great many fallacies.

That, however, is not all for the scientific principles are all explained and translated into terms of food and dieting, so that the reader is not left wallowing in a sea of calories, but is supplied with a series of excellent tables and diet sheets.

These are made out fully and imaginatively, with due consideration of such problems as the making of the diet palatable—both to the patient and to his pocket.

Aids to Inorganic Chemistry. By R. C. Austin. (Baillière, Tindall & Cox. Price 5/-.)

This useful addition to the well-known "Aids" series sets out to condense chemistry for the benefit of the medical student taking his first examination.

It is arranged in an interesting manner, and the physiological and clinical aspects of the subject are well stressed. Students will find it a useful assistant in eliminating some of the drudgery of cramming chemical formulæ and much of its information will be remembered and used in their clinical work.

* * *

Friern patient (expecting a visit from Dr. Strauss), proudly: "I'm going to be seen by a specialist trout."

* * *

SOCIETY OF APOTHECARIES OF LONDON.

The following are the dates of the Society's Examinations:—

Surgery.—Nov. 11th, 13th, 14th; Dec. 9th, 11th, 12th.

Medicine, Pathology, and Forensic Medicine.—Nov. 18th, 20th, 21st Dec. 16th, 18th, 19th.

Midwifery.—Nov. 19th, 20th, 21st, 22nd; Dec. 17th, 18th, 19th, 20th.

Master of Midwifery (Post-graduate).—Nov. 11th, 13th, 14th.

IL DOUTAIT DE TOUT, MÊME DE L'AMOUR

A NOVEL, in the form of letters in hexameter verse, by a minor mid-Victorian poet might well seem a rival to that imaginary poetic drama on *The Venerable Bede,* which Mr. Desmond MacCarthy suggested would be the most unreadable book ever written. But, in fact, Clough's *Amours de Voyage* remains enchantingly fresh and amusing; while the verse, so gay, quick and conversational, often charming and sometimes memorable, is—perhaps just because of its unpretentiousness—among the very few successful examples of hexameters in English literature.

Dedicated to "feeble and restless youths born to inglorious days," it is the story of a slight, frustrated love affair and the opportunity for Clough's reflections on life in general. The hero, in part a portrait of the author, is introduced by the quotation on the title page—

> O, you are sick of self-love, Malvolio,
> And taste with a distempered appetite.

Critical, self-distrustful, intellectually sophisticated but emotionally inexperienced, at once diffident and condescending, he is travelling abroad in flight from that chronic malady of introspective, idle and timorous adolescence—

> All the *assujetissement* of having been what one has been,
> What one thinks one is, or thinks that others suppose one.

In Rome and characteristically supercilious—

> Rome disappoints me much; I hardly as yet understand, but
> *Rubbishy* seems the word that most exactly would suit it—

he meets a banker and his family tendering the "homage of wealth to culture." Frigidly contemptuous, at first, of the "horrible pleasure of pleasing inferior people," he finds, when he is sure that he *does* please them, that he "likes in return very kindly." Thereafter the affair with the youngest daughter follows a typical curve. Shilly-shally, apprehensive, half repelled by the "fever of flushed adolescence" and the "general tender-domestic," he exhausts in analysis the emotions, which he is so determined not to exaggerate:—

> I tremble for something factitious,
> Some malpractice of heart and illegitimate process;
> We are so prone to these things, with our terrible notions of duty.

Still, he cannot deny that he feels *something*:—

> Well, I know, after all, it is only juxtaposition—
> Juxtaposition, in short; and what is juxtaposition? . . .
> Look you, we travel along in the railway-carriage or steamer,
> And, *pour passer ls temps,* till the tedious journey be ended,
> Lay aside paper or book, to talk to the girl that is next one;
> And, *pour passer le temps,* with the terminus all but in prospect
> Talk of eternal ties and marriages made in heaven. . . .
> But for his funeral train which the bridegroom sees in the distance
> Would he so joyfully, think you, fall in with the marriage procession?
> But for that final discharge, would he dare to enlist in that service?
> But for that certain release, ever sign to that perilous contract?
> But for that exit secure, ever bend to that treacherous doorway?

However, when the time comes for the family to continue their tour, he agrees to accompany them. But on the eve of departure he hears the "terrible word, Obligation":—

> I was to go, as I told you, I think, with the people to Florence.
> Only the day before, the foolish family Vernon
> Made some uneasy remarks, as we walked to our lodgings together,
> As to intentions forsooth, and so forth. I was astounded,
> Horrified quite; and obtaining just then, as it happened, an offer
> (No common favour) of seeing the great Ludovisi collection,
> Why, I made this a pretence, and wrote that they must excuse me.

How could I go? Great Heavens! to conduct a permitted flirtation

Under those vulgar eyes, the observed of such observers!

But, alone again, he finds he felt more than he thought. Horses are hired ("*hang*, this thinking at last") and a feverish pursuit begins. Always—how characteristically!—a day behind, he gradually and finally loses heart:—

After all, do I know that I really cared so about her?

Do whatever I will, I cannot call up her image;

For when I close my eyes, I see, very likely, St. Peter's,

Or the Pantheon façade, or Michel Angelo's figures,

Or, at a wish, when I please, the Alban hills and the Forum,—

But that face, those eyes,—ah, no, never anything like them;

Only, try as I will, a sort of featureless outline,

And a pale blank orb, which no recollection will add to.

After all, perhaps, there was something factitious about it;

I have had pain, it is true; I have wept, and so have the actors.

I have long had an affection for the unheroic hero of *Amours de Voyage*, but it was the memory of the background of his story that made me add it to the books in the back of the car on my way to A3 last September. For its background is the Rome of 1849, when Clough himself, a sympathetic but detached observer, saw the brief, hopeless resistance of the Republic of Mazzini and Garibaldi to the armies of France. In those first days of the war, when one still expected the ordeal of immediate air bombardment, I thought one might find a pleasant irony in some of its lines—

Caffè-latte! I call to the waiter,—and *Non c'è latte*,

This is the answer he makes me, and this is the sign of a battle—

and a subtler and more enduring comfort in such passages as these:—

Dulce it is, and *decorum*, no doubt, for the country to fall,—to

Offer one's blood an oblation to Freedom, and die for the Cause; yet

Still individual culture is also something, and no man

Finds quite distinct the assurance that he of all others is called on,

Or would be justified, even, in taking away from the world that

Precious creature, himself.

. . . . . .

Victory! Victory! Victory!—Oh, but it is, believe me,

Easier, easier far, to intone the chant of the martyr

Than to indite any pæan of any victory. Death may

Sometimes be noble; but life, at the best, will appear an illusion.

While the great pain is upon us, it is great; when it is over,

Why, it is over. The smoke of the sacrifice rises to heaven,

Of a sweet savour, no doubt, to Somebody; but on the altar,

Lo, there is nothing remaining but ashes and dirt and ill odour.

(Some of us, remembering 1919, may find that odour only too familiar.)

. . . . . .

Whither depart the souls of the brave that die in the battle,

Die in the lost, lost fight, for the cause that perishes with them?

Are they upborne from the field on the slumberous pinions of angels

Unto a far-off home, where the weary rest from their labour,

And the deep wounds are healed, and the bitter and burning moisture

Wiped from the generous eyes? Or do they linger, unhappy,

Pining, and haunting the grave of their by-gone hope and endeavour?

All declamation, alas! . . .

Whither depart the brave? God knows; I certainly do not.

Clough was never more, and too often less, than a good minor poet: but I know of few more sympathetic characters. Mocking but serious, ironic but tender, he had, above all, a scrupulous honesty of intellect and emotion, which is both rare and fine:—

I will look straight out, see things, not try to evade them;

Fact shall be fact for me, and the Truth the Truth as ever,

Flexible, changeable, vague, and multiform, and doubtful

. . . . . .

Action will furnish belief, but will that belief be the true one?

That is the point you know.

. . . . . .

But play no tricks upon thy soul, O man;

Let fact be fact, and life the thing it can

. . . . . .

It fortifies my soul to know
That, though I perish, Truth is so.

From this *siccum lumen* of the mind Clough never wavered. The "too quick despairer" of one of the loveliest of all English elegies, Matthew Arnold's *Thyrsis*, had in him a vein of that prosaic and sceptical fortitude which to many is more permanently sustaining than any of the transcendental philosophies—

Shall we come out of it all, some day, as one does from a tunnel?

Will it be all at once, without our doing or asking,

We shall behold clear day, and the trees and meadows about us,

And the faces of friends, and the eyes we loved looking at us?

Who knows? Who can say? It will not do to suppose it.

R.H.L.C.

BIRTHS

DEAN.—On October 6th, 1940, at 2a, Seymour Road, Newton Abbot, to Joan (née Coutts), wife of Surgeon Lieut. Commander D. M. Dean, R.N.V.R., of King's Lynn—a daughter.

EVERETT.—On September 28th, 1940, at Northam Lodge, Worcester Road, Sutton, to Nancy, wife of A. D. Everett, F.R.C.S., Montague House, Leatherhead—a daughter.

NICHOLSON.—On June 10th, 1940, at Glenside, Leigh Woods, Bristol, to Frances, wife of B. Clive Nicholson, M.D., M.R.C.P.—a daughter.

WEST.—On September 15th, 1940, at The Rossan, Auchencairn, Castle Douglas, to Jean (née Fleming), wife of Dr. Ranyard West—a son.

MARRIAGES

BRIGGS—THURSTON.—On October 5th, 1940, at St. Martin's Church, Ruislip, Dr. Geoffrey O. A. Briggs, elder son of Dr. J. A. Oswald Briggs, of Nottingham, to Betty Maisie, only daughter of Mr. and Mrs. Alan V. Thurston, of Ruislip.

CLARK—GILBERT.—On October 6th, 1940, in London, Arnold Clark, M.D., M.R.C.P., of Dorchester and London, to Betty Gilbert, of London and Bournemouth.

DONALDSON—WHYLEY.—On September 28th, 1940, Malcolm Donaldson, F.R.C.S., of 145, Harley Street, London, to Mia Whyley, widow of Gregory J. M. Whyley, M.A., LL.B., of Bedford.

DURDEN SMITH—PERKINS.—On October 4th, 1940, quietly, at Holy Trinity, Northwood, Anthony James Durden Smith, M.B., B.S., to Dorothy Joan Perkins, M.R., B.S.

MAIDLOW—WOLFE.—On Saturday, September 28th, at New Milton, Hants, W. M. Maidlow, M.R.C.S., L.R.C.P., D.A., eldest son of the late W. H. Maidlow, F.R.C.S., M.D., of Ilminster, Somerset, and Mrs. Maidlow, to Helena Wolfe, daughter of Capt. J. A. Wolfe, R.D., R.N.R., and Mrs. Wolfe, of Southampton.

WITT—ALLOTT.—On September 28th, 1940, at Christ Church, Harrogate, Dr. Robert Witt, elder son of Mrs. Charles Witt, of 20, Redcliffe Square, London, and the late Charles Witt, to Margaret, only daughter of Mrs. Allott, of 24, Cornwall Road, Harrogate, and the late Frank Allott.

DEATHS

THAMS.—On April 13th, 1940, in Norway, Marentius Thams.

WEIR.—On October 5th, 1940, at Rahere Lodge, Brockenhurst, Hants, Hugh Heywood Weir, M.A., M.B. Cantab., aged 65.

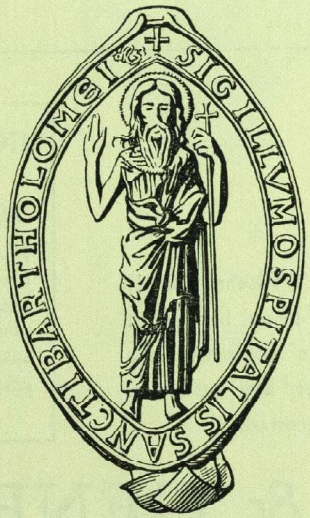
EDITOR'S NOTE

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.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION



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DOSES

Early this year two letters from members of this Hospital apeared in the *British Medical Journal,* advocating the adoption of the Metric system of dosage. The correspondence had been opened by another writer (not from Bart.'s, but a Cambridge man like the others) who hoped that the present great upheaval would see the introduction of the Metric system into England, much as the Napoleonic Wars had introduced it to the rest of Europe.

The first Bart.'s writer declared that logical behaviour was expected of "rational and civilised human beings," and consequently devotees of the Imperial system had no right to regard 5,000,000 as the normal Red Cell count. For them it was 296,000,000 (per minim). The second, who shall be known as Hogarth, in a far wittier letter, considered it strange that patients should imbibe fluids by the mouth in ounces, by the rectum in pints, and intravenously in cubic centimetres. "Urine," continued he, "is commonly voided on hospital charts in *Arabic* ounces, while measurements of sputum and vomit seem to be favoured with the distinction of *Roman* numerals, though also in ounces."

Users of the Imperial system are certainly terrible poachers. They do not scruple to use metric measurements when it suits their purpose, as in determinations of blood-pressure, visual acuity, and scores of other things. But the Apothecaries' system has its advantages, particularly in avoiding fractional doses. It is much easier, for example, to think of 10 grains than 0.6 gramme. And it may be argued that since the British Empire is almost the sole remaining champion of civilisation, the world should adopt the Imperial system rather than *vice versa.*

The Metric system is so nice and tidy. The metre is 1 ten-millionth of the distance between Pole and Equator. One-tenth of a cubic metre is 1 litre, and a litre of water weighs 1 kilogram. All other weights and measures are based on these, and are multiples of ten. Now look at the rival system. The yard is a standard bar of gun-metal, copied from an old yard-measure found in the Tower and legalised in 1824. The gallon contains 10 lbs. (Avoirdupois) of water. The pound (Avoirdupois) weighs 7,000 grains, a grain being the average weight of a well-ripened ear of wheat. The Apothecaries' pound, on the other hand, weighs 5,760 grains. Other weights and measures are based variously on these, and are multiples of almost every number except ten. Moreover, the American Apothecaries' system differs in certain respects from the Imperial. All very Heath Robinson, and totally unscientific.

In theory the Metric system itself is far from perfect. Mathematicians, we are told, often wish that early man had chosen twelve as his numerical base (instead of the number of his fingers) because twelve is divisible by six numbers, whereas ten is only divisible by four. The digits would then have been 1, 2, 3, 4, 5, 6, 7, 8, 9, x, y, 10.

This consideration probably explains why the Babylonian 24-hour day and 60-minute hour survived even the French Revolution. Much could be said for a 10-hour day, with 100 minutes in the hour and 100 seconds in the minute. Perhaps the *Académie des Sciences* were deterred by the fact that the day and the year are (thank Heaven) beyond our control. The thermometer, however, is not, and Fahrenheit's arbitrary scale, in spite of its two advantages, might well be superseded by the Centigrade.

If all these alterations—metric weights and measures, the Centigrade thermometer, and (let us say) the 24-hour clock—were suddenly imposed upon this country, there would indeed be an appalling upheaval. Not so appalling, though, if introduced gradually and coupled with a metric coinage. This last point is by no means the insuperable difficulty that some people imagine. Here is a practicable scheme, for which I am indebted to a distinguished mathematician :—

[Readers in search of relaxation are advised to proceed no further—if they have reached as far.]

The basic coin will be the *new florin,* containing 25 pence instead of 24, and therefore containing 100 farthings. The old florin and half-crown will be withdrawn from circulation. The shilling, sixpence, threepence, penny, and halfpenny can be retained for many years, but will gradually be superseded by new coins representing 5, 10, 25 and 50 farthings. Names will have to be found for these new coins—an opportunity for the expression of patriotic or romantic feeling, though there are plenty of old names available (crown, noble, doubloon . . .).

The new Pound will contain 10 new florins, an alteration in value much less significant than when we went off the gold standard. The florin is about the mean of the coinage of other nations, and would be used in quoting foreign exchange. The system outlined here has the tremendous advantage of not upsetting the penny, sixpence and shilling, which are the staple coins for the vast majority of the public.

All this is very mathematical, and quite unlike the usual December editorial. There can be no turning back now, however. The main argument is clear enough. It is that the Apothecaries' system of dosage is mediæval, chaotic and quite unworthy of a scientific profession. A gradual changeover to the Metric system could be conveniently effected by teaching students to use it alone. A start might be made with the next generation. Why not?

We offer heartiest congratulations to Sir d'Arcy Power on his 85th birthday. The G.O.M. has just completed the first supplementary volume of Plarr's Lives, and has remained at work in London throughout the bombardment.

* * *

The first volume of the War Edition is now ready for binding. The Exoma Press Ltd. (255, Liverpool Road, London, N.1), is willing to undertake the work. Unfortunately the block of the Henry VIII Gateway, hitherto used for the binding case, is no longer available. It is one of the casualties of the Battle of London.

* * *

Mr. A. G. Leacock has been appointed Assistant Editor of the Journal.

* * *

January Issue.

Contributions for the January issue should be received by the Editor not later than December 13th.

OPHTHALMIC QUACKS

by E. W. BREWERTON, F.R.C.S.

For the last twenty years ophthalmic quacks have flourished in London surprisingly. Prescribing opticians are not included in this term; they have studied optics and are comparatively harmless.

The ophthalmic quack is a man who promises a cure of practically every chronic ocular ailment if a large sum of money is paid either in one sum before treatment, or by smaller sums, such as three to six guineas a visit over a course of three months or more, attending two or three times a week.

These quacks may be classified as follows :

1. Those who claim that every abnormal chronic eye condition can be cured by means of glasses.
2. Those who claim to cure similar cases by

other means than glasses, usually electrical.

3. Those who claim to relieve every error of refraction by exercises and maintain that all glasses are unnecessary.
4. The osteopaths, who are always with us, of whom some are prepared to guarantee a cure for puritus ani or detached retina by replacing a displaced cervical vertebra.
5. Finally the psycho-analysts.

Under heading 1. All abnormal chronic eye conditions such as errors of refraction, cataract, optic atrophy or macular degeneration, can be cured by the use of strong magnifying glasses. With these glasses a patient is ordered to read for a certain number of hours daily. Fournier, backed by a well-known Admiral, was the originator of this method, and claimed that the glasses he supplied were of secret manufacture. Fournier flourished for many years and at his death the business was taken over by Wright, who died after a few years of lucrative practice, and was followed promptly by his brother. He did not live long, and now another man has taken on the business. The Admiral who was responsible for booming the Fournier method seemed to have lost all sense of proportion, and wrote testimonials in glowing terms advocating the treatment, and recommending even advanced cases of cataract to go through the cure and promising success.

I have seen a number of cases who have undergone the treatment. One case, a girl of 18 with short-sight, was given for the right eye +6sphere and for the left +8sphere each with 2° prism base in, and told to read with these glasses for 2 hours three times a day, and not to wear her distant glasses even for tennis or sight-seeing. I saw her after 12 months of this treatment, and found her previous glasses, which were 2 dioptres of shortsight, and had been prescribed by an oculist, were still correct; my only surprise was that she was not worse.

I have heard of patients with advanced optic atrophy and very poor vision who were given three different strengths of glasses, all very strong magnifiers, and told to wear glasses constantly, and to persevere with the reading.

The present proprietor of the business had a printed notice displayed in the waiting room to the effect that he had cured the defective sight of a certain Cabinet Minister in the Great War, when London oculists had failed. The Cabinet Minister denied that he had derived any benefit from the treatment.

Under the second heading I have placed those who claim to cure similar cases by other means than glasses, usually electrical.

The chief exponent of this method is a man in Park Lane. He, of course, guarantees a cure, and makes most of his money from cataract cases. There are innumerable people who have a horror of an operation on the eye, and will pay large fees to avoid it. One of my patients was such a person. His father had been operated on by George Critchett for cataract, and had often told his children that he would sooner die than go through the operation again. It must have been done about 1875, and I suppose without any form of anæsthetic. My patient, when told by an oculist that he had advancing cataract, went to the Park Lane professor by the advice of some of his club friends. He was examined with an ophthalmoscope, and a cure was promised. A diagnosis was written on his card: R.E. optic atrophy, L.E. cataract. He was told to attend three times a week, at a fee of six guineas each visit; he attended 30 times and paid 180 guineas. The treatment consisted of the use of a galvanic battery, one pole being passed gently round the margins of the orbit, the other at the back of the neck. This took about 10 minutes, and was given by a lady dressed as a nurse. He seldom saw the professor. His distant vision was recorded about 4/60 in each eye. On every visit the nurse used to glance at his eyes, and tell him he was better, but as he became steadily worse the chair was put nearer to the type to make him believe his vision was improving. He was also given a copy of the same distant type to fix up in his room and told to practise distant vision several times a day.

He told me that there were at least six rooms going in the Park Lane house, and reckoned that, as the place was always full, the professor must be making over fifty thousand a year.

At the end of the treatment he insisted on seeing the proprietor and complained that his vision had deteriorated during treatment. He was told then that this was a very difficult case and another course at the same price was necessary. I need hardly say that this was declined.

Under heading 3 we have those who claim to relieve presbyopia and every error of refraction by exercises, and maintain that all glasses are unnecessary.

These people state that accommodation is not dependent on the ciliary muscle acting on the lens, but is due to the extrinsic muscles acting on the globe, and all errors of refraction are also due to the same cause; it follows that if these muscles can be strengthened glasses can be discarded. One of their chief arguments in favour of this theory is the fact that after simple cataract extraction some patients are able to read with their distant glasses. This observation is correct, but the condition is rare and only to be found in patients with small pupils, or a small central opening in an opaque capsule with a distant glass of at least +10 dioptres. By drawing the lens a little further from the eye the strength is increased and reading is possible.

Their great leader is Bates of New York, and I think that the following letter from one of his grateful patients will explain the method:—

"Thank you for your letter. The originator of the treatment I am having for my eyes is a Dr. Bates, who was the biggest New York oculist for 10 years, but after making a very great number of experiments, he broke right away from the ordinary methods of treatment and started practising in New York on his own lines, which are quite contrary to the usual methods. He maintains that no one should wear glasses or need wear them. He has cured himself of extreme short sight and undertakes to cure any kind of eye trouble by his treatment. His two great theories are:

1. That the more eyes are used and the more they move the stronger they get, and
2. That light, and especially sunlight, is a cure for all kinds of defective sight.

Mine is old age sight, but my sight is much too old for my age. I already can almost do without glasses at all, but I don't expect to get my sight back perfectly for months or even longer. But they say that once it comes back it never gets bad again.

The percentage of cures in all kinds of defective sight is 90%, and *in no case are the eyes made worse or injured in any way, but always improved.*

Dr. Bates even cures blindness with his sun treatment."

The exercises consist of blinking frequently; Swinging the body from side to side whilst maintaining fixation on a distant object; Splashing cold water into the eyes 100 times a day; Exposing the eyes to direct sunlight.

There is no doubt that Bates in many cases is very successful in getting young hypermetropes to do without glasses on leaving school. Bates, on seeing a new patient wearing glasses, promptly takes them off, throws them into the wastepaper basket; this, of course, to create a dramatic effect. He invariably promises a cure.

A patient of mine aged 14 with 4 dioptres of myopia was taken to New York for a cure. This was promised and he remained under Bates for 12 months. He was then brought to me again, and of course could not see 6/60; his error was in fact now 4.5D. I asked the boy what he thought of Bates' treatment, and without hesitation he said he considered it a damned swindle.

On the other hand a large number of Americans used to wear black-rimmed glasses as a fashion, and it is not surprising if many of these were wearing glasses unnecessarily. Bates, of course, can always cure such people and they in return send him glowing testimonials.

A few years ago at a Moorfields Hospital dinner, Vice-Admiral Gaskell asked that something should be done to prevent these quacks from obtaining high fees on account of boys with defective sight being unable to pass the physical entrance examination at Dartmouth. On discovery of the defect the boy is taken to a quack as a last resource, who for a fee of 50 guineas or more promises a cure. The boy attends two or three times a week for electrical, or other, treatment, and invariably fails.

Lastly we come to psycho-analysis as a cure for all abnormal eye conditions. When a qualified medical man leaves the ordinary path of medicine and claims to cure all eye lesions by psycho-analysis, we are justified in calling him a quack.

There is a well-known oculist who now practises psycho-analysis on his eye patients. A discharged naval Commander came to me suffering from severe irido-cyclitis in both eyes with secondary glaucoma and commencing cataract accompanied by gross joint lesions. The psycho-analyst had seen this patient and promised a cure by psycho-analysis, but as the patient had already spent many months in Netley Hospital and had some general idea of chronic toxæmia, the treatment offered was declined.

I am hoping that the above notes may enable medical men in general practice to dissuade their patients from wasting their money by going to these quacks. The attraction is the promise of cure, as Bernard Shaw pointed out in the "Doctor's Dilemma."

TWO EPIGRAMS

On the remnant of an incendiary bomb which penetrated through the roof of a hospital in London and is now used as a rest for pens.

One day I whistled through the air
And nearly set the place a-flare,
But doctors smothered me with sand
And now to rest their pens I stand.
Could pens prescribe a lasting balm
Of peace, they'd win the highest palm
Of victory.

On the remnant of an incendiary bomb which one night in September, 1940, fell on to a block of London flats where I sleep, and now serves as a rest for pipes.

One night I whistled through the air
And tried to set the roof a-flare,
But porters smothered me with sand.
So now to rest their pipes I stand.
From bombs of war to pipes of peace!
Real peace! How else can hatred cease?

F. PARKES WEBER.

BOMBS ON BART'S*

An Interim Report

by CHARLES HARRIS.

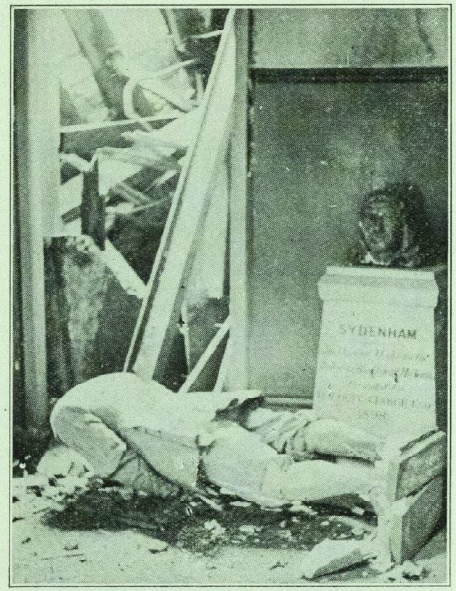
IT would look like tempting providence to write an account of what has happened to the Hospital up to a certain date for a Journal to be published some weeks later. What follows may well be out of date by the time this article is in print. Yet the risk of this seems worth taking for the sake of those Bart's men and women who are away from the Hospital and whose sole source of information has been a press notice that yet another Hospital in Central London has been bombed, or a series of distorted rumours coming to them by word of mouth.

While writing this I am touching wood hard, for all things considered, the Hospital has up till now suffered very little and its ability to treat patients has been in no way impaired. The bare facts of the effect of aerial warfare up to date are these. On the night, the date of which is still shrouded in secrecy, a high explosive bomb burst in Little Britain and did damage to the Nurses' Home. Twelve nights later a high explosive bomb fell and went off in or over the Anatomical Theatre. On certain occasions incendiary bombs have fallen in the Hospital, quickly to be dealt with. Roofing glass is lost from time to time from falling fragments of anti-aircraft shells.

The two main incidents have been the bombing near the Nurses' Home and the bomb in the lecture theatres. The first exploded in Little Britain and made a crater in the street which broke the water main and the gas main, igniting the latter. It blew down the boundary wall above the Nurses' Home area, blew in the windows and window frames of the adjacent rooms in the basement and ground floor and threw much debris from the road into these rooms. Nurses were sleeping in the basement and there were fourteen in the room most severely damaged. Providentially, none was seriously hurt. The members of the nursing staff behaved admirably as everyone would expect. Their shelters had to be evacuated. This was done in an orderly manner, without fuss, and without anyone showing distress. Apart from the partial destruction of several rooms, the basement was made temporarily uninhabitable by the inflow of water from the burst water main. The work of tidying up, annoying enough in itself, was made rather more difficult by the water. Our attempts to get the water main turned off and the gas main extinguished led to a variety of not unamusing incidents. These feats were eventually accomplished after the passage of some hours. After certain repair work has been done, the rooms damaged in this explosion will again be habitable. The main structure of the Nurses' Home has not been impaired.

* This article has been withheld by the Censor until now.—ED.

OUR CANDID CAMERA



Sic Transit . .

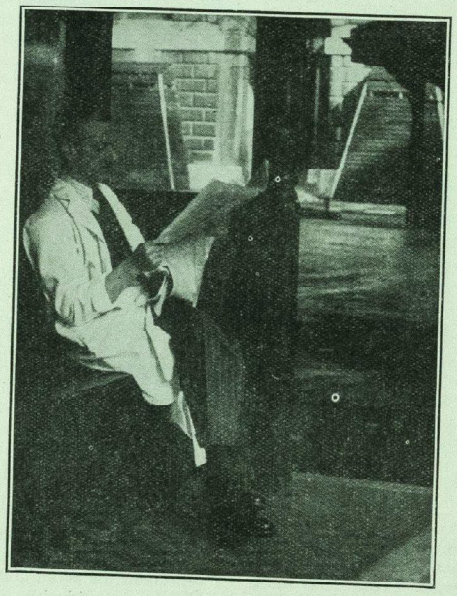
The second main incident, although rather more spectacular, caused even less disturbance to hospital arrangements. The bomb must have fallen and exploded just above the passageway leading from the slope to the A.R. and the Surgery. The Anatomical Theatre was completely demolished and lies a mass of ruins where the passageway was. Half the roof of the Medical and Surgical Theatre is lying on the bottom of the Theatre. All the buildings above the Anatomical Theatre lie as rubble. These include some of the preparation rooms for the Museum, the old Biology Department which has become, in the last ten years, the Photographic Department, and the rest of the rooms to the north of the staircase leading up from the Library. Access to the Cloak Room doors is blocked by debris, as are the stairs leading down. Apart from broken windows the Cloak Room is not materially damaged. The windows of the Library have been blown through into the street but the glazed doors to the bookshelves have not been broken. A similar fate has overtaken the room above, now the Morbid Histology Laboratory and remembered by some as the Practical Physiology Room. Many windows in the Museum were broken and some disturbance of the structure has taken place. The more valuable specimens had been removed, and of the remainder only about fifteen were ruined. The secondary effects of the explosion led to breaking of the windows in the T.N.I., in the Surgery, in Medical and Surgical Out-Patients, and the rooms above. The rooms used by Miss Ball's Department were completely demolished by falling debris. The opinion has been expressed by the irresponsible that the part of the hospital destroyed was long overdue for demolition and had Goering been under contract he could hardly have accomplished the feat more efficiently and with less general disturbance.

One of the redeeming features in this

incident was the fact that those sleeping under the West Wing and those sleeping in the basement of the Old Anatomy Department were not harmed. Much inconvenience both to patients and to members of the Medical College has been caused by this explosion. Until the windows in the Out-Patient block are made weatherproof it has been necessary to discontinue using this block. The basement surgery under the new Surgical Block is taking the extra strain, though nobody would pretend it is convenient.

The destruction of the two Lecture Theatres and the damage to the Morbid Histology Laboratory, which was used as a lecture theatre, have left us without any lecture theatre on the Hospital site. Again, the more cheerful souls may regard this as a blessing. However, they should not laugh too early, as there are still five lecture theatres intact in the Medical College, Charterhouse Square, and the Morbid Histology Theatre will not take long to set right. Out-Patient teaching is, to say the least of it, rather cramped when conducted in the rifle range, or in what used to be a coal cellar under the West Wing. This again is not a state of affairs that need continue when the glass in the Out-patient Department is made safe. Certain things of sentimental value have disappeared. I have not yet been able to find Bridle's room; Paget's lecture table lies squashed below the roof of the Medical and Surgical Theatre; the Greek inscription above the slope has been salved in three pieces and somewhat bent.

The foregoing is intended as a bald account of what has happened so far. Lest it should seem in any way depressing to those who have no immediate access to the Hospital, it should be added that the Bart's people at the Hospital are not changed at all, and, judging by these experiences, it will take a very great deal more before their customary equanimity is disturbed.



. . . Gloria Mundi.

THE DEVELOPMENT OF BLOOD TRANSFUSION *(Continued)*

by ERIC C. O. JEWESBURY, B.M., M.R.C.P.

II. STORED BLOOD.

WITH the establishment of reliable methods of transfusion, interest began to develop in the possibility of using other than freshly drawn blood from living donors. In Russia the use of corpse blood was investigated and adopted. In the United States the system of "blood banks" of stored blood was introduced, and in Canada work was instituted to determine the value of placental blood. More recently the preservation of separated plasma and serum has assumed great importance.

Corpse Blood.

The first experimental work on corpse blood was carried out in 1927 by Professor Shamov, of Kharkov, in an attempt to transfer tissues from the dead animal to the living. He showed that blood obtained from dogs after death could be injected, even in large quantities into living dogs without any signs of toxicity. He communicated his success to Professor Yudin who had charge of some 8,000 to 10,000 emergency cases every year at the Central Emergency Hospital in Moscow. Many of the patients were brought there late at night in need of urgent transfusion and many were dead on arrival or shortly afterwards. Yudin believed that the fatal cases could provide a large supply of blood for transfusion for the others.

For a whole eighteen months he pondered the question, but at last his opportunity came. This is best described in Yudin's own graphic language :—

"When, on March 23rd, 1930, I was called out to the receiving room and shown a young engineer who had severed the blood vessels at the elbow in an attempt to commit suicide, I saw that there I had the conditions that I desired. He was dying of acute anæmia, but otherwise he was a strong, robust man. At that same time, in the receiving room lay also the corpse of a sixty-year-old man who had died six hours previously from a fractured base due to being knocked down by an omnibus. The blood of the old man was of the same group as that of the young engineer. Lastly, my moral responsibility in the event of failure would have been minimal, in that the patient himself had courted death. I ordered the corpse of the old man to be transferred to a laboratory, whither a nurse and assistants were summoned. Having painted the abdomen with iodine, I performed a laparotomy and widely exposed the vena cava. I managed to obtain 120-130 c.c. of blood at once, after which the vein became quite flat, and I had to wait for a fresh accumulation of blood. . . . Altogether 420 c.c. of cadaver blood had been collected, when I was told that the would-be suicide was almost at the point of death and that we should have to hurry with the transfusion. We quickly repaired to the operating room, whither the dying man had been transferred."

The transfusion was successfully carried out, no reactions or complications occurred, and the patient was discharged fully recovered. Moreover the autopsy on the body of the old man showed no trace of any transmissible disease.

Yudin soon afterwards carried out further transfusions of corpse blood with equal success, and a little later, chance contrived another set of circumstances which carried him a stage further. For the first transfusions the blood was collected into bottles containing 4% sodium citrate solution, and this citrated blood was used either immediately or within a few hours. One night a blood transfusion was urgently needed for a patient with intestinal hæmorrhage, but no suitable donor could be found. About half a litre of unused citrated cadaver blood had been placed in the refrigerator three days' previously, and Yudin decided to make use of this discarded blood. Again the transfusion was successful and the patient recovered. Thus the use of stored, as well as fresh, human cadaveric blood became a practical possibility and thereafter Yudin began to store cadaver blood of all groups, keeping it with citrate in a refrigerator.

The removal of blood is now regularly carried out within six to eight hours of death, the corpse being placed in a high Trendelenberg position. The blood is withdrawn through a cannula tied into the internal jugular vein, and the average yield is stated to be about 2 litres. As a rule it is transfused into a patient within 10 days of collection, athough it has been used after three to four weeks.

In the first 200 transfusions of cadaver blood sodium citrate was used to prevent coagulation. One day, however, Dr. Skundina (Professor Yudin's woman assistant) noticed that uncitrated blood drawn for Wassermann tests from people who had died

a sudden death, quickly coagulated to form a clot and then reliquefied of its own accord in ½ to 1½ hours. (Skundina and Rusakov, 1934.) This spontaneous liquefaction did not occur in blood from people who had died after a long illness. It was at once realised that from many corpses there could be obtained a supply of blood which did not require the addition of any anticoagulant. Fresh and stored cadaveric blood of this kind was thereafter used with excellent results, and since 1935 over 2,000 transfusions of uncitrated corpse blood have been given in Moscow.

The nature of this spontaneous liquefaction or fibrinolysis which occurs in the blood of those who die suddenly is not understood; it has occasionally been seen in severely injured and shocked patients who are still alive. To be able to preserve and transfuse pure blood without any added anticoagulant solution has been a great advantage and the reaction rate among Yudin's patients fell from 20% to 5% after pure blood was introduced.

Clearly, the practicability of producing a regular supply of such uncitrated corpse blood depends upon a high peace-time rate of violent or sudden deaths and an absence or disregard of public sentiment—neither of them conditions likely to be attained in this country.

The work on cadaver blood has, however, been of particular value for the light it has thrown on the possibilities of storing blood at a low temperature until it is required for use. This has led to the practice of storing blood from living donors, and in the U.S.S.R. today all the large hospitals use stored blood almost to the exclusion of freshly drawn blood, the professional donors simply attending a Central Institute for its collection. Most of these donors are women and they are allowed a minimum of six weeks between each service. (Riddell, 1939.)

Blood Banks.

In the United States, where stored blood has come to be widely used, this difficulty has been overcome by the establishment of the "blood-bank" system. The first blood-bank was started at the Cook County Hospital in Chicago in 1937, and since then similar banks have been organized at a number of other large hospitals in the country, notably the Philadelphia General Hospital and the Los Angeles County Hospital.

The principle of the blood-bank is that it works on the exchange system. Blood is contributed to the bank by every hospital service that may require it. This blood may come from patients who have been venesected for therapeutic purposes (e.g. those with heart failure or polycythæmia) or it may come from relatives and friends of patients transfused or from professional donors. It is collected into citrate solution and sent for refrigeration, accompanied by two pilot tubes of samples of blood, the one citrated for grouping and compatibility tests on the cells, and the other uncitrated for Wassermann and other tests on the serum.

When a blood transfusion has to be done, the house officer of the service applies to the "bank-cashier" (or laboratory technician) for blood of the required group. The actual bottle supplied by the bank is probably not one that has been contributed by the service that uses it, but it is debited to their account and must be replaced by another bottle of blood, though not necessarily of the same group. Under such a system, blood of any group is available at any time from the bank and this is replaced afterwards by bleeding a volunteer who need not be the same blood group as the patient.

I had the opportunity of seeing the blood-bank system working very efficiently at the Pennsylvania Hospital in 1939. Some notes and instructions issued in the hospital are of interest in showing how perfectly the system is grasped by the business-like American mind. Part reads as follows:—

> "Unlike the assets of a commercial bank, which can be exchanged or converted into different forms and which bear interest, those of the blood 'bank' are subject to deterioration, cannot be exchanged, and do not multiply. Therefore, the following conditions regarding credits must be imposed.
>
> "Each service throughout the hospital is entitled to withdraw blood from the bank if credit has been established. Each flask containing 250 c.c. of blood which is satisfactory (neither Wassermann, Kahn or Eagle positive nor coagulated) will be considered a unit of credit for a period no longer than 10 days . . .
>
> "Credit may be extended to a service in an emergency if suitable blood is available in the bank, on condition that a satisfactory balance is established by that service within 72 hours. Further credits cannot be extended if the deficit is not promptly repaid . . . Credit balances for each service are to be posted weekly."

At the Cook County Hospital during the first year of operation of the blood-bank, 962 transfusions of preserved blood were given, the blood used being up to 21 days old, though usually it was discarded after 10 days. There were 130 reactions after the transfusion (13.5%) none of which was severe.

At the Philadelphia General Hospital, after experience of the first 1,000 transfusions of stored blood the reaction rate was 7.4%. The average flask of blood remained in the refrigerator for 5 days before use, but no increase in frequency of reactions was noticed in the case of blood that had been kept for two or three weeks. Cultures of the blood, as at other blood-banks, were consistently negative. 11% of the specimens were not used.

Although the blood-bank is of great value in many urgent cases, its operation is obviously restricted to large hospitals where some five or six transfusions are normally being carried out every day.

Placental Blood.

The possibility of using blood from the human placenta has recently been considered. Goodall and others (1938), in Montreal, first pointed out its value as an inexhaustible source of supply. Moreover, placental blood has a higher red cell content than has adult blood, and its hæmostatic power is greater. Goodall and his colleagues claim to collect an average 125 c.c. of blood from each placenta, and they do not consider that contamination of any consequence is likely to occur.

Howkins and Brewer (1939), however, were unable to obtain more than an average of 47 c.c. from the placenta, and they found that out of fifty samples of placental blood collected for transfusion, 22% were contaminated with air-borne or genital tract organisms.

Such contamination may or may not be of importance when the blood is stored at low temperatures, but the small yield of blood from the placenta and the necessity for mixing a number of specimens in order to provide an adequate amount for transfusion are disadvantages which weigh against this source of supply.

Wartime Supplies.

The tragic necessities of war have in the last few years shown the value of preserved blood. It is impossible, in the fire of the front line, or in the havoc after a big air raid, to organise on the spot immediate and extensive venepunctures of volunteer blood donors in order to supply the urgent needs of the seriously wounded. Stored blood has been an immense asset in the solution of this problem. In the Spanish Civil War it was used most extensively and its worth was proved. A transfusion centre was organised at Barcelona in 1936, the donors being civilians, principally women. From each of the 4,500 donors 300 to 400 c.c. of blood was taken every three or four weeks. During the first year 1,200 litres of blood was thus made available to be sent to the front either by lorries or by special cars equipped with electrical refrigerators.

In Madrid another large blood-store was instituted. Group O and Group A donors supplied up to 500 c.c. every three weeks, and the Madrid Blood Transfusion Institute reported the use of 400 litres of preserved blood each month, and as many as 100 transfusions in a day. Blood was collected into a tenth part of 3.8% sodium citrate solution and kept for three weeks, if necessary, in a refrigerator at 1 or 2° C.

On the Insurgent side twenty similar transfusion centres were organized and the results, published in bulletins from both armies, were equally satisfactory.

Jorda (1939), has described the apparatus and methods used in the Barcelona Service. Among the new procedures introduced was the mixing of all bloods of the same group. "Our experience of thousands of transfusions," he writes, "has amply confirmed the value of our technique . . . The mixture of bloods results in a very homogeneous blood (biologically speaking) with a normal quantity of cells, hæmoglobin, glucose, urea and other constituents, and the product of the mixture of several bloods tends to approximate more nearly to ideal blood . . . Bloods with strong agglutinins are also rendered innocuous, since they are mixed with bloods with weak agglutinins . . . and the danger of inverse agglutination is thus removed."

The maximum time that the blood was kept was 18 days, and although both group O and group A donors were bled at first, the collection of group A blood was eventually almost given up owing to its limited use. This was because front-line doctors, who were often inexperienced in testing blood groups, did not care to take the responsibility of classifying the wounded men for fear of giving an incompatible transfusion which might have fatal results. The

suggestion, therefore, arises that members of the services should have their blood groups tested and recorded as a routine upon their identity cards.

The experience of air-raid casualties in the Spanish Civil War showed that at least 10% of the wounded required a blood transfusion and, with this in mind, as the international situation in 1939 deteriorated, a scheme was organized for enrolling volunteer blood donors on a large scale in this country. Four depots were established around London and these were responsible for the withdrawal, storage, and rapid distribution of blood to the areas allotted to them. This scheme is organized for the Government by the Medical Research Council, and similar independent depots have been established to provide for the needs of towns outside the London area.

Volunteer donors are asked to fill in a form on which they state whether they are in good health and whether they have suffered from any serious illnesses. Provided that the donor is fit, of average build and not anæmic, the removal of a pint of blood will do him no harm. It is important to exclude any volunteers who might transmit either syphilis or malaria, for both these diseases have ben conveyed by blood transfusion.

Since Fordyce (1915) first reported the transmission of syphilis by blood transfusion, it has been customary never to transfuse blood showing a positive Wassermann reaction. Live spirochætes, however, are not found in the blood in tertiary syphilis (except sometimes during pregnancy) and, therefore, a positive Wassermann reaction or a history of syphilis from the donor does not necessarily mean that the blood is infectious. In almost all the reported instances where infection is known to have been transmitted by blood transfusion the donors were in the primary or secondary stage of the disease. McCluskie (1939) has recently described the transmission of syphilis by a donor who was in the pre-chancre stage at the time of transfusion and whose blood W.R. was then still negative. Furthermore, both animal experiments and observations on human subjects have supported the view that, even though the blood W.R. be positive, infection does not occur if the disease is in the latent or inactive state. McNamara, in 1925, transfused 10 non-syphilitic patients with blood from 6 syphilitic donors. The donors (who were Jamaican negroes) all had positive W.R.'s but were in the late stage of the disease. None of the recipients developed either clinical syphilis or a positive W.R.

One may, therefore, reasonably conclude from these and similar experiments that it is the stage of the disease, rather than the Wassermann reaction which governs infectivity, and that people with chronic tertiary syphilis are unlikely to transmit syphilis by blood transfusion.

Malaria stands in rather a different category from syphilis, since in most cases where malaria has been transmitted by blood transfusion the donor has been a carrier of a latent infection, and has been unaware that he has ever suffered from the disease. Apparent complete recovery from the condition is no safeguard, as shown by a case of transfusion malaria reported from a hospital in New York, where the donor (father) gave a history of malaria forty years before, with no recurrences. Any prospective blood-donors who have had malaria or even lived in malarial districts are, therefore, best rejected from service.

It may be that the temperature at which stored blood is kept is low enough to destroy any spirochætes or malarial parasites contained in it. Of this, however, evidence is required.

Although the voluntary principle, as opposed to professionalism, is a good one amongst blood donors, this country is the only one (apart from pre-War Holland and Denmark) to have adopted it on a large scale. The British Red Cross Society during the last twenty years organised a blood transfusion service in London and sixty provincial centres, whereby it was possible for a hospital to obtain, at short notice, the service of a volunteer donor of any blood group. At the outbreak of the war there were about 3,000 volunteers on the list, and some 700 calls were being answered every month in London alone. This very admirable service contrasts favourably with the professional system in other countries whereby a donor may be some £5 the richer for parting with a pint of blood, which is more likely to convey disease, and whose provision is sometimes accompanied by deception or extortion.

The experience of the now disrupted Red Cross organisation was invaluable in the establishment of the war-time depots which sprang into being in September, 1939. During the comparatively quiet period during the first year of the war the civilian hospitals came to rely more and more upon the blood

which was collected and stored at these depots, and which was so easily available for their needs. In that first year the North Eastern London Depot enrolled some 16,000 volunteer donors and about a thousand bottles of stored blood were used from its stock.

The Army Blood Transfusion Service also established a depot in this country at the outbreak of the present war, and blood was flown to France and Flanders for the use of the B.E.F. When the Battle of France began, the Army Blood Supply Depot rapidly sent out extra supplies so that within a few days each of the eight teams attached to casualty clearing stations had received some 60—80 pints of blood and a small amount of plasma. One casualty clearing station was made an advanced blood store, provided with extra quantities of blood and given transport so that it could distribute blood, when required, to other casualty clearing stations (Maycock, 1940). The blood was stocked in mobile refrigerators, and some 300—400 pints were used between May 10th and the evacuation from Dunkirk.

The use of cannulæ for giving the blood was required in surprisingly few instances—13% at one casualty clearing station and 2% at another—although large quantities of blood were given to single patients. Cannulæ were of value during aerial bombardment when movements and restlessness resulted amongst the wounded.

The transfusion officers were in all cases satisfied with the results obtained in suitable patients and the incidence of reactions following the administration of stored blood was neglible. The age of the blood used was up to three weeks as a rule, though in an extreme instance blood bottled seven weeks previously was given successfully. The importance of treating severely wounded men early was very evident.

Experience showed that transport over appalling roads seemed to have little effect on the blood, and that "a transfusion could be given in absolutely any circumstances except in a vehicle."

Strictly accurate comparison of the relative merits of stored blood and fresh blood for transfusion is exceedingly difficult. Unless all the comparisons are made by the same observer or by individuals employing exactly the same technique, and unless all the patients are in a comparable clinical state, and receive comparable amounts of blood, the results, particularly of a relatively small number of transfusions, are apt to be misleading.

From the experience gained so far it can, however, be reasonably maintained that the administration of preserved blood is clinically satisfactory in cases of acute hæmorrhage with or without shock, and in chronic secondary anæmia. For certain other diseases of the hæmopoietic system, and for cases of anæmia associated with sepsis, the administration of fresh blood is probably to be preferred.

The ready availability of stored blood is its great advantage, particularly in an emergency, and this out-weighs any slightly smaller rise of hæmoglobin percentage in the recipient that has been said to occur when the results are compared with those of fresh blood. In the absence of blood volume estimations, however, even these comparisons are open to question.

Transfusion reactions occur after the administration of stored blood just as they do after the use of fresh blood. Such experience as we have does not suggest that there is any striking difference between these reaction rates.

The length of time that blood can be kept before transfusion is also doubtful. Since degenerative changes in the cells progress continuously it is clear that the earlier the blood is used the better. On this account an arbitrary limit of three weeks storage is suggested, but in many instances this limit has been much exceeded without ill-effect.

Fortunately, however, there is now much less need to attempt to preserve emergency supplies of whole blood for long periods of time. This gain is due to a development which will be discussed next month, namely the introduction of transfusions of preserved plasma and serum.

(To be concluded.)

CORRECTION.

A sentence which was mis-printed in the previous article should have read as follows:—

"Thus group O subjects have both anti-A and anti-B (or so-called *alpha* and *beta*) agglutinins in their serum, group A subjects have *beta*, group B have *alpha*, and group AB have neither agglutinins in their serum."

Owing to printing difficulties, the Greek symbols have been spelt in entirety!

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.

THE ROLL OF HONOUR.

The following awards for gallantry are announced :—

O.B.E. (*Military Division*) : Temp. Lieut. (temp. Lieut.-Col.) R. O. Ward, D.S.O., M.C., T.D., F.R.C.S., R.A.M.C.

M.B.E. (*Military Division*) : Temp. Lieut. E. B. Brennan, R.A.M.C.

WOUNDED.

Dalley, G. (Lt., R.A.M.C.)

Burrow, K. C. (Lt., R.A.M.C.)

Kerr, A. K. (Lt., R.A.M.C.)

PRISONERS OF WAR.

Stoker, G. E. (Lt., R.A.M.C.)

Dearlove, A. R. (Lt., R.A.M.C.)

Mellor, A. W. C. (Lt., R.A.M.C.)

Barber, S. W. (Major, R.A.M.C.)

Rose, I. F. (Lt., R.A.M.C.)

Wooding, J. E. (Lt., R.A.M.C.)

OBITUARY

WALTER GEORGE SPENCER, O.B.E., M.S., F.R.C.S.

Probably there are not many men at Bart.'s who remember Mr. Spencer (who died on October 29th), for he was 82 years of age and for some years had been in retirement.

Mr. Spencer qualified in 1885, having gained the Junior and Senior Scholarships, as well as the Lawrence Scholarship with gold medal. He held the appointment of House Surgeon with us and then started research work with Sir Victor Horsley at the Brown Institute. The Westminster Hospital was fortunate in securing his services, for he worked faithfully for it from the day he was appointed Assistant Surgeon in 1887 until his death. Public service attracted Mr. Spencer as much or more than private practice and a large portion of his time was devoted to the wider problems of his profession. The University of London, where he was a member of Senate, the Royal College of Surgeons of which he was a Vice-President, the Royal Society of Medicine, and the London Library were some of the many activities which benefited from his energy and experience.

A steady single-minded man, he pursued his way undisturbed by criticism, provided he was persuaded that he was doing the right thing. His publications were numerous but he will be remembered rather for a successful text book of Surgery which he inherited from Mr. Walsham and which he enlarged and revised.

In the long twilight of his life he gained solace in translating the works of Celsus for the Loeb Library. It is a fine piece of work and establishes him at once as a classical scholar. It was hoped that he would be able to do for Galen what he had done for Celsus but now, alas, that task is left to another pen.

Spencer married a Sister at St. Bartholomew's Hospital, Miss Elizabeth Charlton. There were two children, a son and a daughter. The daughter took up Medicine and qualified but she died while holding an appointment as House Officer at Charing Cross Hospital.

G. E. G.

LONDON INCIDENT

It is 10.15, a clear moonlight night, and we are expecting a heavy raid. In the Post, the wardens are reading the evening papers, or indulging in rather stupid badinage. Outside, the guns fire spasmodically as the bombers fly over. Two of our wardens are patrolling the area.

Suddenly, a tearing noise begins overhead. We look at each other as the noise changes to a crescendo whine, but the whine dies away in the distance, and we hear two muffled crashes. The ground shakes a little.

"Outside our area, anyway. Probably North in Kensington."

"I thought they fell across the river—but you can only guess, when you're in a building."

We return to our newspapers. The humorist of the Post makes a poor joke. There is some uneasy laughter, but he doesn't try again.

The uneven drone of the enemy plane gets louder; the guns are silent for a few seconds.

Much louder this time, the noise of the bomb quickly changes to a scream. We hurriedly reach for our tin hats, but before we can put them on, the explosion shakes the Post and we feel the pressure of the blast.

"Fielding and Andrews, you go out."

Hurriedly I sling my gas mask over my shoulder, adjust the strap of my tin hat and grab a torch. We run outside, seize our bicycles, and as we get on Andrews says :

"That was in our area, anyway."

"Bet you a shilling it wasn't."

"O.K."

We cycle furiously, without lights, down Redon Place, and turn right into Queen's Road.

"There it is!" Andrews shouts from ahead.

A cloud of dust is drifting northwards across Queen's Road. The bicycle wheels bump over bricks and debris in the road. So the "Blue Boar" has got it.

The front of the building is still standing. Two men are trying to break down the locked door into the saloon bar. Andrews helps them, and I try another door which looks easier. Thank God it's after closing time — there won't be many casualties. Inside, a woman is screaming and sobbing, "Get us out, quickly! Get us out of here!"

I charge at the door again; the lock breaks, but the way is blocked by fallen beams. Someone comes to help, and together we shift a beam and crawl through. The wrecked bar is filled with dust, and reeks of alcohol from the broken bottles. As we get inside, the dust chokes us and we cough violently. The woman is standing among the broken tables, in her petticoat. She grabs my arm and pushes me to the top of some stairs :

"They're down there!"

"How many?"

But I don't wait for an answer. Scrambling down the staircase, my torch is useless in the thick dust and I fall over a door which lies on the stairs. I'm too excited to curse, as I pick myself up. Luckily my torch is unbroken.

Another woman, some of her clothes torn off, is screaming and laughing alternately.

"Give me that torch!" a man's voice, urgent in the darkness.

I give it to him, and lead the hysterical woman to the foot of the stairs. Some other wardens are coming down.

I find the man who has my torch, in a corner of the cellar, putting on his trousers : I am suddenly furious :

"You dammed fool! People are dying here, and all you do is dress yourself."

Faint, hardly human cries are coming from the other end of the basement, where it is open to the sky. I stumble towards the sound and climb on to a pile of wreckage. My torch lights up a woman's hat, a torn book, pieces of crockery and a tumbled mass of masonry and wood. Suddenly I realise that the cries are coming from under my feet. Other men come to help, and with bare hands we shift lumps of masonry, bricks and wood. It seems incredible that anything should be alive under all this. As we work, I curse the Germans.

A woman's hand sticks out from the mass, covered in dust, with a little blood. The pulse is beating, and we work quickly, knowing she may be suffocating. More debris is pulled away, and slowly the woman's body is uncovered. She is unconscious, but still living. Two men carry her outside.

Nearby, a man is working feverishly on the huge pile. I go to help him, and he looks up.

"Mr. Gunn and his wife were sleeping just here, by the kitchen stove."

We hear people walking heavily on what is left of the floor above our heads. Bricks fall from a wall which is leaning crazily inwards. A beam moves, then crashes in front of us, and I expect the whole floor to collapse. Mercifully it holds. We all scream

abuse at the fools. I ask a man to keep everyone away from the room above us.

We go on digging, and come to thick dust, which we scrape away with our hands. My hands touch something soft, but it is only a mattress. Then a woman's face is uncovered. A doctor comes over to us, DR in luminous paint on his tin hat. He feels a pulse in her cheek:

"Still living, but the pulse is very feeble."

He puts two fingers down her throat:

"It's solid with dust. There's no hope for her."

The rescue squad has just arrived, and I leave them on the job.

Andrews is on the pavement outside, helping with the survivors. I look at my watch—a quarter to eleven—only twenty minutes since the bomb fell.

As we ride back to the Post, shell splinters are falling—rattling on the roofs, and striking sparks as they hit the roadway.

"You owe me a shilling," says Andrews.

Overhead the moon is calm and untroubled, among the quiet stars.

A. G. L.

NIGHT

Voices in the mist
Whispers straying idly in the night
Among the heavy overtones of war
Drift from spires that glow without a light
And domes who are the home
Of right and law.

The voices whisper warmly in the dark
Wandering proudly round the ancient place.
They whisper hate is stale as love itself
And these and other things
Death does deface.

I. E. D. M.

TWO YEARS COME NEXT MUCK SPREADIN'

When the hospital engineer and I were walking past the Nurses' Home, a tall pile of sandbags, tired after thirteen months of protecting a window of the ward opposite, sagged in the middle, lurched outwards and fell with a thud across the road. Sandbags everywhere in the grounds were doing this all day, disillusioned after more than a year of expectant blast-proofness. The Senior Physician to the hospital, surveying his car which peeped coyly from under ten tons of disillusioned sandbag, had aptly said: "Something *must* be done."

The nurses, agilely scrambling up sandy hill and down sandy dale before claiming their four meals daily, had taken up the cry. "Something *should* be done," they said.

So I paused before climbing this new barricade. "It would be nice if something *were* done," I said pointedly to the engineer. He, too, stood and stared at the pile that blocked the road.

"Yes," he said. "Something *shall* be done."

"I think it's very important," I said, "because if we have any ambulances in to-night and if they have their usual curiosity and drive right round the hospital once before they go away again, they'll stick on this mess. Unless, of course, they happen to be American drivers. But these English women haven't even got the strength to put on a handbrake before running into the Porters' Lodge, let alone to lift their vehicle over all these bags."

"Just what I was thinking," said the engineer. "But to-day is Saturday afternoon, so I haven't got any men to clear it away. Now, if you like to go and get a shovel and a cart, I'll pay you one and twopence an hour to shift this sand on to the flower beds · and think what a lot of money one and twopence an hour is."

The engineer was a Scot of sorts. We argued for a quarter of an hour and at one and threepence and a farthing I gave way; Bachelors of Arts, I said, were usually paid at half a guinea an hour because their minds had been so highly educated. The engineer said one and threepence farthing was his final offer; that he was unable to use my highly educated mind at the time, but that, as he was a generous man, he would allow me to keep it and to use it myself while I shovelled sand.

I was generous, too. I went away and changed my clothes. I fetched a shovel. I trundled a tin truck like a Boy Scout's trek-cart to the place between the Nurses' Home and the wards. And I started to shovel. There was a whole mountain of sand to be moved and it seemed to grow bigger every minute. I went on and on shovelling. At last the over-filled cart tumbled backwards and upset.

"I'm sleeping!" shouted a night-nurse from a window of the Nurses' Home as the cart hit the ground with a crash of steel. The handle hit me beneath the chin. I was in no mood for idle gossip.

"You're a liar!" I shouted back with a frankness which shocked me later. "You're wide awake."

I shovelled the sand back into the cart again.

"Wotcher doin', sonny?" enquired one of the pensioner gardeners. He chased a leaf round the grounds with a broom all day from Monday to Friday; fascinated with his work, he must have forgotten that it was Saturday. He leant back opulently on his broom and contemplated me as I sweated.

"Wotcher doin', sonny?" he asked again and I knew that although he wouldn't understand it, he was determined to have an answer.

"I am working," I said grandly; but a passing Matron spoiled the effect. "Don't work too hard," she said, "We can't have you laid up, you know."

The pensioner spat and moved off in the train of his leaf.

My cart was full once more. I pushed it away to a flower bed. There was a crackling of small and valuable twigs as I upset it backwards. This flower bed was a shrubbery and I had covered it with several tons of sand; probably someone thought very highly of the shrubbery, so I withdrew rapidly and went on with my shovelling.

"Shovelling sand?" asked a nurse as she went into the Nurses' Home. Actually I was sitting on the tarmac dusting my hair. Sand is ubiquitous, clinging stuff.

"Yes," I answered. "I am shovelling sand."

"Still shovelling sand?" she enquired as she came out of the Home five minutes later. This time I was shaking sand out of my rubber boots.

"Yes," I answered. "I am still shovelling sand. I have just shovelled some into my boots."

Then I became obsessed with the idea that there must be some great thought, a moral, to be gleaned from this sandy mess. I thought desperately hard while I filled a second truck.

Here was a vast sandy scene of desolation, unrivalled in Hitler's biggest dreams of an African Empire. For half an hour I mixed with material as a stimulus to thought. As any manual worker knows, who has shovelled sand, sooner or later a corporeal itch develops: after a major intellectual crisis I achieved an epigram—"Time flies; sand fleas"—yet that, even that, didn't seem adequate as a great thought.

I dragged the second cart away to empty it. After ten yards of precarious progress it tipped over backwards with a clank as loud as the earlier one. This time I clung to the handle. I was borne upwards and there I dangled in the air. Two maids came to stare. Arm in arm they tittered and giggled. Indeterminately, I still dangled. "Gwarn," said one maid, "you arsk 'im." I knew what they were ging to ask me. There are no new ideas among hospital maids. They were going to ask me if I was barmy. I was in no position to bandy words with maid-servants. I lowered myself to the ground and the maids moved on.

I righted the cart. I shovelled back the sand into it. I emptied it out again on the cabbage patch. Although it was almost dark I began to fill the cart for a third time. I was sick of sand. I ached enthusiastically.

The hospital engineer came to see if I had finished.

"Give me my money," I clamoured in the darkness. "Give me my money and let me go." I had justly earned three shillings and ninepence three.

"Give you your money?" said the engineer in a voice as black as the night. "Give you your money? And what about this filthy mess you've made? The shrubbery ruined, the cabbage patch submerged . . . and less than a quarter of the sand shifted and all my men gone home. I'll give you your money! Yes, I'll give you your money—two years come next muck-spreadin' . . ."

I was more than sick of sand; I was sicker of Scotsmen. I tilted my truck over backwards and sand splashed the engineeer. I flung my shovel to the ground with gusto. My aches disappeared. I was on strike. I ran to my quarters. I seized a towel. The engineer's footsteps were close behind me. I dashed to the bathroom. I locked the door. "And when are you going to finish and clear up that mess?" howled a voice through the keyhole.

"Two years come next muck-spreadin'," I bellowed back as I turned on the taps.

CAMBRIDGE NEWS

The following letter has been received:

10th Nov., 1940.

The Editor,
Bart.'s Journal.

Dear Sir,

The technical hitch referred to in the October issue of the Journal as an excuse for the absence of news from Cambridge appears to have developed into a serious breakdown, and it seems highly desirable that repair work should be carried out at this end of the broadcasting system. Up to the present I have not succeeded in finding a suitable correspondent among our preclinical students, but I hope to do so in the near future.

During my association with the Students' Union, and the Publication Committee of the Journal, I have not failed to learn and indeed the Editorial Board has quite rightly not been allowed to forget, that the Journal belongs to the Students' Union. It is with much hesitation, therefore, that I am sending the attached brief account of student life amongst the Bart.'s community in Cambridge, but until I find some member of our student body willing to take on this onerous task, the only way in which I can fulfill my recent promise to you is by writing an article myself. The attached account will, I hope, prove to be my first and last effort as a special correspondent from the Cambridge front.

Yours faithfully,
A. WORMALL.

The absence of news from this front might conceivably have recalled the earlier war communications from the Maginot Line and might have led your readers to assume that a purely defensive action is being fought here; nothing is further from the truth. To our credit we have several very solid achievements, and we hope there is little or nothing on the debit side. Cambridge has certainly become aware of the existence of a lively and progressive Bart's Medical College, with active and successful rugger, hockey, soccer, athletics, rowing and fencing clubs. The 46-week year experiment, involving the compression of the work of five terms into an almost continuous session of 12 months, was undoubtedly a success, and amongst other achievements is the acquisition of a reputation for enjoyable and financially profitable dances.

July and September were unusually busy months. Those 46 weekers who had not fallen by the wayside, and many stragglers from previous examinations, worked hard for the September 2nd M.B. Examination, with the constant fear that the long promised invasion might seriously interfere with our September time-table. The enemy, those abroad and the examiners at home, were not unkind, and 19 of the 26 candidates of the 46-week class passed the whole of the 2nd M.B. There was no lowering of the standard for these candidates and this pioneer group is to be congratulated on completing in twelve months a course of anatomy, biochemistry and physiology which usually requires at least 18 months. Another 40 of this group are taking the forthcoming December Examination and those who are successful will have reduced the normal course of study at least three months. This 46-week year emergency scheme has now been discontinued by the University of London, and the normal and less intensive courses allow more opportunity for general reading, recreation and service in the Home Guard.

The rugger, hockey and soccer clubs have all started this season very well and have won all their matches (4, 4, and 2 respectively) up to the time of going to press. The enthusiasm for rugger is such that two teams can often be raised for a trial game when other opponents are not available. The hockey club has recently succeeded in persuading the Cambridge University Hockey Club to grant them a fixture on condition that our side shall be diluted with a few players of other London Colleges and that it will masquerade as a London University team; it seems probable that our run of success at hockey will cease with this game next Saturday, but it is only fair to point out that this is not the view of our hockey enthusiasts. The rowing club has three crews in training and in this section also there is a splendid spirit of optimism. The swimming club, which was one of the most active organizations last session, has been unable to function so far this term owing to the lack of suitable bathing facilities, and the athletic club is also dormant, mainly because of the loss of M. A. C. Dowling, one of the successful 46-weekers. Both these clubs, as well as the cricket, tennis and squash clubs, will flourish again when the occasion arises.

The rugger game between our Hospital XV and Cambridge was more interesting and more even than the score of 26—4 would suggest. Life in bombed areas is evidently not the ideal training for a keen rugger match, and with a few weeks' rest in the comparatively peaceful atmosphere of Cambridge and possibly strengthened by the addition of two or three pre-clinicals, the side would stand a much better chance of extending the Cambridge XV. A. R. Corbett, the preclinical rugger secretary, played for the Hospital side at short notice and, encouraged by enthusiastic vocal efforts from our many supporters, he put in some sterling work.

An account of the very successful dance held in Cambridge at the end of October is given below. As a result of this effort, I. P. Todd, the Secretary of the Dance Committee, was able to send the very useful sum of £46 12s. 6d. to the Dean as a contribution to the Hospital Funds.

One other item of special interest is the election of Professor Hopwood to an Honorary Fellowship of Queens' College. This honour, which will give great pleasure to every member of our College from the Dean to the first-year fresher, is a tribute to our Vice-Dean, and also an indication of the very friendly relationship which exists between Queens' and our own College.

CAMBRIDGE DANCES

The latest Bart.'s dance on October 26th was a greater success than any previous one.

Besides a large crowd of Bart.'s students and a sprinkling of staff, many Cambridge undergraduates contributed their high spirits.

The hospital colours were predominant in the decorations of the Ballroom. Great credit must be given to the Stewards, who certainly know how to "run" a dance. From a dancer's point of view it was very wise of them to limit the tickets to 450 (not including the apparently inevitable gate-crashers) instead of the larger number of previous occasions. Various forms of refreshment were provided, so that, whatever the state of the bar, the floor was never too crowded. Both bands were excellent.

Whether the next Bart.'s dance is in aid of Bart.'s or a Spitfire Fund, there will be no difficulty in selling tickets!

PRE-CLINICAL RUGGER,

Wed., Oct. 30th, v. Corpus Christi and Selwyn Colleges. Result—Won 33-0 (3 goals, 6 tries).

The Bart.'s side were vastly superior from beginning to end, and had little difficulty in amassing a large score, which, however, might have been even bigger had the place kicking maintained the high standard of the rest of the play. R. F. Jones at right centre had a field day, and scored four tries, a reward he richly deserved for an excellent afternoon's play. Ballantyne ran hard on the left wing, and tackled furiously in defence. Amongst the forwards Corbett gave a display reminiscent of "Tubby" Anderson at his best, and was well backed up by Todd, Wood and Vickery.

Tries were scored by Jones, R. F. (4), Corbett (2), Todd (2) and Vickery, and the goals kicked by Jones, A. (2) and Hunt.

TEAM—R. N. Austin, P. T. Ballantyne, G. L. Bourne, R. F. Jones, J. C. L. Adams, J. T. Brady, M. R. Hunt, H. G. W. Cooke, I. P. Todd, P. D. Moyes, A. Jones, G. M Vickery, A. B. Wood, J. G. Hadfield, A. R. Corbett.

M. R. H.

SOCCER,

In our first game versus a combined team of **Jesus and Trinity Hall** we started off in grand style, netting no fewer than four times in the first half without reply. One of these goals was a particularly fine effort by centre forward Adams, who from the halfway line executed a solo run and ended by flashing in a drive which gave the goalkeeper no chance. The other goals were scored by Barker at inside right, and D'Arcy Laidlaw at left wing. Adams again netted before the whistle went for half-time.

The second half contained something in the nature of a shock for Bart.'s as the opponents had the ball in the net three times within about ten minutes. This was achieved by some good work by their halves and finished off with some accurate shooting by the forwards. These goals, however, spurred our side on to greater efforts and our centre half Atteridge, by scoring a grand goal, made it 5-3 in our favour and thus finished a most enjoyable game.

Our game against **Westminster College** last Saturday was played in conditions more suitable to water polo than soccer. The pitch was swept by a very strong gale and the players drenched to the skin by incessant rain. Unfortunately we had the wind against us in the first half and our defence was hard pressed to keep the opposing forwards at bay. The defence held out, however, and in addition, our forwards in one lightning raid on the other goal managed to pass the goalkeeper. From a very fine centre from our right wing, Hunt, Adams put the finishing touch. One goal up at half-time against the strong wind was very encouraging.

The second half provided our forwards with countless opportunities and had they taken the chances they were given, we should have had a double figure score. However, we managed to add three more goals to our first half score and finished comfortable winners by four goals to nil. The goal scorers were Adams and Barker (2).

L. C.

AND HOCKEY

October 19th. **Bart's v. Magdalene.** Home. Won 8—1.

The season started well with an excellent match resulting in a victory for Bart's. The whole team showed the makings of a first-class side. The forwards exhibited great promise by their ability to combine well and press home their attack. Goals were scored by Goodbody, Johnston and Mehta.

Team: Rassim; Thompson, Hopwood; Fyfe, Todd, Chopra; Sankey, Johnston, Goodbody, Mehta and Ballantine.

October 23rd. **Bart's v. Kings.** Away. Won 8—0.

Owing to King's failing to produce a full side, I. R. Haire was transferred to make the numbers even. Nevertheless, Bart's had no difficulty in defeating their opponents mainly due to outstanding play by Ballantine, who scored 5 goals. Goals were also scored by Fyfe, Helps and Todd; the rest of the team maintained the standards previously shown.

Team: Rassim; Thompson, Ridge; Fyfe, Todd; Sankey, Helps, Ballantine, Mehta and Chopra.

Oct. 30th. **Bart.'s** *v.* **St. Catherine's.** Home. Won 6-1.

St. Catherine's arrived with two men short, so we lent them Chopra. For the first quarter of an hour both sides seemed evenly matched in spite of a very good goal by Mehta. Then the forwards got together and raised the score to 5-0 by half-time. In the second half Bart.'s only managed to score once more. Todd and Thompson, who were outstanding in their play, prevented St. Catherine's from scoring more than one goal. Goals scored by Goodbody (2), Mehta (2), Ballantine and Routh.

TEAM—Rassim; Hopwood, Thompson; Fyfe, Todd (C); Routh, Goodbody, Ballantine, Mehta, Sankey.

Nov. 2nd. **Bart.'s** *v.* **St. John's.** Home. Won 6-1.

Rain throughout the afternoon did not stop the match. St. John's were two men short and Bart.'s only one; so Bart.'s, having the advantage of an extra man, pushed home their attack. At half-time Ballantine, Goodbody and Johnston had each scored. In the second half Goodbody scored another three goals. A return match with full teams and a fine day should make an excellent match.

TEAM—Rassim; Hopwood, Thompson; Fyfe, Todds (C.); Sankey, Johnston, Goodbody, Ballantine, Chopra.

HILL END NEWS

These remarks are dedicated to those who have not visited Hill End every week-end to enjoy the rural delights of Hertfordshire. However, our shrapnel-spattered friends are always welcome here. With Friday night "prunes" suspended the week-ends may not be so attractive, but we hope to have these "prunes" going in full swing when the upper atmosphere quietens.

Present social activities include the following: Mixed hockey is played every Wednesday, and is competing well against Rugger. So many potential Rugger players are playing hockey that, it is rumoured, the 10 oz. secretary of Rugger may start mixed Rugger as a counter-attraction.

The orchestra hopes to get organised as soon as the double bass turns up. Dramatic committees and sub-committees meet every night in most of the pubs of St. Albans, so we have been told.

The well-meant efforts of the Choral Society penetrate to the uttermost ends of the Hospital each Wednesday evening.

Apart from these, countryside rambles and bar-propping still have their following.

The Stooges of Stooge Hall, so called because they watch the air by day and the hospital's many passages by night, are celebrating the accomplishment of the "New Deal." This consists of admission to the revered precincts of the Hotel Splendide where the Stooges share in the evening feast.

The student community, reinforced by some 46 men from Cambridge, is now larger than ever before. Those of us who do not live in do A.R.P. duty for 24 hours, once in three weeks. This entails sleeping on mattresses and playing innumerable quiet rubbers of bridge in the A.R.

Then there is the Home Guard. In its prime it included in its ranks some 40 students. There are now somewhat less but they make up for that with keenness. The warriors may be seen at dusk rushing "up the Spout" or at opening time in the Mile House. Their more pacific brethren watch with some trepidation the alarming way in which they sprout new weapons or equipment every week.

A. H. W. B.
L. S. C.

ORCHESTRA,

An Orchestra is beginning to form itself at Hill End, composed of a number of enthusiastic nurses and students. For a time the old Musical Society slept, and this represents its resurrection under the Presidency of Dr. Boame. The procuring of music took a few days to arrange, but they are now learning Hadyn's Symphony No. 104. It promises well, but there is still a regrettable shortage of instrumentalists capable of playing the more peculiar machines, such as bassoons and oboes.

H. W. B.

CHORUS,

With pleasing co-operation from the nursing staff, it has been possible once again to form a chorus, and rehearsals are now a twice-weekly feature of our night life. So far, they have been enthusiastic, if not always very musical, but we have certainly enjoyed ourselves, even if it has been at the expense of some patients' sleep.

Most of our time now is being spent in rehearsing for a recital of Christmas Carols which we hope to give in the Reception Hall on Sunday, December 22nd, at 2.30 p.m. The proceeds, in the form of a silver collection, will be given to a local charity. Your support, both in presence and cash, will be welcome.

J. K. I.

AND GRAMOPHONE

The corridors of Hill End resound with the voices of students and nurses alike asking when dances and gramophone recitals are to be resumed. Black-out arrangements in the Reception Hall are such, however, that it becomes necessary to extinguish the lights and lock the doors immediately the siren sounds in an attempt to deprive enemy bombers of what is possibly the most effective beacon provided for them in Hertfordshire.

It is sincerely to be hoped that, before long, effective measures will be taken to make the Reception Hall available during black-out hours so that entertainment and culture may once again flourish at Hill End.

A. G. H.

DRAMATIC SECTION

Under the chairmanship of Dr. Cullinan, the Drama at Hill End is very much alive. Every week we gather for readings of plays by Shakespeare. As an experiment one week members were asked to read any verse or prose of their own choosing and the result was highly entertaining and not a little surprising. At the present moment, however, all attention is focussed on the forthcoming Christmas show. This will consist of a Revue and is due to take place on January 2nd, 3rd and 4th.

One very pleasing feature to the Dramatic Section at this time, is the increase in numbers, particularly in the number of the nursing staff, in fact to such an extent that the students are now outnumbered by about three to one (not an altogether unsatisfactory state of affairs).

If all the latent talent can find its way to the surface we can hope for a very successful season.

H. H. B.

RESUMÉ OF THE CRICKET SEASON

Hill End cricket in 1940 suffered a severe setback when at the end of June some seven or eight of our regular players departed to other spheres of medical life. Gallimore then took over the captaincy, and, after a shaky start we settled down, ending up with a record of eight won, nine lost, and two drawn matches.

Apart from R. M. Mason and Gallimore there were no really dependable bats in the side but each in his own individual manner (and some of them very individual) had his own little day on one or more occasions; Tudor and Durham, besides the two already mentioned, each scored fifties during the season.

Our bowling strength was greatly assisted by the efforts of Sergeant Jim Nash of the R.A.M.C., and by Taylor of the Hill End staff whenever he could play. Gray, greatly assisted by McGrigor behind the stumps, obtained a fair number of wickets, and Gallimore and J. K. Mason both proved capable of returning good averages. Hicks's two overs during the season included one maiden.

As for our fielding—well, the outfield was inclined to be rough, and there were some very hot days.

Finally, a long list of thanks. To Dr. Hayward, Dr. Rait-Smith and Mr. O'Connell for enhancing the tone of the team on several occasions, to the latter also for some delightful reminiscences; to Dr. Roberts for looking after the financial aspect and for permission to use the Hill End equipment; to Mr. G. B. Goodchild for his never-failing fund of advice; to the staff of a certain hotel for putting up with us so frequently and for such long periods of time; and last, but by no means least, to those ladies who provided us with the support during, and the encouragement or sympathy after, the matches we played, that enabled us to enjoy to the full a very pleasant season. (Nursing journals please copy.)

A. J. G.

FAREWELL TO TENNIS

Bludgeoned into producing a space-filling article, the Secretary of the Hill End Bart.'s Club Tennis Section (Inc.) takes this opportunity of thanking himself. He has worked very hard at comforting himself for what he has not done.

He has mended as few holes in the net as possible; he has acquired as many lost balls as possible. He forgot to provide tea for his tennis team at the only match he arranged for them. He reduced paper consumption by 75% by posting one weekly court booking list per month. This happily produced a most excellent amount of general recriminations. The tournament would have been memorable had it been held. Fortunately he was able to evade this issue also. He apologises for his inability to fail to get the window catch of the pavilion mended but understands that others more fortunate than he were not so easily defeated.

On the whole he regards his period of office as one of almost unbroken success. Only his total absence could have improved things. As this is practically certain to obtain next year he presumes that his fellow members will wish him to stand for a second term. He informs them in advance of his readiness to do so.

D. E. R. K.

MORE RUGGER

There are a number of keen Rugger players at Hill End; and early in September anxious enquiries about fixtures caused a lazy Secretary to borrow postage stamps and write some letters, seeking opposition.

Our first game was against St. Albans School, and their quickness, training and co-operation overcame our advantage in weight and strength. Despite the presence of Durham, the Isle of Wight International, our attack lacked thrust, and at half-time the School led (8-0).

By this time a pair of football boots had been commandeered for our full-back, who was able to discard his gym shoes. Our forwards, with Moffat, Castleden and Mason to the fore, attacked strongly, and we scored two unconverted tries. We were unable to maintain this pressure, and a final score by the School made the result (13-6) in their favour.

An enjoyable game with the Royal Corps of Signals gave the whole side plenty of running about, and at the end we were in the unfortunate position of being uncertain whether we had scored thirty or thirty-two points.

Friern brought a team over on October 30th and we beat them (17-3). As so often happens in friendly games, two players were injured and had to go off.

Our last game was against Queen Elizabeth's School, Barnet, and we won (14-11). Owing to the possibility of air raids, the referee was not allowed to use a whistle, and so he controlled the game by means of a hunting horn. Ian Smith, on the wing, emulated his famous namesake and scored two tries, and Kingdom scored one. Moffat, West and Payne were prominent in a hard-working pack.

H. J. C. L'E.

MORE SOCCER

A Soccer Club is again active at Hill End. Members of the Club, which so far is running only one team, are the Students, the Male Nurses and the R.A.M.C. detachment. We have an attractive fixture list for the rest of the season, though so far only a few games have been played. We are hoping to arrange matches with other hospitals in the Sector. Matches to be played during November include fixtures with Hatfield House Hospital, the R.A. at St. Albans and the local A.R.P. Service.

D. G. L.

AND HOCKEY AGAIN

The Hill End season has started in quite promising fashion. The side looks like settling down into quite a promising combination. In addition to the regular Saturday matches a mixed game has become a weekly feature.

G. E. H.

Oct. 12th v. **Broxbourne. Away.** Lost 1-2.

Played at Broxbourne, this was very enjoyable and closely contested. Our forwards showed a beginning of season lack of cohesion, which was emphasized by the individual brilliance in defence of Marrett and Ellis. Broxbourne scored early, but Baldwyn soon replied for Hill End, and the final goal came, rather unluckily for us, late in the second half.

G. E. Hicks; R. E. Ellis, T. A. Grimson; A. G. E. Pearse, H. R. Marrett, P. Olver; A. P. Baldwyn, C. W. S. F. Manning, A. H. W. Brenan, H. H. Bentall, J. Newcombe.

Oct. 19th v. **St. Albans. Away.** Won 2-1.

This was a very keen and even game played under very pleasant conditions and resulted in a win for Hill End in the last minute. Hill End secured an early lead through Brenan which they maintained until ten minutes from the end, when St. Albans replied. A prolonged scramble in the St. Albans' half then terminated with an excellent goal from Gallimore in the last minute.

G. E. Hicks, R. L. Ellis, R. M. Mason; J. O. Gallimore, H. R. Marrett, A. G. E. Pearse; A. P. Baldwyn, C. W. S. F. Manning, A. H. W. Brenan, H. H. Bentall, J. Newcombe.

Oct. 26th v. **Vauxhall Motors. Home.** Drawn 2-2.

This was played with a very depleted side, but allowing this, the score ought to have been better. We scored once in the first half and were within their "twenty-five" almost the whole time. In the second half they broke through twice and scored. Still we pressed but were able to find their net but once more. Baldwyn scored both our goals, and was responsible for some very sound attacks.

T. A. Grimson, R. E. Ellis, A. Goodall; J. O. Gallimore; A. G. E. Pearce, R. Freeman; J. New-Combe, G. W. S. F. Manning, H. H. Bentall, R. Bower, A. P. Baldwyn.

Nov. 2nd v. **Luton. Away.** Won 4-0.

A match played on a very wet afternoon, but on an excellent pitch and resulting in a very good game. Hill End took the initiative from the whistle and Bentall scored in the first few minutes. He followed this with a second shortly afterwards and a third early in the second half. A fourth goal was later added by Brenan. Although the play was by no means all in their half, the Luton attack did not combine well and never looked dangerous.

G. E. Hicks; T. A. Grimson, P. Olver; J. O. Gallimore, J. Bullough, C. W. S. F. Manning; A. P. Baldwyn, S. R. Hewitt, A. H. W. Brenan, H. H. Bentall, J. Newcombe.

SPORTS NEWS

Mr. G. H. Wells-Cole has been appointed Sports Editor.

* * *

War-time travelling is making difficulties in Hospital Sport, but it speaks well for the enthusiasm of the various Clubs that fixtures are being fulfilled every week. Late trains means sometimes returning after the barrage and the bombs have begun, and though there have been no narrow escapes reported so far it is not an altogether pleasant experience to be out after dark nowadays.

The Rugger Club have played the most matches so far; but in spite of having some very good players in their side they do not seem to have settled down as a team yet.

The Soccer Club have a strong side and have won all their matches up to date. The Hockey Club have had some difficulty in raising a side, or in finding opponents who can do so, but they have also done well.

The best of luck to all of them in the coming season.

RUGGER CLUB

This season the Hospital is running four teams only per Saturday, including one at Cambridge. At the end of last season we had difficulty in turning out two clinical sides. Before the war we used to have six or seven sides out every Saturday. The numbers of the Hospital have not diminished and surely this deficiency cannot be entirely due to the war. Of the fifty odd men who came up to Hill End in October only four put their names down to play Rugger, and of those, three were from Cambridge. Last year a member of the A XV actually cycled down to play at Chislehurst all the way from St. Albans, because he was "broke." It is a pity one cannot cultivate such keenness and inoculate it into some of those who take their Saturday afternoon exercise in the one-and-six-pennies. Admittedly, the First XV results have not been an advertisement to Bart.'s Rugger, but on several occasions the score was not truly representative of the run of the game, and that is not merely a biased opinion. We should have beaten both Sandhurst and Bordon Garrison, but carelessness in tackling in the second half let us down. Our forwards have been playing very well indeed and it must be very disappointing for them to see the centres repeatedly letting through their men. Our chief form of attack is the forward rush with the whole pack up on the ball.

We all regret not playing on our own ground at Chislehurst, but transport difficulties and the distance from the sector hospitals obliged us to abandon it temporarily and rent the Mill Hill School ground. Our return will be just one more thing to look forward to when peace returns.

J. P. S.

HOCKEY CLUB. 1940/41.

v. **Westminster Hospital** on Nov. 9th. Won 4-2.

In their second match of the season Bart.'s Started off in good style and soon began to worry our opponents' defence. In spite of a penalty corner and several chances our forwards were not able to score; later on, however, the forwards atacked strongly and Harrison made no mistake with a good shot. Our opponents retaliated and

the score was 1-1 at half-time. In the early part of the second half Bart.'s went quickly ahead by the addition of two goals by J. L. Fison. Then the play became rather scrappy on both sides, but our forwards scored again through J. L. Fison after a good forward movement. Westminster then scored their second goal and no-side came with a 4-2 win for the Hospital.

EXAMINATION RESULTS
FINAL CONJOINT
OCTOBER, 1940

PATHOLOGY
Adlam, J. P.
Walters, F. J. H.
Bromley, W. A.
Harvey, R. J.
Bell, R. C.
Howells, G.
Weber, G. N.
Hanford, F. W.
Whitmore, G. L.
Sadler, J. A.
Anderson, A. W.
Bennett, D. H.
Nabi, R. A.
Holmes-Smith, A.
Cooper, C. F.
Packer, F. H.
Andrews, R. H.
Harland, D. H. C.
Lewis, D.
Tomback, S.
Connolly, R. C.
Cohen, L.
Barclay, P. S.
Harrison, K. O.
Klidjian, A.

MEDICINE
Russell-Smith, R. S.
Sandilands, J. A. J.
Khan, H. H.
Adlam, J. P.
Walters, F. J. H.
Thompson, M. R.
Husband, A. D.
Pickering, G. H.
Discombe, G.
Maples, A.
Carroll, C. R. K.
Hanford, F. W.
Thomas, E. G.
Allen, W. H. E.
Johnstone, J. S.
Poolman, J. F.
Watson, P. C.
Rowntree, T. W.
Barasi, F.
Holmes-Smith, A.
Morgan, J. E.
Miller, P. J.
Atkinson, W. J.
Phillips, H. T.
Helm, H. G.
Lyon, W. C.
Tomback, S.
Evans, J. W. G.
Hershman, M.
O'Carroll, C. B.

SURGERY
Phillips, H. T.
Coupland, H. G.
Bell, C. J. A.
Stansfeld, J. M.
Silcock, A. R.
McNair, T. E. L. J.
Shephard, E.
Craike, W. H.
Spafford, A. J. H.
Medvei, V. C.
Thompson, J. H.
Boyle, A. C.
Harris, D. V.
White, M. W. L.
Meade, F. B.
Packer, F. H.
Fawkes, M. A.
Manson, C. N. S.
Wilson, H. L. J.

MIDWIFERY
Russell-Smith, R. S.
Cooper, C. F.
McNair, T. E. L. J.
Galvan, R. M.
Fawkes, M. A.
Webb, E. J. E.
Carroll, C. R. K.
Connolly, R. C.
McLean, T. M.
Pezeshgi, H.
Mariani, G.
Shah, J.
Thomas, E. G.
Sadler, J. A.
Maconochie, A. D. A.
Shephard, E.
Hall, T. E.
Robertson, J. A.
Whitmore, G. L.
Pitt, N. M. F. P.
Thompson, J. H.
Boyle, A. C.
Cohen, R. H. L.
Sinha, K. N.

Diplomas were conferred on the following:—
Barclay, P. S.
Maples, A.
Allen, W. H. E.
Fawkes, M. A.
Cohen, R. H. L.
Russell-Smith, R. S.
Rowntree, T. W.
Husband, A. D.
Spafford, A. J. H.
Discombe, G.
Thomas, E. G.
Poolman, J. F.
White, M. W. L.
Phillips, H. T.
Morgan, J. E.
Shephard, E.
Silcock, A. R.

L.M.S.S.A.—AUGUST, 1940
Bachmann, P. A.

A.F.C. RESULTS

Oct. 12th.
v. **Charing Cross Hospital at Colindale.** Won 3-2.

Nov. 6th.
v. **Imperial College of Science at Chislehurst.** Won 6-0.

Nov. 13th.
v. **Forest School at Snaresbrook.** Won 5-0.

BIRTHS

CLARKE.—On October 29th, 1940, at the North Oxford Nursing Home, to Helen (née Hatt), wife of Dr. E. P. Clarke—a daughter.

JENNINGS.—On November 3rd, 1940, at Kirkland, Christchurch Road, Reading, to Margaret (née Douglas), wife of Dr. L. M. Jennings—a daughter.

TUCKWELL.—On November 2nd, 1940, at Berthorpe, Puttenham, to Phyllis Courthope, wife of E. G. Tuckwell, F.R.C.S.—a daughter.

MARRIAGES

BEHRMAN—ENGELBERT.—On November 7th, 1940, quietly, Dr. Simon Behrman, of 33, Harley Street, W.1, to Doris Engelbert, of 8, Dorset Square, N.W.1.

EAST—THATCHER.—On October 24th, 1940, at Broadwater Church, Cecil John East, M.B., B.S., son of Mr. and Mrs. East, of St. Leonards-on-Sea, to Gwladys Elizabeth Griffyth, daughter of the late Rev. W. Romaine Thatcher, M.A., and Mrs. Thatcher, of Worthing.

GRAHAM—RUSSELL.—On November 3rd, 1940, quietly, at St. Nicholas', Blundellsands, Dr. George Desmond Graham, third son of the late W. S. Graham, of Carlisle, and Mrs. Graham, of Ydy-gwyn, Morfa Nevin, to Evelyn Ann, youngest daughter of the Headmaster of Merchant Taylors', Crosby, and Mrs. C. F. Russell.

JACK—FIELD.—On November 2nd, 1940, quietly, at Weyhill, Hants, Alexander Hunter Jack to Margaret Dorothy Field.

MACONIE—JACKAMAN.—On November 12th, 1940, at Stoke Poges Church, Alan Cameron, only son of the late Mr. A. Maconie and Mrs. Maconie, of Hoylake, Cheshire, to Mary Kathleen, elder daughter of Mr. and Mrs. C. J. Jackaman, of Slough, Bucks.

SILVER WEDDING

ACTON DAVIS—LLOYD.—On October 23rd, 1915, Kenneth James Acton Davis, F.R.C.S., M.Ch., second son of Mr. G. Acton Davis, of Julian Hill, Harrow, to Vera, younger daughter of Mr. E. Honorapus Lloyd, K.C., of 30, Collingham Gardens, London, W.

DEATHS

CUDDON FLETCHER.—On October 31st, 1940, at Leicester, Angus Joseph Macnab Cuddon Fletcher.

FRANCIS.—On October 13th, 1940, very peacefully, at 32, Park Drive, Hastings, Alfred George Francis, O.B.E., F.S.A., F.R.C.S., aged 77.

HEWITT. On October 25th, 1940, Surgeon Rear Admiral David Walker Hewitt, C.B., C.M.G., F.R.C.S., dearly loved husband of Nora Hewitt.

MAYO.—On October 20th, 1940, at Hove, Herbert Reginald Mayo, M.B. Camb., second son of the late Dr. A. C. Mayo, J.P., of Great Yarmouth, aged 66.

RAMSAY.—On October 25th, 1940, at his residence, Tinkerfield, Dutton, Longridge, near Preston, Jeffrey Ramsay, O.B.E., M.D., F.R.C.P., the dearly loved husband of Alice Ramsay.

SCHOLBERG.—On October 14th, 1940, at Southgate, Liswane, Cardiff, Harold Alfred Scholberg, M.B., D.P.H., dear husband of Anne, and second son of the late P. N. Scholberg, British Vice-Consul, Taltal, Chile.

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

JANUARY, 1941

VOL. 2. No. 4.

INDEX.

Correction. The author of the Obituary notice in our December issue was G.E.G.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 2 JANUARY 1st, 1941. No. 4.

"OUR UNUSED INFLUENCE"

THE Medical Profession comes in for a great deal of criticism, and forfeits the confidence of such people even as H.B.M.'s late Ambassador in Washington (perhaps to their ultimate cost). It has lately been blamed, in the correspondence columns of a leading medical journal, for not exerting its influence in the prevention of war. "The medical profession," says one writer, "have not made one single effort to direct or mould our political or international destiny." The cry is taken up by one of our contemporary hospital magazines: the war, "for which we were unprepared," "could have been prevented."

Doctors are enjoined to exercise their united influence in all manner of problems, social, economic, and political.

Wisdom after the event is a very prevalent attitude just now. All sorts of people, in an effort to shift the blame from their own shoulders, are asking why this or that body did not do more to prevent the war or prepare for it. They complain that we should have put pressure on our fellow-scientists who devote their lives to making bigger and better bombs, or on German doctors—which is easier said than done, considering the pressure already exerted on our unfortunate German colleagues by the Nazi party.

A Bart.'s man more pertinently remarked that this war had much to do with jealousy, hatred, and greed, and that he was sceptical of our profession's power to discourage these vices. It is unlikely that we could succeed where the Church, after 2,000 years of trying, has failed. Many of us preferred to applaud the efforts of a Prime Minister who really did make enormous exertions to prevent this war—and who, oddly enough, was violently criticised for his pains by the very people who now condemn our inactivity.

We are reproached with having done nothing to prepare for the war. At least four years ago, runs the charge, the medical profession should have urged the construction of deep shelters. If we had done any such thing, we should have been denounced as alarmists and warmongers, or represented as bloodthirsty hirelings of armament firms and building contractors. Moreover, there are plenty of people, doctors included, who believe that the policy of Funk-holes First may be mistaken. An alternative slogan is Billions of Bombs on Berlin.

The medical profession, I suppose, is expected to join in the extraordinary clamour for statements of War Aims. Most of the clamourers are people who do very little to win the war, but hope to get something out of it for themselves. "Our main business," says Carlyle, "is not to see what lies dimly at a distance, but to do what lies clearly at hand." By all means let people *think out* the thorny problems of the Peace settlement. One of the tragedies of the First Great War was that the American Senate so signally failed to think out the part which the U.S.A. ought to play in the peace. But why make a Statement, when no one can foretell the course of the war or any of the circumstances which will surround the armistice? One of the most pitiable things about our opponents is the way in which Axis statesmen preach *ad nauseam* about the coming New Order, and indeed regard it as already in force, when there is no guarantee that they will win the war. Further, no British statement of War Aims, except the very vaguest, would command any general measure of agreement. A fairly simple War Aim would be the restoration of the integrity of all countries which have in recent years been subjected to aggression, including Ethiopia, China, and Finland. Already some would regard this as too comprehensive. Even simpler, therefore, would be to hit the Germans till they squeal and then hit harder still. Would this Aim secure general agreement?

A question on which doctors might more reasonably be expected to exert their influence is the position of medical refugees from Germany and Austria. Should they be allowed to practice? Should they be interned? Some of us feel that internment is too good for most of them. Others disagree. In which direction is our influence to be exerted? There are numbers of questions on which medical men differ even more, such as voluntary Euthanesia, and the compulsory sterilisation of mental defectives. The greatest controversy of all would probably centre over our attitude to the moral aspects of Venereal Disease. How can we use "our" influence, when opinion is so divided?

Probably all doctors are in favour of better housing and nutrition. They will be equally in favour of a cure for cancer and a good time all round. The achievment of these objects is not so simple. There is no doubt, however, that the full weight of medical influence should be thrown in support of slum clearance and rehousing, and of replanning our cities. We should also advocate wholeheartedly a more adequate diet for every man and more hygienic dietetic habits. It is sad that little evacuated East-Enders refuse fresh country food and are miserable because they cannot get fried fish and ice-cream. And if doctors insist (as they should) upon the purification of all milk supplies, they should not omit to publicise the dangers of alcohol and tobacco—though a visit to the Vicarage might make such a campaign seem a trifle hypocritical.

These remarks are admittedly superficial, but they outline a point of view. There are certainly many problems in which doctors are specially interested and in which their influence might usefully be exerted. It does not follow that we should plunge headlong into any controversy, when the agreed opinion of the vast majority of the profession is clearly undetermined. That we are at present a long way from such agreement on any subject may be gleaned from the fact that more than fifty doctors supported a recent anti-vaccination pamphlet. Until the medical profession has definitely made up its mind, the influence of its members is best exerted individually.

Sir Henry Dale, P.R.S.

We offer warm congratulations to Sir Henry Dale on his election as President of the Royal Society. Sir Henry came to Bart.'s from Trinity College, Cambridge, and qualified in 1903. In 1936 he shared the Nobel Prize with Prof. Loe for his work in identifying acetylcholine as the substance liberated at parasympathetic endings, at the endings of preganglionic fibres in autonomic ganglia, and at the endings of voluntary motor nerves—brilliant researches which have found important application in clinical medicine.

Since its incorporation in 1662, there have been forty-four Presidents of the Royal Society, of whom only seven have been medical men: Sloane, Pringle, Wollaston, Huxley, Lister, Sherrington, and Hopkins. Sir Henry Dale is the eighth, and the first Bart.'s man ever to reach this eminence. We wish him every success in his distinguished office.

The Late Mr. Eric Gill

Eric Gill, who died on November 16th, was perhaps the most important contemporary British designer and sculptor in the classical tradition.

He designed a medallion for this Journal, which first appeared on the cover in February, 1938. The present cover of the B.M.J. is also his work. Apparently readers of the Bart.'s Journal were more critical than those of the B.M.J., for after a prolonged and acrimonious controversy, Gill's design was rejected.

For those who appreciate his work, we have a few proofs of the medallion on sale in the Journal Office at 1/- each.

Miscellaneous

The Editor begs to apologise for an unfortunate error in the last number of the Journal. The heading "Our Candid Camera" appeared incorrectly above the

photograph of bomb-damage, instead of on page 43 (as indexed). He also apologises for the inferior reproduction of the snapshot of Mr. Rupert Scott.

* * *

A word of tribute is due to the Catering Company for "carrying on" as well as they have done during the last four difficult months. There was a time, in the early days of the *airblitz*, when Bart.'s refectory was the best place to lunch in the City.

* * *

An account of the Christmas Shows will appear in our next number.

* * *

February Issue.

Contributions for the February issue should reach the Editor not later than January 13th.

THE HORDER REPORT

The Horder Committee made its first report on September 18th, four days after the Committee had been appointed—a testimonial to the characteristic energy of its Chairman. The delay in publication, though regrettable in some ways, enabled additional recommendations received up to November 12th to be included in the published report. This gives the Committee's recommendations, followed in each instance by a statement of action taken by the Government; this action mostly consisted of giving "instructions to the proper Authorities," *i.e.*, to the Borough Councils. The officials of these Councils are at present grossly overworked, and have proved unwilling to accept responsibility for unorthodox measures, which partly explains why so little has actually been done, three months after the first recommendations were made. No Ministry of Health official has power to *order* that any recommendation be carried out.

One of the most important factors in shelter policy, as emphasised by the Committee, is the evacuation of "useless mouths," and this applies specially to children, with their liability to epidemic infections. But for voluntary (or indeed compulsory) evacuation to be successful, more must be done both for those evacuated and those left behind. Communal centres in the reception areas are essential, to enable host and "guest" to escape from each other for a short time each day, and they should have facilities for the women to do their family washing. In the towns, hostels would allow evacuated wives to feel sure that their husbands were being well fed, and were not setting up house with other women. Difficulty in finding cheap storage for furniture is also hindering evacuation. Regarding the evacuation of children, it is curious that the Government gives railway vouchers to all classes of evacuees except children of school age travelling alone to stay with relatives. After their arrival, however, a billeting allowance is paid. Some old people have been evacuated, all to institutions in country towns. This was never likely to appeal to those who could possibly manage to live in London; but anyway, since the bombing of the Midlands, no more old people are being evacuated.

To maintain the health of those left behind is the next essential.

Infection in shelters spreads by droplets or by direct contact. Against droplet infection the chief measures are adequate ventilation and adequate air space per person. The Committee urges full use of natural ventilation in shelters, supervised by the shelter marshal; but people prefer being warm to being healthy, and in winter the job of keeping open doors which could be blocked up would be no sinecure. This dislike of fresh air would vanish if the shelters were properly warmed, and it seems that the Committee has made a mistake in discouraging the heating of shelters. The air space necessary varies with the ventilation rate. The Ministry of Home Security suggests a minimum of 50 cu. ft. per person, but on board ship, where space is also at a premium, 120 cu. ft. is the least allowed, and this is for sailors who are otherwise living in a very healthy environment.

The use of face masks is under consideration by the Committee. An intensive press campaign would be required to persuade people that masks were really necessary, and not just a ridiculous fad, and indeed any co-operation by the public in health measures will only be achieved if people are thoroughly frightened of epidemics. Reassuring statements by the Government or medical profession are therefore to be deplored.

The prevention of contact infection is equally important. The dangers of an enteric epidemic due to sewage-polluted water supplies do not seem to be as great as the dangers from the insanitary conditions of some large shelters. In this connection, the B.M.J. has recently suggested the provision of separate receptacles for fæces and urine. At least local authorities should provide sufficient lavatory accommodation to prevent buckets overflowing during the night, as still happens in certain shelters, and should ensure that the contents of buckets are not poured down drains inside the shelter.

Prophylactic immunisation against diphtheria is advised by the Committee, but since 80 per cent. of the adult population is Schick negative, and the Government aims at evacuating the entire child population, immunisation against diphtheria seems less important than against the enteric fevers. These are not mentioned in the recommendations.

The last recommendation of the report states that "As there is no good evidence that to supply vitamins in the form of medicines reduces the incidence of the common bacterial infections, the Committee does not advise their use in this form." Surely this is only true of those who already receive an adequate supply of vitamins in their diet. Since the vast majority of the shelter population comes from the poorer and less "vitamin-conscious" classes, mild vitamin deficiency is probably common among them, especially in wartime.

Parasites of all kinds thrive in the shelters. Many Londoners have there met the bed-bug for the first time, and scabies and pediculosis are common. Surely it is inadvisable to permit bedding to be left indefinitely in shelters.

The Committee advises propaganda to popularise Anderson shelters. This may have been feasible in September, but now many Andersons are full of water, and even if they are dry, people are unwilling to forsake the social life of large shelters to spend up to 14 hours a day in such miserable surroundings. Family surface shelters have similar disadvantages. They are unlighted, unheated, and often the street gutter runs through them. They are usually referred to as "brick coffins." Railway arches are mentioned in the recommendations as possible shelters. It cannot be wise to encourage the public to spend their nights beneath military objectives which are easily visible from a great height. Moreover, railways arches were not designed to be weatherproof.

A.G.L.

* May we take this opportunity of warmly congratulating Lord Horder (a past Editor of this Journal) on his appointment to preside over the Shelter Health Committee—and on the remarkable likeness achieved by Low on November 22nd!—ED.

THE OLD LADY USED SALT!

By ARTHUR APPLIN

THIS happened to my father, some years ago. It was a story that aways thrilled me as a boy. It will perhaps amuse Bart's readers; moreover, if this war is prolonged indefinitely, which God forbid, they might find a useful hint in the story's dénouement.

It was a night when a terrible snowstorm raged on Dartmoor (so my father always began his yarn). I had spent the morning at Moreton Hampstead, and it was necessary for me to reach Princetown on the other side of the moor the same day. Disregarding the warnings of the old men who knew the country better than I did, I started to walk. It was blowing half a gale, immense clouds came charging over the tors; I thought the wind would keep off the threatening snow before I reached Moor Gate. The clouds burst, like gargantuan bags of flour and the hills and valleys disappeared.

Half blinded, I struggled on, groping with my stick for the blocks of stone that outlined the road.

It began to grow dark; that scared me. I had lost all sense of direction. I stopped to shelter behind a cairn and took a drink from my flask.

The wind increased, screaming as it raced down from the hills, making whirlpools of the frozen particles of ice. Gradually my body became numb, and I knew that if I stayed there the cold would overcome me and I should just lie down in the snow and be frozen to death.

During a lull in the storm I saw the shadow of Warren Tor, and bushes of gorse swinging and chattering in the wind. This was the most desolate part of the moors, and somewhere here I remembered, where four roads crossed, there was an old, ill-favoured

inn. Suddenly I heard the ghostly creaking of chains. I stopped to listen, remembering it was not so long ago that they used to hang men from the gibbets at the crossroads.

I rubbed the frozen snow from my eyes, and then I saw the sign of the inn swinging to and fro. I made my way to the door and banged on it. Silence answered me. I knocked again and again, and at last I heard someone moving inside, a bolt being slowly withdrawn. A pale light showed through a crack in the door; putting my shoulder to it I pushed it open. The draught sent a flurry of smoke and a cloud of sparks from the embers of a peat fire in the open grate; then the door closed and, at the same moment, the light went out. The room was in darkness. I turned quickly, and, standing with my back to the fireplace and my feet on the hearth, I waited.

I heard the bolts of the door shoot back into place, then the sound of shuffling feet. A match was struck, and by its light I saw a tall, gaunt woman in a frayed, grey dressing gown. She lit the small oil lamp which she had been carrying and held it above her head to see me better. Her eyes were heavy and sunken, her matted grey hair fell over her ears to her shoulders; the bones of her long hands protruded through the flesh.

"And who may yew be, I'd like to knaw, forcing yew're way into a body's house at this time o' night?"

I told her that I'd walked from Moreton and was on my way to Princetown when the storm overtook me. "This is the Black Tor inn, isn't it?" I continued boldly. "I want a bed for the night."

She came a little closer, looking at me hard. "I thought yew might be one of them convicts from the prison—maybe yew'd be more comfortable there than 'ere. I ain't got no room for yew."

"But that's absurd," I cried. "You can give me a shake-down here by the fire!" I glanced round the room and saw a bed in the corner.

The woman's eyes followed my gaze. "That's where I be sleeping. There ain't no other room in the house—leastways not where yew'd care to stay."

I glanced up the narrow staircase that led to the floor above. "You must have a room up there; the inn can't be full," I said.

"There's no one here but myself." The woman laughed grimly. "Ay, there'll be a room up there yew can have, if yew bain't afraid of ghosts!"

"I'm afraid of nothing," I replied. But I *was* afraid! All the evil tales I'd heard about this lonely inn came vividly to my mind. I tried to keep a steady hand as I took the candle she held out to me. I followed her up the staircase.

She pushed open a heavy oak door and led the way into a large, low-ceilinged room. I saw a great four-poster bed, a tall wardrobe, and against one of the walls a long oak chest.

"Yew can lie here if yew've a mind," the woman said; "if you goes straight to bed—and mind yew stop there until I calls yew in the morning!"

I put the candle down on the oak chest; she picked it up and placed it on the table beside the bed. Without another word, she left the room. I took off my coat and unfastened my boots, then, tip-toeing to the door I opened it a few inches and peered out. There was no light anywhere—no sound. I wondered if the old woman had gone back to bed or if she was waiting in the room below. I shut the door again, and found the key had been taken from the lock.

I filled and lit my pipe and sat on the edge of the bed, pulling the heavy counterpane round my shoulders. I was afraid to go to bed. I listened to the creaking of the sign outside, to the wind howling. I had a queer feeling that I was not alone, that something, or someone, was waiting in the room, waiting until I got into bed and put out the light. And then I saw that there were only two or three inches of candle. Getting up, I turned back the bedclothes, looked under the bed. I opened the wardrobe, saw a heap of clothes lying in the bottom of it: a man's coat, waistcoat and trousers, a flannel shirt, socks and a pair of boots. Hanging from the peg was a hat and overcoat. Where, I asked myself with sudden panic, was the owner of these clothes? What had happened to him? Had *he* taken shelter here one night, and been robbed and murdered in his sleep?

The flame of the candle was blowing to and fro, the cheap tallow disappearing quickly. I tried to pull the bed in front of the door, but it was too heavy to move. Then I tried the chest. If I did fall asleep I was going to make it impossible for anyone to come into the room without my waking up. Though I exerted all my strength the weight of the chest was such that I could hardly move it. It was one of those massive oak chests which people use for storing linen. I opened it. For an instant my heart stopped beating as I saw the body of a dead man! For a long time I stood there paralysed with horror. The body was covered with a blanket, so I could not see how he had met his death, but that he had been murdered I had no doubt.

Slowly I closed the lid. I listened at the door again, but there was no movement anywhere. I wedged the chair under the handle of the door and in front of it placed the table. I pulled on my coat again and picked up my stick, sat on the edge of the bed and waited.

The candle went out; I had no idea of the time. Fear kept me awake, though the night seemed to be prolonging itself into infinity. I started at every sound—a rat scampering across the floor, the murmuring of the wind in the chimney; again and again the stairs creaked, but no one came.

At last a little daylight filtered through the window. I waited until it was quite light, then, removing the barricade from the door and taking a firm grip on my stick, I opened the door and shouted to the woman to come up.

"All right, all right," I heard her croak; "bain't gone seven yet. I'll be making yew a cup of tea."

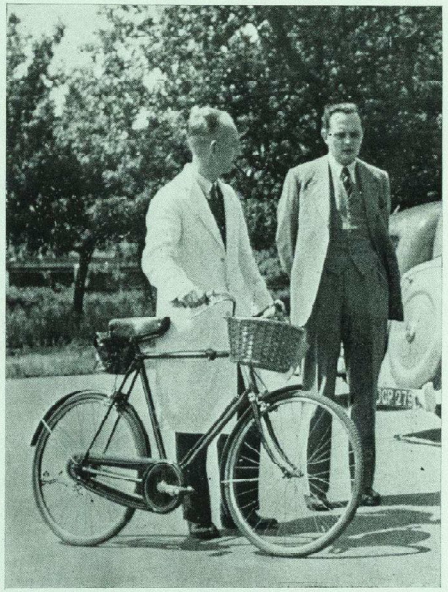
"I'm not drinking any tea," I cried; "come up here—and be quick about it!"

She was still wearing the old dressing gown, her grey matted hair still fell about her shoulders. She stopped just outside the door and peered at me suspiciously.

"What 'ave yew been up to?" she asked in a low voice. "I warned yew to go straight to bed, didn't I?"

I pulled open the lid of the chest and pointed to the dead man. "So that you might murder me, as you murdered this man? . . . Stop where you are!" as she

OUR CANDID CAMERA

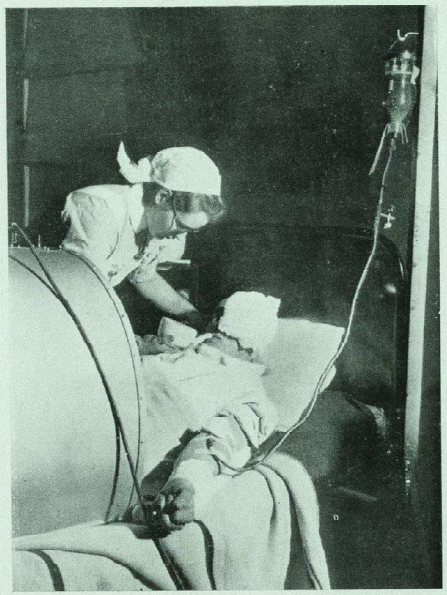


"There's a nice leg of lamb to-day."

made a movement towards me. "We're both going to wait here until I can get someone who'll fetch the police."

The ghost of a smile lightened her sombre eyes, and flickered across the thin lips.

"Whatever be 'e talking about? Sure yew must have been pixillated, my dear. There ain't been no murder here. That's my old man—he died three days back, but the snaw was scat about so thick us couldn't bury un, so I just took and salted un in, same as us do with the pigs, because I knew that way he'd keep so us could give un a proper christian burial. Now yew just shut un up again, and come down stairs and I'll give yew a nice hot cup of tea!"



Method of treatment of severe shock by rest and warmth (from radiant heat bath), fluid by mouth (in absence of abdominal injury), and rapid plasma transfusion.

THE DEVELOPMENT OF BLOOD TRANSFUSION *(Concluded)*

by ERIC C. O. IEWESBURY, B.M., M.R.C.P.

III. PRESERVED PLASMA AND SERUM.

ONE of the disadvantages of storing blood is that unless it is used within a certain time it becomes unsuitable for transfusion, owing to hæmolysis and other changes. This became painfully evident early in the war when there was an inevitable wastage of blood that was collected but not required for use within the original statutory period of 14 days. It is now possible to avoid this wastage by making use of the citrated plasma which can be separated from the blood cells and stored independently.

Sources and Scope.

Plasma from this source can be used for transfusion in many cases where the prime necessity is to restore the blood volume and there are certain conditions to be mentioned in which the indication for plasma is greater than the indication for whole blood. The citrated plasma has a number of definite advantages over whole blood.

1. It will keep well at room temperature and does not have to be preserved in a refrigerator.
2. Transport is simpified both on this account and also because it is not affected by shaking (which tends to hæmolyse whole blood).
3. It can be stored for a much longer period than whole blood. The exact safe-storage period has not yet been determined, but Dr. N. Nasset of Glenview, Illinois, who has had experience with some 300 plasma transfusions, states that is will keep satisfactorily for at least a year at room temperature and that he has seen no untoward reactions following its use.
4. Grouping and cross-grouping tests can be dispensed with.
5. Serological examination is completed before the plasma is stored.
6. In addition to the intravenous route, plasma can be given intramuscularly and subcutaneously, its rates of absorption being approximately that of physiological salt solution.

Blood may, of course, be taken from donors for the express purpose of obtaining plasma, in which case the stored blood should be kept undisturbed in the refrigerator for three or four days to allow maximum sedimentation of the red cells to occur. The supernatant fluid can then be syphoned off, with careful aseptic precautions, into fresh bottles. Any risk of subsequent growth of bacteria or moulds, during storage at room temperature, may be prevented either by bacterial filtration of the plasma or by the addition of small amounts of merthiolate or sulphonamide.

At the Cook County Hospital and elsewhere the residual red cells have been resuspended in physiological saline solution, sugar solution or other fluid, and used as "erythrocyte suspension" in varying concentrations for transfusion in cases of anæmia where there is no marked deficiency of plasma proteins. (Fantus 1938)

After whole citrated blood has been stored for two or three weeks there is usually no change in the colour of the supernatant fluid, although hæmolysis has been slowly progressing throughout the red cell layer. The citrated plasma can therefore be separated satisfactorily for some time after the blood has been collected. Group AB plasma is the ideal for transfusion since it contains neither of the agglutinins *alpha* or *beta*, while Group O is theoretically the least suitable since it contains both *alpha* and *beta*.

Nasset and his colleagues have given 291 transfusions of incompatible or unmatched plasma intravenously, intramuscularly or subcutaneously without reaction of any kind, and unless large amounts of single-group plasma are to be used there appears to be no necessity whatever for grouping or cross-grouping tests.

The risk of reverse agglutination seems to be slight, for, although very large volumes of Group O blood have frequently been given to patients of another group, no authentic cases have been reported in which hæmolysis of the recipient's cells has been produced by agglutinins in the donor's plasma. The strength of incoming agglutinin is in any case probably considerably diluted or suppressed by the recipient's plasma.

When Group AB plasma (which contains no agglutinins) or plasma of the same group as the patient's is used there is no possibility of agglutination occurring, even when large amounts are given.

The artificial production of group AB blood has been described by Edwards, Kay and Davie (1940) who have mixed group A and B bloods and withdrawn the resultant plasma. Recently the use of pooled plasma and serum has also proved satisfactory. The mixing in this instance is done after separation from the red cells. Levinson and Cronheim (1940) state that they have administered amounts up to 1,000 c.c. of pooled human serum intravenously in the past ten years in more than 1,000 instances without any evidence of incompatibility. Each pool is made up of serum from thirty to fifty different specimens of blood and they have noticed that large pools of this kind never showed rich agglutinin content, whereas many of the individual sera that made up the pool possessed a high agglutinin titre.

The plasma collected from the blood supply depots is also pooled, all groups being mixed as they become available. Very often there is no detachable agglutinin titre in the pooled plasma, though very low titres up to 1 in 4 are sometimes found. It is therefore safe to say that plasma or serum pooled in this way can safely be given to a patient of any group

without risk of agglutination of the patient's red cells.

It is, of course, important that an adequate amount of the rarer group AB and B plasmas be included in the pool, otherwise the combined *beta* agglutinins of the A and O plasmas go un-neutralized and might cause trouble, if given in excess, to a group B recipient.

Dilution of the agglutinins is not an adequate explanation of the fall in titre. For instance, Levinson and Cronheim found that if *alpha* or *beta* serum was diluted with saline solution the average agglutinin titre was 1 in 21, whereas diluted with an equal amount of serum of the opposite group the same sera gave an average agglutinin titre of only 1 in 2. There seems to be some neutralizing action of the sera upon each other and this may be the result of the presence in solution of antigen such as occurs in the red cells. Suppression of agglutinin titre does not occur when plasmas of only the same group are mixed.

A further advantage of this use of blood from the banks and depots is that a purpose is found for blood of the uncommon groups AB and B. Donors of all blood groups can thus be utilized, and the disappointed "Universal Recipient" of blood, whose blood has previously been refused now finds that he has become a "Universal Donor"—of plasma.

Before discussing the special values of the non-cellular part of the blood, two further steps in its preservation must be described. Although citrated plasma had many advantages, it was felt that if the product could be dried the question of storage and transportability would be even further simplified and the possibility of bacterial growth greatly reduced. Flosdorf and Mudd described a method of drying plasma in 1935, but it is expensive both in capital outlay and running costs since it consists in freezing the plasma in carbon dioxide snow and evaporating it under a very high vacuum. Edwards and his coworkers (1940) have, however, described a cheap and simple method whereby plasma is dried by heating it to 37° C. and causing it to boil at this temperature by means of a low vacuum exerted by an ordinary filter pump. To restore the constitution of the plasma it is only necessary to dissolve it in warm sterile water; the reconstituted plasma is indistinguishable in appearance from the original liquid and the proteins appear to be altered neither quantitatively nor qualitatively. It must be filtered before use and may be administered by syringe or by gravity.

After the satisfactory preparation of dried plasma from the unused citrated blood in the blood banks, thoughts naturally turned to the drying of pure serum. This serum would be obtained from the blood of donors bled specially for the purpose, and it woud not be mixed with saline-citrate or any other anticoagulant solution. Dried serum has been satisfactorily prepared and is now being produced in large quantities for clinical use. The serum is separated from the blood clot usually within 24 hours after the blood has been withdrawn from the donor. It is filtered and dried by freezing in vacuo, the final traces of moisture being removed over phosphorus pentoxide in vacuo. Great care is taken to keep the serum sterile throughout its preparation and drying, and this is checked by frequent bacteriological examination. The dried product contains the proteins, salts and probably most of the fats of the original serum. There is no evidence that the proteins undergo "denaturation" during drying. The dried serum, which is a pale yellow crystalline powder, can be kept at room temperature and is supplied in air-tight bottles, ready for use.

At the present time dried serum is being prepared in large amounts from blood collected by the Medical Research Council blood supply depôts around London. Each bottle of dried serum produced represents 200 c.c. of original serum and is reconstituted by the addition of 190 c.c. of warm sterile distilled water. The bottles are sealed with a metal screw-cap holding down a rubber disc. The centre of the metal cap can be easily prised off and the water injected with a sterile syringe and needle, if a second sterile needle is introduced to allow the escape of the displaced air. The bottle should be kept warm in water or in an incubator (at 37° C.) while the dry serum is being dissolved. This should be accomplished in about 2 minutes. When the solution is complete it can be transferred to an ordinary transfusion set for injection.

Some investigations have been done on serum of twice normal and four times normal concentration. These are used when it is desired to give a fluid of very high osmotic pressure and they are made up by dissolving the dried serum in 90 c.c. and 40 c.c. of water respectively (the solution volume of the dried serum in the bottle amounting to some 10 c.c.). These solutions are necessarily more viscous and more slowly produced. It may be fifteen minutes before the twice normal solution is ready and an hour before the four times normal is in complete solution. Violent shaking of the the bottle should be avoided,

or else many bubbles will be produced. Four times normal reconstituted serum is turbid and very viscous, but does not seem to be unsuitable for intravenous use if injected under gentle pressure. 50 c.c. can be introduced by syringe through a wide-bore needle in 7-10 minutes. The protein content of this concentrated serum is about 28%, and that of the normally reconstituted serum about 7%, which is still higher than that in citrated plasma, which owing to the dilution factor is about 3.5%.

The great practical advantage of dried plasma and serum is seen especially in conditions of war, when bottles can be stored indefinitely but are easily distributed, ready for immediate use with the simple addition of water. Blood collected from volunteers at the blood depôts in this country is converted into dried serum which is sent for the use of the Army, many hundreds of miles overseas. At the same time dried serum obtained from several thousand volunteers in New York is now being sent by the American Red Cross for the use of wounded civilians and soldiers in England.

The M.R.C. Blood Depôts are at present supplying large stocks of pooled serum in dried form and pooled plasma in liquid form. The serum contains no added substances and can be reconstituted with water to any strength. It differs from unmodified plasma in the absence of fibrinogen, but since this represents only one-thirtieth of the total plasma protein the difference is insignificant.

The preserved liquid plasma is only half-strength since it is obtained from blood diluted by anticoagulant solution. The anticoagulant solution at present employed consists of 1.05% sodium citrate and 3% glucose in 0.85% saline. The standard blood-bottle contains 180 c.c. of this preservative and 360 c.c. of whole blood. After the red cells have been allowed to settle to the bottom, about 360 c.c. of diluted plasma can be obtained from each bottle. The composition of this fluid is consequently rather different from that of pure plasma, particularly in its lower protein and higher sugar content.

At present some observations are being made on the use of stored liquid serum which has a normal protein content (about 7%). Serum from clotted blood of all groups is pooled and filtered; it keeps well in liquid form.

Wound Shock.

The chief value of plasma and serum is in the treatment of shock from wounds and burns.

Shock tends to be produced by a number of causes, especially tissue-damage, pain, toxæmia and shortage or loss of body fluids—as a result of hæmorrhage, œdema, vomiting, sweating or diarrhœa. It is aggravated by long exposure to cold, fatigue and other factors. A constant feature of shock is reduction of blood volume and, although all associated factors must be considered, the most important single requirement for arresting the progress of the shock, is prompt restoration of blood volume and so of tissue metabolism. This must be accomplished before there is any attempt at major surgery.

In the shock that accompanies severe injuries without gross hæmorrhage some change occurs in the capillaries which allows the exudation of fluid out of the circulation. Hæmoconcentration occurs in the blood vessels, especially the capillaries, and the red cell count often increases by 50% or more. The blood becomes more viscous and the hæmatocrit reading rises proportionately. The concentration of plasma proteins, however, does not rise in parallel with the red cell count and often it is decreased. Thus it can be assumed that some of the proteins escape from the circulation into the tissues. The osmotic pressure of the blood is thereby reduced and the more severe and prolonged the state of shock, the greater is the outpouring of fluid and plasma protein from the circulation.

The most urgent need in such cases of non-hæmorrhagic shock is not blood since a state of hæmoconcentration already exists, but the provision of fluid to restore the circulatory volume and reduce the viscosity of the blood. Intravenous saline therapy produces a mere temporary improvement, since the osmotic pressure of the plasma is reduced by dilution and much of the salt passes into the tissues where it encourages the retention of more fluid.

Miller and Poindexter, in 1932, demonstrated that isotonic crystalloid solutions pass easily from the circulation into the tissue spaces and are unable to raise the blood volume for more than a brief space of time. Hypertonic solutions produce a greater effect, but even they have been shown to leave the circulation relatively rapidly. Gum saline is better than plain saline or glucose solutions but not so effective as blood, plasma or serum.

The administration of plasma or serum seems to be the most rational method of treatment since the natural plasma proteins will be increased without the addition of blood cells, and the osmotic pressure and fluid content of the circulatory blood should be restored. This has in fact been found to be so.

Mahoney (1938) employed dried plasma in the treatment of experimental shock in animals and found that it was more efficient than whole blood, physiological saline or gum acacia solution in restoring the normal blood pressure. Bond and Wright (1938) used dried serum in similar cases and found that it was capable of raising and maintaining the blood-pressure for several hours.

Best and Solandt (1940) state that in their recent experimental work serum and plasma have been used inter-changeably and that the results are identical. Both provide fluid and both provide proteins which by their osmotic pressure retain the fluid in the blood-stream and help to restore the blood volume.

Buttle and others (1940), however, consider that serum is more likely to cause reactions than is plasma. Opinion on this point is divided and it may be that this difference can be explained by differences in the technique of preparation.

Hæmorrhage.

Levinson, Neuwelt and Necheles (1940), working on dogs, have found that serum is also an effective agent in combating all the effects of severe haemorrhage and resultant secondary shock, except the loss of red blood cells. The superiority of serum over saline solution was striking. When the latter was used the animals derived only partial and temporary benefit. The shock progressed and proved fatal. When serum was used, however, the recovery was striking and permanent. Blood pressures were well maintained, alkali reserve and plasma proteins remained normal, shock was effectively combated and all animals survived. The red blood cells and the hæmoglobin was markedly diminished, but the animals showed no serious effects from this anæmia and their general condition was surprisingly good at the end of the experiment. The extent to which a dog could be repeatedly bled when reinfused with only serum proved astonishing.

Edwards, Kay and Davie point out that it is rare for a patient to lose more than three pints of blood. This leaves him with 75% of his erythrocytes in some part of the circulation. Provided that the necessary amount of fluid can be introduced into the circulation—and made to stay in—his remaining red cells should be entirely adequate to maintain life. It is in such cases that the infusion of plasma protein should provide the necessary osmotic pressure to keep the fluid in the vessels. It should be noted, however, that if larger or repeated hæmorrhages have occurred transfusion of plasma alone may result in dangerous lowering of the hæmoglobin concentration.

The Medical Research Council, in their memorandum on the treatment of wound shock (1940) state that . . . "even in hæmorrhage the restoration of blood volume, serum proteins and an adequate blood pressure may be of greater value than increasing the oxygen carrying power of the blood; indeed, when the amount of fluid in effective circulation is increased, the efficiency of such red cells as have not been lost by hæmorrhage is automatically increased."

Brennan (1940) has recently found that after hæmorrhage the red corpuscles tend to increase appreciably in size and that many of them are side-tracked within the body—probably in the muscle capillaries. The blood stream in the capillaries is first slowed and later in many of them actually stops, partly because of the lowered blood pressure and partly because of the mechanical effect of the swollen corpuscles. He states that a plasma transfusion in such a case will cause both a restoration of the mean corpuscular volume and a return of red cells into the general circulation. He therefore believes that plasma transfusions should rival whole blood transfusions in the treatment of acute hæmorrhage and should become a routine measure in the treatment of severe hæmorrhage.

Levinson and his colleagues (1940) express a similar view. Unlike Brennan they find a fall in the blood count after serum transfusion, but they stress the value of serum as an immediate and readily available means of overcoming the shock that accompanies hæmorrhage, "so that if blood is subsequently administered it will be given to overcome secondary anæmia rather than to treat the shock and collapse."

To sum up, one may say that after acute hæmorrhage the administration of whole blood to replace that which has been lost seems the most rational procedure, although plasma and serum are of value in restoring the blood volume if whole blood is not at hand.

Burns.

In the treatment of shock from burns serum or plasma is pre-eminently suitable. In this condition the capillary walls are damaged, possibly by toxic substances absorbed from the burned areas. There follows an outpouring of fluid which is rich in plasma proteins and which produces the characteristic vesication. Underhill (1930) has demonstrated experimentally that in a burn of one-sixth of the body surface 70% of the blood volume is lost in 24 hours through increased capillary permeability to plasma. Hæmoconcentration results and the blood pressure falls.

Trusler, Egbert and Williams (1939) have emphasized the danger of giving large amounts of water by mouth in such cases, since a state of "water intoxication" can result, as borne out by the chemical changes in the blood, particularly the very low chloride level. They found that salt solution and dextrose solution given intravenously in large quantities were useless for severely burned animals, since neither of these fluids will stay in the capillaries. The addition of acacia was without effect. Animals which received blood transfusions were able to survive the otherwise fatal shock state and their blood chemistry tended to become more normal. Trusler and his colleagues felt that the successful treatment of burn shock depended on systemic measures directed toward controlling the blood chemistry and that local treatment had little to do with this part of the problem. They describe the case of a girl who was severely burnt and who received two blood transfusions. Then, because her red cell count was 6,000,000 per cu. mm. and her total blood proteins only 4.6% it was decided to discard the red cells from the next transfusion and give only the plasma. Her condition improved, and two more transfusions, one of blood and one of plasma were given, after which she made a good recovery.

McClure (1939) has also introduced plasma into the treatment of burns. He advises that when hæmoglobin values of more than 115% (Haldane) are obtained plasma transfusion should be given.

Elkinton (1939) has described four cases of severe burns, all of which showed hæmoconcentration and plasma protein loss—and were treated by transfusion of plasma. The plasma appeared to lower the hæmatocrit and raise the protein level successfully in all the cases.

Black (1940), at Oxford, has recently used both half-strength plasma and serum of four times normal strength in the treatment of burn-shock. No post-transfusion reactions occurred in any instances, but the dilute plasma was found to be much more satisfactory than the concentrated serum in its clinical and chemical effects.

Practical Problems.

One of the most difficult problems as yet is to foretell the degree of shock that may develop in a patient and even to evaluate it clinically when is occurs. The state of the blood pressure and the pulse rate in some cases gives no indication of the onset of progressive shock; probably the red cell count, hæmatocrit and hæmoglobin percentage are the most valuable guides. Moon (1939) has pointed out that hæmoconcentration may be present before there is any fall of systolic blood pressure. Consequently a simple hæmoglobin estimation is a valuable and sensitive index of the onset of shock in a doubtful case.

Another problem is the decision as to how much plasma should be given to a severely shocked patient. Usually the administration of three or more bottles is associated with marked clinical improvement. Black has suggested the following formula as a means of determining the amount of plasma lost and therefore the amount to be transfused:—

$$\frac{\text{Hb.}}{100} = \frac{5}{5 - x.}$$

In this equation Hb. is the observed hæmoglobin percentage (Haldane) and x is the volume of plasma lost (in litres). The equation is based on the assumption that the patient previously had a hæmoglobin percentage of 100 and that his blood volume was five litres—also that the transfusor is quick at figures. It is helpful as a rough guide.

The optimum speed of administration is also as yet undetermined, but in the case of shocked patients with a low blood volume and collapsed veins it has been found safe to inject serum and plasma at a rapid rate, particularly at the beginning of the transfusion—namely about 500 c.c. in 10 minutes.

Concentrated serum, given intravenously, has also been used in the treatment of pulmonary œdema in an attempt to reduce the tendency of fluid and salt to escape from the capillaries. Renal œdema (of the "nephrotic" kind) and perhaps "famine œdema," in which considerable diminution of the plasma proteins occurs, may also be benefited by plasma proteins given as concentrated serum. Hughes and others (1938) have found the intravenous administration of concentrated serum effective in reducing intracranial pressure. More

experience, however, is needed before any definite conclusions can be drawn concerning these and other possible uses of serum and plasma.

The perpetuation after the war of large supplies of blood, plasma and serum from peace-time volunteers will in itself present a large problem of organization.

The methods of collection, preservation and use seem to be almost mastered, but much work yet remains to be done. After the remarkable record of independent discoveries that have played their part in the development of blood transfusion to its present state, he would be a rash man who believed that perfection had been even nearly attained.

A list of references is not included since, if complete, it would demand too much space from an already generous Editor. I hope I have acknowledged all sources of information in the text, but for bibliographies I am indebted to Mr. Geoffrey Keynes and Mr. Victor Riddell whose books, both called "Blood Transfusion" (1922 and 1939) are outstanding.—E.C.O.J.

(concluded)

A CASE OF DISSECTING ANEURYSM

Mr. J. H., a wine merchant, age 70, was admitted to St. Bartholomew's Hospital at 11.15 a.m. on Monday, November 11th, 1940, complaining of loss of the use of both legs and pain in the back.

The history was that four days previously he had noticed swelling of his ankles, which had disappeared after one day in bed. On the morning of admission the patient had gone to his office feeling well but, later on, while standing, he suddenly felt as if something was constricting his chest about the level of the 5th ribs. There was no conspicuous pain and he was able to walk a few yards and sit down. The apparent constriction passed down his chest and abdomen as a band and radiated right down to the toes, after which active movement of the lower limbs was impossible. There was some sweating at the time, but no other symptoms.

On admission the patient looked pale and his skin, especially over the legs and feet, was dry and cold. There was no cyanosis and no severe pain, although the patient asked for a pillow to support his back, and this made him more comfortable. The pulse rate was 56, the pressure was low but volume good.

Examination of the heart revealed nothing abnormal except a soft apical systolic bruit. The blood pressure was 145/68. He could not lift himself up from the stretcher or move his left leg, but movement in the right leg was full, though weak.

There was anæsthesia to pin-prick below the umbilicus and over both legs except for scattered areas of normal sensation on the right. The right knee jerk was present, but other tendon and skin reflexes were absent. The patient became incontinent of urine and fæces soon after going up to the ward.

At 4 p.m. the patient felt well and was not in pain. On examination the pulse rate was 72 and irregular, the irregularity being due to extra systoles. The abdomen and legs were normal except for an area of hyperæsthesia just below the umbilicus. At 6 p.m. he began to have pain in the lower chest posteriorly, and later in the lower abdomen. He collapsed with tachycardia, incontinence and loss of the use of both legs. The pain became increasingly severe and morphia gr. one-sixth (mgms. 10) given at 6.25 having only a slight effect; another similar dose was given at 6.50.

At 7.20 the pain seemed to be somewhat relieved and the patient was lying quietly and drowsily curled up on his right side. The radial pulse was weak, the femoral pulse was scarcely palpable on either side, and there was no pulsation in the posterior tibial arteries. The diagnosis of Dissecting Aneurysm of the aorta was then made.

The patient became progressively weaker and died at 9.30 p.m.

The post mortem examination showed the pericardium to contain ½ to ¾ of a pint of fresh, fluid blood. The aorta showed fairly advanced atheroma throughout its length and a dissecting aneurysm extending from the aortic valve cusps down to the bifurcation of the common iliac arteries. It originated half an inch beyond the left subclavian artery and in the region of the ascending aorta had ruptured into the pericardium and anterior mediastinum. In the ascending part there was antemortem blood-clot which was beginning to organise.

In the initial stages the differential diagnosis of this case was made difficult by the apparent involvement of the nervous system. This was made particularly difficult by the fact that when the patient was first seen the legs were recovering rapidly. When further symptoms began to develop the nature of the disease became apparent because of the severity of the pain, its distribution, the marked vasomotor collapse, and the interruption of the circulation to the lower extremities.

Such cases are still comparatively rare, and it was considered worth while to put this one on record.

I wish to thank Dr. Scowen for permission to publish this case. J. P. HAILE.

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.

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

FOUR TO SIX

O Dawn, most blesséd in these days of strife.
Thou Herald, changing thoughts of Death to Life.
At first, a streak of green in Eastern sky,
Now shows the path where evil one did fly.
The stars above soon passing out of sight,
Just twinkled at the seeming threat of Might
The full-faced Moon still stares with wond'ring awe
For he has seen crude Nature in the raw
The birds awaken and with joy they find
Their healing sanctum rock-like left behind.
A fiery distant glow alone but shows
The wounded city after night of blows.
But Justice looking, through another gaping void
Sees there, a city made by men—by men destroyed.

"Roof Watcher."

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Sir,

It is always gratifying to see a reference to oneself in print. When I wrote to the British Medical Journal pleading for the introduction of the metric system, not only for Medicine but in general, I did so in the certain knowledge that no such change was ever likely to take place. Hence the facetious tone of my letter. And now you have put the case for revision in a leading article. It will do no good; the forces of reaction are too strong.

The Medical Unit may strive for uniformity, but in vain. Indeed, the custom of converting an accepted apothecaries' dose into a metric dose, so that it becomes, for instance, 16.29 mgm. only provides evidence for those who maintain that such a change would do nothing to simplify the present system. Medicine is, however, comparatively lucky. Consider the task of the international banker: consider the engineer. Ask the apothecaries, ask Dr. Maxwell, Sir, if he would be good enough to translate foot-pounds into metric terms, or even feet into metres. Many is the time when, according to my calculations, I have reached the summit of some alpine peak though to my chagrin it is clearly evident that there is yet much to be climbed.

I remain,

Yours faithfully,

HOGARTH.

* * *

December 13th, 1940.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

I wish to protest against the almost incredible docility of English medical students. This is partly due to the rigidity of the curriculum and the fantastic system of sign-ups, but also to the lethargy of the main body of students, and it is in the hope of stirring this torpid mass that I write this letter.

A medical student chooses his Medical School because of its reputation or because of family tradition, and having entered it, finds himself completely at the mercy of its Faculty and that of the Universities. To obtain his degree, he is forced to attend a vast series of lectures, demonstrations, ward-rounds, etc., whether or not these are of any value. If a lecture, or course of lectures, is impossibly bad, he must either sit through them all (taking in with him a novel or a text-book), or contrive to get himself signed-up in his absence.

Most students genuinely wish to gain as much knowledge as possible during their training, and they themselves should decide whether or not they shall attend a lecture; that they will attend a good lecture without any compulsion is indicated by the exceptionally large audiences at those given by lecturers who know their job. I believe that if the Medical Faculty were compelled to sit through one particular course of lectures lately delivered at Bart's, they would wholeheartedly support this revolutionary idea.

Since it is too much to hope for a basic change in educational method, I suggest that students should at least show their appreciation of a good lecture by applause, and their disgust at a bad one by equally unmistakable methods.

I am, Sir, your humble servant,

BASHFUL.

CAMBRIDGE NEWS

ANOTHER arduous term is now coming to an end without serious disturbance from the enemy, and all preclinical students are looking forward to a well-earned Christmas break. Further successes have been recorded by the 46- and 49-weekers, and a large proportion of those who started their anatomy, physiology and biochemistry in September, 1939, will be actively engaged in clinical work next month.

The first-year classes in biology, chemistry and physics are now being held in the University laboratories and, as was expected, this scheme has worked very well. Although these University laboratories are in some cases not quite as modern as our own in Charterhouse Square, it is possible that many a Bart's man will be heard in the future to tell his grandchildren that he did his physics in the great Cavendish Laboratory!

The Rugger, Soccer and Hockey Clubs have continued to flourish, and have played and won many matches. The 1st Preclinical Rugger XV are now losing many of their stalwarts; several members of this team, having shown in the December 2nd M.B. Examination that there is nothing incompatible between brains and brawn, are now moving on to St. Albans. Plenty of reserve preclinical material is available, however, for a few weeks ago a small committee was appointed, with G. J. Hadfield as Secretary, to organize a 2nd XV. How well this task has been accomplished will be seen below, and it is hoped that the 2nd XV will continue to function next term.

The Rowing Club have had a successful term and their efforts in the "time races" on November 30th were well rewarded. Starting No. 38, our boat finished 32nd out of 41 boats in the race, and a substantial success might therefore be claimed. The Bart's boat was 86 seconds slower than the fastest boat and 60 seconds faster than the slowest.

A matter of special interest to all Bart's men, past and present, is the conferring of an Honorary M.A. on Professor Hopwood by Cambridge University—to Professor Hopwood our heartiest congratulations.*

A.W.

* May we add our warmest congratulations to Professor Hopwood, not only on this latest honour, but also on his Honorary Fellowship at Queens'—ED.

RUGBY.

v. **Cambridge Civil Service,** on Saturday, November 16th, at home. Result, won, 51 pts. (6 goals and 7 tries) to 0.

The Bart's side maintained their unbeaten record, and at the same time ran the Civil Servants off their feet. The high standard of play makes it difficult to mention names, but Ballantyne was outstanding, scoring six tries, mainly by strong running.

Other scorers were R. F. Jones (2), Corbett, Rimmington, V. H. Jones, Brady, and Bourne. Hunt and Bourne shared the goals.

v. **R.A.F. XV,** on Wednesday, November 27th. Result, Lost 10 pts. to nil.

The Preclinical XV suffered its first defeat of the season at the hands of a strong R.A.F. side. Soon after the start Bart's began a passing movement well inside their own half, but a quick interception by an R.A.F. centre resulted in a try under the posts, the extra points being added. The enemy took full advantage of a following wind to keep the Bart's side bottled up. In the second half Bart's adopted the same tactics but could not quite make the line. Bourne had a good run down the left wing, but was bundled into the corner flag. From a text-book three-quarter movement the R.A.F. scored a second try which was successfully converted. The match was, without doubt, the best of the season, and thoroughly enjoyed by one and all.

Mention might be made here of the XV's points record to date.

Points for—117. Points against—26.

It is hoped to run a regular 2nd XV for the rest of the season, and G. J. Hadfield has been allotted the unenviable job of collecting together the necessary personnel.

M. R. H.

2nd. XV.

v. **Civil Service 1st XV,** on Saturday, November 23rd, away. Result, Won 6—0 (2 tries).

The newly constituted 2nd XV played their first match against the Civil Service (Cambridge) on Wednesday, November 23rd. The game was rather scrappy. From the start the Bart's forwards were superior and the whole team settled down remarkably quickly. Tries were scored by Middleton and Mathew. Austin, at full back, played a sound game. Of the forwards, A. Jones was outstandingly good. The three-quarter play was ragged but should rapidly improve, as Hudson and Seymour initiated several good movements under considerable difficulty.

G.J.H.

v. **St. John's 2nd XV,** on Saturday, November 30th, away. Result, Lost 3—11 (1 try—2 tries and 1 goal).

The standard of play throughout the game on the whole showed much improvement, and the game was lost to a team which was only superior in training. During the first half the whole team pressed hard; just before half-time, however, after a sudden rush the St. John's three-quarters scored a corner-flag try. In the first part of the second half lack of co-ordination led to two tries by St. John's. Bourne replied by a try for Bart's. All the outsides played a sound game. The new pack showed signs of improvement. A. Jones initiated some good movements in the loose, and Hadfield's hooking was accurate and very successful.

R.N.A.

v. **R.A.F. 2nd XV,** on Saturday, December 7th, away. Result, Won 14 7 (3 tries and 1 goal 1 try and 1 drop goal).

We were grateful for reinforcements from the 1st XV and to Mr. Lear for kindly filling gaps in the team for this match.

In the first half the play was fairly good and the Bart's forwards showed a superiority in the scrums, although the backs did not make full use of the golden advantages afforded to them by Hadfield's accurate hooking. Although the R.A.F. full back had to leave the field they ran through to score a lucky try before half-time. The beginning of the second half opened badly for Bart's, the R.A.F. dropping an easy goal. The Bart's side rallied after this and the rest of the play was in the R.A.F. half. Brilliant three-quarter movements resulted in tries scored by Lear (2), I. P. Todd and Hunt. Of the forwards, Corbett was outstanding in the loose, and the backs when they "got going" showed dash and determination.

R.N.A.

ASSOCIATION.

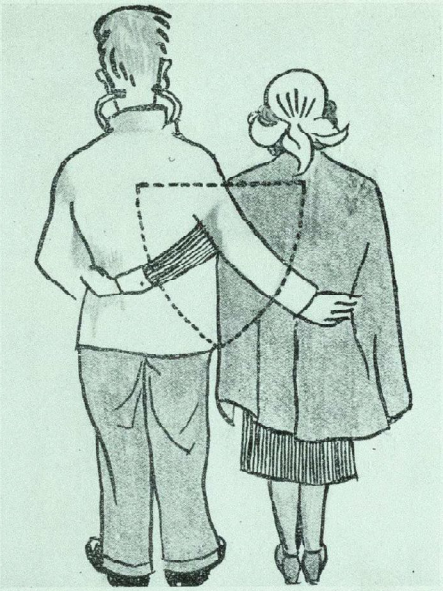
v. **Queen's College,** on November 9th.

In our game with Queens' we were unfortunate to have several of our first team absent; consequently we were rather overrun from the start by the superior side of Queens'. Our defence was weak and our forwards could never get going owing to the strong half-backs opposed to them. We were 4 goals down at half-time, but we played much better football after the change-over.

Adams as centre forward scored a good goal from a pass by Hunt from the right wing. Queens' however, were still on top, and piled on three more goals, making the final score 7—1. We look forward to a return match, when we hope to field our full strength side.

v. **St. John's College,** on November 16th.

We were rather unlucky to lose this game perhaps, as I think we can say we had the better of the play. However, many promising movements failed to produce the goals we sought. The John's



ARGENT AND SABLE

" . . . Heraldic writers have often read a meaning into the learnings which they describe"

(Sir Norman Moore's History of St. Bartholomew's Hospital)

defence was kept very busy and did well to beat off the repeated attacks by our forwards.

At half-time we found ourselves 1 goal down, but soon equalized through d'Arcy Laidlaw, who beat two men and cut in to score a very good goal. After this, the John's halves dominated the game by some very clever intercepting and distribution of the ball. They scored another goal owing to a misunderstanding between our two backs, when the centre forward was allowed to walk the ball into the net. The result was 2—1 in favour of John's, after a very keen game.

L.C.

HOCKEY.

Four of our matches during the month of November were scratched at the last moment by the Cambridge Colleges, the latter being unable to make up full teams. M.B. Examinations are the cause of our failure to beat our opponents in the last two matches.

A London University XI v. **Cambridge University.** Lost 5—1.

A London University team had been selected from a trial match on the previous Wednesday. It was composed of one from University College, three from London School of Economics, and seven from Bart's; and the team was captained by A. E. Fyfe. Cambridge started straight away and hammered hard at London's defence by swinging the ball very effectively, but in spite of this Cambridge only scored three goals by half-time. In the second half London began to work together and made the best of any opening which was offered. Johnston scored an excellent goal for London from the back of the circle. Cambridge added two more to their score. London improved so rapidly as the match continued that in the last few minutes they seemed to be attacking most of the time, but Cambridge's defence prevented any further score. Fyfe, Goodbody, Kumar (L.S.E.), and Todd are worthy of a special mention for their excellent performance throughout the match.

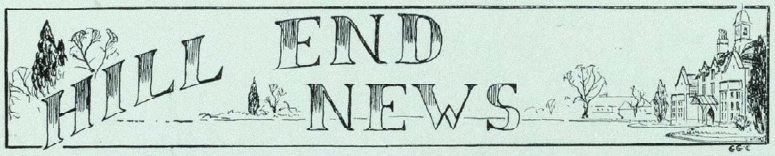
v. **King's College,** home. Lost 3—2.

The Bart's team was not as strong as usual since five players abstained from playing because of M.B. Examinations. King's scored two goals in the first quarter of an hour, but this was soon stopped by Fyfe scoring a goal for Bart's, before half-time. In the second half, King's scored again. Then from the centre bulley that followed Sankey and Todd took the ball straight down the field, the former scoring. Thomson played a magnificent game, and saved many possible goals.

v. **London School of Economics,** away. Lost 7—3.

L.S.E. started by scoring in the first five minutes; and then, owing to an unfortunate incident, Bart's were left without a goalkeeper for the rest of the match. In spite of this the match was fairly even until the last five minutes, when L.S.E. suddenly got three goals in quick succession. Bart's goals were scored by Johnston (2) and Sankey (1).

R.B.S.



The approach of Christmas is bringing with it increased social activities among the students at Hill End. This may not be entirely due to the festive season, but rather to the fact that the Reception Hall, so long in disuse, is now available for club activities. The first "Prune" took place on October 29th and was very well attended. Old "Stoats" were frolicking around in a manner reminiscent of last spring. Even those in whom we had never suspected activities attributed to such rodents were mopping their brows after thrashing a polka. The prunes are now a weekly feature and will be elaborated at Christmas, and although we have already been visited by some of the more notorious stoats from Bart's, we hope, in the future, to see many more.

The dramatists occupy the hall most nights after their committee meetings in the usual places (see last Hill End News). Intrepid explorers have attempted to inspect further, after seeing a sample of the chorus, only to be repulsed with heavy losses.

The gramophone section now holds concerts twice a week. It is a pity that some intellectuals have to look so piscine whilst enjoying good music. At a conservative estimate, the nursing staff must have produced enough winter woollies during these recitals to equip a regiment.

The chorus, reinforced by a few new male voices, now shake the whole building during their practices. Thanks to the unceasing efforts of Irving, discords are now rarely heard, and we feel confident that their forthcoming show will be a roaring success.

The Stooges of Stooge Hall, now that air-watching has been decentralised, are becoming more sluggish in the relatively early hours. They may be seen emerging from Stooge Hall and groping their way to breakfast in gorgeous dressing-gowns. The ground floor of Stooge Hall now boasts a ping-pong table which is very popular amongst the students.

The 24-hour duty would appear to be proving a bit onerous to some of us. Conditions of duty have been improved a little by moving the mattresses to F.B.1.

The weekly meetings of the Students' Union have not proved a great success judging by the attendance and lack of material for discussion.

Wednesday afternoon still sees the stalwart mixed hockey players rushing up and down, beating the air wildly with their sticks. An occasional shout of pain usually indicates that some nurse's tender skin has been mistaken for the ball. However, reciprocation is not at all unusual—"Wheel him away."

L.S.C.
A.H.W.B.

MATTERS MILITARY.

The difficulties experienced with the formation and equipping of the Local Home Guard Platoon have been no exception to that experienced throughout the country, but, fortunately, these are now a "thing of the past." The energetic work of Sergeant Howe has left no stone unturned (nor any Quartermaster's Stores in H——shire undisturbed) to see that all have uniforms, greatcoats, boots, etc., in addition to rifles, one machine gun, plenty of ammunition and bayonets.

Training at first was chiefly arms drill and tactical exercises. This was followed by some target practice. A nearby range was obtained and some very instructive shoots took place, with good results. Now, since the onset of early black-outs, our training has been restricted. However, talks on Molotov bombs, map-reading, aeroplane spotting and the like, have been interesting and very beneficial.

In addition to this we have our Observation Post to man every night, where our duties are manifold. Location of bombs, outbreaks of fire and evidence of 5th Column activity are subjects which occupy our attention during the long hours of cold winter nights on duty. Cold the nights are indeed, but fortunately our plight has captured the hearts of the ladies, who have been busily engaged knitting balaclavas, scarves, etc., to make our task a little more comfortable.

THE STAGE.

The principal event in the dramatic world at Hill End is undoubtedly the Revue to be produced on January 2nd—4th. It goes under the title of "Black and White" (not sable and argent as some humorist suggested), and is being performed by both nurses and students. This year the object to which the profits will be largely devoted is the Mayor of St. Albans' Fund for evacuation and air-raid distress. We hope we shall get support worthy of this cause!

At the moment rehearsals are proceeding apace amongst vicissitudes of various kinds.

We shall welcome all comers from Bart's to Hill End, and we sincerely hope we shall not disappoint them.

H.H.B.

GRAMOPHONE CORRESPONDENT REPENTS.

In the last issue of the Journal the black-out arrangements in the Reception Hall were denounced as extremely inadequate. We wish to take back those hasty words because the situation is undergoing rapid and very satisfactory changes.

Not only are we now able to use the Reception Hall—admittedly with subdued lighting only—for dances and gramophone recitals, but the problem of blacking-out the Hall is now being tackled so efficiently that before long we hope to be able to use it with no restrictions whatever.

A.G.H.

SOCCER.

The soccer team, since losing its opening match v. Camp School Old Boys (2—0), has done fairly well. The match with Hatfield Hospital resulted in a draw (1—1) and v. Cunningham Hill F.C. we won (8—2), Dowling scoring six goals. Oaklands Horticulture College were beaten (1—0), and the hitherto unbeaten Bart's XI was defeated (3—1). We lost, however, to U.C.H. (4—2).

The Bart's match merits further description. Bart's started off with a rush and, being well led by Ronnie James, rapidly went ahead. The home team, however, fought back and equalised, Dowling scoring. Nash, the Hill End captain, was playing a great game and successfully held up the opposing forwards. Among our own forwards Mr. Kelsey, whose services we had been able to secure for the afternoon, thanks to the kind permission of Mr. Cochran and "The Christmas Show," was prominent. He made what he describes as "several penetrating moves" and cheered the spectators on the touchline by song and dance solos between times. Once or twice, whilst high kicking, he was observed to come into contact with Mr. Bougie Phillips—the South American Gynæcologist—to the latter's obvious discomfort, since he was heard to state after the game that the pitch was much too muddy. Gallimore and Dowling made an excellent Left Wing, and were well supported by Danby at Left Half; the latter scored in the second half after we had drawn ahead through a goal by Gallimore. For the visitors, McShine and Harold in the defence, and James, Birch and Routledge in the attack, were prominent. The return match resulted in a 2—2 draw—James again scoring early in the game, though after that he seemed to spend his time lying flat in the penalty area. Dowling and Nash scored for Hill End. The result was fitting for such a well-fought game.

I should like to thank Dr. Roberts for his help regarding equipment and facilities, Sergeant-Major Alderson for making tea arrangements, and last but not least the Secretary of the Rugger Club (in spite of suspicions as to who smashed the Rugger goal posts), without whose co-operation there would have been many a blitz on the pitch between Soccer and Rugger Clubs in order to decide who was to use it.

D.G.L.

HOCKEY.

v. **St. Albans,** away; won 9—1.

St. Albans fielded rather a scratch side of ten men for this game. In spite of this, however, and aided by a little distracting ribaldry from behind our goal by both our supporters, lemons were taken with the score at 4—2. However, Everson Pearse, who had been a trifle soporific so far, following a committee meeting the previous night, now regained his old form, and simultaneously their centre-forward and their best back retired with knee injuries. The later stages of the game were devoid of interest. Scorers were Bentall (4), Bullough (2), Baldwyn, Brenan and Newcombe.

v. **3rd Medium Reserve Regiment R.A.**

The Gunners shocked us profoundly by starting at a great pace, and Ellis and Bullough had to work very hard until we settled down. Then our right wing found a weakness and Baldwyn made several splendid runs through, and gradually we asserted ourselves. We eventually amassed seven goals, though we had to play far harder than the score suggests. Those responsible were Bentall (2), Brenan (2), Bullough (2) and Manning. The Gunners scored in the last minute.

FRIERN NEWS

Labor, sopor, dolor, stupor.

SPORTS NEWS

R.U.F.C.

The witty pencil of the late and much-lamented PONT is needed to depict the delays and discomforts which now attend the Rugger player in his pursuit of sport. Frantic dashing from railway bars to non-existent trains, irrelevant dialogues with railway officials, cold comfort on dreary platforms only enlivened by the sad story of little Angeline or the militancy of the Salvation Army harmoniously filling the night air all these led to our growing, and oft-stated, belief that this was no way to run a railway But it has been well worth while. From a rather sorry beginning the team has improved with every game, and has just won a grand and well-deserved victory over St. Mary's. Details of scoring in the matches mentioned will have been read in the Press by those interested, and one can say here that the interest and support of many more would be a great help and encouragement to the Club in its efforts to maintain a good standard of football and fixtures for that future when war is over. It is not easy, with Bart.'s so dispersed, to field full sides every Saturday, and the officials deserve our thanks and more co-operation from the players. It is an honour to play for the Hospital, but to some this is not apparent, to judge by the footling excuses offered for their inability to play when selected.

November 2nd. **Oxford University** 30, **Bart.'s** 5, at Oxford.

This was not a happy game for Bart.'s in the rain, and the weak and ineffective tackling by our forwards and backs allowed the straight-running Oxford backs to score easily. Our try came from a well-placed diagonal kick by McAfee, followed up by Griffiths. Stephen, a fine player, at scrum-half defended bravely but almost alone.

November 9th. **Cambridge University** 26, **Bart.'s** 4, at Cambridge.

Bart.'s were an improved side in this game, and it was only a lack of finish which prevented the score giving a truer picture of the run of the play. Our tackling was much more determined, and it was unfortunate that the latitude extended to the 'Varsity passing by the referee was not given to us. McAfee dropped a very neat goal to get our only score and, though beaten by a better side, we gave them a very good game. Corbett, a pre-clinical at Cambridge, called on to play at the last minute in place of a non-arrival, was about our best forward.

November 23rd. **London Hospital** 5, **Bart.'s** 27, at Hale End.

This was our first victory and, though not too difficult to achieve, was very encouraging and gave our backs confidence in their ability to score tries if given the ball. To me the importance of the game was in the better understanding shown between the half-backs which, in previous games, had not been too happy. While the Bart.'s team stood petrified at the sound of a falling bomb the London team, more blasé, ran on to score a well-deserved try.

November 30th. **Guy's** 10, **Bart.'s** 10, at Honor Oak Park.

This was a really grand game of Rugger played at a cracking pace, with fast open play by both sides. One remembers fine runs by Campbell and John Evans for their tries and McAfee's clever positioning for his drop. Guy's hooked the ball from nearly every scrum and it shows the good use made of our few opportunities, and the fine defence of our backs, that Guy's made their equalising score only in the last minute of the game. This match saw the welcome return of John Stephens to the pack after an injury in a practice game before the Oxford match.

December 7th. **Aldershot Command** 11, **Bart.'s** 9, at Aldershot.

We were very disappointed at this result as we were clearly the better side, and played much more enterprising football. Our tries came as the result of well-executed passing and backing-up: whereas the Command's tries were of the scrambling sort, and two were undoubtedly very bad decisions. But this is the luck of the game, and no doubt the disappointment was somewhat softened by the sight of two eggs each for tea.

December 14th. **St. Mary's Hospital** 8, **Bart.'s** 9, at Teddington.

This was a fine victory. Everyone gave of his best, and the forwards especially covered themselves with glory. It was the first game this season in which we have got our share of the ball from the set scrums. This was due to the re-appearance and hooking of Graham, and it will be a great help if he can play regularly. Bart.'s went with a bang from the kick-off and Mary's were never allowed to settle down to play their usual game. Soon, after a fine movement in which most of the side handled, John Stephens went over to score near the post; Jackson converted. Play was hard and fast and Craddock, marked ineffectively, scored for Mary's. We attacked again, and scrum followed scrum on the Mary's line. At last a quick pass back from Stephen to McAfee gave him his chance to score with a fine drop-kick. Mary's made every effort to win the game in the second half, and McRae was an ever-present menace, but our tackling was grand and our forwards rushed the ball from our lines like an armoured division. A grand run through the middle by John Evans ended just too soon, and good kicking by Stephen and McAfee now kept Mary's on the defensive. Just before the end Mary's, after a forward scramble at one corner of our line, got the ball out quickly and across their line to Campbell, who had come up from full-back, and he scored for McRae to convert. So a fine game ended with Bart 's returning to the attack.

R. L. Hall has every reason to be pleased with the improvement of his team. He himself has set a fine example in every game and has been splendidly backed up both on and off the field by the Secretary John Stephens.

Barclay, Alcock and Sandiford are playing really well and seem to go harder every game. West and Moffat are just as keen and are a welcome addition to the side.

Both backs and forwards now have confidence in each other's ability to play their full share in the game and I need not say what a happy condition this is.

I hope that players will make every effort to play regularly and defer social visits and holidays to other times.

"A" XV RUGGER

The results of the "A" XV so far have been disappointing. Of seven games played, five have been lost and only two won. Several factors have contributed their part in this unfortunate state of affairs.

First of all, the Team took a long time to settle down. In this they are not alone for the 1st XV have only recently found their true form It is, though, a pity that such a state of affairs exists. It is a disease which is very apt to become chronic and almost incurable. This has not yet happened. The "A" XV shows every sign of settling down and continuing the season with better success. This improvement, however, can only be continued with the help and co-operation of the players themselves, which brings us to our next point.

The "A" XV has never put the same team on the field on any consecutive Saturday. The reasons are obvious. The 1st XV has occasionally made claims on its numbers. Too often, though, regular members scratch off with a cheery V.S. Granted, it is not expected that everyone should play every Saturday, forgoing all other engagements; but when a habit is made of it, it is a different matter. Is it a lack of keenness or a complete indifference to the game? A man who really wants to play for his hospital should put this fact before all others and turn out regularly. If this did happen and the "A" XV put the same side on the field for a few consecutive Saturdays, it would rank among the better "A" XV's in London—if not the best.

Let us then hope to see in the New Year a representative side playing and not what amounts to a scratch side.

Lately there have been several scratched fixtures which does no side any good. These have been due to some unfortunate misunderstandings, and in one instance to the failure of a certain visiting side to turn up. These misfortunes are bound to occur in War-Time Rugger, and should be taken in the best spirit. Everyone should realise that occasionally something happens to prevent a game being played, be it due to an act of God or the enemy. It is a pity that this should have happened on three out of the last four Saturdays, and I hope it will not happen again.

Now may I issue an appeal to all players and all interested in the Rugger Club.

To the players—If you want to play, do your bit and help the secretaries. "Cross off" early in the week, and don't grumble if everything is not to your liking. The secretaries have a harder job than you may realise to get you your Rugger. Please help them all you can. Any suggestions you may have will be welcomed. Let us then see some of the old spirit of the Club come back. More keenness, mid-week training and a real desire to put the Club back amongst the foremost in the country, where it properly belongs.

To the Supporters—A little encouragement from the right quarter goes a long way in helping the teams along. Let us have again that support you gave so generously in pre-war days. The 1st XV deserve it. They have produced a first-class side well worth watching. The "A" XV want it. Let them feel their efforts are appreciated. There are now, alas, no spectacular individual players but there are many sound players who can together produce at least two good sides. What they lack in individualism they amply make up as a team.

J. A. ROBERTSON.

"A" XV. RESULTS.

Sept. 28th, 1940. v. **Wasps II.** Lost 29—0.

The Wasps, having no first XV fixture, turned out a powerful side against which we made a creditable performance. They were, however, too good for us.

Oct. 5th. v. **De Havillands.** Lost 12—0.

Oct. 12th. v. **G. Division Police.** Lost 5—0.

A hard fought game between even sides. The Police scored their goal towards the end of the game after pressing hard for some minutes.

Oct. 19th. v. **R.A.P.C.** Won 14—3.

A good game in which the team played like demons and quite surprised their opponents.

Oct. 26th. v. **1st Batt. Scots. Guards.** Lost 6—3.

This was the "A" XV's most creditable performance. Only 13 men turned up and took the field against a heavy Guards side. Here was the awakening of the "A" XV. There were seven forwards and only three threequarters. Although every one without exception played very well. The credit must go to the magnificent defence of the backs. Norman Campbell was the man of the day. He was everywhere, often marking three men and seizing every opportunity to turn defence into attack. He scored our only try by a magnificent dribble from their 25 line. The kick failed.

The forwards, outnumbered and outweighed, gave the Guards rather more than they bargained for. Their success in the loose made up for all they lost in the tight scrums. Thirteen men played as fifteen and as a team. A glorious defeat.

TEAM—Picton; Morse, Holtby, N. A. Campbell; Merryfield, I. P. M. MacDougall; P. G. Jeffries, R. G. Rees, Castledene, J. A. Robertson, J. A. T. West, J. C. Macauley, G. Richards.

Nov. 2nd. v. **Metropolitan Police II.** Lost 20—0.

The score hardly does justice to the game. There was always the feeling that given another day, the same team could have beaten the police. Now and again Bart.'s really played together and were dangerous, but they lacked that final finishing effort. Too often the Police broke away—and scored. If only this side could have played together the score would have been very different.

TEAM—J. D. Loughborough; R. Heyland, Calderwood, Holtby, Morse; Merryfield, Baron; Dr. A. J. H. Spafford, R. G. Rees, J. F. Pearce, J. A. T. West, Wigglesworth, J. C. Macauley, Dr. J. Gask, P. Borrie.

Nov. 23rd. v. **London Hospital II.** Won 12—5.

A victory Bart.'s richly deserved. Here was a team at last. The threequarters played well throughout and at times were inspired. The forwards at times were rather hustled but played well together and gave the threequarters plenty of scope. J. P. Stephens, resting an injured shoulder, played full back and it speaks well of the side that he had little to do. Bartlett, Allardyce and Merryfield kept their opponents puzzled and many a good movement was only spoilt by a forward pass to the rather over keen wings.

Tries were scored by Bartlett, Stephens, Robertson and Allardyce. All the kicks failed.

TEAM—J. P. Stephens; R. Heyland, Allardyce, Merryfield, Morse; D. Bartlett,

I. P. M. MacDougall; J. F. Pearce, R. G. Rees, A. W. Anderson, J. A. Robertson, G. Richards, G. Beck, Mann, P. Rowntree

J. A. R.

A.F.C.

v. **Hill End.** December 4th, at Hill End.

The return game with Hill End was played on a hard ground and in good weather conditions. Bart.'s had the advantage of a strong wind in the opening half but through bad finishing were only two goals ahead at half-time, both goals being scored by James. In the second half, against the wind, the Hospital side showed more cohesion, and against the run of play, the home side scored twice and we were unlucky to draw. The second Hill End goal resulted from a penalty. Although well marked James played well, and Harold and Philips were sound in defence. A feature of the game was the duel between Dowling and the Hospital defence.

TEAM—G. H. Wells-Cole; A. D. McShine, A. H. Phillips; G. R. Evans, J. T. Harold, A. Maples; R. F. Kingston, R. T. Routledge, A. R. James, D. J. Robertson, J. Birch.

v. **St. Thomas' Hospital.** December 7th at Godalming.

This was a morning fixture and involved leaving the hospital at 8 a.m. Despite this, the Hospital side managed to inflict a 5—0 defeat on the home side. Though there was a strong wind and the ground was very hard, the forwards played well together and used the ball to the best advantage. The halves supported them well, and Harold scored an excellent goal, the others being scored by Kingston and James (3), two of the latter resulting from typical dashes.

TEAM—G. H. Wells-Cole; A. D. McShine, F. H. Packer; A. L. Thrower, J. T. Harold, A. H. Phillips; R. F. Kingston, R. T. Routledge, A. R. James, D. J. Robertson, J. Birch.

v. **Bromley County School** at Chislehurst, December 11th.

This must surely have been one of our most enjoyable games to date. The boys, hardened by many games against Service sides, ran rings round the Hospital side throughout the first half, and only Wells-Cole's excellent goal-keeping and Harland's marking of their clever inside right, prevented them from scoring. In the second half, with the wind in their favour, they scored early. With only about 20 minutes left, Bart's began to play more as a team, and Packer joined in the attack to score an excellent goal, following a solo effort. Soon after, James, with a neat header, deflected another shot from Packer into the net. With Bart's still attacking, the game ended, 2—1, in our favour. However, we were rather fortunate to win, and a draw would have been a better result.

TEAM—G. H. Wells-Cole; A. D. McShine, A. H. Phillips; G. R. Holtby, F. H. Packer, D. Harland; R. F. Kingston, R. T. Routledge, A. R. James, D. J. Robertson, J. Birch.

D. J. R.

HOCKEY CLUB.

v. **Blackheath** on December 7th, at Chislehurst. Won 3—1.

TEAM—G. E. Hicks; R. S. E. Brewerton, R. E. Ellis; N. Pitt, D. Currie, M. Saunders; S. R. Hewitt, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

After a previous day of great heartsearchings, the hockey club arrived in full force and produced 12 players and a referee!! It was a fine sunny afternoon, and our opponents arrived in good time. The Hospital settled down well and soon were attacking strongly, but were unable to score. During the first half the play was very even; occasionally each side broke away, but good goal-keeping prevented any score. Soon after half-time Blackheath scored a good goal, but the Hospital soon replied with a goal by J. L. Fison. Blackheath attacked strongly to force a short corner, but the Hospital cleared well and took the play into their half and scored twice in quick succession, by K. O. Harrison and J. L. Fison. The Hospital won 3—1 after an excellent game.

v. **United Banks** on November 30th. Draw 3—3.

TEAM—D. T. R. Evans; W. O. Attlee, R. S. E. Brewerton, S. R. Hewitt; D. Currie, G. A. Binns; P. G. Hill, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

Adolf must have known that we were going to play on the ——— ground because he dropped two bombs around the pitch on the previous night! The game was played on an excellent ground in very frosty conditions. The Hospital scored first by a goal by K. O. Harrison; the play was kept in our opponents' half, but no score resulted in spite of some penalty corners. The United Banks then began to settle down and scored with a good shot. At half-time the Hospital was leading 2—1. In the second half our opponents attacked strongly and were unlucky not to score. Our forwards broke away to score another goal by J. L. Fison; the Banks retaliated and scored twice in quick succession. The fog made play difficult towards the end of the game and the result was a 3—3 draw. After a good tea and light liquid refreshment the team began their return journey in the fog and black-out. In spite of trams and road barriers which loomed unpleasantly close on a few occasions, our fûhrers managed to drive us home without loss of life or limb.

v. **R.A.P.C.** on November 16th, at Sidcup. Won 14—0.

TEAM—R. S. E. Brewerton; G. Wells-Cole, M. Lunn; R. B. Saunders, D. Currie, N. Campbell; J. S. Phillips, T. N. Fison, J. L. Fison, K. O. Harrison, J. V. T. Harold.

After a week's heavy rain the state of the ground was not too good, and in places *aqua natura* was very conspicuous. However, the Hospital started to attack strongly and soon had scored some goals. For the best part of the game the Hospital were on the offensive and adequately prevented our opponents from having any chance to score. Our goals were shared by J. L. Fison (7), K. O. Harrison (4), and one each from G. Wells-Cole, K. Brewerton, and T. N. Fison. From time to time our soccer experts treated us to a fine exposition of fly-kicking, but this was generally disallowed by

the referee. Other members of our side were unable to curb their desire for splashing and floundering about in the natural pools of water! After a good tea served by the A.T.S. we returned to Town.

v. **St. Mary's Hospital** at Chislehurst on November 23rd. Lost 3—5.

TEAM—G. E. Hicks; R. S. E. Brewerton, W. O. Attlee, R. B. Saunders; D. Currie, K. O. Harrison; T. N. Fison, H. H. Bentall, J. L. Fison, S. R. Hewitt, T. M. Davies.

The first home match of the season was played at Chislehurst in ideal weather. The ground was in very good condition, and there was surprisingly little shrapnel on it. The pavilion showed remarkably few signs of having been hit by ; Mr. and Mrs. White seemed to be very well and certainly provided an excellent tea for us.

The game was very fast and Bart's started well and soon scored through J. L. Fison; our forwards still maintained their attack and further goals were added by S. R. Hewitt and T. N. Fison. St. Mary's Hospital rallied and for a time the play was mostly in our half; our opponents scored a goal from a short corner just before half-time. In the second half our play was not quite so crisp or accurate. The Mary's forwards began to settle down very well and, helped by some penalty corners and somewhat indifferent play by Bart's, scored four goals in quick succession. Bart's then broke away and were unlucky not to score. No-side came with a 3—5 win for St. Mary's Hospital.

NEW BOOKS

The Philosophy of Plato: Raphael Demos. (Charles Scribner's Sons, Ltd., 12/6.)

Philosophical themes, said l'Abbé Prévost, form the most frequent topics of thought and conversation of men above a certain intellectual level; the pleasantest hours of a man's life are those spent in such philosophical activity. The educated class of the eighteenth century read widely in contemporary and the older philosophies and dialectics brought their own reward. Today, the first half of Prévost's dictum seems still to be true; yet how can hours of philosophising result in anything but futility when the casual philosopher has no real knowledge of the scope and method of philosophy, when he cannot apply even the elements of logic to his process of reasoning and when he himself is not prepared to believe the truth of the conclusions at which he arrives? It is no longer the custom for educated men to read and consider the written work of past philosophers; written philosophy, they say, is nebulous, unpractical and tedious and they have no time to spend—as they suppose—so unprofitably. For these the philosophy of Plato can provide an answer. It was characteristic of the Greek schools that their philosophy could be applied to everyday life; particularly true was this of Platonism. The philosophy of Plato is not merely nebulous: it is practical, even today, and this Professor Demos has adequately demonstrated by applying Platonic theory to contemporary examples. The reading of the complete series of Platonic dialogues would, it is true, demand a considerable amount of time and this would be increased by the need for understanding and correlation of apparently opposed lines of argument from different dialogues. Professor Demos has removed these difficulties. Relevant extracts from all the dialogues are summarized and grouped together in the light of an interpretation whose validity is borne out by a new lack of contradiction in almost every case—in the few remaining instances it is Plato's own writing which is obscure and leaves room for an apparent contradiction. Throughout the whole book runs a delightful vein of Plato's humour, Socratic irony, and many of the celebrated analogies are included. It is indisputable that Professor Demos is the master of his subject; it would be presumptuous to criticise his understanding of the dialogues. He has achieved so concise and coherent a survey of the philosophy of Plato that it is ardently to be hoped that the amateur philosopher may take advantage of it as a guide to logical thinking and as an encouragement to believe the truths which he discovers for himself. And so may Prévost's *moments les plus doux* of the eighteenth century not be wholly lost to the twentieth.

BIRTHS

SUTTON.—On Wednesday, November 20th, 1940, at Fulmer Chase, Fulmer, Bucks, to Nancy (née Mitton), wife of Surg. Lieut.-Commander R. J. C. Sutton, R.N.V.R.—a daughter.

CHRISTIE.—On November 7th, 1940, at Tuxedo Park, New York, U.S.A., to Joyce, wife of Professor Ronald Christie—a son.

MORE NISBETT.—On December 4th, 1940, at Maycroft, Barnards Green Road, Malvern, to Sheila, wife of Surgeon Lieut.-Commander J. G. More Nisbett, R.N.—a son.

DEATHS

BUSHE.—On November 16th, 1940, at Allanbank, Newton Abbot, suddenly, after a short illness, Erasmus Bushe, M.R.C.S., L.R.C.P., aged 88 years.

BOX.—On November 27th, 1940, at Seaynes Hill, Sussex, Stanley Longhurst Box, M.D., dearly loved husband of Mary and father of Hubert, aged 68 years.

RAMSAY.—On October 25th, 1940, Jeffrey Ramsay, O.B.E., M.D. F.R.C.P. aged 56, dearly loved husband of Alice Ramsay, died suddenly at his home, Tinkerfield, Dutton, Longridge, Near Preston, Lancashire.

SCHOLBERG.—On October 14th, at Southgate, Lisvane, Cardiff, Harold Alfred Scholberg, M.B., D.P.H., dear husband of Anne and second son of the late P. N. Scholberg, British Vice-Consul, Taital, Chile.

CHANGE OF ADDRESS

Changes of Address will only be printed in the Journal if a specific request to this effect is sent with the new address. Requests from non-subscribers must also be accompanied by payment (2d. per word).

MAJOR JOHN N. GROVES, R.A.M.C., 11, Charmouth Road, St. Albans, Herts.

PERSONAL

The charge for insertions in this column is 1d. per word.

* * *

For the lips of a strange woman drop as an honeycomb and her mouth is smoother than oil. (Proverbs, V, v. 3).

* * *

BART'S JOURNAL. Vols. 1893—1907 (good condition) for sale at Bart's Bazaar, 59, Little Britain.

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ALCOHOLIC EXCESS. Who cares? Have another.

* * *

WANTED. Prof. Hadfield's sheets of Path. notes, No. 25 (Liver).—E. G. Turner, Bart's.

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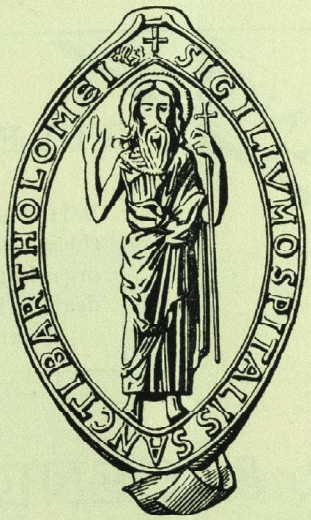
SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION



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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 2 FEBRUARY 1st, 1941. No. 5.

AIR RANK

On June 11th last year an honourable Member asked the Prime Minister:

"Whether, in view of the fact that the conduct of the war embraces all three Services, he will consider changing the title of the Secretary of State for War to that of Secretary of State for the Army."

The question was asked on the eve of the collapse of France, when this country was entering a period of the greatest peril in its history. It will be interesting to know in advance the historian's comment upon this little incident. He might regard it as an example of democratic ineptitude, or perhaps a typical instance of British imperturbability. To us it seems strange that a member of the legislature of the United Kingdom could, at such a moment, be occupied with such trifles.

The Editor of a Hospital journal is in a very different position. He is expected at regular intervals to expatiate upon nothing in particular, and without treading too heavily on anybody's toes. The title of the Secretary of State for War would be a truly admirable subject, but this month I have chosen instead the titles of senior officers in the Royal Air Force.

When the R.A.F. was officially constituted as an independent Service, the most deplorable lack of imagination was shown in selecting titles for its commissioned ranks. Starting from the bottom we have Pilot Officer, Flying Officer, Flight Lieutenant, Squadron-Leader, Wing-Commander, Group Captain, and Air Commodore. So far so good, though it will be noticed that all these titles, unlike most of the corresponding ranks in the Army and Navy, are double-barrelled. This disadvantage is offset by the fact that four of them incorporate the unit which the officer commands.

We come now to a shocking mixture of all three Services: Air Vice-Marshal. Was there ever a more revolting mongrel? It is worse than a mongrel; it is an upstart. In common with its brothers, Air Marshal and Air Chief Marshal, it embodies a title which (but for City Marshals, Shelter Marshals, and sundry other worthy exceptions) has at all times and in all lands stood for the highest possible military rank—a rank never reached by Ludendorff, a rank which imbues Pétain with an odour of sanctity. Even Soviet Russia has its Marshals, commonly rewarded with 'liquidation.' Comparatively junior R.A.F. officers are given a title hitherto reserved for a Turenne, a Kutusov, or a Wellington. Was ever a crime more heinous?

The Air Force was a new Service in the world's history, and new names should have been found for its ranks. The invention of words is not easy. Battleship has proved highly successful, while aeroplane is slipping out of favour. *Webster's Dictionary* informs me that Admiral is derived from the Arabic *amir-al-bahr*. General and Colonel come indirectly from the Latin. Without actually inventing a new word, something original and eminently satisfactory could have been selected. Why not Eagle? Absurd, did I hear you say? But why? The eagle is the king of birds. It was the emblem of the Roman, Byzantine, Austrian and other Empires, and is the emblem of the U.S.A. Napoleon's Eagles were the most treasured possessions of his armies. "Eagle of the Royal Air Force Sir Hurricane Spitfire" sounds glorious indeed. "Vice-Eagle Sir Aerial Torpedo" is both sonorous and dignified.

It must be admitted that no other country has tackled this problem any more successfully than we. Most foreign governments give their air officers purely military titles, as if the air force were a subsidiary part of the army. This war has proved beyond all question that the R.A.F. has a right to an independent existence. Surely its officers no longer need masquerade under borrowed plumes.

We apologise for occasional printing errors in the JOURNAL (such as the misspelling of Prof. Loewi's name in our last number). These are almost entirely due to the unparalleled difficulties of present conditions. The Editor desires to record his appreciation of the splendid efforts of our printers to overcome all handicaps.

* * * *

Congratulations to Mrs. Carr (of Bart.'s Bazaar) for continuing to raise large sums for the Hospital.

Is it not high time that the doors of the Library were mended? The windows were repaired with commendable speed. But now, several months after the "incident," the wind still whistles in at the door and one has to turn before the fire like meat on a spit.

* * * *

March Issue

Contributions for the March issue should be received not later than February 13th.

". . . ET DEBELLARE SUPERBOS."

Reverse, degenerate Roman,
Thy policy antique,
Magnanimously spare the Proud,
Make war upon the Weak!
But who shall win the verdict,
In History's future tome—
The Glory that was Greece,
Or the Gangster that was Rome?

—R. B. P.

NOTES ON GENERAL PRACTICE

PROCURING ABORTION

WHILE you are still a medical student get this fact firmly into your head, once and for all: termination of pregnancy is a job for the specialist; it has no place in general practice. If you become a G.P., and read—as you will from time to time—of the disasters that happen to others, you may possibly thank Heaven that you were warned in your own Bart's Journal, and thank Heaven that you took that warning.

Waste no time considering the legal, moral or religious aspects: hard facts supply the best reasons of all why you should never attempt to procure abortion in general practice. Rule it right out: never consider it for one split second: don't allow the most piteous plea to influence you: don't let sympathy, friendship, or even love make you hesitate about refusing.

And the reasons? Here are a few: you don't need many if those you have are good ones.

(1) Most women ask for abortion in the early months of pregnancy: can any G.P. be absolutely certain, with the means at his disposal, that there is no ectopic pregnancy? It would be just too bad if you ran up against a snag like this, would it not? Ectopic and intra-uterine pregnancies may co-exist.

An ordinary twin pregnancy may cause trouble. A neighbouring doctor was on holiday: a patient of his went to an abortionist and passed a foetus shortly after. But she went septic and my colleague was called in on his return. She told him nothing truthful as to what had happened, and he was at a loss to account for her condition. She died in the Nursing Home before he learnt the facts.

(2) A few years ago a married woman asked me to procure abortion for her: she had just come to live in this area. I refused. She drove off to see the G.P. who had previously attended her. He had twice aborted her: his method was to insert a sound, followed by large doses of quinine. But she had somehow become sensitized to quinine: haemolysis resulted. She died in a hospital, delirious and shouting for all the world to hear, "Don't give Dr. X. Y. Z. away." And this appears to lead most aptly to the next fact.

(3) Despite the most solemn promises of secrecy women habitually give away the kind doctor who helps them. When her dearest friend is in trouble a woman will tell her all about it: only in the very strictest confidence, of course. Never trust any woman in a matter such as this, and even if you are such a fool as to take her word for what she will not do when she is conscious, bear in mind that you still don't know what she will say when she is delirious.

(4) Women feel differently when circumstances alter. Some years ago a woman of 26, unmarried, living in the West of England, was attacked by an obscure skin complaint, consulted a London specialist, and stayed up in Town for prolonged treatment. In a week or two she found that she was pregnant, and wrote to her G.P. (my Partner). He arranged for her to have her baby in a suburban nursing home, and this she did under an assumed name. I knew nothing about this but, taking my holiday in Town, chanced to visit that particular nursing home the day after the confinement. All was well, however, as the Matron introduced her to me, under the assumed name, and neither of us gave anything away. The mother found a home for her baby and returned to her family.

The baby developed pneumonia and died: my Partner died: so now no one knew anything about the facts except the mother and myself.

Two years later the mother called on me for advice: she said that she had been worrying for weeks: she had decided that it was unbearable to go on living a life of deceit: she felt that she *must* tell her mother, her father, her two brothers, her friends, and all the folk in her village—everything. She would an' all: she very nearly did. I only spreaksnoozled that idea by the suggestion that it would be well to wait for three weeks before she did it. By the end of the three weeks she had changed her mind once more.

(5) Once aborted a married woman may tell her husband all about it, and join with him in an action against you. With regard to women there is only one thing that a man can be sure of, and that is that he doesn't know all about them.

(6) Some months ago a young married woman, a complete stranger to me, asked me to procure abortion for her. She said that she could not face up to pregnancy and parturition with so many Air Raids. I refused. Fourteen days later she had an acute appendix attack: I sent her into hospital. Many weeks later still the H.S. at the hospital 'phoned me: he said that they had removed her appendix, and had noted that she was an early pregnancy.

He said that the operation had been followed by almost intractable hæmorrhage: that she had proved to be that rare phenomenon—a female hæmophiliac, and that he had been instructed to warn me of this, in view of the forthcoming confinement. What a nice little trap for the innocent and amateur abortionist to fall into.

You may ask "How often does a G.P. get asked to procure abortion?" At a jovial party, shortly after I qualified, an actor took me aside and asked me what fee I should charge him for aborting a chorus girl. I pondered: suppose I got 14 years in gaol: say £600 a year for that: how much would that be? H'm. £8,400. And then something for the disgrace, say £5,000: say £14,000 in all: and I did say it. How sad that the only man who has ever suspected me of having a sense of humour should think that it was a perverted one. Isn't that horrid?

Since those days I should say that I have been asked to do it about 38 to 40 times every year. Sometimes a month goes by with no request: sometimes I get asked three times in 24 hours. And this, mind you, despite the fact that I have always refused, and that I am, and have been for many years, a Divisional Surgeon in the Metropolitan Police.

And here's another point to remember: most of the women who ask you to procure abortion are complete strangers, with no sort of claim whatever on your sympathy: they don't like to ask their own doctor: they have concocted some specious yarn which you are in no position to check up on: the fee they have in mind to offer you is an insult: and so is their request.

Just one more point: what is the best way of refusing? For years I have wasted my time explaining to these folk the legal position, the risks I should run, and so forth. What a fool! As though they could be interested in what happened to me. (But there, I told you that I had a no sense of humour).

They argued, I argued, and in the latter end they left me, cursing silently or noisily, as the spirit moved them so to do. But not so nowadays: they leave me smiling—and you can read that both ways—for I have a technique. If you cannot think up a better one for yourself, try mine.

Listen to their request patiently for as long as you can spare the time: let them talk themselves to a standstill, if possible. Then say slowly "I should like to help you, but the fact is—I have never done an abortion." That makes them pause as a rule, and the admission of ignorance of this one operation cannot harm you, even if they repeat it to others. Then say meditatively "and I should hate to experiment on you as a first case."

The word "experiment" usually does the trick, and they rise and leave thinking, I hope, "What a nice man: he would have done it if he could."

For the very persistent, those prepared to take a risk, I have in the top drawer a circle of string which I slip over my head: hanging from it, back and front are cardboard squares, on each of which is a larger red "L": this has only failed me once.

THIRD CHIP.

MIAMI

The couple will then drive to St. Francis' Hospital, where an operation will involve apical infection of the Duchess's tooth, in which the nerve is dead.

Apparently the tooth will be extracted to prevent jaw infection. Otherwise it will be treated. (*Daily Mirror*)

THE CHRISTMAS SHOWS

It is pleasant to find that Bart.'s Christmas traditions can survive to the extent of producing two Ward Shows "under fire," and surprising that in these conditions one of them should stimulate many people to acclaim it as the "best I've ever seen." Caution as to the effective length of my critical memory deters me from expressing this opinion in print, but Graham Stack is certainly to be congratulated on producing and stage managing such an excellent show as "Nuts and Crackers."

The Housemen's Show, though entertaining, seemed by comparison to lack polish, and rather suggested a good supporting cast which had lost its principal. However, it was good to see and hear once again Ian Ward with his "plonk" (as I believe the technical phraseology has it), harmoniously assisted by Jimmie Harold, Michael Golden and Duncan Reinold, in one of the best numbers of the show—"Marie." Duncan Reinold stirred to envy those of us whose pianistic proclivities have been thwarted by a critical world with a masterly handling of Gershwin's "Rhapsody in Blue." Humphrey King, Michael Golden and Tom Rowntree provided light relief with a ponderous mock ballet, while Paul Barclay's topical interjections of modern Italian folk songs did much to help along the show, which concluded with "Haemorrhage in the Hold"—an operatic operation aboard ship, performed by Jimmie Harold with the rest of the cast as Theatre Staff.

The show was produced by George Ellis, with musical direction by Duncan Reinold.

"Nuts and Crackers" was of such a uniformly high standard that it is difficult to select for comment individual items.

The incomparable Tum-Tum Rees, aided and abetted by Donald Morris and Joseph Attlee in the "Birthmarks" song, an old but well-worn favourite, was followed by a Christopher Robin recitation by Dennis Bartlett. Ronnie James' mock bass and Tum-Tum's tenor blended well in an Offenbach duet with highly amusing but very scurrilous additional verses. Tum-Tum's amazing self-control and final beatific smile, made the next item—"Window Dressing"—a great success. Then came a mellifluous rendering, by Ronnie James, of two popular songs; a piece by Debussy, an Ivor Novello selection and a swing tune beautifully played by the Show's pianist—Jimmy Knott (was it only my fancy that the Ivor Novello tried to intrude on the Debussy?), and a minuet danced with great dignity and not a little skill by Dennis Bartlett, Tum-Tum, Joseph Attlee and Donald Morris.

The pantomime with which "Nuts and Crackers" ended was skilfully written by David Weitzman and cleverly acted by the whole cast—which included, besides those mentioned above, George Binns and Peter Tweedy—and provided a fitting climax for an excellent show. The compère was John Wedd and Paul Rowntree rhythmised on the drums.

LAUNCELOT.

* * * *

The combined Show was given before the *élite* of the Hospital in Bart.'s Theatre on December 27th. No critique is complete without criticism, so let's get it all over quickly. First, a dig at the audience, which was a trifle sticky. Amateur actors need loud and generous applause to bring out their talents, and they ought to have it. The checked back-curtain was a mistake; it didn't fit in with the gay colours of "Nuts and Crackers," nor with the more sinister black and white of the Residents. It fitted in with nothing. All the actors tended to look down too much. They say you ought to look *above* the heads of the people sitting right at the back.

Lastly, we would have welcomed *rather* less serious expressions, particularly among the Housemen. But then, they're qualified.

Well, that's that off my chest. Now for some bouquets. John Wedd was undoubtedly "beyond compère." The man who wrote his script deserves promotion. His gloomy announcements about land mines and incendiaries alighting on the building were too, too sweet. "Three Birthmarks" was one of the best things in the show. It was useful to warm the audience up, but I couldn't help wishing that it had come when that lengthy operation (*vide supra*) was completed. The Gendarmes must have rehearsed like anything—their action was perfect (but voices not loud enough!). The Residents' topical song provided an element which is indispensable and always popular in the Christmas Shows.

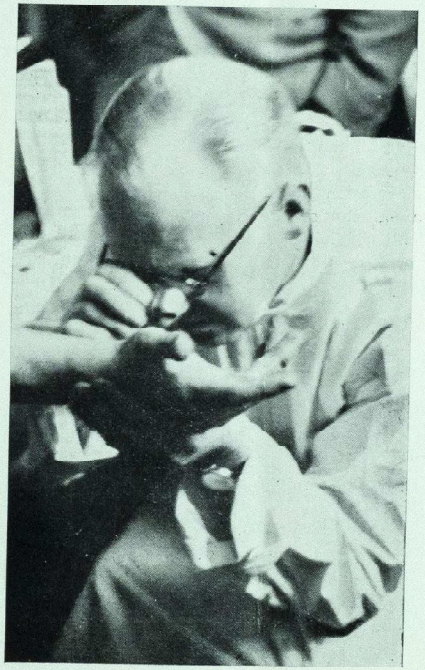
A little inaccuracy in hitting the high notes did not materially affect the success of "Rhapsody in Blue." Jimmy Knott's drummer was always a bit behindhand; or was I sitting round a corner? Anyway, both pianists kept us spellbound with admiration, and provided a few delightful moments. The ballet executed by *Mesdames* King, Golden and Rowntree was an all too brief riot of fun, reminiscent of the Henson-Emney-Hearne trio. Burlesque ballets are by no means as easy as they look.

Signor Tum-Tum Rees was very versatile, being equally at home as a wax mannequin (*molto difficile*) or dancing a spirited rumba. The revival of "Run, Rabbit, Run" was a great success; Gerry Wells-Cole's performance was polished, and as for Alistair Kennedy—well, he was designed by Nature for his part. Donald Morris's lumbricals and interossei are very talented and hard-worked muscles; but I wish he'd chosen something less risky to finish off his silent act. "Marie" was justly popular, and in the final pantomime we were rejoiced by two of the most exquisite Sisters that ever walked the boards.

No one will be surprised when I say that the show was not quite up to peace-time standard, for how ever could it be? It is difficult enough at any time to fit in rehearsals with Hospital work, and blitz conditions must have made it well nigh impossible. Everyone enjoyed the show immensely, and all the parties responsible—on and off stage—deserve no end of thanks. Felicitations to the culprits.

GOPPO.

OUR CANDID CAMERA

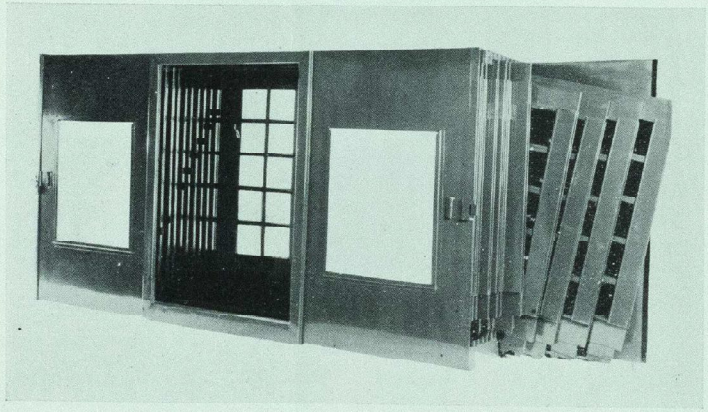


"I see a dark lady crossing your path"

RADIOLOGICAL TEACHING IN WAR-TIME

by J. V. SPARKS, M.R.C.S., L.R.C.P., D.M.R.E.

Now that some students may be separated from their Alma Mater by war-time conditions, and in view of the fact that certain radiographic procedures may not be carried out as frequently as hitherto, either for economic or other reasons, it occurred to me that some compensation might be effected by utilising a museum of lantern slides illustrating examples of living pathology as demonstrated by X-rays.



Dr. Sparks' Apparatus

The purpose of such a museum would be to enable students individually to study the typical X-ray appearance of pathological lesions, and should prove of great value to them when confronted with radiographs in general practice. For this purpose I was fortunate in securing the collaboration of Messrs. Ilford, Ltd., who have constructed for me a lantern slide viewing cabinet consisting of 20 panels, each containing 20 slides, which can be brought into the viewing space independently.

Ten of these frames are situated on each side of the viewing lantern and are slid into position on a neat type of runner. Any slide may be removed if required for demonstration elsewhere or a whole frame may be removed if wanted for a lecture.

The frames are being arranged to cover the common and typical X-ray abnormalities.

The films chosen for such a purpose must be carefully selected as there are some lesions which do not reproduce themselves with sufficient clarity of detail.

The large majority, however, show up with remarkable brilliance, and even small lesions in the lung are clearly visible.

The cabinet is provided with two keys. One contains a description of the slide and notes on the clinical condition and operative or post-mortem findings, and the second has been provided to prevent the removal of any of the slides from the cabinet. It is possible that some members of the staff might find here a method of demonstrating and storing many of their interesting slides.

EPITAPHS

BY ARTHUR APPLIN.

To a Politician: Here you may lie.

To an Hotel Proprietor (British): Central heating at last.

To a Surgeon: This is the most unkindest cut of all.

To a Bishop: On earth he slept; may Heaven awaken him.

To a Bridge Fiend: The last trump.

To Herr Hitler: "The man that once did sell the Lion's skin While the beast lived, was killed with hunting him."

To a really Good Woman: She brought heaven to earth and made hell of it.

To Signor Mussolini: Also ran.

To a Money Lender: Now Shylock, you will learn that even a worm will turn.

To a Sailor: Happy man, you have reached a port where no wife awaits you.

To an Author: This plot will last you to eternity.

To our Charwoman:

"Here lies I at Chancel door,
Here lies I because I be poor;
T'other end is more to pay,
But here lies I as warm as they."

To an Evacuee Receptionist: Peace at any price.

"EVENING EXERCISES"

One fine evening in August I came to sit on the fountain's edge, and to think on the evening sky. There was a breeze and the darkening trees were stirred. Like the trees of Corot, I thought—if one looked at them with half-closed eyes. Nobody ever told me that Corot painted plane trees, but I daresay he did.

Decidedly, the Square was too small, and life was too short—and the war obtruded itself on my thoughts. In this unproductive frame of mind I was interrupted by the surgeon, who bade me "Good Evening." I said that it really was a good evening, and didn't he think that the trees against the golden glow were reminiscent of Corot — through half-closed eyes, of course!

Then we talked of what birds built their nests in plane trees, and of the wrath of clouds on the Cumberland fells, and other things remote. Presently there arrived bathos in the shape of a keen student carrying his

text-book of surgery under his arm. He carried it, one felt, not as an aid to study, but as a sign of erudition and a ready reckoner for controversial points. "Can you tell me," said he to the surgeon without preamble, "Böhler's method of reducing a Colles fracture?" "That I don't know," said the surgeon, switching his mind from the Cumberland fells. "But there are five standard methods I do know, and one of them is probably Böhler's." Whereupon, he took hold of the eager youth's hand and went through the movements of the five methods. The student thanked him, paused, and then opened his book at a marked page with the dexterity of a conjurer. "There," said he, indicating a paragraph, "Böhler's method!"

Sadly I reflected, as I walked away from this informal clinical evening, that there were aspects of the art of conversation that I had yet to master.

P. I. M.

NEW YEAR HONOURS

Knight Bachelor.

Brevet Colonel Ram Nath *Chopra*, C.I.E., I.M.S. (ret.).

Kaisar-i-Hind Gold Medal (For Public Services in India).

Robert Greenhill *Cochrane*, M.D., M.R.C.P.

O.B.E. (Military Division).

Major Reginald Anson *Mansell*, M.B.E., M.B., R.A.M.C.

PRISONERS OF WAR

STALLARD, A. F. (Lt., R.A.M.C.), and wounded—*Times*, 20.11.40.

DARKE, G. H. (Lt., R.A.M.C.)—*Times*, 21.11.40.

TROWER, G. S. (T./Capt., R.A.M.C.)—*Times*, 28.11.40.

HANKEY, G. T. (Lt.-Col., R.A.M.C.)—*Times*, 5.12.40.

TRIBUTE TO A BART'S NURSE . .

Major H. B. Stallard writes :—

"One night in September a large aerial bomb struck the entrance of the casualty reception ward of a London hospital. The explosion demolished part of this ward, which became a shambles of broken glass, splintered wood and fallen ceilings. Water, electric light and gas supplies were severed.

"I feel that it would be appropriate to place on record in the Bart's Journal that Sister T. Heald (who was trained at Bart's) was night superintendent on this occasion, and that she behaved with exemplary coolness and resource, carrying out her duties in a calm manner and with an orderly precision that well deserved the admiration of those associated with her."

. . . AND TO A TECHNICIAN.

J. E. C. (Jack) writes :—

"I should like to draw the attention of Bart.'s men to a gallant airman who, before the war, was an attendant in our museum. Known to most of us as Eddie (Lacey), he is now serving as an air-gunner with conspicuous success, and upon two occasions has been forced to bale out, losing his boots but not his heart. He now informs me that his one ambition in life is to secure Goering's liver for the museum."

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.

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

* * *

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 FIRST GREAT FIRE

The Great Fire of London which followed the plague in 1666 fortunately stopped at Pie Corner in Giltspur Street, opposite to which, at the corner of Cock Lane, has recently been re-erected the gilt figure of the fat boy, emblematical of gluttony; as a warning against which the great fire was said to have commenced at Pudding Lane and ended at Pie Corner. The fire lasted from the 2nd to the 6th September. It extended as far as the Temple in the west, but fortunately it did not destroy St. Bartholomew's Hospital, nor, so far as we know, did it touch the parish of St. Bartholomew the Great. A contemporary letter addressed to Lord Conway, on the 8th September, 1666, gives the following account of the fire: "From the Tower to the Temple there remains only Smithfield, St. Bartholomew's, Aldersgate, and part of Broad Street, the fire being stopped before it came to Sir Eliab Harvey's, whose house is preserved with Sir John Shaw's and Gresham College, and all Bishopsgate Street, Leadenhall Street, Duke's Place, and so to Aldgate." Eighty-five churches were burnt.

Christ Church, Newgate Street, was destroyed, and the Blue Coat boys were provided for at St. Bartholomew's. They continued to attend here until the year 1672, when they returned to a temporary wooden "tabernacle" erected within the quire of Christ Church; it being found very inconvenient for the boys to attend at St. Bartholomew's. But they were attending here again in 1680, when it was agreed that "the lecturer of St. Bartholomew the Great should have x shillings per qr. paid to him as the gift of the house, for soe long time as the children go to that church and no longer; the parish having been very kind in the entertainment of the children at their church, since the late fire hath burnt down Christ Church." But by the year 1683 they had once more returned to the wooden tabernacle.—*From "The Records of St. Bartholomew's, Smithfield," by E. A. Webb.*

"1940"

Scaled, rippled clouds and rippled beach and sand
Trickling in thin streams through an open hand.
Dried, peaty mould that patters on the floor
With dead heath-flowers from a distant moor.
Loam caught up in one's shoes, dropped unaware,
And dust on cobwebs on a broken stair.
How dear, how sacrificed we cannot know;
This crumbling earth might hold the hand of some
Child, beautiful in ages long ago.

E. G. R.

CORRESPONDENCE

INVESTIGATION

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

Dear Sir,

We have all been taught and ought to know, that "accurate diagnosis is the basis of all practical medicine," but nowadays are we not in danger of overdoing it and of trying to be over accurate in our diagnosis and of over investigating our patients? We are all familiar with the type of senior student or newly qualified man who from lack of experience sees in the commonest ailment a clinical rarity, but are not some of us, even with more experience, failing to get beyond this stage, and being afraid of trusting our own senses and judgment without the support of a pathologist's second opinion to shield us and to back us up?

For many years now our teachers have warned us of this danger. As long ago as 1907 Hare wrote in his preface to Practical Diagnosis, "At the present day there is a great tendency on the part of practitioners who can command laboratory assistance to ignore the measures which had to be relied upon before laboratories were developed, with the result that the various methods of physical diagnosis involving refinement in the senses of touch and hearing and in observation are in danger of being lost arts." Again in 1910 Horder, in his preface to *Clinical Pathology in Practice,* laid emphasis on the danger of substituting the investigations of clinical pathology for the equally important physical examination of the patient.

But these warnings seem to have been unheeded and for some years now an increasing stream of patients is being sent to hospital for investigation, many of whom could well be dealt with at home if more time were given to history taking and more care taken in physical examination. Probably patients with gastro-intestinal symptoms form the largest bulk of the stream, and in many of these cases the history and physical signs alone would seem to justify a provisional diagnosis at any rate of functional dyspepsia. But they are sent to hospital for "investigation" without any preliminary treatment, and having arrived there are not satisfied, quite naturally, until some investigation has been made. The result is that beds are blocked, pathological laboratories are overloaded with work and X-ray departments are congested.

The same tendency to make little of physical examination and to over-estimate the importance of laboratory methods is to be found apparently in some of the teaching hospitals. At the beginning of the War, when patients were evacuated from London to the provinces, they arrived at their destinations with notes and records complete. It was remarkable to find full records of such extensive pathological investigations and so few and meagre notes on medical history and physical examination. All the emphasis seemed to be laid on laboratory methods.

Some will argue, no doubt, that this is the best way of teaching and practising medicine and that only in this way can real accuracy be obtained. But surely the interpretation of the results of laboratory tests is as dependant upon the skill and knowledge of the pathologist as is that of physical signs upon the acumen of the clinician. More often than not a final diagnosis is a matter of opinion rather than an absolute certainty, and both pathologist and clinician can make mistakes, the pathologist's often more disastrous than the clinician's.

After all, one of our main objects in the practice of medicine is to cure our patients, or at any rate to alleviate their sufferings if cure is impossible. It is true, too, as French says, that "Whatever the diesase from which the patient is suffering, the importance of diagnosing it as early as possible can hardly be overrated." It is true also that the diagnosis of a peptic ulcer or a neoplasm may be delayed perhaps for a week or two if the case is treated at first as a functional dyspepsia. But on the other hand the functional case that is eventually proved to be functional after many days in hospital is infinitely more difficult to cure at the end of it than it would have been at the beginning, and the mental distress of patients in the interval is often not fully appreciated.

Laboratory methods, of course, have their uses and are absolutely necessary for diagnosis in many cases, but they should not be allowed to take the place of careful physical examination, and above all things they should not be abused. It is so easy when time is short to say a case needs investigation and X-ray examination (it used to be called observation and careful watching), it puts off examination until to-morrow, or it may be for ever. But the old tag is still true, that more mistakes are made from lack of examination than from lack of knowledge. It is to be hoped that those who teach as well as those who learn will continue to practise the art as well as the science of medicine.

I am,
Yours faithfully,
W. H. W. ATTLEE.

* * * *

"OUR UNUSED INFLUENCE"

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

Sir,

In your reactionary January Editorial you rightly discourage the present agitation for action by the Medical Profession in purely political matters. But I wish to point out that we have a responsibility in politics greater than that of the ordinary man. We are, or should be, agreed on desirable social reforms (in nutrition, housing, etc.) and our duty is to encourage these reforms by concerted action if possible, or otherwise as

individuals. But our duty does not end there. We have had a scientific training, and on the whole, I trust, the intelligence of doctors is above the average of the population. We should therefore be able to appreciate the necessity for scepticism in politics as well as in science, and to form less prejudiced and more valuable opinions than those of the average man.

Since the war began we have forfeited most of our democratic privileges to the Government, and we are blessed with a Ministry of Information (fortunately ineffective) whose job is to persuade us that the Government is always right. It is vitally important therefore that medical men and students should not be discouraged from forming a critical judgment on political matters by an irresponsible and shallow article.

Yours truly,

A. G. LEACOCK.

[*Crimen laesae majestatis.*—ED.]

BRIGHTON — A CAVALCADE

In Brighthelmstone did portly George,
A stately pleasure dome decree,
And from his strange exotic plan
The modern health resort began
Of Brighton by the sea.
Soon after this auspicious start
The Regent and the bucks depart;
The stately Crescents Nash designed
To mere " apartments " have declined—
Victoria now is Queen—
And rows of wheeled contraptions reach
Along the margin of the beach,
Where bathing beauties hide, to change
For swaddling clothes yet still more strange
The bulky crinoline.
Though virtue more resplendent shines,
The public taste perhaps declines:
In modest homes immune from sin
Horsehair and velvet usher in
The Aspidistra Age.
Brighton becomes, as fashions pass,
A Mecca of the Middle Class;
But " Freedom broadens slowly down,"
Even in the most exclusive town,
And, scorning snobbish rage,
Strange cockney " trippers," loud and gay,
Born of the new Bank Holiday,
Disgorged from cheap excursion trains,
Like locusts swarm across the plains,
And settle on the piers.
While still attempting to enjoy
The pleasures of the " oi polloi,"
Brighton detects a further change,
An infiltration new and strange—
The Chosen Race appears.
The tumult and the shouting calms,
And in a land of waving palms
Gesticulating sons of Shem
Begin to build Jerusalem
In England's pleasant land:

And Brighton though she still may muse:
" How odd of God to choose the Jews! "
Perhaps with rather doubtful voice,
Accepting the Creator's choice,
Agrees to let it stand.
Thus still, when Armageddon came,
The town continued much the same;
It seemed in Nineteen-thirty-nine
An undisputed Palestine,
A Ghetto by the sea.
But at Invasion's fearful threat
Another transformation yet
Began immediately to work,
And seeing Brighton post-Dunkirk
Was quite a shock to me!
The large and lordly limousine
Had almost vanished from the scene;
The features of the folk one passed
Had taken on an Aryan cast,
One heard the Sussex speech!
A generation, long despised,
Stiff-necked, and quite uncircumcised,
Was planting, and proposed to guard,
A pillbox on the promenade,
And wire along the beach.
It seemed at least to Gentile eyes,
Still staring with a wild surmise,
These unfamiliar people, these
Must be the aborigines,
Returned at last from where?

Then suddenly a Führer spoke,
And all at once the tempest broke;
In peals of thunder, sheets of flame,
Unseen from out the Blue it came—
The Blitzkrieg from the Air.
The East bowed low before the blast,
In deep dislike and pain,
She let the Dorniers thunder past,
Then plunged in flight again.
Almost before the trial began
The gentlemen of Jewry ran:
And Brighton now, despite report,
Is once again a health resort!
The parachutes and tanks,
The bombs, that from the clouds emerge,
Have acted as a healthy purge;
And Hitler's Hate has proved a huge
And most successful Hebrifuge—
For this relief much thanks!
Who knows, the alien people gone,
If Hitler's helpful work goes on,
What further boons we may expect,
What hideous bungalows be wrecked
Along the Sussex shore?
We watch the houses, jerry-built,
By Jerry's ruthless engines spilt,
And see with pleasure unalloyed
What Vandals built by Huns destroyed
To rise, we hope, no more.
So, as we speed the Wandering Jew,
The Philistine is banished too;
And from our Downland, scarred and scored,
A dream of Sussex new-restored
Upon our hearts is graven:
And as we frame our nightly prayer
For those in peril from the air,
We pause to add this other word:
Grant us at length true peace, O Lord—
A peace without Peacehaven.

We will not cease to strive alone,
Nor shall our sword sleep in our hand,
Till we have rebuilt Brighthelmstone
In England's green and pleasant land.

R. B. P.

THE GUARD

Christmas Night! The bell chimes four.
No sound within but ticking clock,
And soldiers sleeping on the floor.

The sentries' heavy tread outside
Disturbs the stillness, while they look,
And think on things, this Christmastide.

We help to shield this land from harm.
And may all sentries' feet stay warm
This Christmas Night.

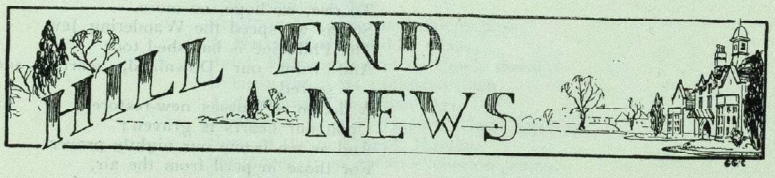
CAMBRIDGE NEWS

BOAT CLUB

Of the two Hospital boats which had regular outings throughout the term, only one took part in the University time races held on November 30th. This boat had been coached by Dr. Brooke, a newcomer to the staff of the Anatomy Department. He proceeded to Fairbairnize the crew, at the same time explaining to them that this particular style was preferable for the inexpert.

The start of the time race was lacking in both grace and rhythm, but in a short time the boat settled down to a firm though somewhat stately stroke. In the Long Reach they were nearly overtaken by the School of Economics, but apparently stimulated by some lusty cheering, in which the voice of the Vice-Dean could very plainly be heard, they achieved a spurt and drew away from their pursuers. The heavy medical curriculum, or possibly some other reason for lack of training, began to tell upon them towards the end, and when they reached the winning post the Economic Boat was level with them. The time taken was exactly ten minutes, as against 8 min. 34 secs. taken by Selwyn 1, the winners.

Eight.—(Bow) Inglis, Patrick, Power, Haire, Hilton Spratt, Orr Hughes, Rowland, Miller (Capt. Stroke). M. S. Hughes (Cox).



Since our last letter many great events have taken place here. Ample recreation and other activities have been provided, both for our own stoats and those from Bart.'s, whom we were very pleased to see over Christmas. We were sorry to see no stoats from Friern, and hope that this will be remedied in the near future, as a week-end in the St. Albans air is well worth while.

The chorus found it necessary to wake your correspondents up early on Christmas morning with boisterous carols. We hear, however, that these efforts were very much appreciated by the patients.

On Christmas evening a party was held in the Reception Hall, thanks being largely due to the generosity of certain members of the staff, who provided the refreshments and prizes. The dance was followed by a cabaret, representative of all sections of the Hospital. Amongst these we may mention the Twelve Sisters, who for the first time in the history of Bart.'s presented "One Finger Tiddley Boo" with great gusto.

A monster prune was held on New Year's Eve in the Reception Hall, and was well attended by the Senior Staff.

On Thursday, January 9th, Scottish dances, under expert tuition, were introduced. The experiment was so popular and so well attended that it has been decided to make it a permanent weekly feature.

Debating Society. The Debating Society resumed its activities on December 5th with the debate, "This House is against the establishment of a State Medical Service." Professor Garrod, seconded by Mr. Grimson, proposed the motion, which was opposed by Dr. Geoffrey Bourne, seconded by Mr. Chambers. The motion was defeated at the final vote by 27 votes to 19. So good was the attendance, and so enthusiastic the audience, that we hope to hold a debate fortnightly, varied occasionally by some allied form of entertainment, during the forthcoming winter months.

Association Football. We regret that we have been unable to accept the services of a certain high official at Hill End who put his name down to play in the Lithotomy Position.

* * * *

CAROL CONCERT

The Carol Concert given by the Musical Society at Hill End on the afternoon of the Sunday before Christmas was the first of the season's festivities and certainly its most appropriate. A choir of about 40 voices, conducted by J. K. Irving, sang four groups of Carols, some in their most elaborate versions, and an admirably balanced programme included as interludes between the choral performances piano solos by Nurse Saunders, Handel's Sonata in F major for the flute played by Dr. B. M. Wright, and a Bach aria for Soprano with flute and obligato. The Carols included many favourites, both of the kind which everyone should know and others not so often heard unless at Concerts, such as the Coventry carol and "King Jesus hath a garden." The singing was a credit to Irving's training; it had vigour and attack, and retained both pitch and quality in pianissimus. The chorus could only have been bettered by the inclusion of a few more male voices. The audience was invited to join in singing the last group of carols, and might have done so with greater effect had someone encouraged them to stand up. A collection during the concert realised a substantial sum for the Mayor of St. Albans' Air Raid Distress and Evacuation Fund. To say that the audience welcomed and enjoyed this performance is by no means all that should be said about it. It was besides an occasion of some significance. Among 800 men and 400 women of liberal education there will always be enough talent and good voices to maintain a first-rate choir as well as other musical activities, and this, of all the new precedents created at Hill End, should have first claim to permanent recognition when we return to Bart.'s.

* * * *

BLACK AND WHITE

The Bart.'s Christmas Show was presented at Hill End in spite of all things, and since the traditional ward shows have practically disappeared it took the form of a revue in which nearly fifty performers appeared. The honours of the performance went to the ladies, and it is to be hoped that the talents of the nursing staff will never again be suppressed.

The greatest successes of the evening were the exquisite dancing of Pamela Lloyd, with her mannequins, and the witty character sketches of Kathleen Baker. Both of these performers were artists in their own style.

Vera Stenning also gave a clever impersonation of an over-wrought housemaid on the telephone, and Dr. Cullinan mystified everyone by his brief but brilliant display of conjuring. Individuality was less marked among the student members of the company, but Brenman showed original talent as a mimic, being particularly good as Lord Haw Haw, while Kelsey had the right touch (if not always the right stories!) as compère. MacPhail played the bagpipes with spirit and Rees was brought in to add his weight as a proved comedian. In spite of his pleasing voice, one could not avoid an uncomfortable feeling that his serious song might suddenly develop into a parody of an Italian opera singer!

If serious criticism is to be regarded as a compliment, it must be said that the performance somewhat lacked cohesion and could have been improved by some bold cutting and pruning. The size of the cast was a disadvantage, and although "The Ward Round" was a very successful turn, "Down at the Dew Drop Inn" was a bad flop. Crowd scenes are always difficult, but this one was straggling and pointless; to compel the audience to sing no less than five well-worn traditional songs showed lack of imagination. "Overheard in the Black-out" could have been scrapped, and poor production was also evident in a rather dismally sung duet which might have been very good.

The Housemen, who on Christmas Day under Dickson's direction had admirably maintained the style and standard of the traditional ward-show, presented "Poor Little Willie," sung by Chisholm. The success of the make-up in this number showed that our old friend, Bert, was behind the scenes as usual. Sergt. Nash was invaluable throughout the evening at the piano.

The finale of "London Calvacade" was ambitious and attractive. A company of rather more manageable size and a rather greater amount of original topical humour might have further enlivened the performance, but Hugh Bentall and Ursula Charnock-Smith, who produced the show, deserve warm congratulations and our thanks for a thoroughly enjoyable evening.

E. C. O. J.

FRIERN NEWS

[This spirited communication was unfortunately censored by the Publication Committee.—ED.]

IN OUR LIBRARY

by JOHN L. THORNTON, Librarian.

Under this heading it is intended from time to time to present notes upon books that are housed in our Library. Volumes described will not of necessity be very ancient, for we have comparatively few rare items, but will be writings that have influenced the development of medical research. Also, for the time being, certain of our more valuable material is not available, having been stored elsewhere "for the duration," but there remains much that is of interest.

I. HOOKE'S "MICROGRAPHIA," 1665.

Robert Hooke was born at Freshwater, Isle of Wight, on July 18th, 1635, and was educated at Westminster School and Christ Church, Oxford. He possessed great mechanical skill, and was a student of astronomy, becoming Curator of Experiments to the Royal Society. He was elected to the Fellowship of that Society in 1663, and died at Gresham College on March 3rd, 1703, being buried in the Church of St. Helen, Bishopsgate Street.

Hooke's *Micrographia* was published in 1665, and in addition to containing a theory of light and heat, and observations upon astronomy, is also valuable on account of the descriptions of plants and insects beneath the microscope. Hooke recognised and named the cell in vegetable structures, and his pioneer work with the microscope is of great importance in the development of histological investigation. The *Micrographia* contains numerous beautiful folding plates representing sections of vegetable structures, and also highly magnified insects, the entire book having been well-produced. It was printed by John Martyn and James Allestry, and was sold at their shop at the Bell, in St. Paul's Churchyard. The Library copy is bound in the original calf, with gold tooling.

* * * *

BOOKS RECENTLY ADDED TO THE LIBRARY.

BAMFORD: *Poisons: Their Isolation and Identification.* 1940.

BOYD: *Pathology of Internal Diseases. Third Edition,* 1940.

BRAIN: *Diseases of the Nervous System. Second Edition.* 1940.

British Pharmacopœia, 1932. *Second Addendum,* 1940.

CLARK: *Applied Pharmacology. Seventh Edition,* 1940.

CUNNINGHAM: *Manual of Practical Anatomy. Tenth Edition, 3 vols.,* 1940.

DEVINE: *Surgery of the Alimentary Tract.* 1940.

EWING: *Neoplastic Diseases. Fourth Edition,* 1940.

GIRDLESTONE: *Tuberculosis of Bone and Joint.* 1940.

GOSSE: *The Squire of Walton Hall,* 1940.

GREEN: *Manual of Pathology. Sixteenth Edition,* 1940.

HARRIES & MITMAN: *Clinical Practice in Infectious Diseases.* 1940.

HARRIS & HARRIS: *Minor Medical Operations.* 1938.

HENDERSON & GILLESPIS: *Text-book of Psychiatry. Fifth Edition,* 1940.

KER: *Manual of Fevers. Fourth Edition,* 1939.

MACCALLUM: *Textbook of Pathology. Seventh Edition,* 1940.

MCDONAGH: *The Universe Through Medicine.* 1940.

MACLEOD & MUENDE: *Practical Handbook of the Pathology of the Skin. Second Edition,* 1940.

MASSIE: *Surgical Anatomy. Fourth Edition.* 1940.

MITCHINER & COWELL: *Medical Organisation and Surgical Practice in Air Raids.* 1939.

NEAME & WILLIAMSON-NOBLE: *Handbook of Ophthalmology. Third Edition,* 1939.

NOSWORTHY: *Theory and Practice of Anæsthesia.* 1937.

NOTTER & FIRTH: *Hygiene. Tenth Edition,* 1940.

RYE: *Surgical Handicraft. Twelfth Edition,* 1940.

RANSON: *Anatomy of the Nervous System. Sixth Edition,* 1939.

ROSE & CARLESS: *Manual of Surgery. Sixteenth Edition, 2 vols.,* 1940.

ROSS: *Handbook of Radiography.* 1940.

SHELDON: *Diseases of Infancy and Childhood. Third Edition,* 1940.

SMITH: *Forensic Medicine. Seventh Edition,* 1940.

WALSHE: *Diseases of the Nervous System.* 1940.

WHEELER: *Introduction to the Principles and Practice of Homœopathy. Second Edition,* 1940.

* * * *

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

BOURNE, G. "Diphtheritic Myocarditis Complicating Myocardial Degeneration." *Lancet,* July 27, 1940, pp. 96-7.

——. "Spontaneous Pneumothorax Simulating Coronary Disease." *Brit. Med. J.,* Sept. 7, 1940, p. 313.

——. "Examination of the Heart in Recruits." *Brit. Med. J.,* Oct. 5, 1940, pp. 442-3.

BURROWS, H. J. "Spontaneous Fracture of the Apparently Normal Fibula in its Lowest Third." *Brit. J. Surg.,* July 28, 1940, pp. 82-7.

ECCLES, W. MCADAM (and A. T. DENSHAM). "The Clearance of Air Raid Casualties from Aid Posts." *Brit. Med. J.,* Sept. 7, 1940, pp. 332-3.

FLETCHER, C. M. "Subacute Bacterial Endocarditis Treated with Sulphapyridine and Heparin." *Lancet,* Oct. 26, 1940, pp. 512-4.

GRAHAM, G. "A Review of the Causes of Diabetes Mellitus." *Brit. Med. J.,* Oct. 12, 1940, pp. 479-82; Oct. 19, pp. 513-6.

HADFIELD, G. (with JOAN M. ROSS, R. H. A. SWAIN, JEAN M. DRURY-WHITE). "Blast from High Explosive; Preliminary Reports on Ten Fatal Cases." *Lancet,* Oct. 19, 1940, pp. 478-81.

HARTRIDGE, H. "Some Physiological Aspects of the Present War." *Practitioner,* 145, Oct., 1940, pp. 289-92.

JACKSON, C. A. "Intestinal Obstruction Due to Gall Stones." *Clin. J.,* 69, Oct., 1940, pp. 265-9.

KLABER, R. "The Treatment of Acne Vulgaris." *Med. Press & Circ.,* 204, Sept. 11, 1940, pp. 198-201.

LATTER, K. A. (H. A. BRITTAIN and ——). "Reception of Air Raid Casualties." *Brit. Med. J.,* Aug. 31, 1940, pp. 284-6.

PHILLIPS, C. G. (E. G. T. LIDDELL and ——). Experimental Lesions in the Basal Ganglia of Cat. *Brain,* 63, Sept., 1940, pp. 264-74.

POWER, SIR D'ARCY. "The Journal and the Profession; Some Memories." *Brit Med. J.,* Oct. 5, 1940, pp. 437-8.

SCOTT, S. "Injuries to the Ear." *Practitioner,* 145, Sept., 1940, pp. 197-9.

SPENCE, A. W. "Testosterone Propionate in Functional Impotence." *Brit. Med. J.,* Sept. 28, 1940, pp 411-3.

——. "Local Inunction of Testosterone in Chronic Mastitis." *Lancet,* Sept. 28, 1940, pp. 387-9.

TURNER, G. GREY. "Two Cases of Non-Malignant Stricture of the Œsophagus." *Brit. J. Surg.,* Oct. 28, 1940, pp. 275-83.

——. "A Bullet in the Heart for Twenty-three Years." *Lancet,* Oct. 19, 1940, pp. 487-9.

WALKER, K. M. "The Protection of the Soldier in Warfare." *Proc. Roy. Soc. Med.,* 33, July, 1940, pp. 607-614.

The Physiology of Sex. (Pelican Books), 1940.

SOCIETY OF APOTHECARIES.

The following are the dates of the February examinations:—

Surgery	10, 12, 13,
Medicine, Pathology and Forensic Medicine ...	17, 19, 20.
Midwifery	18, 19, 20, 21.

Dates of the Society's Examinations for the month of March:—

Surgery	10, 12, 13.
Medicine, Forensic Medicine and Pathology	17, 19, 20.
Midwifery	18, 19, 20, 21.

NEW BOOKS

The Anatomy of the Eye and Orbit: Including the central connections, development and comparative anatomy of the visual apparatus. Second edition. By Eugene Wolff, M.B., B.S. (Lond.), F.R.C.S. Pp. X + 374, with 242 illustrations. (H. K. Lewis & Co., Ltd. Crown 4to. £1 11s. 6d.)

Mr. Wolff is to be warmly congratulated on the appearance of a second edition of this book. Its character and scope are most adequately indicated in words taken from his own preface to the first edition: it is intended "to present to the student and Ophthalmic Surgeon the essentials of the structure, development and comparative anatomy of the visual apparatus in conjunction with some of their clinical applications." It is indeed a mine of various information. Essentially an anatomical directory, it is clearly designed for consultation in relation to specific points rather than for continuous reading; for, as befits such a work, it grinds no axe and has no central theme. The writing of the topographical descriptions is admirably succinct and free from ambiguity. Numerous clinical *points d'appui* are incorporated in the body of the text and are helpfully italicised. This arrangement is obviously preferable to their relegation to small print at chapter-endings, a practice not uncommon in textbooks of anatomy. As a signpost to the literature of ophthalmology, too, the book is of great worth; the documentation is thorough, but not altogether systematic, some references appearing in footnotes and others in lists at the end of each chapter. It is a matter for regret in passing, that the "Harvard System" is not always strictly followed.

But if the text does not invite sustained reading from cover to cover, the many beautiful illustrations do tempt one to browse profitably for long periods: and they will be, for some people, the chief appeal of the book. Outstanding amongst them are the photographs and half-tone drawings (some of the latter are the work of that competent artist A. K. Maxwell), of preparations and dissections made by the writer himself. The publishers' work has been extremely well done; the abundance of these pictures, and their high quality, contrast forcibly with the relatively low cost of the book.

For the carper there is but slender scope. He might legitimately object that the section on the neurology of vision is in some respects rather out of date: that it is surprising, for example, to find no mention of Le Gros Clark's studies on the structural plan of the oculomotor nucleus or on the projections of the retina in the lateral geniculate body and striate cortex. The important work of Ranson and his associates on the path of the light reflex is similarly neglected. Yet these criticisms would not bear on the main substance of the book. Written with the full authority of an ophthalmic surgeon who is a practising anatomist and pathologist as well, it ranks unquestionably as a standard work of reference; and as such is certain to be welcomed by everyone seeking information beyond that contained in the ordinary anatomical texts.

Lectures on Diseases of Children. By Sir Robert Hutchison, Bart., and Alan Moncrieff. (Edward Arnold & Co., 21s.) Eighth Edition.

This delightful book has been thoroughly revised and brought up to date. Sir Robert Hutchison's words combine dignity and practical experience with the completest understanding of the student's point of view. The highest compliment that one can pay to Dr. Moncrieff is that the chapters for which he is entirely responsible are indistinguishable in character from those of the senior author.

Diagnosis and Treatment of Diabetes: W. Wilson Ingram, M.C., M.D., F.R.C.A.P. (Angus & Robertson Ltd., 6s. 6d.)

So many text-books of the Natural Sciences are published every year in competition with one another that to fulfil its purpose adequately such a book must be written for a definite class of reader, be it the scientists or the laymen. Dr. Wilson Ingram's book, unfortunately, seems to be written for an intermediate group; it is too full of technical terminology for the layman, and yet insufficient for the student or for the practitioner who would like to know more of the subject than is contained in the standard medical books. Although, however, the most recent theories of the aetiology of Diabetes Mellitus, together with the differential diagnosis from other diabetic conditions, are lightly passed by, the high-carbohydrate diet sheets are sound and well-balanced. As the book was originally published in Australia some modifications are called for in the fruit category. It seems unlikely that this book will have much success in this country, but it is only fair to mention that it has apparently been well received in Australia—but is this fair to the Australians?

Aids to Organic Chemistry. 2nd Edition, by Stanley F. Smith, M.B. (Price 3s. 6d. Baillière, Tindall & Cox.)

This small book, like most of the "Aids" series is designed largely for revision purposes and is too condensed to be really helpful to the student in indicating clearly the general methods of preparation and the reactions of types of organic compounds.

No mention is made of the determination of molecular formulæ, and the importance of isomerism is not sufficiently stressed.

A chapter on cyanogen compounds seems unnecessary, as these are usually dealt with in the Inorganic Chemistry Course.

Misprints in formulæ are numerous, e.g., cystine (p. 47) and alanine (p. 48). The presentation of subject matter is on familiar lines and remains unchanged in the present edition.

H. G. R.

Practical Birth-Control Methods. By Norman E. Himes, Ph.D. (George Allen & Unwin, Ltd. 7s. 6d.)

Sexual publicity varies in cycles, and we are at present suffering from an avalanche of books about sex in all its ramifications, most of them distinguished chiefly by pseudo-scientific lubricity. "Practical Birth-Control Methods" fortunately does not stray far from its subject. It is primarily intended for the "uninformed man or woman," as a textbook after medical advice has been obtained, and, as such, successfully fulfils its purpose. However, it seems unlikely that the ordinary working-class man or woman will spend 7/6 on a book after they have already received advice.

The author gives a full account of modern methods, discussing the protection given by both good and bad methods, their acceptability and their possible effects on health. Sterilisation and abortion are adequately discussed, with an interesting reference to the Russian experiment of legalised abortion.

The book is characterised by its severely unsentimental approach to the whole subject. Unfortunately, most men and wormen are incapable of taking this attitude to such a personal matter.

Neurosyphilis: C. Worster-Drought, M.A., M.D. (Bale, Sons & Staples, Ltd., 10/6.)

That neurospyhilis is a subject which is easy to understand is a most debatable assertion: yet the publication of Dr. Worster-Drought's monograph goes a long way to justify such a belief—within the limits of contemporary knowledge of syphilis of the central nervous system. It is seldom that any medical textbook is at the same time coherent, accurate and syntactically sound; all this has been achieved by Dr. Worster-Drought, and the fact that he has also succeeded in making his subject appear far more rational than have the majority of writers on the same subject, reflects considerable credit on him. He favours the view that the lesion in parenchymatous neurosyphilis is primarily of nervous tissue, in preference to the more generally accepted view that the primary lesion is always meningo-vascular, and in this and one or two minor points he exposes himself to criticism on the ground that his evidence is incomplete.

The book treats neurosyphilis mainly from the clinical aspect but an historical review, a small bibliography and sections on aetiology and morbid anatomy are included. To students and practitioners it can unreservedly be recommended as the best work of its kind which has appeared for many years.

Bailey's Textbook of Histology. Tenth Edition. Edited by P. E. Smith, Ph.D. (Baillière, Tindall & Cox. Price 33/-.)

The material in this book could well form the basis of reading for the more advanced courses of undergraduate instruction in Histology, but the facts are set out so clearly that more junior students could derive immense help from it. The subject matter is contributed by five Anatomists who have been at pains to describe the structure of the tissues in detail and to supplement the description with a large number of microphotographs and diagrams, the majority of which are easily read. To become familiar with histological appearances along these lines, rather than to have a superficial knowledge of the relative positions of the various tissues in an organ, will simplify the student's study of Pathology. The need to correlate structure and function has not been neglected. At the end of each chapter a list of references has been added in this edition to tempt the reader to explore the literature.

Fevers and Fever Nursing by Evelyn Pearce, IVth Edition (Faber and Faber, 6/-).

appeared in 1934. Since then there have been considerable advances in the prophylaxis and treatment of fevers, and the book has now been brought up to date. Miss Pearce is a well-known writer for nurses, and needs no recommendation from us.

They Wanted Adventure by Kenneth Macfarlane (Cape, 7/6).

The irrepressible Mr. Kenneth Walker has again given proof of his versatility. This time under an alias he has written a book for children. It is a spy story of the present war, set in a Scottish island, and contains all the correct ingredients for adventure. There are plenty of thrills.

Sometimes I wonder how Mr. Walker finds time to see his patients.

Surgery of Modern Warfare, Part I. By Sixty-five Contributors. Edited by Hamilton Bailey.

One expects a great deal from the galaxy of distinguished contributors to this publication, and the first part achieves one's expectations. An authoritative book of this sort, on all aspects of war surgery, was badly needed; it is a pity that this work was not published by the Government and distributed free to surgeons throughout the country, for under the present conditions of widespread air raids every surgeon should have the latest developments of war surgery at his fingertips.

The Editor has wisely decided to publish the work in parts, which permits of earlier publication, and of the addition to later parts of any considerable advances which may be made.

In the first part, Mr. Kenneth Walker contributes a chapter on war weapons. There is a rational classification of war wounds. The controversial actiology of shock is discussed, and its treatment rationally considered. A long and detailed chapter on transfusions is extremely interesting, though one could wish for a more complete section on plasma transfusion and the use of dried plasma. Sulphonamide therapy is another important subject, but there is only brief mention of the use of sulphonamide powder. A recently developed method for the X-ray localisation of foreign bodies is given, and the indications for primary and secondary suture, excision and débridement are clearly differentiated.

This book may be recommended to all those who anticipate having to deal with war wounds in the near future.

The Art of Surgery, H. S. Souttar. IVth Edition. Two Vols. (Heinemann, 25/-).

This well-known textbook has now reached its fourth edition in eleven years. The author has fully revised the text and illustrations, though the system of frequent marginal diagrams and sketches has been retained. The book includes all the essentials for most surgical examinations, while not confusing the student with unnecessary detail.

Instead of being printed as one large volume, this edition appears in two small volumes, each the size of an ordinary novel. This is a great improvement on the vast unwieldy tomes which have so far been the accepted format for medical textbooks.

Modern Diagnosis. Edited by Sir H. Rolleston and A. A. Moncrieff (Eyre and Spottiswoode. Price 12/6.)

This book, which is one of "The Practitioner Handbooks" series, is divided into two parts—clinical diagnosis and laboratory and special diagnosis. The first part covers a wide field ranging from the diagnostic significance of the knee-jerk

and changes in the tongue and nails to discussions on abdominal pain, cardiac murmurs in childhood, and swellings in the neck. The articles are by different authors and are set out simply and clearly. The second part deals with a wide range of laboratory investigations, and stress is always laid on the interpretation of the laboratory findings. A nice balance is maintained between the "clinical" and "biochemical" aspects of disease processes, and the book can be recommended as a mine of information and comment.

BOOKS ALSO RECEIVED.

Income Tax for Medical Practitioners, by A. L. Boydon (Eyre and Spottiswoode, 6/-).

Actinotherapy and Diathermy for the Student, by E. B. Clayton, IInd Edition (Baillière, Tindall and Cox, 8/6).

Law for Nurses and Nurse Administrators, by S. R. Speller (H. K. Lewis and Co., 10/6).

Anatomy and Physiology for Junior Nurses, by Felicie Norton, IVth Edition (Faber and Faber, 3/-).

The Nurse's Pocket Encyclopaedia and Diary, 1941. (Faber and Faber, 2/6).

UNIVERSITY OF LONDON

THIRD (M.B.,B.S.) EXAMINATION FOR MEDICAL DEGREES, OCTOBER, 1940

Pass (Old Regulations).
Heathfield, K. W. G. G.
Orchard, N. P.
Warrick, C. K.

(Revised Regulations).
Beck, G. A.
McFarlane, M.
Saudek, A. C. J.
Evans, G. R.
Ohannessian, A. O. A.
Wigglesworth, R.
John, A. O.
Richards, T. H. E.

SUPPLEMENTARY PASS LIST.

Group II (under Old Regulations).
Rees, H. N.

Part I (under Revised Regulations).
Adlam, J. P.
Bell, R. C.
Discombe, G.
Harland, D. H. C.
Jones, H. M.
MacDougall, I. P. M.
Schofield, R. D. W.
Thompson, M. R.
Walters, F. J. H.
Anderson, A. W.
Bennett, D. H.
Eyre, P. A.
Hershman M.
Long, D. A.
Purcell, S. D.
Stern, D.
Trevan, D. J.
Weber, G. N.
Andrews, R. H.
Brown, K. T.
Golden, M. B. H.
Jamison, H. M.
Lyon, W. C.
Sandilands, J. A. J.
Sutton, M. G.
van de Linde, P. A. M.
Welch, R. H.
Beeston, J.
Cohen, L.
Griffiths, E.
Jarratt, G.
O'Carroll, C. B.

Part II (under Revised Regulations).
Braithwaite, R. F.
Meade, F. B.
Reinold, D. G.
Wayne, M.

Part III (under Revised Regulations).
Jamison, H. M.
Sutton, M. G.

BIRTHS.*

CONE.—On December 28th, 1940, to Dr. and Mrs. C. R. Cone, of White Haven, Whitby—a daughter.

KNOX.—On December 21st, 1940, at Broadmoor, Crowthorne, Berks, to Joan Norwood (née East), wife of Dr. John Stuart Knox—a son and daughter.

MARRIAGES.*

CURTIN—BARKER.—On December 28th, 1940, at St. Ercenwald's, Walton on Thames, Surgeon Lieutenant A. P. Curtin, R.N.V.R., Fleet Air Arm, to Margaret Raymond Barker.

GARROD—MARRISON.—On January 1st, 1941, at St. Chad's Church, Leeds, by special licence, Capt. Oliver Garrod, R.A.M.C., to Barbara Durrough Meynell, only daughter of Mr. and Mrs. Meynell Marrison, of the Castle Hotel, Bakewell and Carr House Farm, Tickwell, near Doncaster.

REINOLD—KELWAY-BAMBER.—On December 14th, 1940, at St. Bartholomew's-the-Less, London, Dr. Duncan George Reinold, second son of Captain B. E. Reinold, D.S.O., R.N., and Mrs. Reinold, of Wrotham, Kent, to Sylvia Noel, daughter of Captain M. C. Kelway-Bamber, of Kensington, London.

DEATHS.*

BREWER.—On January 2nd, 1941, suddenly, at 26, Newton Road, Kingskerswell, Devon, Dr. Alexander Hampton Brewer, M.R.C.S. (Eng.), L.R.C.P. (Lond.), late Captain, R.A.M.C., formerly of Woking.

PARKER.—On December 17th, 1940, at Radnor House, New Street, Henley-on-Thames, Herbert Parker, M.R.C.S., aged 80.

SHEPARD.—On December 24th, 1940, at Lynwood, Cookham Dean, Robert Henry Shepard, M.R.C.S., L.R.C.P., aged 74.

* For insertions in this column the charge for non-subscribers is 2d. per word.

MIXED TYPE

The Nazi régime is the triumph of Thalamism.—(Dr. Bourne.)

* * * *

Have you ever enjoyed a good meal per rectum?
—(Dr. Strauss.)

* * * *

"We are all alike because we are all heavier than water."
(Dr. Geoffrey Evans).

* * * *

Description in S.O.P.'s: . . . "Hydroceles fit for a king."

* * * *

"The treatment of the two conditions is exactly opposite, so it's nice to make a diagnosis if you can."
(Dr. Scowen).

* * * *

Tut, tut!
"She retired to bed under the supervision of her doctor."—(D. S. Morris.)

Secret Weapon
Home Guards! Beware of Hitler's unseen ally—rheumatism.
—(Advt. in Daily Press.)

* * * *

Vaccination Course
"We won't keep you any longer than it takes to sign your names in the book. Get it round as quickly as you can." (Dr. H——s.)

* * * *

Practical Pharmacy
"I firmly believe that if the whole Materia Medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."
OLIVER WENDELL HOLMES.

* * * *

"She's had bronchitis, and two children."
(M. O. P.'s).

* * * *

A.B.K. + G.N. = 2 happy. Congrats.

The Exoma Press, Ltd., 255, Liverpool Rd., N.1. North 1094.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

MARCH, 1941

VOL. 2. No. 6.

INDEX.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 2 MARCH 1st, 1941. No. 6.

ANTI-VACCINATION PROPAGANDA

The mental processes of the anti-vaccinationists must be very strange. In the JOURNAL office we have lately received an example of their curious functionings in the form of a pamphlet on anti-typhoid inoculation. One wonders what these anti-vaccinationists consider to be the motives of those who advocate inoculation; are they merely misled, or are they horrid monsters with a sadistic urge to inflict their beastly vaccinations on a defenceless people?

Inspired by an article on typhoid in the Penguin book "Science in War," the pamphlet begins by pointing out at some length that since there was no dramatic fall in typhoid mortality around 1880, when Eberth discovered the typhoid bacillus, this discovery was, therefore, of no significance. This hardly seems to follow; however, their arguments are so ingeniously phrased that a casual reader would be led to doubt the very existence of a typhoid bacillus.

Next, four pages are devoted to showing, quite correctly, that the incidence of typhoid is directly related to insanitary conditions. This is apparently evidence that anti-typhoid inoculation is useless.

The Boer War is now resurrected. In point of fact, at that time paratyphoid A and B had not been differentiated, and the vaccine used was only protective against typhoid itself; nevertheless the incidence of enteric fever was twice as great in uninoculated as in inoculated subjects. This is disregarded by the anonymous author of the pamphlet, who implies that the immunisation was a failure, adducing evidence of this type: "Mr. W. H. Power, of the Local Government Board, when giving evidence before the Royal Commission on Vivisection, was questioned as to Wright's anti-typhoid vaccine, and said: 'No, we have never used it. You will remember that its value was disputed among the military authorities in South Africa. . . .'"

The recognised fact that the immunity given by TAB vaccine is not absolute is emphasised in every possible way, with numerous quotations from Army authorities giving figures of cases among inoculated men. Nowhere, however, is the percentage incidence of the disease mentioned as evidence. We are then transported to India, with similar quotations from Army reports, showing that in each year from 1931-36 more cases and more deaths occurred among inoculated than among uninoculated men. The total number of men in the two categories is not, however, mentioned. The reason given for the omission of figures later than 1936 is that these later statistics are given as rates per 1,000 strength. This, of course, exposes the villainy of the pro-vaccinationists.

Numerous authorities are quoted as saying that the case mortality of typhoid is unaffected by protective inoculation, and as a coup de grace the reactions after vaccination are depicted as a most terrifying and dangerous ordeal.

The impressive effect of this pamphlet, for it is impressive to a lay reader, is achieved, not by falsification, but by ingenious manipulation of certain facts, and the omission of those unfavourable to its purpose. It is therefore not so easily refuted. However, these figures, given by the Secretary of State for War in answer to a question in Parliament, provide a convincing refutation: Up to that time there had been 32 cases of typhoid in the Army, of which 26 had not received inoculation. Eighty per cent. of the Army accepted TAB inoculation, so that the chance of contracting typhoid or paratyphoid was increased 17 times by refusing inoculation.

April issue.

Contributions for the April issue should be received not later than March 13th.

FRAGMENT

Awakened now the long swift tides of time
Have washed over and over me again,
And the leering face of death swung by
Outstripping me, so that I saw him plain.
Lightly we went, astride of life and death,
How to know, we said, if we were dead?
Would we be winds among the light and shade,
Or would the sunshine light upon your head?
When you died I saw the pale dead
Silent stand, amazed to see your head
Flaming proudly in that gloomy land
As you sped across the lonely sand.

I. E. D. M.

ON EXAMINING THE OPTIC DISC

by SEYMOUR PHILPS, F.R.C.S.

The electric ophthalmoscope has now reached a pitch of perfection which brings the examination of the fundus of the eye within the reach of all, but before labelling a fundus as pathological it is necessary to know what constitutes the normal. Medically speaking, there are two main points one wishes to establish when using this instrument—the condition of the optic disc and of the retinal vessels, and I thought it might be of interest to set down some notes on what is and what is not a physiological optic disc. There are wide variations of the normal, but a clear appreciation of the anatomical factors which give the disc its colour and definition will make these variations easier to understand.

THE COLOUR OF THE OPTIC DISC.

1. The colour of the optic disc is imparted to it by the bluish-white lamina cribrosa through which the optic nerve fibres pass.

2. This colour is modified by two factors—

(a) the optic nerve fibres,

(b) the capillaries on those fibres.

The retinal nerve fibres are non-medullated and therefore semi-transparent. They change the bluish-white colour of the disc to a grey or yellowish white. They are more crowded on the nasal than on the temporal side of the disc, and it is therefore physiological for the temporal side to be the whiter

of the two. The colour will also vary with the refraction of the eye. The hypermetropic eye is small, and the nerve fibres are therefore more densely packed than in the large myopic eye, and what would pass for optic atrophy in the hypermetropic eye would be physiological in a person with short sight.

The disc capillaries give the disc its pinkish hue. When they are engorged, as in papillœdema, the disc is darker in colour, approximating to that of the retina, and when they are emptied, as in central retinal artery thrombosis, the disc immediately assumes a pale yellowish colour which later changes to bluish-white when the nerve fibres die.

It is not unusual to find the central area of the disc free from nerve fibres and capillaries and therefore much whiter than the margins. Optic atrophy is not present unless the pallor extends up to the very edge of the disc.

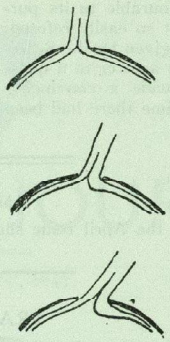
Central pale area of disc Not extending to margins.

In extreme cases of anæmia the optic disc appears pale owing to the low hæmoglobin content of the vessels on it, and I have recently examined the eyes of a man with a red count of 1½ million who appeared to have optic atrophy in both eyes, whereas, in fact, his visual fields were quite full.

DEFINITION OF THE DISC.

The boundaries of the lamina cribrosa are normally well seen through the optic nerve fibres, though usually less distinctly on the nasal side for the reason already given—that the fibres are more heaped up in this situation. A blurred nasal edge to the disc is thus physiological. The amount of this blurring will depend on the angle at which the optic nerve leaves the eye—the more acute the angle the more heaping up and the higher the degree of blurring.

A disc with indistinct edges throughout its circumference *may* mean early papillœdema, but before diagnosing this the following pitfalls should be excluded.



I. No blurred Nasal edge.

II. Slightly blurred Nasal edge.

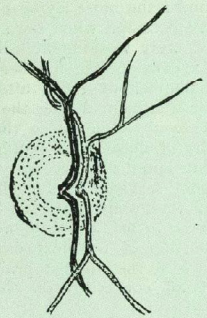
III. Definitely blurred Nasal edge, and some temporal pallor.

1. *Opacities in the cornea, lens, or vitreous humour.*

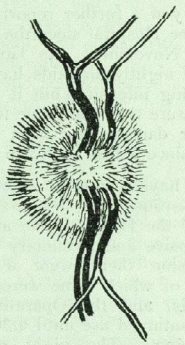
If the fundus of the eye is examined through, for instance, an early cataract, all the details including the disc margins will appear indistinct, and it is therefore important to exclude such opacities. Foster Moore used to say to his pupils: "Do you want to become a 30 per cent. better ophthalmologist on the spot?" and, if anyone said they did, the answer was, "Then always start your ophthalmoscopic examination with a high plus lens." It should be an invariable rule to start such an examination with a +12. With this the observer will have a distinct view of the cornea, anterior chamber and lens. If there are opacities he will notice them and make allowances when the retina is reached. Still watching the lenses are rotated slowly towards O and thus the different layers of the vitreous chamber come into view. When O is reached the retina will be in focus if the patient is emmetropic, and if no opacities have been encountered on the way the fundus details should now be clearly seen.

2. *Refraction of the eye.*

Hypermetropia.—A long-sighted eye is a small eye and in it the optic nerve fibres will be more bunched together than in an eye of normal size. The disc margins will be partially obscured and there will be slight swelling of the papilla—a condition known as pseudopapillœdema, and it is partly because of this trap that the statement has appeared in some books that papillœdema should not be diagnosed unless a retinal hæmorrhage is seen in addition to the recognised changes at the disc. I do not subscribe to this, for if it were put into practice some early cases would be missed, but it is a fact that almost all patients with a choked disc develop retinal hæmorrhages before long. In doubtful cases it is wise to work out the patients refraction before coming to a conclusion.



Normal light reflex.



Disappearance of light reflex in papillœdema.

Astigmatism.—If this is present in an amount exceeding two dioptres it will mean that two opposite edges of the disc will be blurred, while those edges at a right angle to them will be in focus; but if the examination is made through the patient's own glasses this blurring will disappear.

I have attempted to show in the foregoing that one must be cautious when labelling a blurred disc edge "papillœdema," and even when all these snags are excluded there will be some cases in which there is much honest doubt; but there are two signs which are of the greatest help: (a) The colour of the disc in true papillœdema should be akin to that of the retina owing to the congested capillaries; (b) the disappearance of the normal light reflex from the wall of the retinal artery as it crosses the edge of the swollen disc.

When an artery is lying flat a band of bright light is reflected from it into the observer's eye. If the artery is not lying flat this light will be reflected elsewhere and will not be seen. It is often absent from one or other of the branches of the artery which happens to have a kink at that spot, but when absent from all the branches it is a very important sign.

Finally, it should be said that there are many disc conditions which speak for themselves, and can only mean one diagnosis, which can be reached without reference to the patient's history and general condition. But there are also a great many about which it would be unwise to form an opinion without going most carefully into the patient's case.

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.

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

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THE SECOND GREAT FIRE

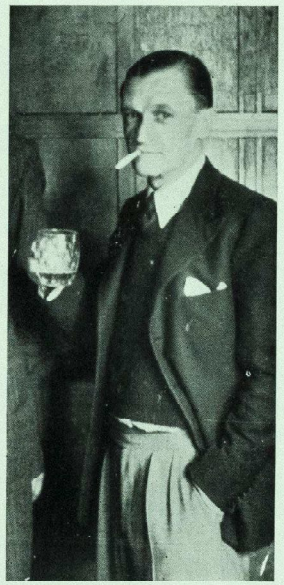
The following account is an extract, amended by the Censor, from the Treasurer's report to the General Court of Governors on 23rd January, 1941.

"I should like to take this opportunity of giving you a further report of the war-work of the Hospital since the last General Court in November. As Governors will know, the nightly air-raids have continued with varying intensity, but it is with very great pleasure that I am able to report that no further damage has been done to the Hospital since I last spoke to you.

"There have been three nights calling for special mention; the first was when the vicinity of the Hospital was attacked with high explosive and incendiary bombs. On this occasion there were a number of casualties of which some were admitted to the Wards, and the Operating Theatres were in continued use until 6.30 the following morning. The night of the 29th December, it will be remembered, was the night on which thousands of incendiary bombs were dropped in the City of London and very large fires resulted. Having regard to the extent of the damage the casualties sent to the Hospital were comparatively few, of which a number were admitted. The Hospital, however, was temporarily deprived of its supplies of gas and one circuit of electricity, the particular circuit being the power circuit working the lifts. At about 10 p.m. the Assistant Commissioner of Police for the City of London visited the Hospital and stated that he was informed by the Fire Brigade that there was difficulty in checking the flames and that if they got nearer to the Hospital it might be necessary to order complete evacuation at very short notice. In view of these warnings and the fact that any evacuation would take a considerable time as the lifts were not working, it was decided immediately to evacuate some one hundred and two of the two hundred and twenty-five patients in the Hospital on that night. The patients so evacuated had to be carried on stretchers down the stairs and loaded into Green Line buses. The work was carried out by the Head Porter's Staff, by volunteers from amongst the students and by those of the Clerk of the Works' Staff who were available. These 102 patients were evacuated without mishap to Friern Hospital, New Southgate, within the space of approximately two hours from the arrival of the Green Line Ambulances, and it reflects very great credit on all those concerned that the work was carried out so smoothly and efficiently under the most trying conditions. On the third occasion when the services of the Hospital were working at full pressure there was a considerable number of casualties. A number of these attended the Hospital for treatment during the night, of which some were admitted to the Wards. The majority of these cases required surgical treatment, and it was necessary to secure the additional services of a mobile team. In spite of this assistance the Operating Theatres were in use all night and a considerable portion of the next day. I can only speak with the highest praise of the conduct of all concerned on these three occasions.

"The considerable damage caused by incendiary bombs has emphasised the need for adequate fire protection. The fire-fighting organisation at the Hospital which has been in operation since the first day of the war, has been extended. Every roof of the Hospital has been fitted with fire-fighting appliances, and there are six regular fire squads on duty each night in the Hospital. In addition to these regular squads great help has been given by the medical students on all occasions when incendiary bombs have been dropped. On one particular night approximately one dozen incendiary bombs were dealt with in the space of a few minutes. The following morning it was discovered that an incendiary bomb had also fallen on the roof of the Church of St. Bartholomew-the-Less. Fortunately, this bomb had failed to explode and it was removed without having caused any appreciable damage. The work done by the fire squads forms part of their ordinary duties, and they receive no extra remuneration for carrying it out. I think the Governors will like to know, however, that the Treasurer and Almoners have on occasion given gratuities to members of the Head Porter's Staff or of the Works' Department who have given specially meritorious service on the occasions above referred to."

OUR CANDID CAMERA



"Second Stage."

LETTER FROM A G.P.

Lincoln.
Nov. 24, 1939.

Dear Dr. ——,

I am very much obliged to you for your report on Mrs. ——. There seems nothing to account for the attacks of tachycardia unless there may be appendix, or ovarian, trouble. Perhaps you will give her an X-ray. She is rather neurotic.

Her husband had polyneuritis some years ago, but can walk half a mile with a stick, and is in good health otherwise, bodily and mental, except that he has to pass a catheter.

She had a child before she was married. Her mother's first baby was very premature, and a fine child. Her grandmother had two children before she was married.

One of her aunts also blotted her copy-book, but they were all nice people, good workers, and, apart from their hobby, most respectable. Underdone pork, and underdone women are not wholesome and there may be something in that.

Thank you for the prescription. I have used it on her.

Kind regards,
Yours sincerely,
—— ——.

N.B.—All moral after marriage.

GERMAN PHYSICIANS A CENTURY AGO

The issue of the *Medico-Chirurgical Review* of April 1st, 1839, contains the following description of contemporary German physicians:—

"It might be a curious inquiry to ascertain what are the causes of the present state of medical literature in Germany; why there is such a want of good books on medicine and surgery, along with such an abundance of excellent books on anatomy, physiology and materia medica. Three causes suggest themselves. The theoretical and generally unpractical turn of the German mind; (2) the want of public hospitals managed as in England; and (3) what appears to be far the most important cause, the mode of appointment of professors in the German universities. The aspirant to a professorship commences his career by obtaining leave to lecture under the name of "privatim docens." His object is to obtain some name as soon as possible in order to secure early promotion to a professorship. This he can most readily do by writing something; and whether the individual has had experience in his profession or not, he writes his book. In anatomy and physiology, where everyone has the means of making new observations, this is very well; but in medicine and surgery it has the most prejudicial effects. The same evil continues after the *privatim docens* has attained the rank of professor, when it is a matter of profit to him to have his system of medicine as a handbook for his class. The general result of this is, that for practical improvements in medicine Germany has always to look to England and France, although it is not meant to be denied that from time to time works of great practical value appear."

J. D. R.

THE ART OF PASSING EXAMINATIONS

by JAMES MAXWELL, M.D., F.R.C.P.

THE medical student spends nearly six years of his life in acquiring information on a great variety of subjects. When going through these strenuous years he has two, not entirely similar, objects in view. His primary objective is to fit himself for the practice of his profession after qualification, and obviously he must keep this always in mind. The second, no less important, for it is the essential preliminary to his main objective, is in due course to satisfy the examiners that he knows his work reasonably well. It is a fact that much of the information which the student acquiries during his Hospital course turns out to be of comparatively little value to him when he ultimately enters practice; this knowledge is stored up chiefly with the object of passing examinations, and the student can hardly be blamed if he cannot see the point of working hard to learn that which is likely to be only of transient benefit. At the same time examinations must be passed and it seems an extraordinary thing that, when so much teaching is being carried out, no systematic instruction is given to the student in the art of satisfying his examiners. It is held by many that the whole system of examinations is wrongly conceived, and that it fails to a considerable extent in its object of picking out those candidates who are most suitably qualified for their future work. There can be no doubt that there is a great deal of substance in this criticism, but it is difficult to see what method of qualification, or what standard, could be substituted. It is therefore necessary at present for the student to accept the system and to devote a certain part of his energies to the purely academic end of passing examinations.

The qualifying examination can be divided into three parts, the written, the clinical, and the oral. The object of these hints is to direct the attention of the student to those points which he should carefully consider in the technique of handling each part of his examination, for a candidate who is properly equipped to meet the examiners starts with a tremendous advantage over his competitors who approach the ordeal without previous consideration of how they will carry it through.

An important factor in the result of the examination is the state of mind in which it is approached. The candidate has spent the preceding three years preparing himself for this particular test, and during that time he should have acquired sufficient self-confidence to enter the examination room in a state of complete equanimity. Self-confidence is a great asset, but it must be clearly distinguished from cocksureness. The man who "knows it all" does not know enough to realise how little he really knows, and this type will frequently come away from the examination hall with the impression that he has done extremely well when, in fact, he has done badly. The candidate who is most likely to pass is one who is fully conscious of his shortcomings and who realises where he has gone wrong. No candidate has ever yet completed a perfect examination, and none ever will, so there is no need to worry unduly about the mistakes in any given part of the paper so long as one is conscious of their existence. In this connection it may be remarked that sins of omission are more venial than sins of commission; it is better to leave out something inadvertently than to put down a good deal of palpably incorrect matter.

Some, of course, are good examinees, and these will have no difficulty in getting through. These remarks will be of little use to them, for they know instinctively the correct method of approach. Considerable numbers, however, are bad examinees, and it is hoped to help them by trying to analyse some of their shortcomings. Undue diffidence is often coupled with the inability to make the most of the knowledge which the candidate possesses. He starts with an inferiority complex and meets his troubles before they arrive. If anything goes wrong he is unduly shaken and therefore does worse in subsequent parts of the examination. The bad examinee is bound to be always at a disadvantage while the present system of examinations is in force, but practice sometimes helps to accustom men of this type to being examined, and it is therefore a wise plan to enter for all possible scholarship examinations during the clinical course in order to obtain practice in the art of being examined. The bad examinee may comfort himself with the knowledge that others of his kind have often done exceptionally well in practice after they have passed the qualifying hurdles. In fact, experience tends to show that it is the too-brilliant student, who never has any trouble with examinations, who tends to become mediocre when he has to put his theoretical knowledge to practical use.

Some men are so highly strung that they make a practice of taking sedatives before an examination. There is no objection to this, so long as only the milder sedatives are used, although it is only in exceptional cases that the practice is likely to be of benefit. For years past the more phlegmatic type has been in the habit of stimulating his mental powers with strong coffee, and the effect of this is no doubt beneficial in many cases. More recently some candidates have experimented with Benzedrine in attempting to stimulate their mental processes; unfortunately, no drug has yet been invented which will produce knowledge which is not already stored in the candidate's brain, and the chief effect of drugs of this type is to make a man feel that he has done better than he really has. In the vast majority of cases there is certainly no indication for examination pre-medication.

A word may be said about the relation of the candidate to the examiner. It is quite wrong to regard examiners as natural enemies who are out to "do one down." The object in qualifying examinations is to pass all of those candidates who are likely to make good doctors. There is little or no element of competition, and the examiner is usually genuinely anxious to be helpful. This attitude, however, does not apply to the higher examinations, where it is up to the candidate to convince his examiners of his fitness without assistance from them.

The Written Examination.

The first part of an examination in any clinical subject consists in answering one or more papers of questions. It is necessary to realise that by writing his answers the candidate is committing himself and that, once his paper has been collected, there is no possibility of retreat from statements put down in writing. It is therefore necessary to be particularly careful that the answers are clear and free from unintentional ambiguity; sometimes an ambiguous answer might, of course, produce results, if the candidate is not sure of his facts, and if the examiner happens to read the answer in the right way. Before actually considering the approach to the paper itself there are one or two points which need comment.

The first is the handwriting of the candidate. The average medical student, through a long course of taking down lecture notes at high speed, is apt to find that his handwriting steadily deteriorates so that, when he approaches his final examination, it may even approximate to the illegible. It is clear that the examiner who has many papers to correct is bound to think more kindly of a paper which causes him no trouble to decipher than one in which every word necessitates a struggle. In some cases illegibility is merely due to haste or to nervousness, and both of these factors can be overcome. In any case the candidate who writes illegibly is placing himself, in this part of his examination, at a definite disadvantage. Of course, it is a common tradition that the handwriting of the qualified doctor is usually illegible, if we are to believe the comments of coroners, judges of the High Court, and others whose position renders themselves immune from criticism. It is doubtful if, in fact, the handwriting of doctors is any worse than that of any other body of professional men. There is no virtue in illegible handwriting, and a little

care devoted to this point is always amply repaid.

Another point of some, although minor, importance is spelling. Although the examiner would not be justified in taking any drastic steps in the correcting of a badly spelt paper, yet bad spelling is obviously unlikely to prejudice him in the candidate's favour. Incorrect spelling of complex technical terms is, of course, excusable, and even the leaders of the profession are occasional sinners in this respect. Those who have had a sound classical training are much less likely to err than those brought up on the modern, or on the so-called "science," side at school. The spelling of ordinary words is much more likely to leave a bad impression, and one only too often finds even qualified practitioners who err in this respect. Quite recently an application for the post of House Physician was received from a candidate who proudly stated that he possessed the degree of Bachelor of "Medecine," with distinction in "medecine." The spelling of names of certain drugs is very weak among students, chiefly because they have not been properly taught to write prescriptions. In this connection it is permissible to recall the case of the House Physician who made up a digestive mixture with infusion of "colombo" on the day before a certain well favoured candidate was successful in the Derby.

When the candidate is actually faced with a paper of questions, his approach to it should be calm and methodical. The student who, after a hasty preliminary glance at the questions, commences to write at a furious pace and who keeps up this pace for three hours, is not one who is writing down sound information, and he cannot be putting his thoughts down in a coherent manner. Success in written examinations is not measured by the number of supplementary sheets filled up with writing, although one sometimes hears the quantity of written matter referred to with pride.

The best approach for the average student is to divide his time strictly into periods, to allow approximately an equal period for each question, and to stick strictly to his schedule. It may sometimes be that the candidate calculates that he can answer one question in less than the allotted time; there is no objection in this case to increasing the time devoted to another question. It is necessary to avoid the temptation to answer one question, on which the examinee happens to be particularly well informed, at excessive length, and to leave so little time for the remaining questions that it is not possible to make the best use of his knowledge in the time at his disposal. Occasionally an attempt is made to bluff the examiner by writing one or two long questions and by answering the others in a sketchy manner in the hope that it may be assumed that the candidate knows more than is really the case; it does not augur well for one's chances to be reduced to such an extremity, and this type of subterfuge is rarely successful.

It is a good plan to allow a few minutes for complete mental rest between each question. For instance, it is quite difficult, having just answered a question on a complex neurological problem, to switch straight to a discussion of an equally complex problem which relates to some entirely different system of the body. Two or three minutes of complete mental relaxation is a necessary preliminary if the candidate is to make the best use of his knowledge.

Before actually proceeding to write anything down it is a wise plan to devote five minutes to a consideration of the question, and to planning out, paragraph by paragraph, the best method of answering it. The question should obviously be read carefully, for by this means misunderstanding is not likely to arise; a full description of lockjaw is not likely to be acceptable in answer to a question which deals with the pathology and treatment of tetany. It is obvious that no credit can be allowed by the examiner for what is, under the circumstances, gross carelessness on the part of the candidate.

The candidate should first write down, on a separate piece of paper, the subject matter of the various paragraphs, after which he is in a position to commence to answer the question. He now has his thoughts arranged in an orderly manner, he is able to proceed according to his own pre-arranged programme, and he is therefore able to make the best use of his knowledge. A point of difficulty which sometimes crops up is how to put down all that he knows in the comparatively limited time. The aim must be to acquire the maximum amount of marks on each question, and everything which is not strictly relevant must therefore be excluded. When the time appears to be short there is every reason to adopt a classification in order to economise space and time. Classifications are extremely useful,

and the student should find it worth his while to practise classifying the causes and treatment of disease, not only from the point of view of the examination but also because, when he enters practice, he will be much less likely to forget an important cause of a symptom or sign, and so run the risk of making a mistake in diagnosis. At the same time undue indulgence in classification might expose the student to a risk against which he should be put on his guard. If one knows a subject well it is tempting to impress the fact upon the examiner by putting the rarities first. This tendency must be sternly discouraged in a written examination. The student who answers a question on the causation of peripheral neuritis by writing a page on leprosy and by mentioning diabetes, arsenical poisoning and alcoholism more or less as an afterthought is not impressing the examiner in the way which he fondly hopes. It is a sound rule to place things in the order of their commonness and clinical importance; the highest marks will be given to the candidate whose answer is of the greatest practical value. The addition of "frills" will pick out the man whose knowledge is more detailed, but this information can only prove remunerative to him if it is put in its proper place.

A final word may be added with regard to prescription writing. For generations it has been the custom for prescriptions to be written in Latin, and many good reasons can be put forward for the continuation of this practice. It is, however, a regrettable fact that the heads of our profession now actually seem to prefer English, although, illogically enough, some of them also appear to favour the use of the metric system, which is unfortunately official in this country, in the specification of quantities.* The doses set out in the official pharmacopœia are specified in the Imperial system of weights and measures and also, oddly enough, in a literal translation of these measures into the metric system.* At present the candidate would be well advised to learn one system only, preferably the Imperial system, and if, as is only too frequently the case, his knowledge of Latin is insufficient for his needs, he should write his prescription in English in order that he may express himself clearly. It is a good plan to learn the prescriptions used in the treatment of common conditions during the period of ward clerking. It is astonishing how few drugs and how few prescriptions are really essential, so that it is not a task of any great magnitude. When writing the treatment of any given complaint it is as well to set out the details in an orderly manner. It will be found that treatment can be considered under five headings and the use of the following table is likely to prevent important therapeutic measures being overlooked:—

1. Rest.
2. Hygiene.
3. Diet.
4. Drug treatment,
   (a) Specific.
   (b) Symptomatic.
5. Special treatment,
   (a) Non-operative.
   (b) Operative.

Before finally handing in his papers the candidate should, if time permits, read through the questions in order to see if any last-minute alterations are desirable. It is better to make this general survey at the end and not read through each question immediately after it has been written. A more detached view is taken after a little time has been allowed to elapse between the writing of the answer and its subsequent perusal. It is a good plan to allow at least ten minutes for this task when compiling the initial time-table.

The Oral Examination.

The oral examination must be handled quite differently from the paper, for the examiner is met face to face, and there is therefore an opportunity for the emergency revision of opinions which is not available when a paper is being written. Before entering for any examination which includes a meeting with the examiners it is obviously wise to take the precaution of finding out who these examiners are to be, as well as details of their temperament, subjects of special interest, and fads, if any. Examiners may be divided into four classes, the impassive, the genial, the average and the brusque. The first two classes are by far the most difficult to cope with. The impassive examiner gives no clue by his facial expression to the impression which is being made upon him; the student who knows his work well has no cause to fear this type, but one who is not sure of his facts is apt to deduce the worst and therefore not to do himself justice. The genial examiner is often a menace. His demeanour is apt to encourage the candidate, so that he does not realise how far astray he is being led; the candidate is often left with the impression

* Why "unfortunately"?—ED.

that he has done quite well, and consequently may fail to understand the reason for his receiving a pink slip. The average examiner is, of course, the commonest type and the one most easily handled. Any student of physiognomy is able to deduce a certain amount from the way in which he receives the answers given, and it is usually possible abruptly to modify the answer, even in the middle of a sentence, when it does not seem to be meeting with the desired reception. It is an axiom, in an examination, that the examiner knows best, and it is therefore useless for the student to persist in expressing views which are manifestly inacceptable, no matter how convinced he may be that he is correct. The brusque examiner is a trial to the nervous system, but statistics show that he is not nearly so dangerous as some of his colleagues. He may delight in making things uncomfortable, but he is apt, as a rule, to be generous in his marking, so that there is little to fear so long as the candidate does not allow himself to be put out of his stride.

Examiners often have their special subjects, upon which they have usually expressed their views in writing. It is an obvious precaution that, whenever possible, the student should make himself familiar with the views of his examiners and should be prepared to produce them when required. A specialist is often kindly disposed to those who know less than he does about his own subject, for he does not expect so much from them and he is quite happy, even in an examination, to teach them something about it. The specialist who wanders from his own to some other subject is more difficult to deal with, for he is frequently not very up to date in his views, and it may be possible to get at cross purposes with him, with unfortunate results. It is a wise procedure to lead the specialist on to his own special subject and to display a becoming amount of interest if he tends to become at all didactic.

In an oral examination it is well to cultivate the art of leading the examiner in the desired direction. It must be remembered that examiners who have to produce relays of questions to successive candidates for three or four hours at a time are very apt to become tired, and possibly disgruntled, as a result of the mental strain which this procedure entails. The student who can so answer questions as to give the examiner an obvious lead to another question is in a strong position if he is already prepared to answer the expected question when it is put. One often hears a student give an answer which leads naturally to a further question which he is obviously not in a position to answer, and nine times out of ten this need not occur.

It must be remembered that examiners are human and that many of them have their lighter moments, especially in the oral part of the examination. It is tactful to be able to enter into the spirit of any light-hearted question and not be put out by an unexpected quip. An examnier in the Primary Fellowship Physiology some years ago was wont to show the candidate a glass of urine and then to enquire: "What is the most abundant inorganic constituent of urine?" The majority of candidates would suggest sodium chloride, although a few, less well-informed, would proffer other substances. The correct answer, of course, was water, but it could be noticed that the examiner was always kindly disposed to those who fell into his little trap.

It very rarely happens that an examiner is unfair, although cases of this type are not unknown. A classical instance was the examiner, now dead, who had a "down" on the students of one particular Hospital. When his co-examiner happened to belong to this particular Hospital, this individual was always aware of the origin of the students from that same Hospital, for he had to give them a viva of double length instead of sharing them with his colleague, as was the case with students from a neutral Hospital. He evolved an infallible technique for demoralising his victims at the very start of the encounter. To the student who politely closed the door on entering the room he would growl, "leave the door open, can't you feel how stuffy it is in here?" If, however, the door were left open he would make the sarcastic comment, "another ——'s man, I see; haven't you the manners to shut the door?" Needless to say, examples of this type are extremely rare. Another type of examiner who may be unfair is the one who has a bee in his bonnet on a given subject. It may be that he has an undue facility for hearing bronchial breathing or very faint aortic diastolic murmurs. In any case, foreknowledge of this examiner's foible is sufficient to guard against any unfortunate result.

The clinical examination is a variety of the oral examination in which the candidate's theoretical knowledge and his powers of observation are tested simultaneously. All that has been said about the oral examination applies in the clinical, but certain other observations must be made. The haunting fear of the student is that he may have "missed something," and he quite frequently has. This applies more to short than to long cases. The scheme of teaching which causes the student to depend on a complete history and then upon a complete physical examination from the crown of the head to the soles of the feet is ideal, and is quite suitable for long cases, but it is obviously useless with a short case. The student who relies too closely on the methods of clinical examination taught to the clerks in their first three months is very likely to get into difficulties in this part of the examination. It is essential to acquire the art of getting to the heart of the problem, and of sticking to it, that leads to success in short cases. The student who always starts with the pupil reactions and works downwards therefrom is apt to find himself short of time before he has reached the site of the trouble in a patient who has a gouty big toe. Clinical examinations involve contact with patients. It not unusually happens that the patient is only too willing to offer advice, or even a diagnosis; this assistance should always be received with a certain amount of caution, for the patient is sometimes under a misapprehension himself, and his too facile suggestion of a "rupture" may cause the candidate to overlook the presence of an obvious hydrocele. It used to be the practice for candidates to take the precaution of trying to see, before the examination, certain of the cases which were likely to be shown in the clinical. Obviously, this is a matter of difficulty and, in surgical cases at least, it might lead to disastrous results, for the examiner might not hold the view which was accepted when the patient was shown in the Out-Patient Department. It is a better and safer procedure not to attempt to acquire foreknowledge, but to approach the patient in an unbiassed frame of mind, always remembering that the cases selected are usually straightforward and that the mistake that the candidate is likely to make is to look for pitfalls which are not there. In this connection it is permissible to recall the case of the man who had failed the Final Fellowship on numerous occasions, usually in the clinical. He determined, on the latest attempt, that he would at least make sure of seeing all the cases that could be shown, and he devoted himself to an exhaustive round of the Hospitals to which the examiners were attached. On entering the room where the examination was to be held, he noticed that he was familiar with all the patients with one exception. To his horror the examiner guided him in the direction of the single unknown. Without a moment's hesitation he turned to his examiner with a look of absolute candour in his eyes and said, "I really must tell you, sir, that I have seen this patient before!" History relates that the examiner's reply was, "very honest of you, my boy, you had better come and examine one of the other cases." Perhaps such presence of mind deserved its reward.

The clinical examination is always a bit of a gamble, for it may happen that a candidate forms a more sound opinion about the patient than his examiner. It is extremely bad luck when this happens, and examples are by no means unknown, but the principle presumably is that, although the lesion did not turn out to be what the examiner thought it was, it *ought* to have been! At the same time a candidate who is the victim of such an event must be left with a very justifiable sense of grievance at his bad luck.

In conclusion, I would like to repeat that it is not always the best man who passes examinations with the greatest ease, nor does facility for passing examinations appear to bear much relation to the success of the subsequent career of the student. It is when the final examination is passed and the licence to practice has been conferred, that the doctor begins to learn his profession in the best of all medical schools, the school of practical experience.

SOCIETY OF APOTHECARIES.

Dates of the Society's Examinations for the month of April:

Surgery, 15, 16, 17.
Medicine, Pathology and Forensic Medicine, 21, 23, 24.
Midwifery, 22, 23, 24, 25.

"It gives me a shudder to think of the constitution our ancestors had, and of how they withstood the assaults of the apothecary."

OSLER.

CORRESPONDENCE

LEVANTINE THERAPEUTICS.

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

Sir,

I feel that the therapeutic principle about to be described should be placed at the disposal of our profession with the least possible delay.

My patient was an Australian officer stationed in one of the Aegean islands. He was suffering from catarrhal jaundice, and at the end of a fortnight was to my unenlightened eye practically convalescent. But the Wise Ones of the island knew better, and through the interpreter (who had once been a waiter in New York) they gave daily more gloomy prognoses. In fact, the Old Lady in the Hills forecast certain death in a month. At last they could stand by no longer, and one forenoon a small band of ex-brigands descended from the mountains and proceeded to administer their life-saving treatment. The patient's upper lip was turned back and a piece of epithelium picked up by means of an ordinary sewing needle and white cotton; a ligature was then tied and gentle traction resulted in a small fold of flesh; this was sliced off with a razor. The leaves of a scented wild plant, crushed up with salt, were then applied to the wound, and the piece of cotton with its minute bit of the patient attached were hung up over his bed. The ex-brigands then departed well satisfied.

Inevitably the jaundice began to fade the next day!

J. C. RYLE.

At Sea, December, 1940.

A PROTEST.

The Editor, St. Bartholomew's Hospital Journal.

Sir,

Mr. Leacock's letter in the February issue of the Journal is of interest. He appeals for a more critical outlook, realising perhaps that though the individual may proclaim his abhorrence of politics and economics, these two latter have no such aversion for him—as is evidenced by the general changes, sometimes of a violent nature, that have occurred since the War commenced.

But whether we are to be progressive or reactionary depends not upon a chance decision but upon the particular form of philosophy which one, consciously or subconsciously, accepts. If we are absolutists and hate change because we think it ought not to occur; if we are always looking back to those "better" days and hope to bring them back again; then, our outlook must, of necessity, be biased and restricted and we hate those who appear to have been the cause of the change.

As an illustration of this, we may take the poem, "Brighton—a cavalcade," that appeared in the same issue of the Journal. The technique and turn of phrase here were excellent and one could only feel regret that so great a degree of skill had not been utilised in a manner less calculated to be offensive.

Doubtless, one should not grumble at such a petty example of obscurantism—of which racism is but one manifestation. Obscurantism is always present and in times of war, when the baser passions are aroused and one's critical faculties are dulled by the "necessity" for blind belief in official philosophy, then, not unexpectedly, it increases and finds outlet in publications of all kinds, including, apparently, the Journal.

And so we read of the vanishing "large and lordly limousine" (Jewish) and of how the "gentlemen of Jewry" ran before some threatened danger, and so on.

Should we accept, however, that change is universal; is one of the properties of matter and will continue despite our backward longings; then, we learn to recognise, sympathise with and help to direct it. Our general outlook is broader so that we realise that the fleeing Jewry have their complement in the owners of those stately London houses (which now are empty, in strange contrast to the crowded but resplendent—and above all—safe dungeons of the Dorchester), who have created the sudden demand (vide *The Times*) for safe country houses far, far away from danger.

It is now evident that the common factor of the fleeing Jewry of Margate and the vanished aristocrats of Kensington, is money. Those who can afford to—whether they be Jew or Gentile and with exceptions in both cases—have fled to safer spots—sometimes across the sea. Those who cannot, either remain or take advantage of the Government evacuation scheme.

This question is thus removed from the fallacious racism in the form of which it was propounded, and is restated in a form which is more amenable to rational discussion.

From this it is seen how important is Mr. Leacock's plea for critical thinking in matters extra-medical as well as medical. What I wish to stress, however, is that a correct philosophical basis for one's thinking is even more essential if we are to achieve results that are worth anything at all.

What I have in mind particularly at the moment is the fact that we are at war and fighting, not merely against Nazism (which includes racism), but FOR something, too. At least, so we are told. And we—the medical profession—must do our part in helping to decide what that "something" is going to be.

We should prepare ourselves for that task—else we hold smug complacency in higher esteem.

Yours faithfully,

H. A. ISENBERG.

[Since the author of the poem "Brighton—a Cavalcade" is on active service some five thousand miles from home, I feel it incumbent upon me to comment on this letter. No one, I feel sure, will be more grieved than he to see the words "offensive" and "racism" mentioned in connection with his light-hearted composition. R. B. P. is perhaps the best known of Bart.'s humorous writers. For generations Jews (and Scotsmen) have suffered playful *badinage* at the hands of humorists in this country, and have always taken it in the right spirit. Racism never for one moment entered the head of any member of the Publication Committee. I deeply regret any offence which this poem may have caused. —Ed.]

AND A WARNING.

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

Sir,

I have been consulting the legal advisers of the Sitwell family and you will shortly hear from them in regard to the defamatory review which has just been brought to my notice in the last number of your Journal. Since its appearance my practice has disappeared.

I am, yours faithfully,

KENNETH WALKER.

LA DERMATA COMMEDIA

The following verses were found in the course of the recent demolition of the old Out-Patient Department. This antiquated building went back to the beginning of the twentieth century and was the only part of the Hospital to escape destruction in one or other of the wars which devastated Europe in the twentieth and twenty-first centuries. The lines are no doubt a burlesque: nevertheless, it is probable that a not altogether unfair picture is presented of the primitive state of medicine at that time, circa 1935

Prof. Hiram P. Gottrox, the well-known author of "The Decline and Fall of the European Civilisation," has kindly written footnotes dealing with literary obscurities, while medical and topographical detail is elucidated by the Dean. Our grateful thanks are due to these learned gentlemen.

(ED.)

* * * *

CANTO I.

Verse

1. *Arma virosque cano,*
   Qui penitus laborant:
   Detergent plenas et olentes
   Aulas ardentemque cutem.

2. Let me tell of the skill and the men
   Who patiently labour each day:
   Congestion from skins overheated
   And halls over-filled clear away.

3. Woe is the poor dermatologist
   Faced with innumerable rows
   Of patients all reddened and weeping
   From the roots of their hair to their toes.

4. In his barque they are gathered by Charon,
   Who beats them all in with his oar,
   Then pushes a stretcher or chair on,
   Takes all to the groaning third floor.

5. 'Ere the first load mounts through the air
   New skins down below disentomb,
   All wailing these clamber the stair
   Inexorably drawn to their doom.

6. The streams up above re-unite,
   Then hesitate whither to go.
   To "Roentgen" some pass to the right,
   While floods into "Skins" overflow.

7. The Bore mounts full at the portal,
   Where Cerberus crouches on guard,
   To the doomed he assigns with a chortle
   Their yellow and sinister card.

8. The sound of their stream now gets louder
   As they 'gin their eczematous dirge:
   "O Rep us our cream and our powder."
   Vain hope that their skins they can purge!

9. Like torches Neronic aflame,
   They scratch in pruriginous grief,
   While devils in chorus exclaim
   "Abandon all hopes of relief."

10. The whirling and unceasing wind,
    That harries rosaceous souls,
    Brings faces afire and red-chinned,
    Borborygmously drives them in shoals.

Verse

1. In the early nineteen hundreds medical men were still required to know Latin.
   Virgil, Aeneid, line 1: *Arma virumque cano, qui . . . . .*
   Penitus—with pains. Aeneid III, line 32: *. . . . . causas penitus temptare latentes.* To seek out with pains the underlying causes.

4 & 5. Dante, Inferno, canto III, line 82. —Hiram. P. G.

6. The third floor was shared by Skins and Dentals to the left, and X-Rays to the right. Yellow: There seems to have been something sinister about a yellow card or ticket, but I have been unable to explain this satisfactorily.—The Dean.

10. Inferno V: Dante represented the sexually over-active as buffetted about in Hell by a wind that never rests: a fitting punishment for their restless earthly life.—Hiram. P. G.

The association of rosacea and sex was first shown by Klaber and Wittkower, Brit. J. of Derm. and Syphilis, 1930.

Borborygmi is the technical term for those sonorous abdominal rumblings which are audible in many individuals, sometimes at a great distance.—The Dean.

* * * *

CANTO II.

11. Is there a female with varicose ulcer
Elephantine, a twenty-stone-stunner?
Up to Skins in the end they repulse her,
There for ever to come for an Unna.

12. Scabetics Prurigo will seize
And torture their acarous frames.
With unguents infernal he'll grease
And cast them to sulphurous flames.

13. False prophets with heads all reversed
Scour their backs for the insects that gore 'em:
Their shoulders and buttocks accursed
With pediculi vestimentorum.

14. Blue feathers fell Harpies adorn,
Who snatch psoriatics to robe in
The sheets polychrome and toil worn.
Unutterable squelch chrysarobin!

15. Forth now, ye blue girdled Furies,
And paint them all over with pitch,
But despair that herein any cure is:
In ages unending you'll itch.

16. But one there exclaims in his pride:
"Like this I'll not stand being treated.
"It's the blood that's all wrong, not my hide,
"With acids engummed and o'erheated."

17. "Here I sit in this lichenoid rind,
"And hope some night in my dreams
"Just a few minutes' solace to find
"In a vision of soft cooling streams."

18. In silence one tears at his scales
And gnaws at his vestment of pain:
With teeth supplementing his nails
His lips he can't spare to complain.

19. That belly with black acanthosis,
On legs asymmetric with dropsy,
Must harbour some strange carcinosis,
"Ward him then, pending autopsy!"

11. Unna: Early dermatologist of Hamburg (circa, 1880-1930), inventor of a gelatin bandage, much used in the twentieth century for varicose ulcers. The treatment is long since obsolete.

12. Prurigo: A chronic, very itchy state of the skin, here personified to represent an evil spirit.

Scabies: This now extinct disease was caused by a small mite, discovered six hundred years ago by Bonomo of Leghorn. Three centuries later it was still almost the only skin disease of which the cause had been found. It was treated by the application of sulphur.—The Dean.

13. False prophets: Astrologers, soothsayers, and other charlatans, who pretended to see into the future. Dante, Inferno XX, set them in Hell with their heads reversed.—Hiram. P. G.

The now extinct parasite, pediculus vestimentorum, or body louse, attacked especially the shoulders and buttocks.—The Dean.

14. The sisters of the wards presumably wore blue.

15. Senior nurses had a blue belt.
Tar, pure or diluted, was much used in dermatology.—The Dean.

The last line is perhaps suggested by Milton, an early British poet: Paradise Lost:
"There to converse with groans
"Ages of hopeless end."
—Hiram. P. G.

17, 18 & 19. Inferno XXX: In one of the deepest pits Dante put vendors of adulterated goods, debasers of the coinage, etc. Their punishment was to be themselves diseased. Dante's clinical description of the man with ascites is striking: a disproportionately scraggy face and neck on a great belly, made him resemble a double bass supported on limbs, asymmetric with dropsy. There are many other examples in the Divina Commedia of the power of Dante's clinical observation.—Hiram. P. G.

Acanthosis Nigricans: A very rare disease, usually a precursor of what in the nineteen hundreds was called "cancer."—The Dean.

(To be continued.)

MEDICINE AND SOCIOLOGY

It is now generally accepted that unless radical reorganisation in all spheres of life is effected after the war, the destruction now occurring around us will be entirely in vain; the appointment of a Medical Planning Commission is an indication that the medical profession is aware of this need. At the present time, when the conditions of peace are not yet predictable, only general outlines of policy can be formulated, but there appear to be two main paths along which reorganisation can be directed, either with emphasis along purely administrative lines for a State Medical Service or else a fundamental change in clinical teaching, and consequently in clinical outlook and sphere of action.

In dealing with the latter alternative primarily, the following two cases conveniently contrast two types of clinical outlook.

Case 1.

A housewife, who had previously been subjected to clinical and laboratory tests, had been diagnosed as suffering from bronchiectasis. A student was asked to outline a course of treatment, and being well taught according to modern methods, in parrot-like fashion he mentioned general measures, including rest, fresh air, and full diet—measures which meant little to him, and literally nothing to a busy slum-dwelling housewife, particularly in war-time. Drugs were then discussed at some length, and finally postural drainage was suggested, whereupon the physician in charge asked the patient if she practised this at home in bed. She replied that this was impossible as she had no bed and slept on the floor. This rather startling fact was underlined by a sudden outburst of weeping from the couch, yet no further comment was made by anyone in the room, and the patient returned home to her misery, together with some creosote tablets.

Surely treatment should have begun, rather than ended, here?

Case 2.

An early case of albuminuria of pregnancy in a young unmarried working-class girl, thirty-eight weeks in gestation, was referred to an enlightened gynæcologist from an ante-natal clinic. She had no complaints, but was rather pale and listless, and œdema, albuminuria, and hypertension were all of a mild degree. The usual procedure with such a case was to give the patient a diet sheet, and watch the physical signs. However, the fuller implications of such a case were not this time overlooked, and she was admitted to hospital that day. On admission, she devoured a hearty meal, and then, unaided by drugs, slept solidly for fourteen hours. Next day the change in her general demeanour was astonishing, and after two more days of alternately eating and sleeping she became the darling of the ward, and on the fourth day asked permission to return home, "To get married"!

Clinical signs and laboratory tests have undoubtedly a very important place in medical practice, but the recent advances have tended to blind us to the necessity of treating the patient as an individual. It is not generally appreciated that he is more than one of a series with a certain disease—he is an individual whose whole outlook on life has been modified to a greater or less extent by his illness. A study of the variety of reactions amongst one's friends during an epidemic of common colds will confirm this, for, indeed, it is not only the nasal mucous membrane but the whole organism that reacts to the disease.

Medicine has suffered in just the same way as most other branches of science today. The technical advances have taken, and will take, gigantic strides forward, yet the practical application of these assets has gone sadly awry or received scant attention. In all branches the individual has been sacrificed, either to machines in general, or to laboratory tests in medicine in particular. When cardiac murmurs were first appreciated they were all regarded as serious indications of a diseased organ whose functional capabilities were entirely overlooked until Mackenzie and Lewis first drew attention to the fact that the health of the myocardium was of prime importance in assessing the gravity of the cardiac lesions. In the future we may hope that the demands on the efficiency of the myocardium will receive more attention. A patient who lives on the top floor of a large tenement block some distance from her work obviously taxes her resources more than a sedentary worker living on the ground floor nearby,

and we should strive to obtain such facilities as would enable us to make the alleviation of social conditions an integral part of our treatment. Again, it is useless to enquire after every patient's appetite without also knowing if the quality and quantity of food available to satisfy it is adequate, especially in view of Sir John Boyd-Orr's statistics for grave under-nourishment in the U.K.

There are of course, many other sidelines in which planning is indicated, such as the establishment of provincial clinics for specialisation in pathological investigation, the development of preventive medicine, the active collaboration between physicians, surgeons and psychologists, the practice of euthanasia, the control of proprietary drugs and advertisements, etc., but there is neither need nor room to emphasise these here.

Surely we should strive, then, to create a Medical Service whose goal would be to treat each patient as an individual being, a separate unique entity greatly influenced in every way by his environment, both internal and external. The alternative is to adopt a system akin to that of the L.C.C. to-day, where an order from a superior medical official states clearly how a disease is to be treated, a system which would destroy all art in medical practice.

Peter Drücker, in his excellent book, "The End of Economic Man," clearly traces the reason for the advent of totalitarianism, describing it as the last mad gamble of Economic Man to overcome and master the social chaos in which the worship of Money and Machines rather than of Intellect and Craftmanship has led us. With the fall of Fascism we must expect a new non-economic era to dawn, and by emphasising the importance of individualism, the medical profession might well help to lay the foundations for the future era about to dawn—perhaps that of Individual Man.

The Easter term, commencing as it did for most of us with a fall of snow, promised to be a wintry one in the proper sense of the word. Snow fell heavily on occasions, and bicycling was a hazardous undertaking. A roof-to-roof snowball fight was watched and enjoyed by many not far from the Anatomy department, and several dignified gentlemen were seen to undergo rather undignified movements as they avoided the snowballs from above.

Skating has not yet been a prominent feature of this term's sport, but many hope that a sudden frost will supply them with a few hours on the ice up Grantchester way.

Nine o'clock Anatomy lectures are well attended despite the cold mornings, cold lecture theatre and colder reception if much more than thirty seconds late.

It seems that since Bart's has been in Cambridge, the beauties of at least one laboratory have been suffering slightly, due to the excessive amounts of work done there by Bart's students. Beautiful laboratories and Bart's students are incompatible.

The rugger match between Bart's and Cambridge is discussed elsewhere. A heartening try was scored by Bart's at the beginning of the game, and this ascendancy might have been maintained had there been a better attendance of pre-clinical students to add their vocal assistance to the team. A few desultory roars from some of the onlookers were all that could be heard besides the usual cryptic remarks of "Have that man," and "Where are you, forwards?" A few organised sound effects can change the very tide of victory.

The terminal influx of hitch-hikers from Hill End did not take place before the Bart's dance as expected, but the dance was the usual success nevertheless. D. A. D.

* *

RUGGER.

Whilst regretting the loss of several of our better players to Hill End since December, there are fortunately some good freshers to fill the gaps, and the team promises to maintain, if not surpass, the high standard it set last season.

* *

v. Queens' College on Saturday, February 1st, away. Result: Won 20 pts. [5 tries, 1 goal] to 0 pts.

Tries came from A. Jones (2), P. Ballantyne, R. Corbett, K. Pittman and H. Smith. A. B. Wood kicked one goal. A. R. C.

Since our much-abbreviated February letter students at Hill End have once more settled down to work. The twenty-four hour A.R.P. duty scheme has now been abandoned, and, instead, ten students sleep in various wards each night as potential fire fighters; the scheme, in spite of minor difficulties, is now working well.

On January 25th the "Roosters' Concert Party," in conjunction with the "Astra Kads"—a Royal Air Force dance band—gave a show for the patients. This was followed by an impromptu dance which was extremely popular.

At the beginning of last month a new set of housemen arrived—however, several old hands can still be seen strolling through the hospital.

On Wednesday, February 12th, the "Astra Kads" again played here for a dance which lasted until 1 a.m.; we hope that we shall be seeing more of them in the near future.

The usual weekly activities are in full swing: Certain members of the community can still be seen appreciating their Sunday evening gramophone recital with a *piscine facies* peculiar to the pseudo-intelligentsia. The Dramatic Society rehearses "Poison Pen," while the sound of music which echoes through the hospital on Monday evenings is, we are informed, the chorus practising for a forthcoming production of "Merrie England."

Bad weather has unfortunately stopped both hockey and soccer; rugger matches have been played during the past month, but the secretary, who is conducting business at Hill End in the traditional manner, has omitted to give any account of these games.

FRIERN NEWS

I am sorry that my reflections last month were not appreciated. This time I have taken the precaution of inviting a panel of correspondents to collaborate with me. If this communiqué is published, it will be the first in the English language from Friern since last May.

Fondness for Friern grows on one. Every day the faithful arrive, in transport ranging from Mr. Bailey's curio-cabinet Lagonda to the neat coupé which discharges a cargo of elegance (and notoriety) from the London Fever Hospital. Outwardly the Hospital (as I remarked in my ill-fated report) bears a faint resemblance to the old Trocadero, but not even the dear old Alexandra Palace on the horizon can bring the atmosphere of Passy any nearer. Work is the order of the day at Friern: none of the "frolics" and "prunes" which seem to punctuate life so freely at Cambridge and Hill End (and by the way, what on earth *are* these "stoats" and "stooges" which appear in the other communiqués with such monotonous regularity?).

The daily round of visits to the Boys' Villa, the Chapel, and Dean's Bakery sounds rather like a return to one's school days. Gynætutorials from Mr. Fraser in the R.C. Chapel, with an orchestra playing in the distance, inevitably give rise to mixed emotions, but the lecturer's equanimity is not noticeably disturbed. Dr. Maxwell, who has an all-Cambridge firm, seems not to appreciate the honour. Mr. Whitmore's lectures are popular—lectures by a student are something of a novelty.

One misses the pleasant informality of Bart's. The other day two students were discussing an operation in the theatre, and were rebuked by a junior anæsthetist (who ought to have known better). Dean's, the Friary, and the Railway, each with its distinctive menu and clientèle, are filled to

overflowing at meal-times. As a topic of conversation the war is actually overshadowed—by examinations. The Boys' Villa presents an animated scene during lectures: students examining bottles, reading the paper, and attending the lecture all in the same room together. One of the other rooms might with advantage be brought into service. Garwood remains surprisingly cheerful, in spite of recurrent hydraulic upsets at the B.V. and its ever-open doors.

(*How many months is it since they were broken?*)

SPORTS NEWS

EDITORIAL.

In this short note I should like to make a plea for the institution of a war-time cup for all games, very much on peace-time lines, among the Hospitals. There are certainly difficulties, the chief of which is the evacuation of part or all of most large Hospitals from London, but I think that without exception they are indulging in sports of one kind or another—rugger especially.

Cup-ties have in the past and always will attract people's attention. Furthermore, it seems a pity that at a time when sport in this Hospital is in such a healthy state, the fact cannot be more generally known.

* * *

A.F.C.

v. Chigwell School, away, lost 3 4.

A couple of cars picked their way between goal posts and a cricket "square" at Chigwell and disgorged the majority of the Bart's side in front of the pavilion. This unusual sight must have upset our opponents for in spite of having a rather weak side out we managed to lead at half-time by 2—1. We were, perhaps, lucky to do so, as there was a distinct weakness in our defence. This did not entirely disappear after half-time. Trevor James, however, reappearing for us after some three seasons in the lesser world of hockey, scored two first-class goals and was responsible for a third.

At last schoolboy fitness prevailed over our occasionally muscle-bound endeavours, and they added 3 more goals to their original one to win a good, even game.

Team: G. H. Wells-Cole; D. Harland, J. T. Harold; A. H. Phillips, A. J. Danby, D. Currie; J. Birch, C. T. A. James, D. J. Robertson, J. L. Fison, T. N. Fison.

R.U.F.C. 1st XV.

Since the beginning of the year we have had to cancel four of our weaker fixtures with the result that the "points for" column is not as big as we might have hoped for. On the last three Saturdays we have beaten Rosslyn Park, the Police and an Army XV, although we lost to Cambridge in midweek. These wins may be impressive but we have played better in some of the matches which we lost. We are now a very difficult side to beat but our attack still needs polishing up. It is only too often that a three-quarter breaks through and then either gives a bad pass or passes the wrong way. Since Graham left we have rarely got the ball in the tight, but now Alcock is filling the gap quite adequately. Jackson has greatly improved of late, in fact in the Police game he scored 10 of our 14 points himself, scoring a try and kicking a penalty and two goals.

December 21st v. Met. Police at Mill Hill. Draw 0—0.

This was the first time we have played at Mill Hill this year and I'm afraid it was rather a disappointing game all round. We had a considerably depleted side and they were playing with only 13 men throughout. They were taking scrums on every possible occasion and with Dai John hooking for them they got the ball very consistently. Their wheels and forward rushes took a lot of stopping and with our regular halves missing our three-quarters rarely got going.

Saturday, December 28th v. Northampton, away. Draw 5—5.

This was our third draw in the last month and several members of the team are to be congratulated upon the way they turned up from such diverse places as Dorking, Liverpool, Chesterfield, Stafford and Grimsby where they had been spending Christmas. This account of the game is taken from the *Northampton Evening Chronicle*.

"There was plenty of real rugged Rugby in the match between the Northampton Saints and St. Bartholomew's Hospital at Franklin's Gardens on Saturday.

Played at a pace which had taken toll of some of the men well before it ended, the game was full of incident. There were the Saints getting the ball from the scrummages, but failing to out-manœuvre swift-moving wing forwards and backs, with the result that there was not a passing movement that one remembered a few hours later.

Contrariwise, one recalls the short, sharp hand-to-hand work of the Hospital backs, their admirable understanding and their high and uniform speed. Generally their movements began with a quick throw-out from a loose maul or a knock back from a line-out—in both of these phases the Hospital men were cleverer than the Saints.

Once the ball reached the outside-half, L. A. McAfee, trouble was in the making for the Saints. McAfee struck me as the best man in attack in the game, with a swift change of tactics for which his colleagues were prepared, but which several times sent the Saints scampering towards their own line to cope with a dangerous position that had developed as it were in a flash.

The forwards fought a thrilling battle. The scrummaging was hard, the rushes of both sides were vigorous and well-maintained.

The defence of both was of a high standard. Tackling was hard and determined and there was a lot of well-judged kicking for touch.

There was some sound full-back play on the other side by J. C. Westwood.

On the Bart.'s side, J. P. Stephens, the former Saint and East Midlander, was often prominent and R. L. Hall, the captain, and J. R. Moffatt were other members of a pack that had all the characteristics of Hospital forwards who have no doubts about their duties and how they should be discharged.

Hall finished a forward passing movement with a try which McAfee converted, and with the last kick of the first half, S. E. F. Petts improved upon a try Guillaume had obtained for the Saints."

Cancelled owing to snow or frost: January 4th, Upper Clapton; 11th, Old Paulines; 15th, Training Battn. Welsh Guards; 18th, Middlesex Hospital.

Wednesday, January 29th, v. Cambridge, away. Lost 3—18. Extract from *Cambridge Daily News*:

"The University Rugby team's success over St. Bart.'s Hospital yesterday by 19 points to three did not show anything like adequate justice to the visitors, who had quite as much of the attacking play as the Light Blues, but had to pay dearly for some small errors, of which the University managed to take full advantage.

On a number of occasions, particularly in the second half, the Hospital backs worried the Cambridge defence, who kept the Bart.'s three-quarter backs at bay with some difficulty, and if the score at the finish had remained as at half time—five points to three in the University's favour—it would have more correctly reflected the general run of the game.

It was a treat to watch the beautiful, long swinging passes maintained at just the right height, which C. S. M. Stephen, the old Sidney Sussex scrum half, now at the hospital, sent out to his backs, whose handling and passing was blameless, and who tested the tackling powers of the home players to the last degree.

All the way through the game the Hospital kept up a rousing pace, which began to tell on some of the University players who were not tuned up to counter such speed; whilst at times the medicos put so much into it that it made one think that they might be playing in a Hospital Cup final!

A try within three minutes of the start put Bart.'s in good fettle, B. Jackson, the left wing three-quarter, making a lofty cross punt towards goal and J. P. Stephens, the old University forward, dashing up to secure the scoring touch.

There was always an element of danger when the Hospital backs got the ball, but the Light Blues battled gamely, if in less polished style, and after 20 minutes, from a scrummage close to the Hospital line, K. W. Walker forced himself over the line. G. T. Wright converted.

The Hospital had a setback 15 minutes after the interval, when, during one of their passing movements, E. R. Knapp intercepted and raced away for over 40 yards to end up behind the posts, Wright again adding the goal points.

For the next ten minutes Bart.'s worried the home defence repeatedly, but their hopes were again dashed when Knapp sprinted along the left wing from just outside his own "25" and got within a few yards of the Hospital line before being checked. From the resultant scramble J. A. Dew went over for a further try.

Nothing seemed to go quite right for the Hospital after this, and when P. D. Greenburg snapped up one of Stephen's long passes, and Knapp also slipped in near the corner flag, thus adding six more points, the visitors' subjection was complete."

February 2nd, v. Metropolitan Police at Chislehurst. Result: Won by 2 goals, a penalty goal and a try (16 pts.) to a goal and 2 tries (11 pts.).

This was the first game this season played at Chislehurst and the return to our home ground was much appreciated. The ground was in excellent condition, the weather perfect and we had found some opponents at the last moment—the original fixture against St. Mary's having fallen through.

The first half was played, it seemed, at half pace; neither forwards nor backs showing anything like their form of the last few games. The forwards as a pack played without much spirit; the outsides failed to back up and were rather inclined to buy their opponents' dummies. The police scored twice and Bart.'s replied with a try by Jackson—the only polished movement by Bart.'s in the first half.

Soon after the start of the second half the Police scored again and led by 8 points. Things looked black for the Hospital, but from then on our play improved. The forwards were all over the Policemen in the loose and their heeling in the loose and from the line-outs, showed that they appreciated the value of a quick heel. The backs well supplied with the ball by C. S. M. Stephen at scrum half, ran fast and straight and finished the game with a fury of inside and reverse passes which completely bamboozled the Police.

Tries were scored by Evans and Moffat, Jackson converted both and also got a penalty goal—all of them fine kicks.

v. Rosslyn Park, away. Won 5—3.

This was a well earned win against a strong Park side. The game was played on a cold wet afternoon with a slippery ball, and it soon became evident that neither set of outsides would make much headway under these conditions. Early in the game a quick heel by the Park caught our defence napping and Huxley, helped by weak tackling pushed his way over the line.

This had a remarkable effect on the Bart.'s pack who from now onwards dominated the game (except in the tight scrums where we were repeatedly outhooked), and produced some excellent combined rushes. From one of these Sandiford, one of the best forwards on the field, scored and Jackson converted with a good kick.

The second half saw the Park pack clearly hustled by the Bart.'s forwards and for the rest of the game they never looked like scoring again. Stephen at scrum half never gave his opposite number, Steel, much rope.

February 8th, v. An Army XV, played at Chislehurst. Won 14—3.

A gusty cross wind made handling difficult and many passes went astray.

The opposition never impressed as a combination, but by hard tackling and grim determination prevented our outsides from settling down.

The Army pack was getting the ball with monotonous regularity from the tight scrums, and Tallent was using every opportunity to get his line on the move.

Fortunately the Bart.'s defence proved adequate and neither side ever really looked like scoring.

The second half was noticeable for a decided improvement among the Bart.'s outsides. They began to combine and to show distinct signs of intelligence.

Furthermore, John Evans scored 3 tries, each the reward of a fine solo run.

One of these was converted by Jackson, who also kicked a good penalty goal from a difficult angle.

Bart.'s deserved to win, but can play very much better.

J. R. K. W.

HOCKEY CLUB.

Owing to frozen grounds and to Army elevens being called to defend the realm at the eleventh hour, no matches were played at all in January.

The first game in 1941 was played at Chislehurst on Saturday, February 8th, v. 15th 17th Medium Battery, R.A., which resulted in an 11—1 victory for Bart.'s, despite our being one man short.

The Hospital lost no time in rushing the Army team off its feet right from the start, two rapid goals coming in as many minutes, And, whereas the Army defence was being constantly pierced by neat forward thrusts, our defence was rapidly becoming cyanosed: Hicks, in goal, turned his attention to the neighbouring rugger match; Brewerton merely went blue; while Dr. Ellis made frequent sorties to the forward positions, no doubt in preparation for his term of office in the Army.

The score at half-time was 7—0 in our favour; but in the second half, our opponents having rid themselves of their beer by divers means, made some dangerous rallies, one of which resulted in a well-earned goal. The match ended with the score at 11—1; the scorers being J. L. Fison (5), K. O. Harrison (4), and T. N. Fison (2).

Team: C. E. Hicks; R. E. Ellis, R. S. E. Brewerton; C. T. A. James, S. R. Hewitt, D. Currie; T. N. Fison, T. M. C. Roberts, J. L. Fison, K. O. Harrison.

ATHLETIC CLUB.

The *Annual General Meeting* was held in the A.R. Committee Room on Saturday, January 18th, with the President, Major H. B. Stallard, in the Chair. The President was re-elected for 1941.

Report for 1940.

The season had been particularly successful, with many members of the hospital competing for the London University Tyrian Club and other teams. The hospital team, including members from Hill End and Cambridge, had three matches of its own, of which those against the Tyrian Club and three Cambridge colleges had been lost with honours, and one, including athletes from St. Mary's, against three Oxford colleges, had been won.

At the beginning of 1940 was held one of the most successful Sports Days in the history of the Club. Inspired by a fine day and a much appreciated crowd of spectators, there was some very keen racing, and the standard of performances was higher than for some years.

While individual honours are generally to be deplored, it ought to be put on record that the secretaries of the Club, W. J. Atkinson and J. P. Haile, represented their Counties, the English Universities' team and the Amateur Athletic Association.

A full season is being planned for 1941 with *Sports Day* possibly on the second Saturday *in June, at Hill End*. There will be ample opportunity for all who are keen enough to run for the Tyrian Club as well as the hospital team, and the only limiting factors are the Students' Union grant and the enthusiasm of the prospective athletes.

J. P. HAILE.

SWIMMING CLUB.

At the Annual General Meeting held in the Committee Room on February 6th, the following Officers were elected for 1941:—

President: Mr. R. M. Vick.

Vice-Presidents: Sir Girling Ball, Prof. Paterson Ross, Mr. N. A. Jory, Mr. J. C. Newbold.

Captain: C. R. P. Sheen.

Vice-Captain: J. A. Smith.

Secretary: J. F. Pearce.

Committee: L. A. McAfee, J. Harold, R. T. Monckton, T. Coates, K. C. Horrocks.

The Secretary in his report stated that the past season had been very successful in that the Club had won all its swimming matches, which had included a well earned win against Cambridge University, and had only lost two polo matches. It was also very gratifying to note that the teams throughout the season had been composed of both clinical and preclinical men.

The St. Mary's Hospital swimming bath (adequately warmed!) is now open to all Bart.'s men from 5 p.m. until 6.30 p.m. on Thursdays. Admission is free, and it is hoped that many will avail themselves of this opportunity.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION, MICHAELMAS TERM, 1940.

PART I—(*Surgery, Midwifery and Gynaecology*).

Barclay, P. S.	Cadman, D. S.
Douglass, W. M. M.	Husband, A. D.
Lucey, J. F.	Mail, W. D.
Milnes, J. N.	Stanseld, J. M.
Burkitt, W. R.	Currie, D.
Franklin, G. C.	Laidlaw, E. F.
Lunn, G. M.	Martlew, R.
Smith, J. A.	Wickes, I. G.

PART II—(*Principles and Practice of Physic, Pathology and Pharmacology*).

Burkitt, W. R.	Rowntree, T. W.
Everson-Pearse, A. G.	Holmes Smith, A.
Fawkes, M. A.	Maples, A.

CONJOINT BOARD

FINAL EXAMINATION, JANUARY, 1941.

PATHOLOGY.

Meade, F. B.	McNair, T. F. I. J.
Maconochie, A. D. A.	Thompson, J. H.
Brown, K. T.	Johnstone, J. S.
Hinds, S. J.	Schofield, R. D. W.
Helm, H. G.	Bates, M.
Atkinson, W. J.	Miller, P. J.
Henderson, R. S.	Wohl, M.
Acres, G. C. N.	Boyle, A. C.
Purcell, S. D.	Galvan, R. M.
Lyon, W. C.	Shah, J.
Harris, D. V.	

MEDICINE.

Vincent, S. E.	Jones, H. M.
Packer, F. H.	Conte Mendoza, H.
Dates, M.	Arango, C. M.
Anderson, A. W.	Fraser, F. E.
Hall, T. E.	Meade, F. B.
Sadler, J. A.	Purcell, S. D.
Scatliff, J. N. R.	Bennett, D. H.
Lewis, B.	Cohen, L.
Schofield, R. D. W.	Connolly, R. C.
Brown, K. T.	Andrews, R. H.

SURGERY.

Lyon, W. C.	Tomback, S.
Vincent, S. E.	Harland, D. H. C.
Carroll, C. R. K.	Roberts, T. M. C.
Edwards, C. O.	Phillips, J. H. C.
Bennett, D. H.	Smith, J. C.
Lustigman, M.	McLean, T. M.
Galvan, R. M.	Walters, F. J. H.
Cohen, L.	Bickford, J. A. R.
Weber, G. N.	Alexander, B.
Sandilands, J. A. J.	Brown, K. T.
Whitmore, G. L.	Acres, G. C. N.
Vickery, K. O. A.	Bell, R. C.
O'Carroll, C. B.	Harrison, K. O.
Adlam, J. P.	McAleenan, W. H.
Gordon, W.	Lomas, J.
Hershman, M.	Robertson, J. A.
Anderson, A. W.	Thompson, M. R.

MIDWIFERY.

Meade, F. B.	Dangerfield, W. G.
Nabi, R. A.	Wohl, M.
Holmes Smith, A.	Craike, W. H.
Bell, R. C.	Medvei, V. C.
Manson, C. N. S.	Heyland, R.
Phillips, J. H. C.	Packer, F. H.
Harris, D. V.	Lyon, W. C.
Freund, F.	Tomback, S.
Stewart, J. G.	Golledge, A. H.
Arulanandom, V. R.	Weber, G. N.
Acres, G. C. N.	Ogilvie, K. R.
Rosten, M.	Lomas, J.
Lustigman, M.	Stone, P. H. D.
Jackson, B.	Watson, P. C.
Bromley, W. A.	

Diplomas have been conferred on the following:—

Meade, F. B.	Alexander, B.
Lewis, B.	Sandilands, J. A. J.
Anderson, A. W.	Freund, F.
O'Carroll, C. B.	Lyon, W. C.
Carroll, C. R. K.	Bennett, D. H.
Tomback, S.	Arango, C. M.
Thompson, M. R.	Adlam, J. P.
Purcell, S. D.	Hershman, M.
Packer, F. H.	Smith, J. C.
Cohen, L.	Medvei, V. C.
Walters, F. J. H.	

IN OUR LIBRARY

BY JOHN L. THORNTON, LIBRARIAN.

II. WORKS OF AMBROSE PAREY, 1678.

Ambroise Paré was born at Bourg Hersent in 1510, and was apprenticed to a barber-surgeon, later going to Paris in the same capacity. He was dresser at the Hôtel Dieu for four years, but in 1537 became an army surgeon, making a name as the greatest military surgeon of all time. He became surgeon successively to Henry II, Francis II, Charles IX and Henry III, being spared by royal mandate at the Massacre of St. Bartholomew.

Paré was disliked by the "qualified" surgeons for his ignorance of Latin, his unhesitating refutation of treatments based upon ignorance and superstition, and for his success. Until the advent of Paré gunshot wounds had been treated with boiling oil, as they were considered to be poisoned. One night Paré ran out of oil, and treating the wounds with a less drastic remedy, he found that these patients benefited, while those to whom boiling oil had been applied were in a high fever. Paré invented several new surgical instruments, reintroduced the ligature, introduced massage, the use of artificial eyes and limbs, the reimplantation of teeth, and was the most progressive surgeon of his time. Nevertheless, he stuck to a salve consisting of the "fat of puppy dogs" as one of his remedies, despite his remarkable writings upon gunshot wounds, the treatise on surgery, *etc.*

The first edition of Paré's collected works in French was published in 1575, and our edition of the English translation is entitled *The works of that famous chirurgeon Ambrose Parey, translated out of Latin, and compared with the French, by Fk. Johnson; together with three tractates concerning the veins, arteries and nerves; exemplified with large anatomical figures. Translated out of Adrianus Spigelius, London, printed by Mary Clark, and are to be sold by John Clark at Mercers Chappel at the lower end of Cheapside, MDCLXXVIII.* This volume contains all his writings, including sections on surgery, anatomy, gunshot wounds, fractures, gout, plague, medicines, *etc.*, and is illustrated with many curious wood-engravings.

Ambroise Paré died in 1590, and his appreciation of the limitations of his craft is summed up in his well-known aphorism, "I dressed him, God cured him."

Full details of the life of this interesting personality are contained in Stephen Paget's *Ambroise Paré and his times*, 1510-1590, 1897, which is also available in the Library.

NEW BOOKS

A Mirror for Surgeons. Selected readings in surgery. By Sir D'Arcy Power, K.B.E., F.R.C.S. (Boston, Little, Brown & Co.) 1939.

The writings of Sir D'Arcy Power on the history of medicine need no introduction to Bart.'s men, and his latest contribution will be welcomed by all interested in the history of surgery. In *A Mirror for Surgeons* Sir D'Arcy gives us pen-portraits of twenty-two eminent surgeons, ranging from John Arderne and Thomas Gale to Sir

William Macewen and William Stewart Halsted. Each chapter begins with brief biographical details of the surgeon, followed by extracts from his writings. These are designed to present the writers' chief contributions to surgery in their own words, and are thus classic descriptions.

Unfortunately, the publishers did not permit the author to revise the book in proof form, and that errors are numerous is evidenced by the corrected copy deposited in our Library by Sir D'Arcy.

Volumes dealing with the history of medicine are much rarer than text-books, and in this country do not receive the attention they deserve. Readers of this contribution to the subject will not begrudge the time expended, but will meet old friends in the forms of several Bart.'s men. This is a reference book that should be permanently shelved close to the surgeon's hand.

J. L. T.

PERSONAL

They return at evening; they make a noise like a dog, and go round about the city.
—(*Psalm* 59, *v.* 6.)

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BART.'S JOURNAL. Vols. 1893-1907 (good condition) for Sale at Bart.'s Bazaar, 59, Little Britain.

BIRTHS

BURROWS.—On January 23rd, 1941, at Firbank, Burghill, Herefordshire, to Dorothy (née Pochin), wife of Dr. T. E. Burrows—a daughter.

ORCHARD.—On February 4th, 1941, at Truro Nursing Home, to Sheila, wife of Dr. Stuart Orchard—a son.

PATERSON.—On January 24th, 1941, at Kingston, Ontario, to Truda, wife of Capt. John P. Paterson, R.C.A.M.C., of Little Baddow, Essex—a son.

MARRIAGES

GRANT—KINGHAM.—On January 16th, 1941, at Farnham Parish Church, Capt. W. Russell Grant, R.A.M.C., to Sheila Mary Kingham, of The Elms, Farnham.

GIMSON—CROWTHER-SMITH.—On January 21st, 1941, at St. Peter's, Vere Street, W.1, F/Lt. P. A. Gimson, R.A.F.V.R., son of Mr. and Mrs. Allen Gimson, of Hampstead, N.W., to Elizabeth Francis, daughter of Mr. and Mrs. V. F. Crowther-Smith, of Hampstead, N.W., and Hampstead Norris, Berks.

MOYNAGH—MARTIN-HARVEY.—On February 1st, 1941, at Christ Church, Beckenham, Kent, Capt. Kenneth Desmond Moynagh, R.A.M.C., to Drusilla Wendy Martin-Harvey.

DEATHS

BAMBER.—On January 9th, 1941, at Downpatrick, Colonel Charles James Bamber, M.V.O., F.R.C.S., late Indian Medical Service, dear husband of Claudine Oclanis Bamber, aged 86.

OWEN.—On January 17th, 1941, at Penzance, Dr. Hugh Brindley (Roddy) Owen, D.S.O., O.B.E., formerly of Uganda, aged 62.

SALT.—On January 17th, 1941, at Cheltenham, Philip Godfrey Salt, dearly beloved husband of Daphne Salt.

VARRIER-JONES.—On January 20th, 1941, at Papworth Hall, Cambridge, Sir Pendrill Varrier-Jones, F.R.C.P.

ON ACTIVE SERVICE

ROPER.—Suddenly, Robert Dudley Roper, Surgeon-Lieut., R.N.V.R., son of the late H. J. Roper, Surgeon, and only beloved brother of Margaret Roper and Rosamond Chelkley, of 8, Batcliffe Mount, Leeds 6, aged 34.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

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