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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

OCTOBER, 1941

VOL. 3. No. 1.

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ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

WAR EDITION

Vol. 3. OCTOBER 1st, 1941. No. 1

OUTPATIENT CLINICS OF VISITING STAFF

As the activities of the Hospital have undergone certain modifications owing to the war, it has been thought desirable to publish a list of the Visiting Staff and their appointed hours of attendance. The names which appear below are those of the Physicians and Surgeons responsible to the Governors for the various clinics. This list will appear at regular intervals.

* * * *

Medical Out-patients
At 9.0 a.m.
Monday: Dr. Bourne
Tuesday: Dr. Scowen.
Wednesday: Dr. Maxwell.
Thursday: Dr. Chandler.
Friday: Dr. Gow.
Saturday: Dr. Spence.

Surgical Out-patients
At. 9.0 a.m.
Monday: Professor Ross.
Tuesday: Mr. Hume.
Wednesday: Mr. Hosford.
Thursday: Mr. Vick.
Friday: Mr. Corbett.
Saturday: Sir Girling Ball.

Ante-Natal Clinic
Monday, at 9 a.m.: Dr. Donaldson.
Thursday, at 1.30 p.m.: Dr. Donaldson.

Women's Out-patients
Monday, at 9 a.m.: Dr. Donaldson.
Wednesday, at 1.30 p.m.: Dr. Donaldson.
Saturday, at 9 a.m.: Dr. Beattie.

Children's Out-patients
At 1.30 p.m.
Tuesday: Dr. Harris.
Friday: Dr. Franklin.

Diabetic Clinic
At 10.30 a.m.
Friday: Dr. Graham.

Ear, Nose, and Throat Department
At 1.30 a.m.
Monday: Mr. Bedford Russell.
Tuesday: Mr. Jory.
Friday: Mr. Capps.

Eye Department
Monday, Tuesday, Thursday and Friday.
At 1.30 p.m.: Mr. Scott.

Orthopœdic Clinic
At 1.30 p.m.
Thursday: Mr. Jackson Burrows.

Psychology Department
At. 1.30 p.m.
Thursday: Dr. Strauss.

Skin Department
At 9 a.m.
Wednesday and Friday: Dr. Roxburgh.

* * * *

The Doctor (to boy with rash): "Have you been near anyone with measles?"

The Patient: "I had my appendix out in the German Hospital."

WE AND THE PREMIER

To become Editor of the JOURNAL is an experience which fills one with sympathy for the Prime Minister. The holder of either of these offices is assailed from all sides by criticism, just and unjust; he is faced with the problem of satisfying the Public; he must periodically report to the House or to his Publication Committee; he must consider the powers of veto exercised by either the Sovereign or the Censor; and finally, he must offend nobody.

If we were offered the choice of the two offices, to be Premier would be far preferable, for the unfortunate Editor is faced with an additional problem, that of satisfying his examiners.

The only privilege granted to Editors but denied to all Prime Ministers is that of using the editorial "we." No modern or democratic considerations of equality will deter us from the unfettered enjoyment of this exhilarating plurality. Before we were elevated to this giddy eminence we were a mere medical student, but now for us the dawn is no longer grey but rosy-fingered, for we are plural, we are anonymous, we are the Editor of St. Bartholomew's Hospital Journal.

With sorrow we saw that our predecessor on one occasion relapsed into the singular, but after a sharp correction from a reader he returned to the traditional plural, and our contributors may be confident that such a fall from grace will not recur.

Sir Stanley Woodwark has been elected Master of the Worshipful Society of Apothecaries.

* * * *

Mr. McAdam Eccles writes:—"We men have got to wear our suits, to say nothing of underclothing, socks, collars, ties and shoes, until they are ready to fall off us. It is just then that Mrs. Carr, Bart.'s Bazaar, 56 Little Britain, E.C.1 (Telephone: KELvin 5357) will rejoice to 'take them off our hands,' and to sell them—without coupons to men in real need of them all. Thus Bart.'s gains by yours and my gifts, and they by their purchases, and all goes well. Send any 'oddments' to 56 by parcel post to-day, but not later than to-morrow week. I would specially appeal to my fellow-students of past days to do this all too good action."

* * * *

Vol. I, numbers 1, 2 and 3 of the War Bulletin would still be very welcome in the JOURNAL Office.

* * *

Contributions for the November issue should be received by October 16th.

THE LAW IS A HASS

In the year 1888 a man died and left all that he possessed in trust, first to his wife and after her death to the children of his elder sister. In the year 1941 his widow died. The executors considered what should be done with the money. They ascertained that the man's sister had had four children, the youngest of whom was born in 1882. They took Counsel's opinion and were informed that they had no right to distribute the money to the man's nephews because their mother was still alive. When pressed for an explanation of this decision they said that so long as she was alive there was a possibility that she might have another child or children, and that they would then have to refund the money which they had given away to the other children. It is true that the Bible relates that Sarah bore a child to Abraham when she was three score years and ten, but there is no record of a woman who was four score years and ten being capable of having any more children. However, the Executors are acting within the strict letter of the law, which makes me say the Law is a Hass.

GAMMA.

REMINISCENCES

Being anecdotes and trite sayings of Past Members of the Medical Staff of St. Bartholomew's.

Recorded during Hitler's War by a SEPTUAGENARIAN.

SIR WILLIAM SAVORY, BT.

1. "Gentlemen, you see that point of this catheter," holding up a metal instrument, "it has got to reach the bladder"—and it did by "tunnelling" the prostate, with immediate distress of the patient, but with the extraction of urine—blood-stained and the subsequent relief of the sufferer.

2. Klein was an importation, but learned in histology. Not beloved by Savory because of Klein's alien origin and possibly superior knowledge. One day, padding on his flat-feet, Savory met Klein in the "Square" and facetiously said to him, "Well, Klein, what have you found out lately about the red corpuscles of the blood?" to which Klein replied in rather broken English, "I have found out, Mr. Savory (as he then was) that they are *not* red and they are *not* corpuscles." But even this crushing rejoinder has not prevented the current text books from still using the double misnomer.

SIR THOMAS SMITH, BT.

1. One of the Sisters presided well, but not always too wisely, over one of Tom Smith's (as we called him) wards, possibly owing to the fact that she indulged at times quite freely in the potent liquid, $C_2H_5.OH$. This habit of hers distressed Tom Smith greatly, and he cast about as to how to put an end to it. The opportunity came. Again, the Square: crossing it was Sister, with a pocket quite indiscreetly bulging. Tom Smith had a stout walking stick in his hand. Standing with his back to the offending bulge, he quite inadvertently, as it were, and in front of all present brought the said stick round. There is a crash of glass, followed by a most unbecoming stain down the apron, and actual liquid on the ground beneath. Tom wheeled round, and in his most gallant manner exclaimed: "Oh, Sister, I am so sorry!" The lesson was learnt and the brown liquid remained in the medicine cupboard.

2. Occasionally an important personage had to have more than one consultant from London. Thus it happened that Sir Thomas Smith and Mr. Howard Marsh were being accompanied by "little" Dr. Gee, who was delighted when a first-class non-smoking compartment was selected at Euston for the journey north. They had it to themselves, and in those days there were no corridors. Be it known that Samuel Gee never smoked, indeed hated an atmosphere of tobacco smoke.

Rugby was the first stop, but soon after leaving the Metropolis Tom lit a huge cigar, and Howard filled a huge bowl. Needless to say, Samuel in his corner was fast asleep. However, before Rugby was reached he awoke with the terrible sensation of being suffocated by the "poison gas" with which the confined cubic capacity of the compartment was filled. He protested vehemently, and demanded that the window should be lowered. But it was two to one, and the day was bitterly cold. So Rugby came, and with the stop the guard, who had been beckoned by Samuel. The culprits were very repentant at having been guilty of smoking in a compartment for those who did not enjoy the weed, and promised—how unwise in slaves to nicotine—to refrain for the rest of the journey. Gee went to sleep again after some time in friendly, even if professional, chatter with his now well-behaved companions. But he slept soundly, and Smith placed two cigars in Gee's overcoat right pocket, and Marsh a wallet of tobacco in the left, and then started their furnaces again. By this time they were near Crewe. Gee awoke, protesting greatly. The train stopped, and the guard came to see all was happy, only to be met by the former when he opened the door. This was too much, and he firmly, but politely, chided the smokers. They said they were not only to blame, but that the third gentleman should be reprimanded as well. Gee used his strongest language against his injustice. In chorus, whimsical Tom and naughty Howard cried out to the official, "Feel in the gent.'s pocket, guard." Consternation of Samuel on the goodly supply found there!

3. Once more in the Square, the writer was cogitating. Tom comes up to him, and rather abruptly says, "I believe you are wanting to come on the staff." Reply, rather bashfully given, "Yes, Sir, that is my desire." Out came the words, "Do you know what you ought to do?" "No, Sir." "Why it is quite simple—sit on the edge of the 'Fountain' and translate a German's paper on the tadpole's tail," and he strode away. A week later there was another accidental meeting in our quadrangle, and the enquiry by Tom, "Have you thought over what I said to you?" I said, "Yes, sir, but I do not really understand what you mean." "Oh, that's quite simple—keep yourself in evidence and do some research work." I did, and now I write this after many years on the staff of our grand and ancient foundation.

4. Many will remember the only one of the sons of Sir James Paget, who became a medical man. He was a most conscientious surgeon, though not a brilliant one, for he was a far finer wielder of the pen than the Scapel. By sheer ill-luck a forceps he had been using remained hidden in the abdomen of a patient, who consequently brought an action for negligence against him. Tom Smith essayed to give evidence in mitigation of possible damages. He took his stand in the witness box and, neglecting both Judge and Counsel, spoke in his own direct way straight to the Jury. "Gentlemen of the Jury, some of you go away for week-ends, richly deserved, and take with you the traditional carpet-bag, crowded with all sorts of hurriedly packed articles. Among them you are sure you threw in the toothbrush, but next morning, search as you will, it will not divulge its whereabouts! You just literally cannot find it, and you begin to doubt its ever having reached the purlieus of that capacious bag. Now your belly may be likened to the bag, and the forceps to the toothbrush. You close the bag defeated, so the abdomen in this case was sealed up, and all was thought to be well. Gentlemen, that is not negligence, and it might happen to any of us." After such an able address to the Jury, the result in their consciences was most satisfactory to the surgeon. (It is to be remembered that this happened before the days of X-rays, that finder of many a "lost foreign body.") Some years later this surgeon required an abdominal operation and asked Tom and the writer to be present, telling the latter that he would be seeing a new side of his—the surgeon's—anatomy than he had previously known—the *inside*—and "take care for me that nothing foreign remains within it!"

JOHN LANGTON

1. That tall, well set up, steady, solid surgeon, who walked every morning leisurely from his Harley Street house to Portland Road Station to get to the "Truss Society," followed and passed, whilst his teacher was engrossed by the news, by the writer, whose duty it was to catch the early train and be at work by the time his chief arrived to apply the truss. A "lady" with an enormous umbilical hernia (she *would* call it a "biblical rupture!") sitting as she lay on the couch, on the top of a far larger expanse of belly. She was measured by John, who "politely" remarked, "Madam, it's like going round the world to get the tape round your belly." This reminds the writer of the largest transverse incision he has ever seen, which was across such a hernia in the person of a German frau, 49 inches! What an appetite she had before the days of rationing in the Great War. By the way, war-rationing is really quite a good treatment for a navel (not naval) hernia in a corpulent rear-admiral.

2. Sometimes patients suffering from traumatic cerebral irritation develop "mania." One in John's ward had the delusion that he must have his bowels open very frequently (probably as the result of the traditional purge given in cases of head injuries), and he was greatly worrying the nurses by his incessant and urgent calls for the pan. This distressing sign was duly recorded by the dresser, when the writer was house-surgeon, and read to Langton, who at once remarked, "Yes, this patient has a panomania, not a monomania!" How such remarks stick in the mind, and even for half a century!!

3. The hydraulic lifts when introduced were a boon and a blessing, but John, with his house-surgeon (who recalls these tales) and six hefty dressers one day formed the load; the lift stuck between two floors, and for two hours the "animals at the Zoo" were admired by the passers up and down, and *fed* by the sister of the ward.

SOME OBSERVATIONS ON PAIN

By

K. D. KEELE, M.D.

The importance of pain no one will deny, particularly those who have endured it. And that " there is only one pain it is easy to bear; it is the pain of others " is an unchallengeable truism.

Pain is intangible, it cannot be seen or palpated by the examiner. By virtue of this it becomes obscured in many medical minds, as a phenomenon significant only as a diagnostic pointer, or of a line of therapeutic attack. Important as these facets of the pain problem are, they do not assess the symptom at its full value; for they often fail to reveal the underlying mechanism.

Mackenzie pointed out over twenty years ago that the mechanism of symptom production formed a vast field of neglected investigation; and amongst symptoms that of pain stands paramount.

Investigation of the process of pain production has proceeded along experimental and clinical lines. Mackenzie's elaboration of the mechanism of production of referred pain, and the viscero-sensory and viscero-motor reflexes, is too well known to need recapitulation. His results were arrived at by clinical observation. He noticed, for example, that a patient with a pyloric ulcer had a localised pain in the epigastrium. " My friend, commenting on this exact reference to a limited area, asserted that the pain was felt in the ulcer, and were he to push a long pin through this painful site it would inevitably penetrate the ulcer. I demurred to this, remarking that the evidence did not warrant such a conclusion, that though the pain might be due to the ulcer, the assumption that the pain was felt in the ulcer, and that it could be so definitely localised, was not justified. To demonstrate this I asked the patient to expire deeply, then to draw a deep inspiration. By this procedure the stomach and its ulcer executed an excursion of considerable extent. But though the stomach and ulcer moved, the pain remained stationary." The deduction from this that the pain of gastric ulcer is referred to the parietes is still a subject of controversy, but the fact that local novocain infiltration will relieve such pain is in strong support of Mackenzie's hypothesis. He himself noted that a blister applied to the localised region of the pain relieved the patient.

I cannot resist quoting one other example of his clinical investigation of this pain production, though it strikes one as unusually drastic. " I had occasion to resect a small portion of the small intestine in a conscious subject, for umbilical fistula, whose abdominal cavity I laid open. He refused to take an anæsthetic, and no analgesic, local or general, was administered. There were numerous peritoneal adhesions, and while I cut and tore these the patient was unconscious of any sensation. I cut and stitched the serous surfaces of parietal and visceral peritoneum, I tore adhesions from the liver, I cut and sutured the bowel and mesentery, and no sensation was felt. After preparing the upper part of the bowel, it was wrapped in a warm cloth and laid on one side. During the subsequent steps the patient frequently moaned. I asked him if he felt pain, and he replied that he did. I asked him where he felt the pain, and he indicated with his hand that it was across the middle line at the level of the umbilicus. I at first felt that it might be due to the part that I was manipulating, but the pain was intermittent. Chancing to look at the prepared upper part of the bowel that lay on the left side of the abdomen, I observed that every few minutes a peristaltic wave passed over the lower portion of it, and when this occurred the patient moaned with pain . . . the patient referred the site of the pain with precision to an area ten or twelve inches away from the contracting bowel."

From such observations Mackenzie suggested that there is no such thing as true visceral pain; that impulses pass up the sympathetic to the spinal cord producing an irritable focus therein, and pain, referred to the periphery of the cerebro-spinal nerves entering the cord in the region of this focus. The viscero-sensory reflex is evidenced by hyperalgesia in the region of the pain, and the viscero-motor reflex by muscle-rigidity. The only adequate stimulus for pain production in viscera is contraction of plain muscle.

These events, however, can be explained equally well by Morley's hypothesis that local tenderness and rigidity arise from the parietal peritoneum (peritoneo-cutaneous reflex), the best example of which is the shoulder-tip pain with peritonitis, in the region of the diaphragm.

Leriche has had much opportunity of ascertaining the results of various surgical procedures with reference to the pain of such conditions as trigeminal neuralgia, causalgia, obliterative arteritis, etc. His conclusions, which emphasise the sympathetic factor in the production of pain, are as yet not generally accepted. But they open various possibilities which may prove fruitful in the future.

The experimental line of attack may be divided into that on human beings, and that on animals. Probably many Bart.'s people remember Professor Woollard and Carmichael investigating testicular pain. The fact that the pain of testicular pressure was not abolished after nerve block of the cerebro-spinal nerves, and was referred to the 10th thoracic segment, supports Mackenzie's hypothesis rather than Morley's.

Using the cathode ray oscillograph a large number of experiments have been performed in the analysis of the action currents in nerve fibres coming from the various sensory receptors. Nearly all these experiments have been performed on animals, and therefore any deductions drawn are necessarily suspect. This even applies to the classic work of Cannon on the bodily changes in Pain, Hunger, Fear and Rage—in which though the cat is shown to be in distress, satisfactory evidence of pain is not, and cannot be, forthcoming. Adrian found that the impulse from pain receptors in the cat's paw differ from those of touch and pressure only in amplitude and frequency. Gasser studied the nerve impulse by increasing the strength of the stimulus using faradic make and break shocks. He found that the action currents in the nerve fibre varied in velocity, three groups A, B and C being found. A travelling at about 90 metres/sec., B 25 metres/sec. and C about 1 metre/sec.—rates comparable to those of an aeroplane, a train, and a pedestrian. A and B impulses are carried by myelinated fibres, C by unmyelinated. Pain impulses seem to travel in all groups, but aching pain is said to travel in the slow C unmyelinated fibre.

This question has been further investigated by cocaine injection when the sensation of the skin goes in the definite order: pain and temperature, then pressure and touch. Nerve fibres resist the action of cocaine according to their size. Anyone who has had a " local " is aware of the fact that the touch of the knife may be felt without pain. In this case the unmyelinated fibres are picked off before the large myelinated ones subserving pressure and touch.

In tabetics the response to a painful pinprick is sometimes delayed for some seconds. If the painful stimulus passes along the C fibres only at a rate of about 3 feet per second, it will take 2 seconds to reach the region of the thalamus from the toe of a six-foot man. It is thought that in tabetics the myelinated fibres in the posterior root are first destroyed, thus obliterating the A and B fibres, leaving the C group with its slow conduction of pain.

Head's classical experiment on himself by observing the return of sensation following section of his radial nerve, showed two stages of recovery. These he termed protopathic and epicritic forms of sensation. The former being crude, and painful stimuli in this stage have peculiar radiation, intensity and unpleasantness, features he thought linked up with activity of the sympathetic nervous system.

That pain and temperature sense are primitive and early developed in evolution is suggested by the fact that these fibres cross to the spino-thalamic tracts of the opposite side so rapidly on entering the cord, preserving their segmental pattern. This is in marked contrast to the fibres serving the more specialised senses of position, etc., which show no trace of segmental crossing, but pass right up the cord on the same side to cross at the gracile and cuncate nuclei.

Consciousness of pain probably appears first at the thalamic level. In the thalamic syndrome sensation may be lost on the opposite side of the body, and spontaneous pain be felt there. Head describes curious sensory changes in cases of disease of the thalamus where one patient described church music as " hurting on one side of the body but not on the other." Such distortions of sensation are probably also produced by interference with cortico-thalamic fibres.

Any Pain-Experience can be analysed into these distinct components: (1) the pain-feeling—the very disagreeable specific sensation of " hurt "; (2) the quality of pressure or heat, etc., and (3) the emotional factor, anger, or joy, according to circumstances. In any particular instance these three factors vary according to the strength and

duration of the pain-stimulus and to the sensitivity of the patient. This last is a most important factor. It includes psychological states most prominently. Martyrs and masochists as well as some sadists like the Marquis de Sade himself, enjoy inflicting pain on themselves. Excitement as in hand-to-hand fighting diminishes sensitivity to pain in soldiers, but strangely enough does not diminish sensitivity of touch, so that a wounded man may feel blood trickling down his skin without feeling any pain from his wound. The painlessness of wounds resulting from bomb fragments, which lasts up to 1—2 days in some cases may be an example of this kind of emotional activity, though a local factor cannot be excluded.

Sensitivity to pain is recognised as of great importance in the diagnostic value of pain in any individual. This variation in sensitivity is very real, and attempts have been made to assess it. The racial factor is important. Leriche tells how he was asked by Russian doctors to dislocate a Cossack's thumb without any anæsthetic. This he did, whereat the Cossack examined his thumb without expressing any displeasure. Leriche then took the further liberty of dislocating another Cossack's ankle. This too produced no evidence of pain. Whereupon Leriche deduced that the Cossacks are an insensitive race. The Maoris also nonchalantly chop off toes in order to wear European boots.

The " whites " are more sensitive than the coloured races. Of the white races Jews are the most sensitive to pressure pain. Irish, French and Welsh next, and the English least so. No mention of German sensitivity is made in this study by Macdonald. It is also suggested that during the last few hundred years of civilisation sensitivity to pain has increased generally in European races; an opinion founded on the view that present generations are incapable of enduring the rigours borne by their ancestors. One would imagine that the present war is proving or disproving that hypothesis. " The mark of rank in nature is the capacity for pain," says Elizabeth Barrett Browning—a tantalising remark which leaves the English apparently amongst Nature's lowest ranks! Libman, too, found that the " toughs " of society (the New York pugilistic set) were, 90 per cent., hyposensitive. Criminals, especially murderers, are very insensitive.

In individuals sensitivity varies greatly from one person to another but not from time to time under standardised conditions. Libman, using pressure on the styloid process, classified individuals into hyposensitives and hypersensitives and pointed out that the textbook pictures of diseases described the picture in hypersensitives. The hyposensitive group presented more reflex, functional symptoms and less pain. If pain was present in this group it tended to be atypical in site, radiation, and other characteristics. If present, however, it has more significance in terms of pathological change underlying it.

Extreme cases of insensitiveness to pain occur. I myself saw a girl aged 14 who was unhurt by as much pressure on the algometer as I was capable of applying—some 8 kilograms.

Ford and Wilkins report three instances of insensitiveness to pain in children. These children could distinguish between the point and head of a pin, but were quite unaware of cuts, bruises, fractures and burns, all of extensive nature. Visceral pain was felt, however, in two of them. Various differential diagnoses such as syringo-myelia and hysteria were ruled out.

Other similar cases have been known. One man made a living on the music-hall stage by inviting spectators to push pins into him. His crowning performance of submitting himself to crucifixion provoked indignant protests from the audience. This man was apparently normal in all other ways, mentally and physically. He never had experienced any visceral pain.

Another instance was the case of a lawyer, who bit off a crushed finger to get rid of it, without any compunction. He also submitted himself to operation for bilateral cataract without an anæsthetic.

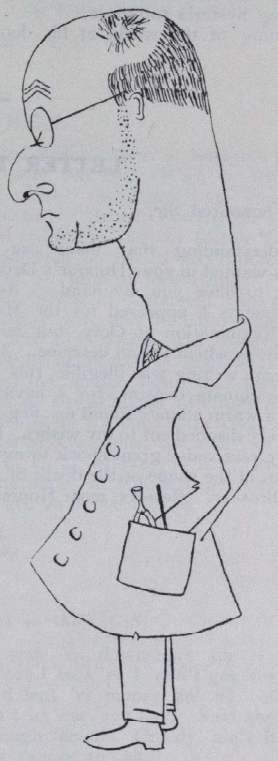
It seems that there is every grade of sensitivity to pain and that the above quoted cases are at the extreme end of the scale. No criminal tendency was found amongst them, nor was there evidence of any form of insanity. The insensitivity must be due to abnormality either in the region of the thalamus or in the left supra-marginal gyrus. This latter site is mentioned since Schilder has described three cases, with post-mortems, who were similarly unaware of pain—in whom a lesion was found in this region. One of Ford and Wilkins' cases also had a slight reading defect, which is suggestive of a congenital defect in that region. Such gross variations of sensitivity must obviously be of importance in the production of symptoms.

It is true that variations of individual sensitivity occur from time to time. Psychological factors are the most important. Endocrine and biochemical changes may be linked with these.

The presence of such emotions as anger, fear, joy, etc., raise the threshold. Dr. Johnson's outburst when having incisions made for his dropsy (" deeper, deeper. I want length of life and you are afraid of giving me pain which I do not value ") indicates a threshold raised by fear.

From this point of view psychogenic pain is of importance in practice, though often so difficult of diagnosis. It is very remarkable how often an organic cause is eventually found for a large number of pains said to be psychogenic. The diagnosis of psychogenic pain depends upon the establishment of (1) the elimination of organic disease, (2) the presence of sufficient suggestion as a factor. Helpful points in favour of a psychogenic pain are periodicity of occurrence, failure of response to analgesic drugs, such as morphine, and finally good response to psychotherapy. None of these points, however, can be diagnostic by themselves, and cases only too often occur where all or nearly all of them are present, in which there is an underlying organic cause. The reason is, of course, that there is no hard and fast line between the " organic " and psychogenic pains. In a person believing himself to be suffering from an " organ inferiority " such as a " bad " heart, it is natural that symptoms in a state of anxiety should be referred to the region of the cardiac impulse, producing the picture of palpitation and left mammary pain. Such a condition of anxiety will also facilitate the production of the pain of true angina of effort.

The psychological factor in pain production can be projected further than the individual, into society and nations. This becomes very clear on noting the attitude towards pain held by Christians in Roman times. Gibbon relates how they astonished the spectators by teasing the lions before they were mauled. And this attitude was not exceptional, showing that it could be reached by " ordinary " people under the influence of their faith, and perhaps the factor of fear. The Stoics, and the modern Germans, have seen pain as a necessary evil to be surmounted. Such an attitude leads to glorying in the suffering of pain as well as in the infliction of it. Wounded Nazis pull off dressings and resent kind treatment generally, probably for this reason, just as the infliction of " frightfulness " affords them satisfaction. Such an attitude is reported by Lombroso as very common amongst criminals. He found it far commoner amongst murderers than in any other class. " Individuals who possess this quality consider themselves privileged and treat with contempt those who appear delicate and sensitive: it is a pleasure to such men to torment others whom they regard as inferior beings." Such an attitude is close to the philosophy of Nietzsche, upon which so much of present German " *Kultur* " is founded — and it seems to the writer that the attitude towards pain forms a real part of the psychological nexus of this war.



KENNETH THE PAIN-KILLER

THE LIVING DEAD

Great God! Can this be meant for life?
Polluted by ambitious strife
A woman's idol, doomed at birth
To drag unholy in the dust of Earth
His shell-shattered, mangled,
Blood-spattered, tangled
Frame; in love begotten,
Misused and rotten,
Bleeding at the crater's rim
To fill the glut of him
That is styled,
Worshipped and heiled
Their leader.
Hell-flown magician defiling the sacred cross,
Insatiate as the lust in a heathenish joss;
Blown with the thunder of war,
Skirling hysteria for more,
Dreaming of the world at his door.

And the people dream in secret theme
(They are not entirely what they seem),
But under the grizzle-grey cloud
Hate alone is allowed.
Children a blessing,
By marriage oppressing;
Looseness in loin
An increase of coin
To be spent in the crimson gush,
Stillborn in a bayonet rush.
Suffering and pain
An ungrateful refrain
To Imperial gain.
Ill state to be devoid of reason,
And slander truth in deeds of treason.

OSSIAN.

LETTER TO A DOCTOR IN INDIA

Most honoured Sir,

Understanding that there are several hands wanted in your Honour's Department I beg to offer you my hand. As to my adjustments I appeared for the Matriculation Examination at Ooty, but failed, the reason for which I shall describe. To begin with, my writing was illegible, this was due to the climate reasons, for I having come from a warm climate found my finger a stiff and very disobedient to my wishes. Further, I have received a great shock to my mental system in the shape of the death of my only fond brother. Besides, most Honoured Sir, I beg to state that I am in very uncomfortable circumstances, being the sole means of support of my fond brother's seven issues, consisting of three adults and four adultresses, the latter being the bain of my existance owing to my having to support two of my own wives as well as their issues of which by God's misfortune the feminine gender predominates. If by wonderful good fortune these few humble lines meet with your benign kindness and favourable turn of mind, I the poor menial shall ever pray for the long life and prosperity of yourself as well as your Honour's posthumous olive branches.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Before the war the Ladies' Guild of the Royal Medical Benevolent Fund relied, not in vain, upon the willing help of many wives and daughters of medical men both in London and the provinces. In the upheavals of to-day so many hospitals have been moved, so many honorary staffs have gone with them, and so many of the latter's womenfolk have moved too, that the Guild has great difficulty in maintaining contact with its old friends and supporters. Greatly as the war has increased the problems of the main medical charities, those of the Guild have been even more sharply accentuated.

It is in the hope that through your columns, Sir, this letter may reach some of our old friends whose whereabouts we do not know, and that it may secure us some new friends as well that I ask you of your goodness to publish this appeal for help.

It is not only money that we lack, though that is our greatest need, but clothes for men, women and school children are in great demand and will be gratefully received at our headquarters where, despite blitz scars, we are carrying on our work of supplementing that of the R.M.B. Fund by sending help to the widows and children of medical men. This help consists not merely of grants to the elderly and infirm and assistance with school fees and training for boys and girls, but includes many extras such as the provision of coal for the winter, invalid comforts for the sick as well as personal service and advice to our beneficiaries.

Subscriptions and gifts sent to Tavistock House (N.), Tavistock Square, London, W.C.1, will be gratefully acknowledged.

I am, Sir,

Yours faithfully,

HILDA M. WOODWARK,
Chairman of Council, Ladies' Guild of the Royal Medical Benevolent Fund.

OBITUARY

DR. G. A. E. MURRAY, F.R.C.S.

We record with regret the death of Dr. George Alfred Everitt Murray, in Johannesburg, on July 5th.

This distinguished surgeon, who was in his eightieth year, was a pioneer of the Rand and a founder of the Johannesburg General Hospital. His thirty-seven years of service as consulting surgeon have been marked by naming after him the new operating theatre.

Dr. Murray's medical training was mostly at St. Bartholomew's, where he qualified in 1884, three years later becoming a Fellow of the Royal College of Surgeons. In the intervening years he held appointments as both house physician and house surgeon. After taking the degree of Bachelor of Medicine at Durham Dr. Murray was appointed medical officer at Nazareth House. Then came the Boer War, in which he served with distinction as consulting surgeon to the British Forces, his services being rewarded in 1900 by Queen Victoria, who conferred on him a decoration of the Order of St. John of Jerusalem.

When the day of retirement came in 1934 Dr. Murray was able to enjoy more fully those activities which had always been curtailed by his practice. A great friend of the Turf his familiar figure was to be seen at most of the principal meetings and not infrequently as a judge in the ring. He is survived by four sons, the eldest of whom is Dr. E. G. D. Murray, O.B.E., Professor of Bacteriology at McGill University. The others are on active service.

HERE AND THERE

Overheard on the waiting benches in the C.C.S.

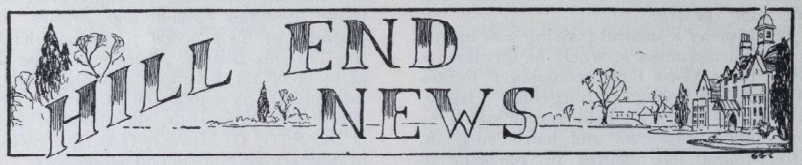
OLD LADY, attending because she was nervous of air raids, with withering scorn: "The young doctor in there arst me me age. Well, I wasn't going to tell 'im, so I says 52. So 'e says it's me change o' life, an' gives me a bottle of medicine. An' me at 74!"

"I arst 'er downstairs for a bit o' suger 'cos I told 'er I 'adn't got any more. An' I'd lent 'er money an' all. An' she wouldn't let me 'ave any. Said she 'adn't got 'nough 'erself. Greedy, ain't it. An' 'er wiv cancer an' all."

POPPYCOCK

If your car were running badly, and you
needed help most sadly,
If your garage-hand informed you, " It is
suffering from a chill,"
You would answer, " Shut up, Sonny, you
are not the least bit funny,
" If you want to earn my money now's the
time to show your skill."
You would wish for something better :—
" There's dirt in the carburettor,"
" No acid in the battery "—" magneto
points are worn ! "
You'd accept such answer gladly, and you
wouldn't curse him madly,
For you'd think he knew his business, but
you'd treat " a chill " with scorn.
Therefore, when you feel a quiver which
goes on to a shiver,
And the G.P. that you visit tells you blandly,
" It's a chill,"
You should answer, " Great adviser, you
are just a temporiser,
" So I really am no wiser and I more than
doubt your skill.
" For ' a chill ' is idle chatter, and you're
not sure what's the matter,
" You hope that I'm bamboozled—that a
word will fill the bill,
" If it's really Pyelitis, Pneumonia or
Cystitis,
" You can later claim you *knew* it, and it
started with ' a chill.' "

THIRD CHIP.



Rather than allow another Hill End News to be maltreated by cuts and alterations as was that of last month, we prefer merely to state that matters remain I.S.Q. We leave any further news to be written by the person (or persons) who mutilated, without explanation or apology, our bulletin in the September issue.

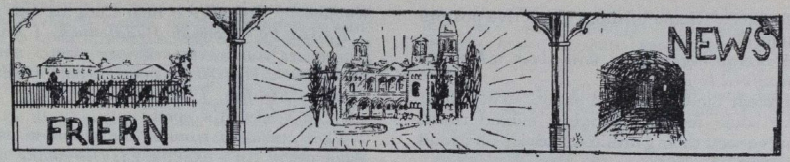
[*We hope our correspondent will have returned to better temper after her month's holiday.*—ED.]

TENNIS

The final match of the season was against a Bart.'s team raised by A. H. W. Brenan. Sunday, September 7th, was a perfect day. On paper the teams appeared equally matched, and all were prepared for a great battle. By tea time, however, we were leading by 6 points, and even a very good tea did not prevent us from gaining the last 3 points. Rey and Imossi worked particularly hard, having to play 3 sets in each match before winning the day with a score of 9—0. Altogether it was a pleasant afternoon; the tennis was good, and it was pleasing to renew old friendships.

This closes another tennis season, and to all who have helped to make it so successful we pay tribute.

R. B. S.



'Morning, Mrs. Dean. 'Morning, Jack. 'Morning, Arthur.

You must have been taking Kruschen.

Bile beans, my lad. And that'll be enough from you. What's in this?

Mustard and cress. Have you learnt anything this morning?

Yes, without question. In fact, I think the teaching at Friern is very good.

Glad to hear it. As a matter of fact, so do I. They take great pains to polish us up for Queen Square.

I was asked the other day whether I thought women students ought to be admitted to all medical schools.

We get along without them very well. Anyway, we don't want any more women crowding in here at lunch-time.

Don't be unsociable. I'm always bewildered by the variety of these uniforms. Pity they aren't a bit smarter. I feel the nurses have rather a raw deal. Theirs is the senior women's service, so to speak, but they get no publicity and no glamorous uniforms.

Medical students, on the other hand, get a small tin badge issued free by the Students' Union. I notice you don't wear it.

I'm not ashamed of being a civilian. It's the civilians who bear the brunt of this war. They do their work, dig their gardens, pay taxes, wrestle with rationing, fire-watch—

go to flicks, drink their beer—

while the soldiers do absolutely nothing. Look at the soldiers at the gates of Friern Hospital! And this is the grimmest war in history. I suppose those chaps will get the same medal as the fellows who enter Berlin.

My boy, they deserve it. They have to enter Friern Hospital. Pass me a sausage-roll, would you?

There was a very good letter in the *Times* the other day about the petrol rationing.

How nice to meet someone who reads the Times.

Must you interrupt? The writer argued as follows : Either there is a serious shortage of petrol, or there is not; if there is, then the scandalous waste in the services should be stopped; if there is not, then the poor, badgered civilian should be no further restricted. Why, I heard of a Canadian army lorry that turned round and retraced its route for twelve miles because a pretty girl wanted a lift in that direction!

Quick, let's all go and join the Canadian Army. Your forcible argument might be applied to one's cases in the wards. Either there is a hernia, or there is not; if there is, then far greater skill than yours will be required to set it right; if there is not, then get out and let the patient snore.

You wouldn't get away with that on a round. But people are seldom bullied on rounds nowadays. I have a formula ready for any chief who bullies me.

Let's hear it.

Sir, I shall say, I came here to learn. If I knew all these answers already I wouldn't trouble to come and I'd save the fees. I seem to have entered a postgraduate school by mistake. Good-morning.

Curtain falls, band strikes up with Pop Goes the Weasel.

Loud laughter. Look who's coming in. John Wedd always reminds me of a conjuring trick.

Why?

The thimble under the bowler hat.

Hadn't you better write some Friern News?

Right. Two trees have mysteriously died in the park, and John Gabb grows more and more pessimistic. Arthur Douglas-Jones will supply all information regarding the medical branches of the three Services, including rates of pay, comfort of uniforms, and marriage prospects. A grand motor rally for the Grand Prix de Friern will be held, hot favourite being Andrews' motor cycle sidecar combination (" get there or bust "). Friern is quiet, monastic and encourages study. What do you think of the new A.R.?

It's too quiet and monastic. It needs a carpet, palms, a roulette-table and a light orchestra.

Well, a few pictures would make a

difference. Some of those attractive posters would do.

You can't get them nowadays. Nobody can afford to advertise.

Except the Communist party. They must have some multi-millionaires behind them. You've seen their gratuitous advice on grand strategy?

And on unbanning their reptilian rag.

D'you know, there actually exists a magazine called "The Aquarist and Pond-keeper" Incorporating the "Reptilian Review." Its office is near Ludgate Circus.

Edited by Jeremiah Puddleduck, I hope. There are some extraordinary names about nowadays: Hessell Tiltman, Alvar Liddell, Hannen Swaffer, J. Moulland Begbie—

Is that how it's spelt?

That's what it sounds like, anyhow. And your name isn't exactly easy to make out. How did you come to be called—

Sssh! Say no more. This is the Bart.'s JOURNAL, and my name is

GOBBO.

BOOK REVIEW

Selected Poems of a West-Indian. By Calvin S. Lambert. (The Fortune Press. Obtainable from the West India Committee, 40, Norfolk Street, London, W.C.2.) (1941). Pp. 58, cr. 8vo. 5s.

The pages of this Journal have seen the first publication of the work of many budding poets, but in few instances have the poems reappeared in volumes of collected work. The Journal may now congratulate itself, however, on having helped to introduce to the public the work of a West-Indian poet. Hospital poetry tends to run in a facetious vein, and to be of evanescent interest by reason of its topicality. Mr. Calvin S. Lambert, however, is a serious writer, and in the present collection of poems (the second that he has published) has almost entirely avoided topical references and medical subjects or phraseology. It is true that his book contains one piece entitled, "Peaceful Peristalsis," wedged uneasily between "Loch Lomond" and "Twilight on the Shannon," in which constipation and castor oil (curiously dubbed "sweet"), both find a place. Even so the poem is not intended to be facetious, though its inclusion is difficult to justify. With this one lapse the poems are free from any medical taint, and they may be seriously judged from a non-medical standpoint. Fortunately this is by no means to Mr. Lambert's disadvantage, for he is a genuine poet, and one, moreover, who has not found it necessary to hide emptiness, in the modern manner, under a cloak of obscurity. If he is not obscure, neither is he pretentious. He is able to express simple feelings in a simple manner without falling into bathos and without being commonplace, and he does this repeatedly. An example of this is to be found in the piece entitled 'Sad Moments."

Without meaning to imply that there is any conscious imitation, it is impossible not to recall Blake's *Songs of Innocence*, since in several ways Mr. Lambert's art bears a resemblance to that giant's apparent simplicity and rhythmic freedom. In general, however, Mr. Lambert's poetry is in no way derivative, and it can be recommended to anyone who enjoys the strains of a unaffected and unpretentious Muse. The volume here reviewed is to be added by the author's wish, to the College Library.

G. L. K.

SPORTS NEWS

RUGGER

It is always with a sigh of regret that one hangs up one's boots at the end of a season, but with the last of the cricket and tennis, one is filled with an irresistible curiosity as to whether they still feel the same till eventually one puts them on and starts training. The hopes and high expectations of the fortnight before the first match are like waiting for the curtain to go up at a first night. One's hopes cannot be proven or damned till at least the end of the first act. They are like adrenalin to the lazy heart that has slept all summer.*

We are all keyed up to go off with a bang this year, and hope to avoid our initial inertia of last season. Our prospects are excellent. Griffiths, Jackson and Barclay have already left us, and we may lose one or two others before the end of the season, but we should be able to replace them more than adequately. Once more we are playing at Chislehurst, and we would like to take this opportunity of congratulating Mrs. White on the efficiency with which she has carried on in the absence of Laurie, only helped by two young boys. Unfortunately, owing to food regulations, she is unable to provide teas any more, but we hope to make some arrangements before the first match.

There are two factors which contribute very largely to a successful season. The first is keenness of the players themselves; the second is the interest and support of non-players. The importance of a match is bound to be belittled in the player's eyes, if it is played before an audience both invisible and inaudible as so often happened at Chislehurst last year. Then if one adopts the attitude that it doesn't matter, the original keenness is blunted, and the team will anyway not go uphill. This interest that we need cannot be stimulated by posters alone they are treated with little more notice than the walls they are stuck on, and people with dormant interest in rugger are hardly likely to read articles entitled Rugger. We must try and make them rugger-minded. Players' keenness must be whipped up till it becomes contagious, and eventually endemic in the whole Hospital. We admit there are difficulties, but it is with the hope of more support that we look forward to a season which promises to be even more successful and enjoyable than last year.

The first match is on October 3rd, at Chislehurst, v. an A.A. team, and is followed by a long list of very strong fixtures. Fixture cards will shortly be available.

** We accept no responsibility for this simile.* Ed.

CRICKET CLUB

Past v. Present, at Hill End, June 21st, 1941.

After a blank few weeks, mostly because of rain, the Hospital got down to cricket again with a rather "ersatz" Past v. Present match at Hill End. The Past, not unnaturally, had to draw on some of our so-called talent. Some of these should now be entitled to play for the Past in their own right, and these we congratulate.

The Past batted first, in lovely weather, and with the Hill End wicket not altogether living up to its notoriety. Our bowling was not bad on the whole, but Heyland and Hunt rather got the measure of it. Edgar was remarkably steady, and his 6 for 17 was a very good effort indeed. It is a pity that he will not be available in the future, for bowling is still, as ever, the main weakness of any side the Hospital fields.

The Past's total of 151 did not appear too much for our side to score in the time available. In spite of the inroads made by the demands of the Past, we still mustered quite a respectable side. Evans, Mason and Bartlett, however, with some assistance later from McGrigor, were the only ones to achieve anything like success. The rest fell, mainly to R. Heyland's "tweakers," and in the end we lost by 25 runs.

The thanks of the Club are due to Mr. O'Connell for his much appreciated hospitality.

Scores:—Past 151 (R. Heyland 68, A. H. Hunt 27, P. Edgar 6 for 17). Present 126 (J. W. G. Evans 22, R. M. Mason 33, D. Bartlett 20).

v. London Fire Services, at Chislehurst, June 22nd, 1941.

This match more nearly approximated to a peace time fixture than any we have played since the war. We had out far and away the best side since the summer of 1939, and were doing well enough at the drawing of stumps to consider the result as being in our favour.

The Fire Services batted first on a good wicket. (Great credit is due to Mrs. White for the fine state of the ground this year.) Our opponents, quite apart from ourselves, have frequently remarked on its good condition), and though we got two cheap wickets, there followed a stand of 101. This was broken up by Gallimore, who bowled well. Wickets then fell regularly till tea time, when they declared.

We opened with James and Evans, but Evans was run out fairly early on. Bates, persuaded to go in a bit higher than he would if left to decide for himself, batted well, and helped James and N. Smith in small but useful stands. Mason and Heyland provided a very good exhibition after this, runs coming steadily. Unfortunately, we had not been left quite enough time, and we needed 38 runs at 8 o'clock, when the game ended.

Score:—London Fire Service 205 for 6 declared (Levy 81, Kelly 65 not out, Gallimore 3 for 61).

The Hospital

C. T. A. James, c Bennett, b Levy	18	R. M. Mason, c Brooks, b Bennett	34
J. W. G. Evans, run out	11	R. Heyland, not out	58
M. Bates, b Levy	24	J. O. Gallimore, not out	1
N. Smith, b Johnstone	13	Extras	10
		Total (for 5 wkts)	169

J. T. Harold, G. A. Wells-Cole, R. B. McGrigor, and F. A. Packer did not bat.

v. St. Mary's Hospital, at Teddington, July 6th, 1941.

This was played on what turned out afterwards to have been the hottest day of the year with the thermometer way up over the 90 mark. Having, as usual, decided on the journey down that we should field first, we did so. This is easy. If we lose the toss the other side 99 times out of 100 *chooses* to bat, whereas if we win it we *tell* them to!

Anyway, Evans and Gallimore started their sweltering work, and both did remarkably well. That pitch looked good for 200 at least by tea-time, and yet the wickets went on falling regularly, Evans being especially steady. Only McRae and Graham reached double figures for St. Mary's, and they were all out for 88, well before the usual tea time.

Things did not go well for us at first by any means, three wickets being down for 21. Tuckwell and Wells-Cole, however, put on a useful 25, and then Heyland came in, and we passed their total with 4 wickets in hand. Heyland went on to make 43, and our final total was 138.

Scores:—St. Mary's Hospital 88 (Evans 5 for 42, Gallimore 3 for 15).

St. Bartholomew's Hospital

C. T. A. James, b Higginson	15	J. O. Gallimore, b Taylor	1
J. W. G. Evans, c and b Taylor	0	A. J. Gray, b McQuaid	4
P. D. A. Burham, c and b Taylor	2	F. H. Packer, hit wkt, b McRae	8
E. G. Tuckwell, c Baker, b Taylor	14	F. G. Morse, b McQuaid	7
G. H. Wells-Cole, c McRae, b Higginson	23	J. L. Morris, not out	8
R. Heyland, c Bowers, b Griffiths (Taylor 4 for 33).	43	Extras	13
		Total	138

v. London Hospital, at Hale End, July 13th, 1941.

All that the writer knows about this game (in which he did not play!) is gained from the score book. Details are sadly lacking, but as a game of cricket it looks as if it was a good party. It is understood that the London Hospital won, and altogether this does not seem surprising! Their score is not available. Ours was 141, and Messrs. R. Heyland, D. Bartlett and Extras seem to have been largely responsible.

v. U.C.S. Old Boys, at Chislehurst, July 19th, 1941.

This game was played in cold unpleasant weather. We lacked bowlers, and were unable to

deal effectively with a strong batting side. When we batted things went badly, only Bartlett showing much confidence. Then the rain, which had not been far away all the time, came down, and put an end to a rather dismal afternoon.

Scores:—O.C.S. Old Boys 182 for 4.

The Hospital

E. G. Tuckwell, b Griffin	9	G. H. Wells-Cole, b Allen	3
C. T. A. James, c Glanfield, b Allen	4	P. D. Durham, not out	2
D. Bartlett, not out	14	Extras	2
L. A. McAfee, b Griffin	2	Total (for 4 wkts)	34

R. B. McGrigor, A. J. Gray, F. G. Morse, and W. M. Tucker did not bat.

v. R.A.F. (Halton), at Wendover, July 20th, 1941.

We were hopelessly outclassed in this match, and there is no point in denying it. In mitigation it must be said that, as only too often this season, we had a weak side out. Halton batted first on a very soft wicket, which didn't help our bowlers at all, and they had no difficulty in scoring. Their opening batsmen scored an excellent century, and at tea they declared at 160 for 3. Our innings was a struggle from start to finish, one or two wickets being perhaps rather unnecessarily thrown away, and finally we were out for 53.

Scores:—R.A.F. Halton 53

The Hospital

C. T. A. James, c Patteson, b Beveridge	7	W. Cruickshank, st Coaker, b Cox	13
J. T. Robinson, c Crump, b Kemp	10	L. A. McAfee, b Cox	2
J. T. Harold, b Kemp	5	F. H. Packer, b Palmer	0
R. B. McGrigor, b Kemp	1	F. G. Morse, b Patteson	0
G. H. Wells-Cole, st Coaker, b Cox	4	H. G. Middleton, not out	0
A. J. Gray, c Beveridge, b Cox	7	Extras	4
		Total	53

Bowling:—Cox 4 for 12, Kemp 3 for 8.

v. Stanmore, on Stanmore Common (12-a-side), August 3rd, 1941.

This game was in aid of the Red Cross, and there was fine weather and a good crowd to favour things. We were reinforced by Golden, of the London Hospital, and by Roberts, who also has some connection with this and other Hospitals in other, more trying, circumstances. They batted first, and scored pretty steadily till tea time, when we had got seven of their wickets down for 208. Roberts bowled very well, and always made the batsmen think.

Our innings was patchy. Evans and McAfee both batted well, but apart from them nobody was very successful, and we had difficulty in staving off defeat.

A very enjoyable evening followed, and we are most grateful to our opponents for their hospitality.

Scores:—Stanmore 208 for 7 (Roberts 4 for 68).

The Hospital

C. T. A. James, c and b Cowan	6	N. Roberts, c Antoine, b Morris	5
R. Heyland, c Ilam, b Norris	16	P. D. Dunham, b Norris	6
E. Golden, c Ilam, b Antoine	16	R. B. McGrigor, c Ilam, b Cowan	0
J. W. G. Evans, b King	43	F. G. Morse, not out	0
G. H. Wells-Cole, run out	4	J. L. Morris, not out	1
J. T. Harold, c King, b Deansley	9	Extras	9
L. A. McAfee, c Ilam, b Southern	22	Total (for 10 wkts)	139

Bowling:—Norris 3 for 18.

The accounts of the matches against R.A.F. Uxbridge and R.A.F. Hendon are held over until the next issue owing to lack of space. It is also hoped to publish the season's averages in the November number.

TENNIS REPORT, 1941

It is with regret that on looking at the calendar we see that tennis is nearly at an end; had we gone by the weather the season would have been short indeed, since even the Chislehurst courts are showing leanings towards bullrushes and water lilies. Still, no doubt, it was good for someone—the Russians, the Chinese, or even the farmers? Or is that carrying the bounds of possibility too far?

For many of us, however, the season has been the most enjoyable for many years; not so much because the matches, which, owing to the weather, the eccentricities of the secretaries and the reluctance of the more studious to tear themselves away from their books, babies (bloudes! bottles!) have been few and far between, but rather because we have had a decent court at Friern. If you only play tennis once a week, it is usually about half-past five before you begin to see a ball, and though the subsequent two or three hours are well and profitably spent, it is hardly cricket, is it? One Saturday, however, deserves special mention. Chislehurst, in all its pleasaunce, the welcome return of Laurie to the incomparable White ménage, and the arrival of all the teams, including the Secretary, in time for tea, made the match against Mary's an unqualified success; the more so, since the dance so ably run by Angus Gray, under the benign if reluctant auspices of the Tennis and Cricket Clubs, fulfilled the best traditions of previous occasions.

To return once more to Friern; the court there has been an absolute blessing, standing out like a beacon amongst others, no doubt more effectively disguised. Here all and sundry, ranging from the pundits of Prostate and Baby Clinic to the lesser denizens of the M.A.V., have disported themselves with a wealth and variety of oath and costume that surely must have been an education, *per se*, to the adjacent Nurses Home.

All thanks are due to those, presumably creatures of the early dawn, who have kept it so well, and may it remain an inspiration to those who in future years will endeavour to cajole, browbeat or bribe august authority into laying down a court within the precincts of Charterhouse!

J. D. L.

SAILING CLUB

This season has seen the influx of many new members to the Sailing Club, fresh from St. Albans, and with the memory of sailing at Burnham.

Racing has been conducted against Oxford, to whom we lost, and Cambridge and the London Corinthian, whom we beat. We hope to continue winter racing.

A Regatta was held on Tuesday, September 9th. All the available boats were seen afloat, and the wind was northerly, but lighter than had been forecast by the experts. Unfortunately the starting gun caught most boats sailing off the line.

Cormorant and Grebe were across the line first, with Cormorant in shore and down wind, Grebe being further out in a fair tide, came up to lead. Kingfisher came into second place at Barnes Bridge. Round the buoy Grebe led to Kingfisher and Kittiwake. The dinghies then made slow progress down to the bridge against the tide, and then lay on kedges, and dropped their peaks or jockeyed for position to go through the bridge. Kingfisher crossed to the Middlesex side to get through. Kittiwake and Red Shank went to the centre arch, and Cormorant and Grebe were left to pass through the Surrey side arch. Cormorant and Grebe passed through first and left the field, sailing close and by along the Surrey bank in the slack water. Cormorant increased her lead to finish first, while Grebe was challenged by Kingfisher sailing in midstream on the ebb.

The sailing trophy was awarded to B. Thursby-Pelham in Cormorant. No. 2 was Grebe (P. Rowntrie), No. 4 Kingfisher (J. B. Loughborough), No. 4 Kittiwake (H. Bentall and G. Ramsay), and No. 5 Red Shank (A. J. Danby and Webb).

Our thanks are due to the Steward for helping and the Stewardess for the excellent tea.

IN OUR LIBRARY

VII. Bodington's Essay, 1840.

By John L. Thornton, Librarian.

George Bodington (1799-1882), of Sutton Coldfield, was one of those unfortunates who, born before their time, are unable fully to develop their ideas because of strong adverse criticism from their short-sighted contemporaries. He anticipated many modern views on the advantages of cold, dry air in the treatment of lung disease, and on the value of open-air exercise, but the reception his theories met with discouraged their full development.

As a boy George Bodington went to Magdalen College School, Oxford, and was apprenticed to a surgeon at the age of 17. He later became a student at this Hospital, obtaining the L.S.A. in 1825, and after practicing at Birmingham and Erdington, took over the treatment of the insane at Driffold House Asylum in 1843. He retired from this proprietorship twenty-five years later.

The book in our Library, a recent gift, is a reprint of Bodington's original essay, being entitled *An essay on the treatment and cure of pulmonary consumption. By George Bodington, of Sutton Coldfield, A.D. 1840. Reprinted, with a preface by Dr. Arthur E. Bodington,* Lichfield, London, 1906, and containing a portrait frontispiece, and obituary notice from *The Lancet*. A review of the original *Essay* in that periodical spoke of Bodington's "very crude ideas and unsupported assertions," but in 1857 the treatise was rediscovered, and the methods expounded therein advocated for the treatment of pulmonary consumption.

Bodington's little work describes the then current methods of treatment of tuberculosis, followed by an account of his own treatment, which had been most successful, as evidenced by the case histories provided. The *Essay* was also published by the New Sydenham Society in a volume of *Selected Essays*, 1901.

Although a slim volume, Bodington's *Essay* announced enormous strides in the treatment of a disease that remains a difficult social problem at the present time, a hundred years after the publication of the *Essay*, and that a general practitioner should have been instrumental in so far advancing the treatment of tuberculosis is not only creditable to Bodington, but to the Hospital at which he was trained.

The receipt of so many gifts as the result of this series of articles tempts one to hope that a possessor of the original 1840 edition of Bodington's *Essay* may present it to be shelved among the Athenae Collection, in the Hospital where the author studied.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

ABRAHAMS, SIR ADOLPHE. "Thirst," *Practitioner*, 146, June, 1941, pp. 400-403.

——. "Effort syndrome: diagnostic and therapeutic value of exercises," *Lancet*, April 5th, 1941, pp. 437-8.

ATKINSON, MILES. "Observations on the etiology and treatment of Ménieres syndrome," *J.A.M.A.*, 116, April 19th, 1941, pp. 1753-60.

COLEMAN, F. "Some facts concerned in the action of drugs," *Brit. Dent. J.*, 70, May 1st, 1941, pp. 335-7.

DALBY, J. F. HALLS. "Life and times of Jean Nicolas Corvisart (1755-1821)," *Proc. Roy. Soc. Med.*, 34, March, 1941, pp. 239-46.

FLETCHER, C. M. "Failure of heparin in subacute bacterial endocarditis," *Lancet*, April 5th, 1941, pp. 444-5.

HAMILL, P. "Morphine for the wounded," *Practitioner*, 146, June, 1941, pp. 380-83.

HARRISON, G. A. (and L. E. R. PICKEN). "Separation of serum in bulk," *Lancet*, April 26th, 1941, pp. 536-7.

—— (——). "Quantitative aspects of transfusion," *Lancet*, May 31st, 1941, pp. 685-6.

HEWER, C. LANGTON. "Trichlorethylene as an inhalation anæsthetic," with a prefatory note by Charles F. Hadfield, *Brit. Med. J.*, June 21st, 1941, pp. 924-7.

HORDER, RT. HON. LORD. "The modern troglodyte," *Lancet*, April 19th, 1941, pp. 499-502.

JEWESBURY, E. C. O. "Reactions after transfusion of stored blood," *Brit. Med. J.*, May 3rd, 1941, pp. 663-5.

LANGDON-BROWN, SIR WALTER. "David Hartley: Physician and philosopher (1705-1757)," *Proc. Roy. Soc. Med.*, 34, March, 1941, pp. 233-9.

MAINGOT, RODNEY. "The floss silk lattice posterior repair operation for direct inguinal hernia," *Brit. Med. J.*, May 24th, 1941, pp. 777-8.

MAXWELL, JAMES. "Carriers of tuberculosis," *Brit. Med. J.*, May 3rd, 1941, pp. 665-7.

PHILLIPS, R. F. "Hodgkin's disease in the bladder," *Lancet*, April 12th, 1941, p. 480.

ROCHE, A. E. "On stone in the urinary tract," *West London Med. J.*, 46, April, 1941, pp. 20-31.

ROXBURGH, A. C. "Etiology and treatment of impetigo," *Practitioner*, 146, May, 1941, pp. 289-95.

SPARKS, J. V. "Some problems of miniature mass radiography," *Brit. Med. J.*, June 21st, 1941, pp. 917-20.

TURNER, G. GREY. "Gunshot wounds of the heart," *Brit. Med. J.*, June 21st, 1941, pp. 938-41.

WEBEK, F. PARKES. "Recovery from the infection of subacute bacterial endocarditis without sulphonamides," *Lancet*, May 17th, 1941, pp. 630-1.

BIRTHS

CROWTHER.—On August 21st, 1941, at Newbury, to April (née Austen Hall) and Donald Crowther—a son (Andrew Nicholas).

OGILVIE.—On August 28th, 1941, at Chillon House, Ash Canterbury, to Joan (née Ransome), wife of Dr. James D. Ogilvie—a son.

ROSS.—On August 30th, 1941, at Wrecclesham Grange, Farnham, Surrey, to Betty (née Booth), wife of Major K. M. Ross, R.A.M.C.—a son.

SIMMONDS.—On August 5th, 1941, to Agnes, wife of Dr. F. A. H. Simmonds—a son.

SYMONDS.—On June 16th, 1941, at Morningside, Woking, to Sonia, wife of Dr. Jack Symonds—a daughter.

WILLIS.—On August 27th, 1941, at 40, Belsize Grove, N.W.3, to Rosalie, wife of Dr. Saxby Willis, M.C.—a daughter.

MARRIAGES

GOLDEN—WATERSON.—On August 7th, 1941, at St. Bartholomew-the-Less, St. Bartholomew's Hospital, London, Dr. Michael Golden, younger son of the Rev. F. S. Golden, of Maney Vicarage, Sutton Coldfield, and the late Mrs. Golden, to Diana, second daughter of Mr. and Mrs. H. G. Waterson, of Theydon Bois, Essex.

WALKER—JACK.—On August 23rd, 1941, at Putney, by the Rev. Dr. James Reid, Alan John Walker, M.B., B.S., son of Mr. A. J. Walker, of Putney, to Lorna Garven, younger daughter of Mrs. Jack, of Eastbourne.

ILIFF—COX.—On September 3rd, 1941, at Gulmarg, Kashmir, Dr. Arthur Durnford Iliff, C.M.S. (acting Agency Surgeon, S. Waziristan), son of the late Rev. A. Iliff and of Mrs. Iliff, late C.M.S., China, to Elizabeth Vera, elder daughter of Dr. R. J. H. and Mrs. Cox, late C.M.S., Peshawar.

DEATHS

RIDOUT.—On Saturday, August 9th, 1941, passed peacefully away, Charles Archibald Scott Ridout, F.R.C.S., Clarendon Road, Southsea.

VERDON-ROE.—On August 7th, suddenly, following an operation, Spencer Verdon-Roe, M.B., of Sow Hall, Sinnington, Yorks, late of West Hill, Putney.

FAWKES.—On August 14th, 1941, at Midhurst, Sussex, Dr. Marmaduke Fawkes, O.B.E.

ON ACTIVE SERVICE

McMENAMIN.—On April 22nd, 1941, in Abyssinia, Lieut. Colonel John Gerald McMenamin, eldest son of Mr. J. J. McMenamin, of Cape Town, South Africa.

PROTHERO.—At Sea, David Austin Prothero, Surgeon Lieutenant, R.N.

EDITOR'S NOTE

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

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

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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.

BOOK REVIEWS.

The Life of Sir William Osler. By Harvey Cushing. Complete in one volume. 21s. (Oxford University Press. 1940.)

The original edition of this Life was published in two volumes in 1925, being awarded the Pulitzer Prize for Biography in that year. This one-volume, unabridged edition is intended, by a reduction in price, to bring the life of one of our greatest physicians before many more readers, and it might be termed a Students' Edition, the book, incidentally, being dedicated "To medical students," by the author.

It is unnecessary to evaluate a book that has already become a classic, but it may be necessary to introduce to students a great personality who carved out a niche for himself in the Hall of Fame without making any remarkable contribution to medicine. Osler's magnetic personality and courage inspired all coming into contact with him, and as an apostle of bedside teaching, a great scholar, and outstanding book-collector he was pre-eminent in the field of medicine.

Cushing's Life allows Osler to speak through his letters, and reveals his character without adornment. Harvey Cushing was himself inspired by Osler, being a chosen friend for twenty-five years, and he has now joined Osler, after an equally successful career. This biography remains as a monument to two great men, and should be owned by every medical student as a source of encouragement and inspiration. Osler was once a student, and his pranks were not confined to his early years, but his foremost consideration was his patients and the advancement of medicine. However, even towards the end of his last illness his sense of humour remained unimpaired, despite his sufferings. A book for which he had searched for many years was presented to him in bed, and in it he caused to be written, "All things come to him who waits, but it was a pretty close shave this time"!

A Laboratory Manual of Physiological Chemistry. 4th Edition. By D. Wright Wilson. Price 14s. (The Williams & Wilkins Company, Baltimore; and Baillière, Tindall & Cox, London. 1941.)

This book is intended as a teaching manual for a laboratory course of Physiological Chemistry for students familiar with elementary inorganic and organic chemistry. It follows conventional lines, and has nothing special to distinguish it from other textbooks on the same subject.

From the teaching point of view the book is not well balanced. There is, for example, no work on the composition of food (other than milk), no mention of several important enzymes (such as invertase and the oxidising enzymes), and the brief description of the colorimeter, polarimeter and spectroscope would have been much more intelligible to the average student if they had been accompanied by diagrams or plates. Also in some instances four or five tests for a substance are described with little or no guidance as to the relative merits of these tests, and occasionally no indication is given of the result to be expected beyond the remark "note the colour"; often there is merely an interrogation mark.

Amongst other criticisms are the omission of Hay's test for bile salts in urine and of information about normal urinary deposits, and the inclusion of three methods for the determination of ammonia and two methods for the determination of inorganic phosphate in urine. The very brief chapter on dietary deficiencies adds a more modern note, but the details are so scanty that they will prove of little use outside the author's laboratory.

Essentials for Final Examination in Medicine. By John De Siviet, M.D., C.Lond). 7/6 net. J. and A. Churchill.)

Time, the great enemy of mankind, prompted Rhodes to make a remark which is no doubt remembered by many a student who is going up for his final medical examination. In the words of the author the book is intended "for those who wish to crystallize and summarise their knowledge." It can be strongly recommended for such a purpose. Ninety-three medical conditions are described. Despite the limitation of space the important and essential points are presented in a manner which leaves little or nothing to be desired.

SOCIETY OF APOTHECARIES OF LONDON

Examinations for the month of November:—

Surgery ... ... 10, 12, 13.

Medicine, Pathology and Forensic Medicine ... ... 17, 19, 20.

Midwifery ... ... 18, 19, 20, 21.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

NOVEMBER 1941

VOL. 3 No. 2.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. NOVEMBER 1st, 1941. No. 2

VOLUNTEERS FOR EUROPE

Little news from the occupied countries of Europe reaches the outside world except daily stories of the massacres of all those men who dare still to fight for their ideals and hopes. Many such patriots come from the educated, professional classes, and we may well wonder how many of these brave men belonged to our own profession. In Poland, especially, the Germans seem to have decided to obliterate entirely the educated middle classes, and a high proportion of their victims must have been doctors, although the totally realistic attitude of the Germans would prevent them eliminating so many doctors that their own war effort would be endangered by uncontrolled epidemics in the occupied countries. If one owns a slave it pays to keep him healthy, though it does not matter if his standard of health is considerably below one's own.

The universities of occupied Europe seem now to be moribund, and it is most unlikely that they are turning out more than a trickle of newly-qualified men. Even in Germany itself there has been for some time a shortage of doctors, which will steadily become more serious. Earlier in the war there were stories that the Nazis had offered Swedish doctors fantastic salaries if they would go to Germany to work in hospitals taking casualties from the front, and recently the head of the science department of the German Ministry of Education admitted the shortage of doctors, and stated that scientific institutions in Greater Germany in the summer term before the war had only 60,000 students, compared with 150,000 in the smaller Germany of six years before. If Germany is short of doctors it follows that there must be a far greater shortage in the occupied countries, and at the end of the war the position will be far worse. In addition to supplying the occupied countries with food and medical supplies it may be necessary for Britain and the United States to send doctors to assist in immediate "first-aid" treatment and in more long-term programmes of reconstruction. Refugee doctors will obviously provide a proportion of these men, but many more will probably be needed.

The International Red Cross at the end of the last war sent parties of doctors and nurses into Europe, especially to Serbia, where the need was perhaps greatest, and it would presumably be this organisation which, in consultation with the representatives of the Allied countries now in England, would once more arrange medical help.

Medical reconstruction in this country after the war is receiving a great deal of attention. In Europe the need for medical and social services, to deal, as far as possible, with the legacy of disease left by prolonged malnutrition will be far greater. Our plans for help should be considered now.

JOURNAL FINANCES

After being exposed for more than a year to an almost continual bombardment of criticism and abuse, even an Editor may turn savage. We would like to inform those ungrateful and ungentle readers (who, we are glad to say, form only a small minority of our public) that the Journal costs at least ninepence per number to produce, and that therefore when it is sold to students at the absurdly low price of fourpence, they should be overcome with gratitude and admiration.

In the last year or so the costs of printing have more than doubled, and advertising has tended to decrease, so that it is only by exercising the greatest economy and with the help of a guarantee from the Students' Union that we are able to carry on.

In these circumstances, the fact that many of our subscribers have not paid their subscriptions, in some instances now greatly overdue, is a great handicap, so we would especially ask these subscribers to deal with this matter as soon as possible, or, regretfully, we shall have to cease sending them their copies.

All contributions for the December number should be sent in before November 10th.

NOTES ON GENERAL PRACTICE

A GENTLEMAN IN SOMERSET

It happened in January, 1921. A farm labourer had a large carbuncle on his forearm: his panel doctor called to see it, in the afternoon, just before the light failed.

"You'll have to stop work for a few days: I'll give you a certificate."

"No, zur, Oi won't be 'titled to 'e."

"Yes you will; you can't work with an arm like that."

"Oh! but 'tis this a-way, zur: Oi bant working now: the Maister 'e give Oi the sack this morning, so Oi won't be losing no work through this 'ere."

"What are you going to live on? You don't get unemployment pay, and you won't be getting any wages now, will you?'"

"Well, no zur, but if Oi bant working 'twouldn't be right for Oi to claim no 'ealth Insurance, thee s'know."

"All right. But why did he give you the sack?"

"Oi couldn't very well zay, zur, 'cos the Maister 'e bant 'ere to tell 'e 'is zoide of the matter."

"All right. Anyway I'd better tell you what to do for your arm."

"Zo do, zur: will 'e be long, zur, 'cos 'tis getting plenty dark now, and Oi've got work to do."

"Work?"

"Yes, zur, Oi've got to go and feed the ram. Oi be waiting till 'tis dark so's the Maister won't see."

"But he's given you the sack: you've forgotten: he'll have to feed the ram himself, now."

"No, 'tis this a-way, zur: the Maister and they others they don't unnerstand feeding the ram: they puts the food and water there, but the poor beast 'e can't get to it: the ram be in a pound, s'know: they puts it up against the wall and 'e can't get to it 'cos of 'is 'orns."

"So although he's given you the sack you're going to walk a mile in the dark to feed his ram."

"Oh! well, zur, Oi bant got no quarrel with the ram, s'know."

THIRD CHIP.

REMINISCENSES

Being anecdotes and trite sayings of Past Members of the Medical Staff of St. Bartholomew's. Recorded during Hitler's War by a SEPTUAGENARIAN.

(*Continued.*)

SAMUEL JONES GEE.

1. Gee was an importation, and a good one at that, but he never quite acquired the exact Bart.'s timbre. He was short, but very learned, and his curious hesitation of speech was really rather pleasing. He was dry, and did not suffer fools gladly.

A clerk had a propensity for holding forth on the origin of words. Gee did not altogether like this. So this is how he took him down: "Mr. Jack, what is the origin of the word Cretin?" "I am sorry, sir, but I have forgotten." "Ah! Mr. Jack, that *is* a pity, for now *nobody* knows!"

2. Yet another. Mr. Jones was tall and good-looking, but fond of reading up articles and "spouting" his knowledge. Gee was short, and not too handsome. They met once with glints in the eyes of both. Said Gee: "Mr. Jones, have you read Dr. Hawkin's monograph on diphtheria?" (The last word was very carefully shown by Gee to have the double diphthongs, and woe betide any die-hard who merely "dipped.") "No, sir, I have not." "Well, Mr. Jones, here is my card, and if you will take it to the librarian of the Royal Medico-Chirurgical Society" (how Gee loved to roll out sometimes with fascinating hesitation the full title—now merely the Royal Society of Medicine) "he will be very pleased, I am sure, to lend it to you to read." A week later: "Did you think of reading that monograph I mentioned, Mr. Jones?" "Yes, sir." "And what did you think of it?" "I thought it was very good indeed." "Well, I did not, and that was why I gave it to the Library of the Royal Medico-Chirurgical Society." Collapse of clerk, smiles all round from his fellows.

3. Dr. Samuel Gee was a renowned physician for the diseases of children, and although his physical appearance and his halting speech might have been thought to be a handicap in his dealing with the young, this was not so, for his demeanour and happy way of gaining a child's confidence made his practice a large one.

Here is an anecdote based on what I well remember. On entering his ward one afternoon his attention was immediately attracted to a boy of about six years in the first cot. To anyone at first glance it might have been thought to be a case of chorea, but Gee soon disabused our minds of this, and to fix the difference on our memories he told the following tale:—"Gentlemen, children sometimes have queer tricks of jerking their heads, gnashing their jaws, and even of throwing about their limbs. These are tricks, and have nothing to do with St. Vitus' dance. Once a mother brought her little girl of seven to see me, and told me that the child crowed like a cock, and would you believe it, she actually crowed in my presence! Fancy, gentlemen, a female crowing like a male in front of me! Well, what was I to do to break her of this infeminine habit? I looked at her and said, 'You mustn't do that,' and she never crowed again." Only those who knew Gee can understand how effective this psychological treatment was.

4. Gee was very punctilious in his habits so far as the Hospital was concerned. He never came more often than three days in each week, unless specially sent for. He always arrived exactly on time in the Square, and never exceeded his time in the ward so as to encroach on tea time. When Sir Anthony Bowlby became a full surgeon, Gee came up behind him in the Square, and reaching up—for he had to do this—touched Bowlby on the right shoulder, saying somewhat sadly, "Bowlby, I want to speak to you." Bowlby was rather nonplussed, thinking he must at least have committed an ethical crime. But Gee went on: "I want to warn you that you must not overtax yourself now that you are on the senior staff. You should limit your visits to three days in the week as I do. Mrs. Gee never lets me do more than this." Although Bowlby politely thanked him, the exigencies of a surgical practice often meant six days a week, and even nights added. Thus it can be seen that there is a great difference between physician and surgeon.

5. Gee at times became a little forgetful of his surroundings, and one day after a rather more than trying afternoon he desired to reprimand gently but firmly the sister of the ward, and turned to her, and with the headed tone of reproach said: "Sarah—Oh! I *really* beg your pardon, sister!" and the reproving words were never said. Mrs. Gee was perhaps the ruling half, and her Christian name was Sarah!

6. Gee was very particular in the right pronunciation of words, even if they had become anglicised. Enēma, for enĕma, he would never let pass, and stēthoscope for stĕthoscope, almost brought tears to his eyes, and no one was ever allowed to call that weird blistering disease pemplĭgus, for it could not be anything else than pemplĭgus. He hated hybrids; "Appendicitis"—just introduced—was anathema to him, and he always called the complaint "Perityphlitis."

7. Gee's *Aphorisms*, some 270 in number, form a classic for which we are indebted to Lord Horder.

Howard Marsh.

1. Howard Marsh was the Junior Lecturer on Anatomy in my youthful days, and had an interesting way of fixing anatomical facts in the minds of embryo surgeons by illustrative stories, most of which inclined to the drawing of the long bow. The position, and the weight bearing of the astragalus when its possessor jumped from a height upon his toes was graphically brought before us by the following true—so he said—tale. A man, who had been in the habit of going up the steps to a loft to steal eggs, was descending when he saw his master appearing round the corner. So as not to be caught egg-handed, he jumped the last five steps, landing as it were gently on his toes, so as to save a fracture of the eggs. Marsh told us solemnly that this action brought the weight of the whole body on both ankle bones when they were somewhat out of and forward to the malleolar arch.

Each astragalus shot forward through the skin and the laces of his boots, and landed in the yard, a yard in front of him. His malleoli were forced down through the soles of his boots, and penetrated six inches into the ground, thus fixing him, and making him an easy captive. This story was told 57 years ago but is still fresh in the writer's mind.

2. Marsh was fond of describing war injuries, very common nowadays, and explained that in the Peninsular War, a man was hit by a round shrapnel bullet, which went between the right common carotid artery and the internal jugular vein without damaging either. When, after the lecture, being sceptical as to his veracity, we asked him how this was proved, he said "Oh! quite easily, for you see the man died, and the neck was examined!" Well, well, we thought; but frankly, statements as to extraordinary wounds of the wars since 1885, would prove that facts *are* stranger than fiction.

3. Howard Marsh—he was nearly always called by his two names—became Master of Downing College, and staying with him there was to hear a fund of stories of past worthies, most of which I regret I have forgotten, and as Marsh died before he had recorded them as he promised he would do, now nobody knows them.

3 It is recorded that soon after Marsh entered into this Mastership, certain Undergrads made a bonfire of their early Victorian (or was it Georgian?) furniture, to celebrate the arrival of their new Master and to try his mettle. Next morning on viewing the ashes, he called before him the occupants of all the rooms in which absence of pieces of furniture had been found. Marsh never could be really severe, but in the sternest manner he said, "Gentlemen, I understand that you tried to do me honour last night. I thank you. But I am bound to tell you that it is impossible for me to overlook the great sacrifice that has been made in the ascent in flames of many valuable pieces of really antique furniture. It, therefore, pains me much to have to inform you that I am obliged to send very large bills to your parents for the loss of treasures which can never be replaced. Thank you, gentlemen, you may go." They went wiser, and, after their fathers had received the inflated accounts, probably poorer men!

(*To be continued.*)

LETTER TO A SCHOOL NURSE

Dear Miss the Nurse,

You sent my Arry ome because e smelt. E smells the same as is father and I've slept with im fer 20 years. E suits me so e'll ave to suit you. You must be an old made wot don't no er man.

Yours with love,
Mrs. ———.

TO THE STUDENTS OF BART'S

By Sir Girling Ball
Dean of the Medical College

It is general knowledge that the Medical Schools of London have been considerably disturbed in their functions as the result of the war. At the beginning of a new Session it is well, therefore, to announce to those who come to us as Freshmen that they should be informed of the facilities which are available to them.

Some nine months before the war began, elaborate plans had already been made for a medical service for London, spread out in a fan-like fashion for a thirty-mile radius, leaving the central hospitals with as small a population as possible in the event of an attack being made on the City. It seemed clear to the Dean, in conjunction with his colleagues in other Medical Schools, that it was time contingent preparations were made for the teaching of the students committed to their charge.

The problem so far as our School was concerned was two-fold. First, to find adequate accommodation for the large number of students (for Bart.'s is the biggest Medical School in London) belonging to the pre-clinical group, and, secondly, the housing and teaching of the clinical students.

The first problem was the easier to deal with. The University of London had asked the Medical Faculties all over the country to assist, and had indicated to each School a University which would be prepared to house the students. To Bart.'s, together with the London Hospital, accommodation was allocated at Cambridge University, and in that seat of learning our School was put in touch with Queens' College. No better arrangement could have been made. The College accepted it without hesitation and the Dean speedily made friends with Dr. Venn, the President of Queens' College. The College wisely chose Professor Hopwood as its ambassador. He at once made contact with all parties concerned. It was thus possible in September, 1939, to establish the School in full working order in the University and Leys School Laboratories, under our own teachers and in close association with the teachers of Cambridge University and the London Hospital. At a later date, when the Leys School was evacuated to Scotland, all the preclinical departments were housed in University buildings, and this arrangement still continues. In addition to making use of the lecture theatres and laboratories, our students also have access to the University Library. Both those living in Queens' College and those in private lodgings can make use of the Queens' playing fields, tennis and squash courts and boats. Thus the recreational facilities are extremely satisfactory. The arrangement has worked admirably and the College is very grateful to its hosts for all they have done to ensure its success.

The second and more difficult problem was to cater for the clinical students. At first it was necessary to spread them over the twenty-three Hospitals in the Sector, so that they could help to deal with large numbers of casualties. A period of respite from learning was granted and permitted up to three months. It was expected at that time that the blitz on London would be so heavy that systematic academic teaching would not be possible. However, teaching was not altogether abandoned and small groups of students were given clinical facilities in the various Hospitals to which they were attached. The impossibility of continuing on these lines had been foreseen and the efforts of the College were directed to concentrating the students into three Hospitals as soon as possible, one Hospital for each of the three years of clinical work. This scheme was proceeded with at the end of three months, the first year's students being placed at Hill End Hospital, St. Albans, the second and part of the third years at St. Bartholomew's, and the rest, up to the time of taking the Final Examinations, at Friern Hospital, New Southgate. The Teaching Staff of the Hospital was distributed in such a manner as would meet the requirements of these various periods to the best advantage. It was surprising how easily this system fell into position and how relatively little difficulty there was to make it work. This was solely due to the great enthusiasm of the Staff to see that it did work.

This short outline gives some indication of the manner in which the present position has been arrived at and it is unnecessary to consider it further, but it is desirable that the new group of clinical students should be made acquainted with the clinical facilities that St. Bartholomew's can at this date provide. Generally speaking the programme set out in the Handbook is adhered to, but, owing to geographical difficulties, there are obviously some deviations from the normal.

HILL END

AT HILL END AND CELL BARNES HOSPITALS

Hill End Hospital, when full, holds over 1,000 patients. These include general medical, surgical and special units. The latter contain gynæcological, orthopædic, head, chest, plastic, ophthalmic and throat and ear cases. At Cell Barnes there are 150 beds for general medical cases and children.

If there is a defect, from the point of view of first year's teaching, it is the presence of so many units whose work is specialised. This is necessitated by the requirements of the Emergency Medical Service and is unavoidable. However, the number of general cases is ample for the teaching of the first principles of medicine and surgery. The scheme of work is devised on the following plan:—

First term: An introductory course in Medicine and Surgery and Surgical Dressing.
Second term: A course on Pathology, including hæmatology, bacteriology and immuneology.
Third term: Medical Clerking.
Fourth term: Surgical Dressing.

In the case of Oxford and Cambridge men who have already done some Pathology, the course is organised in a different order:—

First term: Introductory course, *etc.*
Second term: Medical Clerking.
Third term: Surgical Dressing.
Fourth term: Pathology.

When the Hospital was first opened, considerable difficulty was experienced in finding accommodation for lecturing, for pathology, etc. With the admirable co-operation of Dr. Kimber, the Medical Superintendent of the Hospital, this problem has been almost completely solved.

Lecture Theatres. There are now two lecture theatres and several rooms for demonstration and tutorial classes.

The main Lecture Theatre is in the nurses' home. It is a large room with epidiascope, lantern and blackboard, etc., capable of seating 130 students. It serves a dual purpose. It is used by the Nursing Staff in the mornings and evenings and by the students for lectures on Clinical Medicine and Surgery in the afternoons.

The second theatre is in a house which has been converted into the Pathological Department. It is capable of holding 50 students and is fitted with epidiascope, lantern and blackboard, etc. It is used for Pathology lectures and also for courses in Practical Medicine and Surgery.

This theatre accommodation has proved to be adequate for the number of students working at the Hospital, although at times the rooms are rather full.

Wards. The wards are open to students from 9 a.m. until noon, from 1 p.m. to 3.30 p.m., and from 6 p.m. until 7 p.m. The ward rounds by the Visiting Staff are held in the mornings between 10 a.m. and noon.

Museum. The whole of the Museum specimens have been removed from St. Bartholomew's and transferred to Friern and Hill End. At the latter Hospital a long corridor has been fitted up with shelves to hold a large number of specimens, from which each week a selection illustrating a special subject is collected and placed on tables in a large demonstration room in the Pathological Department, together with the photographs, diagrams and catalogue description of each specimen typed out on cards. This is a popular method of teaching. The rest of the specimens not required for immediate purposes are housed in out-buildings.

Pathology teaching laboratory. The teaching of pathology has proved to be a major problem after the loss of the magnificent facilities available at St. Bartholomew's. The provision of a laboratory for teaching pathology was really a great difficulty. The Hospital authorities had set aside a house in the grounds for the purposes of carrying out the work of the Sector, but at first there did not appear to be any suitable room for our purposes. However, by an ingenious arrangement a good-sized laboratory is now available.

There is also a first-class bacteriological laboratory, the property of the original Hospital, which is used for the routine work of the Hospital, and a smaller histological laboratory for carrying out the routine histology of the Sector.

The Library and Reading Room is in the Pathology Department and contains an adequate number of textbooks suitable for students in their first clinical year. It is open from 2 p.m. to 9.30 p.m. A library attendant is present from 5.30 p.m. to 9.30 p.m.

These arrangements having been made for teaching, the next business was to see that adequate recreational facilities were available. Naturally the first item was the provision of a room which could be named after our great founder, John Abernethy, for wherever Bart.'s men are collected together there must be an Abernethian Room. This was not so easy a proposition as might have been expected in so large a building. Yet at the present moment

there is such a room fitted with comfortable furniture and a wireless set. It is open until 11 p.m., is well away from the wards, and is in a central position off the main corridor.

The students themselves, directed by their officers on the Council of the Students' Union, then set out to form a "Hill End-Bart.'s" Club, which includes members of the nursing staff and a number of the Hill End Hospital Staff. This association with the local inhabitants of the Hospital, with Dr. Kimber as its President, was a wise move and has solved many of the difficulties which required to be dealt with. Under the ægis of the club are run Rugger, Cricket, Hockey, Tennis, Golf and Table-tennis Clubs, and a Debating Society during the winter months. In addition, dances are held in the large recreation room of the Hospital. Anyone so inclined can also find facilities to let off steam in the Choral or the Dramatic Society, which put up excellent performances at regular intervals. Thus there are plenty of opportunities for students to employ themselves in their spare time. This is an important factor in keeping the party happy in the rather out of the way spot in which the Hospital is placed.

Living accommodation. An official scheme of billeting is run under the direction of Professor Christie, to whom students should make application for advice. The majority of students live within easy reach of the Hospital in billets varying in price from 26/- to 35/- per week. Without this scheme it would be impossible to obtain suitable accommodation.

A certain number of students (nine in number) live within the Hospital walls (Stooge Hall). They receive free board and lodging and in return hold themselves responsible for duties in the First Aid post, four being on duty at a time. Three of these students are the elected representatives of the student body and the remainder are selected by the College Committee.

A dozen students live at Cell Barnes, the Hospital next door to Hill End, and serve on a rota for fire watching. They pay a guinea a week.

There has been some difficulty in providing adequate accommodation for lunch, but recently arrangements have been made whereby 45 students can obtain lunch within the Hospital.

The students undertake certain obligations at Hill End. The building is a very large one and extends over a wide area. The provision of staff to do fire watching would be almost impossible at the present time when everybody of military age is being called up.

Pre-clinical students have to join some military association, e.g., Home Guard, but the clinical students are exempt from such service. Fire watching, however, is a national duty and for some time past the student body has been divided into nine groups with a leader, known as "the Corporal," in charge of each group. Each night one of these sections is on fire watching duty during the hours of black-out. They sleep fully clothed at posts scattered throughout the Hospital. The organisation of these sections is entirely in the hands of the students, but defaulters are interviewed by the authorities. Fortunately such interviews are rare.

All students are given instruction in fire precaution and gas decontamination.

A system has been evolved whereby, in case of special emergency, students living outside the Hospital can be called by 'phone, and these in their turn collect other students living in their vicinity.

Students wanting advice should approach Professor Christie, who will help them and instruct them in their duties.

BARTS

AT ST. BARTHOLOMEW'S HOSPITAL

At the end of the first year the students go to Bart.'s. The next three quarters are employed as follows:—

First quarter: Surgical out-patients, Casualty Dressing and Surgical Special Departments.

Second quarter: Medical out-patients and Medical Special Departments.

Third quarter: Second time Dressing or second time Clerking.

The second year is regarded as an exceedingly important period. The student comes into contact with the out-patient for the first time and meets with acute cases which are seldom seen in the Sector Hospitals, and learns the methods of dealing with them. He is therefore urged to pay a great deal of attention to this period and to spend as much time as he can in the Out-Patient Department. Because he is attached officially to a particular unit does not prevent him from attending other clinics.

In addition to those members of the Staff attached to Bart.'s, those in other Sector Hospitals attend to run their own organised out-patient clinics in medicine, surgery and special departments, as nearly on the peace-time lines as possible. Daily clinics are being held. Too much emphasis cannot be placed on the necessity of taking advantage of these facilities.

Ward rounds are also carried on by the Staff attached to the Hospital.

The Fever Course is given by Dr. Banks at the Park Hospital during the period of Medical Out-Patient Clerking. It consists of six whole-day sessions.

Lectures. Each quarter courses of lectures in Medicine, Surgery, all of a clinical character, Obstetrics and Venereal Disease are given.

In the Summer Session a course of lectures on Public Health and Forensic Medicine is arranged.

Owing to the destruction of the lecture theatres by enemy action, the lectures are given either in the Morbid Histology Laboratory, which holds 120 students, or in the Anatomical Theatre in Charterhouse Square, which holds 200 students. The hours and place for these lectures is announced on the School Notice Board.

The Museum. The Museum has been removed to the Sector Hospitals. Students from St. Bartholomew's are welcomed either at Friern or Hill End for the continued study of morbid anatomy.

The Library is open daily from 10 a.m. to 4 p.m. and the Librarian is in attendance. For those on duty in the Hospital at night, the Governors of the Hospital have provided a reading room on the ground floor of the Surgical Block, where students may work quietly and smoke. It is open from 6 p.m. onwards when the Library is shut.

Recreation. The Abernethian Room and the Luncheon Room are in protected parts of the building and are efficiently blacked out and heated. In addition there is a "bar" controlled by the Students' Union, open from 12-2 p.m., and from 6-10.30 p.m.

The activities of the Students' Union at St. Bartholomew's Hospital and Foxbury continue as in peace time, except that the squash courts have been damaged by enemy action and the gymnasium is sufficiently damaged to be unusable.

Living accommodation. Students attending St. Bartholomew's Hospital live at home or in lodgings as in peace-time, except:

(a) Board and lodging in the West Wing of the Hospital is provided by the Governors for 22 men who perform certain night duties for the Hospital, outlined below in "Duties of Students."

(b) Board and lodging in the West Wing is provided by the City of London for 30 men who work in City of London First Aid Posts, under conditions outlined below in "Duties of Students."

(c) Board and lodging in the Resident Staff quarters is provided by the Governors for two senior students who act as unqualified housemen.

The living accommodation in the West Wing consists of cubicles put there before the war when the West Wing was part of the Nurses' Home. In addition to their bed-sitting rooms in the West Wing, each of the 20 men working for the Hospital is provided with a bunk in the basement of the West Wing for use on nights when habitation of the West Wing is inadvisable.

The terms for board are as follows:—

The Governors, or the City of London, as the case may be, pay the catering company so much a head per week for the students they have undertaken to board. At present this sum is 29s. 6d. and provides adequate food. If a student needs extras beyond this he pays for them himself. There is also a mobile canteen in the Hospital which functions from 8.30 p.m. till 7 a.m. Students can buy tea and light refreshments from this canteen during the night. Certain students on any particular night are provided with a light meal free of charge by the Governors.

Duties of Students.

(1) Students living out of the Hospital are responsible for dealing with a daytime emergency in the Hospital between the hours of 9 a.m. and 6 p.m., Mondays to Fridays, and 9 a.m. till 12 noon on Saturdays.

(2) The 20 students working for the Hospital are responsible for certain work in the Hospital between the hours of 6 p.m. and 9 a.m., Monday to Saturday, and from Saturday noon till Monday, 9 a.m. These duties are:

(a) Reception of casualties, or work in the Resuscitation room, or work in the wards or assisting in the theatres, when casualties are being received.

(b) Fire watching for two hours between 6 p.m. and midnight on one or two nights a week.

(c) Fire fighting should the extent of a fire be beyond the capacity of the standing fire fighting squads.

(d) Provision of a team to work in the decontamination room should gas cases be received.

All these responsibilities require numerous practices, quite apart from the occasions when casualties are actually received. Each man in the 20 is allowed a whole 24 hours off once in ten days.

(3) The 30 students having obligations to the First Aid Posts are on duty three days out of four. The fourth day and night they can

do what they like. During the other three days on duty, on the sounding of an alarm during daylight hours, one of each group of six has to attend his First Aid Post, or, on the sounding of an alarm at night, all the remaining members of each group of six, on duty, report to their First Aid Post.

Students requiring further advice should seek it from Dr. Charles Harris, the Warden of the College.

FRIERN

AT FRIERN HOSPITAL

There is not the same clearly defined line between the second and third year as between the first and second. There must necessarily be some overlapping.

At this Hospital, when full, there are 800 beds. The work is arranged to suit those students who are doing their third year's work and includes second time clerking and dressing for those who have not held these appointments at Bart.'s, and gynæcology dressing. Special classes are held for those who have completed their clinical appointments and are preparing for their final examinations.

There are two Medical and three Surgical Units, a Gynæcological Unit and an Orthopædic Unit.

Ward rounds in both medical and surgical wards take place six days a week, and in the Gynæcological and Orthopædic wards twice a week. Operations are performed daily. The students at St. Bartholomew's are invited to attend these rounds as frequently as possible; similarly the students at Friern should attend the Out-Patient Departments at St. Bartholomew's, at periods when they are not otherwise occupied.

Lecture theatres. By the kindness of Dr. Brander, the Medical Superintendent, a special building, known as the "Villa," has been set aside for teaching purposes. This contains two lecture theatres, each of which holds about 50 students. They are furnished with cushioned benches and blackboards.

Lectures can be held at any time, morning or afternoon.

Wards. The wards are open to students from 10 a.m. to 12 noon each morning, 1.30 to 4 p.m., and 6 to 7 p.m.

Museum. The Museum of pathological specimens is placed at one end of a lecture room, which is only used for lectures three or four times a week. Thus the Museum is available nearly all the time and men can work without disturbance.

The specimens are representative, being derived from the original teaching collection at Bart.'s

Library. The Library is also in the "Villa" and is under the charge of an attendant from St. Bartholomew's. There is an adequate number of textbooks suitable for the Final Examinations. There is no separate reading room but men can read either in one of the lecture rooms, which is not being used, or in the Abernethian Roam. It is rare for two lectures to be taking place at the same time (3 to 4 times a week), so there is nearly always a quiet place for reading.

Revision courses. Revision courses are held in all subjects for the Final Examinations, so that the students are able to revise the whole of their work within a year. They take the form of the familiar Practical Medical and Surgical Classes at Bart.'s and are in most cases "question and answer" classes. There are also regular clinical lectures, but there are no formal lectures.

Students in their final year also attend a Revision Course in Pathology, consisting of a series of demonstrations designed to cover the whole field of undergraduate pathology especially arranged for them at Hill End Hospital on one whole day per week. Instruction in clinical pathology is also provided at Friern once a week.

It must be admitted that the courses are strenuous and the work intensive. But, in the present circumstances, it is felt that this is justifiable, and certainly the examination results to date have justified the arrangements.

Recreation. Here again there is an Abernethian Room. It is situated close to one of the lecture rooms but is separated from it by a high screen so that students can read there even when a lecture is going on. It is furnished with couches and armchairs from the Abernethian Room at Charterhouse Square, and is quite comfortable.

Games. There is no arrangement for organised games. Most of the students play with the Hospital teams at Chislehurst, but there are facilities for those wishing to play at Friern. A ground is available for training by members of the Rugger and Soccer teams.

Tennis. There is a hard tennis court, which is used by resident students. Matches are occasionally played on this court.

Golf. Arrangements have been made with two local golf clubs so that students may play there at reduced rates.

Billiards. There is a full-sized billiard table in the Resident Staff quarters which can be used by students at certain times of the day. There is, also, a small table in the resident students' villa.

Living accommodation.

Resident Villa in the Hospital. There is a residential villa in the Hospital near to the wards and capable of taking 30 students. It is a one-storey building with eight small rooms, each suitable for two students, and two large dormitories. Also a dining room, a room with a small billiard table, a recreation room fitted with couches, and two small workrooms.

The inclusive cost to the student is 21/- a week.

Billets. There are official billets available near the Hospital at 21/- a week; the students using these billets usually pay something extra to their landladies for extra meals by private arrangement. Lodgings are also available. The money for the official billets is collected by Dr. Graham. The advantage of the billets within the Hospital is that if the rooms are not used for four consecutive days, an allowance is made for the fees charged.

Obligations of students at Friern Hospital. Resident students act as fire watchers for their own building. Three students are on duty each night. Arrangements are also made for students to work in Resuscitation teams and to assist in dealing with large convoys.

The Hospital is eight miles from London and can be reached by the Piccadilly Tube to Bounds Green or Arnos Grove stations. There are also trolley buses from Holborn which pass the Hospital gates.

Since many of the students attending the courses are also working at Bart.'s, it has been arranged that any alteration in classes will, as far as possible, be notified to Bart.'s by telephone the day before they are due to take place.

Students seeking advice should see Dr. Graham or Mr. Vick.

* * * *

Midwifery and Gynæcology. While at St. Bartholomew's or at Friern arrangements are made, in consultation with Dr. Harris, for students to hold their Midwifery appointment.

Admirable plans have been made for the provision of midwifery cases at two L.C.C. Hospitals, at a Hospital in Surrey, another in Kent, and a third in Hertfordshire, in addition to the district around the Hospital. There is no need for students to go further afield to gain their experience. Lectures and practical instruction on this subject and gynæcology are given at all three Hospitals.

* * * *

The above statements record most of the facilities which it has been possible to provide in the very difficult circumstances. They cover the fundamental requirements for clinical instruction. In addition there are special detailed arrangements for anæsthetics, vaccinations and other minor courses.

Students should make themselves acquainted with the requirements of the various Final Examinations and see that their individual plans are completed well in advance of the time.

If a student is at any time in doubt as to whether arrangements for his courses have been made, the Tutors at the Hospitals where he is working should be consulted. There is still one more safeguard if still in difficulty, namely, to consult Dr. Harris, the Warden, at St. Bartholomew's. He is to be found in the College Office in the Pathology Block of that institution.

There are one or two general points which must be emphasised. This reconstruction of the Medical College has been made after many difficult negotiations. The College had lost almost the whole of its teaching equipment and has had to improvise the whole of the present facilities. So please do not complain if you do not find everything that you expected. Instead of grumbling, make suggestions. The Dean is anxious to hear of possible improvements and is ready to implement them so far as is possible.

Those at Hill End and Friern should remember that neither of these institutions was erected for the purposes for which they are being used. They have had to be altered to meet the present need. It has required a great deal of collaboration to bring about the present result. Our most grateful thanks are due to the Hertfordshire County Council, and especially to Dr. Kimber, its representative; also to the London County Council, with Dr. Brander as its representative. They are hosts and we are guests. Let us not forget this.

To the students as a body I would say: Remember that your teachers have made great sacrifices to maintain the School at its high standard, which is almost equal to that of peace time. Make things as easy for them as they have tried to make them for you.

Lastly, as has already been said, and cannot be too often repeated, make the most of your time within the old Hospital walls at Smithfield. Apart from the fact that is our real home, the time spent there is the most important period of your training. Take advantage of the arrangements; the Governors of the

Hospital have done everything in their power to help us carry on.

St. Bartholomew's has gone through trial by fire; but if we all of us pull together we shall come through on top to continue the career of an institution which has held high reputation for over 800 years. This surely is an object worth achieving.

* * *

Just a word to the recently qualified man. The Services are in grave need of medical men, but they realise that a man without experience is of little use. It is incumbent on every man when qualified to obtain a Houseman's post as soon as possible. At St. Bartholomew's and its Sector Hospitals there are two periods of election a year, but there are always chances for men qualifying at the intervening three-monthly periods and, if not at St. Bartholomew's, a post can always be found elsewhere. The first post is held for six months (A post), with a possibility of extension for a further six months (Extended A). During the second period, however, a man may be called up for service at short notice.

It is the duty of the medical profession to provide for the Hospitals who want more senior men than a recently qualified man, and also to train future members of the staffs of Hospitals. For this purpose a limited number of posts are available which may be held for a further six months (B_2 posts). From this number a further group is selected for the senior posts on Hospital staffs (B_1 posts), e.g., Chief Assistants and Registrars. Even these posts are held for limited periods only. The object is to keep the posts in circulation and thereby give to the Services a regular supply and, at the same time, to train men to hold senior posts in Hospitals looking after the civilian sick.

CORRESPONDENCE

THE SISTER AND THE BOTTLE

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Among the amusing "Reminiscences" of "Septuagenarian" in your October issue, appears the well known anecdote concerning a former Surgeon to the Hospital, a Ward Sister and a bottle of "liquid." The story is a good one and doubtless substantially correct.

But this modern version of it contains inaccuracies which, in the interests of those now said to have been the chief actors in it, should not be allowed to pass unchallenged.

It was from the lips of my old chief, Thomas Smith himself, that I first heard this story. To him I had been dresser and then house surgeon (1882-83) and knew him intimately during the quarter of a century which I spent, first in learning and then in teaching, at St. Bartholomew's.

He was crossing the Hospital Square with his dressers and stopped to describe to us its condition as he first knew it; a bare open space with an old pump in the centre—long before the days of fountain, trees, etc. He then went on to describe the kind of women who had been Sisters in former days. Then came the story of the old woman and the bottle, but he certainly never claimed that he had himself witnessed the incident, still less that he had played any part in it.

He told us the story as an illustration of what went on in the bad old days, long before he became surgeon to the Hospital (in 1873).

I have a strong impression, but cannot be absolutely certain, that it was of Abernethy, a noted wit and joker, that the story was told; but it may have been of Wormald or someone else of their time. Abernethy died in 1831, two years before Smith was born. But Thomas Wormald (1802-1873) had been Abernethy's apprentice and was afterwards a colleague of his for several years.

Not only must Wormald have known Abernethy well, but later, for nearly twenty years was contemporary with Smith at our Hospital. Wormald became consulting surgeon in 1867 and died in 1873. Smith was qualified by 1854 and must therefore have been well acquainted with Wormald.

I venture to suggest, although this is a mere surmise, that it may well have been from Wormald that Smith learnt the famous story.

Other inherent improbabilities in the modern version are: that the old surgeon, whoever he was, carried a "stout stick," which Thomas Smith to my knowledge never did; likewise that the "liquid" in the bottle was "brown," whereas the story told to me was of gin; also the apology said to have been tendered to the sister, was no polite one but was, if Tom Smith's account is to be trusted, a much more emphatic one, common enough a hundred years ago, but not in the least likely to have been used by Smith himself. It contained an expletive invoking assistance from the Deity, which Septuagenarian (or perhaps you yourself, Mr. Editor?) would hesitate to print in your eminently respectable journal!

One other point. In the later seventies Smith's wards were Rahere, Henry, Lawrence and President, with the sisters of which I was well acquainted. It is very difficult to believe that any one of these four could possibly have been connected with such an unsavoury story.

Finally, may I say that, from internal evidence, I strongly suspect that it is a certain old and valued friend of mine, some years my junior, who is the author of these interesting Reminiscences, and who seeks to disguise his identity, somewhat thinly, under the pseudonym of Septuagenarian. If this suspicion is correct, I can well understand his reluctance to refer to such vulgar mundane things as gin and strong language. This would perhaps explain the last two of his inaccuracies.

It would be interesting if Septuagenarian would kindly inform us from whom his version of the story was obtained. There are also many Bartholomew's men still living, who must have heard the story and may be able to tell us, with authority, who was the principal actor in it.

Anyhow, he was certainly not dear old Tom Smith.

I am, Sir,

Yours faithfully,

JAMES BERRY.

Roehampton.
October 14th, 1941.

[To be accused of respectability is, if not the last, certainly the penultimate straw!—Ed.]

UNFAIR TO THE METRIC SYSTEM

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

With diffidence and apologies I add the following to the already unwieldy amount of literature which has appeared on the subject, but I could not remain unmoved by certain injustices which appeared in Dr. Maxwell's last letter.

Firstly we have a minor injustice: Dr. Maxwell cunningly starts to use the term "Decimal" system (instead of Metric) knowing that in most people's minds this suggests something about decimal points, a very minor feature of a system which essentially consists of the extremely logical principle of multiplying our units by ten, and always ten, to obtain the next larger quantity. Dr. Maxwell then assumes that these decimal points are nonchalantly tossed hither and thither without regard. Personally I should feel no more inclination to misplace a decimal point than to write down the wrong drug or mistake the dosage. Furthermore it can be but rarely that it is necessary to use this much despised piece of arithmetical punctuation when dealing with quantities of the order of milligrams.

Secondly Dr. Maxwell need have no fear of ever having to quaff litres of mild and bitter, for surely there is nothing more logical and convenient than a table in which 2 half-pints is equal to 1 pint, and 2 pints equals 1 quart. This, however, cannot be said of a system whose units bear such bizarre relationships to one another as that 437.5 grs. should equal 1 oz. Nor are the names of units used in the older system without confusion; I need only mention the different types of ounce—fluid, troy and avoirdupois. The same applies to drachms.

The fundamental aspects of this argument have not yet been considered dispassionately. Dr. Maxwell and his generation somewhat naturally are reluctant to alter the habit of a lifetime, even to simplify the lot of thousands of future doctors and medical students, for it must be admitted that the metric system requires no great effort of memory. While there is a large body of students who having spent their adolescence and the best years of their youth gaining familiarity with the appearance of a cubic centimetre and a gram, bitterly resent the apparently unnecessary complication of their clinical training of having to discard all this for quantities of which they have had hitherto no conception.

I am, yours sincerely,

A. G. RICHARDS.

Friern Hospital.
September 30th, 1941.

FAT - EMBOLISM

To the Editor, St. Bartholomew's Hospital Journal

Sir,

It is difficult to read the report by Dr. Gretton-Watson of a case of fractured pelvis followed by massive collapse of lung and transient disturbance of vision without being reminded of case-reports of pulmonary and systemic fat-embolism after fractures. Except for the degree of lung collapse the similarity is striking.

As Dr. Hinds Howell pointed out, such reports gain much from supervision by senior members of the staff. To know whether the possibility of fat-embolism was considered would be of interest. To know whether in current Bart.'s opinion fat-embolism might be one of the factors in producing massive collapse of the lung after trauma would be of still more interest.

Yours faithfully,

W. A. BOURNE.

Hove, Sussex.
September 13th, 1941.

MEDICAL EDUCATION

To the Editor, St. Bartholomew's Hospital Journal

Sir,

A recent argument with a member of the staff concerning the wasted hours spent compulsorily, so he said, by students in operating theatres, has made me wonder if a useful purpose might not be served by the circulation of one of the now fashionable Questionnaires to your readers.

This idea is not of course new, nor was it alone provoked by the argument mentioned above. The other day I overhead an apparently moribund student, lying flat-out in the Abernethian Room, severely criticising the lectures at St. Bartholomew's Hospital, and discussions often take place in the cafeteria and elsewhere centring around the Reform of the Curriculum.

With numerous bodies, official and superficial, already considering this problem, you may feel, Sir, that a Questionnaire would achieve nothing of importance. Yet if it were framed by your Publication Committee on which both staff and students are represented, and if it included a limited number of general questions relating both to clinical and pre-clinical affairs, it might serve at least to show the trend of opinion. Though answers should be anonymous it would be of interest to know whether the opinions were those of student, teacher or practitioner.

I remain, yours faithfully,

HOGARTH.

St. Bartholomew's Hospital.
October 14th, 1941.

[We feel that the stupor in which the student body habitually exists would make a questionnaire a thankless and useless task; if any student can sufficiently rouse himself from his delightful dreams we would be glad to publish letters on this subject. —Ed.]

ANSWER TO MR. GOBBO

To the Editor, St. Bartholomew's Hospital Journal

Sir,

In answer to "Mr. Gobbo" (undoubtedly an appropriate name). There is no need to remain a civilian—just fill in an Army Form B.100, and resume studies after the war.

Certainly the soldiers are having an easy life. In fact, so easy, that one of the soldiers who dwindle away their precious moments on the Hospital gates, spent four hours in the blue waters of St. Nazaire harbour watching the ship that should have brought him to this Land of Freedom, sinking after an engagement with the enemy. Quite a thrilling little experience don't you think, Mr. Gobbo? Further my friend, if you would like any useful information regarding the Art of Hiking, the N.C.O. i/c Police will be pleased to advise you. This N.C.O. scored "Full Marks" in a very pleasant, though gruelling examination, having enjoyed some easy times finding his way home from a little place called France. Well "Gobbo" (or should it read Goebbels), perhaps you are not particularly anxious of spending your few hours out of that extremely busy existence, in this much over-rated pastime of Hiking. However, just in case you are harbouring such ideas, here is another little incident which may influence you to turn your "Energies" to more congenial channels. It is very inspiring to know that the Sergt.-Major, with the help of a Sergeant (R.A.M.C.), did have an easy time while evacuating a General Hospital of 700 patients from Le Treport to La Baulle and finally to St. Nazaire, knowing that the Jerries were only 60 kilometres behind, and, they did not lose one casualty. Yes, they all enjoyed the "excursion," and they all returned safely to this scene of industry where life is *so* hard.

Quite an easy life, only the sausages were—never mind I'll have another packet of iron rations to keep me for another 48 hours. If you would like to call round some evening, the Sergt.-Major may let you borrow his two medals to put on your manly bosom —the Mespot (1921) and the India Frontier (1923).

"IN ARDUIS FIDELIS."

DEBAUCH

To the Editor, St. Bartholomew's Hospital Journal

Sir,

We have been inspired to send you a report of the activity of Bart.'s men in this country, owing to a coincidence.

Five of us sat down to dinner last night here, and celebrated the occasion in the usual way. The dinner, commonplace enough here, may surprise you in its variety; we are convinced that we are very fortunate to be serving out here, and we send you our greetings and salutations.

B. P. ARMSTONG, Capt., R.A.M.C.
J. GLUCKMAN, Capt., S.A.M.C.
C. S. GROSSMARK, Flying Officer, R.A.F.V.R.
C. A. BROCKBANK, Flying Officer, R.A.F.V.R.
P. F. BARWOOD, Flying Officer, R.A.F.V.R.

Clairwood Camp, Durban.
August 6th, 1941.

DINNER. 5/8/41.

Scotch Broth

Fried Fillet Salmon and Lemon

Stuffed Vegetable Marrow
Grilled Fillet of Steak and Mash

Roast Sirloin of Beef and Horseradish
Roast Haunch Mutton and Red Currant Jelly
Roast Leg of Lamb and Mint Sauce

Vegetables

Baked Sultana Pudding
Strawberry Jelly

Cheese *Dessert* *Coffee*

[*Our pet gourmet confirmed our personal opinion that this was merely a vulgar orgy. Ed.*]

DEATH ON THE TABLE

The energy of the Hill End Bart.'s Players must be inexhaustible, for "Death on the Table" has followed within a very short time of the production of "The Young Idea"—and this in summer.

That their efforts have once again been appreciated was obvious from the excited chatter of the audience leaving after the final performance. It is a pity that this comic thriller of American gangsterism has a title which is clearly bad propaganda in a provincial city. However, Graham Stack, the producer, certainly provided us with a most enjoyable evening.

Nora Sanderson was very charming as Nurse Kemp and it was easy to appreciate the house-surgeon's readily aroused jealousy. Starting rather sotto voce, she quickly warmed to the part and won the audience's heart almost as completely as that of Dr. Willens. Unfortunately this play gives little further scope to the ladies. Perhaps they will have their own back in the future by the production of "The Women." What we did see of them (including the major portion of the probationer's lower extremities!) again showed that the nursing staff is not lacking in talent.

Peter Willens (Keith Randall), was very convincing as the ardent and serious young house-surgeon whose work was ceaselessly interrupted by the calls of love. Lacey (Michael Hunt), the clinic porter, was excellent and never let us forget that the play was a comic thriller and not just a thriller. Jeffery Spry-Leverton was ideally chosen to portray Sir John Twining, and expressed the famous surgeon's anxiety so well that the "wipe" of the brow in the operating theatre seemed overdue. One hopes he will not respire quite so close to the wound in real life!

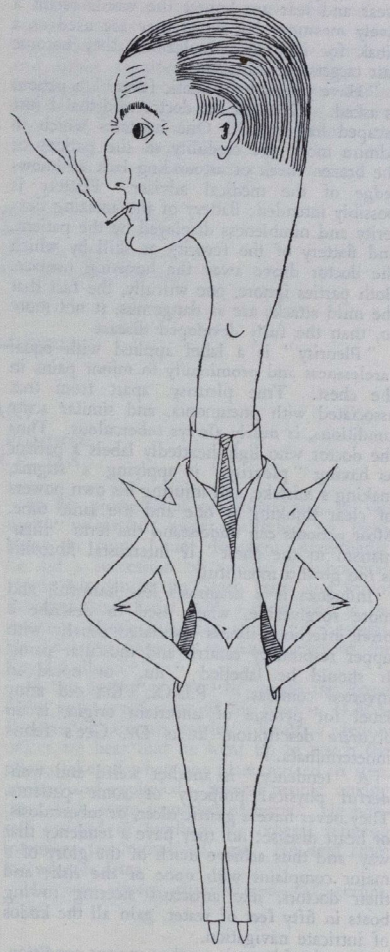
The accent of an American gangster proved a bit too much for "those guys" in spite of a more than capable technical adviser! However, Ivor Meltz as Mark Ryder played a long and difficult part with great gusto. Paul Mann showed that he knew the script of Rattigan—Ryder's Number One man—without a flaw, but would have been better without adopting a nasal twang which is only heard from the true "Yankee" and is exceedingly difficult to emulate. Scratch (Gerald Goodall-Copestake), looked tough enough but unfortunately gangsters are supposed to chain-smoke which Scratch seemed to find rather an ordeal! Lefty Grey (Donald Whitfield), and Duggan (Anthony Livingstone), of the rival gang portrayed the "smoothy" type of racketeer most vividly. I liked Lefty the best of the gun-men.

The British Police Force lived up to their traditional part in drama of being no better than Sherlock Holmes showed them to be. The interrogation of the suspects by Inspector Wentworth (Henry Bunjé), however, was most efficiently performed.

Derek Farrar certainly made George a real "dog's body." As creator of Effects and Property, he is to be congratulated on his masterly scrounging. His attention to even the smallest detail was typified by the X-ray film in the theatre actually showing a revolver bullet wound of the chest. The Stage-Manager (David Moffat), must have been an exhausted man at the end of this production for the scenery had to be changed repeatedly. In spite of this the audience never had to wait too long.

After the final performance the author of the play, Guy Beauchamp, came on to the stage and reflected the sentiments of the audience in congratulating producer, cast, and all concerned on the high standard of the first amateur production of this play.

O. S. T.



THE WIZARDRY OF OZ

CLINICAL CLICHÉS AND CLAPTRAP

By Geoffrey Bourne

Many phrases are well worn. When the wear and tear are honest the words retain a lively meaning, but when they are used as a cloak for ignorance or laziness they become fair targets for criticism.

"Have you had rheumatic fever?" a patient is asked. "No, but the doctor said that I just escaped having it." One hesitates which to admire most, the credulity of the patient or the brazen cheek or astounding lack of knowledge of the medical adviser. Flattery is possibly intended; flattery of the amazing dexterity and nimbleness displayed by the patient, and flattery of the ferocity or skill by which the doctor drove away the hovering menace. Both parties ignore, one wilfully, the fact that the mild attacks are as dangerous, if not more so, than the fully developed disease.

"Pleurisy" is a label applied with equal carelessness and promiscuity to minor pains in the chest. True pleurisy, apart from that associated with pneumonia, and similar acute conditions, is nearly always tuberculous. Thus the doctor who light-heartedly labels a patient as having "pleurisy" is applying a stigma, making a mistake, and injuring his own powers of clear thinking at one and the same time. Most patients can understand the term "rheumatism in the chest" if intercostal fibrositis is too great a mouthful.

Influenza is a diagnosis less harmful, and more forgiveable, when used to describe a brief infectious illness associated usually with upper respiratory catarrh and muscular pains. It should be labelled "'flu," or noted in inverted commas. "P.U.O.," the old army label for pyrexia of uncertain origin, is an accurate description, as is Dr. Gee's febris indeterminata.

A "tendency" is another weird and wonderful physical property of some patients. They never have a gastric ulcer, or tuberculosis, or heart disease; no, they have a tendency that way, and thus achieve much of the glory of a major complaint with none of the risk; and their doctors, like amateurs steering rowing boats in fifty feet of water, gain all the kudos of intricate navigation.

A strained heart is another curious condition. "You see he was chasing a goat out of our kitchen garden, and has not been the same since." One wonders whether the goat has. But the blame is neatly placed, and the goat becomes The Goat. Or a "tired heart" is the sympathy-stirring phrase, so pathetically indicative of unrewarded mid-day strivings or vain midnight oil. No healthy heart ever failed, and it is not the goat or the overwork that must be thought of, but the old rheumatic fever or the hardening coronaries.

"Hyperglycæmic coma." Did ever a pretentious pseudo-scientist ever coin a more specious or intellectually criminal label? Coma never was and never can, in a diabetic, be caused by excess of sugar in the blood. No doubt if intravenous gold syrup were run pure into a vein, one of the pathological sequelæ might be a clogging of the cerebral circulation. But the wretched phrase-monger who coined the term was not concerned with facts or truth: male and female, right and wrong, high and low, Swan and Edgar, Flanagan and Allen, all occur in pairs—therefore hyperglycæmic coma and hypoglycæmic coma! Poor mutt! Broken reed! How many trusting candidates have not swallowed this whole and reproduced it undigested to their own confusion and the fury of their examiners. The coma is due to ketosis, and should still be called diabetic coma.

Another false conception is that due to the mathematical laziness—one hesitates to say the incapacity—of pathologists who express the differential white count in percentages only. The tissue which produces the polymorphs is one thing, that which produces the lymphocytes is another, and factors which influence the one have, generally speaking, no influence upon the other, yet diminution of polymorphs is often grandiloquently described in terms of increase of lymphocytes.

The typical blood-count of typhoid fever, like that of pernicious anæmia, shows a diminution in the number of polymorph cells. But the fools and the cliché fiends describe this as a "relative lymphocytosis." As a matter of fact the lymphocytes and the tissues producing them are quite unaffected. It would be as accurate to describe a famine or pestilence which had wiped out half the population of China by the headline "Terrific Relative Overcrowding of Zululand." Again, when the right femur is shortened by disease the condition is not described as manifesting itself by relative elongation of the left leg. But it is easier to count 300 white blood cells, divide by 3, and express the result in percentages, than to do the further calculations needed to demonstrate in actual figures the different numbers of polymorphs, lymphocytes and eosinophils. And clinicians are often too lazy or too foolish to protest. Why then talk thus of the unoffending lymphocytes?

Finally, auricular fibrillation with a presystolic murmur is sometimes blazoned forth as a curious and unique clinical tid-bit. So it is, for it never occurs. The term presystolic indicates auriculosystolic, and refers to that produced by the auricle just previous to ventricular systole. Now if the auricle is fibrillating it is paralysed and no longer contracts so as to propel blood; therefore it cannot produce an auriculo-systolic or presystolic murmur. "Dead men tell no tales," said Long John Silver; and paralysed auricles push no blood. Mitral murmurs in auricular fibrillation are always diastolic.

Human emotion loves mysteries, as much as human reason shuns them, and singing mongeese,* astral prophesies, lunar portents, and other manifestations of credulity and imagination will continue to brighten human life as long as it endures. But when the products of romanticism invade science the temptation to chase them out with a stick sometimes becomes too strong to be resisted.

** The plural of "mongoose," we believe, is "mongoose." But "mongeese" is so much more satisfying a word, that we feel inclined to damn the dictionary rather than Dr. Bourne. —Ed.*

OBITUARY

David Austen Prothero,
M.R.C.S., L.R.C.P., D.A.

In the Autumn of 1929, after a trial game at Winchmore Hill, someone in the crowded bath shouted: "I wish you'd stand up for a moment, Prothero"; and a plaintive voice replied: "I am standing up!"

That was my introduction to Tich Prothero, and those words were the key to his attitude towards life; he stood up to everything. Many would have considered such slightness of stature a severe handicap, Tich stood up to it and made of it a definite advantage. Socially he was a great success; everybody liked him, for he was a welcome and valuable addition to any gathering. During the last few years, too, he had begun to practice the art of gastronomy with discernment and discretion.

His athletic attainments were necessarily limited by his lack of inches, but at Rugger he displayed a quite remarkable resiliency, and played many times for the 1st XV as a competent and encouraging scrum-half.

In his professional avocations, too, he was highly successful; after qualifying, in 1935, being in turn Junior Resident Anæsthetist, he did a succession of jobs in this hospital, House Surgeon to the Green Firm, and Senior Resident Anæsthetist, with a short spell in between as House Physician at another hospital. He held the Diploma in Anæsthetics of the Royal Colleges.

In the Spring of 1939 he joined the Royal Navy and served most of his time in H.M.S. Furious, an aircraft carrier. From a fellow officer we hear that he went up to watch the planes take off when one plane missed its step, crashed and exploded. Several people, among them Tich, were wounded or burnt. He himself assisted in tending the others, refusing treatment for himself till last. He died from his wounds later.

He was always cheerful, so—"Cheerioh, Tich!"

FIVE CASES OF SCIATIC PAIN DUE TO PROTUDED INTERVERTEBRAL DISC

BY

P. F. JONES and P. G. MANN

Below are given details of five cases of severe sciatic pain in which lumbar laminectomy revealed backward protrusion of an intervertebral disk into the lumen of the spinal canal.

CASE 1.

Mr. F. T., a clothier's warehouseman, aged 56 years, was admitted on March 27th, 1941, complaining of pain in the back.

History.

In December, 1940, the patient had felt a slight aching pain near the head of the right fibula, which had spread up the biceps tendon and one week later reached the middle of the back of the thigh. Three weeks later the pain prevented him from going to work. Despite rest and radiant heat treatment, the pain spread upwards across his back and downwards along the outer side of the right calf, behind the lateral malleolus, to the dorsum of the foot. Manipulation and the epidural injection of saline in hospital produced a very slight improvement, but fifteen days after discharge the patient collapsed in the street. He stayed in bed for two weeks and was then admitted to Hill End.

The pain had been continuous, though of varying severity. Coughing, straining and exercise aggravated it. Once there were pins and needles along the outer side of the dorsum of the foot.

Examination.

The patient was nervous but co-operative. General physical and neurological examination revealed no abnormalities. Special investigation of the local condition showed the following points:

Spine: There was a lumbar scoliosis, which was convex to the right. The lumbar spine was stiff but not tender.

Sciatic nerve: There was marked tenderness over the right nerve, especially in the calf.

Motor: There was marked atrophy of the right buttock, hamstrings and calf, with some associated weakness of the hamstrings and the plantar flexors of the foot.

Sensory: There was a small area of hypalgesia and hypæsthesia over the upper and posterior aspect of the right leg.

Reflexes: The knee and ankle jerks were present and equal.

Ancillary Investigations.

1. *Lumbar Puncture*: The pressure of the C.S.F. was 120 mm. of fluid. The Queckenstedt phenomenon was normal. The protein content of the C.S.F. was 50 mgm. per 100 c.c.

2. *Plain X-ray* showed sacralisation of the fifth lumbar vertebra.

3. *Radiography after the intrathecal injection of lipiodol* revealed a filling defect in the region of the disk between the fourth and fifth lumbar vertebræ.

Operation.

On April 26th, 1941, lumbar laminectomy was carried out by Mr. O'Connell and revealed a protruded disk between the fourth and fifth lumbar vertebræ which compressed especially the root of the fifth lumbar nerve on the right. The disk was removed in one piece.

The sciatic pain was completely relieved by the operation and this condition had been maintained when the patient last reported at the end of June.

CASE 2.

Mr. I. J., a milk roundsman, aged 38 years, was admitted on May 13th, 1941, complaining of pain in the back and right leg.

History.

In November, 1940, the patient had felt a sharp stabbing pain in the middle of his back when bending to set down a milk bottle. Five weeks later, following a heavy fall from his bicycle, the pain became worse and radiated down the back of the right thigh to the outer side and toes of the right foot. With considerable difficulty he carried on his job until February, 1941, when he was compelled to stop work and go to bed. The pain was continuous and was made worse by coughing, straining and exercise. There were associated pins and needles on the outer side of the right ankle and foot. Massage, radiant heat, intramuscular novocain, manipulation and the epidural injection of saline produced no lasting improvement.

The patient remarked that his trade was "all race and tear" and that he had many falls, but he particularly remembered falling down his cellar steps in May, 1940, when he jarred the base of his spine on each step.

Examination.

The patient was rather a tired and unhappy individual. General physical and neurological examination revealed no abnormalities. Special investigation of the local condition showed the following points:

Spine: There was a marked lumbar scoliosis, convex to the right.

Sciatic nerve: There was bilateral sciatic tenderness, especially on the right.

Lasègue's test was positive at 45 degrees in the right and left lower limbs.

Motor: There was atrophy of the right buttock and of the extensors of the right foot and toes.

Sensory: There was a doubtful area of hypalgesia and hypæsthesia over the lateral surface of the lower part of the right leg and the dorsum of the foot.

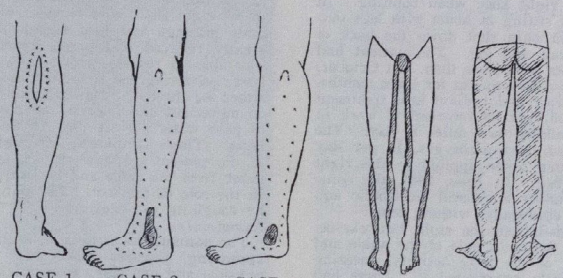
Reflexes: The knee and ankle jerks were present and equal.

Ancillary Investigations.

1. *Lumbar Puncture.* The pressure of C.S.F. was 120 mm. of fluid. The Queckenstedt phenomenon was normal. The protein content of the C.S.F. was 110 mgm. per 100 c.c., with slightly increased globulin.

2. *Plain X-ray* showed a narrowing diminution of the joint space between the fourth and fifth lumbar vertebræ.

3. *Radiography after the intrathecal injection of lipiodol* showed a filling defect in the region of the disk between the fourth and fifth lumbar vertebræ.



CASE 1. L4-5 | CASE 2. L4-5 | CASE 3. L5 S1 | CASE 5. L4-5

The site of the disk lesion is indicated under each diagram.
The area of analgesia is indicated by shading.
The area of anæsthesia is outlined by crosses.

Operation.

On May 14th, 1941, lumbar laminectomy was carried out by Mr. O'Connell and revealed a protruded disk between the fourth and fifth lumbar vertebræ. This was removed piecemeal.

On the next day the sciatic pain was completely relieved and there had been no return of the pain when the patient was discharged on June 28th, 1941.

CASE 3.

Private N. K., a despatch rider, aged 22 years, was admitted on May 23rd, 1941, complaining of pain in the left leg.

History.

In October, 1940, the patient was injured in a motor-cycle accident. He returned to duty in November. In January, 1941, he participated successfully in a very strenuous refresher course. In February, he began to have pain low down in the mid-line of the back when he "kicked over" his motor-cycle. In March the pain spread to the outer side of the left thigh and the patient had difficulty in straightening himself after long spells of motor-cycling. Sometimes he could walk normally while at other times he limped. In April he was admitted to hospital for manipulation, physiotherapy and the epidural injection of saline. The pain did not abate and it began to spread down the left leg to the angle and instep.

Walking and especially coughing aggravated the pain. There was an associated deep pain in the left leg. During the few weeks before admission the patient had had pins and needles along the outer side of the thigh and down the leg to the ankle and instep.

Examination.

The patient was a healthy-looking, co-operative young man. General physical and neurological examination revealed no abnormalities. Special investigation of the local condition showed the following points:

Spine: There was a lumbar scoliosis, which was convex to the left, with slight tenderness over the lower lumbar spines.

Sciatic nerve: There was no sciatic tenderness.

Lasègue's test was positive on the right at 90 degrees and on the left at 45 degrees. On the left, the test was followed by pins and needles in the left leg.

Motor: There was slight wasting and loss of tone in the left buttock.

Sensory: There was a doubtful area of hypalgesia and hypæsthesia over the lateral surface of the lower part of the left leg and dorsum of the foot.

Reflexes: The knee and ankle jerks were present and equal.

Ancillary Investigations.

1. *Lumbar Puncture.* The pressure of the C.S.F. was 130 mm. of fluid. The Queckenstedt phenomenon was normal. The protein content of the C.S.F. was 90 mgm. per 100 c.c. and the globulin was increased.

2. *Plain X-ray* revealed no abnormality of the lumbar spine.

3. *Radiography after the intrathecal injection of lipiodol* showed a filling defect in the region of the disk between the fourth and fifth lumbar vertebræ.

Operation.

On June 4th, 1941, lumbar laminectomy was carried out by Mr. O'Connell and revealed a protruded disk between the fourth and fifth lumbar vertebræ. The root of the fifth lumbar nerve on the left passed over the protrusion. The disk was removed piecemeal.

When seen on July 4th, 1941, the patient was in good health, there had been no return of the sciatic pain and he could walk in perfect ease and comfort.

CASE 4.

Mr. P. W., a carpenter, aged 25 years, was admitted on June 18th, 1941, complaining of right-sided sciatic pain.

History.

In September, 1939, while engaged on heavy digging, the patient suffered from lumbo-sacral backache. In February, 1940, he had a feeling of

strain behind the right knee when bending. In April, 1940, whilst sitting at home with legs outstretched, a sudden pain shot down the back of the right thigh, calf and leg. The patient had never been free from pain since then. In October, 1940, the pain forced him to rest for three months. Short wave diathermy and radiant heat treatment did not relieve him, but he returned to work in January, 1941, walking two miles a day. The pain was controlled by aspirin grs. 15 per day and by a hot water bottle applied to the right buttock when in bed. In June, 1941, the spine was manipulated under a general anæsthetic and novocain injected epidurally, without relief.

The pain extended from the right buttock, behind the knee, to the outer side of the ankle and on to the dorsum of the foot; activity, sneezing and coughing greatly aggravated it. There had been tingling in the right calf, ankle and toes. The patient's job had entailed much heavy lifting.

Examination.

The patient was a quiet, healthy-looking man, tired by pain and anxious to return to work. General physical and neurological examination revealed no abnormalities. Special investigation of the local condition showed the following points:

Spine: There was a lumbar scoliosis which was convex to the left. The lower lumbar spines were tender and flexion and rotation of the spine were diminished.

Sciatic nerve: There was slight tenderness in the right buttock.

Lasègue's test was positive on the right at 10 degrees and on the left it produced pain in the right leg at 30 degrees.

The Motor and Sensory systems and the spinal reflexes showed no abnormality.

Ancillary Investigations.

1. *Lumbar Puncture.* The pressure of the C.S.F. was 80-100 mm. of fluid. The Queckenstedt phenomenon was normal. The protein content of the C.S.F. was 60 mgm. per 100 c.c.

2. *Plain X-ray* showed sacralisation of the fifth lumbar vertebræ on the right side.

3. *Radiography after the intrathecal injection of lipiodol* showed a marked filling defect in the region of the disk between the fifth lumbar and the first sacral vertebræ.

Operation.

On June 28th, 1941, lumbar laminectomy was carried out by Mr. O'Connell and revealed sacralisation of the fifth lumbar vertebra and a protruded disk between the fifth lumbar and the first sacral vertebræ which compressed especially the root of the first sacral nerve on the right. The disk was removed piecemeal.

When seen on July 16th, 1941, the patient was in good health and all sciatic pain had been completely relieved since the time of operation.

CASE 5.

Mr. A. B., an office stationer, aged 58 years, was admitted on March 24th, 1941, complaining of retention of urine, incontinence of fæces and paralysis of the right leg.

History.

Early in February, 1941, the patient began to notice an ache, mainly on getting up, in the right buttock, thigh and leg, extending to the outer side of the ankle. After three weeks there was only slight residual stiffness and the patient set out upon a fifteen-mile walk. Nine miles out he was seized with a very severe pain in the same distribution as the ache, and had great difficulty in reaching home. Next morning he had no power in his right leg. After fourteen days in bed, with daily massage and heat treatment, the pain was greatly relieved and power returned so that he was able to resume part-time work. One week later, on rising, he found he could not stand on either leg, he had agonising pain in both his legs on movement and later in the day he was unable to pass water. Next day he was incontinent of fæces. These symptoms continued until the time of the patient's admission. The right foot was numb from the ankle and he had pins and needles in the sole of the foot. The pain was unaffected by coughing or sneezing.

Examination.

The patient was a cheerful, healthy-looking man, appearing younger than his years. General physical and neurological examination revealed no abnormalities. Special investigation of the local condition showed the following points:

Motor: In the right leg there was atrophy and loss of tone in the muscles below the knee. There was an almost complete paralysis of toe movements and of plantar-and dorsiflexion of the foot. Inversion and eversion of the right foot was very weak. Flexion of the knee and extension of the hip joint were weak on the right. No abnormality was demonstrated in the left leg. The anal sphincter was patulous.

Sensory: There was complete anæsthesia of both lower limbs, except for an area over the anterior aspect of the thigh, knee and leg and the medial aspect of the dorsum of the foot on both sides. On the right side the first three toes were anæsthetic.

Reflexes: The knee jerks were bilaterally present and equal; the ankle jerks were bilaterally absent; the plantar response was normal on the left and absent on the right.

Ancillary Investigations.

1. *Lumbar Puncture.* Fluid was only obtainable in the sitting position. The column showed no pulse variation and moved only on very deep respiration. There was a slow rise and no fall in pressure on compressing both jugulars. The C.S.F. was pale yellow and slightly opalescent, the protein content was 40 mgm. per 100 c.c. and the globulin was not increased.

2. *Plain X-ray* showed no abnormality of the lumbar spine.

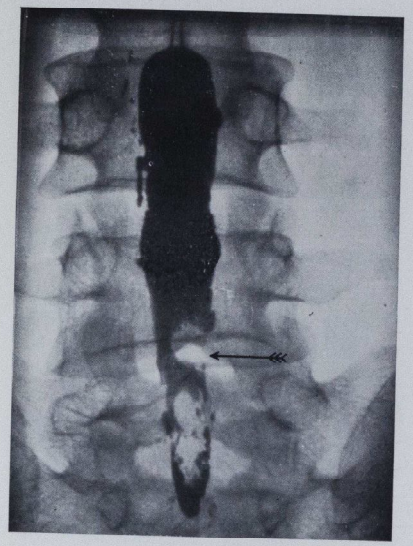
3. *Radiography after the intrathecal injection of lipiodol* showed a complete block at the level of the disk between the fourth and fifth lumbar vertebræ.

Operation.

On March 29th, 1941, lumbar laminectomy was carried out by Mr. O'Connell and revealed a protrusion of the disk between the fourth and fifth lumbar vertebræ which almost completely filled the spinal canal, and severely compressed the roots of the cauda equina. The disk was removed in one piece.

March 30th, 1941. The sciatic pain in completely relieved.

July 9th, 1941. There has been no return of the sciatic pain and the patient looks and feels well. In the right leg, there is no improvement in the toe movements, but there is a slight improvement in the power of plantar- and dorsi-flexion, inversion and eversion of the foot. There is a considerable increase in the power of knee flexion. The area of sensory loss has decreased to a saddle-shaped area over the buttocks. A little urine can be passed per urethram with much straining, but



INTRATHECAL LIPIODOL

the patient cannot be without an indwelling catheter for more than 24 hours at a time. The anal sphincter is patulous; the bowel can only be evacuated by a soap enema followed by the digital removal of fæces.

This case is exceptional for the number and severity of the symptoms and signs. An unusual degree of protrusion occurred, producing very considerable contusion of the cauda equina. This lesion is seriously delaying recovery. However, pain has been relieved and there is still hope that complete recovery will occur, although it may be long delayed.

* * *

These five cases have been in the wards of the Neuro-surgical Unit at Hill End Hospital during a period of some twelve weeks. In every case, a protruded intervertebral disk was found at operation and its removal resulted in complete relief from the sciatic pain. As yet it is impossible to assess the late results of the treatment in the cases reported above; but the late results in other cases similarly treated justify the hope that there will be a permanent cure in all cases. The condition is not uncommon and should be borne in mind when considering any case of severe sciatic pain. Furthermore, when the pain occurs in quite young and active individuals and is unrelieved by physiotherapy, manipulation of the spine and the epidural injection of saline, then protruded intervertebral disk becomes the most likely diagnosis. The intrathecal injection of lipiodol may carry some risk of meningeal reaction, so that this procedure is only justifiable in those cases where the history and clinical examination make the presence of a protruded disk a strong probability. Taken together, the history and examination produce a very suggestive clinical picture, as is illustrated by the cases reported.

We would like to thank Mr. J. E. A. O'Connell for his permission to publish the cases and for his encouragement in the preparation of the paper.

We publish below some comments by our correspondent on a recent Home Guard camp:—

Although many of us came up laden with tennis and squash rackets in anticipation of two weeks' of riotous living, the only apparent use of the rackets was mural decoration, because occasions for revelry were few and far between. Those who failed to attend the daily parades lost three shillings a day and, to those who maintained regular attendance, will one day be presented a well earned sum of money which will immediately disappear in payment for board and lodging.

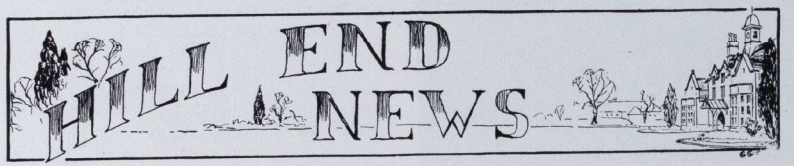
As a rule the day began and ended with a lecture by some enlightened officer who frequently commenced his oration over an impressive array of papers and notes, but very infrequently sought their aid during the lecture. One officer in particular captured our

ever active imaginations. His striking appearance recalled the glowing scenes of "Four Feathers" and it remained only for him to thump a pineapple down on the desk and say with finality "There was I" to convince us that Inkerman had really witnessed his earlier exploits.

In the small arms training perhaps the greatest enthusiasm was shown over bayonet practice, an occupation made all the more realistic by the fervour of Sergeant Cathcart who, like an inspired padré, reiterated his text of "Detumination" and expressed the necessity to "hit him in the engine room" if a "good German" was to be the ultimate criterion of success.

An unpromising Sunday morning found us outside the dark but inviting doorway of the cookhouse. There ensued a breakfast consisting of porridge that lacked everything except substance, liver that lacked nothing except quantity, and tea that was undoubtedly tea. An incursion into local Home Guard territory followed, resulting in the inevitable argument as to who won and a pint of cider at the nearby inn. Lunch was followed by a period of cigarettes and slumber, and a satisfying supper was preceded by instruction on the compass. An epic march of nearly ten miles through forest, bracken and young plantations occupied the earlier hours of the night; ten miles that passed quickly away for at least one platoon whose journey home exercised the lungs as well as the feet and passed with uncanny rapidity.

The fortnight ended with a party at The Anchor. Glasses were rarely empty, joviality held sway and the C.O. was beaten by a fraction of a pint.



At the end of the season the Cricket and Tennis Clubs held a dance. The Melodicals, under the direction of Charles Ashton, with their strict tempo, provided the best music we have danced to at Hill End. We are looking forward to the next dance at which they have promised to play.

The Tennis Mixed Doubles Tournament ended in a victory for Ruth Humbey and D. R. Duff over Kathleen Rees and A. R. Corbett. The final of the Men's Singles is to be played between A. R. Corbett and P. C. Mark.

R. M. McPhail is to play C. S. M. Stephen in the final of the Golf Tournament.

Scottish dancing has returned for this winter, and is being held every Wednesday under the able supervision of Miss Adcock and Mr. Hutchins, with Sergeant Nash at the piano.

Two rugger trials have been played at Hill End—most inappropriately on the hottest days of the week! Large numbers arrived from Friern and Bart.'s to take part. The Bart.'s team at Hill End later opened the season with a victory over St. Albans School, scoring fourteen points to their six. Tries were scored for the Hospital by Adams (2), Hunt, and Marcroft. Gibson converted a goal. The School scored a try and a penalty goal.

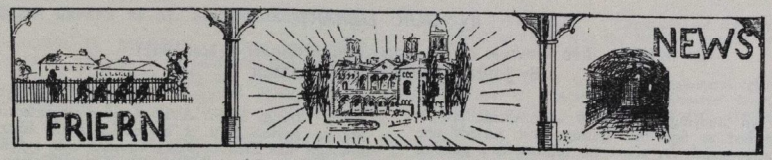
Hockey started off with a mixed match against Bart.'s. Good team work won the match for Hill End, with a final score of ten goals to two.

Soccer matches have been arranged, and the team includes some members of the R.A.M.C.

On Sunday, September 28th, instead of the usual Sunday Evening Gramophone Concert, the distinguished Polish violinist, Fryderyk Herman, accompanied by André Asriel, gave a short recital. The major work in his programme was César Franck's Violin Sonata in A Major. This work was brilliantly performed, as were the several other short pieces which followed. The enthusiastic applause given by the large audience present was well deserved. The recital was much enjoyed by everybody, and we hope it may be possible to arrange similar programmes in the future.

It was a pity that Hospital Flag Day came at the beginning of a new term when people were less free than they had been a week before. Had it been earlier there might have been far more collectors from Hill End.

And if the Editor really thinks the writer is a female—let him come up and see me sometime.



"Her Most Gracious Majesty Queen Victoria (whom God preserve) was pleased in her Charity—"

Kind of you to read it out. I've never seen anyone do that before. I take it you're new to Friern?

Diagnosis correct. Let's read on. "The Building was completed in the short period of One Year and Six Months." I expect that explains a lot of things.

Yes, and down here you'll find the name of the architect, Mr. Daukes, and the clerk of the works, one C. J. Shoppee.

Here's a memorial to "a devoted officer and faithful friend, able and untiring in the discharge of his duties, loyal, kind and courteous."

Dear me. He can't have been a Bart.'s man.

What's this other tablet? Ah, so there has been an attempt to burn this place down. Time there was another.

I regret to find you seem to have a prejudice against Friern.

Yes. You see I've been reading the Friern News.

Oh, you mustn't pay any attention to that eyewash. I know the fellow that writes it. In fact, he and I live together.

Is he a misogynist?

Not so's you'd notice it. Why?

Well he's always making ungallant remarks about the nurses. I think they're most unjustified.

Oh! So does he? But you take him far too seriously. I'm really very sorry for him. His remarks are all lighthearted, but whatever he says and however he says it someone is sure to read it the wrong way and let loose a hornet's nest about his ears.

Whatever is this, the Senior Mess?

Nothing to do with you, except that you have to cross it or the Committee room to wash your hands.

What happens when the Committee is sitting and the Seniors messing at the same time?

I don't know. I think you go unwashed.

How do I empty this basin?

By somersault. It's quite simple. Look!

Ah, now here's a "Time-table of Ward rounds, classes, etc." It looks extremely impressive. Does it all take place?

Oh, yes. It's very seldom that the programme breaks down. Whose firm are you on?

R—gg— V—ck's. There you go leaving out vowels again! Try leaving out the consonants.

—e—ie —i—'—. No that won't do at all. It's a jolly good firm, anyway. You'll soon find that Friern grows on you.

my
follow *secret*
I'll *heart . . .*

Did you ever sing in a choir?

No.

I thought not. That's by Noel Coward, isn't it? Not as good as Ivor Novello. Anyway, what exactly *is* your secret heart? Sounds like a pulsating aneurysm or something.

You're most unromantic.

How can one be romantic outside the Senior Mess? You ought to sing "Chase me, chase me, Clarence, I've never been chased before." That would be more in keeping with Friern.

Look, here's a cheerful notice. "The following gentlemen have apparently completed their appointments."

Yes, you'll find me on that. In the third column, there.

GOBBO.

BARTS MEN IN THE SERVICES

ARMY

J. P. Blanchard
C. M. Craig
L. Dexter
K. Freiburg
R. Jack
C. W. John
M. J. Pleydell
R. D. Savidge
W. A. H. Stevenson
W. N. Taylor

NAVY

J. Le Temple

AIR FORCE

E. C. O. Jewesbury
H. W. Toms
A. R. C. Young

TANGANYIKA NAVAL VOLUNTEER FORCE

N. Chilton

SOUTH AFRICAN MEDICAL CORPS

R. Mundy
M. M. Posel

IN OUR LIBRARY

VIII. The Writings of Sir Astley Paston Cooper (1768-1841)

By JOHN L. THORNTON, LIBRARIAN

When studying the history of medicine one is astonished to find that during most periods one character stands far above his fellows as a guiding light for the advancement of his craft. It appears as if there was room for only one person in the lead, while his contemporaries, though following him, sometimes even yapping at his heels, never looked like overtaking their leader. During the early historical period it is a simple matter to select one person from each decade as an outstanding influence on current medical thought, and although with the growth of scientific knowledge subjects have become more complex, it remains comparatively easy to select men who have made outstanding contributions to medical progress.

Sir Astley Paston Cooper, the centenary of whose death is celebrated this year, was the foremost member of his profession during the first quarter of the nineteenth century. He was very popular as a surgeon and teacher, having a large following of students, but worked extremely hard to gain and to retain his premier position. Sir Astley was born at Brooke, in Norfolk, and after a period as a pupil of John Hunter, became demonstrator of anatomy at St. Thomas's Hospital (1789) and surgeon at Guy's (1800). He dissected every day of his professional life, beginning at six in the morning for two hours work before breakfast. He dictated all his writing while in his carriage, and was kind and generous to those unable to afford payment for his services. Sir Astley was a pioneer in the surgery of the vascular system, of the ear, and also in experimental surgery. After a slight operation on George IV in 1820, he was awarded a baronetcy.

The writings of Sir Astley Cooper are extensive, and we possess most of his books in the library, although his *Treatise on gonorrhœa and syphilis*, published in 1821, is lacking, together with some of the numerous editions and translations of his popular textbooks. We possess the following: *The anatomy and surgical treatment of inguinal and congenital hernia*, 2 parts, 1804-7, which contains numerous engravings; *The anatomy of the thymus gland*, 1832; *Illustrations of the diseases of the breast*, Part 1 only, 1829, containing nine plates, most of which are coloured; *Lectures on the principles and practice of surgery*, Vols. 1-3, 1824-7, together with a sixth edition published in 1839; *Observations on the structure and diseases of the testis*, 1830, illustrated with numerous plates, many beautifully coloured: *On the anatomy of the breast*, 2 vols., 1840; *The principles and practice of surgery*, Vol. 1 only, 1839; *A treatise on dislocations, and on fractures of the joints*, of which ten editions were issued between 1822 and 1839; we house those of 1822, 1824, 1826 and 1842. This last book was an outstanding classic that attained great popularity, and is well illustrated with numerous engravings. The Library also contains the *Surgical essays*, 2 vols., 1818-9, written by Sir Astley and Benjamin Travers.

The life story of Sir Astley Cooper is of great interest, covering a most important period in the history of scientific medicine. Bransby Blake Cooper's *Life of Sir Astley Cooper, Bart.*, 2 vols., 1843, provides full details, the first volume containing a remarkable account of the activities of the resurrectionists.

BIRTHS

HENDLEY.—On September 18th, 1941, at 2, St. Mary's Terrace, Newmarket, to Betty (née Livock), wife of Squadron Leader H. J. Hendley, R.A.F.V.R. (Med. Br.)—a daughter.

HINDLEY.—On September 18th, 1941, at Shyira, Ruanda Urundi, to Phyllis (née Tatham), wife of Godfrey Talbot Hindley—the gift of a son (Anthony).

PEYTON.—On September 22nd, 1941, at Ilfracombe, to Margaret, wife of Captain H. N. Peyton, R.A.M.C.—a daughter.

MARRIAGES

DARKE—EASON.—On September 15th, 1941, at St. Bartholomew's the Less, Capt. Geoffrey Darke, R.A.M.C., son of Capt. and Mrs. G. J. Darke, of New Barnet, Herts., to Janet, daughter of Mr. and Mrs. A. H. Eason, of Wimbledon.

DOBREE—SMYTH.—On September 16th, 1941, at Lexden Parish Church, by the Rev. E. Benamy Dobree, M.A., uncle of the bridegroom, assisted by the Rev. S. L. Dolph, D.D., John Hatherley Dobree, Lieut., R.A.M.C., elder son of Mr. H. M. Dobree, O.B.E., and Mrs. Dobree, Colchester, to Evelyn Maud Smyth, daughter of Mr. F. Smyth, Woodville House, Ballivor, Ireland.

DEATH

KERR.—On October 5th, 1941, at 9, Regent Terrace, Edinburgh, James Kerr, M.A. (Camb.), M.D., D.P.H., formerly the School Medical Officer for London.

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.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

BURROWS, H. JACKSON. "Coxa plana, with special reference to its pathology and kinship." *Brit. J. Surg.*, July, 1941, pp. 23-36.

CHANDLER, F. G. "So-called atelectasis and collapse of the lung." *Clin. J.*, August, 1941, pp. 197-200.

GASK, G. E. "Surgery." *The Practitioner*, October, 1941, pp. 620-21.

GLADSTONE, R. J., and HAMILTON, W. J. "A presomite human embryo (Shaw) with primitive streak and chorda canal, with special reference to the development of the vascular system." *J. Anat.*, October, 1941, pp. 9-44.

HAMILTON, W. J. *See* Gladstone, R. J., and —.

HAROLD, J. T. "Pfeiffer bacillus meningitis; recovery with chemotherapy." *Lancet*, September 13th, 1941, pp. 308-9.

HEWER, C. LANGTON. "Current practice in anæsthesia and analgesia." *Brit. J. Surg.*, April, 1941, pp. 615-7.

KENNEDY, A. "Adrenaline-ascorbate suspensions in bronchial asthma." *Lancet*, September 6th, 1941, pp. 279-81.

NIXON, J. A. "Closed wounds of the chest, and the physician's place in the chest team." *Brit. Med. J.*, June 28th, 1941, pp. 974-6; July 5th, pp. 24-6.

ROSS, J. PATERSON. "Carcinoma of the thyroid gland growing into the internal jugular vein." *Brit. J. Surg.*, April, 1941, pp. 934-6.

SHORE, L. R. "A note on the anatomical relations of the left auricle and the recurrent laryngeal nerve." *The Caduceus*, February, 1941, pp. 22-9.

BOOKS ADDED TO THE LIBRARY

AREY. "Developmental anatomy," 4th ed., 1941.
*ATLAY: "Sir H. W. Acland," 1903.
BURKE: "Venereal diseases," 1940.
*CUSHING: "Life of Sir William Osler," 2 v., 1925.
*GODLEE: "Lord Lister," 1917.
HANDFIELD-JONES AND PORRITT: "Essentials of modern surgery," 1940.
MAXWELL: "Diseases of the chest," 1938.
*POWER AND THOMPSON: "Chronologia medica," 1923.
ROMANIS AND MITCHINER. "Surgery," 2 v., 1941.
TROTTER: "Collected papers," 1941.
WALLACE: "Treatment of burns," 1941.

* Donations.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

DECEMBER 1941

VOL. 3 No. 3.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. DECEMBER 1st, 1941. No. 3

THE KING'S ENGLISH

In some parts of the country the redshank is called the "Warden of the Marshes" because he warns the flocks of waders and shore-birds with whom he feeds, of an enemy's approach. I can hear him now as I write among the sunny creeks of Cornwall, and he reminds me of the task at hand.

Many years ago the pharmacist to the hospital spoke out alone against the dangers which beset medicine. "Roman numerals," he wrote in the Hospital Pharmacopœia, "should not be employed." The campaign against the Latin bogey had begun. To-day we are publishing an article by Dr. Geoffrey Evans on the writing and speaking of English. He points out that loose thinking is born of bastard English and that the surest road to clear writing is early mastery of grammar. He mentions "Fowler's Dictionary of Modern English Usage" as a guide to the student. Of equal value is "Fowler's King's English" from which are taken these five rules of writing: "Prefer the familiar word to the far-fetched. Prefer the concrete word to the abstract. Prefer the single word to the circumlocution. Prefer the short word to the long. Prefer the Saxon word to the Romance."

This last reminds us of Mr. Searle's advice about Roman numerals. Dr. Evans recommends the Saxon word, and warns us of the danger of too literal a translation. Mr. Tubbs, however, teaches his dressers to call a "râle" a "bubble" and other sounds in the chest "whistles and squeaks."

Regular readers of the JOURNAL will have learnt from our correspondence columns in which Dr. Maxwell and others have written at length on the metric system that all is not well in the Apothecaries' shop. The apprentices grumble. In the JOURNAL for November Dr. Bourne wrote about medical catchwords, and warned us how often these were cloaks of ignorance and wrong diagnosis. We can, therefore, feel that this hospital is awake to the dangers of obscuring our thought with foreign words. Are we aware that illiteracy in our own tongue is a common source of confused thinking?

While we are busy putting our house in order we must remember the enemy at our gates. On October 27th a letter appeared in *The Times* from the Warden of Radley, in which he said that "other things are expected of a doctor than technical knowledge . . . doctors should be chosen from men of more than average intelligence. The selection therefore should be made by an examination which tests intelligence and versatility." Mr. Vaughan Wilkes' letter was shortly followed by one from Professor Blair asking for the re-introduction of Latin. These men are sunk in the classical tradition. We honour it and we pass on our way. Greek and Latin have played a great part in the education of modern Europe. Their day is done. And we would point out to Mr. Vaughan Wilkes and Professor Blair that the doctor is born, and not made of Latin and Greek. "The boy," writes Sir Charles Wilson, "who hears the life history of the eel or the story of the migration of birds without a quickening of the pulse has no place in medicine. . . . I do not doubt that science can be made to fire the imagination of more boys than ever carried the Iliad through their lives."

The schoolboy who will be doctor needs to be trained in two studies: observation and writing. Professor Ross never tires of teaching his dressers that "reading maketh a full man; conference a ready man; and writing an exact man." We would add that, for the student, writing must accord with the rules of grammar. Observation is best taught by Pavlov's rule: Observe *and observe*. We believe that this stern discipline of science can produce a doctor every whit as well educated as his unfortunate contemporary who walks with Milton "the studious Cloysters pale."

THE IMPROVEMENT OF MEDICAL EDUCATION

By GEOFFREY EVANS.

The reform of medical education is up for discussion again. Articles on the subject have been written lately by Professor Ryle and Mr. McDonald in the *British Medical Journal,* and *The Times* has had a leading article on the subject. Now I have a circular from The National Union of Students from which it would seem that the subject requires discussion by the students of the several Teaching Schools.

Professor Ryle speaks of the teacher in the wards receiving the product of a previous education in the schools, and he goes on to say that the teacher may justly feel entitled to criticise some of the results of preliminary training. This statement is true, and it goes to the root of the matter. Students come to the wards with so little knowledge of English words and language that they are unable to grasp the precise meaning of what either the patients or their teachers say to them, and they are equally unable to give a concise report of their own observations.

Simple questions rarely get simple answers. In learning medicine the first objective is the observation and record of matters of fact. At the outset the student has to be taught the words to use. About the pulse, for instance, he is taught to count its frequency, to note its rhythm, whether regular or irregular, to describe the rise, summit and fall of the wave, its volume and compressibility, and he is given the words with which to describe his observations. This finished he is asked whether it is regular or irregular, or whether it is hard or soft. It is ten to one that the answer will be given in terms of a *negative to overstatement,* that the pulse is "not very irregular," when in fact it is either regular or occasionally irregular, and "not very hard," when in fact it is soft.

This of course is English as it is commonly spoken by educated people, who often say when they dislike a thing that they "do not like it very much." It may do for a slipshod life, but it is bad in scientific observation and study. As common as the negative to overstatement is the *double negative.* "Nothing abnormal discovered" is a phrase so often used that it is hallmarked by the abbreviation "n.a.d." It is but one of the many "fearful" phrases that medical students learn from their teachers. Another method of avoiding the statement of a simple fact is an answer in *comparative terms.* Inquiry about a man's temperature is likely to be answered by the statement that it is lower than it was, when maybe it is 99 degrees F., normal or subnormal. Or again the answer is often given in terms of presumed *cause and effect.* On inquiry "How did this man sleep last night?" the answer comes, "He was given a sedative last night," when in fact the right reply is "Well."

Some of the language used in the wards is no doubt a "hang-over" from the days when doctors' only interest was disease. Disease was looked for, and if no disease was found the patient had "nothing wrong." And so a man with a fresh complexion is described as not pale, a thin man is wasted, and a stout man obese. The extremes are looked for, and when present are recognised with pleasure, but when they are absent there are no words to describe states of moderate degree, and so men who are lanky or spare have to be described as not fat and not wasted.

Nor is it realised that different people use the same word in different senses. One patient says he is better when there is an improvement in his health, but when another says he is better he means that he is well. If only a student of medicine had made a study of words, time after time he would hear in the first words with which the patient describes his sensations the diagnosis of the disease, in terms of location if not in terms of pathology or aetiology, though the latter might come in the second paragraph of his statement.

It should be the aim of teachers and students alike to use the shortest and simplest words, and when possible to use common words. Diet is a word that is often used when food would be better. Patients are said to consume food and imbibe fluids, whereas the ordinary man just eats and drinks. The use of such words is pretentious. An effort should also be made to reduce statements to their simplest form by avoiding, when possible, such phrases as "tends to" and "is suggestive of," because their use blurs meaning and is a cloak of indecision and loose thinking.

It would be a good thing if we could dispense with some of the foreign words which litter medicine. Only a proportion of students knows that the English of râle is rattle, and few know the meaning of dyschezia and how to spell it. However, we must realise that English words may mean too much and may even be shocking. To speak simply of a rattle in an ill man might suggest the death rattle of a dying man.

These are illustrations of the fact that neither teachers nor students really know the language they speak because it is not taught in our schools and universities. This ignorance is a veil between students and teachers, as it is a veil between them and their patients. Both the teaching and learning of medicine would be much improved by a better knowledge of this means of communication—that is by the right use of words. There is no one to teach us and so we must learn for ourselves. Those who wish to fill in this gap in elementary knowledge will do well to study an English dictionary, "A Dictionary of Modern English Usage" by H. W. Fowler, and Dr. Roget's "Thesaurus of English Words and Phrases." "The Oxford Companion to English Literature" by Sir Paul Harvey is a great gateway to English writings. Karl Pearson's "Grammar of Science" will give the reader an appreciation of science and scientific method. All doctors as well as scientists should read it. Perhaps to this list should be added "Elementary Lessons in Logic" by W. Stanley Jevons, and Bacon's "Essays," but this is straying beyond my province.

The main thing is that students and teachers of medicine should master the English tongue, and by doing this a great contribution would be made to the "reform of medical education."

REMINISCENCES

Being adecdotes and trite sayings of Past Members of the Medical Staff of St. Bartholomew's. Recorded during Hitler's War by a SEPTUAGENARIAN.

(*Continued*)

SIR DYCE DUCKWORTH, BT.

1. It will be remembered that Sir Dyce began his medical career as a naval surgeon, and ended it as a physician baronet. His naval service appeared to have caused him but little activity, and a very small chance of practical experience. What a change teaching in the Wards must have been! Although a learned physician, he was rather scathing concerning the value of the old round pills. Iron pills—possibly the precursor of "Pink Pills for Pale People"—came forcibly under his, or our, judgment. He would place, say, four varieties of pills in a row, about two feet apart, on the soft deal boards of the Ward, and then ask each of four clerks—hefty or otherwise—to stand with the right foot and all his weight on one pill. If the pill dented the floor and showed no signs of disintegration, Sir Dyce said it proved it could be of no use in the human economy, but if the globe was smashed to pieces, he stated that it might, but only might, be useful!

2. An aphorism of Sir Dyce's has always remained in my memory—"Up the stairs for the heart, down the stairs for the liver." This dictum only concerned the keeping of healthy hearts sound. It may only have come of his rather early dislike of lifts which, as he grew older became gradually less and less.

SIR NORMAN MOORE, BT.

1. Sir Norman was an Examiner for the Nurses' Examinations at St. Bartholomew's, and two stories in relation to this may be cited. In a viva voce, Moore had rather a terrifying manner, it is said.

One question he not infrequently asked to determine the power of observation was: "Nurse, how many Church spires can be seen from the West window of Mary Ward?" This would be the Ward in which the nurse had worked. It would not be unlikely that no Church spires could be seen, so woe betide a nurse who romanced and said "Three, Sir!"

2. But to another nurse he propounded the question: "Nurse, what would you do if a child in the Ward swallowed a tin soldier?" Without any hesitation, nurse replied: "Send for the *house-surgeon,* Sir." Rather hard on the house-physician of the Ward!

It is doubtful whether, in those days, the truly "medical" combat with the hidden soldier was known. But now such a child would be tempted by delicious jam sandwiches with lightly teased out cotton-wool among the tasty fruit, with which the parachutist could safely pass all the dangerous narrows and turnings of the jejunum, ileum and colon, and arrive into the world again well clad with wool.

MR. HARRISON CRIPPS.

1. The writer was very closely associated with Mr. Harrison Cripps—a man difficult to know well. He was a stickler for punctuality, driving into the Square in his nice turn-out always exactly at 1.25 p.m. Punctual and somewhat previous, but tending for an absolutely punctual appearance in the Ward at 1.30 p.m.

Here is a true story. One Friday, Cripps found me waiting for him at 1.25. His

first words, rather startling, were: "I want you to do a post mortem for me. I will let you know later on to-day when and where." I was rather taken aback, as I had never carried out a post mortem on a private case. I merely answered "Certainly, Sir, I will be ready." There were no telephones in those times. All Friday went by and no message came. I had arranged to get away for the Sunday. All Saturday passed, so Sunday had to be spent in London, much to my chagrin. Monday came, and with it Cripps punctual as usual at 1.25. I summoned up courage, and asked as soon as he had descended from his equipage, "What about the post mortem, Sir?" "Oh! I am so very sorry I did not let you know, but the patient is very much better!" No further words on the subject were spoken.

2. Harrison Cripps was a good teacher, impressing upon his hearers facts couched in emphatic phrases. His questions asked in the O.P. rooms always tended to rivet knowledge in one's memory. Once while discussing treatment for hæmorrhage from a branch of the femoral artery, he impressed the dictum that digital pressure on the actual bleeding spot was far better than a pad and bandage. This I have never forgotten, and yet many of to-day's first aid textbooks still ignore the simple direct method of digital pressure and extol the pad and bandage. Cripps illustrated the futility of the pad and bandage method thus:—There is the blood spurting out. The only pad is the lady's 3-inch square cambric handkerchief, the only bandage is her partner's male ditto. Both applied, all looks well. But, ah but, soon a nasty reddish stain appears through a small area of the bandage. In great haste, a serviette is folded into a pad, placed over the whole area and secured by part of a table cloth torn into a bandage. No success. Again the tell-tale stain appears. Then the tea cloth from the drawer near by is tried. Still no good; and in the end a whole sheet is used. Still without success, for the patient died!

3. Having duly impressed our youthful minds with the futility of a pad and bandage in cases of primary arterial bleeding, he would discourse on secondary hæmorrhage from an artery tied in its continuity and from a artery on the face of a stump.

He was enthusiastic, in the former case, about the plan of bandaging from the foot up to the bleeding spot, where a pad was securely applied with pressure from a really tight bandage, and then further light bandaging up to the groin, the whole limb afterwards being elevated.

One dresser—rather a dreamer, but a fine violinist—had not been paying particular attention to the oration. Cripps noticed this, and to bring him back to the realities of surgery, Cripps asked him "Now, Mr. X, what would *you* do for secondary hæmorrhage from an artery on the face of a thigh stump?" Quietly, but quite decisively the dresser replied, "Sir, I should bandage the limb from the toes upwards, place firm pressure on the bleeding spot, and end the bandage in the groin." "Good, good," came from our teacher," but what if the limb had been buried, Mr. X?"

4. Cripps for some reason which would not now hold, was in charge of the Skin Department! Curious for a surgeon!! He was fond of the skin parasites, and particularly of pediculi, which he would persist in calling singular *louse,* plural *lice,* never using the pretty words *pediculus, pediculi.*

One day he caught a louse on the point of a sharp needle, and hoisting his victim upon the petard almost shouted "Is there any one present who has not seen a louse?" To the surprise of all, one aspirant rather tremulously replied "I have not, Sir." "Then here's one, Mr. Y, take it behind the screen and find out whether it is a male or a female." History does not relate whether the correct sex was perceivable by the naked eye.

WILLIAM J. WALSHAM.

1. Many of the readers of this issue of the JOURNAL will remember "Wee Willie" with affection. He was small, but perfectly proportioned. An ordinary operation table was too high for him to reach the ventral aspect of the abdomen of a recumbent patient without a platform.

His right hand was so small and delicate that with the digits held to form a cone, it could be passed whole through the patient's anus into the rectum, and, fable has it, with wrist and forearm bare the middle digit could reach the sigmoid flexure. What need, therefore, for a sigmoidoscope?

2. Walsham did what there was of orthopædic surgery at St. Bartholomew's. In those days there were many cases of genu valgum and genu varum as the outcome of rickets. Fracture of the femur was frequently produced by the use of the long osteoclast, and to see "Wee Willie" at the handles, and to hear the snap of the bone was a sight and a sound which would be worth a "talkie" cinema film to-day.

3. Walsham was taking O.P.'s, and was not in a very happy mood. A big, burly, somewhat boozy brewer's drayman, had a very indolent ulcer, which our teacher thought might be aggravated by an excessive use of alcohol, so he asked the man "What do you take to drink?" Politely, the drayman replied "I leave that to you, Sir!"

CHARLES BARRETT LOCKWOOD.

1. Sharp, sarcastic but sensible, he was supremely the teacher who made you observe, though occasionally he was inobservant himself.

He certainly did his bit to introduce aseptic surgery. After seeing him prepare so carefully by washing hands, etc., etc., before an operation, it made one shudder to observe him then—inadvertently—pick up the patient's note-board just before starting to operate, and, believe me, he was quite unaware that he had done so, and therefore insensible of all his spoilt toilet preparations.

2. One of my fellow-students, whose eyes may light on this paragraph, was clever at doggerel.

Lockwood could not stand the student, whom he termed the "average" man, forgetting that the world is made up largely of such specimens of humanity.

Our poet therefore immortalised "C.B.'s" opinion thus:—

"Who tries to learn his work by Gray,
O helpless, hopeless lump of clay,
The Average Man."

CASES FROM THE WARDS

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

This very interesting case is recorded to illustrate the harmful results, both in diagnosis, prognosis, and lines of treatment, which may follow inadequate investigation as soon after the onset of initial symptoms as possible—and the serious complications which may arise if treatment is postponed when the diagnosis is clear.

The patient, a man aged 57, was first seen by me on September 13th, 1934. He told me that in January, 1929, he had an attack of acute cystitis, pyelitis and a prostatic abscess, which was said to have burst into the bladder. The illness lasted for six week to two months and as a sequel left a persistent pyuria associated with recurrent attacks of fever and right-sided renal pain. At no time was the left loin affected.

Later in the same year he had an attack of abdominal pain, for the relief of which the appendix was removed; it was normal in appearance.

Later in the same year another attack of pyelitis developed, accompanied by rigors, with a large, tender kidney, causing an illness which lasted three weeks, and then gradually cleared up. During 1930 and 1931 there were several similar attacks of fever and renal pain lasting a day or two at a time.

In 1932 he had an attack of left-sided acute orchitis, which cleared up but recurred frequently over a number of years, eventually leaving a hard nodule in the lower end of the left epididymis.

1933 was a fairly quiet year, but there were minor attacks of fever and increased frequency of micturition.

In August, 1934, during the passage of water in the early morning, blood appeared in the urine, unassociated with pain either in the loin or on micturition. This occurred after driving a long distance during the previous day.

A month later another attack of painless hæmaturia developed, lasting for 24 hours, with mildly increased frequency of micturition. This was followed by irritation of the bladder, which was found to be distended with 10 ounces of urine.

X-ray pictures had been taken; the only report made was that the right kidney was small in size, and that there was no opaque shadow anywhere along the urinary tract. No pyelographic or cystoscopic examination had been recommended.

This was the story as told to me.

At the time of my first examination the frequency of micturition was 2-3/1; there was difficulty of micturition in the early morning; the urine was turbid.

There was mild obstruction to the passage of the cystoscope; the bladder contained 6 ounces of residual urine, which was faintly turbid and proved to be infected with B. coli communis and contained a very small amount of pus. The left side of the prostate was obviously projecting into the bladder and was sufficiently large to make a view of the left ureteric orifice difficult. The bladder wall was considerably trabeculated and both ureteric orifices were a little open. These findings suggested that an adenomatous enlargement of the prostate felt per rectum was causing symptoms which required to be dealt with.

Ureteric catheterisation gave quite clear, uninfected urine from the left kidney and turbid urine infected with B. coli communis from the right, which flowed twice as fast and in large quantities, suggesting a hydronephrotic condi-

tion of the right kidney.

There was no evidence suggesting that the prostate had at any time been the seat of an abscess. The prostatic urethra was obviously very sensitive as there was considerable bleeding on withdrawing the cystoscope. This seemed to fit in with the recent hæmaturia following a long motor drive.

These investigations were followed up by a straight radiographic examination, which confirmed the previous record that the right kidney was small in size and that the urinary tract was free from calculi. An intravenous pyelogram showed a small and shrivelled right kidney with largely distended renal pelvis and calyces, and a normal left renal pelvis. The left kidney was large, probably the result of compensatory hypertrophy following destruction of the right kidney.

The reading of the case seemed to be quite clear. The long history of recurrent attacks of renal infection, accompanied in the first instance by a very severe attack of cystitis and in subsequent attacks by orchitis, and the finding of a unilateral renal infection, suggested that the precursor of the infection was probably a primary lesion of the kidney, such as a hydronephrosis of the pelvic type of long standing, possibly congenital, perhaps associated with an abnormal renal artery. It was clear that the kidney ought to be removed. The prostatic findings, however, formed a complication which called for careful consideration before this was done.

The patient did not seek my advice again until 1937, although from time to time he had recurrent attacks of pyelitis and orchitis. In this year, however, there were increasing difficulty of micturition and the worst attacks of pyelitis, repeated rigors, sickness, painful and frequent micturition.

On February 28th an acute retention of urine supervened and 28 ounces of foul-stinking urine were withdrawn from the bladder; a catheter had to be tied in. The intravesical prostatic projection had increased.

A supra-pubic cystotomy was performed; the bladder wall was very thin. All went well for a week and the infection subsided; then, however, the patient suddenly coughed up blood-stained sputum, had a rise in temperature for two or three days, and the respirations rose to 26 per minute. There was evidence of infarction in the right lung with a little fluid in the pleura. This cleared up quite readily. There was a little pain in the chest after the hæmoptysis, which was thought to indicate that there had been a small pulmonary thrombosis. For the first time I heard that as a child the patient had had tubercle of the lung, which suggested an alternative diagnosis to the nature of the renal lesion.

The patient then went for a holiday, wearing a permanent supra-pubic apparatus; he returned four months later, when the prostate was successfully removed. The lateral lobes were quite small, but there was a very considerable intravesical projection. He stood the operation very well, but another rather more severe attack of pulmonary infarction occurred on the tenth day. During convalescence the old epididymitis lit up again.

All went well after this, although the infection of the urinary tract still continued to give trouble from time to time, though of a much less severe character.

On June 7th, 1939, the patient consulted me again, after having had an attack of right-sided renal pain very like renal colic. X-rays were said to show a calculus, with which diagnosis I was unable to concur. The bladder condition was quite satisfactory.

On December 10th, 1940, the patient again had bad pain in the right loin with rigors and the passage of very turbid urine. There was no tenderness in the loin at first, but the kidney gradually became more and more palpable and painful, and, moreover, the temperature persisted and the urine became clear, indicating a hold-up in the renal pelvis. I then advised him to have the kidney explored without more ado, with a view to its removal, to which advice he submitted.

Under the anæsthetic, the kidney was obviously enlarged. On exploration, it was not surrounded by a dense fibrous capsule as might have been expected, but was adherent at one point to the posterior abdominal wall. On attempting to separate it, thick creamy pus escaped from the perinephric tissues and the renal pelvis; on evacuation the kidney collapsed to a small structure. It was very soft and thin walled and the ureter was fragile. There was an obvious kinking at the uretero-pelvic junction, the renal pelvis being dilated above the point and the ureter almost normal in calibre below it. A large abnormal renal vessel was found entering the lower end of the renal tissue and apparently coming direct from the aorta; this was divided and the kidney removed, the ureter being divided as low down as possible without opening up the retro-peritoneal tissues too widely.

The kidney was obviously of the pelvic type of hydronephrosis; the kidney tissue had been almost completely destroyed and the remainder was in a condition of suppurative nephritis. The diagnosis made many years previously was obviously correct.

There were no complications and the patient made an uninterrupted recovery, without suppuration of the wound, which was a little surprising. The wound had been well flushed with 1/1,000 acri-flavine at the end of the operation and during the suture of the abdominal wall, which was incised by a muscle-splitting incision and not by division of muscles.

The patient was back at work within three months.

In July, 1941, there was another attack of retention due to a small phosphatic calculus temporarily blocking the urethra which passed naturally, relieving the retention immediately.

The patient is fitter than he has been for years. There have been no further serious symptoms, but the urine is still very mildly infected.

This case is full of interest, but a few points are worthy of notice:—

(1) The harmful effects of failure to carry out a full examination of a case of urinary infection are obvious. The patient had had, over a period of ten years, recurrent illnesses which might have been completely avoided, had full investigations been made in the first instance. This must have led to the finding of the lesion in the kidney which called for treatment. It is difficult to understand why this was not done, but it must be remembered that at the date of the original onset it was not generally recognised that acute cystitis is most commonly secondary to infection of the upper urinary tract and only rarely secondary to a genital lesion.

It is all the more surprising that this was not investigated further, as the patient had symptoms relating to the right kidney, which gave evidence of damage by simple radiography.

(2) Following on the above it is obvious that in a case of infection of the urinary tract, a complete examination of the tract must be made in order to discover the presence of a predisposing lesion liable to be the cause of it.

(3) This is a typical case illustrating the spread of a renal infection to the bladder and to the genital organs, which will lead to recurrent attacks likely to persist until the original focus has been removed.

(4) Perhaps the greatest interest in the case lies in the difficulty in judgment as to treatment, owing to the subsequent enlargement of the prostate causing obstructive symptoms.

Until the prostatic symptoms developed there was no question that the kidney should have been removed. When the lower urinary tract was investigated, it was clear the removal of the prostate was required. At the same time it appeared to be undesirable to do this with a badly infected kidney still present, despite the fact that there appeared to be good function in the opposite kidney. However, the treatment of both conditions was postponed and nature decided for itself how it desired that the body should be treated. The attack of acute retention demanded attention, and later on the rupture of a pyonephrosis called for urgent surgical treatment.

(5) Lastly, the case shows what the body will put up with even when badly treated. Recurrent illnesses, damaged kidney, infection for ten years, obstruction to the urinary tract, pulmonary embolism on two occasions, pyonephrosis and perinephric abscess, calculus formation.

Returning to the original motive for this record, had the complete investigation of the urinary tract been made in the first instance, most of this might have been avoided.

TO IMHOTEP

To Imhotep, good students pray,
That if they qualify one day,
Their patients will not ever die
Of 'noxious things which putrify.'
"Let not the mixtures we have sent
Cause their 'humours to ferment.'
If the fat boy still grows fatter,
May we find the 'harmful matter';
And if Lotty still stays thin,
Let us remember Santonin.
If patients bring up stinking vapours,
Keep the scandal from the papers.
Oh, Imhotep, provide for us
Much 'goodlie beneficial pus.'
If evil spirits haunt the brain,
Help us cast them out again.
Give us herbs and give us balm,
Give us drugs which do no harm,
And if they fail to do much good,
We will simply swear they should.
Bring us those who'll pay large fees:
No D.O.T.'s or B.I.D.'s.
Inflict them all with wens and blains,
Ravish them with aches and pains;
Knock them down and break their bones,
Fill their bladders up with stones.
And if our patients shirk their bills,
Then visit them with divers ills."

CORRESPONDENCE

GOBBO HITS BACK

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

My attention has been called to an acrimonious outburst in your otherwise prosaic periodical—

Hullo, hullo, what's all this about?

Go away.

Ghastly pallor, beads of perspiration, dilated pupils and a fine tremor of the lips and fingers. Gentlemen, you observe here a most arresting clinical picture.

D'you mind harranguing your clerks in Hades? I'm trying to write to the JOURNAL.

Hardly a sufficient cause for the syndrome. What are you writing about?

Didn't you see the letter from *In Arduis Fidelis* in the last number? Here look at it now, you illiterate recluse.

Phew! A purulent effusion, if I might coin a phrase. A downright empyema.

Your humour makes me sick.

Don't read too much of your own, then, or you'll die. What roused this typhoon of bitterness and recrimination?

This passage in the October Friern News. Read it.

Very tactless, old boy. I suppose you were trying to be funny.

Guilty, my lord.

A deadly error. Have you read Lord Gort's Despatches?

Yes.

And are you sorry for what you said?

Yes, sir.

Then take a hundred lines and be more careful in future. You could publish quite an entertaining little volume entitled "Indiscretions of a Friern Correspondent." I think you'd better give up writing the Friern News.

I have. If you look at page 57 you'll see another boob's been inveigled into doing it. If he sticks it for three months, I'll . . . I'll give him a season ticket on the Brains Trust. First and last the BART.'S JOURNAL has caused me more trouble and annoyance than any other single cause in a not uneventful life.

Do they know you hold the King's Commission? You ought to come up in uniform one day and drill them.

Now *you're* trying to be funny. For goodness' sake go away so that I can write this letter.

Well, make it short and straightforward. Doctors are horribly verbose as a tribe. D'you know what I read the other day for barium meal? "Radiographic examination associated with barium ingestion." Ugh! The man who wrote that needs a dose of Mist. Dynamitum.

You'll get one yourself if you don't clear off. I'm going to write this letter afresh. Here goes:—

Dear Sir,

I am extremely sorry to have been the cause of the pungent comments of *In Arduis Fidelis* in your last number. I can only plead that the ungenerous passage in my article was written in a moment of great haste and thoughtlessness. Nothing was further from my mind than to give offence to a body of soldiers who have always been good friends with the students at Friern, and who are, as everyone knows, doing their bit just as thoroughly as anyone can.

Nothing will persuade me ever to darken your columns again.

I remain, Sir, with many apologies,

Yours faithfully,

GOBBO.

Friern, Guy Fawkes Day.

PRIVAPARA

To the Editor, St. Bartholomew's Hospital Journal

Sir,

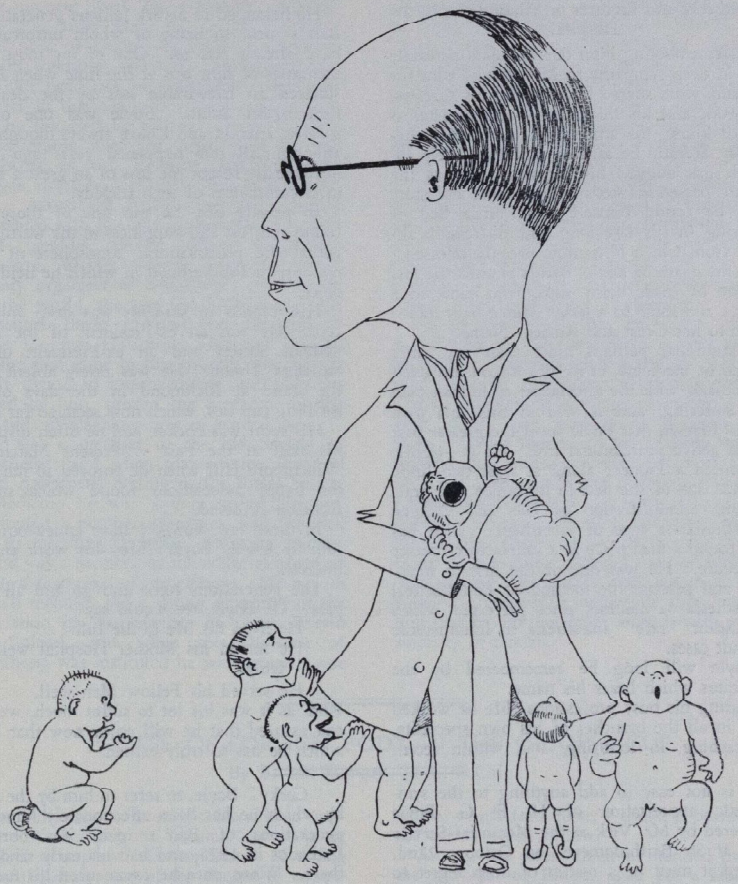
The Law may be an "Hass" but I fear the case you mention does not establish the proposition. It is correct that there is no presumption of law regarding the age at which a woman is past the age of child bearing, and in view of the remarkable and authoritative case you mention I doubt whether as a broad principle it could be put otherwise: is "Gamma," who is no doubt a medical man, prepared to stake his professional reputation on the maximum age at which a woman can bear a child or the minimum age at which she cannot? The Law, however, does provide a remedy for the difficulty in that it allows trustees and others to apply to the Court for permission to presume that from the circumstances of a particular case a woman is in fact past the age of child bearing. I will only trouble you with one case: Davidson v. Kimpton, Law Reports, Chancery Division, vol. 18, p. 213, where the Court allowed a fund to be distributed on the presumption that a woman of the age of 54 would not have children.

DELTA.

October 22nd, 1941.

All contributions for the January number should be sent in before December 15th.

You are asked to write legibly.—Editor.



THE PIED PIPER OF SMITHFIELD

OBITUARY

H. E. G. Boyle, O.B.E., F.R.C.S., D.A.

A Memorial Service to Mr. Boyle was held in the Church of St. Bartholomew-the-Less on October 22nd. We print below the Address given by Mr. Reginald Vick at this Service.

We are assembled at this Service to remember
Henry Edmund Gaskin Boyle,
Anæsthetist and Lecturer on Anæsthetics to the Hospital.

In remembering him, our thoughts naturally turn in deep sympathy to Mrs. Boyle, who for so many years shared his joys and his sorrows, his work and his relaxations—and of late, as we all know, his anxieties and his suffering. It may literally be said of him that lately ill-health has dogged his footsteps, and as the months passed his steps faltered more and more until he found himself lying on a bed of suffering in his last long and distressing illness, from which he is now happily released.

In the death of Boyle, Bart.'s mourns the loss of one of those many sons, who some to a greater and some to a lesser degree have added lustre to her Great and Ancient Name.

Anæsthesia, perhaps more than any other branch of medicine, can claim to concern itself particularly with the alleviation of human pain and suffering, and it was in this, his own special branch, that Boyle spent the greater part of his active professional life. He is—rightly counted a Pioneer along at least two lines. He was one of the first to introduce and practise the administration of Gas and Oxygen Anæsthesia—a type of anæsthetic, which has now found a firm place as a satisfactory routine procedure. He was one of the first to introduce and practise the method of Endotracheal Anæsthesia—a method, since perfected, which has meant "safe" anæsthesia in innumerable difficult cases.

Boyle will long be remembered by the apparatus which bears his name.

During his busy professional life he worked hard in all the branches of his own speciality, in teaching, in lecturing, and, within recent times, in examining for the Diploma in Anæsthetics of the R.C.S.

For his services in the last War, he was appointed an Officer of the Order of the British Empire and he later received the rare distinction of being made an Honorary Fellow of the R.C.S.

He belonged to a very famous generation of Bart.'s men, so many of whom unfortunately have already left us. One of my most vivid memories of him was at the time when Bart.'s suffered an irreparable loss by the death of Etherington Smith. Boyle was one of his greatest friends, and I have always thought that although all this happened years ago Boyle never really forgot the loss of so great a friend in circumstances of such tragedy.

In private life, he was one of those who found comfort and happiness in the warm, congenial and philanthropic atmosphere of Freemasonry, a Brotherhood in which he held high office.

His interest in students was deep and sincere. He was an ex-President of the Abernethian Society and an ex-President of the Students' Union. He was rarely absent from the stand at Richmond in the days of the thrilling cup ties, which now seem so far away.

His sport was cricket, and he often displayed his skill at the Past v. Present Matches at Winchmore Hill when he enjoyed so much all the happy associations round which such a function revolved.

In these few words, I have endeavoured to sum up briefly Boyle's life—his work and his interests.

The generations come and go and all must pass. Of Boyle, we would say—

He lived his life to the full.
He served his Mother Hospital well and truly.
He served his Fellow Men well.

And, as it was his lot to suffer much, we may rest assured that he will enjoy now that Peace which he has so truly earned.

It is not easy to add anything to the sympathetic appreciation of H. E. G. Boyle delivered by Mr. Vick at the Memorial Service held at St. Bartholomews' on October 22nd. Indeed it must be a matter of deep regret to numerous colleagues, pupils and friends, among them myself, that war conditions made it impossible for them to be present on that sad occasion to render a last tribute to his memory.

"Cocky" Boyle, to refer to him by the name by which he has been affectionately known to generations of Bart.'s men, was born in Barbados in 1875, and had his early schooling there. When once he commenced his medical work at St. Bartholomew's he made his home in London and only returned to the Islands for occasional visits. Soon after qualification he became Resident Anæsthetist at the Hospital as a colleague of W. Foster Cross. A few years later when it was found necessary to increase the number of Visiting Anæsthetists they both received promotion on to the Senior Staff at, or about, the same time. When Cross retired he succeeded to the position of Senior Anæsthetist to the Hospital, a post he held until his progressive ill-health made retirement necessary comparatively recently. He was then elected to the Consulting Staff.

The pioneer work for anæsthesia done by Boyle at a time when the specialty was in urgent need of awakening from its somewhat dormant condition was well indicated by Mr. Vick and need not be elaborated here. His activities in this connection were much stimulated by the visit he paid to Canada and the United States, the first visit paid by any anæsthetist, as such, to those countries, to investigate the advances that were being made there. Across the Atlantic he made lasting friendships with the leading anæsthetists. One might mention among others Gwathmey, McKerson, Wesley Bourne, and, that extraordinary organiser of anæsthetic interests all over the world, the late Dr. McMechan. On his return Boyle induced the Hospital to import the first Gwathmey Gas and Oxygen machine that came to this country, and which, largely owing to improvements and additions devised by him, proved the prototype of the thousands of machines now in general use.

He was a member of the old Society of Anæsthetists and when that became absorbed in the Anæsthetic Section of the Royal Society of Medicine he was a very active member, contributed a number of papers, and presided over its meetings in 1923. From its foundation he was a member of the editorial board of the *British Journal of Anæsthesia*. He was an original member and a strong supporter of the Association of Anæsthetists of Great Britain and Ireland, and when the Diploma of Anæsthesia was instituted he was naturally one of the first to receive it without examination, and one of the first pair of examiners appointed to conduct the examinations.

As a teacher he earned the gratitude of generations of students by the thoroughness of the instruction he imparted and its essentially practical nature. There had long been a tradition that a Bart.'s man could always be relied upon to give a good anæsthetic, and Boyle took good care that this tradition should be preserved. His lectures were clear and instructive, but he regarded them as subsidiary only and stressed the view that the art of anæsthesia could only be learnt in the operating theatre by numerous administrations and careful attention to the condition of the patient. His elementary textbook "Practical Anæsthetics" ran to three editions.

He was a master in the art of reconciling the frequently rival claims of hospital and private practice, and never allowed the latter to interfere with the former. He was a model of punctuality in attending his hospital operation sessions of which he probably undertook as many as any anæsthetist in London.

During the long years in which he was responsible for the anæsthetic service of our Hospital he maintained that service at a very high pitch of excellence. This was done by careful selection of Resident Anæsthetists, and very kindly and helpful co-operation with them. To his fellows on the Visiting Staff he was an ideal colleague, ever ready with advice or actual help should any difficulty arise. He had indeed that happy but rare power of exercising a strong controlling influence without the slightest suggestion of interference. After being perhaps more closely associated with him than anyone else in this work for many years I feel that, however inadequate this appreciation may be, no one could write it with greater sincerity or esteem.

C. J. H.

A CASE OF FOREIGN BODY IN THE OESOPHAGUS

By B. M. Wright, M.B., B.Chir.

The following case might have been subtitled "A Warning to Locums," as it is an excellent example of the importance of taking a careful history, and of the danger of accepting a ready-made diagnosis.

I was doing a locum in a remote country village, the local doctor having retired to bed with jaundice. He had not been well for some time, and he had also had a great deal of family worry, which facts have, I think, a bearing on the events which follow.

Among the cases which he handed over to me was that of Ernest, aged 20, a labourer, who was said to be suffering from laryngitis. The only history I had was that he had had it for a fortnight, and had great difficulty in swallowing.

When I first saw him he was in bed and

looked ill and wasted. I was struck by the fact that although he had great dysphagia, and could not swallow anything more solid than custard, and was very tender in the region of his larynx, his voice appeared normal. However, I was in that state of bewilderment that is inevitable at the beginning of a locum, when you do not know where anyone lives, and cannot remember what is wrong with them anyway, so I took the line of least resistance and continued the same treatment, which consisted of rest in bed, and a diet of slops and aspirin. The doctor had a large sweet jar in his dispensary full of 5 gr. aspirin tablets coloured pink, and I found them a great standby for the innumerable cases of rheumatism, especially those who couldn't take aspirin because it didn't agree with them.

After about a week I began to get my cases into some sort of perspective, and I began to be suspicious of the supposed "laryngitis." I went to see Ernest frequently, and examined him repeatedly and with great care, but failed, I regret to say to take a history.

The only positive findings were:—

1. A missing right upper incisor.
2. Tenderness and œdema in the region of the larynx, but chiefly in its lateral aspect.
3. Considerable bodily wasting.
4. Some suspicious signs in the chest at the left apex.
5. A strong family history of tuberculosis.

On the strength of these findings, and the fact that although he was steadily improving, he was still very ill, and his laryngitis was like nothing I had ever seen or heard of before, I decided to get his chest X-rayed.

This was, unfortunately, far from being the simple and relatively inexpensive procedure that I had been used to in hospital, since it involved a 20-mile journey to Cambridge, and a dispute as to who was to pay for the transport.

However, I managed to arrange everything, and his mother came to see me the evening before to discuss the details.

In the course of conversation, she said casually, "It's a funny thing, doctor, but we can't find Ernie's false teeth, do you think he might have swallowed them?" I leapt into the air and said, "What false teeth? I never knew he had any."

I then elicited the following history.

Two years previously, Ernest had had a motor-bicycle accident, in which he sustained severe concussion, and had one of his front teeth knocked out. He had recovered from the concussion, but such was his sensitiveness about his personal appearance that, in spite of the fact that he still had many more teeth than most of his contemporaries, he had, at great personal expense, had a small plate made carrying a substitute for the missing right upper incisor. This was fixed in position by being glued to the hard palate by a dental fixative.

One month previously, and a fortnight before I first saw him, his supply of fixative had run out. Nevertheless, as he was going to a party, he had worn his denture, and, probably as a result of the party, he had gone to bed with it in situ.

In the middle of the night, he woke up with a severe pain in his throat and a choking sensation, but no dyspnœa or stridor. His mother gave him a drink of water, but he could not swallow it. They did not send for the doctor at once, because they knew he was not well, and when he came in the morning, he could find nothing except great tenderness in the region of the larynx, some redness and œdema of the throat, and complete inability to swallow either solids or liquids.

Probably for the reasons given above the doctor did not perhaps give the case all the attention it deserved, but made a diagnosis of acute laryngitis, and treated him symptomatically. Shortly afterwards he became so ill himself that he had to retire to bed, and I came on the scene.

Meanwhile, Ernest managed to survive, in spite of being unable to take even water, the possibility of introducing fluids by any other route than the mouth being of course quite unheard of in those parts.

About three days later, when he was just beginning to take a little fluid and to recover somewhat, his mother was washing his face when she observed the gap in his incisors and said to him "Where's your tooth, Ernie?" He said, "I dunno Mum, it must have fallen out, perhaps it's in the bed somewhere."

She said, "Are you sure you haven't swallowed it?" "Oh, no!" he said, "I couldn't have swallowed it, my throat's much too sore!"

The mother was apparently satisfied with this explanation, and it was only the continued absence of the denture after three weeks which re-aroused her suspicions. The other striking facts which I have given in the history were only elicited and put in their proper time relationship after careful cross-questioning.

The rest of the story is soon told. X-ray showed the denture in the œsophagus, just below the larynx, and it was removed with great difficulty, having been in position for 31 days. Fortunately no complications ensued, and Ernest made a rapid and complete recovery.

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS, Vol. IX, 1940. (Price 5s. 7d., post free, from the Secretary, Hospital for Consumption, Brompton, London, S.W.3.)

This volume contains articles dealing with war injuries of the chest, pulmonary tuberculosis, carcinoma of the lung, spontaneous hæmothorax, and other subjects. The high standard of interest and of scientific enquiry is maintained.

Mr. J. E. H. Roberts' article on war injuries of the chest provides a valuable and brief resumé of the problems arising in the treatment of these injuries. The article is made especially valuable by the stress placed upon the basic principles involved in each type of case, the issues being cleared from all unnecessary mass of clinical detail.

As a continuation of this subject Mr. C. Price Thomas has dealt in a similarly brief and clear manner with the Late Effects of Penetrating Wounds of the Chest.

In an article upon Primary Carcinoma of the Lung, Mr. Roberts stresses the need for early recognition of the disease in cases where signs are absent, and dry cough and possibly slight hæmoptysis are the only symptoms. Bronchoscopy here is essential. The indications for operation are fully discussed.

Tuberculosis is the subject of several articles. Dr. J. G. Scadding analyses the differential diagnosis of pulmonary tuberculosis, in cases where the sputum is negative, in a full and informative manner.

Dr. R. G. Wingfield discusses the socialogical problems involved in the prevention of pulmonary tuberculosis. He concludes that early diagnosis is the crux of the matter, and that radiology should be part of the routine examination in every suspected case.

In a very full article the relation between chronic iridocyclitis and tuberculosis is investigated by Dr. W. D. Wykeham Brooks and Dr. E. Rohan Williams. They conclude that such relationship definitely exists.

Space prevents reference to the remaining articles, which maintain the high level of interest already referred to. The format and the excellent X-ray illustrations have in no way suffered from war-time production.

INSTRUMENTS, APPLIANCES AND THEATRE TECHNIQUE. By EVELYN PEARCE. With 230 Illustrations. Price 6s. (Faber & Faber.)

This latest book by Miss Pearce should be found extremely useful by many nurses to-day, especially those working in Military and Red Cross Services who may be called upon to assist with work in which they have had little, if any, previous experience.

Theatre Technique employed naturally varies in different hospitals, to comply with the Surgeons' wishes, and to keep abreast with modern bacteriological findings and wartime facilities; this applies especially to methods of sterilisation.

The cost of this book is rather high for one intended purely for reference, but no doubt this is due to the increased cost of materials and the fact that it contains many excellent and useful illustrations.

This is a compact and extremely comprehensive book and should prove invaluable to those suddenly called upon to work in an operating theatre.

TEXTBOOK OF HISTOLOGY. 2nd Edition. By E. E. Hewet. (Heinemann, 17s. 6d.)

This textbook was first published in 1937 and was specially written for medical students. The second edition has not involved any drastic changes though the section on the development of blood corpuscles has been brought up to date, and some interesting information as to arterio-venous connections added. New and quite excellent photomicrographs have been added to the section on bone. The photomicrographs are throughout of a high standard especially some very fine pictures of muscle spindles, synovial membrane and nerves of the human carotid body. The general principle maintained in this book of giving photomicrographs of tissues under fairly low power and "diagrammatic drawings" (as the author calls them) of the minute structure may not appeal to some readers. These diagrammatic drawings are neither diagrams nor straightforward drawings; that is to say, they do not obey the rule that every line should represent some specific structure which should hold for diagrams. Nor do they give a pictorial representation of the tissue in its full complexity. In spite of this criticism they should succeed in giving the student a very fair idea of the essential cell structure of tissues, and combined with the photographs and practical work on his own sections he should be fully equipped with an adequate knowledge of histology so essential to a proper understanding of pathology. In this connection the author is careful to draw attention to physiological, as opposed to pathological, variation in structure. It is doubtless as a result of many years' teaching at a London hospital that the author has refrained from a purely academic treatment of the subject and has obviously always borne in mind the fact that the student's study of histology will soon give place to pathology and its relation to clinical medicine.

The book is beautifully bound and printed on excellent paper, and should prove of great use to both preclinical and clinical students.

FRACTURES AND OTHER BONE AND JOINT INJURIES. By R. WATSON-JONES. 50s. (E. & S. Livingstone.)

This is a book primarily for the fracture surgeon. It opens with some ten chapters which are devoted to the principles of fracture treatment in general and then passes on to a detailed account of the dislocations and fractures in all parts of the body. The book is in every way up to date even to the extent of the treatment of war wounds complicating fractures. It is perhaps rather too large a book for the individual medical student to possess and read from cover to cover, but at whatever point he may choose to explore it he is certain of finding not only new and interesting facts, but facts which are illustrated by some of the best diagrams and illustrations which have ever been assembled between the covers of a medical textbook. The text itself is extremely readable and easily understood which is not always the case in an advanced textbook of this type. The book is indeed a great credit to the Liverpool school, and is one which is obviously destined to be the standard work on Fracture treatment for some considerable time.

ROUND THE SECTOR

At CAMBRIDGE

There is no doubt an old adage that goes, "To copy a comrade calls for contempt." Be that as it may (and it may well be true), there is also a counter-adage, if the terms will be excused, that puts it "Nothing venture, nothing gain." And so, with profound apologies to him from whom the idea is borrowed, here is a representative conversation between two pre-stooging, pre-stoating, pre-clinicals to whom all the world's a textbook and they the readers therein:

"Done the Viva?"

"Aye, if I had a pelvis like that female I should throw it away and use a flour bin."

"If you had a pelvis like that female, you would be in a pretty sorry plight right now."

"A trifle superfluous, that remark. You know what I mean. I've done my embryology."

"I am glad you say 'done,' it is so perfectly ambiguous: 'done'—finished and learned or 'done'—just finished; so near and yet so far. I admit, these vague expressions can be profoundly useful to one when engaged in a potentially embarrassing conversation. Imagine telling the powers that be that learning Neurology is pseudo practicable, meaning that it could be learned were it not for its deeply enshrouding mysteries."

"Or proclaiming that Time is the hot favourite and Physiology a rank outsider. Such an announcement would pass unnoticed until eventually and subconsciously deciphered."

"And then the sparks would be flying and you the flint."

"Anything in the viva this morning?"

"Oh, he pointed once to what appeared to be nothing more than the last meal of the subject, and said, 'What's that?' 'This, sir?' I parried. 'Yes, that,' he said. I said, 'Oh, that—'"

"Third method of hedging, yes carry on."

"Well, I told him."

"And you were wrong, of course. Sounds a fairly routine sort of viva to me, although it does surprise me sometimes how they will differ. One will be startlingly short with a familiar signature as the climax, and the next will be strength-sapping in length with a glorious lemon at the end. The scheme is crackers. A little forgery on our part would solve the whole issue."

"Must you give away trade secrets? You know I'm responsible for at least two signatures of people afraid lest the sheets are given more than a cursory glance."

"Sorry. Still, as a point of ethics I think two things ought to be eliminated from our work-a-day lives. One is forgery and the other is the mass of mustard seeds that grows into a grotesque forest."

"Are you alluding to the cultivation of spices or is this another of your vile metaphors?"

"The seeds I refer to are habits such as: eternal sucking of a pipe which has never smelled tobacco; head nodding during vivas; sucking calf noises in lectures; and writing 'a'rtnoon' above the vivas on the blackboard."

"Oh, yes, and futile laughter aimed at wheedling a much desired signature from an unbribable demonstrator. The psychology is there but the subtlety of application is absent. Far better to say at the end of a viva, 'I have a pen, sir, try it out on my viva book, you may find it a little difficult'."

"Ah, how remote those viva days seem now, I took my last one a week ago. Which reminds me that a terminal viva is impinging on my sense of well being, I think a little work is indicated."

"Alright, I can take a hint, cheerio, and I hope your rabbit dies."

* * *

At HILL END

Apart from the fact that Mr. C. J. Carey has left us for the army, and that Mr. G. C. Mackay, whom we are glad to have with us again at Hill End, has taken his place on the Chest Unit, there is no news from this sector. We have considered imitating our Friern contemporaries in producing a "news" without news value. "Friernites" would probably rise as one man and protest against this breach of etiquette, but we could then point out that imitation is the sincerest form of flattery. They may, however, rest assured that this will not happen, because we have scoured the hospital and cannot find anyone with a sufficiently low I.Q., who is willing to write such a "news."

WEDNESDAY, DECEMBER 18TH. A recital of Christmas Carols will be given by the Choral Society. The rehearsals have recently been transferred from the buffet to the reception hall to make room for the swelling numbers and increased lung power of the Choristers.

FRIDAY AND SATURDAY, DECEMBER 20TH AND 21ST. The Dramatic Society are putting on a Christmas Show, similar to the past revues. The Committee meet every other evening and from them we gather that rehearsals are due to start any day.

WEDNESDAY, DECEMBER 31ST. New Year's Eve Ball. Dancing to the Melodicals, with spot prizes and novelties.

* * *

At FRIERN

[It is with great regret that we have accepted Gobbo's resignation from office. Being constantly attacked from all sides and at once has proved too much even for his robust constitution though this has been undermined of late by the Ice Age which has once again returned to Friern.—Enter Anton.—Ed.]

You seem very absorbed in that paper. May I ask what there can be in a BART.'S JOURNAL to merit such deep attention?

As a matter of fact, I'm reading the Friern Section of the "Child's Guide to Bart.'s." It's extremely instructive. For example, there are "Two lecture theatres . . . furnished with cushioned benches and blackboards." Sounds palatial, doesn't it?

True. But much depends on one's powers of interpretation. A cat should be a fair judge of a cushion: yet that sinister animal that leaps out on people in the park gave ours up in disgust after one abortive attempt at slumber.

Some of our fellow students seem to be more fortunate. I think David Pelham could sleep on the floor if he had to. But see here—there's more to come. "Men may read in one of the lecture rooms . . . or in the Abernethian Room." What do you suppose that means?

Probably a *Cri du cœur* from someone who *did* try to read there in the pre-fire days, I should think.

Perhaps so. But let's not be too critical. I understand Gobbo is no longer writing the Friern News. I do hope the new man will be readable.

He probably wonders what on earth constitutes news, poor fellow. Personally, I think he ought to include "The Case of the City Policeman" or "The Vanishing Lump." I shall never even doubt one of R—— V——'s stories again. Here's one come true before my eyes.

You mustn't be disrespectful to your seniors. It's infectious. I suppose you read Guy Richards' letter last month?

I did. And considered it a very creditable effort, though perhaps tinged with pugnacity. Like Oscar Wilde, I wish I had said that.

I'm really rather glad I didn't. When I was a fag at school I always felt a bit uneasy when I'd been cheeky to the Head Beak.

It's worth a hundred lines at least. And speaking of Lines, I see Cambridge's own has been credited with some in the literature.

Ugh! What a pun! Still, it's a relief to be able to fit an actual human being behind the name for once. In spite of Mr. Hamilton Bailey's efforts, I can't do the same for Messrs. Hand, Schuller, Christian and their ilk.

I wish myself they'd give up naming diseases after the giants of the past. It's just one more strain on one's memory. A scientific name based on some aspect of a disease does at least tell you something about it—if you're sufficient of a classical scholar.

There you miss the spirit of the old nomenclature. Its object was not, and is not, to convey knowledge. It is to make of you and me vocal monuments to the Grand Old Men of yore. That and that only.

But surely tradition isn't as strong as all that. Reason must get a look-in sooner or later.

Later, I suspect. I've got a private theory about this perpetuation of men's names in disease form. I fancy all the eminent men have a hope, even the most modest of them, that one day their names will have joined those of William and John Hunter through the medium of a tumour or a test or an operation. So you can't blame them for keeping the system going.

An interesting possibility. However, I've no time to argue the point. Are you coming on the round?

Yes. Let's go.

ANTON.

SPORTS NEWS

RUGGER

October 4th, v. London A.A. XV, at Chislehurst. Won 19—3.

The A.A. team played as a collection of players rather than as a team and this allowed the Hospital three-quarters to take advantage of many openings. The game was interesting to watch as the standard of combination was good and there were several newcomers to the side who had not been seen before.

R. J. Alcock's hooking had improved from the previous season, and until he was injured in the second half, the Bart.'s outsides had more opportunities than had fallen to their lot for some time.

Tries were scored by C. S. M. Stephen, J. W. G. Evans (2), P. R. Hawkes and J. T. Marcroft.

October 11th, v. Training Battalion Welsh Guards, at Chislehurst. Lost 3—19.

This game was against the best team now playing in London. Many of the Guards' side were Rugby League players, four of them internationals, and it is unlikely that the Hospital defence will be so thoroughly tried out again this season. In spite of the Guards' powerful attack they only crossed the Hospital line three times.

Both packs played well, the play throughout being vigorous in the best Welsh style and both sides giving as good as they got. Apart from the indifferent Bart.'s hooking there was nothing to choose between the two packs.

Outside the scrum the Welsh Guards had more original ideas when attacking and, using the inside pass to its best advantage, combined with good backing up, they found one or two openings in our defence. This does not mean to say that Bart.'s were weak in defence. On the contrary, the tackling was good but the introduction of Rugby League tactics into the Union game showed how good teamwork and new ideas could result in the scoring of tries against a sound defence. A lesson which it is hoped was well learnt by the whole Bart.'s team.

October 18th, v. St. Thomas' Hospital, at Guildford. Won by 2 goals, a dropped goal and a try to a dropped goal and 2 penalty goals.

The game was played on a prep. school ground which was about 20 yards too short, and narrow in proportion. This made it very hard to score tries by any means other than by straight running, and although the Bart.'s outsides made a good deal of ground whenever they had the ball they only crossed the Thomas' line three times.

J. C. Gibson played a good game at full back. His kicking against the wind was always beautifully judged with long curving kicks. J. R. Moffat, among the forwards, also was outstanding.

J. W. G. Evans dropped a goal, and tries were scored by L. A. McAfee, N. A. Campbell and Evans.

October 25th, v. Middlesex. Won 9—3.

Our opponents kicked off and it was evident from the start that we were handicapped by the absence of our regular hooker. In this department "Ginger" Steed had matters all his own way and secured the ball eight out of ten times from the set scrums. With this advantage Middlesex were dangerous in the early stages and only determined tackling kept them out.

However, we soon settled down and carried play to our opponents' half with some clever three-quarter movements. Here John Evans led the way with one or two delightful cuts through, but movements came to an end because of inefficient backing up.

After twenty minutes Corbett, a newcomer to the forwards, picked up the ball from a loose scrum and dived over the line by the corner flag to score a good try. The kick from the touchline fell short. Soon after this Middlesex equalised with a similar type of try which was also unconverted.

Bart.'s were now playing better and on the few occasions when we got the ball McAfee, who never put a foot wrong all afternoon, set the three's going splendidly. Shortly before half-time Hawkes landed a good penalty goal and we changed ends 3 points up.

The outstanding feature of the second half was Campbell's spectacular try. The ball went along the line to the winger and the latter finding himself hemmed in punted ahead and followed through. The ball bounced kindly and Campbell took the ball in his stride and raced away to score under the posts. The kick at goal went wide.

After this Middlesex were a beaten side. They reached our line with forward rushes but never really looked like scoring. So the end came with a good win for Bart.'s.

November 1st, v. The Preclinicals, at Chislehurst. Won 22—3.

That the prestige of the Hospital XV was maintained in this game mattered nothing. What was important was to find that among the Bart.'s preclinical students now exiled to Cambridge, there are several young players coming on who will be able to fill the gaps left in the team when some of the old-timers who have been in the side for the last five or six years leave the Hospital during the next twelve months.

The Hospital, still without R. J. Alcock to hook, were otherwise at full strength. Their play, however, was not very inspiring and the scoring was mainly due to a lack of organisation in the Preclinicals' defence. The art of defence is as important at least as the art of offence. Perhaps if a good textbook on Rugger were to be added to their medical library at Cambridge this would be improved!

Of the Preclinical outsides, Pitman made one or two good breaks through the centre, but usually spoilt his good work by failing to pass once he had beaten his man. His defence, too, was very weak but he has plenty of speed and if he can improve these two faults, he will become a more useful member of the team. Hawkes at fly half has good hands but is slow off the mark and rather uncertain about going through an opening. However, his rugger sense is sound and his kicking good. He must concentrate on more speed. The forwards all got through a lot of hard work and Jones was usually to be found near to the ball although this could be said of the whole pack.

Of the 1st XV only R. L. Hall, C. S. M. Stephen and J. W. G. Evans played really well.

November 8th, v. King's College Hospital, Away. Drawn 8—8.

The re-appearance of R. J. Alcock as hooker was welcomed by the backs who had seen little of the ball from the set scrums for a month. The game was fast and open with, in the words of an impatient spectator, "both packs rather weary towards the end, Bart.'s being more noticeably so."

The first half was rather scrappy. King's were very nearly over on three occasions but there was fortunately someone to stop a try each time. Bart.'s only settled down in the last twenty minutes and then scored two quick tries following a goal scored by King's. The first, by M. Laybourne after a quick heel from a loose scrum, and the second by A. R. Corbett who had backed up a long run by A. J. H. Spafford. In the last minute of the game King's scored an unconverted try in the corner to draw.

The Bart.'s forwards were slower than their opponents whose play and backing up in the loose was ably directed by W. B. Young. In the lines out, too, the Hospital were not so sure in their catching, and occasionally allowed an opponent to break through. The three-quarters only played well during the second half, the passing and handling being rather uncertain at first. They have not yet attained the smoothness in their combination which produced so many tries last season.

The result was a fair one. The standard of Bart.'s play will have to improve if some of the harder matches later in the season are to be won. As an aid to this a few more touchline supporters would be most welcome. If we had only a quarter of the number of students and staff to cheer us that King's had for this match we should certainly play better. Meanwhile, our thanks to the faithful five.

Team: J. C. Gibson; N. A. Campbell, M. N. Laybourne; P. R. Hawkes, J. W. G. Evans, I. A. McAfee, C. S. M. Stephen; J. F. Pearce, R. J. Alcock, A. R. Corbett, R. L. Hall, A. J. H. Spafford, J. R. Moffat, J. A. T. West, J. P. Stephens.

HOCKEY

Bart.'s v. Cambridge University, at Cambridge. Draw 1—1.

This was the first fixture we had had against Cambridge, and it was obvious when we met at Liverpool Street Station that the usual pre-operative therapy would be severely frowned upon by Captain and Secretary alike. A pity, but perhaps a blessing as the trains in wartime rarely run to corridors!—and didn't.

It was a perfect day, and on a good ground before a crowd which included that keen supporter of all Bart.'s games, Professor Wormall, and a number of pre-clinicals, the game began.

The pace was very fast, and Cambridge were the first to attack. The defence remained steady, however, and gradually Bart.'s began to hit back. The first time checks and hitting of the backs and halves was a joy to watch, and it was from such a check by Hewitt that led to Bart.'s scoring, after 20 minutes' play. Hewitt put the ball down the centre to J. Fison, who made a lot of ground before passing to R. Heyland, for the latter to run in and score with a perfect cross shot.

This was a great tonic, and Bart.'s were, if possible, even quicker on the ball than before. There was a deal of midfield play, in which Currie, Marrett and Hewitt maintained a definite stranglehold on the Cambridge forwards. Half-time arrived with Bart.'s leading 1—0.

From the bully-off Cambridge attacked fiercely, and only great work by Hicks in goal kept them out. After ten minutes, however, they equalised after some clever play on the left wing. A few moments later Hicks prevented a further score by emulating the Sadler's Wells ballet in a fine "splits" save.

At the other end J. Fison put the ball in the net from a short corner, but the whistle went for "sticks," and a few moments later Heyland made a solo run and very nearly scored. So the game ended, with a draw as a very fair result, and probably the most creditable achievement in the annals of Bart.'s hockey.

In summing up, it would be difficult to single out any particular performance; but the halves, Currie, Marrett and Hewitt hardly put a stick wrong throughout the game, and the backs Brewerton and Perkins, gave Hicks in goal a confidence which was self evident in every emergency he had to cope with.

Team: G. Hicks; R. Brewerton, C. Perkins; D. Currie, R. Marrett, S. Hewitt; T. Roberts, K. Harrison, J. Fison, R. Heyland, T. Fison (Capt.).

v. Lensbury. Won 7—2.

Still smarting from our defeat at Easter we took the field thirsting for revenge. The game waxed fast and furious neither side having the advantage, until suddenly, the intrepid Roberts carving his way through a mountain of human flesh, scored as pretty a goal as man can hope to see. Inspired by this example, J. L. Fison (2) and R. Heyland added goals to bring the score to 4—0 at half-time. The second half started with a series of attacks in depth by "the enemy," which was repulsed with heavy losses, largely due to the sterling work of C. T. A. James. Three further goals were added by J. L. Fison (2) and T. N. Fison. Just before the close, Lensbury broke through to score twice. The team then started training for the next match.

Team: G. E. Hicks; R. S. E. Brewerton, N. A. Campbell; K. O. Harrison, S. R. Hewitt, C. T. A. James; T. M. C. Roberts, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

v. Middlesex Hospital. Drawn 4—4.

Sorely shaken by the Conjoint results that morning, the side suffered from persistent ill-health throughout the game. In spite of this, however, we opened the scoring through Harrison. Our temerity awoke the opposition to such activity that they scored four times before half-time. This in turn stirred our forwards to prodigies of valour, and we replied through Bentall and the inevitable J. L. Fison (2), being narrowly prevented from winning when the last shot of the game, a cannon-ball shot from Fison, struck the post.

Team: G. E. Hicks; C. P. Perkins, R. S. E. Brewerton; D. Currie, S. R. Hewitt, C. T. A. James; K. O. Harrison, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

v. Richmond and Kingston. Lost 1—4.

Disease and pestilence having laid waste our entire half line, the side had to be radically reorganised, at the expense of the forwards. The game which ensued was enjoyable enough, though it was conducted very much on the defensive. J. L. Fison scored for us, and had it not been for excellent anticipation and clean clearing by Danby and Brewerton the opposition might easily have scored more than four goals.

Team: G. E. Hicks; R. S. Brewerton, A. J. Danby; F. G. Morse, R. Heyland, C. P. Perkin; T. M. C. Roberts, K. O. Harrison, J. L. Fison, H. H. Bentall, T. N. Fison.

SOCIETY OF APOTHECARIES OF LONDON

Dates of the Society's Examinations for the month of January:—

Surgery ... ... 12, 14, 15.
Medicine, Pathology and Forensic Medicine ... ... 19, 21, 22.
Midwifery ... ... 20, 21, 22, 23.

IN OUR LIBRARY

IX. *Wiseman's Severall Chirurgicall Treatises,* 1676.

By JOHN L. THORNTON, LIBRARIAN.

Richard Wiseman was born in 1622, and after being apprenticed to the Barber Surgeons, entered the Dutch Naval Service. He was later a surgeon in the Royalist Army during the Civil War, and throughout the Commonwealth served as surgeon in the Spanish Navy. From these hard schools he emerged a skilful operator, achieving the title of "first of the great English surgeons," being the forerunner of Cheselden, Pott and Hunter. Incidentally he was a contemporary of Thomas Sydenham (1624-1689), but they fought on opposite sides during the Civil War, so that contact was not of a friendly character.

In 1672 Wiseman issued *A treatise of wounds,* London, 1672, a most rare volume of which copies exist in the British Museum and the Army Medical Library. This was incorporated in his later publication, of which it has erroneously been called the first edition. The title page of our copy reads. *Severall chirurgicall treatises. By Richard Wiseman, Serjeant-Chirurgeon. London, printed by E. Flesher and J. Macock, for R. Royston Bookseller to His Most Sacred Majesty, and B. Took at the Ship in St. Paul's Church-yard, Anno Dom.* 1676. It is a folio, dedicated to King Charles II, and contains the following sections; treatises of tumours, of ulcers, diseases of the anus, of the King's Evill, of wounds, of gun-shot wounds, of fractures and luxations, of lues venerea. The book contains a description of the first case of external urethrotomy for stricture, an authentic account of "King's Evil," and tuberculosis of the joints is termed "tumor albus" for the first time.

Wiseman's book went through several editions after the one of 1676, although that being the year of the author's death, he did not revise his work. It was issued in 1686, 1696, 1705, 1719 and 1734, while a spurious "second edition," consisting of copies of the 1676 and 1686 editions with a new title page, was published in London in 1692 by Samuel Clement.

Further information on Richard Wiseman is provided in Sir T. Longmore's *Richard Wiseman, surgeon and sergeant-surgeon to Charles II; a biographical study,* 1891, which is not, unfortunately, in our Library; in Sir D'Arcy Power's Epoch-making books in British Surgery, VII. Severall chirurgicall treatises, By Richard Wiseman, 1676. *Brit. J. Surg.,* 16, 1928-9, pp. 357-61; and, Richard Wiseman and his times. *St. Bart.'s Hosp. J.,* 1911-2, pp. 198-201.

BART'S MEN IN THE FORCES

PRISONER-OF-WAR.

We hear that Lieutenant-Colonel G. T. Hankey is safe and is a prisoner-of-war in Germany.

ARMY.

Thornton Palmer.

SOUTH AFRICAN MEDICAL CORPS.

L. S. Brawn, Lt.-Col. — R. Mundy, Capt.
M. M. Posel, Capt. — J. Gluckman, Capt.
C. Glyn-Williams, Capt. — C. D. Ewan, Staff-Sergt.

BIRTHS

BICKFORD.—On October 17th, 1941, at the Grenville Nursing Home, Bideford, to Honor (née Rose) and F./Lt. B. John Bickford, F.R.C.S., R.A.F.V.R.—a daughter.

GRANT.—On October 30th, 1941, at Wrecclesham Grange Nursing Home, Farnham, to Sheila (née Kingham), wife of Captain Russell Grant, R.A.M.C.—a son.

MATHESON.—On October 20th, 1941, at Lambeth Hospital, to Helen (née Cope), wife of Iain Matheson, F.R.C.S.—a son.

THORNTON PALMER.—On April 10th, 1941, to Freda, wife of Captain Thornton Palmer, R.A.M.C.—a daughter (Robina Mary).

MARRIAGES

CLEMENTS—MORGAN.—On September 9th, at St. Nicholas' Cathedral, Newcastle-on-Tyne, by the Provost (Canon G. E. Brigstocke), Patrick Ernest George, elder son of Dr. and Mrs. Ernest Clements, Middleton-on-the-Wolds, Great Driffield, E. Yorks., to Maureen, only daughter of Mr. Thomas Morgan and the late Mrs. Morgan, of Wingrove Road, Newcastle-on-Tyne.

FLETCHER—SEELY.—On October 24th, 1941, in Winchester Cathedral, Charles Montague, only son of the late Sir Walter Morley Fletcher and Lady Fletcher, to Louisa Seely, youngest daughter of Maj.-Gen. Lord Mottistone.

McOWAN—BACKHOUSE.—On November 1st, 1941, at Longdon-on-Tern, Salop, Surgeon Lieutenant Bernard M. McOwan, R.N.V.R., to Margaret Clare Backhouse.

DEATHS

BARTON.—On November 4th, 1941, at 23, Lindisfarne Road, Wimbledon, S.W.20, James Kingston Barton, M.R.C.P. (Lond.), M.R.C.S., aged 57, dear husband of Elizabeth.

BOYLE.—On October 15th, 1941, Henry Edmund Gaskin Boyle, O.B.E., F.R.C.S., late Senior Anæsthetist, St. Bartholomew's Hospital, loved husband of Mildred Boyle, 4, Cliffe Road, Godalming, Surrey, aged 66.

COHEN.—On October 16th, 1941, at Redhill County Hospital, Edgware, Dr. George Cohen, Coroner for East Middlesex.

ROBERTS.—On April 21st, 1941, in St. Peter Port, Guernsey, after a major operation, Charles Leonard Digby Roberts, M.B., Ch.B., D.T.M. & H. (R.C.P. & S.), aged 59.

EDITOR'S NOTE

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

The charge for Nurses (and persons working in the Hospital is 6d. For all others it is 9d.

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

The Exoma Press, Ltd., 255 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

JANUARY 1942

VOL. 3 No. 4.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. JANUARY 1st, 1942. No. 4

MODERN MEDIAEVALISM

The gait in Parkinson's disease is described as "festinating." On consulting the Latin dictionary, which (not from any motive of respect, but because of the importance of knowing one's enemy) is a constant companion of the Editor, we find that "*Festino—avi—atum*" means "to hurry." Why, then, does this unfortunate individual festinate rather than hurry as he totters laboriously towards his grave?

The essential reason is found in an absurd and illogical veneration of Latinism, which is responsible for a worthless aura of mediæval scholarship still hanging around a subject in which mediæval practice would hardly be praised, even by our own amateur archaists.

Several correspondents this month point out that Saxon words alone do not provide a wide enough vocabulary. This is obvious. Our quarrel is not with those who use words of foreign derivation where a Saxon word is lacking, or where the foreign word conveys shades of meaning absent from its Saxon synonym, but with those bombastic gentlemen who love the long word for its own sake, and who of two available words always choose the Romance.

In the construction of these new words there is a preference for Latin derivation, due not to any considered belief that Latin provides the most suitable roots for a scientific word but to the mischance that Latin and English use a similar alphabet. Latin as a mental gymnastic is therefore taught to a large number of male children from the age of nine until the happy day when those who are to become medical scientists or artists (whichever you prefer) throw away their inkstained primers and grammars. Only the Latin dictionary is kept as a dusty souvenir of useless knowledge about a barbarous race, whose chief delights as revealed to the average schoolboy were the slaughter of Gauls and the enjoyment of vulgar orgies in their centrally-heated villas. It is these schoolboys, now grown up, who reach for their Latin dictionary when they wish, sometimes justifiably, sometimes not, to construct a new word.

We are aware that English Law is derived partly from Roman Law imported by the Normans. For this inheritance there may be some reason to be thankful: we are not qualified to praise or to condemn. Science, however, owes little or nothing to the Roman civilisation, except the pernicious tradition of authority which hindered the advance of knowledge throughout the Middle Ages.

We might profitably consider whether this ponderous mediævalism has not had its day, and if we decide that it is no longer necessary to disguise our ignorance under a cloak of polysyllables we can return to writing our own language. If, however, we decide that mystery is still essential to the modern physician we should write our mystifications in Greek. This would sufficiently confuse the unfortunate layman and at the same time provide a link between modern science and a civilisation which was truly worthy of the name.

To the die-hard (off whose carapace this tirade will roll like *aqua destillata*) we would offer some advice: be consistently obscure. You write in your prescriptions—

Sodii Bicarbonatis, grs. XV,

instead of the simple—

Sodium bicarbonate, 1 gram.

Be consistent, therefore, when you next order a hormone, and instead of writing

Oestradiol benzoate, 10,000 units,

inscribe with a flourish of your antique pen

Oestradiolis Benzoatis,

units MMMMMMMMMM

Like most prescriptions in dog-Latin it will be both incorrect and incomprehensible.

THE DOCTOR AFLOAT

By Surgeon-Lieutenant A. G. E. Pearse, R.N.V.R.

Medical life in the Navy is not necessarily a life on the ocean wave, for, like the Royal Marines whose behaviour, to the detriment of the enemy, sometimes belies their signature tune, the Naval M.O. may practice ashore. Sea and shore time, in fact, alternate in the approximate ratio of one year of the former to six months of the latter. However, the majority of new entries seem to go straight to sea, usually in a destroyer where the doctor who has joined the Navy presumably begins to see the world. But if his destination be one of the ships of the Northern Patrol or of the Battle of the Atlantic then, in the words of the song, he will probably "see the sea" and very little else unless it be some of those misguided species of fowl which make their home upon the waters.

However, this is a digression—"Enough!" I hear you say, "Tell me what Medicine I shall have to do." I am tempted to answer in a word, or two words. But no; for medically the job is just what you make it.

There are interesting cases, many more than you would suppose, if only, and this is so difficult after a House job, you can bring yourself to take that interest in a single case which previously you took in twenty. Unfortunately most of the "good" cases have to be discharged to hospital for lack of facilities for investigation and treatment. Perhaps from six to twelve cases attend the daily session at 9 o'clock in the Sick-bay and "Skins," including the ubiquitous Itch, figure high in the list.

Lack of water, do you say? I think something deeper. Temptation to take a holiday professionally has to be resisted, but serious reading, and this opinion is shared by all other destroyer M.O.'s with whom I have discussed it, is almost impossible in a small ship, partly due to lack of quiet, but chiefly to the host of new interests and occupations which confront the now somewhat less earnest student of medicine.

Almost inevitably, in a small vessel at all events, the "Doc" is required to perform the duties of Mail Officer and Censor and, believe me, the latter is no sinecure, although it has its lighter moments and can be considered, perhaps, almost as much an education as "District." In addition he may be Wine and Tobacco Caterer, at best a thankless job, perhaps Sports Officer or even Mess Secretary, and will certainly perform one or two other functions which the observance of the Hague Convention by one of the participants in the present "incident" precludes my mentioning.

Surgical practice, except for trivial repairs is, of course, dependent upon the temper and accuracy of the enemy and, even allowing the latter, takes the form of advanced First-Aid for shock, hæmorrhage and burns far more often than surgery proper. Operations, if any, take place upon the Wardroom table and to the Wardroom, too, go those cases which overflow from the Sick-bay; but in spite of the provision of a fine electric steriliser in the latter, antisepsis, I fear, is more practical than asepsis in the heat of action.

Lastly, there is the social side of things and there is certainly no lack of good company both in one's own ship and in the Flotilla with whom, when in harbour, there is a continuous exchange of R.P.C.'s and W.M.P.'s (request pleasure of company—with much pleasure), and against whom, in the winter, Rugger, Hockey and Soccer are played subject to duty and weather. But regular exercise is, alas, impossible.

Many enjoyable and unexpected reunions occur for there is a large number of Bart.'s men in the Navy and it is scarcely possible to go anywhere without meeting one.

To those now on the House I would say—Join the Navy and enjoy the inestimable benefit of taking your home and its comforts with you all the time when you go to war. How can I restrain a note of enthusiasm when I think of such excellent specifics as a glass of "Plymouth" at 2d., or of first-class tobacco at 2s. 4d. per pound.

Higher rank and higher pay than the other Services, good company, good food, good wine, and additional zest in taking an active part in the hunt, all these things and many others unmentioned or unmentionable are offered. Ponder then, Brother, and deeply before you take upon yourself the brown garb of the "Pongo" or the ethereal blue of the "Bryl-cream boys."

All contributions for the February number must be sent in before January 12th.

A CASE OF PUERPERAL CEREBRAL ABSCESS

By J. K. Chisholm, M.R.C.S., L.R.C.P.

It is well recognised that cerebral abscess may result from direct infection, spread from a neighbouring focus such as the ear, or blood-borne infection. This case is reported because blood stream infection of the brain with abscess formation secondary to puerperal fever would appear to be a very unusual occurrence.

The patient was a girl aged 15½ who was admitted to the neuro-surgical ward at Hill End Hospital under the care of Mr. O'Connell, in March, 1941.

History.

She had always been a normal healthy girl. In April, 1940, her mother discovered she was two months pregnant. Pregnancy continued normally to term and in October, 1940, she was delivered of a male child after a difficult labour lasting 76 hours owing to an occipito-posterior position. There was a post-partum hæmorrhage—details of which are not available.

The puerperium was marked by pyrexia and offensive lochia and the patient was put on sulphapyridine. She made good progress until fourteen days after the delivery when she suddenly lost the power of speech, became mentally confused and incontinent of urine. This was followed by vomiting, headache and lapses into a comatose condition.

This state of affairs continued for three weeks and then a gradual improvement set in. The patient became interested in her surroundings, spoke rationally, and fed and washed herself. However, she complained of headache (mostly in the occipital region) and inability to see properly.

In December, 1940, she was taken home, started to go out and appeared to her mother to be normal. She remained fairly well until February, 1941, when her headache again became severe and vomiting recurred. She was re-admitted to her own hospital and remained there until sent to Hill End in March, her condition having been stationary.

Previous history and family history were negative.

EXAMINATION.

A pale, dark girl. She was unconscious and responded only to painful stimuli.

Cranial Nerves.

I. Not tested.

II. Bilateral papillœdema with pale discs and small vessels. Fields and acuity not tested.

III, IV, VI. External ocular movements apparently normal. Pupils of normal size, equal, no light reaction.

V. Corneal reflex was present bilaterally but weak. Pain was appreciated in the distribution of the nerve.

VII. Right lower paresis.

IX, X, XI, XII. Could not be adequately tested but showed no gross abnormality.

Motor System.

There was a spastic paresis of the right arm and the right leg moved less than the left in response to painful stimulation.

Tone on the right side was greater than on the left.

Sensory System.

Pain was appreciated everywhere.

Further sensory examination was impossible because of her state of consciousness.

Reflexes.

	Right.	Left.
Biceps jerk	+	+
Triceps jerk	+	+
Supinator jerk	+	+
Abdominal reflexes ...	O	+
	+	+
Knee jerk	+	+
Ankle jerk	+ +	+
Plantor response	extensor	extensor?

General Examination.

The patient showed no pyrexia nor other abnormality apart from an offensive vaginal discharge.

The patient was given magnesium sulphate enemata without any effect on the depth of the coma, and so it was decided without any further investigations to carry out ventriculography and then proceed as indicated by its results.

A ventriculography was therefore done. 40 c. cms. of cerebro-spinal fluid were removed and replaced with oxygen. The X-ray showed normally sized ventricles, with a large displacement of the lateral ventricles to the right in the frontal region.

Immediately following this investigation a frontal bone flap was turned, under local anæsthesia and avertin, and the frontal lobe of the cerebrum needled. After the needle had passed inwards and forwards for 4 cms. pus was found. About 45 c. cms. in all were withdrawn. The bone flap was then replaced and the scalp closed. Culture of the pus gave a growth of non-hæmolytic anærobic streptococci. Following this procedure consciousness was

regained though the patient's pulse rate remained high and her blood pressure was low. However, her general condition slowly improved, there was a gradual marked improvement in her hemiparesis and she was able to answer questions readily though she had an apparent naming aphasia and marked perseveration.

Her condition continued to improve until the end of March when her symptoms again became more marked and there was a return of drowsiness, so the abscess was needled again and 110 c. cms. of pus withdrawn. This again led to a marked improvement, followed in turn by another exacerbation of symptoms, so at the end of April her abscess was again tapped and this time 45 c. cms. of sterile pus were withdrawn. On this occasion the pus was thinner and showed no organisms on smear or cultivation.

Again there was improvement followed in turn by increase in symptoms as the abscess re-filled. It was therefore decided to remove the abscess.

This was done early in May. The bone flap was turned again and an incision made in the frontal cortex over the abscess which was then carefully dissected out of the frontal lobe.

The abscess occupied the entire frontal lobe on the left side, the brain tissue being compressed to form a shell around it. Medially it sent a projection beneath the falx cerebri which indented the medial surface of the opposite hemisphere. Its wall was of considerable thickness—over 0.5 cms. in most situations.

The girl recovered slowly from this long operation. When discharged three months after her admission she was free from symptoms, her speech had entirely recovered and there remained but the slightest trace of the right hemiplegia. The latter took the form of a very slight weakness of the right arm. Her only disability was a considerable reduction in her visual acuity resulting from optic atrophy due to long continued high papilloedema.

I wish to thank Mr. J. E. A. O'Connell for encouragement and help in the preparation of this paper.

(After reading an essay by Prof. Ryle and a poem by Samuel Butler.)

Farewell, good cheer, my colleagues dear.
'Tis true, I trust, we'll have no fear;
Perhaps, indeed, there'll be no pain.
But, tell me, shall we meet again?
Our names may meet, like any name,
On the hall's mural scroll of fame.
Our souls, diffused in æther vast,
Will have forgotten all our past—
How one said "Yea" and one said "Nay,"
And on which side we stress did lay.
But all our thoughts in some way live,
Blended with those which others give.

F. PARKES WEBER.

November, 1941.

** *The writer states that Samuel Butler's poem in question was quoted in his "Aspects of Death," 4th edition, 1922, p. 216. Prof. J. A. Ryle's excellent essay "Of Death and Dying" ("Lancet," 1940, ii., p. 401) has been humorously likened to glad tidings in telegraphic style: "All's well. Death is mostly painless. Therefore enjoy your life by living with zest, without fear, but to good purpose." The idea of the diffusion of the soul or mind in æther (not ether) occurs in an inscription, now in the British Museum, on the Athenians who fell in the battle before Potidæa, B.C. 431-429. The writer's conclusion on "meeting again" is contained in the last two lines. "Æther" means literally the high air of the sky, but the writer thinks it permissible to use the word symbolically for the airy utopia (= nowhere) of a poet's dream or for Nirvana.*

THE ANALYSIS OF MRS. 'ARRIS

By E. B. STRAUSS.

[When we invited Dr. Strauss to provide something for the JOURNAL, *he said that his first published contribution to medical-psychological literature (sic) was by no means his worst; and he thought that some of our readers might be amused by it. We are inclined to agree with him. It was originally published in the May, 1922, issue of the "King's College Hospital Gazette"; and we reprint it here with acknowledgments to that journal.—Ed.]*

That all this happened exactly as is here set forth, I can vouch for, since I had it from the lips of Mr. Ernest Seeker himself, and psychoanalysts are notoriously truthful people; moreover, Mr. Ernest Seeker is a student at Saint Cataplasma's Hospital, which is my own. I don't know why Mr. Ernest Seeker took up psychoanalysis in the first place; he seemed quite a normal fellow in other ways. But there is an odd streak in all of us. He knew why people dream of sea-serpents and what a stick of dream sealing-wax symbolises. In short, he was a very accomplished analyst; and as you will see, he managed to bring up more repressed material from Mrs. Harris in one sitting than his qualified colleagues could have done in a year.

If what follows appears coarse and unseemly, the reader must remember that absolute frankness is essential in these matters (vide any textbook of Psychoanalysis) and that, as Mr. Ernest Seeker is so keen on emphasising, our disgust is the measure of our own unconscious repressions.

. . . . . .

Mrs. Harris had been a regular attendant at Casualty for many weeks, complaining of divers symptoms (I don't mean Caisson Disease)—palpitations, an unduly florid complexion, pains in the knees and "spasims" (a mysterious malady peculiar to the genus Mrs. Harris). This was a syndrome unfamiliar to Mr. Ernest Seeker, who examined her one day in Casualty. Being unable to find any physical signs, he told Mr. Herberts, the Senior Casualty Officer, that, in his opinion, the case was purely functional; and then, greatly daring, suggested that the case be handed over to him "for a little psychoanalysis, you know." Mr. Herberts is a plump and pleasing person, long-suffering, infinitely benevolent, and blessed with two fascinating symmetrical dimples. But he had suffered very long indeed from the regular attendance of Mrs. Harris, who, like others of her sex, could not view the dimples quite unmoved; in fact on her last visit she had gone so far as to call him "young man" in an arch and playful manner. This was too good an opportunity to miss of freeing himself from Mrs. Harris's continual visits; and so he gladly handed the lady over to the psychological arm for summary treatment, saying, "take her and cure her; or at any rate, take her and keep her."

. . . . . .

Three days later Mr. Ernest Seeker received the visit of Mrs. Harris who arrived suitably attired for her first period of the new treatment in a shiny black bonnet trimmed with a blood-red dahlia, the whole set at a somewhat garish angle on her distinctly brachycephalic head; a cape of rusty bombazine in the highwayman pattern set off a navy-blue skirt embellished with purple braid. She was very flushed and was breathing heavily. In her right hand she carried an 8-oz. bottle containing a shimmering white liquid, in her left she bore an immense umbrella, whose handle was fashioned in the likness of a bird half way between the parrot and the lately extinct and lamented dodo. Mr. Ernest Seeker was visibly impressed by this magnificence and steeled himself for the task in hand.

"Your name and occupation, please Ma'am," he asked in impressive tones, although he knew both.

"My name's Mrs. 'Arris, and I does a bit of charin', not that I needs, mind you, but out of friendliness like, and me that 'ighly respected in the 'ole street, although I says it as ought'nt. . . ."

"Quite, quite," interrupted Mr. Ernest Seeker suavely, "But to come to business. We are fully persuaded that your symptoms are of

a functional nature; that they arise from a disordered psychic equilibrium and have no organic objective basis."

"Lawks, now who'd 'ave thought of that," said Mrs. Harris, hugely delighted, and took a little sip from her bottle. "A little coughlinctus, wot Dr. 'Erberts gave me, and it also does my spasims a power of good," explained Mrs. Harris ingratiatingly.

Mr. Ernest Seeker cleared his throat and continued.

"In order to re-establish a perfectly adjusted psychic balance, it will be necessary for me to discover and bring into consciousness certain highly affective constellations of ideas, which are at present in the unconscious strata of your mind, and which are undoubtedly the exciting cause of your symptoms. I hope I make myself quite clear."

"Lawks-a-daisy now, 'ow you do talk to be sure. My 'Arris says as 'ow I can talk the 'ind-leg off a coster's moke, but you beat the band," said Mrs. Harris, taking another pull at her bottle.

"To give you an example," proceeded Mr. Ernest Seeker quite unperturbed. "I see you have a strongly marked complex of class-consciousness, seeing that you repress the initial letter of your husband's patronymic—electing to call yourself Mrs. 'Arris in spite of the fact that rough breathing seems to come naturally enough to you."

Mrs. Harris gasped, rumbled like distant thunder, and coyly placed the back of her hand over her mouth.

"Insufficiently sublimated flatus complex," scribbled Mr. Ernest Seeker in his notebook. Suddenly a brilliant idea crossed his mind.

"You suffer from pains in the knees, do you not? I think we can explain them in terms of your social complex. Pains in the knees immediately suggest Housemaid's knee, do they not? Your class-consciousness compels you to repress your social ambitions, which manifest themselves to consciousness in the guise of painful symptoms ordinarily pathognomonic of an affection peculiar to a body of workers one stage higher in the social scale than your own. In other words, you unconsciously desire to be a housemaid."

Mrs. Harris breathed Mist. Aetheris cum Ammon. cum gin cum much wrathful indignation at him.

"Wot! Me want to be a 'ousemaid! Me, 'oose first 'usband, Mr. Boffin, as was, 'ad a law-suit with a stock-broker!" And she dropped her umbrella on the ground in her agitation, and appealed once more to the bottle to redress her injured feelings.

"I know that these revelations come as a great shock," said Mr. Ernest Seeker soothingly. "But from now onwards you will cease to suffer from pains in the knees. And now," he went on breezily, highly pleased with himself, "We must seek to reveal as successfully the hidden springs of your other symptoms; for which purpose it would greatly assist me, if you would relate me one of your dreams."

"Dreams," said Mrs. Harris, "I dream by the mile; only last night I dreamed that I was doing a bit of washin' in my back-yard. Now, me being classy, you understand, always does my washin' in the bath wot the new landlord, poor soul, who's now in the asylum, made me 'ave. But in the dream, I was doing the washin' in Mrs. O'Leary's butt, wot lives next door; though wot she wants to collect rain for, I can't think; nasty dirty stuff I calls it, any 'ow she don't use it for waterin' 'er little pick-me-ups. Well, as I was saying, I was usin' 'er butt from next door; and now I comes to think of it, there was two butts joined by a bit of 'ose-pipe. The more I washed, the dirtier my washin' became."

"Most interesting, most interesting," cooed Mr. Ernest Seeker. "And now please let us associate freely."

"'Sociate freely!" shrieked Mrs. Harris. "Not if I knows it! Not if you was the Popes Rome or the Princer Wales. I am a respectable married woman, none of your free-and-easy-flibberty-jibberty bits." And she emphasised her respectability by yet another appeal to her bottle.

"You quite misunderstand me," said Mr. Ernest Seeker. "But happily, your dream interprets itself. Freud has frequently drawn attention to the free use made by the endopsychic censor of the pun, in disguising our wish-fulfilments. From this one dream alone, I can explain all your other symptoms. Palpitations, heightened colour and heart-flutterings are the outward and visible signs of the romantic emotions. For whom then do you cherish a repressed passion? Your most illuminating dream supplies the answer. In your dream you make no use of your own domestic convenience, but appropriate the butts of the lady next door, her butts, you understand. The interpretation is obvious. You are the victim of an antisocial and hence properly repressed passion for Mr. Herberts, our Casualty-Officer; your wish is fulfilled in dream form and symbolised in symptom-formation. I could elaborate on your dream at great length, but . . ." He glanced at Mrs. Harris and noticed that her complexion had assumed the colour of Devonshire cream and that she was trembling violently. Presently she began to scream.

"Help, help! Snakes and devils I sees them everywhere. Do you see that little varmint with the pink tail climbing up the window. And struth! there's a rat with blue eyes climbin' up your trowser leg."

Mr. Ernest Seeker scribbled hastily in his notebook "hallucinations of erotic symbols everywhere and in everything."

"Lawks, 'e's coming to fetch me in a chariot of fire," yelled Mrs. Harris.

"Who is?" asked Mr. Ernest Seeker.

"The Angel Gabriel," gasped Mrs. Harris, and showed signs of imminent collapse. Mr. Ernest Seeker hurriedly leant forward to render assistance, when suddenly there was a roar like unto Niagara bursting its banks, and Mrs. Harris brought up all her repressed material in one rush. . . .

. . . . . .

I saw Mr. Ernest Seeker shortly afterwards, removing the final traces of his first psycho-analytical encounter over a wash basin; and he told me all about it.

"I have never seen such a remarkable abreaction in all my life," he said. "I guarantee that the patient is completely cured and will not trouble Casualty again for months."

But Mr. Ernest Seeker was mistaken; for one week later, Mrs. Harris appeared in Casualty again, suffering from a black eye and a hat-pin wound in the thigh.

Mr. Ernest Seeker will not find much difficulty in explaining the hat-pin wound; but I confess that I am much looking forward to hearing what a black eye symbolises.

CORRESPONDENCE

TROUT

To the Editor, St. Bartholomew's Hospital Journal

Sir,

In your editorial on "King's English" in the December number of this JOURNAL, you quote with approval Fowler's rule to prefer the Saxon word to the Romance; and you state that Dr. Evans also recommends the Saxon word. In a sentence, which, be it noted, contains four Romance words to two words of Saxon origin, you express the feeling that this hospital is awake to the dangers of obscuring our thoughts with foreign words; while Dr. Geoffrey Evans, on a subsequent page, successfully avoids this danger in a sentence regarding the pulse in which he uses eight Romance words to four Saxon words, without obscuring our thoughts or his meaning.

It may be true, as Dr. Evans maintains, that "diet" is a word often used when "food" would be better; but on the other hand we have in the word "diet" one with a meaning more explicit and more precise, since it includes the ideas, not only of food, but of quality, quantity and planning of meals. We may substitute, as does Mr. Tubbs, the word "bubble" for "râle"; but without conveying the same correct meaning, since a râle is a sound which is heard, while a bubble is merely something seen but not heard. And "hang-over" is perhaps not so elegant and so appropriate a word in the sense that Dr. Evans uses it, as would be the Romance word survival.

Though Greek and Latin may have had their day in a system of medical education, they still remain useful, or even indispensable, as a source of names of precision for newly discovered facts. Indeed, most of the older as well as the modern names used in medicine are of Greek or Latin origin. Where could we find Saxon words for physic, physician, surgeon, pharmacopœia, or even for editor, hospital and journal; for asthma, angina, dropsy, dysentery; for immunity, allergy, anaphylaxis; for pulse, artery, vein; and for a multitude of other names used in medicine, as well, perhaps, as for the majority of words of our common vocabulary. Where would the physician of to-day be without his stethoscope and his thermometer, or the surgeon without asepsis and anæsthetics, or either without the non-Saxon words associated with these and many other modern advancements? And how would medicine and surgery now fare without the use of X-rays with its extensive foreign nomenclature?

Apart even from the use of foreign words in science, there are many who, unlike the Germans, reject the idea of a purely national language and rejoice in the mixed vocabulary of our own. That brilliant essayist, Alice Meynell, was one who claimed that "of all the heritages of the English writer the most important is that he receives a language of dual derivation—a choice which is offered by few other languages." Another writer, Logan Pearsall Smith, in a little volume, *The English Language*, observes that there are two opposing ideals—nationalism in language, as against borrowing; a pure as opposed to a mixed language. To those for whom nationalism is the important thing in modern life, and who could wish that their own race should derive its language and thought from native sources, a "pure" language is the ideal form of speech; while those who regard the great inheritance of European culture as the element of most importance in civilisation, will not regret the composite character of the English language, the happy marriage which it shows of North and South, or wish to deprive it of those foreign elements which go to make up its unparalleled richness and variety!

Yours, etc.,

H. G. ADAMSON.

Bourne End, Bucks.
December 13th, 1941.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I note that your Editorial and the article by Dr. Geoffrey Evans contain an impassioned plea in favour of a better use of the English language, and suggest, among other improvements, a more pithy and brief form of expression, coupled with the preference of Saxon words to either Latin or Greek. Dr. Evans as an example inveighs against the word "dyschezia" on the grounds that the average student can neither spell it nor understand it.

Nevertheless, if this same student possessed a rudimentary knowledge of Latin and Greek, he would have at his command the means of understanding a whole host of medical terms which are most descriptive and are the soul of brevity, in that one word suffices for several Anglo-Saxon ones. There are, of course, many bad terms among these Greek and Latin derivatives, but the discerning doctor will not use them.

As a fair example, the word "dyschezia," if translated into Anglo-Saxon, becomes "pain on passing a motion" or "pain on going to stool"—for we are not allowed to use the term "defæcation." In fact, to find a single Anglo-Saxon word with which to replace "defæcation," one has to use a word which, at one time in common usage, has now become an abusive epithet only used in our less inhibited moments.

One last word: may I suggest to Dr. Evans that from a student's point of view the term "N.A.D." is admirable. Surely he would be rash indeed who, as a student, declared the patient to be normal. No! Let us keep "N.A.D." as a form of defence and a reminder that we may have missed something, and leave the term "normal" to the more confident members of the staff, e.g., Housemen.

Yours faithfully,

London Fever Hospital. J. A. SMITH.

December 11th, 1941.

(*It is interesting to note that the response of our readers to provocative matter in the* JOURNAL *is in inverse ratio to the matter's importance. Since we are certain to be even more vigorously abused in the near future we will reserve our counter-attack until the happy day when we shall be able to smite down all our enemies at one blow.*—ED.)

TENDENCY TO CLAPTRAP

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Many thanks for the article by Dr. Geoffrey Bourne entitled "Clinical Clichés and Claptrap." It was not only very amusing but also very instructive, for although on a ward round none of us would dare to talk of "tendencies," or "a strained heart," yet I fancy that many of us when in practice and facing a vast waiting room full of patients, might perhaps descend to such subterfuges to satisfy the demand for a diagnosis.

I sometimes wish that more space were spent in the textbooks in describing what is meant when the laity talk about such conditions as "biliousness," "chill on the liver," or "rather liverish this morning, doctor." The Pathology books might explain why sitting in a draught or getting one's socks wet tend to bring on a "cold"—if they do. One fancies that "biliousness" means an attack of migraine or perhaps acute gastritis, but perhaps Dr. Bourne may be persuaded on to write another article and explain in greater detail?

If I had known that the Editor was suffering under "an almost continual bombardment of criticism and abuse," I would have written before to express my appreciation of the articles by the Librarian, Mr. Thornton, entitled "In Our Library." It is a pity that the curriculum is so full that a little more Medical History cannot be taught, interspersed perhaps in clinical and theoretical instruction, for, apart altogether from its cultural value, surely history, anecdote and mnemonic are not to be despised as aids to learning, particularly in such a subject as anatomy, with which your correspondent is now struggling, without the help of the Charterhouse bottles, for his "Surgery."

Yours faithfully,

G. R. HOLTBY.

Friern, November 10th, 1941.

REMINISCENCES

To the Editor, St. Bartholomew's Hospital Journal

Sir,

It may be of interest to add a little to the reminiscences of "Septuagenarian" about the staff of Bart.'s at the period about which he has been writing in the JOURNAL.

Septuagenarian says that Lockwood certainly did his bit to introduce aseptic surgery, but would inadvertently pick up the patient's notcboard just before starting to operate and so spoil his previous toilet preparations.

HOWARD MARSH similarly had a gesture which would spoil his "toilet preparations" but although he was aware of it, he found it difficult to give up doing it. It was the habit of putting up his hand to his glasses during an operation when he was considering how to proceed. To avoid doing this he used to ask whoever was standing next to him to give him a nudge if he started to raise his hand to his face.

On the one occasion that he instructed me no nudge was needed and I do not know when he cured himself of the habit.

WALSHAM is referred to by Septuagenarian as being a small man, and his size gave an amusing point to an incident that occurred in the out-patient department. He liked to remember patients who had previously attended, and also the names of students who were there. I used to sit beside him and he several times asked me the name of some student and then later on made a point of addressing that student by name. One day a very tall, large, muscular man came as a patient and Walsham said he remembered him. When the man said that he had not been to Bart.'s previously, Walsham said they must have met when he was carrying out his duties and asked what was his work. The man promptly replied that he was a chucker-out at the Empire. No comment was made as to the truth of "Wee Willie" having ever been forcibly removed from the Empire promenade to Leicester Square.

BUTLIN was taking round his Wards a class of men who were up for the final F.R.C.S. examination. He asked one after another to examine the leg of a patient and to give their opinion as to whether the leg should be amputated. The first man thought that no operation was indicated, and the others all agreed with him. In his quick decisive way Butlin said that they were all wrong and that he was operating the next day. But the patient had heard what had been said and no doubt felt that these older looking men were not mere medical students. So immediately he spoke up and told Butlin that as all these other doctors did not think that his leg should come off he refused to have the operation. He got up, dressed and left the hospital and was never heard of again.

DR. HENSLEY was one of the older generation of physicians who, at the end of the last century, were disturbed at what they considered was a growing tendency of some surgeons to operate prematurely, especially on abdominal cases. In those days the physicians took turns to give a weekly lecture, and a rumour went round the hospital about the lecture that Dr. Hensley was giving. Instead of a very small attendance the room was almost full and we heard a very spirited discourse on a case and the conclusions to be drawn from it. I was house physician to Dr. Hensley at the time, and he had been called in to see the case in the ward of the corresponding surgeon. The patient had been admitted with certain acute abdominal symptoms, a rather hurried history had been taken by the house surgeon, the surgeon had been called in and had opened the abdomen but had not found anything abnormal. Dr. Hensley diagnosed typhoid fever and the patient made a good recovery. In those days, early cases of appendicitis often found their way into medical wards, and I remember that several times Dr. Hensley called in Dr. Church in consultation as to whether the time had come for a surgeon to be asked to see the case for possible operation.

In those early days of aseptic surgery one of Lockwood's efforts for antisepsis was to take a large pepper pot filled with Iodoform and sprinkle a considerable quantity into the abdominal cavity just at the end of the operation.

Yours faithfully,

STANLEY BOUSFIELD.

10, Albion Street, W.2.

December 11th, 1941.

(*We should have made it clear in the last number of the* JOURNAL *that the series of reminiscences contributed by* Septuagenarian *is now complete.*—ED.)

GOBBO AND THE PUSSYCAT

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Your Hill End correspondent is obviously still smarting from the indignity she suffered when her adolescent utterances were rejected a month or two ago.

It has been hard enough to bear these monthly effluvia in silence in the past when the contents were confined to stories of "stoats and prunes," but now that a feline attack on our faithful Gobbo and his writings has been included, some comment seems opportune.

If one's only knowledge of Hill End was gleaned from these monthly reports, it would be reasonable to suppose that the hospital was a cross between a girls' school and an American college from a Bing Crosby film.

Out of all those at Hill End, can no other writer be found who could produce accounts both more mature in style and, at the same time, more worthy of publication in the JOURNAL?

Yours, etc.,

ROBERT J. EVANS.

CIVIL DEFENCE AWARD

The King has given orders for the following award:—

M.B.E.—Donald Morton Dunn, M.B., B.S., M.R.C.S., L.R.C.P., House Officer, London Chest Hospital.

"The London Chest Hospital was severely damaged by enemy action. There were heavy falls of masonry in one wing and two elderly women, both seriously ill, were trapped. These and the patients of an adjacent ward, some of whom he had to carry single-handed, were taken to safety by Dr. Dunn. Nurse Jerome, who was injured while attending to a patient at the moment of the explosion, helped in the rescue work. Later she was knocked over and rendered unconscious, but on recovery she returned to the ward and continued to assist Dr. Dunn until all the patients were evacuated. Dr. Dunn and Nurse Jerome showed courage and great devotion to duty."
—*The Times, October 18th,* 1941.

OBITUARY

JAMES KINGSTON BARTON, M.R.C.P., M.R.C.S.

It is with great regret that we announce the passing of Dr. James Kingston Barton at the age of 87.

He was educated at St. Bartholomew's Hospital and qualified so long ago as 1875, becoming a member of the Royal College of Physicians in 1894. As a student he obtained the Bentley Prize and, after qualification, became a House Surgeon to the Ophthalmological Department.

He had a very busy life and had an extensive practice in Kensington, in which area he became the Medical Officer to the Siamese Legation.

He was always greatly interested in the Medical College and was one of the strongest supporters of the College Appeal when it was purchasing Charterhouse Square. Indeed, he gave a quarter of his savings to the Medical College, one of the most generous acts done by any Bartholomew's man. Later on he embellished the grounds with rose trees and was a constant visitor to see how things were going on. His passing will leave a great gap in the ranks of Bartholomew's men.

FLYING-OFFICER A. F. BALDWYN,
M.B., B.S., R.A.F.

We deeply regret to announce the death of Flying-Officer Anthony Fleming Baldwyn, who lost his life while flying in the Middle-East last month.

Tony Baldwyn's life was short and brilliant. Ordinary difficulties like passing examinations meant nothing to him, and he became M.B., B.S. (London) at the age of twenty two. As a Kitchener Scholar he joined the Air Force after six months' house appointment at Hill End under Dr. Geoffrey Bourne. In the R.A.F. he realised that flying, and all that had to do with flying, made up a large proportion of what was really exciting in life. Nothing ever frightened him. Gliding had been his particular joy; and I have known him completely happy when hanging almost by his teeth from a cliff edge with the Atlantic a hundred feet beneath him; or beating a ten-foot dinghy single handed across a sou-wester. Whatever he did, and however exciting or dull it was, he always did it absolutely well, and he would not have wished his life to end in any way other than it did.

All those who knew him and his family, in the palmy days when 23, Mecklenburgh Square was a home from home for many Bartholomew's men, will join in offering Mrs. Baldwyn their profound sympathy.

R. S. H.

ELECTRICAL CONVULSANT THERAPY

By D. I. O. MACAULAY, M.D., D.P.M.

In the past, mental patients were often subjected to shock-therapy in the form of floggings or duckings. Whether these were looked upon as having a curative as well as a disciplinary role is highly doubtful. It is well-known that sudden emotional shock, hyperpyrexia and accidents have a salutary effect upon the course of mental illness. What actually causes this improvement is not well understood. In the last war, the faradic current was frequently used in cases of conversion hysteria, often with the dramatic disappearance of symptoms.

Diethelm (1939) quotes a case of mania recorded by William Oliver of London in 1781, in which improvement occurred after large doses of camphor, given to quieten the patient, had produced convulsions. The use of camphor in convulsant doses was also recommended in cases of lunacy in 1798 by A. Weickhardt in his Medizinisches Praktisches Handbuck. There are also a number

of references to the value of convulsions on mental disorders quoted in eighteenth-century French medical literature. In 1929 Nyiso and Jablonszky noted that patients who exhibited symptoms of both epilepsy and schizophrenia recovered from their schizophrenic symptoms if the fits became frequent. In 1930 Müller collected evidence in support of the thesis that there was a demonstrable antagonism between schizophrenic states and epilepsy. In 1932 Nyiso transfused schizophrenic patients with blood from epileptic patients. The failure of this method suggested to Meduna the idea of reviving the century-old idea of producing convulsions by means of drugs; and camphor was again the drug of choice. He began by experimenting on animals. No gross damage was found in the nervous systems of animals so treated. In 1933 Meduna gave 20 per cent. solutions of camphor in the form of Cardiazol intravenously to a number of schizophrenics until convulsions were produced. The results were encouraging. Also in 1933, Sakel introduced the insulin-shock treatment of schizophrenia. The fits accompanying this were at first looked upon as unfortunate incidents, but Meduna's success with Cardiazol convulsions changed that point of view.

The production of convulsions by means of the intravenous injection of drugs presents certain grave disadvantages: firstly with sub-convulsant doses or after recovering consciousness, the patient often experiences intense anxiety, which in retrospect assumes nightmare proportions. This terror sometimes causes the patient to refuse further treatment. Secondly, chemically produced convulsions are sometimes so severe that fractures and dislocations are apt to occur.

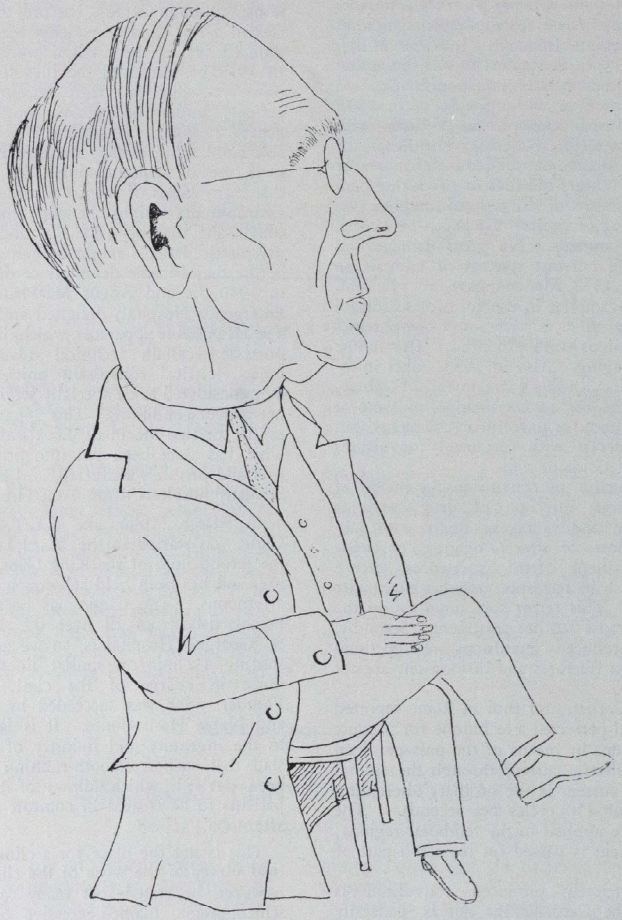
In 1938 Cerletti and Bini in Rome reported that they had perfected a technique for producing convulsions by means of the passage of an alternating electric current through the frontal lobes. The current is the ordinary alternating mains current (50 cycles per second). The electrodes are applied to the temporal regions; and the current is passed for the tenth part of a second.

The electrically produced convulsion is similar to the Cardiazol fit but is, generally speaking, of less intensity. The tonic and clonic phases are less violent, and the duration is shorter. The convulsion takes about 45 seconds and the patient recovers consciousness within ten minutes to half an hour. If the stimulus is a sub-convulsant one, a petit mal attack usually occurs. It is then advisable to increase the voltage and to give another shock so as to produce a major fit.

All the early work on electrically induced convulsions had been carried out on mental hospital patients under mental-hospital conditions, although Strauss, before the war, had treated a few suitable patients with chemically induced fits in the medical wards at Bart.'s. In 1939 he conceived the idea that it should prove possible to treat carefully selected patients under out-patient conditions in a general hospital. This seemed especially desirable since shock-therapy succeeds best in really early cases of mental disorder. He also thought that many kinds of mental disorder other than schizophrenia might benefit from electrical convulsant therapy (E.C.T.), and that many psychiatric patients might be helped to recover before they became definitely certifiable. Early in 1940, he and Angus MacPhail (of Friern Emergency Hospital) designed and constructed a small portable apparatus, which, in their view, possessed certain technical advantages over other electrical convulsant units, and which they considered to be specially serviceable under out-patient conditions. This apparatus, known as the Strauss-MacPhail Electrical Convulsant Unit, has since been put into private production and privately marketed, and is now in use in many hospitals throughout Great Britain.

In March, 1940, the E.C.T. Out-Patient Clinic was started in the Ward Laboratory on the second floor of the King George V. Building, and has been held subsequently on Friday afternoons. The Clinic has been visited by psychiatrists from all over the country; and St. George's Hospital is, so we are informed, starting a clinic on similar lines. The first nurse in charge of the clinic was Nurse Flunder. She was succeeded by Nurse Lake and Nurse Hastie-Jones. It is largely owing to the ingenuity and industry of the nursing staff that such a smooth-running routine has been devised, which allows of ten or more patients to be treated in comfort every Friday afternoon.

This is not the place for a clinical or statistical survey of the work of the clinic. It may, however, be stated that many cases of early schizophrenia, manic-depressive psychosis, involutional melancholia, and other psychiatric conditions have been successfully treated; and it looks as though, through the pioneer work at Bart.'s, electrical convulsant therapy conducted in the psychiatric out-patient departments of general hospitals may become the recognised, routine treatment of many forms of grave but early mental disorder.



SNIFF

BOOK REVIEWS

PSYCHOLOGY FOR EVERYMAN

A Biological Introduction To Psychology, by R. J. S. McDowall. (John Murray, 6s.)

The reviewer is a dirty dog! He lays himself alongside his victim, worms his way into his victim's confidence, responds without reserve of thought or feeling and at the end of the book rounds with the unfriendly impersonalities of a critical judgment. Some authors make easy bedfellows. When they do not, the fault lies often with the reviewer, whose too reactive nervous system makes uncomfortable the passing friendship.

That was my difficulty with Prof. McDowall. The peace of a proper receptivity lay upon me as I read, when: "The losing of articles is in a difficult position, for many will deny that they lose only things that they do not value." Such sentences keep the reader awake only when he tries to understand them. To the reviewer they give shocks—shocks which may be due only to slips of the pen but. . . . I read on. At the bottom of p. 47: "To the child the world is so much unknown and must be influenced by what he reads." Another slip? How many of such slips have I, lulled, passed over? I turn back the pages restlessly. The first sentence of the book—the preface: "Ever since the last war . . ." "Ever since . . ." "Ever . . ." Why "ever"? A mere unwanted word and, it may be said, a quibbling critic. Perhaps—but the critic's reflexes have been twanged. Let us not forget that thought is dependant upon, marches with and is inconceivable without language. Grammar and the elision of unwanted words are essential to its adequate expression. Having been warned we are not surprised when we find (p. 41), after quoting McDougall's list of primary instincts, the author observing: "It will be noted too, that he does not include reference to any spiritual instinct or the emotion of anxiety." The spiritual urge may or may not be an instinct but anxiety is certainly not an emotion. It is a condition, a state, what you will, but not an emotion *i.e.*, the affect of an instinct.

The insidious process goes on. We are cutting adrift from such scientific sheet anchors as the proper use of defined words. Such generalisations as the following pass almost unnoticed: "When life begins, the child is conscious only of comfort and pleasure derived largely from feeding and excretion." These may be the high points of its consciousness but are the sensory organs of its skin not working? Does it not respond to its mother's softened tones? It certainly responds to the discomfort of wet nappies or a loud noise with unmistakable vehemence.

So—I fail. These jerks at my critical judgment are too much for me. I cannot ignore them and I am no longer an unbiased reviewer. I am alert, waiting for the next pin prick. It comes—they come, I should say, for there are many, generally unsuitable for quotation. But one—lest you think me unfair: "Greed is merely the desire for possession carried to excess and to an extent which causes the deprivation of others." A picture rises before my perverse eyes of a salivating gourmand contemplating the huge meal he is about to "possess" by surrounding it with his gastric mucosa and of which he hopes to deprive others! That was on p. 67. Three pages later, of the herd instinct is observed: "This instinct is, as it were, part of the beast itself." True!

Enough! This is evidently not the route by which things of worth which the author may have to say will be found. In the preface he sets out his object: ". . . as a natural sequel to the early biological teaching of medical students. . . ." He would bridge the gap between frog jerks and modern psychology, including therein an indication of the pattern of Everyman's mind and without using incomprehensible psychological jargon.

In the earlier parts of the book a series of short dissertations upon some of the principal mental mechanisms reveal the author's plan to trace them back to their simpler progenitors in the spinal cord and even in the amœba while in the same section pointing out these same mechanisms in operation through society. A simple plan and a good one. Why does it fail? Partly it does not. To those who have not related their psychology to biological simplicities it will introduce the idea—a needed introduction. It fails, I think, because the author has not watched his pen. Too often the tracing of the mechanisms through society loses direction and becomes a homily for the young. Distinctions are not always maintained. Some of the examples of "Projection," for instance, would do well for—"Inversion"—the previous section. As for "symbolism"—the word recurs once under "Projection" though it heads a page. The total effect is that the outlines become hazy and lack authenticity. The standpoint conveyed is that of an outsider with a training in biology using his common sense—and that means the sense of reality he has acquired from his main preoccupation. Biology deals exclusively with Signs; Psychology, or that part of it with which we are mainly concerned, almost as exclusively with Symptoms. The thought worlds produced by the two investigations are a long way apart, artificially so, for they are but the back and front of the picture. Nevertheless the technique developed in the one pursuit differs fundamentally from that developed in the other. It is natural to find an eminent biologist in the latter part of a fruitful life turning his attention to the other half of his subject. It is also not surprising to find that, with his customary landmarks of thought gone (and moreover without, I presume, extensive clinical experience to act as check), he should find it difficult to keep to the narrow path of close psychological reasoning. Were this not so he would hardly have said of religion: "By calling it an escape, however, it is not intended in any way to detract from its value." But to call it an escape does detract from its value. It may or may not be an escape but the detraction is there. The thought is not close enough.

The view also is interesting. It is often met—especially amongst those not themselves attracted by organised religion. The author sees—who does not?—the neurotic mechanisms, "escapisms" used in religion. Indeed it offers an important solution to the neurotic problem. In so doing it inevitably acquires the stigmata of the problem it solves. So does every solution relate back to its problem.

Psychologically, the neurotic, by his religion, is able to use i.e., fulfill many of those desires which, in their existing form, are unacceptable. Religion not only provides a motive but offers a wide array of mechanisms—projection, identification, inversion and the like—whereby the sublimation may be brought about. Some of these mechanisms may, at

times, be regarded as pathological since they manifestly enable the subject to "escape" from the "evil" that is in him. But in so far as they succeed in their object they bring the subject not less but more fully into relation with actuality. Thus religion may equally well and perhaps more fitly be held to be a portal of re-entry rather than one of escape. To dispose of the man who, eschewing the world and the flesh, enters a priesthood and spends the rest of his life in unquestioning service to humanity as "escapist" is to be dangerously superficial.

Moreover the concept has a wider application. The neurotic problem, as stated, is merely an exuberant form of the emotional problem of Everyman. Other ideologies have been and are being used for precisely similar purposes. Philosophies are often so used and Communism or Socialism and Science herself, for all her hardness of face, is by no means guiltless of offering the faithful a placebo for their inferiority and the cloistered security of alma mater's womb.

In short the accusation of escapism is a dangerous one. Without strict particularisation it is so easy to run amok with the idea. A little reflection discovers that not only ideologies but any preferred human activity can be envisaged as an escape from some less preferred activity and we emerge with the profound wisdom that we are all in it, all escaping—in our work, our ideas, our religion. Yet judging from what he says elsewhere, the author would, I believe, be in substantial agreement with much of the above and I do not think he would necessarily so dispose of the priest but in the sentence quoted he does. He drops the particular, becomes general and so lets the cat, nicely controlled before, off the operating table. In effect he observes that the madman's religion is a mad religion and from there goes on to suggest that religion is mad.

These two criticisms of a single sentence present the core of my complaint. Contrary to what is sometimes suggested, thought, in psychology, has to be (and usually is) closer than in any other branch of science, save only philosophy, precisely because its subject matter includes some of the less measurable aspects of reality. Generalisations in physical science are easily checked; generalisations in psychology have to be backed either by statistics (clinical experience) or very close reasoning if they are to be valid. However indignantly the layman may protest, a specialised training is as important in psychology as it is, say, in histology—and is of an entirely different kind. Prof. McDowall has read extensively and evidently dwelt upon his readings. He has a friendly emotional response to a considerable range of human activity. His tolerance of modern trends is genuine and comforting, but his handling of his subject matter lacks the very contact with reality which he would introduce into it. One feels that he is endeavouring to smooth out a discrepancy rather than express a glimpse of reality.

MIDWIFERY

THE NURSING COUPLE, by M. P. Middlemore, M.D. (Hamish Hamilton. 7s. 6d.)

This book, based on hospital ward observations, is an intimate study of breast feeding from both maternal and infant view point.

Psychological reactions are carefully analysed and a useful classification of suckling types is indicated. Practical tips—some old, some not so old—are to be found in the treatment of feeding difficulties.

The book is quite unsuitable for the nursing mother, as recommended in the introduction. She will be bewildered and worried by its academic terminology. This detracts nothing from its undoubted value to the medical profession, particularly to midwives.

SURGERY

SURGERY OF MODERN WARFARE, Part V, edited by Hamilton Bailey, F.R.C.S., compiled by sixty-five contributors. (Livingstone, 12s. 6d. each part.)

Part V concludes this authoritative and very full symposium on war surgery. The section on wounds of the special senses is completed, with consideration of wounds of the ear, the air passages and sinuses. Mr. Hamilton Bailey writes a chapter on wounds of the neck with special regard to surgery of the blood vessels and of lacerated wounds. We are delighted to see that Mr. Hamilton Bailey gives ST. BARTHOLOMEW'S HOSPITAL JOURNAL as a reference in this chapter. Injuries of the skull, brain and spinal cord are then dealt with very fully, with operative details perhaps unnecessarily full, at the expense of details of conservative treatment. Professor Lambert Rogers and Mr. Cohen collaborate in two admirable chapters on diseases of the spine and spinal cord, one of the chapters being entirely devoted to operative details. A separate chapter on the care of the bladder in spinal injury emphasises the especial importance of this subject.

The section on subtropical surgery is of considerable topical interest.

There follow several chapters on administration which appear too exiguous to be of much value. They deal with subjects as diverse as wounds in naval action and hospital organisation in the E.M.S. Let us hope that no one will be flung into a position of responsibility in a field ambulance with only the relevant chapter in this book as guide. The Editor appears to suggest that this would be quite possible.

The Appendix is a resume of the surgical literature of the war. While it cannot claim to be complete it nevertheless contains an enormous amount of interesting and very useful information, worthy of consideration by all ranks in the surgical hierarchy.

In these times any medical man may at any time be compelled to deal with war casualties, and we would recommend this book to all, even to the overworked and over-exhorted student.

THE TREATMENT OF BURNS, by A. B. Wallace (Oxford War Manual. Oxford University Press.)

The above work appears at a most opportune time, for never before has it been so necessary to have a sound knowledge of the basic principles underlying the modern treatment of burns. These basic principles are set forth in a clear manner, and cover all aspects of the problem. Indeed, if such a charge may be brought there is a good deal of repetition. To-day the tannic acid method of treatment is under trial, having come under fire from a number of quarters. The author is a most ardent supporter for the defence, his eulogy echoing back and forth from a fair proportion of the pages. This is a pity, for it wastes both paper and the reader's time. Somewhat unexpectedly, for hitherto the methods for burns of the face and hands have been unsatisfactorily, there is described a new paste (Englamide), consisting of albucid (a soluble sulphonamide), cod liver oil in glycerine and kaolin. Early results of the use of this have been encouraging. The illustrations are good.

* * * *

AIDS TO PATHOLOGY, by K. Campbell, M.B., F.R.C.S. (Eighth Edition, Price 5s. Balliere, Tindall & Cox.)

The eighth edition of this book requires no introduction to students, with whom it has been popular for over thirty years. The subject matter has been revised since the last edition was published; the illustrations are well executed, and the book maintains the high standard of the "Aids Series."

ROUND THE SECTOR

AT CAMBRIDGE

A News Letter lacking nothing but an envelope, Mr. Editor, is a new achievement in Bart.'s journalism and the idea requires immediate exploitation. Furthermore, in view of Hill End's scathing remarks, this epistle will contain——News? Well, if the imagination is allowed sufficient latitude, the following might be put under that elastic heading, suggesting, however, that henceforth the word be "Knews."

Elected as Captain of the rugger club is R. G. ("Come on Cardiff") Ritman, genius of the mock pass and member of as keen a team of medical students as ever flailed fascia. Sons of the Leek are numerous in this team which, but for the unavoidable lack of training and co-ordination, would be a side of marked potentialities.

A little support from the non-playing element would be helpful at matches, a crowded touchline can greatly affect the ebb and flow of the game.

One Students' Union meeting (we do have them, you know) has so far been held at which the procuring of a common room for Bart.'s preclinicals was discussed at length and left for further investigation. If this is not a passing whim, then you may one day hear of a brown velour hat having been eaten in sorrowful penitence for being a misguided sinner. The fact that the desire for a common room has only appeared after two years in Cambridge makes the project appear ominously like a capricious fancy.

And, elevated to the very point of classical expression, I am provoked by the above to say "Cassandra nihil est" and must warn all and sundry that similar paragraphs may appear in the future dealing with such abstract problems as "How to decipher lecture notes," or even "Gray matter and how to apply it."

The troubles of running a dance, Mr. Editor, appear to be manifold. Not only must ample time for arrangements be allowed, but the circumstances under which it is to be run must first of all be completely clarified. These are the lessons learnt from the last dance run for Bart.'s students and their friends. Severe palpitations were incurred by at least two of the makeshift committee, but with the helpful assistance of several others the stage was set, the actors assembled and the play enacted and the curtain now falls on what may well be the last dance run by members of the preclinical years for some considerable time.

A collection in aid of the Red Cross has been started by Hudson, of the Biochemistry Department, and a collection box is circulated by him at intervals throughout the term. The whereabouts of the Practical attendance sheets will, no doubt, vary directly with the weight of the box.

And in conclusion, Mr. Editor,

May I use an epigram
To disclose within an anagram
My Identity, I am

Yours, D. O. SWAN.

* * * *

AT HILL END

At Hill End this month we have been working at full pressure, both in the Wards by day, and in the Reception Hall, continuing our social activities, by night. The latter occupation will be for the benefit of all the patients in the Hospital, giving them Christmas entertainments. The Carol Concert and Christmas Show, "Black Frost," will be trans-

mitted by loud speaker to the wards for those patients who will be unable to come and see the performances. At present everyone is in a flap rushing here and there, getting permission for this and that, until no one knows who's doing what.

In the afternoons we still stroll across to the Nurses' Home for lectures, which are sometimes amusing, and on other occasions are inclined to send us to sleep; but in spite of this we are occasionally awakened. Recently this remark disturbed our slumbers: "All you need is an intelligent Nurse and a Rectal tube."

On November 24th the Hill End Bart.'s Club held their Annual General Meeting in the Reception Hall. The Treasurer told the meeting that in the past two years the Club had amassed £100 clear profit. It was then put to the members for suggestions to what purpose the money should be distributed. Various suggestions were put forward, one member made an amusing speech proposing that a telephone should be erected in the A.R.; another showed his keen anxiety for the Nurses by suggesting that the Nurses' Home should have a wireless. He rose every five minutes throughout the meeting asking for a motion to be passed here and now on this matter. At a later meeting of the Committee it was decided that £40 should go towards the Christmas Ward Fund at Hill End.

We are very sorry to say that Sergeant Nash has just left us, and we are sure that everyone who has been at Hill End will appreciate our loss. He has been the back-bone of our Christmas Shows in composing and playing at the piano, also playing for our weekly Scottish Dancing, and anything else he has been called upon to do for the Hill End Bart.'s Club. We wish him luck for the future wherever he is posted.

We should like to mention in this news how sorry we all feel for Mr. K. R. Ogilvie, who is numbered amongst our patients. He was on his motor bicycle at the time, slowing down to give assistance to a near-by road accident, when a car came up behind him and knocked him down.

At a by-election held recently the following positions were filled.—

To the Students' Union and Hill End Bart.'s Club:

G. A. Lloyd;
D. V. Bates.

To the Hill End Bart.'s Club:

A. V. Livingstone.

Our Hill End Cartoonist will have come to the end of his course here on December 31st, and so will arrive at Bart.'s with his uncanny pen and ink, ready to catch the most unsuspecting member of the Senior Staff.

* * *

AT FRIERN

Good morning, my boy. Beastly cold, isn't it? I trust you're working hard for the coming entertainment at Queen Square.

I am, indeed. In fact, I've taken to reading the Medical Journals recently. Unfortunately they always print articles about things I've never heard of. Prefrontal Leucotomy, for example.

That's a new one on me. What do you know about it?

Very little. It seems to be a last court of appeal in mental diseases. If a man is possessed of some demon, and you can't exorcise it by giving him malaria, or cooking him, or doubling him up with electric shocks, you may try this. You stick a knife into his brain and "sever his association paths."

Reminds me of Charles Kingsley's description in "The Water Babies." "Bore a hole in his head to let out the fumes, which, says Cordonius, will doubtless do much good." As I remember, it didn't: but let's forget work anyway. How about some news from the Hatch? And will you, please, in response to numerous requests, include more of the "personal element"?

Very well. Like the Rev. Hopley Porter—I do it on compulsion. So here goes. Winter has come to Friern, which is often wet, usually cold, and invariably depressing. In the Park, things are stirring. Much white powder covers the grass, and shows a regrettable tendency also to cover the beds in Infirmary A. There is also . . .

One moment. Are you by any chance the man Sister's been looking for in connection with those same beds?

I must have notice of that question. As I was about to say, there is also a Tank. It's real use is obscure, but a suggested use is for ducking Japanese—a suggestion made in high circles. Al. Roth being now at war with the Axis, other M.A.V. strategists have been able to assume the offensive in debates on the conduct of the War. The paths at Friern are now more dangerous than the Eastern front as speed-king John P. Stephens roams around them, grinning hugely, at about 10 m.p.h.

Tell me if you get fed up, won't you?

All right, so far. Incidentally, I've just heard a story you might like to mention. It seems that one of the élite of Cockfosters carries his vest and pants—albeit unwittingly—in his overcoat pocket. Much of his day is then consumed visiting local hostelries to find out which one he left them in.

Is that a fact? I suppose I mustn't press you for names?

Afraid not. But, if one might paraphrase the old proverb, "Lovely is as lovely does." More I cannot say.

We'll leave it at that, then. I hear Bill Badcock wants to know how he's supposed to sleep if stray revellers persist in waking him up at 2 a.m. Winclair—"Backache Winnie"—is now an authority on the management of the Puerperium, and denies emphatically stories that he has never seen a baby. Ronnie James looks more like Picasso every day, and Clive Sheen is said to have been seen in the neighbourhood of the Hatch. A contrast in magnitude is provided by Binn's voice and Maw's moustache, but . . .

That's enough. You may be personal, but if you're downright rude you may get into trouble. Anyway, that's quite enough chat for one day. Remember, you have an examination the day after New Year's Eve.

So I have. That being so, I am sure everyone will excuse me. Gentlemen—I wish you all luck.

ANTON.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees.

October, 1941.

Pass (Old Regulations)

Parker, K. H. J. B.	Ward, A. I.

Pass (Revised Regulations).

Andrews, R. H.	Harrison, K. O.
Bell, R. C.	Packer, F. H.
Bennett, D. H.	Phillips, H. T.
Boomla, R. F.	Sandilands, J. A. J.
Cooper, C. F.	Walters, F. J. H.
Cooper, R. S.	

SUPPLEMENTARY PASS LIST

Group I (Under Old Regulations).
Ware, C. E. M.

Part I (Under Revised Regulations).

Atkinson, W. J.	Isenberg, H.
Bevan, J. E. C.	Messer, B.
Binns, G. A.	Nabi, R. A.
Borrelli, V. M.	Phillips, A. H.
Canti, G.	Reckless, D.
Champ, C. J.	Rees, R. G.
Citron, R.	Robertson, D. J.
Dalton, I. S.	Roth, A.
Davies, J. A. Ll.	Routledge, R. T.
D'Silva, J. L.	Shah, J.
Evans, R. J.	Shaw, C. H.
Haile, J. P.	Tickner, A.
Hall, M. H.	Tweedy, P. S.
Hill, I. M.	Webb, E. J. E.
Holtby, G. R.	Weitzman, D.

Part II (Under Revised Regulations).

Atkinson, W. J.	Lyon, W. C.
Boyle, A. C.	Purcell, S. D.

Part III (Under Revised Regulations).

Hall, T. E.	Nabi, R. A.
Howells, G.	Sinha, K. N.

SPORTS NEWS

HOCKEY

v. Staff College. Away. Won 5—3.

On returning to Camberley for the first time since war broke out we found the Staff College had raised a younger and fitter team than usual. But this only spurred us to start, for once, at full speed. As a result of brilliant spasms in a rather mediocre first half we changed ends three goals up, thanks to Bentall (2) and Heyland. The first ten minutes of the second half have always been a thorn in our side, and this match was no exception. For a while the defence was all at sea, and during this period the Staff College scored three times. Then, rallied by Currie, who had just stepped into the top of his form in a strange position, we gradually regained the upper hand, and an exceptionally pleasant game was brought to a successful conclusion with two more goals from Bentall who has now scored 7 goals in the last two matches at Camberley.

G. E. Hicks: W. O. Attlee, R. S. E. Brewerton; C. T. A. James, D. Currie, A. G. Freeman; T. M. C. Roberts, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

v. Guildford and St. Thomas's Hospital. Home. Drawn 4—4.

Being below full strength ourselves we expected a stern struggle with a side which had only lost one match this season. Consequently we were rather slow in settling down, which was unfortunate as it enabled our opponents to secure an early lead. In fact it was not until nearly half-time that Bentall scored our first goal, by which time St. Thomas's had scored four times. However, in the second half the St. Thomas's forwards faded right out of the picture, although it was not until the last ten minutes that our own forwards suddenly stepped into the most tremendous form, and evened the score through J. I. Fison, Heyland and Bentall.

G. E. Hicks; R. S. E. Brewerton, T. A. Grimson; C. T. A. James, S. R. Hewitt, R. J. Bower; T. M. C. Roberts, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

IN OUR LIBRARY

X. *Tyson's Pygmies*, 1699

By JOHN L. THORNTON, LIBRARIAN

The evolution of man, and the science of comparative anatomy are two subjects that have much in common, and anatomical treatises on the creatures approximating man in physical make-up are of special significance to scientists interested in anthropology, craniology and related subjects. The first major work on comparative morphology was that compiled by Edward Tyson (1650-1708), entitled *Orang-outang, sive homo sylvestris*, and is but one of the author's numerous contributions to comparative anatomy.

Edward Tyson was born, according to some authorities, at Bristol, or, according to others, at Clevedon, Somerset, and was educated at Magdalen Hall, Oxford. Here he graduated B.A. in 1670, and M.A. in 1673, obtaining the degree of doctor of medicine at Cambridge in 1680. He was elected a Fellow of the College of Physicians in 1683, and also became a Fellow of the Royal Society. Tyson was physician to Bridewell and Bethlem Hospitals, and also held the position of reader in anatomy at Surgeon's Hall. He died on August 1st, 1708.

In 1699 appeared Edward Tyson's *Orang-outang, sive homo sylvestris: or, the anatomy of a pygmie compared with that of a* monkey, *an* ape, *and a* man. *To which is added, a philological essay concerning the* pygmies, *the* cynocephali, *the* satyrs, *and* sphinges *of the ancients. Wherein it will appear that they are all either apes or monkeys, and not men, as formerly pretended*, London; we also house a copy of the second edition entitled *The anatomy of a pygmy [etc.]*, London, 1751, which is a curiously compiled book. The title-page is followed by the preface of the 1699 edition, then by the imprimatur, title-page, dedication, preface, text, philological essay, and list of Tyson's other works, all exactly as in the first edition, which are then followed in the 1751 issue by some of Tyson's writings taken from the *Philosophical Transactions*, on the rattlesnake, the musk-hog and the round-worm, *etc.* It would appear that the "second edition" is a re-issue of that of 1699, with a new title page and separately paginated section consisting of certain of Tyson's papers taken from periodical literature.

Edward Tyson's book is a classic monograph, well-illustrated with copper plate engravings by Van der Gucht (unfortunately, certain of the plates in both our volumes are wanting). It is believed that Tyson originated the "missing link" theory, and this work is a thorough investigation of simian anatomy.

BIRTHS

HAYWARD-BUTT.—On November 11th, 1941, at Doocot Park, Crail, Fife, to Kay (née Howarth), wife of Surgeon-Lieutenant Peter Hayward-Butt, R.N.—a son.

HODGKINSON.—On November 6th, 1941, at Grimspound, Milford-on-Sea, Hants, to Mary Stuart "Molly" (née Knox), wife of Dr. H. L. Hodgkinson—a daughter (Mary Stuart).

HUNT.—On November 25th, 1941, at the Central Nursing Home, Hornby Road, Blackpool, to Elisabeth (née Evill), wife of S/Ldr. J. H. Hunt, R.A.F.V.R.—a son.

MARRIAGES

BATES—YOUNG.—On November 15th, 1941, at St. Albans Abbey, by the Very Rev. Dean Thicknesse, assisted by the Rev. R. L. Moore (uncle of the bride), Dr. Michael Bates, younger son of Mr. Tom Bates, F.R.C.S., and Mrs. Bates, Worcester, to Jean Moore, elder daughter of the late John A. F. Young and Mrs. Young, Davella, Cupar, Fife.

BURNE—TURNER.—On November 22nd, 1916, at St. Andrew's Cathedral, Singapore, Thomas W. H. Burne, M.B., Malayan Medical Service, to Catherine V. Turner, M.D. Present address: Chesham Bois, Bucks.

CONTE-MENDOZA—BRINTON.—On November 29th, 1941, at the Church of Our Lady of the Assumption, Warwick Street, W.1, Dr. H. Conte-Mendoza, son of Don Antonio Conte and Doña Laura Mendoza de Conte of Panama City, to Constance, daughter of the late T. G. Brinton, of Esher, and of Mrs. Amy Brinton. The Rt. Rev. Bishop Mathew solemnised the marriage and the Rev. J. P. Waterkeyn celebrated the Nuptial Mass.

DUFFY—BOWERS.—On November 29th, 1941, at Chichester, Charles Allan Gavan Duffy, Capt. R.A.M.C., to Margaret Marianne Lucy Bowers.

DEATH

POULTER.—On November 27th, 1941, suddenly, at Radlett, Arthur Reginald, most dearly loved husband of Mary Poulter.

MISSING

BALDWYN.—Missing, but presumed to have lost his life on active service in the Middle East, F./O. Antony F. Baldwyn, M.B., B.S., beloved eldest son of Mrs. Cecil Baldwyn, and the late Captain C. F. Baldwyn.

EDITOR'S NOTE

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

The charge for Nurses (and persons working in the Hospital is 6d. For all others it is 9d.

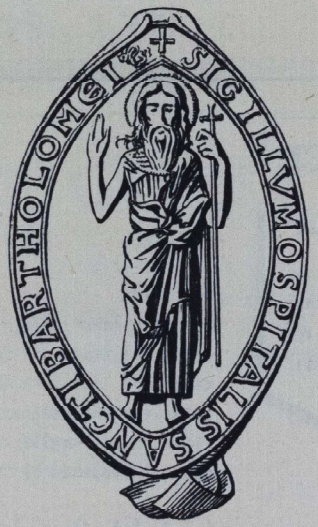
* * *

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

The Exoma Press, Ltd., 255 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION



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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. FEBRUARY 1st, 1942. No. 5

MURDERING THE KING'S ENGLISH

About one thousand and fifty years ago the Abbot of Malmesbury was slain by his brother monks. He had interpreted the principal sacrament of the Church in simple and direct language. But the *Zeitgeist* fought against him with Radbertus. On that morning in 889 Scotus Erigena paid the penalty of spurning popular prejudice.

Thoughtful readers of this JOURNAL have followed patiently the long prattle about the metric system. In December they read on this page a plea for the writing and speaking of simple English in all things medical. They expected, being persons of moderate temperament, that the matter would end. But January came round and the Editor was accused by Doctor Adamson of a kind of verbal hypocrisy. Mr. James Smith wrote and boasted about his classical upbringing and he has been followed this month by Mr. Robert Henderson, whose letter is published elsewhere in this number. Rejoicing in a long intimacy with the classics he writes that he cannot abide anyone with an opinion different from his own.

The method of these three attacks makes an interesting study. Mr. Smith chooses to illustrate the value of classics to the doctor by quoting the word "dyschezia," the meaning of which, as Doctor Geoffrey Evans suggested, is unknown to many students. Although he omitted to mention its Greek derivation, Mr. Smith translated dyschezia as "pain on passing a motion" or "pain on going to stool." A good strategist secures his bases. If Mr. Smith had been ready to learn from his adversary—the Editor admitted last month that he kept a Latin dictionary in his desk—he would not have confused "pain on going to stool" with "difficulty at stool" and exposed himself to the mob's derision.

Dr. Adamson has fought a successful battle in the Pyrrhic style. His tactics were founded on the age-old fallacy of irrelevant conclusion. In a long letter which proved his ability at spelling he urged a greater familiarity with the English tongue than ever I have hoped for. But he forgot to disprove the proposition that clinical clichés and foreign words lead often to confusion and obscurantism.

Of Mr. Henderson I hesitate to write. Recently he forsook the exigencies of journalism for the creature comforts of professional life. Has he learned from the Romans not only a narrow intolerance but also the vices of luxury? Can it be this same knight of literature who now as a public orator sways his audience with a knavish spell on their collective unconscious?

He begins his letter to the Editor with a smooth compliment. In the next sentence by contrasting the words "slight atonement" with "great artist" he encourages his audience to believe in the enormity of the insult to Mr. Eric Gill. And he improves upon this dubious advantage by cleverly inverting the subject of his argument which is the rejection of the design "on account of the perverted sensibilities of certain elderly and ridiculous Bart's men." There follows a short anti-climax. This whets the appetite for the horrible dénouement, the success of which depends on the unwarranted italicisation of the sentence: "Their day is done." In the original it was printed in the same Roman type as its context. Not content, however, with this Fascist victory, Mr. Henderson ridicules "the writer" against "two such scholars as Mr. Vaughan Wilkes and Professor Blair," and delivers his coup-de-grâce with the classic stroke of understatement—"a fact which I thought twenty centuries had proved to be true."

Doctor Geoffrey Bourne has called Hitler the Grand Thalamic, implying thereby that the Führer's spell over the German mind works at a sub-cortical level. Mr. Henderson is the latest practitioner of this Black Art. So, in those far-off days when Charlemagne wore the Iron Crown, did Radbertus persuade the Church against Scotus. He spoke on a thalamic plane, he spoke to the collective unconscious: he said what the people wanted to hear.

THE DIVORCE OF SCIENCE AND POLITICS

The problem of the relation of science and concurrently of medicine to the social system of the day is now conspicuous in the foreground of scientific thought. In a book reviewed in this issue Dr. Arnold Sorsby endeavours to explain medicine to the ordinary citizen as an integral part of civilisation which influences, and is influenced by, the philosophy and the life of society. A somewhat different viewpoint was adopted by Sir Henry Dale in his latest Presidential Address to the Royal Society. He maintained that while control of science by the Government (as through the Medical Research Council or similar bodies) did not impair its independence, scientists should not be over-eager to invoke the authority of science in controversial matters for fear of losing this freedom. This view implies that there is not at present any close relationship between science and politics, comparable to the relationship between politics and ethics, which at any rate until recent years has been, in theory, intimate.

The divorce between science and administration is not new. It had its origin in the Roman Empire, when the victorious Romans considered it beneath their dignity to concern themselves with scientific or technical knowledge when it could always be bought from a conquered Greek. The Roman gentleman's estate was usually managed by a slave, often Greek, and his chief intellectual exercise was the study of law and government. The idea that science and scientists are the servants rather than an integral part of politics has persisted to the present time. It is now maintained largely by the fact that a "classical" education is still the main qualification for civil servants and politicians, who therefore have little or no understanding of scientific method, and, being impregnated with the Roman contempt of science, have no shame of their ignorance. In their self-satisfaction they are confirmed by the ignorance shown by many scientists and doctors about scientific history and about the relations of science to past and present civilisations.

In due humility we would suggest that Sir Henry Dale's concept of science and politics as two mutually independent activities which should interfere as little as possible with each other cannot last long under modern conditions. In a democratic society, science must inevitably have a growing influence on the government of the world it has built. Such an influence seems likely to be most effective if exercised indirectly by the permeation of the community, and of politicians by scientific knowledge. However, this will be a very slow process, and at present science must perforce exert its influence chiefly through scientific organisations, such as the Royal Society, the B.M.A., and the Association of Scientific Workers.

The long term policy of extending scientific influence by extending scientific knowledge to the whole population should be more widely urged on the educational authorities. The history of science should be made a compulsory subject for all higher public examinations. This would give most of those who are likely to reach positions of responsibility some conception of scientific method and of the relationship of science to society, which cannot be given by performing a few elementary experiments in physics or chemistry, or by learning the details of the sex-life of flowers. Such "elementary science," which is the only science taught to most children naturally strikes them as trivial and useless. An intelligent teaching of scientific history would, we believe, capture the imagination of most children, and prove to be of lasting value. It might replace either the valueless subject of a dead language or the equally futile study of the detailed history of the English Monarchy, both of which are forgotten almost as soon as learnt because of their complete irrelevance to modern life.

All contributions for the March issue must be sent in before February 12th.

NEW YEAR HONOURS

KNIGHTS BACHELOR

George Aylwen.
Samuel Gurney-Dixon, M.D., J.P.

O.B.E. (MILITARY DIVISION)

Captain (temporary Major) D. E. Denny Brown, R.A.M.C.

O.B.E. (CIVIL DIVISION)

S. D. Sturton, M.D.

ORDER OF ST. JOHN OF JERUSALEM

Commander: Major G. Aylwen.
Officers: F. R. B. H. Kennedy.
A. G. T. Fisher.

BEACHCOMBER

OR LIFE IN THE ARMY

By CAPTAIN W. F. T. TATLOW

As a new recruit to the R.A.M.C. one finds that the Depot is a place where one rapidly crystallises from a civilian to a military doctor in a few days; the life is rather like that at any teaching institution. An hour a day is spent on the Barrack square learning to stand in nature's worst adapted position, the military attention.

The uniform feels strange at first and you wonder whom to salute and who is going to salute you. My first day out in uniform I was walking along Whitehall, when suddenly two soldiers stepped forward from the shadows of the War Office, sloped arms and saluted—they were twenty yards apart—what should I do? Should I carry the salute past the first sentry and the open doors of the War House to the second or should I give each sentry a separate salute? Because of this episode I was very careful not to pass that wide open space between sentries at Buckingham Palace.

Life drifted on at the Depot for four days, and I was gradually settling into a comfortable life, a fatal thing to do under any circumstances whilst in the Army, for just as you become biologically adapted Higher Authority moves you on. My complacency was upset by the Staff Sergeant who told me that I had to catch a train to Dover in half an hour's time.

That night twenty-five medical officers were gathered to hear from a Brass Hat that we were to go to France to-morrow to set up Aid Posts on the beaches at Dunkirk.

The four of us from the Depot had no tin hats, respirators, battledress or any equipment, and so we spent the following morning getting these articles.

When we reported later in the day to the office of the Brass Hat at Dover most of the twenty-five medical officers had already left on troopships, minesweepers and destroyers; and so I settled down to investigate the contents of the medical panniers whilst awaiting a ship. It was obviously important that I should make myself thoroughly conversant with the contents of these boxes, as my orderlies, like myself, had been in the Army only a few days—one of them had been a postman, the other a clerk. Competition for ships was keen; I tossed for one ship and lost, but the officer who went on it returned six hours later; his ship had been bombed in mid-Channel and had been towed home. At last I was told to report to a minesweeper, a Weymouth paddle steamer, which had been painted grey and armed with a twelve-pounder and two Lewis guns. I reported to the Captain who seemed very surprised to have a medical officer attached to his ship. The boat was manned by R.N.V.R. men and there was a marvellous *camaraderie* aboard. I was able to sense this fellowship many times in my Service life, and it is very important that a medical officer should be able to appreciate it, for he and the Padre are the first to realise that something in a Unit is amiss, and it is their duty to inform their Commanding Officer. Quarters aboard were very cramped, and I shared a cabin (with a cubic capacity for half a man) with the Second Engineer. Early the next morning we set sail for the beaches of Dunkirk. I had been allotted the bath-room of the sweeper as my first aid post. It was a super-heated incubator with condensed steam dripping from the pipes. Apparently all the pipes carrying hot water came through this room, but it was the only available corner in that somewhat cramped ship. Medical equipment was unpacked and everything made ready. We steamed all day through a dead calm sea with a kindly haze hiding us from enemy planes, and all the while the guns on the French coast grew louder and louder. Once we heard another ship open up on an enemy plane. All guns were manned but we saw no sign of the enemy as we steamed on at Action Stations. Early in the afternoon we reached the coast south west of Dunkirk, with its flat sand dunes stretching away into the distance. Farther on we passed the blazing docks of Dunkirk, which I was to see much more closely on another day, and reached the beaches of Lapannes. This was my first experience of gunfire and bombing, and as our own twelve-pounder added to the din the scene seemed like that of another world. We were moored about two hundred yards from the beach and at that distance the whole scene reminded me of the

time I used to play with toy soldiers. Ambulances, trucks and an occasional rider on horseback were moving backwards and forwards about the beach. A destroyer and a Hospital ship were lying half submerged in the water, and large columns of men were drawn up on the beach awaiting embarkation. It seemed as if someone were throwing stones among the toy soldiers, for from time to time there would be a column of smoke in the middle of the waiting column. Men at the sides would rush away and those in the middle were left dead and dying.

As I watched the A.A. of the destroyers and our own men firing at the bombers overhead there was nothing for me to do. I felt out of place, standing inactive and watching the boats as they were rowed to the shore to collect the men. I was afraid, not so much of the bombing or shellfire, as of being drowned if the boat was hit, and I calculated whether I would be able to swim the distance to the shore. On later trips I found that any occupation relieved any fear.

My first case was a man with a G.S.W. in the knee-joint who was lifted from the ship's boat to the deck above on a stretcher. There was little hæmorrhage and a first-aid dressing had been applied, so there was nothing to be done at the time except treat him for shock, so I left him in the care of one of my orderlies and returned to the deck to wait for further wounded. My first surprise was to see Dr. Francis of the Pathology Lab. hauled, dripping wet, on to the deck from the boat beneath. The ship was now full of wet and evil-smelling troops (nothing can smell worse than an unwashed soldier who has got thoroughly wet) who were drying their clothes near the ship's boilers. All ammunition was collected, for on the previous trip our Scottish engineer had been much annoyed by the numbers of 303's which ignited in the heat of the ship's boilers (troops as they came on board had thrown their ammunition in the coal bunkers). There were only a few major casualties on that trip, most of the cases being walking wounded with minor injuries to arms and legs. This was lucky, for on the way home my orderlies were violently sick in that swinging, damp and stinking bath room. During this trip I made my first application of the Thomas' Splint, with three very unskilled orderlies, but the job was eventually done with little discomfort to the patient, who had been well doped with morphia. A few more cases reported during the voyage home, one man actually asking for vaseline for his piles within a few minutes of being rescued from the beaches. Most of the other cases were of hysterical origin, with vague abdominal pains, crying and occasionally profound collapse. Most of these responded well to rest and morphia.

My next trip was on a G.W.R. troopship which used to carry four hundred passengers on trips to the Channel Isles. My Aid Post this time was the First-class Saloon (abutting on the only functioning bar of the ship). Here there were ample facilities for washing, and room for the parking of stretchers. A separate room was available for dressing cases in some privacy. We sailed the following day for the beaches and I spent my time sunbathing till the presence of enemy planes prompted me to retire below, where I removed some shrapnel splinters from the nates of the Second Mate, who had collected them from a small bomb that had landed on the deck. Before leaving Dover I had my first Service malingerer, one of the ship's stewards who complained of "blistered" feet: in fact only a slight soreness between the toes due to ring-worm. He wanted to have a time ashore because his feet hurt him so much! He was sent back to duty, but had reached alcoholic coma by the time we reached the other side. Before the next trip across he disappeared from the boat altogether!

As we approached the docks of Dunkirk we passed our sister ship lying on her side in flames with an empty lifeboat floating near, and we steamed on through masts sticking up in the water and through wreckage of all sorts to the Mole itself. Most of the dock was now a mass of flames and a cloud of black smoke overhung the jetties near which ships were burning furiously. We had to wait our turn off the Mole, and it was a fearful half hour as we slowly steamed ahead to keep us abreast of the tide and within call of the Marines on the Mole, all the time a target for the bombers overhead. At last we threaded our way through the masts of sunken vessels and reached the Mole itself. We took aboard about 1,500 men of all nationalities, French, Belgian and British. Out of this number there were only fifty wounded, mostly slight wounds but about fifteen stretcher cases. Our human cargo was packed so tightly on every deck that it was not possible to walk along the crowded boat without treading on some soldier lying asleep. No Smoking was the order of the night, and with seemingly magic eye the Captain steered his craft in pitch darkness through the masts of those ships which we had seen on the outward voyage. Medical treatment consisted mainly of renewing dressings, giving morphia and stitching an occasional incised wound. There seemed an abnormal number of men with wounds in the back, most of whom had been hit whilst lying down on the beaches.

On the last trip across the Quartermaster collapsed at the wheel, crying, calling on God, trembling all over and obviously in an acute anxiety state. He was taken below, and as I approached him to give him some morphia (this being the only available hypnotic aboard) he rushed forward waving his arms, but was stalled by some stalwart A.B.'s who held him down whilst I gave him a quarter of morphia. Half-an-hour later he was still very excited and restless so I gave him another quarter. As he was still walking about later I tried a further sixth of a grain and twelve aspirins with a double tot of whisky! This seemed to work and he was eventually led below where he fell asleep.

My last trip to Dunkirk was soon over. I had seen a lot of warfare in the space of one week, and after a few days' leave I was sent as a Regimental Medical Officer to an Infantry Battalion.

* * * *

The duties of a Regimental Medical Officer are numerous and varied, but at the same time congenial. General medical duties such as sick parades come strange at first to anyone who has been used to a Hospital atmosphere. Medicines are limited to essentials, and perhaps the most annoying thing is that after your patients are transferred to Hospital you very rarely see them again unless the Hospital is near. All cases requiring investigation or specialised treatment are transferred. Notwithstanding these disadvantages the R.M.O.'s job is interesting, although not necessarily exclusively medical, for he is at the same time a Sanitary man, a First Aid Orderly and an Undertaker. I remember being sent by the Commanding Officer to collect pieces of anatomy of a German pilot who had been blown up in his plane, and also of a brother Officer who had been blown up in a mine-field which he was laying. I also attended a German pilot lying on a stretcher, who howled with pain whenever I touched his sacrum, but to this day I do not know whether he thought I was going to kill him or whether he had actually broken his sacrum, as he could talk no English and I had only a smattering of German; all I know is that I was sent the bill for the hire of a civilian ambulance which took him to the Prisoners-of-War Hospital, but I was able to pass the bill on to Higher Authority through the usual channels.

Perhaps one of the most difficult things a Medical Officer has to do is to decide between functional and organic disease. The distinction is sometimes impossible, but of course an increase of sickness on the day of a route march is to a certain extent to be expected and this is the time when the M.O.'s knowledge of individual men becomes extremely useful. Personally I give the man the benefit of the doubt if he is not usually seen on Sick Parade. I remember seeing, within the first few days of joining my Battalion, a deserter who had typical anxiety symptoms; many deserters have these symptoms on being caught by the Military Police, but this man had surprising attacks of blindness, and he was very liable to fall into ponds when his guards were not looking. At the time I regarded this man as an hysteric and advised the C.O. to treat him with sympathy. This he did and the man returned to duty. A little later the raids on Britain commenced and the man deserted again. He was recaptured some time later and was this time in a very bad psychological state; he was transferred to a Military Psychological Hospital from which he eventually got his discharge. Another difficult case I remember was a Corporal whose stripes had been removed for some offence. He had previously suffered from a headache which had usually responded well to luminal, but after his reduction in rank he spent most of his time reporting sick. During one period of punishment he refused to continue to scrub on account of his headaches, and was at the same time abusive to his Company Commander. He was sent to me to deal with prior to a Court Martial, and as he continually complained of his headache he eventually reached the psychologists and got his discharge. I personally think that this man "worked his ticket." Another case was a man who was discovered by his Platoon Sergeant micturating into a beer bottle and drinking it before his room mates. Before seeing the man I had made up my mind that he was either trying to "work his ticket" or was mentally defective. In the end the man proved to be the Company humorist who was merely indulging in somewhat bizarre exhibitionism.

Since joining the Army I have had to give lectures on such subjects as V.D., First Aid, and Gas Warfare. A.R.P. services are always

looking for an R.A.M.C. officer who will give a course of lectures on First Aid, and I have learned a lot of First Aid, which one never learns as a student, from giving these lectures.

Sick Parades are similar to Hospital Out-patient clinics, only minor treatment being done: opening boils, applying dressings, injecting veins, and sorting out patients who require further investigation. The unit provides anything from two to six orderlies who may or may not have had some experience of nursing or First Aid in civilian life. I have been lucky in that I have three or four orderlies who have had some nursing experience, and have been able to run a small Hospital with from ten to fifteen beds.

In addition to his medical duties, the R.M.O. has the responsibility of seeing that all quarters are uncrowded, that latrines and billets are kept clean, and that the general hygiene of the Cookhouse is adequate. The various Companies of a Unit are usually scattered over a wide area, and it is usual for the M.O. to visit the Cookhouses once a week. In the inspection of Cookhouses a newly joined Officer is rather at sea, but after a short time one gets to know the things to look for, such as clean hands, adequate facilities for washing dishes and cleanliness in the preparation of food.

The Regimental Medical Officer is under the general discipline of the C.O. of the Unit, but under the A.D.M.S. of the Division in all medical matters. He is, however, to a large extent his own master, and can please himself as to what he does and when. He can take an afternoon off to visit a Hospital, or to go on visits to the Companies of his Battalion. Provided that he does his duties in an efficient manner there is usually no interference from the C.O.

In conclusion the M.O. must know every man in the Battalion, and be able to advise and talk to each of them about any of their difficulties. In a short while he gets to know the men who do not like work, but if they see that they will not get off their duties by reporting sick they will not haunt the Medical Inspection Room of the Battalion.

CORRESPONDENCE

CUT AND COME AGAIN

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

If you *must* append footnotes to your correspondents' letters, may I suggest that you use rather more care in future?

Far be it from me to suggest that you waste your editorial effulgence on matters of no importance, or that you view Dr. Geoffrey Evans' article in the same light as your own outpourings, but your footnote yields no other interpretation.

I note with interest that you reserve your counter-attack for another day. May I suggest that between now and that "happy day" you devote a little of your time to studying the elements of grammar? I think that I have never seen a worse example of the split infinitive than that contained in your statement that you "are certain to be even more vigorously abused in the near future." If you continue in the same strain I can well believe it.

Yours faithfully,

J. A. SMITH.

The London Fever Hospital,
Liverpool Road, N.1.
January 8th, 1942.

[*We have great pleasure in referring Mr. Smith, who has eagerly risen at another fly, to Fowler's "Modern English Usage," in which it is pointed out that the infinitive in phrases such as he quotes above is "to be" and not "to be abused." Fowler pours all his gentlemanly scorn on those painstaking journalists, who in their excessive zeal for avoiding a split infinitive will perform astounding verbal acrobatics in order to avoid splitting legitimately separable words.*

We write footnotes, Mr. Smith, because we enjoy it.—Ed.]

CLASSICISM

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

With great pleasure I noticed that in the last two numbers of the JOURNAL you adopted almost universally the form of type designed by the late Eric Gill. I felt that the JOURNAL was making some very slight atonement for the insult it handed out to that great artist when, at the JOURNAL'S request, he designed a cover for it some years ago. That design was rejected on account of the perverted sensibilities of certain elderly and ridiculous Bart.'s men. In this recent improvement in type, therefore, I felt the Hospital was showing signs of a new spirit of progress and broadened outlook.

Then in the Editorial of the December issue I read with horror the following passage: "Latin and Greek have played a great part in the education of modern Europe. *Their day is done. . . .*" And the writer adds insult to injury by "pointing out" to two such scholars as Mr. Vaughan Wilkes and Professor Blair that "the doctor is born, and not made of Latin and Greek." He suggests that science can replace classical study in medical education, completely disregarding a fact which I thought twenty centuries had proved to be true, namely that scientific thought cannot exist without a background of classical teaching, in even the most congenitally medical mind.

Yours faithfully,

ROBERT HENDERSON.

Birmingham Accident Hospital,
Birmingham, 15.
December 14th, 1941.

THE ABERNETHIAN SOCIETY

The time is long past when the present Presidents should have retired. But one delay has led to another, and an election of officers has not taken place owing to lack of opportunity. Therefore, we now take the valuable space of the JOURNAL for the retiring Presidents (M. D. M. O'Callaghan and I) publicly to hand on the laurels to our successors. The usual custom is for each officer to move up one place each year, so that A. G. S. Bailey and J. Beeston become Presidents for 1942, while E. Grey Turner and C. S. Phillips become Secretaries. There should be two other members of the Committee, who must be elected subsequently.

It is with the deepest regret that the Society has been so inactive. It is hoped that it will be possible to organise local meetings at each of the three main hospitals. But this, in the main, will have to be left to the initiative of those on the spot.

TOM ROWNTREE.

For clichés there's quite a craze,
It's becoming a regular art!
Take that sympathy stirring phrase—
"He suffers from tired heart."
It has no basis in truth,
All hearts remain intact,
They cannot be hurt in sooth
By the most exhausting act,
such as—

Chasing a goat,
Or stroking a boat,
Or digging three acres.
Or baiting phrase-makers,
I submit with all meekness,
That cardiac weakness,
Just read mark and heed it,
Must have to preceed it,
A valvular leak,
Or a muscle that's weak,
A rheumatic attack,
Or nutritional lack.

So beware the popular craze,
Look askance at the medico's art,
When he makes an appealing phrase—
Great Scott! "A tired heart!"

"HARPIE."

OUR VETERINARY CORNER

A CASE OF YEW POISONING

The patient, a nulliparous cow, aged one year, had long shown a love of exploration. She was well nourished and had been in the habit of persistently breaking into the garden and browsing on the turnips. As fast as a gap in the hedge was mended she would make another. On this occasion she took advantage of dilapidated Home Guard fortifications and broke into the shrubbery. There she was observed enjoying a good meal of the branches of a yew tree.

As it was not known how much yew she had eaten it was decided to treat her as if she had eaten a poisonous amount. Accordingly,

as soon as the dose and sufficient strong men were available she was given two pints of linseed oil. Judging from her protests the patient was in normal health.

The next day the patient was ill. She was lying miserably amidst a vast mass of faeces. No one could doubt the efficacy of linseed and yew as a purgative. However, on the advice of the vet. a further dose of one pint of oil was administered. This time the effect was less striking. The patient seemed somewhat better.

The improvement was maintained over a period of several days. She seemed so bright that she was allowed to graze with the rest of the herd.

On the evening of the sixth day she was worse and the next morning she was found standing by the stream. She seemed to be on the verge of coma and almost incapable of voluntary movement. She did follow a dog with her eyes but she took no notice of us. Her abdomen seemed somewhat distended and her tail was held tightly between her legs. As she had nearly collapsed, it needed all the strength of five of us to push her up the hill to the lorry. She collapsed on the tailboard of the lorry and allowed herself to be hauled into it without protest.

She died early the next day. Post mortem showed only distention of the bowel. The vet. thought that she had died of paralytic ileus.

L. S. C.

*** *Postscript.*—I enquired of a "steady" in the local what would happen to the deceased. The old cowman did not answer directly. I asked if she would be good to eat. He replied, "Oi remember, in the owd war, an owd boy what 'ad an owd coo what died. 'E showed the police where e'd buried 'er. But Oi know better. 'E took 'er away in brown paper parcels. Oi know 'cause Oi saw 'im." He chuckled happily as he drained his glass.

* * * *

GETTING THE BIRD

Has any medical gentleman ever carried out a post-mortem on a chicken? I never thought that I should. It happened thuswise:—

I owned a young bird (of the feathered world!), a goodly soul, who was just about to fulfil her own object in life and to supplement my egg ration. But, alas, one morning when I went to feed her, she did not appear. It did not take me long to find her moping under the hedge, but eat she would not. Next morning she was dead—a little bundle of feathers that was once the envy of my egg-loving friends.

It so happened that a farmer friend of mine called on me just at that time, and I showed him the corpse. He felt it carefully.

"Eat it," he said. "It died of 'crop blockage.'" I was shocked. The idea of eating a bird which had died a natural death had not occurred to me, and anyway it seemed like cannibalism.

"At any rate," he said, "half the birds you buy in a shop have died naturally." With these cheering words he left me.

I pondered. It was very many months since I had tasted chicken, only once since last Christmas, but even so——

I consulted my wife. She was very helpful. "You pride yourself on being a psychologist, why not do a P.M.?"

"Pathologist is the word, my dear," I said.

Even so, this seemed a sensible suggestion, and anyway I could not refuse. My professional reputation as a pathologist was at stake. My post-mortem findings were, indeed, interesting.

The liver was grossly enlarged, two or three times normal size, with multiple white deposits on the surface and in the substance. The tissue was very friable indeed, and the deposits made one think immediately of secondary carcinoma. Everything else seemed normal, except for a slight dilatation near the gizzard. There was no "crop blockage."

But this was a young hen, barely six months old, and, anyhow, I had never heard of carcinoma in hens, and I hadn't eaten a chicken for so long——

My final diagnosis was an enlarged liver of unknown origin, with multiple white deposits of unknown ætiology.

Did I eat the bird? Well, haven't I already said that it was many months since I had tasted chicken?

I often wonder what those white deposits were. *WERE* they Carcinoma? *MIGHT* they be Miliary T.B.? *COULD* they be pyæmic abscesses, or Actino, or some rare Cirrhosis?

At any rate, my medically-minded and callous friends have assured me that, should I succumb, I will have added greatly to the wealth of science. Why? Because, dear friends, I have preserved a section of that liver for pathological investigation, and who knows, perhaps the ætiology of all carcinoma is chicken?

SWERDNA.

"DUM SPIRO, SPERO"

By

P. F. J.

A case of Psoas Abscess due to suppurating Hydronephrosis, succeeded by infection of the opposite kidney, with recovery.

Mr. E. H., aged 46, a fishmonger, was admitted to Hill End Hospital on October 30th, 1940, complaining of lower left sided abdominal pain.

Early in the month, after a day's outing, he had been seized with a throbbing pain in the left iliac fossa. The pain prevented him from sleeping, and it was eased by bending double but not by warmth. Since then the pain had not left him: it was impossible for him to work. From the time of onset of the pain he became very constipated: his bowels acted only once during October, following a dose of castor oil. An enema was given every two to three days, and this eased the pain a little. The resulting stools were small and hard and contained some mucus but no obvious blood. He vomited twice, during the first two days of the illness; during the whole month he had no appetite and complained of a severe headache.

In the third week of October a less severe, throbbing pain started just below the mid point of the left groin. Both this and the pain in the iliac fossa were eased by holding the thigh flexed, inverted and adducted. He then had regular night sweats and was losing much weight. There was some nocturnal frequency of micturition, the day: night ratio being 3:2.

Previously he had enjoyed good health. His appetite was good and his bowels were opened regularly. On micturition, the stream was never good, he never passed much at a time and for some months he had had an increased frequency. He smoked ¾ oz. tobacco in a day, but took no alcohol. His mother had died of consumption over 25 years ago: his father, brother and children were alive and healthy.

The patient looked anxious and unhealthy, but physical examination revealed no abnormality except a general wasting and slight tenderness in the left iliac fossa. Rectal examination revealed dyschezia but no other abnormality.

On administration of a barium enema, the barium flowed to the cæcum without delay. There was a considerable residue after defæcation: no neoplasm was demonstrated. On November 10th the patient was still constipated and in pain; he was allowed up. He felt nauseated all the next day and on the following day he was limping and complaining of a scalding pain down the outer side of the left thigh to the knee. On November 13th the descending colon was palpable: separate from, and lateral to the colon a firm swelling could be palpated above and below the inguinal ligament; pressure on the swelling below the ligament produced fluctuation above it. There was well marked psoas spasm, a white count of 15,000 per cu. m.m. but no pyrexia. Examination of the vertebral column revealed no abnormality.

On November 19th the swelling was explored under gas, oxygen and ether anæsthesia. A muscle splitting incision was made 1½ ins. above and parallel to the inguinal ligament, starting 3 ins. from the mid-line and extending laterally for 5 ins. The peritoneum was retracted medially to reveal a tense pink walled swelling, which appeared to be the distended psoas sheath. Needling produced clear fluid under tension, which in bulk was a pale yellow colour. Approximately 1½ pints were drawn off. The cavity was drained and the wound closed. The fluid withdrawn had a urea content of 34 m.g.m. per 100 cu. c.m. and the centrifuged deposit contained a few polymorphs. A section of the wall of the swelling showed fibrous and granulation tissue.

The day after operation, the pain in the thigh and groin had gone and the patient had had his best sleep for many weeks. Clear yellow fluid drained from the cavity, the gauze packing being soaked through every 2 to 3 hours. This fluid gradually became brown and took on the characters typical of urine. The tongue was dry and furred. On November 26th the patient was cystoscoped. The bladder wall and right ureteric orifice were normal. The left ureteric orifice was obscured by coagulated mucus, the surrounding mucous membrane being red and œdematous. Indigo carmine was injected intravenously—it appeared from the right ureteric orifice in good concentration in 4½ mins. and never from the left orifice. A No. 9 ureteric catheter passed up the left ureter stopped after 5 cms. A plain X-ray showed an opacity immediately proximal to the tip of the catheter. The urine was cloudy (due to phosphates), alkaline and of specific gravity 1010 and it contained a trace of albumen.

On December 2nd lipiodol was injected into the sinus of the cavity and was seen on an X-ray film to reach from the iliac brim to the level of the first lumbar vertebra, near the midline. No lipiodol appeared to enter the renal tract. Excretion pyelography proved impossible.

Later on the same day an exploratory operation was performed by Professor J. P. Ross. A muscle splitting incision was made from the lateral border of sacrospinalis, just below the 12th rib on the left, downwards and laterally, to link up with the previous operation scar. It was deepened to the perinephric tissue and the kidney. The kidney was adherent to

all surrounding structures and when it had been mobilised the renal pelvis was found to be so firmly attached to the psoas sheath that it had to be clamped and the kidney removed without it. The renal vein and artery were isolated and ligated. Further dissection revealed that the renal pelvis was greatly dilated and that at one point of its attachment to the psoas sheath there was a fistula: pressure on the psoas sheath caused pus to be expressed into the lumen of the renal pelvis. The renal pelvis and the ureter as far as the pelvic brim were removed, the operation site was drained and the wound closed. The naked eye and microscopic appearances of the kidney were typical of chronic pyelonephritis. No tuberculous lesions were seen and sections stained by Gram's method showed no Gram positive organisms.

Following the operation the patient felt generally better and regained his appetite. The wound remained healthy and the final stitches were removed on December 16th. From December 3rd to 16th there was an evening temperature of 100 degrees F. and on December 17th it rose to 103 degrees F.: the patient was drowsy and not looking so well. At this time the urine was slightly cloudy, alkaline, with an ammoniacal odour and it contained no albumen and no sugar. On December 20th much pus came from the remaining drain in the anterior wound and afterwards the patient felt much better and was afebrile.

On December 21st the patient vomited twice. Next day he passed no urine during the morning and in the afternoon he had two rigors with a temperature of 103 degrees F. In the evening he passed 31 ozs. of urine. He did not pass water again for 48 hours.

On December 23rd the patient looked ill and complained of suprapubic and epigastric pain. He had a rigor at 9 a.m., producing a temperature of 104 degrees F. The operation wound was clean and probing the track of the drain produced no pus. A catheter was easily passed into the bladder, with no result. The blood urea was 132 mgm. per 100 cu. cm. During the evening, an intravenous saline drip was started and 25 per cent. glucose was injected into the tubing of the drip.

On December 24th the patient looked very ill and sallow. There was tenderness in the hypogastrium and the right loin. The right kidney was palpable and enlarged. At 10 a.m. the patient was cystoscoped. There was a mild degree of cystitis, and in the base of the bladder, bulbous œdema of the wall: the right ureteric orifice was in the centre of a red œdematous mound, no urine issued from it and a ureteric catheter could only be passed 1 cm. A plain X-ray showed shadows in the right renal area very like renal calculi, also in a position corresponding to the lower end of the right ureter. The opacity seen on the left side on November 26th was not seen.

At 3 p.m. an exploratory operation under gas, oxygen and ether anæsthesia was carried out by Mr. J. P. Hosford. A right lumbar muscle splitting incision was made through dry tissues to the perinephric fat and kidney. The kidney was twice its normal size, of a dusky purple colour, and its surface was studded with multiple pyæmic abscesses. Subcapsular hæmorrhage occurred on the slightest pressure and the capsule began to split as the kidney was delivered. The pelvis was large and tense: a tube was pushed through the kidney substance into the pelvis and a small amount of urine drained. The pelvis was washed out and the capsule was stripped off the remaining parts of the kidney, which was then returned to the body and the wound closed.

At 6 p.m. the nephrostomy tube was washed through with saline under tension, giving rise to considerable pain.

At 9 p.m. the patient passed 2 ozs. of thick purulent urine per urethram and during the night a further 22 ozs. of clear urine were passed.

On the morning of December 25th the patient was still in great pain but looked strikingly better. Clear urine was passed per urethram throughout the day. The blood urea was 134 mg. per 100 cu. cm. There was no drainage from the nephrostomy.

From this time the condition of the patient slowly but steadily improved. The temperature remained within normal limits. On December 27th the blood urea was 164 mgm. per 100 cu. cm. He got up for the first time on January 20th, 1941, on February 3rd the blood urea was 56 mgm. per 100 cu. cm., and on February 22nd he went home. At that time he was passing freely clear urine which contained a small quantity of albumen.

The patient was seen on June 30th, when he looked remarkably well. He was serving in his shop each morning. He stated that his urine was always clear, he had no pain on micturition and his day: night frequency ratio was 3 to 4: 2. His appetite was good and his bowels were open regularly. The patient further remarked that since leaving hospital he had not noticed the backache which had troubled him for four years before admittance.

This case seems worthy of report for the diagnostic, pathological and therapeutic problems which it presented.

The first diagnosis entertained was that of carcinoma of the colon. This was eliminated by a barium enema. A swelling then appeared in the groin giving the symptoms and signs of a psoas abscess, associated with a white count of 15,000 per cu. mm., but no pyrexia and no demonstrable abnormality of the spine. At the exploration of the abscess a pale yellow fluid was obtained which was thought unlikely to be urine on account of a urea content of only 54 mgm. per 100 cu. cm. This fluid, however, continued to pour from the drain in the psoas sheath and it gradually took on the character of urine. Cystoscopy and ureteric catheterisation revealed that no urine came from the left ureter and that there was a stone probably impacted in it.

In view of the unusual groin symptoms it was decided to explore the kidney as well as the ureter, and this operation provided a possible explanation for the clinical picture.

The left ureter became obstructed by a stone and an infection of the left renal pelvis was so severe that it spread to the perinephric tissues: at one point this resulted in the formation of a fistula penetrating the posterior wall of the pelvis, the perinephic tissue, the posterior layer of the renal fascia and the psoas sheath, thus connecting the renal pelvis and the interior of the sheath. Urine, unable to pass down the ureter, passed through the fistula and distended

the whole length of the psoas sheath, giving rise to the swelling and pain above and below Poupart's ligament. Possibly the severe pain in the left loin corresponded with the time when the suppurative process in the kidney was progressing.

After nephrectomy the flow of urine from the wound ceased and the wound healed. For 18 days after the operation the patient seemed to be progressing satisfactorily: an evening pyrexia was thought to be due to pent-up pus. The subsequent course of events is recorded in the case notes above.

Another case of renal suppuration giving rise to groin symptoms has been found in the literature. Carver (Brit. J. Urol. 11, 65-68) describes the case of a lady of 49 who came to hospital in December, 1935, complaining of a large abscess in the left lower quadrant of the abdomen. Within a few days it burst. In April, 1938, a catheter was passed up the still discharging sinus and uroselectan injected. A radiogram showed a clear outline of the left renal pelvis and the bladder, and aggregations of the dye were seen around the kidney. A plain X-ray showed a large renal calculus in the middle of the renal shadow. It is suggested that a pyonephrosis ruptured into the perinephric tissue and the pus tracked along the line of the psoas muscle to the iliac fossa.

The writer would like to express his thanks to Prof. J. Paterson Ross for permission to publish this case, and for his help in the preparation of the paper.

THE CHRISTMAS SHOWS

By

G. HAVERFORDWEST

My customary protasis—containing such phrases as: "all things considered," "were it not for the fact that," and "with due regard for all the difficulties"—I shall, this year, omit. Such niggling little subtractions from just praise were un-needful when all was so good and so much was excellent.

And if, in succeeding paragraphs, some worthy protagonist in vain and with disappointment seeks his name, let him reflect that it is not left out because of any wish to damn with no praise, but that, perchance, my rich store of encomiastic phrases is exhausted. Nor need I, this season, when none were caught *avec ses pantalons en bas*, castigate those errors of slipshod production, or clumsy presentation which have too often spoilt these entertainments in the past. Nor yet was the ice ever so thin that cracks were discernible; and that is a good thing, for it avoids embarrassment; the skating from any angle was delightfully graceful. So I am pleased to be jovial, not Jovian, and cry: Jolly good show, chaps, jolly good show!

Mild and Bitter was presented, and charmingly compèred, by Ken Irving. He is to be congratulated on a stock production even if his somewhat organic piano playing was functional rather than elegant. Their opening number was original, and their sketches "got across" without effort. Of this show the star turns were: "The nicest looking warden in the A.R.P.," by G. Goodall-Copestake, straight from Glasgow, who put his stuff across with almost professional élan; Jimmy Moffat's prestidigitation and recitation; Agger (?Aga) Brennan's well-told lettuce story. A quartet, "Sister Flo" (Webb, Crimson, Castleden, Moffat) also amused. One of the great virtues of this production was that it played dead on time throughout the season. I liked their closing chorus.

The Fountain Follies, after a slightly too lengthy overture by a section of the Melodicals—their playing is, perhaps, a little unadventurous—when first discovered reminded me irresistably of peristalithis. They woke to life, however, when George Morse sang a heart-rending ditty with a pathos, both visual and vocal, which will pluck at my heart strings to my dying day. Subsequently they attempted, not without some success, a very difficult item, a playlet in the Grand Guignol manner which produced spinal shivers even in so cynical a playgoer as myself (Mackay-Scollay, Morse, Stephen). Throughout this show the musical accompaniment was first class, and it rose to great heights during Trickett Farrar's "Bed-time Story," than which I have enjoyed nothing more for many a year; he was ably assisted by Morse in a cot. Three of the four "Trapezoids," too, timed their act very nicely (Dowling, Morse, Stephen). This admirable show was produced by Hugh Bentall and E. Mackay-Scollay.

Of the dozen or more Residents' Shows which

I have seen none quite approaches in excellence this most recent production by Ronnie Schofield.

The Residents maintained a high standard from start to finish, but it was fortunate for them that the shows were given on Boxing Day instead of Christmas Day, because this enabled them to do some much-needed rehearsing on Christmas Day. Their opening chorus (words and music by R. Schofield), "What a poser for the Brains Trust" (words by the cast, music by R. Schofield), and the Out-Patient Department sketches were all good. Ian Ward, with his guitar, Trevor James and Schofield again sang harmoniously and rhythmically. A sketch purporting to show the arrival of the House at X—— to join the R.A.M.C., in which Alistair Kennedy distinguished himself, started as an excellent jest and finished as a riot; the soft-pedalling of Donald Morris was particularly valuable in that item. To end the show they reproduced that excellent "Musical Appendicectomy" which Ronnie Schofield has presented before.

In this constellation, of course, Trevor Roberts was the sun—and a few of the stars as well. His out-patients (bronchial), his compèring, his miming, his mirror-image of Dr. Roxburgh—a perfectly timed sketch this, his inebriated arrival at X—— and his singing surgeon displayed many facets of his varied skill; but, in "Freda, the Scourge of the School," he showed, also, that he was deeply versed in the world of Angela Brazil. I have never seen him in better form: it is sad to think that this may be the last time that he will be seen upon the local boards. Bungers! old man!

Subsequently, at the Potpouri, the shows were done again with added verve.

Good company, good food, good beer and superb entertainment: could a Christmas season be spent more happily?

BOOK REVIEWS

PRICE'S MEDICINE

A Textbook of the Practice of Medicine, edited by Frederick W. Price. Sixth Edition. (Oxford Medical Publications, 38s.)

Some books are famous for their authors, some for their contents and others for their size. The Bible is famous for all three.

Among doctors many books are sold and read because they are the work of distinguished physicians and surgeons. A few are famous for their contents, although the number dwindles with the passing years. Original work is published to-day in journals and archives. The student, however, is less exacting and asks for a book which is authoritative, comprehensive and understandable.

In the years following the Great War a team of London doctors produced a textbook of general medicine under the editorship of Doctor Frederick Price. Their aim was the writing of a book which might "be considered a credit to the London School of Medicine." Since that September day in 1922, Price's Medicine has become a household word in the medical homes of London, of England, and of the Empire.

We have entered the third year of the biggest and most bestial war in history. In spite of it the authors of this incomparable textbook have endeavoured to bring it up to date. The list of changes is impressive and is too long for quotation. Many sections have been rewritten, new ones have been added and four new names appear on the list of contributors. An attempt has been made also to help the bewildered student (and practitioner) with the names of drugs. The English names of the British Pharmacopœia and the Codex are used, and at their first mention the American and proprietary synonyms are given.

A formidable task has been finished. We must wait until the war is done before we can hope for a further revision. But when that day comes we shall welcome Price's Medicine even more warmly if the excellent part on diseases of the skin is fully illustrated.

STARLINGS PHYSIOLOGY

Starling's Principles of Human Physiology. 8th Edition. By C. Lovatt Evans. With chapters on the Special Senses by H. Hartridge. 32s. (J. & A. Churchill.)

In the preface to his *Features in the Architecture of Physiological Function*, Sir Joseph Barcroft quotes Sir John Rose Bradford's remark: "The difference between physiology as taught now and in my youth is that the student is given principles: then he was only given facts." When we are old we shall complain that physiology was taught us dogmatically.

Starling's *Principles* will weather all criticism. Principles there are, heaps of them; and they are rooted in fact. The joy of reading Starling is everybody's privilege: the casual student, the research worker and the medical student will each open the book and find whatsoever may interest him. The casual student whom the Edwardians called amateur, how can he be interested? Let him read the chapters on endocrinology and reproduction and slip easily into the current of this bewildering stream of research. Suppose him a mathematician: he will find hours of entertainment in Professor Hartridge's chapters on the eye and the ear. And the research worker, what interest has he in Starling? His work ties him to a few acres of physiology's broad pasture and his philosophy must cover the domain. Starling with its grand view is the book for him. What of the medical student? His interest is our closest concern and the most difficult to define. We deplore those books written for him—the "Books for Medical Students" series—because we have found that many of them are wanting in the spirit of study and exact observation. They are "cram" books, enemies to science's apprentice. But in Starling we recognise a good father who will be aloof and forbidding at the start and collect an inch or two of dust; and who will become the friend of clinical years, the conqueror of "epidemic housemaniasis" and the consultant colleague of practice.

The author of this 8th edition is again Professor Lovatt Evans. Although he has rewritten a large part of the book his ambition is modest. "The outlook of the *Principles*," he says in his preface, "has always been scientific rather than clinical, and I can make no pretence of being able to instruct the clinician." We have found this simple aim as noticeable as it is rare in current writing. Love and knowledge shun the market-place.

ANÆSTHETICS

Aids to Anæsthia. By Victor Goldman. 5s. (Students' Aids Series, Ballière, Tindall & Cox.)

This book, to use the author's own words, presents in a concise form the essentials which must be known to anyone who administers an anæsthetic. One cannot help feeling that in places it is rather too concise, and that the sections on physiology and pharmacology could have been increased in size at the expense of those on the history of anæsthesia. The subject matter is arranged on conventional lines, and the apparatus described is that most commonly found in modern hospitals.

Each anæsthetic agent has a chapter to itself, in which its properties and methods of administration are discussed. In the section on cyclopropane controlled respiration is mentioned, but nothing is said of its use, and the impression conveyed is that it is employed solely for the purpose of obtaining adequate muscular relaxation.

The book lacks accuracy, and does not stress the difficulties which the student and practitioner experience in practice. It is pleasantly written, and unlike most "cram books" can be read without fatigue, but does not come up to the standard of the rest of the series. The publishers, however, are to be congratulated on the high standard of printing which, under wartime conditions, is out of all proportion to the cost of the book.

FOR NURSES

Anatomy and Physiology for Nurses, by Gordon W. Sears. (E. Arnold, 6s.)

This book possesses a splendid recommendation in the Preface, where the author stresses the need "of keeping the work as simple as possible, but maintaining the scientific and technical approach to the subject." In many popular nursing study books the scientific outlook is sacrificed for the simple one.

Another admirable point is found in the preface where the author aims at "the presentation of sufficient facts . . . to make the subject interesting in addition to mere examinational knowledge." Many a modern nurse has had a rude shock, when, forgetting the inevitable examination, she has endeavoured to pursue some subject for the sake of learning. Both textbooks and lecturers are liable to turn the highway of knowledge into a cul-de-sac. There is no suggestion of encroaching on the territory of the medical profession when a nurse wishes to understand her work intelligently and to stimulate her interest by learning more than the dictates of a certain syllabus. On reading, the book is found to fulfil the hopes of its author.

Two other essential features are not forgotten, namely the number of clear and illuminating diagrams, including a number of X-ray reproductions, and the questions at the end of each chapter so helpful in pre-examinational times.

Altogether it is a book which must surely prove helpful to nurses starting on their training, and one to read with interest as well as of necessity.

A SURVEY OF MEDICINE

Medicine and Mankind, by Arnold Sorsby. (Faber and Faber, 12s. 6d.)

Books on scientific subjects designed for the intelligent layman very often fail to attract any intelligent readers because the author assumes that anyone not possessed of his own specialised knowledge is not only ignorant but stupid. This book is emphatically not one of this type; it is neither sensational journalism nor elementary science. Indeed, the layman will find it hard though worth while reading. Dr. Sorsby has managed to compress an enormous amount of information, theory and discussion into the 200 pages of this book, without giving any impression of cramming, but in so doing it has been necessary to use scientific terms freely without full explanation.

By making use of the historical approach in almost every subject he considers, the author has contrived to present a very balanced picture of almost all modern medical activity. He stresses the present view of health and disease as a constantly varying equilibrium rather than as two sharply distinguished states. The subject of disease is considered under the general headings of the ill-formed, the ill-balanced, the abused, and the assaulted body, an excellent classification corresponding to congenital, endocrine, nutritional and bacterial diseases.

In the section dealing with inherited disease there is a clear exposition of Mendelian inheritance (slightly marred by a small mistake or misprint on p. 62). The author helps to resolve the problem, so fascinating to the layman, of the relative importance of heredity and environment by pointing out that the two factors are not sharply distinguished and that very often it is necessary for both to work together in order to produce a somatic manifestation of a defect in the germ plasm.

In the chapters dealing with endocrine and nutritional disorders there is, perhaps, a tendency to over-emphasise the spectacular diseases at the expense of a fuller consideration of the commoner minor degrees of imbalance or nutritional defect.

Treatment is considered under the headings of individual measures and collective measures, the latter chapter being followed by a consideration of the social environment in relation to health. This is the most important part of the book for it clearly shows that the health of any section of the community is directly related to the average income. Obvious, perhaps, but many scientists and others have gone into the most amazing contortions to show that various other factors are more important than poverty in controlling the health of a population.

In conclusion we would recommend this book as light reading for the student, whose broad view of medicine is often obscured by the necessity of working for examinations, and also for the general reader as a serious and important survey of medicine.

In any future editions we would strongly advise

Dr. Sorsby considerably to enlarge his glossary of scientific terms. Such words as "amaurotic" are now omitted from the glossary.

The publishers are to be congratulated on the very high standard of production and illustration.

THE HISTORY OF LIBRARIES

THE CHRONOLOGY OF LIBRARIANSHIP: An Introduction to the History of Libraries and Book-collecting. By John L. Thornton, A.L.A. (London, Gratton & Co., 1941. Price 12s. 6d.)

The College Library is fortunate in having the services of a Librarian who is deeply interested in his profession. It is clear that he regards librarianship as a vocation rather than an occupation, with consequent benefit to the library under his charge. In spite of his relative youth in his profession he has already produced three books—*Cataloguing in Special Libraries, Special Library Methods,* and now *The Chronology of Librarianship,* which we have under review. This book has no specific bearing on medical history, but it is so comprehensive that it can serve as the foundation for study of the history of almost any subject. The author states in his preface that no book dealing with the subject as a whole has previously been attempted, though there are many monographs on special subjects or periods. Plainly, therefore, the book is ambitious in its scope, and, although the author makes no claim to originality in his matter, he is entitled to credit for breaking new ground in historical presentation. The book is divided into two parts. The first is a continuous survey of the development of libraries and the uses of books, the second is a chronological list of the main events. Both sections are, perhaps, for reference rather than for reading, the information necessarily being delivered in a very much compressed form. A full index renders reference easy. It would not be difficult in reviewing a book of this kind, covering so immense a field of human activity, to point out omissions of detail. There is, for instance, no reference to the origin of the card catalogue, one of the essential instruments of a modern librarian. The Acton Library at Cambridge, one of the most important historical libraries ever assembled, is not mentioned; nor is the Goldsmith's Library on Economics; nor, in another century, is John Evelyn's part in founding the library of the Royal Society. The author has, indeed, not claimed that his survey is complete, and he would welcome suggestions for improvements in a future edition. It is of interest to note that his next work is to be a study of bibliography and the book trade in relation to the Medical Sciences, another ambitious project which will be of special interest to this College. If it is as good as the work under review it will be of great value to the whole medical profession.

ROUND THE SECTOR

At CAMBRIDGE

I most heartily apologise, Mr. Editor, if this so-called news from Cambridge is late in arriving at your office, but the only excuse that I can offer both for its sparseness and lateness is—a completely panic-stricken contributor, my humble self. A bare two or three days ago I was approached by your former correspondent, D. O. Swan, as he chose to call himself, who pompously informed me that he was going to do some work. I pointed out that beyond its being a slight shock, this did not affect me in the slightest, whereupon he further informed me, with a nasty glint in his eye, that henceforth the onus of writing to the JOURNAL every month would be mine and mine alone. Now it's not that I don't like writing to you, Mr. Editor, but I do think he might have told me a little earlier, don't you? As it is, I can easily foresee what is going to happen—I shall make a complete mess of this, with the result that everyone at Hill End and Friern—who seem to know so much about writing these affairs—will immediately give vent to the most caustic remarks concerning the literary attainments, or non-attainments, of your Cambridge Correspondent. Well, let 'em! What do I care! But honestly, Mr. Editor, I'm sure that you at least will sympathise; how can there be much news of Preclinicals when, at the time of writing, we have only been back a week or so?

All I can glean from the various sports secretaries is that they gave in all results and such like to my predecessor, and "that's all I know about it!" One kindly soul, however, offered to do me a list of Bart.'s men in the Services, and was most disappointed when I gently explained that that wasn't my department. Nevertheless, I secured a heap of promises from most of them for future accounts, and the usual prophecies of sweeping victories that most secretaries make at the beginning of a new term, but these may be verified at a later date. A squash ladder was formed at the end of last term, representatives of which succeeded in beating an R.A.F. team, the victory being due (to quote the secretary himself) "to the inability of one of their team to keep his racquet intact." I refrain from comment, but I wish the others were as honest.

I was sorry to see that your former correspondent foresaw a scarcity of dances run by Preclinicals in the future; they were always a success in the past. Perhaps the Dance Committee—or rather the Entertainments Committee, although they never seem to entertain us—might go to a few more dances, and profit thereby.

The Home Guard, however, still provides us with a fair amount of entertainment, occasionally a trifle more rigorous than some of us would like. The last exercise we participated in was aptly called a "Scorch," and lived up to its name in no uncertain manner.

When the term gets more under way, Mr. Editor, and everybody shakes off the effects of the Christmas vac., such as it was, and does something that I can write to you about, I hope to be able to give you some more or less substantial news about Cambridge; I will, therefore, postpone any further comments until my next letter, if I'm ever allowed to write another.

N. D. H.

* * *

At HILL END

The number of students at Hill End has been decreased during the last three months, and it has been difficult to provide full representative sides for the various clubs. The Rugby section alone was ambitious enough to arrange a fixture list; but even then they often had to borrow men from Bart.'s to prevent the fixture being scratched. New arrivals in the New Year were not as numerous as those who departed for Bart.'s. This further depletion of students does not enable us to enjoy to the full the facilities offered at Hill End. It also entails more fire watching for each student; as a compensation, however, the Firms are smaller. One is no longer in the unenviable position of having to stand at the back of a Ward Round, and endeavour to take an intelligent part in a discussion one cannot hear about a patient one cannot see.

So many of our friends in M.O.Q. have been called up, that it is difficult to single out individuals: mention must be made of Dr. G. W. Hayward and Mr. R. T. Johnson, who are going into the Army. We wish them all the very best of luck, and would like to thank them very much for their help to us as Junior Clerks and Dressers.

Accounts of the Carol Concert, and the Christmas show, "Black Frost," both held in the week before Christmas, appear below.

The few of us that stayed on to keep the home fires burning at Christmas certainly managed to burn the candle at both ends [*Sic*—Ed]. Starting at 5.30 a.m. we joined a large number of Nurses to sing carols to the patients. After this we continued to M.O.Q., whose occupants signally failed to appreciate our efforts at that early hour. There were no official shows for the patients, but in most of the wards there was some community singing during the evening. A Christmas evening Party was arranged in the Reception Hall with games and competitions. The Theatre Staff and the Belts each put on a show in the middle of the proceedings, and they were both excellent. Midnight brought the party and a very enjoyable day to a close.

The "Melodicals" played at a New Year's Eve Ball held in the Reception Hall. The addition of several more instruments enabled the band to provide greater and more varied entertainment for the enjoyment of those on the floor. A cabaret was provided by members of a Bart.'s Ward Show, entitled "Fountain Follies."

The *blasé* comments of Gobbo's supporter, in the previous issue, have been noted with interest; we cannot but feel that such heavy sarcasm must have entailed a great deal of mental effort and overstrain, which might have been better employed. Nevertheless, we heap coals of fire on his head by wishing him every success for his Finals. Mayhap in later years as a "Member of the House," he will be asked to act as Hill End Correspondent, and he will then himself be able to write the Sector News in the somewhat extravagant style he proposes, and which, incidentally, he uses in his letter.

"BLACK FROST"

There is no doubt of it Bart.'s was in Herts on the evening of December 19th—the students and nurses of the cast were well repaid for their long efforts by a most enthusiastic audience. "Black Frost," their Christmas production, was a group of some well-varied skits and songs which frequently went from the sublime to the ridiculous. At times your foreign correspondent was reminded of the famous American play, "Hell's a Poppin'." Hill End now swings and sways to the song hit, "The Night I did the Fan Dance for the Rajah." John Gibson guided the evening well, and if you haven't heard his story, "Don't Be Silly, It Takes Time," put it on your "must-list." The

spelling bee was the top-light of the evening. Six sisters and six housemen formed the teams, the housemen dressed in sisters' uniforms. You wouldn't believe it unless you saw it—man's backs and shanks were never made for such exposure. The contest was won by the housemen by a nose. Clothes do not make the man! The evening was ended by Dr. Kimber's greetings.

Congratulations are in order to all who took part. I am constantly impressed with the enthusiasm for entertainment at Hill End. "Black Frost" was no exception, and must go down as hilarious and hearty.

H. R. I.

CAROL CONCERT

The Choral Section of the Hill End Bart.'s Club gave a Carol Concert on Wednesday, the 17th December, 1941, in the Hall at Hill End.

Four groups of carols were sung by the choir. The carols were well-chosen and the singing was good. Most of them were sung unaccompanied. The choir was conducted and trained by Hazel Saunders, and much praise is due to her. One or two of the items were sung in Latin, and variations in the pronunciation of the Latin were audible, whilst in another carol the word "Hosanna" was given a terminal "R" by many of the singers.

Between the groups of carols, Joyce Maidstone played a violoncello sonata by Handel; Martin Wright played a flute sonata, also by Handel; and A. P. Wingate, at the pianoforte, played two of Bach's Chorale-Preludes.

The programme, although ambitious, amply justified itself, and was appreciated by a large audience. The organisers of this concert are to be congratulated.

A. J.

* * *

At FRIERN

"'The old order changeth, giving place to new'—Shakespeare, or is it the Bible?"

"The Bible, I think. But why so philosophical? Is it part of Moral Rearmament or something?"

"Good Lord, no. Mr Austin—very exhaustin'. And Mr. Buchman. . . . I was merely meditating upon life at the start of another term. It seems only yesterday that I stood humbly at the back of the ward-rounds—a mere stripling or freshman. Yet this morning the chief requires an 'old lag' to examine a case, and picks on—me. It mikes yer think."

"It does. But it makes you think even more when you see the new arrivals at Friern—alert, intelligent, cram-full of knowledge and thirsting for more. By comparison, I feel like the celebrated river Oxus, straining along 'through beds of reeds and matted rushy isles—a foiled, circuitous wanderer.'"

"How I know that feeling. After two clinical years I'm still quite lost in the wide spaces of medicine. My crumbs of comfort are occasional Homeric nods which I witness or hear of: even the great are not infallible.'

"I perceive a slight glint in your eye which suggests you know something. Come on, I'll buy it."

"I was thinking of a recent case sent down for a Paul's, or Devine's, operation. Very well prepared—spinal and all. And a very pretty little tumour there was, too. Only it wasn't in the colon, but the broad ligament: a myoma of sorts, with a nice little pedicle."

"Let's send it in for inclusion in the next Bailey, and Love—'A trap for the unwary, etc.' Everyone would remember it and trot it out to examiners for years to come, and drive them all frantic."

"Perhaps we'd better keep it dark, then. And while we're talking of oddities, here's another. A V.A.D. of two years standing is not aware that phenol is carbolic acid. She has, however, access to it, free of any supervision. So free, that when a soldier comes to her with a cold, she is able to administer to him a fatal dose. Can you believe that?"

"Can you?"

"I must, because the *Lancet* says it's true. It also says the Coroner's Court found there had not been 'culpable negligence.' I hope the soldier's relatives were pleased to know that the negligence which resulted in his death was 'not culpable.'"

"Rather like the negligence which left 50 ships for the Japs at Penang, and allowed two urchins to pinch the first-aid kits out of the 'planes at the celebrated 'north-country airfield.' But for heaven's sake let's keep off politics. Tell me instead how I set about the anæsthetics I'm supposed to be doing this month."

"Well, you just go along to the theatre and stick around. No one will notice you for a few days, and then they'll probably ask you why you don't do something useful instead of just getting in the way. That's your cue, and you'll find that the introductory chat was all finished last week and you're already supposed to be an expert with a Boyle's machine. Hold the mask firmly and look confident, and you'll be all right."

"Thanks. Well, I suppose I might as well start now as never. Will you come and hold my hand for a start?"

"O.K. Let's get cracking."

ANTON.

SPORTS NEWS

RUGGER

The good start which the Club made at the beginning of the season has been kept up and, at the time of writing, the 1st XV has won 9, drawn 1 and lost 4 of the fourteen games played.

The "A" XV has not done well. There has been difficulty about keeping the side together.

November 12th, v. Cambridge. Away. Won 9—5.

The Hospital kicked off and for the first few minutes attacked strongly, but the Varsity took the play back to our 25 and kept us there. Both their centres made dangerous runs through the Hospital side and seemed likely to score. But some good hard tackling by the Bart.'s outsides later kept them in check and their passing became rather hurried throughout the rest of the game.

Our outsides then showed their best form of the season and for the rest of the game were definitely on top. After a good run to the Cambridge line, a scrum was ordered and J. P. Stephens charged down the full back's kick and fell on the ball for a try. The Varsity soon took the lead with a goal and led at half-time 5—3.

Soon after the restart N. A. Campbell scored in the corner to give the Hospital the lead again. Several breaks through might have led to tries but were brought to an end, usually after a long run. Each of the outsides made at least one good opening during the game, and in this he was helped by the quick heeling of the forwards in the loose scrums. From one of these the best try of the match was scored. After a forward rush there was a quick heel and the ball went straight along the line to Hawkes who cut inside his man. Stephens, who despite much good natured cross-questioning, still maintains he had been in the scrum, was up to take the final pass and score in the corner his second try.

During the rest of the game Bart.'s continued to press and finished up well on top of their opponents. The win was due to the better combination and more purposeful running of our outsides, combined with the good play of our forwards in the loose. R. L. Hall played well and must have struck terror into more than one of his undergraduate opponents. In fairness to the name of the C.U.R.U.F.C. it must be added that their team was very young and immature and not up to the standard of a pre-war Varsity XV.

November 15th, v. London Hospital, at Chislehurst. Won 14—8.

November 22nd, v. Aldershot Command, at Aldershot. Lost 11—29.

November 26th, v. Guy's, at Chislehurst. Won 5—3.

November 29th, v. Wasps, away. Won 10—6.

The heavy mud of the Sudbury ground lived up to its reputation and the game was mainly fought out between the forwards. A break through in the centre led to J. W. G. Evans taking the final pass to score after a long run. P. R. Hawkes kicked a good goal.

After half-time the Wasps tried kick and rush tactics and this produced two unconverted tries for them and gave them a one point lead. But the Hospital forwards stuck to their job and slowly wore their opponents out and pinned them in their own half for long periods. Our second try came after J. W. G. Evans had cross-kicked and A. R. Corbett was left with only the full back to beat. This he duly did and scored under the posts. Hawkes converted.

Towards the end the fitness of the Bart.'s team kept the Wasps on the defensive the whole time, but there was no more scoring. Among the forwards, R. L. Hall, J. P. Stephens and A. R. Corbett all played well. The crash tackles of M. Laybourne and the defensive covering of Stephens, back again to his best form, did much to discourage the Wasps' three quarters who had more of the ball than their opposite numbers, but who never did very much with it.

Team: J. C. Gibson; N. A. Campbell, M. Laybourne, J. W. G. Evans, P. R. Hawkes; L. A. McAfee, C. S. M. Stephen; J. F. Pearce, R. J. Alcock, A. Robbins, R. L. Hall, A. R. Anderson, J. R. Moffat, A. R. Corbett, J. P. Stephens.

January 10th, v. Rosslyn Park. Lost 5—6.

"Bart.'s unlucky to lose," the oft-repeated phrase was at least justified on this occasion. The Park had produced a good side for this match and were very keen to win. Bart.'s kicked off and for a time there was very little constructive football; the Park were getting most of the ball but making little use of it. It must be said in fairness to our forwards that they were definitely outweighed. Midway through the first half they had the ball out to the right wing from a quick heel and scored in the corner—the kick at goal failed. Soon afterwards Gibson gathered a loose pass from the base of the scrum and taking the defence by surprise ran up to the full back before passing to McAfee who went round behind the posts—Hawkes converted. There was no further score up to half-time. In the second half Bart.'s were against the slope, wind and snow! However, the forwards stuck to their thankless task very well and gave the backs several chances. We were handicapped by an injury to John Evans which took a lot of sting out of our attack. It must be admitted, however, that the "senior surgeon" in the Bart.'s side had already severely damaged Evans's namesake on the opposing side—he made up for this by diagnosing a Bennett's fracture on the spot and binding it up with the Rugger Club's limited supply of Elastoplast. This injury did not, however, prevent the same player scoring for them in the last half-minute from a scrum on the Bart.'s line.

IN OUR LIBRARY

XI. Sir Charles Bell, 1774–1842.

By JOHN L. THORNTON, LIBRARIAN

One hundred years ago there died one of our most prominent surgeons, who was also noted for his attainments in several other branches of medicine. The leading anatomist of the period, Sir Charles Bell, is now more generally known for his physiological and neurological researches, and was also a brilliant artist, illustrating his numerous publications with his own pen.

Charles Bell was born at Edinburgh in 1774, one of six children of a Scotch minister, and brother of John Bell, another prominent surgeon and artist. Charles came to London in 1804, and taught anatomy at his home, and then at Windmill Street, also lecturing to artists, for whom he wrote *Essays on the anatomy of expression in painting,* 1806.* The third edition of this is entitled *The anatomy and philosophy of expression as connected with the fine arts,* 1844. In 1814 Charles Bell became surgeon to Middlesex Hospital, but in 1836 returned to Edinburgh as professor of surgery, having been knighted in 1829.

Sir Charles Bell wrote many books on surgery, the nervous system, and anatomy, several of which went into numerous editions, and were translated into foreign languages. In 1799 appeared *A system of dissections,* volume one of which we possess, the second volume being published two years later. *Engravings of the arteries** followed in 1801, *A series of engravings explaining the course of the nerves* in 1803, *A system of operative surgery,* 2 volumes, 1807-1809,* *Idea of a new anatomy of the brain,* 1811, *A dissertation on gun-shot wounds,* 1814,* *A series of engravings, explaining the course of the nerves,* 1803 (2nd edition, 1816*), *A treatise of the diseases of the urethra, vesica urinaria, prostate and rectum* (new edition, 1820*), *Observations on injuries of the spine and of the thigh bone,* 1824,* *The nervous system of the human body,* 1830,* *The hand, its mechanism and vital endowments as evincing design,* 1833 (which is a Bridgewater Treatise published by William Pickering, and of which we possess a copy dated 1834), *Institutes of surgery,* 2 vols., 1838,* and *Practical essays,* 1841.* Sir Charles also collaborated with his brother John as both author and artist, but his own books are more widely known. Many of them are beautifully illustrated, some in colour. His original research on the function of the spinal nerve-roots is contained in his *Idea of a new anatomy of the brain,* 1811, while his description of "Bell's nerve," and his work on facial paralysis (Bell's palsy), are incorporated in *The nervous system of the human body,* 1830.

Sir Charles Bell was a skilful surgeon, a proficient artist, and a social "lion" during his residence in London. His writings remain of interest even to-day, and the illustrations indicate the value of a medical writer capable of drawing his own material. Sir Charles died on April 28th, 1842, but his memory is respected by the retention of his name in medical terminology, and the thorough study of his writings would no doubt reveal further examples of his remarkable research work on the nervous system, which was obviously handicapped by his dislike of vivisection.

* Copy in our Library.

BIRTHS

DURDEN SMITH.—On Christmas Eve, 1941, at Maitlands Nursing Home, 54, Pinner Road, Pinner, to Joan, wife of Tony Durden Smith—a son.

EVANS.—On December 21st, 1941, at Mary Stevens Home, Stourbridge, to Sylvia, wife of Philip Jameson Evans, F.R.C.S.—a daughter.

GILBERT.—On October 13th, 1941, at Cedar Court Nursing Home, to Margot (née Bourne), wife of R. G. Gilbert, F.R.C.S., Sutton Emergency Hospital—a daughter (Julia).

MOYNAGH.—On December 23rd, 1941, at Woodhayes, Exeter, to Wendy (née Martin-Harvey), wife of Capt. Kenneth Moynagh, R.A.M.C., the gift of a daughter (Rachel Vivien). (Kenya papers, please copy.)

PREWER.—On December 23rd, 1941, at Maidstone, to Margaret (née Packham), wife of Surgeon Lieutenant R. Russell Prewer, R.N.V.R.—a daughter (Ann).

SAVAGE.—On December 26th, 1941, at the Howard Nursing Home, Maidstone, to Katharine (née James), wife of Major Oswald Savage, R.A.M.C.—a son.

TRACEY.—On December 24th, 1941, at Woodhayes Nursing Home, Exeter, to Joy, wife of Dr. John B. Tracey—a daughter.

DEATHS

DAVIS.—On December 22nd, 1941, at Oxford, after a short illness, Charles Noel Davis, M.D., late of Shanghai, beloved husband of Aileen Davis, and eldest son of the late Reverend Charles Alfred Davis.

DRYLAND.—On Sunday, December 28th, 1941, Dr. Leslie Winter Dryland, K.St.J., D.L., M.R.C.S., L.R.C.P., D.P.H., of Orchy Lodge, Kettering, Northamptonshire, aged 73.

JAMISON.—On January 4th, 1942, at Sea Point, Capetown, Reginald Jamison, B.M. (Oxon.), F.R.C.S. (Eng.), son of the late A. A. Jamison, M.D., M.R.C.P., aged 63.

KINGDON.—On Sunday, December 21st, 1941, at Lock's Heath, Southampton, James Renorden Kingdon, M.R.C.S., L.R.C.P.

EDITOR'S NOTE

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

The charge for Nurses (and persons working in the Hospital is 6d. For all others it is 9d.

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

MARCH 1942

VOL. 3 No. 6.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. MARCH 1st, 1942. No. 6

LITTLE BOYS AND MEDICAL STUDENTS

At the time of writing the position of the Students' Union of this Hospital in relation to any wider organisation is still undecided. However, some general considerations seem worthy of mention in the JOURNAL.

At one of the various meetings held to discuss this subject certain students made an impassioned plea for total inactivity, which seemed to rest upon the basic principle that little boys and medical students should be seen and not heard. With fire and emotion they urged upon us the view that we were less than the dust, that we had no opinions of value, and that to join other students in any organisation was an insult to our elders and betters who know so well what is good for us.

We will not bore our readers by recapitulating the well-known arguments addressed to Age in praise of Youth: that Alexander the Great had conquered Darius by 25, that Pitt was Prime Minister at 25; that a man may die for his country at 18. The repetition of these well-worn clichés has become wearisome. However, the attitude of masochistic self-abnegation so vigorously held by these our youthful colleagues seems so contrary to nature and is, in fact, so dangerous that it is necessary to examine it further.

At the very foundation of any democratic community are the two beliefs that the opinion of each member is of value to the whole, and that no action should be taken by the leaders of the community which is not the will of the majority of its members. To our totalitarian enemies these beliefs appear effete. In their cosmogony there are only two classes of men or of nations: those who dominate and those who are dominated. The curious feature about this autocracy as it has operated in Germany is that most of those who are dominated enjoy their subservience. To them it is pleasurable to obey without question and completely to subordinate their will to a superior authority. The ruler and the ruled, the leader and the led, both obtain equal pleasure from the relationship, and in practice each individual plays the double role. (A fascinating account of this emotional attitude in the German people is given in Drücker's "End of Economic Man.") It is only on a superficial view that this self-abasement appears strange; to the psychologist, the historian and the philosopher it has been an ever-recurring pattern in human behaviour. Feudalism, Authoritarianism, Masochism—call it what you will—in our present state of social evolution it is as atavistic as our vermiform appendix, and as dangerous. Nevertheless, to possess in our midst such proud protagonists of this interesting philosophy is a privilege of which those who are students of human behaviour as well as of medicine should take full advantage.

There is, however, a more serious argument, namely, that students are not qualified to express an opinion about the general principles of the education they are in process of receiving. This does not invalidate the scheme of obtaining the views of students provided that they give their opinions only about that part of their course which they have already finished, and not about that part on which they are engaged. Thus the views of the Hill End students are only valuable in so far as they deal with preclinical subjects and with the transition between preclinical and clinical teaching. Opinions about clinical training should be obtained from those who are taking their Finals and, better still, from those who have recently qualified. On matters of detail in a course of instruction it may be valuable to obtain the opinions of those actually taking the course, but on matters of principle the views of these students would carry little weight.

If a sane and balanced report is to be collected it should not be made too easy for students to contribute to it. To answer yes or no to a simple question is not enough; the reform of medical education is not as easy as that. Those who are to give their opinions

should devote some time and thought to the subject, and be ready to justify their views. An elementary questionnaire of the type which has been sent round on various occasions by the Cambridge Medical Society is only too likely to produce a result in which the few wise men are over-ridden by the many fools.

* * * *

BLITZKRIEG

"We are in the middle of a World War, and all that the JOURNAL can find to fill its pages and waste the nation's paper is a trivial controversy about split infinitives and the use of English."

"The battle of Waterloo was won on the cricket-fields of Eton, but last season's cricket averages haven't yet appeared in the JOURNAL."

"Who on earth is going to read an article about the Divorce of Science and Politics?"

"The way in which articles are crammed into the JOURNAL without any spacing is quite revolting."

"There never is anything in the JOURNAL anyway."

"That Sector News — —! You know what you can do with it!"

This storm of abuse beats coldly and constantly about the Editorial head. Eventually we become adapted and develop the armour of a pachyderm, but still the storm rages. Occasionally a series of particularly violent blasts compels us to lift our heavy head, and sonorously but harmlessly, like the slow and amiable hippopotamus, to bellow our defiance, and the fair, empty page of the JOURNAL once more is sullied by our self-justification.

We do not ask your pity; it is our job to satisfy you with the resources at our disposal. But our vaulting ambition (for we agree that the JOURNAL might be far better) is constantly chastened by the twin ogres called Apathy and Moneybags. Apathy who lives in the Abernethian Room stifles with his vast bulk the eager intellects of our student readers, and all that escapes his soft grasp is a trickle of contributions from the most determined and virile students. The ogre Moneybags needs no introduction to our readers. He alone is responsible for the pages of the JOURNAL and for the absence of those photographs and virginal expanses of paper which adorn the sheets of our more opulent brother Journals.

We welcome your criticisms—at least they show that someone must read our efforts—but we would ask you to consider the varied tastes for which we must try to cater, and the difficulties of producing a really good JOURNAL in the absence of that excellent material which you yourself could, but do not, provide.

To that small but happy band of brothers, our contributors, we would like to express our gratitude for good things in the past and our hope for more good things to come.

We are glad to learn that Doctor D. E. Denny Brown, who was formerly Neurologist to the Hospital, has been appointed to the Chair of Neurology at Harvard University.

* * *

All contributions for the April number must be sent in by March 7th.

* * *

MEDICINE IN LAGODA

It has often seemed to me strange that Gulliver, himself a medical man, should have devoted so little attention in his record of his travels to the state of medicine in the various countries which he visited. It may have been that he was afraid to bore his lay readers with a technical discussion which would be of little interest to the majority. Gulliver tells us that he practised first in Old Jewry and later in Fetter Lane. Although I have been unable to verify the fact, it would seem not unreasonable to suppose that he must at that time have been well known at Bart.'s as one of the local doctors who sent his patients there.

The recent destruction of old house property in the City has brought to light many documents long hidden in dusty corners, and among them this fragment of manuscript which might be attributed to Gulliver. It is not improbable that it forms part of an address delivered by him to some long forgotten precursor of the Abernethian Society.

"During my visit to the academy of projectors in Lagoda I had occasion to observe an interesting experiment which had been carried out for several years, the results of which were far-reaching and unexpected.

"A manufacturer of paper had noted that his factories could produce much more of this commodity than the community could consume, and he set himself to devise a means whereby his surplus could be disposed of. To this end he caused it to be spread abroad in high places that the government of the country could not be carried out to the advantage of the people unless each and every activity of their lives was controlled by a separate branch of the government, termed a *mynistri*, and that therefore many more of these *mynistris* should be formed. To this the people of the country, termed the *muggs* in their language, eventually agreed and thus it was arranged. The originator of the scheme then put forward the proposition that the usefulness of each *mynistri* was in proportion to the number of persons which each could accommodate, and also that its importance was greater according to the quantity of paper which it caused to be consumed.

"Thus each *mynistri* expanded itself until a large part of the populace came to be supported at the public expense in the occupation of governing the remainder, and those occupied their time in devising many fresh uses to which paper could be put. The method which commended itself to most was the invention of numerous *serul dna snoitaluger*, which meant that many pieces of paper were closely printed with words so arranged that none but experts specially trained were able to decipher their meaning. In this way it was found possible to make use of a great deal of extra paper, for further sheets could be issued explaining the originals in simpler language, suitable to the understanding of the common people, or debating exactly what had been meant in the first place, although it was often found necessary to ask the officers of the law, skilled in the decipherment of such enigmas, to assist in these matters. In this way a great deal of paper was consumed, but it was found possible to ensure that still more was used by altering and amending the *serul dna snoitaluger* as soon as it was apparent that they were fully understood; it was thought that this system could be continued for so long as the ingenuity of the projectors proved equal to the task of devising fresh *serul dna snoitaluger*, after which it would be possible to commence again from the beginning.

"But still not enough paper was used. Other projectors then advised that each *mynistri* should design as many *smrof* as possible. These were sheets of paper containing numerous cunningly devised questions, to many of which the answers were difficult or impossible to guess, and they were so infinite in their variety as to cover every conceivable activity of man. These were distributed broadcast and the *muggs* were expected to complete them. It was hoped that some projector, even more fertile of imagination than the rest, would shortly discover some use to which these filled up *smrof* could be put but, for the most part, it was considered sufficient that they should be stored in places difficult of access.

"By these and similar means it was found possible to utilise a vast quantity of paper. But some of the *mynistris* were not yet satisfied, for they felt that it was owed to their importance that they should use yet more. It was therefore decreed that it was not sufficient that many of the *smrof* should be filled up, but that one, two or even three or more exact copies should be made of each, and in this way the total amount of paper used was greatly increased. So much so that, after a few years,

it was found that more paper was needed than all of the manufacturers could supply. It now became necessary to call into consultation other projectors, who were instructed to devise means whereby paper could be saved. It did not occur to anyone that this object could be achieved by diminishing the supply of *serul dna snoitaluger* and *smrof*, and by a decree that it should be sufficient to complete one only instead of the *formsintriplicate*, which had become the custom of those in charge of the *mynistris*. The efforts of the projectors were numerous, and many of them were ingenious beyond words, but the problem had not been solved at the time of my visit. Quite recently an order had been issued ' That certain patients in hospital should make use of the flimsy wrappings of certain globular fruits for a purpose for which paper of a firmer texture had hitherto been employed." A brilliant future was predicted for the projector who devised this scheme, but there were not lacking those who held that it was not possible for a single brain to evolve more than one original idea of this magnitude in a lifetime and that, if he continued at this rate, he would shortly find it necessary to enter a *lunihinn*, or home of rest for those whose brains had become fatigued by reason of overmuch thought.

" On leaving the academy of the projectors my guide offered to conduct me round the chief hospital of the city. I was naturally eager to see how the art of medicine was pursued in this strange land and agreed with pleasure. On arriving at the gate we were submitted to interrogation by one who stood there in order, apparently, to make access to the place of healing not unduly easy. Having described ourselves and our desires in some detail we were suffered to proceed. On the way my guide had explained to me that the hospital was in charge of a *tnednetnirepus*, who was responsible to those over him (who knew little of the needs of those in the hospital), for everything within the bounds of the institution, from the care of the drains to the welfare of the patients, but that he was chiefly concerned to see that the *smrof*, of which there were very many, were correctly filled in and that the *snoitaluger* were duly observed.

" It was customary to select a well-qualified doctor for the post of *tnednetnirepus*, although my guide was unable to explain to me why this should be so, and the majority were chosen from those of the better quality of the island of Laputa. But with this difference that, whereas I have described in my Travels the singular countenance of those on the island, in that one of their eyes turned inward and the other up to the zenith, the right eye of the *tnednetnirepus* was permanently turned to the right and the left was seen to be in a state of constant rotatory nystagmus which persisted even during sleep. It was explained to me that the right eye was fixed in this way from a constant contemplation of certain irritant bodies, termed the *punditsupatcountyhall*, whereas the left was constantly engaged in observation of the movements, and even the thoughts, of all who had tasks allotted to them within the confines of the institution. As a consequence of this optical peculiarity it had been frequently noted that the *tnednetnirepus* was apt to experience difficulty in discerning objects placed immediately in front of him.

" The actual care of the patients was delegated to inferior beings, termed *assistant-medicalofficersgrade one, two* or *three;* this term was frequently abbreviated to AMO. I was tempted to speculate that this term must point to an occupation by the Romans in the long-forgotten past, and that it had come to indicate the veneration with which these regarded the *tnednetnirepus*, although my guide thought it more likely that it indicated that there was little love lost between them.

" These AMOs were carefully separated into grades, in much the same way as are eggs in our own country. As they increased in length of service they were likely to be moved from one institution to another, so that none remained to develop a pride in their own hospital, such as is a feature in our land. In fact, their chief concern was not the care of their patients nor the welfare of their particular hospital, but rather so to order their conduct as to merit the favour of, and avoid reproof from, the *punditsupatcountyhall*.

" Having entered the building, a somewhat crazy structure of considerable antiquity, we proceeded forthwith to the consulting room of the *tnednetnirepus*, known as ' the office.' A dull and gloomy apartment, so designed and furnished as to cause its occupant to forget that he had ever been a doctor. We found the official seated in a chair with a large pile of documents in front of him. As he picked each up and held it to the right of his head it was lit up with a cold, clear radiance, which had the effect of causing those which were in any respect imperfect to fade and finally to vanish. The remainder, few in number, were carefully buried beneath a pile of dust for further consideration at some unspecified future time. In this way all possibility of an unduly hasty decision or action was avoided with certainty. My guide informed me that this strange illumination emanated, not from the *tnednetnirepus* but from a distant source *upatcountyhall*, and that it had the curious effect of causing all written matter to be viewed in an entirely different light from that in which it had been composed. When the *smrof* had all been inspected in this way we succeeded, although not without difficulty, in attracting the attention of the official, who conversed quite rationally with us but, on my enquiring what was the purpose of the scrutiny which I had just witnessed, he replied : ' I have neither eyes to see, ears to hear nor tongue to speak, save as the *pundits* are pleased to direct me.' Having said which he relapsed into a coma from which it proved impossible to arouse him.

" It was notable that the atmosphere in this room was gloomy in the extreme, and I enquired whether this indicated a melancholy disposition on the part of the individual, but my conductor assured me that since the widespread introduction of the *smrof* there had been a noticeable diminution in the cheerfulness of demeanour, both of the sick and of those whose duty it was to attend them. This in striking contrast to the countenance of the *punditsupatcountyhall*, which had been observed to exhibit an increasing sense of satisfaction with themselves and with all their works . . ."

The remainder of the manuscript appears to have been destroyed. We are therefore never likely to know of the marvels of Lilliputian medicine, the fearsome surgery of the giants, nor the veterinary practice, conducted doubtless on the lines of the nature cure, in the land of the intelligent horse.

J. M.

EAST OF SUEZ

Withdrawn from the City's din, " here at the fountain's sliding foot," I can linger a moment with Phaedo and listen to the immortal words : " When the soul returns into itself and reflects, it passes into another region, the region of that which is pure and everlasting, immortal and unchangeable; and feeling itself kindred thereto, it dwells there under its own control and has rest from its wanderings, and is constant and one with itself as are the objects with which it deals."

With this sweep of the pen Plato has torn aside the veil of the East and revealed her nature in a language which we can understand. For modern scholarship has decided that the inwardness and self-analysis of the Greek were perfected by a system of religious exercises of which yoga is a contemporary survival.

Homer, the father of romantic literature, was a man of many moods and parts. From his cups his eyes might wander lazily across the rolls of manuscript to the shore and dwell an instant on the green waters. Recollecting himself he turned to his labours and wrote down these words : " the wine-dark sea." He was no brooding spirit. He revelled in the panoply of battle, in the glint of armour or the flash of an eagle's eye as it dropped to its prey; he sang with a chorus of wind and sea outwatching the dawn with his tankard; and above all he loved to watch the play of the bright sun on young limbs, and the sinuous shadows of his people's dress. This was no ancestor of the calm, quiet thinker who used to wander among the trees of the Academy. Nor can be found in Homer that steady watch upon the world which has been the hall-mark of grand vision since the Philosopher's day. Another wind has quickened the seeds of contemplation,

" Eek with his swete breeth
Inspired hath in every holt and heeth
The tendre croppes."

Mr. Kenneth Walker, like the great investigators of the nineteenth century, has closed his front door quickly behind him and gone forth to record the natural history of this charm-bearing Zephyr. His course lay early across the wastes of contemporary science which he has described in facile style. But after he has doubled the last headland of rational knowledge he makes an early landfall in India, where he lingers till his journal makes an end. This is not written in the jargon of the day; it keeps to the broad way of the Victorian amateur. Whereas Professor Joad has complimented Mr. Walker on " a gallant effort to present a synoptic view of man," I would suggest that his " Diagnosis of Man "* is an essay, a feeling forwards to the reaches of unwritten philosophy.

Criticism of this book in a medical journal has little cause to touch upon the first eight of its seventeen chapters. They outline subjects with which readers are familiar. But as soon as Mr. Walker turns the discussion to Oriental

* Diagnosis of Man, by Kenneth Walker (Jonathan Cape, 10s. 6d.).

religion and philosophy, a region opens up in which the unwary reader will go astray unless he has some canons of criticism at his command.

Towards the end of the chapter on consciousness Mr. Walker writes: "Another difference between the Eastern and Western schools of philosophy is that whereas the latter has complete faith in logical thought, the former has not. It is only in the Oriental school of philosophy that there exists clearly the idea of different levels of thought, of lower and higher mind."

The earlier of those sentences reveals much of the writer's interpretation of Western philosophy. He has experienced its confidence in the ultimate triumph of right thinking without accrediting it with quiet observance of irrational sequence. This more subtle meaning can be found in the greatest thinkers. Kant is said by some to be out of date with the superseding of Newtonian physics, as though Sir Isaac had written for a single generation. He has indeed clothed his thoughts in a physical garb as outmodish to our physicist as poke-bonnets to our womenfolk. They are none the less real because they are old-fashioned. Kant, also, in his wonderful Critiques has painted for us the mind of Il Penseroso:

"Oft, on a plat of rising ground
I hear the far-off Curfew sound
Over some wide-water'd shore,
Swinging slow with sullen roar."

Across the valley of impenetrable gloom come the signs and phenomena of existence, of noumenon whose nature is wholly unknown. Man guesses: does he guess aright? "I must destroy knowledge," wrote Kant in the introduction to the Critique of Pure Reason, "to make room for belief." In more recent times the biologist Henri Bergson has launched a campaign against the priority of reason insisting that it is a single function of an omnipotent life-force, *élan vital*. The same position has been expressed psychologically by Jung: "moreover it must not be forgotten that science is not the *summa* of life, that it is only one of the psychological attitudes, only one of the forms of human thought." Mr. Walker is right in imputing "complete faith in logical thought" to European philosophers; but he skips a deeper understanding of their aim.

He has, self-confessedly, been deeply influenced by two remarkable books, "Eastern Religions and Western Thought," by the Professor of Eastern Religions and Ethics at Oxford, S. Radhakrishnan, and P. D. Ouspensky's "New Model of the Universe." And he has first-hand knowledge of the Orient. The former of these books is a well-informed introduction to the religions of India in which the author, with a proper bias, weighs them against the philosophical and theological systems of Europe. It is propagandist. The second is fascinating but a little suspect. The author propounds the theory of an esoteric continuity running through the great world civilisations. He suggests that a "higher knowledge" has been in the keeping of a chosen circle, members of which alone can instruct the uninitiated: "The aim both of the teaching of the Apostles and of the construction of Notré Dame was not to teach all the people, but only to transmit *certain* ideas to a *few* men through the 'space of time.' Modern science conquers space within the limits of the surface of the small earth. Esoteric science *has conquered time*, and it knows methods of transferring its ideas intact and of establishing communications between schools through hundreds and thousands of years." This "*idea of eternal recurrence*, which for us is connected with the name of Pythagoras and in modern times with that of Nietzsche," is an interesting symbol of a distinct mental habit. But as a serious principle of cosmology it has little chance of universal recognition.

Although Mr. Walker has attempted a diagnosis of man and can claim evidence from the whole world, the bizarre has too often beckoned him and puzzled him when the homely would have been more instructive. This pursuit of "higher consciousness" in strange places is too obvious; the amateur does not look for a rare butterfly in his back-garden. A more generous reference to European and English spiritual life would have made his Oriental acquaintance stand out in bold relief. If *he* had reminded his readers that "in the mysticism of Bunyan and Fox, in the brooding melancholy and glowing energy of Cromwell, in the victorious tranquility of Milton, 'unshaken, unseduced, unterrified,' amid a world of self-seekers and apostates, there are depths of light and darkness which posterity can observe with reverence or with horror, but which its small fathom-line cannot plumb," those strange ecstasies and disciplines of the East which he has laboured lovingly to paint would be at once more personal and closer home.

OBITUARY

Dr. Percy Kidd

Dr. Percy Kidd, who died on January 21st, 1942, in his 91st year, was a physician of eminence. He had, however, outlived most of his contemporaries, and had been living in retirement for some years past, so that he was but little known to the younger physicians of to-day.

He was born at Blackheath in February, 1851, and was educated at Uppingham under Dr. Thring, and at school excelled at all athletic sports. Inheriting medical traditions from his father, the late Dr. Joseph Kidd, who had been physician to Lord Beaconsfield, he early decided to take up medicine.

He went up to Oxford, matriculating at Balliol, and later took a first class in the Natural Science Honours School of 1873. He then entered St. Bartholomew's, at a time when medicine was taught there by such men as Black, Anderson, Southey (of "Southey's Tubes" fame), Church, Gee, H. Dyer, Duckworth and Lauder Brunton; with Sir George Burrows as Consulting Physician, and Dr. Bridges, afterwards Poet Laureate, one of the Casualty Physicians.

He qualified in 1878, taking the Oxford M.B. degree, and also the Diploma of M.R.C.S. In this year he also gained the Radcliffe Travelling Fellowship, and spent some time in study at both Strasbourg and Vienna. On his return he acted as House Physician at St. Bartholomew's to Dr. Gee and Dr. Wickham Legg, and later became Casualty Physician. In the Medical School he occupied the posts of Demonstrator of Physiology, and of Assistant Medical Tutor.

He was thus in the running for the full staff. But when the vacancy occurred—and vacancies were rare in those days—the late Dr. Samuel West, another brilliant Oxford graduate, was elected, and Dr. Kidd, feeling it would be long before another vacancy occurred, joined the staff of the London Hospital as Assistant Physician, and this Institution he served for the remainder of his life, being, at the time of his death, Consulting Physician.

But Dr. Kidd did not confine his energies to work at the London Hospital, and in 1881 he was appointed Assistant Physician to the Brompton Hospital, where he also acted as Pathologist for some years, making all the post mortem examinations himself. Later for a time he was in charge of the Throat Department. From 1893-1906 he was first Physician, retiring after 25 years' service with the rank of Consulting Physician, which he was destined to hold for 35 years. Whilst on the staff he had several brilliant colleagues, among whom may be mentioned Sir Richard Douglas Powell, Dr. Pollock, Dr. Theodore Williams, Sir James Kingston Fowler, and on the surgical side Sir Rickman Godlee. In addition to the above Dr. Kidd was appointed by King Edward VII one of the Consulting Physicians of his newly created Sanatorium at Midhurst at its opening in 1906.

At the College of Physicians, of which he became a Fellow in 1885, he served on the Council, and was Senior Censor, and in 1912 gave the Lumleian Lectures on Pneumonia; and in 1918 the Harveian Oration on the Doctrines of Consumption in Harvey's Day and in our own.

Dr. Kidd was not a voluminous writer, but was the author of the important article on "Phthisis Pulmonalis" in Clifford Allbutt's System of Medicine, 1898, and jointly with the late Dr. William Bulloch, F.R.S., and Dr. Noel Bandark of the corresponding article on "Pulmonary Tuberculosis" in Allbutt and Rolleston's System, 1909. He also, on the discovery of the Tubercle Bacillus in 1882, made numerous pathological researches at the Brompton Hospital on the "Distribution of the Tubercle Bacilli in the lesions of Phthisis," which were published, with beautiful illustrations, in the Transactions of the Royal Medical and Chirurgical Society in 1885.

As a Teacher Dr. Kidd was respected and admired by his students, who, at the London Hospital, always spoke of him by the affectionate abbreviation, "P.K."

Dr. Kidd died at a great old age, having deserved much of his generation, and having worthily upheld the high traditions of English medicine. His friends will remember him as a man of the highest integrity and honour, whom it was a privilege to know, just as they will not forget his handsome face and youthful figure, which he long retained.

To him may justly be applied the words of Pope:

"A Friend to Truth, of soul sincere,
In action faithful, and in honour clear."

Dr. Kidd was married in 1881 to Gertrude, daughter of Major-General T. B. Harrison, of Wrington, Somersetshire—she died in 1940.

He is survived by three sons, one of whom was a great cricketer, having captained the Oxford eleven.

P. H. S. A.

T. A. ROBBINS

The death of Tony Robbins about a week before Christmas came as a great shock to his many friends at Hill End. Few of us will forget his gaiety and cheerfulness when he left us on a Sunday evening ten days before he died.

Tony had collected round him a wide circle of friends from Marlborough, where he was at school, and from Pembroke College, Cambridge, where he read medicine. For those of us who knew him well, no words are needed to remind us of his sense of humour, his keen intellect, or his kindliness of heart. Nothing I can say will convey to those who did not know him how great were these qualities, and how heavy is the loss that we have sustained through his death.

But by his death he has left a great responsibility with us. Only by pursuing his ideals with his strength and courage, and by trying to live up to his high standards, shall we be able to call ourselves worthy of his example.

D. V. B.

A CASE OF CARCINOMA OF THE RECTUM

By DONALD CURRIE

The unusual circumstances pertaining in this case of carcinoma of the rectum, are of sufficient interest to warrant its publication.

This patient is aged 66 years, and a shop-keeper by trade. Fifteen years ago he swallowed a fish bone, which was removed by his Doctor, and one week later he had severe pain in his rectum, and an abscess, probably ischio-rectal, was opened. Three years later a sinus formed, and he had an operation (October, 1927) for fistula-in-ano. Since then he has had incontinence of faeces.

On December 22nd, 1930, a left para-rectal colostomy was performed, which has functioned satisfactorily. On January 12th, 1930, he had an operation for exposure of the perineal musculature, and repair of the levatores ani. The right levator ani was drawn across to the fibrous tissue in the region of the cut left levator, and the anal canal and lower rectum thus constricted. On February 2nd, 1931, his anal canal and orifice were cauterised. Four months later he had another operation for the formation of external sphincters, by transplanting flaps of the glutei maximi muscles.

Two years ago he began to have pain in his back passage, and noticed the escape of blood-stained mucus from the anus. For the past month he has had sciatica in his right leg, the pain being referred all along the course of the sciatic nerve, and worse in bad weather. No other symptoms were complained of, and his appetite is good. He has lost 2 stone in weight in the last two years.

On examination he is a healthy-looking well-covered man of good colour. Apart from the satisfactory left para-rectal colostomy, nothing abnormal is found in his abdomen.

Around his anal margin there is much scar tissue, and a blood-stained mucus discharge. Insertion of the finger into the rectum causes considerable pain, and there is little in the way of a sphincter. About 1 in. within the anal margin the finger comes up against a hard and fixed projection with an irregular surface, arising from the posterior and left walls of the rectum. There is blood on the examining finger. Through the proctoscope the mass is seen to be ulcerated, granular, and bleeding, with everted edges.

There is tenderness over the whole course of the sciatic nerve, from the back of his thigh to the sole of his foot. This is greatly relieved by aspirin, and radiant heat.

The patient is now being treated by Deep X-Ray Therapy at St. Bartholomew's Hospital.

The development of a carcinoma of the rectum ten years after the establishment of an efficient colostomy in the treatment of incontinence is thought to be of sufficient interest to justify the publication of this note.

I have to thank Sir Charles Gordon Watson and Mr. Reginald Vick for permission to publish this record.

A CASE OF CEREBELLAR ABSCESS

By P. S. TWEEDY

It has been thought worth while to report this case as exhibiting some unusual physical signs in view of the pathological condition present, and at the same time illustrating some difficulties which may be met with in the diagnosis of intra-cranial tumour.

CASE HISTORY.

Miss M. K., aged 19, a clerk was admitted to Friern Hospital, under the care of Dr. James Maxwell on July 19th, 1941, complaining of headache and double vision.

Health had been good until June 29th, 1941, when there was a sudden onset of occipital headache, pain in the spine and back of the neck with nausea and vomiting. For ten days the headaches were intermittent and not very severe, radiating to the frontal region, aggravated by exercise, improved by rest and unaffected by "Phensic" tablets. The vomiting, preceded by a few minutes' nausea, recurred occasionally, without any relation to food. There was no abdominal pain.

On July 9th the headache became more severe. The patient found she was doing her work more slowly, and became very tired. This tiredness had come on gradually during the previous week.

July 11th. The pain was more severe and only relieved by lying flat, so she retired to bed. There was some unsteadiness of gait noticed at this time but with no tendency to fall to any particular side.

July 16th. While lying in bed she noticed that objects situated below eye level appeared double. She was admitted to Finchley Memorial Hospital that evening, and complained that she could not see clearly the patient in the next bed.

During the week before admission her appetite was poor. She used to feel sick quite suddenly for no apparent reason, and then vomit. Sleep was disturbed by the headache. Bowels were open every two or three days while she was in bed, and there were no urinary symptoms except that she had not passed urine for twenty-four hours previous to admission.

PAST HISTORY.

She had had an hysterical attack two years previously on being told she was going to be evacuated.

FAMILY HISTORY.

The patient was an adopted child.

ON EXAMINATION.

The patient was lying quietly in bed and had one pillow. She was rational, not disorientated in space or time, not anxious or depressed. There were no spasmodic movements of her limbs and there was no tendency to lie on one particular side, no dysarthria and no aphasia. She was co operative, but response to questions was somewhat slow.

Eyes. There was no ptosis. The pupils were both circular and about half dilated, the right being slightly larger than the left and reacting more sluggishly to light. They both reacted to accommodation. There was nystagmus which was coarse to the left and fine to the right. There was also vertical and rotatory nystagmus. Movements were all complete but there was diplopia which occurred in the lower left quadrant of the visual field and sometimes in the lower right quadrant as well. There was no observable strabismus and by ordinary clinical examination there was no restriction of the visual field.

Mouth. The tongue was dry and covered with a thick white fur. It deviated to the right when protruded. The uvula was central and moved on phonation.

Cranial nerves. 1, 5, 7, 8, 9, 10, 11, were all normal. The diplopia became constant on looking to the left after two days, while the third and fourth cranial nerves were passed as normal by Dr. Wolf five days after admission.

Neck. There was slight neck rigidity.

Chest. Respiratory rhythm and depth were normal. The heart and lungs were also normal.

Abdomen. No viscus or tumour was palpated (including the bladder). There was no sensory disturbance either of touch, pain or pressure appreciation. The reflexes were present on the left and absent on the right.

Limbs. They were all hypotonic without noticeable difference between the two sides. The same applied to power, but there was no sustained contraction when this was tested. The reflexes on the left were all diminished compared with those on the right; there was no pendulum effect. Both plantar responses were flexor. There was no disturbance of pain, temperature or light touch appreciation, vibration sense or joint position sense in any limb. There were no myoclonic, athetoid or choreiform movements.

Arms. The finger-nose test was done equally badly on both sides. There was no definite intention tremor, but the patient's finger invariably missed her nose. Alternate pronation and supination of both arms together was carried out slowly, but with both arms together and without jerkiness. There was no rebound phenomenon, no dysmetria, no decomposition of movements. The pass pointing test was positive, deviation occurring to the left.

Legs. In performance of the heel to knee test, the knee was always missed by two or three inches on each side. Kernig's sign was negative.

The temperature was 98 and remained at about this level during the whole course of the illness. Pulse: regular, good volume, rate 70. The blood pressure was 110/85.

INVESTIGATIONS.

July 21st. *Lumbar puncture.* The cerebro-spinal fluid was clear and pressure was 112 mms. Queckenstedt's test was negative. Cystology: 70 red cells per cmm. 2 lymphocytes per cmm.

Protein, 80 mgms. per cent. Sugar, 60 mgms. per cent. Chlorides, 745 mgms. per cent. Colloidal gold curve, 1,110,000,000.

July 24th. Seen by Dr. Wolf who passed her fundi as completely normal with no trace of papilloedema. He also reported a left sixth nerve paresis. There was slight internal strabismus of the left eye on full deviation to the left at this time.

Lumbar punctures were done on the 26th, 28th and 30th; on each occasion the fluid was clear; the pressures were 119, 80 and 60 mms. of fluid respectively. Queckenstedt's test was negative each time.

PROGRESS.

For five days there was a gradual slowing of cerebration, increase in the severity of the headache (which varied in severity from hour to hour) and the vomiting increased in frequency up to four or five times a day. There was difficulty in passing urine,

about 30-40 ozs. being passed at a time on three occasions, on two of which 1 cc. of Doryl was given. There was complete constipation.

During the next two days the patient became mildly delirious and very restless. An enema was retained for one hour. Subsequently a rectal drip given to try and improve the fluid intake (which had been consistently below three pints a day) increased the restlessness. The patient had to be catheterised once. There were occasional hiccoughs at this time, some myoclonic movements of the quadriceps, increased neck rigidity and a tendency to turn the head to the left. Other neurological signs were as before. There was no papilloedema. The pulse rate rose to 110 on the seventh day after admission but the temperature remained at 98.

There was slight improvement during the next two days. The patient was more rational, there was no vomiting and less neck rigidity. There was, however, some waxing and waning of the amplitude of respiration at times, but no period of apnœa, and no papilloedema.

On the tenth day after admission there was an increase in the lethargy, vomiting started again, no more urine was passed and the headache became very severe. The following day the patient became delirious, and there was a period of gradual respiratory failure, which ended in death.

POST MORTEM.

There were no abnormalities other than those in the brain, where there was bilateral flattening of the convolutions, and a spurt of fluid when the infundibulum was cut across. The ventricles were somewhat distended. There was a circumscribed tumour in the left lobe of the cerebellum, surrounded by an area of softening, the edge of which was badly defined. The tumour was about ¾ in. in diameter and was easily separated from the softened brain tissue. The brain stem was deviated to the right by the tumour, and there was a groove where it had been indented by the tentorium. There was also some congestion of the meninges at the base of the brain.

Histology. Section showed that the tumour was a medulloblastoma.

DISCUSSION.

The most striking feature of this case is the discovery of post-mortem signs of increased intra-cranial pressure (as shown by the flattening of the convolutions, the spurt of fluid when the infundibulum was cut and the distended ventricles) without the presence during life of two of the cardinal signs of the condition, namely, papilloedema and a raised cerebro-spinal fluid pressure. The former is present in 75 per cent. of all cases of intra-cranial tumour, and typically occurs early if the neoplasm is sub-tentorial, while the latter occurs as long as there is no obstruction to the cerebro-spinal fluid circulation. On the present case there was no clinical sign of obstruction, Queckenstedt's test being negative.

The differential diagnosis was thought to lie between tuberculous meningitis, acute disseminated sclerosis, cerebellar tumour, encephalitis lethargica and polio-encephalitis. Tuberculous meningitis seemed to be ruled out by the completely apyrexial course of the disease, and by the normality of the cerebro-spinal fluid. Acute disseminated sclerosis does not often cause pupil changes and ocular palsies, according to Russell Brain, whereas there is usually some damage to the pyramidal system and often sensory changes due to involvment of the spino-thalamic tracts in the brain stem. The diagnosis of the cerebellar tumour had a certain amount of support on the history and signs. Headache and vomiting are classical symptoms of raised intra-cranial pressure, and the nystagmus, coarse to the left, strongly suggested a left-sided cerebellar lesion. There was hypotonia and the finger-nose and heel to knee tests showed inco-ordination, though most of the other tests of cerebellar function were normal. The cranial nerve palsies (sixth and twelfth) fitted into the picture satisfactorily. In view of the acute onset, abscess in the cerebellum also had to be considered, but there was no focus of infection, no pyrexia, and the cerebro-spinal fluid showed no increase of cells.

There were difficulties in the way of the diagnosis of cerebellar tumour and an alternative explanation of the facts. The state of the optic disc came down heavily in the scale against this diagnosis while the cerebro-spinal fluid pressure was normal or low right to the end, with no clinical evidence of block between the cerebral and spinal sub arachnoid spaces. No abnormality of the disc was present when examined by Dr. Wolf within a week of death, and non-specialist examination failed to detect any two days before death. In view of these findings it seemed that encephalitis lethargica or polio-encephalitis explained the clinical findings satisfactorily. A cerebellar form of the former is a well recognised entity, and in addition the acute onset with headache, pains in the neck and back, the pupil changes and the diplopia were text-book signs of the disease. The patient complained voluntarily of tiredness, though there was no inversion of sleep rhythm, and the presence of hiccoughs and myoclonic movements which occurred after testing the knee jerks were also misleading.

The low cerebro-spinal fluid pressure was, of course, due to the internal hydrocephalus caused either by pressure of the tumour on the fourth ventricle or by involvement of the foramina of Lushka and Magendie in the softening which occurred around the growth. The exact extent of the softening was not determined. The absence of papilloedema on the other hand is not so easy to explain. Typically this appears early in both sub-tentorial tumours and hydrocephalus. However, an obstructive hydrocephalus, as in this case, leads to a reduction of the amount of fluid in the sub-arachnoid space, so that pressure on the optic nerve by fluid

surrounding it is delayed. This mechanism would have been encouraged in this instance by the repeated lumbar punctures performed as the only therapeutic measure possible in view of the diagnosis of encephalitis.

Another possibility is that the early headache and vomiting were caused solely by the reactive congestion of the meninges which would follow the initial softening. This would also explain the neck rigidity. An extension of the softening to the foramina of Lushka and Magendie might have caused the obstructive hydrocephalus which would account for the increase in vomiting and headache in the last forty-eight hours.

Whatever the explanation, the moral is clear. The absence of papilloedema and a raised cerebro-spinal fluid pressure must not be allowed to rule out the possibility of sub-tentorial tumour.

I must thank Dr. Maxwell for permission to publish this case, and for his assistance in producing the paper.

FROM THE EDITOR'S INDIAN POSTBAG

Signs, symptoms and history of the chronic disease I am suffering for over 5 years =

The duration of the cause of the disease existed in the alimentary canal more than a dozen years ago in a latent state, without giving much trouble except stealing the food and creating constipation and the actual manifestations of the disease with seriousness is only 5 years.

Symptoms = 5 hours after a heavy and full meal, and after one to two hours on taking light foods, the pain begins and the pain lasts for about 8 hours until the food completely passes out of the ileo-caecal gate. The pain is of an obstructive and very uneasy nature like as we feel in the retention of urine. The pain is neither localised nor general, *i.e.*, one day in one place and on another day the obstructing medium (worm, round) changes to another place. From this it follows that my disease is neither intestinal tuberculosis nor pyloric ulcer and if so the pain must be localised and felt always in the same place. False appetite and depression is a marked symtom indeed and devouring of large quantity of food several times whether palatable or not, is a very prominent simtom I am experiencing for more than 12 years.

Experiments and proofs = If I take water, bitter tea or bitter coffee, or quinine water, epsom salt or any disagreable medicine, there is no pain while they are passing through the gut. But if I add a teaspoon of sugar or any substance containing proteins or starch in however small a quantity, I feel pain while they are passing through the gut. This shows the obstructing medium is a thief, because when disagreeable and non-nurishable substances pass through the gut, the worms attach by hooks to the gut wall and bury their heads in the mucous.

Difference of sounds in the abdominal region while food passing through the gut = Some medical athorities diagnose my case as winds. My question is how are these winds produced? It is not wind at all. I call this symtom as vacuums created by sets of worms or by individual worm by their very nature of coiling or partialy coiling, thus slowing the flow of food through the gut. This fact I will explain to you by diagramatically and satisfy you. I classify the whole earthly creations, including animal, vegitable, human and bacterial kingdoms, including diseases also, into 2 sets, *i.e.*, dark folks and white folks. Under dark folks come, mosquitoes, bedbugs, owls, snakes, some species of round worms, Germans, human theives, some kinds of paracites, such as elephantiasis, nocturnal etc, etc, because they want darkness for their activities and they got a special set of eyes through which they can see in the dark as tigers, cats etc, and darkness is essential for their life and some, like owls cannot see through the daylight.

Under white folks come, housefly, elephants, horses, cows, roses, lilies, British, virtuous men, many species of bacteria of an harmless nature, some diseases having their symtoms in the daytime only, etc, etc, because they want light and fresh air for their life activities—this is the reason why Germans are clever in night raids and the British in the day raids. The same applies to girls also, some men prefer to kiss in the open air, whereas other (some Asiatic and Europeans) choose darkness and filthy place such as a latrine for a kiss.

Most honestly I beg to point out that the

time of the day has much to do with the treatment of diseases, especially for the administration of drugs for worms, elephantiasis diurnal, nocturnal, ringworms, eczema (some varieties) because at night they come to the surface of the skin and irritate, creating scratching. The word irritation means for the paracites, eating house building, kissing, play fighting each other etc like ours. The word rest for the paracites means they penetrate deep down and bury themselves in the subcutaneous tissue having good sleep.

Location of enemy force = One is seated at the pylorus gate, one in the middle of small intestine, one in the small intestine a little far from the ileo-caecal gate, one at the ileo-caecal gate and one in the large intestine, altogether 5 worms. Due to enemy action ileo-caecal valve is not working automatically and I have to lie on the right side to prevent the flowing back of the food from caecum to ileum. Now the method of treatment I suggest to you is what we call Hitler's plan, *i.e.*, cut short of food supply viz Atlantic and Zues canal and drop bombs and incendiaries over Britain especially at night. In other words live by nutrient enema for week and nothing by the month except 3 minimums of ol-chinnapodium at bed-time. This will drive down and dislocate the enemy—With the idea of starving the enemy if I live only by nutrient enema without having ol-chinapod at night, it is useless, because the enemy can live for months and years by sucking the blood and mucous from the gut. This method I tried on several occasions and found useless and therefore bombing and incendiary by ol-chinapod or turpentine in minute doses for considerable period is required. This method will certainly though not killing, bring down and weaken the enemy and then after a week to take a large dose of caster oil.

Other prominent symtoms appearing at later stage of the intestinal parasites—

1. Foul breath.
2. Ruggedness of the face.
3. Rheumatism, heart diseases and many others of an unknown nature.
4. A form of hard boils, very irresistive to treatment and originating from the veins etc, etc.

Perhaps you may get interested to know about parasital kingdoms regarding = A peculiar language of the parasites, their house building, poison producing, kissing and re-production, play and fighting, vomiting etc, and their method of resistence to treatment. When I take a dose of Santonin, the one at the pylorus gate thrust and hide its head in the common bile duct—others bury their heads deep in the mucous of the gut and also in the special A.R.P. protections built by themselves of a very sticky substance, vomitted by them just as spiders produce thin invisible thread from their own body. One at the ileo-caecal gate hides its head in the vermiform appendix. When they cry I notice female sound is different from the male and also from the children and the parents teach to the children how to protect against bombing and incendiaries and how to detain the food and prolong the passage of food by way of making ringlike houses firmly adhearing to the Gut wall, and which rings neither peristalsis nor massage cannot dislocate except by castor oil, and so to demolish their A.R.P. protection and houses I have to take caster oil at least once a week. Owing to this demolition, at present it is not possible to produce extra symtoms of unknown nature as I explained above. There is no doubt that the animals have attained immunity for Santonin and other vermicides and vermifuges because I have taken for the past 5 years about—

4 ozs of Santonin,
1 pint of Ex Filicis Liq
2 bottles of Ol of Turpentine.
½ lb of Chinapod etc.

I feel shame to apply to the Medical department for a surgical interfearance to remove worms. I am sure you may think I am silly and mad, and I am thinking even an operation performed, we have to search the whole tract and make slits in many places to remove them and stitch again, that is a difficult process and it takes a long time and all this time to be under chloroform is another danger. I prefer to explain personally and diagramatically the symtoms and history in detail when you are at leasure please.

Signed
DRESSER. 11.4.41.

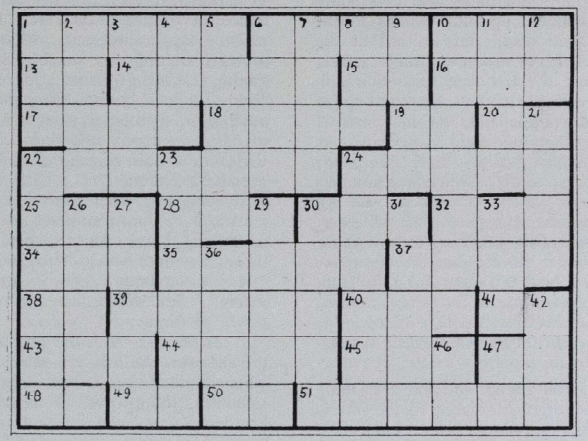
Regarding my daughter, I request you to take some blood and send to bacteriologist for Wasserman's reaction. I will speak the reason personally please.

I beg to say if you get these brief hints on the suffering I have at present, get typewritten and read and think over them, I am sure you will get a better picture.

However I want to get admitted in the Hospital here for a week or two for your observation and treatment and get rid of this please at your earliest convence.

To some extent I keep the disease under control by pergatives, enema and massage and starving.

LUCIFER LOQUITUR



"*36 rev!* My shin! Nay, sir, pray don't apologise. I *36 rev* t not to be here I know; but the lure of the *31 rev and 15 rev* was too strong for me. I love the very smell of the *31 rev and 15 rev*. I love its *9 rev*. Let us have some *35 rev*. Ah, what a *8* you have here!

"My *4 rev and 47 ac rev* is—or was—the same as yours, sir: a profession which is fast being ruined by the *17 and 43;* particularly, I may add, by the *39 rev* female *17 and 43* with her *23* in Cottage Hospitals and a *51 rev* to assist her!

"I loathe *29 rev and 28*, but time was when, were I *21 rev and 47 ac* to *22 ac*, the *31 rev and 15 rev* was *22 dn*. Gad! How those *13* and *27/50 rev and 49* used to *45 and 15!* Once I *22 ac and 47 ac* at the *24 dn*—or was it the *24 ac and 33 rev?*—on *a 26 rev* hernia, supported by an *25/3/1 ac rev*. Treves, I remember—he was a grand old *14 and 15*—worked the *35 rev*. But 'twas the inguinal ring that pinched the *30 ac!* Haha!

"After what seemed an *1 dn rev* in the *10 dn and 46*, I set up in the West End. A tragic mistake . . . The *5 and 15* was not my usual *2* one, and both he and my colleagues were—well—*32 and 41 rev and 34*. Professional *12 and 20 and 19 rev and 49 rev* was at the bottom of it. They *20 rev and 38 rev and 47* evidence, for I had ever kept my *4/44*. At length—'Gentlemen,' I said, 'This must *40 rev and 46 rev*. I have *50 rev and 16* with your *10 rev and 28* long enough. You all claim to be *37 rev* fide *42*. In a sense, I agree that you have justified your claim'—with which I left the *18* and closed the *6 dn* on my career.

"I have *6 rev* much since then. But I no longer *7 rev*. I have my memories . . .

"Can you lend me a *30 dn, 20 rev and 48 and 47 dn rev?*"

(*An apology:*

Unavoidably Queen Elizabeth's tail played King Charles' head in *11 rev*.)

[*The solution will be published next month.*—ED.]

ROUND THE SECTOR

At CAMBRIDGE

Ever since my last letter, Mr. Editor, that hardy organ, my conscience, has been doing its best to work me up into writing to the JOURNAL in good time, and so, full of the best intentions, I got down to things a clear two days before the last date for sending in contributions. I started on my round-up of the sports secretaries, and the first man I approached was quite definitely rude to me. "How can there *possibly* have been any Rugger," said he, coldly, "when the ground's been as hard as a ——— rock for the last month." That was enough for me—I didn't dare go near any of the other big men of sport, for fear of similar rebuffs, but retired to my digs to do the best I could. I sat in front of a blank sheet of paper for hours, hoping, perhaps, that words would miraculously appear, and even read Plato on Poetic Inspiration, but all to no avail.

Eventually I fell asleep, and the next thing I knew I was entering a large room, and as I passed through the door, a huge white-coated figure turned on me, and with a grin so fierce that all my blood-cells wilted, screamed, "Ye're tew minnits late! This lacture staarts at nine o'clock!" I turned and fled from his wrath, and came into violent collision with another similarly clad individual, who, however, seemed quite unperturbed. "Sorry, sir," I gasped, "I didn't see you." "Q-q-quite so," he replied, "that's r-r-really quite obvious." Shattered, I made my way out, and saw a tall, well-dressed man, walking up the path towards me. "Theory all right?" he asked me as he passed, but before I had time to answer, a little man with a bow-tie suddenly popped up from nowhere, and started saying, "Oh, no no no no no . . .," until I threw a lighted match at him, and he disappeared in a blue flame. As the smoke cleared away, four men appeared, shouting at the tops of their voices; they seemed to be competing as to who could talk the most shop in the loudest voice. I'd put my money on "Bee's-Knees" every time.

All this was getting on my nerves, and feeling in need of a tonic, decided to wend my way to the Bath; my trip was not an easy one, however, for I got caught up in a crowd that was streaming into a lecture room. Dear me, I muttered, these can't be Bart.'s men, but, believe it or not, they were. In the lecture room, a dapper little man was standing behind a bench, smiling very amiably at everyone, and saying, "Well, gentlemen, you will remember, I am sure . . .," but not being able to remember anything, I silently crept out. Just as I got out of the door, a very smooth-looking gentleman, with heavy horn-rimmed glasses, came up to me and asked me had I heard the one about the young lady from Leith? I told him that I made it up, and continued on my way. The next thing I saw was a man walking up and down, waving a bunch of papers, and shouting, "Has everybody signed the attendance sheets?" but nobody was taking the slightest notice of him.

I reached the Bath at last, and just inside the door was a tallish, rather tired-looking man, whom I asked what he was doing there. "Just smoothing things over," he replied, and before he could say any more, a very much monocled youth bore down on us, and informed us, without being asked, that "this gin isn't up to the Navy standard, dammit! Now, the last time I was at sea . . ." Brushing him aside with some difficulty, I made my way over to the bar, and then the miracle happened—a bored-looking, languid Scotsman offered to buy me a drink! The shock was too great—I fainted.

When I came to again, I was amidst high stone buildings, from which there emanated a most discordant cacophony of sound. Good Lord, I thought, this must be Queens'. Going into the room where the most noise was coming from, I discovered a personage wearing the most hideously violent yellow shirt I have ever seen. "Ah, Mr. G—f," I exclaimed, "I haven't seen you around lately." "No, old man," he replied, both feet vigorously beating time to the music, "pulled a muscle, haven't been able to walk for days." I noticed a sullen group in one room, and asked why they were so dull. "They've all been gated," said someone, "J—hn T—tl—y's just thrown another party."

And then I woke up!

N. D. H.

At HILL END

It is not without some trepidation that I step into the shoes of my predecessor in the task of writing this News. He seemed to be criticised on almost every score—poor grammar, bad style and the rest—and I will consider myself fortunate if I can avoid at least some of the criticisms levelled at him. Especially is my task made the more difficult, because my predecessor, determined possibly to end his period of office on a striking note, was able to describe the festivities of Christmas at Hill End. Thus he at least had something to write about, whereas I find that singularly little has happened at Hill End during the last month.

Scottish Dancing, the activities of the Choral and Dramatic Societies, the Friday night dances, all continue as actively as usual. Some of us in addition have spent two Wednesday evenings playing darts against the male theatre staff. On both of these occasions the staff won. Only one event deserves special mention. On Tuesday, February 20th, a discussion on Medical Education was held. By the time this entry appears, the question as to whether the hospital co-operates with other London Hospitals in the drawing up of a memorandum on this subject will have been decided. At the discussion, however, sufficient interest was shown to enable one to say that adequate material for such a memorandum would be available. The education of the medical student was reviewed beginning from his matriculation days and, in the course of two-and-a-half hour's discussion, it was possible to cover most of the ground between this stage and the preclinical years. Since in this hospital none of us have had more than one year's experience of clinical teaching, it is clear that we must confine our attentions to a detailed study of the curriculum of preclinical years years and must be content with a broad and general view of some of the questions relating to clinical teaching. Especially can we make it our task to discuss the relationship between preclinical and clinical teaching.

There is no point in my mentioning many of the points raised at the discussion, but if it is decided to go ahead with the memorandum subsequent discussions will be held in order to enable us to cover the field outlined above. With regard to future events, a Warship Weapons Week is being held from February 14th-21st, with the object of raising enough money to pay for a sick bay in a destroyer. This will need £1,000, and I hope I shall be able to announce next month that this figure was reached. In a month's time, therefore, it should be possible to write a more informative and therefore more interesting News.

D. V. B.

* * * *

At FRIERN

"If you've a moment to spare, old man, would you mind giving me a little advice?"

"Not a bit. What's the trouble?"

"I want to express the fact that I'm in mourning, and I'm not quite sure of the details."

"I say, I'm terribly sorry . . . I had no idea . . ."

"Sorry, my fault. I'm afraid I've misled you—no family tragedy or anything. I'm mourning, not the passing of an individual, but of a way of life—of a traditional concept. The passing, in a word, of the Medical Student."

"Steady, old boy. Lots of them about, you know."

"The flesh is there, yes. But the spirit has fled, the carefree days are done. No modern Pickwick Papers could include a portrait of the medical student of our times; he lacks form and outline; he lacks colour; like the celebrated lady in the song, 'he's lost all his spark and flame.'"

"Come, come, these are harsh words. I suppose you have some sort of evidence to support your opinion?"

"It's difficult to produce 'evidence,' except of a negative sort. That's the whole trouble; nothing stands out. But I have one true and recent story to emphasise my point. A patient in a medical ward gave his occupation as 'Potman.' Students were asked what were

the duties of a potman. Number one had no idea. Number two suggested he made flower-pots. Number three that he was connected with the utensils vulgarly known as 'Jerries.' Ye Gods—what would Bob Sawyer have thought of that?"

"You're on to something, but you're not being quite fair over your potman. He is an institution indivisible from the pub, and the pub is not the institution it was. Many people drink now in 'clubs,' and in a club there is either a blonde, or a barman or, if you're really classy, a hartender. No tradition; no atmosphere if you except cigarette smoke—and no potman. So in fairness you should regard the decline of the Medical Student as only part of one vast process—the decline of old institutions generally and drinking in particular."

"You are right. I have been too hasty to censor my fellow-men; I who, of all men, should have avoided it."

"Why you in particular?"

"Well, I was very nearly the victim of a bit of censorship myself. And not only I, but the whole JOURNAL."

"Good Lord, how did that happen?"

"I made a remark—quite light-hearted—about a member of the Students' Union Council, all unwitting of his true stature. Apparently this was read out to the Great Man as he took his ease in the M.A.V. For half an hour he silently contemplated the insects on the ceiling and then, when everyone else had forgotten the whole thing, suddenly enquired how much money the JOURNAL was granted each year. For he had a plan. Not to suppress me; not to suppress the Friern News, not to suppress student opinion generally: but to suppress the whole offending rag, book-reviews and all.

"If he ever gives up medicine, he has a great future waiting for him in the Home Office."

"It must be rather a hazardous proceeding writing the Friern News without offending anybody."

"It is. So before I do it again, I'll stop."

ANTON.

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JANUARY 1942

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Jones, D. W. G.
Martin-Jones, J. D.

NAVY

Madden, C. P.

AIR FORCE

Ewen, G. A.

OUT-PATIENT CLINICS OF VISITING STAFF

As the activities of the Hospital have undergone certain modifications owing to the war, it has been thought desirable to publish a list of the Visiting Staff and their appointed hours of attendance. The names which appear below are those of the Physicians and Surgeons responsible to the Governors for the various clinics. This list, which appeared first in October of last year, is printed below with certain alterations.

* * * *

Medical Out-patients
At 9.0 a.m.
Monday: Dr. Bourne.
Tuesday: Dr. Scowen.
Wednesday: Dr. Maxwell.
Thursday: Dr. Chandler.
Friday: Dr. Gow and Dr. Evans alternately.
Saturday: Dr. Spence.

Surgical Out-patients
At 9.0 a.m.
Monday: Professor Ross.
Tuesday: Mr. Hume.
Wednesday: Mr. Hosford.
Thursday: Mr. Vick.
Friday: Mr. Corbett.
Saturday: Sir Girling Ball.

Ante-Natal Clinic
Monday, at 9 a.m.: Dr. Donaldson.
Thursday, at 1.30 p.m.: Dr. Donaldson.

Women's Out-patients
Monday, at 9 a.m.: Dr. Donaldson.
Wednesday, at 1.30 p.m.: Dr. Donaldson.
Saturday, at 9 a.m.: Dr. Beattie.

Children's Out-patients
At 1.30 p.m.
Tuesday: Dr. Harris.
Friday: Dr. Franklin.

Diabetic Clinic
At 10.30 a.m.
Friday: Dr. Graham.

Ear, Nose, and Throat Department
At 1.30 p.m.
Monday: Mr. Bedford Russell.
Tuesday: Mr. Jory.
Friday: Mr. Capps.

Eye Department
At 1.30 p.m.
Monday, Tuesday and Thursday: Mr. Scott.

Orthopædic Clinic
At 1.30 p.m.
Thursday: Mr. Jackson Burrows.

Psychology Department
At 1.30 p.m.
Thursday: Dr. Strauss.

Skin Department
At 9.0 a.m.
Wednesday and Friday: Dr. Roxburgh.

SPORTS NEWS

CRICKET CLUB

As the Annual General Meeting of the Club has just been held it seems an opportune moment to give a few details of what happened last season and also to say a few words on the prospects for 1942.

Last summer was our first proper war-time season. The results were: Played 13, won 4, drawn 4, lost 5.

At first sight this probably does not look very impressive; and yet in some ways it is. We didn't play a great many matches, but we enjoyed nearly all of them; of the matches we did play, it is true that we didn't win many, but very often our teams were better at swallowing than swiping, and in war-time at any rate the day's outing is infinitely more important than the result. I should like to thank our hosts at Hornsey, the London Hospital, and Stanmore, for three especially enjoyable afternoons and evenings.

Unfortunately we had more fixtures than, with our limited number of players, we could really hope to fulfil. This was difficult to foresee, and so we regretfully had to let down our opponents on several occasions. It is hoped that by curtailing our fixture list we shall be able to fulfil all our arrangements this year. We hope to play one match each week, either on a Saturday or a Sunday, but not both.

There should be some useful new talent up from Hill End, while a good many of the Old Guard will be available. Ralph Heyland, after a gap of two years is again captain, though, in the absence of Bates and Harold, he skippered the side most of last year. J. W. G. Evans and G. H. Wells-Cole will also probably be able to play fairly often, and we hope to see more of J. T. Harold in spite of his now rather exalted position.

A. J. Gray is the new Secretary and he will be helped in his task by having M. R. Hunt to rally the teams together each week instead of having to do it all himself. This is an innovation for this Club, and should save both time and money.

Last season's averages were:—

(1) BATTING

	Inns.	Total Runs	Times Not out	High't Score	Avge.
R. Heyland ...	8	242	1	60	34.57
J. W. G. Evans ...	11	215	2	43	23.67
R. M. Mason ...	7	162	0	38	23.14
C. T. A. James ...	9	79	1	18	9.89
G. H. Wells-Cole	11	85	0	23	7.67
R. B. McGrigor...	8	49	1	24	7.00
A. J. Gray	8	36	1	9	5.14

(2) BOWLING

	Overs	Maid's	Runs	Wkts.	Avge.
J. W. G. Evans ...	75	9	286	21	13.62

The fact that Evans is the only bowler with a presentable average should encourage any new bowling talent there may be to hurry forward. There is not much competition, so roll up.

G. H. W.-C.

BIRTHS

BACH.—On Sunday, January 18th, 1942, at Endstead, Little Kingshill, Great Missenden, to Mattie, wife of Francis Bach, M.D.—a daughter (Serena).

BLACKBURNE.—On January 16th, 1942, to Aase Helga, wife of Major J. R. Blackburne, R.A.M.C.—a son.

BOATMAN.—On December 10th, 1941, at Rosemount Maternity Home, Harrogate, to Audrey, wife of Squadron-Leader D. W. Boatman, R.A.F.V.R.—a son.

FAIRLIE-CLARKE.—On January 12th, 1942, at Achnacraig, Strome Ferry, Ross-shire, to Mary (née McCulley), wife of Surgeon-Lieutenant G. A. Fairlie-Clarke, R.N.V.R.—a daughter.

SWAIN.—On December 14th, 1941, at the General Lying-in Hospital, Diocesan House, St. Albans, to Margaret (née Hart), wife of Dr. R. H. A. Swain—a son (John Richard).

TEMPLE.—On January 27th, 1942, at Edinburgh, to Mary (née Leighton), wife of Surgeon-Lieutenant J. Ll. Temple, R.N.V.R.—a daughter.

MARRIAGES

EWEN—CLARK.—On January 4th, 1942, at Pudleston Church, Leominster, Herefordshire, Flying Officer Gerald Anglin Ewen, R.A.F.V.R., son of Dr. and Mrs. Gerald S. Ewen, of Ryde House, Twickenham, to Lilian Janet (Jean), daughter of Mr. and Mrs. A. C. Clark, of Ford Abbey, Docklow, Leominster.

MANSON—POTTER.—On January 17th, 1942, at St. Peter's Church, Brackley, Dr. Charles Noel Sinclair Manson, R.A.M.C., younger son of Mr. and Mrs. R. Sinclair Manson, to Patricia Bridgman, daughter of Mr. and Mrs. H. V. Potter, Brackley, Northants.

THOMPSON—MARSH.—On January 24th, 1942, at Holy Trinity Church, Wordsley, near Stourbridge, by the Rev. R. H. Fowler, Lieut. James Wesley Thompson, R.A.M.C., elder son of Dr. and Mrs. R. Wesley Thompson, of Highfield, Highgate, Walsall, to Brenda Dorothea, elder daughter of Mr. and Mrs. W. W. Marsh, of Woodfield, Wordsley, Stourbridge.

DEATHS

HATHAWAY.—On January 28th, 1942, at King Edward VII Hospital, Windsor, Frank John Hathaway, M.D., of Langholm, Windsor, aged 65.

KIDD.—On January 21st, 1942, peacefully, at Abbots Sea, Chalfont St. Giles, Percy Kidd, M.D., F.R.C.P., aged 90.

TOWNSEND-WHITLING.—On January 29th, 1942, at "The Chestnuts," Market Harborough, Dr. Henry Townsend-Whitling.

ON ACTIVE SERVICE

FOUNTAINE.—On January 3rd, 1942, on active service in Iceland, as the result of an accident, Captain Eadric Clifford Fountaine, Royal Army Medical Corps, dearly loved eldest son of Mrs. Fountaine and the late Mr. A. C. Fountaine, of Woodberry, Melville Avenue, Croydon.

EDITOR'S NOTE

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

The charge for Nurses (and persons working in the Hospital is 6d. For all others it is 9d.

* * *

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

APRIL 1942

VOL. 3 No. 7.