

J. & A. CHURCHILL Ltd.

WAR BOOKS

MEDICAL ORGANISATION AND SURGICAL PRACTICE IN AIR RAIDS

By PHILIP H. MITCHNER, C.B.E., T.D., M.D., M.S., F.R.C.S.; and E. M. COWELL, C.B., C.B.E., D.S.O., T.D., M.D., F.R.C.S. 51 Illustrations. 10s. 6d.

THE RELIEF OF PAIN :

A Handbook of Modern Analgesia

By HAROLD BALME, M.D., F.R.C.S., D.P.H., formerly Professor of surgery and Dean of the School of Medicine, Chee-loo University, China. Second Edition. 12s. 0d.

SURGERY OF THE HAND

By MARC ISELIN, M.D., Surgeon, The American Hospital, Paris. Translated by T. M. J. d'OFFAY, M.B., F.R.C.S., and T. B. MOUAT, M.D., Ch.M., F.R.C.S. 135 Illustrations. 21s.

THE OPERATIONS OF SURGERY

By R. P. ROWLANDS, M.S., F.R.C.S., and PHILIP TURNER, M.S., F.R.C.S., and Collaborators. Eighth Edition. Vol. I—435 Illustrations. 38 in Colour. 36s. Vol. II—514 Illustrations, 4 in Colour. 36s.

DISORDERS OF THE BLOOD

By L. E. H. WHITEBY, C.V.O., M.C., M.D., F.R.C.P., and C. J. O. BRITTON, M.D., D.P.H., Assistant Pathologist, The Bland-Sutton Institute of Pathology, The Middlesex Hospital. Third Edition. 12 Plates (6 Coloured) and 61 Text-figures. 24s.

RECENT ADVANCES IN ANAESTHESIA AND ANALGESIA

Including Oxygen Therapy

By C. LANGTON HEWER, M.B., B.S., D.A., Anaesthetist and Demonstrator of Anaesthetics, St. Bartholomew's Hospital. Third Edition. 132 Illustrations. 16s.

SURGICAL NURSING AND AFTER-TREATMENT

By H. C. RUTHERFORD DARLING, M.D., M.S., F.R.C.S., Surgeon, Prince Henry Hospital and New South Wales Hospital, Sydney, N.S.W. Sixth Edition. 206 Illustrations. 9s.

PROVED FAVOURITES

A SHORT TEXTBOOK OF SURGERY

By C. F. W. ILLINGWORTH, M.D., F.R.C.S.Fd., Regius Professor of Surgery, University of Glasgow. Second Edition. 12 Plates and 189 Text-figures. 24s.

MEDICINE :

Essentials for Practitioners and Students

By G. E. BEAUMONT, D.M., F.R.C.P., D.P.H., Physician to The Middlesex Hospital. Third Edition. 74 Illustrations. 24s.

PHYSICAL TREATMENT

By Movement, Manipulation and Massage

By JAMES MENNELL, M.D., B.C., Consulting Physio-therapist and Lecturer, Massage Training School, St. Thomas's Hospital. Fourth Edition. 261 Illustrations. 26s.

THE QUEEN CHARLOTTE'S TEXTBOOK OF OBSTETRICS

By Members of the Clinical Staff of the Hospital. Fifth Edition. 4 Coloured Plates and 293 Text-figures. 22s. 6d.

APPLIED PHARMACOLOGY

By A. J. CLARK, M.D., F.R.C.P., F.R.S., Professor of Materia Medica and Pharmacology, University of Edinburgh. New (Seventh) Edition. 92 Illustrations. 21s.

TROPICAL MEDICINE

By SIR LEONARD ROGERS, K.C.S.I., C.I.E., M.D., F.R.C.P., F.R.C.S., F.R.S., late Medical Adviser, India Office; and SIR JOHN W. D. MCGAW, K.C.I.E., M.B., Medical Adviser, India Office. Third Edition. 2 Coloured Plates and 87 Text-figures. 18s.

FORENSIC MEDICINE

By SYDNEY SMITH, M.D., F.R.C.P., Regius Professor of Forensic Medicine, University of Edinburgh. Seventh Edition. 179 Illustrations. 25s.

VALUABLE VOLUMES

THE DIABETIC LIFE :

Its Control by Diet and Insulin

By R. D. LAWRENCE, M.D., F.R.C.P., Physician in Charge of Diabetic Department, King's College Hospital. New (Twelfth) Edition. 18 Illustrations. 8s.

A SHORT TEXTBOOK OF MIDWIFERY

By G. F. GIBBERD, M.S., F.R.C.S., F.R.C.O.G., Assistant Obstetric Surgeon, Guy's Hospital; Obstetric Surgeon to In Patients, Queen Charlotte's Maternity Hospital. New (Second) Edition. 194 Illustrations. 18s.

THE PRACTICE OF REFRACTION

By SIR STEWART DUKE-ELDER, M.D., F.R.C.S., Surgeon-Oculist to H.M. The King; Ophthalmic Surgeon and Lecturer in Ophthalmology, St. George's Hospital. Third Edition. 163 Illustrations. 12s. 6d.

A TEXTBOOK OF GYNAECOLOGY

By WILFRED SHAW, M.D., F.R.C.S., F.R.C.O.G., Physician Accoucheur, with Charge of Out-Patients, St. Bartholomew's Hospital. Second Edition. 4 Coloured Plates and 253 Text-figures. 21s.

EDEN AND HOLLAND'S

MANUAL OF OBSTETRICS

By EARDLEY HOLLAND, M.D., F.R.C.P., F.R.C.S., F.R.C.O.G., Obstetric and Gynaecological Surgeon, and Lecturer on Obstetrics and Gynaecology, The London Hospital. Eighth Edition. 12 Plates (5 Coloured) and 399 Text-figures. 25s.

EXPERIMENTAL PHYSIOLOGY FOR MEDICAL STUDENTS

By D. T. HARRIS, M.D., D.Sc. New (Third) Edition. 248 Illustrations. 15s.

PRACTICAL PUBLIC HEALTH PROBLEMS

By SIR WILLIAM SAVAGE, B.Sc., M.D. 10s. 6d.

GOOD COMPANIONS

HALE-WHITE'S MATERIA MEDICA

Revised by A. H. DOUTHWAITE, M.D., F.R.C.P., Physician, Guy's Hospital. Twenty-fourth Edition. 12s. 6d.

FAVOURITE PRESCRIPTIONS including Dosage Tables, etc., Hints for Treatment of Poisoning, and Diet Tables

By ESPINE WARD, M.D. Fourth Edition. 7s. 6d.

RECENT ADVANCES IN NEUROLOGY

By W. RUSSELL BRAIN, D.M., F.R.C.P., Physician, London Hospital and Malda Vale Hospital for Nervous Diseases. Fourth Edition. 24 Illustrations. 16s.

DISEASES OF INFANCY AND CHILDHOOD

By WILFRID SHELDON, M.D., F.R.C.P., Physician for Diseases of Children, King's College Hospital. New (Third) Edition. 14 Plates and 130 Text-figures. 24s.

PATHOLOGY: An Introduction to Medicine and Surgery

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

CHEMICAL METHODS IN CLINICAL MEDICINE

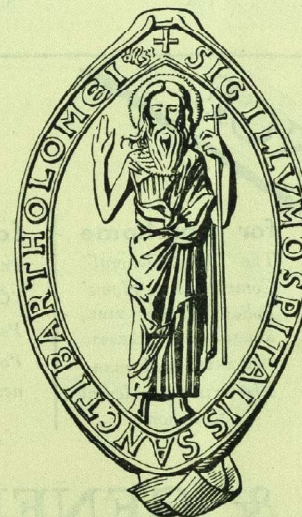
By G. A. HARRISON, M.D., M.R.C.S., L.R.C.P., Reader and Lecturer on Chemical Pathology, St. Bartholomew's Medical College. Second Edition. 3 Coloured Plates and 60 Text-figures. 24s.

A SYNOPSIS OF HYGIENE

By SIR W. WILSON JAMESON, M.D., F.R.C.P., D.P.H., Principal Medical Officer, Ministry of Health, and G. S. PARKINSON, D.S.O., M.R.C.S., L.R.C.P., D.P.H., Assistant Director, Public Health Division, London School of Hygiene and Tropical Medicine. Sixth Edition. 16 Illustrations. 24s.

SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL

WAR EDITION



APRIL, 1941

VOL. 2.

No. 7.

104 Gloucester Place W.1
LONDON

INDEX.

| | Page | | Page |
|---|------|---|------|
| A Survey | 127 | Obituaries : | |
| Nem. Con. | 128 | Charles William Mansell-Moullin ... | 139 |
| Housemaniasis, by Sabreur | 128 | Sir Pendrill Varrier-Jones | 140 |
| Egypt, 1941, by Arthur Applin | 129 | Bart's. Men in the Services | 143 |
| The Case Against the Anti-vivisectionists, by Sir Leonard Rogers, K.C.S.I., M.D., F.R.C.P., F.R.C.S., F.R.S. | 130 | Cambridge News | 144 |
| A Case of Cerebellar Apoplexy, by M. R. Shirazi | 134 | Hill End News | 145 |
| Seventeenth Century Science | 135 | Friern News | 145 |
| La Dermata Commedia, by H.C. | 136 | Our Candid Camera | 146 |
| Correspondence | 138 | Air Raid Pathology | 147 |
| | | Sports News | 147 |
| | | Births, Marriages, and Deaths | 148 |
| | | New Books | 149 |
| | | In Our Library, by John L. Thornton | 151 |
| | | Recent Books and Papers by St. Bartholomew's Men | 152 |

INSURANCE

| | |
|---|---|
| <p>for your home The "Car & General" Comprehensive 'Home' Policy includes FIRE, BURGLARY, DOMESTIC SERVANTS, and many other risks incidental to a home</p> | <p>for yourself In these days a "Car & General" Personal Accident Policy is more of a necessity than ever before</p> |
|---|---|

CAR & GENERAL
INSURANCE CORPORATION LTD.
83 PALL MALL, S.W.1

Telephone No.: GERrard 3185, 2313. Telegrams: "Bayleaf, London"

W. H. BAILEY & SON, LTD.




HAVE YOU HEARD ANYTHING? YOU WON'T UNTIL YOU USE Bailey's Wide Bore Stethoscope with Stent Red Tubing (Heart Hospital pattern). Each 21/-

D. 1208

10% Discount
Allowed to Students mentioning this Advertisement

THE DOMINION MERCURIAL TYPE SPHYGMOMANOMETER
The Latest Instrument to be Produced UNBREAKABLE PLASTIC MOULDED CASE Readings up to 260 m/m. Designed for simplicity, giving very generous size for packing armet and rubber ball in case. Size 12½ x 3¼ x 2¼ ins. £3 8 6
Similar Model 300 m/m £3 18 6

OR LARGER SET
D. 1045. May's Auriscope with 3 specula, complete with small battery handle and spare lamp, in case £2 7 6

OR LARGER SET
D. 1081. consisting of May's Ophthalmoscope, Auriscope, with 3 specula, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors, Tongue Spatula and Handle with Rheostat to fit the above Instruments, complete in case, with spare lamp. £5 16 6

Surgical Instruments & Appliances 45, OXFORD STREET Hospital and Invalid Furniture - 2, RATHBONE PLACE } LONDON, W.1

LEWIS'S BOOKS

A SHORT PRACTICE OF SURGERY
By HAMILTON BAILEY, F.R.C.S., and R. J. McNEILL LOVE, M.S., F.R.C.S. Fifth Edition. With 880 Illustrations (many Coloured). Demy 8vo. 30s. net; postage 9d.

GENERAL DISEASES
By E. T. BURKE, D.S.O., M.B., Ch.B., Lieut.-Col. (late) R.A.M.C., with 133 Text Illustrations and six Coloured Plates. Demy 8vo. 20s. net; postage 8d.

COMMON SKIN DISEASES
By A. C. ROXBURGH, M.A., M.D., F.R.C.P., Physician in Charge, Skin Dept., St. Bartholomew's Hospital, etc. Fifth Edition. With eight Coloured Plates and 179 Illustrations (21 new) in the text. Demy 8vo. 15s. net; postage 7d. (General Practice Series.)

FRACTURES AND DISLOCATIONS IN GENERAL PRACTICE
By JOHN P. HOSFORD, M.S.Lond., F.R.C.S., Assistant Surgeon, St. Bartholomew's Hospital, etc. With 71 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d. " . . . an excellent textbook."—THE LANCET.

MINOR SURGERY
By R. J. McNEILL LOVE, M.S., F.R.C.S., Surgeon Royal Northern and Metropolitan Hospitals, etc. With 155 Illustrations. Crown 8vo. 12s. 6d. net; postage 7d.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY
By L. BATHE RAWLING, M.B., B.Cantab., F.R.C.S. Fifth Edition, B.N.A. Terminology, British Revision. With 56 Illustrations. Demy 8vo. 8s. 6d. net; postage 7d.

Complete Catalogue post free on application.

LONDON: H. K. LEWIS & CO. LTD., 136 GOWER STREET, W.C.1
Telephone: EUSton 4282 (5 lines).

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

APRIL 1st, 1941.

No. 7.

A SURVEY

The time has come to review the progress of the JOURNAL in the last seven strenuous months. The October number was produced in circumstances of peculiar difficulty. My predecessor's sudden severe illness (readers will be glad to hear that he is now completely recovered) coincided with the Luftwaffe's descent upon London. It is hardly surprising, though regrettable, that the JOURNAL was twenty-one days late. The next number made up ten days of this leeway, in spite of the growing difficulties of the printing-trade. Every time a bomb fell near our unfortunate linotype-printers' their machines had to be re-set and a fresh start made. The interruption of gas-supplies also held them up, and the congestion eventually became so great that our order for linotype had to be placed elsewhere.

During this period telephone communication with the printers was frequently impossible, the Editorial business being conducted from call-boxes at Holborn Viaduct, King's Cross and Paddington. Their office could only be reached after a steady forty minutes' walk. Much time had to be spent in the Press Censorship department of the Ministry of Information (though it must be said that the courtesy and helpfulness of the M.O.I. are quite unexpected in a Government Department). Shortly after the great fire raid on the City I was fetched from the C.C.S. to hear that our new linotype firm were out of action. Some of the January JOURNAL was lost, and the proof corrections were not yet printed. It was decided if necessary to print the JOURNAL uncorrected. Our printer succeeded, how-

ever, in getting most of the corrections made, and few readers noticed the slight difference in type. Since then we are glad to have returned to our original linotypers, and at the moment of writing all is going smoothly.

In the piping days of peace the JOURNAL was given gratis to the student by a benevolent Students Union. Occasionally one hears students enquiring what happens to the heavy tax which is extracted from us at our entrance to the Medical College. The question is not mine to answer, but if complaints are made at the price of the JOURNAL a few comparisons may be helpful. I have picked up at random five other Hospital journals. Of these, one penny buys (in round numbers 1, 1½, 2, 3 and 4 pages respectively. [Incidentally, one penny buys about 2 pages of the B.M.J. and 3 pages of the Lancet.] The same sum at present buys 5 pages of this Journal. Of course the size of the pages varies, but our pages are among the largest.

Another variable factor is the frequency of publication. Here before me is a different set of journals. Again, in round numbers, they publish respectively 8, 6, 18 and 19 pages per month. Bart's JOURNAL publishes upwards of 90 pages per month. This JOURNAL is almost the only one which regularly publishes photographs; and if readers are sometimes annoyed at its unpunctuality, they would be horrified to hear how much later some of our contemporaries appear.

Anyone who feels that these statistics are "phony" has only to visit the Library (where all the other Hospital journals are

APRIL, 1941)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

128

displayed) and verify them for himself. He will find to his amazement that the Bart's JOURNAL is among the least expensive in the Kingdom and in quality compares favourably with any other similar publication. The Editors have never claimed that the JOURNAL was anything very brilliant. The other day a friend (at least he was a friend) offered me an article with the warning that it was extremely bad—"so bad that you will probably publish it to show up your Editorials." The JOURNAL fulfils a dual function: it is a permanent record of one's time at Bart's,

and it acts as a link between old Bart's men and the Hospital. In war-time it also has the very important rôle of linking up the Sector with the mother Hospital.

It is perhaps surprising after all this that less than half of all Bart's men take the JOURNAL. In spite of all the difficulties which the war imposes, the JOURNAL will do its best to carry on. We thank our readers for their past support. The best service which they can render to the JOURNAL is to persuade others to take it.

NEM. CON.

A most successful meeting of St. Bartholomew's Hospital Mutual Admiration Union was recently held in the Abernethian Room. The results of its deliberations were as follows:

1.—Everybody in any way associated with the Union during the past year is an awfully decent fellow and has done his job frightfully well under the most terribly difficult conditions. Votes of Thanks were therefore proposed, seconded and unanimously awarded to each of these people in turn.

2. Certain Officials of the Union were compelled by pressure of work regretfully

to tender their resignations. These were reluctantly accepted by the Union, with expressions of the utmost cordiality.

3.—A number of the most charming gentlemen were elected, amid scenes of enthusiasm, to various posts in the Union. The Mutual Admiration Union is happy to report that no dissident voice marred these proceedings.

4.—The Union enjoys the most sanguine hopes that the next year will be as successful as the last.

We should like to congratulate the Union on such a timely example of true democracy.

We have been asked to state that the Bureau of Human Heredity (115, Gower Street, W.C.1) would welcome voluntary part-time helpers in its work. The Bureau collects case-reports and prepares statistics of all diseases which are (or are suspected of being) familial. Information on any such diseases may be obtained from the Bureau, which is also anxious to receive any relevant

case-reports.

* * *
Mr. Michael Mason has been elected Manager of the JOURNAL, in place of Mr. J. A. Smith, resigned.

* * *
May Issue
Material for the May number should be received not later than April 10th.

HOUSEMANIASIS

As several cases of this disease have recently been seen in the sector, it may be of interest to recall some of the more salient features of the condition.

Aetiology.

The disease occurs in both endemic and epidemic form, the latter most commonly being seen during February and August. The infecting organism is of two varieties.

The Diplomococcus, which produces an acute, though usually mild infection, is the commoner of the two. Of graver prognostic import, are those cases due to B.Emboebius, although a marked reduction of the incidence of this type of infection has been noticed of late.

Symptoms.

The prodromal phase is ushered in by an

acute alcoholic attack, and may last some weeks in severe cases.

The first symptom is almost invariably enlargement of the head. This may first be noticed by the patient's friends, or the patient himself may notice the necessity for buying a new hat.

At the same time an amnesia commonly develops, the patient being quite incapable of recognising many of his old friends. Delusions of grandeur are common, while alteration of the gait may be a marked feature.

Signs.

On examination, the most striking feature is the gross cephalic enlargement. This sign is, however, not pathognomonic. Of more significance is the finding of a peculiar

pedunculated cervical neoplasm, the stethoscoma. The appearance of this will be familiar to all. This, in association with the cephalic enlargement, and the mental changes, leaves no doubt as to the diagnosis.

Differential Diagnosis.

The Spirochaete must be excluded, although it is important to remember that the two conditions may co-exist.

Treatment.

No form of treatment is known which shortens the course of the disease.

Prognosis.

This is good in most cases, the condition usually clearing up within 3-6 months. Occasionally, however, a low grade infection may persist indefinitely.

SABREUR.

EGYPT. 1941

| | |
|--|---|
| Soft dust of the desert, cold dust of the Fair, . . . | Through desert and palm-grove, by water-course dry, |
| Hot sweat of the living, sharp sands of despair; | Men marching and fighting, kill—curse death and die; |
| The wind whirling eastward uncovers each bed, | They sink in the drift-sand, the tomb of great kings, |
| And the stars watch the living asleep with the dead. | Of golden-green lizards and strange winged things, |
| Do they curse in the noonday the sands that torment? | Of queens and their lovers, of harlots and priests, |
| Do they pray in the night-time the Gods to relent, | Of wantons and virgins, holy birds, sacred beasts; |
| And Passion again turn dry dust into gold, And quicken girls' kisses four thousand years old? | The home of all beauty, all love, all desire, Still vital with passion's unquenchable fire . . . |

O, Dead of the desert, the Gods loved you well,
You sleep in the gold of their sun where you fell.
You sleep in their perfumed and passionate land,
On the hot, restless breast of the Courtesan sand.

ARTHUR APPLIN.

THE CASE AGAINST THE ANTI-VIVISECTIONISTS

THEIR ANTI-PUBLIC HEALTH AND ANTI-WAR EFFORTS, AND THEIR CRUELTY TO ANIMALS

BY SIR LEONARD ROGERS, K.C.S.I., M.D., F.R.C.P., F.R.C.S., F.R.S.

Every medical student knows the hopelessness of the attitude of the anti-vivisectionists, but it is not every one of them who is sufficiently acquainted with the wiles of the opponents of scientific medicine to be able to refute their specious, and often false, statements, by means of which their societies have extracted about £750,000 out of the pockets of the charitably minded public, subsequently to the anti-vivisectionist case being unanimously rejected by the final report of 1912 of the last Royal Commission, after hearing both sides at great length. As three-fifths of that huge sum has been derived from legacies and interest on them, the most effective way of reducing that waste of charitable money—much of which might otherwise have gone to hospitals—is through the influence of well-informed medical practitioners on their patients. This article should enable the rising generation of medical practitioners to expose the misleading and untrue statements of anti-vivisectionists, who rely largely on a facile appeal to sentiment that is false, because it will be shown to be terribly cruel to the very animals that as a whole they profess to care for.

THE VERDICTS AGAINST THE ANTI-VIVISECTIONISTS OF THE FINAL REPORT OF 1912 OF THE ROYAL COMMISSION. The incredible weakness of the opponents' case presented to the last Royal Commission can best be realised by reading the summaries of the evidence on both sides in the book of Stephen Paget, *For and Against Animal Experiments*, or in that of the writer: *The Truth About Vivisection*. For example, a retired surgeon, in denying the germ theory of disease and Listerism, maintained that "the bacillus is never the cause of disease; it results from disease." He therefore asserted that if the fluid of an infective discharge could be separated from the bacteria, and each injected separately, only the fluid would reproduce the disease. He was quite ignorant of the fact that experiments had proved precisely the opposite, and his case collapsed. Yet, for want of anything better, he is still quoted by the

anti-vivisectionists as an authority against the immortal Lister!

More remarkable still, although eight medical practitioners lent some support, only two out of 39,000 then on the medical register supported the anti-vivisectionist demand for the abolition of all animal experiments. Both admitted they had never used anti-diphtheritic serum; but both denied its value. Neither knew anything of rinderpest or cattle plague; both demanded that the use of serum to save cattle should be prohibited by law; a point I shall return to. Earlier data of Stephen Paget and recent ones of the writer reveal that not one in a thousand of registered medical practitioners actively support the opponents of scientific medicine. Against them was the evidence, among others, of seventeen witnesses who obtained the blue ribbon of the Fellowship of the Royal Society! No wonder the Commission unanimously found that "there can be no doubt that the great preponderance of medical and scientific authority is against the opponents of vivisection."

The opposition evidence essentially consisted of: (1) Charges of cruelty against the scientists; (2) denials that any material benefits had ever resulted from animal experiments; and (3) their so-called "ethical" contention.

(1) A number of charges of cruelty were brought by non-medical witnesses, which had been collected during thirty years' working of the Act of 1876. They were all rejected, after prolonged inquiries, with the unanimous conclusion "that the witnesses have either misapprehended or inaccurately described the facts of the experiments." Nor has any such charge been subsequently proved, although the Home Secretary, who administers the Act, is always ready to inquire into any *prima facie* evidence. Nevertheless, the anti-vivisectionists have since repeated two of the charges that they were unable to support with evidence before the Commission; namely that the medical scientists "boil and bake animals alive," and that dogs have been used "for demonstrations of a prolonged and agonising

nature before students." The latter was the essential statement in a petition to Parliament claimed to have been signed by a million dupes of the anti-vivisectionists! Yet a question regarding its truth in the House of Commons met with the withering reply: "No, Sir, no such experiments would be permitted, and there is no evidence whatever that any have taken place." Other disproved false statements by our opponents are recorded in *The Truth About Vivisection*, pp. 64 to 68. But it is needless to labour the point in view of the following admission of that arch opponent, Stephen Colledge, who wrote in his journal, of course regarding a rival anti-vivisection society: "Time after time has this sacred cause been undermined and betrayed by its professing friends by their reckless habit of making erroneous statements." Truly a revealing admission!

(2) The denial that any benefits result from animal experiments was also unanimously rejected by the Royal Commissioners with the finding that, notwithstanding some failures, "valuable knowledge has been acquired in regard to physiological processes and the causation of disease, and that useful methods of prevention, cure and treatment of certain diseases have resulted from experimental investigations upon living animals," through which "suffering has been diminished in man and in lower animals."

(3) The contention that animal experiments, even if they reduce human suffering, are nevertheless morally indefensible was clearly put by a non-medical anti-vivisectionist in these words: "I would not have one mouse painfully vivisected to save the greatest of human beings nor the life dearest to me." Yet that witness was not a vegetarian, although the only legalised vivisection experiments are the millions of farm animal operations every year without anaesthetics to provide tender meat. He also claimed the right to eat pheasants reared for shooting! Such is the consistency of the "ethical" anti-vivisection witnesses, only one of whom appears to have been a vegetarian! No wonder the Royal Commission also unanimously found that experiments on animals "are morally justifiable and should not be prohibited by legislation," which is the demand of the opponents of scientific medicine.

The above quoted verdicts for the scientists were signed by all the surviving

members of the Royal Commission, including at least two who started with very strong anti-vivisection leanings. One of these qualified his assent by disagreeing with his colleagues regarding the amount of suffering relieved by the knowledge gained through animal experiments. Three Commissioners disagreed on a technical point regarding the safeguards advised by the Commission. Thus the only ground now left for further contention is whether the Commission were also right in their expressed belief in 1912 "that similar methods of investigation, if pursued in the future, will be attended by similar results." Every well educated and unbiased person knows how abundantly that prophesy has been confirmed by advances due to subsequent animal experiments, in the physiological discoveries of invaluable remedies in such hormones, or internal secretions, as adrenalin, pituitrin, insulin, and the liver extracts for the cure of pernicious anaemia; in the vitamins A to F; in the therapeutic discovery of chemiotherapeutic remedies for syphilis, yaws, relapsing fever, African sleeping sickness, kala-azar, malaria, endemic haematuria, hookworm disease, and malaria, from which literally many million British subjects suffer every year. And more recently still, the discovery of the curative properties of the sulphonamide group of drugs against puerperal fever and septic streptococcal infections, the deadly cerebro-spinal fever, pneumonia—one of the most frequent causes of death—possibly plague itself, gonorrhoea and the common and painful bovine mastitis and a number of other streptococcal infections of animals, including pneumonia of horses.

It has thus been conclusively demonstrated that during the last three decades or so more specific curative remedies for widespread diseases, both of mankind and of animals, have been discovered by animal chemiotherapeutic experiments, than had been obtained, through the clinical inquiries that the anti-vivisectionists would alone have permitted, in the previous three thousand years.

In connection with therapeutics it is also well to recall the following finding of the last Royal Commission. After pointing out that the scientists' evidence showed that during the previous forty years only one drug of any value had been introduced as the result of clinical observation, the Commission found that among the new drugs

resulting from animal experiments were: "(1) *Soporifics*, such as chloral, sulphonal, veronal; (2) *Local anaesthetics*, such as cocain, eucain, stovain; (3) *Analgesics and anti-pyretics*, such as antipyrin, antifebrin, phenacetin, exalgin; (4) *Physostigmin* for glaucoma; (5) *Amyl nitrite* for angina pectoris; (6) *Diuretics*, such as caffen, theobromin and diuretin." Now these include the most important pain-relieving and preventing drugs (with the exception of the habit forming opium and morphia), none of which would be available for man or beast if the anti-vivisectionists' case had not been turned down by the 1875 Royal Commission, as well as by the later one. Yet, such is their inconsistency that their witnesses claimed the right to benefit by the therapeutic discoveries they have spent hundreds of thousand pounds of charitable money in trying to prevent! And that, too, in spite of the fact that over 40 per cent. of the animal experiments in this country are carried out for the purposes of preparing or standardising for safe use curative serums, vaccines, hormones, vitamins and nearly all the specific curative drugs above mentioned! These they would, if they had their way, prevent the medical profession from obtaining for the relief of their patients (many millions of doses being used yearly in Great Britain alone) with incalculable unnecessary suffering to animals as well as to mankind. And that, too, under the pretence of being charitable societies!

THE WHOLESALE CRUELTY TO ANIMALS OF THE ANTI-VIVISECTIONISTS

But the most damning indictment concerns the anti-vivisectionists' attitude to the very animals that as a whole they profess to care for, as the following data will suffice to prove. In the Stephen Paget memorial lecture of 1938 I quoted the official data to show that in the year April 1929 to March 1930, 2,096,868 cattle were protectively inoculated against the three main epidemic diseases of rinderpest, haemorrhagic septicaemia and blackquarter, with a reduction of the mortality among the inoculated to one-thirty-sixth part of that of the uninoculated in the same outbreaks. Further, a table in *The Truth About Vivisection*, p. 155, shows that in 1935 in India, British Tropical Africa and New South Wales alone, 10,351,787 cattle and sheep were preventively inoculated against those three diseases, together with anthrax and contagious

pleuro-pneumonia of cattle. Several million of these must have been saved from severe suffering, because during such epidemics it is usual for about half the uninoculated animals to be attacked. In the British Medical Journal of March 18th, 1939, similar official data of the veterinary departments of British Dominions and Colonies showed 51,085,754 animals protectively inoculated in the British Empire alone, in the seven years 1931-7 inclusive, and the numbers are rapidly increasing. And even that is only a part of the story, for it was reported in 1936 that 24,000,000 pigs are protectively inoculated annually against swine erysipelas, in Germany alone, with an estimated saving of about 7,000,000 every year from that serious and fatal disease. If we had figures back to Pasteur's discovery of anthrax inoculation over sixty years ago, the total animals saved from much suffering by these methods must run into literally hundreds of millions, worth many hundreds of millions of pounds sterling.

It has already been pointed out that the only two medical witnesses who supported the demand for the total abolition of all animal experiments before the last Royal Commission, demanded that the use of rinderpest serum should be prohibited by law. But rinderpest and the other animal epidemic diseases mentioned, cause severe and prolonged suffering, such as is prohibited by English law from being inflicted on any experimental animal, by the rule that if any experimental animal at any time "is found to be suffering severe pain that is likely to endure, such animal shall forthwith be painlessly killed." Moreover, the Home Secretary's annual reports have repeatedly stated (regarding the 95 per cent. of the total experiments which are inoculations, feeding, etc., and not operations) that "in a very large number the results are negative, and the animals suffer no inconvenience whatever from the inoculations. These experiments are, therefore, entirely painless." It follows that the average suffering saved to the preventively inoculated cattle and sheep must be one hundred or more times the average pain inflicted on experimental animals under the safeguards of our humane laws.

Now the position of the medical scientists was well expressed by Lord Justice Moulton, F.R.S., to the Royal Commission thus: "Your duty is to take that line which pro-

duces the minimum of total pain, and whether the pain is inflicted pain, or whether it is preventable pain which is not prevented, is in my opinion one and the same thing." Every true friend of animals will subscribe to that dictum. The contrary contention of the anti-vivisectionists was recently expressed by the leader of a prominent society, in reply to a letter of mine quoting some of the above preventive inoculations of animals, thus: "It is immoral to inflict any suffering on animals, even to save many thousand times as much suffering to animals and mankind." The anti-vivisectionists therefore admit that they care nothing for the millions of cattle and sheep they would subject annually to the wholesale cruelty of easily preventable, severe and prolonged suffering by depriving them of protective inoculation against epidemic diseases. They only care about the infinitely smaller degree of suffering of experimental animals under our humane laws, largely mice in the case of chemiotherapeutic and other tests, and only 1 in 250 of which are dogs and cats, all operations on which must be performed under anaesthetics. That is the "ethical" contention they always fall back on when they can no longer induce the public to accept their own ignorance of, or blindness to, the scientifically established facts regarding the hundreds of millions of animals, as well as of their fellow beings, whom they persistently try to deprive of the immense benefits resulting from scientific experimental medicine. Truly did Stephen Paget write of the anti-vivisection agitation: "It gives us very fine sentiments, but it is tainted through and through with falsehood. I know that many who believe in it are honourable and full of kindness. But I have studied it for thirty years, and I have come to the conclusion that it ought to be regarded as the enemy of the people."

The foregoing data and quotations will suffice to allow anyone with some knowledge of modern medicine to refute the opponents of scientific medicine, and to convince any knowledgeable, and open-minded, persons that it is the anti-vivisectionists who are guilty, however unwittingly, of attempting the most wholesale cruelty to animals, while it is the medical and veterinary scientists who are the true friends of animals. The anti-vivisectionists even opposed the rebuilding of the London Veterinary College and animal hospital; because, forsooth, its

distinguished head, Sir Frederick Hobday, once held a licence for animal experiments, used for ascertaining the safest methods of anaesthetising animals!

I now turn to the present activities of the anti-vivisection societies, with the help of some £40,000 a year of charitable income, three-fifths of which is derived from legacies and their investment; all received since the rejection of their case by the last Royal Commission, from kind-hearted people, who must presumably be ignorant of the wholesale cruelty to animals, above demonstrated, of their movement. On the only occasion I got an anti-vivisection society to find an avowed medical anti-vivisectionist to debate with me, he had no reply to my question whether he was prepared to hold that the moral and financial support obtained by broadcasting such untrue statements as those above mentioned had been honestly got.

ANTI-PUBLIC HEALTH AGITATION

The most plausible anti-vivisection statement, for taking in their gullible non-medical followers, is the assertion that all modern medical advances are due to "sanitation," and none to animal experiments. They rely for its effect on the ignorance of their dupes of the simple fact, known to all open-minded medical practitioners, that sanitation and public health are themselves essentially based on discoveries through animal experiments. A few of many available examples will suffice to prove that dictum.

PUBLIC HEALTH MEASURES BASED ON PHYSIOLOGICAL ANIMAL EXPERIMENTS.—(1) Ventilation. (2) The value of sunlight on vitamin formation in the skin. (3) The vast subject of dietetics. This includes the discovery of the vitamins A to F, and the synthetic production of some of them. The curative and preventive value of these in scurvy, rickets, xerophthalmia, beri-beri, pellagra, etc., constitutes the greatest medical advance since Listerism.

PUBLIC HEALTH MEASURES BASED ON BACTERIOLOGICAL ANIMAL EXPERIMENTS.—These are legion, and would require an encyclopaedia adequately to deal with them. They are primarily based on the epoch-making discoveries of Pasteur—the charlatan of the anti-vivisectionists—Koch and others, and cover all the epidemic and infectious diseases, only a few of which can be mentioned. (1) Prompt vaccination and revaccination with calf lymph of all the

contacts of a number of virulent cases of smallpox, repeatedly brought by ship to Great Britain from India and elsewhere during the last two decades, has alone prevented serious outbreaks in this now poorly vaccinated country. (See Research Defence Society illustrated pamphlet No. 52, *Conclusive Facts on the Protective Value of Vaccination against Smallpox*, for further information.)

(2) The greatest of sanitary measures, the provision of filtered water free from the germs of typhoid, cholera, etc., is based solely on bacteriological work. In fact, the completion of the supply of pure water, which has made London the healthiest of great cities, resulted from the proof of its value in certain areas during the London cholera outbreak in 1853-4. (See *Bowel Diseases in the Tropics*, p. 17.)

(3) **PLAGUE** the greatest of epidemic diseases, has frequently ravaged the world. It is reported to have carried off one-fourth of the population of Europe in 1348-9, and one-seventh of the population of London in 1664-5. It once more spread over the world from southern China from 1894 on, and caused ten million deaths in India alone, due to our ignorance of its mode of spread. Yet ten years of modern bacteriological research established the rat-flea theory, which now enables us to prevent sea-borne outbreaks.

(4) Even the Pasteurisation of milk is opposed by the anti-vivisectionists, although killing disease-causing germs is not vivisection!

(5) Preventive inoculation against diphtheria, the most terrible of children's diseases, which has nearly freed some Canadian cities of the disease, is still virulently opposed by the anti-vivisectionists. Such is their cruelty to children!

ANTI-WAR EFFORTS

A full account will be found in the *Truth About Vivisection*, pp. 70-77, of "How the British were narrowly saved from betrayal during the Great War through anti-typhoid inoculation not being compulsory, thanks to

the obstruction of the anti-vivisectionists." From 1914 onwards they spent thousands of pounds in opposing even the voluntary inoculation of our troops, without which they could not have kept the Germans from seizing the Channel ports and starving us into subjection. As they cannot admit the value of any measure based on animal experiments, they are trying to do the same in the present war, one anti-vivisection society alone having expended £5,000 on their agitation. Fortunately, in the great majority of instances our military men have had the common sense and patriotism in this, as in the last great war, to follow the advice of their own expert medical officers, and have accepted both anti-typhoid and anti-tetanus inoculation. The valuable results of these measures is shown by answers to recent questions in Parliament. One of these stated that: "On the basis of the figures I have given, the chance of contracting typhoid or para-typhoid fever is increased roughly 17 times by refusing inoculation." In the case of the toxoid immunisation against tetanus, which affords protection for a year or more in place of the few weeks after anti-tetanus serum, in the British Expeditionary Force 10 cases of tetanus, with a mortality of 40 per cent., all occurred in the one-fifth of uninoculated men, and none in the four-fifths of inoculated.

In so far as the anti-vivisectionists were successful in persuading any of the infected men to refuse preventive inoculation, in so far as they are responsible for their sufferings and deaths, and for the impairment of our military power resulting from them. And they claim to be "charitable" bodies!

The whole matter can be summed up in the following conclusion of *The Truth*: "The so-called anti-vivisectionists, however well meaning they may be, and erring, let us hope, solely through ignorance of, or blindness to, the overwhelming scientific evidence, are in reality persistently attempting the most wholesale cruelty to man and beast in the history of the world."

A CASE OF CEREBELLAR APOPLEXY

A. C. was admitted on November 21st, 1940, at Friern Barnet Hospital under the care of Dr. Graham.

The history of the present condition starts from about a fortnight before admission, when he noticed he could not walk straight and always

deviated to the left.

Three days before admission he went to sleep perfectly well, but on waking up in the morning found he could neither move nor get up—the whole of his left side was absolutely powerless. He also noticed "the whole world was revolving around

him"—the direction of movement being from his left to right. His speech was affected and he could not swallow anything. In addition he had diplopia, with the false image just above the true one. He remained without food for three days before admission.

Apart from this he had had Bronchitis with excessive sputum for quite some time, and had lately felt a little short of breath on going uphill. He had had Asthma from birth with a strong family history.

On admission the patient was flushed, restless and orthopnoic with marked leaning over of his body and head to the left. His eyes were also fully deviated to the left and he rather refrained from opening them because of the unpleasantness of Vertigo. The patient retained his intelligence and was very co-operative.

His B.P. - T.P.R. were 118/92, 97, 100, and 24 respectively.

On examination, the following findings were obtained:

NERVOUS SYSTEM.

Cranial Nerves.

I. N.A.D.

II. Fundi—Not seen.

III. Visual Acuity—6/12—Diplopia—Images one above the other.

IV. Movement—normal, except that right external Rectus did not act fully.

V. Motor: N.A.D.

Sensory: Loss of pinprick and hot and cold over the area of distribution of ophthalmic and maxillary divisions on the left, and of mandibular division on the right side.

Light Touch: normal both sides.

Corneal reflex: absent both sides.

VI. Fine nystagmus in all directions, more so on moving to left.

Left pupil slightly smaller than right.

Slight ptosis of the left eye.

Reaction to light and accommodation—normal.

VII. Normal.

VIII. Auditory: Deafness of the right ear has been present for a long time.

Vestibular: Severe Vertigo—movement

of objects being from left to right.

IX. Weakness and loss of sensation of the palate. More marked on left.

X. Inability to swallow.

XI. Normal.

XII. Normal.

Peripheral Nerves.

RIGHT SIDE.

Motor: N.A.D.

Sensory: Pinprick, Hot and Cold—absent.

Light touch, Vibration sense present.

Reflexes:

Arms—B.J., T.J., S.J.—present.

Stereognosis, Rebound, Finger Nose Test—normal.

Legs—K.J., A.J., P.R.—normal.

Position sense—normal.

LEFT SIDE:

Motor: Hypotonia, Loss of power—both limbs.

Sensory: N.A.D.

Reflexes:

Arms—B.J., T.J., S.J.—normal.

Stereognosis—normal.

Rebound—excessive.

Finger Nose Test—unsteady.

Past pointing—present.

Intention Tremor—present.

Dysidiadokokinesis—present.

Legs—K.J., A.J., P.R.—normal.

Position sense—normal.

OTHER SYSTEMS.

There was nothing relevant in his other systems except for some Rales and Rhonchi on the right side of his chest and some impairment on the lower half in front. His C.I. was in outside M.C.L.*

COURSE AND TREATMENT.

A stomach tube was put in and patient was fed on Egg and Milk and Glucose drinks. The rest of the treatment was general nursing. On the third day he was able to swallow and there was general improvement in his condition. Patient was discharged four weeks later at his own request to be nursed at home. At the time of discharge he had regained considerable degree of tone and power on the affected side.

I wish to thank Dr. Graham for his kind permission to publish this Case.

M. R. SHIRAZI.

10th February, 1941.

SEVENTEENTH CENTURY SCIENCE

Robert Burton, compiler of the huge "Anatomy of Melancholy" (pub. 1628), collected the opinions of a host of ancient writers on every subject connected with pain and melancholy, and on every other subject which occurred to him during his long pursuit of the causes of misery. From philosophy to food, from cosmetics to the Kings of Persia, from medicines to the morality of dancing-classes, everything is discussed and determined by the most eminent authorities. His account of the heart (actually written by the author himself!) is an excellent antidote to the electrocardiogram.

* Future contributors of case-histories are advised to use abbreviations with less enthusiasm.—Ed.

... of this region the principal part is the heart, which is the seat and fountain of life, of heat, of spirits, of pulse and respiration—the sun of our body, the king and sole commander of it—the seat and organ of all passions and affections. *Primum viviens, ultimum moriens*, it lives first and dies last in all creatures. Of a pyramidal form, and not much unlike to a pineapple; a part worthy of admiration, that can yield such variety of affections, by whose motion it is dilated or contracted to stir and command the humours in the body. As in sorrow, melancholy; in anger, cholera; in joy, to send the blood outwardly; in sorrow to call it in; moving the humours, as horses do a chariot. This heart, though it be one sole member, yet it may be divided into two creeks, right and left. The right is like the moon increasing, bigger than the

other part, and receives blood from *vena cava* distributing some of it to the lungs to nourish them; the rest to the left side to engender spirits. The left creek hath the form of a cone, and is the seat of life, which, as a torch doth oil, draws blood into it, begetting of it spirits and fire; and as fire in a torch, so arc spirits in the blood; and by that great artery called aorta, it sends vital spirits over the body, and takes air from the lungs by that artery which is called *venosa*; so that both creeks have their vessels, the right two veins, the left two arteries, besides those two common anfractuons ears, which serve them both; the one to hold blood, the other air, for several uses. The lungs is a thin

spongy part, like an ox hoof (saith Fernelius), the town-clerk or crier (one terms it), the instrument of voice as an orator to a king; annexed to the heart, to express their thoughts by voice. That it is the instrument of voice, is manifest, in that no creature can speak, or utter any voice, which wanteth these lights. It is besides the instrument of respiration, or breathing; and its office is to cool the heart, by sending air into it, by the *venosal* artery, which vein comes to the lungs by that *aspera arteria*, which consists of many gristles, membranes, nerves, taking in air at the nose and mouth, and by it likewise exhales the power of the heart.

LA DERMATA COMMEDIA

CANTO III.

Verse

- 20 Dermatitis Herpetic of Dühring
In the demon that Job once possessed:
His nails all burnished go touring
O'er a surface he'd like to divest.
- 21 With a watch-glass for lupus make trial
In this blemish in cheek so serene;
Like Homunculus viewed in his phial,
Vile jelly translucent is seen.
- 22 Achilles here curses the heat
That brings out his podo-pomphosis,
That cripples his vulnerable feet
And rots them with athlete's mycosis.
- 23 The crowned head of Pontus laments
Ingesting arsenical bane:
His surface here strangely pigments;
There pales as if washed by the rain.
- 24 With Chiron ride Centaurs to harrow
The Lupoid with drugs manifold:
Remorseless though hollow the arrow
Injecting the misers with gold.
- 25 On the greed that Midas bemoans,
The rash that you see is dependent:
For avarice here he atones
In gold dermatitis resplendent.
- 26 See Crassus how wretched his plight is:
No words can he voice to complain,
As speechless with gold stomatitis,
His wealth he now rues in his pain.

Verse

- 20 Dermatitis Herpetiformis: A rare disease accompanied by much itching. It was first described by Dühring of Philadelphia in 1872. There is no real evidence that this is the disease from which Job suffered.
- 21 Lupus Vulgaris is most commonly seen in its incipient stage in adolescent females and is diagnosed by pressing the blood out of the skin with a watch-glass. The apply jelly nodule is its fearful sign.—The Dean.
Homunculus, the alchemists' synthetic man, is represented by Goethe in his Faust, Part II, Act, II, as a translucent mannikin imprisoned in a phial. He introduces the mediaeval Mephistopheles and Faust to the ghosts of classical antiquity.
- 22 A mythological inaccuracy. Achilles had only one vulnerable foot and of that only a part was vulnerable.—Hiram, P.G.
It seems that three centuries ago, our Hospital Myrmidons were as much plagued by fungus infections of the feet as they are now.
- 23 Mithridates II, King of Pontus, took increasing doses of arsenic to establish a tolerance to it, so that he could not be poisoned by his many enemies. Such an immunity is only achieved at the expense of acquiring peculiar pigmentation of the trunk, known as raindrop pigmentation.—The Dean.
- 24 Chiron: Most famous of the Centaurs, pedagogue of the Greek Heroes, physician, and "man" of science. For the concept of injecting misers with gold, see Inferno VI and XII.—Hiram, P.G.
- 25 At one time, the injection of gold salts was a very fashionable treatment for tuberculosis, rheumatism and other diseases. Its disadvantage was the severe dermatitis and stomatitis not infrequently produced. It fell into complete disuse later, to some extent on this account, but still more because, in Europe, gold became almost completely unobtainable.—The Dean.
- 26 Crassus: Fabulously rich Roman financier. Defeated and killed at Carrhae, B.C. 53, by the Parthians. His head was sent to the Parthian king, who thought it a good jibe to have molten gold poured into its mouth at one of his feasts.—Hiram, P.G.

CANTO IV.

Verse

- 27 A mantle of Bismuth's the onus
Of hypocrite skins there luteic;
A surface untarnished is shown us,
Yet augurs the jerkless parietic.
- 28 Th' Olympian messenger pours
His silver deep into the flesh
Of men unbridled and whores,
That gins of Astarte enmesh.
- 29 The heart of that sinner percuss,
Whose nose pale spirochaetes rot.
Both sigma and B.P. are plus
The tabes some others have not.
- 30 All ye barked about with that tetter,
Unearned parental instilment,
Despair that unscarred you can better
The crusted luteic distilment.
- 31 Benches of procto-pruritus
Cry: "Of us not a soul do they treat:
"These doctors do nought but invite
us
"To keep our untenable seat."
- 32 Now distant we 'gin to discern
A lurid mysterious glare
Unceasing there feeble skins burn
In carbon arc's tremulous flare.

* * *

CANTO V.

Verse

- 33 "Back, back," I cried in suffering
panic
My eyeballs seared by the fearful ray.
"No more, no more of your tortures
Satanic,
"Enough, to the square away, away."
- 34 So we turned and we fled from that
hall of mischance
And the menacing dire of that lamp
incandescent;
By a Cavern we sped, where revealed
to our glance,
Sat Tinea and clawed at her tonsures
fluorescent.
- 35 Averting our gaze each yard now we
fought
Through an oncoming whirlpool of
dermatoid freaks,
Till the winged feet of fear took us
out through the court
Of the temple of laughing edentulous
shrieks.

- 27 Bismuth: much used in the treatment of lues. The less the skin is affected in the early stages, the more likely is the supervention later on of tabes or G.P.I.—The Dean.
Dante, *Inferno* XXIII. Hypocrites are represented as staggering under a mantle, which though golden on the surface was really of lead. Gold actually is even heavier than lead: sp. gr. 10 and 11.
- 28 Mercury was also used in treating lues. Astarte: Phoenician goddess, equivalent of the Greek Aphrodite. Her orgiastic cult at Hieropolis is described by Lucien: *de Dea Syria*.—Hiram, P.G.
- 29 The nose sometimes suffered seriously in syphilis. Hence Steele wrote in "The Tatler" in 1810 an admonition on the dangers of whoring and so acquiring syphilis. Young men under temptation were to imagine every woman a siren saying in the midst of her flatteries and allurements: "Keep your face out of my way or I will bite off your nose."
Sigma: A precipitation test used in syphilis. B.P. is presumably "blood pressure," but there seems also to have been some gag advertising the superlative qualities of a petrol called "B.P."—The Dean.
- 30 Hamlet, Act I:
"And in the porches of mine ears did pour
"The leprous distilment
"And a most instant tetter barked about
"Most lazarus-like, with vile and loathsome
crust
"All my smooth body." Hiram, P.G.
- 31 Procton: Creek for the terminal portion of the alimentary tract. A chronic paroxysmal itching of this region was and still is a common complaint.—The Dean.
- * * *
- 33 Macbeth to the shade of Banquo, Act IV, Scene 1: "The crown does sear mine eyeballs."
- 34 Some phrases in this verse seem to have been taken from Chaucer's description of the Temple of Mars in the Knight's Tale. Chaucer: Primitive British poet of some twelve centuries ago.—Hiram, P.G.
Tinea: Technical name for ringworm, a disease long since extinct, but very prevalent when the populace in the Great War led a troglodyte existence. Patches of hair rotted and broke off. When seen in a darkened room in the path of suprabline rays, a striking fluorescence appeared extraordinarily valuable for diagnosing the extent of scalp implicated. This technique was first demonstrated in Britain in 1927 by Roxburgh, an early primitive.
- 35 Dental and Skin Departments had a common aditus.
The now obsolete anaesthetic "laughing gas" was much used at one time for tooth extraction.

* * *

- 36 By the stairs of steel we clattered
below
And stifling stumbled o'er the surgery
floor,
Deaf to the Sirens of the Central
Bureau,
Blind to the Almoner's Circean door.
- 37 Mocked by the shades of Balcon and
Bridle
We made for the light by the Tunnel
of Gloom,
Past the blind alley, where aspirants
idle
And desperately hope at the top to
find room.
- 38 We stayed at last where the scholars
throng
And read the dark words o'er that
sloping centre:
"Life runs fast and the day is long:
"Abandon hope all ye who enter."

* * *

37 Balcon was for many decades in charge of the students' cloakroom, at that time situated at one end of a dark tunnel-like passage.

Bridle was apparently a considerable personality of the Hospital. What his functions were is not clear.—The Dean.

* * *

38 The "Slope" and superscription were destroyed early in the Second European War. For details see Harris, *St. B.H.J.*, Dec., 1940. It was in an unfamiliar script said to be Greek, and was believed to mean that "Bart.'s was not built in a day." With this sentiment the despair expressed in the terminating line is hardly compatible. This is unfortunate, as by this incongruity alone the historic value of the whole poem is seriously undermined.

CORRESPONDENCE

THE METRIC SYSTEM

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

Dr. Maxwell's prejudice against the metric system of weights and measures leads him astray.

He writes: "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." Why "oddly" when the metric system is legally recognised in this country and widely used here and overseas? And does one translate numerical quantities "literally"?

The British Pharmacopœia (P. 6) expressly calls attention to the fact that the relation between the metric and the Imperial doses as set forth in the text is of only approximate equivalence. Thus 0.06 G. is used as the equivalent of the 1 grain instead of the more accurate 0.0648 G., a difference of 8 per cent., and 1 millilitre (mil.) is used as the equivalent of 15 minims instead of 16.9 minims, a difference of over 10 per cent. The equivalents used for the more common doses are rounded off and are "merely for the convenience of the prescriber in translating doses from one system to another and are not sufficiently accurate for pharmaceutical or other purposes."

I am, sir,

Yours faithfully,

P. HAMILL.

STUDENTS' UNION

The Editor of the Journal
Sir,

The following is an extract from the Annual Report of the Students' Union Council:

"The clinical students are still divided between Bart.'s, Hill End and Friern Hospitals, and the pre-clinicals are at Cambridge. We have, however, managed to retain the unity of the students by the representation of each group on the Council and by the organisation of games and dances at the various centres. The blitz has caused few and slight casualties to students; we have been more fortunate than our colleagues at some other hospitals, with whom we sympathise; but our property—the squash courts and, to a lesser extent, the pavilion and grandstand at Chislehurst—has been damaged. We sympathise with the Medical College on the loss of many of the laboratories at Charterhouse and the ancient but useful lecture theatre at Bart.'s.

Nearly all the Clubs have been able to carry on with their activities, although sometimes unusual stratagems must be used to raise teams and fixtures.

Dr. Graham was re-elected President of the Union. Prof. Ross and Prof. Wormall were re-elected Treasurers, and in place of Dr. Harris, whose resignation through multiplication of duties was very much regretted, Dr. Scowen was elected Treasurer.

I am,

Yours faithfully,

R. H. SANDIFORD,

Hon. Sec., Students' Union.

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

March 12th, 1941.

Dear Sir,

Life being change, and stagnation death, the vitality of the ever welcome *Bart's Journal*, of recent years delightfully illustrated by "Our Candid Camera," as in the excellent photograph on page 109 of your March issue, with the characteristic hypoplastic sweater, reveals a new surge on the next page in the equally good representation of the witty author of "The Art of Passing Examinations."

As the photograph of a writer at the head of his article seems a new departure, I would ask whether this represents the first move in a settled policy, or whether this is a test case. If so, the sponsors of the method have chosen good material.

Though this may not always be possible, it would seem invidious to publish photographs only in selected cases, and to apply the clinical rule that each case should be judged on its merits. It would be more charitable to apply the "all or none" law of physiology.

Should the publication of all authors' photographs prove to be the settled future policy of the Journal, no doubt instructions as to the type of portrait desired, and as to whether or not "tails" are compulsory, will be issued. Possibly occasions might arise in which, when an article could not be completed in time, or was unsuitable, the author's photograph might act as a pleasant alternative.

The present photographs form an admirable pair. In artistic contrast with the cryptic Mona Lisa smile of the "second stage" on page 109, the air of confident hilarity on the next page is refreshingly suggestive of a stage too expensive to attain nowadays.

Thank you, Mr. Editor, for these vivid reminders of old friends.

Yours, etc.,

ALEX. E. ROCHE.

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

March 7th, 1941.

Dear Sir,

I sincerely hope that you will continue to travel to Friern with me in my car.

I am eager to maintain its reputation as a curio cabinet.

Yours, etc.,

JOE BAILEY.

Bourne End, Bucks.

[*Touché!*—ED.]

* * *

ANOTHER WARNING

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

Sir,

I am about to consult an osteopath, Gypsy Lee, and the legal advisers of the Jones family, and you may shortly hear from them in regard to the defamatory article you have not yet published in a forthcoming number of your Journal.

Before it appears I shall find that my house, reputation, and a spare pair of braces have disappeared in less than no time. You totally under-estimate the unbridled power you wield.

I am, yours faithfully,

THIRD CHIP.

P.S.—My spare pair of braces have already disappeared.

* * *

[Mr. Kenneth Walker has offered to settle for 100 gns.—Presumably the value of his practice.—ED.]

OBITUARIES

CHARLES WILLIAM MANSELL-MOULLIN,
C.B.E., M.D., F.R.C.S., 1851-1940.*

Born in 1851, Charles William Mansell-Moullin was educated at Pembroke College, Oxford, taking his Oxford degree from *Bart's*. He studied at Vienna, Paris and Strasbourg, taking the F.R.C.S. in 1878 and the M.D. the following year. He was elected assistant surgeon at the London Hospital in 1882, where he began a brilliant career, which is particularly noteworthy for his contributions to abdominal surgery, his

* Owing to circumstances beyond our control, the publication of this obituary has been delayed till now.—Ed.

work on the treatment of the enlarged prostate, on malignant disease, gastric ulcer, and on tumours.

Mansell-Moullin was Examiner in Surgery in the Universities of Oxford, Cambridge and Glasgow, and among other honourable positions, was a Member of the Council and Vice-President of the Royal College of Surgeons. He was very active till an advanced age, dying on November 10th, 1940, at the age of 89. Although never a member of our staff, we have just reason to recognise him as a *Bart's* man, and to sympathise with the London Hospital at the loss of an outstanding personality.

SIR PENDRILL VARRIER-JONES.

By the premature death of Sir Pendrill Varrier-Jones, on January 30th, 1941, British Medicine has lost one of the great pioneers in the improvement of social hygiene and St. Bartholomew's Hospital one of her most distinguished sons. The Papworth Village Settlement has become a byword all over the world for the intelligent and humane treatment of tuberculosis in all its manifestations and all its stages, and it is not necessary to describe here at length the organisation for which Papworth is so famous. Yet it is certain that Varrier-Jones, its creator, did not foresee his achievement. It all seemed to happen fortuitously, though really one development led to another in logical sequence, each guided by its delighted guardian, who saw that it was good. If there is any truth in the belief that a man's career is conditioned by inherited characteristics, then it can be claimed that the peculiar combination of qualities in Varrier-Jones was derived directly from his parents. His father, Charles Morgan Jones, was a doctor practising in a mining district in Wales. His mother's family was concerned in big business, her brother being Managing Director of Ocean Collieries and chairman of the Welsh Coal-Owners' Association. The combination in their son of an interest in medicine with an outstanding capacity for dealing with industrial problems resulted in the Papworth Village Settlement and the Papworth Industries.

Varrier-Jones was born on February 24th, 1883, at Troedyrhiw, Glamorgan, and began his education as a small boy at Epsom College, going on at the age of 14 to Wycliffe College, Stonehouse, where he stayed for five years. He maintained his interest in the school and afterwards founded the Margaret Varrier scholarship there in memory of his mother. At the age of 19 he entered St. John's College, Cambridge, with a foundation scholarship. He took first-class honours in the National Sciences Tripos in 1905, and was placed in the second class of Part II. in 1906. He then proceeded to St. Bartholomew's, qualifying there in 1910. He was appointed junior house physician to Dr. Ormerod, and as a newly joined student doing my first appointment as clinical clerk, I was then able to form a friendship with him which lasted until his death. He was then, as always, an amusing and delightful companion, and took

much trouble in the education of his clinical clerks, but we none of us suspected anything of the career that lay before him. Even at that age he was plump and unpunctual, and often his interest in medicine appeared to be slight. When, after completing his six months as junior house physician, he resigned his appointment, we attributed his apparent failure to face the responsibilities of resident house physician to a somewhat lazy temperament. We did not know that throughout those six months he was being tortured by solicitude for his slowly dying father, and that several times a week he was travelling all night in order to spend a few hours by his father's bedside. He finally resigned because his duty to the Hospital was incompatible with what he believed to be his duty as a son. After his father's death he was undecided as to his future course, and at this point he was invited by Professor Sir German Sims-Woodhead to help him in researches into bovine tuberculosis in the Laboratory of Pathology at Cambridge. He accepted the invitation rather in default of anything else that attracted him, and in 1915 was still acting as Sims-Woodhead's temporary assistant. It so happened in this year that the Cambridgeshire County Council Tuberculosis Officer had left for war service, and difficulty was found in replacing him at the Council's Dispensary, which had been established in the previous year. Sims-Woodhead was asked if he could recommend a medical man as a stop-gap, and so the post was offered to his assistant. Varrier-Jones had himself been rejected for war service on account of some slight physical defect, and he accepted the position of Tuberculosis Officer although, as he explained, he knew nothing about County Councils or what a Tuberculosis Dispensary was supposed to do. He soon discovered, however, that the work engaged his interest and he perceived the absurdity of advising a tuberculous patient to obtain "light work, fresh air, and good nourishing food," while there were no beds at his disposal where his patients could be cared for in surroundings suitable to their economic status. He was unable to persuade the County Council to institute a Sanatorium, but he secured the support of a few members of the Tuberculosis Committee, including Sims-Woodhead and Sir Clifford Abbott, and with their help a voluntary committee

was formed. A small capital of £500 was gathered, and on this very insecure basis a "Tuberculosis Colony" was formed. This unorthodox experiment was looked upon with disfavour outside the narrow circle of Varrier-Jones's enthusiastic supporters, prominent among whom were my mother, Mr. J. N. Keynes, and Miss Borne, the County Council's tuberculosis nurse, who from that time bravely threw in her lot with the adventurers, and as Matron gave Varrier-Jones her whole-hearted and invaluable co-operation until the end of his life.

In February, 1916, a six-roomed cottage in the village of Bourn, a few miles from Cambridge, was approved by the (then) Local Government Board as a Colony for twelve male patients, but only for a probationary period of three years. The house stood in a garden of two acres, where patients could be employed in various ways, for Varrier-Jones's quick and original mind had already formulated his fundamental principle, that maintaining the patient's hope by means of a suitable occupation was an essential aid to recovery. The two years actually spent at Bourn confirmed his belief in the practicability of his ideas, and from the date of the removal to Papworth early in 1918 there has been continuous and rapid progress. One of the earliest patients at Bourn was a Belgian refugee, who designed a chalet for erection in the garden. Another patient, a carpenter, constructed the chalet and taught other patients how to build them. Thus in 1918 fifteen patients with their chalets were transported to Papworth, where the Hall, formerly the residence of a notorious financier, together with $4\frac{1}{2}$ acres of land, had been acquired through private generosity. By a fortunate chance the establishment at Bourn had been visited by Sir Robert Morant, who had appreciated the ideas behind the scheme, and he was able, as Secretary of the National Health Insurance Commission, to exert his influence in favour of allowing an insured person to do a limited amount of work as part of his treatment, while continuing to receive his insurance benefits. This concession removed one of the greatest difficulties which threatened the success of the "Tuberculosis Colony" idea, and enabled Varrier-Jones to develop his scheme along the lines he had originally conceived. He was the first to realise in a practical way that the treatment

of tuberculosis was as much an economic as a medical problem, and by continuously developing the commercial side of the enterprise, he was able to offer the tuberculosis patient an opportunity to work and support himself, while giving him the all-important feeling of security, both for himself and his dependents. Further than this, Varrier-Jones believed that it was of importance to give patients, not sham work of an art-and-craft kind, but "purposeful" work with remuneration from the earliest possible moment, before they had begun to lose their initiative and self-confidence.

In the earlier years of the enterprise there were many difficulties to be overcome and awkward corners to be turned, and Varrier-Jones wrote retrospectively to a friend in 1929. "I like to call to mind the help of Woodhead especially, for I am quite sure that without his encouragement I should have given it up long ago. I could never go through the struggles and trials of those days again, and, even now, the constant supervision necessary to the smallest detail is impossible unless one feels very, very well. I've been lucky to have been given the opportunity to put into practice my curious ideas, haven't I?"

It is unnecessary to describe here in detail the developments that have taken place. Papworth Hall has remained the administrative centre where Varrier-Jones, as Director, had his own quarters. Around it hospitals and research laboratories have sprung up, hostels and cottages for ex-patients, and homes for nurses, with a village hall and general store. Workshops have also been built, and rebuilt on a larger and larger scale, until huge contracts could be handled. In 1940 the sales from Papworth Industries, Ltd., reached a total of £363,435.

It was only in the later years that the surgical side of the treatment of tuberculosis was developed at Papworth. Varrier-Jones had a peculiar horror at the idea of the infliction of pain, and an almost pathological aversion to surgery. Ultimately, however, the claims of surgery were recognised, and a first-class surgical block was built, with another brilliant St. Bartholomew's man, H. P. Nelson, as visiting surgeon.

It is well known how deeply King George V and Queen Mary were interested in the experiment and how they visited Papworth on many occasions. Varrier-Jones was a good showman, and, with such

fine wares to exhibit, it is not surprising that he was very successful in obtaining money for the financing of his schemes. In an address to an Empire Conference on the Care and After-Care of the Tuberculous, in 1937, he presented the case for State support in a striking way. "The State," he said, "demands notification of the disease. Why? To protect itself. But in protecting itself in this way it may be putting in peril the livelihood and the whole social structure of the patient. All his work, all his efforts, his home, his job—all are liable to be prejudiced by notification. If the State demands protection at such a cost, surely it must accept the liability of providing adequate compensation. This liability must not be lightly discarded. The State provides treatment as it should. It cannot guarantee the results of treatment, of course, but surely it can see to it that the victim of the disease, if he cannot be cured, can at least be provided with employment in a suitable environment."

When the success of the Papworth experiment was assured, Varrier-Jones was invited to help in the development of other schemes for the treatment and employment of the disabled. At the request of the British Legion he reorganised during 1925-7 the Preston Hall Settlement in Kent, and from 1917 until his death he was mainly responsible for the steady progress of the Enham Village Centre, near Andover. In 1929-30 he assisted in the foundation of a second Papworth attached to the sanatorium established by the Women's National Health Association of Ireland at Peamount, Co. Dublin. In 1932 he was made President of the Sub-Committee for Occupational Therapy and After-Care Work of the International Union against Tuberculosis. His work received the public recognition of a knighthood in 1931, and he was elected F.R.C.P. in 1934.

The fame of Papworth spread in all directions and innumerable visitors came to see it from every part of the world. Colonies on the same lines, with local adaptations, have been established in many countries, and trained nurses from foreign sanatoria have been sent to Papworth to learn the new methods at their service.

During the last weeks of his life Varrier-Jones had centred his thoughts upon the best method of spreading knowledge of tuberculosis—a problem that was acquiring an intenser interest as the result of the war

—and he was in consultation with the Ministry of Health and the Regius Professor of Physic at Cambridge with a view to planning a course of lectures for medical students, combined with practical work, at Papworth. "I can see," he wrote a few days before his death, "that, in future, places such as this should teach methods and inspire students, and now that our industries are on a good basis, I can devote some of my time to teaching the young. We may have only *one* student; but, then, Papworth started with *one* patient, and I must hope for the best."

Varrier-Jones combined a striking personality with an arresting exterior. In his later years he became somewhat bulky, and his massive figure was surmounted by a face with dark eyes and distinguished features, and a mop of pitch-black hair.

His usual appearance as he walked round the Industries suggested energy combined with informality, his hair ruffled by the wind, and a short walking-stick in his hand. In his own domain he was a benevolent Dictator, but the New Order which he founded for sufferers from tuberculosis extended all over the world. He knew all his patients personally, and was always approachable, ready to listen to petitions or suggestions from whatever quarter they might come. His patients received from him a sense of security and moral support, and he constituted himself a buffer between them and the outside world, in which they felt they could not battle by themselves. He never married, and indeed he used to say that there was no place in his existence for a wife. All his affections were projected on to the institution he had created and its inmates. The very personal character of his rule at Papworth has created its own difficulties, for he had not in the least anticipated the attack of angina pectoris from which he died in the course of a few minutes, and no successor had been trained or named.

The feelings of the Papworth Colony were expressed in a moving way on February 2nd, when the body of their Director lay in the Hall with members of the Home Guard standing with arms reversed at the four corners of the coffin. A very brief service was held at which everyone wept without shame or affectation, and it was plain to see what kind of a friend the staff, the inmates and the villagers had lost by the death of Sir Pendrill Varrier-Jones.

GEOFFREY KEYNES.

BART'S MEN IN THE SERVICES

ROYAL ARMY MEDICAL CORPS.

Ball, P. H.
 Danford, H. C.
 Bamford, J. B.
 Bannister, R. T.
 Barkin, V.
 Barnsley, R. E.
 Bassett, T. H.
 Baum, I. H.
 Baxter, W. S.
 Beagle, J. R.
 Bennett, A.
 Bentley, J. G.
 Bett, W. R.
 Boyden, H. H.
 Braines, F. M.
 Brennan, E. B.
 Brodribb, H. S.
 Brooker, A. E. W.
 Brown, K. P.
 Brownlee, T. J. K.
 Burrow, K. C.
 Capper, W. M.
 Carter, C. L.
 Chamberlain, A. G.
 Conway Hughes,
 J. H. L.
 Cooke, A. H.
 Curtiss, E. S.
 Curtiss, L. M.
 Dalley, G.
 Dalbwall, R. E. S.
 Darke, G. H.
 Davies, W. H. D.
 Dearlove, A. R.
 De Freitas, A. J. S.
 Denny Brown, D. E.
 de Senneville, R.
 Desmarais, M. H. L.
 De Vine, J. G.
 Douglas, H. A.
 Eland, A. J. C.
 Ellis, A. R. P.
 Ellis, B. H.
 Flockton, P. H.
 Ford, A. R.
 Foster, W. B.
 Francis, A. E.
 Frazer, A. L.
 Frederick, E. V.
 Gallop, F.
 Gordon, I.
 Gordon-Watson, Sir C.
 Grace, A. H.
 Gracc, M. R.
 Grant, W. R.
 Greenwood, F. G.
 Groves, J. N.
 Gurney, A. H.
 Halper, N. H.
 Hankey, G. T.
 Harker, M. J.
 Harris, G. A. S.
 Harrison, G. A.
 Harrison, G. J.
 Haivey, M. W.
 Hay Shunker, C. I.
 Hearn, R. D.
 Heasman, L.
 Heathcote, H. J.
 Hewlings, N. J. P.
 Hillaby, H.
 Hinds Howell, C. A.
 Hole, E. K.
 Homa, B.
 Hoslyn, C. H.
 Howell, T. H.
 Jackson, J. M.
 Jamieson, J. G.
 Johnson, D. Mcl.
 Jones, D. M.
 Joyce, J. B.
 Kanaar, A. C.
 Kemp, J. W. L.
 Kennedy, A. R.
 Kenshole, H. H.
 Kerr, A. K.
 Kersley, C. D.
 Kingdon, J. R.
 Knowles, A. H.
 Knowles, H.
 Lee, H. B.
 Lintou Bogle, F. W.
 Lockett, J. M.
 Magnus, H. A.
 Malley, M. J.
 Marsh, F. D.
 Martin, J. R. M.
 McCoy, D. P.
 McGladdery, J. P.
 McGregor, A.
 McGregor, W. H. S.
 Mellor, A. W. C.
 Mitchell, W. E. M.
 Morgan, C. J.
 Morrison, C. R.
 Morrell, F. H.
 Morton, J. A.
 Mundy, M. L.
 Newton Dunn, G. W.
 Nicolas, J. C. H.
 Nicoll, C. V.
 Noel Hanson, P.
 Orlick, A.
 Owen, W. A.
 Oxley, W. M.
 Palmer, E. A. F.
 Patterson, J. H.
 Perrott, G. F. D.
 Perrott, J. W.
 Pimblett, G. W.
 Preiskel, D.
 Rewcastle Woods, T. G.
 Robson, J. A.
 Rochford, J. D.

Rodgers, H. W.
 Rogers, N. C.
 Rose, I. F.
 Ross, K. M.
 Rouse, A. J.
 Royston, G. R.
 Scotson, F. H.
 Scott, J. M.
 Scott, P. G.
 Sedleigh Denfield, G. R.
 Simmons, G. H. A.
 Smart, J.
 Smith, R. S. S.
 Snow, J. E.
 Stallard, A. F.
 Stallard, H. B.
 Stanton, H. G.
 Stevenson, R. Y.
 Stott, A. W.
 Sykes, W. S.
 Taylor, A. W.
 Thompson, B. W.

Thompson, J. R. O.
 Todd, C. R.
 Trower, G. S.
 Underwood, W. E.
 Varley, J. F.
 Waldin, G. G.
 Walter, W. J.
 Ward, R. O.
 Ware, M.
 Waters, A. B.
 Watson, E. O.
 Way, G. L.
 Webber, R. Hanbury
 Whitton, J. S.
 Williams, R. N. H.
 Willmott, L. A.
 Wilson, J. D.
 Wilson, J. S. H.
 Wise, C. S.
 Wolfe, H. L.
 Wooding, J. E.
 Wright, P. M.

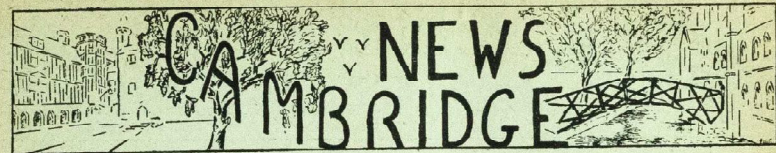
ROYAL NAVY.

Arden, L. D.
 Bateman, A. D.
 Carpenter, M. A.
 Chivers, J. A.
 Curl, O. J.
 Donald, K. W.
 Hackett, J. T. A.
 Houghton, P. W.
 Hughes, J. F.
 Hutton, W. A.
 Jackson, B. F.
 Kirkwood, R. M.
 Lewis, B. S.
 Mandelstam, M.
 More-Nisbett, J. G.
 Murless, B. C.
 Neill, F. J.
 Prothero, D. A.
 Randall, D. C. S.
 Stewart, E. F. G.
 Sutton, R. J. C.
 Terry, C. H.
 Ward, F. G.
 Wedd, G. D.
 Woodham, C. W. B.

ROYAL AIR FORCE.

Ainsworth-Davis, J. C.
 Angel, R. E.
 Bangay, E. B. D.
 Botha, B. B.
 Caldwell, J. R.
 Caplan, A.
 Carpenter, R.
 Coltart, W. D.
 Edwards, T. A. W.
 Evans, E. O.
 Foote, R. R.
 Gauvain, J. H. P.
 Gimson, P. A.
 Cray, G.
 Heath, W.
 Hendley, H. J. H.
 Howkins, J.
 Jackson, K. V.
 Jenkins, C. R.
 Jeremy, W. H. R.
 Keynes, G. L.
 Linton, J. S. A.
 Lloyd, W. J.
 Macpherson, R.
 Morel, M. P.
 Nash, D. F. E.
 North, J.
 Owston, A. J.
 Phillips, B. M.
 Playne, D. A.
 Scholefield, J.
 Shields, N. P.
 Tracey, H. A.
 Young, N. A. F.

The Publication Committee makes no claim that this list is complete. They expect to publish another in due course.



The Hill End "Stooges" are apparently in advance of us as regards fire fighting and fire watchers, but fire watching here is now well under way. The dark hours of the night find some ardent students clambering about a sea of roof-tops, looking half expectantly for a gaping chasm or similar sign that a raider has passed overhead. Several unsteady scalpels have been observed in the dissecting rooms of late.

Photographs of candidates for the Students' Union Council were put up underneath the archway, and from these worthies were elected: From the 1st year, J. C. Pittman and F. Patuck; from the 2nd year, A. E. Eyfe, J. L. G. Thomson, W. S. Gray, A. T. H. Glanvill; and from the 3rd year, G. Monckton and H. E. Claremont. From these Pittman, Eyfe and Monckton

RUGGER

v. Bart's A XV on Saturday, March 1st, Home.
 Result—Won. 15 pts. (5 tries) to 0 pts.

The Preclinical XV had by far their most enjoyable match, when the long anticipated fixture with the Hospital became a reality. The game was very open throughout and the packs evenly matched, the visitors being the better in the loose scrums. The Preclinical's three-quarter line played a fine game and it was largely due to their co-ordination that the home team brought off its victory. In the first half the visitors had to face a strong wind which kept them penned in, and the Preclinical's scored three times, twice from three-quarter movements (R. Bourne, P. T.

were elected as representatives on the main Students' Union Council. G. Monckton was, in addition, elected secretary of cricket, and a match against Hill End was considered as a potential fixture.

The Lent Bumps were watched by most of the Bart's students during the three days that they were in progress. The Bart's boat was neither bumped nor succeeded in making a bump.

Despite repeated efforts by the secretary of swimming to obtain the Leys School swimming bath for the Bart's water polo team, a meshwork of red tape still so entangles these attempts that it seems doubtful whether the bath will become available before the swimming season is over.
 D. A. D.

Ballantyne), and once from a forward dribble (C. Matthew). After half time the Hospital side took full advantage of the wind and kept well up the field with deep kicking, their outsiders were, however, a little uncertain of each other, and they were unable to put the finishing touches to several good movements. The Preclinical's scored twice in this half, once by K. Pittman, who dribbled from his own 10-yard line, and also by A. Corbett, who went over following a scrum on the Hospital line.

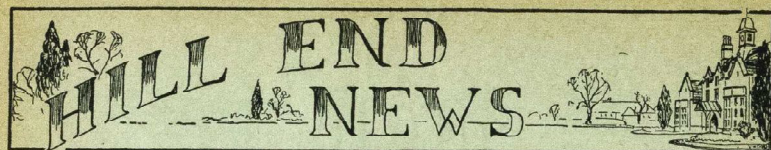
I should like to thank Professors Hadfield and Christie for transporting the team, without whose help we should have been unable to bring off the fixture, and also Professor Hopwood for providing both teams with a most excellent tea after the match.

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.



On Tuesday, February 25th, the nurses, students, and Hill End staff introduced what we hope to be the first of a series of concerts given for the patients. This was attended by a very appreciative audience who were charmed, as usual, by the piano playing of Hilary Holden, and who quickly succumbed to the girlish charms of Mr. Morris in his song, "No one loves a fairy when she's forty." An unusual item was a sketch, entitled, "Bachelor of Arts," which brought to the fore the hidden talent which has so long been canvassed for. Other numbers included a dance by Dilys Hughes, conjuring, crooning, and topical and familiar scenes of hospital life. The pianist was, as usual, Sgt. Jim Nash. The entire show was ably compered by C.S.M. Roach. Although the production left room for improvement, the standard aimed at was high, and should with practice, be attained. It is with great interest that we await forthcoming attractions.

Some complaints have been received about the squalor of the A.R.; this is not lessened by the sight of numerous games of chance which are played both by day and night. It is no concern of your correspondent's how students pass their spare time, but we are glad that the attention of all concerned has been drawn to a ruling of the Students' Union of March, 1939, which



This Colney Hatch life runs smoothly on; as if anything else could be expected of it!

There is little to distract even the laziest student from his work. He may walk in the grounds in the spring sunshine amongst the crocuses—the only living things which flourish in this toneless life. The mental

states that—"No gambling is allowed on Students' Union premises."

Unfortunately this issue of the JOURNAL has to go to press before the production of "Poison Pen," so a report of it will appear in the May issue. It is, however, worthy of note that a special expedition was made to London to purchase a new stage carpet. Two prominent members of the dramatic society were observed staggering into the hospital carrying a large roll of carpet which they proudly announced was thirty-nine yards in length.

On March 5th the first of a monthly series of golf matches between the staff and students was played; it resulted in a narrow victory for the students. This match aroused the student golfers from their lethargy, and they left the hospital in the early afternoon carrying large bags of clubs. Later the party returned, and talked about birdies and the 19th hole for a few hours, and then went once more into hibernation, presumably until their next visit to the links.

Some consternation was caused one night recently when some person or persons unknown exchanged the sign board outside Stooze Hall with that of the adjoining nurses' quarters. As the exchange was discovered early in the morning before any of the students were awake, the damage was negligible, and nobody was led astray.

patients are perhaps an exception to this; for they seem immutable and eternal, more deep rooted even than the pallid yellow brick of the Hospital Façade.

The student in his leisure may also recline on the railway waiting-room couches of the "Boys' Villa"—"Boys' Villa" being an

extraordinary pseudonym for the draughty, glass-panelled mausoleum which houses the bottled pathology specimens, and serves as a lecture-room and common-room. A sad contrast to the upholstered somnolence of the Abernethian Room. In this war for freedom let the students cry, "Lebensraum!"—and adopt every method "short of war" to get it. Students working for their finals need few social amenities, but would welcome a quiet room for post-prandial contemplation—and somewhere to read and work other than the "Boys' Villa."

The resident students have another "Villa," also architecturally eccentric, where they have communal lodging and parsimonious board. These buildings, together with the bakery opposite the Hospital gates, form the centres of student life, and any day the casual observer may tune in to conversation of lectures and coming examinations, and regretful reminiscences of past ones.

* * *

A SUGGESTION

Could the Matron be asked to point out to the Nursing Staff that students must learn somewhere and somehow, and that Friern is now, for better or for worse, a teaching hospital? At present about 50 per cent. of the nurses seem to consider it an outrage if we ask for a chaperone and an intrusion if we enter a theatre.

* * *

A few new textbooks, or new additions, would be much appreciated at the B.V.

* * *

BALSAM

By THE FRIER

Among the regulars at recent lectures I have noticed "Brylcreem" Bickford and "Anzora" Shaw. A special seat on the hob is being built for "Trinidad" Phillips, who seems to wish he were a kettle.

I hear there was a little difficulty the other night in starting "Limbo" Lim's car. It finally entered into independent motion somewhere round by the piggeries, but not without assistance from "p.r.u." Stewart and others.

Emerging from the Nurses' Home on a Friday afternoon, I dropped into Infirmary 4, where a meeting of the League of Nations appeared to be in progress. Sheltering behind the ample back of "pot" Evans I caught the following gem from the Iranian delegate: "She said she felt a young girl again, and went to see Dr. Beattie."

The "Boys' Villa" sees a continuous stream of lecturers both versatile and boring—who succeed one another at the rostrum during the day, with the bewildering rapidity of turns in a variety show. In fact, Dr. Strauss emulates the latter each Wednesday with a group of original performers.

A certain famous Dietician has become fair game for the brush of a "pseudo-Low" whose ribald posters have been displayed side by side with the operation lists. They may be good "Woolton" propaganda, but on whose authority? Does the Illustrious Personage frequent the same Turkish baths as the famous Blimp?

Such trivial things, together with the spring crocuses, and the oft-repeated racy stories of a great surgeon, do much to enliven a life where news is never "stop-press," and familiar mannerisms and local trivialities form lasting subjects of conversation.

P. J. M.

They tell me there's something very special in a V.A.D. uniform in Ward 3, which is where "double-bass" Bailey spends most of every afternoon.

By the way, why "Sloman" Slove?

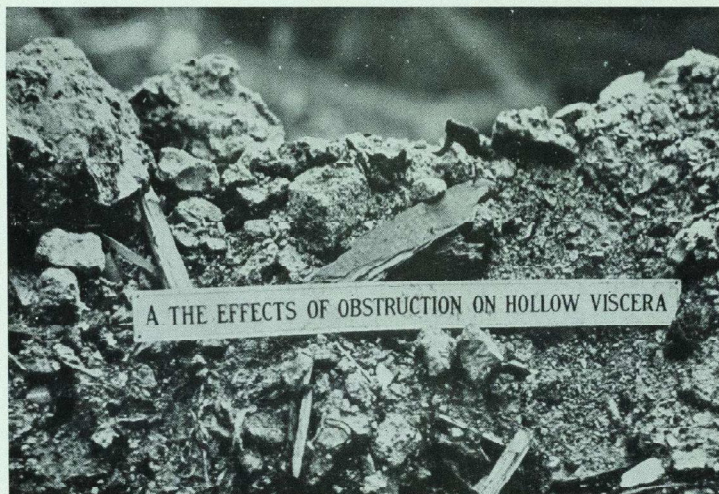
* * *

OUR CANDID CAMERA



"In ze Soup, Sair? Impossible!"

AIR RAID PATHOLOGY



A THE EFFECTS OF OBSTRUCTION ON HOLLOW VISCERA

SPORTS NEWS

R.U.F.C.

1st XV v. Met. Police, February 22nd, Away.
Won 24-3.

This was played in about the heaviest and stickiest mud imaginable. One had to carry a pound or so of mud around on each boot, and the ball itself was also covered in it. This weight soon began to tell on the older and perhaps less fit Police. Jackson was the outstanding man of the game. He scored 15 of our 24 points—scoring 2 tries and kicking 3 goals and a penalty. Considering the weight of the ball the length of some of his kicks was remarkable. Laybourne was taking passes off his feet as if he had glue on his hands and scored the best try of the day. The state of the ground was not conducive to hard shoving in the scrums, and so we found ourselves giving ground most of the time. Lower packing would perhaps have overcome this. Moffat and Hall were prominent and Alcock did well to get the ball so frequently from John in the tight. Tries were scored by Laybourne, Jackson (2), Griffiths and Stephen, and the score of 24-3 was the most decisive win we have had over the Police for some years.

The matches v. the R. Naval College and Saracens were scratched by our opponents, and we were unable to replace the fixtures.

J.P.S.

A.F.C.

Saturday, March 1st, v. Bromley County School,
at Bromley. Won—2-1.

The return game against the Bromley County School was keenly anticipated by us in view of our very narrow win over them at Chislehurst before Christmas. Unfortunately, a strong wind blowing across the pitch rather spoilt what would otherwise have been good football. It had one good effect though, in that it repeatedly blew the ball into the stream running along one side of the ground, thus making a light ball heavy and enabling a modicum of control to be obtained.

In the early stages the School did most of the attacking, but spoilt some excellent midfield play by too much "dithering" in front of the goal. Our defence was in good form, and gradually we began to attack. A good shot by Birch was deflected into the net, and before half time another goal was added through James, who had been working really hard without his usual insides to support him.

The second half was less interesting. The School scored fairly early on, but for the rest of the time we held our own, though not without some anxious moments, as a good deal of the play was near our goalmouth, and some of us showed signs of considerable wear and tear!

A close game, but we were worth our win this time!

Saturday, March 8th, v. Old Stationers, at Barnet.
Lost 0-9.

This was our worst defeat for some time. It is easy enough to find excuses for it. We had only a "scratch" team out, and the ground was worse than any we have played on so far, being ankle deep in mud and, in places, water. Still, it is only fair to say that the Old Stationers would probably have beaten our best side though not, I hope, by so much. They were two goals up in as many minutes, and we were always on the defensive. James and Kingston, and P. W. G. Evans, fresh from Rugger triumphs, worked hard, and so did Harold at centre half. Our defence at times was not all it might have been, but got through plenty of good work at others.

Not one of our best days, but we did stop them reaching double figures!

HOCKEY CLUB

St. Bartholomew's Hospital v. 17th Medium
Battalion R.A., at Chislehurst, on Saturday,
February 8th. Won—11-1.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, C. T. A. James, S. R. Hewitt, D. Currie, C. P. Perkins, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

After a lull of six weeks due to Christmas, several invasion scares, and the inevitable Mrs Grundy, the Hospital opened the second half of the season with a win against a R.A. team.

The ground was in very good condition and the Hospital soon opened the score, and had scored three goals within the first five minutes. The forwards and half-backs played well and benefited considerably by the fact that they were seldom marked by their opposite number. At half time the Hospital were leading 7-0. During the second half the Hospital monopolised most of the game. The "training" of some of the forwards was severely tried on a few occasions, but on most of them the ball was an easy winner! The R.A.'s scored once and the game ended with a 11-1 win for the Hospital.

J. L. Fison, 5; K. O. Harrison, 4; T. N. Fison, 2.

The Hospital v. Barnet, at Barnet, on Feb. 15th.
Won—4-2.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, G. Binns, D. Currie, C. T. A. James, G. H. Wells-Cole, S. R. Hewitt, J. L. Fison, T. M. C. Roberts, T. N. Fison.

BIRTHS

LEWIS—On February 24th, 1941, at 39, Palmerston Place, Edinburgh, to Mollie (née Muirless), wife of Surgeon Lieut.-Commander B. S. Lewis, Royal Navy & son.

MILLS—On February 11th, 1941, at Kennet House, Ramsbury, Wilts., to Dorothy, wife of Dr. W. T. Mills & son.

REAVELL—On February 18th, 1941, at Gloucester, to Lois Margaret (née Swinburne), wife of Dr. Denys Reavell—a daughter.

SHACKLETON BAILEY—On February 22nd, 1941, at Eye, to Dorothy, wife of Dr. J. Shackleton Bailey—a son.

MARRIAGES

BAOON—WRIGHTSON—On February 16th, 1941, at St. Stephen's Church, Acomb, York, by the Rt. Rev. the Lord Bishop of Worcester (uncle of the bridegroom), assisted by the Rev. A. E. Twidle, Aidan Henry Bacon, M.B., B.S., son of the late Rev. J. L. Bacon and Dr. Charlotte Bacon, G.M.S., Kwellin, China, to Gwendoline Joyce, daughter of Mr. and Mrs. A. J. Wrightson, 15, York Road, Acomb, York.

LANTON—BESTON—On Monday, March 3rd, 1941, in London, John Lanton, M.R.O.S., L.R.C.P., D.F.H., of Muswell Hill, to Edna Gertrude (Teddy) Beston, of Great Shelford, Cambridge.

The Hospital were quick to adapt themselves to the heavy going of the ground. The score was opened for the Hospital by J. L. Fison. Barnet rallied and soon had equalised with a good shot. Play was confined to midfield for some time, and then our forwards attacked strongly but were unable to score. At half time the score was 2-1, a further goal was added by Hewitt. Towards the end both sides faced penalty corners, but did not score from them. The Hospital scored twice through Hewitt to J. L. Fison. The final score was 4-2.

The Hospital v. St. Mary's Hospital, at Teddington, on February 22nd, Lost—0-3.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, C. T. A. James, D. Currie, R. M. Mason, S. K. Hewitt, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

The Hospital had been looking forward to this fixture and had hoped to avenge their earlier defeat; however, missed opportunities resulted in a 3-0 win for St. Mary's Hospital. The game was played at a very fast tempo and Bart's were attacking for most of the first half, but failed to score. At half time St. Mary's Hospital had scored one goal. In the second half our forwards broke away, but wild shooting robbed us of a certain goal. St. Mary's then attacked strongly, and scored twice in quick succession.

The Hospital v. Blackheath, at Chislehurst, on March 1st, Draw—3-3.

G. E. Hicks, W. U. Atlee, C. P. Perkins, S. R. Hewitt, D. Currie, C. T. A. James, G. Binns, K. O. Harrison, J. L. Fison, R. M. Mason, T. N. Fison.

The final score in this match was indeed a fair and fortunate result after the roughest and dirtiest game of the season. Our opponents admitted that they had some "tough guys" in their team; however, they did not have everything their own way. The Hospital gave as much as they got.

In the first half Blackheath were the first to score, the Hospital were on the attack most of the time, and forced a large number of short and long corners, but were unable to score—our opponents' goalkeeper saved some good shots. After half time the Hospital attacked strongly and scored twice with good shots by R. M. Mason. Blackheath then scored two more goals and just before no side K. O. Harrison scored with a good shot to make the score 3-3.

RUSSELL-SMITH—BLANCHFORD.—On March 1st, 1941, at St. Bartholomew-the-less, Dr. Roy Russell-Smith, only son of the late H. F. Russell-Smith, of Cambridge and The Rifle Brigade, and Mrs. H. F. Russell-Smith, of 91, Townshend Court, N.W.8, to Dorothy, younger daughter of Mr. and Mrs. Blanchford, of Southampton.

WHITE—ARNOLD.—On February 11th, 1941, quietly at St. Jude's, South Kensington, Michael William Langtry White, M.B., B.S., L.R.C.P., only son of Mr. and Mrs. F. W. White, of Grounsput, Co. Down, to Mary Seton Arnold, youngest daughter of the late Mr. F. G. Arnold, C.I.E., and Mrs. Arnold, Old Court House, Battie, Sussex.

DEATHS

PRIESTLEY.—On February 6th, 1941, at Baldon House, March Baldon, John Gillies Priestley, M.C., D.M., Reader and Demonstrator of Clinical Physiology in the University of Oxford, aged 61 years.

ON ACTIVE SERVICE

EVANS.—In November, 1940, officially presumed lost, Surgeon Lieutenant-Commander Tyrrell George Evans, R.N.V.R., H.M.S. Ferriby Bay, beloved husband of Agnes, The Abbey House, Beckington, Bath, and brother of Dora Garrard, Liskeard, Cornwall.

NEW BOOKS

A Short Practice of Surgery. By Hamilton Bailey and McNeill Love. Fifth Edition. (H. K. Lewis. 30/-.)

We welcome a new edition of this well known text-book, which needs no advertisement in this Hospital. All chapters have been thoroughly revised, bringing the book up-to-date, though only accepted advances are included, as is proper in a text-book of this type. Even more figures have been added to an already well illustrated text.

It is unfortunate that in a war-time edition there should be so little reference to the surgery of warfare.

Hutchinson's Food and the Principles of Dietetics. Ninth Edition, revised by V. V. Mottram and George Graham.

At a time when every British and German stomach is an important military objective it is natural that we should be swamped by books, pamphlets, advertisements and radio talks all about food. This largely rewritten edition of a famous text-book is not just another book on diet, but a well-balanced and scientific (as far as possible) exposition of the composition and utilisation of foods, essentially from a medical standpoint. The revisers realise that dietetics is not a subject permitting of scientific accuracy, rather a matter of approximations and averages.

The first part of the book deals with food from the physiological aspect—absorption and metabolism—the second part with the composition and nutritive value of individual foods and drinks (there is a complete chapter on wines). The next section, on Infant Feeding, has been re-written by Dr. C. F. Harris, who deals exhaustively with a very important subject. The final section is concerned with diet in the treatment of disease, and is sufficiently detailed to be used for reference. There are numerous and valuable tables throughout the book.

Pharmacology. By J. H. Gaddum. (Oxford Medical Publication. 17/6.)

Pharmacology is a science whose limits are, biologically speaking, very wide and ill-defined. From the more limited point of view of medicine, however, it has a definite and important function—it makes pharmacy and therapeutics intelligible, and frequently augments them.

But a book which has the unqualified title "Pharmacology," must steer its course nicely between these two subjects, emphasising neither at its own expense. Professor Gaddum's book succeeds in doing this admirably. The author has indicated the importance of experimental evidence of the actions of drugs, and has emphasised that type of evidence which is of importance in assessing their probable clinical effects. This is the type of approach to Pharmacology that later renders therapeutics intelligible to the student, and, happily, removes the sense of uneasy empiricism from his early clinical experiences.

The book contains all the necessary information for examinations, but is sometimes reticent on the order of dose which should be given, a knowledge of which is required by examining boards. In other respects I can find no omissions.

Professor Gaddum has a readable and interesting style, and moreover, an agreeable touch of informality which I found attractive. I think this book will be welcomed by students for two reasons: for its clarity by those who are reading pharmacology for the first time, and for its brevity by those who are revising.

Textbook of Medicine. By J. J. Conybeare. Fifth Edition. (Livingstone, 24/-.)

It is a matter for congratulation that it has been found possible to produce another edition at so reasonable a price in war-time. The general lay-out of the new edition is similar to that of the old, though certain sections have been rewritten and some new material added. For example, the sulphonamides now figure in the treatment sections of a legion of diseases. They also have a note to themselves, though this is somewhat incomplete as judged by the present position. The chapters on cerebrospinal fever and septicæmia have been revised in the light of their new treatment.

There is a new article on blood transfusion and the use of plasma and dried plasma. One could have wished for more about the latter at the expense of the somewhat lengthy discourse on blood groups.

One of the older sections particularly to be recommended is that on the urinary system, which should solve for many their common confusion about Bright's disease. The cardio-vascular chapters contain an excellent article on circulatory failure in general. The section devoted to the Central Nervous System is almost a complete work in itself, and Psychological medicine is fully considered.

If space permitted much more might be said in praise of this book, which can be confidently recommended as a well-balanced general medical text-book.

Textbook of Gynaecology. By Sidney Forsdike, M.D., B.S., F.R.C.S. Cheap Edition. (Heinemann. 7/6.)

This book is inexpensive, short, crystal clear, and very well illustrated—four cardinal virtues. It can be thoroughly recommended as an introduction to the subject, or for rapid revision before examinations. It is doubtful whether it contains enough to be used as one's only textbook of Gynaecology.

Income Tax for Medical Practitioners. By A. L. Boydon. (Eyre & Spottiswoode. 6/-.)

My dear Doctor, you may have observed that nowadays we rank Income Tax among the more illusory of the incomprehensibilities; and we do this for the excellent reason that man is a thinking animal by courtesy rather than usage.

Money is an illusion if you will, but it is an illusion to which we owe a great deal, not least of which is that all our sordid little sins are maintained in respectability as venial idiosyncrasies. Therefore I entreat you, dear Doctor, to buy this book, with assurances that you will find it most helpful. The book is not great. Therein is recorded nothing more weighty than the facts necessary to see that you are not being "done in the eye" by the Inspectors of Inland Revenue.

With the aid of this book and in the barefaced

of outraged reason, no one of us need rest content to be a mere payer of any demand, to serve merely as one of the million uncomplaining instruments of the State's inexplicable expenditure, used for a moment and then forgotten, spent and finished with forever. We may appeal against oblivion and the Inspectors of Inland Revenue. They are unimaginative if you will, those Inspectors, but they are tireless. Year by year they bring it about that winter replaces spring for a period while men flutter assessment forms with sighs of incomprehension, and moisten schedules with tears of regret.

Money then is no trifle. And your income tax, pursuing your income at a not too respectful distance, may very reasonably be permitted to occupy a moment of your valuable time. And here in this little book, my dear Doctor, you may follow Income Tax, that arch-trickster. Through that monstrous tapestry you may trace out for yourself the windings of a single thread—your own liability. It is parti-coloured this thread, now black for a mourning sign, and now scarlet where blood has stained it, and now brilliantly itself for the tinsel of money (if, as wise men tell us, it be but tinsel) at least makes a prodigiously fine appearance until assessment tarnish it.

Gastric and Duodenal Ulcers. By Harold Avery, D.Sc., M.B., M.R.C.P. (John Bale & Staples. 7/6.)

Dr. Avery has set out to provide, in this book, "a guide to the general practitioner in the diagnosis and treatment of the patient suffering from ulcer." The threefold task entailed in such an undertaking has been well stated recently by Dr. F. M. R. Walsh to be—"of selection, of emphasis and—in particular—of omission" and by these standards Dr. Avery's 101-page monograph cannot be said to fulfil his aim with complete success. For example, a minute knowledge of the histology of the stomach, of which a detailed and well-illustrated account is given, or even of much of the anatomy and physiology, can hardly be said to be essential for the diagnosis or treatment of peptic ulceration. Again, since Dr. Avery rightly insists on radiological examination "whenever peptic ulcer is suspected," and since the treatment he recommends is the same whatever the site of the ulcer, the recognition of the gastric and duodenal "ulcer types" and their distinction by the observation of somewhat indecisive constitutional features—a subject to which he gives some prominence—becomes of academic rather than clinical interest. There is, perhaps, more justification for the inclusion of a description of a number of the more likely aetiological theories, though the practitioner might well ask for a more reasoned and selective summary than Dr. Avery provides, while a fuller distribution of emphasis in his exposition of symptoms and signs (which includes an excellent, if a trifle incomplete, comparative table) would make it a more valuable guide in diagnosis. Again, more space might have been devoted to the interpretation and application of the data obtainable by test meal, and less to the technical detail, while the subject of gastroscopy receives less consideration than it deserves.

But, despite its welcome recognition of the importance of simple psychotherapy and of the recent improvements in the technique and application of gastric surgery, it is in the field of treatment that this book is most likely to disappoint

the general practitioner. As a result, largely, of Meulengracht's revolutionary innovations it is gradually, albeit reluctantly, being recognised by gastrologists that in the medical treatment of peptic ulceration, a less restricted dietary regime than that usually recommended in the past is physiologically more rational and clinically no less successful. The growing acceptance of this view should bring new hope to the general practitioner, for whom the difficulty of imposing the traditional rules of treatment on the patient in his own home is often so great as to be an incentive to him to put the diagnostic telescope to his blind eye except where hospitalisation was possible, and the extent to which tradition may be flouted is a point on which guidance might well be sought in a book of this nature. Dr. Avery, however, adheres rigidly to the most rigid of orthodox views, allowing only a few minor modifications in the Sippy diet—even the timid advances of Lenzhart are roundly condemned on grounds for which we have searched his book in vain for justification—and progressing with such extreme caution that his patient is condemned to live for a prolonged period on a dietary which, according to the diet sheets given, is as deficient in calories and fluid as it is unattractive to the patient. Moreover, he retains a surprising faith in the ability of gr. 1/75 of atropine to inhibit gastric secretion over a foodless 11½ hours at night, and an enthusiasm for alkalis in such large daily doses that it is hardly to be wondered at that alkalosis at the end of a week's treatment is apparently no rarity in Dr. Avery's experience. As for the convalescent stage, it is to be regretted that more stress is not laid on the need to take food more frequently throughout the day than normal meal times permit, without which precaution an otherwise correctly constituted diet fails all too often to prevent recurrence.

More alarming, perhaps, because more dangerous, is Dr. Avery's sublime indifference to modern teaching on water and salt metabolism in his recommendations for the treatment of pyloric stenosis and of hæmorrhage—no better commentary is needed on the efficacy of "rectal feeding with 5 per cent. glucose saline" as recommended for 2 or 3 days after severe hæmorrhage, than his own appended warning to beware of parotitis—and the failure of continuous drip transfusion of blood or other fluids to find any place in Dr. Avery's scheme of treatment of these complications. Intravenous technique should not nowadays lie beyond the scope of the general practitioner, given reasonably propitious circumstances, any more than do many of the procedures of investigation and treatment suggested here.

As a comprehensive and lucid survey of the subject of peptic ulceration which makes mention, at least, of most of the more recent theoretical and practical developments even though the writer's tendency is to view such innovations with distrust, this book may be recommended to those whose interest is largely academic. As a guide to diagnosis, however, it has few special virtues, while as to treatment, we venture to suggest that the guidance it provides is hardly representative of the best contemporary practice.

Veneral Diseases. By E. T. Burke. (H. K. Lewis. 30/-.)

This volume gives an excellent narrative account of venereal diseases, and should be read throughout by students and practitioners who wish to obtain a comprehensive view of the subject. The

author's suggested classification of syphilis into eight degrees serves as a useful hypothetical system by which his view of the pathological course is adapted to the clinical course of the disease; but as these degrees are largely artificial and vary according to sex, age, treatment, and response to treatment, it would probably increase the difficulty of the subject both to clinician and student were the author's classification adopted in practice.

The chapters on treatment and the evaluation of therapy are excellent.

The author's views on the pathology of gonorrhoea, especially in women, are interesting, and help to explain the vague nature of the pathological findings so common in this disease in the female.

The book can be strongly recommended to any practitioner who is to undertake the treatment of venereal diseases, and its literary style makes it a pleasant volume to read.

Cerebrospinal Fever. By Denis Brinton. (E. & S. Livingstone, Edinburgh. 8/6.)

Epidemic cerebrospinal fever is essentially a war-time disease and already during the present conflict the number of cases exceeds half the total number for the four years of the last war. A thorough knowledge of this illness is, therefore, more urgently needed than ever before.

In this concise book, based largely on the 1940 epidemic, the author has brought together all the essentials of diagnosis and treatment which could otherwise only be found by a search through many text-books and medical journals. His conception of the disease as being a "Meningococcal Infection," the clinical manifestations of which may vary from pharyngitis and chronic meningococcal septicaemia on one hand to acute fulminating septicaemia on the other, is undoubtedly the correct one. Emphasis is laid on the fact that any intermediate form may occur, and the author wisely deprecates the classical sub-division into five clear cut types. Treatment and epidemiology are treated fully, and the more important complications of chemotherapy described in some detail. It is a pity that the more recent work on Sulphathiazole did not appear in time to allow a more detailed description of this drug to appear in the present edition.

Experimental Physiology for Medical Students. Third Edition. By D. T. Harris. (Churchill. 15/-.)

Since this book includes a great deal of experimental pharmacology as well as physiology, the

two practices being essential to the proper understanding of medicine, it should prove of great value to any student who is in pursuit of his 2nd M.B. or 1st Conjoint. The matter is easily digestible and the illustrations excellent. The use of this book would make a student's own experiments more commonly successful, and would make clear the more difficult experiments which he usually only watches being performed by others.

Bainbridge and Menzies' Essentials of Physiology. Ninth Edition. Edited and Revised by H. Hartridge. (Longmans, Green & Co. 16/-.)

This book is too well known to require any further description. It is now four years since the eighth edition appeared, and certain changes have had to be made; but the book remains the same size. It is packed with facts; any student knowing this book by heart would be certain to pass any preclinical examination in physiology.

Re-perusal of this famous compendium impresses upon one the impossibility of cramming, in a palatable manner, the whole of such a vast subject into one reasonably small volume. There are too many facts. The bolus is too hard to be swallowed comfortably.

Let us beg for smaller, softer pills; and even if it means more of them, one feels they might be associated more closely with the medicine which is to follow later.

Illustrations of Regional Anatomy. Third Edition.

By E. B. Jamieson, M.D. In five parts. Part 1: Central Nervous System, 7/6; Part 2: Head and Neck, 15/-; Part 3: Abdomen, 8/-; Part 4: Pelvis, 4/-; Part 5: Thorax, 4/- (Messrs. E. & S. Livingstone, Edinburgh.)

The previous editions of this series are so well known that the third edition requires no introduction. Added colour where it has been used has increased the clarity of the plates, while the enlargement of many illustrations which were formerly half plate has been entirely justified.

It would be presumptuous to attempt to criticise the work of such a distinguished anatomist, but I feel that when the next edition is prepared, it could be improved by laying more emphasis on important but obscure regions, such as the jugular foramen, which are a *terra incognita* to many students.

Considering the conditions under which this edition has been produced, the low cost compares favourably with the high standard of reproduction. These illustrations are a useful adjunct to any standard work of anatomy, and invaluable to the practitioner who has no access to an anatomical museum.

IN OUR LIBRARY

3. PARACELUS

By JOHN L. THORNTON, Librarian.

Four hundred years ago there died at Salzburg one of the most enigmatical characters in the history of medicine. Described by Singer as "alchemist, quack, rebel, prophet and genius," by Osler as "the Luther of medicine", he was the subject of a poem by Browning, who went so far as to give him credit for the discovery of the circulation of the blood!

Philippus Aureolus Theophrastus Bombastus von Hohenheim was born at Einsiedeln, near Zurich, in 1493, and was probably christened with

a rather shorter name, which he pompously lengthened. He then adopted the name Paracelsus, either a latinised form of his own, or, according to his detractors, as a comparison of himself with Celsus. Born the son of a physician, he took a doctor's degree at Ferrara in 1515 under Leonicensus, and then proceeded to travel throughout Europe, and possibly the East, mixing with barbers, gypsies, midwives and quacks, from whom he attained great proficiency in folk-medicine.

In 1527 Paracelsus was appointed town physician and professor of medicine at Basle, as the result of his successful treatment of Frobenius, the famous printer, and of Erasmus, but his career there was of short duration. He began by publicly burning the works of Galen and Avicenna, for he was an ardent admirer of Hippocrates, and he also lectured in German instead of the customary Latin. After one year he was forced to vacate his position, to resume his wanderings until his death, which is alleged to have occurred as the result of a tavern brawl.

Paracelsus was probably the most original thinker of the sixteenth century, and was a pioneer in experimental chemistry. Despite his controversial writings he was also a successful physician and surgeon. Living in a period beggared by alchemy, astronomy and pseudo-philosophy, he favoured experimental work as long as it did not confute the classics, and attempted to gain his knowledge from Nature rather than from books. He attacked quackery, and is responsible for the introduction of mineral baths, and of laudanum (tincture of opium). He brought numerous minerals into the pharmacopoeia, such as antimony, lead, copper sulphate, and was the discoverer of zinc. The personality of Paracelsus greatly influenced his period, and he stimulated the study of chemistry and pharmacy, but his writings are curious mixtures of mediæval astrology, with grains of inspired ideas. The scholarly studies of

Karl Sudhoff have done much to separate the grain from the chaff, and it is to him that the appreciation of the true value of the work of Paracelsus is due. The writings of Paracelsus include *Chirurgia magna*, 1536, *De gradibus*, 1568, and *Von der Bergsucht*, 1567, his work on miners' disease, open wounds, the use of mercury in syphilis and on mineral baths being of particular importance.

Before the time for reformation was ripe, Paracelsus set himself on a pedestal as a medical reformer, and suffered for his presumption. His love of low company, and his bombastic bearing made him disliked by many of his contemporaries, who did not hesitate to emphasise these characteristics, while ignoring the true value of his work. It is only in recent years that Paracelsus has received recognition as an important figure in the history of medicine, and it is just that the four hundredth anniversary of his death should be marked by an appreciation of his contributions to medicine.

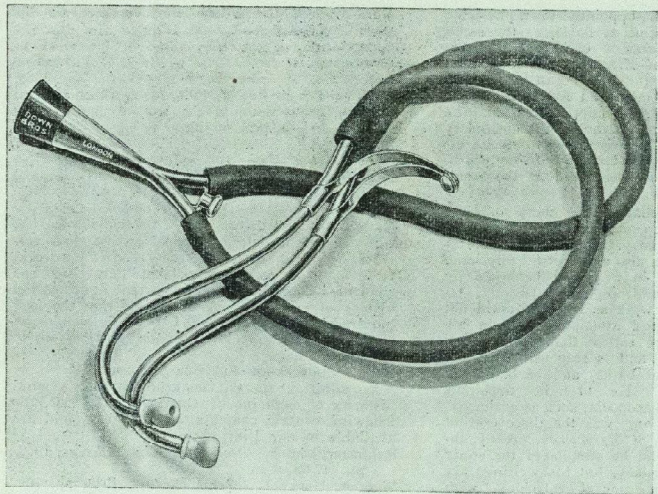
SOURCES OF FURTHER INFORMATION

In addition to the material in the general histories of medicine by Garrison and Osler, the following contain chapters on Paracelsus, and are available in our Library:—

Robinson, Victor. *Pathfinders in Medicine*, 1912, pp. 47-63.
Sigerist, Henry E. *Great Doctors*, 1933, pp. 109-121.

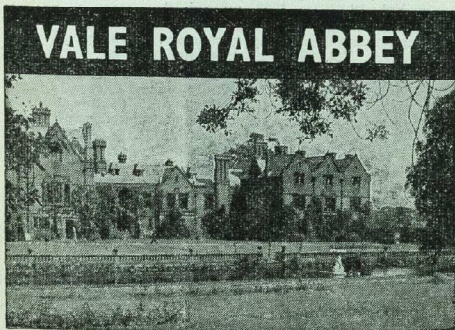
RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- Boatman, D. W. Traumatic streptococcal meningitis. *Lancet*, Jan. 18th, 1941, pp. 76-7.
Chandler, F. G. The treatment of emphysema and its complications. *Practitioner*, Vol. 145, Dec., 1940, pp. 411-8.
Christie, R. V. See Hadfield, G. and — Dunhill, Sir Thomas. The thyroid gland. *Nursing Times*, Nov. 16th, 1940, pp. 1,188-9; Nov. 23rd, pp. 1,213-4.
Hadfield, G. and R. V. Christie. A case of pulmonary concussion ("blast") due to high explosive. *Brit. Med. J.*, Jan. 18th, 1941, pp. 77-8.
Langdon-Brown, Sir Walter. Dr. Richard Mead's Harveian Oration. *Proc. Roy. Soc. Med.*, Vol. 33, Oct., 1940, pp. 775-6.
Maingot, R. Solitary non-parasitic cyst of the liver; reports of a case. *Brit. Med. J.*, Dec. 21st, 1940, pp. 867-8.
Maxwell, J. Preston. Cataract in adult rickets (osteomalacia). *Proc. Roy. Soc. Med.*, Vol. 33, Oct., 1940, pp. 777-82.
Nixon, J. A. Famine dropsy as a food deficiency disease. *Clin. J.*, Vol. 69, Dec., 1940, pp. 309-314.
Payne, R. T. (and C. Newman). Interim report on dyspepsia in the army. *Brit. Med. J.*, Dec. 14th, 1940, pp. 819-21.
Robb-Smith, A. H. T. Pulmonary fat embolism. *Lancet*, Feb. 2nd, 1941, pp. 135-41.
Ross, J. Paterson (A. A. Miles, — and others). Hospital infection of war wounds. *Brit. Med. J.*, Dec. 21st, 1940, pp. 855-9, Dec. 28th, pp. 895-900.
Shore, L. R. A specimen of a skull from Lan Tau, showing trephining. *The Caduceus*, Vol. 16, Nov., 1939, pp. 261-6.
Spence, A. W. Preparations of testosterone in castrated and hypogonadism. *Quart. J. Med.*, Vol. 33, Oct., 1940, pp. 309-321.
Stallard, H. B. An operation for epiphora. *Lancet*, Dec. 14th, 1940, pp. 743-4.
Strauss, E. B. (and Angus Macphail). Treatment of out-patients by electrical convulsant therapy with a portable apparatus. *Brit. Med. J.*, Dec. 7th, 1940, pp. 779-82.
Thrower, W. R. The present position of sulphona mide therapy. *Lancet*, Jan. 18th, 1941, pp. 67-9.
Turner, G. Grey. Fistula of the penile urethra after gunshot wound. *Lancet*, Nov. 23rd, 1940, p. 649.
White, J. S. *The prophylaxis of infectious diseases in war-time. Read before the Ipswich Division of the B.M.A. on November 22nd, 1940.*
Witts, L. J. (and Felicity C. C. Holson). Anafylaxis of hæmorrhagic states with snake venom and lecithin. *Brit. Med. J.*, Dec. 21st, 1940, pp. 862-4.



Surgical
Instruments
and
Hospital
Furniture

DOWN BROS., LTD. Correspondence: Tabard Works, Tabard St., S.E.1
Showrooms: 22a, Cavendish Square, W. 1



VALE ROYAL ABBEY

The New Cheshire Home of MUNDESLEY SANATORIUM

This Modernised Mansion, situated in its own beautiful grounds in the heart of Cheshire has been taken over, equipped and adapted to provide the high standard of treatment always associated with Mundesley Sanatorium—and more than ever necessary in Wartime. Terms from 6½ to 10½ guineas weekly. Tel.: Winsford 3336.

Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)

NOTABLE BOOKS OF 1940-41

SURGERY OF MODERN WARFARE

PART I—Pp. 1-160 October, 1940
PART II—Pp. 161-320 November, 1940
PART III—Pp. 321-480 January, 1941
PART IV—Pp. 481-640 March, 1941

Edited by HAMILTON BAILEY, F.R.C.S.,

with contributions from sixty-five eminent Specialists, many of whom are in the Services. With hundreds of illustrations, half-tone and line, many in colour; printed throughout on art paper. Each part consists of 160 pages of text profusely illustrated in Royal Medium 8vo. size, bound temporarily in paper covers with a view to completion in one bound volume later.
12s. 6d. net per part, postage 6d. (complete in five parts).

THREE NEW BOOKS

January, 1941

FRACTURES and Other Bone and Joint Injuries.

By R. WATSON-JONES,
B.Sc. M.Ch.Orth., R.F.C.S.

Second Edition. Royal Medium
8vo. 750 pp. 1050 Photographs
and Diagrams, including many
in colour, and numerous X-rays.
50s. net, postage 1s.

"This is a first-class textbook,
well written, well illustrated
and well produced." — *The
Lancet.*

February, 1941.

CEREBROSPINAL FEVER.

By DENIS BRINTON,
D.M. (Oxon.) B.M., B.Ch.,
F.R.C.P. (Lond.).

Demy 8vo. 172 pp. Illus.
8s. 6d. net, postage 6d.

"The diagnosis and treatment
of this increasingly prevalent
disease is adequately dealt
with in this important book."

September, 1940

DISEASES OF THE NERVOUS SYSTEM.

By F. M. R. WALSH,
O.B.E., M.D., D.Sc., F.R.C.P.,
Physician-in-charge of Neuro-
logical Department, University
College Hospital, London.
Extra Demy 8vo. 304 pages.
Illustrated.

12s. 6d. net, postage 8d.
"Highly recommended." —
British Medical Journal.

RECENT BOOKS FOR STUDENT AND PRACTITIONER

CONYBEARE—MEDICINE. Fifth Edition. 24s. net,
postage 8d. (October, 1940.)

DUNLOP & OTHERS—MEDICAL TREATMENT.
25s. net, postage 8d. (Reprint 1940.)

FRAZER & STALLYBRASS—PUBLIC HEALTH.
10th Edition. 21s. net, postage 8d. (1940.)

HANDFIELD JONES—SURGERY OF THE HAND.
140 pp. 95 Illustrations. 15s. net, postage 7d.
(July, 1940.)

HANDFIELD JONES—MODERN SURGERY. 500
Illustrations. 30s. net, postage 1s. (Reprint,
1940.)

HARRIES & MITMAN—INFECTIOUS DISEASES.
480 pp. Illustrations. 17s. 6d. net, postage 8d.
(1940.)

JAMIESON—ILLUSTRATIONS OF REGIONAL
ANATOMY (Sections I-V). Third Edition.
Complete Set (7 Sections) 52s. 6d. net. Bound
in one vol. 55s. net, postage 10d. (January,
1941.)

OGILVIE—PATHOLOGICAL HISTOLOGY. 220
Photo micrographs in colour. 27s. 6d. net,
postage 7d. (1940.)

ROSS & FAIRLIE (MINNITT)—AN/ESTHETICS.
Fifth Edition. 380 pp. 103 Illustrations.
12s. 6d. net, postage 6d. (October, 1940.)

WHEELER & JACK—MEDICINE. Tenth Edition.
12s. 6d. net, postage 7d. (With new appen-
dix on Sulphonamide Therapy by Professor
D. M. Dunlop.) (1940.)

— COMPLETE CATALOGUE FREE ON REQUEST. —

E. & S. LIVINGSTONE
16-17 TEVIOT PLACE, EDINBURGH

**THE TREATMENT OF
INFECTION IN
WOUNDS
BY SULPHONAMIDES**

**ORAL ADMINISTRATION AND TOPICAL
APPLICATION**

Great attention has recently been attached to a form of topical sulphonamide therapy in which a relatively large amount of the compound is placed inside a wound and allowed to remain there.

The clinical and experimental data available on the subject is at present inadequate for the proper evaluation of sulphonamide implantation, but articles already published in the medical press clearly show that it is not a procedure which can be dismissed without further consideration.

We have prepared a memorandum summarising the data at present available on the subject and presenting a critical review of the position. We will be pleased to send a copy to you on request.

DAGENAN—M & B 693, *THIAZAMIDE & SULPHANILAMIDE (MAY & BAKER) are now available in powder form for implantation. The container of 15 grammes is considered to be the most suitable for topical therapy.

SUPPLIES :

DAGENAN—M & B 693 (SULPHAPYRIDINE) Containers of 15 grammes 4/-
 THIAZAMIDE (SULPHATHIAZOLE) Containers of 15 grammes 6/6
 SULPHANILAMIDE (MAY & BAKER) Containers of 6 x 15 grammes 7/-

*TRADE MARK.

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM



**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**

WAR EDITION



MAY, 1941

VOL. 2.

No. 8.

INDEX

| Page | | Page |
|------|--|------|
| 153 | The Luftwaffe Again | 167 |
| 153 | More than Memory | 167 |
| 154 | All Your Own Work | 169 |
| 154 | Celestial Valentines, by Kenneth Walker | 169 |
| 156 | "Poison Pen," by E. C. O. J. | 170 |
| 156 | Our Candid Camera | 170 |
| 157 | Reconstruction of Medical Services, by Geoffrey Evans, M.D., F.R.C.P. | 172 |
| 160 | Correspondence | |
| 162 | On the Corpus Striatum and the Extrapyramidal Motor System, by C. G. Phillips | |
| | Obituary : | |
| | John Gillies Priestley | |
| | Bart.'s Men in the Services | |
| | A Tidal Flow Bladder Irrigation Apparatus, by R. A. S. and D. J. R. | |
| | Cambridge News | |
| | Hill End News | |
| | Friern News | |
| | Sports News | |
| | New Books | |

INSURANCE
for
YOUR HOME

The "Car & General"
Comprehensive 'Home'
Policy includes FIRE,
BURGLARY, DOMESTIC
SERVANTS, and many
other risks incidental
to a home

☐ A 'phone call WHltehall (6161)
or a postcard will bring by return
full details of the comprehensive
"Home" Policy, or any other in
which you are interested.

CAR & GENERAL

INSURANCE CORPORATION LIMITED & LLOYD
83 PALL MALL, LONDON, S.W.1

BOOKS FOR STUDENTS

FIFTH EDITION. With 880 Illustrations (Hand Coloured). Demy 8vo. 30s. net; postage 9d.

A SHORT PRACTICE OF SURGERY

By HAMILTON BAILEY, F.R.C.S., Surgeon, Royal Northern Hospital, and R. J. McNEILL LOVE, M.S., F.R.C.S., Surgeon, Royal Northern Hospital.
"We welcome a new edition of this well-known text book. . . . All chapters have been thoroughly revised bringing the book up to date . . . even more figures have been added."—*St. Bartholomew's Hospital Journal*.

FIFTH EDITION. With 8 Coloured Plates and 179 Text Illustrations. Demy 8vo. 15s. net; postage 7d.

COMMON SKIN DISEASES

By A. C. ROXBURGH, M.D., F.R.C.P., Physician-in-Charge Skin Department and Lecturer on Diseases of the Skin, St. Bartholomew's Hospital, etc.
". . . a sound introduction to dermatology, lucid and readable. . ."—*Lancet*.

HOSFORD'S FRACTURES & DISLOCATIONS in General Practice
With 71 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
(General Practice Series).
". . . an excellent textbook. . ."—*Lancet*.

RAWLING'S LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY
Eighth Edition, with British Revision of the B.N.A. Terminology. With Illustrations. Demy 8vo. 8s. 6d. net; postage 7d.
". . . one of the really useful books for the student. . ."—*Medical Press*.

BARNARD'S ELEMENTARY PATHOLOGICAL HISTOLOGY
Second Edition. With 181 Illustrations (8 Coloured) on 54 Plates. Crown 4to. 10s. net; postage 7d.
". . . an extremely valuable aid to pathology; . . . the illustrations are quite the last word in clarity."—*Middlesex Hospital Journal*.

HUMAN HISTOLOGY. A Guide for Medical Students

By E. R. A. COOPER, M.D., M.Sc. Lecturer in Histology, University of Manchester.
With a Foreword by F. WOOD JONES, F.R.S., F.R.C.S.
". . . an admirable handbook and introductory guide to human histology for students and reasonable in price, considering the large number of clear and carefully chosen illustrations."—*Lancet*.

RECENTLY PUBLISHED. With 6 Coloured Plates and 133 Illustrations in the Text. Demy 8vo. 30s. net; postage 8d.

VENEREAL DISEASES

By E. T. BURKE, D.S.O., M.B., Ch.B. (Glasgow), Lieut.-Colonel (late) R.A.M.C., Director of L.C.C. (Whitechapel) Clinic; Consultant Venereologist in Public Health Department, L.C.C., &c.
"This volume gives an excellent narrative account of venereal diseases and should be read throughout by students and practitioners . . . can be strongly recommended."—*St. Bartholomew's Hospital Journal*.

HARRIS' MINOR MEDICAL OPERATIONS
For Senior Medical Students and recently qualified Practitioners.
With 41 Illustrations. Crown 8vo. 7s. 6d. net; postage 7d.
". . . very useful and clearly written. . ."—*British Journal of Surgery*

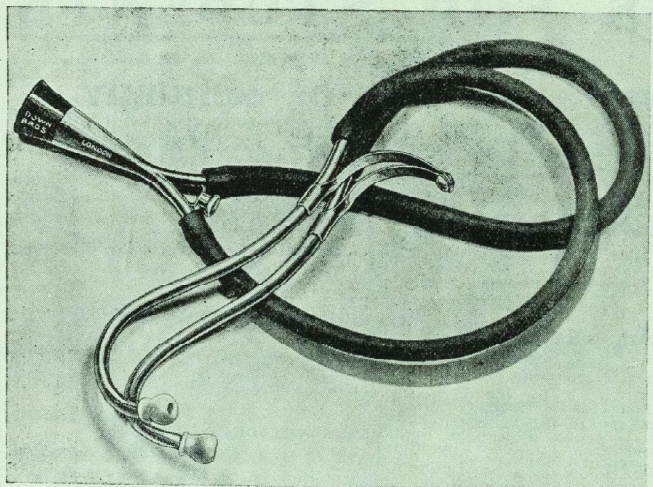
HARRIS' PRACTICAL HISTOLOGY FOR MEDICAL STUDENTS
Third Edition (Reprinted). With 2 Plates (one Coloured). Crown 4to. 7s. 6d. net; postage 7d.
". . . cannot fail to be of great use to students."—*British Medical Journal*.

COLEMAN'S EXTRACTION OF TEETH
Third Edition. With 131 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
". . . very valuable advice derived from wide experience."—*King's College Hospital Gazette*.

TIMBRELL FISHER'S TREATMENT BY MANIPULATION IN GENERAL AND CONSULTING PRACTICE
Third Edition. With 68 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
". . . an excellent treatise on the subject. . ."—*St. Mary's Hospital Gazette*.

COMPLETE CATALOGUE POST FREE ON APPLICATION

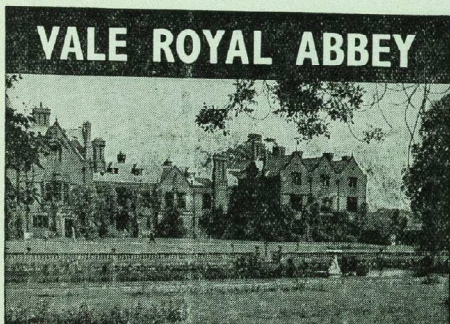
London: H. K. LEWIS & Co. Ltd., 136 Gower Street, W.C.1



**Surgical
Instruments
and
Hospital
Furniture**

DOWN BROS., LTD.

Correspondence: Tabard Works, Tabard St., S.E.1
Showrooms: 22a, Cavendish Square, W. 1



VALE ROYAL ABBEY

**The New Cheshire Home of
MUNDESLEY SANATORIUM**

This Modernised Mansion, situated in its own beautiful grounds in the heart of Cheshire has been taken over, equipped and adapted to provide the high standard of treatment always associated with Mundesley Sanatorium—and more than ever necessary in Wartime. Terms from 6½ to 10½ guineas weekly. Tel.: Winsford 3336.

Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNN-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)

Valuable
in Peace



Helpful
in War

**THE SCIENCE AND
PRACTICE OF SURGERY**

By **W. H. C. ROMANIS, M.B., F.R.C.S.**, and
PHILIP H. MITCHNER, C.B.E., M.S., F.R.C.S.
Surgeons, St. Thomas's Hospital.
New (7th) Edition. 810 Illustrations.
2 Vols. 30s.

"This excellent textbook needs little recommendation. It has proved its worth, and has now held its place for many years as a guide to the student preparing both for qualifying and higher examination."
—THE LANCET.

**AIR RAIDS
Medical Organisation and
Surgical Practice**

By **PHILIP H. MITCHNER, C.B.E., T.D., M.D., M.S., F.R.C.S.**, Surgeon, St. Thomas's Hospital, Brig. A.M.S., D.D.M.S. Command, and
E. M. COWELL, C.B., C.B.E., D.S.O., T.D., M.D., B.S., F.R.C.S., Surgeon, Croydon General Hospital, Brig. A.M.S., D.D.M.S. Corps.
New (2nd) Edition. 58 Illustrations.
12s. 6d.

"Should be of the greatest value to those who have to deal with air raid casualties. No surgeon can afford to be without this book."
—THE BRITISH JOURNAL OF SURGERY.

**APPLIED
PHARMACOLOGY**

By **A. J. CLARK, M.C., M.D., F.R.C.P., F.R.S.**,
Professor of Materia Medica and Pharmacology, University of Edinburgh.
7th Edition. 92 Illustrations.
21s.

"It summarises in a masterly way the most recent available knowledge on the subject of all the useful drugs... remains, as it has been for fourteen years, the most useful book on the action and use of drugs written in the English language."
—THE IRISH JOURNAL OF MEDICAL SCIENCE.

**CHEMICAL METHODS IN
CLINICAL MEDICINE**

By **G. A. HARRISON, M.D., B.Ch., M.R.C.S., L.R.C.P.**,
Reader and Lecturer on Chemical Pathology, St. Bartholomew's Medical College.
2nd Edition. 3 Coloured Plates and 86 Text-figures. 24s.

"Has undeniable claims to first place in any list of books on chemical pathology."
—BRITISH MEDICAL JOURNAL.

**A TEXTBOOK OF
GYNAECOLOGY**

By **WILFRED SHAW, M.D., F.R.C.S., F.R.C.O.G.**,
Physician Accoucheur, with Charge of Out-patients, St. Bartholomew's Hospital.

New (3rd) Edition. 4 Coloured Plates and 255 Text-figures. 21s.
"It is a first-class and lucid presentation of some and sound gynaecological practice of to-day... will, doubtless, continue its wide appeal, and further editions are certain to be required."
—JOURNAL OF OBSTETRICS AND GYN.

**A SHORT TEXTBOOK
OF MIDWIFERY**

By **G. F. GIBBERD, M.S., F.R.C.S., F.R.C.O.G.**,
Assistant Obstetric Surgeon, Guy's Hospital.

New (2nd) Edition. 194 Illustrations.
18s.

"The author and publishers deserve the greatest possible praise for this work, which is of a practical character, illustrated by excellent photomicrographs and line drawings... is undoubtedly one of the best books available on the subject of modern midwifery."
—THE PRACTITIONER.

**DISEASES OF
INFANCY
AND CHILDHOOD**

By **WILFRID SHELDON, M.D., F.R.C.P.**
3rd Edition. 120 Text-figures and 14 Plates. 24s.

"This book should appeal not only to medical students and practitioners, but to all those interested in children's diseases... it may be looked upon as being the most up-to-date treatise of diseases of children."
—THE MEDICAL PRESS.

**PATHOLOGY
An Introduction to
Medicine and Surgery**

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

"We hope and anticipate that it will have a long and honourable career."
—JOURNAL OF PATHOLOGY AND BACTERIOLOGY.

**A TEXTBOOK OF
SURGICAL PATHOLOGY**

By **C. F. W. ILLINGWORTH, M.D., F.R.C.S. Ed.**, and
B. M. DICK, M.B., F.R.C.S. Ed.

New (4th) Edition. 300 Illustrations.
28s.

"This book is the best English text-book on Surgical Pathology and students and practitioners alike will find it a most useful volume."
—THE MEDICAL PRESS AND CIRCULAR.

**EXPERIMENTAL
PHYSIOLOGY FOR
MEDICAL STUDENTS**

By **D. T. HARRIS, M.D., D.Sc.**,
Professor of Physiology, London Hospital Medical College.

New (3rd) Edition. 248 Illustrations.
15s.

The present edition is a revision to bring the subject into line with modern methods employed in ancillary sciences.

**MEDICINE:
Essentials for
Practitioners & Students**

By **G. E. BEAUMONT, D.M., F.R.C.P., D.P.H.**,
Physician to The Middlesex Hospital.

3rd Edition. 74 Illustrations. 24s.
"We regard this publication as, for its size, the most valuable recent book-contribution to medicine, and we would urge every general practitioner to acquire a copy at once."
—EDINBURGH MEDICAL JOURNAL.

**SURGICAL
ANATOMY**

By **GRANT MASSIE, M.S., F.R.C.S.**,
Surgeon, Guy's Hospital, and Lecturer in Operative Surgery, Guy's Hospital Medical School.

4th Edition. 158 Illustrations, many in colour. 21s.

"... is an excellent summary both for the undergraduate and the post-graduate student of surgery."
—EDINBURGH MEDICAL JOURNAL.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

MAY 1st, 1941.

No. 8.

THE LUFTWAFFE AGAIN

Once more the JOURNAL has become a military objective. In a recent raid the entire May number, manuscripts and all, was destroyed by fire at our linotypers.

The efforts of our printer have succeeded in finding us another firm of linotypers who have agreed to do the job at very short notice, but it has been difficult, and in some cases impossible to replace the manuscripts destroyed. Any criticisms of this number should therefore be directed at the Luftwaffe rather

than the editorial staff. If any of our readers who have recently sent material for the JOURNAL find that it has been omitted from this number, we would be grateful if they would send us another copy for future publication.

We must congratulate the Luftwaffe on its accuracy in destroying the most cultured journal this side of the Rhine—in reprisal for British raids on so-called *Kultur*.

MORE THAN MEMORY

To educate a medical student takes nearly twenty years. For so long is he a fledgling, fed by his teachers with pre-digested nourishment, that it would not be surprising if at the end his powers of digestion were non-existent. His wretched brain is so stuffed with the facts, figures and occasionally fancies of his teachers that no thought of his own dare intrude into so august an assembly. This prolonged forced feeding, as geese are stuffed for *foie gras*, achieves its immediate object: the goose becomes excellent *foie gras*, the student a tolerably good doctor. But in the process the student (and this may also apply to the goose) becomes oblivious to the outside world. He cannot, while a student, achieve responsibility, either of decision or action, in medical matters, so he does not accept any responsibility for affairs outside his lecture room. In short, while medical education produces enough competent doctors, it produces too many incompetent citizens.

This country—nominally at least—is a democracy, and outside the hospital a student's share in the responsibility of government is as great as that of his teacher, and greater than that of most people; for his intelligence is probably above the average of the population, and, moreover, he has received a scientific education which should have developed a critical and enquiring mind. But too often his ability to think and act for himself is never exercised, because of the abnormal prolongation of adolescence in which he is compelled, and frequently content, to live. Many of his contemporaries now in the fighting services from which he is debarred are captains or flight-lieutenants, regarded by the country with considerable respect, and one might have thought that their example would stimulate him to emerge from his chrysalis into adult life; but he has shown no urge for this metamorphosis, remaining content to be less than the dust inside his hos-

MAY, 1941)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

154

pital, and nothing at all outside its gates.

Unfortunately such a sub-adult attitude is by no means confined to medical students. It is perhaps the principal curse of democracy. Most people in this country do not seriously concern themselves with the affairs of the nation except in so far as they immediately affect their own profession, business or factory, and the more intelligent members of the community are frequently the worst offenders in this respect. It is left to the fools to make a noise in the world. Whether Nazi, Fascist, Communist or Blimp, one system of ideas has

penetrated their otherwise impervious skulls, and they shout their doctrines with all the persistence of a gramophone needle stuck in one groove.

This war was caused, at least in part, by the blindness (deliberate or not) of the intelligent people of this country. The only hope of a substantially better post-war world is if they can be persuaded to think clearly and intensively about problems, not of reconstruction but of new construction, and can make themselves heard above the babblings of the fools.

ALL YOUR OWN WORK

In a letter published in this issue, Dr. Hinds Howell has rightly pointed out the inadequacy of the report of a case of "cerebellar apoplexy" in our April number. These case-reports from students seem to be popular features of the JOURNAL, and since the JOURNAL is primarily written for, if not by, students we are eager to publish as many of them as we receive. However, very few are sent to us, and of

these most are written both inaccurately and carelessly. The Publication Committee is thus placed in a very difficult position, being compelled to reject the very material it would specially wish to publish. The remedy lies with the students; if they wish to see these reports in the JOURNAL they must both contribute more reports, and write them with far greater accuracy than is now the fashion.

The Editor apologises for the misspelling in our last number of the names of Sir Clifford Allbutt and Mrs. J. N. Keynes.

June Issue.
Contributions for the June issue should be received not later than May 15th.

CELESTIAL VALENTINES

By KENNETH WALKER

THE valentines I send you are utterly out of date, but what do a few months matter in the course of twenty-two centuries? For the writer of the valentines lived as long ago as that. But you may have another objection to their publication, an objection that is less easily overruled. This is not really my own contribution, but one from the brush of an ancient Chinese. To my way of thinking this is an advantage. Has it not recently been pointed out in a review in this Journal that my pen is over-driven? This at least will show that I have taken the lesson to heart. Sages are as rare as white elephants, and Chaung Tzu is perhaps one

of the greatest of all the poets and sages of a country that is rich in them. For the first time in the history of the Journal a great sage is sending a contribution. I hope you feel, as I do, that it is a solemn moment. My responsibility is limited to directing his sayings to those to whom they seem most applicable.

To those in doubt about their position in the E.M.S.:

"A keeper of monkeys said with regard to their rations of chestnuts that each monkey was to have three in the morning and four at night. But at this the monkeys were very angry, so the keeper (read

Ministry of Health) said that they might have four in the morning and three at night, with which arrangement they were all well pleased."

To the unskilful surgeon, advice from the cook of Prince Hui :

"A good cook changes his chopper once a year—because he cuts. An ordinary cook once a month—because he hacks. But I have had this chopper nineteen years, and although I have cut up many thousand bullocks, its edge is as fresh as if fresh from the whetstone. For at the joints there are always interstices, and the edge of a chopper being without thickness, it remains only to insert that which is without thickness into such an interstice."

To students of Dream Psychology :

"Once upon a time I, Chaung Tzu, dreamt I was a butterfly, fluttering hither and thither, too all intents and purposes a butterfly. I was conscious only of following my fancies as a butterfly, and was unconscious of my individuality as a man. Suddenly I awakened, and there I lay, myself again. Now I do not know whether I was then a man dreaming I was a butterfly, or whether I am now a butterfly dreaming I am a man."

To the disheartened :

"A man who knows he is a fool, is not a great fool."

To certain of my contemporaries who resent the idea of change :

"For travelling by water there is nothing like a boat. For travelling by land there is nothing like a cart. This because a boat moves readily in water; but were you to try to push it on land you would never succeed in making it go. Now, ancient and modern times may be likened unto water and land; Chou and Lu to the boat and the cart. To try to make the customs of Chou succeed in Lu, is like pushing a boat on land: great trouble and no result, except certain injury to oneself. Your master (Chaung Tzu referred here to Confucius) has not learned the doctrine of non-angularity, of self-adaptation to externals."

(Chou and Lu were ancient and modern Chinese dynasties in the time of Chaung Tzu.)

To the disgruntled scientist :

"Alas! Man's knowledge reaches to the hair on a hair, but not to eternal peace."

To those who ape their betters :

"When Hsi Shih (a famous Chinese beauty) was distressed in mind she knitted her brows. An ugly woman of the village, seeing how beautiful she looked, went home and, having worked herself into a fit frame of mind, knitted her brows. The result was that the rich people of the place barred up their doors and would not come out, while the poor people took their wives and children and departed elsewhere. That woman saw the beauty of knitted brows, but she did not see wherein the beauty of knitted brows lay."

To all of us :

"It was the time of autumn floods. Every stream poured into the river, which swelled in its turbid course. The banks receded so far from each other that it was impossible to tell a cow from a horse."

"Then the Spirit of the River laughed for joy that all the beauty of the earth was gathered to himself. Down with the stream he journeyed east until he reached the ocean. There, looking eastwards and seeing no limit to its waves, his countenance changed. And as he gazed over the expanse, he sighed and said to the Spirit of the Ocean: 'A vulgar proverb says that he who has heard but part of the truth thinks no one equal to himself. And such a one am I. . . I did not believe. But now that I have looked upon your inexhaustibility—alas for me, had I not reached your abode, I should have been for ever a laughing stock to those of comprehensive enlightenment!'"

"To which the Spirit of the Ocean replied: 'You cannot speak of ocean to a well-frog—the creature of a narrower sphere. You cannot speak of ice to a summer insect—the creature of a season. You cannot speak of Tao to a pedagogue—his scope is too restricted. But now that you have emerged from your narrow sphere and have seen the great ocean, you know your own insignificance, and I can speak to you of great principles.'"

I end as I began: Why write oneself when one can borrow from Chaung Tzu?

"POISON PEN"

Boldness was rewarded when the Hill End Bart.'s Players undertook Richard Llewellyn's difficult play and made of it an outstanding success. Three performances were given in the Reception Hall on March 21st, 22nd and 23rd, and although there were a number of tense passages which, with less competent handling, might easily have brought the performers on the rocks of ridicule, yet all of them were manoeuvred with skill. E. Mackay-Scollay is to be congratulated on his admirable production and casting.

The scenic, sound and lighting effects deserve special mention. Goodall-Copestake was responsible for designing some excellent sets of scenery, both interior and exterior, and the organ music on the radiogram added a touch of realism to the atmosphere.

To single out individual members of the cast for congratulation when all played so effectively becomes invidious. Mention must first, of course, be made of Clarence Martin as the Reverend John Rainrider and of Jean Sawers as his sister, for these two bore the brunt of the play upon their shoulders. Martin gave a convincingly natural performance as the conscientious vicar—no mean achievement—and Miss Sawers did well with the most difficult part in the play. Her final exposure and hysterical outburst were perhaps her best piece of acting, though the morbidity of Phryne's mind might have been allowed expression a little earlier, without giving away any secrets.

Kathleen Rees also proved herself an actress of ability in the part of the village girl who committed suicide.

The best acted dialogue, to my mind, was that between Gordon Ramsay and Barbara Taylor. As an engaged couple embarking on their first quarrel they were witty in their manner and quick on their cues. They acted with a pleasing assurance, which was also evident in the broad comedy of Kathleen Baker. This lady's stage husband, Frank Morris, gave a quietly efficient performance as the police inspector, though he seemed a singularly ill-matched spouse. Brenman gave a first-class character study of a simple villager and Boroda made a suitably sinister sexton. The other smaller parts were competently filled by

Lysbeth English, Joan Shirreff, Peggy Baldwin, Lorna Jack and Messrs. Morse, Gray and Fox. It is to their credit that they could always be distinctly heard.

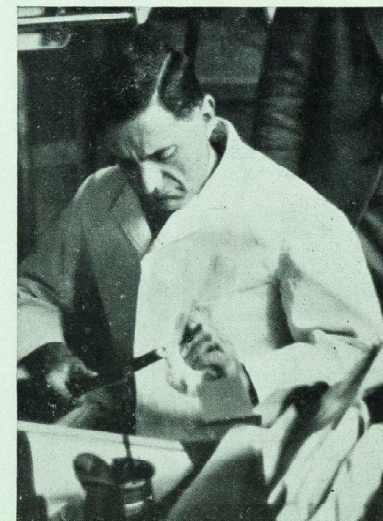
Hugh Bentall was Stage Manager, and to add that the make-up was by Bert is a sufficient testimony to its quality.

The scope for the latent dramatic talent in the hospital has been encouragingly widened since the enlightened lifting of the traditional ban against nurses acting with students. The Bart.'s Hill End Players have shown what they can do, and we look forward very much to seeing them more often.

E. C. O. J.

* * * *

OUR CANDID CAMERA



"Bring in the Heretics!"

RECONSTRUCTION OF MEDICAL SERVICES

By GEOFFREY EVANS, M.D., F.R.C.P.

The British Medical Association has taken the initiative in setting up a Commission to consider the reconstruction of Medical Services post-war. The Nuffield Trustees are actively engaged on the same subject now. The Government are fully alive to the problem and the Ministry of Health may be making its plans.

The need for reconstruction is generally agreed. In the last war the findings of Recruiting Boards were so poor that pessimists dubbed us a C3 nation. In this war the health of the nation has been found much improved, and still there is scope for greater improvement. This will be achieved by health education. The people will be taught the value of body building foods and how to cook them. It is expected that slum clearance will continue, that more playgrounds will be provided for the people, and a better water supply made available in rural areas. These are but a few examples of the direction in which the Ministry of Health will expand its activities after the war. In the meantime the Ministry of Food are increasing the average Vitamin B1 intake by 150 international units daily by the provision of National Wheatmeal Bread.

The prevention of disease has for years past been the concern of the State. The Public Health Act 1875, the Public Vaccination Act, numerous Factory Acts, Infectious Fever Acts, the Maternity and Child Welfare Act 1918, and the Public Health (Tuberculosis) Act 1921, are witness to this. In general terms it may be said that when a disease is more important in its relation to the community as a whole than to the individual who has the disease, the Government steps in to take control. Thus epidemic disease of certain kinds is notifiable, is segregated, and provision is made for its treatment. Fever hospitals are provided for certain of the infectious fevers, sanatoria for tuberculosis and clinics are provided for the diagnosis and treatment of venereal disease. By the Cancer Act of 1939 means for the early diagnosis of cancer and its treatment by modern methods are made so available to the public that even the cost of transit from the subject's home to the treatment centre is provided for. In recent years it has been more generally recognised that an amount of preventable injury is sustained by infants at birth. It is

to be expected, therefore, that the State will interest itself in birth control (a phrase which has been used in the past to promote birth prevention) by insisting that all babies are born under the supervision of skilled obstetricians in institutions provided for the purpose, for as the birth rate falls each individual born is of increasing value to the State. We may regret this loss of freedom, but we shall regret it less as we recognise that our survival as a race is at stake. In addition to these Acts there are others, including for example those that provide for Mental Illness, Mental Deficiency 1913, and Blind Persons 1920, by which the expense to healthy persons of incurable states in their kith and kin is borne by the State.

A noteworthy contribution by the State to the treatment and cure of disease was made by the Local Government Act 1929 by which the functions of the Poor Law authorities were transferred to the County Councils and County Boroughs. As a result of this Act an immense improvement in the administration, equipment and medical service of the infirmaries, now known as municipal hospitals, has been effected. This was the first real challenge to the Voluntary Hospital system, though not the first occasion on which its survival was questioned.

It will be seen from this necessarily incomplete survey of State interest in the health of the Nation, and in the prevention and treatment of disease, that there is already a large public health service running to a large extent independent of and parallel to the private medical services provided by the Voluntary Hospitals and by the general practitioner, consultant and specialist services of the country. It might seem to be in the natural order of events, almost as it were as a matter of natural growth, that after the war we should have a State Medical Service with all hospitals under State control and medical personnel whole-time servants of the State. The institution of such a service would have obvious advantages. The finance of the Voluntary Hospitals has proved a considerable difficulty in the past 30 years for well-known reasons. Thus they are doing work now of much higher order than they did 30 years ago. The number of their beds is increasing at the rate of 1,500 to 2,000 per annum. The expense per bed per annum is yearly increasing on account of the improved conditions in

the hospitals, the greater cost of nursing, and expense of medical and surgical treatment and ancillary services.

After the Great War the impoverished state of the Voluntary Hospitals led to the setting up of a Voluntary Hospitals Commission by the Minister of Health (1921), and a grant of £500,000 was made by Parliament to the Voluntary Hospitals. In 1936 the British Hospitals Association set up a Commission under the Chairmanship of Lord Sankey. This Commission came to the conclusion that the weakness of the Voluntary Hospital system could be almost summarised in terms of finance. After the war poverty may prevent the support of the Voluntary Hospitals by the charitable public. There is, too, a body of opinion that dislikes charity. This opinion may recognise the gain that accrues to those who give but thinks it degrading to receive.

It would seem that there is no loss of dignity or independence in dependence on the State because it is presumed that there is a right to live, a right to work for a sufficient wage, a right to a pension in old age, and certain other rights, including the right to medical treatment at State expense. By the institution of a State Medical Service all Voluntary Hospitals would pass under State control, the finance of these institutions would be provided for, competition and overlap with Municipal and County Hospitals would be done away with, small uneconomical units would be closed and "privilege" (a popular word just now) abolished.

On account of the increasing number of voluntary hospital beds and the more exacting service required of the honorary medical Staff which serves these hospitals, many members of the profession would welcome the absorption of the Voluntary Hospitals into a State Service. It would mean payment for hospital services on at least a moderate scale, and presumably such services would carry a pension on retirement. It will be agreed, too, that a proportion of the profession would be glad to enter a salaried service for domiciliary work. This work in private practice entails long hours of work by day and night too. There may be no off-duty time; it may mean seven days' work a week and night work in addition. Too large a proportion of accounts may be unpaid. There is often considerable financial uncertainty about the future. With taxation at its pre-war level it was difficult to save sufficient capital to provide an income in old age. The profession has experience of the value of an assured income derived

from Panel Practice. At the time that this practice was instituted by the Insurance Acts it meant a payment of six million pounds per annum to general practitioners. Had the dependents of insured persons been included it would have cost the Treasury another 13 million pounds per annum. There are many doctors who feel that they cannot do their best for their private patients who are not on the Panel because additional visits they would like to pay are an extra cost to their patients. They would like to be salaried medical officers with charge of a district free to visit their patients according to the patients' need, responsible for their health as they are responsible for them in illness, working for limited hours in each week, their locums paid while they take their annual holiday, opportunity provided for post-graduate study, provision for themselves and their families in sickness; and, above all, uncertainty as to the future removed by the prospect of a pension on retirement from practice.

A State Medical Service will likewise make its appeal to the people because it will in a sense be free. At present serious illness may be a financial catastrophe. Present medical service is uneven in its value, varying between incompetence and neglect at its worst to something better than is to be found in any other country at its best. Under State control the medical service of the nation would surely be raised in its average level.

That the majority do not accept the prospect of a State Medical Service and salaried personnel without misgiving is largely due to fear that it would limit freedom of choice of their doctor, not only as regards their general practitioner, but also in regard to ancillary (clinical pathology, X-ray diagnosis, physiotherapeutic services, etc.), specialist and general consultant services. Medical personnel would necessarily be standardised, its work regularised, and its conduct at every step subject to immediately superior authority. Doctors, too, would lose their freedom. Anyone who has served in a salaried position knows the risk of questioning superior authority and the danger of going against it. If a medical officer in a Council service risks grave disagreement with his committee on a matter of principle, in any contest to which this gives rise, he can comfort himself with the knowledge that were he to lose his post or forfeit promotion he can resign his appointment and take up general practice. From the point of view of both the public and the profession, a State Medical Service

would mean promotion according to seniority and administrative ability. Every effort would be made to accelerate the promotion of the better medical officers by giving precedence to those with higher qualifications and to those with special knowledge. At the same time we are only too fully aware of the fact that British genius does not excel in large scale organisation. The incompetence of our Civil Service is evidence of our failure to produce efficiency in an organised human machine. The incompetents cannot be degraded: the mass of inertia provided by those who do their work without zeal or energy baulks the efforts of those who outdistance them in efficiency and achievement.

The leaders of the democracies tell us that we are fighting for freedom, and they tell us that freedom is the essence of democracy. I find it difficult to believe that freedom is the essence of our English life. It is so largely curtailed by conscience, duty and responsibility, not to mention economic necessities, that its scope is strictly limited in a highly civilised community. The crux of the matter is the object of the individual's loyalties. In the Nazi, Fascist and Bolshevik regimes, the people are persuaded that their loyalties are to the State. In England we have always believed, and we have acted on the belief, that our first loyalties are to the individual life. We seem to realise the sacredness of life and recognise a soul. It is this which gives to each of us an individuality and important identity. We acknowledge and accept responsibility for ourselves, for our families, for our fellows, and only after this do we take an interest in the State. In general terms we trust most with the affairs of state those who have given evidence of their ability to meet and discharge their responsibilities to themselves, their families and their fellow men. It will be a change in the attitude of Englishmen, it will be something new in the long history of our nation, if we become State servants and dependent on the State.

An opinion founded on this belief would encourage every man to provide for himself and his family. For those with energy and ambition there is every opportunity to help others, and the tallest trees in the forest will support and guide the State. Such a conception finds in the Voluntary Hospital System one of the bulwarks of our democratic structure. It finds in the Governing Body of the hospital a voluntary service for the cause of humanity, and in its President and Treas-

urer personal responsibility for the conduct of its affairs. In its Honorary Staff there is opportunity for self-sacrifice and voluntary service, and in its Nursing Service a tradition which has its origin in religious service, and is imbued with the vocational spirit. If finance, as is feared, proves a difficulty, it will be met by an improvement in the services rendered, and by an increased payment for these services. As a result we may look forward with some confidence to the hospitals for the poor being paid for by the poor. If there is some deficit in the finance of an institution it may be found to be due to work done in it being below standard, to inefficiency in control or extravagance in expenditure. We must look forward to co-operation between Voluntary and Local Authority Hospitals and co-ordination of their services. The public must be encouraged to support their local hospitals to an even greater extent than they do at present, and they must be taught in and out of season the ideal of personal responsibility for the welfare of others as well as for themselves. Some form of State subsidy will probably be necessary on a larger scale than at present. There is State subsidy in fact already, in the form of university grants to hospitals with medical schools. We have already had experience of a large grant by the Treasury to Voluntary Hospitals as a whole. In the future individual hospitals may look to the Treasury for support, and with it they will accept some measure of control. But so long as they perform their service efficiently they will retain their autonomy. The Honorary Medical Staffs are already paid in many hospitals, either in the shape of fees paid to those who teach at Medical Schools, in the form of small honoraria paid by the Governing Body, or in some cases as a proportion of the payments made by patients. If these small payments are increased, as they should be, especially in view of the increasing tax on the profession of hospital service, then the appointment of a member of a Hospital Staff will require to be regularised by making all appointments open, and the Election Committee a trustworthy and disinterested body. Something in the nature of a formal agreement should be entered into by the elected member and the Governing Body.

For the general practitioner of the future it is essential that the ancillary services should be available at moderate cost. This applies particularly to the provision of clinical-

pathological services and X-ray diagnosis. Public Health Laboratories would also be open for his use. Specialist and consultant services must be available more easily and at lower cost than at present. These changes are already envisaged in the regionalisation of hospital services which is being planned by the Nuffield Trust. In addition, I suggest the creation of visiting boards of consultants, specialist and general, who would travel as do the Justices of Assize, to see patients in hospital, to do private consultations from the hospital centre, and to lecture on subjects of general educational or topical interest.

The general practitioner of the future must have opportunity for post-graduate study at regular intervals, and he must have the *entrée*, as far as is possible, for attendance on his patients at his local hospital, and again, so far as is possible, he must be attached to this hospital in a professional capacity. To give him time for this additional work he will expect the inclusion of the dependants of insured patients under the National Insurance Acts, and if necessary an increased *per capita* payment. In rural areas, where his patients live in a widely scattered area, a subsidy would be paid on a mileage basis, for patients living outside a certain radius.

Improvements in medical practice on these lines will cost money, and the money should be found by those who receive the services thus improved or provided. The extension of the present Hospital Savings Association Scheme to include income limits of a married man with dependants to £400 per annum, the King's Fund Provident Scheme to include incomes up to £1,000 per annum, and insur-

ance schemes for incomes above this limit, are means of providing for the expense of serious illness which can be expanded and adapted according to need.

A successful planning of post-war medicine on these lines would build the future on the present practice, and it would leave intact the individual's responsibility for and interest in his own welfare. It would retain the personal relation between the patient and his doctor as well as the opportunity for personal service by the doctor which this relationship entails. In contrast to this a State Medical Service with whole-time salaried personnel would emphasise the professional attitude to disease; it would undermine the doctor's personal responsibility for his patient at the same time as it would weaken the patient's responsibility for his own health. His health and sickness would become the care of the State, and a servant of the State would provide for both. Members of the profession who distrust the future of private practice may find comfort in the reflection that uncertainty is stimulating. To aim for security in the shape of a salaried service and a pension in old age, though stultifying, will always appeal to some; but to force such terms of service on the whole profession will destroy for many the zest they have in their work, and the personal satisfaction of doing it. For the public at large, the doctor who is at once their adviser and friend will be replaced by a salaried official whose interest in his practice will be largely impersonal, and whose advancement will depend more on professional status than on the personal service he gives to his patients.

CORRESPONDENCE

THE METRIC SYSTEM

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

In a footnote to my article in the March number of the JOURNAL you query my use of the term "unfortunate" when I refer to the fact that the metric system is officially recognised in the British Pharmacopoeia. Perhaps I should have said that the metric system is semi-official, for both sets of measures are given to indicate the doses of drugs. To my mind the use of the metric notation in prescribing can only be justified if and when the decimal system is adopted as the official standard in this country; at present this is not the case, and

there seems to be no reason why there should be a change in our time-honoured method of writing prescriptions unless there is to be a uniform alteration in our other standards of measurement at the same time.

Not only this, but the sponsors of the Pharmacopoeia have been half-hearted about the business. They do not use true metric measures but content themselves with a literal translation of the Apothecaries dose into metric figures; hence it happens that the official doses of drugs are stated in a bastard terminology which would certainly never be sanctioned or employed by a devotee of the metric system. For instance, we are told that the dose of Barbitone is 0.3 to 0.6 G., or its literal translation, 5 to 15 grains. Sodium Salicylate is

0.6 to 2 G. or 10 to 30 grains, and Morphia 0.008 to 0.02 G. or $\frac{1}{8}$ to $\frac{1}{4}$ grain. In actual prescribing I have seen ludicrous results from trying to follow the metric system in the wards at Bart's. A pill may be prescribed containing 64 mgms. of Digitalis Folia (or example; yet who ever heard of 64 mgms. as a metric quantity? I could quite understand the sense of prescribing 50 or 75 mgms., or even 60 mgms., but I can only interpret the quantity stated as meaning that the prescriber wishes the patient to have one grain of the drug and at the same time wishes to make himself believe that he is being more progressive than those who use the old notation; I am sure that the dispenser produces, and the patient receives, one grain either way and I fail to see that any advantage has been gained by altering the terminology. I can well imagine the surprise of all concerned if such a prescriber were to order 284 mls. of pre-prandial liquid refreshment in circumstances in which an order for half a pint would be fulfilled without comment.

It seems to me that the adoption of the metric system as applied to prescription writing has little to commend it, but that to some it conveys a sensation of being scientific and progressive. Anything which is different from that which is well established is apt to be regarded as an improvement, but I do not personally regard the words "alteration" and "advance" as being synonymous.

Yours truly,

JAMES MAXWELL.

IN DEFENCE OF THE L.C.C.

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

The anonymous article entitled "Medicine and Sociology" in the March issue contains the following statement: "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."

This statement is entirely untrue: I have worked in numerous L.C.C. hospitals for nearly 10 years, and in no case to my knowledge is this the practice: on the contrary, responsible doctors in the L.C.C. service are encouraged to make full use of any advances in knowledge, from wherever they may originate. Inexperienced medical officers and house physicians may indeed receive advice or instructions from their seniors, as in any hospital, municipal or voluntary. Perhaps your correspondent does not approve of this, and would prefer a hospital to be run entirely by house officers without advice or instruction from the honorary staff: this system would doubtless give the house officers valuable experience, but is not conducive to the best treatment of the patient.

Yours faithfully,

E. N. ALLOTT.

69, Downs Hill, Beckenham.
March 24th, 1941.

WE ARE REPROVED

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

In the current number of the JOURNAL you published "A Case of Cerebellar Apoplexy." It is a matter for regret that this very interesting case was so inadequately recorded. (The report on the Cranial Nerves must have escaped the Editorial eye!) It would appear to have been an example of thrombosis of the posterior inferior cerebellar artery, giving rise to the "lateral medullary syndrome." This results from softening on the lateral aspect of the medulla extending from the inferior cerebellar peduncle to the inferior olive. The apparent Chinese puzzle in the matter of physical signs which results seems strange and formidable unless the anatomical pattern of that part of the medulla is remembered.

Such cases usually improve greatly with time. A similar catastrophe happened to an old Bart's man, a Governor of the hospital, when well up in the seventies—in spite of which he was out shooting again next season.

Yours faithfully,

C. M. HINDS-HOWELL.

140, Harley Street, W.
April 8th, 1941.

WE ARE REPROVED AGAIN

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

Sir,

Those of your readers who were fortunate enough to have the early months of the war brightened for them by the pages of "Argent and Sable" will have noticed a curious similarity between the contribution of "Sabreur" to your April issue and an article entitled "A Forgotten Page of 'Price'" which appeared in the issue of that journal dated December 24th, 1939. Since copies of the latter are now valuable rarities, it may have been difficult for many who were struck by this similarity to make the direct comparison which should suffice to indicate to the least discerning reader that the two articles were not of one and the same authorship. We, therefore, who had the honour to be joint editors of "Argent and Sable," venture to trespass upon the hospitality of your columns in order to resolve any possible doubts on this point. We cannot, of course, pretend to any knowledge of the identity of your contributor, but we can state definitely that "Sabreur" was not the author of "A Forgotten Page of 'Price'."

That no better model could be found for the aspirant to literary success than the contents of "Argent and Sable" we have long believed, and we congratulate you, Sir, on your perspicacity in thus showing the way to the budding authors in whom this Hospital doubtless abounds. But may we, at the same time, take the liberty of begging you to impress upon your contributors the virtues of originality of style or, if that be an unattainable ideal, to persuade them at least to subscribe to the common courtesy of acknowledgment of the source of their inspiration?

We remain, Sir,

Your obedient servants,

THE JOINT EDITORS OF "ARGENT & SABLE."

ON THE CORPUS STRIATUM AND THE EXTRAPYRAMIDAL MOTOR SYSTEM

By C. G. PHILLIPS.

In spite of its place of honour in neurological literature, the term "extrapyramidal motor system" has grave shortcomings. So far from displaying that precision which can alone endow a scientific term with descriptive or heuristic worth, it thinly cloaks a profound ignorance of the structure and functions of a large mass of brain tissue. Critical discontent has not, however, been altogether wanting. "Contrairement à nombre de neurologistes français et étrangers," writes Lhermitte (1933) in an admirable review, "je ne pense pas que l'expression 'extrapyramidale' soit heureuse: les termes, en vérité, en sont beaucoup trop compréhensifs et imprécis." This is well said of a term which might seem to embrace, implicitly if not explicitly, all supraspinal postural and motor mechanisms other than the Betz neurones. Yet criticism would now have to recognise some strivings towards an adequate morphological and physiological definition of the extrapyramidal system. Thus Fulton (1938), for example, describes in it two main divisions, a cortico-striato-nigral and a cortico-ponto-cerebellar. Both are especially concerned with muscle posture; both interact chiefly at the cortical level. All recent evidence suggests that the original view of Magnus and Rademaker, that all postural reactions are integrated at and below the level of the red nucleus, must be discarded, even, it seems, in the case of some of the lower mammals with which they dealt. (See appendix.)

Anatomically, there is a crucial difference between the extrapyramidal and the pyramidal motor systems. In the pyramidal system, it is the Betz cell axones which themselves form synapses with internuncial neurones in the spinal grey matter. In Foerster's expression, these axones constitute the "fast-train connection" between the cerebral cortex and the lower motoneurones.* The extrapyramidal fields of the cerebral cortex, on the contrary, possess only "slow-train" connections with the spinal cord, by way of relays in the basal ganglia, cerebellum and brainstem centres.

The physiological properties of the two systems, in so far as they are at present

understood, are also strongly contrasted. As we have seen, numerous synapses lie along the extrapyramidal pathways: and at each intermediate level of the system there must be scope for interplay of fringed patterns of excitation and inhibition in a fashion responsible for the shifting quality of the reactions obtained experimentally. Fulton has shown that these reactions, involving, as they do, several synaptic transmissions, are progressively depressed by deepening barbiturate anaesthesia, during which the responses of the pyramidal system—simple, phasic, apparently purely excitatory—long persist unaffected.

The motor functions of the extrapyramidal system are of the coarsest synergic quality. This point is particularly well brought out in Foerster's (1936) experiments on over 300 exposed human brains; the responses to electrical stimulation of extrapyramidal cortical fields, following ablation of the area gigantopyramidalis (area 4), differ completely from the graded, localised character of the "pyramidal" movements obtained when area 4 is intact. The main functions of the extrapyramidal system, indeed, appear to be inhibitory; such inhibition of movement, and of muscle posture, has been amply demonstrated in careful animal experiments, some of which are considered below.

Experiments on the Corpus Striatum

Of the whole extrapyramidal complex the functions of the large masses of grey matter comprising the corpus striatum are probably the most obscure. The importance of the thalamo-striate level is manifest from the differences in behaviour between decerebrate and decorticate animals; relatively highly-organised behaviour patterns, extending even to features of individual temperament, are retained by the latter (Dusser de Barenne, 1920; Schaltenbrand & Cobb, 1930; Bard & Rioch, 1937; Rioch & Brenner, 1938). But more direct experiments designed to test its specific functions have always been disappointing. This is not the place for a review of the earlier literature of the problem. Kinier Wilson's (1914) exhaustive survey of it has been appropriated almost word for word, and often

* Cajal has brought forward good evidence that, in addition, collaterals of the pyramidal fibres establish connexion with the basal ganglia.

without due acknowledgment, by many subsequent authors. Suffice it to say that evidence has been sought in two ways: first, by stimulation or ablation of the basal ganglia of experimental animals—procedures of some crudeness, but necessary first steps in the study of uncharted regions of the central nervous system; secondly, by painstaking analysis of the clinical syndromes and pathological findings in appropriate human diseases. In this field Wilson himself (1912) made a notable advance. But neurologists themselves now admit the pitfalls of this type of approach: first, because degenerative processes confined either to the corpus striatum as a whole, or to the caudate or lenticular nuclei alone, are practically unknown; there can, therefore, be no question of the differentiation of pure syndromes, and consequently no possibility of assessing their anatomical basis. The great majority of cases so far described have shown gross structural alterations in other parts of the central nervous system. Secondly, there might be dynamic modifications of function in disease, unrevealed by actual degeneration of structure. This possibility is strikingly illustrated by such observations as that of Sachs, that an epileptogenic focus removed by subpial resection from the human cortex may show no histological abnormality. Thirdly, in interpreting the pathological findings it is, of course, always impossible to say whether the symptoms and physical signs were caused by the overactivity of lower levels released from striatal inhibition, by irritation of the striatum itself, or by the degeneration elsewhere in the brain. Objections of this kind can be urged against Wilson's (1912) "Progressive lenticular degeneration" (now identified with other closely-related conditions collectively described as hepatolenticular degeneration); against paralysis agitans with its various aetiologies; and against Sydenham's and Huntington's choreas. Laborious pathological studies of this latter familial disease by Dunlap, involving complete reconstruction of the basal ganglia from serial sections, indicate that, although there is characteristic degeneration of the small cells of the putamen and the caudate nucleus, there are invariably also grave changes in the cerebral cortex and elsewhere.

All that seems to emerge from the clinicopathological studies is a rough differentiation, originally due to the Vogts, between

"striatal" and "pallidal" syndromes. The former, in which the putamen and caudate nucleus are mainly affected, show involuntary movements (typically athetosis or chorea) with hypotonia. The latter show rigidity and tremor. The evidence on which this distinction is based is not, however, universally accepted. A further curious point brought out by such studies is the remarkable elective action of the several pathological processes on the basal ganglia, implying some specific peculiarity in their biochemical constitution. Manganese, carbon monoxide, oxygen want, and the presumed toxins of hepato-lenticular degeneration and of kernicterus, are all cases in point. All that is known for certain is that the large cells of the globus pallidus are particularly rich in iron.

Animal experiment has yielded results scarcely less confusing. Electrolytic lesions placed in the lenticular nucleus in twenty-five rhesus monkeys by Horsley at Winson's (1914) request, though of considerable size, failed to produce any sign of involuntary movements or rigidity analogous to those of progressive lenticular degeneration; a remarkable paradox, of which Wilson was unable to give any adequate explanation. In these experiments the Clarke-Horsley stereotaxic apparatus was used for directing the electrode-tips into the brain. In recent unpublished work Botterell has obtained similar negative results. Wilson's monkeys were only allowed to survive the operation by three weeks—they were required for Marchi studies—and no bilateral lesions made. Lewy later made bilateral lesions, but most unfortunately did not avail himself of the stereotaxic-electrolytic technique; he used a bistoury, and thereby wrought much incidental damage. His monkeys showed conspicuous rigidity and tremor. Edwards Bagg (1923) successfully introduced radium needles into the striatum in nine dogs. The radium emanation method is open to objection on the ground that the destructive process is a slowly-progressive one, possibly admitting of *pari passu* compensation; in any case there was considerable extra-striate injury. No constant "clinical" picture was obtained. More recently Morgan (1927) made unilateral lesions in the cat; again the stereotaxic method is not used, recourse being had this time to a curved probe pushed in through a drill hole in the temporal fossa and entering the brain through the posterior rhinal sulcus. Morgan's interest was in the

main anatomical, but he records an extensive set of physical signs including "athetosis," tremor, *ipsilateral* muscular rigidity, circling to either side indiscriminately, dysphagia and "disturbances of the voice." These signs receded rapidly during the days following the operation; at the end of eight days they had almost vanished, the ipsilateral pupil alone remaining constricted. Thus they are thought to be irritative rather than release effects. The ipsilateral rigidity is an anomaly requiring elucidation. Liddell & Phillips (1940) found *contralateral* rigidity in cats in which accurately-placed electrolytic lesions had been made. There was no indication of tremor or of other "involuntary" movements, and no paresis.

Three further papers contribute usefully to any discussion of the effects of experimental striatal injury. Rioch & Brenner (1938) performed unilateral decortication on five guinea-pigs: the successful removal of both "motor" and "premotor" areas, and the integrity of the corpus striatum, were verified after death. Ten days were allowed for degeneration of corticifugal fibres; the ipsilateral striatum was then frozen by contact with a chilled probe. No new functional deficit resulted, and there was no recrudescence of the signs immediately following decortication. The authors conclude that in their experiments there was no complete transfer of cortical function to the striatum; but the obvious possibility of compensation by the intact cortex and striatum has to be entertained, and, in view of this, bilateral experiments would be more compelling. Richter & Hines (1938) have recorded, by means of an "activity cage," the spontaneous movement of five macaques before and after surgical injury to one or both frontal lobes. They report that unilateral ablations only give rise to a notable increase in spontaneous activity if they involve the anterior poles of the caudate nucleus and putamen; bilateral lesions, however, are effective in this respect without complementary striatal insult. Langworthy & Richter's (1939) findings in cats are similar.

Stimulation Experiments

Stimulation experiments have likewise been attended with mixed success. Those of Wilson (1914) carried out by Horsley preliminary to fulguration of the lenticular nucleus, were entirely negative, probably because the macaques were deeply anaesthetised with chloroform and ether. Pachon & Delmas-Marsalet (1924) and Miller (1936)

have elicited movements by stimulation of the head and body of the caudate nucleus. The former workers buried electrodes in the caudate of the dog under chloralose anaesthesia, secured them firmly in position by an attachment screwed into the skull, and allowed recovery of consciousness before stimulation on the following day. The mere presence of the electrodes in the brain caused no physical signs: their position was checked by postmortem examination. The excitability of the caudate was, however, soon denied by Wilson, who would only commit himself to a footnote statement that the results were "open to technical and interpretative criticism." Miller simply exposed the cat's caudate from above by dissection and explored it, under barbiturate anaesthesia, with uni- or bipolar electrodes. Alternatively he applied strychnine, the effects of which were identical with those of electrical stimulation and furnished strong evidence that the movements obtained are due specifically to excitation of neurones in the caudate and are not consequent upon shock-escape to the fibres of the internal capsule. Hess of Zurich has also stimulated the caudate of the waking cat. Slow flexions and extensions of the limbs of both sides, chop-licking and circling (*mouvements de manège*) away from the side stimulated have all been obtained by these investigators.

Electrical exploration of the basal ganglia of chronic decorticate preparations undoubtedly offers greater potential interest. So far as I am aware the first attempt of its kind was that of Schaltenbrand and Cobb (1930). Their cat had suffered ablation of the whole isocortex some seven months previously. The skull was reopened under local anaesthesia and the effects of the sedative drug were allowed to wear off before stimulation was begun. The results were disappointing, for it was found, on opening the calvarium more freely after death, that the exploration had been limited to the anterior horns of the lateral ventricles; and the responses had been variable, and complicated by violent forced running movements. Rioch and Brenner (1938) made similar experiments on seven cats. Adversion of head and eyes was obtained from the cut lateral surface of the brainstem, behind the head of the caudate nucleus, together with a variety of autonomic reactions, chop-licking and forced running movements.

If, as it is generally held, the functions of the corpus striatum are mainly inhibitory, stimulation of its parts should be most

instructive if carried out against a background of posture or of movement, whether spontaneous or experimentally-initiated; application of this principle has led to some suggestive findings. During an exploration of successively-caudal cut surfaces of the brainstem in an attempt to follow the sub-cortical pathway of her extrapyramidal inhibition of movement, Tower (1936) found that the lenticular complex has a much lower threshold for damping or for complete arrest of movement than the adjacent internal capsule. Rioch and Brenner (1938), in one cat of their decorticate series, were able to abolish extensor posture and spontaneous activity with perfect regularity by stimulating the head of the caudate, the action being immediately reversed on withdrawal of the electrodes. In one other animal parallel observations were made, but not invariably; two cats were still less stable and a further two gave completely negative results.

In view of this work the recent work of Mettler et al. (1939) is of particular interest. Stereotaxic electrical explorations of the basal ganglia of cats and monkeys were conducted against a background of movement elicited simultaneously by cortical stimulation. Stimulation of the caudate gave no motor responses, but cortically-evoked movements were dramatically inhibited by it—there was a "melting-away" of the cortical effect. The threshold was found to be lower than that required for excitation of the fibres of the internal capsule; no inhibitory effect could be shown if the caudate had been fulgurated before stimulation, or if the electrode-tips were found, after death, to be misplaced in adjacent structures. The action is almost entirely confined to arrest of ipsilaterally-evoked movements, and it persists for a short time after withdrawal of the inhibitory stimulus. From the putamen and claustrum effects similar in kind, but less in degree, were obtained; in two experiments the inhibitory effect was exerted bilaterally. The globus pallidus gives no motor responses, but excitation of it converts cortically-initiated movement into "plastic tonus," which continues for some time after withdrawal of the cortical, but during maintenance of the pallidal stimulation. This interaction again, is mainly ipsilateral. Experiments were also made on the substantia nigra, the subthalamic nucleus of Luys, the nucleus ruber, and the striopeduncular tract; a variety of autonomic, tremulous and postural activities,

independent of cortical stimulation, are recorded. Lack of detail in the published presentation of these experiments, failing as it does to do justice to their probable merit and potential importance, is much to be deplored. But the inhibitory action of the caudate nucleus at least is supported by Rioch and Brenner's observations, and is strongly confirmed by some work of Dusser de Barenne and McCulloch (1938). These workers report that local strychninisation of areas A4—S and L4—S of Marion Hines' "strip region" (which lies between the motor and premotor areas) of the macaque's cortex suppresses the electrical activity of the arm and leg representation (A4 and L4) in the motor area. This inhibitory action is mediated by the caudate, whose electrical activity is greatly increased when A4—S and L4—S are active; direct excitation of the caudate by microinjection of strychnine also inhibits the electrical activity of A4 and L4. A mechanical lesion of the caudate temporarily releases A4 and L4, the release manifesting itself as a notable increase in their electrocorticogram. Similar evidence indicated that the thalamus is interposed in the functional pathway between the caudate and area 4. The importance of this direct demonstration of inhibition of the pyramidal motor area by an extrapyramidal cortical field, by way of part of the corpus striatum, needs no labouring.

Conclusion

All the experimental work on animals supports, or at least does not conflict with, the general conception of extrapyramidal function outlined at the beginning. But in point of detail discrepancies are rife, particularly when experiments of the pre-Wilson era are taken into account. The confusion may perhaps be traced to two main causes. First come the considerable technical difficulties related to the deep situation of the basal ganglia, involving grave probability of injury, or spread of excitation, to adjacent parts of the brain, particularly the internal capsule. Secondly, the functional importance of the striate complex is clearly different at different levels of the phylogenetic scale (Kappers, 1928); in birds, for example, the masterly stimulation and ablation studies of Rogers (1922 a, b) indicate that its importance as a motor mechanism far exceeds that of the poorly-developed mantle. It is thus hard to assess the comparative significance of similar experiments carried out on different animals. Deductions from systematic experiments on

one species can be relevant to that species alone and may not be legitimately applied

to others, least of all to man.

REFERENCES

- Bard, P., and Rioch, D. McK. (1937), *Johns Hopk. Hosp. Bull.*, 60, 73.
 Dusser de Barenne, J. G. (1920), *Arch. Néerland. de Physiol.*, 4, 1.
 Dusser de Barenne, J. G., and McCulloch, W. S. (1938), *J. Neurophysiol.*, 1, 364.
 Edwards, D. J., and Bagg, H. J. (1923), *Amer. J. Physiol.*, 65, 162.
 Foerster, O. (1936), *Brain*, 59, 135.
 Fulton, J. F. (1938), *Physiology of the Nervous System*, O.U.P., xv, 675.
 Kappers, C. U. Ariëns (1928), *Acta Psych. Neurol. Scand.*, 3, 93.
 Langworthy, O. R., and Richter, C. P. (1939), *Amer. J. Physiol.*, 126, 158.
 Lhermitte, J. (1933), *Roger and Binet's Traité de Physiologie*, 9, 357.
 Liddell, E. G. T., and Phillips, C. G. (1940), *Brain*, 63, 264.
 Mettler, F. A., Ades, H. W., Lipman, F., and Culler, E. A. (1939), *Arch. Neurol. Psych.*, 41, 984.
 Miller, F. R. (1936), *J. Physiol.*, 86, 56P.
 Morgan, L. O. (1927), *Arch. Neurol. Psych.*, 18, 299.
 Pachon, V., and Delmas-Marsalet, P. (1924), *C. R. Soc. Biol.*, 91, 558.
 Richter, C. P., and Hines, M. (1938), *Brain*, 61, 1.
 Rioch, D. McK., and Brenner, C. (1938), *J. Comp. Neurol.*, 68, 491.
 Rogers, F. T. (1922a), *J. Comp. Neurol.*, 35, 21.
 (1922b), *Ibid.*, 35, 61.
 Schaltenbrand, G., and Cobb, S. (1930), *Brain*, 53, 449.
 Tower, S. S. (1936), *Brain*, 59, 408.
 Wilson, S. A. K. (1912), *Brain*, 34, 295.
 (1914), *Ibid.*, 36, 427.

APPENDIX

Body Posture in the Cat.

Their classical researches on the subject led Magnus and Rademaker to the view that the red nucleus was the most important centre for postural reflexes. But the probability of postural integration at levels rostral to the midbrain had been evident in Sherrington's discovery, in 1897, that the rigidity of a hemidecerebrate cat could be inhibited by stimulation of the opposite motor area; and since then much evidence has accumulated concerning the importance for posture of the different fields of the cat's cortex and their functional relation to the cerebellum and to the brainstem centres. For a detailed discussion of the issues reference may be made to the excellent review of Langworthy (1928). Analysis has for the most part centred on the effects of circumscribed injuries which release, to varying extents, the more caudal suprasegmental and segmental mechanisms on which the rostral levels must normally play. But such release of posture, unlike that of decerebrate rigidity, is masked in the gait; it is only evident when the cat is suspended with its back to the observer with its limbs hanging free, or when it is slung in a hammock with its limbs projecting through holes.

Explicit recognition of the different quality of decerebrate rigidity, and that of the rigidity following more rostral injuries of the brain, is due to Liddell (1938). The former, as is well known, shows the "clasp-knife effect"; the latter differs

in opposing a compressing force with solid, even resistance. Clinical neurologists have long known two similar conditions: spasticity in man resembles decerebrate rigidity in the cat, and the "lead-pipe" rigidity of Parkinsonism shares with decorticate rigidity the absence of clasp-knife collapse.

In further experiments Liddell found that small lesions of the motor area give a small amount of extensor rigidity, depending on their extent. Liddell & Phillips (1939, 1940) have since reported experiments in which electrolytic lesions were placed in different parts of the basal ganglia in cats. Such lesions also produce solid extensor rigidity in the contralateral limbs. It is masked in the gait, but, like that following cortical lesions, is clearly revealed when the cat is suspended; and is proportional in amount to the size of the lesion. It seems possible, therefore, that the basal ganglia may be interposed between the cerebral cortex and the classical tone-controlling centres of the brainstem in the normal regulation of body posture in the cat.

References.

- Langworthy, O. R. (1928). *Physiol. Rev.* 8, 151.
 Liddell, E. G. T. (1938). *Brain*, 61, 402.
 (1939). *J. Physiol.* 96, 410.
 Liddell, E. G. T., & Phillips, C. G. (1940). *Brain*, 63, 264.

Every woman her own shelter.

Many women now sleep in their corsets for warmth and a feeling of security in air-raids.—DAILY MIRROR.

An early American journal offered the following inducement: "All subscribers paying in advance will be entitled to a first-class obituary notice in case of death."

OBITUARY

JOHN GILLIES PRIESTLEY

WE regret to announce the death of John Gillies Priestley, M.C., D.M. Oxford, which occurred on February 9th.

He was at school at Eton and was a scholar of Christchurch, where he distinguished himself both in work and play. He was captain of the rowing club and twice won an oar in the Eights. At the same time he gained a first class in the physiology school. He began to work with Professor John Haldane at this time, and continued to do so after he had entered hospital in 1903, and their important paper on the regulation of lung ventilation appeared in 1905. He qualified easily and was appointed house physician by Dr. (later Sir Wilmot) Herringham. He did his work very well and was the first of Herringham's house physicians who preferred research to general practice. After working for a year with Professor Falta in Vienna he returned to hospital to take charge of the chemical pathology department in the recently erected pathology block. Up till this time the relatively few investigations of a chemical nature had been made in the chemical laboratory by Dr. Hurlley, who somehow found time to do this in addition to his routine teaching and research work for Sir Archibald Garrod. Priestley was a very thorough worker, and all his investigations were carried out with the greatest care. He did much to spread the knowledge of what could be achieved by chemical investigations. Unfortunately he developed tuberculosis of the lung in 1912, but, after a stay at Davos, made a good recovery. He was, however, advised that life in London was undesirable

and he returned to work with Haldane in Oxford. Unfortunately war broke out a year later, and he joined the R.A.M.C. in September, 1914. He was wounded at the battle of Neuve Chapelle in 1915 and awarded the Military Cross for his services in that battle. After the war he returned to Oxford, and after a little while was appointed Reader in Clinical Physiology, becoming well known to many generations of undergraduates who afterwards came to the hospital. He continued to study various aspects of the physiology of respiration, and of the secretion of urine, publishing many important papers. He was joint editor with Haldane of the last edition of *Respiration*, and devoted much care to this important book. He was also joint editor with C. G. Douglass of *Human Physiology*, and took a prominent part in starting the class of practical human physiology. He edited the physiological abstracts for some years and was an expert in the international decimal classification of scientific papers. Priestley was a man of great personal charm and very popular with all those who were at hospital between 1903 and 1912. He was always willing to help anyone who asked his advice and helped many young men who worked with him. He welcomed his friends to his fine house outside Oxford, and will be much missed by all who came in contact with him. He married Miss Elizabeth Stewart, a niece of the great Matron of the hospital, Miss Isla Stewart, who was well known to all who worked in the middle room of the old Surgery. She survives him with one son, Major Charles Priestley.

G. G.

BART'S MEN IN THE SERVICES

Since publishing a list of Bart's men in the Services in our April number, several readers have sent us additional names, of which those not lost with the rest of this number are given below.

ROYAL ARMY MEDICAL CORPS.

| | |
|------------------|-------------------|
| Bevan, F. A. | Cullinan, E. R. |
| Bodley Scott, R. | Dodd, S. A. |
| Boyd, A. M. | Miller, D. R. W. |
| Cane, A. S. | Weddell, A. G. M. |
| Carlford, E. | |

A. M. S.

Cane, L. B.

SOUTH AFRICAN A.M.C.

Craig Cochran, J. W.

ROYAL NAVY.

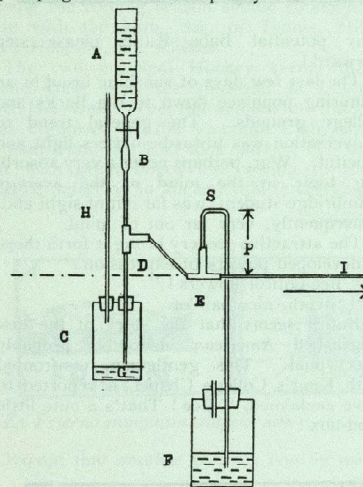
| | |
|----------------|-----------------------|
| Cates, J. E. | Bradley Watson, J. D. |
| Gale, H. E. D. | Cane, C. S. |

ROYAL AIR FORCE.

Baldwyn, A. F.

A TIDAL FLOW BLADDER IRRIGATION APPARATUS

THE following is a description of one type of tidal flow bladder irrigation apparatus, which has been employed recently in the treatment of a case of fractured spine with paraplegia and bladder paralysis.



Tube I leads to bladder.

P represents intravesical pressure when syphonage begins.

Modified from "Craneo-Cerebral Injuries," by Munro (Oxford University Press).

The essential pieces of apparatus are:—

- (1) Reservoir A.
- (2) Drip chamber B.
- (3) 2 glass T-pieces.
- (4) 1 length glass tubing (3½ ft.) H.
- (5) 1 Wolff's bottle C.
- (6) 1 large drainage bottle F.
- (7) 1 clip and miscellaneous lengths of rubber tubing.
- (8) 1 metal or wooden stand.

All the apparatus, with the exception of the reservoir A, which may be slung from the curtain rail 3-4 feet above the patient, can be attached to a metal stand.

The irrigating fluid is allowed to drip from reservoir A at a steady rate of 60 drops per minute. It passes down the tubing into bottle C. When the level here rises to tube G, which is at a lower level than tube H, the fluid rises in both bottle and tube until tube H is reached. Obviously the fluid level in the bottle now remains

constant, while the levels in both tubes rise simultaneously. On reaching connection D, the fluid runs along the side-arm to T-piece E, where it continues along the path of least resistance into the bladder. As connection E is at the level of the pubis, it is clear that the level in the syphon curve will rise with the intravesical pressure. The maximum intravesical pressure reached in any given cycle is therefore represented by height P, since syphonage will not occur until the pressure in the bladder is equal to this. Once the top of the syphon curve is reached, the system becomes a syphon, and the contents of the bladder pass over into the bottle F. Next the contents of bottle C are syphoned over into the drainage bottle, until tube G is just above the fluid level, when the syphon is broken by air entering through the manometer tube H. The cycle is then repeated.

By this method automatic filling and emptying of the bladder, at regular intervals, is secured. The length of each cycle may be controlled by either altering the drip apparatus, or adjusting the relative levels of tubes G and H in bottle C. Obviously the greater difference between the two, the longer it will be before the cycle is completed. Once functioning satisfactorily, the apparatus is unlikely to cause trouble, no harm being done even if flask A is allowed to run dry. The apparatus is attached to an indwelling soft rubber catheter, and the irrigating fluid is a mild antiseptic, e.g., mercury oxycyanide 1/8,000. The apparatus may be disconnected and re-sterilised as required.

Practical details to be observed are:—

- (1) Height P should be carefully adjusted to suit the patient's bladder.
- (2) Connection D should be several inches above connection E, in order to prevent the bladder contents entering bottle C during syphonage.
- (3) The lower end of the syphon tubing must always be below the fluid level in bottle F; hence when the apparatus is first used a known quantity of water should be placed in the drainage bottle and the tubing immersed in this.

We wish to thank Mr. Harold Wilson for permission to publish a description of this apparatus.

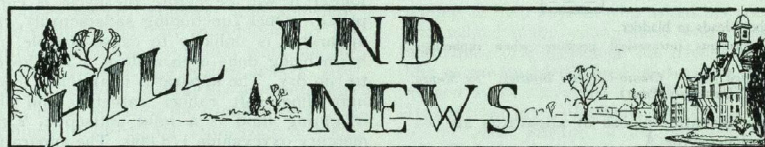
R. A. S.
D. J. R.



OWING to the absence of any worth-while events and the short time between the last letter and the end of term, this letter is not unduly long.

Lack of material is also due to the terminal examinations, the imminence of which produced the usual surprise, the usual exclamations of "I don't know a thing" and the consequent period of frantic work. The town became suddenly and strangely devoid of the familiar Bart.'s element but, after a prolonged burst of mental activity, reaction set in and the town came into its own once more.

A campaign is in progress to raise a baseball team for the summer term. This, it appears, may meet with opposition from certain other sports committees, a fact which perhaps indicates that baseball will be enthusiastically received by the students.



WITH the best summer days ahead of us, the problem of accommodation in the lecture room will become even more acute than it is now. The room used at present in the nurses' home was not built to accommodate the large number of students who use it every afternoon. The number of chairs is insufficient, and the inadequate ventilation will, in warm weather, produce an atmosphere very conducive to sleep. A simple and very welcome solution to these problems would be the introduction of open air lectures.

A large crowd was attracted to Hill End on Wednesday, March 18th, by the Hospital seven-a-side rugby tournament. After a hard struggle in the final, the Housemen, ably assisted by Dai Griffiths, beat the Hill

Any potential Babe Ruths please step forward!

The last few days of sunshine brought an admiring populace down to the Backs and college grounds. The general trend of conversation was towards matters light and fanciful. War, perhaps never a very absorbing topic in the mind of the average Cambridge student, was far out of sight and, consequently, very far out of mind.

The attractive scenery brought forth those undeveloped powers of expression:

"Bee-ootiful flowers!"
"Struth, nice pair of..."

But it seems that the story of the distinguished American visitor is probably apocryphal. This gentleman, confronted with King's College Chapel, is reported to have exclaimed, "Gee! That's a cute little God-box!"

End team by 8 points to 3.

On Wednesday, April 9th, a party of twenty-six people set off for the Verulam golf course to play the monthly Staff v. Students match. After a very pleasant afternoon's exercise the result was a draw.

Four days a week other more virile students turn out for an hour's physical training under the expert tuition of Mr. Sage, who is the hospital's gymnastic instructor.

Judging by the number of people who turn up for nets, the prospects for the coming cricket season appear hopeful. We have even noticed that two students, when unable to bat, are to be seen dragging a large horse roller over the proposed site of the pitch. We hope that their efforts will be rewarded.

On March 19th, 20th and 21st, the Dramatic Society presented "Poison Pen," which proved to be a great success. An account of it, by our special correspondent, can be found elsewhere in this issue.

Tennis is now in full swing; any of our contemporaries who would like a fixture during the coming season should communicate with the Hon. Sec. of Tennis, Hill End Hospital, St. Albans.

The two principal Hockey events this month have been the six-a-side at Luton and Hill End. The tournament at Luton was organised by the Vauxhall Club, and a team from Hill End took part. We set out with great hopes but, owing to the alleged defect of an ancient vehicle carrying

two members of the team, our six became four. However, we managed to hold the opposition, losing the first two games by only a very narrow margin, and winning the last game when the other members of the side arrived. A more auspicious occasion was that of the tournament at Hill End. In this, teams representing the nursing staff from Bart.'s, Hill End and Cell Barnes, and the students from those places took part. A large crowd and a sunny day made it a very pleasant afternoon. The men from Bart.'s finally triumphed, beating the "pathologists" in the final. We hope this precedent will be carried on in future years.

H. H. B.



Ex Frierno nunquam aliquid noir.

Except that another room is now in use

at the Boys' Villa—for which all Friern natives have given thanks to their respective gods.

SPORTS NEWS

R.U.F.C.

v. The Wasps. Played at Chislehurst on March 15th. Won 8-3

This was not a very exciting game to watch although it had its brighter moments, but the end result was satisfactory and well deserved. The Hospital have now beaten, or drawn with, every club of note in London, a record of which the Club may be rightly proud.

Perhaps an uninteresting game is to be expected when the Wasps are one of the teams playing; for, of late years, they have concentrated more on keeping their opponents' score down than on building up their own. To do this their centres lie well up on their opposite numbers and their back row forwards break quickly from the scrum. As a result of this our centres were well held throughout. The Hospital forwards played a grand game. Their speed and fine defence laid the foundations of victory. R. L. Hall, who scored a try which would have done credit to any three-quarter, J. Moffatt and A. J. H. Spafford all got through a tremendous amount of work, while J. P. Stephens' defensive covering was as flawless as ever. Of the outside B. Jackson again played a good game. If criticisms are to be made about his play they are that his hand-off is almost entirely neglected and that he is apt to cut inside his opponent, too often straight into the arms of a covering forward. If he ran outside, his weight and speed would carry him round any but the sternest defence.

Bart.'s attacked from the start and D. Reinold nearly got over on the wing after about ten minutes' play.

The rest of the first half produced little excitement and neither side scored. In the second half, play was more eventful, and after a quarter of an hour the Wasps' right wing scored far out following a defensive muddle. This roused the side and almost immediately C. S. M. Stephen scored a neat try following a scrum on the Wasps' line. The Hospital forwards continued to dominate the game and the pace was rather too much for some of the Wasps. From a long kick ahead J. W. G. Evans fielded the ball in his own "25" and made over towards Jackson on the wing. Jackson cut back into the centre where he found Hall ready to take his pass, and Hall, selling two perfect dummies, each of which was bought, ran over, untouched, to score a very fine try. Jackson converted.

The rest of the game was fought out in midfield and except for a last burst at the end when the Hospital defence was well tried the Wasps were a beaten side.

We were sorry to see McAfee on the touchline but were very pleased to have his support and valuable criticism.

Team: J. D. Loughborough; B. Jackson, J. W. G. Evans, M. N. Laybourne, D. Reinold; N. A. Campbell, C. S. M. Stephen; J. R. Moffatt, R. J. Alecock, H. L'Etang, R. L. Hall, R. H. Sandiford, J. A. P. West, A. J. H. Spafford, J. P. Stephens.

v. King's College Hospital. Played at Chislehurst on March 22nd. Drawn 3-3

A most unsatisfactory game played in drizzling rain. With a depleted side and no scrum half available the Hospital never settled down, or rather, were never

allowed to settle down. At the beginning of the second half King's scored their try. Bart.'s, slightly less lethargic, then proceeded to attack for the rest of the half but their only reward was a penalty goal by Jackson.

v. Charing Cross Hospital. Played at Chislehurst on March 29th. Won 44-0

Our opponents had very sportingly turned out a side which consisted solely of Dental Students, their Medical Students being too far out of London to play. They were outclassed everywhere except in the tight scrums but throughout the game they defended gamely. Tricks were scored by B. Jackson (3), J. P. Stephens (2), L. A. McAfee (2), M. Laybourne, C. S. M. Stephen and J. Moffatt. Jackson supplied the extra points in penalties and goals.

Inter-Hospital Seven-a-Sides. Played at Richmond on April 5th

After such a successful season it was a great disappointment to be beaten by King's in the second round, but seven-a-side is an entirely different game from fifteen-a-side rugby, and doubtless the Hospital would have put up a much better show had the usual "Cuppers" taken place.

The Bart.'s side lacked aggressiveness. Defensive play never pays in seven-a-sides and yet most of our good work was done in defence. At scrum half, C. S. M. Stephen did a tremendous amount of work and saved two certain tries by fine covering, but one would have liked to see him running with the ball more in attack, even if it meant sacrificing an occasional try.

Against Charing Cross five tries were scored by Hall (2), Campbell (2) and Laybourne. All were near the posts but only two were converted.

In the second match, the body of W. B. Young playing for King's blocked the way to their line on most occasions. Young played a fine game and set a great example to his men to which only Hall of the Bart.'s forwards could reply in similar fashion. After King's had scored a try, J. W. G. Evans crossed for Bart.'s, scoring under the posts after a very graceful run from the centre of the field. King's then added two more tries to win 9-3.

Team: J. W. G. Evans, N. A. Campbell, M. Laybourne, C. S. M. Stephen, R. L. Hall, A. J. H. Spafford and J. P. Stephens.

1st XV

On looking over this last season one notices our success without any really brilliant player in the side. We have played 21 matches of which we have won 9, lost 8 and drawn 4. Points for are 238 and against 197. We have only been beaten once in London and that was our first match of the season—against Guy's. The team did take some time to settle down and we lost the first five matches which, however, did include Oxford and Cambridge. However, since December we have been a very difficult side to beat and have only lost to the Aldershot Command, Cambridge and Bedford. Our success has been due to the intimate friendship between every member of the side and their keenness to turn out regularly every Saturday. We knew each other's play and have thoroughly enjoyed the season. We hope we may be able to say the same this time next year. The results of the matches played were as follows:—

- Oct. 5. Guy's (Away) Lost 3-11.
 ,, 19. Bordon Garrison (Away) Lost 3-13.
 ,, 26. O.C.T.U. Sandhurst (Away) Lost 6-8.
 Nov. 2. Oxford (Away) Lost 5-30.
 ,, 9. Cambridge (Away) Lost 4-26.
 ,, 23. London Hospital (Away) Won 27-5.
 ,, 30. Guy's (Away) Draw 10-10.

- Dec. 7. Aldershot Command (Away) Lost 9-11.
 ,, 14. St. Mary's Hospital (Away) Won 9-8.
 ,, 21. Metropolitan Police (Home) Draw 0-0.
 ,, 28. Northampton (Away) Draw 5-5.
 Jan. 20. Rosslyn Park (Away) Won 5-3.
 ,, 29. Cambridge (Away) Lost 3-18.
 Feb. 1. Metropolitan Police (Home) Won 14-11.
 ,, 8. Army XV (Home) Won 14-3.
 ,, 15. Bedford (Away) Lost 14-18.
 ,, 22. Metropolitan Police (Away) Won 24-3.
 Mar. 15. Wasps (Home) Won 8-3.
 ,, 22. King's College Hospital (Home) Draw 3-3.
 ,, 29. Charing Cross Hospital (Home) Won 44-0.
 Apr. 19. Rochester Medicos (Away) Won 24-8.

Scorers

Tries: Stephens 7, Evans 6, Griffiths 5, Jackson 5, McAfee 5, Hall 3, Campbell 3, Stephen 3, Laybourne 2, Sandiford 2, Moffatt 1, Allardice 1.

Penalties: Jackson 9.

Drop Kicks: McAfee 3.

The Annual General Meeting of the R.U.F.C. was held at noon on April 23rd in the A.R. Committee Room.

Sir Girling Ball was in the chair and fifteen members of the Club were present.

The following officers were elected:—

President: Sir Girling Ball.

Vice-presidents: Dr. Barris, Mr. Capps, Sir Charles Gordon Watson, Dr. Graham, Prof. Hadfield, Dr. Harris, Prof. Hopwood, Mr. Hosford, Mr. Hume, Mr. Naunton Morgan, Prof. Paterson Ross, Dr. Roxburgh, Dr. Shaw, Prof. Wormall.

Capt. 1st XV: R. L. Hall; Vice-capt.: L. A. McAfee; Hon. Sec.: C. S. M. Stephen; Treasurer: J. R. Moffatt.

Capt. A XV: A. G. Richards; Hon. Sec.: A XV: S. J. Merryfield.

ASSOCIATION FOOTBALL

*A.F.C. v. Rahere Rovers
 Home, March 30th. Won 5-0*

When they last met nine years ago, the Rahere Rovers defeated the Soccer Club; this year another challenge was made and accepted. Thus, one sunny afternoon, twenty-two stalwarts faced each other breathing fire and not much water, sartorially perfect in fashions ranging from Gregory's virgin white pants to Ward's waspish camouflage. Aided and abetted by a whistle in his mouth and Golden on the touchline, George Ellis kept a masterly eye on both the players and the rules. Despite unfamiliarity with the game the Rovers played remarkably well, and against a strong team did well to be defeated by so small a margin. The result itself may be soon forgotten; but much longer will we remember Spafford's "spoiling tactics" against Wells-Cole (apparently with Harold's connivance), Tuckwell's astonishment when struck on the back of the head by the ball when he was about to charge Ward, and the grand afternoon (and evening!) had by all.

A.F.C.: G. Wells-Cole; J. T. Harold, A. Lambey; D. Harland, F. Packer, A. Danby; J. Birch, C. T. A. James, A. R. James, R. Routledge, A. I. Ward.

Rahere Rovers: J. Stephens; P. Jeffries, T. Gregory; L. McAfee, R. Sandiford, E. Tuckwell; P. Barclay, A. Spafford, R. McGrigor, N. Campbell, R. Alcock.

1st XI

The Soccer Club concluded the season with an extremely enjoyable game against Rahere Rovers, an account of which is given elsewhere in this Journal. The season has been on the whole enjoyable, although the number of matches played has been small, for various reasons. Until Christmas the team was relatively unchanged from week to week, but several of our regular players left for sector hospitals and conse-

quently the teams were more varied in the new year.

The Captain this year was G. H. Wells-Cole, and in him the Club may congratulate itself on having a really good goalkeeper, and he seems to improve each season. McShine and Harold provided a sound pair of backs, and although sometimes the former's vigour exceeded his accuracy he always put in a lot of work. Packer maintained last season's form at centre-half and certainly, with Harold, provide the mainstay of the defence. He also managed to score several excellent goals during the season, usually when we needed them most. The wing halves were chosen from Danby, Thrower and Phillips, and they all have been of real assistance to the forwards, although perhaps their covering in defence has not always been so good. Once again James was the principal goal scorer of the side and despite blitz conditions displayed all his old vigour, his headwork in particular being very effective. The only criticism would be that on occasion he worked the ball too closely, and did not use his wings to best advantage.

The wings, Kingston and Birch, have played consistently well throughout the season; they are both fast, with useful shots, and have provided James with many of his scoring chances. Routledge and Robertson have been the inside forwards, and have combined well with their respective wing men. Routledge, in addition, has scored several goals, and gives plenty of support to James in the centre.

Unfortunately we have not been able to play as frequently at Chislehurst as we would have liked, but if conditions permit next season we hope to make more use of the pitch there.

D. J. R.

NEW BOOKS

"Principal Drugs," by A. L. Morton (Faber and Faber, Ltd., 2s. 6d.).

Another in the Faber series of potted knowledge for Nurses. It is not too short to be useful, however. A pleasant innovation is the title both on the front and back of the dust-cover.

"Modern Treatment Year Book, 1941" (Medical Press and Circular).

A useful summary, by a panel of distinguished authors, of recent advances in treatment. The most valuable section of the book is that dealing with War Medicine and Surgery, which occupies one-third of the book and contains articles on War-time Dermatoses, Gas Gangrene, Deafness due to Gunfire, Soldier's Heart, War Burns, and other subjects. Here there are important advances described. The remaining two-thirds of the book contains very little more than can be found in good modern textbooks. A single volume devoted to treatment will, however (as its Editor claims), prove

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

SQUASH RACKETS

The Squash team made one of its rare appearances recently and beat St. Mary's Hospital convincingly by 5 matches to nil on their courts. The first three strings won their matches without great difficulty, and the fourth and fifth strings had the best games. McGrigor produced some good, some bad, shots, and not a few complete misses, but played extremely well at the right moments. Harold started badly and lost the first two games. His opponent was by then suffering from severe dyspnoea and considerable nausea, to say nothing of angina of effort and Harold won the next three games.

Final scores were:—

R. M. Mason beat G. Worden 9-3, 9-2, 9-3.

J. L. Fison beat C. M. Baker 9-2, 9-1, 9-6.

J. Robinson beat C. Newnham 9-7, 5-9, 9-7, 10-9.

R. B. McGrigor beat P. R. Murley 8-10, 9-6, 10-9, 9-6.

J. V. T. Harold beat F. Rimblescombe 5-9, 6-9, 9-4, 9-7, 9-3.

DARTS

A darts competition in aid of the Red Cross was held in "The Vicarage" early this year, and the requisite number of thirty-two entries was soon attained, including some celebrated members of the staff. The competition proved so popular that soon some more entries were made, creating yet another round, and from these late arrivals emerged the two finalists, T. Parkinson and J. Harold. These stalwarts did battle before a fine crowd in "The Vicarage," and after much pollution of the liquid refreshments Harold proved the victor by two "legs" to nil. The many losers are to be congratulated on the money they saved by not winning!

useful to General Practitioners and Service doctors. The book is adequately illustrated.

"A Short Textbook of Midwifery," by G. F. Gibberd, 2nd Edition (J. and A. Churchill, Ltd., 15s.).

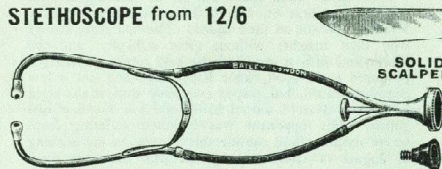
The popularity of this textbook is increasing. It is essentially a short textbook, and certain sections should be supplemented by other reading. Dr. Gibberd writes clearly and pleasantly (we enjoyed, for instance, his felicitous exposure of the term pseudocystis). He wisely devotes little space to abstruse mechanical theories of the passage of the fetus through the birth canal, but in war-time, when students have fewer opportunities of studying practical midwifery, the descriptions of the management of labour might have been longer. The book is well illustrated, though not as plentifully as we would have wished. This edition contains various improvements, of which the inclusion of metric doses is the most obviously necessary.

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.

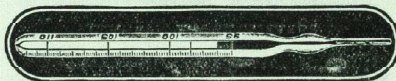
W. H. BAILEY & SON LTD. SURGICAL INSTRUMENT MAKERS.

STETHOSCOPE from 12/6



D.1236 Improved Binaural Stethoscope, with Skinner's Chestpiece and Special Phonendoscope End. as illustration 17/6 each

CLINICAL THERMOMETERS



Every Thermometer is guaranteed, clearly marked, and tested at the National Physical Laboratory.

| | | | | |
|-------------------------|------|------|-----------|------|
| Bailey's 2 minute round | each | 1/8 | per dozen | 14/3 |
| " 2 | " | " | " | 18/- |
| " 1/2 | " | 1/11 | " | 20/3 |
| " 2 magnifying | " | 1/9 | " | 18/6 |
| " 1 | " | 1/11 | " | 20/3 |
| " 1/2 | " | 2/11 | " | 22/- |

IF WITHOUT CASES 1/- PER DOZEN LESS

:: Hospital and Invalid Furniture ::

GERrard 3185 45 OXFORD STREET } LONDON, W.1
2313 2 RATHBONE PLACE }

BAILEY'S DIAGNOSTIC SETS



SOLID STEEL SCALPELS. 4/- each

10% DISCOUNT

allowed to Students mentioning this Advertisement.

Illustrated List sent on Request

Why not send your Repairs to us ?

SCISSORS, SCALPELS, KNIVES of all description and RAZORS, Ground and Set. HYPODERMIC SYRINGES repaired.

LOWEST PRICES

D.1081 consisting of May's Ophthalmoscope, Auriscope, with 3 Speculae, Duplay's expanding Nasal Speculum, Angular Laryngeal Lam and two Mirrors Tongue Spatula and Handle with Rheostat to fit the above instruments, complete in case, with spare lamp. PRICE complete £5 16 6 Auriscope, with 3 Speculae, handle and spare lamp in case £2 7 6

CANDID CAMERA

Presenting Men of St. Bartholomew's during the years 1937-40.

48 brilliantly executed Photographs.

Printed on Fine Art Paper, with a stiff cover.

"Every time the owner, turning out a cupboard in the next ten years, comes across it he will have his laughs over again."—Lancet.

LIMITED EDITION.

Price 2/- Postage 3d.

Obtainable from the Manager of the Journal, ST. BARTHOLOMEW'S HOSPITAL, E.C.1

WAR COVER
★ for **DOCTORS** ★
without extra Charge

C. M. & G. policies for medical men make full provision for the present-day needs of the profession and confer the most complete protection.

In brief the benefits are:

- 1 Full Cover in Civil Practice.
- 2 Full Cover whilst serving in this country with either the R.A.M.C. or R.A.F.M.S.
- 3 Cover to the extent of one third the sum assured in the event of death abroad as a result of service with one or other of the Medical Units previously mentioned.

CLERICAL, MEDICAL & GENERAL LIFE ASSURANCE SOCIETY

Chief Office: 15, ST. JAMES'S SQUARE, S.W.1 Telephone: WHitehall 1135

Trade Mark **PHRENAZOL** Brand

Pentamethylenetetrazol

For the treatment of Barbiturate Poisoning and Anæsthetic Narcosis



Phrenazol is one of the most effective substances as an antidote for barbiturate poisoning and to shorten the time of anæsthesia. The dosage varies considerably but the majority of patients will respond to a single intravenous injection of from 3 to 5 c.c. Phrenazol administered very slowly.

Phrenazol is also used for the shock (convulsive) treatment of schizophrenia and as a cardiac and respiratory stimulant.

Phrenazol is supplied in 1 c.c., 3 c.c. and 5 c.c. ampoules, boxes of 3 and 6 ampoules; 25 c.c. rubber-capped vials and in powder for preparing sterile solutions. Phrenazol Oral—bottles of 1/2 fl. oz. and tablets 0.1 gm., tubes of 10 and bottles of 100.

Obtainable through all Branches of



Literature sent upon request

BOOTS PURE DRUG CO. LTD NOTTINGHAM



***DAGENAN
SODIUM—
M & B 693 SOLUBLE***

★ TRADE MARK

This product is intended to meet the occasional need for a parenteral form of administration of DAGENAN—M & B 693.

Indications for injection are three:—

- 1** *Incapacity to take DAGENAN—M & B 693 by mouth.*
- 2** *Failure to obtain an adequate blood concentration with oral administration.*
- 3** *Necessity for obtaining maximum effect as rapidly as possible.*

DAGENAN SODIUM—
M & B 693 SOLUBLE
will replace DAGENAN—
M & B 693 in oil suspension
which was introduced to meet
the necessity of a product for
injection before DAGENAN
SODIUM was evolved.

Supplies {

DAGENAN SODIUM—
M & B 693 SOLUBLE

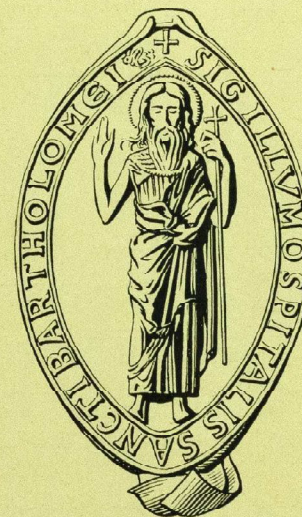
*Boxes of 6 x 3 c.c. (1 gramme) ampoules at
6s. 6d. Subject to our usual discount.*

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD., DAGENHAM

3604

SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL

WAR EDITION



JUNE, 1941

VOL. 2.

No. 9.

INDEX

| | Page | | Page |
|--|------|--|------|
| Grammes and Milligrammes ... | 173 | In the White Man's Grave: Experiences from Nigeria ... | 185 |
| Spring in London ... | 174 | Honours ... | 187 |
| From the Treasurer of the Hospital ... | 175 | Correspondence ... | 187 |
| Obituary: James Graham Forbes ... | 175 | Medical Rationalism ... | 188 |
| Autobiography of Nobody-at-all, by Arthur Applin ... | 176 | News from St. Mary, Islington ... | 189 |
| Our Candid Camera (Second Series) ... | 178 | Cambridge News ... | 189 |
| A Rare Type of Anal Carcinoma ... | 178 | Friern News ... | 191 |
| Thomas Johnson, by Hugh Thursfield, M.A., D.M., F.R.C.P. ... | 180 | In Our Library, by John L. Thornton, Librarian ... | 191 |
| Modern Mothercraft ... | 184 | New Books ... | 192 |
| Notes on General Practice: Bed-wetting in Adolescence, by Third Chip ... | 184 | Sports News ... | 193 |
| | | Bart.'s Men in the Services ... | 193 |
| | | Births, Marriages and Deaths ... | 193 |

INSURANCE

| | |
|---|---|
| <p>for your home The "Car & General" Comprehensive Home Policy includes FIRE, BURGLARY, DOMESTIC SERVANTS, and many other risks incidental to a home</p> | <p>for yourself In these days a "Car & General" Personal Accident Policy is more of a necessity than ever before</p> |
|---|---|

CAR & GENERAL

INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1

BOOKS FOR STUDENTS

FIFTH EDITION. With 880 Illustrations (Hand Coloured). Demy 8vo. 30s. net; postage 9d.

A SHORT PRACTICE OF SURGERY

By HAMILTON BAILEY, F.R.C.S., Surgeon, Royal Northern Hospital, and R. J. McNEILL LOVE, M.S., F.R.C.S., Surgeon, Royal Northern Hospital.
"We welcome a new edition of this well-known text book. . . . All chapters have been thoroughly revised bringing the book up to date . . . even more figures have been added."—*St. Bartholomew's Hospital Journal*.

FIFTH EDITION. With 8 Coloured Plates and 179 Text Illustrations. Demy 8vo. 15s. net; postage 7d.

COMMON SKIN DISEASES

By A. C. ROXBURGH, M.D., F.R.C.P., Physician-in-Charge Skin Department and Lecturer on Diseases of the Skin, St. Bartholomew's Hospital, etc.
". . . a sound introduction to dermatology, lucid and readable. . ."—*Lancet*.

HOSFORD'S FRACTURES & DISLOCATIONS in General Practice

With 71 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
(General Practice Series).
". . . an excellent textbook. . ."—*Lancet*.

RAWLING'S LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY

Eighth Edition, with British Revision of the B.N.A. Terminology. With Illustrations. Demy 8vo. 8s. 6d. net; postage 7d.
". . . one of the really useful books for the student. . ."—*Medical Press*.

BARNARD'S ELEMENTARY PATHOLOGICAL HISTOLOGY

Second Edition. With 181 Illustrations (8 Coloured) on 54 Plates. Crown 4to. 10s. net; postage 7d.
". . . an extremely valuable aid to pathology . . . the illustrations are quite the last word in clarity."—*Middlesex Hospital Journal*.

McNEILL LOVE'S MINOR SURGERY

With 155 Illustrations. Crown 8vo. 12s. 6d. net; postage 7d.
". . . should be popular not only with hospital residents and practitioners, but with students beginning their work as surgical dressers."—*British Medical Journal*.

FIFIELD'S INFECTONS OF THE HAND

Second Edition, revised by PATRICK CLARKSON, F.R.C.S.
With 57 Illustrations, including 8 Plates (2 Coloured). Crown 8vo. 9s. net; postage 7d.

ROSS'S HANDBOOK OF RADIOGRAPHY

With 67 Illustrations. Demy 8vo. 7s. 6d. net; postage 7d.
". . . its publication is opportune in view of the increased demand for radiographers in wartime."—*British Medical Journal*.

With 237 Illustrations. Demy 8vo. 16s. net, postage 7d.

HUMAN HISTOLOGY. A Guide for Medical Students

By E. R. A. COOPER, M.D., M.Sc., Lecturer in Histology, University of Manchester.
With a Foreword by F. WOOD JONES, F.R.S., F.R.C.S.
". . . an admirable handbook and introductory guide to human histology for students and reasonable in price, considering the large number of clear and carefully chosen illustrations."—*Lancet*.

RECENTLY PUBLISHED. With 6 Coloured Plates and 133 Illustrations in the Text. Demy 8vo. 30s. net; postage 8d.

VENEREAL DISEASES

By E. T. BURKE, D.S.O., M.R. Ch.B. (Glasgow), Lieut.-Colonel (late) R.A.M.C., Director of L.C.C. (Whitechapel) Clinic; Consultant Venereologist in Public Health Department, L.C.C., &c.
"This volume gives an excellent narrative account of venereal diseases and should be read throughout by students and practitioners . . . can be strongly recommended."—*St. Bartholomew's Hospital Journal*.

HARRIS' MINOR MEDICAL OPERATIONS

For Senior Medical Students and recently qualified Practitioners.
With 41 Illustrations. Crown 8vo. 7s. 6d. net; postage 7d.
". . . very useful and clearly written. . ."—*British Journal of Surgery*.

HARRIS' PRACTICAL HISTOLOGY FOR MEDICAL STUDENTS

Third Edition (Reprinted). With 2 Plates (one Coloured). Crown 4to. 7s. 6d. net; postage 7d.
". . . cannot fail to be of great use to students."—*British Medical Journal*.

TIMBRELL FISHER'S TREATMENT BY MANIPULATION IN GENERAL AND CONSULTING PRACTICE

Third Edition. With 68 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
". . . an excellent treatise on the subject."—*St. Mary's Hospital Gazette*.

COMPLETE CATALOGUE POST FREE ON APPLICATION

London: H. K. LEWIS & Co. Ltd., 136 Gower Street, W.C.1

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

JUNE 1st, 1941.

No. 9.

GRAMMES AND MILLIGRAMMES

This is not a reply to Dr. Maxwell's witty and cunning letter in our last number. A counter-attack on the Mediaevalists will in due course be launched. The title of this Editorial is merely a free translation of Grains and Scruples.

* * * *

Another View Day has come and gone. May 14th found the Hospital a little less tidy than usual, but her temperature and pulse were good. The tone of the occasion, as might be expected, was subdued. Visitors were few, the procession was short, and there were no buns and speeches in the wards. The Governors and Senior Staff turned out in force and found everything spick and span that could be made so. Sartorial standards were maintained, not indeed in morning coats but in lounge suits of pre-war elegance. Everyone was cheerful, not least because it was everywhere evident that "Bart.'s can take it."

* * * *

The announcement that 1,000 American doctors had been invited to this country was greeted by students with noticeable reserve. Many doctors think that the "shortage" of medical men in this country is really a question of maldistribution. However that may be, some of us feel that the "shortage" could be considerably relieved by a little more leniency in examinations. Granted that most of us are pretty stupid, but the days of deliberate idleness are gone. Practically every present-day student is genuinely anxious to qualify as quickly as

possible; and we would most respectfully suggest that, once a student has completed his appointments, the only question which an examiner should ask himself is: Will this man be a danger to the public? An extreme example is the man (surprisingly rare) who cannot memorise doses. Provided he is aware of the fact and prescribes with a Pharmacopœia at his elbow, he is no danger to the public and can safely be entrusted with a junior house appointment, in which he will rapidly learn medicine. After all, medical education before the final examination is, as Lord Horder once pointed out, chiefly a matter of learning the terminology.

If the shortage is relieved by an influx of American and refugee doctors, a serious problem will arise at the end of the war. A certain proportion of these foreign practitioners will undoubtedly wish to remain here, and their war service to this country will quite rightly prejudice the authorities in their favour. But let it never be forgotten that there will be a vast number of British doctors returning from the forces to civilian practice, and it will be unjust indeed if they find their places already filled by foreigners. Such a state of affairs must on no account be allowed to arise.

* * * *

There is a tendency among readers who object to material in the JOURNAL to write complaining letters to the Editor, *not for publication*. This is a delicate form of hedging, with which we have no sympathy. The Editors welcome criticism or con-

JUNE, 1941)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

174

demnation (and even praise), but the proper place for such matters is the correspondence columns of the JOURNAL. Such letters will, as a rule, be published—with spirited Editorial replies.

The Editors make every effort to find out from readers which items are popular and which are not. Before criticising the JOURNAL, two things should be remembered. Firstly, everything which is published is written, owing to war-time conditions, about a month before it meets the reader's eye. Secondly, the JOURNAL belongs to students and is run by students, and should not therefore be taken too seriously. An irate personage wrote some time ago implying that a poem which appeared in our columns imperilled the very future of the Empire. We cannot believe it.

* * * *

A minor tragedy of the JOURNAL Office occurred in April. At great pains and expense, a number was produced which was four pages longer than our normal maximum size—and nobody so much as noticed it. It might have been considered an extravagant use of paper (almost as unpatriotic as the Athletic Club's Sports Day poster). Or it might have been greeted as a praiseworthy effort when all other papers are dwindling daily. In any case, the experiment will *not* be repeated.

* * * *

I cannot agree with the Assistant Editor that medical students are "sub-adults," suffering from an "abnormal prolongation of adolescence" (*vide* May number, "More than Memory"). Some are, no doubt.

But among Bart.'s students of to-day I can recall at least one past or present company director, insurance broker, engineer, solicitor, merchant seaman, chemist, and officer in H.M. forces; and many others have attributes which do not go with adulthood.

The Assistant Editor, by the way, deserves immense credit for successfully bringing out a May JOURNAL after the original had been destroyed by fire. Merciful providence arranged that I should be doing my Midwifery when the catastrophe occurred, thus leaving all the vast burden of telegrams, midnight 'phone-calls, and proof-correcting at four a.m. to the unfortunate Assistant Editor. I am the more anxious to acknowledge my indebtedness to him because I know he will get no acknowledgment from anyone else.

Once again we offer our warm sympathy to all blitzed printers and linotypers, especially our own. I no longer have the heart to reprimand them for mis-prints, though some are a trifle unfortunate (such as *noir* for *novi* in our last number).

July Issue

Material for the July issue should be received not later than June 12th.

Contributions received later than this cannot be included till August.

Abernethian Society

It is hoped to hold a meeting on June 12th in the Abernethian Room.

SPRING IN LONDON

Old stiff-knee'd Pan from Attica is coming
Here to Town to sing among our treeless
chimney-stacks,

Some dusty reed-pipes burst out humming
As sweet Flora calls to Titan from Bow
to Mary Axe.

FROM THE TREASURER OF THE HOSPITAL

The following letter has been forwarded to us by the 'Secretary of the Students' Union:—

Dear Mr. Sandiford,

Another blitz has passed, and with it yet another example of high courage, devotion to duty and unselfishness on the part of "Bart.'s" students. I don't want to reiterate platitudes, what I want to do in profound earnestness is to say "Thank you" with a heart full of gratitude to them all for their unstinted loyalty and for the wonderful work performed by them without which, I feel certain, much more of Bart.'s would now be in ruins.

These experiences, hard as they are, will result in a closer working and a still closer attachment to those parts of our old hospital still remaining.

Again, my warmest thanks to you all.

Yours sincerely,

G. AYLWEN,

Treasurer.

OBITUARY

JAMES GRAHAM FORBES,
M.D., F.R.C.P., D.P.H.

ON April 8th there died a prominent figure, who in his early days was closely connected with this Hospital, and who maintained an affection for the scene of his first medical appointment until his death. James Graham Forbes was born at Clevedon, Somerset, and was educated at Clifton College, whence he went to Christ's College, Cambridge. He qualified from Bart.'s in 1898, to become house physician to the celebrated Samuel Gee, and assistant demonstrator in pathology. Later he went to Great Ormond Street as clinical pathologist, finally entering the Public Health Dept. of the L.C.C. He was in charge of the South-East Division before becoming Senior Medical Officer at County Hall,

where he became prominent for his work in connection with bacteriology and diphtheria.

In 1929 Dr. Forbes delivered the Milroy Lectures, which he later extended into the exhaustive, classic account, *Diphtheria, past and present; its aetiology, distribution, transmission and prevention*, 1932. He retired in 1938, and at his death his regard for Bart.'s is evidenced by the bequest of four books to our Library. Kille and Hetsch: *Experimental bacteriology*, 2 vols., 1934; Kolmer and Boemer: *Approved laboratory technic*, 2nd ed., 1938; Mackie and McCartney: *Handbook of practical bacteriology*, 5th ed., 1938; and Zinsser and Bayne-Jones: *Textbook of bacteriology*, 7th ed., 1934, have been received from his executors, and will remind us of the career of a successful Bart.'s man.

* * * *

An obituary notice of the late Sir d'Arcy Power will appear in our next number.

AUTOBIOGRAPHY OF NOBODY-AT-ALL

OR
ALMOST A QUACK

By ARTHUR APPLIN

DON'T shoot me! Shoot your Editor, for he is responsible for this tabloid of a mis-spent life. Because I had the cheek to send an occasional contribution to Bart.'s JOURNAL, which he had the temerity to publish, the Committee apparently looked me up in the Medical Directory to make sure I had the right to read, and contribute to, your august newspaper. When it discovered I was not amongst the elect, your Editor wrote to ask why I read Bart.'s JOURNAL, and had even dared contribute to it.* With all respect to him, both questions seem to me superfluous; since we are living in a lunatic asylum to-day, and behaving like congenital idiots (censor?), I naturally turned to the only newspaper that appeared unaffected by the mental blitz; and, being an ambitious author, to find my name in "Bart.'s" (JOURNAL) was an irresistible temptation.

You see, curiously enough, I was introduced into this world by an otherwise intelligent G.P. named Huxley—long since departed and no connection with "Brave New World." Believe it or not, I can see him now, turning me over after he had smacked my bottom, and saying to my mother: "A boy again! Splendid—if he doesn't weigh eight pounds I'll eat my hat." They wore silk hats, too, in those far-off, forgotten days! I believe, instead of eating his hat he joined my father in a dinner of oysters, roast duck and soufflé Grand Marnier; washed down with Pomméry, and an old Armagnac. It was natural, therefore, that, whilst I dined on simpler and more natural fare upstairs, I vowed when I grew up I would be a doctor. Unfortunately, my brother, four years my senior, got there first, though only to the extent of "walking" the wards of a local hospital. And here occurred a minor tragedy which was the cause of the medical profession being deprived of two brilliant surgeons. One evening my brother returned home from the hospital carrying a mysterious bag. I followed him to an unused room on the top of the house called The Tower. Closing the windows and shutting the door he opened the bag and from it conjured a hare. A large, very live hare. He

announced that the hare was suffering from some obscure complaint of the kidneys, and he was going to operate on it; as a great treat I would be allowed to play the roles of anaesthetist (student), sister and nurse. After a somewhat undignified struggle we managed to get the hare clamped down on to the table. My brother then produced a lump of cotton wool and a bottle of chloroform. "We will now," he said, "proceed to anaesthetize the patient." But the patient did not wish to be anaesthetized. Neither did I, and feeling a little sick I opened the door to get a breath of air. At this moment the hare decided there was nothing wrong with her kidneys, but most definitely there would be if we proceeded with the operation, even, if like all operations, it was "successful." In a flash she had freed her legs from our inefficient clamps, and, with a terrifying scream, leapt from the table and through the door. Still screaming she literally flew down the stairs; meeting Robert, the butler, in the hall, she dashed into the dining room, made a complete circuit of the table at which my mother, father, our vicar and his wife were seated. Once more meeting the butler as he entered, she screamed again, and running between his legs, tripped him up; he fell heavily across my mother's lap with the dish he carried, which by some ghastly coincidence contained the *pièce de résistance*—jugged hare. I don't like to think of what happened then. But for the second time my bottom was smacked—this time with a cane. That event put an end to both my brother's and my own pretensions to a medical career. Strangely enough my only reactions were anger and contempt for the hare. Some years later, when the incident returned to me with startling vividness, I temporarily became an ardent anti-vivisectionist! Here is matter for your psychologist.

Undeterred, my brother sailed for Borneo, joined the Police Force there and found an opportunity of studying the surgical ops. employed by the Head Hunters. I was told to prepare for a legal career. I felt we had been badly treated since my father—who must have met Florence Nightingale when

* A highly coloured account of the correspondence that passed between me and Mr. Applin.—Ed.

he served through the Crimea campaign—was himself devoted to medicine. Whenever anyone got a cold, a pain or a rash, he would disappear into his dressing room, which closely resembled a chemist's shop, and a little later appear with a bottle labelled in his own handwriting: "One tablespoonful to be taken in a little water every four hours." I believe now that the principal ingredients were ipecacuanha wine and sal volatile. Occasionally some noxious powder would be prescribed, but when this was given to one of the servants she generally took to her bed for twenty-four hours, so mother persuaded him only to administer it to her unfortunate children, whose reactions could be more closely observed. I fear that my father's devotion to medicine, only equalled by his passion for backing horses, led to a financial crisis.

We went to live on Dartmoor. The house opposite our lodgings was occupied by the local practitioner, who had a very pretty wife and a couple of equally pretty horses. I fell in love with the wife, but for some reason, obscure to me at the time, the doctor objected. So I was packed off to a solicitor's office in London, sweated at a crammer's, where my boon companions were medical students. They passed their prelims, I didn't. As there was not enough money for me to continue my studies I went on the stage, where fate pursued me, and I was continually cast to play G.P.'s (comedy) or surgeons (heavy). Falling in love again, this time with the stage manager's wife, disaster overtook me for the second time. I left the stage, regretfully, and wrote a serial story for a prominent newspaper, which took the town by storm, and nearly resulted in an action in the law courts. Here I found a way of making easy money, one which might yet give me an opportunity of joining the finest and oldest profession in the world—save one! But the years passed and instead of "walking" the wards of St. Bartholomew's, I motored through Europe with a typewriter and a secretary. She was the young widow of a doctor. Thanks to her influence, I wrote a novel called "The Butcher of Bruton Street"—innocent that a famous surgeon bearing that *soubriquet* lived in the famous street. Curiously enough, I met him later at the house of an orthopaedic surgeon in Harley Street, where for some years I was invited every Sunday night to dinner and a game of poker. There were generally six or seven

of us, and I was the only one not connected with the medical profession. They all talked "shop"—and they all won my chips. My respect for the medical profession increased. Meanwhile I lost my first secretary—she married a psycho-analyst. My next secretary was the daughter of a provincial G.P., and sister to a student at St. B.'s. What she didn't know about a country practitioner's job is nobody's business. Inspired by her, I wrote a novel called "What The Doctor's Daughter Told Me." My publisher rejected it, and my secretary thought it was time she got married. I had a break then with a blonde shorthand-typist who wore expensive silk stockings, Guerlain's lipstick, and bathed in *Numéro Cinq* twice a day. Remembering my father's financial crisis, I sacked her before my overdraft became unwieldy. My next and last secretary I engaged over the telephone (having foolishly advertised in a daily paper, giving my address). She was the fifty-ninth who kept my telephone bell ringing from eight a.m. to midday. I engaged her from exhaustion. Not until she was seated at my bureau did I ask who her father was.

"House surgeon at St. G—'s," she smiled. "Didn't you know? When I rang you on the 'phone I thought you were a medical man."

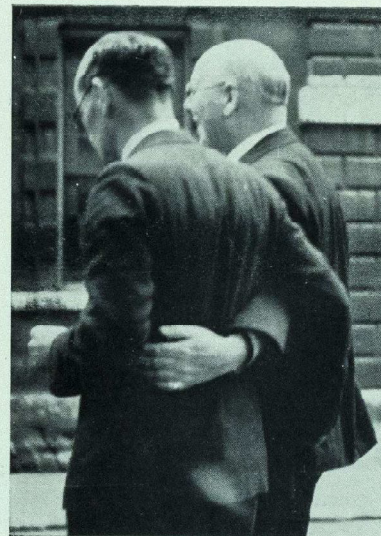
"I am," I cried, "only nobody knows it. My father was a quack. All my secretaries have been medical. All my friends are doctors, or surgeons, or orthopaedics or psycho-analysts! I have even dined with a dentist. St. Bartholomew's JOURNAL is sent to me every month by a doctor's widow who used to type my stories. What I don't know about medicine or surgery is not worth knowing."

She said: "Isn't that nice! I've met quite a lot of men like you . . . Let me see, the last line you dictated was:—'With a terrified scream she dashed through the door and literally flew down the stairs . . .'"

She was a nice girl, with a delicious sense of humour—a house surgeon's daughter has to have a nice sense of humour. Alas, she, too, has left me to punch tickets and say "Thank Kiou," on a L.G.O.C. omnibus. So perhaps this war is a blessing in disguise. And St. Bart.'s JOURNAL still arrives every month to keep me sane—though you may suspect mine is a border line case.

Yes, I KNOW I was meant to be a doctor.

OUR CANDID CAMERA



"I can get my arm round his waist!"

A RARE TYPE OF ANAL CARCINOMA

W.M., aet 66 years, admitted to St. Bartholomew's Hospital on 23/11/40 under the care of Mr. C. Naanton Morgan, by whose kind permission this case is published.

The history is that three years ago the patient thought he had a recurrence of piles, which had troubled him thirty years previously. He had some soreness around the anal orifice, with a small swelling projecting. There was no bleeding at this time.

Two years ago he went to his panel doctor, and said he had piles. No examination was made, and some ointment was given which failed to produce relief. The pain and discomfort increased; moreover he noticed the swelling was more pronounced. He also now began to pass a little blood on going to stool. The soreness and situation of the lump led to a curious method of sitting, for he had to recline with his legs outstretched, his weight borne rather on the sacrum than the ischial

tuberosities. In fact, when first seen at Bart.'s the patient's chief complaint was that he had been unable to sit down properly for the past couple of years.

Three months ago he went to his local hospital, and was referred to Mr. Naanton Morgan, but he did not come immediately owing to air raids.

On examination, a pear-shaped swelling about 3½ in. by 2 in. could be seen hiding the anus. The surface of the tumour was nodular and exuding a purulent discharge. On palpation, it was found to be hard but not stony hard, and of uniform consistency; it was not fixed. Inguinal glands were palpable, but small, soft and discrete. Digital rectal examination was very painful, but disclosed no extension of the growth into the rectum.

The tumour was diagnosed as a hypertrophic type of anal epithelioma and a biopsy was done: section showed a "moderately well differentiated squamous celled carcinoma."

Accordingly, as previous experience had proved, this hypertrophic form of the growth to be highly radiosensitive, it was decided that the best method of attack was by means of deep X-ray therapy. The dosage given was as follows (from 25/11/40 to 6/12/40):—

| Date. | Kilovolts. | Current. | Focus SKIN Distance. | Unit SKIN Dose. | Time. |
|-------|------------|----------|----------------------------|-----------------------|--------|
| 25 | | | | 290 | 2' 19" |
| 26 | 200 | 12 m.a. | 16 x 10 30 | 160 | 4' 11" |
| 27 | | | | 500 | 4' 39" |
| 28 | | | | 500 | 4' 39" |
| 29 | | | | 500 | 4' 39" |
| 2 | | | | 300 | 2' 47" |
| 3 | | | | 300 | 2' 47" |
| 4 | | | | 300 | 2' 47" |
| 5 | | | | 300 | 6' 30" |

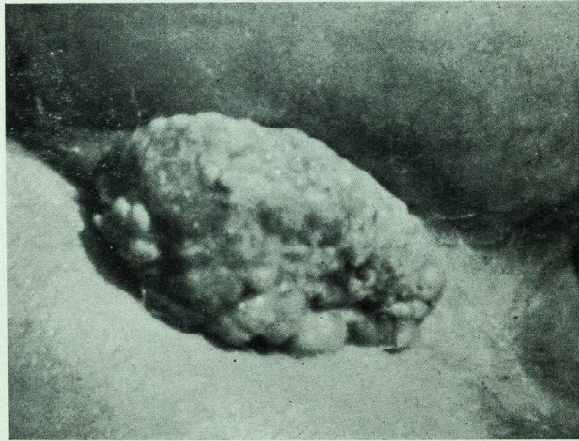


Fig 1

in malignant ulcer, but here we have a perfect example of a hypertrophic carcinoma. As compared with the rectal form of the growth, carcinoma of the anus generally metastasises early so that the striking success of treatment locally is hardly a reliable index to the ultimate prognosis. The second point of interest is that such a lump should have existed for two years under the designation of "piles." To the layman, piles is a term notoriously comprehensive, and covering the widest fields of proctology. Yet in this instance the patient's own diagnosis was apparently accepted at its face value! An examination—nay even a question—would have set matters right. Tradition demands the use of a stethoscope in conditions even vaguely related to heart and lungs, and indeed the practitioner acquires an almost uncanny knack of picking out the abnormal. In contrast, the patient rarely expects a rectal examin-

This completed the treatment, and on discharge (6/12/40) the swelling was reduced by two thirds and was less painful.

Seven weeks later (27/1/41) there was no sign of the original growth, but some puckering of the skin remained on the right side of the anus, forming soft mobile fleshy tags of tissue.

After the lapse of another two months (31/3/41) rectal examination was no longer painful, the mucous membrane was normal, and there was no stricture. Inguinal glands showed no evidence of involvement.

Fig. 1 shows the tumour before treatment. This case exhibits two points of interest. The first is in the relative rarity of the condition. Usually an anal epithelioma presents itself as a

ation. To be told he has piles and to be given some ointment is a mental balm which too often satisfies both doctor and patient. Judging from cases sent up to S.O.P.'s, more avoidable mistakes are made with respect to lesions of anus and rectum than in any other part of the body; nor may error prove so lethal. As students, we need to take that lesson to heart so that later, when confronted with an overcrowded surgery, we may never be tempted to carelessness unworthy of our teaching or profession.

Finally, though hypertrophic anal carcinoma may be passed by as useless small print, a thought will perhaps remain; you can't sit on a malignant neoplasm for two years and get away with it!

P. S. TWEEDY.

C. II. SHAW.

THOMAS JOHNSON*

By HUGH THURSFIELD, M.A., D.M., F.R.C.P.

D ULCE est desipere in loco," which on this occasion means that it is pleasant sometimes not to talk shop. And that is to be my excuse for talking a little about Thomas Johnson. If any of you know all about him you must pardon a newcomer to this district for being interested in a man of our profession who died and was buried in our fields nearly 300 years ago. He died of a fever following, as too often in those days, a comparatively insignificant wound which he received at the siege of Basing House in 1644. Hence his title of Colonel, for like not a few of our profession in the Civil War he forsook the lancet for the sword, and in his short career as a soldier won as much honour and esteem as he had previously enjoyed as a doctor. You will remember that the great Sydenham, who was Johnson's junior by a good many years, began his manhood's career by service in the Parliamentary Army in 1643. Unlike Sydenham, Johnson had attained honour and distinction in the profession of medicine long before he abandoned it for arms; and it is possible that he abandoned it with reluctance, for the War had been in progress for nearly six months before he left London to join the King. Even his opponents recognised his distinction, for in 1643 the Wednesday's Mercury, a London news-sheet, spoke of Mr. Johnson, "the malignant apothecary (a man formerly of great esteem and eminency in the City of London), uttering bare truth even so as foes commend."

But I must make a fresh start and strive to make plain why we should hold the name of Thomas Johnson in reverence, apart from the gallant end which he made here at Basing. When he was born and how old he was at the time of his death is quite uncertain. The main difficulty in determining the fact being that there were at that time in the City at least two Thomas Johnsons, both practising apothecaries, and other Thomas Johnsons whose births, marriages and deaths cause a lot of confusion. It appears probable that some even of the earlier notices of our Thomas confused him with his namesakes. However, we know that he served an apprenticeship of eight years and received the freedom of

the Society of Apothecaries in 1628, by which time he was already favourably known as a Botanist. It is therefore probable that in 1628 he was at least 24 or 25 years of age, and this would place his birth in 1604, a date when the baptism of a Thomas Johnson appears in the Selby Abbey registers—Selby being, as we know from his own writings, his birth-place. He must have begun the study of Botany early, for long before his apprenticeship had expired he had begun those close and accurate observations of British plants and flowers which made him soon the best-known and certainly the most accomplished of English Herbalists of his day. He was well-educated and seems to have been welcomed by both the learned and the Court society of the time. There is no evidence that he was acquainted with any of the Continental languages, and he was never out of England, but he corresponded with foreign botanists, and, of course, both spoke and wrote Latin, then the universal language of men of science, with ease and even, as some verses show, with a certain degree of elegance.

He had "determined with himself (by God's favourable assistance) by the joint help of some of my friends to travel over the most parts of this kingdom, for the finding out of such plants as grow naturally in England; which how far we have already performed may be found by divers places in Gerrard, but chiefly by my Mercurius Britannicus set forth Anno 1634." In his various botanical excursions Johnson covered most of the country in the South and East, and all North and Mid-Wales, and also Durham, Yorkshire and Lincolnshire. In addition, he corresponded with friends in other parts of the country who were interested in the same science.

His first publication was in the year 1629, that is the year after he had been admitted Apothecary. It is a small volume written in Latin, and describes a botanical expedition into Kent and an examination of the plants which he found growing on Hampstead Heath. It gives an account of the itinerary in Kent and a list of the plants which he and his companions identified. Quite apart from the botanical interest of

* A paper read before the Basingstoke and Aldershot division of the B.M.A.

this volume is the short account of the itinerary. There were ten in the party, probably all of them members of the Society of Apothecaries, and Johnson, though so recently admitted of their number, seems to have been the leader and probably the originator of the enterprise. They took boat at St. Paul's and went to Gravesend, thence to Rochester and Chatham, where they paid a visit to the Fleet, thence to Gillingham, Sheppey, Queenborough and returned to Rochester. They were absent altogether five days, and the record suggests that they did themselves well. They visited and were entertained by various members of the Society at a number of places, but that some at least of them attended to the scientific aim of the excursion is evident from the fact that no less than 250 plants were recognised and described. Hampstead Heath, which was visited on a single day in August, yielded some seventy further varieties, so that this excursion had already made a good beginning of the complete catalogue which was Johnson's ambition. He had also by this time made the acquaintance, and even had visited, all the Englishmen who were like himself interested in Botany, of whom the most distinguished was a Hampshire man, John Goodyer, who lived at various places in the county, among others at Mapledurham. By the year 1632 Johnson was fully engaged on the literary undertaking which is perhaps his best title to fame; the edition of Gerrard's Herbal. This was published in 1633; a volume of 1634 folio pages with between two and three thousand wood-block illustrations. The majority of these were reproductions of blocks obtained from Antwerp and had been used previously in different Herbals published on the Continent, including Gerrard's original edition. Some of the figures were, however, Johnson's own work; how many is uncertain, but that he was an accomplished draughtsman is known from the evidence of those which are admitted to be from his pencil. The text is in the main a reprint of that of Gerrard, but with Johnson's corrections and additions on almost every page. It is a stupendous undertaking to have been completed, as Johnson tells us, in about twelve months; the Address to the Reader alone, which contains a general history of Botany, might well occupy him for many weeks. Not content with these labours, he was at the same time, or possibly a little earlier, occupied with a translation of the works of

Ambroise Paré. This was published in 1634, after the Gerrard, though it is supposed that he had almost finished it before he undertook the Gerrard. It is a folio of 1,100 pages, and must have involved assiduous and severe labour though, unlike the Gerrard, it is straightforward translation with only a very few notes by Johnson. Partly because of the all but simultaneous publication of these two enormous books there has always been some doubt whether the Thomas Johnson who translated the Paré was identical with the Thomas Johnson of the Gerrard, but the most recent authority, Miss Janet Doc, who has published an elaborate bibliography of Paré's works, has examined the question at length and decides for their identity. Even while he must have been deep in these labours Johnson had made time for a further botanical expedition to Kent, and in 1632 published another small volume describing his journey and giving a catalogue of plants observed. On this occasion he and his friends to the number of five went by river to Margate; thence to Sandwich and Canterbury, again spending five days away from Town. If Johnson during this period of his life had any practice he must have left it in the hands of his apprentices, but when he had finished his labours he proceeded for a stay of nearly two months in Bath, apparently in medical charge of Mistress Ann Walker, a lady of wealth and position. Towards the end of the year he published the first part of his *Mercurius Britannicus*, with which was combined a description of Bath and its springs. The description of Bath could not have taken him much pains to write, for it is brief and all the information regarding the springs was already in print in the words of others. The Botanical part of the volume is an account of a Botanical expedition from London to Reading, Bristol, Salisbury, Southampton, the Isle of Wight, Portsmouth, Guildford and Chichester, with a catalogue of the plants observed and their localities noted. The journey was performed for the most part on horseback and occupied 13 days. The party, which numbered eight or nine persons, were everywhere hospitably entertained, sometimes by the apothecaries of the places they visited, but in one case they enjoyed a reception which is characterised as "sumptuous" at the house of a wealthy proprietor, Mr. Philip Langley. It is rather interesting, in view of the comparatively mean social position

which our profession then and later occupied, to find that a party of apothecaries should be hospitably received in the houses of the landed gentry and in a later journey even in the house of a nobleman, Lord Herbert of Cherbury. This was the Lord Herbert to whom Johnson had dedicated the Gerrard, who was, as Johnson there says, distinguished for the "earnest affection wherewith your Honour entertaines all Sciences, Arts and Artists." The first edition of Johnson's Gerrard being quickly exhausted, it was reprinted in the next year, but without substantial alteration or addition. For this year also there has survived a document which shows the estimation which Johnson now enjoyed among the distinguished men of the time. It is a letter from Sir Henry Wotton, now in his 70th year and Provost of Eton, which begins "My good friend Mr. Johnson," and goes on to make three requests of him: first, that his servant "may be informed where to buy one of your Gerrards well and strongly bound; next, where I may have for my money all kinde of Coloured Pynkes to sett in a Quarter of my garden, or any such flowers as perfume the Ayr; thirdly, I pray you, let me consult you whether you knowe any sick of that fastidious infirmity which they call *Melancholia Hypochondriaca*, wherewith I have been troubled of late in some measure, but more with a symptome very frequent in that Passion (as the great Fernelius describes it) than with the disease itself, namely, with certaine very noysome odours which the Spleene sendeth up with offence of my Sent and Taste, and yet without any imaginable taynte of my breath or anything perceivable by another."

In the year 1639 Johnson made the last and longest of his botanical expeditions, a journey lasting nearly a month through the greater part of North Wales. He travelled over a large part of Carnarvonshire, Anglesey, Merioneth and Montgomery. The fruit of this journey was the second part of the *Mercurius Britannicus*, which continued the catalogue of British plants, and included many which were now described for the first time. This was destined to be the last of Johnson's works, for he was before long to be summoned to a wholly different life. The volume was published early in 1641, and before the end of that year it had become clear to the nation that the quarrel between King and Parliament must terminate in an appeal to arms. In August, 1642, the King raised his standard

at Nottingham, and though Johnson appears to have remained in London until the December of that year, he and his fellow royalists must have been in a very hostile atmosphere, especially after the battle of Edgehill, which was fought on October 23rd, for the first reports which reached London announced a complete defeat of the Parliamentary forces, and there was great consternation in the city, for it was feared that the King would march on the capital. When, however, the later news came in the Parliament announced a complete victory; in fact, neither side obtained any real advantage, except that an indecisive result impaired the comparatively slender resources of the Royalists, and strengthened the determination and the efforts of the Parliament. One of the City Captains was Sir Henry Rawdon, a rich City merchant, and a Royalist, and it was in his regiment that Johnson joined the Royal forces at Oxford. How long he remained at Oxford is unknown, but it was at this time that he received from the University the honorary degree of Doctor of Physic. Rawdon was detached with his regiment to help to garrison Basing House at some time late in the summer of 1643, and Johnson, who by this time held the rank of Lieut.-Colonel, went with him. Basing House had already been attacked more than once, but the first serious attempt by the Parliamentarians was delayed till November of that year. Then Sir William Waller, with seven thousand horse and foot and a provision of artillery, advanced and after a summons to surrender on honourable terms had been rejected, attacked, especially on the north side, and possessed himself of the Grange. Whereupon Col. Johnson and Col. Peake sallied out from the garrison and fired the Grange after some hand-to-hand fighting in the buildings, in which Johnson distinguished himself. A few days later Johnson with thirty musketeers made a successful sally and by a pretended retreat drew his pursuers under the fire of the half-moon battery and, "which is strange but most true, the Rebels were three severall times caught with this traine." Apparently Johnson was a good tactician. In any case, Waller's attack was repulsed and for several months Basing was left undisturbed. Then in the spring of 1644 the Parliamentarians first attempted to stop all supplies reaching the House by means of detachments posted at Basingstoke, Greywell, Odiham and Farnham, and when they found this of no avail drew in

closer, and under Col. Norton began the close siege in June. Just previously to this a large body of the garrison had been caught and severely handled at Odiham, so that the actual numbers within the walls were probably not more than 200-300 men. To Johnson was assigned the guardianship of the Grange and the adjacent buildings. Various sallies were made with more or less success, but as time went on the supplies began to fail. In September, when they were very hard pressed, they heard that Col. Gage was advancing from Oxford to relieve them. He reached Aldermaston on September 10th, and next morning skirmished over Chicheam Down. Johnson led a party from the garrison and attacked the men who were retiring before Gage's advance and cleared a passage for the relieving force, who marched in without serious opposition, and in a few days completely reprovvisioned the place. The Parliamentary troops were driven out of Basing Village and the Church which they had fortified. It was no doubt in some of these attacks that the bullets were fired whose marks are said to be found still on the church-door, though I must confess that I have failed to find them. The clearance, however, was not lasting, for on September 14th the besiegers, learning that some of the garrison were drinking in the village, surprised them in and round the church; there was sharp fighting and Johnson headed a sally of the garrison and was wounded in the shoulder. "Whereby contracting a fever he dyed a fortnight after, his worth challenging Funerall tears, being no lesse eminent in the garrison for his valour and conduct as a soldier than famous through the Kingdom for his excellency as an Herbarist and Physician."

An even more striking tribute to Johnson was written by Fuller in his "Worthies of England." "When in Basing House a dangerous piece of service was to be done this Doctor (who publickly pretended not to

valour) undertook and performed it. Yet afterwards he lost his life in the siege of the same House and was (to my knowledge) generally lamented of those who were of an opposite judgement."

I do not pretend to have made any minute examination of Johnson's writings, but I have been unable to ascertain that he anywhere makes mention of two books which must certainly have exercised a profound influence on him; Bacon's *Novum Organum*, and Harvey's *De Motu Cordis*. The *Novum Organum* was published in 1620 and had an immediate and striking success. It is hardly too much to claim for it that it is the source of all our modern conceptions of the methods of Scientific research. Either the *Novum Organum* itself or the precepts which it inculcated must have been the foundation of Johnson's resolve to learn from Nature and to observe the facts of botany. Harvey's great discovery was published to the world in 1628 the same year in which Johnson was admitted apothecary. It can hardly be supposed that Johnson was ignorant of it. Harvey was in Oxford in 1642 and 1643, and it is possible that they met, but so far as I know there is no record.

Johnson is now all but forgotten. Nothing of him remains save perhaps a volume or two at Oxford, which may have belonged to him and a few drawings in the British Museum. His published works on Botany have long ago been superseded, yet his was the foundation on which all subsequent British Botanists built. He is all but forgotten, but since his mortal body rests somewhere here in our fields, it is fitting that here by us he should be remembered.

For much of what is here written I am indebted to a volume published in 1932, by Mr. H. Wallis Kew and Mr. H. E. Powell, the late Librarian of the Royal Society of Medicine, "Thomas Johnson, Botanist and Royalist," Longmans.

MODERN MOTHERCRAFT

Extracts from Applications for Milk at Reduced Prices.

1. Please send me a form for supply of milk for having children at reduced prices.
2. I have a baby 18 months old, thanking you for same.
3. Please send me a form for cheap milk as I have a baby 2 months old and didn't know anything about it until a friend told me.
4. I have a baby 3 months old, fed entirely on cows, and another child 4 years old.
5. I have a child nearly 2 years old and looking forward to an increase in April; hope this meets with your kind consideration and approval.
6. Please sent me a form for cheap milk as I am expecting mother.
7. Please send me a permit for cheap milk. I have a child three months old, I hope this is all right as I cannot find responsible person to sign.

NOTES ON GENERAL PRACTICE BED-WETTING IN ADOLESCENCE

This can be cured with certainty in 14 days, without expense, once you have overcome an age-old snag.

Some years ago Lord Naaman went to consult a G.P. who possessed more than a merely local reputation for successful treatment. Kings II. 5 tells you what the doctor had to put up with in those days: you remember the details, of course, my dear Watson?

Dr. Elisha did not trouble to leave his consulting-room: he sent his receptionist, Mr. Gehazi, out to the patient with a verbal message anent the treatment. The patient was wroth: he wished to express his views as regards therapy. "Bathing for a skin complaint, indeed! Now I should have thought it was a case for massage. And anyway, are not the waters of Abana and Pharpar, rivers of Damascus, better than all the waters of Israel?"

Fortunately his chauffeur and mechanic had a little horse-sense. "Come, come, m'Lud; you'd have spent your last dollar on some posh kind of treatment: this won't

cost you a cent; why not have a stab at it?" The snag was overcome and the result was all that the professor had foretold.

Summary. A case of leprosy in a middle-aged male treated by Balneotherapy with 100 per cent. success, after seven short treatments, has been reported.

My thanks are due to Dr. Elisha for permission to publish these notes.

Year after year medical journals have printed letters and articles suggesting forms of treatment for bed-wetting. Circumcision and tonsillectomy, kindness and bribes, correcting errors of refraction, cruelty and threats, psycho-analysis and whatnot—all these have their ardent supporters. Possibly, even probably, every new electrical treatment, every new hormone, every new drug has been tried out on these unfortunates. Yes, and Mild & Bitter 241.

Cut them all out: use your grey matter. When do boys wet the bed? when they are walking about? when they are sitting up and reading? No: when they are lying down flat: so you must cure them when they are lying down flat.

"What! keep him lying down flat for 14 days?"

"Yes, Madam, for 14 days LYING DOWN FLAT. If you want a cure you must do exactly what you are told. Don't start it at all unless you are prepared to go through with it. If he had Scarlet Fever, Typhoid, or some other complaint that you think you know something about, you would not argue about it; don't argue now."

Let me assume that you have spikebozzled the fond and foolish mamma, and we can proceed with the cure.

An alarm clock is begged, borrowed or looted, and it is set for 6 a.m. The boy goes to bed and wets it as usual: so far so good. At 6 a.m. he is wakened up and gets out of bed and, standing, he passes water; even if it be but two drops. The alarm is set for 8 a.m., when he again gets out of bed, and tries to pass all he can, standing.

IN THE WHITE MAN'S GRAVE EXPERIENCES FROM NIGERIA

It is now very nearly a year since I had a letter from the editor of the JOURNAL asking me to send him an article about work in this country, and my conscience has often reproached me for never replying to this letter. I can only plead as an excuse that the climate is such that I find writing a burden, and rarely have the energy to do much when my hospital work is finished. I am now taking advantage of a public holiday for the Mohammedan Greater Bairam Festival, accompanied by a cool Harmattan wind, to get some much overdue correspondence written.

Shortly before I went home for a brief leave last summer I thought I had come across the youngest case of strangulated inguinal hernia I had heard of, and I was just thinking of writing up the case when I read in the British Medical Journal of a case operated on a few days younger than my own case. Since then, I have read with interest the articles and correspondence in that journal of such cases, and I think my own case might be of sufficient interest to be recorded.

The alarm is set for 10 a.m. And so on, every two hours day and night for three days. Then every 2½ hours for three days, day and night: then every 3 hours for three days: then every 3½ hours for three days: then every four hours for two days, day and night.

And all this time the boy is lying down flat. He can make plasticine models or otherwise employ his time, but he must lie flat.

By the end of the fortnight he will have risen from his bed and passed water so often that he has acquired the habit. In the past 30 years I have never had a failure, and you need never have one if you insist on meticulous attention to details. The curious part about the whole thing is that the mothers are really grateful—some time later.

THIRD CHIP.

An African woman, twenty-four years of age, was admitted to the Ijebu-ode hospital on the 12th of April last year. She was in labour on admission, and the membranes were already ruptured. Normal delivery took place just after midnight, and she gave birth to a healthy looking boy. The child passed meconium but no urine at birth, and the midwife recorded the fact that the child had "swollen pubes and scrotum." The puerperium was normal, and the mother left hospital on the 20th of April. The baby was of average weight (5lbs.).

When the mother and child left hospital it was evident that the baby had a right inguinal hernia, and the mother was told how to replace it, and what to do for it should it come down again. When the child was two weeks old the mother brought it up to the hospital Welfare Clinic, and the Sister in charge found the hernia was down and apparently irreducible. She asked me to see it, and I found a definite hard swelling in the right inguinal region and the scrotum. Light taxis failed to reduce this, so I ordered a hot bath, remarking to the Sister that I hoped I

would not have to operate on such a small child. Fortunately, the hernia reduced itself in the bath.

A bandage truss was applied by the Sister and the mother again told exactly what to do and instructed that she must bring the baby to hospital at once if there was any trouble. On the 10th of May she appeared again with the story that the hernia had come down again the previous evening and she had been unable to reduce it. On examination it was evident that this time the hernia was really strangulated. The swelling was as big as a small hen's egg, hard, tense, and evidently causing the infant much pain. Accordingly, operation was done as soon as the theatre was prepared.

It turned out to be a typical case of strangulated hernia, with two or three inches of plum-coloured small intestine in the sac, and a marked constriction at the internal ring. This was divided with some trouble, owing to the small size of the parts, and the intestine replaced after having been wrapped in hot, wet gauze for a few minutes to make sure it was viable. Then the ordinary procedure for a radical operation was carried out, and the wound closed and sealed with Tr. Benzoin Co. Convalescence was uninterrupted, and the wound healed by first intention, leaving a practically perfect scar.

Since then the child has been brought periodically to the Welfare Clinic, and when I saw it on my return from leave at the end of November last it weighed sixteen and a half pounds. There had never been any sign of a relapse, and the tissues in the inguinal region were nice and firm.

Many interesting cases are seen in this country, and the ordinary Medical Officer has a surgical experience such as only a specialist would get in England. Just a month or so ago I admitted a man from a town 20 miles away with an obscure history of abdominal pain. There was very little to be made out on examination, and ordinary routine treatment was given, without any benefit. At one time I thought I could feel a resistance in the right side of the abdomen, not definite enough to say there was a tumour there. Finally I advised the man to let me do an exploratory laparotomy to see if I could find the cause of the trouble. I should perhaps state first that we have to do without any modern aids to diagnosis such as X-rays. Consent was given, and so I operated.

I made a para-median incision on the right side, from the umbilicus nearly to the pubes. I made a thorough examination of the abdomen and could find absolutely no cause for the condition, and so closed the abdomen again. The wound healed perfectly, but the patient's condition, after some slight apparent improvement, became just as bad as before. I could not suggest anything else in the way of treatment. Then quite suddenly one night, he collapsed and died. I did a limited post-mortem, and was rather surprised to find a large intussusception, with a very much inflamed appendix at the base. There must have been at least two feet of small intestine invaginated into the ascending colon, and the apex of this was completely gangrenous and had perforated, with resulting peritonitis. Right up to the end the abdomen had been quite relaxed, and I had not suspected the condition.

"Jobbing back," I realised I had been taken in, not for the first time, by this condition. Some years ago I recorded in the local medical journal three similar cases on which I had operated, with one death and two successes. Apart from an occasional case of appendicitis, nearly always due to an infection with schistosoma, chronic intussusception is almost the only abdominal emergency I have had to deal with in this country. It was a well recognised clinical condition in Formosa, but I can find practically no mention of it in any text-book. It is almost always in an adult, and of long standing, but this case recorded above is the first time in which I have found the invaginated intestine gangrenous. In Formosa there was almost never any trouble in reducing the whole invaginated part, as adhesions appeared not to occur, but in two of my own cases here the adhesions were very marked, and in the case which died I am certain death was due to the unavoidable trauma caused by the breaking down of the adhesions.

Then several years ago, when I was stationed at Ibadan, I admitted an old woman of at least sixty years of age, with an enormously distended abdomen. The condition had been coming on for many years. Obviously the belly was full of fluid, and the first thing I did was to aspirate this. The fluid looked exactly like that from a dermoid cyst. About two gallons were drawn off, and then there was left in the lower part of the abdomen a hard, round lump just about the size of a football.

After allowing time for the patient to get over this, and trying to tone her up a bit, I opened the abdomen by a median incision from the umbilicus to the pubes. The swelling was found to be a thick walled mass lying in front of the uterus, and it was impossible to remove it. Behind it and the uterus was some curious tissue looking like villous growth. A little of this was removed and sent to the pathologist for examination. As the big tumour could not be removed, I put in a trocar and drew off about a pint of clear fluid looking exactly like urine, but the passage of a catheter showed no connection with the bladder, and there had been no bladder symptoms.

Unfortunately, the old woman could not stand the shock of the operation and gradually sank and died. The most interesting part was the report from the pathologist, which stated that the tissue removed was un-

doubtedly degenerated chorionic tissue, and suggested that years previously there had been an ectopic gestation which had not ruptured into the general peritoneal cavity, but had gradually degenerated, and that the fluid aspirated at the time of the laparotomy was probably amniotic fluid, which had become encysted.

During the course of the last year's work in this station I have had eleven cases of placenta praevia out of three hundred and forty-four deliveries, and almost every sort of complicated labour, including a Caesarian section, which did very well. Most of the abnormal cases had not attended the Antenatal Clinic at the hospital. So I can recommend work in the tropics for anyone who is keen on Surgery and Midwifery, and can promise him experience such as only falls to the lot of a specialist at home.

HONOURS

M.B.E.

Kenneth William Cripps Sinclair-Loutit,
M.R.C.S., L.R.C.P., Medical Officer,
A.R.P. Casualty Service, Finsbury.

COMMANDER OF THE ORDER
OF ST. JOHN OF JERUSALEM

Major-General N. M. Wilson, C.I.E.,
O.B.E., I.M.S., M.R.C.S.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In a recent article entitled "Medicine and Sociology," offence has been taken at a remark made concerning the L.C.C. The article was a plea in defence of individuality, and deplored regimentation which has recently become of paramount importance in most spheres of our so-called civilised existence.

In visualising a State Medical Service after the war, it was assumed that the hospital system would be some sort of compromise between the voluntary and L.C.C. systems of to-day, and it was therefore legitimate to draw attention *en passant* to what appear to me to be the defects in the latter system, which admittedly has many admirable sides as well. A system centred

largely round the part of Medical Superintendent, who is undoubtedly the absolute controller of intra-hospital affairs, and yet who is bound by the dictates of County Hall in more important issues, does not commend itself to those democratically minded.

Furthermore, the Medical Superintendent, though often an excellent administrator, is not always a first-class clinician. It is facetious to offer a hospital run entirely by house-officers as the only alternative; the voluntary system in which the consultants have their own firms within a hospital is the happy medium. That the remark was worthy of the anger of some L.C.C. circles appears to confirm the veracity of the implication.

Yours,

THE AUTHOR OF "MEDICINE AND SOCIOLOGY."

MEDICAL RATIONALISM

It is well for doctors—and even medical students—to have a philosophy. But the majority, if they dare venture out of the safety of Anatomy and Physiology, of Medicine and Surgery into the wilderness of Philosophy and Metaphysics, are so appalled by the confusion they find there, that they hurriedly return to their tidy wards and laboratories and are content. Professor Ryle* has made this perilous expedition and has returned with rationalism as his trophy.

In these days when numberless popular scientific writers have told the man in the street that science cannot explain everything, any attempt to apply reason to the problems of philosophy or religion is greeted with cat-calls.

"You're a materialist," says the man in the street, "and nineteenth century materialism is thoroughly out of date."

Patiently you explain that materialism and rationalism are not the same; that because you believe in reason you do not necessarily believe that reason explains everything.

"No!" says the man in the street, "Faith is the thing nowadays, Faith and Emotion and Intuition!"

For though he doesn't often go to church, when he does go he hears sermons which seize on the fact that reason alone is inadequate, and teach him that Faith solves all his difficulties. And because he prefers his philosophy ready-made, and is eager to be assured of his own importance in the universe he accepts the more convenient tenets of Christian Faith and ignores the rest. Hence the curious spectacle of a nation whose overwhelming majority is nominally Christian being decidedly shocked by a self-confessed pagan, but regarding militant religion as a harmless eccentricity (*vide* the Oxford Group).

Professor Ryle demolishes with cunning and great politeness several pillars of Christian doctrine, and in the process gives us proudly, as he should, his own rationalist philosophy. It is a philosophy less comfortable than Christianity, but for the English who, as assured by every leading article, have responded so magnificently to Churchill's promise of "Blood and toil, tears and sweat," comfort in religion is surely unnecessary. Firstly and chiefly he attacks the doctrine of personal survival,

which, as befits a scientist, he denies; for what honest man can find real evidence for survival, nor be suspicious of a doctrine so transparently a wish-fulfilment. But though the concept of death as oblivion may be repellent to many, Professor Ryle sugars the pill, in assuring us, from his own medical experience and that of many other physicians, that dying "is only rarely a painful or terrifying experience," an assurance we would do well to remember when we hear the sky splitting before a bomb.

As corollary to his conclusions on death and dying, Professor Ryle, in an eloquent essay, tells his intense belief in the value of life itself and in the contribution science can make to more successful living. "To deserve life by living effectively must come to be considered a more sacred purpose than to deceive heaven for oneself and one's intimates by prayer and fasting or other ritual. Effective living must be based on the knowledge within our reach. It must be encompassed by a truer and wider understanding of biological processes; by the utilization of the science of life itself . . ." These beliefs lead him inevitably to the conclusion that science must recognise its moral and social functions, and can no longer remain aloof from its own consequences.

His other essays are mainly an elaboration of these fundamental beliefs, and throughout they show his respect and admiration for ordinary men and women. This respect for the people lies at the very foundations of democracy, but many people nowadays, not only in Germany, believe that Hitler is right in his belief that the people are foolish sheep, following where they are led.

In criticism, Professor Ryle seems unjust to the doctrine and methods of contemporary Christianity. The English Church can no longer be said deliberately to use the fear of death as an incentive to morality, though indirectly it may use such a fear as an incentive to faith. Secondly, he has compressed a discussion of a vast subject into a very small space, and in so doing has had to make a number of rather dubious assumptions, such as that of free will, which expose him to the combined attack of the professional philosophers.

The latest faculty which animals have acquired in the process of evolution is that of reason. If we regard evolution as a pro-

* "Fears may be liars."—George Allen & Unwin, 3s. 6d.

gress, then, when reason has take us as far as it can along the paths of philosophy, we must not return to our more primitive emotions and instincts, but must be content with what we know, and leave the rest to be under-

stood by our more highly evolved descendants, who may perhaps develop a more perfect reason or some new faculty we cannot now understand.

EPICURUS.

NEWS FROM ST. MARY, ISLINGTON

AND why not? It's high time we made our appearance in headlines. We may be few, and isolated. But we remain Bart.'s, Bart.'s to the backbone and the bone that lies behind it. We are eight, with one Green Bottle to spare; and you may compare us to the staff of some distant Legation, complete with Minister, military attachés, and two visiting Accoucheurs.

From the whirr of Welch's electric razor to the nightly *couvert* at Casani's, the day at St. Mary bubbles with activity and interest. True, our American Ambulance is no more, though the van ("Jack Frost's Crackers") still stands, disconsolate and empty, in the yard. We are now A.R.P. employees of the Borough. Blue denim with red piping is hardly as inspiring as the Monte Carlo police uniform, but we are proud of our uniform, nevertheless—and it's useful for riots in the Compound.

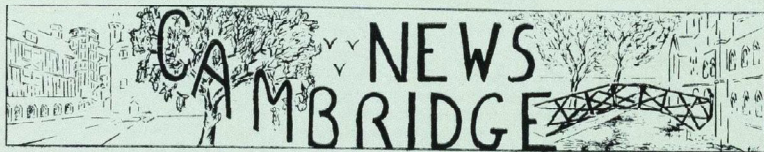
Van de Linde's economic mission achieves most miraculous success. Meals are enlivened by succulent evidences of his activity, no less than by Helferman's garish reminiscences and bright-eyed disquisitions upon the seamy side of life (and will we ever forget that postprandial Kashmiri dance?). Colonel Hill's words are few and piquant, save at night, when he and the

Commodore insist on conversing in another language.

Eyre (like many other unfortunates) has wrestled with Emboesia, while Acres completely succumbed to Conjointivitis and now lives among the Olympians. Let us hope he tells them the celebrated story of Hanwell and Ealing, and refrains from mentioning Olga too frequently. His successor at Oompah is Howells, who astounds us all by his intense and critical interest in the JOURNAL. One of our recent accoucheurs, not unknown in the JOURNAL office, entertained us nightly with "Matilda Buggins" at the harmonium; while his companion, seeking relief from obstetrical excitements, was responsible for one or two breakages.

We have access to all the clinical material of the hospital, and the staff very kindly undertake to give us some teaching. In return we render such small services, from fire-watching to catheterisation, as students may legitimately perform. We thrive on the arrangement, and it is to be hoped that the connection of Bart.'s with this hospital will outlast the war. Meanwhile, heigh-ho, down to the wards we go. . . .

GOBBO.



THE Students' Union committee gathered in the familiar atmosphere of a spacious lecture theatre to discuss some matters which, judging by the ensuing conversation, were of paramount importance to the well-being of the students.

While a lift stood ready for use the ambitious committee had to mount about eight flights of steps to be greeted at the top by the gross understatement that this was the "2nd Floor." This puzzling notice remains, above all else, the enigma of the

Anatomy department, a notice scarcely calculated to sooth the weary student as he climbs the stairs for the fifth time that day.

The committee settled down in fair humour, and was soon immersed in an all-important debate concerning the advantages of having one large shield on a tie as compared with those of having several small ones, a question, incidentally, of several months' standing. The position of the knot, the position of the shield and the relation of one to the other were fully discussed and a unanimous decision was finally reached.

An extra dance to provide funds for a cause known only to the committee was then discussed and the discussion postponed for the next meeting. A few similar matters were subjected to debate and the committee then dispersed until further material could

BOAT CLUB.

One boat was entered for the wartime Lent bump races held on March 6th, 7th and 8th, the second boat being withdrawn owing to illness. G. W. A. Rowland coached the boat and rowed in it.

On the Thursday and Friday the boat was behind the London School of Economics first boat, which overbumped on the second day, and rowed over the course. On the Saturday spirits were high and great things expected. Unfortunately, the river, which had been rising during the Thursday and Friday, had risen so much by Saturday that it overflowed his banks. Owing to this and other "technical hitches" at the starting gun, bow side found their blades on the bank, not in the water, while stroke side took a weighty stroke putting the boat further on to the bank. After the confusion had subsided somewhat, and the blades disentangled from legs and arms, the crew, determined not to lose their bump, pulled with a vigour hitherto quite unknown. The boat behind, which had nearly bumped, was left standing and rocking in the mighty wash, and the boat in front overhauled rapidly, until, at a can-vas away from it, it bumped the boat in front. The course was then completed at a paddle light and in an ominous silence.

CRICKET.

v. London School of Economics. Away. May 3rd. The L.S.E. lost the toss, and were put in to bat. G. Monckton and Cantledge opened the bowl-

ing for us. After a strong start the opening batsmen were separated by A. B. Wood, after 33 runs had been scored. The L.S.E. finally declared with 5 wickets down for 122 runs. A. B. Wood took 3 wickets for 16 runs.

With 75 minutes in hand, Moyes and P. Goodrich opened the batting for us. After a promising start P. Goodrich was caught when 21 runs had been scored. Moyes was eventually out l.b.w. after a good innings in which he scored 18 runs. R. Ballantine also played a good innings for 17 runs not out. The game was drawn, when our score was 58 for 0 wickets.

v. An R.A.F. XI. At home. May 7th. We won the toss and put the visitors in to bat on a good fast wicket with a strong wind blowing across the pitch. Cantledge and A. B. Wood opened the bowling for us, and in his third over Wood bowled one of the opening batsmen. The other opening batsman was caught off the bowling of C. Monckton. C. Todd, who continued the bowling from Wood's end, celebrated his 21st birthday by taking the subsequent 6 wickets for 18 runs. The remaining two wickets were taken by P. Goodrich. The R.A.F.'s final score was 88.

With 90 minutes of play left, Moyes and D. W. Pitt opened our batting. After a confident start, however, we were unfortunate enough to lose both of these batsmen for 17 runs. While each member of the team managed to score, the R.A.F.'s bowling proved too much for us, and we were finally all out for 52.

D. A. D.

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.



I THINK it was Sainte-Beuve who came to regard all experience as a great book, in which one dips and reads at random. Four chapters are available to Bart's students in war-time. There is Cambridge—lovely and incomparable. There is Hill End, where life seems gay and *débonnaire*. There is Bart's, our home, standing proudly at the heart of an Empire at war. And lastly, there is Friern, where the emphasis, quite naturally and properly, is upon teaching and preparation for examinations.

We are, understandingly enough, inclined occasionally to pass unfavourable comment on premises which were never meant for students, and which were built several decades before the King George V block at Bart's. In many ways Friern is peculiarly well suited to act as "finishing-school." It is quiet and well removed from the City's din, yet not so far that we cannot go down to Smithfield for Out-patient or other clinics. It is easily accessible by road and rail. And it is large enough to accommodate students, soldiers and institutional patients with plenty of elbow-room for all.

Summer brings freshness and compensations, not least to Friern. The trees are in leaf, and the cows in the meadow—a scene faintly reminiscent (if Oxford men will forgive me) of Magdalen, Napoleon deemed ingratitude the greatest weakness of man,

IN OUR LIBRARY

By JOHN L. THORNTON, LIBRARIAN.

IV *Bibliotheca Osleriana*, 1929.

In accordance with our promise to consider modern as well as ancient items of interest in this column, this note deals with the catalogue of one of the finest medical libraries collected in recent years. It is more than a mere catalogue, being a veritable mine of valuable information, and of special significance to all interested in the development of medical history.

William Osler was born at Bond Head, Canada, in 1849, and after studying in Toronto and Montreal graduated at McGill University in 1872. After two years' study in Europe he became Lecturer, and then Professor of Medicine at McGill, to take up a similar position at the University of Pennsylvania in 1884. Five years later Osler went to John Hopkins Medical

and it behoves us occasionally to say how grateful we are for the great pains taken by the Staff in preparing us for exams. Intensive training is now in progress for the next obstacle. As Mr. Beattie conducts his rounds he must feel like the Emperor manoeuvring the Grand Army, and he does it with equal success. The Midder wards are closed, which means an increase in Mr. Fraser's sparkling fireside chats.

There have recently been occasions when students, uninvited and from another firm, have taken other men's cases on rounds (particularly medical rounds, I gather). This is a singular and unwarranted form of poaching, which cannot be too strongly condemned.

I have read that a famous north-country surgeon, on removing a foreign body, would exclaim to his students:

"The thing itself is neither rich nor rare,

The only wonder is how the devil it got there."

These words have frequently recurred to me on seeing Mr. Bailey's car at Friern; but, alas, we see it no more. How much longer will it elude the scrap-heap?

Readers will be distressed to hear that Garwood's home was destroyed in a recent raid. Garwood remains, as ever, cheery and indispensable.

GOBBO.

School, and in 1905 came to England as Regius Professor of Medicine at Oxford. He held many honorary degrees and other honours, being created a baronet in 1911. His numerous writings are of great significance, his *Principles and Practice of Medicine*, first published in 1892, being now in the thirteenth edition.

Osler was the apostle of bedside teaching, a great clinician and teacher, and a scholar with a deep knowledge based upon the classics. He read widely, and his enthusiasm was infectious, while his vivid personality impressed those coming into contact with him. He has been described by Garrison as "the greatest physician of our time," and his popularity made his home at Oxford the Mecca of all American medical men visiting this country. During the Great War he

exerted himself to the utmost to assist his country, and the death of his only son on active service in 1917 deeply affected him. On his seventieth birthday his pupils and friends presented to him two volumes entitled *Contributions to medical and biological research dedicated to Sir William Osler, Bart., M.D., F.R.S., in honour of his seventieth birthday, July 12th, 1919, by his pupils and co-workers.* (I recently procured a copy of this as a gift to our Library.)

Sir William Osler died on December 29th, 1919, and his ashes were deposited in McGill University, among the books that he bequeathed to that foundation "for the use of students of the history of science and medicine, without any other qualifications." He had begun early to collect books, and although he gave many volumes to libraries, he possessed a remarkable collection of first editions and early classics of medicine and related subjects, *Bibliotheca Osleriana; a catalogue of books illustrating the history of medicine and science collected, arranged, and annotated by Sir William Osler, Bt., and bequeathed to McGill University, Oxford, 1929*, is probably the most readable catalogue ever published, and lists about 7,600 bound

volumes. Osler divided the entries into eight sections, *Bibliotheca Prima*, which includes Osler's idea of the fundamental contributions to the subject; *Bibliotheca Secunda*, comprising those of less importance; *Bibliotheca Litteraria*, *Bibliotheca Historica*, *Bibliotheca Biographica*, *Bibliotheca Bibliographica*, *Incunabula* and *Manuscripts*. The introduction to the volume represents an outline of Osler's book-collecting career, and the Catalogue is a monumental masterpiece, every page of which reflects a glimpse of the character of Osler.

In addition to the general histories of medicine providing further information about Sir William Osler, and those mentioned above, the following books in our Library would interest those seeking further information: Sir William Osler's *Aequanimitas*, 2nd edition, 1928; *The cerebral palsies of children*, 1889; *On chorea and choreiform affections*, 1894; W. S. Thayer's *Osler and other papers*, 1931. Harvey Cushing's *Life of Sir William Osler*, 2 vols., 1925, is a most brilliant biography, but is unfortunately not in our collection. With the recent publication of a cheaper, one volume edition of this classic it is hoped to remedy this omission.

NEW BOOKS

Surgery of Modern Warfare, by sixty-five contributors. Edited by Hamilton Bailey. Parts II. and III. (Livingstone, 12s. 6d. each.)

The exceptionally high standard of production is maintained in Parts II. and III., the illustrations especially being unusually good. The number of contributors sometimes seems unnecessarily large; for example, wounds of the blood vessels are divided between no less than eight authors, and wounds of the urogenital system between four more. However, the list of distinguished contributors is very impressive.

Part II. begins with an intriguing article on maggot therapy, with methods of breeding and sterilising these rather unappealing pets. However logical and scientific it may be to use maggots in infected wounds, one feels that our insular prejudices will not so easily be overcome. Wounds of the thorax, the abdomen and the urogenital system are next considered in great detail. There is a whole chapter on tourniquets which leaves one with the impression that some standardisation of tourniquets would be desirable for first-aid personnel at least. Wounds of the blood vessels receive much attention, and complete exposure by long incisions is strongly recommended, with descriptions of individual operations. In controlling secondary haemorrhage the pneumatic tourniquet applied over the site of bleeding is advised, rather than the ordinary proximal tourniquet.

In Part III. injuries to peripheral nerves, approaches and methods of suturing are described and fully illustrated. There is, however, no consideration of primary nerve suture. Methods of immobilising the limbs occupy six chapters, one chapter being entirely devoted to the use of Cramer wire. Immobilising compound fractures of the fingers in a banjo splint seems decidedly old-fashioned in these days when so much emphasis is laid on the "position of function." Immobilisation in plaster and the methods of its application are treated in full detail. In the

excellent chapters on wounds of the hand and foot, the necessity of directing treatment primarily towards a functionally adequate result is properly stressed.

Fractures, by Perkins. (Humphrey Milford, 21s.)

The subject of fractures can be very satisfactorily presented in note form, as in this book. The text is short and the illustrations are clear and apposite. However, apparently in order to make the illustrations correspond with the text, some very curious juggling has been done, with the result that some pages are completely bare except for two or three lines.

The author's views, however, are sometimes unconventional. He emphasises that "fixation is a necessary evil, to be discarded wherever possible," and states that its purpose is to maintain position, rather than to immobilise the fragments. Adequate immobilisation in general is provided by muscle splintage, and only when this is not available can inadequate fixation produce non-union. The treatments he recommends are guided by these principles and tend rather to under-treatment. The late management of fractures is, however, fully considered, and the necessity of protection till consolidation has occurred is stressed. The subject of open fractures is only briefly dealt with, and the closed plaster treatment is not adequately described. Fractures of the skull are treated too briefly for this section to be of much value.

In general, while Mr. Perkins' views may be stimulating to those with some knowledge of the subject, the book can hardly be recommended for examination purposes.

* * * *

From a daily paper :—

"Nine thousand of these politically-hygic interneers are being interviewed . . ."

To learn their technique?

SPORTS NEWS

CRICKET CLUB, 1941.

After some deliberation it has been found possible to use Chislehurst this year, in spite of the trench. This has been done by pitching the wicket parallel to the trench. The disadvantage of this is that it means a short boundary on one side, but the amenities of Chislehurst easily compensate for this.

v. Rahere Rovers, at Chislehurst, May 4th, 1941.
Lost by 3 wickets.

The Rahere Rovers, undaunted by their fairly recent defeat by the Soccer Club, turned out in some force this fine May afternoon, and this time they were more successful. In fairness to us it should be stated that they included in their ranks two of our more elderly members, whose absence weakened us considerably.

We batted first, and J. L. Fison and Bates scored steadily till Bates was out for 13. Wells-Cole and Fison continued, Fison seeing the ball well and scoring very fast. Hewitt, who followed Wells-Cole, also batted well, and runs were coming at about 100 an hour. Fison continued to hit at anything, and reached his century some time before the innings was declared at tea time, with the score at 205 for 6 wickets.

Rahere Rovers were not impressive at first, except perhaps in their methods! After the fall of a few quick wickets, however, Heyland and C. T. A. James came together, and put on a lot of runs. After James had gone Heyland was partnered by McAfee in another stand. In the end Heyland reached his century. An excellent innings, and the Rovers passed the Hospital total.

It is not too much to say that, while most of the batting was good, or nearly so, the bowling was almost entirely puerile stuff on both sides. Unless there are some unexpected discoveries we are going to have some difficulty in getting our opponents out this summer.

BIRTHS.

ABERNETHY.—On April 25th, 1941, at Oxford, to Mary Anglin, wife of Douglas Abernethy, a daughter.

FLOORTON.—On April 25th, 1941, at Dublin, to Kathleen, wife of Captain Peter Floorton, R.A.M.C. a son.

HEWER.—On May 10th, 1941, at Redmayes, Marshalswick Lane, St. Alban's, to Phoebe (née Champney), wife of Mr. C. Lanston Hewer, a daughter.

RODGERS.—On May 1st, 1941, at Brickett House, St. Alban's, to Margaret (née Boycott), wife of Major H. W. Rodgers, R.A.M.C., a daughter.

TIERNNEY.—On May 8th, 1941, at Mount Alvernia Nursing Home, Guildford, to Dora May (née Gowland), wife of Major T. Rane Tiernney, R.A.M.C., late of 66, Harley Street, a daughter.

MARRIAGES.

LATTER—JACOB.—On May 3rd, 1941, at Fritton, Norfolk Squadron Leader Kenneth Latter, R.A.F.V.R., M.D., only son of Mr. and Mrs. A. E. Latter, of Wanstead, to Priscilla Jacob, daughter of Col. and Mrs. R. M. Jacob, of Fritton, Norfolk.

GOLDEN WEDDING.

FOUTLER—VORLEY.—On May 8th, 1891, at St. Alban's Abbey, Arthur Reginald Foutler, M.R.C.S., L.R.C.P., London, to May, eldest daughter of the late William Vorley.

Our thanks to Messrs. Tuckwell and Jenkins for their umpiring, always impartial in spite of liquid duties.

Score:—The Hospital, 205 for 6 declared (T. L. Fison 126 not out), Rahere Rovers, 206 for 7 (R. Heyland 107 not out).

ATHLETIC CLUB.

Sports Day will be held on Saturday, June 14th, at Foxbury, Chislehurst. The most important items will be as follows:—

2.30 Sports.
4.30 Tea.
6.30 Dance.

Bus returning to Bart.'s after the Dance.

* * * *

BART'S MEN IN THE SERVICES.

Some additional names have just been received:

| | | |
|------------------|-----|----------|
| Battreham, D. J. | ... | R.A.M.C. |
| Brigg, D. A. | ... | " |
| Cozke, R. | ... | " |
| Fountain, E. C. | ... | " |
| Foster, W. G. S. | ... | " |
| Gardner, A. W. | ... | " |
| Hammerton, J. R. | ... | " |
| Jackson, H. | ... | " |
| Norrish, R. E. | ... | " |
| Quibell, E. P. | ... | " |
| Richards, P. | ... | " |
| Ward, W. R. | ... | " |
| Wynne-Thomas, G. | ... | " |

SOCIETY OF APOTHECARIES.

Examinations in June.

| | | |
|----------------------------------|-----|----------------|
| Surgery | ... | 14, 16, 17 |
| Medicine, Pathology and Forensic | ... | |
| Medicine | ... | 21, 23, 24 |
| Midwifery | ... | 22, 23, 24, 25 |

DEATHS

FORBES.—On April 8th, 1941, at Tunbridge Wells Hospital, James Graham Forbes, M.A., M.D. (Cantab.), D.P.H., F.R.C.P., late of the L.C.C., and fourth son of the late Rev. Edward Forbes of Cleveland, aged 68.

JEAPPRESON.—On April 23rd, 1941, John Leslie Jeappreson M.D., at Westhaven, Polzeath, Cornwall, formerly of Blisworth, Northampton, aged 76.

KEELE.—Doris Valerie, in the Radcliffe Maternity Hospital on March 28th wife of Kenneth D. Keele, of Blisworth, Northampton, aged 76.

MAUNSELL.—On May 4th, 1941, at St. Clement's Nursing Home, Torquay, Bertram S. O. Maunsell, only surviving son of the late Surgeon-General Thomas Maunsell, O.B., LL.D., aged 68.

HOWELL.—On April 15th, 1941, at Hoxton House How-Mil, Carlisle, George Leslie Fisher Rowell, M.D., of 10, Chapel Street, Belgrave Square, S.W.1, dearly loved husband of Marie Rowell, aged 49.

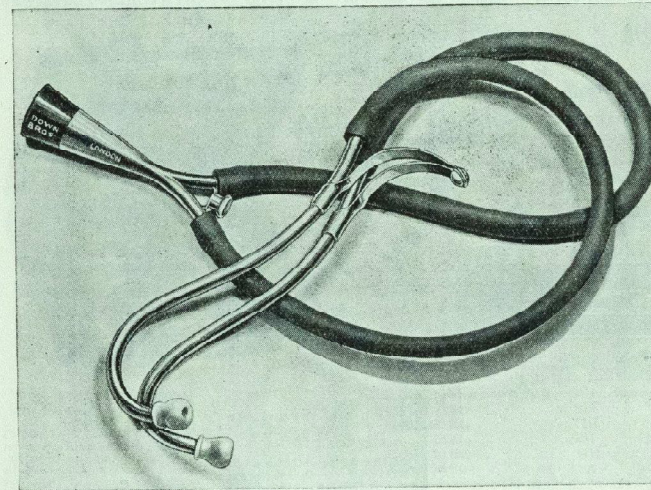
STONE.—On April 15th, 1941, after a long illness, Dudley Macaulay Stone, M.R.C.S., L.R.C.P., of 86, Harley Street, London, W.1.

TROWER.—On April 27th, 1941, at 25, Britanny Road, St. Leonards-on-Sea, Arthur Trower, M.R.C.S., aged 81.

ON ACTIVE SERVICE.

ATWILL. In April, 1941, by enemy action, Flying Officer John Anthony Atwill, M.O., R.A.F., only son of Lionel and Phyllis Atwill, aged 26.

SCHOFFIELD.—In April, 1941, in London, resulting from enemy action, Wing Commander Frank Paul Schoffeld, M.B., B.S., M.R.C.S., L.R.C.P.



DOWN BROS., LTD.

Correspondence: Tabard Works, Tabard St., S.E.1
Showrooms: 22a, Cavendish Square, W. 1

**Surgical
Instruments
and
Hospital
Furniture**

VALE ROYAL ABBEY

The New Cheshire Home of
MUNDESLEY SANATORIUM

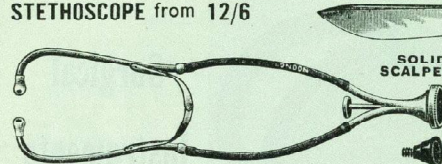
This Modernised Mansion, situated in its own beautiful grounds in the heart of Cheshire has been taken over, equipped and adapted to provide the high standard of treatment always associated with Mundesley Sanatorium and more than ever necessary in Wartime. Terms from 6½ to 10½ guineas weekly. Tel.: Winsford 3336.

Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)

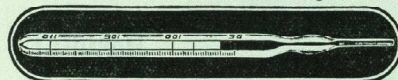
W. H. BAILEY & SON LTD. SURGICAL INSTRUMENT MAKERS.

STETHOSCOPE from 12/6



D. 1236 Improved Binaural Stethoscope, with Skinner's Chestpiece and Special Phonendoscope End. as illustration 17/6 each

CLINICAL THERMOMETERS



Every Thermometer is guaranteed, clearly marked, and tested at the National Physical Laboratory.

| Bailey's 2 minute round | each | 1/6 | per dozen | 14/3 |
|-------------------------|------|-----|-----------|------|
| " 2 | " | " | 1/8 | 18/- |
| " 1/2 | " | " | 1/11 | 20/3 |
| " 2 magnifying | " | " | 1/9 | 18/6 |
| " 1 | " | " | 1/11 | 20/3 |
| " 1/2 | " | " | 2/1 | 22/- |

IF WITHOUT CASES 1/- PER DOZEN LESS

GERvard 3185 45 OXFORD STREET } LONDON, W.1
2313 2 RATHBONE PLACE }

BAILEY'S DIAGNOSTIC SETS



SOLID STEEL SCALPELS. 4/- each

10% DISCOUNT

allowed to Students mentioning this Advertisement



Illustrated List sent on Request

Why not send your Repairs to us?

SCISSORS, SCALPELS, KNIVES of all description and RAZORS, Ground and Set. HYPODERMIC SYRINGES repaired

LOWEST PRICES

D. 1081 consisting of May's Ophthalmoscope, Auriscope, with 3 Speculae, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors Tongue-Spatula and Handle with Rheostat to fit the above instruments, complete in case, with spare lamp. PRICE complete 25 10 6 Auriscope, with 3 Speculae, handle and spare lamp in case 22 7 6

CANDID CAMERA

Presenting Men of St. Bartholomew's during the years 1937-40.

48 brilliantly executed Photographs.

Printed on Fine Art Paper, with a stiff cover.

"... Every time the owner, turning out a cupboard in the next ten years, comes across it he will have his laughs over again."—Lancet.

LIMITED EDITION.

Price 2/- Postage 3d.

Obtainable from the Manager of the Journal, ST. BARTHOLOMEW'S HOSPITAL, E.C.1

'COSYLAN'

The Original SYRUP COCILLANA COMPOUND

'COSYLAN' (Syrup Cocillana Compound (P., D. & Co., has abundantly justified itself as an efficient remedy for the relief of an irritating cough and, in fact, in any condition caused by bronchial irritation in which the cough is excessive and the secretion and expectoration scanty.

Cocillana is an expectorant of the ipecacuanha type, but it is superior to ipecacuanha because it relaxes the dry congested bronchial mucosa into a freely secreting membrane without even a suggestion of nausea or vomiting since it has a selective affinity for the mucous glands of the bronchi and is excreted through the respiratory tract. The other ingredients are so blended as to enhance the sedative expectorant action, to allay irritation, to quiet excessive cough and to alleviate pain and the 'raw' sensation incident to the stage of congestion in bronchial and laryngeal inflammations.

FORMULA

Each fluid drachm contains:

- Tinct. of Cocillana 5 mins.
- Tinct. Euphorb. Pilulif. 15 mins.
- Syrup of Wild Lettuce 15 mins.
- Fluid Extract of Squill 1/4 min.
- Fluid Extract of Senega 1/4 min.
- Tartarated Antimony 1/104 gr.
- Cascarin (P., D. & Co.) 1 gr.
- Menthol 1/100 gr.
- Ethylmorph. Hydrochlor. 3/32gr.

ADULT DOSE

Half to one teaspoonful.

Issued in bottles of 4,

8, 16 and 80 fluid ozs.

PARKE, DAVIS & CO., 50, BEAK ST., W.1

Laboratories: Hounslow, Middlesex.

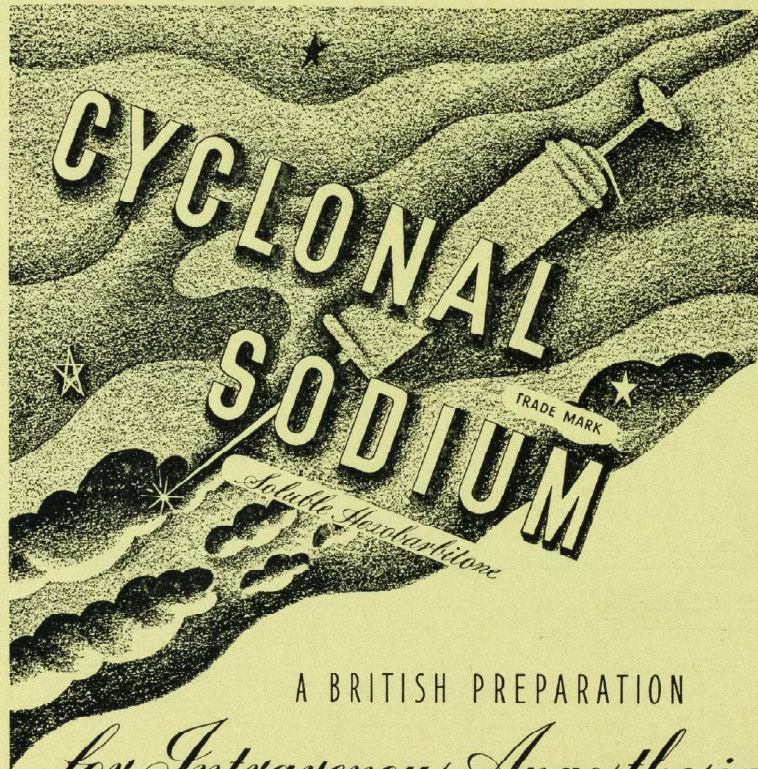
Inc. U.S.A., Liability Ltd.

ROUND THE FOUNTAIN
(FOURTH EDITION)

There are still a number of copies of this volume available for sale.

Consisting, as it does, of the best poems, sketches, etc. which have appeared in the St. Bartholomew's Hospital Journal over a large number of years, illustrated with woodcuts and bound in a stiff paper cover, it is a book no reader of the Journal should be without.

Obtainable at the Journal Office, Price one shilling nett (Postage 4d.)



A BRITISH PREPARATION

for Intravenous Anaesthesia

Supplied in Boxes of 6 x 0.50 Gm. ampoules with 6 ampoules distilled water.

Boxes of 6 x 1 Gm. ampoules with 6 ampoules distilled water.

Boxes of 25 x 1 Gm. ampoules with 25 ampoules distilled water.



PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

3458

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION



JULY, 1941

VOL. 2.

No. 10.

I N D E X

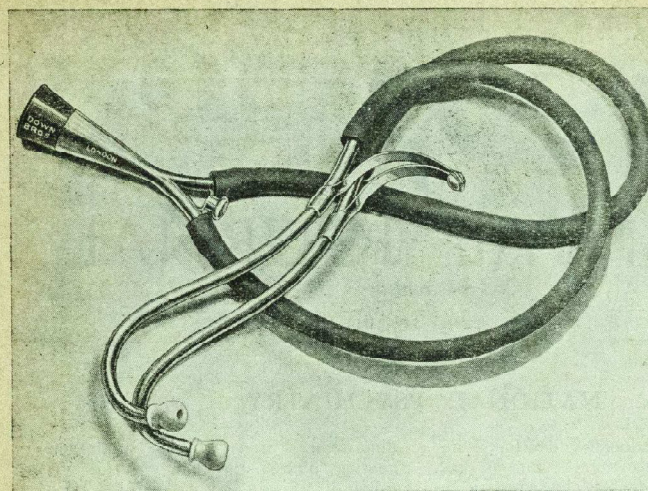
| | Page | | Page |
|---|------|---|------|
| National Psychiatry | 194 | Salutamus | 205 |
| Pastille, related to Arthur Applin | 196 | Cambridge News | 205 |
| Letter to a Distinguished Physician | 197 | Hill End News | 206 |
| Obituary: Sir D'Arcy Power, E. Bridle, W. T. Jackson | 198 | Friern News | 208 |
| Blossom | 200 | Sports News | 208 |
| Actinomycosis of the Caecum, by K. T. Brown, M.R.C.S., L.R.C.P. | 201 | In Our Library, by John L. Thornton, Librarian | 210 |
| A Case of Transverse Presentation in a Multipara, by A. G. Leacock | 202 | New Books | 211 |
| All Genuine | 203 | More Clerihews | 211 |
| Correspondence | 203 | Bart.'s Men in the Services | 212 |
| | | Births, Marriages, and Deaths | 212 |

■ The same high standard of security and service which characterises "Car & General" Motor Policies, applies to every other class of business transacted by the Company. A 'phone call (WHitehall 6161) or a postcard will bring you full information by return.

PERSONAL
ACCIDENT
•
BURGLARY
•
GOLFERS
•
Comprehensive
Home
•
FIRE

CAR & GENERAL INSURANCE CORPORATION LTD.

83, PALL MALL, LONDON, S.W.1.
Telephone: WHitehall 6161



**Surgical
Instruments
and
Hospital
Furniture**

DOWN BROS., LTD.

Correspondence: 23, Park Hill Rise, Croydon.
Showrooms: 22a, Cavendish Square, W. 1

SPACE
TO LET

VALE ROYAL ABBEY

The New Cheshire Home of
**MUNDESLEY
SANATORIUM**

Terms from 6½ to 10½ guineas weekly.
Tel.: Winsford 3336
Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)



NATIONAL PSYCHIATRY

As the idea of nationality developed it became customary to regard nations as individuals with well-defined characteristics, and to predict their behaviour accordingly. At a later stage nations were cast almost as characters in a play: John Bull, Uncle Sam, Madame la République, all had distinctive appearances and well-known temperaments. The tendency culminated in the late nineteenth century, when every nation was represented by a particular animal whose virtues and vices it was firmly presumed to possess. Historians spoke of the Russian bear extending his claws towards the turkey, of the German eagle, the French cock, and of the rashness of twisting the lion's tail.

Such characterisation of national temperaments is inaccurate and incomplete, and there is danger of confusing a nation's attitude to any particular problem with the attitude that is expected of the traditional animal or actor. Moreover some historians no longer believe in inherent national characteristics and hold that the behaviour of nations is conditioned entirely by circumstances, by education, and by the trend of thought. Be that as it may, it is still satisfying to regard nations as individuals and it is tempting, at a time like the present, to regard our principal enemy as a sufferer from grave mental disease. Three or four visits to Germany and a dozen or so German books are not a sufficient qualification to investigate this case, but my hardihood may possibly stimulate others with more knowledge of history and psychology to take up the task.

The patient first showed signs of mental

abnormality after a long and serious wasting illness, the Thirty Years' War, although certain ugly features of her temperament had been recognised many centuries earlier. The disease has progressed rapidly since 1870, culminating in the present maniacal and homicidal outburst. The patient is reserved, touchy and exceedingly vain. She takes offence extraordinarily easily, as when the third daughter of Queen Victoria married a Scottish peer instead of the traditional German princeling. She is introspective and tirelessly searches out the causes of her successes and failures. She carefully analyses the behaviour of other nations with whom she comes in contact and suffers from ideas of reference. Every strategic road or railway built in Europe, every move on the political chess-board, is regarded as directed against *her*, yet she cannot understand why her own gigantic preparations and armaments should be regarded as a threat to anyone else.

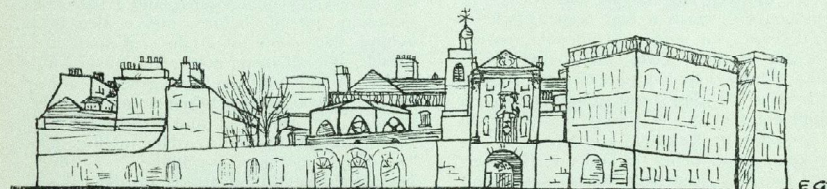
The patient suffers from ideas of persecution. Germany is "encircled" by a ring of hostile neighbours thirsting for her blood. No one who has read German history can doubt the reality of this fear, inherited from the Prussians whose country had no natural frontiers. The patient imagines herself pursued by vast secret organisations, and never tires of recounting the wrongs and tortures inflicted upon her. At one moment it is the Catholics (with whom Bismarck fought before Hitler), at another it is the Jews, the Bolsheviks, or the Freemasons. She uses long documentations and skilful arguments to prove her

accusations and succeeds in inducing thoughtless folk to regard her as a martyr. The Treaty of Versailles, comparable to the peace imposed on France in 1871 and by no means as harsh as Bucarest or Brest-Litovsk, was the grossest "injustice" of all time, even in the estimation of a reasonable and unwarped German such as Stresemann. She sometimes resorts to falsifications of memory to prove her case: Nazi children are taught that the Belgians invaded Germany in 1914.

The patient has homicidal tendencies and has already made many savage and unjustifiable attacks. The wars of Frederick the Great, of 1804, 1806, 1870, 1914 and 1939, the Kulturkampf (an assault which proved unsuccessful), and the pogrom after the murder of vom Rath, are all alike in the violence, brutality and unscrupulousness with which they were carried out. And yet between these maniacal outbursts the patient's personality is retained relatively intact, with few symptoms of withdrawal and little thought disorder. She is learned, industrious, and artistic. There is, however, some evidence of a split in the mind. Young fair-haired Germans who sing, waltz, and read Goethe, are the same men

who goose-step past Hitler and bayonet Polish peasant women. The patient suffers severely from delusions of grandeur, and is consumed with thoughts of her own might and greatness and of the magnificent role assigned to her by history.

The foregoing clinical picture justifies us in making a diagnosis of Paranoia or Paranoid Schizophrenia. The only unusual feature is the apparent ease with which Germany overcame her hatred of one group of her "persecutors" when she concluded the Nazi-Soviet pact. Choice of treatment presents the greatest difficulty. Removal to an institution is unfortunately impossible, therefore outpatient therapy is indicated. Dr. Strauss must, of course, be consulted, and it is likely that he will advise some form of Shock Therapy. Ideas of reference, persecution-mania, delusions of grandeur, and homicidal tendencies must be shaken out of the German mentality. How to administer such treatment in this case is not easy to decide, but in our heart of hearts most of us probably feel that devastating aerial bombardment is the kind of shock required. The case is advanced, there is no time to lose; bring in the apparatus!



We publish above a vignette of the Hospital seen from Smithfield Market. After publishing similar vignettes of our Sector hospitals, the Publication Committee felt that a picture of Bart.'s itself would be appreciated by all old Bart.'s men and should be included.

* * * *

Once again, and that in spite of what has happened, the unique Derry Gardens will be open on behalf of St. Bartholomew's Hospital, from Monday, July 7th, to Saturday, July 18th, each day from 9 until 6; Saturday, 9 until 1.

The Gardens are on the roof of Derry & Toms' building in Kensington High Street, adjoining the High Street Station. They are of about one and a quarter acres in

extent, and are of real beauty. Those who come and see them are asked to give a donation of one shilling and upwards to the Nurses present.

* * * *

Would it not be advisable to move the Hogarth painting from the staircase of the Great Hall to a place of greater safety?

* * * *

The article in our last number, entitled, "In the White Man's Grave: Experiences from Nigeria," was by W. Chalmers Dale, M.B.

* * * *

August issue

Contributions for the August number should be received not later than July 10th.

PASTILLE

RELATED TO ARTHUR APPLIN

I remember a man who was shot in the war (the bullet just missed his heart) telling me that he felt nothing. He was only conscious of being stopped; action was suspended. This he put down to fear.

I am not afraid yet. When the foreman of the jury delivered its verdict I was shocked. When I found myself in the room at the back of the Court, and was given a chair on which to sit, I felt a little sick. But not afraid. Fear had yet to come. I don't remember hearing the Judge pronounce sentence. I am sorry I missed that. After all, being condemned to death is the most important event in one's life. And the most surprising. I did not see him put on the black cap. The only thing of which I was conscious was complete and utter silence.

I am going to die. I have repeated this to myself a hundred times. Over and over again. I am going to die. It meant nothing. I have said it aloud. And now, though I have written it down, my mind refuses to accept the fact or, accepting it, to be in the least degree moved.

Since the trial I have been here for forty-eight hours—I wish it had been anywhere but Brixton; for some inexplicable reason the name Brixton gives me a feeling of guilt. I have a foolish idea that the people of Brixton are glad I am going to die. I should not feel this if I were locked up in Whitechapel or Canning Town.

I don't mind being locked up; it gives me a sense of security. There is nothing unfriendly about the prison itself, it is sympathetic. I expect my cell has sheltered many condemned men. When I was taken out into a yard for exercise, I thought the walls saluted me—"To those about to die." The hours I am left alone I feel peaceful; only when I am visited do I feel uncomfortable. Everyone is kind and considerate; the warders, the doctor, my solicitor—though, unfortunately, he is going to appeal, and tells me not to give up hope! Counsel says we can appeal on grounds of misdirection—or insanity. But would any jury to-day consider that killing was insane?

Why should we appeal? And who are WE? I can have no friends left. There is no one who wants me to live—rather a shattering thought. Do I want to live?

I told the Padre I didn't—I suppose that is the right thing to call him, though the title "Padre" has the same effect on me as the name Brixton. He said I need have no fear of Death—he spoke it with a capital "D"—if I repented.

He is the only visitor who wishes to console me, and he offers me consolation as an old lady offers a penny to a pavement artist. His sympathy is self-conscious. I knew everything he was going to say before he said it, and I knew he had said it scores of times before. I knew he was trying to do his job, but he didn't know how to do it. Inefficient, and is not inefficiency murder in a minor degree?

Of course, I deserve to die—not because I killed John, but because I killed the wrong person. It should have been Peggy, and not John. Quite a good fellow John, and the odds are I should have behaved just as he did had I been in his position. It was Peggy who deceived him; deceived us both. Deception is murder, too, isn't it?

I suggested this to the Padre. And suddenly he became human. He slipped out of his uniform—or whatever you call the kit a clergyman wears—and I saw him standing naked before me. Beautiful behind the screen of flesh. A man like myself, like all men; noble, and base; kind and cunning; generous, but greedy; sometimes a coward, more often a hero; ready to die for freedom and frightened of those who possessed it. His intelligence, God-like; his heart, childlike. Entirely incomprehensible and utterly lovable. Worshipping truth, beauty, goodness, yet fearful of their implications; destroying them as soon as they were within his grasp. From the cradle to the grave assuming innumerable disguises and playing many parts; never satisfied, never at peace; worshipping strange Gods of whose existence he was unaware, ignoring the God who walked with him through his earthly paradise.

"Yes," the padre agreed, "deception is one of the deadly sins; murder of the soul. And so we are nearly all murderers. I sometimes think the only honest men are those who paint pictures, write poetry, make music, hack marble into the shape of immortality, build temples—the kind that need no priest, for the stones themselves worship God."

"And where is God?" I asked.

It was a long time before he replied; he took the cigarette I offered him, inhaled the smoke. Then picking up his ugly little hat and his rolled umbrella, he said: "I have been talking to him."

He went quickly. It was growing dark. The warders brought my supper and turned on the light. I sat on the edge of my bed and lit another cigarette. I felt too shaken to eat. . . . The Padre had been talking to God—to me! I wanted to think this out. I heard the scream of a siren and the boom of distant guns. I had forgotten there was a war. I waited, listening until the earth was shaken by the explosion of bombs, and the crash of falling masonry burying men, women and children. But for me John would now be on his way in a bomber to destroy some foreign city and its inhabitants.

And they were only going to hang me. And who, I wondered, were they? I heard one of the warders say: "A heavy casualty list to-night, I'm afraid."

"Why don't They hang them?" I asked.

"You'd better eat your supper," he replied, as if fearing I was getting batty.

And then, prompted by curiosity: "What d'you mean—hang them?"

"Those who are condemning to death the young and the old, the good and the evil, in every part of the world, killing them subtly in the darkness of the night, in the glare of the sunshine, on the waters of all the seas?"

The warder glanced at his companion, who shook his head. "Better get on with your supper," he repeated, "you'll feel better when you've had something to eat and drink."

But I was feeling fine. I was going to be hanged, legally, ceremoniously, politely, whilst all around me murderers and murdered died heroically and miserably for something they had never known, would never know until, some Padre answering the unspoken question, said: "It is to God I am speaking."

Soon I shall be free. So I am not afraid—or only for Peggy. She will live to grow old! . . . For my last breakfast I have ordered oysters, and a bottle of Pol Roger, 1928.

[NOTE BY AUTHOR.—X was not hanged. He was certified insane and is now living happily in the lunatic asylum at B.]

LETTER TO A DISTINGUISHED PHYSICIAN

Sir,

Rheumatism.

I have been reading in the Editorial column of this evening's "Echo" about your especial interest in the cure of Rheumatism.

I am a practising Astrologer. The enclosure is for your reference. My professional name is S—, and my permanent address is in —, the above address being temporary. It will be good for a few weeks yet.

I have found the tissue remedies, familiarly known as Salts, to be useful when used according to Astrological indications.

I am willing to collaborate in research and practise for the possible cure of Rheumatism and any other difficult diseases.

I am, Sir,

Yours sincerely,

(Miss) —.

PRICE LIST.

| | £ | s. | d. |
|--------------------------|---|----|----|
| POPULAR HOROSCOPE | 0 | 10 | 6 |
| DETAILED HOROSCOPE | 2 | 2 | 0 |
| DIRECTIONS 1 year | 0 | 10 | 6 |
| „ 5 years | 2 | 2 | 0 |

Details required:—

Date, time, and place of birth: Also sex.

When ordering, say if you wish, what you most want to know. The point mentioned will receive special consideration.

State if the details are of your own birth or not. If not yours say why you are applying for the Horoscope.

All payments to be made in advance.

S— reserves the right to refuse an order, without being obliged to give a reason for so doing. Money will be returned in any rare case when this happens. Receipt for payment made indicates acceptance of order. Work will be delivered as soon as possible. All orders receive my personal attention.

OBITUARY

SIR D'ARCY POWER, K.B.E., F.R.C.S., F.S.A.

*The ADDRESS at the MEMORIAL**SERVICE**at**St. Bartholomew the Less,**May 28th, 1941.*

I have been asked to say a few words in memory of our dear old friend, Sir D'Arcy Power.

This Hospital has been happy in the past in the number of men and women who have lavished their services to heal the sick and help the suffering, but no family, that I know of, has given better service than the Power family.

First to be mentioned is Henry Power. When I entered as a Medical Student, nearly fifty years ago, he was the Senior Ophthalmic Surgeon—a good-looking, stout-hearted old man with a leonine head. He was distinguished in his profession, became a Member of Council and a Vice-President of the Royal College of Surgeons, as his son did after him.

Henry Power had a large family of boys and girls who were brought up in a happy, domestic, if Victorian atmosphere, which influenced the rest of their lives.

Our friend, D'Arcy, was born in 1855. He went to school at Merchant Taylors, and began to show quite early some of the talents which characterised his later life, for at the age of 17 he was awarded the Tyler Prize in History, and, curiously, the Pigeon and Pugh Prize for the boy best fitted for a Merchant's office.

"I could always write," Sir D'Arcy told me one day, and he said it without boasting, as a gift with which he had been endowed by Nature. But he certainly did not let his talent lie idle, for he was always writing, and when he was 75 the items he had written numbered well over 600.

From Merchant Taylors, D'Arcy went to Oxford, to New College. University life was congenial to him. He did well. He gained an Open Scholarship at Exeter College. He became a Demonstrator to the University, Lecturer in Physiology, and took a First Class in the Honours School of Natural Science.

With these academic honours behind him he came to Bart.'s in 1878, qualified, and became Ophthalmic House Surgeon, and later, House Surgeon to Mr. Savory, being

awarded the Prize for the best House Surgeon of his year. Then he took his Fellowship of the Royal College of Surgeons, and ranged himself among the surgeons of England.

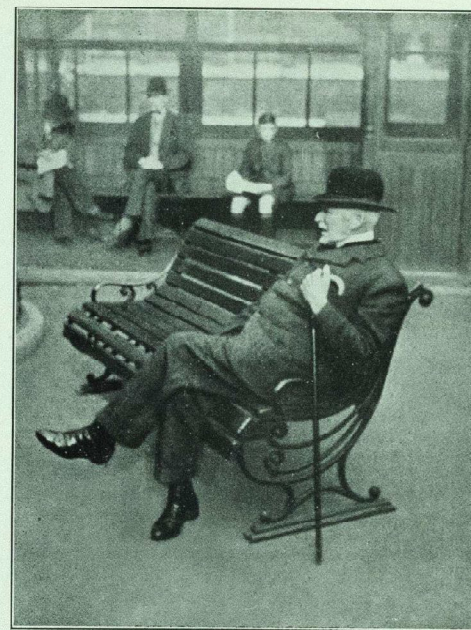
My first contact with him was when he was a Teacher of Operative Surgery, and an occasion when the skeleton of Mr. Willett's horse was set up in the Museum. My next recollection was of his appointment as Assistant Surgeon, and from that time onward our association was intimate, for when he was appointed full Surgeon I became his Assistant Surgeon, and have been able to watch the development to maturity of a remarkable character.

As a surgeon he was beloved by his patients, for he had a heart that never hardened and a tongue that never hurt. His agile mind was always ready to receive fresh ideas, and he was eager to adopt new methods. Though he was surpassed by some in technical dexterity, yet like those great surgeons, Paget and Lister, his wide knowledge of science, pathology, and of literature kept him in the forefront of Surgery, not only in this country, but in Europe and America.

At the Royal College of Surgeons he filled successively most of the important posts. He was appointed Hunterian Professor, Hunterian Orator, Vicary Lecturer, and finally Vice-President.

The last picture of him at the College lingers in my mind. It is of him sitting in the Librarian's room, compiling his Notices of the Lives of the Fellows, for the College, with rare sympathy and understanding, had made him their Honorary Librarian; and when this great College rises again from its ashes, as it surely will, his portrait will hang in their Library to remind those who follow us of one who served it well.

As a medical historian, biographer and bibliographer, D'Arcy Power rose to his greatest heights. Writing was his finest asset. He had a pretty pen and a happy phrasing, which made what he wrote a



"The G. O. M."

Reproduced from Candid Camera

source of pleasure to read. The pen is mightier even than the scalpel, and his works will live after him and be remembered.

Over Sir D'Arcy's other innumerable activities I must pass. The societies, hospitals, charitable associations, and the learned societies of which he was a member, and which he was delighted to serve.

Now what of the man. The phrase that came most readily to our lips when we heard of his death was

"Dear old D'Arcy."

That meant that he was universally loved. The chief note of his character was cheeriness. He was of a bright, sunny disposition. He was always cheerful. The students, in their irreverent, but clear-sighted way, dubbed him "Sunny Jim," and that apt nickname stuck. This cheerful disposition remained, even though in the source of his long life he suffered many grievous blows. He lost his only daughter at an early age, and his second son was killed in the Great War. And then he lost his wife, his loving partner for many years,

leaving him to a rather lonely old age. But to the very last, D'Arcy remained cheerful and courageous, and in the words of his son—

"He never had the least bit of a moan about anything."

Everything was just right . . ."

Though he has passed away from us and we miss him, we have nothing to regret, and our remembrances of him are full of pleasure. He was getting very tired, and was glad to lay down his burden.

Moreover, though he has gone, his seed lives after him, for his son, D'Arcy, holds a distinguished position in the Royal Air Force. His grandson, D'Arcy Tertius, has entered our School as a Medical Student, and his granddaughter, Angela, holds commissioned rank in His Majesty's Forces.

Surely here is a family that deserves well of its country, and of whom it may be said—

"Great men have been among us; hands that penned and tongues that uttered
"wisdom. None better."

G. E. G.

E. BRIDLE

It is with great regret that we record the death, on March 30th, of Edward Bridle at the age of 68.

Bridle started as Cloak Room Attendant in 1888, graduated to the Biology Department, and in 1906 became Lecture Attendant on the retirement of Morris, which post he held until his retirement.

Bridle was well known to all Bart.'s men for over 50 years. Until his retirement in 1938 he was the most outstanding figure of all the College employees. Every freshman came under his wing and was quickly initiated into the procedure of meeting his teachers and obtaining books, instruments and a locker. Many a student in his first few months ranked Bridle second only to the Dean (Dr. T. W. Shore) in importance.

W. T. JACKSON

"William," the faithful custodian of the Pathological Museum, died at his home in Enfield on Christmas Eve, 1940, after a three months' illness.

He came to the College at the age of 19 as laboratory assistant to Dr. Klein, at a time when the whole of the pathological activities of the Hospital and College were conducted in a single room now known as the Practical Surgery room.

During most of his forty-two years of loyal and devoted service to the College, its Staff and its Students, he took a large share in building up the Museum. He was an

As lecture attendant he ushered in the Lecturer and marked off the attending students, though on some occasions, when the roll was complete and the Lecturer busily writing on the blackboard, he has had to remark, "Excuse me, Sir, but the gentlemen have all left."

He was very interested in the Students' Union, and was always to the fore at the sports, football matches and athletic meetings.

In the last 10 years his health failed considerably, and gradually he had to relinquish the more onerous of his duties; but he remained until the end, a most loyal and helpful supporter of our College. He did not long survive the destruction of his old office under the big lecture theatre.

expert in the restoration and preservation of the natural colour of pathological specimens and knew the whereabouts and special features of each one of the 8,000 "pots" in his charge, and the preferences of every teacher who used them.

William's technical service to the College has, of course, been of great educational service to our students, but most of us will remember him with affection for his unvarying cheerfulness, his exceptional willingness and his rare sense of humour.

G. H.

BLOSSOM

When I grow wrinkled, fat and grey
And rather misty in my sight,
Each year my nose will greet the may
That kept us dry on Tuesday night.

For God may take my eyes away
And word-fired men cut out my tongue,
But none can steal the scent of may
Save death alone, when all is done.

First make me halt, then make me lame,
Grant me nor eyes, nor speech, nor youth,
But may will always smell the same,
So each spring must I think of Ruth.

ACTINOMYCOSIS OF THE CAECUM

C. J. R., a greengrocer, aged 43, was admitted to this Hospital on October 9th, 1938, suffering from Abdominal Pain.

History

60 hours before admission, he awoke in the night with pain, of sudden onset, in the right iliac fossa. This was at 3 a.m., and the pain was severe enough to prevent further sleep. There was no vomiting. The patient was constipated.

24 hours after admission, the pain became worse and was in the same place. There was still no vomiting nor any diarrhoea, but the bowels were open three times, with some slime in the motions.

Day of admission the pain was very severe and had not moved. Constipation was present again, but no vomiting.

Past History

No previous attacks of abdominal pain.

Condition on Examination

General condition good. T. 100.4. Pulse 96. Resp. 32.

The only abnormalities found were as follows:—Abdominal movements fair. Rigidity present on the right side of the abdomen and tenderness in the right iliac fossa, maximum over McBurney's point. Release sign positive.

Per Rectum, tenderness on the right side. Urine acid, Sp. Gr. 1020. No albumen or glucose or pus.

Diagnosis

Acute Appendicitis.

Treatment

Laparotomy was performed an hour after admission through a gridiron incision and the extra-peritoneal tissues were noticed to be oedematous. Foul smelling yellow, purulent free fluid escaped on opening the peritoneal cavity and pus was seen exuding from a leak in an acutely inflamed appendix. This region was packed off and the organ removed. The caecum was heavily injected and there was troublesome oozing from many small vessels. Haemostasis was secured, the cavity swabbed out with flavine and the wound closed with drainage.

The appendix was gangrenous, perforated along the anti-mesenteric border and contained pus and three faecoliths.

Post Operative Course

First Day: Dressing soaked with blood and a little pus was escaping from the wound.

Second Day: Abdomen distended; a little more pus.

Third Day: Condition poor. Pulse rate 120. Temperature 98. More bleeding from the wound.

Fourth Day: Drain and one stitch removed; much altered blood came away, and more on probing. No faeces, but a foul odour as though of coliform pus. Hot fomentations applied to the lower abdomen relieved discomfort and the bowels were open 5 times.

Fifth Day: Much foul, altered blood on the dressing and mass localising in the right iliac fossa.

During the next fourteen days the patient remained in bed with a fistula discharging foul material, becoming more faecal in character. The mass became smaller, but did not disappear.

30th Day: He was discharged with a persistent fistula.

Subsequent Course

His condition made little improvement after leaving Hospital and he had much abdominal colic.

Four weeks later he was re-admitted, on December 12th, 1938, with acute obstruction due to a band. This was relieved and the jejunum was found obstructed. Massive adhesions in the right iliac fossa were divided. He made a good recovery and was sent out on the 19th day. This was December 30th, 1938. The fistula from the appendicectomy wound still persisted.

On January 28th, 1939, the patient came back with a swelling in the abdomen, 4 ins. by 3 ins. above the pubes, to the left of the midline and not extending into the pelvis, firm, fixed and very tender. The fistula persisted and was discharging thin, yellow pus. Per rectum, no mass was felt. In view of his poor general condition, he was treated with intravenous glucose-saline for four days and bacteriological examination of the pus revealed the presence of Actinomyces Bovis, the diagnosis being proved by successful anaerobic culture of the organism (Professor Garrod).

On the 18th day, treatment with sulphapyridine was instituted and produced a remarkable improvement in his condition, which had recently become critical. This treatment was continued for six days, 1 gram being given four-hourly.

On the 32nd day the patient was discharged, very much better and with less discharge from the sinuses.

Follow-up Report

Since leaving Hospital, on March 4th, 1939, he has been under observation and seen at regular intervals; he has continued to make good progress, has regained lost weight and to-day enjoys sound health. The sinuses gradually have closed, but he has developed a ventral hernia, for which he wears an abdominal belt.

Commentary

This account of a proved case of actinomycosis of the caecum is of interest, on account of the successful outcome of treatment. It is now over two years since the diagnosis was proved, and it seems likely that his survival is due to the use of sulphapyridine. Other methods of

treatment, including tincture of iodine in milk, had had no effect on the disease.

At the time of its trial in this case, no reports of the use of sulphapyridine were available; Mr. Zachary Cope, in a personal communication, stated that he had used sulphanilamide for Actinomycosis without much success, but that he had no experience of the effect of sulphapyridine.

It appears well worth while to make known the results in this case, in order that the drug may be tried out further, and in the hope that a cure may be made accessible for a hitherto intractable disease.

I wish to express my gratitude to Professor Ross and to Mr. Vick, for their permission to record these notes.

K. T. BROWN,
M.R.C.S., L.R.C.P.

A CASE OF TRANSVERSE PRESENTATION IN A MULTIPARA

The patient, a Rhode Island Red hen of eighteen months, had lost count of her previous confinements, but it is presumed that they were numerous. Her obstetric history had been entirely normal, until one afternoon she was discovered behind a barn in the throes of an extremely difficult labour. Her cries of frustration were terrible to hear, and this feeling was justifiable, as all her efforts at adding to the food supply of the nation had resulted only in a distressing cloacal prolapse. On examination the patient was shamefaced and unco-operative, with a large cloacal prolapse which she was doing her best to increase. It was obvious that immediate interference was necessary.

An oviducal examination with a few aseptic precautions revealed the presence of an egg impacted transversely just above the junction of oviduct and cloaca. Internal version was immediately performed, and the small end of the egg brought down, when delivery was accomplished without difficulty, the egg being obtained intact. Some hæmorrhage indicated that the maternal passages had been damaged, and a further examination was therefore carried out, when a lateral laceration of the oviducal os was discovered. This was probably inflicted while the small end of the egg was being brought down, and it seems advisable that in future cases an attempt should be made

to bring down the large end of the egg in order to avoid this type of laceration.

By this time the hen had succeeded in prolapsing even more of the cloaca, and was obviously thoroughly dissatisfied with the state of affairs. Having obtained the egg, we were faced with the choice of wringing the patient's neck or performing some plastic operation with a view to preserving her reproductive function. Since the patient was worth about 16/- alive and only 6/- dead, it was decided to operate. The fee, one egg, was paid in advance.

The choice of anaesthetic presented some difficulty, lying between whisky and methylated spirit, but it was finally decided to use methylated spirit for the patient and whisky for the theatre staff. The anaesthetic, administered by the author's wife, was given both orally and by inhalation, and proved surprisingly successful, the patient passing out several times during the operation, and making no protests when sutures were inserted. The only other available anaesthetic, petroleum, was too scarce to be seriously considered.

Since the maintenance of asepsis would have been extremely problematical, it was decided to revert to antiseptic methods, and the operation was carried out under an intermittent shower of 1 per cent. Dettol. With the patient in the lithotomy position the laceration was sutured with 60 linen

thread on a darning needle, and the prolapse replaced. A bilateral cloacorrhaphy was then carried out with the same implements, but it was found that the patient was still able to produce a small prolapse by enthusiastic straining from which she refused to desist. The only expedient left was to perform a temporary closure of the cloaca, which was accordingly done. Instructions were given to the patient's attendants to divide the sutures closing the cloaca at the next confinement. Post-operatively, recovery occurred

ALL GENUINE

Extracts from letters received by the Dependents' Allowance and Assigned Pay Branch from Dependents of Soldiers in the Canadian Army (Active Service).

"Mrs. R. has no clothes—has not had any for a year. The Clergy have been visiting her regularly."

"In reply to your letter, I have already cohabited with your officer—so far without results."

"Unless I get my husband's money, I shall be forced to lead an immortal life."

"Please find out if my husband is dead, as the man I am now living with won't do anything until he is certain."

almost immediately, and the patient did her best to defeat our good intentions, but was foiled by the closure of the cloaca, the necessity for which became evident. On the following morning the patient's condition was excellent in every way, but since this was Monday the author was compelled to leave her in the care of completely unqualified persons, and no further information as to progress can be given.

My thanks are due to Mr. Bruce Hall for permission to publish this case.

A. G. LEACOCK.

CORRESPONDENCE

A PERSONAL TRIBUTE

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

As a budding medical student, in about 1890, I lived for some 12 months in Mr. D'Arcy Power's house in Bloomsbury; and was treated almost as one of the family circle.

An enduring friendship was a result. One could not but see the fine gentleman he was.

Never did I hear an unkind or ungenerous criticism from him of others. A walk down to the hospital with him was a treat.

Sir D'Arcy's skill and learning have been recognised by Bart.'s and it is not my place or purpose to urge them, but only the great, lovable character. Tolerance, uprightness, and kindness were natural to him and his charming "Lady."

His energy was amazing; courage unlimited. The attributes most wished for by men were his: and, I reckon, quite unsuspected by himself.

Yours truly,

A. WOOLLCOMBE,

Surg. Captain, R.N. (Ret.).

Okehampton, Devon.
May, 1941.

MEDICAL REFORM

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

I read with great interest the article on Reconstruction of Medical Services by Dr. Geoffrey Evans. He states "that the majority do not accept the prospect of a State Medical Service and salaried personnel without misgiving, that it would limit freedom of choice not only as regards their general practitioner, but also in regard to ancillary clinical pathologist, X-ray diagnosis, physio-therapeutic service, etc."

Personally, during 30 years' practice, I have never known a patient choose his or her clinical pathologist, radiological or physio-therapeutic service. It is true that they change their general practitioner from time to time, particularly if he will not sign them off work; but if they are seriously ill they either call in a specialist whom their doctor advises and who sometimes happens to come from the g.p.'s own medical school, or the "majority" go straight to a hospital where their choice is confined to the surgeon or physician on duty.

Further on, he states that "medical personnel would necessarily be standardised, its work regularised, and its conduct at any stage subject to immediately superior authority." Does Dr. Evans seriously believe this to be true? Most of us, either in this war or the last, have been in a service, and I doubt if any of us have been worried by our "immediate superior authority" in our treatment of a patient who is really ill. We may have been obliged to "toe the line" in filling up forms, but I believe even the freedom of panel practice does not stop that difficulty. Dr. Evans looks forward to co-operation between the voluntary and local authority hospitals. But if the voluntary hospitals are so superior, why not teach the public "to support their local hospital" and do away with the local authority hospitals, where presumably the honorary staff have no opportunity for "self-sacrifice," and the nursing staff cannot be imbued with the vocational spirit.

It is only fair to say that, in the first part of his article, Dr. Evans points out many of the advantages which would result from a whole-time medical service. Surely then, sir, it should not be beyond the powers of the "tallest trees in the forest" to work out a system which gives all these advantages and yet overcomes the difficulties of promotion and retains the first loyalties to the individual life.

Yours faithfully,

MALCOLM DONALDSON.

149, Harley Street, W.1.

May 19th, 1941.

THE METRIC SYSTEM

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

There is a tendency to enshroud the Art of Prescription in a cloak of mystic wisdom; in view of the nature of some prescriptions this may be justifiable. But let us admit that the Art of Prescription is distinct from the Technique—what to prescribe from how to prescribe—and as in other arts, in music, in painting, in dancing, the more readily is the Technique grasped the sooner may the Art be wooed.

Dr. Maxwell is, of course, a Master of the Minims. But in the meantime we as students are taught a hybrid technique—even by him—liberally leavened with Metric quantities.

I heartily agree with him when he states that "... the sponsors of the Pharmacopoeia have been half-hearted about the business." Dr. Hamill's statement that the Metric doses given are "... not sufficiently accurate for pharmaceutical or other purposes," is not encouraging.

So far I have not succeeded in finding any publication setting out the commoner "favourite prescriptions" as Metric entities.

Fortunately the newer drugs are being dispensed in Metric measure and we are taught the doses as such. Standardisation as it proceeds is carried out against Metric units: Digitalis leaf is an example, well known but carefully concealed in the continued use of doses in grains. Our Sphygmomanometers and most of our syringes are calibrated in Metric units (producing some quaint "grains per 'c.c.'" doses). And Balances in our preclinical and research laboratories usually weigh in grams—causing extra work for would-be dietitians.

I say "fortunately" for personal reasons of course: others may not agree—I used the Metric system in all my preclinical work and found it a useful and efficient tool. Naturally I am loath to cast it aside and take up any other system without good reason, be the system ever so rational or hallowed by tradition.

In the "born clinician" perhaps, for one reason or another, this "prenatal influence" is not so strong: no system of mensuration is really worked-out or even needed, perhaps, before clinical life begins—a brief skirmish with the monetary system here and there, an introduction to the higher denominations of the fluid measure perhaps—but that is all. Here is a man who may well settle down to his clinical feast with the usual trepidation—comparable indeed with his fellow-men facing a more literal ordeal in an adjacent basement—but soon stark hunger overcomes his better feelings; he falls upon the Crusted Pie of drachms and minims, grains and ounces, pouring upon it (from great heights of eloquence) the customary custard of latin tags and mystic symbols.

In vain the incantations to the gods! Horrid Indigestion! Before that pie can be transmuted, Metaboliem must take a hand—its measured steps are Metric!

Dr. Maxwell ends his letter on an encouraging note. He assures us that he does not regard the words "alteration" and "advance" as being synonymous.

Somehow, at Friern, one thinks now and then that anything may happen; and after inferring* in the preceding paragraph that he might on occasion call for "Four thousand eight hundred minims of bitter, please" without causing surprise, one *did* just begin to wonder. . . .

The assurance is doubtly welcome. Our wondering minds are set at rest, and those of us who had a preclinical existence are assured of sympathy, at least, when we cling to the methods of measurement so metriculously taught us in our youth, so universally eloquent in our internal workings!

Yours truly,

J. W. EVANS.

* In an entertaining paragraph Dr. Maxwell ridiculed some person unknown on the grounds that his use of the Metric system in prescribing might lead him to "order 284 mils. of pre-prandial liquid refreshment. . ." I naturally assume that were the order given in units of comparable denomination but of the Imperial system he would not expect it to cause surprise.—J. W.E.
Friern Barnet Hospital.

May 31st, 1941.

BART'S IN BELFAST

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

At an informal dinner held recently in Belfast, a number of old Bart.'s men serving in the Forces met together. The chair was taken by Col. W. R. Ward, ably assisted by Col. A. Hedley Whyte and Lt. Col. R. Coyte.

The toast to the Alma Mater was proposed by Col. Ward and drunk with due pride and reverence. Many were the reminiscences which flowed ever more freely as the evening progressed.

The following old Bart.'s men were also present: P. Richards, G. Day, C. Wynne-Thomas, E. C. Fountane, M. S. Pembrey, V. Barkin, C. Sutherland, H. Apthorpe Webb, A. W. Turner, R. H. Harris, J. D. Wilson, R. V. Harris, I. M. Curtiss, J. J. Johnson, J. R. Hamerton, D. Batterham and R. E. Norrish.

It was much regretted that Major Bevin who so ably organised the function was prevented from being present by his transfer elsewhere, and his

duties were well performed by Major Hamerton in his stead.

Yours sincerely,

R. E. NORRISH,

Major, R.A.M.C.

24th (London) General Hospital,

Royal Army Medical Corps,

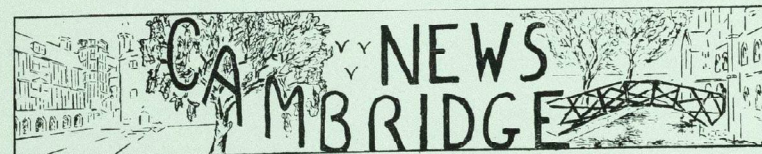
Campbell College, Belfast.

SALUTAMUS

Reprinted from the Times:—

One of the epics of Crete went on under that chaos. Three New Zealand privates and a Greek girl were busy printing the Army's paper, the *Crete News*, that morning. They went on. It was a slow job as there were no composing machines and all the type had to be set up by hand. As soon as they heard a stick of bombs whistling down they flung themselves on the ground. Immediately after the explosion they hurried back to the rickety

treble tables to write, sub-edit, reset type, and print on a rusty hand-press. House after house round them was set on fire and burned to the ground. Their own building was hit. In the evening all Crete smouldered in a fierce red glow. Black ashes floated out over the evening sea. No one stirred in the dead town. Three dirty, bruised, utterly tired privates tramped in the darkness up to Headquarters. They were carrying in their arms 3,000 printed copies of the *Crete News*.



In a News that has hitherto been based on a somewhat flippant trend of thought, a slight philosophic diversion will not be out of place, especially as this form of expression has been applied in other News columns in the JOURNAL.

It seems that, next term, Cambridge will at last realise Goldsmith's dream of a Deserted Village, although to call Cambridge a village would be demanding just retribution. To call it deserted, however, will, in the future, be practically stating the grim truth, for Cambridge students, except for certain privileged beings, will not, states a pseudo-authority, return to Cambridge after the Long Vacation.

Cambridge, with only Bart.'s men and a few others to hold the fort of academic frivolity, will be a sorry place of bygone memories of student crowds. The streets, almost divested of the black and flowing cloaks, will ring more sonorously to the tramp of heavy boots and shades of khaki

and blue will replace the sombre, but familiar, black. The spirit of Cambridge will, like the frolicsome bear, undergo a transient hibernation until once more it awakens and returns to its former carefree existence.

Khaki has at last entangled Bart.'s in its meshes and already a certain military bearing may be observed about the hitherto slouching forms of the occupants of dissecting room and laboratory. It is hoped that this militarism will not become an integral part of our everyday existence, although, perhaps, a little scalpel drill by numbers might produce some interesting results and even frog jerks to "The Campbells are Coming" might prove a signal success.

But the "Last Post" after the terminal viva would doubtless be stretching a point too far.

The Cambridge Home Guard, 7th Mobile Division, is now, however, a formidable force swollen in numbers from the seried

ranks of Bart.'s students.

A Home Guard camp of some two weeks' duration is expected during the vacation. This, in conjunction with a course in Anatomy throughout the last month of the vacation, promises to allow but little respite for some individuals from the scholarly quietness that perfuses the atmosphere of Cambridge.

The May Bumps although, apparently, not a great attraction to most Bart.'s students, drew large crowds on the last day of the events. Cameras were much in evidence, as the weather, by way of a pleasant change, was fine and subjects plentiful.



We must apologise for the absence of a letter from Hill End last month, but to use a favourite expression of the B.B.C., there was a technical hitch.

At 5 a.m. on hospital flag day over 100 students and nurses gathered outside the main entrance and waited for buses to take them to London. More noisy members of the community began to sing songs of impatience, which, my informant tells me, woke up some of the sisters in the home. When the sisters carried out investigations they found that the songsters were no longer waiting, but, like better men before them, had stood not upon the order of their going.

After a blitz on London the hospital rang us up in the small hours of the morning for a party to help evacuate the patients. Within an hour a bus load of students were on the way to London. We were very glad to go to help Bart.'s, but, owing to the fine work of the students who were already there, we were not given enough manual labour.

On May 23rd a concert version of "Merrie England" was produced here. This new venture was a great success, and the hall was packed with an enthusiastic audience.

That night festivity held sway, the top of a lamp-post was seen to be the site of considerable gymnastic activity, while its canine end suffered the attentions of half-a-dozen tottering and immaculate oarsmen. The night owl was raised with many a catch—the very welkin rang.

By the time this issue appears many a Bart.'s man may have disported himself in the heated waters of Ley's School swimming bath, a pleasure so long denied us. That this bath is the only one available for such a university as Cambridge is a fact scarcely to be credited when many a small preparatory school can boast its own pool, without being dependent on any other institution.

On June 6th the Students Union held its Annual Dance here. Our thanks are due to Dr. Kimber for his kind co-operation, which went far to make this dance a great success. Staff and students from all sectors were for the first time under the same roof since the declaration of war. The decoration of the hall, refreshments, and the management of the dance were undertaken entirely by students.

The tennis section have played matches against Ballito and Charing Cross Hospital, which have both been won. Club evenings have been held twice a week and are proving very popular.

Around and About.

The following letter accompanied a casualty:—

Dear Mr. M—e,
This man fell with one leg down a manhole, hitting his perineum about 10.45 a.m., etc.

Yours truly,
J. D—R, Capt. R.A.M.C.

Heard in the theatre—

"At all costs it is essential to preserve the patient's appearance."

In the wards—

"This man was admitted complaining of enemy action and recurrent abdominal pain. On examination—a dirty old man."

"When you see tattoo marks suspect the spirochaete."

"Anosmia is a change of temperature."

"The patient was unable to walk without a stick, nurse, or some other object to hold on to."

"MERRIE ENGLAND"

"Let the words be such that a Briton can understand." Basil Hood's sentiment was faithfully fulfilled by the forty Bart.'s singers, who gave us a concert of very high standard on May 23rd. Edward German's opera is attuned to the times, and the chorus succeeded in doing full justice to the spirit of the music as well as pronouncing their words with a clarity that was the mark of good training.

It was a happy idea to sing in a forest setting—even if there was a grand piano in the forest, and the white flannels of the men were well set off by the coloured period costumes of the ladies. One scarlet dress was particularly impressive. To keep strictly to a concert version was a wise decision, since the original plan of acting the opera would, without skilled production and full orchestra, have been to attempt too much.

After passing through various stages the choir came to be coached and conducted by Hazel Saunders, who deserves warm congratulation on the results of her hard work. It was perhaps a pity that she herself attempted to combine the whole-time job of conducting with that of singing, since there was a certain lack of serenity about her intermittent appearances on the stage and she sang under a handicap.

The choir had the right air of enthusiasm and enjoyment, and the proper drollery was given to the Fish song by Potter (whose patter was faultless), and to "Here's a to-do," by Goodall-Copestake, whose dragon-like finale was one of the successes of the evening. "The Big Brass Band," sung by Potter, Grimson and chorus, was performed with splendid attack and rhythm.

Probably the busiest soloist of the evening was Middleton, whose clarity of tone and effortless top G's were the most pleasing parts of the whole concert. "Who dares to drink or fight with me" was as spirited as his duet with Hazel Saunders was restrained. He showed a great sense of balance and never forced his voice.

The gentlemen on the whole provided better solo voices than did the ladies. Ramsay sang a sonorously musical bass and his trio with Middleton and Potter was a good combination.

Morgan and Peggy Dobbyn both tended to sing from the back of their throats, and failed to do justice to their voices. Margaret Gill's voice was too thin to carry well in the Hall, but Celia Hanford was more fortunate. Her singing tone was good and, apart from her final "r's" (which resembled what is sometimes called the Oxford accent), her enunciation was excellent.

The members of the chorus worked hard and were well together. They were good on their entries and their variation of expression was notable. The rafters of the hall were frequently rung in a very vigorous yet musical manner, while the feeling put into such lines as "the ever-hungry sea howls round this isle" almost made one shudder.

The singers owed a large part of their success to the unobtrusive, yet unflinching, piano accompaniment of McLaren Todd, for it was he who helped to hold them together and was ready to bring them in if they were late, or to gloss over bars that were missed out. His own performance was a very considerable one.

The musical renaissance has made itself felt in Bart.'s at Hill End, and concerts such as this choir gave us are too good to be isolated events. We hope for more in the same style.

J. O. C. E.

EDITOR'S NOTE

the Hospital) is 6d. For all others it is 9d.

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

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.



There is a story, possibly apocryphal, which is told of the late Benjamin Franklyn. It appears that as a youth he was in the habit of indulging in the most pungent criticism of all his colleagues, aided by a bitter tongue, the lash of which almost everybody disliked. Yet at the end of his life he could not hope to count the number of his friends, and had, of course, served his country as an ambassador. When asked how he achieved this, he is said to have remarked, "When still a comparatively young man, I found the secret of pleasing people, which is that if you cannot say anything pleasant to a person, say nothing at all."

Any connection between this and the contents of this news-letter is, of course, purely coincidental.

The hospital still stands at New Southgate, and the population, always in a state of flux, has changed once again. The weather has always been a source of grievance to me, and it was hoped that the summer would put the hospital in a better light, both literally and figuratively. Up to the time of writing this hope has not been fulfilled in any way.

It may be considered that this letter is not very informative, but, between ourselves, it is only an excuse for me to work off a clerihew which I recently composed. It goes like this:

Dr. Graham
Always makes the same
Remark when an answer falls flat.
"No! I can't accept that."
I thank you.

SPORTS NEWS

CRICKET CLUB

May 18th.—The Hospital v. Hornsey, away. Won by 3 wickets.

This was our first win of the year, and was won with plenty to spare. Our opponents batted first, and their score was due mainly to a patient 75 by one of their opening pair. Only two others reached double figures. J. W. C. Evans bowled really well and took six wickets cheaply. J. T. Harold somewhat surprised us by capturing three wickets in fairly rapid succession.

When we went in to bat J. W. G. Evans and G. H. Wells-Cole gave us a good start with an opening stand of 49. Others who got a few were R. M. Mason, R. Heyland and J. T. Harold; all our first eight batsmen reached double figures and we passed their total with half an hour to go and three wickets to fall.

Scores.

| The Hospital. | | The Hospital. | |
|-------------------|----|----------------------|-----|
| J. W. G. Evans, b | | J. T. Harold, c | |
| Fleck | 29 | Plant, b Potat- | |
| G. H. Wells-Cole, | | chik | 15 |
| c Plant, b Boxer | 18 | J. K. Mason, st | |
| R. M. Mason, b | | Palmer, b Potat- | |
| Boxer | 21 | chik | 0 |
| J. L. Fison, b | | A. J. Gray, c Plant, | |
| Boxer | 11 | b Potatchik ... | 0 |
| G. A. James, lbw, | | R. B. McGregor, | |
| b Boxer | 12 | not out | 0 |
| M. Bates, b Boxer | 10 | Extras | 11 |
| R. Heyland, c | | Total | 154 |
| James, b Potat- | | | |
| chik | 19 | | |

Bowling:—Boxer, 5 for 62; Potatchik, 4 for 5. Hornsey.

Total: 131.

(Evans, 6 for 36; Harold, 3 for 34; C. Potatchik 75)

May 24th.—The Hospital v. Finchley, away. Match drawn.

This was as wretched a day for cricket as can be imagined—a cold wind, with rain always threatening. The opening Finchley pair scored steadily, but were helped by our dropping some catches—none of them easy, and not surprising in such weather. Our bowling was on the whole ineffectual, though Lucy, Gallimore and J. W. G. Evans all worked hard without much success. Finchley went on batting, not very fast, for a considerable time. In fact, the main excitement of the afternoon was Spafford's chase after a small stoat (it definitely was a stoat!) which had poached on his preserves at deep third-man. Needless to say, perhaps, it escaped.

Finchley declared at 5.30, when a late tea was taken. Then the rain started to come down and a rather dismal afternoon was brought to a close, though we first had time to lose one wicket without scoring!

Scores.

Finchley 210 for 5, declared. (Lucey, 2 for 04; Evans, 2 for 55.)

The Hospital 0 for 1.

ATHLETIC CLUB

Bart's v. the London University Tyrian Club and Guy's, and the Tyrian Club v. Belgrave Harriers, held at Tooting Bec Track on Saturday, May 31st, 1941.

Result: Bart's tied with the Tyrian Club and beat Guy's. The Tyrian Club beat Belgrave.

A. E. Fyfe won the 100 yards and 220 yards.

A. J. Atkinson won the ½-mile.

J. P. Haile won the mile.

M. A. C. Dowling won the high jump, the long jump and the discus, and came second in the weight.

A. I. Ward came second in the long jump.

A. J. Danley came third in the 120 yards hurdles.

Bart's (W. J. Atkinson, A. I. Ward, A. E. Fyfe, and J. P. Haile) came a close second to Belgrave Harriers in the medley relay.

As in previous matches this season, Bart's men played a prominent part in winning the match for the Tyrian Club, but it is to be regretted that some of them cannot turn out more regularly.

On Wednesday, May 28th, at Tooting Bec Track, the A.A.A. "A" Team beat the London University Medical Schools and Colleges by 61 points to 50.

It is a pity that the University could not turn out its best team and especially that M. A. C. Dowling was not present, but W. J. Atkinson came second in the mile, ran in the half, and did a very good half in the medley relay race, which the University won. J. P. Haile, the University captain, won an easy mile in 4 minutes, 35.6 seconds, and then won the half-mile in 2 minutes, 4.8 seconds by means of a stirring finish in which he passed three men in the home straight.

58TH ANNUAL SPORTS

The Annual Sports were held on Saturday, June 14th, at Chislehurst, with a large crater at one end of the ground providing a sign of the times.

An appreciative crowd of spectators in which the staff were well represented, watched a meeting of unusually high standard.

The present Secretary, J. P. Haile, ran a classic mile on his own and just bettered Major Stallard's long-standing record by one-fifth of a second.

M. A. C. Dowling again demonstrated his mastery of field events. He improved his own discus record and nearly jumped out of a totally inadequate long jump pit.

J. F. Lucey showed excellent form in the javelin throw—the result of some quiet practice in Chatterhouse Square. The Tug of War, with Sir Girling presiding, provided much excitement, especially in the final when Bart's home team just defeated "Friern" after eliminating the Cambridge contingent. "Friern" started hot favourites on paper but fizzled out with the last minute scratching of Dr. Graham.

The prizes were charmingly presented by Mrs. Charles Harris to their respective diffident winners, only one of whom appeared to understand what to do with a beer mug. The Captain, W. J. Atkinson achieved the impossible by repeatedly announcing his own name with an air of surprise and coincidentally appearing to receive his award.

Considering difficulties of organisation due to Bart's dispersal, much credit is due to the officers of the Athletic Club for the staging of a first class meet in war time.

The events of the day were rounded off with a highly successful dance in the Pavilion.

DONALD FRASER.

RESULTS

1. 100 Yards: 1, A. E. Fyffe; 2, A. I. Ward, M. A. C. Dowling. No time.

2. 220 Yards: 1, A. E. Fyffe; 2, W. J. Atkinson. Time: 23 1/5th secs.

3. 440 Yards: 1, W. J. Atkinson; 2, J. P. Haile. Time: 55 secs.

4. 880 Yards Handicap: 1, G. L. Bousar (20 yards); 2, W. J. Atkinson (scratch); 3, J. P. Haile (15 yards). Time: 2 mins. 2 4/5th secs.

5. 120 Yards Handicap: 1, G. R. Holtby (3 yards); 2, G. E. Hicks (10 yards). Time: 12 secs.

6. 1 Mile: 1, J. P. Haile; 2, W. J. Atkinson; 3, C. S. M. Stevens. Time: 4 mins. 30 4/5th secs. (Record).

7. 3 Miles: 1, J. P. Haile; 2, W. J. Atkinson; 3, I. T. Holloway. Time: 15 mins. 36 4/5th secs.

8. Long Jump: 1, M. A. C. Dowling; 2, A. I. Ward; 3, F. G. C. Dormaingue. 23 ft.

9. High Jump: 1, M. A. C. Dowling; 2, F. G. C. Dormaingue; 3, D. G. Reinold. 5 ft. 8 ins.

10. Discus: 1, M. A. C. Dowling; 2, J. F. Lucey; 3, W. J. Atkinson. 114 ft. 1 in. (Record).

11. Weight: 1, M. A. C. Dowling; 2, J. F. Lucey; 3, J. A. Robertson. 35 ft. 11 1/2 ins.

12. Javelin: 1, J. F. Lucey; 2, W. J. Atkinson; 3, K. B. McGrigor. 144 ft. 8 ins.

13. 120 Yards Hurdles: 1, D. G. Reinold; 2, F. G. Dormaingue. Time: 17 3/5th secs.

14. "Housemen's 100": 1, A. I. Ward; 2, D. G. Reinold. Time: 11 1/5th secs.

15. Tug-of-War: Winners—Bart's; runners-up—Hill End.

16. Relay: 1, Friern (Evans, Morris, Haile and Atkinson); 2, Cambridge; 3, Bart's. Time: 1 min. 46 1/5th secs.

SWIMMING CLUB

The Secretary wishes to announce that the St. Mary's Hospital bath is open to Bart's every Thursday evening at 5 p.m. Attendances are usually small, which is to be regretted, since these excellent facilities may not be always available. So roll up, all ye swimmers and paddlers—there is no extra charge for splashing!

June 5th, v. St. Mary's "A." Lost 3—5.

St. Mary's very kindly matched an "A" side against us at very short notice, and although both teams were rather heterogeneous combinations, an interesting game resulted. C. R. Sheen played particularly well as forward, scoring two goals from a position with which he is unfamiliar. McAfee, Pearce and McLean all worked overtime and Smith is to be congratulated on remaining in the bath throughout the game.

Team: C. Sheen, J. T. Harold, L. McAfee, I. McLean, J. F. Pearce, H. Pезesghi, J. Smith.

May 29th, v. Charing Cross Hospital. Won 4—1.

To attempt to run a water-polo side with only five experienced players to call upon is courageous, but the Swimming Club has acquired a formidable fixture list for the season and in the opening match was deservedly successful. Our opponents were a trifle mountainous and brought with them a formidable array of female supporters; Bart's were at an obvious disadvantage from the start. For the first three minutes Stephens heroically deputised for McLean (transport trouble?) and

proved as unsinkable as the "Bismarck" and quite as dangerous. In this half, defending the deep end, Bart's tended to play too many men close to the opponents' goal, and in consequence neither side was able to score. McAfee bore the brunt of the defensive work, especially when we lost Smith who, together with an opponent, was asked to join the spectators on account of a private war unfortunately spotted by the referee. In the second half Bart's played much better and

Pearce scored in two minutes, thus enabling Smith (plus traumatised opponent) to return. After another quick goal from Pearce, play became very scrappy until Charing Cross scored after several good saves by Sheen. McAfee replied immediately and Pearce completed his hat-trick before the game ended, with Bart's attacking strongly.

Team: C. Sheen, J. T. Harold, I. McLean, L. A. McAfee, J. F. Pearce, W. Tucker, J. Smith.

IN OUR LIBRARY

By JOHN L. THORNTON, LIBRARIAN

V.—THE WRITINGS OF SIR D'ARCY POWER

The death of every prominent author renews interest in his writings, and the recent passing of Sir D'Arcy Power compels one to reconsider his remarkable contributions to the literature of bibliography, history and surgery. Details of his life and intimate connection with Bart.'s are recorded elsewhere in this number, but a brief note on his writings will enable one to appreciate more fully the services rendered to medical literature by an outstanding personality. Sir D'Arcy Power collected a truly magnificent collection of books, which he had reluctantly decided to put up for auction just before his death, and the sale catalogue of his library contains many interesting items, certain of which would have been welcomed at Bart.'s. The manuscript collection of his writings in 23 volumes, for example, will be of great historical value, and is but one item selected from an imposing list.

Many Bart.'s men present copies of their publications to our Library for preservation in the Athenæ Collection, and although many of Sir D'Arcy's writings have been acquired from him as gifts we still lack certain important items. A few months ago, in reply to a request, Sir D'Arcy presented us with a large collection of his reprints, for the binding of which he intended to pay, and they considerably enrich our holdings in this material. Among books by Sir D'Arcy lacking in our collection should be mentioned his *Medicine in the British Isles*, 1930; *British masters of medicine*, 1936; *Practitioner's surgery*, 3 vols., 1919; his edition of John Arderne's *De arte physica*, 1922; *System of syphilis*, edited by Sir D'Arcy Power and J. K. Murphy, 2nd ed., 5 vols., 1914, and *Chronologia medica*, edited by him and C. J. S. Thompson, 1923.

In addition to a considerable collection of pamphlets, the following are among the books by Sir D'Arcy available in our Library: *The foundations of medical history*, 1931, which consists of lectures delivered by him as Visiting Lecturer to the Institute of the History of Medicine of the Johns Hopkins University in 1930; *A short history of surgery*, 1933; *The surgical diseases of children*, 1895; *William Harvey*, 1897, which is a most interesting biography in the Masters of Medicine series. *Wounds in war, their treatment and results*, 1915, was published as one of the Oxford War Primers, and Sir D'Arcy's *Short history of St. Bartholomew's Hospital*, 1123-1923, 1923, written with H. J. Waring, was another of his successful volumes. For some years he contributed series of articles on the history of surgery to the *British Journal of Surgery*, which are also housed in the Library.

One of the earliest publications of Sir D'Arcy Power was his edition of John Flint South's *Memorials of the craft of surgery in England*, compiled from material left by South at his death in 1882. This encouraged Sir D'Arcy in his thirst for historical research, to which we are indebted for his biographical and historical studies, including numerous lives of medical men in the *Dictionary of National Biography*. He was also one of the editors of *Plarr's Lives of the Fellows of the Royal College of Surgeons of England*, 2 vols., 1930. The most recent volumes from Sir D'Arcy's pen, *A mirror for surgeons*, 1930, and *British medical societies*, 1930, edited by him, are also in the Library.

To celebrate the seventy-fifth birthday of Sir D'Arcy Power his friends compiled a volume of his *Selected writings 1877-1930*, 1931, consisting of sixteen of his most important papers, together with a biblio-

graphy of his writings containing 600 entries grouped by subjects. This gives some idea of Sir D'Arcy's contributions to the literature of the subjects in which he was interested. His historical and biblio-

graphical work is assured of permanent consideration on account of the thoroughness of his work, and it is hoped that the collection of his writings housed at Bart.'s may be made as complete as possible.

NEW BOOKS

Textbook of Gynecology. By Wilfred Shaw. (Third Edition.) (J. & A. Churchill, 21/-.)

Shaw's *Gynecology* is already a popular book in this Hospital, and the publication of a new edition will greatly increase this popularity, as it is now the most up-to-date textbook of a subject which has made considerable strides in the last year or two, especially in the therapeutic use of hormones.

The book begins with a long section on anatomy and physiology, a proper understanding of which is essential for success in gynecology. This understanding is only too often absent in students. The author deals with his subject as systematically as is practicable, though there is unnecessary repetition in some sections. Pathology and the details of treatment are adequately described, in fact the descriptions of some operations are perhaps over-long.

There is a separate chapter on hormone therapy, but, excellent though this is, it is unfortunate that there should be so little description of the use of hormones in the sections on treatment of individual diseases.

In general this book can be confidently recommended to students as being authoritative and of adequate length for the qualifying examinations.

Surgery of Modern Warfare, Part IV. By Sixty-Five Contributors. Edited by Hamilton Bailey. (E. and S. Livingstone, 12/6.)

In the Editor's note to Part IV., Mr. Hamilton Bailey defends this work against the criticism that the earlier parts of the book contained differences of opinion which reduced its value as an authoritative text. He maintains that these divergent views were intentionally represented in order to give a correct picture of the present state of affairs. Since, however, the book was primarily intended to be a guide to War Surgery for those having relatively little specialised knowledge, these divergencies of opinion will nevertheless tend to reduce their confidence in the authority of the work.

This Part continues the section on wounds of bones and joints and also deals with injuries to

the face and neck and the organs of the special senses. There are two chapters on amputations, one of which contains an extremely interesting description of various kneplastic operations. The necessity for providing a good stump is strongly emphasised in the second of these chapters, but the author of the first chapter does not favour undue pandering to the makers of prostheses. The second section, dealing with wounds of the face, includes three chapters on wounds of the orbit and eyeball, providing detailed information on a specialised subject of great importance under modern conditions of warfare.

The high standard of production and illustration is maintained.

"A textbook of the Nursing and Diseases of Sick Children," third edition, edited by Alan Moncrieff, M.D., F.R.C.P., London (H. K. Lewis & Co., Ltd.), is not only an excellent introduction to child nursing for probationers to study from, but is of great value as a reference book for trained nurses.

This book deals with the general nursing, care and feeding of children from birth, the nursing of surgical and medical diseases, including orthopaedic.

Of particular interest just now are the chapters on the treatment of burns and scalds, and for the nurse going overseas, there is a most enlightening chapter on tropical diseases.

There are chapters on the modern conception of the disorders of the alimentary system, tuberculosis, syphilis, rheumatism, the ductless glands, the circulatory and respiratory systems, the genito-urinary system, the nervous system, infectious diseases, and many others.

There is much invaluable information on drugs, and their administration.

One feels that the many contributors to this book have not only covered the vast ambitious programme they set out to do, but supplied a book of great worth to nurses. It is hoped that after their study from the book they will be as able to follow in reality as in theory Prof. A. Czerny's dictum: The best nurse is not the one that knows most but the one that observes best.

MORE CLERICHEWS

Dr. Gow,
After feverishly mopping his brow
Remarked, on seeing a Camembert
cheese,
"It must be a new disease."

Dr. Scowen
Said he wouldn't be knowin'
Whether his student horde
Were really stupid, or merely looked
bored.

The following additional names have been received:—

ROYAL NAVY

E. Moxon Browne F. G. V. Scovell
C. E. D. Ellis S. J. Savage
L. F. Strugnell S. Jenkinson
E. B. Pollard C. D. D. de Labilliere
H. II. Fisher

R.N.V.R.

G. F. Abercrombie R. H. Enoch
R. W. H. Tincker M. D. C. Hosford
H. M. Willoughby C. de W. Kitcat

R.A.M.C.

T. E. Osmond R. B. Price
E. B. Allnutt J. M. Weddell
E. G. S. Cane B. H. C. Lea-Wilson
J. E. Hepper B. H. Hosford

R.A.F.

D'Arcy Power

R.A.F.V.R.

G. Hartill

* * * *

SOCIETY OF APOTHECARIES OF LONDON
Dates of the Society's Examinations for the month of August:—

Surgery, 11th, 13th, 14th; Medicine, Pathology and Forensic Medicine, 18th, 20th, 21st; Midwifery, 19th, 20th, 21st, 22nd.

BIRTHS

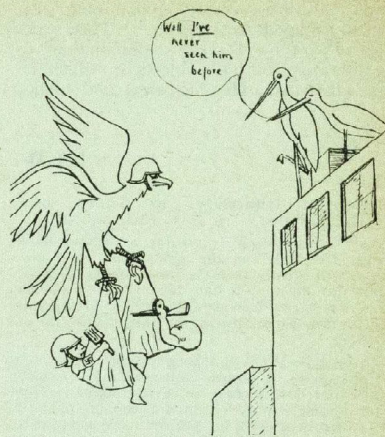
BEVAN JONES—On May 19th, 1941, at Stonefield Maternity Home, Wookey Hole, Somerset, to Muriel (née Rowett), wife of Flying Officer H. Bevan Jones, R.A.F.V.R.—a son.
HARMER—On May 11th, 1941, at Diocesan House, St. Albans, to Bridget, wife of Michael Harmer, F.R.C.S.—a daughter.
HARRISON—On May 24th, 1941, at King's Lynn, to Mary (née Bowen), wife of J. O. Harrison, F.R.C.S.—a daughter (stillborn).
HEWER—On May 10th, 1941, at Redmayes, Marshalswick Lane, St. Albans, to Phoebe (née Champney), wife of C. Langton Hewer, M.B., B.S., D.A.—a daughter.
JACKSON—On April 23rd, 1941, at the Maternity Home, Scunthorpe, Lincs., to Joan (née Broadgate), wife of Capt. Harry Jackson, R.A.M.C., a son.
PRICE—On May 26th, 1941, at Mote Cottage, Abbotswickwell, Devon, to Daphne, wife of Colonel R. B. Price—a son.
WENGER—On May 10th, 1941, at the Fielding Johnson Private Hospital, Leicester, to Margaret (née Dow), wife of Reginald A. L. Wenger, F.R.C.S.—a daughter.
YOUNGMAN—On March 18th, at Beech Hill Nursing Home, Barnstable, to Muriel (née Horsée), wife of J. G. Youngman, F.R.C.S., a son—David John.

MARRIAGE

GLUCKMAN McLEAN. On February 1st, 1941, at Johannesburg, Lieut. John Gluckman, South African Medical Corps, to Lois Stave McLean.

SILVER WEDDINGS

PAVY-SMITH—NORTHWOOD—On June 3rd, 1916, at St. James' Church, Camberwell, Capt. A. B. Pavy-Smith, R.A.M.C. (T.), to Elizabeth Northwood, T.F.N.S. Present address: Portland House, 14, Leeds Road, Hartgate.
RYLAND—MOORE—On May 17th, 1916, at the Hirsal Chapel, Coldstream, N.B., by the father of the bride, Captain Archer Ryland, F.R.C.S. Ed., R.A.M.C., second son of Henry Woodcock Ryland, Esquire, and Mrs. Ryland 13, Holland Park, London, W., to Gladys

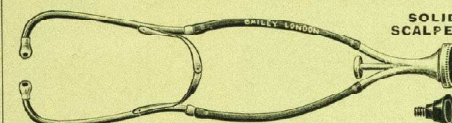


Wife of regular officer would run house or help house; garden; cooking; drive car; low salary; no holidays if two nice public school boys taken paying guests (one short time only); all handy, helpful, keen country, gardening.
(Advertisement in daily paper.)
Phew!

W. H. BAILEY & SON LTD. SURGICAL INSTRUMENT MAKERS.

BAILEY'S DIAGNOSTIC SETS

STETHOSCOPE from 12/6



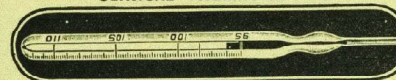
D.1236 Improved Binaural Stethoscope, with Skinner's Chestpiece and Special Phonoscope End. as illustration 17/6 each

SOLID STEEL SCALPELS. 4/- each

10% DISCOUNT

allowed to Students mentioning this Advertisement

CLINICAL THERMOMETERS



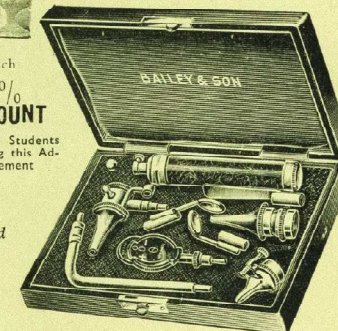
Every Thermometer is guaranteed, clearly marked, and tested at the National Physical Laboratory.

| Bailey's 2 minute round | each 1/6 | per dozen 14/3 |
|-------------------------|----------|----------------|
| " 2 " | " 1/8 " | " 18/- |
| " 1/2 " | " 1/11 " | " 20/3 |
| " 2 " magnifying | " 1/9 " | " 18/6 |
| " 1 " | " 1/11 " | " 20/3 |
| " 1/2 " | " 2/11 " | " 22/- |

IF WITHOUT CASES 1/- PER DOZEN LESS

Hospital and Invalid Furniture ::
GERARD 3185 45 OXFORD STREET LONDON, W.1
2313 2 RATHBONE PLACE

Illustrated List sent on Request



Why not send your Repairs to us?

SCISSORS, SCALPELS, KNIVES of all description and RAZORS, Ground and Set. HYPODERMIC SYRINGES repaired. LOWEST PRICES

D.1081 consisting of May's Ophthalmoscope, Auriscope, with 3 Speculae, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors, Tongue Spatula and Handle with Rheostat to fit the above instruments, complete in case, with spare lamp. PRICE complete £5 16 6 Auriscope, with 3 Speculae, handle and spare lamp in case £2 7 6

WAR COVER ★ for DOCTORS ★ without extra Charge

C. M. & G. policies for medical men make full provision for the present-day needs of the profession and confer the most complete protection.

In brief the benefits are:

- 1 Full Cover in Civil Practice.
- 2 Full Cover whilst serving in this country with either the R.A.M.C. or R.A.F.M.S.
- 3 Cover to the extent of one third the sum assured in the event of death abroad as a result of service with one or other of the Medical Units previously mentioned.

CLERICAL, MEDICAL & GENERAL LIFE ASSURANCE SOCIETY

Chief Office: 15, ST. JAMES'S SQUARE, S.W.1

Telephone: WHITEHALL 1135

Mary, only daughter of Mrs. C. A. Moore and the Rev. G. A. Moore, M.A., B.C.L. (Oxon), Chaplain of All Saints' English Church, Dresden, Germany, Rural Dean and Acting Domestic Chaplain to the Rt. Hon. the Earl of Home, K.T. The Hirsal, Berwickshire, N.R. Present address: 27, Queen's Court, Queensway, Hyde Park, W.2.

DEATHS

DAVIES—On May 10th, 1941, at 2, Hornfield Road, Worthing, Sidney Davies, M.D., late M.O.H. for Woodwich, aged 86.
DIXON—At Audley Lodge, Parkstone, Charles Frederick Lyne Dixon, M.D. (ret.), late of Acton, aged 71.
DOUGLAS—On May 27th, 1941, at St. James's Vestiarie, Devises, Justin Langton Douglas, formerly Vicar and Hospitalier of St. Bartholomew's Hospital, London, and lately Vicar of Yelminster, Dorset, aged 53 years.
HARRIS—On May 20th, 1941, suddenly, Herbert Elwin Harris, M.A., M.D. Camb., F.R.C.S. Eng., of The Mount, Halse, Taunton, late of Clifton, Bristol, aged 80.
MOORE—On May 18th, 1941, C. Frank Moore, M.B., B.Sc., late address, Trevena, Slough.
POWER—On May 12th, 1941, at 53, Murray Road, Northwood, Sir D'Arcy Power, K.B.E., F.R.C.S., F.S.A., aged 86.
ROBINS—On May 21st, 1941, suddenly, at Wycombe Hospital, John Mannix Robins, F.R.C.S., of Little Orchard, West Lodge Road, Colchester, aged 33.
SODEN—On March 13th, 1941, W.S. Soden, M.B.

BY ENEMY ACTION

ATWILL, John Anthony, M.R.C.S., L.R.C.P., killed by enemy action, Saturday, 28th, or 19th April

MISSING

DE LABILLIERE—Missing from H.M.S. Pijl in May, 1941, Surgeon Lieutenant-Commander C. D. D. (Denis) de Labilliere, Royal Navy, younger son of the late Rev. C. E. D. de Labilliere and of Mrs. de Labilliere, Heatherlands, Bingham Avenue, Lilliput, Dorset, and husband of Christine (Kitty) de Labilliere of The Homestead, Borden, Kent.

**THE TREATMENT OF
INFECTION IN
WOUNDS
BY SULPHONAMIDES**

**ORAL ADMINISTRATION AND TOPICAL
APPLICATION**

Great attention has recently been attached to a form of topical sulphonamide therapy in which a relatively large amount of the compound is placed inside a wound and allowed to remain there.

The clinical and experimental data available on the subject is at present inadequate for the proper evaluation of sulphonamide implantation, but articles already published in the medical press clearly show that it is not a procedure which can be dismissed without further consideration.

We have prepared a memorandum summarising the data at present available on the subject and presenting a critical review of the position. We will be pleased to send a copy to you on request.

DAGENAN—M & B 693, *THIAZAMIDE & SULPHANILAMIDE (MAY & BAKER) are now available in powder form for implantation. The container of 15 grammes is considered to be the most suitable for topical therapy.

SUPPLIES :

| | | |
|------------------------------------|------|----------------------------------|
| DAGENAN—M & B 693 (SULPHAPYRIDINE) | | Containers of 15 grammes 4/- |
| THIAZAMIDE (SULPHATHIAZOLE) | | Containers of 15 grammes 6/6 |
| SULPHANILAMIDE (MAY & BAKER) | | Containers of 6 x 15 grammes 7/- |

*TRADE MARK.

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM



**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**

WAR EDITION



AUGUST, 1941

INDEX

| Page | | Page |
|------|--|------|
| 213 | Final Dose | 225 |
| 213 | What We Have to Put up With ... | 227 |
| 215 | The Fulani Floggings, by Martin Ware | 228 |
| 217 | Twilight Piece, by E. G. R. | 229 |
| 218 | Two Letters | 229 |
| 218 | Suprarenal Rests, by W. J. A. | 230 |
| 219 | A Case of Advanced Ectopic Gestation, by David Weitzman | 230 |
| 220 | The Square, by E. G. T. | 231 |
| 221 | From the Patient's Point of View, by a Surgical Registrar | 231 |
| 225 | Correspondence | 231 |
| 227 | Cambridge News | 231 |
| 228 | Hill End News | 231 |
| 229 | Friern News | 231 |
| 229 | Examination Results | 231 |
| 230 | In Our Library, by John L. Thornton, Librarian | 231 |
| 230 | New Books | 231 |
| 231 | Bart.'s Men in the Services | 231 |
| 231 | Births, Marriages and Deaths | 231 |

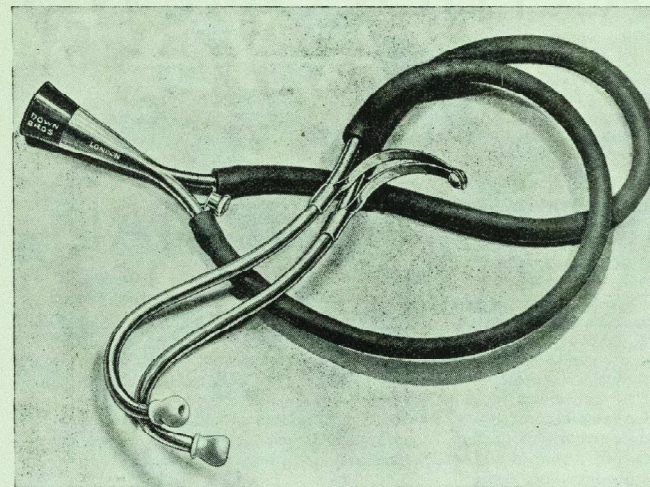
INSURANCE
for
YOURSELF

In these days a
Personal Accident
Policy is more of
a necessity than
ever before

Full Information regarding the "Car & General" Personal Accident Policy will be sent without obligation. The same high standard of security and service which characterises "Car & General" Motor Policies, applies to every other class of business transacted by the Company.

CAR & GENERAL

INSURANCE CORPORATION LIMITED
83 PALL MALL, LONDON, S.W.1



**Surgical
Instruments
and
Hospital
Furniture**

DOWN BROS., LTD. Correspondence: 23, Park Hill Rise, Croydon.
Showrooms: 22a, Cavendish Square, W. 1

TRADE MARK **PYLUMBRIN** BRAND
DIODONE

FOR EXCRETION PYELOGRAPHY

PYLUMBRIN is a British-made non-irritant contrast agent which is rapidly excreted by the kidneys. Pylumbrin has been submitted to extensive clinical trials and the results show that it is well tolerated and excellent contrast shadows are obtained in radiography of the renal pelvis, ureters, and bladder.

AMPOULES of 20 c.c.
Supplied in single ampoules and boxes of six ampoules.

AMPOULES of 3 c.c.
Supplied in single ampoules and boxes of three and six ampoules.

Literature sent upon request
Obtainable through all branches of



BOOTS PURE DRUG Co. Ltd., NOTTINGHAM

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

AUGUST 1st, 1941.

No. 11.

FINAL DOSE

For some months spasmodic controversy has ebbed and flowed in our correspondence columns, on the merits and demerits of the Metric system. Tradition and chaos, assailed from many quarters, have been most stoutly and artfully defended by Dr. Maxwell, a champion of remarkable courage and resourcefulness. Not one of his fellow Mediaevalists, skulking in the dark recesses of every ward, has dared to support him in print, yet he alone has held the bridge and the contest is quite undecided. Dr. Maxwell keeps his sword—or at least his pen.

There seems to be pretty general agreement that double ss (or should it be esses?) and circles with dots in the middle are unnecessary and undesirable, and that the differences between the Troy, Avoirdupois, Apothecaries' and American systems are regrettable and highly unscientific. It is equally acknowledged that translations of Imperial to metric doses merely add to the confusion and are (as Dr. Hamill pointed out in a curiously double-edged letter) shockingly inaccurate into the bargain. Neither side is wholehearted or entirely logical in its behaviour. The modernists

WHAT WE HAVE TO PUT UP WITH

The urge to see one's name in print is irresistible. A short time ago a letter containing the following sentence was received from a certain Major in the R.A.M.C., who shall be nameless, and who had unfortunately been omitted from our lists of Bart.'s men in the Services:

"As regards your lists of St. Bartholomew's men serving, they are so incomplete

do not take their liquor in litres and Dr. Maxwell does not (as far as we know) record blood-pressure in inches.

Part of the enmity between the two camps is due to mutual ignorance of each other's methods. The Ancients are puzzled by decimal fractions and pretty well stumped by percentages. We for our part are never quite confident of distinguishing the cabalistic symbols for drachms and ounces. What is needed is a new pharmacopœia with metric doses in sensible quantities, or merely a translation of any continental pharmacopœia. May we hope that the great Scowen will one day perform this task? Meanwhile we shall continue to use the two systems capriciously, and we shall go on getting frightfully muddled and seeing revolting mixtures (as on page 272 of a certain well-known medical textbook). Above all, we must be careful not to worry so much about the notation that we forget the doses themselves. "There is some folks in this world," said Josh Billings in another connection, "who spend their whole time hunting after righteousness and haint got any spare time tew praktiss it."

that it would have seemed better not to have published them . . ."

Needless to say, this unkind cut provoked a sharp (perhaps too sharp) editorial *riposte*. Major Nameless referred to my letter as "uncivil," and then made a helpful suggestion which a more thoughtful person would have included in his first communication.

AUGUST, 1941)

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

214

The idea of publishing a list of Bart.'s men in the Services originated outside the Publications Committee. It was received in the Journal Office—we may as well be perfectly frank—with grave misgiving. The editorial staff consists of an A.R.P. officer, an Air Raid Warden, and a Lieutenant in the Home Guard. Our main business (at least theoretically) is medical study and we are all taking examinations. The Journal work has greatly increased since the air-blast, not least when the office windows were blown out and all the contents buried in half an inch of dust (Major Nameless, by the way, writes from two places which have not, as far as I know, been bombed at all).

Indescribable, therefore, was our relief on being offered a list of Bart.'s men in the Services compiled with considerable difficulty by an independent contributor. The list, containing 227 names, duly appeared in our April number, with a notice clearly stating that the list was not thought to be complete and that more names would be published when possible. Supplementary

lists have in due course appeared.

We are extremely sorry that these lists have disappointed some of our readers and can only plead that half a loaf is better than no bread. We earnestly hope that all Bart.'s men serving whose names have so far been omitted will send them to us without delay.

The duties of the Journal staff range from writing news-letters to old Bart.'s men all over the world, to assisting distressed nurses to find the Dunn Lab. It is with profound relief that I reach the end of my editorial term. I like to think, no doubt mistakenly, that in this exciting period the Journal has maintained its standard or even, perhaps, improved a little. The Editor's task is nowadays uphill and exacting, not lightened by comments such as those of Major Nameless. It is difficult for readers to realise the thought and effort required to produce these few simple and uninspiring pages month by month. The work is gladly undertaken only because it is an honour to do anything, however small, to serve the Hospital.



Congratulations to Sir Charles Gordon-Watson, now serving in his third war. A veteran of the South African campaigns, he was a Consulting Surgeon in France and Italy in the last war and is now once again in khaki with the Northern Command. There may be other Bart.'s men serving for the third time; if so, we should be glad to know their names. But none, we feel sure, has served with greater distinction than Sir Charles.

* * * *

We congratulate Mr. I. P. Todd on being elected to one of the Rockefeller Medical Studentships.

* * * *

Every now and then we have requests for back numbers from libraries and other institutions. We do our best to satisfy

these demands, but occasionally an issue is completely sold out. The Editors would be most grateful to receive copies of the following numbers of the JOURNAL, of which our supplies are now exhausted: War Edition, Vol. 1, Numbers 1, 2 and 11; Vol. 2, Number 5.

* * * *

Readers will notice that for the first time for many months the JOURNAL contains no Candid Camera snapshot. Two factors combine to bring about this unhappy state of affairs. First, the financial position of the JOURNAL is now so serious that we must cut down expenses wherever we can. Second, almost all members of the Senior Staff have now been successfully caught and our photographer is at present ruining his medical education and wasting the best hours of his life in stalking the extremely

elusive. Whenever he makes a kill, or a particularly fine specimen is secured, the photograph will be published. Meanwhile, we are starting a series of caricatures which we hope will prove equally popular.

September issue

Contributions for the September issue should be received not later than August 14th.

THE FULANI FLOGGINGS

By MARTIN WARE

The West Coast of Africa is indeed the anthropologists' playground. The old doggerel,

"Beware and take heed of the Bight of Benin,
Where few come out though many go in,"

supplies the clue to this. Until recent years, when the control of malaria, yellow fever and the dysenteries was worked out and applied, the "Coast" lived up to its reputation as the White Man's Grave, and few had lived there.

The first European visitors were the Portuguese seamen, who by 1472 had explored the West Coast as far as the Bight of Benin. In 1485 Benin itself was visited by John Alfonso d'Aviero. After that date the brutal trade in slaves grew and flourished exceedingly. English, Portuguese, Spanish, French and Dutch slavers all hastened to cash in on this profitable business.

Although Benin was frequently visited the rest of the Interior remained unknown.

It was only in the nineteenth century that English explorers, attempting to solve the riddle of the Niger River, penetrated into central Nigeria. Even then they died like flies. They were murdered by head-hunting natives. They perished from fever, exposure to the sun and starvation. And if they survived these hazards they were drowned in the Niger itself.

In 1830 the Lander brothers proved that the Niger entered the sea by a delta between the bights of Benin and Biafra.

And in 1862 the British colony at Lagos was established.

It is, therefore, only in the last eighty years that the natives, who inhabit the Rush beyond the coastal belt of tropical forest, have been subjected to the influences of European civilisation. Many tribes are still in an extremely primitive condition. For instance, in one town in Southern Nigeria, it is still compulsory for all meat

sold in the market to have the skin attached owing to the habit of eating your neighbour. And I have heard reliable accounts of human sacrifice, slavery and head-hunting still persisting to the present day.

With many of the native customs now becoming submerged beneath the combined onslaught of Christianity, our laws and education, I venture to think that the description of a dying native ceremony may be of interest.

Who are the Fulani?

It has long puzzled ethnologists to account for this Mediterranean race which has strayed so far south as Nigeria. Their slender, light to reddish brown bodies, their oval faces with heavy-lashed almond eyes, straight to aquiline noses and finely moulded lips, their ringleted hair and short tufts of beard are in striking contrast to the heavy features and frizzled hair of the negro races.

The most plausible theory of their origin relates them to the Hyskos dynasty of shepherd kings of Egypt. The resemblance between the Fulani features and the portraits of these Pharaohs is said to be exact. They dress their hair in two plaits which fall on either side of their heads, which was the style of hairdressing adopted by the Hyskos kings. They practise circumcision, which traditionally they inherited from the Pharaohs. And, most suggestive of all, the Yola Fulani worship the spirits of two legendary ancestors, Sambas and Kumbas, who are mentioned by Herodotus when writing of the Hyskos dynasty. Other theories relate them to the Phoenicians, the Phrygians and the Semites, as well as to various other hamitic races.

There seems little doubt, however, that they started to migrate from Northern Libya westwards, following the northern border of the Sahara until they reached the Atlantic seaboard, where they turned south to Senegal. Then, at a period variously stated as the thirteenth to the sixteenth

century, they turned eastwards once more and, following this time the southern boundary of the Sahara, they reached Nigeria.

Their method of penetrating a new country throws light on the two great divisions of the race which are found in Nigeria.

It was their practice to enter a new territory as inoffensive nomads with their herds of grey, hump-backed cattle. They infiltrated everywhere. After a while they became sufficiently numerous to seize the reins of government by force. They then rose against the original inhabitants of the country and became its masters. In Nigeria the Fulani now hold political control of all the Muslim states except Bornu. These insurgent conquerors are called the Town Fulani. They have intermarried with the vassal negro races and are rapidly losing their tribal characteristics.

A certain proportion of the Fulani population, however, never became engaged in their tribal wars and have continued to this day to lead the pastoral life of their forebears. These are the Cow Fulani. They have remained pure in race. They neither intermarry with the negroid tribes around them, nor with their racially debased, though more civilised brothers, the Town Fulani. They are to be found all over Northern Nigeria living in rickety, conical wigwams of guinea-corn stalks, pasturing their herds.

Etiquette

It is only among the Cow Fulani that the practice of flogging persists. It appears to have originated as an ordeal to which all the youths of the tribe submitted themselves before they were allowed to marry.

It is significant that the Fulani girls have the absolute right to refuse a suitor, although they are actually betrothed before they have learnt to walk. And a prospective husband who showed cowardice at this supreme trial of endurance might confidently expect to be turned down. Nowadays, although a man who shirked the ordeal would probably get a wife of a sort, he would suffer in prestige; and equally a youth who bore himself bravely would be more likely to win the bride of his choice.

Among the Fulani marriage is comparatively late—the men marrying at twenty-five and the girls when they are about seventeen. Concubinage is prac-

tically unknown.

The floggings usually take place at the New Year, Shara, festival. Several tribes collect together for the feasting and dancing, which form a part of the festival. Shero contests are organised—trials of endurance by wrestling and flogging. Men of the same tribe may not flog each other. And after a man has received his quota of lashes, he repays the complement to his assailant a few days later.

Before the Shara the Fulani youths go into strict training. They drink medicines, practice continence, avoid sour milk and starve themselves. The starvation is supposed to lessen the blood flow when they are beaten. Meanwhile leather lashes are prepared and long, springy sticks are toughened in the smoke of wood fires. The sticks are about six feet long and one and a half inches in diameter.

What happens

The Shara was being held in a native village, half a mile outside Kaduna. As I walked up the dusty main street between the rows of mud houses, I heard the sound of drumming and shouting. (I now quote from my diary.) "There was a crowd in the centre of the street. To one side some drummers and the protagonists in the centre. These are young men armed with long, thick staves. On their heads are chaplets of cowries. Their hair is plaited and adorned with gold ornaments. They wear great earrings of metal and bangles. They are stripped to the waist. Round their waists are leather skins, beads, leather jujus, horns, horse-hair, etc. On their ankles are iron janglers. Their women are equally finely decked out.

The drums begin to beat and a free space is cleared by men with staves. The boys begin to shuffle in time with the music; squat. One man goes praising their courage or taunting them; strokes their hair and their chests. They become wilder. Suddenly two or three dash out of the circle of spectators. One raises his hands above his head, and another, taking him by surprise, beats him with all his force over the chest or upper abdomen. He does not move a muscle and in a moment blood and a great weal appear on his body. His girl runs to him and prevents further punishment. . . .

There seem to be umpires who see that only men of equal physique beat each other—a small boy not being allowed to beat a

large one. Sometimes the boys throw off the girls, who try to get between them. One man was lashed with a rhinoceros hide whip, and he did not even trouble to tense his abdominal muscles . . ." And so it went on.

A few further details I can add to this description. It is a common practice for the man who is being flogged to hold cowrie shells in his hands. If he drops them he is disgraced. The Fulani whom I watched were more up-to-date. They held small mirrors in their hands so that they could study their own faces as the blows fell. Three or four strokes is the usual allowance for one man.

The weals eventually turn to keloids which scar their chests for the rest of their lives.

Comparisons

It needs no long search to find parallels to the Fulani floggings. The step from youth to manhood has time and again been symbolised by a test of physical endurance. Whether you turn to George Catlin's description of the hardships and tortures born by the young Iroquois Braves, or to Plutarch's testimony of the Spartan boys in Lycurgus' day—that he himself has seen several of the youths endure whipping to death at the foot of the altar of Diana, sur-named Orthia—or to the floggings which

so commonly accompany adolescent circumcision among primitive peoples all over the world, the same practices are to be found.

And lest it be thought that such examples belong exclusively to the barbaric past, I invite you to consider the Public Schools of contemporary England. In which of them is there not a ceremony of solemn and primitive initiation—and usually painful at that! Which of them is not a hot-bed of taboos? Truly the developing foetus is not the only one to climb its family tree.

Anthropologically speaking, there is little to choose between being tossed on a blanket at an expensive Public School and the initiation by flogging at the hands of an aboriginal medicine man.

After all, Evolution takes a long time.

Bibliography

1. Sir James Fraser, "The Golden Bough."
2. C. K. Meek, "The Northern tribes of Nigeria."
3. O. Temple, "Notes on the tribes, provinces, emirates, and states of the Northern Provinces of Nigeria."
4. A. C. Burns, "History of Nigeria."
5. Capt. J. R. Wilson-Haffenden, "The Red Men of Nigeria."
6. George Catlin, "The North American Indians."

TWILIGHT PIECE

There is a time at evening when the trees become funereal and close and still, and one can feel almost perceptively the shadows of their branches touch and chill.

There is so small a span between the dusk, the pleasant melting down to hazy blue and the final snuffing of daylight, caught unaware—the cold seeps swiftly through.

But one can draw the curtains of one's mind, and light the lamp and 'liven up the fire; shut out unrest and shadowy sense of doom and soothe those nerves that of their labour tire, forgetting in warm firelight round your head

that men are being born and lying dead.

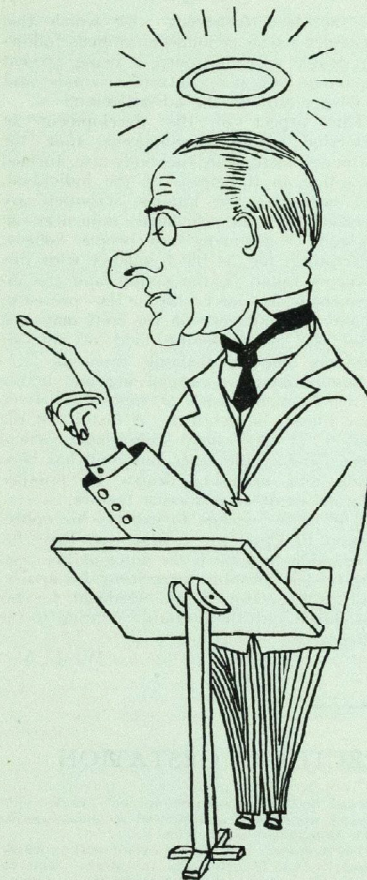
E. G. R.

SUPRARENAL RESTS

The presence of accessory suprarenal cortical tissue at operation or autopsy has been recorded fairly frequently by Surgeon and Pathologist in various parts of the body. Attention is called to these records by a case at Hill End Hospital. P.G., aet 14, was admitted on May 11th with a laceration of the right arm and a right indirect inguinal hernia, of both of which he was cured by the time of his discharge on June 5th. During the herniorrhaphy small yellow masses resembling suprarenal tissue were found between the neck of the hernial sac and the spermatic cord in the connective tissue immediately medial to the position of the internal ring; this tissue was removed and, on histological study, revealed large, feebly staining cells with clear cytoplasm, arranged peripherally in clusters, deeply in columns, supported by a thin connective tissue, and centrally they were arranged irregularly.

This tissue belongs to the cortical system, of which, in the higher vertebrates, the suprarenal gland is usually the only representative. No medullary tissue was demonstrated in this case, although many instances are recorded where chromaffin tissue is present. Most of the cases of this accessory cortical tissue reported in the literature relate to autopsy material on the new born and on infants, where, in order of frequency, it occurs beneath the capsule of the kidney; in the immediate vicinity of the suprarenal glands; in the connective tissue between the epididymis and the testis; amongst the tubules of the epididymis; in the broad ligament; on the spermatic cord; about and on the ovarian veins; and rarely in the substance of ovary or testis.

In most cases the tissue appears retrogressive microscopically, especially in the neonatal cases, but occasionally, as in the case reported here, it retains an active appearance; although there has been no clinical evidence of a deficiency of cortical tissue in this patient since the time of operation. Other interesting cases are recorded. Tumours, resembling histologically that recorded by Grawitz in 1883, are reported in this tissue by Glynn (1921), Kolody (1934), Saphir and Parker (1936), in which cases virilism was prominent, being cured by removal of the tumours. A. W. Meyer reports such tissue in the region of the eighth cranial nerve. Our Pathological



"Mixed blessings"

TWO LETTERS

Dear Doctor,

I have been trying on my gas mask, and breath does not come out at my ears. Possibly they want syringing, as I do not easily hear general conversation

Yours sincerely,

I. P.

P'raps there's something wrong with the gas mask.

Dear Doctor B.,

Will you come up and run over Mrs. Smith's little girl, and oblige

— — — — —
But don't let the G.M.C. hear of it.

Department discovered at an autopsy a large suprarenal "rest" in the connective tissue between the epididymis and the testis of the right side, this being the only suprarenal cortical tissue found in that body; no suprarenal glands were present and there was no evidence of deficiency clinically.

The presence of accessory suprarenal cortical tissue was first described by Morgagni in 1740 in the vicinity of the suprarenals; and at a distance from them by Mauchard in 1883, who collected five cases in seven years, the site being in the broad ligament. Aichel also reported such tissue in the broad ligament in 1900. In 1884 Chiari recorded its presence below the lower pole of the right kidney; in the vicinity of or on the spermatic and ovarian veins and in the broad ligament, "varying in size from a submaxillary gland to a pea." Other recorders of that time were D'Agutolo (1884) and Dagonet (1885), and in 1899 Weisal reviewed the subject, being the first to call attention to the testis and epididymis as a site for such tissue. Since that time many have written on this subject, but the only prominent reference to hernial sacs as a site is that of MacLennan in 1919, who recorded 60 cases in 660 autopsies.

Jaffe (1927), Marine and Bawman (1922), and Lacassaigne and Nyka (1936) refer to

the increased frequency with which this accessory tissue is found in animals following double adrenalectomy, it being present in about 8-20 per cent. of normals and 30-60 per cent. of the adrenalectomised.

This aspect of the development of endocrine glands presupposes that the hormonal factors in the body are formed according to the needs of the individual, and not that the latter's activities are directed by the chemical influences of "glands" as many lay people believe. Interesting, too, is the frequency with which this tissue is found in the young and the infrequency in later life. Its presence, locality and influence on the body may well enter the ever-widening field of anterior pituitary and hypothalamic research.

Summarising, a case of inguinal hernia in which small masses of suprarenal tissue were found, is recorded. A history of the subject of accessory suprarenal cortical tissue, and of the cases reported, has been made and attention drawn to possible relation to other endocrine factors.

The writer wishes to express his appreciation to Professor J. Paterson Ross for permission to publish the notes of his case, and for his assistance in writing this article, and to Professor G. H. Hadfield for his assistance with the literature relating to the subject.

W. J. A.

A CASE OF ADVANCED ECTOPIC GESTATION

The patient was a primigravida aged 39. She had been married for 19 years and had not used contraceptives. During the eighth month of her pregnancy she went to see her doctor as she had not felt any foetal movements for the preceding fortnight and also thought her breasts were getting smaller. Her doctor advised entry into hospital.

She was admitted to Oster House Maternity Unit a few days later. Her last period had been on October 15th, 1940. During the first six weeks of pregnancy there had been morning vomiting; she never complained of dyspnoea or oedema. Shortly after becoming pregnant she began to experience pain after food, which came on at varying times after her meals and was accompanied by distension or the passage of flatus. She had always been constipated. She first appreciated foetal movements in February, 1941, and they had ceased two weeks prior to admission.

She had had no previous illnesses and there was no history of pelvic inflammation.

The patient was thin and pale and looked ill. Her mouth was clean. There was pallor of the mucous membranes. The heart and lungs were

normal and her blood pressure was 110/65. The breasts were small and showed secondary areolae and Montgomery's tubercles.

The abdomen contained an ovoid swelling which, naturally, was thought to be the uterus. This extended four fingers' breadth above the umbilicus, i.e., the height of a 28 weeks' pregnancy. The back of the foetus could be felt lying obliquely across the upper and left part of the swelling and the spinal column appeared to be flexed to a considerable extent. Limbs could be made out on the right side and the head was felt nearer the midline in the lower abdomen. The foetal heart could not be heard.

An X-ray plate of the abdomen showed that the foetus was lying in an abnormal attitude with a degree of hyperflexion of the vertebral column which would never have been possible had its ligaments been intact. There was over-riding of the cranial bones. The presentation was a vertex, the head occupying the right iliac fossa.

The urine contained no abnormal substance. A.W.R. was carried out and was negative.

The case was therefore thought to be one of

ordinary intra-uterine pregnancy, in which the foetus had died in utero, and was in the process of maceration. It was decided to carry out a routine medical induction of labour. The patient was given 0.1 Ric. oz. 1/4, followed an hour later by a hot bath and an enema. An hour after this, Quinine gr x was administered and repeated one hour later. Two hours after the second dose, 1/2 cc. of piturin was injected intramuscularly, and this was also repeated one hour later.

This produced no result, and a second medical induction was performed twelve days later. This was also unsuccessful, and three days later, the external os still being closed, three laminaria tents were inserted into the cervix under gas and oxygen anaesthesia, and the vagina was packed, the packing being removed three hours later. For four days after this the patient had some bloodstained discharge P.V., and on the second day her temperature rose to 99. It was feared that some mild infection of the lower genital tract might have been set up by the last manoeuvre, and so the patient was given sulphaniamide 1.5 G stat., followed by G 4 hourly for the next seventy-two hours.

During the whole time since admission the patient continued to complain of abdominal pain and flatulence, which were temporarily relieved by alkali. Three weeks after admission she complained of very severe abdominal pain and distension, and vomited 25 ozs. of bile stained fluid. When seen by the Senior Staff she was vomiting profusely, and had severe colicky pain, chiefly in the epigastrium. Her temperature was 100, and her pulse-rate 120. Her abdominal muscles were so rigid as to render accurate abdominal palpation impossible. On vaginal examination the cervix was found to be small and soft, the external os was closed, and a large mass of soft consistency was felt in front, and to the left of the cervix.

A tentative diagnosis of twisted or infected ovarian cyst, with generalised peritonitis, was made, and an exploratory laparotomy was advised.

On entering the peritoneal cavity, a macerated seven months foetus was found lying free among the abdominal viscera, with its head in the right iliac fossa. The foetus was attached by its cord to a mass of bloodclot and thrombosed placental tissue in the pouch of Douglas and left side of the pelvis. The foetus, shreds of membranes and

placenta were removed. The uterus was intact and of normal size. Both Fallopian tubes and ovaries were inextricably mingled with the thrombosed placental site, and their detailed anatomy could not be made out. There was generalised peritonitis, and all the abdominal contents were stained with meconium. The abdomen was closed in layers, and was drained through the lower end of the original incision and also through stab wounds in each flank.

The patient was returned to the ward, and was nursed at first in the Fowler position. A rectal saline drip was given for the twenty-four hours following operation. Soluseptasine in 5 cc. (1 gram) doses was given at 4-hourly intervals for 3 1/2 days, the first dose intravenously and the rest intramuscularly.

The drainage tubes were removed one week later. The patient's general condition improved, her temperature became normal, and she was discharged in excellent health three weeks after operation. There was still present a semicystic swelling, probably a haematoma, in the left fornix.

The pathological report on the placenta stated that much of it was necrotic, but that well-developed chorionic villi were seen surrounded by bloodclot. Part of the wall of a Fallopian tube was present. Thrombosis had occurred in the vessels.

SUMMARY.

The case described is one of intra-abdominal pregnancy in which the foetus managed to obtain a blood-supply sufficient to enable it to survive for 28 weeks.

As stated, a detailed examination of the tubes and ovaries could not be carried out, and so it was not established as to whether the case was one of primary or secondary abdominal pregnancy, but it must be mentioned that no case of primary abdominal pregnancy has ever been conclusively proved. In any event, the survival of the foetus for so long a time is a considerable rarity. It was fortunate for the patient that the placenta had thrombosed, as otherwise the haemorrhage from its site of attachment would have been copious and perhaps uncontrollable.

I am indebted to Miss Mocatta, of the Elizabeth Garrett Anderson Hospital at Oster House, for permission to publish the notes of this case.

DAVID WEITZMAN.

THE SQUARE

Marks of destruction leer in all about us,
Shades of the homeless, memories of
tears.

Softly the fountain plays upon the waters,
Soothes our distress and calms unwanted
fears.

FROM THE PATIENT'S POINT OF VIEW

BY A SURGICAL REGISTRAR

Among so many of the very excellent things which I was taught whilst at Bart's, the dictum that a doctor should always put himself in the place of his patient, is to my mind perhaps the most important of them all. It is so very easy to forget that those rows of patients still awaiting treatment, are indeed human beings, and as such are worthy of consideration and kindness, even though the hour grows late and the body grows weary. After all, from the doctor's point of view, be he general practitioner, consultant, clinical assistant, or resident, a bench load of patients represents so many hours of work, and although to begin with routine ailments such as piles, varicose veins, and the like can be looked upon with a certain semblance of interest, the same cannot be said at the end of the session, more especially if this has been long and irksome. So it almost inevitably comes about that the back benchers suffering from their piles or their varicose veins on an average get shorter shift, and less toleration towards their little peculiarities, than the front benchers. It should be borne in mind, too, that these patients have waited a relatively longer time for their turn to come, and although I have never tried it, I cannot imagine that an Out-patient bench is just the most comfortable seat on which to spend upwards of two or three hours.

For the average patient, his or her first attendance at a hospital must of necessity be something of an ordeal, more especially if the suspected disease involves the breast or pelvic organs, and a little understanding of their shyness in submitting to an examination by the Physician or Surgeon, with possibly some dozen students in attendance, is very desirable. For the fact remains that nobody feels their best when, partially or wholly undressed, they are made to assume undignified positions in order that foreign bodies of various shapes and sizes may be inserted into various orifices for the further enlightenment of the examiner. An example of this occurred in Edinburgh, or was it London? Anyway, a certain gentleman was on the agenda for passage of urethral sounds for a stubborn stricture, and having put himself on the operating table, and having tentatively lowered his trousers, he prepared himself for the forthcoming assault on his stricture. When he saw the surgeon pick up the largest sound, and advance

towards him, his courage failed him at the last minute, and he fled from the room. He was eventually brought back and protested loudly, "Gor blimey, Guv'nor, I only want to pass my water, I don't want to rush around putting out no bloody fires."

The attitude which some surgeons adopt in telling their patients that "you have a cancer, and if you don't come into hospital and have an operation you will not get better," always seems to me to be a little crude, not to say unkind, and can surely have but little justification. For the fact remains that possibly that particular patient has waited for an hour or more before being seen, and has spent the time in physical discomfort, coupled with mental anguish. Moreover, he or she has probably at long last only just plucked up sufficient courage to come to hospital, a place which by many, especially of the poorer classes, is looked upon with grave suspicion combined with deep fear.

Here I should like to digress for a few moments, and go on to relate what happened to me once, when I wished to perform a vaginal examination on an Out-patient. In this particular instance she was an elderly body of some 60 odd years, and she complained of blood and slime from the passage, front understood. When I said, "Well, Mrs. Smith, I shall have to do an internal examination to try and locate the disease," she, thinking I imagine that this meant an operation, replied, "I don't want to be cut, doctor, and I'm not having it." I then went on to explain this examination in simple terms, but she again refused, adding that she was too old for that kind of thing now!!

And so from the Out-patient department to the ward. Here again all must be of the utmost strangeness to the new patient, a strangeness which is also allied to acute apprehension for what to-morrow holds in store, for is it not an established fact that the unknown always produces in us a sense of fear, and undoubtedly any major surgical procedure must fall under this heading. Surely it takes but little imagination to place ourselves in the place of our patients. Just think for a moment of all it means to a man or woman, leaving his or her home, to come into hospital for a major operation. The receipt of the hospital post card announcing the vacant bed, the hurried farewells to near relatives and friends (for

quite often the notice given is inadequate), the journey to the hospital, the arrival there, the usual frenzied search to find the Almoner's office, and then the arrival at the appropriate ward, where occasionally a chilly reception is given by the sister, because, owing to a mistake on the resident's part, there is not a bed available; and finally come the last fond farewells in the ward, and the feeling of utter loneliness produced by strange companions, and stranger surroundings. Is it any wonder, then, that sometimes a doctor in charge forms an incorrect opinion of the case? In this instance I recall an occasion when, as a House Surgeon, I was doing a ward round with my chief. All went smoothly until bed No. 6 was reached, and as she (for it was a women's ward) had only just been admitted, she was asked what was the matter. "Well, Sir," was the reply, "I really feel a fraud, I feel too well to be lying here." "Perfectly splendid," said my chief, "then you go straight home this afternoon!"

It is really only natural that we, who deal with so many patients of one sort and another, should tend to look upon them as cases, and thus fail to realise that to the subject of the impending cholecystectomy, or appendicectomy, it is sometimes far more than just ordinary routine material; it is, in fact, to them the most important operation of the day, if not of the year, and is quite possibly the most important and dreaded event of their lives, and indeed it may turn out to be the last event ever!

I once worked with a surgeon, who used frequently to state to his young and enthusiastic residents, that every surgeon should have an operation once in six months, and that every anaesthetist should have an anaesthetic once in three months, and then they would assuredly know what their patients had to endure. It is certainly true that personal experience makes a world of difference, and a doctor naturally enough tends to show much more interest in a condition similar to his own, than in one suffering from a pathological lesion of which he has had no personal experience. He is also far more sympathetic to the former, for a fellow feeling makes us wondrous kind.

Another factor worthy of consideration, especially among the newly qualified House Surgeons or Surgeons, is the ever present desire for more and more cases upon which to operate, and so it occasionally comes

about that patients have their operations either when they are ill prepared, or worse still, when more conservative measures would suffice. It is also a strong temptation, especially when the operating list is getting shorter and shorter, as the cases drop out, for one reason or another, to say, "Oh well, mister, I think it will be all right to do so and so to-morrow, even though she has a slight cough, or even though you haven't had much time to prepare her." It is also so easy to say to your patients, "Well, you know, if I were you, I would have an operation and have the disease taken away," but if the situation were to be reversed, would you? I think it is well to consider it from this angle in every case, before advising surgery, and it is also well to bear in mind the established fact that doctors are usually the last people to seek radical treatment.

A cynic once remarked that from the patient's point of view it was a very bad thing to be an interesting case, but on the other hand it was an excellent thing to be an uninteresting case, for in the former recovery was not to be anticipated, whilst in the latter case it was. To a certain extent this is true, for most interesting cases, e.g., the undiagnosed but intensely interesting abdominal swelling, turn out to be incurable, whilst a hernia operation with its high rate of cure is considered to be definitely dull, and of very little interest to any apart from the patient. How often is the remark made, "Mr. Jones only has two hernias and a fissure in ano this afternoon—very dull." But if Mr. Jones is operating on a carcinoma of the stomach or rectum, the afternoon's work may well be alluded to as quite a decent list, and really well worth while getting the theatre ready, although from the patient's point of view precisely the reverse is the case. Another tendency to be guarded against is the desire to pass over those cases which are not doing well, either from your own fault, or from nobody's fault, and when conducting a ward round to focus yours, and everybody else's attention on those cases which are progressing to your liking. A moment's reflection will quickly show that this is again the wrong way round. The patient making the uninterrupted recovery is really in no need of undue attention, the mere fact of daily getting stronger, and so consequently daily getting nearer going home, is sufficient in itself to buoy up their spirits. It is the poor patients who are

making little or no headway on the road to recovery, who surely need the closer attention and understanding of their medical advisers, even though to him this may remind him of a failure, and hence be distasteful to his peace of mind. But all man is vain, and we like to dwell upon our successes, and pass over our failures, leaving their final disposal to some other branch of the profession, or trade.

Before leaving the ward and going to the theatre, let us sum up the situation of the new patient arriving in the ward by comparing it with the arrival of a new guest at an hotel, and when one considers how strange the latter can feel, is it surprising that the former also feels definitely "not at home"?

To most patients the theatre is the hidden chamber of horrors, and the journey to this theatre for the average non-premedicated patient can only be one of acute apprehension, the anaesthetic usually being more feared than the actual cutting part of the operation. Once again, we can aptly compare this with a viva voce examination, and who among us can truthfully say that he entered the room and faced his examiners across the green baize table without experiencing that sinking feeling? The candidates who are failed in the operating theatre, get nothing less than a white slip, and they have no chance to sit again; quite different from the disappointed examinee who may sit as often as he likes and at a reduced fee!

Most of the foregoing concerns more especially the hospital patient with the surgical lesion, but applies equally to almost all types. It happens that so far my experience has mainly been with this class of patient, a class which of necessity must go through more mental anguish than their medical brethren, and it is therefore with this group which we are most concerned. I feel then that we should all constantly remember to put ourselves in the place of our patients, and more especially the younger members of the profession, who only too naturally want to see as much living pathology as is possible in a given time. So much is continually being written on medicine in all its branches, that I think a few words on the patient's point of view is not out of place, and indeed would go further and state that I consider it to be of more importance to the newly qualified than a learned article on an obscure disease,

which in all probability is incurable, though of course intensely interesting. It behoves each of us, then, to see that we are as far as possible punctual in our appointments, and this applies especially to hospital clinics, where not uncommonly there is a considerable wait before the doctor arrives, and here, too, we must try and be as pleasant to the last patient as we were to the first, even though several tedious hours may elapse between the two, for after all it is through no fault of the patient that he or she comes in at the end of the session. In some go-ahead hospitals, an out-patient appointments bureau has been instituted, and this definitely helps to cut down the patients' waiting time very considerably, each patient being given a time to attend, in the same manner that private consultations are arranged. In this connection, too, it is obviously thoughtless to have some half-dozen patients of both sexes and all ages, sitting or standing around the room, when the consultant is questioning a new case. It really does not save much, if any, time in the long run, and on occasion may cause acute embarrassment to the patient, and no doctor, however skilful, would succeed in private if he tried to deal with half-a-dozen of his patients together. Another smaller point, but one well worth bearing in mind, is that the nurse in charge should not call out just Smith, Jones, or Brown, but should add a Mr. or Mrs., as this gives to the department a more human note; for we must ever bear in mind the blatant fact that to the patient their case is the only one which really matters, just as it surely would be if we ourselves were in their place. Even though all the above has been fulfilled, however, there will always be a certain number of misunderstandings, as witnessed by the story of the old charlady, who had been sent up to hospital by her doctor for an opinion on her diabetes. Returning from this hospital, she is reputed to have told her neighbour that "she warn't going to that there 'orspital no more, for she had been treated with insolence, and told to take Secotine in her tea!"

Having advised an operation, we must see to it that the patient is not kept waiting an undue length of time in the anaesthetic room, because the surgeon either cannot or will not be punctual. It must be decidedly unpleasant, to say the least of it, waiting all dressed up in peculiar garments for the

show to open, and in many cases anticipation is worse than realisation. It must be even more unpleasant to have your operation postponed to another day, when you have got all keyed up for the dreaded event, and have been waiting foodless for some hours, only then to be informed, "you are not having your operation to-day." As far as possible all operation cases should be given suitable pre-medication, and this is especially so in children. It has been said that no fit child should be allowed to come to the operating theatre in full possession of his or her faculties, and I think with this few will disagree. Operations should only be postponed for very definite reasons, and these reasons should be decidedly rare. Similarly, the time of the operation should be strictly adhered to so far as is humanly possible.

When operating under local or spinal anaesthesia, the nurse in charge should see to it that her patient's eyes are adequately covered, and that everything is made as comfortable as possible. In this connection I have found by personal experience that nine nurses out of ten allow their patients' heads to be either flat or even hyper-extended when on the operating table, and unless there are definite indications for this position it should be remedied immediately for we all know how very uncomfortable it is to lie with our heads flat, and what a difference a pillow or two makes. I usually tell the nurse in charge of the conscious patient, that he or she is our guest for the duration of the operation, and as such is worthy of the same consideration as we would afford to a guest visiting us at home.

As far as is possible, too, all patients should be told what the surgeon proposes to do, and the approximate length of stay in hospital, so that they may make the necessary arrangements before being admitted. It goes without saying that such operations as colostomies and cystostomies should not be done without first explaining

to the patient the whys and wherefores of such a procedure. I do not, of course, advocate telling them they have a "cancerous growth," but quite naturally they wish to know what is the matter, in the same way that a doctor expects a garage mechanic to tell him what is the matter with his car engine; he would never dream of leaving it for a week or two, and then paying a substantial bill without first expecting some sort of a diagnosis. The same, surely, applies to the human body as to the internal combustion engine.

In writing the above, I do so in no sense of criticism, for I am sure the vast majority of doctors, be they consultants, general practitioners, or residents (it was on the end of my pen to say mere residents!) fulfil their obligations to their patients in a most praiseworthy way, but it does not do to become too self-satisfied, and I feel that a little reflection on the lines which I have tried to follow, will surely do good both to the experienced and the non-experienced, chiefly of course to the latter. From my own personal point of view, I find I have constantly to be on my guard against committing the errors which I have mentioned in this article, and I do not think that I am alone in my shortcomings. In some ways, it is a great pity that surgery is so pleasant, and that cholecystectomies, gastrectomies, and the like are really such good fun (to the surgeon understood, of course). I often wonder if the reverse were to be the case, and if operating became somewhat unpleasant, such for example as bladder and colostomy wash-outs, if as many operations would be performed!

In conclusion, I would once again impress upon all doctors to remember to place themselves in their patient's position before advising any drastic measures. I feel sure that a doctor who always carries this out automatically becomes a first-rate medical adviser, and as such is worthy of the great name of Bart.'s.

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.

CORRESPONDENCE

MEDICINE AND SOCIOLOGY

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

Dear Sir,

In his letter published in your June number, the author of "Medicine and Sociology" rightly calls attention to one of the most critical issues which arises in any State Medical Service, which is the subordination of the clinical and general medical staff to the medical administrators, with the consequent aggrandisement of the latter.

As a retired member of the West African Medical Staff (which was one form of State Service) my experience is that the position of the clinicians and the ordinary medical officers in the service was almost intolerable. The executive staff was, in my days, largely recruited from officers who had no real liking for medicine, but who were glad to be relieved of ordinary medical duties in order to sit in an office and do clerical work until it was time to retire on pension—though what qualifications they possessed for these posts other than that of seniority I never could ascertain.

I well remember when, as a specialist, I refused on two occasions to have my name submitted for a post of Assistant Director which was becoming vacant, the astonishment of one of my colleagues who candidly admitted he was "longing for the day when he could chuck down his stethoscope, never see another patient but sit in an office and do paper work." This ambition, I may say, he ultimately achieved.

That such an attitude of mind can arise in a service does not augur well for the success of a State Service in the United Kingdom.

As far as I could gather the real practical use of the medical administrators was to see that the decisions of the lay executive were carried out, whether they were detrimental to the medical profession or not. They form in fact the buffer between bureaucracy and the doctors.

The acid test of a State Service should be: "Will it benefit the public and the public health?" If it leads to the heart burnings and discontent among the medical profession that were present in the West African Medical Staff in my days, it certainly will not—for unless the profession is contented it cannot serve the public satisfactorily.

I enclose my card and remain,

Yours faithfully,

Bath,
June 17th, 1941.

EX AFRICA.

THOMAS JOHNSON

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

Sir,

The article by Dr. Hugh Thursfield in your June issue on Thomas Johnson, the gallant herbalist who lost his life from wounds received in the defence of Basing House in 1644, is of particular interest to me as I have always been intrigued by the defence of Basing for over two years against the forces of the Parliament—one of the finest feats of the Royalists during the civil war. Even after Naseby, "Loyalty House" as it was called, continued to hold out, and in the end Cromwell himself had to come and take it.

On a number of occasions I have visited Old Basing to try and find out more about that epic affair.

Thanks to the owner, Lord Bolton, a descendant of the famous Marquis of Winchester who defended Basing so stubbornly, there is an excellent little museum in the grounds; and there is also a beautiful example of one of the original dovecoats in perfect preservation that can be seen on request. Like Dr. Thursfield, I missed the bullet marks on the church door at first, but on a more careful examination later found them easily at the lower end of the door with a round bullet still embedded in the woodwork. The place of interment of Colonel Johnson I had the opportunity of discussing with Captain Lewellyn, Lord Bolton's agent, at my last visit. There seems to be little doubt that Johnson was buried in the old orchard of Basing House which was used as a burial place for members of the garrison who fell during the siege: the church then being in the hands of the enemy who (*more suo*) did not hesitate to desecrate the family tomb of the Paulets, even melting down the lead coffins to make bullets. No more suitable resting place could have been found for the bones of Thomas Johnson than this garden of herbs and fruit trees that is carefully preserved from interference and surrounded by the old brick walls—the warm crimson glow of which in the evening sun is a sight to be remembered.

The motto of the Marquis of Winchester was "Love Loyalty," and this in French seems to have been painted on the windows of coloured glass, fragments of which can be seen in the museum. This motto appeared to me to be a bit over-sentimental and vague until one day I discovered that the old Sussex family of Poynings (from the village of the same name near Brighton) had as their motto "Loyalty knows no fear"—a sentiment nobly acted up to as the Poynings sacrificed themselves in the service of their kings until the male line became extinct. The Paulets, I believe, were descended from them through the St. Johns who with the Percys inherited the lands of the Poynings by marriage with the surviving ladies of that family.

I hope that Dr. Thursfield will continue his historical researches and give us another paper on such an interesting theme; especially as Basing House is so close to his residence, and no really adequate description of its defence seems to be available.

Yours faithfully,

M. H. GORDON.

June 28th, 1941.

WAR NEUROSES

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

Dear Sir,

Bismarck once remarked that it was fortunate that war was so expensive a business otherwise one might be tempted to get too fond of it. The year 1940-1, if it has achieved nothing else, has at any rate removed from all sane peoples such a temptation. We recognise at last that war is more than a physical disaster; it has in fact far-reaching dangers for the trinity of mind, body and soul. In the realm of the mind, nothing is more deplorable than the neuroses that are engendered by war and war thinking.

The need for planning a post war world is among the proportions of a neurosis. The fact that our efforts should be entirely directed to securing victory has escaped several theorists who are quarrelling busily as to what they should do when victory arrives. Here again, the *British Medical Journal* is filled with letters from extremely vocal persons who are discussing with finality the advantages of a State Medical Service for all.

The arguments on both sides show lamentable signs of a neurosis. The protagonists of a State Medical Service write as if the building of a few thousand research stations, massive clinics, the provision of consultants for all at the price of a few pence per week, are mere trivialities. This view (especially as to the building plans) may not find overwhelming support from those where houses, businesses and even consulting rooms are at present heaps of rubble.

Whenever I hear the peculiarities of such a massive scheme of re-fashioning of the medical profession, I always feel tempted to add an original suggestion, that of the provision of competent Witch Doctors for the benefit of some thousands of panel patients who are themselves the victims of neuroses. I am certain that an efficient witch doctor could overcome the neuroses of some panel patients far more effectively than the gallons of Valerian and Pot Brom. mixtures that such unfortunate have to swallow. And since the State is to pay for it, surely a Witch Doctor could be but a trivial expense, provided he is averse to human sacrifices or at any rate a convert from such practices. There can be no doubt that the Witch Doctor will have his place in any scheme of a State Medical Service that will satisfy all. Under the present regime of private practice the "chronic" is deterred from pestering his doctor with imaginary ailments simply because he knows that he will be confronted with a bill for having wasted the doctor's time. But under a State Medical Service such a consideration will not exist and any "chronic" will have an inalienable right to invent illnesses for whose cure no one is as useful as the Witch Doctor.

It is regrettable that the B.M.A. itself does not give a lead in clear thinking. That excellent body although sufficiently worried as to appoint a Commission to discuss Post War problems has allowed future problems to become a neurosis. While doing so, there has been a bland indifference to present problems which after all should be a more pressing consideration. In smaller problems such as affect thousands of doctors, the B.M.A. evince an indifference, which though majestic, is comfortless to the G.P. To give an example, the B.M.A. through Parliamentary channels has never seen fit to draw attention to the fact that contraceptives are exempt from the Purchase Tax but ordinary drugs are not. It is apparently a work of National Importance to prevent life but attempts to save it should be regarded as luxuries within the scope of the Purchase Tax. I think hardly anyone, outside a lunatic asylum, will assume that contraceptives are more essential to the human race than, say coramine and respiratory stimulants, all of which are taxed at 163%. If the B.M.A. had directed as much attention to this question as to the neurosis of Post War planning, the result would have reflected more credit on the level of intelligence of the medical profession.

Further, though letters do appear in the *B.M.J.*, there has been little understanding of the position of consultants in the E.M.S. As I have no reasonable hope of being mistaken for a consultant, my concern for them is purely disinterested and in no case a neurosis. But the B.M.A. are scarcely worried about the consultant's problems. It is according to the B.M.A. vital to plan for after the war but quite pedantic to worry about what is happening during the war. Thus, provincial consultants in the E.M.S. are being rewarded with fees, based apparently on the rates of pay given to unskilled workers in industry. In some instances, the magnificent reward of a few shillings has been accorded to a consultant and the fact that the average plumber would reject it with scorn is no matter for getting excited.

But seriously, we do not realise what a neurosis this talk of a Post War World is. We have learnt nothing from the last World War when the prevailing neurosis was "Hang the Kaiser." Nor do we realise that such a neurosis becomes metamorphosed into "Save the Children." It is rather devastating to realise that the German innocents so saved waxed sufficiently fat as to grow into sturdy Nazis and are repaying our kindness with interest at Plymouth, Coventry, London and Merseyside. "Save the Children" (German of course!) was as much of a mass obsession as the idiocy of "Hang the Kaiser," which won the elections of 1918.

We need to rid ourselves of neuroses; to work harder, think clearer, and give slogans a well-earned rest. We need to win the War on simpler acts than vocal extravaganzas. I can visualise a Post War world, exactly as I can and do visualise a victorious England, but no slogan or group of slogans can help me to do so. I can go farther, I can see a peaceful countryside, spoiled by one thing, a hoarding and on that hoarding a decaying poster—"GO TO IT."

Yours faithfully,

ROGER M. NOORDIN.

OBSCURE

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

Dear Sir,

In the arts of life man invents nothing; but in the arts of death he outdoes Nature herself, and produces by chemistry and machinery all the slaughter of plague, pestilence, and famine.—Bernard Shaw.

The above quotation from the Celebrated *Art Critic and Dramatist*, certainly would seem that even his special *Arts* had done nothing to really relieve stricken Humanity. Yet surely some of your staff (especially one with the great knowledge he has of all the necessary *Arts* in Literature, namely Sir Walter Langdon Brown) could defend "The Science and Art of Surgery and Medicine," as depicted in the many Professorships in those *Arts*, and in the titles of so many *Printed Works* on those same topics.

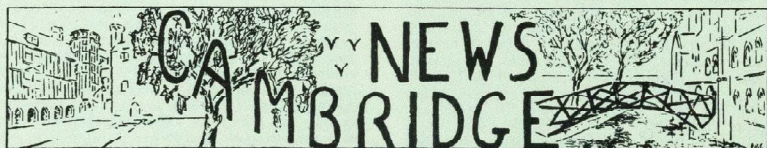
Oddly The *Abernetian Society* some years back asked G.B.S. to give his views on "The Medical and Surgical" Profession in general. And all he could do was to assert that it was only unqualified *Quacks* who had real skill in their daily Practice!!!

From the moment that *Listerism* was applied to the System of Surgical "Art," and from the time

when *Anti Vaccines* to such Fevers as *Typhoid*, and others, then indeed did the saving of thousands (nay millions) of lives in the very fields of those *Chemistry Fiends* as applied to War.

So I would hope that you could stimulate some form of eulogy on behalf of "*The Art of Surgery*, and the *Art of Medicine*," meaning thereby that these two branches have to blend into one.

When I entered *St. Bartholomew's Medical College* in 1870, the *Franco Prussian War* was in full swing, and "*Listerism*" was the outcome of this. Sir *William MacCormac* returning from the War, was elected to *St. Thomas's Hospital Surgical Staff* to instil this new development. But *St. Bart's* waited until July, 1876, when *Thomas Smith (Sir)* sent his house surgeon, *Mr. Mark Vernon (of Horsham)* to Edinburgh, and it was almost immediately after this that *Lockwood*



This month's News would hardly be news without a brief report on the great manoeuvres, in which there participated an armoured train, mechanised units, parachute troops, aeroplanes and Bart.'s students.

In order to distinguish between friend and foe the enemy wore tin hats. We wore field service caps, and Sunday, it is rumoured, was the hottest day on record in East Anglia, these two facts having a significant connection. The sun struck hard for the enemy and the ambulance put in some useful practice on authentic cases of sunstroke.

Yes, the yellow orb played a leading role in undermining our physical resistance. While the enemy pranced hither and thither in tantalisingly short shorts we suffered the skin-sizzling heat in heavy serge and leaden boots.

For some of us the long day offered little save prolonged snatches of sleep, corned beef and biscuits and quantities of tea.

More might be said of the way we held the bridges and of the assault on Ely, a desperate scheme involving a lorry-load of desperadoes determined to pierce the enemy defences and slaughter the opposing general and his merry men.

seriously raised the *Aseptic School of Surgery* to its proper level.

[Sic!—Ed.]

J. K. B.

A WELCOME OUTBURST

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

Dear Sir,

I should like to say how much I enjoyed the last Journal, especially Professor Gask's note on D'Arcy. The paper and printing of the Journal are as good as ever, and the contents witty and excellent. Please excuse this outburst.

Yours faithfully,

H. E. BLOXSONE

[Greatly appreciated.—Ed.]

This scheme might well have been successful had it not been for the happy discovery that Ely was still in our hands when we were half-way to our destination.

D. A. D.

BOAT CLUB: MAY RACES

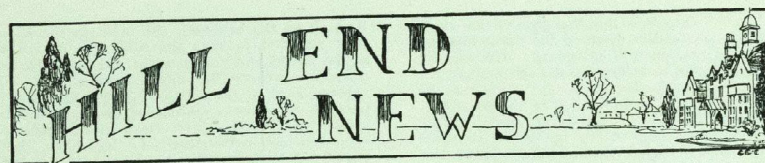
Our boat was entered for the Wartime May races. The Coaches were Anderson and Lee Wilson from Magdalen College, who changed the style to a shorter stroke and higher rate of striking which considerably improved the balance.

After a time-race for the London Boats, the boat was placed low in the second division, out of four divisions. On the first day Pembroke III were bumped after forty strokes at a very high rate of striking; a branch was stuck in the cox's blazer and cries of "Well rowed Bart.'s!" issued from those people on the bank who knew it was the Bart.'s boat.

On the second day Caius II were chased along the course with no appreciable result except sixteen very weary men and two hoarse coxes.

On the third day the boat got away to a good start and slowly overhauled Caius II, until a bump seemed imminent, when Caius suddenly spurted and widened the gap to over a length; this may have been due to a female, one cannot call her otherwise, on the bank who screamed "Come on Whites!" to cheer us on. The crew rallied and started to shorten the gap until, at half a length, the Rob-Nines, a town boat, came up with a spurt and gently tapped the rudder with their bows.

Boat: Ingles (bow), Dawson, A. M., Thomson, J. L. G., Haire, Sheldon, Orr-Hughes (Capt.), Hilton-Spratt, Patuck (stroke), Jones, V. B. (cox), Bath.



The recent exodus of the more senior students to Bart.'s has left a very noticeable gap at Hill End, and as yet we have not accustomed ourselves to their absence. So many of the well-known faces and the divers pursuits we associated with them have disappeared. No longer does the roar of a red and rather smelly motor-bike disturb our slumbers, and its owner is sadly missed at the head of a well-known matrimonial agency. No longer does our Romeo pace the hospital corridors in the early hours of the morn looking for his Juliet. No longer does the odour of a camp fire and fried bread pervade the evening breeze as it rustles over the hospital lawns. The concentration of the representatives of a well-known Surrey school is reduced, and one in particular is missed by the milkman on his early round. Even Charley's seems different without its scholastic atmosphere, and the garden of a local hostelry no longer resounds to certain well-known choruses. Stooze Hall has undergone a great upheaval, and now has seven new occupants. The fact that we miss all these old friends is convincing testimony of their worth, but to two of them in particular must we pay tribute, Brenan and Castleden. During their stay at Hill End, they have worked far harder for the Students' Union and the Hill End Bart.'s Club than most people imagine, and to them are due many of the privileges and regular social functions which we now enjoy. Many thanks, Agger and Loo! To the new people who have just arrived, and to those who will be arriving shortly, we extend greetings, and good wishes for a happy stay at Hill End. The presence amongst us of so many aspirants to the Primary Fellowship makes us feel rather embarrassed about our own meagre knowledge of anatomy! From you all we expect great things, both academically and socially.

Social events, apart from cricket and tennis, have been fewer, the clement weather proving a greater attraction than any indoor event. The Hill End Players perspired their way through "Young

Idea," a farce by Noel Coward. A free account of the production appears elsewhere in this issue, but as one not unconnected with the show, I can assure you that the heat on the stage was even greater than in the hall. The gramophone recitals still attract a regular complement of listeners, and there is good evidence that the greater variety shown in the selection of the programmes is appreciated. Incidentally, a little less noise from the back of the hall would be appreciated by the remainder of the audience. The farewell dance held on July 4th was quite well attended, and we were glad to see so many from Bart.'s.

At an election held in June, the following positions were filled:—

To the Students' Union and Hill End Bart.'s Club:

O. A. Sills,

P. R. B. Sankey.

To the Hill End Bart.'s Club:

W. D. Linsell.

An account of the activities of the Cricket and Tennis Clubs will appear in the next issue.

"THE YOUNG IDEA"

Noel Coward has always enjoyed skating on the thin ice of sophistication—and that very prettily. In this play the Hill End Bart.'s Players showed us that they have no difficulty in performing on the slippery surface of Coward's surface-ice, as well as exposing the sentiment lying beneath.

Gerald Goodall-Copestake's scenic effects were suitably correct in their country-house atmosphere, and the problem of suggesting sunny Italy was skilfully solved.

The difficulties of production must have been more than exasperating in the June heat, especially when one considers the malicious attacks of Chicken-pox on key members of the cast. The unfair obstacles might have caused less enthusiastic producers to wilt—but not so E. Mackay-Scollay, who took the situation so skilfully in hand that the absence of one member of the cast was hardly noticeable. One suspects, however, that some of his sweeps into the centre of the stage and out again, a little reminiscent of recent R.A.F. procedure in France, were designed to conceal inevitable gaps in the dialogue.

The play is of course written for those who take the parts of Gerda and Sholto, the two representatives of the young (and sentimental) Idea of re-uniting their divorced parents. Kathleen Rees as Gerda has a great chance, and takes it with

both hands. One feels that she puts on the cloak of Gerda's personality down to the finest nuances of facial expression and movement. Hers was a sensitive, bright, even mercurial performance.

Ewart Mackay-Scollay as Sholto seemed to be saturated with the Latin version of ingenuousness so different from the Anglo-Saxon form. This latter aspect of simplicity by repression provides the contrasting background, setting off the two bright young Latins. It was most amusingly drawn by Dilya Hughes and George Morse. The latter's depressed outbursts bore more than a faint resemblance to the neighing of his favourite hunter. Dilya Hughes' "teeny-weeny" speeches were unfortunately so teeny-weeny as to be at times almost inaudible, but they lost very little of their appeal for all that. Of the two hunting pairs Joanna Brock and David Street were the more "horsey."

Barbara Taylor shouldered the most difficult part in the play with a success due, I thought, to her ability to express herself with her hands while retaining rigid control over the muscles of her face. This heightened the sense of inner tension in Cicely, the second wife. Gordon

Ramsay as the husband, the prize in the tug-of-war, was admirable in his rocky grandeur. But at the end of the last scene he did find it a little difficult to express the volcano within.

Jean Sawers packed into her one scene a plethora of sinuous movement, and insinuating speech which completely overwhelmed the faint but chewing personality of the dollar king, Hiram J. Walkin. Kenneth Irving, one hopes need not be warned against the ease of establishing the unpleasant habits he so realistically portrayed.

Derek Duff battled with an ungrateful part. He will forgive, I am sure, the reminder that the left arm is capable of a variety of gestures.

Peggy Baldwin and Frank Morris were atmospheric in their brief entrances and exits.

With two interesting plays, well interpreted, it is sad to contemplate that the forces of fate ordain that many members of the company of the Hill End Bart.'s Players must leave us. I would like to voice a general hope that they will manage to continue to present to us examples of their enthusiasm and artistry.

K. D. K.



Fondness for Friern grows on one. I wrote that once before in one of these communiques and I stick to it in spite of anything that crocus admirers or clerihew composers may say. Friern is much maligned and cruelly treated in the Journal. Summer is no less enjoyable at Friern than anywhere else, and if you want peace and quiet, repose and uninterrupted study, go to Friern. At the moment of writing friars are few and activities are at a minimum, for the Vacation is "on." But before this Journal reaches the public, lectures and

rounds will once again be in full swing. It is a pity that Garwood (about whom agreeable things have sometimes been said in this column) finds no substitute for himself when he goes away.

And if we *must* have clerihews, what about this?

Friern

Isn't really half as tryin'

As some people say whose views

Are frequently aired in the Friern News.

GOBBO.

CONJOINT BOARD * FINAL EXAMINATION APRIL 1941

Pathology

Jackson, B., Manson, C. N. S., Dangerfield, W. G., Craike, W. H., Ogilvie, K. R., Rosten, M., Arulanandom, V. R., Heyland, R. H., Archer, R. M., Bickford, J. A. R., Fison, T. N., Wilson, H. L. J., Douglas-Jones, A. P., Stansfeld, J. M., Laybourne, M. N., Grandage, C. L., Stone, P. H. D., Fraser, F. E., Watson, P. C., Pitt, N. M. F. P., Phillips, J. H. C.

Medicine

Haile, J. P., Cooper, C. F., Klidjian, A., Boyle, A. C., Howick Smith, C., Evans, D. T. R., Thompson, J. H., Galvan, R. M., Manson, C. N. S., Dangerfield, W. G., Robertson, J. A.,

* A celebrated friar suggested that it would be only fair to print examination results in the Friern News.

Craike, W. H., Nabi, R. A., Pzeshgi, H., Sinha, K. N., Ogilvie, K. R., Arulanandom, V. R., Archer, R. M., Shah, J., Sibiger, B., Howells, G., Jacobs, D. K., Harland, D. H. C., Roberts, T. M. C., Bell, R. C., Acres, G. C., Whitmore, G. L., Parker, K. H. J. B., Citron, R., Turner, E. G.

Surgery

Hall, T. E., Jones, H. M., Mariani, G., Helm, H. G., Cooper, C. F., Stone, P. H. D., Sadler, J. A., Routledge, R. T., Isenberg, H., Conte-Mendoza, H., Birch, J., Ogilvie, K. R., Arulanandom, V. R., Laybourne, M. N., Grandage, C. L., Johnstone, J. S., Holmes-Smith,

A., Heffernan, H. N., Maconochie, A. D. A., Sinha, K. N., Bromley, W. A., Bates, M., Atkinson, W. J., Currie, D., Henderson, R. S., Lunn, G. M., Khan, H. H., Miller, P. J., Champ, C. J., Connolly, R. C., Aston, J. N., D'Silva, J. L., Kapoor, K. G.

Midwifery

Hall, W. S., Coupland, H. G., Bickford, J. A. R., McAfee, T. A., Loughborough, J. D., Canti, G., Barasi, F., Brown, K. T., Evans, J. W. G., Wilson, H. L. J., Douglas-Jones, A. P., Stansfeld, J. M., Bone, D. H., Edwards, C. O., Bates, M., Cullen, E. D., Currie, D., Gavurin, H., Henderson, R. S., Hinds, S. J., Lim, K. H., Lunn, G. M., Khan, H. H., Miller, P. J., Hall, R. L., Leven, M., Slowe, J. J., Schofield,

R. D. W., Vincent, S. E.

The following students have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P., and have had the Diplomas conferred on them:—

Manson, C. N. S., Craike, W. H., Ogilvie, K. R., Arulanandom, V. R., Cooper, C. F., Klidjian, A., Boyle, A. C., Thompson, J. H., Galvan, R. M., Sinha, K. N., Harland, D. H. C., Roberts, T. M. C., Bell, R. C., Acres, G. C., Whitmore, G. L., Parker, K. H. J. B., Hall, T. E., Jones, H. M., Helm, H. G., Sadler, J. A., Conte-Mendoza, H., Johnstone, J. S., Holmes-Smith, A., Bates, M., Henderson, R. S., Khan, H. H., Miller, P. J., Connolly, R. C., Barasi, F., Brown, K. T., Schofield, R. D. W., Vincent, S. E.

IN OUR LIBRARY

By JOHN L. THORNTON, LIBRARIAN

VI. The Bibliographies of Haller.

Albrecht von Haller (1708-1777), was of the type occasionally produced up to the beginning of the nineteenth century that was able to specialise in several branches of knowledge, and to excel in them all. He was, perhaps, the last of the naturalists represented by Conrad Gesner, another eminent bibliographer, who studied the entire field of nature, and were at home in all its branches. Haller has been called the "master physiologist of his time," his *Præviae lineae physiologicae*, 1747, being the first textbook on the subject, which was followed by the monumental *Elementa physiologiae corporis humani*, 1757-66, in eight volumes. He attained prominence as a writer on anatomy, botany and surgery (although he never operated), while he also wrote historical fiction, and poetry, his poem *Die Alpen*, 1729, drawing attention to the attractions of the Swiss Alps.

Haller wrote Latin verses and a Chaldee grammar at the age of 10, and in 1727 graduated at Leyden, where he was taught by Boerhaave and Albinus. After travelling to London and Paris, he eventually went to the University of Göttingen in 1736 as professor of anatomy, surgery, and botany, remaining there seventeen years. In 1753 Haller retired to his native Berne, despite numerous invitations to teach elsewhere, and here he received homage from scholars throughout Europe.

Among other writings, Haller was the author of about 13,000 scientific papers, and his books,

NEW BOOKS

Poulsen's Text Book of Pharmacology and Therapeutics, 1940. Third English edition, by Dr. Alstead, M.D., M.R.C.S. (Wm. Heinemann (Medical Books) Ltd., London.

This is a comprehensive authority of value to students and practitioners. It is well written, clearly explained and by frequent reference to experiment, the work is placed on a sound basis. The subject matter is up to date; an Appendix dealing with the Sulphonamide drugs has been included.

The possession of this textbook would be a constant help to any member of the profession.

"First Aid for War Casualties." Second Edition.

By Norman Hammer. Price 1s 6d. (Published by Dale, Reynolds & Co., Ltd., London, E.C.4.)

The second edition of this book is slightly larger than the previous one. It contains a section on the treatment of unconsciousness in diabetes, and the signs of hemorrhage are compared with those of shock in tabular form. Otherwise the second edition is the same as the previous one, and its popularity should be maintained among first aid workers.

The Early Treatment of War Wounds. By William Anderson. Price 5s. (Published by Sir Humphrey Milford, Oxford University Press.)

This book, which only contains 90 pages, is the successor of a similar manual published during the last war. It deals with the treatment of wounds in the forward area, and makes no pretence of being a complete textbook on the subject.

The book is written in two parts; the first part consists of treatment at advanced units, and the organisation of a Casualty Clearing Station. This is dealt with soundly and systematically, except for a tendency to lay too much emphasis on the use of apparatus which may not be available during heavy fighting. The second part of the book deals with wounds of special regions; the views expressed are obviously the author's personal opinions, and in places differ from those which are generally held.

Although this book is written in a clear and lucid manner, and would be a useful asset to those

with little practical experience, it tends, on the whole, to be subjective and dogmatic.

Medical and Nursing Dictionary. By Evelyn Pearce. (Faber & Faber, 12s. 6d.)

In order to meet the demand for a handy book of quick and easy reference on Medicine and Nursing, Evelyn Pearce, described as one of the most successful teachers in the nursing profession, has thoroughly revised and brought up to date, the contents of her original work—"A Short Encyclopaedia for Nurses."

Under its new title this book contains a mine of useful information in a clear and concise form. It should be of invaluable help to nurses in training, to trained nurses in hospital, and to private nurses.

The important subject of Chemotherapy has been given a well deserved space and is readily intelligible to any student nurse.

Of topical interest is Chemical Gas Warfare, which in these days is essential for every nurse to understand.

BART'S MEN IN THE SERVICES
R.A.M.C.

W. A. Bellamy. R. E. M. Fawcett.
K. H. Sugden.

R.A.F.V.R.

C. S. Grossmark.

SOCIETY OF APOTHECARIES

Dates of the Society's Examinations for the month of October:—
Surgery: 13th, 15th, 16th.

Medicine, Pathology and Forensic Medicine: 20th, 22nd, 23rd.

Midwifery: 21st, 22nd, 23rd, 24th.

* * *

BIRTHS
DOUGLASS—On June 19th, 1941, at Harrow Wood, Middlesex, to Margaret, wife of Dr. W. Michael Douglass—a daughter (Rosemary Jane).

MARRIAGES
DICKINS—ARGENT—On June 12th, 1941, at Worcester, Dr. Sidney J. O. Dickins, of Cowfold, to Eleanor Argent, of Worcester.

DEATHS
HUSSEY—On July 4th, 1941, following an operation, James Hussey, M.D., of 69, West Street, Farnham, Surrey.

W. H. BAILEY & SON LTD. SURGICAL INSTRUMENT MAKERS.

STETHOSCOPE from 12/6



D.1236 Improved Binaural Stethoscope, with Skinner's Chestpiece and Special Phonoscope End. as illustration 17/6 each

CLINICAL THERMOMETERS



Every Thermometer is guaranteed, clearly marked, and tested at the National Physical Laboratory.

| Bailey's 2 minute round | each | 1/8 | per dozen | 14/3 |
|-------------------------|--------------|------|-----------|------|
| " 2 | " | 1/8 | " | 18/- |
| " 1/2 | " | 1/11 | " | 20/3 |
| " 2 | " magnifying | 1/9 | " | 18/6 |
| " 1 | " | 1/11 | " | 20/3 |
| " 1/2 | " | 2/1 | " | 22/- |

IF WITHOUT CASES 1/- PER DOZEN LESS

:: Hospital and Invalid Furniture ::

GERrard 3185 45 OXFORD STREET } LONDON, W.1
" 2313 2 RATHBONE PLACE }



SOLID STEEL SCALPESLS. 4/- each

10% DISCOUNT

allowed to Students mentioning this Ad.vertisement



Illustrated List sent on Request

Why not send your Repairs to us?

SCISSORS, SCALPESLS, KNIVES of all description and RAZORS, Ground and Set. HYPODERMIC SYRINGES repaired.

LOWEST PRICES

BAILEY'S DIAGNOSTIC SETS

D.1081 consisting of May's Ophthalmoscope, Auriroscope, with 3 Speculae, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors TongueSpatula and Handle with Rheostat to fit the above instruments, complete in case, with spare lamp.
PRICE complete £5 16 6
Auriroscope, with 3 Speculae, handle and spare lamp in case £2 7 6

CYCLONAL SODIUM
TRADE MARK
Soluble Hexobarbitone

A BRITISH PREPARATION

for Intravenous Anaesthesia

Supplied in Boxes of 6 x 0.50 Gm. ampoules with 6 ampoules distilled water.

Boxes of 6 x 1 Gm. ampoules with 6 ampoules distilled water.

Boxes of 25 x 1 Gm. ampoules with 25 ampoules distilled water.



PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

2458

VALE ROYAL ABBEY

The New Cheshire Home of MUNDESLEY SANATORIUM

Terms from 6½ to 10½ guineas weekly.
Tel.: Winsford 3336
Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)

'COSYLAN'

The Original SYRUP COCILLANA COMPOUND

'COSYLAN' (Syrup Cocillana Compound (P., D. & Co., has abundantly justified itself as an efficient remedy for the relief of an irritating cough and, in fact, in any condition caused by bronchial irritation in which the cough is excessive and the secretion and expectoration scanty.

Cocillana is an expectorant of the ipecacuanha type, but it is superior to ipecacuanha because it relaxes the dry congested bronchial mucosa into a freely secreting membrane without even a suggestion of nausea or vomiting since it has a selective affinity for the mucous glands of the bronchi and is excreted through the respiratory tract. The other ingredients are so blended as to enhance the sedative expectorant action, to allay irritation, to quiet excessive cough and to alleviate pain and the 'raw' sensation incident to the stage of congestion in bronchial and laryngeal inflammations.

ADULT DOSE
Half to one teaspoonful.

Issued in bottles of 4,
8, 16 and 80 fluid ozs.

PARKE, DAVIS & CO., 50, BEAK ST., W.1

Laboratories: Hounslow, Middlesex.

Inc. U.S.A., Liability Ltd.

FORMULA

Each fluid drachm contains:

Tinct. of Cocillana 5 mins.
Tinct. Euphorb. Pilulif. 15 mins.
Syrup of Wild Lettuce 15 mins.
Fluid Extract of Squill ¼ min.
Fluid Extract of Senega ¼ min.
Tartarated Antimony 1/184 gr.
Cascarin (P., D. & Co.) 1 gr.
Menthol 1/100 gr.
Ethylmorph. Hydrochlor. 3/32gr.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION



SEPT. 1941

VOL. 2.

No. 12.

INDEX

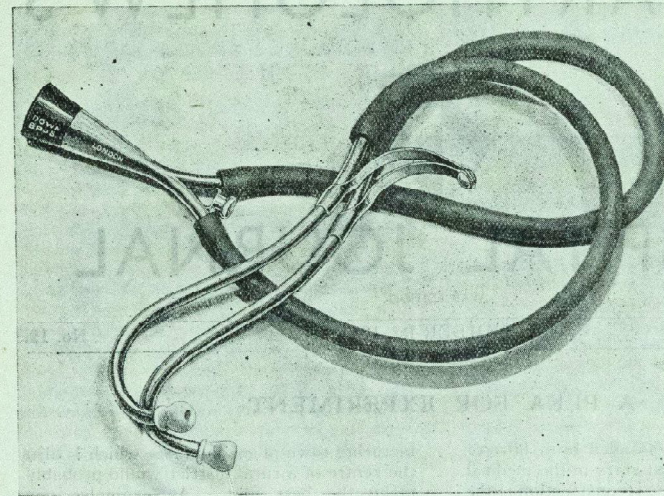
| | Page | | Page |
|---|------|--|------|
| A Plea for Experiment | 232 | Dawn Watch, by I. E. D. M. ... | 240 |
| Help from Hollywood | 233 | Honours | 240 |
| A Note on Pain Associated with Simple Epigastric and Umbilical Herniae, by Arnold K. Henry, F.R.C.S.I., M.Ch. | 234 | Correspondence | 241 |
| Abernethian Society | 235 | Obituary: Prof. A. J. Clark, Tyrrell George Evans, Rev. J. L. Douglas | 242 |
| Here and There | 237 | Cambridge News | 243 |
| Dublin Communiqué | 238 | Hill End News | 244 |
| Spontaneous Massive Collapse of the Lung, Following Fractured Pelvis, by B. G. Gretton-Watson, M.A., M.B. | 239 | Friern News | 246 |
| | | Conjoint Finals, July, 1941 | 247 |
| | | Sports News | 247 |
| | | Bart.'s Men in the Forces | 248 |
| | | Births, Marriages and Deaths | 248 |

INSURANCE

| | |
|---|---|
| <p>for your home The "Car & General" Comprehensive 'Home' Policy includes FIRE, BURGLARY, DOMESTIC SERVANTS, and many other risks incidental to a home</p> | <p>for yourself In these days a "Car & General" Personal Accident Policy is more of a necessity than ever before</p> |
|---|---|

CAR & GENERAL

INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1



**Surgical
Instruments
and
Hospital
Furniture**

DOWN BROS., LTD.

Correspondence: 23, Park Hill Rise, Croydon.
Showrooms: 22a, Cavendish Square, W. 1

**THE HOSPITAL NOVEL
COMPETITION**

Messrs. Chapman & Hall Ltd.
(Publishers) and Messrs Curtis
Brown Ltd. (Literary Agents)
announce a competition for the
best work of fiction submitted
portraying life in a hospital.

Write for particulars to—

CHAPMAN & HALL LTD.
(Ref. FBW)
11, HENRIETTA STREET,
LONDON, W.C. 2

VALE ROYAL ABBEY

**The New Cheshire Home of
MUNDESLEY
SANATORIUM**

Terms from 64 to 104 guineas weekly,
Tel.: Winsford 3336
Vale Royal Abbey, Hartford, Cheshire.

Medical and Surgical Staff:
S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.)
E. C. WYNN EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.)
GEORGE DAY, M.D. (Cantab.)



A PLEA FOR EXPERIMENT

We are still being assailed by a host of articles by the brightest stars in the medical firmament on future reconstruction; the JOURNAL itself had the honour of publishing a characteristically vigorous contribution from Dr. Geoffrey Evans. This article produced less controversy in our correspondence columns than we had hoped, but this, perhaps, was due not so much to any lack of independent thought among our readers as to a wholly natural reluctance publicly to enter the lists against so brilliant and ferocious an opponent.

Most of us have our theories as to the form this reorganisation should take: whether it should be a salaried medical service, an extension of the panel system or what you will. After the proper period of gestation the B.M.A. Commission will no doubt produce a considerable child, which happy event will be the signal for yet another spate of letters in both medical and lay papers. Some will enthuse over the newborn scheme, some will temporise, some will assert that it is a monster or even cast doubts on its parentage.

Surely this is an occasion for applying the scientific method of experiment. Even in social science, experiments if properly conducted will provide very useful information, and in this particular instance controls will be easily available. If some agreement can be reached on one or two provisional schemes these could be applied in a representative town and a suitable area of the surrounding countryside. A manu-

facturing town of medium size which is also the centre of a rural district would probably make the best unit. As examples one could give Reading and Luton.

Whatever scheme were adopted in such an area, the local authorities' hospitals could be used as the basis for the organisation and enlarged or modified as necessary. The local practitioners and consultants would necessarily be incorporated in the scheme, but if, after a trial, they could bear it no longer it would still be possible for them to leave the district and practise elsewhere with Government compensation for the loss of their practice. It would probably be easy to fill their places. Similarly the local citizens, if they felt an overwhelming urge to exercise their invaluable choice of specialist and hospital services, could come to London where the present system would still be in full swing. Such non-co-operation would most probably be negligible.

After about two years of such an experiment enough evidence would be available for Parliament to decide whether or not the scheme (or a modified form of it) should be extended over the whole country or should be dropped completely, when the experimental town could revert to the present system. Statistics of deaths, disease-incidence, etc., could be compared with the town's previous figures and with the current figures for a similar town. The local medical profession could give their opinion on the advantages and defects of the scheme, and public opinion could be investigated by an organisation such as Mass-Observation.

Perhaps the greatest disadvantage of such a scheme would be that the towns not chosen as experimental material would

protest at the unfair advantages given to another area.

HELP FROM HOLLYWOOD

It is with pleasure and more than a little envy that we congratulate Guy's on being, partially at least, adopted by Hollywood. Myrna Loy, Kay Francis and Gary Cooper have endowed beds in their sector Hospital at Sevenoaks, and we understand that great things are expected of this alliance with fame. The two professions of medicine and acting were closely associated in their earliest forms, when the medicine man combined his therapeutic skill with considerable talent as an effective, if uncouth, dancer; even nowadays few would deny that some skill in playing the part is

essential for success in medicine. So this alliance is hardly such a marriage of opposites as would at first appear.

Consider too the psychological effect on the patients of such an intimate connection with the great and the glamorous. What could be more enjoyable than to convalesce in a bed belonging to Myrna Loy, or even (lest there should be jealousy) to Kay Francis? Let us hope that Guy's have not neglected this psychological element, for Gary Cooper's bed in a male ward would lose all its appeal.



Mr. A. G. Leacock has been appointed Editor of the JOURNAL, *vice* Mr. E. Grey Turner, resigned.

Mr. C. E. C. Wells has been appointed Assistant Editor.

* * *

We are most grateful to those of our readers who have sent us copies of the out-of-print numbers of the JOURNAL for which we appealed in our last issue.

* * * *

The Linacre Lecture for 1941 was delivered in Cambridge by Sir Walter Langdon-Brown, who took as his topic "From Witchcraft to Chemotherapy." This is the most ancient medical lectureship in Great Britain, having been founded in 1526 by the bequest of Sir Thomas Linacre, the first President of the Royal College of Physicians.

Some readers may have seen the "Red Cross Revels," produced in the Bart.'s Theatre in August, 1940, and therefore remember the way in which an evil-looking Vermiform Appendix was heroically excised to appropriate music. This operation has now become a classic and, by kind permission of Messrs. Decca, Ltd., has been handed down to posterity in the form of a 10-inch double-sided gramophone record. The price, inclusive of Purchase Tax, is 2/6. Profits from the sale of this record will go to the Red Cross. It is hoped that many will buy this musical memento and thereby help the ever-deserving Red Cross; they may be obtained from the following gentlemen: R. Schofield, A. R. James, D. Morris, G. Wills-Cole.

* * *

Contributions for the October number should be received by September 11th.

A NOTE ON PAIN ASSOCIATED WITH SIMPLE EPIGASTRIC AND UMBILICAL HERNIAE

ARNOLD K. HENRY, F.R.C.S.I., M.Ch.

Small protrusions of extra-peritoneal fat through the linea alba and tiny herniae, no bigger than a child's finger-tip, through the umbilical ring occur with great frequency in adult patients. Often they are found only in routine examinations, but sometimes they become a cause of complaint. It is just twenty years since my attention was directed, at a Ministry of Pensions Board, to this association of pain and apparently trivial protrusion by a dyspeptic patient who said that if he drank a cup of warm tea he felt a pain "like boiling lead" in a very small and tender mass of fat that lay in the linea alba about three finger-breadths above his navel. On the next day at the same Board I saw a second case with pain and tenderness focussed on a small and similar mass. Laparotomy in both patients showed the presence of gastric ulcers of long standing. I learnt later from an article by R. Lewisohn, that this reference of pain from viscus to rupture was a well-known symptom demanding critical and careful attention, a point which he emphasised by calling his paper "*The importance of thorough exploration of the intra-abdominal organs in operations for epigastric hernia.*"

Kussmaul, who was a pioneer in oesophagoscopy and gastroscopy, advised Luecke to operate on these herniae for the purpose of relieving gastralgia, and in 1887 he published two successful cases. This set a fashion, and soon a spate of similar operations began for the relief not only of epigastric distress but of hyper-acidity, vomiting and even of haematemesis. Témoïn (1890) was one of the first to associate discomfort and pain in a linea-alba hernia with serious gastric disease, reporting four cases which had died of carcinoma of the stomach after operations for epigastric hernia. Capelle (1909) followed up thirty-one patients who had undergone similar operations from six months to eight years previously. Four had died from gastric carcinoma within two years of operation; six had a recurrence of their hernia; twelve had no recurrence but the gastric symptoms had returned. Only

nine of the thirty-one were perfectly cured. Since that time many observations have been published. Lewisohn records thirteen personal cases, in six of which the pain and tenderness in epigastric herniae were associated with gastric lesions in five, with duodenal ulcer in one, with cholelithiasis in one, and in one with appendicitis. In this last patient an operation performed eighteen months previously had failed to give relief; his hernia, too, had recurred. Exploratory laparotomy absolved stomach, duodenum and gall-bladder, but the appendix was bound down by adhesions, and its removal, coupled with hernioplasty, cured the patient. It will be noticed therefore that, while in most cases pain in an epigastric hernia is merely an indication of more serious trouble elsewhere, less frequently the hernia itself may give rise to epigastric discomforts that seem to spring from stomach or duodenum; the latter possibility is confirmed by a number of definitive cures which are claimed to have followed operations that dealt only with the hernia. In accepting these cures, however, we should not forget the long periods of freedom from pain which may sometimes accompany peptic ulceration.

Shortly after the patient who complained of the pain like "boiling lead," another arrived with an ache in the left testis. He was extremely anxious about this because eight months previously he had been treated for gonorrhoea and he thought that the ache was a sign of its return. Routine examination showed that there was no longer any active infection. The only residual sign that could be found was a small nodule in the lower pole of the epididymis. I was content, therefore, to reassure the patient, thinking all would be well now that his fears were allayed. This not unnatural mistake was brought home to me when he returned five days later and said: "I know you thought I was imagining that pain in the testis, but it has kept me walking up and down my office all morning." I then stripped the patient and made the general examination which I should have made at first. In the course of this I found a tiny

saccular protrusion through a small opening in the umbilical ring. I reduced the hernia with some difficulty, causing the patient to complain in the process, but as soon as it had slipped back, he said: "You've cured the pain in my testis." A pad made with a penny, some cotton-wool and a piece of strapping sent him away happy. I have since seen two similar cases in Egyptian patients. Each had a nodule in the epididymis, though no clear history of gonorrhoea could be got. In each the pain which the patient thought was in his testis was removed by reducing a small umbilical hernia.

In 1936 I saw with my colleague, Dr. Maeve Kenny, a woman aged 73, whom she had been treating with a pessary for uterine prolapse. The pessary had been changed two days before for a new one, and since then the patient had had pain in a left inguinal hernia on which she had worn a truss for some years. The external ring of that side was tender and there was also marked tenderness over the umbilicus where there was a small hernia in the ring itself. I reduced the umbilical hernia easily, but tenderness persisted in the bottom of the navel. I then turned once

more to the inguinal region and found that the truss had been pressing on a small unreduced bubonocoele which contained gut and gurgled on reduction. As soon as this tender inguinal hernia had slipped in, the umbilical tenderness disappeared.

Certain facts emerge from these paragraphs. (1) An epigastric hernia—apart from strangulation or other gross change—may be itself the cause of pain referred to abdominal viscera (stomach, duodenum, gall-bladder or appendix). (2) This view of the hernia's responsibility should only be accepted after thorough examination has absolved these viscera, though the appendix, it will be noted, is not easily absolved without exploration. (3) Far more often a painful epigastric hernia is acting as a "tell-tale" that indicates some serious visceral lesion. (4) A tiny hernia through the navel may be the cause of grave discomfort in a testicle, though perhaps the association may only occur if the gland has been previously sensitised by an old lesion. (5) An inguinal bubonocoele under the pressure of an ill-placed truss can cause tenderness in the navel which is not relieved until the bubonocoele has been reduced.

REFERENCES

- CAPELLE. Beitr. Z. Klin. Chir., 1909, lxi, 264.
 LEWISOHN. Surg., Gynec., and Obstet., 1921, 32, 546.
 LUECKE. Zentralbl. f. Chir., 1887, xiv, 68.
 TEMOÏN.—Echo méd. de Toulouse, 1890, 85.

ABERNETHIAN SOCIETY

The First Meeting of the new academic year was held, somewhat belatedly, on Thursday, August 17th, at 6 p.m., in the Abernethian Room. Innumerable Officers of the Society were assembled on the platform, and there was a good-sized audience which was distinguished by the presence of Professor Grey Turner. We had been fortunate in

persuading Surgeon-Captain Lambert Rogers, F.R.C.S., F.R.A.C.S., in happier times Professor of Surgery of the National University of Wales at Cardiff, to come ashore, so to speak (in the President's arresting phrase), to expound to us some of the stimulating ideas that have been engaging his mind during a quasi-

Sabbatical year spent away from teaching. For his title he had chosen "Some Thoughts on Medical Teaching."

His first point was that medical teachers are all amateur teachers—they are never taught how to teach, with the result that many of them do not succeed in "putting across" their own valuable practical experience of medicine in an interesting or assimilable form. Perhaps the solution of this problem might lie in a searching analysis of the factors responsible for the success of the naturally-gifted teacher, and the inculcation of the broad general principles emerging from such an analysis into the minds of all who seek appointment to the teaching staff of a hospital.

Professor Rogers then went on to urge, as Professor Grey Turner before him had done, the importance of understanding the historical background of any subject studied. Sir William Osler had said that nobody whose knowledge of tuberculosis dated no further back than Koch could claim to understand the disease. Not only does the historical approach to a subject increase its intelligibility by demonstrating its logical evolution; it also, by "association of ideas," reinforces memory. The greater part of the talk was given over to expanding and illustrating this idea; more examples from the history of medicine than can be quoted here, many of them by no means generally known, were adduced and pointed by a series of excellent lantern pictures. The speaker recalled a suggestion of his own, first mooted in a letter to the medical press a few years since, that textbooks of surgery might well provide, in footnotes, brief biographical "blurbs" about those surgeons whose work they described; he rejoiced to see that the suggestion was already bearing fruit. An examination candidate had once informed him that Paget was a Guy's man. Such flatters may occur less frequently when the reform is widely adopted.

Thirdly, since for most of those who study medicine its clinical practice is the *ultima ratio*, Professor Lambert Rogers proposed that students be introduced as early as possible, during their study of the basic sciences, to the clinical applications of what they learn. Again he developed the thesis that by "association of ideas" two birds—

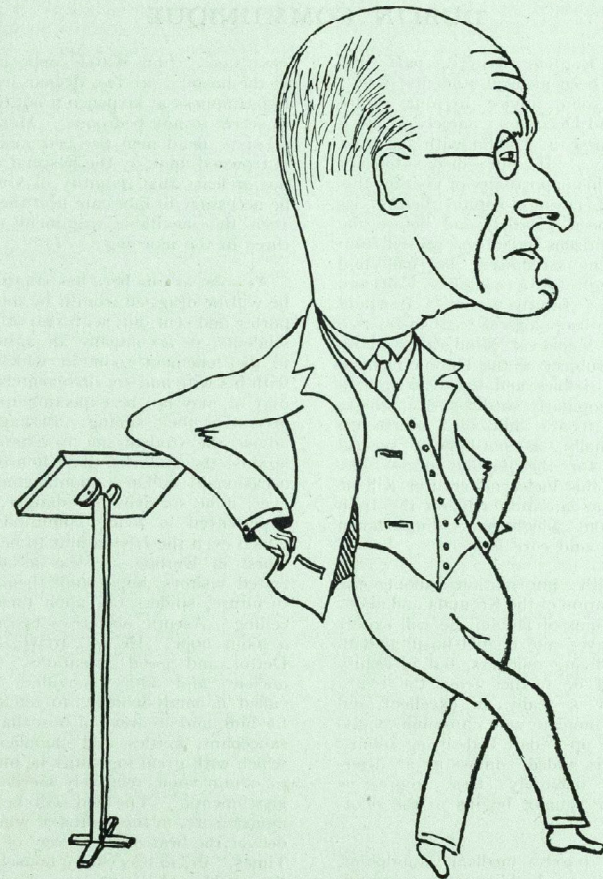
clinical and scientific—could be killed with one intellectual stone, taking as his text John Hunter's work on the surgery of popliteal aneurysm and the anatomy of the adductor canal. Hence was wrested a defence of eponymous terminology; the name "Hunter's canal," remembered in all its associations, conjures up more knowledge than the merely descriptive "adductor canal" could ever do.

Above all, the Professor called for encouragement of individual originality. This required a condition not easy to fulfil, namely abolition of large classes and their replacement by small informal demonstrations and seminars. He pointed out how, in the past, even the most originally-minded of men had held up progress by decrying the new notions advanced by their juniors. Thus the authority of no less a man than Kocher had prevented, until the 1920's, the pre-operative administration of iodine in the treatment of hyperthyroidism. Distrust of authority, though necessarily distasteful to the authority not trusted unless he be possessed of perfect intellectual honesty, must become one of the most vital ideals of medical education.

A promising discussion followed, which had to be cut short on account of time.

In proposing the vote of thanks, Professor Paterson Ross congratulated the Society on having been able to arrange a meeting at such a time, and on having secured such a distinguished speaker. He wished to add a further suggestion for infusing new vigour into medical education, and for encouraging a broader outlook. It was what the Americans call "going places." Had it not been for the War, the admirable principle of exchanges of students between different schools and different countries would have found ever-widening practical expression. As for their teachers, such a principle had, of course, been in operation at Bart.'s for some years. Professor Ross enumerated the distinguished visitors who, beginning with the late Dr. Harvey Cushing, had temporarily directed the Surgical Unit in the past; and he ended with the hope that we might one day welcome Professor Lambert Rogers in our midst in a similar capacity.

C. G. P.



The Leader of the Endocrine Orchestra

HERE AND THERE

"I hereby give permission for an operation to be performed on my left buttock."

* * * *

"Please, Sir, which is the baulk and which is the beam?"

* * * *

"Doctor, can you give me some medicine? I've been consecrated for a week."

W.O.P.: "My husband's a sailor."

Mr. D. Fraser: "That's all right, we're all sailors here."

* * * *

DUBLIN COMMUNIQUE

So many English writers, past and present, have been medical students, that I would offer some advice to our future Maughams and Deepings: namely, to do a Midwifery course in Dublin with the least possible delay. If our medico-literary student takes his opportunity of visiting this primitive and curious capital before its slums have been cleared, and before the minds of its citizens have been roused from their intriguing archaism, he will find material enough for a complete Collected Edition of his future works. I would suggest an anthropological treatise (in two vols.) on the Mediaeval Mind, a novel on the classical subject of the Dublin medical student (beer, babies and bawdy songs), a saga, set in popularly sordid surroundings, about the thirteenth child of a thirteenth child, and finally, as pot-boilers, several short stories for the popular press. In conversation, this lucky adventurer will be able to pose as an authority on the Irish Question, about which most Englishmen know nothing and care less.

Primed with information about the ancient foundation of the Rotunda and about the squalid slums of Dublin, he will expect to find a decayed and dismal hospital with dungeon-like living quarters, but in reality nothing could be farther from the truth. The Rotunda is really an excellent and cheap hotel, complete with chromium plated and otherwise up-to-date bed-sitting rooms, on to which is added, almost as an afterthought, a definitely less impressive hospital. The squalor begins at the doorstep.

From the purely medical standpoint, supposing that our budding author intends to qualify before devoting himself to authorship, he will have to deliver two women in the labour ward under the eagle, and distinctly jaundiced, eye of the nursing staff. After this ordeal, during which he will learn the anatomy of complete perineal tears, he must undergo a viva from the Clinical Clerk (or Extern Assistant) before being flung into the slums to fend for himself. This quiz is more formality than examination, since he will be supplied beforehand with the recognised answers to the recognised questions. To celebrate his elevation to the dizzy rank of midwife is his

next task. Immediately opposite the gate of the hospital are two dispensaries, supplying Guinness at sixpence a bottle, delivered in secret to any bedroom. More than fifty or sixty dead men per bedroom per night is frowned upon by the hospital authorities, but at least that quantity of Guinness will be necessary to lubricate first the songs and then the inevitable argument till two or three in the morning.

As soon as our hero has staggered to bed he will be dragged from it by an implacable porter and sent out, with two or three other students, to accompany an agitated father to the tenement room in which he exists with his wife and six or seven children, who may or may not be expecting to watch the arrival of their sibling. Perhaps I should advise the student not to lean too heavily against the walls of these houses, for they occasionally collapse spontaneously. However, if he survives this danger, he will be experienced in living conditions in slums which even the Irish admit to be among the worst in Europe. Fleas assail all uninfested visitors, bugs stalk them across the furniture, spiders fall upon them from the ceiling. Aseptic obstetrics becomes merely a pious hope. He will arrive, armed with Dettol and good intentions, to find an ancient and filthy harridan, mistakenly called a handy-woman, to fetch and carry for him, and an array of miscellaneous jugs, saucepans, kettles and chamber-pots from which with great ingenuity he must contrive to obtain some relatively sterile water and instruments. The bed will be a sagging monstrosity, in the depths of which he must deliver the brat on to a copy of the "Irish Times," or, in less classy households, on to the "Herald" or the husband's old macintosh. After fulfilling his duties as midwife he must be wary of the wiles of his patients, for one student, who hashfully supplied his Christian names when told that the infant was to be named after him, was then bombarded with stories of the generosity of other "doctors" to their namesakes, and was finally driven to buy the brat a silver spoon.

After a short experience of the phenomenal rate of reproduction among his patients, the eager student will probably make delicate and tentative enquiries as to

whether any attempt is ever made to control this avalanche of children, but will find that the only form of contraception permitted by the prevailing religion is the enlistment of the husband in the British Army.

Perhaps it would be as well to say that, in spite of the reputation in England of the I.R.A., an Englishman's life is not in any great danger in Dublin, even if he is rash enough to argue about politics. There appears to be a profound division of political opinion in Ireland. On the one hand, and greatly in the majority, are the Nationalists, sentimental, religious and acutely conscious of the many injustices of which England has undoubtedly been guilty in the past. These, though anti-English, are rarely pro-German. On the other hand are those Irishmen, often with English connections, who appreciate Ireland's helplessness alone in a world at war, and who have some conception of the ideological conflict between democracy and Nazism. The mass of the people, with little more political consciousness than the masses in England before the war, are nevertheless proud of their newly acquired national independence, and their neutrality, as their first important independent action, has an enormous emotional appeal. The extremists, however, are so powerful that one politically-minded and Anglophile Irishman to whom I talked believed firmly that if Ireland were to enter the war on either side the result would be immediate revolution.

The war has been both a blessing and a curse to Ireland. Many unemployed have found work in England at better wages than they could expect to get in Ireland, but on the other hand there are shortages of coal, petrol, flour (white flour is unobtainable), and tea. The tea shortage is felt very acutely in such a poor country, but is

hardly so serious as to justify Irish wrath at England's perfidy in "breaking her promise" to supply Ireland with tea (brought, of course, in English ships). In general the Irish consider it most unfair that there should be any shortages at all, since they are not at war, and all their economic problems are ascribed to the British "blockade" of Ireland. Most astonishing of all is their indignation at England's refusal to supply them with arms.

In talking of Anglo-Irish relationships an Irishman will always say that the first essential for their improvement is that England should make some gesture of friendship by offering to supply Ireland with the raw materials and armaments that she needs. Since Ireland is not prepared to offer anything as a *quid pro quo* it seems unlikely that so altruistic a gesture will ever be made, and without it there is small hope of a substantial improvement. It may be suggested that Ireland could offer the bases in exchange for these economic concessions, but the Irish believe, with justice, that if the bases were handed over their principal cities would immediately be bombed. Their terror of air-raids is such that I do not believe that they will ever take that risk.

In spite of this rather gloomy picture of life in Dublin there are very considerable compensations. Bread is regarded merely as a vehicle for butter, beer is unlimited, there are dances of pre-war splendour (white ties will be worn), and, greatest compensation of all, there are the arguments. Day and night, into the dawn, on politics, on religion, on medicine, even on the Metric System, there are always arguments. Even more than by its butter, I shall remember the Rotunda by these epic battles of words.

SPONTANEOUS MASSIVE COLLAPSE OF THE LUNG FOLLOWING FRACTURED PELVIS

B. G. GRETTON-WATSON, M.A., M.B.

H. B., a male aged 23, was admitted on 22.11.40, having been knocked down by a motor cycle. There was no loss of consciousness.

On admission there were no abnormal physical signs in the head, chest or abdomen. There was tenderness over the left ilium, and pain on pressure on the iliac

crests. X-ray of the pelvis showed a vertical fracture of the left ilium running up to the anterior superior spine. There was some bruising of the left ankle, but neither clinical nor radiological evidence of bony injury.

The patient was put to bed, flat on his back between sandbags. He progressed

without incident until 24.11.41, when he had a sudden attack of pain in the left lower chest. He was distressed and a little cyanosed, temperature 101° pulse 120. On clinical examination of his chest the mediastinum was found not to be displaced; there was some impairment to percussion, and absent breath sounds at the left base anteriorly.

The next day he was still very distressed and cyanosed, and developed a cough with much frothy sputum. The breath sounds were still absent at the left base, the dullness was more marked, and the apex beat had moved to the Vth. space 2in. to the left of the nipple line. X-ray of the chest confirmed the diagnosis of massive collapse of the left lower lobe.

His condition varied little until 3.12.40 when he developed mistiness of vision.

There were no abnormal physical signs in the central nervous system and the mistiness of vision cleared up in two days. The cause of this remains obscure.

From this time onwards his condition gradually improved, he became less distressed, his sputum less, and there were signs of increasing air entry at the left base. By 16.12.40 there was X-ray evidence of some expansion of the left lower lobe, and by 30.12.40 it appeared to be fully expanded.

The sputum was examined on several occasions; it showed no pus cells, many mixed organisms with pneumococci and streptococci predominating. There were no spirillae and no anaerobic organisms.

My thanks are due to Mr. N. A. Miller for permission to publish this case.

DAWN WATCH

"Sou-west a half to west," the skipper said.
The lighted binnacle shone pale and dead,
The heavy needle swung beneath my hand
And dimly then the distance outlined land.
Quite suddenly the dawn began to breathe
And flung upon the sleeping sea a wreath
Of rosy light, and made each wave a fleck
Of glowing gold. And Heather came on deck.

I. E. D. M.

HONOURS

The King has given orders for the following award for brave conduct in Civil Defence:—

M.B.E.—John Desmond Dillon, M.R.C.S., L.R.C.P., Medical Officer-in-Charge, Mobile Unit, Greenwich.

Dr. Dillon, during the whole period of his association with the casualty services, has rendered splendid service. On one occasion a casualty was trapped in the basement of a building the upper storey of which was blazing. Dr. Dillon went down amid the wreckage in order to

extricate the casualty. Water heated by the fire was streaming down into the debris, but the doctor crawled through, reached a boy and administered morphia.

The Times, 7.6.41.

The King has given orders for the following appointment in recognition of distinguished services in the Middle East during the period December, 1940, to February, 1941:—

C.B.E.—Lieut.-Col. (temp. Col.) F. G. A. Smyth, O.B.E., M.B., R.A.M.C.

The Times, 9.7.41.

CORRESPONDENCE

THE METRIC SYSTEM AGAIN

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

I imagine that the editorial in your last issue was intended to draw me still further into the open. I am attacked on two grounds, first because I am an Ancient and Mediaevalist, and secondly, because I am inconsistent and illogical.

I see nothing mediaeval in sticking to an old and well-tried system when I am offered a newer one which does not possess any advantage over the old. I am entitled to assume this because no-one has so far written to point out what are the advantages of the decimal system in writing prescriptions. I grant you that drachms may be confused with ounces, resulting in a multiplication by 8, but a decimal point may even more easily become displaced, with the resultant error of the order of 10. I do not see how it can be claimed that accuracy is an essential in prescription writing. The basic of pharmacological teaching is the demonstration of experimental results on the lower animals, which sometimes "come off" in a singularly satisfactory manner—but not always. The student is then invited to assume that *homo sapiens* will react in a comparable manner to the same stimulus. It is true that he is informed that different species of animals do not always react alike to the same drug, but it is not impressed upon him that it is by no means certain that human tissues, especially diseased tissues, will respond in the same way.

Prescription writing is not a science, it is, and must always remain, an Art. For a truly scientific experiment a drug would need to exercise exactly the same effect upon every occasion on which it was given in comparable circumstances. The young practitioner speedily learns to his dismay that this is not the fact, and therefore the simplest prescription is ever an essay in experimental therapeutics. I have seen patients die after, and because of, the administration of five grains of aspirin; many other drugs in common use are well known to produce startling effects in certain cases, and while this is so the need for a special notation of particular accuracy does not appear to me to be urgent.

I see no special reason to be consistent in this matter. If a drug is provided in tablets containing a metric dose, or in ampoules containing so many c.c.s., I will prescribe it in this form, but this does not seem to me to be a reason to change the whole method of prescription writing which has survived the test of centuries and which is not attacked on any serious ground. If in this country the metric system is universally adopted as a standard I will be among the first to change

my system and adopt the new, nor will I be puzzled or dismayed by decimal fractions and percentages. When my income tax is 50 cents (or more) in the dollar, when my car does so many (or so few) kilometres to the litre, when ladies seek bargains at 99 cents, and when the pole, rod or perch has given place to the square metre, then will I call for 0.5 litre of MAIFERN and drink to those who have brought this thing to pass, wondering the while how much better off any of us will be, but comforted by the thought that the wheels of progress must not be delayed by those whose thoughts are still buried in the mists of mediaeval antiquity.

Yours,

JAMES MAXWELL.

August 11th, 1941.

[Is there no Hercules to slay this Hydra?—Ed.]

* * * *

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

I have failed to bring out the fact that the greatest exponent of all the Arts, in that the drama is now held to be the first, accuses the sciences coupled with the one labelled "Chemistry" of having done nothing since the last war to ameliorate the sufferings of mankind, especially in the matter of war horrors. Yet he is unable to demonstrate that any of his special arts (drama, architecture, poetry, literature, sculpture, and painting) have done anything to save us from war horrors!

Medicine and surgery working together, adding their special arts to almost all the sciences, chiefly chemistry and physics, have within the past fifty years, caused the saving of millions of lives, both during the peace times as well as during those of war. The discovery of antiseptics by Lister, advanced by art to the perfect asepsis now in use, is the contribution of surgery to humanity, in peace and especially so in war. The discovery by medicine of the antivaccine to typhoid fever, as a single instance, as also the older discovery of the vaccine against small pox, have also led to the saving of thousands if not millions of lives, again both in war and peace. So that it may well be pleaded that the combined sciences and arts of surgery and medicine have more than achieved a claim for first place in any scheme for blessing and thanking those much maligned services in the cause of humanity. Perhaps these words may raise my remarks from being quite obscure.

J. K. B.

August 10th, 1941.

"GUY'S"

"At Guy's . . . the student . . . enjoys the unique privilege, which no other hospital grants its students, of taking the patient's history, recording his own physical find-

ings, and following up the course of his patient's illness." *Guy's Hospital Gazette*.

(Fancy that!—Ed.)

OBITUARY

PROFESSOR A. J. CLARK.

We regret to record the death, on July 30th, of Dr. A. J. Clark, who was Professor of Materia Medica in the University of Edinburgh.

Alfred Joseph Clark was born at Glastonbury on August 19th, 1885, and was the eldest son of the late Francis Joseph Clark, of Street, in Somerset. He won a scholarship to King's College, Cambridge, and afterwards came to St. Bartholomew's, graduating in Natural Sciences in 1907 and qualifying with a medical degree three years later. In 1910 he was house physician to Dr. Herringham. His interest in pharmacology began early, for soon after taking Membership he was appointed lecturer in that subject at Guy's in 1913. During the Great War he served in the Royal Army

Medical Corps with the rank of Captain and was awarded the Military Cross. He became a Fellow of the Royal College of Physicians in 1921, and ten years later was elected Fellow of the Royal Society. Before taking the chair of Materia Medica at Edinburgh he was Professor of Pharmacology in the Universities of London and Cape Town. Of his many publications, "Applied Pharmacology" is well known to the present generation of students, while the more philosophically-minded read with enthusiasm his "Mode of Action of Drugs on Cells."

In 1919 Dr. Clark married Beatrice Powell, daughter of the late Dr. Hazell, of Cape Town, and they had two sons and two daughters.

TYRRELL GEORGE EVANS

(presumed lost in H.M.S. "Jervis Bay")

Tyrrell George Evans was born at Beckington, near Bath, on December 6th, 1898, and was educated at Epsom and Monckton Coombe. While still a school-boy he developed nephritis, but a short stay in the Argentine completed his cure. He entered Bart.'s, but before he qualified became a Surgeon-Probationer and served in the last war on board *H.M.S. Honey-suckle* in the Mediterranean. After the Armistice he returned to Bart.'s, qualified in 1919 (when he was Vice-President of the Abernethian Society) and became Resident Anaesthetist and House Surgeon to Mr. Bathe Rawling. He always retained the greatest admiration for his late Chief and was a constant attendant at the famous "Jumpy dinners." In 1922 Tyrrell Evans married Miss Agnes Rodgers (then a blue-belt) at St. Bartholomew's the Great, and settled down in general practice at Beckington. For a year he was in partnership with his father, who had worked there for 40 years, but after his retirement carried on alone. Evans was the best type of

general practitioner and always tried to keep up to date. His patients all loved him for his obvious sincerity and kindness. He became Honorary Medical Officer to the Victoria Hospital, Frome, where he put in much sterling work. The stress of a country practitioner's life does not leave much time for hobbies, but Tyrrell Evans liked to snatch a few days' holiday fishing and was very fond of the mechanical side of motoring. For a few weeks in each year he was generally at sea, as he remained an officer of the R.N.V.R., being promoted to the rank of Surgeon-Lieutenant-Commander. At the outbreak of the present war he was, of course, called up and was appointed to the armed merchant cruiser *H.M.S. Jervis Bay*. During the epic fight of this ship against hopeless odds Tyrrell Evans was wounded, but when last seen was still doing his best for casualties in the Sick Bay. Thus lived and died a very gallant gentleman of whom Bart.'s can be proud. To the bereaved widow, son and sister, we tender our most sincere sympathy.

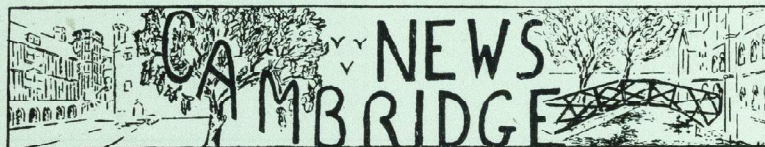
C. L. H.

REV. J. L. DOUGLAS

Bart.'s has lost a devoted supporter in the person of its former Vicar and Hospitalier, Rev. Justin L. Douglas. His tenure of office was not long, as years go, yet he was long enough at Bart.'s to be loved by all with whom he came into contact. He was extremely cultured and had many gifts. He was an accomplished musician and an expert photographer. It was during his vicariate that the new organ in the chapel was installed, an instrument of beauty. His collection of photographs of scenes within and without the walls of the Hospital was superb.

As a student I was impressed more than anything else by his utter modesty and self-effacing manner, which went with a very sensitive and sympathetic disposition. I feel many students and doctors would pay tribute to this very retiring man, especially members of the Christian Union, who were in his debt for many things. His retirement from Bart.'s a few years ago was an event regretted by all who knew him. His death in middle-life is deeply regretted, but the Christian fragrance of his life will remain as an inspiration to his many friends at the Hospital.

J. B. G.-S.



The last few weeks of the summer term supplied us with radiant sunshine in which to do our prolonged swotting, a period, it must be said, made more arduous by the beckoning presence of punts, placid pools and pubs.

Next term threatens to be of inordinate length with the course of work in September for those who are turning up for it, not forgetting the fortnight of Home Guard training which may serve to perfect our physical fitness. It is hoped that a short spell of holiday will be arranged after the vacation course and before the start of the winter term—a breathing space to gather momentum after the stress and strain that September will almost certainly bring with it.

CRICKET

St. Bart.'s Hospital—Pre-Clinical XI.—v. Ridley Hall. Played at home, May 10th.

Ridley Hall batted first on a good wicket, but were all out for 109, due chiefly to the steady bowling of Cartledge, who took 4 wickets for 18 runs. Cheap wickets were also obtained by Monckton and Wood, the former dismissing two men for only 4 runs.

Fifty-one runs were on the board before our opening partners were separated. Moyes was the victim, but only after he had made 22 glorious runs in a most stylish manner. Goodrich, after a scratchy start, went on to make 42. Wood and Ballantine added 30 or so between them; the Ridley Hall total being thus surpassed with 4 wickets in hand and a quarter-of-an-hour to go.

v. Queens' College. Played at home, May 24th. This match rather took the form of a local derby, both the teams playing on their common home ground. Timmis and Moyes were out within a few minutes of the beginning of our innings, but Goodrich managed to stay there, the runs coming amazingly slowly. However, after Cortledge had made 25 useful runs and was back in the pavilion, we were lucky enough to see a really exciting spot of batting by Todd, who seemed to have no respect for the bowlers at all. He made 40 runs in just over half-an-hour, which included 5 fours. Monckton called the batsmen in when the score was 129 for 9.

The game became quite tense when Queen's had reached 100 with fifteen minutes to go. But, thanks to some good bowling by Todd, they had only established 123 runs by close of play. P. D. Moyes, as usual, distinguished himself at the stumps.

v. Caius College. Played away.

The wicket was very wet, and although they won the toss, our opponents decided to bat first. It was a wise choice, for at first the wicket behaved itself, but after the sun had been on it for an hour or so, it began to play tricks. Thus it did for the whole of the Bart.'s innings, after Caius had built up a formidable score of 156 for 5 wickets.

To make matters worse, Bart.'s only had ten men, who were subsequently skittled out by two medium pace spin bowlers for 19 runs.

A sorry day indeed.

Moyes, behind the stumps, alone was up to standard.

v. Trinity College. Played away.

At last we cricketers were rewarded with that weather which is associated with the game. For this match we were also lucky enough to have the services of Beck, of the L.S.E., and Professor

Wormall, whose keen fielding was an inspiration to the side. The former provided us with 30 very valuable runs, and he, with Moon, produced a stand of 56 runs. However, the delight of the afternoon was a grand 64 by Monckton, who just let go at every ball, treating the bowling with utmost scorn, obtaining in the process 6 fours. The other end was kept up conscientiously by Todd and Professor Wormall in their respective turns. We declared at 4.30, leaving Trinity to get 104 runs in an hour-and-three-quarters. However, they only managed to obtain 114 of them before the umpires drew stumps, and that was at the expense of 6 wickets. Cortledge took 3, Todd 2, and Monckton, although he had only just concluded his hectic innings, bowled quite as fast and as accurately as usual. A draw was a fair result.

v. King's College. Played away.

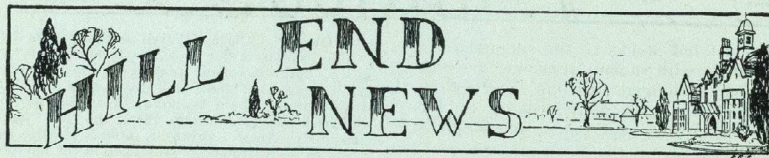
They won the toss and batted first, and it was not long before a smart piece of fielding ran their No. 1 batsman out. But a long stand resulted when the next man came in. Although Monckton tried all his bowlers, it was not till their score was nearing 100 that the second wicket fell. He was out l.b.w. from Goodrich. The only other bowlers who took any wickets were Todd (2), and Pitman, a newcomer to the team, who, bowling very steadily, got one. King's declared at 138 for

5. Due entirely to a phenomenally accurate young fast bowler, we suffered a bad collapse. But owing to a clever piece of strategical batting by Pitman, a certain defeat was turned into a draw. Although only 40 runs were scored, credit is due to Moyes and Cortledge for calm and deliberate batting in the face of heavy odds. The same may be said of Daniel, though, in this case, perhaps not quite so deliberate.

v. R.A.F. Played at home, June 11th.

This being our last match we fielded the strongest team we possessed. Even if it did not promote a win, it could not be surpassed for excitement, the R.A.F. gaining superiority by the narrow margin of 7 runs. Pitman it was who, cleverly varying his spins, took 5 Air Force wickets for 23 runs, the whole side being out for 95. Mention must be made again of Moyes for his superb wicket keeping. During the whole season he let pass only the byes, and on two occasions the score sheet was blank.

It is a sad thing to see five 0's in one's score book; it is sadder still when it is the finishing game of the season and few runs are needed for victory. Such was the story on this occasion. Excitement, however, was provided to the full by Beck, Cortledge and Todd, who scored 22, 26, and 26 respectively, bringing the total to 88. A dignified defeat.



By the time this news appears in print, Ian Todd will have arrived in Canada to take up his Rockefeller studentship at the University of Toronto. All will agree, I am sure, that the choice of Todd to represent Bart.'s was a happy one, and we shall look forward to news of his doings. Many of us hope that this scheme is an earnest of a greater exchange of undergraduate students after the war, not only with the New World, but with great continental centres of medical education.

Since writing the last news little of note has happened at Hill End. A new batch of students has arrived and the "House" has undergone its twice yearly change. Dr. Jewsbury and Mr. Richard Johnson have left us; the former's vivid descriptions of dramatic and choral events will be missed in future issues of the JOURNAL. Dr. B. M. Wright has returned, this time as chief assistant to Dr. Geoffrey Evans. We are very pleased to welcome Mr. H. R. Ives, Jr., as chief assistant on the Surgical Professional Unit. A most successful dance was

held on August 8th, and once again the Mother Hospital was well represented. (Following last month's news I have been warned that any more facetious comments will result in an attempt to "frame" me, so I will refrain from making any more comments about the dance!)

Hagiology is a far cry from medicine so I would not presume to know why St. Swithin imposed a curse on the weather at this time of year, but his gloomy predictions have been unpleasantly correct once again. The rain has recently spoilt the tennis and cricket, but we must be thankful for a previously successful season. A report of the activities of both clubs is appended.

CRICKET

This season started with the astonishing array of about thirty-four fixtures as a result of P. R. Edgar's great work as Secretary. Durham captained until the end of June, when he and Edgar and many useful enthusiasts left, having "done their time" here. John Potter and Duncan Linsell were elected captain and secretary respectively for the remainder of the season. Difficulty has been experienced in the absence of any groundsmen to prepare wickets, but co-operation

from several members has resulted in some very excellent pitches, and Michael Hunt, Mann and Linsell are specially to be thanked. The weather has washed out about eight matches recently, but May and June saw several good games in sunshine.

The weight of the bowling has fallen on Morris, who is now at Bart.'s, and on Nash and Potter; some very good analyses have been returned by them. The scoring has usually come from Potter, Randall and Hunt. Hunt and Dowling have been unflinching, and formed the backbone of the fielding, which was often marred by dropped catches.

We have played fourteen, won seven, lost six, and have drawn two through bad weather, and for the same reason eight other games have had to be cancelled. We lost very heavily to St. Albans School in the first game, getting only 44 in reply to their 171 for 4, but in the return game we won by 24, Randall making a useful 24, and Edgar taking 4 for 23. We beat Mr. Harmer's XI by 7 wickets, V. H. Jones making 30 not out, and J. L. Morris taking 4 for 32, and Linsell 3 for 16. We beat a Herts C.C. XI. by 2 wickets and 10 runs in a very low scoring match. Potter took 7 for 12, and made 9 not out, which was the highest score for our side. Only one man reached double figures in the whole game. We lost both games with Letchworth, but they were very enjoyable. Our batting was weak on both occasions, though the bowling was good. J. N. H. Jones took 4 for 30 in the first, and Linsell 4 for 15 in the second. In a friendly game with Cell Barnes early in May John Potter knocked up a magnificent 73 not out, every one of these having to be run as the state of the field made boundaries out of the question. Our latest match v. the Rickmansworth Water Co., which resulted in our winning on a very sticky wicket, was remarkable for good fielding.

W. D. L.

TENNIS

During the summer the tennis at Hill End has been in full swing, with matches most Wednesdays and Saturdays in June and July. We have been very fortunate with the weather, as it has only caused us to cancel two matches during the whole season, and two other matches have been postponed.

With the help of the Nurses, mixed matches with other clubs have been arranged, and have proved both popular and successful. Up to date we have won seven, and only lost two matches. Our match against Harpenden was played on hard courts, and in spite of the score, our team put up a very hard fight, the set being lost by a narrow margin in every 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 men's doubles have been well supported, and as a result we have beaten Charing Cross Hospital twice, on grass and hard courts. Our matches with the North Metropolitan Co. ended both times in a loss, but nevertheless, we made them work for their victory. One set in particular lasted two and a half hours, forty-six games being played before the point was ours.

"Club evenings" every Monday and Thursday have been a great success, and everyone is very sorry that they have had to end with the now shorter evenings. As many as thirty turned out regularly on these nights to play on the grass and hard courts, which were in continual use. These "Club evenings" have been most useful in discovering hidden talent needed for matches, and have also given the Nurses a chance of getting a game after a hard day's work in the wards. The standard at these "Evenings" has been far from rabid; in fact some fine sets and rallies have been seen on the courts.

The following have played in the teams:—H. R. Marrett, G. R. Evans, R. C. Jack, C. S. M. Stephan, Y. Y. Gabriel, R. B. Sankey, D. E. R. Kelsey, R. M. Boyce, A. H. W. Brenan, R. M. Chambers, A. R. Anderson, E. A. Imossi, J. H. Rey, P. C. Mark, R. X. R. Grant, A. R. Corbett, P. F. Lucas, and D. R. Duff.

R. B. S.

Results:—

May 17.—v. Ballito (Mixed) (H), won 5-4.
June 7.—v. Charing Cross Hospital (Men) (A), won 5-4.
June 14.—v. Trinity Club (Mixed) (A), won 7-2.
June 15.—v. North Met. Co. (Men) (A), lost 4-5.
June 18.—v. Shenley Hospital (Mixed) (H), won 9-0.
June 25.—v. Cell Barnes (Mixed) (H), won 5-2.
July 5.—v. Ballito (Mixed) (A), won 5-4.
July 9.—v. Charing Cross Hospital (Men) (H), won 6-3.
July 12.—v. Trinity Club (Mixed) (H), won 6-0.
July 16.—v. Shenley Hospital (Mixed) (A), lost 1-7.
July 20.—v. North Met. Co. (Men) (H), lost 3-6.
Aug. 2.—v. Harpenden (Mixed) (A), lost 0-9.

THE DRAMATIC SOCIETY

Rehearsals of "Death on the Table" have now begun at Hill End, and the play will be performed on September 26th and 27th. In London, just before war began, this play had a run of four months, and we feel that with the expert advice and talent available to us the play should appeal both to the general public and to those connected with the hospital.

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.



Whatever is it?

Tuberculous infiltration of the ileum. At least that's what it says in the catalogue.

I hear these specimens are going to be moved into the other lecture-room and this is going to become a sort of A.R.

That's a splendid idea. But will there be any furniture for the A.R.?

I believe they're bringing some from Charterhouse.

Well, that really is a masterstroke. What's on next door?

Gynae, or Midder, or both. I gather B——t——'s walking on air these days after an 80 per cent. pass last time.

It was a bit of a novelty, wasn't it? Why do you leave out all his vowels like that?

Journalistic etiquette, my boy.

Nonsense, the newspapers talk about Churchill and Roosevelt without any polite deletions.

Yes, but they never say Horder or Dawson.

No, that is rather odd. They always put in 'Lord.' Perhaps medical men are respected after all. But that still doesn't explain why you should leave out a lot of vowels.

You're just making difficulties. What's this?

An umbilical adenoma. V—ck had one on his round the other day.

I wonder why his two wards were placed at opposite ends of the Hospital.

Just to annoy grousers like you. Anyway you don't need to walk along the tunnel at this time of year; you can go outside.

I get very tired of *Picture Post's* reforming zeal, don't you?

Especially the correspondence. Dozens of letters from long-haired undergraduates and disappointed spinsters, all potential melancholics.

They've had a crack at the medical profession, I suppose? Wonder what they'd say about Friern. "My Plan for Friern," by Edward Hutton.

He'd need a plan for himself after being here a day or two.

Quite uncalled for. Bill Loughborough says he likes the M.A.V.

He's acquired an immunity. The next thing is to prepare a serum from him. Is this meant to be the Friern News?

Right first time.

What d'you mean by this ghastly phrase: Fondness for Friern grows on one? You'd better say "grows on two or three." Sounds like a fungus or creeping paralysis.

Well, you can write it next month.

Not me. I'm not going to burn my fingers. I've watched you dropping bricks and picking them up again for a long time.

I love Ivor Novello's music, don't you?

Some of your bricks were well worth dropping, though.

Did you ever see "The Wind and the Rain"?

Awful, isn't it.

I don't mean the weather. I mean a very successful play all about medical students. All the common varieties were depicted, studious, athletic, alcoholic—

Well, what about it?

I was thinking it might be a good thing for the patients to see it. When we go into a ward here all eyes focus on us to decide whether we're doctors, male nurses, porters—

Or mental patients. Yes, it's very embarrassing. We'd do better, of course, if fewer of us went about in drainpipe flannels and green shirts. It's nothing to do with coupons.

My dear boy, there's been an enormous improvement. Earlier in the war one used to see plus fours and boiler suits wandering about. But I think it might be a good thing if each patient understood that he would be examined by students, who play a necessary if humble role in the Hospital.

You flatter yourself. You mean that the houseman often refers to the student's notes of the case? By the way, did you notice that Sabreur underwent a short, sharp attack of the disease which he so wittily described?

Yes, I suppose everyone does on first moving into white collars and pink carnations. Will you sign me up this afternoon?

I wonder if they ever examine the handwriting. It's of no value if they do because a kind friend sitting next you often signs

you up to save you trouble, and you're both present. The whole system is haywire.

The clever rascals always use block letters. Anyway, I'll give you a demonstration. Sign me up like this—

GOBBO.

CONJOINT BOARD

FINAL EXAMINATION, JULY, 1941.

Pathology.

| | |
|------------------|-------------------|
| Welch, R. H. | Lustigman, M. |
| Cooper, R. S. | Haile, J. P. |
| Robertson, J. A. | Stewart, J. G. |
| Bone, D. H. | Mariani, G. |
| Lunn, G. M. | Currie, D. |
| Colledge, A. H. | Lim, K. H. |
| Sinclair, A. C. | Vickery, K. O. A. |
| Kapoor, K. G. | |

Medicine.

| | |
|---------------------|----------------------|
| Grandage, C. L. | Stansfeld, J. M. |
| McNair, T. E. L. J. | Bromley, W. A. |
| Dalton, I. S. | Lunn, G. M. |
| Cooper, R. S. | Rosten, M. |
| Hill, I. M. | Wilson, H. L. J. |
| Jackson, B. | Edwards, D. H. |
| Davies, J. A. L. | Burkeman, L. E. |
| James, C. T. A. | Maconochie, A. D. A. |
| Lamos, J. | Laybourne, M. N. |
| Wohl, M. | Harrison, K. O. |
| Phillips, J. H. C. | Bartlett, D. |
| D'Silva, J. L. | James, A. R. |
| Allardice, A. R. | Douglas-Jones, A. P. |

Surgery.

| | |
|-----------------|-------------------|
| Borrelli, V. M. | Ismay, D. G. |
| Harvey, R. J. | Shah, J. |
| Watson, P. C. | Phillips, A. H. |
| Lambley, D. G. | Pickering, C. H. |
| Hinds, S. J. | Howells, G. |
| Hall, R. L. | Gavurin, H. |
| Tweedy, P. S. | Pitt, N. M. F. P. |
| Evans, J. W. C. | Winocour, G. |
| Fison, T. N. | Messer, B. |
| Nabi, R. A. | Rosten, M. |
| F'rench, G. E. | Hewitt, S. R. |
| Cullen, E. D. | |

Midwifery.

| | |
|---------------------|-------------------|
| Dalton, I. S. | Shrieber, M. |
| Storey, T. P. | Roth, A. |
| Brewerton, R. S. E. | Williams, T. M. |
| Archer, R. M. | Binns, G. A. |
| Atkinson, W. J. | Tweedy, P. S. |
| Gabb, J. E. | Townslay, B. |
| Messer, B. | Fison, T. N. |
| Ambrose, A. B. | Langdon, T. C. |
| Zibbi, J. H. | Rees, R. G. |
| Helme, P. E. | Macdonald, J. M. |
| Grandage, C. L. | Holtby, G. R. |
| McAleenan, W. H. | Lemerle, M. E. |
| Champ, C. J. | Citron, R. |
| Borrelli, V. M. | Arnold, D. L. |
| Birch, J. | Gifford, C. S. E. |
| Druitt, A. W. N. | Haile, J. P. |
| Phillips, A. H. | Robinson, J. T. |
| Turner, E. Grey. | Thomas, D. C. |
| McCready, I. A. J. | Routledge, R. T. |
| Jenkins, B. A. G. | Jacobs, D. K. |
| Evans, D. T. R. | Fraser, F. E. |

Diplomas were conferred on the following:—

| | |
|---------------------|----------------------|
| Grandage, C. L. | Bromley, W. A. |
| McNair, T. E. L. J. | Rosten, M. |
| Phillips, J. H. C. | Jackson, B. |
| Shah, J. | Nabi, R. A. |
| Howells, G. | Atkinson, W. J. |
| James, C. T. A. | Maconochie, A. D. A. |
| Lunn, G. M. | Harrison, K. O. |
| Wilson, H. L. J. | Stansfeld, J. M. |
| Watson, P. C. | Pickering, G. H. |
| Storey, T. P. | Robertson, J. A. |

SPORTS NEWS

SWIMMING CLUB

v. The Rahere Rovers. Thursday, July 31st.
Encouraged by three recent victories at cricket, the Rahere Rovers continued their unbeaten progress in a novel challenge match against the Swimming Club. First came one length free style, the swimmers being chosen by ballot. The Rovers by obtaining 1st and 3rd places created a lead by 8 points to 4 points. After the one length breast stroke and back stroke the Rovers still led by the same margin of 4 points, viz., 20—16. Then came the great "underwater race" (last man to come up alive wins), in which Ellis was challenged by Merrifield, but the latter, who scuttled himself after one length, was no match for underwater Ellis, who completed two full lengths before surfacing without a trace of dyspnoea. Now the Rovers led 23—17, but they dropped three points in the Medley Relay, and by losing the Team Free

Style Relay the score stood at 25—23, so that the result depended upon the Water Polo match. This looked like a defeat for the Rovers, who possessed only two experienced players, whilst their opponents had five of the regular team.

Newbold arrived late, but, with Surgeon-Lt.-King deputising, the Rovers soon gained a 3—1 lead. Then Newbold arrived, and to the Rovers horror played for the wrong side!! The lead was soon erased, and the score stood at 5—6 against the Rovers one minute before the end. Defeat seemed imminent, and would have been certain had not McAfee, who carried the Rover's team on his shoulders, scored his sixth goal to equalise in the last minute, and thus cause the honours of the day to go to the Rovers by 28½—26½ points. All the Rovers team deserved, and accepted, fluid rewards for their splendid efforts, and Heyland (an excellent M.C.) is to be congratulated on not having been thrown into the water.

BART'S MEN IN THE FORCES

R.A.M.C.

Brownlees, T. K.
Cohen, E. L.
Gilsenan, B.
Gonin, M. W.
Mitchell, W. E. M.
Morshead, R. S.
Way, L. F. K.
Webber, R. I.

R.N.

Ingelby-Mackenzie, K. A.

BIRTHS

CAPPS.—On July 19th, 1941, at The Little House, Tingewick, Bucks, to Gertrud (née Torcell), wife of P. O. W. CAPPS, F.R.C.S.—a son.
NEWBOLD.—On July 7th, 1941, at the Alexandra Park Nursing Home, N.10, to Ray (née Girling), wife of Clifford Newbold, F.R.C.S.—a daughter.
SHAW.—On July 25th, 1941, at Llandudno, to Anne, wife of Wilfred Shaw—a son.
THORNE THORNE.—On July 22nd, 1941, at Savernake Hospital, Marlborough, to Irene (née de Bertodano) and Bezy Thorne Thorne, of Ovingdene, Woking—a daughter.
WARE.—On July 8th, 1941, to Winifred, wife of Capt. M. Ware, R.A.M.C.—a son.

MARRIAGES

ELDER-SMITH.—On Wednesday, July 9th, 1941, quietly, at Danbury Parish Church, Essex, P. O. P. McA. Elder, R.A.F.V.R., M.S. to Margaret Muriel Smith.
ISAAC-SHARP.—On July 30th, 1941, at St. Saviour's Church, Battersea, S.W., Paul William Isaac, M.B., B.Ch., M.A., Surgeon Lieutenant, R.N.V.R., younger son of the Rev. B. W. and Mrs. Isaac, of Wimbledon, to Frida Estelle, only daughter of Mr. and Mrs. H. Challen Sharp, of Larch Hill, Longborough, Gloucestershire.

SILVER WEDDINGS

ALLNUTT-GAINSFORD.—On July 27th, 1916, at St. Saviour's Church, Hitchin, Herts, Captain E. Bruce Allnutt, M.C., R.A.M.C., to Joan Cicely Gainsford.

DEATHS

ANDERSON.—On July 26th, 1941, at the War Memorial Hospital, Deal, Doctor Charles Alexander Anderson, of Sandwich, aged 64.
ANDERSON SMITH.—On July 16th, 1941, at Haverbrack, Challock Lees, Kent, John Anderson Smith, M.D. (Lond.), late of 158, Willesden Lane, N.W.6, dearly loved husband of Amy Helen Maud Smith, aged 79.
HAWKINS.—On July 12th, 1941, at a nursing home in East Grinstead, Dr. Arthur Hawkins, late of Bedford, and of the Mostyn Hotel, Eastbourne.
ROBINSON.—On July 26th, 1941, at a nursing home, London, Harry Robinson, O.B.E., F.R.C.S., of 33, St. John's Wood Court, and 88, Harley Street.
WILLIAMS.—On July 26th, 1941, suddenly, at Merlewood, Farnham, Surrey, Charles Edward Williams, Lieutenant-Colonel, I.M.S., retired, aged 75.

NEPTAL

FOR DIURESIS

NEPTAL tablets have recently been introduced as a result of a clinical investigation in which the efficacy of different mercurial diuretics and of various means of their administration were studied. Of the preparations for oral administration employed it was found that the best diuretic effect was secured by NEPTAL tablets.

("A comparison of the mercurial diuretics used in heart failure," by Evans & Paxon, *Brit. Heart Journ.*, page 112, April 1941.)

NEPTAL is an organic mercurial diuretic, associated with theophylline, allied in composition and properties to Mersalyl.

It possesses the valuable diuretic properties of mercury in a highly effective form, and is much less toxic than the inorganic mercurial salts.

It is well tolerated in therapeutic doses, and its effect is rapid and prolonged.

The chief indication for NEPTAL is congestive heart failure in which condition the therapeutic effect of mercurial diuretics is invaluable.

By whatever route NEPTAL is administered, premedication should be carried out with an acidifying salt.

★ NEPTAL is supplied in:

TABLETS
Containers of 25 at 12/6
" " 500 at 148/6

AMPOULES
Boxes of 6 x 1 c.c. at 4/6
" " 6 x 2 c.c. at 6/-

SUPPOSITORIES
Boxes of 5 at 6/-

Prices subject to the usual discount, plus purchase tax.

★ TRADE MARK



| | | |
|---|---|---|
|  <p>ELECTRIC DIAGNOSTIC OUTFIT consisting of auriscope and 3 speculæ May's Ophthalmoscope, laryngeal lamp stem to take 2 throat mirrors and tongue spatula. Medium battery handle 2015 battery and spare lamp - - - £5 - 14 - 0 Ditto, with large battery handle and 1829 battery - - - £6 - 5 - 0</p> |  <p>W 214½ STETHOSCOPE St. Bart's pattern wide bore head piece, folding spring, red tubing and Skinner's chestpiece with thumb rest and ebonite end 12/6</p> |  <p>VERNON'S PERCUSSOR whalebone handle large disc and rubber ring - - - 4/6</p> |
| <p>HOLBORN SURGICAL INSTRUMENT CO., LTD. 26, Ely Place, Holborn Circus, London, E.C.1 PHONE: HOLBORN 2260</p> | <p>W 214 STETHOSCOPE Guy's pattern, with heavy grey tubing and Doberty's all-metal chestpiece with end 14/6 to unscrew.</p> |  <p>STUDENT'S PERCUSSOR metal handle with small disc and rubber ring - - - 1/9</p> |
| | |  <p>THOMA'S HAEMACYTOMETER with pipettes for red and white corpuscles counting chamber and cover slip in leather case - - - 43/-</p> |
| | |  <p>HEAD MIRROR 3" diameter 7" or 10" focus with fibre head band 16/- Ditto, with webbing head band 12/3</p> |

W. H. BAILEY & SON LTD. SURGICAL INSTRUMENT MAKERS.

STETHOSCOPE from 12/6



D.1236 Improved Binaural Stethoscope, with Skinner's Chestpiece and Special Phonendoscope End. as illustration 17/6 each



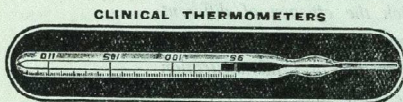
SOLID STEEL SCALPELS, 4/- each

10% DISCOUNT

allowed to Students mentioning this Advertisement



BAILEY'S DIAGNOSTIC SETS



CLINICAL THERMOMETERS

Illustrated List sent on Request

Every Thermometer is guaranteed, closely marked, and tested at the National Physical Laboratory.

| | | | | |
|-------------------------|--------------|------|-----------|------|
| Bayley's 2 minute round | each | 1/6 | per dozen | 14/3 |
| " 2 " | " | 1/8 | " | 18/- |
| " 2 " | " | 1/11 | " | 20/3 |
| " 2 " | " magnifying | 1/9 | " | 18/6 |
| " 1 " | " | 1/11 | " | 20/3 |
| " 1 " | " | 2/1 | " | 22/- |

IF WITHOUT CASES 1/- PER DOZEN LESS

:: Hospital and Invalid Furniture ::

GERard 3185 45 OXFORD STREET } LONDON, W.1
" 2313 2 RATHBONE PLACE }

Why not send your Repairs to us?

SCISSORS, SCALPELS, KNIVES of all description and RAZORS, Ground and Set. HYPODERMIC SYRINGES repaired. LOWEST PRICES

D.1081 consisting of May's Ophthalmoscope, Auriscope, with 3 Speculae, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors Tongue-Spatula and Handle with Rheostat to fit the above instruments, complete in case, with spare lamp. PRICE complete £8 10 0 Auriscope, with 3 Speculae, handle and spare lamp in case £2 7 6

WAR COVER ★ for DOCTORS ★ without extra Charge

C. M. & G. policies for medical men make full provision for the present-day needs of the profession and confer the most complete protection.

In brief the benefits are:

- 1 Full Cover in Civil Practice.
- 2 Full Cover whilst serving in this country with either the R.A.M.C. or R.A.F.M.S.
- 3 Cover to the extent of one third the sum assured in the event of death abroad as a result of service with one or other of the Medical Units previously mentioned.

CLERICAL, MEDICAL & GENERAL LIFE ASSURANCE SOCIETY

Chief Office: 15, ST. JAMES'S SQUARE, S.W.1 Telephone: WHItEhall 1135



J. & A. CHURCHILL Ltd.

New Books

- STARLING'S PRINCIPLES OF HUMAN PHYSIOLOGY.** Edited and Revised by C. LOVATT EVANS, D.Sc., F.R.C.P., F.R.S. Eighth Edition. 673 Illustrations, 7 in Colour. 32s.
- MEDICAL ORGANISATION AND SURGICAL PRACTICE IN AIR RAIDS.** By PHILIP H. MITCHNER, C.B.E., M.D., M.S., F.R.C.S., Brig. (A.M.S.), and E. M. COWELL, C.B., C.B.E., M.D., F.R.C.S., Brig. (A.M.S.). Second Edition. 58 Illustrations. 12s. 6d.
- THE SCIENCE AND PRACTICE OF SURGERY.** By W. H. C. ROMANIS, M.B., F.R.C.S., and PHILIP H. MITCHNER, C.B.E., F.D., M.D., M.S., F.R.C.S. Seventh Edition. 810 Illustrations. 2 Volumes 30s.
- A TEXTBOOK OF GYNÆCOLOGY.** By WILFRED SHAW, M.D., F.R.C.S., F.R.C.O.G. Third Edition. 4 Coloured Plates and 255 Text-figures. 21s.
- A TEXTBOOK OF SURGICAL PATHOLOGY.** By C. F. W. ILLINGWORTH, M.D., F.R.C.S. Ed., and B. M. DICK, M.B., F.R.C.S. Ed. Fourth Edition. 300 Illustrations. 38s.
- A SHORT TEXTBOOK OF MIDWIFERY.** By G. F. GIBBERD, M.S., F.R.C.S., F.R.C.O.G. Second Edition. 194 Illustrations. 18s.
- EXPERIMENTAL PHYSIOLOGY FOR MEDICAL STUDENTS.** By D. T. HARRIS, M.D., D.Sc. Third Edition. 248 Illustrations. 15s.

New Books

- PRACTICAL PUBLIC HEALTH PROBLEMS.** By Sir WILLIAM SAVAGE, B.Sc., M.D. 10s. 6d.
- RECENT ADVANCES IN MEDICINE.** By G. E. BEAUMONT, M.A., F.R.C.P., and E. C. DODDS, M.D., F.R.C.P. Tenth Edition. 45 Illustrations. 18s.
- THE M.B., B.S. FINALS.** By F. MITCHELL-HEGGS, M.B., B.S., F.R.C.S. Second Edition. 7s. 6d.
- ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE.** By J. De SWIET, M.D., M.R.C.P. 7s. 6d.
- MESSAGE AND MEDICAL GYMNASTICS.** By MARY V. LACE, C.S.M.M.G. Second Edition. 120 Illustrations. 12s. 6d.
- TRAINING FOR CHILDBIRTH: From the Mother's Point of View.** By M. RANDELL, S.R.N., S.C.M., T.M.M.G. Second Edition. 140 Illustrations, some in Colour. 10s. 6d.
- THE CARE OF YOUNG BABIES.** By JOHN GIBBENS, M.B., M.R.C.P. 8 Plates and 5 Text-figures. Postage 4d. (Reprinted 1941.) 3s. 6d.

Students' Text-Books

- A SHORT TEXTBOOK OF SURGERY.** By C. F. W. ILLINGWORTH, M.D., F.R.C.S. Ed. Second Edition. 12 Plates and 189 Text-figures. 24s.
- SURGICAL ANATOMY.** By GRANT MASSIE, M.S., F.R.C.S. Fourth Edition. 138 Illustrations, many in Colour. 21s.
- A HANDBOOK OF OPHTHALMOLOGY.** By HUMPHREY NEAME, F.R.C.S., and F. A. WILLIAMSON-NOBLE, M.B., F.R.C.S. Third Edition. 12 Plates, containing 46 Coloured Illustrations, and 143 Text-figures. 15s.
- TAYLOR'S PRACTICE OF MEDICINE.** Fifteenth Edition. Revised and Edited by E. P. POULTON, D.M., F.R.C.P. 71 Plates (16 Coloured). 104 Text-figures. 28s.
- APPLIED PHARMACOLOGY.** By A. J. CLARK, M.D., F.R.C.P., F.R.S. Seventh Edition. 92 Illustrations. 21s.
- PATHOLOGY: An Introduction to Medicine and Surgery.** By J. H. DIBLE, M.B., F.R.C.P., and T. B. DAVIE, M.D., M.R.C.P. 374 Illustrations, including 8 coloured plates. 36s.
- THE ANATOMY OF THE HUMAN SKELETON.** By J. E. FRAZER, D.Sc., F.R.C.S. Fourth Edition. 219 Illustrations, many in Colour. 30s.

Practitioners' Volumes

- THE OPERATIONS OF SURGERY.** By R. P. ROWLANDS, M.S., F.R.C.S., and PHILIP TURNER, M.S., F.R.C.S., and collaborators. Eighth Edition. Vol. I.: 435 Illustrations, 38 in Colour. 36s. Vol. II.: 514 Illustrations, 4 in Colour. 36s.
- ANTENATAL AND POSTNATAL CARE.** By F. J. BROWNE, M.D., F.R.C.S. Ed., F.R.C.O.G. Third Edition. 101 Illustrations. 22s.
- THE QUEEN CHARLOTTE'S TEXTBOOK OF OBSTETRICS.** By Members of the Clinical Staff of the Hospital. Fifth Edition. 4 Coloured Plates and 293 Text-figures. 22s. 6d.
- DISORDERS OF THE BLOOD.** By L. E. H. WHITBY, C.V.O., M.C., M.D., F.R.C.P., and C. J. C. BRITTON, M.D., D.P.H. Third Edition. 12 Plates (8 coloured) and 61 Text-figures. 24s.
- CUSHNY'S PHARMACOLOGY AND THERAPEUTICS.** Twelfth Edition. By C. W. EDMUNDS, M.D., and J. A. GUNN, M.D., F.R.C.P. 66 Illustrations. 36s.
- DISEASES OF INFANCY AND CHILDHOOD.** By WILFRID SHELDON, M.D., F.R.C.P. Third Edition. 14 Plates and 130 Text-figures. 24s.
- FORENSIC MEDICINE: A Textbook for Students and Practitioners.** By SYDNEY SMITH, M.D., F.R.C.P. Seventh Edition. 179 Illustrations. 25s.

104 GLOUCESTER PLACE LONDON W.1

BOOKS FOR STUDENTS

FIFTH EDITION. With 880 Illustrations (Hand Coloured). Demy 8vo. 30s. net; postage 9d.

A SHORT PRACTICE OF SURGERY

By HAMILTON BAILEY, F.R.C.S., Surgeon, Royal Northern Hospital, and R. J. McNEILL LOVE, M.S., F.R.C.S., Surgeon, Royal Northern Hospital.
"We welcome a new edition of this well-known text book. . . . All chapters have been thoroughly revised bringing the book up to date . . . even more figures have been added."—*St. Bartholomew's Hospital Journal*.

FIFTH EDITION. With 8 Coloured Plates and 179 Text Illustrations. Demy 8vo. 15s. net; postage 7d.

COMMON SKIN DISEASES

By A. C. ROXBURGH, M.D., F.R.C.P., Physician-in-Charge Skin Department and Lecturer on Diseases of the Skin, St. Bartholomew's Hospital, etc.
". . . a sound introduction to dermatology, lucid and readable. . . ."—*Lancet*.

HOSFORD'S

FRACTURES & DISLOCATIONS in General Practice
With 71 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
(General Practice Series).
". . . an excellent textbook. . . ."—*Lancet*.

RAWLING'S LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY

Eighth Edition, with British Revision of the B.N.A. Terminology. With Illustrations.
Demy 8vo. 8s. 6d. net; postage 7d.
". . . one of the really useful books for the student. . . ."—*Medical Press*.

BARNARD'S ELEMENTARY PATHOLOGICAL HISTOLOGY

Second Edition. With 181 Illustrations (8 Coloured) on 54 Plates. Crown 4to. 10s. net; postage 7d.
". . . an extremely valuable aid to pathology. . . the illustrations are quite the last word in clarity."
—*Middlesex Hospital Journal*.

RECENTLY PUBLISHED. With 6 Coloured Plates and 133 Illustrations in the Text. Demy 8vo. 30s. net; postage 8d.

VENEREAL DISEASES

By E. T. BURKE, D.S.O., M.B., Ch.B. (Glasgow), Lieut.-Colonel (late) R.A.M.C., Director of L.C.C. (Whitechapel) Clinic; Consultant Venereologist in Public Health Department, L.C.C., &c.
"This volume gives an excellent narrative account of venereal diseases and should be read throughout by students and practitioners . . . can be strongly recommended."—*St. Bartholomew's Hospital Journal*.

With 237 Illustrations. Demy 8vo. 16s. net; postage 7d.

HUMAN HISTOLOGY. A Guide for Medical Students

By E. R. A. COOPER, M.D., M.Sc., Lecturer in Histology, University of Manchester.
With a Foreword by F. WOOD JONES, F.R.S., F.R.C.S.
". . . an admirable handbook and introductory guide to human histology for students and reasonable in price, considering the large number of clear and carefully chosen illustrations."—*Lancet*.

HARRIS' MINOR MEDICAL OPERATIONS

For Senior Medical Students and recently qualified Practitioners.
With 41 Illustrations. Crown 8vo. 7s. 6d. net; postage 7d.
". . . very useful and clearly written. . . ."—*British Journal of Surgery*.

HARRIS' PRACTICAL HISTOLOGY FOR MEDICAL STUDENTS

Third Edition (Reprinted). With 2 Plates (one Coloured). Crown 4to. 7s. 6d. net; postage 7d.
". . . cannot fail to be of great use to students."
—*British Medical Journal*.

COLEMAN'S EXTRACTION OF TEETH

Third Edition. With 131 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
". . . very valuable advice derived from wide experience."
—*King's College Hospital Gazette*.

TIMBRELL FISHER'S TREATMENT BY MANIPULATION IN GENERAL AND CONSULTING PRACTICE

Third Edition. With 68 Illustrations. Demy 8vo. 12s. 6d. net; postage 7d.
". . . an excellent treatise on the subject. . . ."—*St. Mary's Hospital Gazette*.

COMPLETE CATALOGUE POST FREE ON APPLICATION

London: H. K. LEWIS & Co. Ltd., 136 Gower Street, W.C.1

